



CENTRA
MEDICAL GROUP

Women's Center



CMG Southside Women's Center

GA Confirm

You are: _____ Weeks Pregnant Today!

Your vitals: _____ Blood Pressure

Weight: _____

Today's Topics:

- Ultrasound Results & Due Date
- Medical/Pregnancy History
- Laboratory Testing In Pregnancy
- Genetic Screening and Carrier Testing Information
- Medications & Common Discomforts List
- Student Learners - Tell us What You Think!
- Patient Satisfaction Survey Phone Call
- Share Your Feedback! Our Goal Is 10 Out of 10
- We Want to Know How to Give You Excellent Care

At Your Next Visit:

- Physical exam
- Lab results
- We will review:
- Nutrition/weight gain

We Will See You In 2-4 Weeks!

**For questions during office hours, please call 434.315.2950.
After hours and on weekends, please call Labor and Delivery
@434.315.2680**

Welcome to CMG Women's Center

Congratulations on your pregnancy!

Centra Medical Group Women's Center serves the women of the Central Virginia area with Board Certified OB/Gyn's, Women's Health Nurse Practitioners and Certified Nurse Midwives. We are committed to providing the highest quality gynecology and maternity care to women of all ages. Women are seen for routine appointments in our office and births are attended at The Birth Center at Centra Southside Community Hospital. Our providers believe in each individual woman's freedom to experience pregnancy in a safe, satisfying and supportive environment. It is the hope and philosophy of our providers to provide loving, educated and competent prenatal care.

Information on our Practice:

Telephone Calls

Calls received during office hours will be directed to leave a message and a provider or nurse will return your call within 24 hours. If you think you may be in labor or have an urgent pregnancy related question, please indicate this to our receptionist. After hours you may talk to our Midwife on call by dialing **434.315.2680**. In case of a life-threatening emergency please call 9-1-1.



Medication and Prescription Refills

Contact your pharmacy to request your prescription refills. The pharmacy will then submit a request to our office. If your prescription requires provider approval, you must make a request for a refill before your prescription runs out. We cannot guarantee refills on prescriptions. Your provider may also request that you be seen by appointment before a prescription can be refilled. Routine prescriptions will not be refilled on weekends or after hours.

Insurance and Payments

Our office participates in most commercial insurance plans. Many insurance companies require copayments as part of your coverage agreement. Copayments, including outstanding amounts owed, are due upon check-in. Please bring your insurance card(s) and a photo ID to each appointment so that we can confirm that we have the most up-to-date information in our records. This will also ensure your claims are filed properly.

Our Goal is to give you the highest quality care possible. During your pregnancy you may receive Patient Satisfaction phone calls asking you for your feedback regarding your care. Our goal is 10 star care and we want to know how we can give you 10 star care. The survey is brief but very helpful for us to continue to strive to give you the best care possible.

In this packet, you will find additional information that our providers feel will be beneficial to you during your pregnancy.



Welcome to our Practice. We Wanted to Share Some Tests That May Be Ordered During Your Pregnancy.

- Dating ultrasound (unless you already had an ultrasound somewhere else)
- Blood type and screen
- A1C
- Hemoglobin electrophoresis
- Urine culture
- HIV combo Ag/Ab
- Rubella Titer
- Syphilis (RPR)
- Hepatitis B and C
- CBC
- Pap smear
- Gonorrhea/Chlamydia

CONTINUED

11-13 weeks of pregnancy

- First trimester genetic screening (if you choose)

16-20 weeks of pregnancy

- AFP Quad screen (if you choose)

20-22 weeks of pregnancy

- Anatomy ultrasound

24-28 weeks of pregnancy

- Glucose screen – gestational diabetes screening
- CBC
- Hemoglobin
- Type & Screen if Rh negative
- TDAP immunization
- RPR

36 weeks of pregnancy

- Group beta strep culture

You will receive a statement from the providing laboratory. Your insurance will process your claim according to your individual benefits and deductions. If you have any questions, you may contact Centra billing at 434.200.3777.

