

Maternity Care





Pregnancy is a very exciting time, and we are happy that you are here.

Maternity care

Northwestern Medicine strives to provide the highest-quality medical care to meet your needs during and after pregnancy. Our team includes physicians and certified nurse-midwives on staff.

We would like to share some important information about maternity care at Northwestern Medicine.

When to call

For non-urgent needs, contact us via the MyNM patient portal. If you do not have an account, you can sign up at nm.org/mynm. If you are not sure if your need is urgent, calling your physician is always the safest option.

When you call with an urgent concern, we will alert a physician or advanced practice provider. They will take your call. An answering service will contact them if it is after office hours. If you do not get a call back within 15 minutes, please call again.

Always call for:

Significant bleeding

Severe pain

Leaking fluid from the vagina

Decreased fetal movement after 28 weeks

Labor

These are all just guidelines. If your specific concern is not listed in this brochure, ask a member of your care team.

Please remember, for any life-threatening emergency call 911 or go to the nearest emergency department.

When you are expecting

We will do whatever we can to make your pregnancy pleasant and memorable. At each visit, we will measure your weight and blood pressure, listen to the baby's heartbeat, and address your questions and concerns. Here is an overview of highlights during each phase of your pregnancy.

Appointment schedule

Weeks	Appointments	Tests	Common Reasons to Call	To Do List
First 12 weeks	Every 4 weeks	Urine test to confirm pregnancy Initial prenatal labs Ultrasound to confirm viability Genetic testing if desired	Bleeding, pain, inability to eat or drink	Notify insurance Flu vaccination COVID-19 vaccination plan*
Weeks 13-19	Every 4 weeks	Genetic testing if desired	Bleeding, pain, heavy discharge	Schedule 20-week ultrasound
Weeks 20-28	Every 4 weeks	Ultrasound to evaluate fetal anatomy Gestational diabetes testing	Bleeding, pain, contractions, leaking fluid, headaches, blurred vision	Sign up for classes Select pediatrician
Weeks 29-35	Every 2-4 weeks	Tests as needed	Bleeding, pain, contractions, leaking fluid, headaches, blurred vision	Pre-registration Tdap vaccination
Weeks 36-42	Every week	Group B strep test	Suspected labor, bleeding, leaking fluid, decreased fetal movement, headaches, blurred vision, excessive swelling	Car seat Pack your bags
2-6 weeks after delivery	Postpartum visit(s)	Depression test Physical exam	Heavy bleeding, temperature more than 100.0 degrees F	Birth control plan

*The COVID-19 vaccination plan will depend on previous doses.

This is just a general guide; the tests recommended for you will depend on your own specific circumstances.

Helpful information

Remedies for morning sickness

Always try to keep something in your stomach, starting when you wake up.

Eat small amounts frequently.

Chew gum.

Take vitamin B6, doxylamine (Unisom®), dimenhydrinate (Dramamine®) or phosphoric acid (Emetrol®) as directed.

Common over-the-counter medications and vaccinations during pregnancy

We will recommend a flu vaccine between the months of September and March. This will help you avoid dangerous complications that can happen with the flu in pregnant people and newborns. Tdap is a vaccine for whooping cough. We recommend it for every pregnancy after 27 weeks. It can help avoid exposing your baby to this life-threatening disease.

Common over-the-counter medications to avoid unless otherwise directed

Aspirin

Ibuprofen (Advil®, Motrin®, Nuprin®)

Naproxen (Aleve®)



Common over-the-counter medications that are generally safe to take (follow the package instructions for medication doses and frequency)

Allergies: diphenhydramine (Benadryl®), chlorpheniramine (Chlor-Trimeton®), loratadine (Claritin®), cetirizine (Zyrtec®)

Constipation: docusate sodium (Colace®), psyllium (Metamucil®), senna (Senokot®), polyethylene glycol 3350 (MiraLax®), methylcellulose (Citrucel®)

Cough: dextromethorphan (Robitussin®), guaifenesin (Mucinex®)

Decongestant: pseudoephedrine (Sudafed®), saline nasal spray (Ocean®)

Fever: acetaminophen (Tylenol®)

Gas and heartburn: aluminum hydroxide, magnesium hydroxide, simethicone (Maalox®), (Mylanta®), calcium carbonate (TUMS®), famotidine (Pepcid®)

Hemorrhoids: hydrocortisone (Anusol-HC®), witch hazel (Tucks® Pads)

Sleep aids: doxylamine (Unisom®), diphenhydramine (Benadryl®)

Use a high-SPF sunscreen, and cover your skin as much as possible when in the sun.

Changes to your daily routine

Nutrition and weight gain

The hormonal shifts in pregnancy often cause nausea and changes in appetite.

Here are some concepts to keep in mind:

You will eventually need 300 calories per day more than when you are not pregnant. This is about the same as 2 servings of plain low-fat yogurt. We will let you know if we have concerns about your weight.

You may need to gain more or less to reach a healthy weight. Generally, about 10 pounds of weight gain is a reasonable goal for the first 20 weeks. After that, a good goal is to gain about 1/2 to 1 pound a week from week 20 to your due date.

Try to eat a variety of foods, including fruits, vegetables and whole grains.

Avoid undercooked or raw meats or eggs, and unpasteurized dairy products.

Avoid fish that may contain a higher level of mercury, such as king mackerel, shark, swordfish and tile fish. Other fish, such as salmon, are good sources of lean protein and omega-3 fatty acids.

