



About Women by Women, PC

Prenatal Guidelines

This booklet addresses important information and guidelines to follow in pregnancy.

Office Information

Office Hours: Monday through Friday 8:00 AM – 4:30 PM

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Locations:

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About Women By Women

Guidelines For Pregnancy

Congratulations and welcome to our practice! Listed below are some guidelines to follow during your pregnancy. If you have any questions or concerns that cannot wait until your next appointment, please call our main office (781) 263-0033 and speak to a nurse. If the nurses are busy, and you are asked to leave a message, your call will be returned as soon as possible. It is helpful if you tell the receptionist why you are calling as we try to answer urgent calls first. We make every effort to return calls the day they are received; calls not of an emergency nature are usually returned in the late afternoon.

If you need to reach the doctors at night or on a weekend, please call our office and leave a message with the answering service. The answering service will page the doctor on call for emergencies. If for some reason you do not receive a call back from the doctor within twenty minutes, please try again. If you still do not receive a response, call Labor and Delivery at Newton Wellesley Hospital (617) 243-6339 as the doctor may be delivering a baby. The Labor and Delivery staff can always reach the doctors.

Nutrition

Early in pregnancy many women experience nausea and lack of appetite. We have a list of suggestions for coping with nausea and vomiting in pregnancy which we are happy to give you. One suggestion which seems to help many women is to eat small frequent meals (every 2-3 hours) which are high in carbohydrates (crackers, toast, pasta, baked potatoes, and cereals). Keeping your blood sugar on a steady level can also help to prevent headaches and feelings of dizziness. Carry raisins, nuts, crackers and fruit as in-between snacks.

During the second and third trimesters your baby will need increasing amounts of protein, iron, and calcium for proper growth. Be sure you include a source of protein with each meal. Milk, cheese, yogurt, eggs, nuts, peanut butter, meats, chicken, fish, dried beans, peas, and tofu are good sources of protein. Many of these foods provide iron, as do green leafy vegetables, molasses, whole grain and enriched breads and cereals, legumes and dried fruit. Milk products are rich in calcium. You will need 3-4 servings each day of dairy products to meet the total of 1200 mg of calcium recommended daily for pregnant women. Each of the following items is equivalent to one 300 mg serving of calcium:

- 2 oz. Cheese*
- 8 oz. Milk (skim or 1% is fine)*
- 8 oz. Yogurt*
- ½ cup ice cream or frozen yogurt*
- ½ cup cottage cheese*
- 8 oz. Calcium fortified orange juice*

If you are lactose intolerant or dislike dairy products you will need calcium supplements. Calcium supplements are readily available over the counter. Calcium carbonate is a good choice since it is readily absorbed. For example, two Tums-Ex twice a day equals the 1200 mg daily calcium requirement. Limit your caffeine intake to 300 mg per day. This is about two 5 oz. cups of coffee. Keep in mind that the typical coffee mug holds eight ounces or more. The caffeine content of other food/drinks is as follows: bagged black tea (30-50 mg per 5 oz. cup), 1 oz. dark sweet chocolate (5-35 mg), 1 oz. milk chocolate (1-15 mg), 12 oz. can Coke (34 mg).

It is a good idea to avoid saccharin since its effects on the fetus are not well studied. Nutrasweet (aspartame) and Splenda (sucralose) are safe in pregnancy. We also suggest avoiding alcohol during your entire pregnancy. Fetal Alcohol Syndrome is a serious disorder, and we are still uncertain how much alcohol consumption is necessary to create a problem. Babies of women who consume excessive alcohol during pregnancy are at increased risk for low birth weight, developmental delays, mental retardation and learning disabilities.

In the interest of reducing exposure to mercury, limit seafood intake to a maximum of 12 ounces per week. Do not eat shark, swordfish, king mackerel, or tilefish. Cooked shellfish is safe, as are moderate amounts (6 ounces per week) of white canned tuna.

Other foods to avoid include raw fish, raw or rare meat which may cause toxoplasmosis, and uncooked eggs which may contain salmonella. Also avoid any unpasteurized cheeses, which may contain the bacteria, Listeria. All cheeses made from pasteurized milk, even soft cheeses like Brie and feta, are safe. Packaged, processed meats like cold cuts and hot dogs can also be a source of Listeria and should be heated to steaming before eating.

Prenatal vitamins contain folic acid which helps to prevent brain and spinal defects when taken before conception and during the first trimester of pregnancy. We recommend over-the-counter prenatal vitamins because they are equivalent to (and less expensive than) prescription prenatal vitamins. The need for a prenatal vitamin continues during the second and third trimesters when your baby is growing rapidly and on into the postpartum period. We draw blood at your initial visit and again at 28 and 36 weeks (and any other time if you are feeling exceptionally fatigued) to check if you are developing anemia. If necessary, we will recommend extra iron, which is available over-the-counter.

In addition to a prenatal vitamin, we suggest that you take a DHA supplement (or a fish oil supplement containing DHA), both of which are available over the counter. DHA is an omega-3 fatty acid known to support your baby's brain and eye development during pregnancy and while breastfeeding. Pregnant and nursing women should get at least 300 mg of DHA daily.

