Desert West Delivers!

Desert West
Obstetrics & Gynecology, LTD

Congratulations

Congratulations on your pregnancy and welcome to our practice! We thank you for choosing us to participate in your care. Whether you are a first-time parent or growing your family, having a baby is one of the most important and exciting times in your life. During this anticipation-filled time, you will undoubtedly experience many uncertainties and new sensations. Our goal is to be by your side, providing you with the best quality medical care throughout your entire pregnancy and delivery.

This booklet contains important information on our practice as well as answers to frequently asked questions. We aim to cover topics from: “what's happening to my baby and my body in each trimester?,” to common prenatal testing to “when can I find out the gender of my baby?” We welcome your questions and encourage you to share your concerns and know that we will provide you with compassionate, top quality care.

Desert West Delivers!

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Desert West
Obstetrics & Gynecology, ltd

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Your Pregnancy at a Glance

Regular prenatal examinations are a priority during any pregnancy. Here's the visit schedule for a low-risk, term pregnancy. If you have a pre-existing medical condition, develop complications, or are a teen, you may require more frequent visits.

Weeks 6-8

- Confirm Pregnancy
- Lab Tests
- First Visit with your Provider
- Genetic Testing Options (see appendix)
- Educational and Diet Information
- Physical Exam

Weeks 10-12

- Fetal Heart Tones
- Confirm Genetic Testing Decision
- Review Lab Results
- Due Date Confirmation

Weeks 15-16

- Blood Screening Tests
- Schedule Ultrasound

Weeks 19-20

- Anatomy Ultrasound
- Routine Visit

Week 24

- Schedule Childbirth Class

Week 28

- Learn to Count Fetal Kicks
- Diabetes and Blood Count Test, RhoGAM if RH Negative
- Schedule Hospital Tour
- Tdap/Td Vaccination
- Hospital Registration

Weeks 32

- Discuss Cord Blood Banking
- Discuss Breastfeeding

Week 36

- Group B Strep Test
- Confirm Baby's Position
- Discuss Signs and Symptons of Labor and Preeclampsia

Week 38

- Discuss Readiness for Labor and Delivery

Weeks 40-41

- Discuss Postdate Plan
- Schedule Postpartum Visit

After Delivery: 6 Weeks

- Routine Postpartum Visit
- Physical Exam
- Discuss Birth Control, Feeding, Depression return to work

Schedule of Prenatal Visits & Routine Testing During Pregnancy

- After 1st appointment, every 4 weeks until 28 weeks
- After 28 weeks, every 2 weeks until 36 weeks
- After 36 weeks, once a week until delivery

If your pregnancy is complicated, more visits may be necessary. It is advisable to make several appointments in advance. If you need to cancel an appointment, please call us at least 24 hours in advance.

Genetic Screening (Optional)

- See appendix, "Optional Genetic Testing"
- AFP – Cannot be done until after 15 weeks

Fetal Movement

Sometime between 20-25 weeks of pregnancy, mothers will begin to feel movement. Initially, movements will be infrequent and may feel like butterfly flutters. As your baby grows, you will feel movement more often. It is recommended to start counting fetal movements beginning at 28 weeks once daily until you get 10 movements within 2 hours. A good time to do this is 20-30 minutes after breakfast or dinner. If you are concerned about movement, eat or drink something with sugar or caffeine and then, lie on your side in a quiet room with your hands pressed on your belly. If you have concerns about feeling movements or notice a decrease in movements, contact the office.

10-12 weeks

First trimester Routine Testing

The American College of Obstetricians and Gynecologists (ACOG) provides guidelines for antenatal testing to monitor the health and development of a fetus during pregnancy. Tests that are considered routine standard of care will automatically be ordered by your physician throughout your pregnancy. At your first visit both blood and urine samples will be collected, and testing ordered may include (but not limited to): Complete Blood Count (CBC), Blood type and Rh factor, Rubella, Hepatitis B and Hepatitis C, Human Immunodeficiency Virus (HIV), Syphilis, Gonorrhea and Chlamydia, Thyroid Stimulating Hormone (TSH), Urinalysis and Urine Culture.

19-20 weeks

Ultrasound

We recommend an ultrasound around 19-20 weeks in the pregnancy to evaluate fetal anatomy, and to check the baby's heart, brain, spine, etc. Additional ultrasounds will be performed based on the medical need. The ultrasound uses high frequency sound waves to produce a picture of your baby.

At the visit the sex can usually, but not always, be seen. Your physician will discuss the types of ultrasounds available at your first prenatal visit.

24-28 weeks

One-hour Glucose Test

All patients will get a blood sugar test during their sixth month of pregnancy to screen for gestational diabetes. DO NOT FAST before this test. This test requires one hour to be spent in the office.

Complete Blood Count

We will also screen your blood to evaluate for possible anemia at the time of your glucose screening. If your levels are low, we will start you on iron supplements. This is a common condition in pregnancy and if you take the iron as directed, there should be no long term effects.

28-35 weeks

Consider Cord Blood & Tissue Banking

As you prepare for your baby's arrival, this is an ideal time to explore the benefits of cord blood and tissue banking. Your baby's cord blood and tissue stem cells are tiny wonders with mighty potential to rebuild, repair, and regenerate. Today, donor cord blood stem cells have been used in treatment for nearly 80 diseases and conditions, with **60,000+ transplants** performed worldwide.[1,2] For many diseases currently treated with cord blood, utilizing cells from a donor, whether related or unrelated, is required. Beyond traditional transplant, **nearly 300 clinical trials** are underway investigating umbilical cord blood and cord tissue stem cells for regenerative applications in conditions such as stroke, heart disease, and type 1 diabetes.[3]

If you choose to bank your baby's cord blood, it's important to **make this decision before delivery** to ensure you receive your collection kit in time to bring with you. We suggest including your decision to privately bank in your birth plan to inform your labor and delivery team.

