

CHESAPEAKE WOMEN'S CARE: PRENATAL INFORMATION

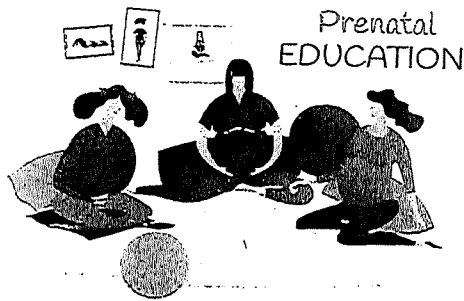
Please review the enclosed information at your earliest convenience. This information answers many frequently asked prenatal questions including recommendations for prenatal testing, vaccination, OTC medications, hospital registration, and more.

**To protect the health of our patients and staff,
only the patient and one healthy adult support person is allowed into the office.
Newborns may attend the postpartum visit.**

If you are experiencing symptoms of COVID-19, cold, or flu we ask that you contact us at (410)571-9700 to reschedule your appointment.

Have you registered at Anne Arundel Medical Center? If not, please do this ASAP.

Go to https://askaamc.formstack.com/forms/birth_baby_preregistration



What are the benefits of childbirth education classes?

- You can learn about pain relief options, medications, expected and unexpected courses of labor and birth.
- You can discuss fears about birth with the instructor and other couples with the same concerns.
- Your partner can learn about childbirth and how to support you on the big day and during recovery.
- Childbirth classes help you build confidence for giving birth and becoming a parent.

Prenatal classes, video tours, and events at AAMC Luminis <https://www.luminishealth.org/en/events>

Questions about classes? Please call AAMC Women's Education Department 443-481-6122

Questions about visitors during labor and delivery? www.luminishealth.org/en/visitation

WHAT TO EXPECT: PRENATAL SCREENING AND TESTING

This chart includes routine and optional tests and screenings that may be completed during your pregnancy. Your provider may recommend additional or alternative prenatal testing. *Contact your health insurance administrator for coverage information. **Please keep this chart and prenatal packet for your future reference.** Questions can be discussed with your provider at your next appointment.

<u>Gestation</u>	<u>What to Expect at Your Appointment</u>
7-9 weeks (Verification of Pregnancy)	<ul style="list-style-type: none"> • Verification of pregnancy with transvaginal ultrasound (<i>not included in global delivery fee</i>) • Prenatal blood work, as indicated by your provider • Imaging referral, as indicated • Maternal genetic carrier screening* can be done at any time before or during pregnancy to determine your baby's risk of inheriting certain genetic disorders such as cystic fibrosis (CF), spinal muscular atrophy (SMA), Tay Sacs, and sickle cell.
10-12 weeks (New OB Appointment)	<ul style="list-style-type: none"> • Pap smear, breast exam, and STI testing, as indicated • Routine prenatal blood work and urine culture • Urinalysis (<i>at every prenatal appointment</i>) • 1-hr early glucose tolerance test, if indicated • Fetal heart rate by doppler (<i>at every prenatal appointment</i>) • Referral for Nuchal Translucency imaging (NT)* • NIPT/MaterniT21* blood test to detect fetal chromosomal abnormalities in high-risk pregnancies, and optional testing to determine sex of fetus*
16-18 weeks	<ul style="list-style-type: none"> • AFP screening* for spina bifida, anencephaly, and neural tube defects • Quad screening* if NIPT and AFP were not drawn previously, to detect fetal chromosomal abnormalities, spina bifida, and neural tube defects
18-20 weeks	<ul style="list-style-type: none"> • Referral for fetal anatomy ultrasound to be completed by 22 weeks
26-28 weeks	<ul style="list-style-type: none"> • 1-hr glucose tolerance test- routine screening for gestational diabetes • Routine 2nd trimester blood work • Measurement of fundal height (<i>at all appointments >20 wks</i>) • Tdap vaccination- antibodies produced by the mother after vaccination help protect the newborn from whooping cough for the first few months of life • RhoGAM injection- routine for all mothers with RH negative blood type
36 weeks	<ul style="list-style-type: none"> • Group B Strep (GBS) culture- vaginal/rectal swab to detect and prevent newborn GBS disease • Transabdominal ultrasound to confirm baby's position
38+ weeks	<ul style="list-style-type: none"> • Cervical checks, as requested or indicated by your provider
40+ weeks	<ul style="list-style-type: none"> • Fetal non-stress test (NST), as indicated
6th week postpartum	<ul style="list-style-type: none"> • Physical exam, mental health screening, and assessment of your postpartum recovery

*Discuss with your provider. Insurance coverage varies.

