

Obstetrics Welcome Packet

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DEPARTMENT OF
OBSTETRICS &
GYNECOLOGY

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Welcome

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Congratulations! You're expecting! Pregnancy can be an exciting time in your life, bringing with it many changes for you and your family. We are pleased that you have chosen the Department of Obstetrics and Gynecology at Baylor College of Medicine to care for you during this time. We would like to take this opportunity to welcome you to our practice.

You are taking an important first step in the care of your unborn child by obtaining prenatal care. Prenatal care visits provide monitoring, screening, and education throughout your pregnancy to help ensure the best possible health of you and your child. Our OB/GYN practice includes physicians, nurse practitioners, genetic counselors, nurses, and other well-trained support-staff. We are all dedicated to ensuring that you receive the outstanding care that you deserve, with an emphasis on providing comprehensive, compassionate, evidence-based, and patient-focused care.

We are an academic private practice, and the education of future healthcare professionals is an essential part of our mission. As part of this commitment, your team may also include healthcare learners such as medical students, resident physicians, and nurse practitioner students. These individuals may be present during your visits or hospital care. While they do not make independent decisions about your treatment, they contribute by assisting with your care under close supervision. Their presence enables them to gain valuable experience while providing support for your care. We appreciate your partnership in helping to train the next generation of OB/GYN professionals.

It is important to us that our patients are well-informed and that their questions are answered. For this reason, we have prepared this folder, which includes useful contact information, helpful lists and guidelines, and evidence-based answers to frequently asked questions during pregnancy.

Save the web-version below as a bookmark or “Add to Home Screen” for quick and easy access:



Please do not hesitate to discuss questions with your provider or nurse at a prenatal visit or by sending a “Non-Urgent Medical Question” via MyChart message using our eHealth portal. It is our privilege to walk alongside you during this meaningful time, and we are honored to be entrusted with your care.

Sincerely,

Department of Obstetrics & Gynecology
Baylor College of Medicine

Who We Are & What to Expect

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The Baylor College of Medicine Department of Obstetrics and Gynecology is a comprehensive team of physicians trained in general obstetrics and gynecology (including hospitalists), maternal-fetal medicine specialists, genetic counselors, nurse practitioners, registered nurses, ultrasonographers, medical assistants, and other support staff.

- You will be seen by your primary physician for the majority of your prenatal visits.
- A designated attending physician OB/GYN and member of our group will always be present for your labor and delivery. We have someone from the practice in the hospital 24 hours a day, 7 days a week.
- If you require a scheduled procedure, such as a cesarean section or induction of labor, this can be coordinated with your primary obstetrician.
- As a group practice, we are unable to honor specific requests for the gender or cultural background of the healthcare provider attending your labor and delivery.
- We perform our deliveries only at Texas Children's Pavilion for Women. DO NOT take an ambulance to the hospital as they cannot guarantee which hospital they take you to and will usually take you to the nearest facility with a Labor and Delivery (L&D) unit.

Who will be involved in your care

- Hospitalists: board-certified OB/GYNs and Midwives who are also faculty at Baylor College of Medicine
 - Work primarily in the Women's Assessment Center (WAC), a triage and emergency room department
 - Also present on L&D to perform or assist in your delivery in an emergent back-up capacity
- Residents: physicians who have completed medical school and are currently in a specialty training in OB/GYN
 - Will be present and actively participating in your labor and delivery process
 - Do not make any major decisions regarding your care (that is done by the supervising physician)
 - Do not perform any deliveries or surgical procedures without direct attending supervision
- Medical students
 - May be involved in your care both in the clinic and on the L&D unit
 - May act with the resident to monitor your labor and help with the delivery

Who will be present for delivery

- An attending physician (either your primary physician, another BCM OB/GYN in our group, or a hospitalist); our physicians take turns being on call in the hospital throughout the week, including weekends
- A resident physician
- Possibly a medical student
- Your labor nurse and any necessary nursing staff needed to assist
- A baby nurse (possibly the Neonatology team, if indicated)

What to expect during labor

- A private Labor and Delivery room with one-on-one nursing and IV access
- Fetal monitoring (may be continuous or intermittent, internal or external, mobile or stationary)
- Labor checks with cervical exams

**Our physicians ONLY deliver at Texas Children's Pavilion for Women,
located at 6651 Main Street, Houston, Texas 77030.**

Residents & Medical Students

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Your doctor is a member of the faculty at Baylor College of Medicine. To better educate the physicians of tomorrow and bring you the best healthcare possible, medical students and residents will be collaborating with your doctor as members of your healthcare team. Your doctor will serve as a mentor and instructor to the students and residents, supervising their education, and ensuring that you receive the highest quality of healthcare.

What is the difference between medical students and residents?

Medical students have completed a college degree and are now enrolled in medical school. Upon completing their four years of medical school, they will receive their medical degree (MD or DO). Residents already hold a medical degree and are now at the level where they are licensed to practice medicine under supervision. Residency programs exist to provide residents with further specialized training before practicing independently, in this case as OB/GYNs.

What duties will the medical student or resident perform?

Responsibilities will vary. They may simply observe as you talk with your doctor. At other times, a medical student or resident may meet with you alone to discuss your medical history or do a physical exam. Medical students or residents may talk with you about your general health and other topics. They and your doctor will always review your concerns together and will work as a team to come up with a plan best suited to your healthcare needs. At all times, your privacy and confidentiality are of utmost importance.

Medicine remains, for all intents and purposes, largely an apprentice model. The ability for a trainee to work one-on-one with a practicing physician and to learn everything that individual must teach is time-consuming for the teaching physician. We do it because we believe that educating the next generation is as important as the clinical work we do in providing care to you. But we can't do it without you. You are the most important piece of the equation. Without you, we are just reciting information they could read in any textbook. It is you who makes the medicine come alive—you give it a face, give it meaning, make it real.

