



Prenatal Education Curriculum

New OB Visit (8-12 weeks)

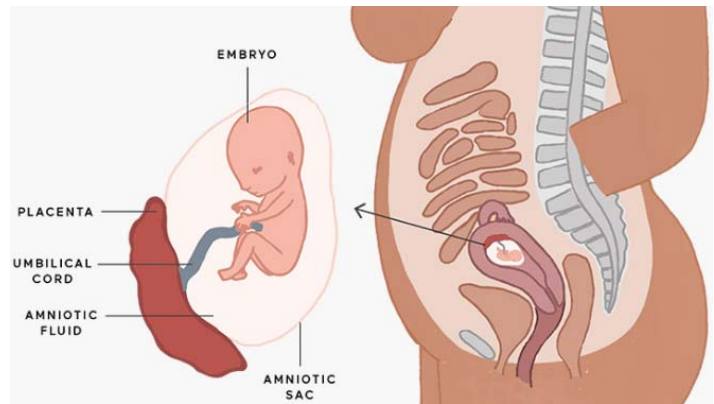
Welcome to SWCWC!

Typically, we have you see your primary OB physician throughout your pregnancy for continuity of care. Some visits may be scheduled with our other providers to accommodate your schedule. This also allows you to meet our other providers.

We practice as a group and share our duties at the hospital in order to be able to be present for our patients in the office, as well as our own families. If you go into spontaneous labor, it will be the on-call provider that helps you through your delivery. Two of our providers are on-site 24 hours a day, 7 days a week, at Banner Desert Medical Center.

Below is a list of our physicians and midwives that may help you deliver your baby(s):

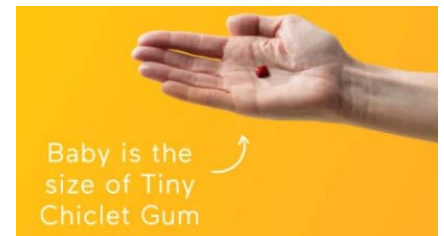
- Adam Alperin, MD
- Cassandra Beienburg, MD
- Lisa Buschmann, MD
- Anthony Canestraro, MD
- Lucy Cheng, MD
- Tiersa Damore, MD
- Christopher Danielson, MD
- Lisa Hollar, MD
- James Jew, MD
- Aleze Krumholz, MD
- Erin Labesky-Scoggin, DO
- Stephanie Mayes, MD
- Austin Russell, MD
- Alyson Spilger, DO
- Paul Tamanaha, MD
- Michelle Walker, CNM
- Emily Fortier, CNM



Your Baby

6 Weeks

Your baby is about the size of a Chiclet Gum or pea. Your baby has a beating heart, eyes, and limb buds.



8 Weeks

Your baby is approximately 0.63 inches and weighs 0.04 ounces. That is about the size of a bike spoke bead or a raspberry if you're measuring your baby based on a fruit.

Webbed fingers and toes have

formed. All major organ systems are developing.



12 Weeks

Your baby is approximately 2.1 inches long and weighs 0.49 ounces. That's the size of a roll of film or a lime. The fingers and toes have separated, and the genitals have appeared. Your baby's muscles and bones start to grow.



Where do you deliver?

We **ONLY** deliver at **Banner Desert Medical Center** located at 1400 S Dobson Rd in Mesa. Cross roads are Southern and Dobson, directly off of the US 60 highway. We chose this location because it has the highest level of care for both mothers and babies. There is access to a multitude of subspecialties if any complications arise. The labor and delivery nurses there are truly exceptional!



Our doctor call schedule can be found on our website at swcwc.net/doctor-call-schedule/.

How often will I be seen?

We like to see our patients every 4 weeks starting from 8 weeks to 28 weeks. Then every 2 weeks from 28 weeks to 36 weeks. Then every week starting at 36 weeks until delivery. If there are other complications in your pregnancy, we may want to see you more frequently than this. Additionally, if problems arise where you wish to be seen before your next scheduled visit, you can always call to make an additional appointment and we will be happy to see you!

How often will I get an ultrasound?

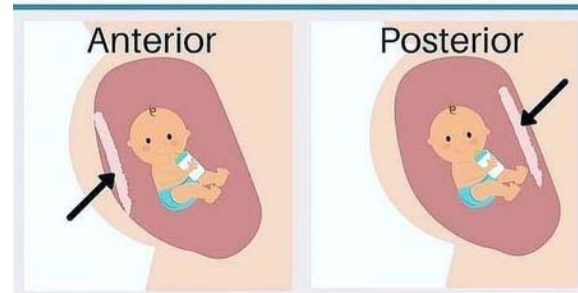
This is a tricky question to answer as it depends on the complications of your pregnancy! In a normal healthy pregnancy, we perform an ultrasound at the very beginning of your pregnancy to confirm your due date and see if the pregnancy is viable. Then again at 20 weeks to check the development of the baby. In some cases a third trimester ultrasound may be needed to check the position and/or size of your baby.

