

NOVA GROUP FOR WOMEN



www.novagroupforwomen.com

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Suite 300
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Nova Group for Women

Office Address: 8501 Arlington Blvd, Suite 300
Fairfax, VA 22031

Office Phone Number: 703-560-1611, if for any reason you
have difficulty contacting our office
after hours please call 1-877-288-1691

Hours: Office appointment hours:
Monday – Friday 8:00 am – 5:00 pm

Office telephone hours:
Monday – Friday 9:00 am – 12:00 pm
2:00 pm – 4:30 pm

After Hours – on call for emergencies

Website: <http://www.novagroupforwomen.com>

Inova Women's Hospital

Hospital Address: Inova Fairfax Medical Campus
Green Entrance
3300 Gallows Road
Falls Church, VA 22042

Hospital Phone Number: 703-776-4001

Website: <http://www.inova.org>

- Preregistration
- Prenatal Education
- Maternity Tours

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Nova Group for Women

A Guide to Your Pregnancy Care

Congratulations! It is our pleasure to be a part of your pregnancy experience and to work with you toward excellent, personalized prenatal care and a healthy, positive birth experience.

*Our practice consists of six female physicians and two midwives. Our collaborative practice style is designed to provide comprehensive prenatal care. It is important that you meet all of our Providers throughout your pregnancy. If you have an emergency after office hours, one of our Providers is on call 24 hours/day, 7 days a week to help you. **If your question of concern is not emergent, we ask that you please call during our routine business hours, if possible.***

Since you will be having your baby at the Inova Fairfax Women's Hospital, it will be helpful for you to take a tour of the hospital prior to the birth of your baby. You may also obtain information about the hospital tour as well as prenatal education classes through Inova.org.

**** Follow us on Facebook and Instagram @novagroupforwomen***

Your Prenatal Visits

During the Confirmatory visit, we will review pertinent medical history, provide information about PN care, prescribe prenatal vitamins if you have not started, and review early pregnancy nutrition. You will also have a viability ultrasound or be given an order to have an ultrasound at an outside facility as covered by your insurance. We will then establish your Estimated Due Date (EDD) and determine how far along you are into the pregnancy. At the Initial Prenatal visit, our Provider will review your health history, discuss genetic history and testing, perform a physical exam including a pelvic exam and Pap smear if it's due, and draw your blood. The following appointments will include measuring your blood pressure and weight, testing your urine for glucose and protein, measuring the height of your uterus (after 20 weeks) and listening to your baby's heartbeat.

Your PN appointments will be scheduled every four weeks until you are 32 weeks pregnant, then every two weeks until 36 weeks, then weekly until you have your baby. Additional appointments will always be scheduled as needed. Your partner (i.e. your spouse, significant other, a friend or relative, etc.) who will provide support during your pregnancy and birth is welcome at all visits.

Any questions you may have are encouraged and will be addressed at your appointments. You may want to write them down before coming to your appointments. Please do not hesitate to call us between appointments if any other important questions or concerns arise, however the answers of many common questions can be found in this booklet.

Routine Lab Work

Your routine lab work will consist of the following:

CBC	Blood count: determines if additional iron or vitamins are needed	1 st Prenatal appointment
VDRL/RPR (Syphilis)	Required by state law and helps prevent birth defects	
Rubella (German Measles)	Shows immunity to German Measles. If not, a vaccine is administered after delivery to prevent complications during future pregnancies.	
Blood Type and Rh	Determines Rh negative mothers, who are candidates for a Rhogam injection at 28 weeks and possibly again postpartum. Also, screens for ABO incompatibilities which could be detrimental to your baby's health.	
Hepatitis B Blood Test	Screens for Hepatitis B carriers	
Hepatitis C Blood Test	Screens for Hepatitis C carriers	
HIV Blood Test	Screens for HIV antibody	
Carrier Screening	Screens for Cystic Fibrosis/ SMA etc.	
Urine Culture	Detects presence of bacteria, which if not treated, could cause kidney infection, preterm labor later in pregnancy	
One Hour Glucose/Repeat CBC	Screens for Gestational Diabetes. If abnormal, a more specific three hour glucose test is done. Reassess blood count (see above)	24-28 weeks
Group B Strep Vaginal Culture	Screens for bacteria in the vagina that may infect the baby during delivery.	36 weeks