What are the advantages of having medical students or residents involved in my care?

You will have two or more healthcare professionals and advocates—a student and/or a resident and your doctor—all working for you and your child to ensure you are both safe and well-cared for. Also, while your doctor may be the medical expert, you are the “patient expert”—you know best what it's like being the patient, and your input is vital. Your participation in future physician education guarantees that you will have a direct impact on today's medical care and the future of medicine!

Any more questions? Please ask!

Our doctors believe that involving medical students and residents in our offices will play a vital role in the education of the next generation of physicians, and this cannot happen without your help and support. Please feel free to ask your doctor any questions you may have about our physician education programs.

When to Call Your Doctor

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- Phone support is available 24 hours a day, 7 days a week.
 - During the day, these calls are forwarded to our in-office nursing staff. Nursing staff may answer immediately or will call back at their earliest convenience.
 - After business hours, calls are answered by our nurse triage service, who may collaborate with our physicians, as needed.
 - Generally, non-urgent calls are responded to by our nursing team in the order they are received, and all calls are returned daily. In case of an urgent need, your call may be answered by our triage nurse. Advise her on the nature of the issue, and your concerns will be prioritized based on the true clinical acuity.
 - Non-urgent concerns may also be addressed by sending your provider a “Non-Urgent Medical Question” via MyChart message using our eHealth portal. MyChart messages will be answered within 2 business days, usually much less.
- In case of an **emergency**, dial 911 or seek care at the closest medical facility.
- Only call after-hours or come to the Pavilion for Women hospital in the event of a medically urgent need **related to pregnancy**. If your urgent medical need is not pregnancy-related, consider visiting an alternative urgent care or emergency room, but make sure to discuss your plan of care with your obstetrician as soon as possible.
- **Urgent medical needs** include, but are not limited to:
 - Vaginal bleeding
 - Temperature 100.4°F or greater
 - Abdominal pain or persistent contractions
 - Severe headache
 - Blood Pressure $\geq$ 160/110
 - Decreased fetal movement
 - Severe and persistent vomiting or diarrhea
- **Non-urgent medical needs** or questions, such as medication or medical supply refills, appointment or scheduling changes, and follow-up of FMLA or disability paperwork, should be directed to a MyChart message or held until business hours. MyChart messages will be answered within 2 business days, usually much less.

**Our physicians ONLY deliver at Texas Children's Pavilion for Women,
located at 6651 Main Street, Houston, Texas 77030**

Pregnancy Contact List

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To provide you with the best care and service, we have created a contact list for your use throughout your maternity care at our clinic.

Please contact the BCM OB/GYN Call Center at 832.826.7500 for questions relating to:

Appointment scheduling

Medical concerns during regular business hours

Request to speak with your physician, their designated nurse, or a covering provider

Please contact your pharmacy for:

- Prescription refills

Recommended services for acquiring a breast pump:

- Aeroflow
- Babylist ("Health" Section)
- Or your insurance provider may have a preferred vendor

Please contact the Obstetrical Financial Counselor at 832.826.7531 for questions relating to:

- Insurance benefits
- Financial obligation, including co-payment and out-of-pocket expenses

Please contact the Texas Children's Pavilion for Women LEARN line at 832.82-LEARN (832.825.3276) for questions relating to classes and hospital tours to prepare women and their families for childbirth and early parenting:

- Adult Maternity Tours – Free Virtual Hospital Tours
- Early Pregnancy
- Childbirth Preparation (ex., labor, Lamaze, cesarean birth, etc.)
- Infant Care
- Breastfeeding
- Early Parenting, including Infant CPR and Safety
- Family Development (ex., Siblings and Grandparents classes)

Please contact the Texas Children's Lactation Program at 832.824.6120 for questions relating to:

- Breastfeeding support, advice, and resources
- Breast pump rentals
- Breastfeeding classes

Pregnancy Checklist

1st Trimester (Conception to 13 weeks & 6 days)

- ☐ Your first appointment with your OB/GYN doctor (with a positive pregnancy test)
 - ☐ Receive your Prenatal Calendar handout with your Estimated Due Date (EDD) and estimated dates of all future prenatal appointments
 - ☐ Routine initial prenatal bloodwork
- ☐ OB Education appointment to meet your physician's designated Nurse Practitioner
- ☐ Genetic testing for you and/or your child, if desired (see "Prenatal Genetic Testing" section)

2nd Trimester (14 to 27 weeks and 6 days)

- 20-week Anatomy Ultrasound
 - Located on the 4th floor of the Pavilion for Women
 - Please call 832.826.4636 to schedule any MFM appointment, including routine ultrasounds
- Pre-register with the Pavilion for Women Admissions
 - Call 832.826.3300 or visit the Admission Department on the 4th floor of the Pavilion for Women
- Screening test for gestational diabetes at 24-28 weeks
- Register for a tour and/or maternity classes to take in the 3rd Trimester
 - www.texaschildrens.org/pavilion-classes or dial 832.82-LEARN (832.825.3276)
- Review your healthcare coverage; anesthesia is billed separately
 - To speak with our Obstetrical Financial Counselor, please call 832.826.7531

3rd Trimester (28 to 40+ weeks)

- ☐ Attend your scheduled tour and/or maternity classes
- ☐ Submit FMLA and/or Short-term Disability paperwork
- ☐ Select a pediatrician
- ☐ Make childcare preparations
- ☐ Make an infant feeding plan and ask for a breast pump prescription, if desired
- ☐ Consider your birth control options and discuss your plans with your provider
- ☐ Pack a "Go Bag" (see "Delivery Packing Suggestions" section)
- ☐ Install car seat before your due date (Note: mandatory before discharge)

37 weeks: Your baby will no longer be born premature

39 weeks: Full Term

40 weeks: Your Estimated Due Date (you may remain pregnant past this date)

Safe Medication During Pregnancy

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We understand that pregnancy may sometimes become overwhelming, especially when you're not feeling your best. Our group of physicians has created a guideline of approved over-the-counter medications that are safe to use during pregnancy. We recommend that you not take any prescription medication without first consulting your obstetrician.

