



Information for New Obstetrics Patients

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Congratulations!

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Thank you for trusting us with the care of your pregnancy.



We have a team of board certified physicians, and physicians assistants, who are committed to providing you with the best personalized care possible during your pregnancy.

*Visit our website for photos and bios of the providers, click [here](#).

When it comes time for delivery, the physician on call from our office will perform the delivery. If you are having a scheduled Cesarean Section, you can choose a provider and we will do our best to accommodate you. You may choose to deliver at Sacred Heart Medical Center or Deaconess Hospital. Be sure to pre-register with the hospital of your choice about 6 weeks before your expected delivery.

At your next appointment we will review your maternity insurance benefits and answer any questions you may have. We will estimate your cost and create a monthly payment plan; so that balances will be paid prior to delivery.

Outline of Care

▶ First Trimester

- ▶ 6-8 weeks:
 - ▶ Prenatal Labs
 - ▶ Review medical history
 - ▶ Full physical exam
- ▶ 11-13 weeks
 - ▶ Optional screening for down syndrome and spina bifida

▶ Second Trimester

- ▶ 20 weeks
 - ▶ Fetal Anatomy Ultrasound
- ▶ 28 week
 - ▶ Gestational Diabetes Screening
 - ▶ Screening for Anemia
 - ▶ Rhogam Immunization (if needed)

▶ Third Trimester

- ▶ 28 weeks
 - ▶ Whooping Cough vaccination (DTAP)
 - ▶ Labor and Delivery options discussed
 - ▶ Anesthesia information
- ▶ 36 weeks
 - ▶ Registration at Delivering Hospital
 - ▶ Testing for Group B Strep

Diet During Pregnancy

The best diet for you and your baby includes lots of fruits, vegetables and whole grains, some low fat dairy products and a few sources of protein such as meat, fish, eggs, or dried peas or beans.

- ▶ Aim for a high protein diet , approx. 80 grams a day.
- ▶ Eat four servings of fruits and vegetables daily.
- ▶ Limit refined sugars and white flour products. Whole grain products have more vitamins and fiber and are a better choice.



Diet During Pregnancy

Cont.

- ▶ Take your prenatal vitamins daily as directed, they are designed to fill in nutritional gaps.
 - Folic Acid, also known as folate, is a B vitamin that is important for pregnant women. 800 micrograms daily is recommended.
 - Pregnant women also require more Iron in their diet or by taking supplements, 27mg is recommended. This helps your body make more blood to supply oxygen to your baby.
 - Calcium helps build your baby's bones and teeth. 1,000mg of calcium is recommended daily. Consider calcium supplements if you do not/can not eat enough dairy.
 - Vitamin D works with calcium to help baby's bones and teeth develop. 600 IU (international units) of Vitamin D is recommended daily.

Fish Consumption During Pregnancy

Fish is a healthy part of diet in pregnancy. Some types of fish, however, can be harmful to a developing fetus. Fish that are high in mercury should not be eaten in pregnancy. Mercury has been linked to birth defects.

Healthy fish include:

Shellfish (such as shrimp), Salmon, Catfish, Cod, and Pollock.

Do not eat:

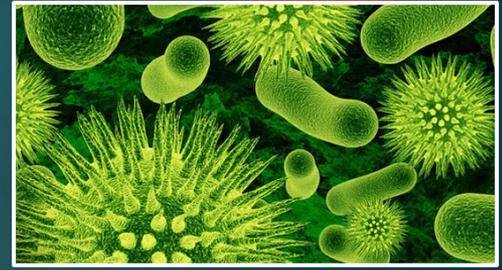
Shark, Swordfish, King Mackerel, or Tilefish.

Limit white (albacore) tuna to 6 ounces a week.

For more information see our chart on fish and pregnancy [HERE](#).



Listeriosis



Listeria Monocytogenes is a type of bacteria that is found in water and soil.

To prevent listeriosis, pregnant women should do as follows:

- ▶ Do not consume unpasteurized milk or cheese.
- ▶ Avoid hot dogs, lunch meats, or deli meats unless properly heated to 160 degrees.
- ▶ Do not eat refrigerated pates or meat spreads.
- ▶ Do not eat refrigerated smoked seafood unless it is in a cooked dish.
- ▶ Practice safe food handling. (see next slide)
- ▶ Watch for warnings of listeriosis outbreaks and avoid products involved in the warning.