When am I going to feel my baby move?

If this is your first pregnancy, typically you begin to feel your baby at 18-20 weeks. If this is not your first time to this rodeo, you may feel the baby move as early as 12-16 weeks.

Several factors can influence your ability to feel those first flutters. Women with anterior placentas (i.e. a placenta in front of the baby vs behind the baby) tend to feel movements later in their pregnancy and more subtly. Women who weigh less than average may begin to feel the baby at 14-18 weeks, while women who weigh more may feel the baby at 18-22 weeks.

Placental Location



Another thing to note is that when your baby first starts moving, it may not be very consistent. You may feel your baby give several kicks in a row one day and not feel him or her again for a few days. We don't worry about the consistency of fetal movement until the third trimester (28+ weeks).

Questions?

If you have urgent questions or concerns you can call our office 24/7. You will be connected to a registered nurse who will answer your questions, give you appropriate guidance, and help schedule you an appointment as needed.

- **Ahwatukee Office** - (480) 785-2100
- **Gilbert Office**- (480) 505-4475
- **Tempe Office**- (480) 820-6657
- **After Hours Answering Service**- (480) 351-5292

New OB Labs & Urine Tests



CBC (Complete Blood Count)

Checks to see if you are “anemic” (i.e. have a low red blood cell count) and measures your baseline platelet count, which can drop with certain conditions associated with pregnancy.

Blood Type and Antibody Screen

This will tell us your ABO blood type and whether you have a positive or negative blood type. Additionally, it checks for any other antibodies in your blood that may cause an issue in your pregnancy.

If you have a negative blood type and your baby has a positive blood type, your body will view the baby as something foreign and mount an immune response against the baby. The first pregnancy rarely has issues, but in subsequent pregnancies this can lead to anemia in your baby that can be life threatening to the baby. To avoid this, we give mothers with a negative blood type an injection called “Rhogam” at 28 weeks just in case they are carrying a baby with a positive blood type. Rhogam acts like a blanket on the baby’s blood cells to prevent your body from “seeing” their positive blood cells and thus avoids an immune response.

Hepatitis B and C, HIV, gonorrhea, chlamydia, and syphilis (“RPR”)

It is standard of care to check you for all of these diseases at the beginning of pregnancy. It is not because we think you may have them, but because the presence of these diseases can have a huge impact on your pregnancy and treating them early is key to improving outcomes.

Rubella Immunity Status

Most adults become immune to rubella through the MMR (measles/mumps/rubella) vaccine given in childhood. For some people, their immunity wanes as they age. Rubella can cross (i.e. travel through) the placenta and infect your baby and cause lots of scary birth defects. If we discover that you are not immune, we recommend that you stay away from anyone with a known infection (Rubella outbreaks often occur in daycare and preschools) and get the MMR vaccine after delivery. Unfortunately the MMR vaccine cannot be given in pregnancy because it is made of live (albeit extremely weakened) viruses and thus has an extremely small risk of causing rubella infection in pregnancy.

Urine Culture

This is to see if you have a UTI (urinary tract infection). UTIs can irritate your uterus and cause preterm contractions. It is possible to have a UTI without any of the typical symptoms such as burning with urination, having to pee more frequently, or feeling an urgent need to pee. We will be checking your urine at each visit throughout your pregnancy.



HAPPINESS IS



...feeling baby
kicking in your belly.

Exercise in Pregnancy

We are HUGE proponents of exercise in pregnancy – there are so many benefits! The biggest being that it increases your chance at a vaginal delivery... I'll repeat that again: **IT INCREASES THE CHANCE OF A VAGINAL DELIVERY!!!**

If you have been exercising - that's great, continue! If not, start slowly, try walking for 10 minutes each day and gradually increase to 30 minutes.

Exercise also helps control excessive weight gain in pregnancy, gestational diabetes, and hypertension disorders of pregnancy (more on this in another packet later!), and preterm birth.

Aim for 150 minutes of exercise per week (30-60 min sessions per day for 3-7 days per week). Unless another complication occurs in your pregnancy that makes it dangerous for you to exercise (we will let you know if this occurs) you can continue to exercise all the way up to delivery.

In general, you want to aim for moderate intensity exercise – exercise that gets your heart pumping faster but you still have enough breath to speak.

What do I need to modify and what exercises should I avoid?

