

Pregnancy Information

Frequently Asked Questions

How many weeks/months am I?

Pregnancy length is measured from the first day of your last menstrual period. There are 40 weeks in an average pregnancy, with the assumption that you conceived about 2 weeks after your period started. In many cases, your due date is calculated based on your last period. However, your due date may be adjusted based on the first trimester ultrasound.

We also talk about “trimesters” of the pregnancy. The first trimester includes conception up to 13 weeks, the second 13-26 weeks, and the third is 26 weeks until delivery.

Is ultrasound safe?

Obstetric ultrasound has been extensively studied and found to be safe for mom and baby. The current recommendations are to limit the use of ultrasound to that which is medically useful or necessary. In our office, we typically do ultrasounds at the following points: initial visit to confirm viability, an optional ultrasound for Down’s Syndrome screening, a detailed ultrasound around 26 weeks to assess baby’s anatomy, and an ultrasound for growth and fetal well-being at about 34 weeks. Other ultrasounds may be done based on medical necessity.

What/how much should I eat during pregnancy?

We need an average of only 300 extra calories daily during pregnancy. Many women think they need to “eat for two”, but this would only lead to excess weight gain. For most women, the recommended weight gain is 1 pound per month for the first 3 months, then one pound per week through the rest of the pregnancy. Small frequent meals can help with nausea, heartburn, and feelings of low blood sugar. Eat what sounds good to you, but do your best to make good food choices.

Fish consumption is limited in pregnancy due to the potential for mercury accumulation in the fish. The FDA recommends avoiding fish such as shark, tilefish, swordfish, and king mackerel. Shellfish, shrimp, and smaller fish (snapper, catfish, salmon, and tilapia) are lower in mercury, and up to 12 ounces a week is recommended. Canned tuna is low in mercury and can be included in the 12 ounces per week recommendation. If you would like more information on fish in pregnancy, please visit www.epa.gov/waterscience/fishadvice/advice.html.

Unpasteurized cheeses (ex: brie, feta, queso fresco) and deli meats can carry Listeria, a bacterium that can cause miscarriage and fetal infection. While this is very uncommon in the US, it is wise to avoid regular intake of these products. Listeria is killed by high temperatures, so deli meats heated in the microwave until steaming are safe.

Raw fish and meats can carry parasites and other microbes that could cause potential harm to the mother and fetus. While these infections are extremely rare, it is wise to avoid raw meat and fish for this reason.

There is no safe limit of alcohol in pregnancy. Complete avoidance is the best policy. Caffeine is safe in small quantities (1-2 caffeinated beverages daily).

Can I exercise?

Continuing regular activity during pregnancy is great for you and your baby. If you have an uncomplicated pregnancy, you can continue your regular exercise routine with a few modifications. When doing cardiovascular exercise, it is best to keep your heart rate under 140 beats per minute. The best guide for this is, while exercising, you should be able to have a conversation with the person next to you without being out of breath. By keeping to this recommendation, you will have good blood flow to the uterus and your large muscle groups. If you are working out with weights, modify any exercises that require you to be flat on your back or flat on your stomach after 12 weeks of pregnancy. Abdominal exercises should be avoided during pregnancy.

If you don't have a regular exercise routine, walking for 20-30 minutes several times a week can be helpful. You may also consider a prenatal yoga or pilates class.

In some cases, complications such as bleeding, preterm labor, or high blood pressure will prevent you from being able to exercise, but for most women, regular exercise is a great way to prevent excessive weight gain, reduce stress, and keep the physical strength necessary to deliver and care for a new baby.

What about sex?

Sexual intercourse is safe in pregnancy unless you have complications such as bleeding, preterm contractions, or a low-lying placenta. While sex may make you have mild contractions, it will not make an otherwise healthy pregnant woman go into premature labor. Unless we tell you otherwise, continue your normal sexual practices if you want to.

Can I get my hair colored?

Hair color, including highlights, is safe during pregnancy. The portion of hair that is outside of the scalp is dead tissue and does not absorb anything into the bloodstream. If you normally have your hair colored, we recommend waiting until after the first trimester to have it done.

Can I paint my baby's room?

Inhaling paint fumes is not good for anyone, pregnant or not. While normal, casual exposure to paint does not cause birth defects, use good judgment if you are painting and make sure the room is well ventilated.