Pregnancy Screening and Testing Consent Form

All pregnant women have a chance of having a baby with a birth defect or chromosome condition. The most common chromosome condition is Down Syndrome, also called Trisomy 21. A woman of any age can have a baby with a chromosome condition, but the chance gets higher as a woman gets older.

Several screening tests are available that can give you more information about those chances. Genetic Counseling is available to discuss all the options in detail. If you are interested in or have any questions about these tests, please check the box(es) next to those you wish to discuss or wish to have.

- Non-invasive prenatal testing (NIPT)** – This involves a blood test drawn any time after 10 weeks to screen for certain chromosome conditions. The detection rate for Down syndrome is very high. Genetic counseling is available at no charge through Myriad, if requested. This test is recommended if you are over the age of 35, instead of the first or second trimester screening tests.
- First trimester screening (11-13 weeks)** – This test is done at Virginia Baptist Hospital with one of the doctors from UVA Maternal-Fetal Medicine. The test involves a visit with a genetic counselor, an ultrasound, and a blood test. It gives a probability, or chance, that your baby could have Down syndrome or other chromosome conditions. The detection rate for these conditions is higher when done in the first trimester. A blood test after 16 weeks (AFP screen) is recommended to screen for neural tube defects, like spina bifida or anencephaly.
- Quad screening (16-20 weeks)** is a blood test done in the office that gives a probability, or chance, that your baby could have Down syndrome or other chromosome conditions. It will also screen for neural tube defects, like spina bifida or anencephaly.
- Chorionic Villus Sampling (CVS)** – This test is done between 11 and 13 weeks of pregnancy. It will determine if your pregnancy has a chromosome condition and can look for other genetic conditions. It involves placing a needle in the abdomen or a tube through the cervix to take a placenta sample. This test is performed in Charlottesville. It is the most accurate but carries a small risk of miscarriage.

- Amniocentesis** – This test is done between 15 and 23 weeks of pregnancy. It will determine whether your pregnancy has a chromosome condition and can also look for other genetic conditions. It involves inserting a needle through the abdomen to get a sample of the fluid that surrounds the baby. It is the most accurate but carries a small risk of miscarriage. It can be performed in Lynchburg.
- I decline** the tests or further discussion of these tests explained above.

Keep in mind that these tests are not mandatory. The conditions they test for are usually apparent at birth and are generally not curable. Ultrasound exams are not accurate at diagnosing these conditions, but may sometimes show changes in development.

Coverage of these screening tests varies based on your insurance policy. We can provide you with information you may need to check with your insurance for coverage.

This form is to educate you and allow you time to decide which of these tests, if any, you may desire. You will be asked to sign a copy of this form by your doctor during your first or second visit.

Patient Name: _____

Patient Signature: _____

Date: _____

Carrier Testing

All women have a chance of being a carrier for a disorder. Carriers do not typically have symptoms of the disorder. Both parents usually need to be a carrier to have a child with that disorder. Often, there is no family history of that disorder. Some disorders are more common in certain ethnicities.

Below, we have listed the most common carrier tests, which are done by having blood drawn. If you are interested in these tests, please check the box(es) next to those you wish to discuss.

- Cystic Fibrosis (CF)** is an inherited lung and digestive disease. Currently, there is no known cure for CF, but there is lifelong treatment. CF is a life-limiting condition.
- Spinal Muscular Atrophy** is a disease weakens the spinal cord neurons that control movement and causes atrophy of skeletal muscles and overall weakness. It is caused by a mutation in the SMN1 gene, which is responsible for proper motor neuron function. It occurs in about 1 in 6,000 to 1 in 10,000 live births, and is a leading genetic cause of infant death. There are many types of spinal muscular atrophy with varied symptoms.

