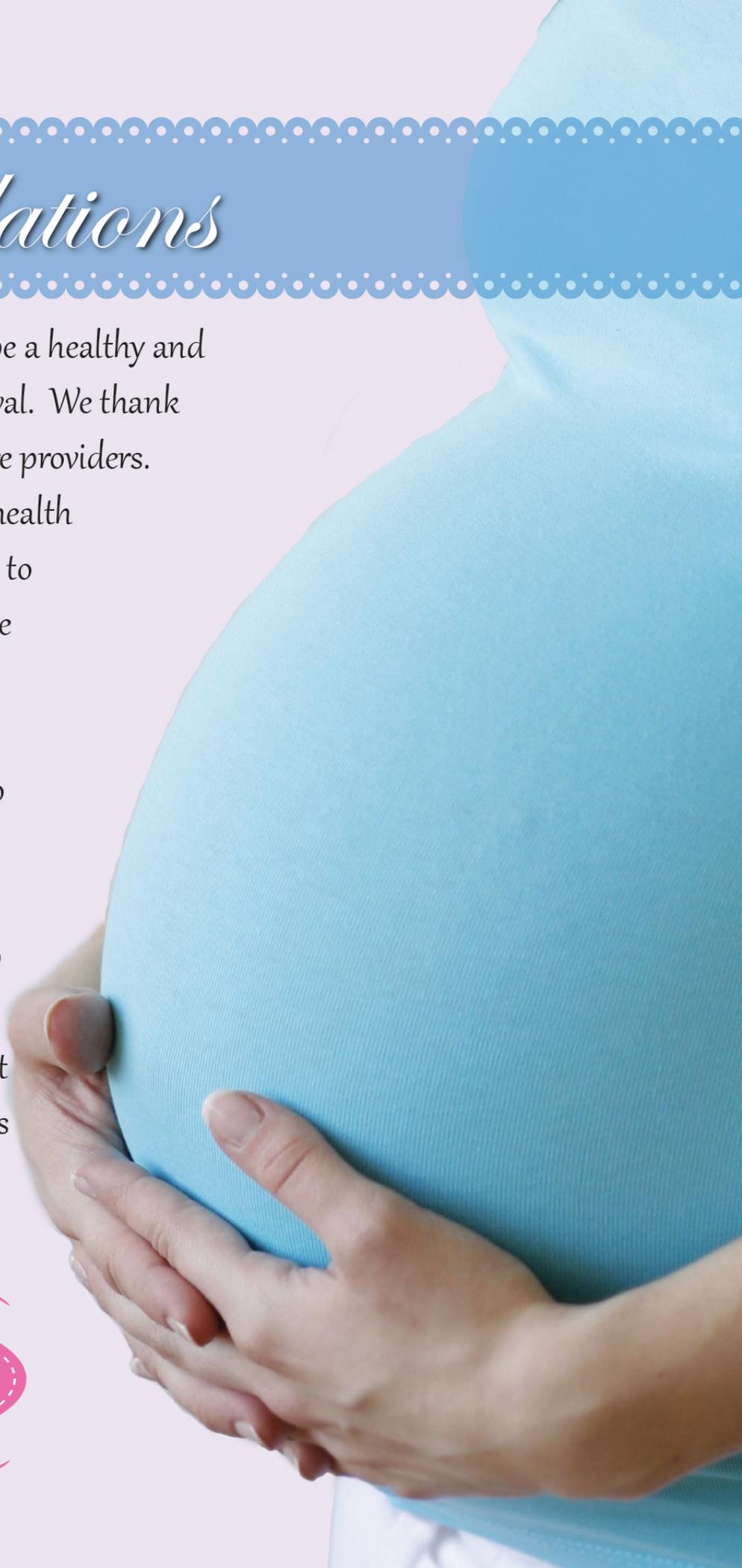


Congratulations

We hope your pregnancy will be a healthy and happy prelude to the new arrival. We thank you for choosing us as your care providers.

Our staff is dedicated to your health and we look forward to getting to know you over the course of the upcoming months.

This booklet is provided to you to help answer common questions you may experience along the way. We encourage you to keep it nearby and bookmark our website as a resource throughout your pregnancy. Our website is www.womenobgyn.net.