We recommend using Cryo-Cell International, the world's first private cord blood bank, holding the highest industry accreditations. Cryo-Cell is **FACT accredited** (Foundation for the Accreditation of Cellular Therapy), ensuring they meet rigorous quality standards in cord blood collection, processing, and storage, which are **critical to preserve stem cell viability.**

To learn more about how Cryo-Cell can help protect your family's future, call **(800) 786-7235** or visit www.cryo-cell.com.

References
1. Moise, K. J., Jr. (2005). Umbilical cord stem cells. Obstetrics & Gynecology, 106(6), 1393–1407. https://doi.org/10.1097/01.AOG.0000188388.84901.e4. 2. AABB. (2025, October). Cord blood myths and facts (Originally provided by the Cord Blood Association). https://www.aabb.org/docs/default-source/default-document-library/resources/cord-blood-myths-and-facts.pdf Accessed 2025-01-07. 3. National Library of Medicine (NLM), National Institutes of Health. https://clinicaltrials.gov. Accessed 2025-02-04.

Rh Immunoglobulin injection (if Rh negative)

We will test your blood for the Rh factor. If your blood type is Rh negative, then you may be at risk for Rh disease. Rh disease is a pregnancy complication in which your immune system attacks the baby's blood and can result in a life threatening situation for your baby if left untreated. Fortunately, it can be prevented with an injection called Rhogam which is given at 28 weeks or anytime vaginal bleeding occurs. If you are Rh negative, contact our office immediately if you develop bleeding or trauma to your belly.

Vaccinations

Tdap is a vaccine that helps to protect against tetanus, diphtheria and pertussis (whooping cough) disease in people who are 11-64 years of age. **The tdap vaccine is recommended for all pregnant women in their 3rd trimester regardless of their last previous vaccine.** This is to protect the baby from whooping cough in its first few months until the baby can get its own vaccine. While not usually serious in adults, whooping cough can be fatal to newborn babies. Vaccines given to the mom prior to the third trimester have been shown not to give adequate protection to the baby. Other family members and caregivers should be current in their vaccine (it is due every 10 years for non-pregnant adults).

Influenza Immunization during Pregnancy – The Centers for Disease Control (CDC) recommends that women pregnant during the flu season receive the flu vaccine. All women should receive the influenza vaccine; this is particularly important during pregnancy and the postpartum period. The influenza vaccination is an essential element of prenatal care because pregnant women are at an increased risk of serious illness and mortality due to influenza. In addition, maternal vaccination is the most effective strategy to protect newborns because the vaccine is not approved for use in infants younger than 6 months. Only the inactivated influenza vaccine is recommended during pregnancy.

COVID-19 Vaccine - According to the Centers for Disease Control and Prevention (CDC), pregnant individuals are at an increased risk of severe COVID-19 infection, ICU admission, and death, as well as adverse pregnancy outcomes. The American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine (SMFM), the two leading organizations representing specialists in obstetric care, recommend that all pregnant individuals (as well as those considering pregnancy, recently pregnant, or lactating) be vaccinated against COVID-19. The organizations' recommendations in support of vaccination during pregnancy reflect evidence demonstrating the safe use of the COVID-19 vaccines during pregnancy.

RSV (Respiratory Syncytial Virus) is a common respiratory virus that usually causes mild cold-like symptoms. Most people recover in a week or two, but RSV can be a serious illness for some groups including infants and older adults. The American College of Obstetricians and Gynecologists recommends a single dose of Pfizer's RSV vaccine (Abrysvo) for pregnant individuals between 32 and 36 weeks of gestation during RSV season (September-January) to help prevent RSV in infants.

35-36 weeks

Group B Strep Vaginal Culture

Group B streptococcus (GBS) is a type of bacterial infection that can be found in a pregnant woman's vagina or rectum. This bacterium is normally found in about 25% of all healthy, adult women. Those women who test positive for GBS are said to be colonized. A mother can pass GBS to her baby during delivery. GBS is responsible for affecting about 1 in every 2,000 babies in the United States. Not every baby who is born to a mother who tests positive for GBS will become ill.

Test Results: Please understand that our staff is not authorized to release test results unless they have been reviewed by one of our physicians. If the staff will not reveal your test results, it does not mean that the test is abnormal. A nurse or physician will contact you concerning test results after the physician has reviewed the results. Laboratory tests often take several days to be processed.

Baby's Development at a Glance

Your pregnancy is divided into 3 parts called trimesters. Each trimester is another stage in the development of your baby. At least 39 weeks of pregnancy gives a baby all the time he/she needs to grow before being born.

First Trimester: Months 1-3 or Weeks 1-12

Month	Milestone
1	Your baby's heart is beating, and all the important organs are beginning to work.
2	Your baby is the size of a grape; all the organs are formed, and the baby can move its arms, legs, fingers and toes.
3	Your baby weighs about 1 ounce and is about 4 inches long.

Second Trimester: Months 4-6 or Weeks 13-27

Month	Milestone
4	Your baby has eyelashes and eyebrows, and kicks, turns and moves a lot, but you cannot feel it yet. Your baby weighs about 5 ounces and is 6 to 7 inches long.
5	Your baby grows fast, is now 12 inches long, and weighs 1/2 to 1 pound. If you haven't yet, you will soon feel your baby move.
6	Your baby weighs 1 to 1 1/2 pounds and is about 14 inches long.

Third Trimester: Months 7-9, or Weeks 28-40

Month	Milestone
7	Your baby starts to open and close his/her eyes. Your baby is very active and even sucks his/her thumb. The baby can hear and often responds to touches. Your baby weighs about 3 pounds now and is 15 inches long.
8	Your baby's organs are working well, but is not ready to be born yet, because the lungs are not ready to breathe on their own. Your baby's moving may slow down because there is not much room in there! Nevertheless, please call your doctor if you do not feel the baby move as normal. Your baby now weighs about 5 to 6 pounds and is about 18 inches long.
9	Time is getting closer, and the baby is getting ready to be born. Your baby is now saving up a lot of energy for the big day and is ready to come any time. Your baby now weighs between 6 to 9 pounds and is 19 to 21 inches long.

