

Welcome

Congratulations on Your Pregnancy!

We are happy you trust our team at Emory Healthcare to care for you and your baby through your pregnancy and delivery. Awaiting the birth of a child is an exciting time, and we know that it can also be stressful. You might be overwhelmed with information from friends, family members and others throughout your pregnancy.

We hope that you will use this booklet as a resource through the next nine months of changes, questions and appointments. This book does not have every piece of information that you will need, so we also encourage you to ask questions. Our knowledgeable doctors, nurses and advanced practice providers are available at our offices, by phone and electronically on the patient portal.



Our Facilities

About Delivering at Emory Healthcare

At Emory, our highly trained team has decades of experience in providing the best obstetrical care to every person. We have cared for thousands of moms and pregnant patients, and we know that every pregnancy is unique. We are committed to providing resources on healthy pregnancy and childbirth options, routine prenatal care and screenings, and management of healthy pregnancies. Some resources are available both online and in print. We strive to combine the latest technology and guidelines with a hands-on approach to care for you and your baby.

We have eight different locations for your prenatal clinic care and three hospitals available for delivery services to offer you extensive choice and availability. You can choose any of our locations and can deliver at any of our Emory sites. This allows for you to be seen in clinic at whichever location is most convenient for your daytime and weekday needs and then deliver closer to home, if desired. All our providers use the same clinic medical records and culture of care. Our Emory practices spend time together collaborating on patient care excellence to ensure you receive the same personalized care at all our facilities.

During your pregnancy, you will have at least two ultrasounds in the Emory Perinatal Center which can take place at Emory University Hospital Midtown or Emory Decatur Hospital. Additionally, some women face special challenges during pregnancy due to diabetes, high blood pressure, heart conditions or advanced maternal age. Our maternal-fetal medicine specialists, who will help you manage any high-risk health issues you may face during your pregnancy, are based at one of our Emory Perinatal Centers.

OB/GYN Prenatal Services Available At:

**Emory Clinic,
Building A***
1365 Clifton Road, NE
4th Floor
Atlanta, GA 30322
**Located on Emory University
Hospital campus*

**Emory Clinic, Emory
University Hospital
Midtown**
550 Peachtree Street NE
Medical Office Tower,
8th Floor
Atlanta, GA 30308

Emory Clinic*
5673 Peachtree
Dunwoody Road
Suite 700
Atlanta, GA 30342
**Located on Emory Saint
Joseph's Hospital Campus*

**Emory Women's Center
at Johns Creek**
6335 Hospital Parkway
Suite 502
Johns Creek, GA 30097

**Emory Women's Center
at Decatur**
2665 North Decatur Road
Suite 630
Decatur, GA 30033

**Emory Perinatal Center
Emory University
Hospital Midtown**
550 Peachtree Street NE
Medical Office Tower,
15th Floor, Suite 1520
Atlanta, GA 30308

**Emory Perinatal Center
Emory Decatur Hospital**
2675 North Decatur Road
Suite 408
Decatur, GA 30033

**Emory Women's Center
at Hillandale**
5900 Hillandale Drive
2nd Floor, Suite 245
Lithonia, GA 30058

Delivery Services Available at:

**Maternity Center at Emory
University Hospital Midtown**
550 Peachtree St. NE
Atlanta, GA 30308

**Maternity Center at Emory Johns
Creek Hospital**
6325 Hospital Parkway
Johns Creek, GA 30097

**Maternity Center at Emory
Decatur Hospital**
(Dr. Bobbie Bailey Tower &
Surgery Center)
2701 North Decatur Road
Decatur, GA 30033



Our Care Providers

The Emory pregnancy care team includes obstetricians, maternal-fetal medicine specialists, advanced practice nurses, genetic counselors, ultrasonographers, specially trained nurses, medical assistants and scheduling coordinators.

Our obstetricians are faculty members of the world-renowned Emory University School of Medicine. They train the next generation of physicians by teaching medical students and residents, which requires knowledge of the very latest in evidence-based practices. They bring together innovations and experience to provide patients with the very best care.