Your Providers

Like many OB/GYN practices, the Women's Group of Northwestern is a group practice. Our providers have days they work in the office, days they are on-call for deliveries at the hospital and days they are off. Your primary provider may not be on-call on the day you are in labor and delivery. We encourage you to schedule your regular prenatal visits with as many of the providers as possible so you will have the opportunity to meet all of the providers who may deliver your baby. Although our nurse practitioners and physician assistants do not deliver babies, you may schedule routine or problem visits with them. All of our ancillary providers are well versed in general obstetrics.



Elena M. Kamel, M.D.



Anita Levin, M.D.



Linda S. Katz, M.D.



Pamela A. Lui, M.D.



Julie A. Ericson, M.D.



Julie M. Levitt, M.D.



Kamaljeet P. Murthy, M.D.



Stephanie W. Lau, M.D.



Jordan L. Sheran, M.D.



Adrienne J. Adams, M.D.



Sarah Salamon, M.D.



Jessica G. Gelman, M.D.



Ashley Gier, MSN, WHNP



Kelly Del Valle, MSN, FNP-C



Anna Baboulas, FNP-BC



Hanna Lee MSN, WHNP-BC

The Women's Group of Northwestern
 Main office phone number 312.440.3810
 The answering service number is 312.980.0546.
 (for after hour emergencies)

Important Telephone Numbers & Office Hours

Downtown Office: 312.440.3810 M-F 9 am - 4:30 pm (early & late appointments are available), one Saturday a month.

Northbrook Office: 847.291.3999 M, T, W, F 9 am - 4 pm & Thurs. 10 am - 4 pm

AFTER HOUR EMERGENCY: 312.980.0546 24 hour/7 days a week

Prenatal Visits / Appointments

Prenatal visits will be scheduled as follows:

- 8-10 weeks – New OB visit with your physician includes physical exam, Pap smear if due, blood tests and screening cultures
- Every 4 weeks until 30 weeks
- Every 2 weeks until 36 weeks
- Once a week until delivery

If your pregnancy is complicated, more frequent visits may be necessary. It is advisable to make two or three appointments in advance. It is always a good idea to call before you come to your appointment to make sure we are running on time. Please be assured that we make every effort to run on schedule; however, emergencies do occur. Please make sure we have your current telephone number and email address, as we may need to call, text or email you to inform you that we are running behind. If you cannot make an appointment, please call and cancel at least 24 hours in advance. If you deliver, we will automatically cancel subsequent appointments.

Routine Prenatal Labs – Labs performed on or before your first visit may include blood count, blood type and Rh, Rubella, urinalysis, hepatitis screen, syphilis serology, pap smear, gonorrhea culture, chlamydia culture, HIV testing, urine culture. Hemoglobin Electrophoresis, CMV, HbA1C (if BMI>25) or toxoplasmosis titer, if necessary.

HIV Testing – HIV testing is required during each pregnancy by the state of Illinois. You may decline testing, but the baby will then be tested after birth unless you refuse this testing in writing.

Northwestern Research Programs – A research coordinator from Northwestern hospital will be going over any research studies that you may qualify for. We have reviewed all of these studies and approved our patients' participation. It is your choice to participate in any of these studies.

Optional Genetic Testing

Optional Genetic Testing and Education:

A woman's risk of having a child with a genetic abnormality is assessed with genetic testing. During your pregnancy our providers will educate you in the genetic testing options available to you, so that you may choose the options that make the most sense for you and your family. Ultimately, the decision of what genetic tests to perform, if any, is up to the patient.

Carrier screening is a blood test that is performed to determine if you or your partner carry certain changes in your genes (called "mutations") that could cause an inherited disorder to be passed on to your children. Having a family member with an inherited genetic condition or having a family member who is a known carrier for a genetic syndrome increases the likelihood that a person is a carrier; however, it is important to remember that these conditions usually occur in families with no previous history of the condition. The conditions included in carrier screening tests other than fragile X syndrome are inherited in an "autosomal recessive" manner. This means that if either partners, or donors, are carriers for the same condition, there is a 25% chance that the pregnancy will inherit the condition.

Some of the more common genetic disorders screened for regardless of age, family history or ethnic background include cystic fibrosis, spinal muscular atrophy, fragile X syndrome and sickle cell anemia.

An extended panel carrier screening is also available.