Symptoms of listeriosis may show up 2-3 days after exposure. Symptoms may include mild flu like symptoms, such as headaches, muscle aches, fever, nausea and vomiting.

Contact your provider if you experience these symptoms.

Safety Tips



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4 Simple Steps to follow:

1. Clean- Wash hands thoroughly (before and after handling food, using restroom, changing diapers or handling pets).
2. Separate- Separate raw foods from ready to eat foods, do not place cooked foods on the plate that held raw foods, place cooked foods on a clean plate.
3. Cook- Cook foods thoroughly, use a food thermometer to check the temperature. Discard foods left out at room temperature for more than 2 hours. Avoid all raw and undercooked seafood, eggs, and meat. This includes sushi. Food such as beef, pork, or poultry should be cooked to a safe internal temperature."
4. Chill- Your refrigerator should register at 40 degrees F. Refrigerate or freeze perishables. Use ready to eat food as soon as possible.

Exercise During Pregnancy

- ▶ Provided you are in good health and have no problems with your pregnancy you should be able to begin a reasonable exercise routine.
- ▶ If you have been sedentary, choose an activity such as walking.
- ▶ Pregnancy may affect how you exercise. Normal physical changes associated with pregnancy have a definite impact on movement and balance. You may have to change your normal exercise routine to accommodate for these changes.

Exercise During Pregnancy Cont.

Basic Guidelines

- ▶ Regular sessions are better than sporadic activity.
- ▶ Avoid outdoor exercise, when it is overly hot and humid.
- ▶ Do a warm up and cool down routine. Stop when you are fatigued.
- ▶ Listen to your body.
- ▶ Drink lots of water while exercising

Do's & Don'ts

- ▶ Swimming is especially beneficial.
- ▶ Yoga is great for strength, flexibility and familiarity with deep breathing.
- ▶ Contact sports are not advised.



Immunizations

Vaccines in Pregnancy:

- ▶ COVID vaccine: Vaccination to prevent COVID is considered safe and is recommended in pregnancy, if not done prior to pregnancy. If you are unable to get vaccinated or chose not to, it is recommended that you use precautions to decreased the chance of contracting COVID in pregnancy such as mask wearing, physical distancing and avoiding large crowds.
- ▶ Influenza (flu) – Pregnant women and newborn babies can get severely sick with the flu. Getting the influenza vaccine will help to prevent this. It will also help your newborn baby from getting the flu in the first few months of life. Pregnant women should get the inactivated influenza vaccine, not the live vaccine.
- ▶ Tdap: Tetanus, diphtheria, and pertussis(whooping cough) –All pregnant women should get the tetanus, diphtheria, and pertussis vaccine at 27 to 36 weeks of pregnancy, even if they got it before.

Immunizations recommended for after pregnancy: MMR, Varicella(Chicken pox), HPV vaccine and Polio.

Bleeding



Bleeding during pregnancy is a disturbing but common experience. 1 out of 5 pregnant women will have some degree of bleeding. This does not always indicate a serious problem, but can be a warning sign of possible pregnancy loss or miscarriage.

Any cramping or bleeding should be reported to your physician, especially if they occur together.

If you should have spotting or bleeding do the following:

1. Go lie down and rest.
2. Call your doctor immediately if your bleeding is bright red and equal to or heavier than your normal menstrual flow.
3. Please keep in mind that not all bleeding indicates a serious problem or possible miscarriage.

Medications



A. Over the Counter Medications

The following OTC drugs may be safely taken after 12 weeks gestation following all directions on the container for adult use.