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PRENATAL SCREENING AND BILLING INFORMATION

Prenatal screening tests give parents-to-be information about whether their baby is at high- or low-risk of having certain types of genetic disorders or birth defects. These tests DO NOT diagnose a problem; they only signal that further testing may be necessary.

- A positive screening result means that your baby is at higher risk of having the disorder compared with the general population. It does not mean that your baby definitely has the disorder.
- A negative result means that your baby is at lower risk of having the disorder compared with the general population. It does not completely rule out the possibility that your baby has the disorder.

If a screening test indicates an increased risk for an abnormality, we will refer you to a maternal fetal specialist or genetic counselor for a more definitive diagnosis.

More information is available from the American College of Obstetricians and Gynecologists (ACOG) at: www.acog.org/womens-health/faqs/prenatal-genetic-screening-tests

*Insurance coverage varies for prenatal screening tests. **Chesapeake Women's Care does not check insurance coverage for lab tests or imaging.** We recommend calling your insurance company or lab to determine your estimated cost prior to testing. Lab information is available on the back of this page to assist you in determining coverage and available discounted rate programs.

All patients have the right to accept or decline screening. **If you choose to proceed with testing, you are responsible for the cost of these tests.**

BILLING INFORMATION

We recommend calling your insurance company or lab to determine coverage. You may be asked for your insurance card, test name, and diagnosis codes. **You may combine the codes listed below and on the back of this sheet.**

PREGNANCY DIAGNOSIS CODES:

- First pregnancy, 1st trimester Z34.01 (+Advanced maternal age ≥ 35 O09.511)
- First pregnancy, 2nd trimester Z34.02 (+Advanced maternal age ≥ 35 O09.512)
- 2nd or greater pregnancy, 1st trimester Z34.81 (+Advanced maternal ≥ 35 age O09.521)
- 2nd or greater pregnancy, 2nd trimester Z34.82 (+Advanced maternal age ≥ 35 O09.522)

Additional diagnosis codes may apply for pregnant persons with a higher risk of chromosomal abnormalities (i.e. age ≥ 35 , personal history of chromosomal defect, abnormal ultrasound findings).

PRENATAL SCREENING/TEST	BILLING INFORMATION
<p><u>Maternal/Paternal Genetic Carrier Screening*</u> Carrier screening for one or both parents can detect certain inherited disorders which could be passed to your offspring. Screenings are available for cystic fibrosis (CF), spinal muscular atrophy (SMA), Tay Sachs, sickle cell, and other specific genetic disorders. Note: if you have been screened previously, it is unnecessary to repeat these tests with each pregnancy.</p>	<p>GESTATION: anytime before or during pregnancy DIAGNOSIS CODES: Z31.430, Z13.228, Z13.79, Z13.0 <u>Labcorp– Inheritest Duo for CF and SMA (452172)</u> <i>(single gene and other carrier tests by request)</i></p> <ul style="list-style-type: none"> • Drawn by a phlebotomist in our office or at a patient service center • Coverage and discount program information: 1-844-799-3243 • Usually under \$299
<p><u>Non-Invasive Prenatal Testing (NIPT)*</u> NIPT is a maternal blood test most appropriate for persons over the age of 35, those with increased risk factors for chromosomal abnormalities, and/or those wanting to know the sex of their baby prior to a 2nd trimester anatomy ultrasound.</p> <p>NIPT screens for specific fetal chromosomal abnormalities such as Down Syndrome, Trisomy-18, and Trisomy 13. If you choose NIPT, you will also be referred to an imaging center for a nuchal translucency (NT) ultrasound at 10-12 weeks.</p> <p><i>and</i></p> <p><u>Alpha-Fetoprotein (AFP) Screening*</u> If you had NIPT earlier in this pregnancy, you will be offered AFP screening in your 2nd trimester. AFP screening helps to detect spina bifida, anencephaly, structural defects, and some chromosomal abnormalities such as Down Syndrome in your baby.</p>	<p>GESTATION: recommended 10-13 wks DIAGNOSIS CODE: Z13.79 <u>Labcorp– MaterniT 21 Plus (451927)</u></p> <ul style="list-style-type: none"> • Drawn by a phlebotomist in our office or at a patient service center • Coverage and discount program information: 1-844-799-3243 • Usually under \$299, not including NT • Notify your provider if you do not want to know the sex of your baby (452112). <p>GESTATION: most accurate 16-18 wks, up to 22 weeks DIAGNOSIS CODE: Z13.79 <u>Labcorp– AFP for Open Spina Bifida (010801)</u></p> <ul style="list-style-type: none"> • Drawn by a phlebotomist in our office or at a patient service center. • Coverage information: 1-844-799-3243
<p><u>Quad Screening*</u> This test is recommended as an alternative if NIPT and AFP screening is not completed. This test screens for spina bifida, neural tube defects, and chromosomal abnormalities like Down Syndrome. Quad screening is less accurate than NIPT and AFP, and cannot tell the sex of your baby.</p>	<p>GESTATION: most accurate 16-18 wks, up to 22 wks DIAGNOSIS CODE: Z13.79 <u>Labcorp– Quad/Tetra (017319)</u></p> <ul style="list-style-type: none"> • Drawn by a phlebotomist in our office or at a patient service center. • Coverage information: 1-844-799-3243