Over-the-counter medications not listed below should not be taken without first consulting with your obstetrician. We care about how you are feeling and ask that you please contact our office if your symptoms persist, worsen, or are not responding to over-the-counter options.

Symptoms	Medication
Colds, Flu & Minor Aches & Pains	Tylenol products, Robitussin CF, Robitussin DM, Mucinex DM, Cepacol, Chloroseptic Spray or Lozenges, Benadryl, Zyrtec, Claritin (or other similar antihistamines) DO NOT take pseudoephedrine, Sudafed, Motrin, ibuprofen, Advil, or Aspirin UNLESS specifically directed by your Physician or Nurse Practitioner.
Headache or Pain	Regular or Extra-Strength Tylenol, Excedrin Tension Headache
Indigestion & Heartburn	Avoid spicy foods, caffeine, chocolate, citrus fruits, tomatoes, and vinegar. Eat smaller, more frequent meals. Mylanta, Maalox, Roloids, Riopan Plus, TUMS, Pepcid. Notify your provider if you are considering OTC Prevacid, Prilosec, or Nexium. DO NOT take Pepto-Bismol products
Constipation	Colace and MiraLAX are first-line. Avoid excess fiber supplements. You can also try Dialose Plus, Milk of Magnesia, Senokot, Senakot-S, Metamucil, Fibercon, Surfak
Diarrhea	Imodium A-D
Leg Cramps	Liquid IV (or other zero/low calorie electrolyte packet), Fosfree, Calcet, other calcium and/or chelated magnesium (ex., citrate, malate, glycinate) supplements. Exercise leg and calf muscles by stretching 3 times daily.
Stretching Pains of the Uterus	Usually occurs between 12 and 20 weeks of pregnancy. Avoid sudden movements, bending over, heavy lifting, and moving quickly in and out of a car, as these activities can cause sudden stretching pain in the uterine ligaments. Try wearing a "Bellyband," rest with your feet up, and use a heating pad for 15-20 minutes.
Nausea	Ginger capsules, Acupressure with wrist bands, Vitamin B6, Unisom, Dramamine, Benadryl. Try eating six small meals throughout the day. If you are unable to keep any food or liquids down for more than 24 hours, contact your doctor.
Rash	Calamine, Caladryl, and Benadryl creams/lotions, Lanacort, Hydrocortisone 1% cream
Allergies	Benadryl, Claritin, Zyrtec, or other similar antihistamines DO NOT take pseudoephedrine or Sudafed UNLESS specifically directed by your Physician or Nurse Practitioner
Congestion	Saline nasal spray, Neti Pot/Bottle, Mucinex DM, Flonase. ≤3 days of Afrin spray
Fever	Regular or Extra-Strength Tylenol
Hemorrhoids	Colace, Preparation-H, Tucks, Anusol, or mix-and-match: hydrocortisone (anti-inflammatory), lidocaine (numbing), pramoxine (numbing), phenylephrine (vessel constriction), witch hazel (vessel constriction), zinc oxide/Aquafor (skin protectant)
Yeast	Monistat (7-day preferred, due to increased skin sensitivity in pregnancy)

Genetic Testing

We offer several types of testing for women who are interested in detecting potential genetic conditions in themselves and/or their unborn child. All women have the option of undergoing these tests, but you are *NOT* required to have any genetic testing or screening during your pregnancy. Families utilize the information provided by genetic testing in various ways, including making advanced preparations for their child's care and arranging for anticipated medical needs.

Genetic testing can potentially detect inherited diseases and chromosomal abnormalities in your baby.

Inherited diseases – Conditions that are passed from a parent to a child through genes.

Chromosomal abnormalities – Conditions in which the baby has an unusual number or arrangement of chromosomes. These abnormalities usually occur spontaneously.

Non-invasive and Invasive Prenatal Testing

Non-invasive tests – Usually involve maternal blood samples and ultrasounds. They pose minimal risk to you or your baby.

Invasive tests – Generally involve obtaining amniotic fluid or tissue from your baby and carry a slightly higher risk (typically <1%) to you and your baby.

Types of Prenatal Genetic Testing

Carrier tests – Non-invasive parental blood/saliva sample tests used to determine if the mother or father carries a particular gene that may cause a disease in the baby but does not affect either parent. This test can be performed before or during pregnancy.

Screening tests – Non-invasive testing, usually involving maternal blood tests and/or an ultrasound for the fetus that determines if there is an increased risk that the baby may have a defect. The results show probabilities of the baby having certain genetic conditions.

Screening tests are used to determine the need for further testing and cannot definitively determine if a child is affected. Screening tests pose minimal risk to the mother or fetus. Screening tests are accurate anywhere from 80% to 98% of the time, depending on the test. However, it is possible to have a “false positive,” meaning that the test determines there is an increased risk of the child being affected when in fact it isn't; or have a “false negative,” meaning that the test may miss a genetic abnormality that the baby actually has.

As such, if a screening test is abnormal, you will be offered the option to undergo an invasive diagnostic test to confirm the results of the screen. Alternatively, some patients may occasionally choose to forego the screening tests altogether and undergo a diagnostic test initially.