During your pregnancy, you are welcome to see any provider you would like. We work as a team, and we all have a similar approach to managing pregnancy, labor and delivery. Our providers work on a rotating call schedule to ensure that there is always a faculty obstetrician in the hospital, 24 hours a day, 7 days a week. No matter who is on call when you go into labor, the goal remains the same: to help facilitate your birthing goals and ensure you have a safe delivery.

At some of our facilities you may encounter some of our trainees, who are always under the supervision of a faculty obstetrician, and we appreciate your willingness to participate in training tomorrow's doctors. If you have any questions regarding residents or students, don't hesitate to ask. All of your clinic care will be provided by providers, physicians or advanced practice nursing providers. Our physicians will always be at your delivery.

Maternal-Fetal Medicine specialists, or perinatologists, complete the four year training necessary to become obstetricians and then pursue three years of additional training to specialize in high-risk pregnancies.



Prenatal Appointments

In order for your provider to have the most effective appointment with you, it is important that you are on time. We recommend that you arrive 15 minutes before your scheduled appointment time in order to check in with the front desk. If you are more than 20 minutes late, you may have to wait or reschedule your appointment for another day.

PRENATAL VISIT SCHEDULE: Although visit schedules can differ based on the unique needs of each pregnancy, we've included a typical schedule so that you can know what to expect. At every visit, we will discuss how you are doing, any new signs or symptoms you are experiencing, and any questions you may have regarding your pregnancy.

NOTE: We recommend that you receive the flu vaccine as soon as it becomes available. Please see page 8 for more information.

Timing	Purpose	Activities	Tests	Reason/Education
1st and 2nd Trimesters: Monthly Visits				
Week 6-10 The week of your appointment is measured as the amount of time since the first day of your last menstrual period.	New OB Appointment	- Confirm pregnancy - Discuss your medical history and do a physical exam - Perform pap smear, if needed, and test for possible infections - Obtain blood work: blood type, blood count, immunity to rubella, testing for hepatitis B, HIV and syphilis - Discuss any genetic screening you may wish to have completed - Perform a bedside ultrasound to detect fetal heartbeat, measure baby and set dates (please note that heartbeat is not detectable until the 6th or 7th week) - Discuss vaginal bleeding in pregnancy and when to be concerned	Blood Type Complete blood count Cystic fibrosis screen (optional) Gonorrhea & Chlamydia testing Hemoglobin electrophoresis Hepatitis B HIV Pap Smear Rh factor antibody screen RPR (Syphilis) Rubella screen Urine culture & sensitive	In case you need a blood transfusion To test for anemia or signs of infection To test if the mother is a carrier for the cystic fibrosis gene To see if you have these infections To test for Sickle Cell Anemia and other blood diseases (recommended for everyone) To test if you have a hepatitis B infection To test if you have an HIV infection To check for signs of cervical cancer or infection To test whether you are Rh + or - and determine if a RhoGAM administration is necessary To test if you have a syphilis infection To test if you are immune to rubella (also known as German measles) To rule out a urinary tract infection

Timing	Purpose	Activities	Tests	Reason/Education
1st and 2nd Trimesters: Monthly Visits				
Weeks 10-14	Check in on your health and symptoms as well as answer any questions	- Listen to baby's heartbeat - Review your lab work Also, schedule a separate visit with the Perinatal Center to have an ultrasound (see below).	Additional optional screening for genetic diseases: For women aged 35 or older at the time of delivery, we recommend a genetic counseling appointment at 10 to 13 weeks to discuss genetic testing options, including first trimester screening, cell-free fetal DNA testing, chorionic villus sampling and amniocentesis. All patients have the option to pursue non-invasive genetic testing.	
Weeks 11-13	Ultrasound in the Perinatal Center	Confirm the date of the pregnancy If possible, you can schedule this visit to coincide with your regular OB visit for your convenience.	Additional optional screening for genetic diseases. All patients have the option to pursue non-invasive genetic testing.	
Weeks 15-18	Check in on your health and symptoms as well as answer any questions	- Check uterine size and baby's heart rate - Obtain additional blood work - Check weight, blood pressure and urine	Alpha-fetoprotein (AFP) screening	Drawing your blood to screen for risks of fetal spinal cord abnormalities (must be completed by the end of week 20)
Weeks 18-22	Check in on your health and symptoms as well as answer any questions	- Check uterine size and baby's heart rate - Check weight, blood pressure and urine Also, schedule a separate visit with the Perinatal Center to have an ultrasound.		Breastfeeding education will occur throughout your prenatal care, beginning in the first trimester through postpartum visits.
Week 20	Anatomy Ultrasound in Perinatal Center	- Monitor the fetus' growth, proportions and health - Gender can be determined If possible, you can schedule this visit to coincide with your normal OB visit for your convenience.		
Weeks 24-28	Check in on your health and symptoms as well as answer any questions. Test for Gestational Diabetes Screen	- Measure uterine size - Check baby's heart rate - Glucose tolerance test (takes one hour to complete – no fasting required) - Inject RhoGAM shot if your blood type is Rh negative 2nd prenatal education packet will be distributed - Check weight, blood pressure and urine	Anemia Screen	To test for low iron levels in the blood
			Complete blood count	To check blood counts
			Glucose tolerance test	To test for gestational diabetes. You should eat what is normal for you. You do not need to fast.
			Tdap vaccination is offered	To protect baby from whooping cough (note: can be administered between 27 and 36 weeks; for more information, see the next page)