Other Screening Lab Work

- ***Toxoplasmosis*** – If you have cats, you may need to be screened for Toxoplasmosis to determine if you have been exposed to this organism.
- ***Cytomegalovirus (CMV)*** – As indicated.

Ultrasound (US)

Ultrasound (Sonogram) energy in the form of sound waves creates a picture of the baby. Ultrasounds will be done:

- Early in your pregnancy to help confirm viability, your due date (EDC). The US will also evaluate the uterus, ovaries and surrounding pelvic region. There will be two views – abdominal and transvaginal. This US will usually be performed in our office (depending on your insurance carrier).
- Nuchal Translucency Ultrasound between 11-14 weeks
- A Level II Ultrasound will be performed between 19-20 weeks to evaluate the status of your baby's growth, the location of the placenta, assess basic anatomic structures and detect anomalies.
- Additional ultrasounds will be performed as indicated.

* *Please be aware that your insurance carrier may restrict the number of ultrasounds you are allowed to have during your pregnancy.*

Genetic Testing

As you age, your risk for chromosomal abnormalities such as Down Syndrome increases. These abnormalities can, however, occur at any age. Several tests are available to assess your risk.

Screening tests are non-invasive and do not involve any risk to the fetus. There are both false positive and false negative results with these tests. “Positive” results may be confirmed by a diagnostic test.

Diagnostic tests are invasive procedures that carry small inherent risks of miscarriage. These tests provide a definitive answer as to whether there are abnormal chromosomes.

Screening Tests – Recommended by American College of Obstetrics and Gynecology (ACOG)

Nuchal Translucency – This ultrasound test is performed between 11 and 13 6/7 weeks of pregnancy. It measures the thickness on the back of the neck of the baby. In addition to an ultrasound, a blood sample is taken from the mother. The blood test measures levels of three substances in the mother’s blood: Pregnancy-associated plasma protein (PAPP-A), free-beta human chorionic gonadotropin (hCG) and Alpha fetal protein (AFP). The combined results may indicate if the baby has an increased risk of Down Syndrome (Trisomy 21), Trisomy 13 and Trisomy 18.

Cell Free DNA (NIPT) – This blood test is for patients 35 years of age or older, or for patients with a previous chromosomal abnormality or family history. It can be performed between 10 and 20 weeks. This blood test screens for Trisomy 13, 18 & 21 and sex chromosomes. If abnormal, further diagnostic testing would be recommended.

Maternal Serum Alpha Fetal Protein (MSAFP) - This blood test (which is drawn in our office) is offered between 15 and 18 weeks of pregnancy to screen for neural tube defects, such as Spina Bifida and anencephaly.

Common Genetic Screening Blood Work – Blood tests which determine if you are a carrier of a genetic disease. This blood work may be drawn at your first prenatal visit (and may require preauthorization by insurance).

Cystic Fibrosis (CF) – inherited childhood disease occurring most commonly in Caucasians of Northern European descent. CF causes lung damage, pneumonia, and possible early death. Approximately 1 in 25 Caucasians carry the CF trait. There are many different genetic mutations, which cause this disease, and this blood test screens for about 60% of them.

Spinal Muscular Atrophy (SMA) – inherited disease that affects the nervous system that controls voluntary muscle movement.

Fragile X – inherited disease causing cognitive and developmental disabilities.