Diagnostic tests – Typically invasive and involve extracting cells from the amniotic fluid or placenta for examination to determine the presence of a genetic condition.

Genetic Testing (cont.)

Available Non-Invasive Screening

Non-Invasive Prenatal Test (NIPT) or cell-free fetal DNA test:

All women will be offered a maternal blood test that screens several specific chromosomal abnormalities: Trisomy 21 (Down Syndrome), Trisomy 18 (Edwards Syndrome), and Trisomy 13 (Patau Syndrome), and disorders of the sex chromosomes. It is also used to determine the genetic sex of your unborn child.

Comprehensive anatomy ultrasound:

All women will be offered a comprehensive anatomy ultrasound of their baby on or about 20 weeks of gestation to look for possible anatomic birth defects. Ultrasound is not a good tool for determining chromosomal abnormalities.

Additional Ultrasounds:

Any ultrasounds, in addition to the routine 20-week routine ultrasound, will be obtained if there is a medical indication. In a normal pregnancy, you may not require any additional ultrasounds.

Available Invasive Diagnostic Testing

These tests are safe but carry a minimal (typically <1%) risk of complications such as loss of the pregnancy or damage to the baby.

Chorionic Villus Sampling (CVS) – Removes a small portion of the placenta, which usually contains the same DNA as the baby.

Amniocentesis – Removes a small amount of amniotic fluid, which has fetal skin cells.

Genetic Counseling

A certified genetic counselor can provide the most up-to-date information regarding available testing and help decide what tests are appropriate for you. The Prenatal Genetics Clinic at Baylor College of Medicine offers education and support to families regarding risks, potential causes, and diagnostic tests related to genetic and fetal conditions.

Discomforts of Pregnancy

Pregnancy is a time of many changes in the body. While most changes are normal, they can cause discomfort. This handout explains some of the most discomforts during pregnancy and offers tips for relief, based on the latest medical guidelines.

Round Ligament Pain & “Lightning Crotch”

Round ligament pain is a sharp or aching pain in the lower belly or groin that can happen throughout pregnancy but is most common in the second trimester as the ligaments that support the uterus stretch. It often occurs when you change positions, cough, or move suddenly. Lightning crotch is a sudden, sharp, electric-like pain deep in the pelvis or vagina that usually happens later in pregnancy as the baby’s head drops lower into the pelvis. Both types of pain are usually brief and short-lived. Gentle movement, changing positions slowly, resting when needed, and using a maternity support belt (aka belly band) can help ease discomfort.

Back pain

Back pain especially in the lower back and around the sacroiliac (SI) joints, due to changes in posture, hormones, and the extra weight of the growing baby. Gentle exercise, stretching, good posture, and wearing supportive shoes or a maternity support belt (aka belly band) can help. Some people find relief with physical therapy, especially a pelvic floor or prenatal-focused therapist, who can teach safe exercises to strengthen supporting muscles and reduce pain. Resting when needed, avoiding heavy lifting, and changing positions slowly can also help ease discomfort.

Nausea and Vomiting (“Morning Sickness”)

Nausea and vomiting, especially in the first trimester, and can occur at any time of day. These symptoms are related to changes in hormones and digestion. Eating small, frequent meals and choosing bland, dry, or high-protein foods may help, as can avoiding triggers, drinking fluids between meals, and getting up slowly in the morning. See the “Safe Medications During Pregnancy” list below or talk to your doctor about possible prescription medications to treat nausea. If you cannot keep food or fluids down, are losing weight, or feel very weak, contact your healthcare provider.

Breast or Nipple Tenderness

Soreness or swelling of the breasts often starts early in pregnancy. Wearing a supportive bra, choosing soft fabrics, and avoiding underwires, if they feel uncomfortable, can help ease symptoms.

Constipation

Difficulty having bowel movements is due to hormonal changes, pressure from the growing uterus and certain minerals in a prenatal vitamin. Drinking plenty of water and staying active with gentle exercise can help. See the “Safe Medications During Pregnancy” list below or talk to your doctor about possible prescription medications to treat constipation.

Discomforts of Pregnancy (cont.)

Acid Reflux (“Heartburn”)

Acid reflux is most commonly a burning feeling in your chest or throat, often after eating or at night. It is very common in later pregnancy. Pregnancy hormones relax the muscles that keep stomach acid down, and the growing uterus adds pressure on the stomach. Eating smaller meals more often, avoiding spicy, greasy, or acidic foods, and not lying down for three hours after eating may help. Propping up your head with a wedge pillow can also reduce symptoms at night. See the “Safe Medications During Pregnancy” list below or talk to your doctor about possible prescription medications to treat acid reflux. Call your provider if your heartburn is severe, won’t go away, or if you have trouble swallowing or severe pain.

Fatigue (“Tiredness”)

Feeling more tired than usual is most common in the first and third trimesters. Try to rest when you can and listen to your body. Getting enough sleep at night, eating healthy foods, staying hydrated, and doing light exercise, like walking, may help boost your energy.

Nasal Congestion (“Runny/Stuffy Nose”) & Nosebleeds

Nasal congestion and occasional nosebleeds in pregnancy are due to increased blood flow to the nose and hormonal changes. Using a humidifier, gently blowing your nose, and applying saline sprays or gels can help keep the nasal passages moist. If a nosebleed occurs, sit upright, lean forward slightly, and pinch the soft part of your nose for 10–15 minutes. Contact your provider if nosebleeds are frequent, heavy, or hard to stop.