Medications

The following medications are safe to take in pregnancy if taken as directed. Tylenol and Extra-Strength Tylenol for fever, headaches, or discomfort associated with colds; Sudafed and Claritin for congestion; Chlortrimeton and Benadryl for allergies; Robitussin or Robitussin DM for cough expectorant and control respectively. Mylanta, Tums or Maalox can be taken for indigestion and heartburn. If you have problems with constipation, we would like you to first try increasing your fluid and fiber intake. If you still find you need a stool softener or laxative, you may use Fibercon, Metamucil, Senakot or Colace. Monistat 7 is recommended if you have a yeast infection. If you have difficulty sleeping, Tylenol PM or Benadryl can be helpful. If any of these medications are not helping, please call the office for additional suggestions. Please also check with us before using any medication other than those listed above.

Weight Gain

We are all individuals and weight gain during pregnancy will vary from woman to woman. Pregnant women require about 300 additional daily calories above what was needed when they were not pregnant. These additional calories should be from healthy foods. Ideally, we like to see a total weight gain of 22-35 pounds, distributed as approximately 10 pounds during the first half of your pregnancy, and approximately 20 pounds during the second half. From our experience, most women feel better and have fewer complications if their weight gain is reasonable. We will review your diet with you if we feel you are gaining too little or too rapidly or if you request such a review.

Exercise

You are encouraged to keep active in pregnancy unless you have been told otherwise. Try to exercise 3-4 times a week for a half hour. Do gentle aerobic exercises-ones that limit bouncing (low impact) and keep your level of exertion moderate. A good guideline for exercise intensity is monitoring whether you can comfortably carry on a conversation while exercising. If you cannot, you are probably overexerting yourself and need to slow down. This guideline is far more reliable than monitoring your heart rate, which is no longer recommended. Walking, swimming, biking and tennis are all approved as forms of exercise. Avoid exercises that use your lower abdominal muscles such as leg lifts, heavy lifting or sit-ups (curl ups are fine). These put too much strain on your enlarging uterus and lower back. We suggest you also avoid skiing (downhill or cross country), skating, waterskiing, roller blading, shoveling snow and scuba diving as these activities may adversely impact your pregnancy. Your aim is to increase muscle tone so that the extra weight you are carrying does not become burdensome and so that you have enough stamina for labor and delivery.

Other Concerns

Sex

Prenatal patients and their partners often wonder if sex during their pregnancy is harmful. In normal pregnancies sexual intercourse will not hurt the mother or fetus. It is normal for a woman's interest in sex to vary during pregnancy. When sexual desire is low, cuddling or other forms of physical contact can be enjoyable for both partners. Couples may practice oral sex during pregnancy. Do not have intercourse if you are bleeding or are leaking amniotic fluid. You may be advised to abstain from intercourse if you have a history of premature labor or an incompetent cervix.

Travel

Traveling during pregnancy is fine until 36 weeks (1 month prior to your due date) as long as your pregnancy remains uncomplicated. If you are planning a vacation keep in mind that many pregnant women feel best during the second trimester and often enjoy travel most during that time. If you travel by air frequently, cosmic radiation exposure (notably on high-altitude, long flights) can be a concern. Please ask us how you can calculate your radiation exposure to be sure you do not exceed the recommended limit. Whether traveling by car, train or plane, we recommend frequent walks, changes of positions and plenty of fluids to minimize discomfort. Do not sit for long periods of time with your legs crossed. If traveling during the third trimester, it is wise to travel only in "safe" countries, and to check with both the airline and your health insurance company to see if they have any restrictions on traveling late in pregnancy.

Dental

When you are pregnant your gums may bleed more easily during brushing and flossing. It is important to receive regular dental care during this time. If a cavity is found, it is fine to receive a Novocaine injection. (Please request Novocaine without epinephrine.) Routine dental x-rays are not recommended during pregnancy.

Personal Care

Warm baths at home are fine for pregnant women. However, you should avoid hot tubs, steam baths, saunas and tanning salons as these can overheat your body. It is better to avoid permanents and hair dyes in the first trimester because they are not well studied. Highlighting and foiling are safe throughout pregnancy, as are waxing and electrolysis.

Sleep

You may have read that it is advisable to sleep on your left side. This is not necessary until 28 weeks of pregnancy when your baby is heavy enough to compress major veins in your body. Sleep is interrupted for many reasons during pregnancy, but if you are chronically unable to fall asleep or return to sleep, discuss this further at your prenatal visit.

Cord Blood Banking

The blood in a baby's umbilical cord (cord blood) contains special cells which may be used to treat a variety of life-threatening diseases including leukemia, other cancers, and blood and immune disorders. Cord blood is collected immediately after the birth of a baby, and may be stored privately (for a fee) or donated (at no cost) to a public donor bank. There are a few companies specializing in cord blood banking and our office can refer you to them if

you are interested. If you are considering banking your child's cord blood, it is important to contact a company as early in your pregnancy as possible to allow time to complete paperwork, and to ensure that supplies necessary for harvesting the cord blood are present at your delivery.

Infections

During pregnancy you may find yourself coming down with more colds, sinus infections or flus. This is because the immune system is somewhat suppressed by the pregnancy hormones. Most infections are viral and will respond to bedrest and fluids. If you begin to run a persistent fever ≥ 101 degrees, or if you have a cough or runny nose productive of green or brown sputum, please call the office because you may need an antibiotic. If you could possibly have a communicable disease (i.e., chicken pox, influenza, conjunctivitis, etc.) please do NOT come to the office for any appointments without calling first. Under no circumstances should you bring in children harboring a communicable disease as they could potentially infect other pregnant women in the waiting room.

Prenatal Visits

Your first visit is with one of the nurses or nurse practitioners. She will review your past medical history, discuss prenatal care and concerns, and answer your questions. Blood will be drawn for type and Rh, a blood count, syphilis, hepatitis, and immunity to German Measles. The American College of Obstetricians and Gynecologists (ACOG) recommends that all pregnant women be screened for HIV. You will also need to give a urine specimen for analysis and culture. All of this is to make sure you are off to a healthy start.