Ethnic Background	Chance to be a Carrier	Risk of a baby with CF
Caucasian couple	1 in 25	1 in 2,500
Ashkenazi Jewish couple	1 in 25	1 in 2,500
Hispanic couple	1 in 46	1 in 8,000
African American couple	1 in 65	1 in 17,000
Asian couple	1 in 90	1 in 32,000

- Fragile X syndrome (FXS)** is the most common form of inherited intellectual disability. FXS affects all ethnicities equally. Women with a family history of FXS or unexplained mental retardation/autism are candidates for carrier screening.
- Jewish Carrier Screening** – Some conditions, such as Tay Sachs disease, are more common in individuals of Jewish descent. The Jewish Carrier Screening Panels are available to screen for carrier status in several of these conditions.
- I want to have Genetic Counseling** to learn more about carrier screening options.
- I have already had** carrier screening for the disorder(s): _____
Result(s): _____
- I decline** the tests or further discussion of the tests explained above.

Again, these tests are not mandatory. Coverage of these screening tests varies based on your insurance policy. We can provide you with information you may need to check with your insurance for coverage.

Patient Name: _____

Patient Signature: _____

Date: _____

Common Complaints and Sickness Over-the-Counter Medications that are Approved for Pregnancy

Allergies, Colds & Coughs:

- All cough drops & cough sprays Chloraseptic Spray,
- Benadryl, Claritin, Zyrtec, Allerest Saline Nasal Spray
- Tylenol based cold products Chlor-Trimeton Allergy 4 hour Dimetapp
- Alka-Seltzer Plus Cold or Allergy Mucine (x Guaifensin) Robitussin (any formula)
- Vick's Vapor Rub

Constipation:

- Citrucel, Metamucil, Fiber-Con Miralax
- Colace
- Senokot
- Milk of Magnesia

Headache:

- Tylenol Extra Strength (2 every 4 hours)

Heartburn & Upset Stomach:

- Antacids (Gaviscon, Mylanta, Roloids, Tums Maalox)
- Immodium or Kaopectate (Diarrhea)
- Gas X

Hemorrhoids:

- Annusol, Annusol HC
- Preparation H
- Witch Hazel

Skin Rashes:

- Benadryl Cream or Gel
- Calamine Lotion
- Hydrocortisone Cream

Yeast Infection:

- Monistat 7
- Hydrocortisone cream for external itching

Pain/Fever:

- Tylenol Extra Strength (2 every 4 hours)

***No Ibuprofen, Aspirin or Naproxen products without discussion with your provider first.**

Nausea and Vomiting

Foods:

- Bananas, rice, apple sauce, toast, yogurt.
- Try 4-5 saltine crackers in the morning before getting out of bed with water.
- Small frequent meals and snacks*.
- *Try to eat cold, bland foods. Avoid greasy, spicy, and fried foods.*
- Tea: ginger, peppermint, lemon (You can also try these as hard candies to suck on and add lemon to your water.)

Over the Counter Medications:

- Sea Bands
- Ginger capsules 250mg four/day or 500mg twice/day
- Vitamin B6 – 50mg tablets twice/day; Also sold as Preggie Pops, Preggie Pop Drops
- Doxylamine (Unisom TABLEts) 12.5mg once to twice a day as needed, or 25mg at bedtime **WITH** vitamin B6
 - Chewable prenatal vitamins may cause less nausea than pills during the first trimester. It is preferred to take prenatal vitamins with iron during the second and third trimester.
 - Take your vitamin at night.*

Prescription Medications:

- **Promethazine/Phenergan** 12.5-25mg every 6 hours. Side effects: sleepiness.
- **Metoclopramide/Reglan** 5mg twice/day or 10mg at bedtime. Side effects: sleepiness, dystonia (abnormal body movements); not recommended for more than 1-2 weeks.
- **Ondansetron/Zofran** 4mg every 8 hours
- **Warning signs to call:** If you are not able to keep any food or liquids down without vomiting for >24 hours, *if you are not urinating often and urine is dark with an odor, if you are extremely dizzy, tired, or confused, or you are losing >5lbs in 1-2 weeks*, call your provider.