Headaches

Headaches in pregnancy can be caused by hormonal changes, stress, fatigue, or dehydration. To help prevent headaches, some people take a daily B-complex vitamin, 200–400 mg of magnesium (preferably chelated forms like citrate, malate, or glycinate), and 2 TUMS daily (more if you have heartburn). If a headache does occur, taking a second magnesium tablet, 650 mg of acetaminophen every 6 hours as needed, and a small amount of caffeine during the day can help. At night, 25 mg of Benadryl with acetaminophen may also be used, if needed. Drinking plenty of water, resting, eating regular meals, and practicing relaxation techniques can further reduce headaches. Contact your provider if headaches are severe, sudden, or come with vision changes, swelling, or high blood pressure.

Hemorrhoids

Hemorrhoids, or swollen veins around the anus, are due to increased pressure and hormonal changes. To help prevent discomfort, use a stool softener like Colace (docusate) 100–200 mg daily, and consider using a gentle laxative, like Miralax, daily until your bowel movements are regular. Drinking plenty of water and staying active can also help. There are many products for hemorrhoids, and you can mix and match creams with different active ingredients to apply directly to the area. Look for products with hydrocortisone (anti-inflammatory), lidocaine or pramoxine (numbing), phenylephrine or witch hazel (vessel constriction), and zinc oxide or Aquaphor (skin protectant). Some people prefer one or two products that work well for them, while others use small amounts of several products as needed. Sitting in a warm bath can also provide relief. Contact your provider if hemorrhoids are very painful, bleeding heavily, or do not improve with these measures.

Diet & Nutrition during Pregnancy

Prenatal Vitamins and other nutritional supplements

- You may take any prenatal vitamin labelled as such (tablet, capsule, gummy).
 - Choose a vitamin that contains at least 0.4mg (400mcg) of folic acid (aka folate) daily.
 - Choose a vitamin that contains at least 27mg of iron daily or purchase a separate supplement (pills, liquids, or gummies). Of note, gummy vitamins typically contain no or very low amounts of iron.
- Supplements do not replace a healthy diet.
- Consult your doctor regarding other nutritional supplements you are taking or are considering.

Weight gain during pregnancy

- When you are pregnant, you will need to consume only slightly more calories per day, compared to pre-pregnancy. Add only an extra 100 calories per day, per trimester of pregnancy (i.e. only 100 extra calories in the 1st trimester, 200 extra in the 2nd, 300 in the 3rd).

National Academy of Medicine Pregnancy Weight Gain Guidelines (Only 0.5 – 1.0 lb per week based on your pre-pregnancy BMI)	
Pre-pregnancy BMI	Recommended weight gain for singleton pregnancies
Underweight (BMI < 18.5)	28 – 40 pounds
Normal weight (BMI 18.5 – 24.9)	25 – 35 pounds
Overweight (BMI 25 – 29.9)	15 – 25 pounds
Obese (BMI > 30)	11 – 20 pounds

Caffeine intake

- Limit caffeine to less than 200 mg/day (about two average caffeinated drinks per day).

Alcohol intake

- The American College of Obstetricians and Gynecologists (ACOG) and the US Surgeon General state that NO amount of alcohol consumption is considered safe during pregnancy.

Fish/Seafood

- Avoid fish with high levels of mercury: shark, swordfish, tilefish, king mackerel.
- The Food and Drug Administration (FDA) and the Environmental Protection Agency (EPA) say pregnant women can safely eat up to 12 ounces of seafood a week.
- Limit albacore tuna to 6 ounces (~1-2 meals) per week.
- Avoid uncooked or undercooked fish (ex., sushi, sashimi, ceviche, lox, oysters, etc.).

Diet & Nutrition during Pregnancy (cont.)

Cheese

- Avoid all unpasteurized cheese (ex., Brie, feta, blue cheeses, goat cheese, queso blanco, queso fresco, and Camembert) unless they are specifically labeled as “made with pasteurized milk.”

Lactose intolerance

- You may need to take calcium supplements.
- Do not take calcium supplements at the same time as your multivitamin or prenatal vitamin.
- Many women take the antacid TUMS for acid reflux during their pregnancy; it is also an excellent source of calcium if 2 tablets, or more, are taken daily.

Lunch meat and other UN-cooked or UNDER-cooked meats

- According to the Centers for Disease Control and Prevention (CDC), pregnant women are 10 times more likely than the general population to contract Listeria.
- While the risk of contracting infection is still low, Listeria may result in preterm labor, miscarriage/stillbirth, neonatal infection, or death.
- Do not eat hot dogs, luncheon meats, cold cuts, other deli/sandwich meats, or fermented or dry sausages unless they are heated to an internal temperature of 165°F or until steaming-hot just before serving.
- Avoid all UN-cooked and UNDER-cooked meats and seafood for the same reason.
- Wash your hands and cooking surfaces thoroughly when handling meat (and fruits/vegetables).

Vegetarians

- Continue your regular diet during pregnancy and make sure to consume an adequate amount of protein.
- You may need additional supplements such as vitamin B12 and vitamin D.
- Your healthcare provider can help you determine the supplements you need and address any other special dietary circumstances you might have.
- Registered, licensed dietitians are also available for consultation.

Other tips

- Artificial sweeteners are generally considered safe, in moderation.
- Wash your hands thoroughly after handling raw meat.
- Wash all fruits and vegetables before use/consumption.
- Avoid unpasteurized juices.
- Avoid eating raw eggs in batters, salad dressings, and other recipes.
- Avoid pâté and other uncooked or undercooked organ meat.
- For more information:
 - www.mayoclinic.org
 - www.cdc.gov
 - www.choosemyplate.gov

Alcohol intake

- ACOG and the US Attorney General state that NO amount of alcohol consumption is safe during pregnancy.

