

## **Area Pediatricians**

There are many wonderful pediatricians throughout the Atlanta area, and your pediatrician should be conveniently located to your home. This is not an exhaustive list of providers, but is a list of doctors many of our patients have used. If your pediatrician does not round at Piedmont, there will still be a hospital pediatrician available to round on your newborn.

- Piedmont Pediatrics
  - (404) 351-6662
- Peachtree Park Pediatrics
  - (404) 351-1131 // 3193 Howell Mill Road
- Atlanta Children's Clinical Center
  - (404) 261-2666 // 455 East Paces Ferry Road
- Intown Pediatrics
  - (404) 446-4726 // 490 Bill Kennedy Way, 30316
- DeKalb Pediatric Center
  - (404) 508-1177 // 350 Winn Way, Decatur 30030
- Clairmont Pediatrics
  - (404) 321-4567 // 1270 McConnell Drive, Decatur 30033
- Children's Medical Group
  - (404) 633-4595 // 1875 Century Boulevard, Atlanta 30345
  - (770) 622-5758 // 6918 McGinnis Ferry Road, Suwanee 30024
- Northside Pediatrics
  - (404) 256-2688 Sandy Springs
  - (770) 928-0016 Woodstock

**Cystic Fibrosis (CF) and Spinal Muscle Atrophy (SMA) Carrier Testing**

**Cystic Fibrosis (CF)** is a genetic disorder which occurs in approximately 1/3500 births. Both parents must be carriers in order for a child to suffer from this disease. Cystic Fibrosis causes an abnormality in one of the proteins that regulates sodium chloride (“salt”) in the body, and causes the patient to produce thick mucus secretions which adversely affect respiratory, digestive, and reproductive body systems. Patients may suffer from chronic cough, frequent respiratory infections, wheezing, and shortness of breath, poor digestion, malnutrition, poor weight gain, infertility, and decreased life span.

**Spinal muscle atrophy (SMA)** is a neuromuscular disorder which occurs in approximately 4-10/100,000 births. Both parents must be a carrier for the child to suffer from this disease. Spinal muscle atrophy causes progressive muscle weakness and muscle wasting. There are multiple types of SMA ranging in severity; all patients suffer from muscle weakness, and patients may also experience respiratory insufficiency, sleep disturbances, and decreased life span.

The current recommendation from the American College of Obstetrics and Gynecology (ACOG) is to make screening for both Cystic Fibrosis and Spinal Muscle Atrophy testing available to all couples. The test consists of a maternal blood draw which can be performed at any time before or during pregnancy, and does not need to be performed more than once. It does not need to be repeated in later pregnancies.

Please initial one of the following:

- I accept CF and SMA carrier screening
- I accept CF but decline SMA carrier screening
- I accept SMA but decline CF carrier screening
- I decline both CF and SMA carrier screening

**Screening for Open Neural Tube Defects with AFP**

The term “neural tube defect” includes any abnormality of the developing fetal brain and spinal cord, and includes spina bifida. For those couples who have had a child or a family history of neural tube defects, there is an increased risk for having an affected child; however, in 90-95% of these cases, no family history is identified. For this reason, we offer screening to all of our patients.

Screening is accomplished by a maternal blood draw between 15-19 weeks of pregnancy. The test measures the level of a hormone called alpha-fetoprotein, which is unusually elevated in cases of anencephaly or open spina bifida. AFP testing cannot identify all women with all at-risk pregnancies, but it is an effective screening test to determine who should be counseled on further testing. AFP testing is typically covered by insurance.

Please initial one of the following:

- Yes, I accept AFP screening.
- No, I decline AFP screening.

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*I acknowledge that I have been counseled on screening for CF, SMA, and open neural tube defects.*

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name

## Genetic Screening

All of our patients are offered some form of screening for Down Syndrome, Trisomy 13, and Trisomy 18. This can be accomplished by drawing your blood either alone or in combination with specific ultrasound measurements.