Taking Care of You

Nutrition During Pregnancy

• **Eating Healthy:** The first step toward healthy eating is to look at your daily diet. Having healthy snacks that you eat during the day is a good way to get the nutrients and extra calories that you need. Pregnant women need to eat an additional 100-300 calories per day, which is equivalent to a small snack such as half of a peanut butter and jelly sandwich and a glass of low fat milk. The American College of Obstetricians and Gynecologists make the following recommendations with regard to nutrition during your pregnancy:

• **Prenatal Vitamins:** We recommend a daily prenatal vitamin to help provide the best balance of nutrition for you and your baby. Either an over the counter or prescription vitamin is fine. If you cannot tolerate a prenatal vitamin, we recommend 2 children's chewable vitamins a day instead. If vitamins are causing nausea, try taking them at night with a snack. If constipation is an issue, increase the fiber in your diet, drink more fluids and increase activity. An over the counter stool softener may be added if needed.

• **Folic acid:** During pregnancy, you need more folic acid and iron than a woman who is not pregnant. Folic acid, also known as folate, is a B vitamin that is important for pregnant women. Taking 400 micrograms of folic acid daily for at least 1 month before pregnancy and 600 micrograms of folic acid daily during pregnancy may help prevent major birth defects of the baby's brain and spine called neural tube defects (See Appendix.) It may be difficult to get the recommended amount of folic acid from food alone. For this reason, all women who may become pregnant should take a daily vitamin supplement that contains the right amount of folic acid.

• **Iron:** Iron is used by your body to make a substance in red blood cells that carries oxygen to your organs and tissues. During pregnancy, you need extra iron—about double the amount that a non-pregnant woman needs. This extra iron helps your body make more blood to supply oxygen to your baby. The daily recommended dose of iron during pregnancy is 27 milligrams, which is found in most prenatal vital supplements. You can also eat iron-rich foods, including lean red meat, poultry, fish, dried beans and peas, iron-fortified cereals, and prune juice. Iron can also be absorbed more easily if iron-rich foods are eaten with vitamin C-rich foods, such as citrus fruits and tomatoes.

• **Calcium:** Calcium is used to build your baby's bones and teeth. All women, including pregnant women, aged 19 years and older should get 1,000 milligrams of calcium daily; those aged 14-18 years should get 1,300 milligrams daily. Milk and other dairy products, such as cheese and yogurt, are the best sources of calcium. If you have trouble digesting milk products, you can get calcium from other sources, such as broccoli; dark, leafy greens; sardines; or a calcium supplement.

• **Vitamin D:** Vitamin D works with calcium to help the baby's bones and teeth develop. It is also essential for healthy skin and eyesight. All women, including those who are pregnant, need 600 international unit of Vitamin D a day. Good sources are milk fortified with Vitamin D and fatty fish such as salmon. Exposure to sunlight also converts a chemical in the skin to Vitamin D.

• **Oils and Fats:** The fats that you eat provide energy and help build many fetal organs and the placenta. Most of the fats and oils in your diet should come from plant sources. Limit solid fats, such as those from animal sources. Solid fats can also be found in processed foods.

• **Fish:** Omega-3 fatty acids are a type of fat found naturally in many kinds of fish. They may be important factors in your baby's brain development both before and after birth. To get the most benefits from omega-3 fatty acids, women should eat at least two servings of fish or shellfish (about 8-12 ounces) per week while pregnant or breastfeeding.

Key Nutrients During Pregnancy

Nutrient (amount per day)	Reason for Importance	Sources
Calcium (1000 mg)	Helps build and maintain strong bones and teeth	Milk, cheese, yogurt, sardines
Choline (450 mg)	Plays a role in fetal brain development	Chicken, beef, eggs, soy, peanuts
Iron (27 mg)	Helps create the red blood cells that deliver oxygen to the baby and also prevents fatigue	Lean red meat, dried beans, peas, iron-fortified cereals
Vitamin A (770 mg)	Forms health skin, helps eyesight, and bone growth	Carrots, dark leafy greens, sweet potatoes
Vitamin B6	Helps form red blood cells, helps the body use protein, fat and carbohydrates	Beef, liver, pork, ham, whole grain cereal, bananas
Vitamin B12 (2.6 mcg)	Maintians nervous system, needed to form red blood cells	Liver, meat, fish, poultry, milk (only found in animal foods, vegetarians should take a supplement)
Vitamin C (85 mg)	Promotes health gums, teeth and bones. Helps your body absorb iron	Oranges, melon, strawberries
Vitamin D (600 IU)	Helps build and main strong bones and teeth	Liver, egg yolks, fortified cereal and milk
Folate (600 mcg)	Needed to produce blood and protien, helps some enzymes	Green leafy vegetables, liver, ora
Protein (100 g)	Helps with formation of enzymes, antibodies, muscle, and collagen	Meat, eggs, cheese, whole grains

Weight Gain – According to the American College of Obstetricians and Gynecologists, if you were a normal weight before pregnancy, you should gain between 25 and 35 pounds during pregnancy. If you were underweight before pregnancy, you should gain more weight than a woman who was a normal weight before pregnancy. If you were overweight or obese before pregnancy, you should gain less weight.

Recommendations for weight gain during a single pregnancy are as follows:

- Underweight women (BMI less than 20): 30-40 lbs
- Normal weight women (BMI 20-25): 25-35 lbs
- Overweight women (BMI 26-29): 15-25 lbs
- Obese women (BMI >29 lbs): up to 15 lbs

Underweight women with a low weight gain during pregnancy have an increased risk of a low birth weight infant as well as preterm birth. On the other hand, obese women have an increased risk of a large for gestational age infant, post term birth, and other pregnancy complications.
These problems include gestational diabetes, high blood pressure, preeclampsia and cesarean delivery. Babies of overweight and obese mothers are also at greater risk of certain problems, such as birth defects, macrosomia and childhood obesity.