Timing	Purpose	Activities	Tests	Reason/Education
3rd Trimester: Visits every two weeks until 36 weeks, then weekly visits until delivery				
Week 30	Check in on your health and symptoms as well as answer any questions	• Measure uterine size • Check baby's heart rate • Check weight, blood pressure and urine		We will confirm breastfeeding recommendations and highlight hospital efforts and opportunities
Week 32	Check in on your health and symptoms as well as answer any questions	• Measure uterine size • Check baby's heart rate • Check weight, blood pressure and urine		Discuss signs of labor and when to call or come into our labor and delivery for evaluation
Week 34	Check in on your health and symptoms as well as answer any questions	• Measure uterine size • Check baby's heart rate • Check weight, blood pressure and urine		We will discuss delivery planning and options. If induction is being considered, we will discuss the process of induction of labor. If cesarean is considered or recommended, scheduling and process discussion will begin.
Week 36	Check in on your health and symptoms as well as answer any questions	• Measure uterine size • Check baby's heart rate • Check weight, blood pressure and urine	Group Beta Strep culture (GBS)	To test for presence of GBS (present in healthy women 30% of the time). If positive, you will need antibiotics in labor. Discuss pain relief preparation and options for labor and delivery
Week 37-Delivery	Weekly Appointments	• Measure uterine size • Check baby's heart rate • Check cervix if needed • Check weight, blood pressure and urine		Weekly opportunities to discuss delivery and hospital experience. Discuss options for length of stay after delivery
Week 41		• Induction of labor or non-stress test/biophysical profile every 3-4 days until delivery at 42 weeks		

Vaccinations

Between 27 and 36 weeks, we recommend that you receive a Tdap vaccination to protect your baby from pertussis (whooping cough). This vaccine is optional, but exposure to pertussis can be very dangerous or even fatal to a newborn. The CDC recommends that all pregnant women receive the vaccine and that any person who will be in close contact with the infant (your partner, other children or grandparents) be up to date as well.

Pregnant women are at a higher risk for complications if they contract influenza or the flu. The CDC recommends that women who are pregnant during flu season receive a seasonal influenza vaccine as early as possible. This vaccine can protect the mother and her baby before and after birth. The nasal spray vaccine is not recommended for pregnant women, but there have been numerous studies that show that the traditional flu shot is safe for both pregnant mothers and their babies. As new conditions occur, new vaccines may be available and recommended. Please ask about any concerns or vaccination options.

Nutrition

During pregnancy, it is especially important to have healthy nutrition because you're feeding both yourself and your baby. The common saying that you're "eating for two" isn't quite true because you won't need to double the amount of food you routinely eat. After the first trimester, you'll need about 300 to 400 extra calories per day to fuel your extra energy need. Your provider will talk to you about your individual weight gain goals, which are determined by your pre-pregnancy weight and height — your pre-pregnancy body mass index (BMI).