Headache

Foods:

- Water 60-80oz/day and protein snacks (cheese, nuts, boiled egg, greek yogurt)
- Caffeine – 1c coffee, caffeinated hot tea, or 8oz soda with caffeine
- Peppermint oil applied to the temples/hair line and back of neck
- Cold compress on head – Add 4-6 drops of lavender oil or peppermint oil to bowl of ice cold water. Soak cloth in the water and apply to head or neck.
- Massage. Neck exercises to stretch neck/back.
- *Ensuring you get enough sleep. Avoid smells that trigger headaches for you.*

Over the Counter Medications:

- Tylenol/acetaminophen 500-1000mg every 6 hours. MAXIMUM 4000mg in 24 hours. May work well if taken with caffeine

Prescription medications:

- **Fioricet (butalbital/caffeine/acetaminophen)** taken every 4-6 hours as needed for severe headache.
- ***Imitrex** (Sumatriptan) 25mg-100mg (MAX dose 200mg daily)

Warning signs to call: If you are having difficulty seeing, *excessive nausea and vomiting, fever, weakness, speech problems* or if you are having the worst headache ever and it is not relieved with everything recommended above.

***DO NOT USE: Aspirin, any medications with ibuprofen, (Motrin, Aleve, Advil, Excedrin), Naxprofen, without discussion with your provider first.**

Constipation

Foods:

- Apple sauce mixed with prune juice and flax seed
- Oatmeal, whole grains, vegetables, fruits
- Bran, flax seed
- Pears or pear juice, apples or apple juice, dried prunes or prune juice, water
- Tea: Smooth Move Tea (Senna) 2-3 cups per day if constipated. 1c per day if having difficulty having bowel movement.
- Frequent small meals are easier to digest instead of three large meals
- Daily exercise including walking can help

Foods to avoid:

- Fatty meats, high-fat dairy, processed foods, gassy foods like beans, cabbage, and soda

Over the Counter Medications:

- Metamucil (use as directed),
- Glycerin suppositories
- Stool softeners like Colace

Warning signs to call: If you have not had a bowel movement and are having abdominal pain and bloating, call your provider.

Indigestion or Heartburn

Diet:

- Avoid spicy foods, acidic foods (citrus fruits, tomatoes), drinks with caffeine (coffee, tea)
- Eat 4-5 small meals during the day, avoid eating within 2 hours of bed time*
- Stay upright for at least 30-60 minutes after finishing eating
- Sleep upright/propped on pillow at night.
- Drink 2 TBS apple cider vinegar mixed with 2 TBS water
- Drink unsweetened coconut water
- Eat papaya fruit after meals

Herbal options:

- Alfalfa tablets 1000mg once/day or 500mg twice/day
- Papaya enzymes (as directed on bottle)
- Marshmallow root – capsule or steep 1 tablespoon in 2c cold water overnight; makes a gel
- Slippery elm 1 tsp powder mixed with honey, or use slippery elm lozenges

Over the Counter Medications:

- Tums
- Maalox – use as directed on bottle. Mint flavor may be helpful before bed if symptoms worse at night.
- Pepcid may be used as directed on bottle. Liquid antacids may be more helpful than tablets.
- ***Prescription medications may be prescribed as needed.***

Warning signs to call: Difficulty swallowing food, worsening heartburn not helped by any of these remedies.

Cough and Cold

- Humidifier at night
- Vick's or other Chest Rub as needed
- Saline nasal rinse/spray or Netti pot 2-3 times a day
- Eucalyptus oil rubbed on chest or diffused into the air or 6 drops in the bottom of a hot shower
- Mix 1 cup Epsom salts with 3 drops eucalyptus oil, 3 drops lavender oil, 3 drops peppermint oil and add 2-3 tablespoons to a warm bath.

Tea:

- Ginger tea with cinnamon and honey;
- Lemon/garlic tea made with 1 lemon, 1 glove garlic crushed, 1 tsp honey, and warm water.

Over the Counter Medications:

- Cough drops
- Sudafed/pseudoephedrine as directed on the box (okay after the first trimester)
- Saline nasal spray
- Benadryl
- Claritin
- Robitussin or Robitussin DM
- Mucinex or Mucinex DM

Warning signs to call: Symptoms not improving after 3-5 days, chest pain, sinus pain, or ear pain. You can follow-up with your family provider or visit Centra Medical Group in Farmville.