**Discuss with your provider. Insurance coverage varies.*

OVER THE COUNTER (OTC) MEDICATIONS DURING PREGNANCY

The medications listed below are generally considered safe to take during your pregnancy and should be taken according to the package directions. If you have any questions about using these medications or if you continue to have symptoms that are not helped by the medication, call us at (410)571-9700.

NOTE: *Patients in the first trimester (4-13 weeks) should try to avoid OTC medications unless absolutely necessary.**

COUGH, COLD, ALLERGY RELIEF

IMPORTANT: *Avoid products that contain the decongestant phenylephrine** which is sometimes indicated on the box by the abbreviation PE. The preferred decongestant in pregnancy is pseudoephedrine. Products with pseudoephedrine are only available by asking at the pharmacy counter.

- Benadryl (diphenhydramine)- antihistamine; sedative
- Claritin (loratadine), Zyrtec (cetirizine)- antihistamines
- Sudafed (pseudoephedrine HCL)- nasal decongestant
 - CAUTION: talk with your provider if you have high blood pressure
 - DO NOT USE Sudafed PE or products containing phenylephrine
- Mucinex *plain (guaifenesin)- expectorant
- Delsym *plain (dextromethorphan HBr)- cough suppressant, antihistamine
- Robitussin DM (dextromethorphan HBr, guaifenesin)- cough suppressant, expectorant
- Choloraseptic throat spray and lozenges
- Cough Drops
- Vicks Vapor Rub

NOTE: *Nursing/pumping mothers should avoid decongestants which may suppress milk supply.

***Multi-symptom medications are not recommended in pregnancy. Products labeled "multi-symptom" may also contain phenylephrine.**

NASAL DECONGESTANT SPRAYS

- Saline spray
- Afrin spray
- Neo-synephrine spray
- Flonase (fluticasone) spray

NOTE: *Use nasal/decongestant sprays only as often as recommended on the package.

PAIN RELIEF, HEADACHE, FEVER

- Tylenol, Tylenol Extra Strength- (acetaminophen)

NOTE: *Do not take aspirin, ibuprofen, or naproxen unless approved by your provider. *Contact our office if your pain, headache, or fever does not respond to OTC medications or if headaches are accompanied by vision changes. Call (410)571-9700.

INSOMNIA

- Benadryl (diphenhydramine)
- Unisom (doxylamine)

NOTE: *Caution when driving or caring for your baby while taking sedatives.

INDIGESTION, HEARTBURN, GAS

- Mylanta, Maalox, Rolaids, Tums (calcium carbonate)- antacids for heartburn, indigestion
- Pepcid (famotidine), Tagamet (cimetidine)- reduce stomach acid production for heartburn and acid indigestion
- Mylicon, Gas X (simethicone)- anti-flatulent for gas

YEAST INFECTION

- Monistat 7 (miconazole)- 7-day treatment
- Lotrimin (clotrimazole)

NOTE: *Do not use oral OTC medications for yeast infections.

CONSTIPATION/HEMORRHOIDS

- Metamucil, Citrucel, Benefiber- bulking forming stool softeners can be used regularly
- Colace, Dulcolax, milk of magnesia, MiraLAX, Senokot/Senna- laxatives and stool softeners
- Preparation H or Anusol (suppositories or ointment creams)- hemorrhoid treatments
- Witch hazel pads- for hemorrhoids

NOTE: *Be sure to drink at least 8 full glasses of water per day and increase dietary fiber.