### **First Trimester**

You may have heard of first trimester screen, nuchal translucency, cell-free fetal DNA, (including Counsyl, Harmony, Panorama, and others). With all the different genetic screening options, it can be confusing to understand which one is appropriate for you. The main differences between them are summarized below:

| <b>Test</b>                                                                          | <b>Information</b>                                                                                                                                                                                                                                            | <b>Cost</b>                                                                                                                       |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <b>Nuchal translucency (NT)</b>                                                      | Between 12-13 weeks of pregnancy, the thickness of the skin on the back of the baby's neck is measured. If the NT is 3mm or greater, more testing will be discussed.<br><br>64-70% detection rate for Down Syndrome.<br><br>Carries a 5% false positive rate. | Covered by most insurances.                                                                                                       |
| <b>First trimester screen: bloodwork and nuchal translucency (NT)</b>                | Maternal blood draw <b>combined with</b> nuchal translucency.<br><br>82-87% detection rate for Down Syndrome.<br><br>Carries a 5% false positive rate.                                                                                                        | Covered by most insurances.                                                                                                       |
| <b>Cell-free fetal DNA (cfDNA), also called non-invasive prenatal testing (NIPT)</b> | Maternal blood draw after 9-10 weeks (depending on the test)<br><br>99% detection rate for Down Syndrome.                                                                                                                                                     | Difficult to quote the cost, as it may depend on insurance, and each company offers different "Self-Pay" rates, which may change. |

\*\*"Advanced maternal age" (AMA) is defined as being 35 or older by the estimated date of delivery (your due date). At age 35, the risk of having a child with Down Syndrome, Trisomy 18, or Trisomy 13 is 1:200. For this reason, sometimes the cell-free fetal DNA tests are covered by insurance after age 35. However, we do recommend checking with your insurance regarding your individual policy.

## **Second Trimester**

Regardless of the results of your first trimester testing, there are two tests we offer to all patients in the second trimester:

1. 20 week ultrasound to visualize fetal anatomy
2. AFP (alpha-fetoprotein): This is a maternal blood test drawn between 15-20 weeks which will help screen for neural tube defects such as anencephaly and spina bifida.

If you did not undergo first trimester screening, the Quad Screen can be performed between 15-20 weeks as well. The Quad Screen is a measure of 4 hormones in the maternal blood that can detect >80% of pregnancies with Down's Syndrome or neural tube defects, with a 5% false positive rate.

## **Specialized Invasive Testing**

It is important to remember that a screening test can only tell you the RISK of having a baby with Trisomy 21 (Down's Syndrome), Trisomy 13, Trisomy 18, or other chromosomal disorders. For women or couples who either have an increased risk based on screening tests or for families that want a definitive diagnosis rather than a screening test, chorionic villi sampling (CVS) can be performed between 10-12 weeks or amniocentesis can be performed between 15-18 weeks. Chorionic villi sampling involves inserting a needle either through the abdomen or cervix to sample and analyze the placental tissue; amniocentesis involves inserting a needle into the abdomen to sample and analyze the amniotic fluid. These tests are usually performed at a high risk/perinatal obstetrics practice. You may also be referred to see a perinatologist for a level II or advanced ultrasound, which is a more detailed ultrasound performed by a high risk specialist.

## Carrier Screening for Specific Genetic Conditions

You and your partner may also elect to be screened for specific genetic conditions. Ideally, this would be performed prior to pregnancy, although it can be performed during pregnancy as well.

Screening for these specific conditions often is determined by an individual's ancestry, including family history of any of the below conditions, please discuss with your provider.

| Heritage or History                                                          | Offered Screening                                              |
|------------------------------------------------------------------------------|----------------------------------------------------------------|
| All patients                                                                 | Cystic fibrosis, spinal muscle atrophy                         |
| African<br>Mediterranean<br>Middle Eastern<br>Southeast Asian<br>West Indian | Sickle cell anemia<br>Thalassemia<br>Other hemoglobinopathies  |
| Ashkenazi Jewish heritage                                                    | Tay Sach's<br>Canavan's<br>Gaucher Syndrome<br>Cystic Fibrosis |
| Cajun or French Canadian                                                     | Tay Sach's                                                     |
| Women with family history of mental retardation or premature ovarian failure | Fragile X                                                      |

### **Medications:**

Many patients have questions regarding medications in pregnancy. In general, a healthy mom is a prerequisite for a healthy baby. If you require treatment of a symptom or disease, many medications can safely be used during pregnancy. Examples of safe over-the-counter medications in pregnancy are listed below. Please do not take Advil, Aleve, ibuprofen, and aspirin, unless specifically directed to do so.