Tay-Sachs – inherited condition that primarily affects descendants of Central and Eastern European (Ashkenazi) Jews and Cajun heritage. Parents who carry the Tay-Sachs trait have the potential to have a child affected by this disease. We recommend a screening blood test for parents with this background to determine their risk of transmission of the disease.

Diagnostic Tests

Chorionic Villus Sampling (CVS) –Prenatal genetic testing performed between 10 and 12 weeks of pregnancy. Under ultrasound guidance, villi cells (which eventually will form the placenta) are removed through the cervix or the abdomen and sent for chromosomal studies. There is a very small risk (approximately 1%) that this procedure may cause a miscarriage. If you desire this test, you will be referred to a center that performs the procedure.

Amniocentesis – Prenatal genetic testing performed between 15 and 20 weeks of pregnancy. A thin needle is passed through the uterine wall to collect a small sample of amniotic fluid. This fluid is then sent to the lab for chromosomal studies and AFP. There is a very small risk (approximately 0.5%) of miscarriage following this procedure. If you desire this test, you will be referred to a center that performs the procedure.

Notes

Caring for Yourself

Nutrition/Weight Gain – It is important for you to maintain a balanced and healthy diet throughout your pregnancy, including proteins, carbohydrates, vitamins, minerals, and fats. Most pregnant women with a normal body weight need about 300 calories more each day – such as a glass of skim milk and a half sandwich. Depending on starting body weight, you should anticipate gaining approximately 30 lbs during your pregnancy; generally, 2 – 4 lbs during the first three months, then one pound a week. Below are recommended weight gains.

<u>Recommended Weight Gain</u>	
Average weight	25 – 35 lbs
Underweight	28 – 40 lbs
Overweight	15 – 25 lbs
Obese	11 – 20 lbs
Twins	35 – 45 lbs

It is important for you to take your Prenatal vitamin daily. It is recommended that you consume at least 400 mcg Folic acid per day (contained in all prenatal and multivitamins); Calcium 1200 – 1500 mg per day, which means four or more servings of dairy products (nonfat or low fat) a day. If you need a supplement, Calcium Carbonate – Tums, Viactiv and Caltrate are all good sources as well as calcium fortified orange juice.

The FDA has recommended that pregnant women avoid eating fish that may have been exposed to mercury. These include large fish such as swordfish, tuna, king mackerel, tilefish and shark. Other types of fish are fine in limited amounts – up to 12 ounces per week. Additionally, don't eat any raw foods such as sushi, uncooked eggs or unpasteurized food, while you are pregnant.

Exercise – Exercise is beneficial throughout your pregnancy and can help prepare your body for labor and delivery. Almost any form of exercise is safe, if it is done with caution and if you don't do too much of it. Pay close attention to your body and do what is comfortable for you. Keep your heart rate below 140 – 160 BPM. If you can't talk during exercise, you may be working too hard. Always drink plenty of water. Walking, swimming and cycling are great forms of exercises during pregnancy. Modify aerobics from high to lower impact as needed throughout the pregnancy. The Inova Healthsource offers prenatal yoga and aerobic exercise classes for pregnant women, which are fun and safe. You should avoid sports that increase your risk of falling such as racquet sports, downhill snow skiing, gymnastics, water skiing, and contact sports. Scuba diving is not recommended because of the high water pressure.

Vaccinations – We recommend you to obtain the Influenza vaccine (Flu shot) at any time during flu season, and the TDAP vaccine at weeks 27-36, even if you've had one in a prior pregnancy or within the last 10 years. These vaccines are recommended by the CDC.