Your next visit will be with your doctor for a complete physical exam including an internal and a pap smear. After this you will be coming for monthly prenatal visits until you are 28 weeks. You will alternate visits between your nurse practitioner and doctor. At each of these visits the medical assistant will check your blood pressure and weight. A dip stick test on your urine will be done to check for sugar and protein. This gives us some indication of how your kidneys are handling the extra load they carry during pregnancy. At these visits we will also measure your abdomen to make sure your uterus is growing appropriately, listen to the baby's heartbeat, and answer any questions you may have.

From 28 to 36 weeks you will come every two weeks and alternate your prenatal visits among the doctors. It is important to meet all of the doctors because any one of them may be present at your delivery. At 36 weeks you will see your primary OB for an in-depth visit concerning labor and delivery. In preparation for this visit, consider what you would like your labor and delivery

to be like so you can share this with your doctor. This is an important visit for your partner or support person to attend. Beginning at 36 weeks we will see you weekly until you deliver, and you will have an internal each week to check for signs of impending labor. Your support person is welcome at any or all visits.

Tests

Over the course of your pregnancy there are a few important test we recommend that you have. We offer screening for chromosomal abnormalities with a non-invasive blood test that detects free fetal DNA. We perform a nuchal translucency (thickness of the skin at the baby's neck) ultrasound at 12 weeks, and screening for neural tube defects with a blood test at 16 weeks. We offer an ultrasound to all patients at 18-20 weeks gestation to screen for fetal abnormalities. Ultrasounds may be done at other times during your pregnancy if your doctor feels they are necessary. Ultrasound is available at our Wellesley office (only) as well as at Newton-Wellesley Hospital. Amniocentesis is offered at 16 weeks to women who are 35 years or older at the time of delivery, or who have a history of genetic disorders in either their own or their partner's family.

At 28 weeks a Glucose Challenge Test is done to see how well your body is metabolizing sugar. At 36 weeks we will do a vaginal culture for Group B strep bacteria. Forty percent of women carry this bacteria in the vagina normally. Because there is a small chance that babies can inhale this bacteria while moving through the birth canal, patients who are carriers for beta strep will receive antibiotics during labor to ensure their babies do not become infected. In addition, we will check your blood periodically to make sure you are not developing antibodies to your baby's blood. Rhogam injections are given to women who are Rh Negative at 28 weeks and postpartum, and before 28 weeks should bleeding occur early in the pregnancy. In addition, if your blood type is Rh Negative, we will check your blood periodically to make sure you are not developing antibodies to your baby's blood.

Beginning at 37 weeks, women who are 40 years or older at the time of delivery will have weekly ultrasounds and non-stress tests to check fetal well-being. These tests can be done in our office and have been shown to improve outcomes in this group of women.

Finally, we look forward to caring for you during your pregnancy and welcome your feedback and suggestions.

Advice on Alleviating Nausea and Vomiting in Pregnancy

Things to try:

- ☐ Taking a fresh air walk
- ☐ Seeking out air-conditioned places in the summer
- ☐ Taking slow deep breaths
- ☐ Meditation
- ☐ Massage
- ☐ Listening to relaxing music
- ☐ Hypnosis
- ☐ Acupuncture or acupressure with *Sea-Bands*

Food/Eating changes:

- ☐ Eating small meals, frequently (every 2 hours)
- ☐ Increasing protein snacks: peanut butter, cheese, and nuts
- ☐ Lemon: lemonade, lemon candies, a fresh lemon in water or iced tea
- ☐ Ginger: ginger ale, ginger snaps, ginger candies
- ☐ Avoiding liquids with meals
- ☐ Bland foods: rice, crackers, pretzels, bagels, pasta, potatoes, dry cereal
- ☐ Foods with built-in fluid: popsicles, watermelon, oranges
- ☐ Some atypical foods: potato chips, dill pickles

If nausea persists, try Unisom (doxylamine succinate) at bedtime. Although it is an over-the-counter sleeping aid, it is also an anti-nausea medication that is safe to use in pregnancy. You may sleep well and wake up less nauseous.

- ☐ Adding vitamin B6 (25-50 mg three times per day) can be helpful
- ☐ Ginger capsules (250 mg three times per day) can be helpful

Please call the office if your symptoms do not improve, or if you have not kept down any food or fluids for 24 hours.

AWBW Pregnancy Reading List

Your Pregnancy Week by Week (2016)

By Glade Curtis and Judith Schuler

Mayo Clinic Guide to a Healthy Pregnancy (2018)

By Myra Wick

Your New Pregnancy Bible: The Experts' Guide to Pregnancy and Early Parenthood (2015)

By Keith Eddleman and Joanne Stone

The Pregnancy Countdown Book: Nine Months of Practical Tips, Useful Advice, and Uncensored Truths (2012)

By Susan Magee and Kara Nakisbendi

Pregnancy, Childbirth, and the Newborn: The Complete Guide (2016)

By Penny Simpkin, Janet Whalley, et al.