BODY MASS INDEX (BMI)	WEIGHT GAIN GOAL
< 18.5 (underweight)	28 – 40 pounds
18.5 – 24.9 (normal weight)	25 – 35 pounds
25 – 29.9 (overweight)	15 – 25 pounds
> 30 (obese)	11 – 20 pounds

A balanced diet with many different types of healthy foods will help give you and your baby the nutrients that you need. The U.S. Department of Agriculture has made a handy chart, My Plate, which can help you visualize a balanced diet.

Healthy Eating During Pregnancy

Grains: Cereals, breads, crackers, rice and pasta are all considered grains. Try to make sure that at least half of the grains you eat are whole grains. Look at the label to see whether the food is made with "100% whole grain." Whole grains (whole-wheat pasta or bread) provide calories to give you long-term energy throughout your day. Grains also provide fiber, which can help keep you from experiencing constipation, a common side effect of pregnancy.

Vegetables: Eating many different types of vegetables can provide your body with different vitamins and nutrients. They can be eaten cooked or raw. All raw vegetables should be washed before eating. In general, dark-green vegetables such as broccoli and kale are especially good to eat while you're pregnant.

Fruits: Nutritious fruits are good to eat during pregnancy. You can buy them fresh, frozen, canned or dried. They provide energy through their natural sugars as well as many healthy vitamins. Vary the types of fruits that you eat to make sure that you get the most benefits. Be sure to wash them carefully, especially when eating them raw. Try to limit the amount of fruit juices that you drink because juices often have fewer nutrients and more added sugar than whole fruits.

If you are vegan or vegetarian, talk to your provider about an eating plan that ensures you get enough protein in your diet.

Dairy: Milk, yogurt and cheeses can all provide much-needed calcium for your body. Some soft cheeses such as Brie, Feta, Gorgonzola and Queso Fresco are unpasteurized and should be avoided. If you don't eat traditional dairy products, you can get calcium through other foods such as spinach, fortified soy or almond milk, black-eyed peas or sardines. If you are worried about your calcium intake, talk to your doctor about taking supplements.

Protein: Protein can come from meats such as chicken and beef, fish, beans, quinoa, tofu or nuts. All of these sources of protein provide energy for you and help with your baby's development. They help maintain muscle and fight diseases. Be sure to avoid meats that are not fully cooked such as rare steaks and uncooked sushi. Also, try to avoid fish that have high levels of mercury like swordfish, tilefish and shark. You can go to [FDA.gov](https://www.fda.gov) to check the mercury levels of different fish.

Healthy Fats: Healthy fats such as those that come from nuts, avocados, eggs and vegetable oils like olive oil, are an important part of a nutritious diet. Fats help you absorb nutrients and provide energy for your body as it does the hard work of making a baby. It is important to make sure that you don't eat too many fats because they are high in calories and can cause you to gain too much weight. Talk to your doctor if you are worried about balancing your fat intake.



Additional Nutrition Concerns

Water: During pregnancy, it is very important that you stay hydrated by drinking lots of water. Dehydration can cause headaches and dizziness. Drinking lots of water can help prevent constipation, edema (swelling) and urinary tract infections. We recommend 8-10 eight ounce glasses of water per day and more if you exercise.

Folic Acid: Folic acid is a B vitamin that is necessary for the healthy growth of your baby. This vitamin can protect your baby from birth defects, including spina bifida. Folic acid is found in leafy, green vegetables like spinach and in citrus fruits like oranges. The CDC recommends that all women of childbearing age consume 400 micrograms (mcg) of folic acid daily. It can be difficult to get enough folic acid through your diet alone, so we recommend that all women who are pregnant or who may become pregnant take supplemental folic acid either alone or in a prenatal vitamin. To have an effect on your baby, you should begin to take folic acid as soon as possible in your pregnancy.

Prenatal Vitamins: During pregnancy, you will need more calcium, iron and folic acid than usual to support your growing baby. These nutrients can be obtained through a healthy diet which contains all of the food groups like meats, beans, vegetables, dairy products, whole grain breads and cereals. You should also take a prenatal vitamin, which is designed to have the nutrients that are important for a healthy pregnancy. Any pharmacy or grocery store will have a large selection of prenatal vitamins. Be sure to look for folic acid, iron and calcium in the vitamin, but you can choose any brand that you prefer.