Management of Common Discomforts of Pregnancy

Discomforts	Cause(s)	What to Do
Fatigue	Hormonal changes, difficulty with sleeping later in pregnancy	Frequent rest, relaxation periods, exercise and healthy diet may help boost your energy
Nausea/Vomiting – definitely not just “morning sickness”	Hormonal and metabolic changes of pregnancy may play a role until about 12-14 weeks of pregnancy	Small frequent carbohydrate meals Increase fluids and protein Avoid spicy foods Ginger products such as ginger ale, ginger tea, ginger candy and ginger root Avoid caffeine and colas Vitamin B6 supplement (50-100 mg) Unisom (Doxylamine) OTC Sea Bands Hard peppermint candy Diclegis (rx vitamin B6 & doxylamine)
Backache	Relaxation of the ligaments which support the joints of the spinal column and pelvis	Elevate feet, rest; Pelvic tilt exercise; Heating pad for 20 mins on <u>low-medium</u> setting; Tylenol. Maternity support belt
Heartburn and Indigestion	Hormonal metabolic changes of pregnancy; slower movement of food from the stomach to the intestines	Avoid spicy or greasy foods; Eat six small meals per day; Antacids low in sodium such as Tums/Mylanta/Maalox; Don't eat or drink within a few hours of bedtime; Raise your head/shoulders at night with pillows
Constipation	Hormonal metabolic changes of pregnancy; slower movement of food through the intestines	Drink 8-10 glasses of water/day; Regular exercise i.e. walking, which aids your digestive system; Increase bran and fiber – raw fruits and vegetables, bean, whole grain bread; Eat dried apricots or prunes; Colace, Pericolace, Metamucil or Citrucel, Miralax
Hemorrhoids	Due to extra blood flow in the pelvis and the pressure of the growing uterus; Constipation can make these veins swollen and itchy.	Hot sitz baths up to 3-4 times per day; Avoid constipation – eat a high fiber diet; Anusol cream or suppositories; Preparation H; Ice pack or Witch Hazel pad applied to the area
Varicose veins	Enlargement of veins due to thinning and stretching of their walls and pressure from the enlarged uterus	Rest with legs elevated; wear support maternity panty hose; avoid restrictive or binding clothes; avoid constipation

Discomforts	Cause(s)	What to Do
Leg cramps	Pressure of enlarging uterus on nerves and blood vessels	Change positions; keep a pillow between knees; low heel shoes; calf stretching; Increase calcium to approximately 1200 mg per day
Swelling of ankles	Pressure of enlarging uterus on circulation	Elevate feet or hands; Increase water intake to 8-10 glasses per day; lower salt intake
Shortness of Breath	Not unusual in the first few weeks of pregnancy due to hormonal changes or later in pregnancy as your uterus presses upward on the stomach and diaphragm	Slow down; sit or stand up straight; sleep propped up; if this continues into your 2 nd trimester, you may need to see your Primary Care Provider
Vaginal Discharge	Because of the hormones of pregnancy there is a normal increase of discharge	Good hygiene; wear cotton underwear; Don't douche or use tampons; report if there is a large amount of yellow or greenish discharge with or without odor or persistent itching; Report leaking of amniotic fluid
Frequent urination	Greater pressure of the enlarged uterus on the bladder May be a sign of an infection	Drink plenty of fluids; May not be relieved until birth of baby; Call us if there is: -pain when you urinate -blood in your urine -fever -back pain
Headaches	Hormonal changes, tension, irregular eating, sinus congestion, dehydration	Eat small frequent meals and increase fluids; Rest in quiet, dark environments, cold compress, Tylenol or ES Tylenol; call our office for persistent headaches or if associated with visual changes

Discomforts	Cause(s)	What to Do
Round ligament (lower right/left sided abdomen) pain, or vaginal pain, especially with position change, coughing or sneezing	Stretching/growing uterus causes pulling of the ligaments that support the uterus	Support abdomen with position changes or a maternity support belt; Tylenol
Nosebleeds	Common in pregnancy due to increased blood flow to the mucous membranes of your nose	Saline drops to relieve congestion; Cold cloth to nose with pressure; Vaseline to edges of your nostrils decreases irritation; Use humidifier in your bedroom; drink liquids to help keep your nasal passages moist
Acne	Hormonal changes increase oily secretions	Well balanced diet; Increase water intake; avoid oil-based make-up; cleanse skin often with gentle cleanser
Insomnia	As your uterus grows it may be difficult to find a comfortable position	Warm relaxing bath or shower before bed; Use multiple pillows to find position of comfort; Relaxation, meditation; Lie on your side with a pillow under your abdomen and between your legs; Unisom; Expect to have to get up frequently to empty your bladder