The Girlfriends Guide to Pregnancy (2007)

By Vicki Iovine

The Healthy Pregnancy Book: Month By Month, Everything You Need to Know from America's Baby Experts (2013)

By William Sears and Martha Sears

The Baby Bump: 100's of Secrets to Surviving Those 9 Long Months (2010)

By Carly Roney

Pregnancy Day by Day (2018)

By DK and Maggie Blott

Fathering

The Expectant Father: Facts, Tips and Advice for Dads-to-Be (2015)

By Armin Brott and Jennifer Ash

We're Pregnant! The First Time Dad's Pregnancy Handbook (2018)

By Adrian Kulp

Dude, You're Gonna Be a Dad!: How to get (Both of You) Through the Next 9 Months (2011)

By John Pfeiffer

Websites

mothertobaby.org: evidence-based information on the safety of medications and other exposures during pregnancy and while breastfeeding

whattoexpect.com

acog.org/patients: American College of Obstetricians and Gynecologists

womenshealth.gov/pregnancy

americanpregnancy.org

thebump.com

Apps

MotherToBaby

What to Expect Pregnancy & Baby Tracker

The Bump – Pregnancy Countdown

Hello Belly: Pregnancy Tracker

Ovia Pregnancy Tracker

Sprout Pregnancy

Glow Nurture – Pregnancy App

ADVICE ABOUT EATING FISH

For Women Who Are or Might Become Pregnant, Breastfeeding Mothers, and Young Children

Eating fish† when pregnant or breastfeeding can provide **health benefits**.

Fish and other protein-rich foods have nutrients that can help your child's growth and development. As part of a healthy eating pattern, eating fish may also offer heart health benefits and lower the risk of obesity.



Nutritional Value of Fish

The [2015-2020 Dietary Guidelines for Americans](#) recommends:

- At least 8 ounces of seafood (less for young children) per week based on a 2,000 calorie diet
- Women who are pregnant or breastfeeding to consume between 8 and 12 ounces of a variety of seafood per week, from choices that are lower in mercury.

Fish are part of a [healthy eating pattern](#) and provide:

- Protein
- Healthy omega-3 fats (called DHA and EPA)
- More vitamin B₁₂ and vitamin D than any other type of food
- Iron which is important for infants, young children, and women who are pregnant or who could become pregnant
- Other minerals like selenium, zinc, and iodine.

Choose a variety of fish that are lower in mercury.

While it is important to limit mercury in the diets of women who are pregnant and breastfeeding and young children, many types of fish are both nutritious and lower in mercury.

This chart can help you choose which fish to eat, and how often to eat them, based on their mercury levels.

What is a serving? As a guide, use the palm of your hand.



For an adult
1 serving = 4 ounces

Eat 2 to 3 servings a week from the "Best Choices" list (OR 1 serving from the "Good Choices" list).



For children,
a serving is
1 ounce at age 2
and [increases with age](#)
to 4 ounces by age 11.

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.*

Best Choices EAT 2 TO 3 SERVINGS A WEEK			OR Good Choices EAT 1 SERVING A WEEK		
Anchovy	Herring	Scallop	Bluefish	Monkfish	Tuna, albacore/ white tuna, canned and fresh/frozen
Atlantic croaker	Lobster, American and spiny	Shad	Buffalofish	Rockfish	Tuna, yellowfin
Atlantic mackerel		Shrimp	Carp	Sablefish	Weakfish/ seatrout
Black sea bass	Mullet	Skate	Chilean sea bass/ Patagonian toothfish	Sheepshead	White croaker/ Pacific croaker
Butterfish	Oyster	Smelt	Grouper	Snapper	
Catfish	Pacific chub mackerel	Sole	Halibut	Spanish mackerel	
Clam	Perch, freshwater and ocean	Squid	Mahi mahi/ dolphinfish	Striped bass (ocean)	
Cod		Tilapia		Tilefish (Atlantic Ocean)	
Crab	Pickering	Trout, freshwater	Choices to Avoid HIGHEST MERCURY LEVELS		
Crawfish	Plaice	Tuna, canned light (includes skipjack)			
Flounder	Pollock	Whitefish	King mackerel	Shark	Tilefish (Gulf of Mexico)
Haddock	Salmon	Whiting	Marlin	Swordfish	Tuna, bigeye
Hake	Sardine		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/fishadvice
www.EPA.gov/fishadvice



















This advice supports the recommendations of the [2015-2020 Dietary Guidelines for Americans](#), developed for people 2 years and older, which reflects current science on nutrition to improve public health. The [Dietary Guidelines for Americans](#) focuses on dietary patterns and the effects of food and nutrient characteristics on health. For advice about feeding children under 2 years of age, you can consult the [American Academy of Pediatrics](#)

† This advice applies to fish and shellfish only. It does not apply to fish or shellfish products.

FOOD SAFETY for Baby and Me

Learn the food safety steps that will keep expecting moms safe from foodborne illness.

FOODS TO AVOID WHILE PREGNANT

Foods to Avoid	Here's Why	Foods to Eat
 Raw seafood	May contain parasites or bacteria	 Fish cooked to 145 °F
 Unpasteurized juice, cider and milk	May contain <i>E. coli</i> or <i>Listeria</i>	 Pasteurized versions are safer alternatives.
 Soft cheese and cheese made from unpasteurized milk	May contain <i>E. coli</i> or <i>Listeria</i>	 Hard cheese & cheese made with pasteurized milk
 Undercooked eggs	May contain <i>Salmonella</i>	 Eggs with firm yolks
 Premade deli salads (egg, pasta, chicken, etc.)	May contain <i>Listeria</i>	 Make these dishes at home
 Raw sprouts	May contain <i>E. coli</i> or <i>Salmonella</i>	 Cook thoroughly
 Cold hot dogs and luncheon meats	May contain <i>Listeria</i>	 Reheat to steaming hot or 165 °F
 Undercooked meat and poultry	May contain <i>E. coli</i> , <i>Salmonella</i> , <i>Campylobacter</i> , <i>Toxoplasma gondii</i>	 Meat and poultry at or above the USDA recommended internal temperature

SAFE INTERNAL COOKING TEMPERATURES

145 °F



Beef, pork, veal and lamb steaks, roasts and chops with a 3 min rest time
Fish

160 °F



Egg dishes
Ground beef, pork, veal and lamb

165 °F



Whole, ground, or pieces of chicken, turkey and duck

DANGERS OF LISTERIA AND TOXOPLASMA GONDII

Listeria monocytogenes



Pregnant women are **10 times more likely** to get Listeriosis.