Can I take a bath?

Exposure to very high temperatures (>103F) for long periods of time in baths, hot tubs, or saunas can increase the risk of spina bifida during the first two months of pregnancy. Normal temperature baths (98-101F) are safe and can be very relaxing. If you are concerned, put a thermometer in your bathtub.

Can I travel?

If you have an uncomplicated pregnancy it is safe to travel until you are likely to go into labor. We generally recommend staying close to home after 36 weeks, and not leaving the country in the third trimester (26-28 weeks) unless absolutely necessary. Flying is safe in pregnancy, but may increase your risk for blood clots, so wear support hose on long flights and move about the cabin at least once per hour. With long road trips, make frequent rest stops to stretch your legs and maintain circulation.

What if I have a cat?

Outdoor cats can be exposed to Toxoplasmosis and can pass this parasite to humans through the feces. One could acquire it by changing the litter box of an infected cat. If your cat goes outside, have someone else change the litter box when you are pregnant, or wear gloves and wash your hands well. If your cat lives inside and only eats processed cat food, he/she cannot get the disease. Cuddling with your cat is safe and will not expose you to the disease. Dogs are not affected. Toxoplasmosis can be harmful to a developing fetus, but is very rarely seen in the US.

What vitamins/supplements should I take?

Folic acid is a B vitamin that has been shown to reduce the risk of neural tube defects (ex: spina bifida). It is recommended to have 1 mg (1000 micrograms) during the month prior to pregnancy and for the first two months after conception to reduce this risk. More folic acid may be recommended if you have a personal or family history of spina bifida, including a prior affected child.

A prenatal vitamin is a general multivitamin with 800-1000 micrograms of folic acid, as well as calcium and iron. Most women continue their vitamins throughout the pregnancy to help reduce anemia and make up for any imperfections in their diet.

After 12 weeks of pregnancy, the baby begins to make bone and will draw the necessary calcium from your bones. To prevent bone loss, 1000-1500 mg of calcium is recommended. This recommendation equates to 4-5 servings of milk, yogurt or dairy each day. Since this may be difficult to consume, a calcium supplement may be needed to make up the difference. There are a variety of supplements available to meet this need. Please let us know if you need any recommendations.

Essential Fatty Acids may help fetal eye and brain development, improve maternal skin, hair and nails, and are also passed into the breast milk. Many prenatal vitamins include these fatty acids and they are found in fish.

Do I have to lie/sleep on my left side?

When we lie on our back, the large blood vessels that run close to the spine can be compressed by the pregnant uterus. In the third trimester, this can decrease blood flow to the baby. At the same time, blood flow to your head can be decreased and you may feel dizzy and lightheaded. While there is no evidence that lying on your back sometimes is harmful, blood flow to the baby will be maximized if you tilt your abdomen to the left or right.

Should I have the baby tested for Down's Syndrome and other diseases?

Testing your baby for disease prior to birth is a personal choice. Depending on your age, family history and race, you may be at higher risk of having a baby with a certain disease. Caucasians are more likely than people of other races to carry the gene for cystic fibrosis, for example. African Americans are more likely to carry the gene for sickle cell disease, and people of European Jewish ancestry are more likely to carry the gene for Tay Sach's disease. Blood tests can be done to see if you carry the gene for these diseases, to help establish whether the baby may be affected.

Down's Syndrome occurs when there is an extra copy of chromosome 21. While it can happen to anyone, the chance increases as the mother gets older. At age 35, the risk of having a baby with Down's Syndrome or other chromosomal abnormalities is about 1/200, and at age 40 is about 1/50. Women who are age 35 or older may choose to have an amniocentesis (fluid withdrawn from the amniotic sac and tested for number of chromosomes) to have a definite diagnosis. Other non-invasive tests are also available, but are not 100% accurate. There are multiple methods for screening in the first and second trimesters. Women of any age may choose to do these non-invasive tests. Some patients choose not to do any testing because the results would not change their feelings or choices about the pregnancy. If you have any questions, please let us know. We want you to make an informed decision regarding all prenatal testing.

Can I go to the dentist?

Routine dental work is safe during pregnancy and we recommend you keep up with your normal dental health routine. Most dentists will require a note from us saying that the visit is safe, and we can give you documentation to take with you if needed. If you need extensive dental work, we can discuss the best options for medications with your dentist.