DIARRHEA

- Immodium (loperamide)
- Kaopectate (bismuth subsalicylate)

RASH, BUG BITES, SUNBURN, POISON IVY, CUTS

- Hydrocortisone cream, Benadryl lotion/spray, calamine cream, Aveeno bath- for skin itching
- Aveeno bath, Gold Bond powder, Domeboro powder- for skin itching and irritation
- Bug repellents containing DEET
- Neosporin, polysporin- first aid preparations (clean with soap and water first)

MOTION SICKNESS

- Bonine, Dramamine

NAUSEA, VOMITING

- Vitamin B6 25mg 3 times per day, plus Unisom (doxylamine succinate) 25mg before bed.
- Emetrol
- B-natal pregnancy pops
- Ginger ale, ginger lozenges

NOTE: *Stay hydrated with ice chips, Pedialyte pops, and sports drinks. *Try a bland diet of toast, crackers, rice, applesauce, broth, or tea. *Sit upright after eating. *Avoid greasy, spicy, and tomato-based foods.

IMPORTANT: OTC medications on this list should be taken according to the package directions. If you have any questions about using these medications or if you continue to have symptoms that are not helped by the medication, call us at (410)571-9700.

Protect yourself and your baby from COVID-19. Get vaccinated.



- COVID-19 vaccination is recommended for people who are pregnant, breastfeeding, trying to get pregnant now, or might become pregnant in the future.
- The benefits of receiving a COVID-19 vaccine outweigh any known or potential risks of vaccination during pregnancy.
- There is currently no evidence that any vaccines, including COVID-19 vaccines, cause problems trying to get pregnant.
- COVID-19 vaccination in people who are pregnant or breastfeeding builds antibodies that might protect their baby.

Ask your provider about the COVID-19 vaccine.



cdc.gov/coronavirus

Learning About When to Call Your Doctor During Pregnancy (Up to 20 Weeks)

It's common to have concerns about what might be a problem during your pregnancy. Most pregnancies don't have any serious problems. But it's still important to know when to call your doctor if you have certain symptoms. These are general suggestions. Your doctor may give you some more information about when to call.

When to call your doctor (up to 20 weeks)

Call anytime you think you may need emergency care. For example, call if:

- You passed out (lost consciousness).

Call your doctor now or seek immediate medical care if:

- You have a fever.
- You have vaginal bleeding.
- You are dizzy or lightheaded, or you feel like you may faint.
- You have symptoms of a urinary tract infection. These may include:
 - Pain or burning when you urinate.
 - A frequent need to urinate without being able to pass much urine.
 - Pain in the flank, which is just below the rib cage and above the waist on either side of the back.
 - Blood in your urine.
- You have belly pain.
- You think you are having contractions.
- You have a sudden release of fluid from your vagina.

Watch closely for changes in your health, and be sure to contact your doctor if:

- You have vaginal discharge that smells bad.
- You have other concerns about your pregnancy.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

Learning About When to Call Your Doctor During Pregnancy (After 20 Weeks)

It's common to have concerns about what might be a problem when you're pregnant. Most pregnancies don't have any serious problems. But it's still important to know when to call your doctor if you have certain symptoms or signs of labor. These are general suggestions. Your doctor may give you some more information about when to call.

When to call your doctor (after 20 weeks)

Call anytime you think you may need emergency care. For example, call if:

- You have severe vaginal bleeding.
- You have sudden, severe pain in your belly.
- You passed out (lost consciousness).
- You have a seizure.
- You see or feel the umbilical cord.
- You think you are about to deliver your baby and can't make it safely to the hospital.

Call your doctor now or seek immediate medical care if:

- You have vaginal bleeding.
- You have belly pain.
- You have a fever.
- You have symptoms of preeclampsia, such as: sudden swelling of your face, hands, or feet; new vision problems (such as dimness, blurring, or seeing spots); a severe headache.
- You have a sudden release of fluid from your vagina. (You think your water broke.)
- You think that you may be in labor. This means that you've had at least 6 contractions in an hour.
- You notice that your baby has stopped moving or is moving much less than normal.
- You have symptoms of a urinary tract infection. These may include: pain or burning when you urinate; frequent need to urinate without being able to pass much urine; pain just above the waist on either side of the back; blood in your urine.

If you have signs of labor at 37 weeks or more, your doctor may tell you to call when your labor becomes more active. Symptoms of active labor include:

- Contractions that are regular.
- Contractions that are less than 5 minutes apart.
- Contractions that are hard to talk through.