Listeriosis can cause:



50% of Toxoplasmosis infections in the U.S. are acquired from food.

Toxoplasma gondii



Toxoplasmosis can cause babies to develop:



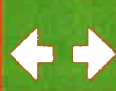
REMEMBER

CLEAN



Clean: Wash hands and surfaces often.

SEPARATE



Separate: Keep raw meat and poultry separate from ready-to-eat foods.

COOK



Cook: Cook foods to the proper internal temperature.

CHILL



Chill: Get leftovers to the fridge within 2 hours of being cooked.



For more food safety tips, go to

FoodSafety.gov

ADDITIONAL SOURCE: CDC

FRUIT

ConsumerReports

FOOD SAFETY & SUSTAINABILITY CENTER

FRUIT	ORGANIC	CONVENTIONAL PRODUCE				VERY HIGH
		VERY LOW	LOW	MEDIUM	HIGH	
Peaches	👍				Chile, USA	
Tangerines	👍				Chile ¹ , South Africa, USA, (Australia, Spain)	
Plums	•		USA		Chile ¹	
Nectarines	👍			USA	Chile ¹	
Apples	•		New Zealand		USA	
Strawberries	👍				USA, (Mexico)	
Cantaloupe	•	Honduras, Mexico	Costa Rica, Guatemala		USA	
Cranberries	👍			USA		
Mangoes	•	Mexico	Guatemala	Brazil		
Pears	•		Argentina, USA			
Oranges	•		Chile, South Africa, USA			
Cherries	•		USA			
Grapefruit	•		USA			
Watermelon	•	Guatemala	Honduras, Mexico, USA			
Blueberries	•	Uruguay	Argentina, Canada, Chile, USA			
Grapes	•		Chile, Mexico, Peru, USA			
Raspberries	•		Mexico, USA			
Apple Sauce	•		Canada, USA			
Bananas	•		Columbia, Costa Rica, Ecuador, Guatemala, Honduras, Mexico			
Raisins	•		USA			
Papaya	•	Belize, Brazil, Guatemala, Jamaica, Mexico, USA	Columbia, Costa Rica, Ecuador, Guatemala, Honduras, Mexico			
Peaches, Canned	•	Greece, South Africa, USA				
Pineapples	•	Costa Rica, Ecuador, Mexico, USA				
Plums, Dried (Prunes)	•	USA				

👍 ALWAYS BUY • RECOMMENDED BUY

¹ Cancer risk greater than 1/100,000
For countries in parentheses, average score placed country in displayed category,
but sample size was small and there is less certainty.

VEGETABLES

ConsumerReports

FOOD SAFETY & SUSTAINABILITY CENTER

COMMODITY	ORGANIC	VERY LOW	LOW	MEDIUM	HIGH	VERY HIGH
Green Beans	👍				Mexico	USA
Sweet Bell Peppers	👍				USA	Mexico
Hot Peppers	👍				USA	Mexico
Winter Squash	•	Guatemala	Honduras, Mexico		USA	
Cucumbers	•		Canada		Mexico, USA	
Summer Squash	•		Mexico		USA	
Snap Peas	•		Mexico, USA		Guatemala, Peru	
Tomatoes	•		Canada	USA	Mexico	
Sweet Potatoes	👍					
Cherry Tomatoes	•		USA		USA	Mexico
Celery	•	Mexico				
Carrots	👍					
Greens, Kale	•		Mexico		Canada, Mexico, USA	
Potatoes	•		Canada		USA	
Asparagus	•	Mexico	USA		Peru	
Eggplant	•	Honduras	USA		Mexico	
Lettuce	•		Mexico, USA			
Spinach	•	Mexico	Mexico, USA			
Greens, Collard	•		USA			
Cauliflower	•		Mexico, USA			
Cilantro	•	USA	Mexico			
Green Onions	•	Mexico	USA			
Broccoli	•	USA	Mexico			
Mushrooms	•	Canada, Mexico, USA	USA			
Cabbage	•					
Sweet Corn	•	Mexico, USA				
Avocado	•	Chile, Mexico, Peru				
Onion	•	Peru, USA				