Supplement your diet with a minimum of 400 micrograms of folic acid in a vitamin. You do not need to take prescription prenatal vitamins but you can if you prefer. An over-the-counter prenatal vitamin or women's multivitamin with calcium and iron is enough. Vitamins should not replace a well-balanced diet.

Helpful resources for food and water safety

Food and Safety Inspection Services:
fsis.usda.gov

Food and Drug Administration:
fda.gov/food

Environmental Protection Agency:
epa.gov/ow

U.S. Department of Agriculture hotline:
1.888.674.6854.





Exercise

Exercise is important for wellness during pregnancy. During pregnancy, you should maintain your fitness, not start an intense new program. Avoid contact sports (boxing, basketball, hockey), activities with high risk of falling (skiing and horseback riding) and any other activities that need a lot of coordination and balance to be safe.

If you don't normally exercise, you can do activities such as brisk walking, prenatal yoga or Pilates, or light weightlifting. You should be able to comfortably maintain a conversation during safe exercise. If you cannot do this, stop and recover. Drink plenty of water to stay hydrated.

Sex

You may engage in sexual activity throughout your pregnancy unless you have certain complications. We will talk with you if we recommend any restrictions.

Travel

It is generally safe to travel during pregnancy by plane or car until 36 weeks (1 month before your due date). We do not recommend travel during the last month of your pregnancy, unless for special circumstances. We may recommend that you avoid travel if you are having complications with your pregnancy. When traveling or sitting in a confined area for a long time, stretch your legs every 2 hours. This helps prevent blood clots.

Normal discomforts

There are many normal discomforts in pregnancy:

Uterine cramping is most common in the 1st trimester. It may be concerning when accompanied by bleeding.

Back pain is more common after 28 weeks. Rest, acetaminophen (Tylenol), heat or ice, and massage may relieve the pain.

Ankle swelling is common after 28 weeks. Elevating your legs when resting and wearing compression stockings can help.

You can treat heartburn/reflux with the medications listed on page 3. Avoid spicy foods. Eat earlier in the evening and remain upright for at least 3 hours after the evening meal. Eat many small meals instead of a few large ones each day.

Constipation is common. You can treat it with the medications listed on page 3. Drink plenty of water and eat foods that are high in fiber.

Tests and other precautions to promote your health and the baby's health

Prenatal testing

Ultrasound

You may have a 1st trimester ultrasound to see the baby's heartbeat and confirm your due date. We will also offer an ultrasound exam when you are between 18 and 22 weeks. The ultrasound will screen for major birth defects, see the position of the placenta and check the baby's growth. We can often determine the baby's sex and share it with you, if you prefer. You may get more ultrasounds when they are needed.

Laboratory testing

Complete blood count (CBC)

May identify problems such as anemia.

Blood type and antibody screen

May identify an incompatibility between your and your baby's blood type.

HIV

Testing is available and strongly recommended. It is important to your health and the baby's health. Identifying an HIV infection will help prevent transmitting it to the baby.

Rubella

Testing confirms your immunity to this infection, also known as German measles. If you are not immune, you should get a rubella vaccination after you give birth.

Varicella (chicken pox)

We recommend testing if you do not think you have had chicken pox or if you have not had an immunization before.

Syphilis

Syphilis may harm the baby if untreated.

Hepatitis B

Hepatitis B is a virus that can cause liver problems. If you have it, your care team will take special precautions when you give birth to lower the chance that is transmitted to the baby.

Gonorrhea and chlamydia

These infections may cause problems for you and the baby if untreated.

Urine culture

We will test your urine for bacteria. It is more likely to cause kidney infections if left untreated in pregnancy.

Group B streptococcus (GBS)

If you have this type of bacterium, it can infect the baby after you give birth. Your care team will do a rectal/cervical culture between 35 and 37 weeks. If GBS is present, you will get antibiotics during labor to lower the chance of your baby getting it.



Genetic testing

Genetic testing can detect chromosomal abnormalities such as Down syndrome, as well as inherited diseases such as cystic fibrosis or Tay-Sachs disease. There are 2 categories of genetic testing: screening tests and diagnostic tests. Below is a brief summary of these tests. You can schedule a consultation with our genetic counselors to help guide you through these decisions.

Screening tests

Screening tests determine your risk for having a baby with a condition. They cannot be 100% sure if your baby will have a specific condition. These are common prenatal screening tests you can discuss with your care team.

Sequential screen (available starting 11 weeks)

The sequential screen combines your age, baby ultrasound findings and substances in your blood to assess the risk for specific types of chromosomal abnormalities, such as Down syndrome (trisomy 21) and trisomy 18.

Cell-free fetal DNA testing (available starting 10 weeks)

Cell-free fetal DNA testing analyzes the baby's DNA in your blood to assess the risk for some specific types of chromosomal abnormalities, such as Down syndrome (trisomy 21) and trisomy 18.

Carrier screening for inherited diseases

This helps determine the chance that your baby may have 1 of these diseases. Examples include cystic fibrosis, spinal muscular atrophy and fragile X syndrome.

Diagnostic tests

These tests determine if your baby will have a certain condition or not. These tests can determine more types of conditions than screening tests can. These tests have a small risk of miscarriage (generally less than 1%). The following are diagnostic tests that you can discuss with your care team.

Chorionic villus sampling (CVS)

CVS takes cells from the placenta. This takes place after 10 weeks of gestation.

Amniocentesis

Amniocentesis takes amniotic fluid. This takes place after 15 weeks of gestation.



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