**CONGRATULATIONS!**

We are happy that you chose us to help care for you and your baby. These information sheets will help answer some common questions about you and the baby during the pregnancy. It also outlines the usual appointment frequency, tests and activities recommended during this special time.

Your prenatal appointments will begin with a history-taking visit between 8 and 9 weeks of gestation. You will receive the required prescriptions for bloodwork, a urine test and ultrasound to confirm dating of the pregnancy and your estimated due date. We also review some important information you should know about pregnancy and delivery. A complete physical exam, including listening to the baby’s heartbeat, occurs at the end of the first trimester with Dr. Sokolowski. Thereafter prenatal visits occur every 4 weeks with Dr. Sokolowski until about 30 weeks gestation. After that, visits occur every 2-3 weeks, and eventually every week until delivery. You will have a post-partum visit 6 weeks after delivery as well. Please keep your prenatal appointments, as it is very important to follow you closely during this time of change, and it contributes significantly to the health of your baby and you.

Testing is part of every pregnancy, including blood tests, urine tests, ultrasounds, non-stress tests and sometimes other tests as well. After the initial prenatal panel of tests is complete, you can expect several additional tests to be recommended:

• Genetic Screening tests-please see separate handout explaining options

• Glucola Test-(28 weeks for everyone, sometimes earlier); this is a sweet drink, followed by a blood test one hour after consumption to determine whether you are likely to develop gestational diabetes during the pregnancy. It is important that you **do not fast** for this test.

• Group B Strep Culture-(35-37 weeks); this is a vaginal/rectal swabbing to determine the presence of Group B streptococcus in the vagina. If positive, treatment to clear the bacteria will begin when you are admitted in labor.

**Common questions about pregnancy…**

Medications: We will recommend daily prenatal vitamins, most easily tolerated on a full stomach. Other prescribed medications may also be ok; Dr. Sokolowski will review all your medications on the second visit and advise you on which ones to continue. Please consult with us before taking any other medications in pregnancy. See separate list of commonly used and approved over the counter medications in pregnancy.

Working: As long as your pregnancy is uncomplicated, you may work until you go into labor. If you are having a problem which makes work difficult or uncomfortable, we can document the problem and make suggestions to your employer, but unless you are having a significant medical or pregnancy complication, we cannot authorize you to stop working. A leave is between you and your employer, and if not for significant complications, may not be paid.

Sex: You may continue to have your usual activity throughout the pregnancy, unless complications develop. If you think your water has broken or you have vaginal bleeding, do not have intercourse.

Travel: In an uncomplicated pregnancy travel is permitted by car, plane, boat or train until 36 weeks. Some cruise line limit travel to passengers in the third trimester. After 36 weeks, it is recommended to stay within one hour of your delivering hospital. While traveling it is important to stay well hydrated and get up from the sitting position every 30 minutes and walk around to avoid blood clots in the legs. It is also recommended to locate the closest hospital and/or physician at your destination prior to leaving.

Weight Gain: The amount of weight gain recommended in pregnancy is based on your BMI or body mass index. This is a calculation of height and weight. We can calculate this number for you, or there are several websites which will help do so. If pre-pregnancy BMI is less than 18.5 (underweight), total pregnancy weight gain should be 25-35 lbs. If BMI is 18.5-24.9 (normal weight), weight gain should be 15-25 lbs. If BMI is 25-29.9 (overweight), weight gain should be 10-20 lbs and if BMI is greater than 30 (obese), weight gain should be no more than 15 lbs. Excess weight gain increases the risk for diabetes, hypertension, birth injury and need for cesarean section. Limit sugar and high fructose corn syrup, starchy foods (potatoes, corn, peas, white breads, pastas, rice) and increase fresh vegetables and fruits and substitute whole wheat bread, pasta and brown rice for white versions. Limit processed (packaged) and fast foods.

Exercise: Exercise is healthy in pregnancy and may improve your birthing experience. Some suggestions: avoid exercises involving balance (bicycle riding, skating, skiing) or that increase risk of falling (horseback riding, skiing, high-elevation activities). Swimming, yoga and walking are good suggestions.

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