Medications in Pregnancy

In general, it is best not to take any medication during pregnancy without consulting with our office. Remember, no medication is proven to be completely safe during pregnancy, therefore please use any of the medicines below only when necessary. Remember to tell anyone who prescribes medication for you that you are pregnant. If you use these medications, follow the directions on the package.

Headache	Tylenol, Extra-Strength Tylenol
Gas/Indigestion	Antacids low in sodium, Tums, Mylanta, Maalox, Zantac or Pepcid, Gaviscon, Mylanta for Gas, Gas-X (Simethicone)
Colds/Congestion/Cough/Seasonal Allergies	Afrin nasal spray – stop after 3 days Allergies – Benadryl, Zyrtec, Claritin. Tylenol Cold/Sinus/cough products Robitussin cough syrup (plain) Mucinex, Claritin, Zyrtec
Fever (if over 100.4)	Tylenol, Extra Strength Tylenol Increase fluids
Sore Throat	Gargle with hot salt water 4 times a day Rest and increase fluids Chloraseptic spray Throat lozenges
Morning Sickness Nausea/Vomiting	Emetrol Syrup, Vitamin B6/Unisom (doxylamine), Diclegis/Bonjesta
Diarrhea	Imodium- if severe
Vaginal Yeast Infections	Monistat
Constipation	Colace, Pericolace, Metamucil, Citrucel, Miralax, Milk of Magnesia
Hemorrhoids	Anusol cream or suppositories, Tucks pads, Preparation H

Common Questions

Travel

In most cases travel is acceptable during pregnancy. You may travel up to your 34-36 weeks of gestation, if your pregnancy is uncomplicated and you do not have any risks of preterm labor or other complications. Check with your Provider first. When flying, it is important to drink plenty of fluids and to either walk up and down the aisle, or rotate your ankles and flex your feet every 45-60 minutes. It may be more comfortable for you to have an aisle seat. Wear comfortable, nonrestrictive clothing while traveling. Carry some food with you such as crackers and water. It is OK to pass through metal detectors at the airport. When traveling by car, stop every hour to walk around and as needed, empty your bladder. Make sure you wear your seat belt when traveling by car. PLEASE NOTE – do NOT travel to any countries that have Zika virus. Visit the CDC website (www.cdc.gov/travel/page/zika-travel-information) for more details.

Dental Work

It is important to maintain good dental hygiene. Keep up with regular dental check visits. Dental x-rays are safe with abdominal shielding. Antibiotics are acceptable for prescription by your dentist; such as Penicillin, Cephalosporin or Erythromycin; No Tetracycline. Fillings and other dental work are safe. Local anesthesia is acceptable. Lidocaine without epinephrine may be used for anesthetic during dental procedures.

Hair Coloring, Permanents & Straightening

Hair coloring, permanents and straightening are acceptable during pregnancy, but we recommend waiting until after the first trimester of pregnancy for any of these before you proceed. In addition, these treatments may not be as effective during pregnancy.

Umbilical Cord Blood Donation

You may choose to collect umbilical cord blood and tissue either through a private company or through the National Cord Blood Program. The two private companies we recommend are CBR and Viacord. We can provide information for all the programs. The phone number for the National Cord Blood Program is 703-776-3133. This is a free donation program that is offered through the hospital.

Insurance Information

Please be aware that although insurance coverage and benefits are your responsibility to know and understand, our office will work with you and your Insurance Carrier regarding your coverage and guide you through the financial process. Our insurance navigator will review your insurance benefits as well as your deductibles and co-insurances with you at any time. Please be aware that most lab work and ultrasounds are (generally) subject to your payment and meeting your deductible and co-insurance before benefits are paid. Please inform us of any changes in your insurance status and/or deductibles.