Tobacco/Vaping

- Quitting tobacco or nicotine vaping at any point during pregnancy benefits you and your unborn child. The most significant benefit occurs when pregnant women stop smoking before 15 weeks of gestation.
- Tobacco decreases the blood flow to the uterus and placenta. There are significant risks associated with tobacco use, including cleft lip and palate, fetal growth restriction, placenta previa, placental abruption, preterm rupture of membranes, low birth weight, increased perinatal mortality, ectopic pregnancy, as well as pediatric lung infections, asthma, colic, bone fractures, and childhood obesity.
- We strive to provide ongoing support and help you address any psychosocial stressors during the prenatal and postpartum periods necessary to ensure continued success.

Chemicals, radiation, and high temperatures

- Certain work and environmental hazards may lead to birth defects, miscarriages, or stillbirths.
- Notify your obstetrician if your profession involves any exposure to chemicals, radiation, or hazardous conditions such as prolonged high temperatures.

Hair color and straightening

- Consider waiting until the first trimester is completed before coloring your hair.
- The FDA recommends the following safety precautions:
 - Don't leave the dye on your head any longer than necessary.
 - Rinse your scalp thoroughly with water afterwards.
 - Wear gloves when applying hair dye.
 - Follow the directions on the hair dye package carefully.
- Do not have your hair chemically straightened if the products contain formaldehyde (e.g. Brazilian blow-out).

Hot tubs

- Avoid hot tubs during pregnancy.

Paint

- Avoid remodeling projects that require exposure to old lead-based paint.
- Wear protective clothing while painting.
- Avoid eating and drinking where you are actively painting.
- Ensure that the room and house are well-ventilated during and after a painting project.

Skincare

- Gentle skincare is best. Most moisturizers, cleansers, and sunscreens are safe.
- In general, avoid retinoids, salicylic acid, and hydroquinone.
- Your healthcare provider can help you determine if a product you are using is safe.

Lifestyle (cont.)

Sleep

- Yes, you can sleep on your back!
- As your pregnancy progresses, you may find that sleeping on your right or left side is most comfortable. However, if you wake up on your back, just go back to sleep.
- When sleeping, try keeping one or both knees bent with a pillow under your belly for support and place a second pillow between your knees. You can also try a full-length body pillow for support.
- Interestingly, the position with the lowest maternal cardiac output is standing, something you do all day, and do not worry about.

Tanning

- Avoid tanning beds and self-tanners. Consider brush-on bronzers instead.

Physical Therapy and Massage

- Physical Therapist referrals are available upon request to meet with you before or after delivery to help prepare for and heal after childbirth, for both a vaginal delivery and a cesarean section.
- Have pregnancy or prenatal massages only. A “clearance” letter can be provided to you at your request.

Chiropractor/Acupuncturist

- These options can be very helpful in managing the various discomforts of pregnancy.
- Consult your doctor before considering these treatment options.
- A chiropractor is often covered by insurance.

Working at a school, hospital, or daycare facility

- You may be exposed to certain viruses such as CMV (cytomegalovirus), Chicken pox (varicella virus), or Fifth's disease (Parvovirus B19).
- All women at risk for tuberculosis should be screened with a PPD skin test when beginning prenatal care, including women with HIV, persons known or thought to have TB, and healthcare professionals working in high-risk facilities such as prisons.
- If you think you are at high risk for TB or have been exposed, discuss this with your doctor.
- If you have come in contact with anyone with ANY of these diseases, notify your obstetrician.
- If you contract a fever or rash, your doctor may want to perform blood tests to determine if you were exposed to a virus and if you have any prior immunity that can protect you.
- Being up to date on your vaccines will protect against serious illness (<https://www.acog.org/womens-health/infographics/vaccines-during-pregnancy>).

Intercourse

- If your pregnancy does not have any complications, intercourse and orgasm are safe.
- Spotting and mild cramping during and after intercourse are very common. If you have bright red bleeding, like a period, or persistent contractions, please notify your doctor.

Cats

- Toxoplasmosis is an infection caused by a parasite that can potentially cause serious health problems for your developing baby.
- To reduce the risk of toxoplasmosis infection, avoid contact with cat feces and use gloves when gardening.

Immunizations

- ACOG and the CDC recommend that you receive certain vaccinations during pregnancy:

Vaccination	When to Get it	Why it's Important to Get During Pregnancy/Postpartum
Tdap	Preferably between 27 and 36 weeks; Each pregnancy	You'll give your baby short-term, early protection against whooping cough by creating protective antibodies that pass to your baby. Also recommended for any other care providers in your family, unless they have received the Tdap in the last 10 years.
Flu	By the end of October; yearly	This vaccination protects you from the flu. It creates protective antibodies that pass to your baby, protecting them from the flu until they can receive the vaccine at 6 months of age. Also recommended for any other care providers in your family.
RSV	Between weeks 32 and 36, from September to January; each pregnancy	This vaccination creates protective antibodies that help prevent your baby from getting very sick with RSV, possibly requiring hospitalization.
COVID-19	As soon as possible during pregnancy, or up to 6 weeks postpartum	Pregnant people are more likely to become very sick if they get COVID-19, and this vaccination protects you and your baby from severe illness.
Hepatitis B	During or following pregnancy	If you are or were recently pregnant and were not previously vaccinated, you should receive the Hepatitis B vaccines. Having a job that exposes you to human blood increases your risk.
MMR, Varicella	Postpartum, if found to be non-immune	While both vaccines are contraindicated during pregnancy, it is important to receive them postpartum to protect yourself and your newborn.

- Feel free to ask your doctor about any questions regarding maternal vaccination during pregnancy (i.e., COVID-19, Flu, Tdap, RSV, & any other vaccines you have questions about).

X-rays and MRIs

- Ultrasounds and MRIs do not use radiation and are, therefore, considered safe during pregnancy.
- X-rays are considered safe. You should be provided a lead apron to shield your abdomen, if possible.
- If a CT scan or similar study is needed during pregnancy, your doctor will discuss the risks and benefits with you. Generally, if a CT scan is necessary because another imaging test is insufficient, it is recommended to undergo the CT scan.

