

## SUSIE N CHUNG, MD, PA

### Pregnancy Information Sheet

Congratulations on your pregnancy and thank you for choosing us to care for you!

Our Staff: Kessie (Front Desk), Kim (MA), Suzanne (Practice Manager).

Our Hospital: **University of Maryland St. Joseph Medical Center** in Towson, Maryland.

Office Hours: Monday through Thursday 7:30-3:00. Hours during which phone will be answered except for lunch.

Cross-coverage: Most likely, I will be the one that delivers your baby. However, there will be times when I will have to designate another physician to cover for me. Possible physician coverage include Drs Steven Lacher, Meera Rawtani, and Yelena Lubman. Sorry if I miss your delivery, but I have to have a life too! :)

Important Numbers: Office Phone: **410-337-9003**. Office Fax **410-337-9005**. Answering Service: **410-787-4300**.

Non-emergency questions: Call during office hours or send a message through the portal.

Emergency calls: Call the office during office hours. Call the Answering Service when there is no answer at the office. Please allow 15-20 minutes for a returned call. If you do not hear from me and you have a true emergency, please call the answering service again, tell them you are heading into the hospital. It is important for me to know that you are going in so that I can call L&D and let them know to expect you.

Portal Messages: Please use for non-emergent messages. This is not an appropriate way to tell me your water has broken or that you are in labor. Pick “clinical question” if you need the message to get to me. Please allow up to 24 hours for a returned response.

St. Joseph Medical Center Entrance: Use the Emergency Department to enter the hospital as your gateway to L&D. Let them know you are heading there and that you are not registering as an ER patient.

### Plans and Education

Highly recommended book: “**Expecting 411**” (sold at front desk). Answers most commonly asked questions.

**Each visit** we will check your weight, blood pressure and urine. We will listen to the baby’s heart beat and address any concerns you may have. Write your questions down since pregnancy tends to make women forgetful!

1<sup>st</sup> Visit: History and Physical; lab work, PAP smear, genital and urine cultures; counseling about genetic screening.

10-12 wks: Attempt to hear the baby’s heart beat! Once we hear the heart beat, the risk of miscarriage is <1%.

11-13 wks: **Ultrascreen:** First trimester screening offered to assess your babies risk of chromosomal abnormality (if desired and covered by insurance). Done at UMM SJMC Perinatal Center. **Chorionic Villus Sampling** will be offered if abnormal. The **cell free fetal DNA test** may be offered to advanced maternal age patients.

15-18 wks: **Quadruple Screen** offered (optional); you may start to feel the baby moving. **AFP** only if you have had the Ultrascreen.

18-20 wks: **Ultrasound** (at UMM SJMC Perinatal Center) to rule out any fetal abnormalities.

24-28 wks: Lab work to rule out diabetes and anemia.

33-35 wks: **Group B Strep** genital culture . Done during office pelvic exam.

35+ wks: Review birth plan, **sign consent forms**, prepare your final chart for L&D.

**Influenza Vaccination:** Pregnant women in all trimesters should be vaccinated during Flu season. Pregnancy makes you immune-compromised and more susceptible to getting a severe form of the Flu. Maternal and fetal death can result from the flu. The Influenza vaccine can be given in any trimester. We recommend that all family members be vaccinated. The nasal spray is contraindicated in pregnancy. The preservative (thimerosal) has not been shown to be harmful to mothers or babies. More information on vaccinations: [www.immunizationforwomen.org](http://www.immunizationforwomen.org), [www.cdc.gov](http://www.cdc.gov), and [www.flu.gov](http://www.flu.gov).

**Tetanus/Diphtheria/Pertussis (tDAP)** is recommended between 34-36 weeks. The tDAP vaccine is available at the UMM SJMC Perinatal Center with a referral from our office. Please be advised that you need to call ahead to schedule.

Any vaccine that is live or live-attenuated is not recommended DURING pregnancy, however, they may be given postpartum.