Hemorrhoids

- Applying baking soda to external hemorrhoids can help with itching.
- Witch hazel applied to the hemorrhoid or on a pad. Tucks pads are sold over the counter and have witch hazel. Change the pad or apply more after using the toilet.
- Sitz bath with witch hazel, comfrey, calendula, lavender herbs or add the oils in the bath.
- Over the counter creams or suppositories are okay to treat hemorrhoids.
- Eat high fiber foods and drink plenty of water to avoid constipation
- Ice packs
- Hydrocortisone

Warning signs to call: Severe pain and dark purple or black color of hemorrhoids, or if you have bleeding with bowel movements.

Back Pain

Diet:

- Calcium and magnesium – nuts (almonds or cashews), kale, spinach, yogurt, apples, figs.
- Supplement with 1200mg calcium and 600mg magnesium each day

Exercise:

- Yoga or stretching every day, walking, physical therapy, OMM clinic
- Belly Band or Prenatal Cradle, KT tape
- Chiropractor or Prenatal Massage
- Heating pad or ice packs, TENS unit
- Biofreeze or Capsaicin patches
- Sleep with pillows to support legs/hips and a pillow behind back and sometimes under belly
- Avoid heavy lifting. Don't sit straight up after lying on your back, roll to the side first then sit up

Leg cramps

Diet:

- Calcium and magnesium – nuts (almonds or cashews), kale, spinach, yogurt, apples, figs.
- Supplement with 1200mg calcium and 600mg magnesium each day
- Massage with lavender oil
- Warm, moist heat
- Stretching or yoga before bed
- Maternity belt
- Wear supportive shoes
- Drink plenty of water and exercise daily
- Compression stockings

Difficulty Sleeping

- No electronics or screens 1-2 hours before bed
- Warm bath or massage before bed
- Tea: chamomile or lavender
- Diffuse or use pillow spray of chamomile or lavender
- Drink less liquids 1-2 hours before bed to decrease nighttime bladder emptying. If
- you do get up at night, avoid turning on bright lights
- Read in bed until you feel sleepy
- Relaxed breathing or visualization

Over the Counter Medications:

- Melatonin 1-3mg at bedtime
- Unisom tablets 12.5mg-25mg at bedtime

Pelvic Pain

- Exercise and yoga
- Maternity belt
- Physical therapy
- Good posture – sit upright, use lumbar pillow for support in the car or at home to minimize slouching

Dizziness

- Move slowly when changing position, especially when standing
- Avoid standing for too long or getting too hot
- Lay on your left side when resting
- Don't lock your knees when you are standing
- Eat small frequent meals and snacks
- Stay well hydrated

Swelling

- Elevate your legs and feet when resting
- Wear supportive tights or compression stockings
- Avoid standing for long periods of time
- Regular exercise like walking or swimming
- Drink plenty of water and avoid salty foods
- Lay on your side when sleeping or resting

Warning signs to call: If you have increased swelling with high blood pressure, visual changes, upper right sided abdominal pain, or swelling in one leg with calf pain, call your provider immediately.

Round ligament pain (lower abdominal pain)

- Maternity support belt or belly band
- Warm compress or heating pad
- Rest and change positions slowly
- Daily stretching exercises or prenatal yoga

Over the Counter Medications:

- Tylenol/acetaminophen 500-1000mg every 6 hours. MAXIMUM 4000mg in 24 hours.

COVID-19 and Pregnancy

3 Steps to Stay Safe

1. Know the facts

- COVID-19 can spread between people who are in close contact with one another (within about 6 feet).
- Some people with COVID-19 may have no symptoms.
- Current reports suggest that pregnant women have a higher risk for more severe illness from COVID-19 than nonpregnant women.

2. Slow the spread

- Wear a mask or cloth face covering over your nose and mouth while in public.
- Clean hands often for at least 20 seconds with soap and water or hand sanitizer that contains at least 60 percent alcohol.
- Limit contact with other people as much as possible.
- Stay at least 6 feet away from other people if you need to go out.