Watch closely for changes in your health, and be sure to contact your doctor if:

- You have vaginal discharge that smells bad.
- You have skin changes, such as: a rash, itching, yellow color to your skin.
- You have other concerns about your pregnancy.

Box 1. Dos and Don'ts in Pregnancy

Prenatal Vitamins

- Pregnant women should consume the following each day through diet or supplements:
 - Folic acid 400–800 micrograms (until the end of the first trimester)
 - Iron 30 mg (or be screened for anemia)
 - Vitamin D 600 international units
 - Calcium 1,000 mg
- Prenatal vitamins are unlikely to be harmful. Therefore, they may be used to ensure adequate consumption of several vitamins and minerals in pregnancy. However, their necessity for all pregnant women is uncertain, especially for women with well-balanced diets.
- There is no known ideal formulation for a prenatal vitamin.

Nutrition and Weight Gain

- Pregnant women should be advised to eat a healthy, well-balanced diet and typically should increase their caloric intake by a small amount (350–450 calories/d).
- Women with higher prepregnancy BMIs do not need to gain the same amount of weight as women with normal or low BMIs.

Alcohol

- Although current data suggest that consumption of small amounts of alcohol during pregnancy (less than seven to nine drinks/wk) does not appear to be harmful to the fetus, the exact threshold between safe and unsafe, if it exists, is unknown. Therefore, alcohol should be avoided in pregnancy.

Artificial Sweeteners

- Artificial sweeteners can be used in pregnancy.
- Data regarding saccharin are conflicting. Low (typical) consumption is likely safe.

Caffeine

- Low-to-moderate caffeine intake in pregnancy does not appear to be associated with any adverse outcomes.
- Pregnant women may have caffeine but should probably limit it to less than 300 mg/d (a typical 8-ounce cup of brewed coffee has approximately 130 mg of caffeine. An 8-ounce cup of tea or 12-ounce soda has approximately 50 mg of caffeine), but exact amounts vary based on the specific beverage or food.

Fish Consumption

- Pregnant women should try to consume two to three servings per week of fish with a high DHA and low mercury content.

Box 1. Dos and Don'ts in Pregnancy (continued)

Fish Consumption (continued)

- For women who do not achieve this, it is unknown whether DHA and n-3 PUFA supplementation are beneficial, but they are unlikely to be harmful.

Raw and Undercooked Fish

- In line with current recommendations, pregnant women should generally avoid undercooked fish. However, sushi that was prepared in a clean and reputable establishment is unlikely to pose a risk to the pregnancy.

Other Foods to Avoid

- Pregnant women should avoid raw and undercooked meat.
- Pregnant women should wash vegetables and fruit before eating them.
- Pregnant women should avoid unpasteurized dairy products.
- Unheated deli meats could also potentially increase the risk of *Listeria*, but the risk in recent years is uncertain.
- Pregnant women should avoid foods that are being recalled for possible *Listeria* contamination.

Smoking, Nicotine, and Vaping

- Women should not smoke cigarettes during pregnancy. If they are unable to quit entirely, they should reduce it as much as possible.
- Nicotine replacement (with patches or gum) is appropriate as part of a smoking cessation strategy.

Marijuana

- Marijuana use is not known to be associated with any adverse outcomes in pregnancy.
- However, data regarding long-term neurodevelopmental outcomes are lacking; therefore, marijuana use is currently not recommended in pregnancy.

Exercise and Bedrest

- Pregnant women should be encouraged to exercise regularly.
- There is no known benefit to activity restriction or bedrest for pregnant women.

Avoiding Injury

- Pregnant women should wear lap and shoulder seatbelts while in a motor vehicle and should not disable their airbags.



Box 1.Dos and Don'ts in Pregnancy (continued)

Oral Health

- Oral health and dental procedures can continue as scheduled during pregnancy.

Hot Tubs and Swimming

- Although data are limited, pregnant women should probably avoid hot tub use in the first trimester.
- Swimming pool use should not be discouraged in pregnancy.

Insect Repellants

- Topical insect repellants (including DEET) can be used in pregnancy and should be used in areas with high risk for insect-borne illnesses.

Hair Dyes

- Although data are limited, because systemic absorption is minimal, hair dye is presumed to be safe in pregnancy.

Travel

- Airline travel is safe in pregnancy.
- Pregnant women should be familiar with the infection exposures and available medical care for each specific destination.
- There is no exact gestational age at which women must stop travel. Each pregnant woman must balance the benefit of the trip with the potential of a complication at her destination.