**Frequency of Office Visits:** (The higher risk your pregnancy, the more frequent your visits.)

Before 28 wks: every 4 weeks.      Between 28-36 wks: every 2 weeks.    After 36 wks: every 1-2 weeks.

**Lab work:** To be done at Quest, LabCorp, SJMC Lab on first floor of the Professional Centre.

--**1st trimester labs** include: blood type, antibody screen, blood count, Vitamin D level, PAP smear, Gonorrhea, Chlamydia, Trichomonas cultures, Rubella and Varicella antibodies, syphilis screen, urine culture, Hepatitis B screen, random glucose, HIV, and genetic carrier Counsyl testing (optional).

--**2nd trimester labs:** We will offer you the optional Quadruple Screen (Quad Screen), which assesses your risk for Spina Bifida, Down Syndrome, and Trisomy 18. If your baby is at increased risk for a genetic abnormality, you will be offered an amniocentesis.

--**3rd trimester labs:** You will be re-screened for anemia, gestational diabetes, syphilis and antibodies that may harm the baby. We will also screen you for Group B Strep, a bacteria, found in the colon that can infect your baby during labor and delivery.

#### **Concerning Symptoms (signs of miscarriage, preterm labor, or labor):**

**Bleeding:** Bleeding without cramping can occur because of recent internal exam or sexual activity or a complication of pregnancy. Please call the office or answering service for advice if you feel that your symptoms are severe enough that you cannot wait until your next visit.

**Bleeding and Cramping:** Bleeding and cramping may be a sign of a miscarriage or labor. Please call the office or answering service if you are concerned.

#### **Discharge:**

-Physiologic discharge of pregnancy can be heavy, white, and without an odor or itching.

-If the discharge has a color, fishy smell or is itchy, please make an appointment. If you have a yeast infection, you can try over-the-counter Monistat or we can call in Terazol.

-If you lose your mucous plug, no need to panic and no need to call.

-If you think your water has broken, you are PRE-term, the liquid is green or yellow in color (meconium) AND/OR you know you are positive for Group B Strep (GBS), please call the office or the answering service immediately.

-If you think your water has broken, you are FULL-term, you are negative for Group B Strep and want to linger a little bit longer at home to see if your contractions pick up on their own, no need to call until you are planning to go in. If nothing is happening, and it has been 4-6 hours, you should go into the hospital for augmentation to decrease the risk of infection and need for cesarean.

**Pain: Lower abdominal pain:** Round ligament pain is not uncommon in the 2<sup>nd</sup> trimester. You may have the sensation of pulling from your hips into your groin. These are just growing pains or Round Ligament Pain. You can place a local heating pad and take Tylenol for your discomfort. Lie on the side of your pain. **Vaginal Pain:** it is not uncommon in the 2nd and 3rd trimester to feel shooting vaginal pain. Some people call it Vaginal Lightning. It is just referred pain from baby moving around.

**Decreased fetal movement:** After 24 weeks, you should note how often the baby is moving. If you are feeling less than 10 movements over two hours when you most often feel the baby move, drink a glass of juice, lie on your left side and count. If you do not feel 10 movements in the first hour of counting, please call so that you can be evaluated.

**Contractions:** Braxton Hicks are mild contractions that have no pattern. They are normal. Hydration and rest help.

-If you are <36 weeks and are having more than 6 contractions in an hour despite rest and hydration, please call.

-If you are >36 weeks and are contracting every 2-3 minutes apart at least 2 hours. Please call the office or answering service.

**Criteria for Admission to L&D at SJMC:** Your water is broken, or the baby's heart needs additional monitoring, or your cervix is at least 5 cm and you are in active labor, or your cervix is 100% effaced (thinned out) and you are in active labor.

**General Information/ Commonly asked questions:**

**Weight Gain:** Your target total weight gain: if you are an average size, gain a total of 25-35 pounds; if you are underweight, 35-45 pounds; if you are overweight, 15-25 pounds. Gain no more than 5 pounds over the first 13 weeks and no more than  $\frac{1}{2}$  to 1 pound per week thereafter.