Foods to Avoid in Pregnancy

Caffeine: Limit caffeine intake to the equivalent of 1 cup of coffee a day (200mg) or less. Excess caffeine may be associated with miscarriage, premature birth, low birth weight, and withdrawal symptoms in infants.

Fish with Mercury: Fish is very good for you and the baby during pregnancy and increases the baby's brain and eye development. You should try to eat 2 servings per week (12 oz.) of low mercury fish such as salmon, catfish or tilapia. Medium mercury fish such as tuna or halibut can be consumed but you should have no more than 6 oz. per week. You should completely avoid high mercury fish which include shark, swordfish, tile fish and mackerel.

Raw Meat: Avoid uncooked seafood and undercooked beef or poultry due to risk of bacterial contamination, toxoplasmosis and salmonella. Prepared meats or meat spreads including pate, hot dogs, and deli meats should be avoided due to the risk of listeria (a bacterial illness) unless they are heated until steaming hot.

Raw Shellfish: Including clams, oysters, and mussels can cause bacterial infections. Cooked shrimp is safe.

Smoked Seafood: Refrigerated, smoked seafood should be avoided due to risks of listeria contamination.

Soft Cheeses: Imported soft cheeses may contain listeria. Soft cheeses made with pasteurized milk are safe.

Unpasteurized Milk: May contain listeria which can lead to miscarriage.

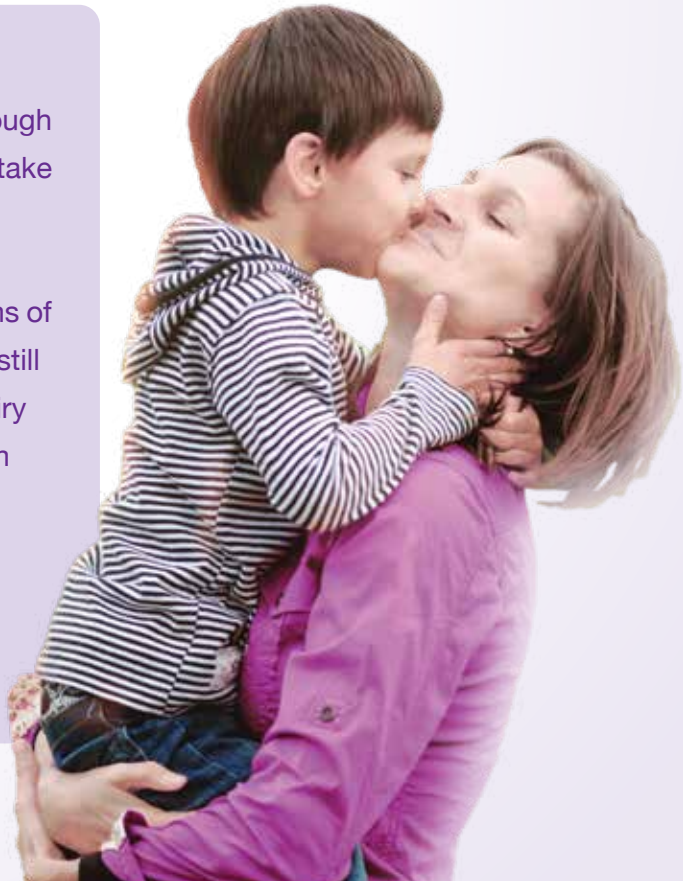
Unwashed Vegetables: Wash all vegetables well to avoid exposure to toxoplasmosis which may contaminate the soil where vegetables are grown.

NOTE: Artificial sweeteners are ok to use but we would recommend limiting it to 1-2 servings per day. If you have diabetes, the artificial sweeteners are better than sugar to help control your blood sugars.

Special Dietary Concerns

Vegetarian Diet: Be sure you are getting enough protein, about 75 grams per day. You will need to take supplements, especially iron, B12 and vitamin D.

Lactose Intolerance: During pregnancy, symptoms of lactose intolerance often improve. If you are still having problems after eating or drinking dairy products, talk with us. We may prescribe calcium supplements if you cannot get enough calcium from other foods. Remember, calcium can also be found in cheese, yogurt, sardines, and certain types of salmon, spinach, and fortified orange juice.



Exercise

Exercise is recommended in pregnancy for 30 minutes, 5 days per week. A combination of cardio and core strengthening is advised. For cardio (running, biking, swimming, elliptical, stair climber, aerobics, etc.) you should avoid high impact activities and keep your breathing and heart rate in an aerobic zone (you can continue to converse without having to catch your breath.) For core strengthening (yoga, Pilates, sit ups, other abdominal and back exercises), avoid lying flat on your back after 20 weeks. You may be on an incline, exercise ball, or on your side, etc. For weight lifting, you should lift weights that you can lift relatively easily and don't need to strain to lift. It is important to maintain adequate hydration during exercise.

Exercising can benefit your health during pregnancy in the following ways:

- Helps reduce backaches, constipation, bloating and swelling
- May help prevent or treat gestational diabetes
- Increase your energy
- Improve your mood
- Improve your posture
- Promote muscle tone, strength, and endurance
- Help you sleep better
- Help keep you fit during pregnancy and may improve your ability to cope with labor
- Make it easier for you to get back in shape after the baby is born

When you exercise, follow these general guidelines, spelled out by the American College of Obstetricians and Gynecologists, for a safe and healthy exercise program:

- After the first trimester of pregnancy, avoid doing any exercise on your back.
- If it has been some time since you have exercised, start slowly. Begin with as little as 5 minutes of exercise a day and add 5 minutes each week until you can stay active for 30 minutes a day.
- Avoid brisk exercise in hot, humid weather or when you have a fever.
- Wear comfortable clothing that will help you remain cool.
- Wear a bra that fits well and gives lots of support to help protect your breasts.
- Drink plenty of water to help keep you from overheating and dehydrating.
- Make sure you consume the daily extra calories you need during pregnancy.