Dental care

- You should begin or continue routine dental care during your pregnancy.
- If your dentist has questions about the types of anesthetics, antibiotics, and pain relievers considered safe for use during pregnancy, please consult your healthcare provider.
- X-rays may be performed as necessary, provided proper shielding is used.
- A dental "clearance" letter can be provided to you at your request.

Exercise during Pregnancy

In the absence of either medical or obstetrical complications, 30 minutes or more of exercise a day on most, if not all, days of the week is recommended for pregnant women:

- Feel free to continue any existing exercise program.
- Try to avoid any activities/exercises that may result in falls or trauma (e.g., box jumps).
- Please use dumbbells/hand-weights instead of barbells or kettlebells.
- Please discuss any new/more intense exercise program with your doctor before beginning.
- Benefits: shorter time in labor, decreased risk of preeclampsia and gestational diabetes, reduces back pain, improves mood and energy, decreased risk of cesarean birth and operative vaginal delivery, shorter postpartum recovery time, and prevention of postpartum depression
- A general rule of thumb is that if you were active before pregnancy, it is typically okay to continue (even activities like CrossFit, Pilates, and Solidcore).

Things to consider

- Always consult your healthcare provider before initiating a new exercise program.
- Avoid any extreme sports or contact sports, especially those that pose a risk of abdominal trauma.
- Avoid activities with increased risk of falling (e.g., skiing, horseback riding, skydiving, etc.).
- Avoid scuba diving.
- Avoid Bikram yoga (hot yoga).
- Drink plenty of water to hydrate; make sure to add electrolyte packets to your daily routine as well.
- There is no rule for a maximum heart rate that you should or should not achieve.

When to stop exercising

- Vaginal bleeding
- Leaking fluid
- Dizziness or feeling faint
- Chest pain
- Shortness of breath
- Uterine contractions
- Headache

Absolute contraindications

- Maternal heart disease or restrictive lung disease
- Incompetent cervix or cerclage
- Multiple gestation
- Persistent 2nd or 3rd trimester bleeding
- Placenta previa
- Premature labor or premature rupture of membranes
- Preeclampsia/pregnancy-induced hypertension

Travel during Pregnancy

Travel by car, bus, train, or airplane is generally considered safe for pregnant women up to 36 weeks of gestation (assuming there are no complications during the pregnancy and you are not traveling somewhere remote or far away from a well-equipped hospital)

- Some airlines have different rules about how late in pregnancy a woman can travel, so be sure to call and confirm before booking tickets. If your doctor agrees it is safe, you will be furnished a “clearance” letter to travel at your request.
- According to the CDC, metal detectors and other airport scanning devices are safe: “Airport security radiation exposure is minimal for pregnant women and has not been linked to an increase in adverse outcomes for unborn children.”
- Cruise ships usually will not let you travel if you are 24 weeks pregnant or more.
- Let your doctor know that you'll be traveling so that they can provide you with individualized instructions or recommendations.

Things to consider

- Always wear your seatbelt! Follow these seatbelt tips (Source: ACOG - <https://www.acog.org/womens-health/faqs/travel-during-pregnancy>)
 - Buckle the lap belt below your belly so that it fits snugly across your hips and pelvic bone.
 - Place the shoulder belt across your chest (between your breasts) and over the mid-portion of your collarbone (away from your neck).
 - Never place the shoulder belt under your arm or behind your back.
 - Pull any slack (looseness) out of the belt.
- Follow these tips for cars with airbags.
 - Keep 10 inches between the steering wheel and your chest bone.
 - If the car has an airbag “on/off” switch, check to ensure it is turned to “on.”
- Drink lots of fluids and minimize caffeine.
- Pack plenty of snacks.
- Request an aisle seat (for all those bathroom breaks).
- Plan to get up, stretch, and walk around at least every 2 hours to improve circulation.
- While seated, perform leg and ankle exercises to prevent blood clot formation (may want to wear support hose or compression socks).
- For almost all pregnant women, anticoagulation with blood thinners is not needed.
- Bring your health insurance card, a copy of your prescriptions, a travel health kit, and your doctor's contact information with you.

Delivery Packing Suggestions

Plan to pack your suitcase **a month or so before your due date** so it will be ready when it's time for you to go to the hospital.

For You

- ☐ A picture ID (driver's license or other ID)
- ☐ Your insurance card
- ☐ Cellphone and charger
- ☐ Prescription home medications (just in case)
- ☐ Any hospital paperwork you may need
- ☐ A list of people to call and their phone numbers
- ☐ Pen and paper
- ☐ Back massage aids for labor
- ☐ Toiletries including toothbrush/toothpaste, deodorant, lotion, shampoo/conditioner, hairbrush, razor, makeup
- ☐ Lip balm
- ☐ Hair band, ponytail holder, &/or barrettes
- ☐ Eyeglasses with case and contacts with extra solution
- ☐ Warm robe or sweater
- ☐ Nightgowns (if you don't want to wear the ones the hospital provides)
- ☐ Slippers/house shoes
- ☐ Warm non-skid socks
- ☐ Comfortable nursing bras or supportive regular bras
- ☐ Several pairs of maternity underwear
- ☐ A going-home outfit that is roomy and easy to put on
- ☐ Healthy snacks
- ☐ Whatever will help you relax and feel comfortable
 - Your own pillow
 - A birthing comb
 - Music &/or reading material
 - A sleep mask to help you nap during the day
 - Optional: mood lighting and/or aromatherapy devices (no open flames)

For Your Partner

- ☐ A camera, video camera, batteries, charger, and memory cards
- ☐ Toiletries
- ☐ Comfortable shoes and a change of comfortable clothes
- ☐ Snacks and something to read
- ☐ Money for parking and meals, change for vending machines

For Your Baby

- ☐ An installed car seat
- ☐ A going-home outfit including socks or booties (if the clothing doesn't have feet) and a soft cap. Ensure the legs on your baby's clothes are separate so that the car seat strap can fit between them.
- ☐ A blanket, especially if it is cold outside

Choosing a Pediatrician

A pediatrician is a doctor who has undergone special additional training to work with infants, children, and adolescents. Pediatricians have the knowledge and experience about the physical, emotional, and social development of children to give your baby care that's just right for their age and stage of life.