There are several additional genetic diseases that some patients are at an increased risk for based on their family history or ethnicity. These include tests for sickle cell disease, thalassemia, and a panel of diseases that are more common in people of Ashkenazi Jewish background. We suggest that you contact your insurance to determine if you have coverage or require any pre-authorization. The Center for Jewish Genetics in Chicago also offers the testing. Please visit their website, www.jewishgenetics.org, for more information, including upcoming dates for testing.

Chromosomal Abnormalities:

Risk of chromosome abnormalities (such as Down's syndrome) increases with the increasing age of the mother. There are several testing options available for chromosomal abnormalities.

Non-Invasive Prenatal Screening for Chromosomal Abnormalities:

First trimester screening is an ultrasound and blood test performed between 11 and 14 weeks. The test determines if the baby is high risk or low risk for Down's Syndrome, trisomy 13 and 18. If the test reveals your baby is at high risk, we offer additional testing.

Cell free DNA testing, also called non-invasive prenatal testing (NIPT), is the newest screening option for chromosome abnormalities in a pregnancy, and is performed using a blood sample. Cell free DNA testing is able to screen for the most common chromosome abnormalities, including Down Syndrome, trisomy 18, and trisomy 13, as well as Turner syndrome and sex chromosome abnormalities. It can also determine gender. Currently, this test is now available for both women over 35 years and under 35 years of age with slight variations. Visit www.insightmedicalgenetics.com for details of recent advances.

Invasive Prenatal diagnostic Testing for Chromosomal Abnormalities:

CVS (Chorionic Villus Sampling): This test can be performed at 10-14 weeks. A catheter is inserted into the uterus and cells called chorionic villus cells are removed from behind the placenta and tested for abnormalities.

Amniocentesis: Amniocentesis is a procedure that is typically performed during the 15th or 16th week of pregnancy or later, and involves removing a small amount of amniotic fluid from the amniotic sac. In the amniotic fluid, there are fetal cells called amniocytes. Amniocytes are cells that originated from the fetus and can be tested for chromosome abnormalities or other specific genetic changes.

If you are considering any testing, please contact, one of these facilities:

Insight Medical Genetics: 312.981.4400

Northwestern Reproductive Genetics - Chicago: 312.472.4151

Northwestern Reproductive Genetics - Lake Forest: 312.694.8973

Additional optional prenatal testing:

AFP (alpha-fetoprotein) – Neural tube defects (NTDs) are one of the most common birth defects, occurring in approximately one in 1,000 live births in the United States. A NTD is an opening in the spinal cord or brain that occurs very early in human development. The two most common neural tube defects are spina bifida and anencephaly. AFP is a blood screening test done between 15 and 20 weeks to determine if the baby is high or low risk for NTDs. If the test result is high risk, additional testing is offered. This test can be performed in our office.

The Gestational Weeks of Pregnancy

0-10 weeks

First trimester bleeding/risk of miscarriage

Thirty percent of women bleed in the first trimester of pregnancy. Women always worry that this indicates a miscarriage but at least 50% of those who bleed do not miscarry. An ultrasound can help us diagnose if miscarriage is a risk. Call us if you have bleeding so that we can determine if you need a visit or an ultrasound. It is fine to wait to call during normal business hours unless you have one of the following signs, which might require emergency care:

- Bleeding – soaking more than a pad per hour
- Persistent large blood clots
- Severe, intolerable cramping

10-20 weeks

Genetic Screening (Optional)

- Reference section in this booklet titled “Optional Genetic testing”
- AFP – Cannot be done until after 15 weeks

19-21 weeks

Ultrasound

The ultrasound uses high frequency sound waves to produce a picture of your baby. Ultrasounds are performed in our office or at the hospital. We recommend an ultrasound on everyone between 19 and 21 weeks in the pregnancy. An ultrasound is routinely done at 20 weeks to check the baby's heart, brain, spine, etc. 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. (Level I, II Scans). Level I ultrasounds may be performed at our Downtown or Northbrook office or one of the locations below. Level II ultrasound can only be performed at the locations below:

Prentice Hospital

250 E. Superior, 5th Fl., Chicago, IL, 312.926.7657

Northwestern Memorial Hospital-Dr. Cohen

675 N. St. Clair, Galter, Suite 14-200, Chicago, IL, 312.695.8095

Northwestern Lake Forest Hospital

660 N. Westmoreland Road, Suite 303, Lake Forest, IL, 312.694.8973

Additional ultrasounds are performed based on the medical need. Remember that your insurance plan does not cover this service unless there is a medical need.