Sexual Intercourse


- Pregnant women without bleeding, placenta previa at greater than 20 weeks of gestation, or ruptured membranes should not have restrictions regarding sexual intercourse.

Sleeping Position

- It is currently unknown whether, and at what gestational age, pregnant women should be advised to sleep on their side.

BMI, body mass index; DHA, docosahexaenoic acid; n-3 PUFA, omega-3 long-chain polyunsaturated fatty acids; DEET, N,N-diethyl-3-methylbenzamide.

INSTRUCTIONS FOR 1-HOUR GLUCOSE TOLERANCE SCREENING

THINGS TO KNOW	Gestational diabetes is a form of high blood sugar that can develop during pregnancy. While age and health history may increase your risk, <i>anyone can develop gestational diabetes in pregnancy.</i> If left untreated, this can cause problems for the health of mom and baby. Screening for gestational diabetes is usually done between 24- and 28-weeks of pregnancy with a glucose tolerance test. If you have certain risk factors, your provider may also recommend glucose tolerance testing earlier in your pregnancy.
BEFORE	<ul style="list-style-type: none"> • DO NOT FAST. Eat a healthy breakfast or lunch up to 1-hour before your appointment time. • AVOID high sugar foods and beverages and large amounts of caffeine on the day of the test. • YOU MAY refrigerate the “glucola” drink or pour it over ice. It tastes better cold. • PLAN to arrive 15-minutes early for your scheduled appointment. You must be on time for this appointment or the results will be inaccurate and you will need to repeat the test.
DURING 	<ol style="list-style-type: none"> 1. 30-MINUTES BEFORE your appointment time, drink the entire bottle of glucola. 2. QUICKLY finish the entire bottle (within 5-minutes) and note the time. 3. DO NOT EAT OR DRINK anything except small sips of water <u>after</u> drinking the glucola. Do not eat candy, gum, or mints. Do not smoke or vape. 4. ARRIVE 15-minutes early and notify the receptionist of the time you finished the drink. 5. YOUR LABS will be drawn exactly 1-hour from the time you finished drinking the glucola.
AFTER	<ul style="list-style-type: none"> • AFTER the test is complete, you may eat and drink as normal. • NORMAL results will be discussed at your next appointment. • ABNORMAL results will be reviewed by your provider and additional testing may be ordered.
QUESTIONS	<ul style="list-style-type: none"> • CONTACT US at (410) 571-9700

More IMPORTANT information for our pregnant patients...

Whooping cough is a serious disease that can be deadly for babies. Unfortunately, babies do not start building their own protection against whooping cough until they get vaccinated at two months old. This leaves babies unprotected in the first months of life when they are most at risk for severe illness if they get whooping cough. The CDC recommends all pregnant women receive a Tdap vaccine with EACH pregnancy, preferably between 27- and 36-weeks' gestation. By doing so, you will pass antibodies to your baby before birth and help protect your baby for the first months of life.

You will be offered the Tdap vaccine at the same visit as your 3rd trimester 1-hour glucose screen. The CDC also recommends a Tdap vaccine/booster for all other adults who will have contact with your baby. They should see their primary care or pharmacy clinic for the vaccination.

Have you registered at Anne Arundel Medical Center? If not, please do this ASAP.

Go to https://askaamc.formstack.com/forms/birth_baby_preregistration

2000 Medical Parkway | Suite 306 | Annapolis, MD 21401 | PH: (410) 571-9700 | FAX: (410) 571-9710
2401 Brandermill Blvd | Suite 310 | Gambrills, MD 21054 | PH: (410) 451-8952 | FAX: (410) 451-8954

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Pregnancy Weight Gain

There's no one-size-fits-all approach to pregnancy weight gain. Appropriate weight gain during pregnancy depends on various factors, including your pre-pregnancy weight and body mass index (BMI). Your health and your baby's health also play a role. Work with your health care provider to determine what's right for you.

Consider these general guidelines for pregnancy weight gain:

Pre-pregnancy weight	Recommended weight gain
Underweight (BMI below 18.5)	28 to 40 lbs. (about 13 to 18 kg)
Healthy weight (BMI 18.5 to 24.9)	25 to 35 lbs. (about 11 to 16 kg)
Overweight (BMI 25 to 29.9)	15 to 25 lbs. (about 7 to 11 kg)
Obese (BMI 30 or more)	11 to 20 lbs. (about 5 to 9 kg)

Source: Institute of Medicine and National Research Council

If you're carrying twins or other multiples, you'll likely need to gain more weight. Again, work with your health care provider to determine what's right for you.