- **Plan ahead** – Choose a pediatrician before your baby's birth, as they will need to see a doctor frequently within the first weeks of life. You may want to interview several pediatricians before selecting one.
- **Board certification** – Choose a board-certified pediatrician who has passed a rigorous exam given by the American Board of Pediatrics. Renewal of board certification requires pediatricians to continue their medical education, provide high-quality patient care, and maintain a valid medical license.
- **Location** – Choose a pediatrician with an office close to your home, workplace, daycare, or other convenient location.
- **Payment** – Make sure your chosen pediatrician accepts your current insurance. If you do not have insurance or the office does not accept your plan, ask about what out-of-pocket expenses can be expected. You may also want to confirm your co-payment, laboratory fees, and other potential expenses.
- **Office staff** – The pediatrician and staff should follow the “no question is stupid” philosophy.
- **What to ask** – Discuss any concerns you may have about your baby's care with the pediatrician.
 - When will your baby's first appointment likely be, after being discharged from the hospital?
 - What is the typical schedule of visits, especially in the first year?
 - If the pediatrician is part of a group practice, will you typically see your own pediatrician or another member of their team?
 - If the pediatrician is in a solo practice, who covers when they are unavailable?
 - Does the practice have an after-hours answering service?
 - Who will return your after-hours calls?
 - Is emergency coverage available 24 hours a day, 7 days a week?
 - Does the office provide helpful printed or online materials for families of new patients?
 - Are lab work and other tests completed on-site, or will they require you to drive to another location?
 - Is the practice equipped with electronic medical records to ensure continuity of care in case your child needs a pediatric specialist?
 - Does the practice offer secure online access to your child's immunization records, medical history, prescription renewals, and other relevant services?
 - What is the pediatrician's philosophy of care?
 - What safety measures does the pediatrician recommend, such as what type of car seat you should have?
 - What is the pediatrician's philosophy about breastfeeding and bottle feeding?
 - What are the pediatrician's thoughts about circumcision?

Texas Children's Pediatrics' (TCP) extensive physician network includes more than 200 board-certified pediatricians throughout the greater Houston area, offering full-service pediatric care including:

- | | |
|--|--------------------------------------|
| • Prenatal consultations | • Preventative healthcare |
| • Newborn care | • Care of illnesses |
| • Vaccinations and immunizations | • School, sports, and camp physicals |
| • Well-child visits | • Hearing and vision screening |
| • Care and treatment of minor injuries | • Healthcare and nutrition education |

To find the TCP location most convenient for you and your child, call 281-351-KIDS [5437] or visit texaschildrenspediatrics.org.

Research Studies in Women's Health

Baylor
College of
Medicine

DEPARTMENT OF
OBSTETRICS &
GYNECOLOGY

Our Obstetricians and Gynecologists are committed to improving the lives of all women and their children through research that increases our understanding of women's health issues and enhances our ability to prevent, diagnose, and treat those health issues.

To participate in a clinical trial, visit our website at www.bcm.edu/obgyn under "Research" or email us at obgynresearch@bcm.edu.

About Our Research

Our research topics span from pre-pregnancy to menopause:

- Reproductive health, including fertility, contraception, and disease conditions such as endometriosis
- Gynecologic health and disease conditions, such as fibroids and gynecologic cancers
- Health and wellness in pregnancy, including multiple pregnancies
- Pregnancy-specific disorders such as preterm birth, stillbirth, and preeclampsia
- Women's health over time, with a focus on menopause and wellness later in life
- Prenatal diagnosis and care of fetal disorders
- The genetics of pregnancy, reproduction, and the developing fetus
- Women's health imaging
- Immunizations

What to Expect When You Are Participating in Research

- You will undergo a screening process to see if you meet the requirements to participate in a specific study.
- Once enrolled in a study, our highly trained research staff will work alongside your provider to conduct the study. This may include examinations, lab work, a treatment plan, procedure, or sample collection.
- Data may be extracted from your medical record, with your permission, if it is needed as part of a study.
- Participation in research is voluntary, always. You may decide not to participate at any time.

Our Research Environment

- State-of-the-art technologies and scientific applications
- CAP and CLIA-accredited laboratories, ensuring the highest standards of laboratory testing and practices
- Accredited by the Joint Commission, reflecting our commitment to the safest, highest-quality care
- OHRP and FDA registered IRB; HIPAA compliant, for maximum patient protection and privacy
- Dedicated research staff comprised of OB/GYN physicians, nurses, certified nurse midwives, research coordinators, and laboratory personnel

Affiliates

Our research is a collaborative effort involving:

- Baylor College of Medicine
- Texas Children's Hospital
- Harris Health System
- Private practice physicians and nurse midwives

Our Sponsors

Our research efforts are funded by international, national, and local organizations, including:

- National Institutes of Health (NIH)
- March of Dimes Birth Defects Foundation
- Burroughs Wellcome Fund
- Cancer Prevention Research Institute of Texas
- Institution-Sponsored Research
- Industry-Sponsored Research



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