Make sure that you are well hydrated! Avoid high heat/humidity environments when exercising (i.e. no hot yoga – sorry!), and wear loose fitting clothing. After 20 weeks avoid exercises that put you on your back for more than a few minutes or lying on your belly.

Avoid anything that may cause you to lose your balance and fall. As your baby grows your center of gravity changes.



Recommended Exercises: Weight / resistance training (yes – you heard right, it's safe!), swimming, stationary cycling, running, brisk walking, dancing, yoga, and Pilates.

Not Recommended Exercises: Horseback riding, downhill skiing, rock climbing, skating, and scuba diving.



Flu can be a serious illness, especially when you are pregnant. Even if you are generally healthy, changes in immune, heart, and lung functions during pregnancy make you more likely to get severely ill from the flu. Pregnant women who get flu are at higher risk of developing a serious illness.

Defense against flu

A flu vaccine is the best available protection for you - and your baby. When you get your flu vaccine, your body starts to make antibodies that help protect you against the flu. Antibodies are also passed on to your developing baby, and help protect them for several months after birth. This is important because babies younger than 6 months are too young to get a flu vaccine.

Flu vaccines are safe during pregnancy

You can get a flu vaccine at any time, during any trimester, while you are pregnant. Flu shots have an excellent safety record. There is a lot of evidence that flu vaccines can be given safely during pregnancy. It is also important that everyone who cares for your baby get a flu vaccine, including other household members.

Nutrition in Pregnancy

Remember to take your prenatal vitamin!

Increase your water intake - Drink 6-8 glasses of water per day.

Graze - On fruit, nutrition bars, crackers, small pieces of cheese, sips of milk, or drinkable yogurt.

Even when you're not hungry - Try to feed the baby every few hours.

Anemia - if diagnosed, you will need extra iron. Eat more meat, green leafy vegetables, and beans. If you need an iron supplement, take with fruit juice, not with milk. Iron can cause constipation, so increase fluids, fiber, fruit, and veggies.

How Should I Eat to Support My Pregnancy?

In general, you should aim for a well-balanced diet of carbohydrates, healthy fats, and protein.

It is an exaggeration that you need to "eat for two" in pregnancy. In general, you do not need to increase the number of calories you take in during the first trimester. You should aim for 300 additional calories in the second trimester, and 500 calories in the third trimester. The average pregnancy diet includes 2000-2200 calories a day.

HAPPINESS IS...



carrying a whole world inside you

What to
eat when
you're
expecting



1

EAT MORE VEGETABLES

- Artichokes
- Asparagus
- Cucumbers
- Cauliflower
- Salad greens
- Sweet potato
- Broccoli
- Celery
- Squash
- Corn
- Peppers



2

PACK ON HEALTHY PROTEINS

- Fish
- Chicken
- Turkey
- Lean meat
- Pork
- Peanut butter
- Veal
- Eggs
- Lamb
- Nuts
- Beans
- Tofu



3

DON'T FORGET THE GRAINS

- Brown rice
- Whole-wheat pasta
- Cereals
- Oatmeal



4

COLOR YOUR DIET WITH FRUITS

- Pomegranates
- Strawberries
- Citrus fruits
- Mangoes
- Avocados
- Apples
- Pears
- Grapes
- Bananas
- Dried fruits



5

INCLUDE HEALTHY DAIRY

Low-fat pasteurized:

- Cheese
- Yogurt
- Milk



6

SAY "YES" TO HEALTHY FATS AND OILS

- Limit oils to 6 teaspoons a day
 - Olive, Canola, Safflower



7

DRINK HEALTHY TOO!

- Drink 6-8 cups of water a day



How much weight should I gain?

We usually anticipate an average weight gain of 25 to 35 pounds during pregnancy. Individual situations may be different.

Recommended weight gain based on pre-pregnancy BMI

Pre-pregnancy body mass index (BMI)	Total weight gain		Rate of weight gain	
	kg	lbs	kg/week	lb/week
BMI below 18.5	12.5 - 18	28 - 40	0.5	1.0
BMI 18.5 - 24.9	11.5 - 16	25 - 35	0.4	1.0
BMI 25.5 - 29.9	7 - 11.5	15 - 25	0.3	0.6
BMI above 30.0	5 - 9	11 - 20	0.2	0.5

Where does all that weight go?

Pregnancy Weight Gain Where it Goes

Breast Tissue: 2lbs

Amniotic Fluid: 2lbs

Uterus: 2lbs

Baby: 7.5lbs

Placenta: 2lbs

Increased Blood Volume: 4lbs

Increased Body Fluids: 4lbs

Total: 25-35 Pounds





What is WIC?