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 our office. We provide you with the glucose solution.

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.

28-30 weeks

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 cells. Fortunately, it can be prevented with a shot 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.

Tdap Vaccine

Tdap is a vaccine that protects against tetanus, diphtheria and pertussis (whooping cough) 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 of life. 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 to give inadequate 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).

35-36 weeks

Group B Strep Vaginal Culture

Group B streptococcus (GBS) is a type of bacterial 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 and require antibiotics in labor. A mother can pass GBS to her baby during delivery and antibiotics can decrease the risk of infection in the baby significantly. 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 in the late afternoon. Laboratory tests often take several days to be processed. Please visit our website at www.womenobgyn.net to create or log in to your patient account, where you can "request a lab result" and we will respond to your message accordingly. If you choose and provide consent, we can text or email you many of our normal lab results via our People Lynk system.

Influenza Immunization during Pregnancy – 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. Live, attenuated influenza vaccine, which is given as a nasal spray, is contraindicated for pregnant women. Administration of the live, attenuated influenza vaccine is safe to administer postpartum and to family members.

Relatively 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. Visit www.mothersobaby.org for further information. Contact the office with questions.



Common Medications Safe in Pregnancy

<p>Acne Benzoyl Peroxide Clindamycin Topical Erythromycin Salicylic Acid AVOID: Accutane Retin-A Tetracycline Minocycline</p>	<p>Antibiotics Ceclor Cephalosporins E-mycins Keflex Macrobid/Macroclantin Penicillin Zithromax AVOID: Cipro Tetracycline Minocycline Levaquin Bactrim</p>	<p>Colds/ Allergies Benadryl, Claratin, Zyrtec Claritin-D** Chlor-Trimeton, Dimetapp Drixoral-Non-Drowsy Mucinex (guaifenasin) Sudafed**/Sudafed-12 Hour** Sudafed PE Pseudoephedrine** Tylenol Cold & Sinus** Vicks Vapor Rub **AVOID if Problems With Blood Pressure</p>
<p>Constipation Colace, Miralax, Senakot Ducolax Suppository Fibercon, Metamucil</p>	<p>Cough Cough Drops Phenergan w/Codeine if prescribed Robitussin (plain & DM)</p>	<p>Crab/ Lice RID AVOID: Kwell</p>
<p>Gas Gas-X Mylicon Phazyme</p>	<p>Headaches Cold Compress Acetaminophen Tylenol (Regular or Extra Strength) use sparingly NO Ibuprofen, Motrin or Aleve</p>	<p>Heartburn (Avoid lying down for at least 1 hour after meals) Aciphex, Maalox, Mylanta, Pepcid, Milk of Magnesia Pepcid, Prilosec, Roloids Zantac Tums (limit 4/day)</p>
<p>Hemorrhoids Anusol/Anusol H.C. (RX: Analapram 2.5%) Hydrocortisone OTC Preparation H, Tucks Vaseline lotion applied to tissue</p>	<p>Herpes Acyclovir Famvir Valtrex</p>	<p>Nasal Spray Saline Nasal Spray</p>
<p>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</p>	<p>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.</p>	<p>Rash Benadryl 1% Hydrocortisone Cream</p>
<p>Sleep Aids Benadryl Chamomile Tea Unisom, Tylenol PM Warm milk-add vanilla or sugar for flavor</p>	<p>Throat Cepacol Cepastat Salt Water Gargle w/ warm water Throat Lozenges</p>	<p>Tooth Pain Oragel</p>
<p>Yeast Infection Gyne-Iotrimin, Monistat-3 Terazol-3 Avoid 1 Day Creams</p>		

Common Discomforts of Pregnancy

You will be visited with various kinds of discomforts during pregnancy -- some fleeting, some more permanent. Some may occur in the early weeks, while others emerge closer to the time of delivery. Others may appear early and then go away, only to return later. Visit our website for a more comprehensive list of tips for discomforts of pregnancy.

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.

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.

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, especially 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.

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. Support/compression stockings can also help. If the swelling comes on rapidly, or is accompanied by headache or visual changes, contact us immediately.