Medication Recommendations in Pregnancy

Problem	OTC medications	Precautions	Call your doctor if
Mild Headache/ Aches and Pains	Tylenol (Acetaminophen)	Avoid Ibuprofen and naproxen	If you have a sustained or severe headache
Cold/Sinusitis/ Allergies	<ul style="list-style-type: none"> Sudafed Benadryl saline nasal spray Intranasal Glucocorticoid spray (Rhinocort, Nasonex, Flonase) Claritin, Zyrtec NasalCrom 	Avoid Sudafed in the first trimester or if you have high blood pressure in pregnancy	
Cough and minor throat irritation	<ul style="list-style-type: none"> Dextromethorphan Guaifenesin Throat lozenges (cepacol) 		Persistent cough or fever
Mild or moderate diarrhea	<ul style="list-style-type: none"> Lopermide (Immodium A-D) 		Diarrhea that is bloody or lasts more than 2-3 days. Fever
Constipation	<ul style="list-style-type: none"> Fiber (metamucil) <i>with fluids</i> Docusate Sodium (Colace) Short term constipation: <ul style="list-style-type: none"> Milk of Magnesium Ducolax (Bisacodyl) 	Castor oil and mineral oil should be avoided	Severe straining
Heartburn	<ul style="list-style-type: none"> TUMS Mylanta, Maalox Zantac, Pepcid Prilosec 		If no relief with medications
Hemorrhoids	<ul style="list-style-type: none"> Witch Hazel packs, Sitz baths Fiber and fluids 		
Morning Sickness/ Nausea in pregnancy	<ul style="list-style-type: none"> Ginger products Unisom Vitamin B6 	Avoid marijuana as it is can cause problems in pregnancy	Persistent vomiting, weight loss, or inability to tolerate fluids.

Medications Cont.

C. Herbal Tips

Herbal supplements and treatments are not regulated by the FDA. This means that there is often no control over the strength or purity of herbal supplements. While many herbs are safe in pregnancy there have been many recalls of herbal supplements and safety concerns. It is recommended to avoid herbal supplementation unless you have discussed it with your health care practitioner.

Herbs to avoid in pregnancy*

- ▶ Uterine stimulants: Barberry, aloe, black cohosh, blue cohosh, dong quai, feverfew, goldenseal, juniper, wild yam, motherwort
- ▶ Borage
- ▶ Calamus
- ▶ Coltsfoot
- ▶ Comfrey
- ▶ Life root
- ▶ Sassafras
- ▶ Chaparal
- ▶ Germander
- ▶ Licorice
- ▶ Ma huang
- ▶ pokeroot



**Not a complete list, please check with your doctor before taking an herbal supplement.*

Alcohol, Smoking and Illicit/Recreational Drugs

- ▶ Alcohol can cause intellectual disability, fetal alcohol syndrome and other deformities if used during pregnancy and is not recommended.
- ▶ Smoking tobacco has many risks with pregnancy, including preterm delivery and smaller babies. Infants born to mothers who smoke are more likely to have asthma, colic, and childhood obesity. They also are at increased risk of dying from sudden infant death syndrome (SIDS).
- ▶ All illicit/recreational drugs can cause side effects to your pregnancy and baby, therefore they are not recommended. This includes marijuana, methamphetamines, cocaine, heroin, and prescription drugs not used as prescribed.

Marijuana and your Baby

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Marijuana is not safe in pregnancy or breastfeeding.

- **THC, the main ingredient in marijuana, crosses the placenta and affects the developing fetus. It also is present in breastmilk**
- **Marijuana use can increase the risk of preterm delivery in pregnancy.**
- **Most concerning is the affects of marijuana on brain development. Consuming marijuana in pregnancy and breastfeeding increased the babies risk of neurodevelopmental issues. These include:**
 - Attention deficit disorders
 - Behavioral issues
 - Problem solving issues
 - Impulse control
- **There is a 50% increased risk of autism in babies whose mothers used marijuana in pregnancy or breastfeeding.**

For more information or help quitting, visit one of the sites below or talk to your doctor.\

- <http://www.doh.wa.gov/YouandYourFamily/Marijuana>
- <https://www.warecoveryhelpline.org/> or call 1.866.789.1511

Optional Prenatal Risk Screening

Screening for Down's Syndrome and/or Spina Bifida

There are two options for screening:

1. **Integrated screening:** A non-invasive test to tell you if your baby is more likely to have Down Syndrome, trisomy 18 or spina bifida. This includes:

Ultrasound at 11-13 weeks
Blood draw with US at 11-13 weeks and again between 16-20 weeks.
Test results are available after the second blood drawn.
2. **Non-invasive prenatal testing (NIPT):** This is a non-invasive blood test analyzing the chromosomes of the baby. This test can be done anytime in pregnancy after 9 weeks. This test will also tell you the gender of your baby.

The risk of Down's Syndrome increases with the age of the mother, with women over 35 being at more risk. Down's Syndrome is not genetic so a family history of the condition does not increase your risk of having a baby with Down's Syndrome.

Optional Prenatal Risk Screening

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▶ Cystic Fibrosis testing:

Cystic Fibrosis is a genetic condition that can affect the lungs and digestive system. 1 in 25 Caucasians are carriers of cystic fibrosis. The testing is to determine if you are a carrier. If positive we will test the father of the baby.