- Flu: **Tamiflu** is safe during pregnancy. The flu vaccine is also not only safe, but recommended.
- Nasal congestion or cold: **Robitussin, Mucinex, Flonase, Afrin\*** (\*do not use for longer than 3 days), saline nose spray, humidifier
- Allergies: **Zyrtec, Claritin, Allegra, Benadryl**
- Sore throat: **Cepacol**, throat lozenges, gargle with warm salt water
- Headache: **Tylenol**
- Sleep Aid: **Benadryl, Tylenol PM, Unisom**
- Constipation: **Metamucil, Colace, Miralax, Fleet's** enema, **Milk of Magnesia**
- Gas: **Gas-X, Mylicon**
- Nausea: **Vitamin B6, Unisom** (can take 25-50 mg each up to three times daily), ginger root
- Diarrhea: **Kaopectate** or **Imodium**
- Heartburn: **Tums, Maalox, Mylanta**; in persistent cases: **Pepcid, Zantac**, and in more severe cases, **Prilosec**
- Hemorrhoids: **Preparation H, Anusol**
- Yeast infection: **Monistat**
- Rashes: 1% hydrocortisone cream

### **Dental care:**

Many dentists are hesitant to perform work on a pregnant woman. Routine cleanings and examinations are fine. In general, it is best to avoid procedures during the first trimester; if necessary at any time during pregnancy, the dentist may use anesthesia as he would on a non-pregnant woman. Dental X-rays with abdominal shielding are permitted.

## Prenatal Nutrition

### **How much weight should I gain?**

Weight Gain Recommendations: in general, it is advisable to gain between 25-35 lbs during pregnancy if you begin pregnancy at a normal weight. However, if you are over- or underweight, the recommendations change as follows:

| <b>BMI Category</b>                    | <b>Recommended Total Weight Gain</b> | <b>Weight Gain per week in the 2nd and 3rd Trimester</b> |
|----------------------------------------|--------------------------------------|----------------------------------------------------------|
| <b>Underweight (BMI &lt;18.5)</b>      | 28-40 lbs                            | 1 lb/week                                                |
| <b>Normal Weight (BMI 18.5 - 24.9)</b> | 25-35 lbs                            | 1 lb/week                                                |
| <b>Overweight (BMI 25 - 29.9)</b>      | 15-25 lbs                            | 0.6 lbs/week                                             |
| <b>Obese (BMI &gt;30)</b>              | 11-20 lbs                            | 0.5 lbs/week                                             |

To meet the increasing nutrition requirements in pregnancy, it is recommended to increase your caloric intake by 100-300 calories per day.

### **Iron supplementation**

A well-balanced diet may provide all the iron you need for the growing demands of pregnancy. Iron-rich foods include liver, red meats, eggs, dried beans, leafy green vegetables, whole-grain enriched bread and cereal, and dried fruits. However, many women require iron supplementation as well. In that case, we recommend 30 mg of ferrous iron supplements daily taken with Vitamin C for better absorption.

### **Can I eat fish?**

YES! Fish are an excellent source of protein and Omega-3 fatty acids!

However, it is best to avoid the following fish: shark, swordfish, king mackerel, and tilefish.

TUNA can be consumed in limited amounts: 12 ounces (two servings) of canned tuna per week and no more than 6 ounces per week of albacore ("white") tuna. Raw fish should be avoided due to infection risks (see below).

### **Are there other foods I should avoid? How else can I decrease my infection risks?**

Pregnant women do have an increased risk of food-related infections. Therefore, we recommend washing fruits and vegetables before consuming, only eat cooked meats, and consume only packaged, refrigerated cold cuts and only pasteurized soft cheeses and other dairy products. All surfaces that have come into contact with raw meat should be washed with hot soapy water. Following these guidelines can reduce your risk of contracting *Listeria*, *Toxoplasmosis*, *Salmonella*, and *Campylobacter*.

*Toxoplasmosis* is another infection you can avoid by following the above practices and avoiding cleaning the litter box, as cats are the main hosts for *toxoplasmosis*. If you must change the cat litter, wear gloves and a mask covering your nose and mouth. Additionally, because pregnant women are at an increased risk of hospitalization, intubation, or intensive care as complications from the flu virus, we recommend the influenza vaccine.