Where will I deliver?

Dr. Connie Faro and Dr. Jonathan Faro deliver at the Woman's Hospital of Texas and Texas Children's Pavilion for Women. Both facilities have state of the art labor and delivery units.

Anesthesia and neonatology services are available 24 hours a day, and all rooms are large and private with private bathrooms. Neonatal intensive care is available in both hospitals, and both encourage “rooming in” so that you are not separated from your baby. Lactation consultation services are available to assist you with breastfeeding after delivery.

How do I register at the hospital and take a tour?

Woman’s Hospital – You can register online by visiting www.womanshospital.com and clicking on “Account Management” and “Online Hospital Preregistration”. If you would like to schedule a tour or class, the schedule can be found on the website under “Patient Education” and “Classes and Tours”.

Texas Children’s Pavilion for Women – You can register by completing this form (<http://women.texaschildrens.org/Prereg/>) and faxing it to 832-825-9404. Information on classes and tours can be found at http://reg.abcsignup.com/reg/reg_webpage.aspx?wk=0026-0011-7608ca7df90446f98c8b7f311d8a96f5

When will I deliver?

Most people deliver close to their due date. About 10% of women deliver before 37 weeks. It is more common to go past your due date in your first pregnancy than in subsequent pregnancies. While it is sometimes safe to go as long as 2 weeks over the due date, we generally recommend induction at 41 weeks. If you have had a preterm (<37 weeks) delivery before, you are more likely to have another preterm delivery.

If you are planning a cesarean section, we generally will schedule it at 39 weeks.

Who will deliver me?

Both Dr. Connie Faro and Dr. Jonathan Faro cover all of their own deliveries as long as they are in town. They take weekend call for each other on alternating weekends. Even if Dr. Connie Faro or Dr. Jonathan Faro are not on-call during the weekend, they do their best to attend to those deliveries if they are available.

How long will I stay in the hospital?

After an uncomplicated vaginal delivery, you can expect to stay 24-48 hours. After an uncomplicated c-section, you can expect to stay 48-96 hours. Most c-section patients are seen in the office 2 weeks after delivery and 6 weeks after a vaginal delivery.

Who will my baby’s doctor be?

You will need a pediatrician who has privileges at the Woman’s Hospital of Texas or Texas Children’s, whichever you choose for delivery. He/She will see the baby before discharge. If you do not have a pediatrician, we are happy to recommend some excellent physicians for you to

consider. Some patients like to meet with the doctor prior to delivery, or you may be comfortable meeting them in the hospital. After discharge, the first visit with the pediatrician is usually at 2 weeks of life, and you can make this appointment as soon as the baby is born.

Should I take a childbirth class?

If this is your first baby, you may want to take a childbirth class. While this is not required, it may help you to be more comfortable regarding what to expect during labor and delivery. Most people take a class in the last 2-3 months of pregnancy. There are a variety of options for these classes, and you can schedule them with the hospital or other locations.

Should I get an epidural?

This is a personal choice. Epidurals are a safe and effective means of controlling the pain associated with childbirth. Complications from an epidural are extremely rare and often easily corrected. You do not have to make any arrangements for an epidural prior to your delivery day. Anesthesiologists are available 24 hours a day to help you whenever you request their services.

Should I collect my baby's cord blood?

Blood from your baby's umbilical cord contains stem cells, which may be collected and stored after the baby's birth. Stem cells have numerous current and possible future medical uses that warrant consideration. There are a variety of places available for cord blood and tissue collection and storage. We can offer additional information if you are interested.

When should I call the doctor? How do I contact my doctor in an emergency?

If you have a true emergency that cannot wait until the office opens (if you are in labor, for example), our office number will prompt you to connect to an operator who will page the doctor on call.

Reasons to call:

- bleeding that is more than spotting (especially in first and second trimester)
- persistent cramping
- any severe pain
- fever > 101F
- vomiting that is preventing fluid intake for more than 24 hours
- leaking of fluid
- decreased or absent fetal movement
- regular, painful contractions

If you think you are in labor, and you are more than 36 weeks, call when your contractions are 5 minutes apart or less for at least an hour. If you are worried or not sure if you are in labor, it is always best to call. If you feel you need to go to the hospital at any time, please call us first so that the doctor on call can advise you and let the hospital know you are coming.

