

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

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



For an adult 1 serving = 4 ounces

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



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

If you eat fish caught by family or friends, check for [fish advisories](#). If there is no advisory, eat only one serving and no other fish that week.*

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

* Some fish caught by family and friends, such as larger carp, catfish, trout and perch, are more likely to have fish advisories due to mercury or other contaminants. State advisories will tell you how often you can safely eat those fish.

www.FDA.gov/fishadvice
www.EPA.gov/fishadvice



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

CALCIUM CONTENT OF SOME FOOD *

<u>FOOD</u>	<u>SERVING SIZE</u>	<u>CALCIUM CONTENT (mg)</u>
Milk, skim	1 cup	302
Yogurt (low-fat, fruit-flavored)	8 ounces	300
Gruyere	1 ounce	287
Swiss cheese	1 oz	272
Figs, dried	10 figs	269
Tofu, raw, firm	½ cup	258
Calcium-fortified cereals	¾ cup	250
Cheddar cheese	1 ounce	204
Calcium-fortified orange juice	6 ounces	200
Mozzarella cheese, part-skim	1 oz	183
Collards, cooked from frozen, chopped	½ cup	179
American cheese, processed	1 ounce	174
Blackstrap molasses	1 tablespoon	172
Creamed cottage cheese	1 cup	126
Sardines, canned in oil	2 sardines	92
Parmesan cheese, grated	1 tablespoon	69
Mustard greens	½ cup	52
Kale, boiled	½ cup	47
Broccoli, boiled	½ cup	36

*From JAT Pennington, Bowes and Church's Food Values of Portions Commonly Used, 17th ed, Philadelphia: Lippincott, 1998

VITAMIN D – Increasing vitamin D intake may enhance calcium absorption from both dietary sources and supplements (L Mortensen and P Charles, Am J Clin Nutr, 63:354, 1996:

Plano Women's Healthcare, P.A.
General Obstetrical Information
(972) 596-2470

I. PRENATAL VISITS

Your prenatal visits will take place every four weeks until you are approximately seven months (28-32 weeks) pregnant. Starting at 32 weeks, your prenatal visits will be every two weeks and may include rotation with the other doctors in our office. At around 36 weeks, you will be seen on a weekly basis until your delivery. During your weekly appointments, you may have a pelvic exam at each visit.

Patients at high risk for complications (high blood pressure, diabetes, pre-term labor) may be seen more frequently.

II. TESTS

During your initial visit, the following blood tests will be performed: a complete blood count (CBC), blood type and RH, antibody screen, sickle cell (if needed), rubella titer, VDRL (syphilis check), urine culture, hepatitis screen, HIV and a sonogram to confirm pregnancy if less than 12 weeks. Pap Smear, Chlamydia/Gonorrhea will be performed unless previously done in the last 6 months. Other tests will be ordered / offered if deemed necessary. Although, some insurance companies may not cover these tests, they are highly encouraged.

Throughout your pregnancy, we will check for anemia, diabetes and hypertension. Urine samples will be collected and checked at each visit for the presence of protein, glucose and blood. Blood pressure and weight will also be assessed.

There are several options for prenatal screening to assess your baby's risk for genetic disorders. These include Nuchal Translucency Screening or combined First Trimester Screening, CVS, or a penta screen. These are done at specific times during the pregnancy and will be discussed in more detail during your first appointment.

A sonogram may be done between 16-20 weeks if medically necessary. This sonogram will check the physical well being of the baby as well as placental location and amniotic fluid volume. You will need to have a full bladder.

At or around your 24-28-week visit, you will drink a measured amount of glucose (Glucola). Your blood will be drawn one hour after you finish the drink. This is a screening test for gestational diabetes. Plan to be here for at least one hour. At this point in the pregnancy, you should be thinking about choosing a pediatrician and enrolling in a prenatal or labor refresher class.

A vaginal culture will be done at 35-37 weeks to assess for group B strep, and HIV will be redrawn.