3. Talk with your ob-gyn

- **Prenatal and postpartum care:** Your visit schedule may change, or you may have some visits over the phone or with a two-way video call on your computer. Before an in-person visit, tell your ob-gyn if you think you may have COVID-19 or contact with someone who has it.
- **Your birth plan:** In most cases, the way you plan to give birth does not need to change. And the safest place for you to give birth is still a hospital or accredited birth center.
- **Visitor policies:** You may not be able to have as many visitors at your checkups or during and after birth while COVID-19 is spreading.



Learn more: www.acog.org/COVID-Pregnancy

PFSI024: This information is designed as an educational aid to patients and sets forth current information and opinions related to women's health. It is not intended as a statement of the standard of care, nor does it comprise all proper treatments or methods of care. It is not a substitute for a treating clinician's independent professional judgment. For ACOG's complete disclaimer, visit www.acog.org/WomensHealth-Disclaimer.

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Why should I get the COVID-19 vaccine while I'm pregnant?

Pregnant women have a higher risk of more severe illness from coronavirus (COVID-19) than nonpregnant women. Getting vaccinated may protect you from severe illness. Vaccination also may help protect your fetus.

ACOG recommends that all pregnant women be vaccinated against COVID-19. If you are pregnant and want to know more about the vaccines, talk with your obstetrician–gynecologist (ob-gyn). This conversation is not required to get a vaccine, but it may be helpful.

Why should I get the COVID-19 vaccine while I'm pregnant?

It's important to talk about your risk of getting COVID-19 and how the infection can affect your pregnancy. People who work in certain jobs, such as health care, may be at higher risk of getting COVID-19. Certain health conditions, such as diabetes mellitus or high blood pressure, also may increase your risk.

Pregnant women who get sick with COVID-19 are more likely than nonpregnant women to...

- Need care in an intensive care unit (ICU)
- need a ventilator for breathing support
- Die from the illness You and your ob-gyn should talk about your risk of severe illness if you get sick.

Benefits to getting vaccinated

The COVID-19 vaccines available in the United States are up to 95 percent effective in protecting against severe illness, hospitalization, and death from COVID-19. Getting vaccinated during pregnancy may help protect...you, your fetus, your family, your community.

Safety and fertility facts

The vaccines cannot give you COVID-19. The vaccines do not use the live virus that causes COVID-19. COVID-19 vaccines are safe to get during pregnancy. Scientists have compared the pregnancies of women who have received COVID-19 vaccines and women who have not. The reports show that these women have had similar pregnancy outcomes. Data do not show any safety concerns. After you get vaccinated, the antibodies made by your body may be passed through (Continued...)

breastmilk and may help protect your baby from the virus. ACOG recommends that breastfeeding women be vaccinated against COVID-19. There is no evidence that the COVID-19 vaccines affect fertility. ACOG recommends vaccination for anyone who may consider getting pregnant in the future.

How will I feel after getting the vaccine?

It is common to feel discomfort after getting a COVID-19 vaccine.

Remember:

If you have a fever or other discomfort after getting a shot, you can take acetaminophen. This over-the-counter medication is safe during pregnancy.

If your discomfort lasts more than a couple of days or if you have questions, talk with your ob-gyn. If you have had a severe allergic reaction to a vaccine in the past, talk with your ob-gyn before getting the COVID-19 vaccine.

Other things to consider

- Some COVID-19 vaccines require two shots to be fully effective. When you get your first shot, you should ask when you need to return for your second shot.
- You may choose to keep wearing a mask even when fully vaccinated. Masks are most important for people at increased risk of severe illness from COVID-19. All fully vaccinated people should still wear masks when recommended by the CDC, your state or local government, and businesses or workplaces.
- You are fully vaccinated 2 weeks after the second dose of a two-dose vaccine, or 2 weeks after a single-dose vaccine.

More information

- Other questions about COVID-19, pregnancy, and breastfeeding: <https://www.acog.org/COVID-Pregnancy>
- More vaccine considerations for people who are pregnant and breastfeeding: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/pregnancy.html>
- **Other COVID-19 vaccine questions:** <https://www.cdc.gov/coronavirus/2019-ncov/vaccines>

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