▶ Spinal Muscular Atrophy (SMA):

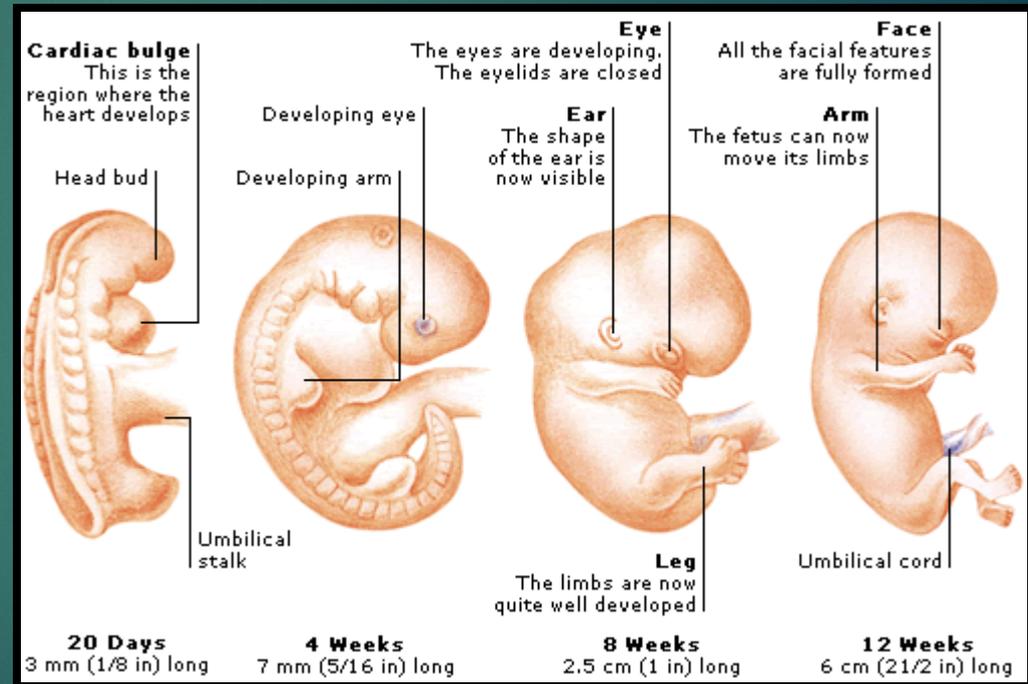
Spinal Muscular Atrophy is a childhood condition that causes worsening muscle weakness. It occurs in 1 out of 10,000 births each year. 1 in 47 people are a carrier of the condition.

Both Cystic Fibrosis and SMA are genetic conditions, which means that they are passed on for generations. Most people, however, are not aware that they are carriers as it can be passed on for generations without symptoms.

First Trimester

During the first three months(weeks 1-12) of pregnancy you may experience these symptoms:

- ▶ Stopped period
- ▶ Enlarged tender breasts
- ▶ Protruding nipples
- ▶ Frequent urination
- ▶ Fatigue
- ▶ Nausea
- ▶ Food cravings
- ▶ Lost appetite
- ▶ Heartburn & indigestion
- ▶ Constipation
- ▶ Bloating
- ▶ Change in weight, plus or minus



Frequently Asked Questions

Hot tubs/Saunas?

- ▶ Very hot water and steam should be avoided, especially during early pregnancy. Avoid immersing your entire body into the hot tub. Saunas should be avoided.

Sex and Pregnancy?

- ▶ Unless your obstetrician instructs you otherwise, sex is safe throughout your pregnancy.

Seat Belts?

- ▶ Seat belts (shoulder & lap) are safety devices to protect you, place the lap belt under your belly, across your hips and thighs.

Hair Color?

- ▶ It is believed that hair dyes are most likely safe to use during pregnancy since very little is absorbed by the skin. It is advised to use a well ventilated area and inquire about chemicals if you are concerned.

Travel?

- ▶ Travel is usually no risk to you or baby. However, you should not plan to travel long distances the last 4-6 weeks of pregnancy and may be restricted earlier if you have a high risk pregnancy. With recent Covid-19 concerns, please check with the CDC for foreign travel recommendations.



For more information please visit our website at spokaneobgyn.com, or click [here](#).