Disability Information

Our office will assist you in the completion of your disability letters and forms. A fee will be incurred in accordance with the number of forms to be completed for your Employer and/or Disability Carrier. Please notify our front desk and provide the form(s) to be completed. There is a seven (7) day turn-around time for the completion of these forms.

Breast Pump

If you are interested in a breast pump, we will be happy to assist you in obtaining one through your Insurance Carrier. Please notify one of the medical assistants at the beginning of your third trimester if you have not yet received a breast pump order.

Additional Resources

Additional resources include but not limited to:

Websites

Inova Health System – preregistration, prenatal education, maternity tours: www.inova.org

ACOG – American College of Obstetrics and Gynecology
www.acog.org

ACOG – Patient Information
www.acog.org/publications/patient-education/

ACOG – Immunization resources
www.immunizationforwomen.org

CDC -- General pregnancy information
<https://www.cdc.gov/pregnancy/index.html>

Books

“What to Expect When You’re Expecting” by Arlene Eisenberg, Heidi E Murkoff and Sandee E. Hathaway, BSN

“The Complete Book of Pregnancy and Childbirth” by Sheila Kitzinger

“Postpartum Survival Guide” by Ann Dunnewold

“The 100 Healthiest Foods to Eat During Pregnancy” by Jonny Bowden and Allison Tannis

Apps

Sprout Pregnancy (Podcast as well)

Ovia Pregnancy

What to Expect- Pregnancy & Baby Tracker

The Bump Pregnancy

Pregnancy +

I’m Expecting Pregnancy App and Baby Guide

Mindfulness for Pregnancy

Pregnancy Checklist

1st Trimester

- Confirmatory Visit (6-8 weeks)
 - Ultrasound -Confirm viability and due date

- 1st Prenatal Visit (10-11 weeks)
 - Prenatal Lab Work (CBC, RPR, Rubella, Blood Type and Rh, Hepatitis B, Hepatitis C, HIV, CF, Urine Culture, Genetic screening)
 - Pap smear if indicated.
 - Cell free DNA/NIPT (10+ weeks if indicated): Blood sample to screen for Trisomy 21, 13 and 18, and gender

- Nuchal Translucency (NT) (11-13 6/7 weeks)- Optional Screening
Ultrasound and blood sample to screen for Trisomy 21, 13, and 18
**This is done at the Antenatal testing center at the hospital or Washington Radiology, you will need to call them to schedule the appointment.*

- Influenza vaccine (during flu season)

2nd Trimester

- Maternal Serum Alpha Fetal Protein (MSAFP) (15-18 weeks)
Screens for neural tube defects, i.e., Spina Bifida
- Level 2 Ultrasound (19-20 weeks)
Evaluate status of baby's growth, location of placenta, assess baby's anatomy including gender
- One Hour Glucola /Repeat CBC / Antibody screen (24-28 weeks)
Screens for Gestational Diabetes, Reassess blood counts, antibody screen if Rh negative
- Sign up for Childbirth Classes
<http://inovahealthsource.org/childbirth-education>
- Pre-Register at Inova Fairfax Hospital (24+ weeks)
<http://www.inova.org/prereg/maternity>

3rd Trimester

- TDAP Vaccine (27-35 weeks)
- Hospital Tour
- Select a Pediatrician prior to delivery
List of Pediatricians available in office
- Rhogam administration, if Rh negative (28 weeks)
---Rh Negative mothers for protection against antibody formation
- Breast pump order
- Disability forms
- Group B Strep Vaginal Culture (36 weeks)
---Screens for bacteria in vagina

***Please note there may be additional appointments, visits to a specialist or follow ups recommended throughout the pregnancy as clinically indicated.*



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