Vaginal 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.

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.

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.

Other Information / Suggestions

Fetal Movement – Sometime between 16-22 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 pay attention to fetal movements beginning at 28 weeks once daily until you get 10 movements per day. A good time to do this is 20-30 minutes after breakfast and dinner. If you are concerned about movement, eat or drink something with sugar or caffeine, 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.

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. 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. Do not lift > 20 lbs.

Other Activities

- 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 Congress of Obstetrics and Gynecology, there is no amount of alcohol during pregnancy that is definitely safe.
- Sex during pregnancy is safe unless you are having bleeding or preterm labor or have been otherwise specifically advised not to by our office.
- 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.
- Hair coloring and nail care should always be done in large, well-ventilated areas.



Travel – Travel during a normal pregnancy is fine up to 34 weeks. Consult with one of our providers during 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.

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 these symptoms require treatment, especially if a mom is not bonding with or enjoying her baby; unable to care for herself or the baby; or 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 has any concerns that you may be depressed, please contact us for evaluation.

Breast Feeding – You may breast feed or bottle feed your baby or use a combination of both methods. Breast feeding does have some benefits that bottle feeding does not. Breast milk is initially easier for the baby to digest. When breast feeding you produce antibodies which pass to the baby and help protect the baby from any colds or infections you and the baby may be exposed to. Recent studies also suggest that breast fed babies may have a lower incidence of obesity. The website www.womenshealth.gov/breastfeeding has very helpful information. You may also take classes or work with a lactation consultant.

Working/School – A woman can usually continue working or attending school until she goes into labor. We may be required to restrict your work if you are having certain pregnancy complications, depending on your job activities.

Nutrition and Pregnancy



Weight Gain – Underweight women with a low weight gain during pregnancy appear to have an increased risk of having a low birth weight infant and preterm birth. On the other hand, obese women have an increased risk for having a large for gestational age infant, post term birth, and other pregnancy complications.

There is an increased risk of small for gestational age births in women who gain less than the recommended weight, based on pre-pregnancy weight. Women who exceed the weight gain recommendations double their risk of having a very large infant. It may also increase the risks of childhood obesity and makes your weight loss more difficult after delivery.

Recommendations for weight gain during a singleton 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

Healthy Diet – 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.

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
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 healthy skin, helps eyesight, helps with bone growth	Carrots, dark leafy greens, sweet potatoes
Vitamin B6	Helps form red blood cells, helps body use protein, fat and carbohydrates	Beef, liver, pork, ham, whole grain cereal, bananas
Vitamin B12 (2.6 mcg)	Maintain 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 healthy gums, teeth and bones. Helps your body absorb iron.	Oranges, melon, strawberries
Vitamin D (600 IU)	Helps build and maintain strong bones and teeth	Liver, egg yolks, fortified cereal and milk
Folate (600 mcg)	Needed to produce blood and protein, helps some enzymes	Green leafy vegetables, liver, orange juice, legumes and nuts
Protein (75 mg)	Helps with formation of enzymes, antibodies, muscle and collagen	Meat, eggs, cheese, whole grains

Nutrition and Pregnancy

Prenatal Vitamin – 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.

Foods to Avoid in Pregnancy

Raw meat – avoid uncooked seafood and undercooked beef, pork 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 listeriosis (a bacterial illness) unless they are heated until steaming hot.

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.

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

Raw shellfish – including clams, oysters, and mussels can cause bacterial infections. Cooked shrimp is safe.

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, preterm labor and should not be consumed.

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.

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

Special 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 recommend 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.

Artificial sweeteners – These 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.



Preparing for Labor and Delivery

Pre-admitting with the hospital – In order to expedite your admission to the hospital, please go online to <http://www.nmh.org> and scroll to the bottom of the page and click on “Labor and Delivery Registration” (under “Prentice Women’s Hospital”) and register. 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. You may also call the pre-admitting department at 312.472.3610.

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. Northwestern Memorial Hospital offers classes, programs and support groups throughout the year to help you live a healthier life. To register for a class or support group, call 1-877-926-4664. Please be sure to go online for a complete listing of current classes offered including fitness classes www.classes.nmh.org/listing/all. We recommend that all expectant parents take Infant CPR and Great Expectations between your 6th and 7th month of pregnancy. Further, Prentice Women’s Hospital has a separate Twin center for more specialized circumstances.