Warning Signs that You Should Stop Exercising:

Stop exercising and call your health care provider if you have any of these symptoms

- Vaginal bleeding
- Dizziness or feeling faint
- Increased shortness of breath
- Chest pain
- Headache
- Muscle weakness
- Calf pain or swelling
- Uterine contractions
- Decreased fetal movement
- Fluid leaking from the vagina

When You Are Not Feeling Like You

Common Discomforts of Pregnancy

You will initially experience several new discomforts during pregnancy. Some will be fleeting, while others will be somewhat more lasting. Some may occur in the early weeks while others emerge closer to delivery. Some will be reoccurring while others may never repeat.

Aches and Pains: As your baby grows, backaches are common. You may feel stretching and pulling pains in the abdomen or pelvic area. These are likely due to pressure from your baby's head, weight increase and the normal loosening of joints. Practice good posture and try to rest with your feet elevated.

Braxton-Hicks Contractions: Experiencing some cramps and contractions are normal. When they occur, empty your bladder, drink 1-2 glasses of water and try to rest. If you are less than 36 weeks pregnant and having more than 6 contractions per hour, call the office.

Constipation: Is a common complaint which can be related to hormone changes, low fluid intake, increased iron in your vitamins or lack of fiber in your diet. Try to include whole grains, fresh fruit, vegetables and plenty of water. There are also safe over the counter medications. If you develop hemorrhoids, try sitz baths 3-4 times per day for 10-15 minutes each time. If the pain persists, call the office.

Cramping: Experiencing some cramps and contractions are normal. When they occur, empty your bladder, drink 1-2 glasses of water and try to rest. If you are less than 36 weeks pregnant and having more than six contractions in an hour after trying these measures, contact the office.

Discharge: An increase in vaginal discharge that is white and milky is common in pregnancy. If the discharge is watery or has a foul odor, call the office.

Dizziness: You may feel lightheaded or dizzy at any time during your pregnancy. Try lying down on your left side and drink 1-2 glasses of water and try to rest. If you faint or the symptoms persist, call the office.

Heartburn: You may experience heartburn throughout the pregnancy. This is a particularly common problem during the latter part of your pregnancy when your baby is larger. Try to eat 5-6 smaller meals a day, avoid drinking fluids with meals and avoid lying down immediately after eating. Some over the counter medications are also safe for use.

Leg cramps: Cramping in your legs or feet can also be common. Eating bananas, drinking more lowfat/nonfat milk and consuming more calcium-rich foods like dark green vegetables, nuts, grains and beans may help. To relieve the cramp, try to stretch your leg with your foot flexed toward your body. A warm, moist towel or heat pad wrapped on the muscle may also help.

Nausea or Vomiting: Feeling nauseous during the first three months of pregnancy is very common. For some women, it can last longer, while others may not experience it at all. Try to eat 5-6 smaller meals a day in order to keep your stomach full at all times. Try bland foods like plain crackers, toast, dry breakfast cereals as well as carbonated drinks like ginger ale or 7-Up. Ginger is a natural treatment for nausea. Peppermint can also be used. Some over the counter medications are also safe. If the symptoms become severe or you are unable to keep fluids down without vomiting for more than 12 hours, contact the office.

Swelling: Because of the increased production of blood and body fluids, normal swelling, also called edema, can be experienced in the hands, face, legs, ankles and feet. Elevate your feet, wear comfortable shoes, drink plenty of fluids and limit sodium. Supportive stockings can also help. If the swelling comes on rapidly, or is accompanied by headache or visual changes, contact us immediately.

Urinary Frequency: Varies throughout the pregnancy, this is normal. If urinary frequency is accompanied by burning, low back pain, blood, or has a bad odor, call the office to schedule an appointment.

Safe Medications

During pregnancy, women can be more susceptible to ailments like cold and flu and other conditions. Only certain medications are safe during pregnancy. The following are considered relatively safe, but you should use these very sparingly, especially decongestants of any kind. Prescription medications should be taken exactly as directed and you should check with us before starting any new prescription. Follow the labels for dosage and directions. Contact the office with questions.

Acne Benzoyl Peroxide Clindamycin Topical Erythromycin Salicylic Acid **AVOID: Accutane** **Retin-A** **Tetracycline** **Minocycline**	**Antibiotics** Ceclor Cephalosporins E-mycins Keflex Macrobid/Macrodantin Penicillin Zithromax **AVOID: Cipro** **Tetracycline** **Minocycline** **Levaquin** **Bactrim**	**Colds/ Allergies** Benadryl, Claratin, Zyrtec Claritin-D** Chlor-Trimeton, Dimetapp Drixoral-Non-Drowsy Mucinex (guaifenasin) Tylenol Cold & Sinus** Vicks Vapor Rub ****AVOID if Problems With Blood Pressure**
Constipation Colace, Miralax, Senakot Ducolax Suppository Fibercon, Metamucil	**Cough** Cough Drops Robitussin (plain & DM)	**Crab/ Lice** RID **AVOID: Kwell**
Gas Gas-X Mylicon Phazyme	**Headaches** Cold Compress Tylenol (Regular or Extra Strength) Acetaminophen	**Heartburn** (Avoid lying down for at least 1 hour after meals) Aciphex, Maalox, Mylanta, Pepcid, Milk of Magnesia Prilosec, Rolaids,Zantac Tums (limit 4/day)
Hemorrhoids Anusol/Anusol H.C. (RX: Analapram 2.5%) Hydrocortisone OTC Preparation H, Tucks Vaseline lotion applied to tissue	**Herpes** Acyclovir Famvir Valtrex	**Nasal Spray** Saline Nasal Spray
Nausea Vitamin B6 25mg 3 times daily Unisom 1/4 or 1/2 tablet at bedtime Dramamine, Emetrol Ginger Root 250mg 4 times daily High Complex Carbs @Bedtime Sea Bands - Acupressure RX: Diclegis	**Pain** Tylenol, Darvocet** Lortab**, Percocet** Tramadol**, Tylenol 3** Ultram**, Vicodin** ****Narcotic medications should only be used when prescribed for a legitimate medical problem by a doctor for a short period of time.**	**Rash** Benadryl 1% Hydrocortisone Cream
Sleep Aids Benadryl Chamomile Tea Unisom, Tylenol PM Warm milk-add vanilla or sugar for flavor	**Throat** Cepacol Cepastat Salt Water Gargle w/ warm water Throat Lozenges	**Tooth Pain** Oragel
Yeast Infection Gyne-lotrimin, Monistat-3 Terazol-3 Avoid 1 Day Creams		