👍 ALWAYS BUY • RECOMMENDED BUY

Common Medications That Are Safe in Pregnancy

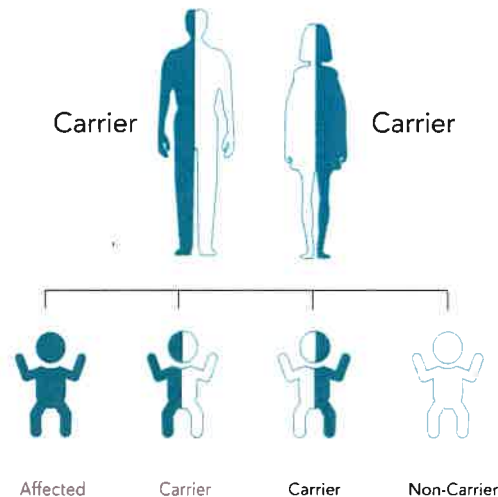


<p>Stool Softeners (for constipation):</p> <p>Docusate (Colace) Metamucil Miralax</p> <p>Hemorrhoid Care:</p> <p>Anusol/Anusol HC Hydrocortisone cream Preparation H Tucks Vaseline Aquaphor</p>	<p>Common Cold Remedies:</p> <p>Acetaminophen (Tylenol)* Max. 3000 mg/day Tylenol Sinus Sudafed (AFTER 13 weeks and NO BP issues) Chloraseptic Spray (for sore throat) Tylenol PM Flonase Guaifenesin (Mucinex) Robitussin Saline drops Diphenhydramine (Benadryl) Nasal spray (Ayr, Ocean) Throat lozenges (Ricola, Halls) Increasing fluid intake Zinc + Vitamin C Gargle with salt water</p>
<p>Food Alternatives for Constipation:</p> <p>Watermelon Prunes Blueberries Bran cereal</p>	<p>Antifungal Agents:</p> <p>Miconazole (Monistat 7) Clotrimazole (Gyne-Lotrimin) Femstat</p>
<p>Antacids (for heartburn):</p> <p>Mylanta Maalox Riopan or Riopan Plus TUMS Rolaids Papaya Enzyme Tablets (also good for indigestion) Almonds (also good for gas and nausea) Charcoal caps (for gas) Famotidine (Pepcid) Lansoprazole (Prevacid)</p>	<p>Pain Relievers:</p> <p>Acetaminophen (Tylenol)* Max. 3000 mg/day Warm or cold compresses Massage Acupuncture</p>
<p>Seasonal Allergies:</p> <p>Cetirizine/Zyrtec (5-10 mg) Loratadine/Claritin (10 mg) Diphenhydramine/Benadryl (25-50 mg) Flonase Nasacort Rhinocort Afrin nasal spray</p>	<div data-bbox="1040 1425 1218 1560" data-label="Image"> </div> <p><i>Please consult your provider regarding the use of:</i></p> <ul style="list-style-type: none"> -Aspirin -Ibuprofen/Motrin/Advil -Marijuana -Allegra -Narcotics -Pepto Bismol

MJ 05/2021

Reminder: These medications are generally considered safe in pregnancy if taken as prescribed and in moderation. This is NOT an exhaustive list. If you have any questions, please call our nursing line at 781-263-0033.
Please follow the medication package for directions.

Carrier Screening for Genetic Disease



What causes a genetic disease?

Many genetic diseases are “autosomal recessive.” Autosomal recessive diseases occur when a person has two mutations (changes) in their genes. The two mutations are inherited from his/her parents – one from their mother and one from their father. The person’s parents are called “carriers,” which means they have one mutated and one normal gene. In autosomal recessive disease, one mutation is usually not enough to cause any health problems. In fact, since carriers are often healthy, most do not know they are carriers until they have a child born with the disease.

When both parents are carriers of a mutation for the same disease, there is a 25% (1 in 4) chance of passing both mutations to the child, who can then be affected by the disease.

How can I determine my carrier status?

DNA testing is available to identify genetic disease carriers. It is important to remember that while these tests are accurate at identifying many carriers, they cannot detect all carriers.

What can I do about my results?

If carrier testing identifies that both parents are carriers, there is a 25% chance of having a child with the disease. Some couples may choose to have testing during pregnancy to determine whether the disease was inherited. Others may choose not to do testing but could prepare for the possible birth of a child with a genetic disease.

What are the limitations to genetic screening?

The primary limitation is that not all carriers will be identified. This occurs because most screening tests are looking for the most common mutations, so an individual with a rare mutation may not be detected. Further genetic testing may be helpful, depending on individual circumstances, family history, and test results. You may consult with a genetic counselor about your results.

What is the chance that I am a carrier?

Your chance often depends on your ancestry. If you have a family history of a genetic disease, your chance may be higher. When testing for high-risk diseases, a person will have a 5-20% chance of being a carrier of at least one high-risk disease.

We know that certain disease conditions are more prevalent in individuals of Eastern European descent. Most individuals of Jewish ancestry in North America are descended from Ashkenazi Jewish communities and thus, are at increased risk for having offspring with one of these conditions. Also, people of French Canadian and African American ancestry are at increased risk for some conditions.

Recent large-scale studies have shown that many people are carriers of diseases that are not typically associated with their stated ethnicity. For this reason, it is now recommended that people be screened for a wider panel of conditions. The disease panel used at AWBW for most patients includes 14 diseases for which carriers are commonly found in all populations.

Optional Tests and Billing

About Women By Women uses a specialty lab, Natera, for two optional tests offered to pregnant couples:

1. Carrier screening for parents (Natera calls this test “Horizon”); and
2. NIPS/cell-free fetal DNA screening for fetuses (Natera calls this test “Panorama”).

For one or both tests, there can be some cost to you. Please see billing information included on next page.

*Still have questions?
Call, text, or e-mail our Natera experts:*

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Medicaid

HSA's & FSA's

Cash Pay

HMO's & PPO's

TriCare

Natera welcomes all insurance plans, and provides affordable testing through a variety of payment methods.

How does it work?

1



Your medical provider orders a test. We start processing your sample.

2



We generate an insurance estimate.

3



If we estimate your cost to exceed \$249,² we'll contact you and you choose how you pay: insurance or cash.

