



Please register for our patient portal located on our website at:

www.themadisonmidwives.com

Congratulations!!

Many patients find it helpful to know the details about the routine obstetrical care we provide. Your needs may be different, and the routine may be altered to fit your individual situation. If you have questions about any of our recommendations, please feel free to discuss them with any of our practitioners. We urge you to contact our office at any time.

LABORATORY TESTS

The obstetrical panel will be drawn at your first ultrasound visit at our office - called the New OB panel. This will include a test for anemia, measles immunity, your blood type, VDRL, Hepatitis B, thyroid function, vitamin D level and toxoplasmosis screening. A test for the antibody to AIDS or HIV is recommended. A sample of urine will be obtained at the first visit to test for infection.

The alpha fetoprotein (AFP) blood test is drawn between 16 and 20 weeks and is part of our recommended care. This test evaluates a fetus's risk for spina bifida. Not all patients elect to have this test.

Diabetes screening and a test for anemia are collected between 24 and 28 weeks. Also, if you are RH negative, expect to have an antibody screen and a Rhogam injection.

At 36 weeks, a cervical culture sample for Group B streptococcus will be collected. If you are found to carry these bacteria, it is highly recommended that you receive antibiotics during labor.

SPECIAL TESTING

First trimester screening for genetic defects is an *optional* screening intended to identify potential genetic abnormalities without invasive measures. This technique is helpful to all women regardless of age, or those who are undecided about more invasive testing such as chorionic villus sampling (CVS) or amniocentesis.

Using this method, blood is drawn from the mother by a finger stick and tested for the beta subunit of human chorionic gonadotropin and pregnancy associated plasma protein-A (PAPP-A). An ultrasound of the fetal nuchal fold (an area at the back of the fetal neck), at 12 weeks of gestational age provides a detection rate for Down's syndrome, Trisomy 13 and Trisomy 18 of 91%. The nuchal fold thickness may also indicate a higher risk for major heart defects in the fetus. A positive test allows a woman to decide if a CVS or amniocentesis is appropriate. A negative test indicates that the unidentified risk of having a child with Down's syndrome, Trisomy 13 or Trisomy 18 is reduced. While this is not a diagnostic test, it does represent an improvement over screening tests previously offered. The first trimester screen has a



false positive rate of 2% and does not test for Spina Bifida or other genetically linked chromosomal abnormalities. The AFP test is still recommended.

There are numerous tests available today that screen for genetic disease. We present to you the tests that are most applicable to our population. If you have other tests that you would like us to evaluate with you, we will be happy to do so, especially if your family history is positive for genetic health risks. In addition, after age 35 years many people feel at increased risk and desire additional testing.

Chorionic villus sampling or Amniocentesis will be offered if you are more than 35 years of age, have an abnormal first trimester or second trimester quadruple screen, or a family history of certain genetic diseases. If you are less than 35 years of age and interested in undergoing genetic testing, please discuss this with a practitioner.

APPROXIMATE APPOINTMENT SCHEDULE

(These visits may be altered slightly depending on holidays and schedules.)

6+ weeks: New OB Visit, Full History and Physical Exam

A medical, surgical and obstetrical history will be gathered. A physical examination may be performed which will include a pap smear and cultures if needed.

8 weeks: Dating Ultrasound / Labs

You will have an appointment with our ultrasound unit to confirm viability and prenatal labs are drawn. Typically, an ultrasound by transvaginal route is performed. The ultrasound confirms the number of fetuses, properly dates your delivery, and the health of your pregnancy.

10 weeks: First Trimester Test Blood Work

If you have elected to have first trimester screening, you will have blood obtained through a finger stick (performed to screen for trisomy 13, 18 and 21).

12 weeks: Ultrasound and Midwife Visit

You will have an appointment with our ultrasonographer and one of our midwives. The ultrasound will only be performed if you wish screening using the first trimester screen. During the ultrasound the nuchal translucency will be measured. This, in combination with the blood work obtained at 10 weeks, will indicate a risk factor either greater than, less than or equal to your risk of having a baby affected by trisomy 13, 18, or 21. You will be counseled by one of our midwives regarding the interpretation of this test and the trajectory of your care.

Subsequent Visits:

Measurements for weight, blood pressure, fetal heart tones and uterine growth will be assessed at each visit. Please come with any questions that you may have throughout the pregnancy. If you have symptoms of a urinary tract infection, please tell your practitioner.



MONTHLY OB VISITS:

16 weeks: Monthly OB Visit /AFP

Along with your normal ob appointment, blood work will be drawn if you opt for the AFP test which determines if your baby has an increased risk for an open neural tube defect or spina bifida.

20 weeks: Monthly OB Visit / Anatomic Survey Ultrasound

The purpose of this anatomic survey ultrasound performed at this visit is to examine the specific anatomy of your baby. The location of the placenta and your cervical length are checked, and your provider will review the results of the ultrasound with you. This is also the time when you may be able to find out the gender!

24 weeks: Monthly OB Visit

Routine visits with one of our midwives consist of measuring your blood pressure, and checking fetal heart tones and discussing any concerns.

28 weeks: Monthly OB Visit/Gestational Diabetic Screening

During this monthly visit you will be tested for gestational diabetes. Please refer to Laboratory Tests (Page 1) for information on receiving your glucose test. If you are RH negative, expect to have an antibody screen and Rhogam injection.