Questions and Concerns

Activities to Avoid:

- Avoid hot tubs, saunas, roller coasters, sky diving, skiing, scuba diving, motor cycle riding.
- Do not change cat litter boxes.
- Do not smoke, drink or use illicit drugs. According to the American College of Obstetrics and Gynecology, there is no amount of alcohol during pregnancy that is definitely safe.

Dental Care: Gum disease and bacteria in the gums become more common during pregnancy and can have potential negative impacts on your pregnancy. You should be sure that you have your teeth cleaned by your dentist every 6 months during pregnancy. Postpone routine X-rays until postpartum.

Depression: Depression can occur during as well as after pregnancy. Many women experience mood changes after their delivery. This most commonly starts 2-3 days after delivery and usually goes away by 2 weeks. It is important to eat properly, get adequate sleep and reduce stress during this time to help with symptoms. Sometimes the symptoms require treatment especially if mom is not bonding or enjoying her baby; unable to care for herself or the baby; feeling excessive sadness, depression or anxiety. If you ever feel you may hurt yourself, the baby or someone else you should go to the emergency room right away. If you or your partner have any concerns that you may be depressed, please contact us for evaluation.

Hair Coloring: Hair coloring and nail care should always be done in large, well-ventilated areas.

Seatbelt: You should definitely wear your seatbelt throughout pregnancy. The shoulder belt should sit between your breasts and the lap belt below your belly, over your hips.

Sex: Sex during pregnancy is safe unless you are having bleeding or preterm labor or have been otherwise specifically advised not to by our office.

Travel: Travel during a normal pregnancy is fine up to 34 weeks. Consult with one of our providers at one of your visits before traveling. Drink plenty of fluids so you do not get dehydrated. While traveling (whether by car, plane, train, etc.), get up and stretch your legs at least every 2 hours to insure that you do not get a blood clot in your leg or lung which you are much more susceptible to while pregnant.

Working/School: A woman can usually continue working or attend school until she goes into labor. We may want to restrict your work if you are having pregnancy complications depending on your job activities.

Labor & Delivery

Getting Ready for the Big Day

Pre-register with the Hospital: In order to expedite your admission to the hospital, you must register for each pregnancy. When you go into labor, you will be admitted directly to the maternity floor, without going through the admitting office. See section on Important Names and Numbers for more information.

Attend Educational Courses: There are educational courses on labor and delivery, breastfeeding, infant CPR and baby care available. Consider these classes especially if you are a first-time parent. See section on Important Names and Numbers for more information.

Choose a Pediatrician: You will need to decide on a doctor for your baby before you deliver. Please visit our website for a list of pediatricians. You will need to contact the doctor's office prior to delivery to make sure they accept your insurance and are taking new patients. See section on Important Names and Numbers for more information.

Finalize Your Cord Blood Banking Enrollment: If you decide you want to store your baby's cord blood, you will want to make sure you have chosen your cord blood bank and completed the enrollment process. You also will want to take the collection kit from the bank with you to the hospital. We recommend **Cryo-Cell International**, the world's first cord blood bank.

Obtain and Install a Car Seat: You must have a car seat installed in your vehicle before taking your baby home. By law, children must be in a federally approved, properly installed, crash-tested car seat for every trip in the car beginning with the trip home from the hospital.

Learn More About Breastfeeding: Breast milk is a perfectly designed nutrient for babies. Babies who are breastfed get fewer infections and are hospitalized less. Mothers that breastfeed burn 500 calories a day which can help lose extra weight and reduce a woman's risk of developing breast cancer. After delivery, the nurses and a lactation specialist are there to help you learn how to breastfeed.

When You Go Into Labor: As labor begins, the cervix opens (dilates). The uterus, which contains muscle, contracts at regular intervals. When it contracts, the abdomen becomes hard. Between the contractions, the uterus relaxes and becomes soft. Up to the start of labor and during early labor, the baby will continue to move.

Your doctor will give you individual guidelines as to when to go to the hospital. The guidelines will depend upon where you live and how fast your labor is expected to proceed. In general, you should go to the OB triage department at the hospiital when your contractions have been five minutes apart for more than one hour, your water breaks or you have vaginal bleeding that is more than spotting.

The Big Day

When you arrive in Triage, make sure you mention that you are from our practice. If you are banking your baby's cord blood, make sure you inform them in labor and delivery.

Delivery: This will be one of the doctors in our group but not necessarily your primary doctor. Once you are admitted to the labor and delivery unit, you will receive an IV or a heplock (a capped off IV); your baby's heart rate and your contractions will be monitored; your bag of water will usually be broken if it has not already happened on its own; you may receive Pitocin if your contractions are not strong enough or frequent enough; you may receive pain medication if you desire; you may possibly be able to be up walking or in the shower on a portable monitor if one is available and the baby's heart rate is stable and you so desire. If you would like to discuss one of these options, we should discuss this early in your pregnancy.

Scheduled Cesarean Section: If you and your provider have decided to schedule a C-Section prior to labor, you will be given a date and time for your delivery 4-6 weeks prior to your due date. You will receive a telephone call with this information from our surgery scheduler.

The day of your C-Section, do not eat or drink anything for 8 hours (no gum, hard candy or water). Plan to arrive at the L&D Triage 2 hours prior to your scheduled surgery time. Visit our website for more details.