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. You may consult the Prentice Physician Directory for a more detailed list of staff pediatricians. For those patients who live in the suburbs or whose pediatrician is not on staff at Northwestern, we will assign a pediatrician for you.

When you go into Labor – Your doctor will give you individual guidelines as to when to call us. The guidelines will depend upon where you live and how fast your labor is expected to proceed. In general, signs of labor include contractions that have been five minutes apart for more than one hour, a large gush of fluid or continuous leakage of fluid, or if you have vaginal bleeding that is more than spotting. If you lose your mucous plug (thick mucus discharge) you do NOT need to call. If you are more than three weeks before your due date, call immediately if your bag of water breaks or if you have evidence of regular labor. Always call the main office number and wait for us to call back before you leave for the hospital. If you have not heard from us within 10-15 minutes, call the office back and make sure we have received the message.

If you are told to go to the Hospital, go to:

Prentice Women’s Hospital, 250 E Superior St, Chicago, Illinois, 60611

When you arrive in Triage, be sure to tell the receptionist that you are a patient of the Women’s Group of Northwestern.

Delivery – When you are in labor, you will call the doctor on call to discuss when it is time to go to the hospital. This will be one of the doctors in our group but not necessarily your primary doctor. When you go to the hospital, you will go to triage on the first floor of Prentice Women’s Hospital. 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 waters 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. We do not perform water/tub deliveries. 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, it is important to register at the hospital as soon as possible. You will be given a date and time for your delivery at your next office visit or receive a telephone call with this information from a triage nurse. You may be required to go to the hospital the day before your scheduled C-Section to have blood drawn if you are Rh negative, have placenta previa or have had a prior myomectomy. If you are unsure if this is necessary for you, please ask at your next office visit. Failure to complete this could result in your C-Section getting delayed or cancelled. 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 Unit 2 hours prior to your scheduled surgery time. Visit our website for more details.

How long will I be in the hospital after my delivery? If you have a normal, uncomplicated labor and 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. Make sure you notify your insurance company of your admission to the hospital as soon as possible. Routine length of stay after a cesarean section is 3-4 days. Discharge time is at 11:00 A.M.

Anesthesia Consultations – Anesthesia consultations are available for the patient and anesthesiologist to discuss the use of analgesia/anesthesia in labor and delivery. If needed, please call 312.472.0800 to schedule an anesthesia consultation. Reasons for anesthesia in pregnancy may include:

- Any women requesting information about analgesia/anesthesia
- A significant risk of hemorrhage: placenta previa
- Women known to have difficulties with previous anesthesia
- Medical disorders such as heart disease or pulmonary disease (i.e. cystic fibrosis)
- Blood disorders including coagulation problems
- Obesity
- Musculoskeletal disorders (i.e. scoliosis, short-stature/dwarfism)
- Neurological diseases (i.e. multiple sclerosis, paralysis)
- Autoimmune disorders (i.e. lupus, rheumatoid arthritis)
- Family history or personal history of problems with an anesthetic

Financial Information

Insurance Information and Fee Schedule – Most insurance plans have global maternity fee that includes your prenatal office visits, the delivery, and your postpartum exam. Ultrasounds, injections, lab work and NSTs are billed separately and are not included in the global fee. These items will be billed to your insurance company and you may be responsible for a portion of these services. Global maternity care includes 14 office visits; any additional visits will be billed to your insurance and will be your responsibility.



Please review in detail our billing procedure and policy for obstetrical patients that will be given to you at your first visit. If any of your insurance information or coverage changes, please let us know right away, failure to do so may cause you to be financially responsible for the entire delivery fee. During your pregnancy, one of our Business Office Representatives will personally speak to you regarding any questions you may have and your maternity coverage.

Please notify our Obstetrical Coordinator if you know you are having a boy and are planning for us to perform the circumcision or if you are planning on banking your baby's cord blood or tissue.

FMLA or Short Term Disability Papers – You will need to check with your employer regarding eligibility for Family Medical Leave and/or Short Term Disability. Submit all paperwork to the office prior to your due date to avoid any delays receiving your paperwork. Please allow 7 to 10 business days for the forms to be completed. Paternity leave may also be available through the father's employer. We do charge a fee for the forms to be completed.