Information about Visits

At each visit, we will record your weight and blood pressure, check your urine, listen to the baby's heartbeat and assess the baby's growth.

Dr. Faro has a Nurse Practitioner who is an advanced practice nurse with a Master's Degree in Women's Health and many years of experience in obstetrics. The Nurse Practitioner may see you on your regular visits or at times when Dr. Faro is unavailable or running late.

1st Visit – 6-12 weeks from last period. During this visit, an ultrasound will be done to confirm dating of your pregnancy, monitor fetal growth and well-being of the pregnancy. During the first trimester (through 12 weeks), a variety of blood tests will be completed to identify your blood type, blood counts, immunity to Rubella, as well as tests for exposure to HIV, hepatitis, and syphilis. Other testing may be completed based on individual needs.

Subsequent visits will be scheduled approximately every 4 weeks or as needed based on each patient's individual needs until 28 weeks of pregnancy.

26-28 Weeks – A detailed ultrasound will be performed to survey the baby's anatomy. We can usually see the sex of the baby at this time, if desired.

24-28 Weeks – Testing for gestational diabetes will be done at this time. You will be given a sugary drink and then have your blood drawn in the lab one hour later. If this first test is high, you will be asked to do a second test that requires blood draws over the course of 3 hours. If your blood type is Rh negative, you will receive a shot of RhoGam around 28 weeks. During this time, you should also begin to consider identifying a pediatrician, preregistering at the hospital, sign up for childbirth preparation or other classes, and consider whether you will desire cord blood banking and circumcision.

After 28 weeks, you will have visits every 2 weeks until 36 weeks, then weekly until delivery.

36-40 Weeks – testing for Group B Strep (GBS) will be done with a vaginal/anal swab. GBS is a harmless bacterium that many women carry, with no symptoms. In some cases, it can lead to a serious neonatal infection. If you are a carrier of GBS, you will be given antibiotics while in labor to prevent this infection in your new baby. Additionally, your cervix will be checked during these visits for dilatation and effacement, and to make sure the baby's head is down.

We do our best to be on time but occasionally, Dr. Faro may be delayed at the hospital with deliveries or surgery. We will do our best to inform you of the delay, if possible. In some cases, the nurse practitioner may be available to see you and can relay any questions you have to Dr. Faro if they are not answered.

MEDICATION INFORMATION

If your symptoms continue after trying these medications, please let us know. Many times there are prescription options that may be helpful.

Headache:

Ok to take: Tylenol (acetaminophen) or Excedrin

Do Not Take: Aspirin, Advil, Ibuprofen, or Motrin

Call: Dizziness or blurred vision, headache does not improve with above treatment.

Cold/Flu:

Ok to take:

Tylenol or Excedrin for aches/pains

Sudafed for congestion

Robitussin or Tussinex for coughing

Chloraseptic/Cepacol lozenges for sore throat

Call: fever >101F, productive cough, no improvement in symptoms after 2-3 days, anytime you are worried

Allergies:

Ok to take: Benadryl, Claritin, Zyrtec

Constipation:

Ok to take: Miralax, Benefiber, Milk of Magnesia, Colace

Diarrhea:

Ok to take: Kaopectate, Gatorade (for dehydration), Mylanta

Avoid: Immodium

Call: Fever >101F, No improvement in 2-3 days, weak/dizzy

Nausea/Vomiting:

Ok to take: B6, Ginger Tea, Ginger Ale, Emetrol

Call: Unable to keep liquids down for >1 day, weak/dizzy

Heartburn/Gas:

Ok to take: Tums, Mylanta, Maalox, Zantac ((150mg twice a day), Pepcid

Call: Severe abdominal pain

Hemorrhoids:

Ok to take: Preparation H or Anusol, witch hazel, tucks pads

Nose Bleeds or Bleeding Gums:

Common in pregnancy.

Call: Persistent or if you are worried.

Leg Cramps (both legs):

Ok to take: Oscal 500 or similar over the counter calcium, twice per day

Call: If only one leg is hurting.

Dental Care:

Ok to: see dentist, have x-ray with abdominal shield, get “novacaine”, some antibiotics and some pain medications. Have dentist call us to discuss medications.