Consider these general guidelines for pregnancy weight gain if you're carrying twins:

Pre-pregnancy weight	Recommended weight gain
Underweight (BMI below 18.5)	50 to 62 lbs. (about 23 to 28 kg)
Healthy weight (BMI 18.5 to 24.9)	37 to 54 lbs. (about 17 to 25 kg)
Overweight (BMI 25 to 29.9)	31 to 50 lbs. (about 14 to 23 kg)
Obese (BMI 30 or more)	25 to 42 lbs. (about 11 to 19 kg)

Source: Institute of Medicine and National Research Council

Work with your health care provider to determine how much weight you should gain during pregnancy. Your health care provider can offer guidance on nutrition and physical activity and strategies to manage your weight throughout pregnancy.

Original article:

<https://www.mayoclinic.org/healthy-lifestyle/pregnancy-week-by-week/in-depth/pregnancy-weight-gain/art-20044360>

Advice About Eating Fish

What Pregnant Women & Parents Should Know

Fish and other protein-rich foods have nutrients that can help your child's growth and development.

For women of childbearing age (about 16-49 years old), especially pregnant and breastfeeding women, and for parents and caregivers of young children.

- Eat 2 to 3 servings of fish a week from the "Best Choices" list OR 1 serving from the "Good Choices" list.
- Eat a variety of fish.
- Serve 1 to 2 servings of fish a week to children, starting at age 2.
- If you eat fish caught by family or friends, check for fish advisories. If there is no advisory, eat only one serving and no other fish that week.*

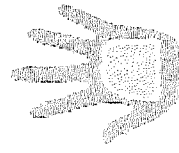
Use this chart!

You can use this chart to help you choose which fish to eat, and how often to eat them, based on their mercury levels. The "Best Choices" have the lowest levels of mercury.



What is a serving?

To find out, use the palm of your hand!



For children, ages 4 to 7
2 ounces

For an adult
4 ounces

Best Choices

EAT 2 TO 3 SERVINGS A WEEK

Anchovy	Herring	Scallop
Atlantic croaker	Lobster, American and spiny	Shad
Atlantic mackerel	Mullet	Shrimp
Black sea bass	Oyster	Skate
Butterfish	Pacific chub mackerel	Smelt
Catfish	Perch, freshwater and ocean	Sole
Clam	Pickering	Squid
Cod	Plaice	Tilapia
Crab	Pollock	Trout, freshwater
Crawfish	Salmon	Tuna, canned light (includes skipjack)
Flounder	Sardine	Whitefish
Haddock		Whiting
Hake		

OR Good Choices

EAT 1 SERVING A WEEK

Bluefish	Monkfish	Tilefish (Atlantic Ocean)
Buffalo fish	Rockfish	Tuna, albacore/white tuna, canned and fresh/frozen
Carp	Sablefish	Tuna, yellowfin
Chilean sea bass/Patagonian toothfish	Sheepshead	Weakfish/seatrout
Grouper	Snapper	White croaker/Pacific croaker
Hallbut	Spanish mackerel	
Mahi mahi/dolphinfish	Striped bass (ocean)	

Choices to Avoid

HIGHEST MERCURY LEVELS

King mackerel	Shark	Tilefish (Gulf of Mexico)
Marlin	Swordfish	Tuna, bigeye
Orange roughy		

*Some fish caught by family and friends, such as larger carp, catfish, trout and perch, are more likely to have fish advisories due to mercury or other contaminants. State advisories will tell you how often you can safely eat those fish.

www.fda.gov/food/choices

www.epa.gov/foodchoices



To: OB Patients
From: Chesapeake Women's Care
RE: Billing for Cord Blood Collection

Dear Patient:

We are happy to provide cord blood collection services for our patients; however, because blood banking is an elective procedure, we will bill you directly. Our fee is \$250.00. This fee is billed separately from maternity and delivery fees. We do not bill insurance companies for this service.

If you have any questions, please call our billing office.

While we do not endorse any specific company, we do want you to be informed. You can simply google cord blood collection or go to one of these websites: viacord.com, Cryo-Cell.com, cordblood.com/cbr-cord-blood or familycord.com.

If you want more information, simply ask us for a pamphlet!