**Sex:** If you have no high risk problems (preterm labor, previa, bleeding), it is safe to have intercourse.

**Exercise:** If you were exercising regularly prior to pregnancy, it is safe to continue exercising. Avoid excessive exercise. Make sure you wear clothes that keep you cool. Avoid overheating. Avoid exercises flat on your back or put you at risk of trauma to the stomach (eg. Martial arts, horse back riding).

**Foods:** Eat small meals frequently. Avoid eating spicy or fatty foods. These will make your reflux and nausea worse. Increase your protein intake and limit your carbohydrate and fat intake.

-Rinse fresh fruit and vegetables thoroughly. Do not drink unpasteurized juice or eat unpasteurized cheeses. Do not eat refrigerated pate or meat spreads, smoked seafood, raw meats (steak tartare), raw fish (sushi, cerviche), raw or undercooked eggs, or raw sprouts. Reheat luncheon meats and hot dogs until steaming hot.

-Vegetarians should supplement their diet with additional iron and Vitamin B12.

-Fish: Because of the increased risk of mercury contamination, limit your fish and shellfish intake to less than 12 ounces per week. Seafood low in Mercury: shrimp, canned light tuna, salmon, Pollock, catfish. Seafood high in Mercury: Albacore tuna, shark, swordfish, king mackerel, tilefish. Check with local advisories about the safety of fish caught by family and friends in local lakes, rivers, coastal areas.

-Cook all meat completely. Do not consume raw meat.

**Headaches:** Drink at least 64 oz of water per day to avoid dehydration which can cause headaches. A caffeinated beverage like cola, coffee or tea may help. Acceptable Medications: Tylenol; if severe, you may use Excedrin Migraine sparingly. Avoid Ibuprofen (Motrin/Advil) and prescription migraine medications.

**Anemia:** You WILL become more anemic by the end of the pregnancy. This is physiologic. Please increase your iron intake through your diet or supplements like Ferrous Sulfate 325 mg daily with a Vitamin C 500 mg. Additional supplemental Folate and Vitamin B12 might be necessary.

**Vitamin D:** Most women are Vitamin D deficient. We will check your levels at the start of the pregnancy. If you are not already taking a supplemental 1000 IU daily, please take. I will tell you if you need to take a higher dose after I have reviewed your lab results.

**Caffeine:** If you must have your caffeine, limit your intake to 1-2 cups per day (<300 mg per day is safe).

**Nausea:** Try Vitamin B6 50 mg with 1/2 Unisom tablet, Ginger Capsules, Relief Bands, Acupuncture. If your nausea is severe and debilitating, we can call in Diclegis, Zofran or Reglan.

**Toxoplasmosis:** If you have outside cats, have someone else in the home to change the litter. Maternal infection can lead to fetal infection.

**Environmental and Occupational Hazards:** Most patients are able to work through the majority of their pregnancy. You should avoid heavy lifting (more than 40-50 pounds) and excessive physical activity.

**Aesthetic Treatments: Spray Tans and Hair dyes/highlights** should be avoided if possible, especially in the first trimester. It is at your own discretion to use in the 2nd and 3rd trimesters.

**Saunas and Hot Tubs:** Avoid anything that will make your core temperature to warm. This can cause birth defects and harm to your fetus.

**Dental Health:** Floss and brush your teeth often. Pregnant women are prone to cavities and gum disease. If x-rays are necessary, just make sure your pelvis is shielded with a lead apron. Local anesthesia is acceptable in pregnancy. Fillings can be placed at any time in pregnancy.

**Gastrointestinal Symptoms:**

**Constipation:** Prune juice, increase fiber and water intake. It is safe to take Miralax, Colace and Senokot. Avoid enemas and Dulcolax. **Hemorrhoids:** you can use Tucks pads, Preparation HC or anything topical.