III. GENERAL

During your pregnancy you should abstain from smoking, illicit drug use and drinking alcohol. Caffeine should be avoided, if possible. Use artificial sweeteners in moderation. It is preferable that no medication be taken in the first 12 weeks (three months) of pregnancy unless approved by our office. However, even in the first 12 weeks, it is safe to take small doses of some medication for mild discomfort, indigestion, etc. Please refer to the attached list of medications.

Travel is permissible until 36 weeks in an uncomplicated pregnancy. After 24 weeks, a pelvic exam will be done before your doctor approves any travel. Travel is not recommended after 36 weeks!

Extensive dental work should be postponed until after the 1st twelve weeks of pregnancy. Routine dental work such as cleanings and fillings may be performed during pregnancy. Please advise your dentist of your pregnancy so that precautions in shielding your abdomen during x-rays are taken. Local anesthesia including Lidocaine and Novocain without Epinephrine may be used.

Artificial hair color application should be avoided until after the first 12 weeks of pregnancy have passed. Artificial nail application and fills should be performed only under well-ventilated circumstances.

IV. DIET GUIDELINES

A weight gain of 25-35 pounds during your pregnancy is desirable. This is not the time for restrictive diets. Your weight will be assessed at each visit. Weight gain can vary from visit to visit.

V. EXERCISE

Exercise during pregnancy is important and key to your well-being and comfort. It affects how quickly you “shape-up” in the postpartum period. Swimming, thirty minutes of fast walking or low impact aerobics are some things you can participate in during your pregnancy. For all activity, start slowly and if you get tired - STOP. Housekeeping is not considered exercise. Activity should be enjoyable - not painful or too difficult.

VI. VACCINATIONS

- The Influenza Vaccine is recommended in any trimester during flu season (October-March)

- The CDC now recommends the TDAP Vaccine be given in each pregnancy during either the 2nd or 3rd trimester. All close family members and caretakers are recommended to have this vaccine as well.

VII. COMMON PROBLEMS OF PREGNANCY & APPROVED MEDICATIONS

Dyspnea (shortness of breath): Sleep with your head elevated, propped up by pillows. The descent of your baby in later gestation will relieve some of this discomfort.

Constipation: Drink at least 8 glasses of water a day. Increase your intake of fruits and fruit juices, bulk-forming foods such as bran, cereals, and vegetables, and increase your exercise. Stool softeners such as *Colace, Surfak, Metamucil and Miralax* and laxatives such as glycerin or *Dulcolax* suppositories may be used on occasion. *Gas X* may be used for gas pain.

Hemorrhoids: You may use *Tucks* pads, *Preparation H*, *Anusol* cream, and do warm tub (sitz) baths as needed to relieve discomfort.

Heartburn: Eat several small meals a day instead of three big ones. Avoid greasy or highly spiced foods. Breathe slowly and deeply. If symptoms worsen at night, sleep with your head elevated. You may use *Maalox, Gaviscon, Riopan, Mylanta, Milk of Magnesia, Zantac, Tums, Prilosec OTC, Pepcid* or *Roloids*. If still unrelieved, please call us.

Colds: Increase your fluid intake especially clear liquids. You may use decongestants such as *Sudafed* and *Tylenol Cold*. However, with fever over 100.4, we ask that you call the office. You may use *Tylenol, Extra Strength Tylenol* or *Tylenol PM* for headaches and fever. For cough, we recommend *Benadryl* or *Rescon, Robitussin, Robitussin DM, Tavist, or Claritin, Zyrtec, Mucinex (Robitussin CF* or any other medicine containing *Phenylpropanolamine* may NOT be used.)

Diarrhea: Limit your diet to bland food and mostly clear liquids. *Imodium A-D* can also be used. Please call the office if symptoms persist.