We recommend you select a pediatrician and contact his or her office to inform them of your decision. Please arrange for childbirth classes. There are many classes available in the community relating to breastfeeding, childcare, infant CPR and other topics if you are interested. If you will be returning to work after your child is born, now is the time to think about arranging for childcare.

It is also time to complete your disability paperwork if you need to file documentation with your employer. Please contact our medical records department for assistance.

BEGIN BI-WEEKLY VISITS:

Weeks 30, 32, 34 are routine appointments.

36 weeks: Bi-Weekly OB Visit/Lab Test

We will perform a cervical culture for Group B streptococcus. This is a bacteria carried NORMALLY by up to 30% of women. This presence of this bacterium is not necessarily an infection, but can cause infections in babies as they are delivered. If you are found to carry these bacteria, it is highly recommended that you receive antibiotics during labor. In preparation for delivery, please review our 'Signs of Labor' information found on our website.



BEGIN WEEKLY VISITS:

Weeks 37, 38, 39, 40 are routine appointments.

MIDWIFE CALL SCHEDULE

Who will deliver your baby? Our midwife is on call 24 hours a day/7 days a week unless there is an emergency or scheduled vacation. In this case, the physicians of Physicians for Women will provide back up call and there is a rotation of 24 hour call shifts between the five physicians. These physicians are also available for back up care if needed by the midwife on call.

EMERGENCIES: 608-441-1730

The on-call midwife is responsible for all true emergencies and deliveries. After normal business hours, your call will be transferred to our answering service. Call for any serious accidents or illnesses or for any of the symptoms noted below. We do ask that you contact our on call midwife if you believe you may be in labor or that your water has broken.

An obstetrical triage nurse is also available to answer your questions 24 hours per day and can be reached at: **Meriter Birthing Center / (608) 417-6228.**

Symptoms to prompt a phone call:

- Possible labor – symptoms of contractions every 5 minutes lasting 1 minute for 1 hour [5-1-1]
- Bleeding from the vagina at any time during pregnancy. Many times this is not threatening, but always warrants investigation
- Severe or continuous nausea or vomiting lasting 24 hours or more
- Severe headaches, blurring of vision, or spots/flashes of light before your eyes
- Extreme swelling of feet hands or face
- Fever greater than 101 degrees Fahrenheit
- Pain or burning during urination
- Sharp, continuous or worsening abdominal pain
- Sudden gush of fluid from the vagina after the first trimester
- Premature contractions after the first trimester (greater than four per hour)
- Lack of adequate fetal movement after 30 weeks gestation (less than eight fetal movements in a two hour period after lying down and having something to eat or drink)

Other pieces of information:

WEIGHT



It is important to gain adequate weight during pregnancy. For women who are of normal weight, twenty-five pounds is a normal average. Normally, ½ to 1 pound per week after the first 12 weeks is gained in order to adequately nourish the baby. For women who are greater than average weight, we suggest that you not attempt to lose weight during pregnancy. You can expect to gain about 10-15 pounds even if overweight.

EXERCISE

We encourage exercise during pregnancy unless your healthcare provider has told you otherwise. Your heart rate should not exceed 150 beats per minute for any sustained amount of time. Avoid contact sports or activities where injury to the abdomen may occur, such as horseback riding, skiing, volleyball, etc. Rest if you become short of breath or if significant sweating occurs. Make sure you are well hydrated prior to and after each exercise period. Exercise typically should not increase over that of your pre-pregnancy level.

TRAVEL

Normal activity is encouraged. If you are travelling for a long period, move around at least once every hour. Consult your provider if you are planning a trip during the last two months of your pregnancy. Check with your insurance company regarding coverage if you travel outside of the service area after your 35th week of pregnancy. Typically air travel, using a commercial airline, is without concern until 35 weeks of pregnancy.

BATHING

Showers or tub baths are encouraged. No douching unless specifically instructed to do so. Hot tubs, saunas and Jacuzzi spas are discouraged. The excess heat typically found in these facilities is not healthy for you or your baby.

DENTAL CARE

We recommend you have your teeth checked early in pregnancy if you have not done so recently. Proper dental care can have a positive influence on perinatal outcomes. Be sure to tell your dentist that you are pregnant. Avoid dental x-rays during pregnancy. Novocain is considered safe, but avoid gas anesthesia.

INTERCOURSE

There are no restrictions on sexual intercourse during pregnancy unless you have been specifically instructed to avoid intercourse. If you notice any vaginal bleeding, cramping, or abnormal discharge of fluid from the vagina, notify your provider.

INFECTIOUS ILLNESS

Avoid contact with individuals suffering from a contagious illness. Concerns arise from toxoplasmosis, chickenpox and viral illness during pregnancy. Avoid raw or undercooked meats, cat litter boxes and individuals who are ill. It is important to contact our office if you are unsure regarding any contacts you may have during your pregnancy.



AVOID ALCOHOL AND TOBACCO DURING ENTIRE PREGNANCY

If you are interested in smoking cessation, please let us know. We very much want you to avoid any smoke exposure during your pregnancy. If you drink alcohol during your pregnancy, in any amount, it may harm your baby. If you are having any difficulty avoiding alcohol consumption or any drug use during your pregnancy, please let us know.

Our goal is to provide you the best in prenatal care. Please talk with us at any visit for any questions.

Thank you for allowing The Madison Midwives to partner with you on your healthcare!

Congratulations!