Episiotomy / Forceps / Vacuum: We plan to help you deliver your baby with the least amount of trauma. Episiotomies are not routinely needed and many deliver without the need for any stitches. Sometimes we need to make a small incision at the vaginal opening to help deliver. We make sure you are numb if you don't have an epidural, and will stitch the area after delivery. The stitches dissolve over time and do not need to be removed. We provide you with medicine to keep you comfortable after delivery. We are highly skilled in the use of vacuum and forceps for deliveries. We will recommend using them only if medically indicated. Our goal is to deliver your baby in the safest manner. There are definitely times when this is the safest way to help your baby into this world.

Anesthesia Consultations: Anesthesia consultations are available for the patient and anesthesiologist to discuss the use of analgesia/anesthesia in labor and delivery.
See *Important Names and Numbers.*

How Long Will I Be in the Hospital After My Delivery? If you have a normal, uncomplicated labor, delivery and postpartum course, you will usually go home between 24-48 hours after delivery. The hospital length of stay is often dictated by your insurance company. It is your responsibility to know the length of hospital coverage your insurance provides before you deliver. In the event of any complications, a longer stay may be indicated and your physician will discuss this with you at that time.
Routine length of stay after a cesarean section is 3-4 days.

Appendix A

When Should I Call the Doctor

We welcome your questions. If possible, please hold routine questions for your regular prenatal visits. If you have questions that need to be addressed, please call our office during regular office hours. Our nursing staff can answer many of your questions or will find out the necessary information from one of our doctors and will relay the information to you.

Although you are seen regularly during your pregnancy, you may have some questions and/or problems which occur between your visits to the doctor's office. Notify your physician or nurse if any of the following conditions outlined below should occur:

- You have vaginal bleeding
- You have any severe pain
- You experience persistent uterine cramping, backaches, or contractions of any frequency prior to 36 weeks (one month before your due date or earlier)
- You do not feel your baby move for several hours or if you think there is a significant decrease in your baby's activity (less than 3 movements per hour or less than 10 movements in a day)
- You are having regular painful contractions every five minutes or less for one hour and are more than 36 weeks
- Your bag of water breaks, regardless of presence/absence of contractions. Repetitive leakage or a gush of fluid from the vagina
- If you have a temperature greater than 101 degrees
- Abdominal trauma or car accident

Appendix B

Optional Genetic Testing

Birth defects affect approximately 3% of all pregnancies. A woman's risk of having a child with genetic abnormality can be assessed with genetic testing. During pregnancy our providers work closely with patients providing education to assist in choosing the options that make the most sense for you and your family. Ultimately, the decision of what genetic test to perform (if any) is up to the patient. All information pertaining to genetic testing comes from the American College of Obstetrics and Gynecology.

Carrier Tests: These screening tests can show if a person carries a gene for an inherited disorder (caused by a defective gene). Some inherited disorders are more common in certain races and ethics groups, such as Sickle Cell disease (African American), Cystic Fibrosis (white non-Hispanic), and Tay-Sachs disease (Ashkenazi Jewish, Cajun, and French Canadian). Carrier testing can be done before or during pregnancy. Cystic Fibrosis, SMA (Spinal Muscular Atrophy) and Fragile X screening should be offered to all women of reproductive age (regardless of ethnicity) as these are some of the most common genetic disorders.

Screening Tests: These tests assess the risk that a baby will have a chromosomal problem, such as Trisomy 21 (Down syndrome), Trisomy 18 (Edwards syndrome), Trisomy 13 (Patau syndrome), as well as neural tube defects such as Spina bifida and Anencephaly. Screening tests only show whether you are at an increased risk of having a baby with a particular disorder; they do not determine if the fetus actually has the disorder. Examples of screening genetic tests include:

- **Cell Free DNA testing / Non-invasive Prenatal Testing (NIPT):** Blood test that can be drawn any time after 10 weeks gestation. Fetal DNA fragments present in the blood are analyzed to determine the risk of a chromosomal disorder. NIPT testing is up to 99% accurate in detecting Trisomy 13, 18 and 21. This test can also determine fetal sex.
- **First Trimester Screen:** Performed between 10w3d and 13w6d gestation. Includes an ultrasound measurement of nuchal translucency (fluid under the skin at the back of the fetus's neck) combined with a blood test. Can detect up to 90% of Trisomy 13, 18 and 21 with a false positive rate around 5%.
- **Alfa-fetoprotein (AFP):** Blood test drawn at 15-20 weeks (optimally 16-18 weeks) gestation to screen for neural tube defects (Spina bifida, Anencephaly).
- **Quad Screen:** Blood test drawn at 15-20 weeks gestation. Estimates risk of baby having a neural tube defect as well as Trisomy 13, 18, or 21. The detection rate is approximately 80% with a false positive rate of about 5%.

Diagnostic Tests: These tests provide a definitive diagnosis if the fetus has a genetic condition by obtaining fetal cells through amniocentesis or chorionic villus sampling. These tests are considered invasive and must be performed by a specialist. Chorionic Villus sampling (CVS) is performed between 10-12 weeks gestation and obtains placental tissue to identify chromosomal abnormalities. This test carries a risk of miscarriage (1 in 100). Amniocentesis is performed at 15-22 weeks gestation and obtains amniotic fluid (under ultrasound guidance) to identify chromosomal abnormalities. This test carries a risk of miscarriage (1 in 400).

Anesthesia: Consultations are available at the hospital on an as-needed basis. Please discuss with your provider for more information.

Ultrasounds: Ultrasounds are performed in our office.

Hospital: Our physicians proudly deliver at Banner Thunderbird Medical Center.

Pre-Registering with Your Hospital: Banner Thunderbird Medical Center -To preregister with Banner Thunderbird hospital, pregnant patients should email BTMCOBpre-regmailbox@bannerhealth.com within 30 days of their due date. If you have any further registration questions, call the OB triage department at 602-865-5680.