Nausea or Vomiting: Some nausea is common. Small but frequent meals may help. Skipping meals will aggravate the discomfort. If vomiting or nausea occurs often, please call the office. *Emetrol* is an over-the-counter antiemetic that may help. You can also try a combination of Vitamin B6- 25mg three times a day, with Doxylamine (Unisom) 12.5mg in the a.m. and afternoon and Doxylamine (Unisom) 25mg at night.

Varicose Veins or leg ache: Avoid tight garters, knee-highs or thigh highs. Support hose will help. Avoid standing for long periods of time. Change positions frequently. Elevate legs and hips several times a day by supporting them with pillows under the knees.

Painful urination: Call the office to discuss your symptoms with the nurse. Collection of a urine sample may be required.

VIII: IMPORTANT REMINDERS

Emergencies to be reported to your doctor:

Constant headache unrelieved by Tylenol or a decongestant

Unusual swelling or a generalized puffy feeling

Blurred vision or fainting

Bleeding from the vagina

Fever of greater than 100.4

Persistent abdominal pain

Burning on urination

Decreased or no fetal movement. Please call as soon as this is noticed. You may need a non-stress test (NST).

IX: IS IT TIME? -- Call Your Doctor If: (972) 596-2470

First Baby - Contractions that are 5 minutes apart, each lasting 40-60 seconds for the duration of one hour.

Not first baby - Contractions 7-10 minutes apart.

Water breaks - Signs include a sudden gush of water from the vagina, consistent leaking of fluid or "increased wetness". Do NOT wait until contractions start or for the fluid to stop before calling.

Vaginal bleeding - Anything besides the bloody show should be reported to your doctor. You do not need to notify the office for the loss of the mucus plug.

Besides the above suggestions and recommendations, a lot of information can also be found in your prenatal books. However, please do not hesitate to ask questions. We are here to provide you with answers and to make your pregnancy a healthy, safe, and enjoyable experience.

Instructions for Doing Kegel Exercises

You can do these exercises in any position – lying down, sitting, or standing. Your legs should be slightly apart. Tighten and then release the muscles around the vagina. Work up to doing this one hundred or more times a day. (Please note that twenty times five, or ten times ten will be more effective and less tiring than one hundred times without stopping.)

Kegel Exercise #1

Here are two techniques to help you get the feel of this exercise.

1. Place your hand over your pubic bone. Imagine you are trying to contract your vaginal muscles as far up as your hand.
2. Try this exercise while urinating. If you can start and stop the flow of urine at will, you've got it.

Kegel Exercise #2

Tighten and release the vaginal muscles as in Kegel exercise #1. This time, however, you will do it more slowly. Tighten the muscles slowly as you count to six (or time yourself using a clock with a second hand). Then slowly relax to a count of four. Then tighten and hold again for six seconds. Relax for four. Begin with a minute. Work up to five minutes at a time, several times a day. Breathe normally as you do this exercise. Resist the temptation to hold your breath as you count.

Labor Warning Signs

This hand-out is to give you an idea of what signs you can look for to help you recognize the onset of labor and to tell the difference between true labor and “false labor”. The most important thing to remember about a due date is that it is only a guideline – there is nothing “magic” about it that will help labor begin. Women often don’t give birth on their due dates. The beginning of labor is unpredictable, and often happens a little early or late. This is no cause for anxiety or alarm. Labor may begin as much as two weeks before or after your due date and still be considered normal.

In the last several weeks of pregnancy, you may notice that your abdomen gets hard and then gets soft again. As you get closer to your delivery date, you may find that this may feel similar to menstrual cramps and become uncomfortable or even painful. These irregular cramps are called Braxton-Hicks contractions, or false labor pains. They may occur more frequently when you are physically active. False labor can occur just at the time when labor is expected to start, so it is sometimes difficult to tell this from true labor. Don’t be upset or embarrassed if you react by thinking labor is beginning. Sometimes the difference can only be determined by a vaginal exam. The following may help you to tell the difference between true and false labor:

TRUE LABOR

Contractions regular
Contractions increase in intensity
Contractions gradually get closer together
Cervix dilates

FALSE LABOR

Contractions irregular
Intensity remains the same or decreases
Contractions remain the same or farther apart
Cervix does not dilate

WHEN TO CALL THE DOCTOR:

If you experience any of the following symptoms, you should call the office at (972) 596-2470.