4



If you choose insurance, we'll send you a bill once your health plan confirms exactly how much you owe.

How much will it cost?

If you choose insurance

Most patients receiving reproductive care meet their deductible. If you've met your deductible, the average out-of-pocket expense is **less than \$249.¹** If you've not met your deductible, what you pay will go towards that amount, after which insurance begins to contribute to your care. If your insurance plan denies the claim, you will be eligible for our discounted cash price.

If you choose to pay cash

Some patients have high-deductible health plans. If we estimate your cost to exceed **\$249²** per test, we'll contact you to discuss cash pay options.

If you're experiencing financial hardship

Don't worry. If you meet certain income criteria,⁴ you may be eligible for a discounted rate of **\$149³** or less. Please visit www.mynatera.com to learn more and submit an application.

Questions?

844.611.2787
my.natera.com/billing

¹ Estimates are based on previously processed claims from 2017-2018.

² \$349 if ordering microdeletions or Horizon extended panels.

³ Applicable only if patient meets eligibility criteria.

⁴ Based on Federal poverty thresholds.

Horizon™ carrier screening

Horizon 14 and Horizon 27



Horizon 14 includes Cystic Fibrosis (CF), Spinal Muscular Atrophy (SMA), Fragile X syndrome, Duchenne muscular dystrophy (DMD), and 10 additional diseases that align with guidance from ACOG. Horizon 27 includes these fourteen conditions in addition to 10 more most common in the Jewish population. Both panels are suitable for all.

Condition	Horizon 14	Horizon 27
Alpha-Thalassemia	●	●
Batten Disease, CLN3-Related	●	●
Beta-Hemoglobinopathies	●	●
Bloom Syndrome	●	●
Canavan Disease	●	●
Citrullinemia, Type I	●	●
Cystic Fibrosis	●	●
Duchenne/Becker Muscular Dystrophy	●	●
Familial Dysautonomia	●	●
Fanconi Anemia, Group C	●	●
Fragile X Syndrome	●	●
Galactosemia	●	●
Gaucher Disease	●	●
Glycogen Storage Disease, Type 1A	●	●
Isovaleric Acidemia	●	●
Medium Chain Acyl-CoA Dehydrogenase Deficiency	●	●
Methylmalonic Aciduria and Homocystinuria, Type cblC	●	●
Mucopolysaccharidosis, Type IV	●	●
Mucopolysaccharidosis, Type I (Hurler Syndrome)	●	●
Niemann-Pick Disease, Types A/B	●	●
Polycystic Kidney Disease, Autosomal Recessive	●	●
Rhizomelic Chondrodysplasia Punctata, Type 1	●	●
Smith-Lemli-Opitz Syndrome	●	●
Spinal Muscular Atrophy	●	●
Tay-Sachs Disease (DNA only)	●	●
Tyrosinemia, Type I	●	●
Zellweger Spectrum Disorders, PEX1-Related	●	●

Key features

500+ CF mutations. Horizon's CF carrier screen is performed using next-generation sequencing of the gene. It is more comprehensive than just the 23 mutations recommended by the American Congress of Obstetricians and Gynecologists (ACOG) and the American College of Medical Genetics and Genomics (ACMG). This increases detection among all ethnic groups.

Fragile X screening with AGG interruption reflex testing. Fragile X carrier screening provides the total number of CGG repeats a patient has in the *FMR1* gene on the X chromosome. Horizon's Fragile X screening also provides the number of AGG interruptions, providing refined risk information to help counsel your patients more effectively.

Duchenne muscular dystrophy. DMD carrier screening is now available. DMD, a severe, X-linked condition, is the most common muscular dystrophy in children.¹ The incidence of DMD is approximately 1/3500 in boys.²

Enhanced SMA (2+0) screening. About 1 in 50 people are carriers for SMA, regardless of ethnicity. Horizon's SMA carrier screening can help detect SMA 'silent' (2+0) carriers – those with two copies of *SMN1* on a single chromosome and none on the other – which are not detected through routine SMA carrier screening. Routine carrier screening for SMA misses 5–8% of carriers in most ethnic groups.⁵

Duchenne muscular dystrophy carrier screening is now available

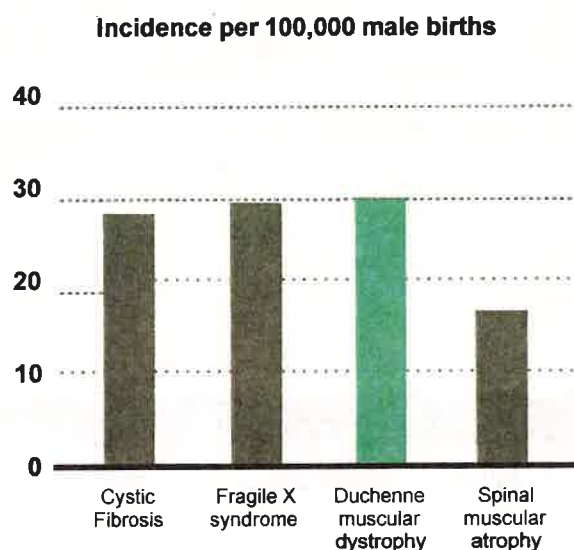


DMD, a severe, X-linked condition, is the most common muscular dystrophy in children.¹ **The incidence of DMD is approximately 1/3500 in boys.**² It affects families of all ethnicities. Approximately 2/3 of clinically diagnosed cases of DMD are attributable to a carrier mother.