**Diarrhea:** This can be due to a GI bug or food poisoning. Try to avoid Lomotil and let the diarrhea run its course. Drink a lot of fluids, water, gatorade, Pedialyte if needed. If you have a fever and are dehydrated (ie. you are not urinating) and/or you are contracting, you will need IV fluids. Tylenol (acetaminophen) will bring down your fever (try to keep less than 100.4).

**Musculo-skeletal Symptoms:** Lower back pain is more common in the 2nd and 3rd trimesters. Local massage and heating pad are acceptable. Ibuprofen/Motrin is NOT acceptable.

**Colds/ GI Bugs/ Food poisoning:** See Medication list. Hydration is the most important thing here. Drink plenty of fluids (water and/or gatorade). Treat a fever of 100.4 or higher with Tylenol as needed. Please see your PCP for non-obstetric issues like sinusitis, ear infections, and upper respiratory infections. If you have a GI bug or food poisoning lasting more than 24 hours, we can IV hydrate you at the hospital (either in the ER or on L&D).

**Stretch Marks:** This is a common concern. Some people are prone while others are not. From my observation, cocoa butter does not prevent stretch marks. Some patients have reported good success with the following: Mederma or Bio-Oil (apply 2 times daily to existing stretch marks and scars for at least 3 months) and Kiehl's Crème de Corps.

**Medications:** If possible, avoid medications in the first trimester.

Acceptable OTC Medications: Tylenol (sparingly; some association with autism), Benedryl, Sudafed (sparingly), TheraFlu, Allegra, Claritin, Zyrtec, Flonase, Nasocort, Zantac, Prilosec, Tums, Mylanta, GasX, Robitussin, cough drops, Mucinex, Monistat, Preparation HC, Imodium, Miralax, Airborne.

Unacceptable Medications: Ibuprofen, Doxycycline, Ciprofloxacin, Tetracycline.

For additional medication information see: <http://women.webmd.com/pharmacist-drugs-medication-9/pregnancy-medicine>. Medications classified as Class A,B, or C are acceptable. Class D or X drugs should be avoided.

**Smoking:** There are 2000 chemicals found in cigarette smoke. Nicotine and carbon monoxide are the main two poisons associated with adverse fetal outcomes, which include miscarriage, abruption, placenta previa, premature rupture of membranes, preterm birth, low birth weight, and SIDS (sudden infant death syndrome). If you are smoking more than 20 cigarettes per day, you may benefit from using a nicotine patch as an adjunct to counseling.

**Alcohol:** Although an occasional drink during pregnancy has not been shown to be harmful, be aware that the threshold for adverse effects is unknown. Excessive alcohol intake can cause Fetal Alcohol Syndrome which is characterized by growth restriction, facial abnormalities, and central nervous system dysfunction.

**Illicit Drug Use:** The first trimester lab work includes a toxicology screen and a repeat drug screen will be performed upon admission to the hospital. If an illicit drug is found, you will be counseled about its adverse effects on the fetus. This may also influence the decision on whether or not you will be allowed to take the baby home with you. Social Services will be notified of your positive toxicology screen.

**Ultrasound:** A first trimester ultrasound may be performed if indicated. These indications include unsure dating of the pregnancy, bleeding (to rule out miscarriage), and severe pain (to rule out ectopic). A second trimester ultrasound is performed between 18-20 weeks to rule out abnormalities. Additional ultrasounds may be performed for complications of pregnancy when we may be concerned about an ovarian mass, cervical length, baby's growth, amniotic fluid volume, placental location, and pathology occurring in the baby. 3D and 4D ultrasounds may be performed at the Perinatal Center.

**Domestic Violence:** Please speak with me about contacting the House of Ruth or planning an exit plan.

**Seat Belt Use:** Always use your seat belt in the driver and passenger seats! If you are in a **car accident**, go to L&D if you are 24 weeks or more with direct trauma to your stomach, you are contracting and/or bleeding, baby is not moving.