If you have difficulty taking pills, look for a prenatal vitamin that comes in a chewable or gummy form.

Caffeine: Although most studies show that caffeine intake in moderation (one to two cups of coffee per day) is okay, some research shows that large amounts of caffeine are associated with miscarriage, premature birth, low birth weight and withdrawal symptoms in infants. To be safe, we recommend that you avoid caffeine during the first trimester and limit it to fewer than 300 milligrams (mg) per day during the rest of your pregnancy. Caffeine is a diuretic, which means that it helps eliminate fluids from the body. This can result in water and calcium loss. It is important that you are drinking plenty of water if having caffeinated beverages.

Alcohol: There is no amount of alcohol that is known to be safe during pregnancy, so alcohol should be avoided during pregnancy. Prenatal exposure to alcohol can interfere with the healthy development of the baby. Depending on the amount, timing and pattern of use, alcohol consumption during pregnancy can lead to Fetal Alcohol Syndrome or other developmental disorders. If you consumed alcohol before you knew you were pregnant, stop drinking now. You should continue to avoid alcohol during breastfeeding.

Tobacco: Smoking and using tobacco products can lead to a greater chance of miscarriage or stillbirth. Smoking also increases your chance of having a premature delivery. Exposure to second-hand smoke also increases these risks. If you or someone in your household smokes, now is the time to quit in order to avoid harming your baby. Please talk to your doctor if you smoke or you are exposed to second-hand smoke. Your doctor can give you resources to help you quit.

Foods to Avoid

While you are pregnant, it is important to be extra cautious with the foods that you eat to protect your baby. There are many foods that are typically safe for normal consumption that you should not eat while you are pregnant. This short guide will help explain what foods you should avoid.

Food to Avoid	Reason
Raw or undercooked meat, including raw seafood found in sushi, rare and undercooked beef or poultry.	These foods can be contaminated with coliform bacteria, toxoplasmosis or salmonella, all of which can infect your baby or cause miscarriage.
Deli meats. You can eat them if you have reheated them until they are steaming.	They can be contaminated with Listeria which can cross the placenta to your baby, causing infection, blood poisoning or even miscarriage.
Fish with high mercury levels such as shark, swordfish, king mackerel and tilefish. Canned, chunk light tuna generally has low levels of mercury and is safe to be eaten.	Mercury consumed during pregnancy has been linked to developmental delays and brain damage in the baby.
Refrigerated smoked seafood, labeled as lox, nova style, kippered or jerky. This type of fish is often found in the deli section. Canned or shelf-safe smoked seafood is usually ok.	This fish can be contaminated with Listeria which can cross the placenta to your baby, causing infection, blood poisoning or even miscarriage.
Fish exposed to industrial pollutants, particularly fish caught in local waters that are contaminated with high levels of polychlorinated biphenyls. This includes bluefish, striped bass, salmon, pike, trout and walleye. This does not include those fish that are purchased at a grocery store, only those you catch yourself.	Please contact the local health department or the Environmental Protection Agency to determine which fish are safe to eat in Georgia.
Raw shellfish such as oysters, clams and mussels. Although cooking can prevent some risk of infection, shellfish should be avoided.	Undercooked shellfish causes most of the seafood-borne illness. Cooking does not prevent the algae-related infections that are associated with red tides.
Raw eggs or any foods that contain raw eggs such as homemade Caesar dressing, mayonnaise, homemade ice cream, custard or Hollandaise sauce. If the recipe is cooked, this will reduce the exposure to harmful bacteria. Foods you buy from restaurants and at the store, like mayonnaise and hollandaise sauce, should be made with pasteurized eggs and are safe to eat.	Raw or undercooked eggs can contain salmonella which is a harmful bacterium for both you and your baby.
Imported soft cheeses such as Brie, Camembert, Roquefort, Feta, Gorgonzola and Mexican style cheeses called Queso Blanco or Queso Fresco, unless they clearly state that they are made from pasteurized milk. All soft, not-imported cheeses made with pasteurized milk are safe to eat.	These cheeses can contain the bacteria Listeria which can cross the placenta to your baby, causing infection, blood poisoning or even miscarriage.
Unpasteurized milk or raw milk. Any milk you buy from the grocery store should be pasteurized and safe.	As with unpasteurized cheeses, unpasteurized milk can contain the bacteria Listeria which can cross the placenta to your baby, causing infection, blood poisoning or even miscarriage.
Pate, including refrigerated pate or meat spreads. Canned pate or shelf-safe meat spreads can be eaten.	These refrigerated meat spreads can also be contaminated with Listeria which can cross the placenta to your baby, causing infection, blood poisoning or even miscarriage.
Unwashed vegetables. Washed vegetables are safe to eat, and you should eat them to have a healthy diet.	Unwashed vegetables can be contaminated with toxoplasmosis which is a parasite that can be extremely dangerous for your baby.