The *DMD* (Dystrophin) gene and DMD phenotype

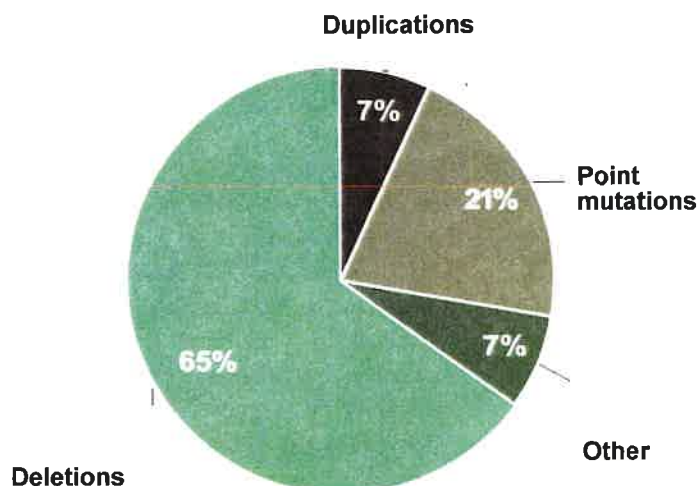
The *DMD* gene, which encodes the protein dystrophin, is located on the X chromosome and is one of the largest protein-coding genes. Boys with DMD present in early childhood with delayed milestones, such as speech, sitting, and standing. There is progressive symmetrical proximal muscle weakness and atrophy. Cardiomyopathy typically presents by the teenage years. Lifespan is limited typically to 20–30 years of age, however survival up to 40 years is becoming more common.

DMD has a similar incidence to CF, Fragile X and SMA



Carrier screening can detect >90% of inherited mutations

Mutations causing DMD are a mix of deletions, duplications, and point mutations.^{3,4} Carrier screening can detect >90% of inherited mutations.⁵ It is important to note that approximately 33% of cases of DMD are de novo, i.e., having occurred for the first time in the affected male child, and not inherited from a carrier mother.



Womens' carrier status matters

Unlike many disorders, a woman who is a carrier for DMD is at about a 20% risk to develop muscular weakness or cardiac issues at some time. It is recommended that women who are found to be carriers for DMD be referred to a cardiologist for evaluation and to be repeated every 5 years, with each pregnancy, or if they have a change in symptoms.

1. Punnoose, AR, Golub, RM MD. Muscular Dystrophy. JAMA. 2011;306(22):2526.
2. Rodino-Klapac LR, Chicoine LG, Kaspar BK, Mendell JR. Gene therapy for Duchenne muscular dystrophy. Arch Neurol 2007;64:1236–1241.
3. Dent KM, Dunn DM, von Niederhausern AC, Aoyagi AT, Kerr L, Bromberg MB, Hart KJ, Tuohy T, White S, den Dunnen JT, Weiss RB, Flanigan KM. Improved molecular diagnosis of dystrophinopathies in an unselected clinical cohort. Am J Med Genet A. 2005;134:295–8.
4. Flanigan KM, Dunn DM, von Niederhausern A, Soltanzadeh P, Gappmaier E, Howard MT, Sampson JB, Mendell JR, Wall C, King WM, Pestronk A, Florence JM, Connolly AM, Mathews KD, Stephan CM, Laubenthal KS, Wong BL, Morehart PJ, Meyer A, Finkel RS, Bonnemann CG, Hinton VJ, De Vivo DC, Nereo NE, Goldstein E, Stern Y. Selective deficits in verbal working memory associated with a known genetic etiology: the neuropsychological profile of duchenne muscular dystrophy. J Int Neuropsychol Soc. 2001; 7: 45–54.
5. Data on file.

The Natera family of products



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The tests described have been developed and their performance characteristics determined by the CLIA-certified laboratory performing the tests. These tests have not been cleared or approved by the U.S. Food and Drug Administration (FDA). Although FDA does not currently clear or approve laboratory-developed tests in the U.S., certification of the laboratory is required under CLIA to ensure the quality and validity of the tests. ©2016 Natera, Inc. All Rights Reserved.

AWBW Breastfeeding Resources

Breastfeeding Classes

Classes are offered at many places in the Boston area including Newton-Wellesley Hospital.
www.nwh.org/classes-and-resources/classes/childbirth-education

Nursing Mothers Council

This organization has trained breastfeeding counselors in the Boston area who are available to answer questions and offer support for free.
www.bace-nmc.org/breastfeeding-help

La Leche League

Find breastfeeding support groups that meet in the New England area.
www.lllmarivt.org

Lactation Consultants

There are many Lactation Consultants in the Boston area. Lactation consultants have passed a rigorous certification exam requiring thousands of hours of breastfeeding counseling experience before eligibility to take the exam. Check with your pediatrician's office to learn whether they have a lactation consultant on staff. Take full advantage of Newton-Wellesley lactation consultants when in the hospital. We confidently recommend the following Newton group for additional help:
www.lactationcare.com

You can also find lactation consultant in your zip code at:
www.zipmilk.org/states/massachusetts

Breast Pumps

Many insurance companies cover breast pumps at no cost to patients. Contact your insurance company to determine your coverage, and, if covered, what specific medical supplier you must use. Your provider can prescribe the pump in your third trimester so you can obtain it during your pregnancy. A pump can also be obtained while you are at the hospital for your postpartum stay.

Helpful Websites

International Breastfeeding Centre (Canadian)
www.ibconline.ca

Kelly Mom Parenting & Breastfeeding
www.kellymom.com