### **Can I exercise in pregnancy?**

YES, unless you have any of the following conditions:

- Incompetent cervix or cerclage
- Persistent 2nd or 3rd trimester bleeding
- Placenta previa later than 26 weeks
- History of preterm labor or multiple gestation at increased risk of preterm labor
- Premature rupture of membranes (“breaking your water” early)
- Preeclampsia or hypertensive diseases of pregnancy
- Serious heart or lung disease, heavy smoking, or poorly controlled high blood pressure
- Severe anemia
- Poorly controlled Type I Diabetes
- Extremely over or underweight

### **Water Intake**

We recommended 64-80 ounces of water daily. Other fluids can count towards this total, however remember that it's the water your body needs, not the additional sugar, chemicals, or artificial sweeteners that are found in sodas, juices, and other beverages. Be mindful of this when choosing your fluids.

### **What about coffee?**

Moderate intake of coffee - about 200 mg daily - has not been shown to pose an increased risk to the pregnancy. That is the amount of caffeine in one cup of coffee. We do not recommend more than this amount daily.

### **Are there other lifestyle recommendations?**

We advise abstinence from smoking, alcohol, and all illicit drugs during pregnancy as smoking and alcohol cause known complications, and most illicit drugs either cause known complications or have not been sufficiently studied in pregnancy.



## Prenatal Visits

6-10 weeks: Confirm the Pregnancy / Annual Exam

- Initial OB appointment where we will confirm your pregnancy with an ultrasound.
- Annual exam with pap smear and breast exam (if you have not had one within the past year)
- Will review your health and health history.
- Initial OB education provided.

12 weeks: New OB Visit

- Ultrasound with nuchal translucency, if desired.
- Genetic screening: first trimester screen (FTS) or cell-free fetal DNA (cfDNA) (see handout), if desired.
- After your 12 week visit, visits will occur every 4 weeks

16 weeks:

- AFP or quad screening, if desired.
- Schedule 20 week ultrasound

20 weeks:

- Anatomy scan / (Also known as 20 week ultrasound)
- Screen for anemia / check hemoglobin

24 weeks:

- Instructions given for 1 hour GTT (to be performed at 28 week visit)

28 weeks:

- Screen for anemia / check hemoglobin
- 1 hour GTT
- If Rh negative, RhoGam
- TDAP (whooping cough vaccine)
- Review Third Trimester To-Do List
- After this visit, you will now be seen every 2 weeks

30, 32, and 34 weeks:

- If you are not having a scheduled cesarean section, you will likely “rotate” and meet all of the providers within the practice.
- At these visits, we will check in, measure your fundal height, and listen to the baby’s heartbeat.

36 weeks:

- Group B Strep screen
- Screen for anemia / check hemoglobin
- Sign hospital consent forms
- Beginning at 36 weeks, we will see you every week until delivery!

*\*Flu vaccine will be offered at any visit when the flu vaccine is available.*

## Welcome to the THIRD TRIMESTER

There is a lot to do and consider in the next several months, but this checklist should help.

### **PIEDMONT: [www.piedmonthospital.org](http://www.piedmonthospital.org)**

- [ ] Pre-register at Piedmont: either visit Admissions desk on first floor/front lobby, or online.
- [ ] Piedmont Tour: sign up online, and meet in 2nd floor lobby of 77 Building. With the construction in process, we also recommend you plan out your route to the hospital entrance.

### **CLASSES**

If it is your first pregnancy, we recommend childbirth, breastfeeding, and parenting classes. Resources for these are available in the attached brochures.

### **OTHER CONSIDERATIONS**

- [ ] There are many different options for cord blood - both public donation through the Cleveland Cord Blood program, and private cord blood banking through multiple different banks. Talk to your provider if you are interested in more information regarding donating or banking your baby's cord blood.
- [ ] Making a birth plan is not required, but we do encourage you to think about your goals for labor, delivery, and the early postpartum period, including:
  - Who would you like to be present for labor and delivery?
  - Thoughts about pain management, including IV and epidural anesthesia?
  - If you are having a boy, would you like the baby to be circumcised?
- [ ] Who is your pediatrician, and are they affiliated with Piedmont Hospital? If you need help with your search, we do have a list of providers in the area.