Other Pregnancy Concerns

Exercise: Exercising while you're pregnant is an important way to keep your body healthy and your muscles strong for the hard work of delivery. The best types of exercise to do are light to moderate ones such as prenatal yoga, walking, jogging and swimming. A good rule of thumb is that you can continue doing most exercises that you did before your pregnancy. Each individual has a different safe heart rate, so talk to your provider about your heart rate target. While exercising, be sure to drink lots of water to stay hydrated—at least an extra glass for every hour of light exercise.

We recommend avoiding high-impact sports that could cause injury to you or your baby such as soccer, downhill skiing, horseback riding and scuba diving. It is also good to avoid over-heating yourself through activities like Bikram or “hot” yoga. If you plan on going to exercise class, be sure to tell your instructor that you are pregnant.

Overall, it is important to listen to your body's signals. Try not to over-exert yourself while exercising. If you have any questions about specific exercise activities that you would like to do while pregnant, consult your doctor.

Sex: While you are pregnant, it is completely fine to continue having sex with your partner. Your baby is protected and will not be harmed by sex. If you have pregnancy-related vaginal bleeding or a history of miscarriages, your doctor may suggest that you abstain from sex. In the last few weeks of your pregnancy, you may feel uncomfortable due to your body changes. Listen to your body and know that it is perfectly normal to have sex or to abstain.

Travel: For the majority of your pregnancy, you should be able to travel by vehicle or by air as normal. Be sure to wear a seat belt buckled under your belly when travelling by car. If you are taking a long drive, be sure to stop frequently to walk around to avoid blood clots. If you are on a long flight, you will need to drink water during the flight and walk around the cabin. In the last 4 to 6 weeks of your pregnancy, you should not plan on travelling long distances, especially by plane. If there is an emergency and you need to travel a long distance late in your pregnancy, be sure to talk to your doctor for specific recommendations.

Sex is perfectly safe in pregnancy. Your baby is protected and will not be harmed.



Dental Care: The American College of Obstetricians and Gynecologists approves dental cleaning and X-rays for pregnant women. Routine dental care can prevent oral health problems that are associated with heart disease, diabetes and respiratory infections. Sedatives should be avoided, but local anesthetics like Novacaine or Lidocaine are safe. If your dentist requires a permission form from your obstetrician, we have them available.

Hair Dyes: We suggest that during your first trimester, you refrain from coloring your hair or inhaling strong fumes (like those in a hair or nail salon). There is not strong evidence linked to damage as the result of dyeing your hair during pregnancy though, you should always be in a well-ventilated space with limited chemical fumes.

Cleaning: For the most part, cleaning is completely safe during pregnancy. While it is always better to avoid toxins, especially those in household cleaners (like BPA and phthalates) while pregnant, we suggest that if you do use them, make sure the area you are cleaning is kept well-ventilated. There are a variety of safe and effective natural items you may also consider for cleaning. If you opt to use household cleaners, make sure you read the labels and avoid products that read "toxic," "poison" or "corrosive." Do avoid cleaning mold without assistance while pregnant.

If you are a cat owner, it is best to have a friend or family member take over the kitty litter task because you could be exposed to toxoplasmosis. If you must clean your animal's litter box, please protect yourself by wearing gloves and using a scooper.