- Free Nutrition and Breastfeeding Program
- Experts in nutrition for pregnancy, breastfeeding, infants, toddlers and preschoolers
- Personalized nutrition tips and support for parents and caregivers
- Breastfeeding information, support and resources
- Referrals to other community resources
- Healthy foods

Who is WIC for?

- Infants
- Children up to five years of age
- Pregnant women
- Breastfeeding women, until their infant's first birthday
- Women whose pregnancy ended <6 months ago

Arizona WIC is here for you!

Visit www.azwic.gov or call **1 (800) 2525-WIC** to find the nearest clinic.

Effective Date:
April 1, 2021

WIC Eligibility is based solely on your gross income, this chart can help determine your eligibility

Number of Family Members	Income every Two Weeks	Income Monthly
*2	\$1,240	\$2,686
3	\$1,563	\$3,386
4	\$1,886	\$4,086
5	\$2,209	\$4,786
6	\$2,532	\$5,486
7	\$2,855	\$6,186
8	\$3,178	\$6,886
Each Additional Member	\$324	\$700
*A pregnant woman is considered a family of 2		

Domestic Violence

Domestic violence is a pattern of threatening or controlling behavior imposed on a woman by an intimate partner without regard for her rights, feelings, body, or health. A woman is abused if she has had intentional, often repeated, physical, sexual, or emotional harm done to her by a person with whom she is or has been in an intimate relationship with.

There are several different **types of domestic violence** such as:

- **Battering and Physical Assault:** Throwing objects at the victim, pushing, hitting, slapping, kicking, choking, beating, or attacking with a weapon.
- **Sexual assault:** Forced sexual activity, including vaginal, oral, or anal intercourse.
- **Psychologic abuse:** Forcing the victim to perform degrading acts, threatening to harm a partner or her children, attacking pets, smashing valued objects, or trying to dominate or control a woman's life.

If you are in a situation involving any form of domestic violence, please discuss with your physician or contact any of the following resources.

Shelter Line (Maricopa County Only)
(480) 890-3039

National 24 hour Domestic Violence
(800) 799-7233

A New Leaf
(480) 969-4024

National Sexual Assault Hotline – RAINN
(800) 656-HOPE (4673)

AZ Coalition to End Sexual & Domestic Violence
(602) 279-2900
(800) 782-6400

In the event of an emergency, call 9-1-1!

Umbilical Cord Blood

What is cord blood?

After your baby is born, the umbilical cord is clamped and cut. The cord blood is the blood that remains in the umbilical cord.

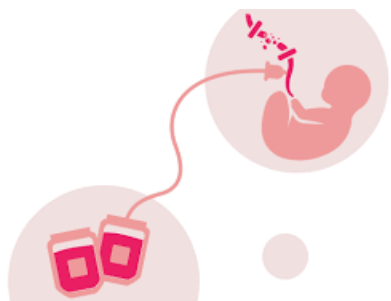
The stem cells in cord blood can be transplanted to treat a number of life-threatening diseases later in your baby's life or in the case of a brain injury. The chance of your baby needing to use the cord blood sample during his or her lifetime is about 0.46%.

Cord blood collection for storage

The process is completely safe for babies and mothers. It does not interfere with the labor or delivery process and will not affect your baby's health as no blood is taken from your baby. After the baby is born and the cord has been clamped and cut, the blood remaining in the cord is drained in to a special collection bag and sent to the facility you selected to freeze and store the cord blood.

Know the steps

- Contact Save The Cord Foundation at (520) 419-0269 or www.savethecordfoundation.org to find a bank
- Request a collection kit from the bank
- Let your provider know
- Bring the collection kit with you to hospital for your delivery and inform Labor and Delivery staff



Cord blood options

1. **Private banking** - Pay to store the umbilical blood in a private cord blood bank, where it is reserved for your own family. Private banking allows the family to control the future use of the umbilical cord blood.
 - Not covered by insurance.
 - Average upfront processing cost of \$2,000 with an annual storage fee of \$150-350/yr.
2. **Donate** - Donate the umbilical cord blood to a public cord blood bank, where it may be available to anyone who needs it for transplantation or to scientists for important research on diseases and cures.
 - If you are interested in donating to a public bank contact Save The Cord Foundation for more information.
3. **Discard**- The umbilical cord and blood will be discarded after birth.

What is the difference between FMLA and Short-term disability?

FMLA is a 12 week unpaid time away from work, protecting your job while you are away. It is generally available at companies of 50 employees or more, mandated by the federal government. Please see your HR department for specific company policies.

Short-term disability refers to a medical necessity leave secondary to a physician's recommendation that you no longer work. It can be a paid leave depending on the company you work for. Our office only determines the reason you need to be off work. Please see your HR department for specific company policies

The foundation of these educational materials has been created by Dr. Beienburg.