Pediatricians

Annapolis Pediatrics

AnnapolisPediatrics.com
200 Forbes Street, Suite 200
Annapolis, Md. 21401
410-263-6363

Veronica Cellini, MD
Cindy Chen, MD
Monta Conrad, MD
Dominica Donnal, MD
Katherine Edwards, MD
Sefanit Fassil, MD
Erik Haskins, MD
Laura Herzig, MD
Valory Hill, MD
Mark Lester, MD
Samuel Libber, MD
Charles Parmele, MD
Tuyen Phan, MD
James Rice, MD
Margaret Turner, MD
Dana Kim, MD
Piyumi Fonseka, MD
John McGrath, MD
Gwyn Reece, CRNP

877 Baltimore Annapolis Boulevard
Ritchie Court Office Bldg., Suite 208
Severna Park, Md 21146
410-263-6363

1630 Main Street, Suite 201
Chester, Md. 21619
410-263-6363

1655 Crofton Boulevard, Suite 301
Crofton, Md. 21114
410-263-6363

3158 Braverton Street, Suite 110
Edgewater, Md. 21037
410-263-6363

Arundel Pediatrics

ArundelPediatrics.com
1460 Ritchie Highway, Suite 209
Arnold, Md. 21012
410-789-7337

Alissa Won, MD
Nadia Ansari, MD
Candace Tesch, MD

605 Global Way, Suite 119
Linthicum, Md. 21090
410-789-7337

Alish Rabhan, CRNP
Rebecca Vickers, MD
Meghann Wellard, CRNP

Bay Area Pediatrics

BayAreaPediatrics.net
Radcliff Building, Suite E
165 Log Canoe Circle
Stevensville Md. 21666
410 643-1000

Demetrios Kalliongis, MD
Krystal Richardson, CRNP

Bayside Pediatrics

2568 A Riva Road, Suite 103
Annapolis, Md. 21401
410-224-7667

Maegan Chaney, MD
Elizabeth M. Connelly, CRNP
Diego A. Escobosa, MD
Jeffrey T. Nold, DO
Olga Pomerleau, MD
Katie Fearon, CRNP

Chesapeake Pediatrics, LLC

121 Old Solomons Island Road
Annapolis, Md. 21401
410-224-3663

Corinne Coyner, MD
Ettaly Jobes, MD

Gvozden Pediatrics

GvozdenPediatrics.com
Shipleys Medical Park
8601 Veterans Highway, Suite 200
Millersville, Md. 21108
410-729-0690

Andre Gvozden, MD
Catherine Snead, CRNP

Jacqueline Kelly, MD

1298 Bay Dale Drive, Suite 201
Arnold, Md. 21012
410-757-0013

Love Kids

14300 Gallant Fox Lane, Suite 203
Bowie, Md 20715
301-262-4784

Yvonne Jackson, MD

Pediatric Place

PedsPlace.com
3100 Mountain Road, Suite E
Pasadena, Md. 21122
410-360-4446

V.J. Kempthorne, MD
Kathleen Krejci, MD
Erin Lytle, CRNP
Cynthia Schaeffer, MD

Julio Ramirez, MD

125 Shoreway Drive, Suite 240
Queenstown, Md. 21658
410-778-5255

BelliAcres Pediatrics

DrSchneiderMd.com
2538 Davidsonville Road
Gambrills, Md. 21054
410-721-0800

Jane P. Roach, CRNP
Donald R. Schneider, MD
Zachary Schneider, MD

South River Pediatrics

SouthRiverPediatrics.com
224 A Mayo Road
Edgewater, Md. 21037
410-956-6302
Azam Baig, MD

Kennon Harris, MD
Marinela Macaraeg, MD
Holly Mohr, CRNP
Jill Tierney, MD
Albert Gordon, MD

1264 Southern Maryland Blvd, Suite 103
Dunkirk Md. 20754
301-327-5093

2 Chester Plaza
Chester, Md. 21619
410-643-7337

The Pediatric Group

pediatricgroup.com
410-721-CARE (2273)
2772 Rutland Road
Davidsonville, Md. 21035
410-798-1600

Robert Graw, MD
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JCassie Roberts, CRNP

692-A Ritchie Highway
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410-544-5141

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TLC Pediatrics

4315 Northview Drive
Bowie, Md. 20716
301- 352- 6515

Tuere Hightower-Hughes, MD
Toni Thompson-Chittams, DO

For more information, call 443-481-4000 or visit askAAMC.org/FindAdoc



Anne Arundel
Medical Center