**Travel:** If you are not experiencing complications, you may travel by plane. Domestic travel allowed up to 36 weeks of pregnancy. International travel allowed up to 34 weeks of pregnancy. **Zika Virus prevention:** Don't travel to infested areas. Use EPA registered insect repellants (DEET, Picaridin, IR3535, oil of lemon eucalyptus).

**Support during labor: Childbirth Classes & Tour:** 410-337-1880. **Doula suggestion: Doulas of Baltimore:** 443-873-7634. They also provide postpartum support.

**Miscellaneous:** Episiotomy will only be performed if tearing is a concern. Vacuum (not forceps) assistance will be used only if needed during a vaginal delivery.

**Anesthesia Plans:** Until active labor, IV narcotics are acceptable. After 4 cm dilation, an epidural is offered. If you decide to go completely natural, we will support you!!! An epidural may not be placed if you have a bleeding problem or your platelets are too low. If an Anesthesia Consult is needed, please schedule with the department at 410-337-3904.

**VBAC plans:** If you have had one previous cesarean section and desire a trial of labor, we will need to review your history and decide whether or not you are a good candidate for a VBAC (vaginal birth after cesarean).

**Hypertension:** Preeclampsia is a hypertensive disease in pregnancy that is an indication for delivery. Typically, patients find that their hands and faces are more swollen than usual. Diagnosis is made by elevated blood pressures and protein in the urine. If you are having new onset of severe headaches, visual changes and pain over your right upper abdomen with nausea and vomiting, please call.

**Depression:** If you have a history of depression or are having symptoms of depression, please bring this to my attention. You may be a good candidate for starting anti-depression therapy to help prevent postpartum depression. Severe depression / anxiety requires a specialist. Let us know if you need assistance finding some one to talk with.

**Acupuncture:** Nerve pain is not uncommon in the latter stage of pregnancy. Contact Lillie Stewart at 443-955-0401 for sciatica nerve pain or manipulations for breech presentation. **Chiropractic Care:** Jerry Stuckey 410-821-7200.

**A few recommended Pediatricians:**

Nardine Assaad: Towson 410-769-8801; Rose Mulaikal: Towson 410-494-1379; Jon Simon: Cockeysville 410-666-0200; Anthony Vazzano, Sara Spinner-Block, Bonnie Orzech: Reisterstown 410-526-7993; Cindy Amitin: Cross Keys 410-323-1144 Steven Feldman: Towson 410-823-5232; Jeffries Bucci: Towson 410-296-2300; Janis Lacovara: Towson 410-337-2022; Amy Winkelstein: Lutherville 410-321-9393; Jason Goldstein: Lutherville 410-583-2955; Young Youn: Glen Burnie 410-761-1424; Naomi Shaikh: Glen Burnie 410-582-9434; Dan Levy: Owings Mills 410-363-1843

**Asthma and Allergy:** 1/3 of asthmatics become worse in pregnancy. Please consult with Dr Matthew Mardiney at [baltimoreallergist.com](http://baltimoreallergist.com) if you have any issues during your pregnancy.

**Breast or Bottle Feeding:** Decide which modality of feeding you will choose. SJMC has lactation specialists available to assist you after the baby is born. If you choose to bottle feed, bring a tight bra (sports bra) for your postpartum period to help avoid painful engorgement. Your insurance will pay for a breast pump. Please ask the front desk about a referral.

**Postpartum Family Planning:** If you are breast feeding, your options are condoms, IUD, progesterone only pill, progesterone implant, or progesterone injection. If you are bottle feeding, your options are broader including all of the above and combined hormonal contraception (pill, ring, patch). Permanent sterilization methods include vasectomy (for your husband) and tubal ligation. Ask me about the in-office incision-less tubal ligation (ESSURE procedure) if you are interested in permanent contraception.

**Circumcision:** This is an elective and personal choice. Your son's circumcision will be performed prior to his discharge if you decide this is right for you.