Domestic Violence

Domestic violence is a pattern of abusive behavior within a relationship which one person uses to gain power or control over their partner. There is no "typical" victim of domestic violence. It can also come in many different forms. Below is a list of some different types of abuse that can be domestic violence:

- **Physical abuse:** hitting, punching, hair pulling, choking
- **Emotional abuse:** name-calling, constant criticism, making you feel worthless
- **Sexual abuse:** forcing or attempting to force sex without consent. Even within marriage or a long-term relationship, sex should always be a choice for both parties. No one can force you to have sex, not even your spouse or partner.
- **Economic abuse:** withholding access to money, creating financial dependence
- **Psychological abuse:** threatening to harm you or someone else, destroying your property, forcing you to be isolated from your family, friends or work

If your partner or someone close to you has a pattern of these behaviors, you should seek help as soon as possible. Our providers are ready to support you, so you can be open with them about any domestic violence you have experienced.

National Domestic Violence Hotline:
1-800-799-SAFE or 1-800-799-7233.

Looking Forward

Fetal Movement: One of the most exciting moments of pregnancy is feeling your baby begin to move. You can expect this to begin happening between 18 and 25 weeks of pregnancy. Initially, the baby's movements will vary in frequency, and it is not a cause for concern if the movement is inconsistent at first. At your 24-28 week appointment, we will give you a worksheet for keeping track of fetal movement.

Breast Feeding: One of the most important decisions that you will need to make as your delivery approaches is whether to breastfeed your child. Breastfeeding gives your baby a number of important benefits such as protection from infections, great nutrition that is easily digested and perfect bonding time with mom. You will have the benefits of giving your baby the best start, saving money, burning extra calories and building a very unique and special nurturing relationship with your baby.

Emory Healthcare encourages breastfeeding, and we provide lots of support for breastfeeding mothers. We have lactation consultants on staff, and all of our doctors and nurses have been trained to help you have the best breastfeeding experience possible. As you get closer to your due date, we will give you more information on breastfeeding. At each appointment, please feel free to talk to your care provider about breastfeeding.

FMLA Paperwork: If you or your partner is currently employed, you may need to fill out Family Medical Leave Act (FMLA) paperwork. FMLA provides unpaid, job-protected leave while you are delivering and caring for your newborn. Our department is happy to complete any medical leave certification forms that your employer may require. You can bring your paperwork to the front desk of either clinical site at one of your prenatal appointments.

We will certify that it is medically necessary for you to take six weeks leave to care for yourself and your baby. This time is standard for both vaginal and cesarean deliveries unless there is a significant medical complication. If you would like to take more time from work to care for your newborn, you should speak to your employer to extend your maternity leave. This extended leave is no longer considered medically necessary and will not require your physician's approval.

Please allow 7 to 10 business days for our department to complete this paperwork. We will return the documents to you via the patient portal, or you can pick them up at the front desk where you submitted them. You may complete this process at any time during pregnancy, and we encourage you to provide us your paperwork as early as possible. Remember: FMLA medical leave is unpaid, so you may want to submit a short-term disability claim to your insurance provider for benefits during your maternity leave.

Looking for more information?

Visit emoryhealthcare.org/womensresources for additional information on topics relating to obstetric care, breastfeeding tips, postpartum and more.



Medications and Discomforts of Pregnancy

Listed below are some common problems that can occur during pregnancy along with our simple self-help suggestions. These are the same suggestions our nurses would provide you if you called the office. If you have any additional questions, please don't hesitate to call. All medications noted should be taken as directed on the product packaging per the manufacturer's instructions. Generic versions of the medications listed will also work.