Pediatricians with Newborn Privileges: Please choose a pediatrician prior to delivery. If you have made prior arrangements with your pediatrician to care for your newborn, please inform your delivery nurse. If no arrangements have been made, the hospital will choose the pediatrician on call. You can find a list of pediatricians on our website at www.desertwestobgyn.com/pediatricians.

Educational Courses: There are educational courses on labor & delivery, breastfeeding, infant CPR, and baby care available. Please consider these classes, especially if you are a first-time parent. You can find classes at www.Bannerhealth.com/services/maternity/resources (here you can also download the book "Your Guide to Pregnancy, Birth, and Parenting").

Peace of Mind for Parents Right from the Start

Your baby's birth is a moment filled with infinite possibilities. Among them is the incredible opportunity to help safeguard your family's future health.

Cryo-Cell International helps you capture your newborn's cord blood and tissue stem cells—tiny wonders with mighty potential to rebuild, repair, and regenerate. With over 30 years of trusted experience and unmatched dedication to quality and innovation, Cryo-Cell stands at your side, providing your family with peace of mind for years to come.

Why Choose Cryo-Cell?

Harvest More Life-Saving Cells with PrepaCyte-CB

- Recovers more functional stem cells[1]
- Reduces more red cells than other methods[2,3]
- Provides your family with the best possible resource for potential future medical needs[4-8]

Ensure Maximum Viability: Advanced Collection Kit

- Insulated–30x greater protection during transport[10]
- Temperature-regulating gel packs
- Internal temperature for transport monitoring

Confidence in Quality

- Cord blood-specific quality standards prioritize clinical success
- Maximizes the potential for viable and effective stem cells
- Recognized as the “threshold of excellence in cellular therapy”[9]

Maximum Flexibility: 5-Chamber Bag

- Forward-thinking design
- Creates potential for multiple treatments
- Supports future use of stem cell expansion

Discover how easy it is to secure your family’s future today.

“By storing your baby’s umbilical cord blood, you are adding an important element of protection against some of the most devastating and unpredictable illnesses our children may face in their lifetime. We recommend you choose the industry leader, Cryo-Cell, for your family.”

Lee Koon, MD

Desert West Obstetrics & Gynecology, Ltd.

References

1. Henderson, C., Wofford, J., Fortune, K., & Regan, D. (2010, May). Evaluation of processing technologies for umbilical cord blood (UCB). [Paper presented at the 14th Annual International Society for Cellular Therapy (ISCT) Meeting, Philadelphia, Pennsylvania.] https://www.cryo-cell.com/CryoCell/media/CryoCell/References/Evaluation-of-ProcessingTechnologies-for-UCB.pdf. Accessed 2025-01-30. 2. The International Society for Cellular Therapy, Telgraft Quarterly Newsletter, Vol. 15 No. 4, Winter 2008. 3. Henderson, C., Wofford, J., Fortune, K., & Regan, D. (2010, May). Evaluation of processing technologies for umbilical cord blood (UCB). [Paper presented at the 14th Annual International Society for Cellular Therapy (ISCT) Meeting, Philadelphia, Pennsylvania.] https://www.cryo-cell.com/CryoCell/media/CryoCell/References/Evaluation-of-ProcessingTechnologies-for-UCB.pdf. Accessed 2025-01-30. 4. Assessment of Hetastarch and PrepaCyte-CB in Transplanted Cord Blood Units. Poster presented at: ICBS 2017. 15th Annual International Cord Blood Symposium; 2017 June 8–10; San Diego, California. 5.U.S. Food and Drug Administration. (n.d.). Hemacord Package Insert. https://www.fda.gov/media/82016/download. Accessed June 15, 2017. 6.U.S. Food and Drug Administration. (n.d.). DUCORD Package Insert. https://www.fda.gov/media/84567/download. Accessed June 15, 2017. 7.U.S. Food and Drug Administration. (n.d.). HPC, Cord Blood Package Insert. Accessed June 15, 2017. 8.U.S. Food and Drug Administration. (n.d.). HPC, Cord Blood Package Insert. Accessed June 15, 2017. 9. Foundation for the Accreditation of Cellular Therapy. (n.d.). What FACT accreditation means to patients. https://www.factglobal.org/accreditation-process/what-fact-accreditation-means-to-patients Accessed 2025-03-25 10.Jour, St. Lynda, Popp David, Robbins Paul, Kelley Linda. (2013). Development of a cost effective, single-use container to maximize protection from high temperature for transportation of fresh umbilical cord blood. Cryo-Cell International. [Internal Document]

Protect
What Matters Most

Your baby's cord blood and tissue stem cells are tiny wonders with the potential to rebuild, repair, and regenerate. Cord blood is currently approved to treat blood cancers, anemias, and certain metabolic and immune system disorders.[1] Research is exploring the potential of cord blood and cord tissue cells in regenerative medicine.

CryoCell INTERNATIONAL

The World's First Cord Blood Bank

800.786.7235 | cryo-cell.com

A Mother's Testimonial on Cord Blood Stem Cell Therapy

After a speech apraxia diagnosis, Logan ultimately found his voice. Read how his banked cord blood stem cells played a part in his journey to saying "I love you, Mommy."*

REQUEST INFORMATION

Contact your local Cord Blood Educator for a free consultation on the benefits of cord blood and tissue banking and to answer any questions you may have.

Lindsey Pitts - (480) 540-8133 - lpitts@cryo-cell.com

*Family stories depict each family's personal experiences and are not necessarily representative of others' experiences and cannot predict outcomes for others. Cryo-Cell cannot and does not guarantee specific results. Your physician or other healthcare providers should be consulted about your particular situation. 1. Torre P, Flores AI. Current Status and Future Prospects of Perinatal Stem Cells. Genes (Basel). 2020 Dec 23;12(1):6. doi: 10.3390/genes12010006. PMID: 33374593; PMCID: PMC7822425.