Colds, Flu, Allergies, Minor Aches and Pains	Indigestion and Heartburn
Take Tylenol® regular or extra strength, Benadryl®, Chlor-Trimeton®, Clantín® or Zyrtec®. - These medications are safe to take at any point during pregnancy, according to manufacturer's instruction. Take Sudafed®, Tylenol® Sinus or Tylenol Cold. - Do NOT take until you are at least 14 weeks into your pregnancy - Do NOT take at any point in your pregnancy if you have high blood pressure. Do NOT take aspirin, ibuprofen, Advil®, Motrin® or Aleve®.	Avoid spicy and greasy foods. Eat smaller and more frequent meals. Drink milk before bedtime. Avoid lying down immediately after you eat. Use books or blocks to elevate the head of your bed three-to-six inches. Take an over-the-counter heartburn relief medicine like Maalox®, Mylanta®, Tums®, Rolaids®, Pepcid® AC or Gaviscon®. These medications are safe to take at any point during pregnancy, according to manufacturer's instruction.
Cough	Leg Cramps
Take Robitussin® or Robitussin® DM. These medications are safe to take at any point during pregnancy, according to manufacturer's instruction. Call your doctor if the cough persists for more than a week.	Wear support hose and avoid high heels. Elevate your feet and take warm baths. Make sure you are getting enough calcium and fluid. Take Tylenol® regular or extra strength. These medications are safe to take at any point during pregnancy, according to manufacturer's instruction.
Constipation	Nausea
Increase your intake of fruits, juices, bran and water (add eight glasses in addition to your normal intake). Take Citrucel®, Milk of Magnesia, Metamucil® or Colace®. These medications are safe to take at any point during pregnancy, according to manufacturer's instruction.	Upon awakening, try eating something dry such as toast or crackers. Instead of eating three large meals, try eating six smaller meals throughout the day. Eat your meals dry, and wait 45 minutes before drinking fluids. Try eating ginger chews. If you feel your nausea is getting worse, try taking one half of a Unisom® (doxylamine) with one tablet of vitamin B6 (50 milligrams) twice daily for two days. If there is no improvement, you can increase the frequency of your medication to four times a day for as long as needed. If you experience vomiting or diarrhea several times within one hour, call our office.
Diarrhea	
Try a clear liquid diet, such as bouillon, gelatin and lemon-lime soda or ginger ale for 48 hours. Take Immodium® A-D or Kaopectate®. These medications are safe to take at any point during pregnancy, according to manufacturer's instruction. If diarrhea persists, call our office.	
Fever	Sinus Headache
Try increasing your fluid intake. Take Tylenol® regular or extra strength. These medications are safe to take at any point during pregnancy, according to manufacturer's instruction. Call our office if your fever reaches 101°F or higher.	Try a sinus rinse with a product like a Neti Pot. You will need to use a sterile water supply by buying distilled water or boiling tap water. Try using a saline solution nasal spray. Try using a humidifier in your home. Increase your fluid intake. Take Tylenol® regular or extra strength or Chlor-Timetón®. - These medications are safe to take at any point during pregnancy, according to manufacturer's instruction. Take Sudafed®, Actifed®, Tylenol® Sinus or Tylenol® Cold. - Do NOT take until you are at least 14 weeks into your pregnancy. - Do NOT take at any point in your pregnancy if you have high blood pressure. Call our office if there is a change in the color of your nasal drainage or if you have a fever of 101°F or higher.
Groin Pain	
Get off your feet and try soaking in a warm tub. Move carefully and avoid sudden movements. Take Tylenol® regular or extra strength. These medications are safe to take at any point during pregnancy, according to manufacturer's instruction.	
Headache	Sore Throat
Take Tylenol® regular or extra strength. These medications are safe to take at any point during pregnancy, according to manufacturer's instruction. If this medication does not provide any relief, or if you experience any visual disturbances, call our office.	Gargle warm salt water as needed. Increase your fluid intake. Try Chloraseptic® spray or lozenges.

Emory Healthcare Prenatal/Maternity Classes, Tours and Support Groups

All of our classes are taught by clinical experts from Emory Decatur Hospital, Emory Johns Creek Hospital and Emory University Hospital Midtown. Some classes and tours have both online and in-person options.

OB Tours

Learn more about each of our three campuses by attending a free tour and Q&A session with one of our clinical experts.

Breastfeeding Classes

These classes provide the education and support that will prepare you to make the most informed decision on breastfeeding/chestfeeding your new baby.

Infant Safety & CPR

This class is designed to prepare expectant and new parents and their families for potential child emergencies. Note: This is not a CPR certification course.

Childbirth Preparation

This class is designed to empower you with knowledge of the birthing process.

Newborn Care & Behavior

This class is designed to answer your questions and thus lessen your fears about the early days and weeks of life with your newborn.



**Learn more or
register online.**

Notes

Notes