1. Vaginal bleeding more than a period.
2. Significant decrease of fetal movement.
3. Contractions every five minutes for one hour, with contractions lasting 45-60 seconds each.
4. Sudden gush of water or continual slow leakage of water from the vagina (fluid is usually thin and clear and has a “slick” feeling much like bleach).
5. Blurred vision or flashes of light in front of eyes.
6. Severe or continual abdominal pain.

You may also pass mucus per vagina from time to time around the time of labor. It is not necessary to contact the office unless it accompanies one of the above symptoms.

Drs. Jacobs, Umholtz, Diaz, DaVolio, Mos and Licker

Plano Women's Healthcare

Optional Tests Offered Before and During Pregnancy

Alpha-Fetoprotein Test (AFP) and Quad Screen

These are screening tests that can assess your baby's risk of having such birth defects as Spina Bifida, Anencephaly and Downs Syndrome. As with all *screening* tests, the results are not 100%. Not every abnormal result will mean that your baby has a birth defect. Likewise, not every normal result guarantees that the baby is defect free. In the cases where an abnormal result is reported, diagnostic tests such as a level two sonogram or an amniocentesis should be performed.

Spina Bifida is a neural tube defect that can result in the baby's brain and or spinal cord to remain exposed (not covered with skin). Symptoms of this may include:

Leg paralysis

Lack of bladder and bowel control

Scoliosis (curvature of the spine)

Hydrocephalus (increased fluid on the brain)

Mental Retardation

Death

Anencephaly is another form of neural tube defect. With this the baby's brain and head do not develop normally. As this condition is not compatible with life, babies with anencephaly are either stillborn or die shortly after birth.

Down Syndrome is a genetic disorder caused by trisomy 21. Normally, there are 23 pairs of chromosomes. In the case of Down syndrome, there is an extra copy of chromosome #21. This causes mental retardation to varying degrees, heart defects, and abnormal facial features such as flat face and low set ears. The risk for having a baby with Down syndrome increases with maternal age. The risk at age 35 is 1 in 378.

Both the AFP and the Quad Screen are done from a small amount of the mother's blood drawn at 15- 18 weeks gestation. Usually results are available within 2 weeks. As this is an optional test, it may not be covered by all insurances. Please check with your insurance company to verify coverage. Out of pocket costs could reach \$300.

It is your choice whether to be tested. Some families find the tests reassuring while others would rather not have the information. The results can help some women make decisions about their options.

Cystic Fibrosis Carrier Testing

Cystic Fibrosis is a genetic disorder that is usually diagnosed during the first few years of life. Both parents must be carriers for the baby to develop CF. While this disease does not affect intelligence or appearance, its effects on the digestive system and the lungs are serious. Those children with CF must undergo daily respiratory therapy treatments as well as taking daily doses of medicine to treat the digestive system.

Genetic testing is done from a small sample of blood from the mother and father. While there are some mutations that the current test cannot find, the likelihood that you are a carrier when the results were reported normal is small. The cost of testing is covered by some insurance. Please check with your insurance carrier before deciding to proceed with testing.

<u>Ethnicity /Race</u>	<u>Chance of both parents being carriers</u>
European Caucasian, Ashkenazi Jewish	1 in 841
Hispanic American	1 in 2,116
African American	1 in 4,225
Asian American	1 in 8,100

For more information:

Cystic Fibrosis Foundation
National Society of Genetic Counselors
Genetic Alliance

WWW.CFF.ORG
WWW.NSGC.ORG
WWW.Geneticalliance.ORG

Cord Blood Banking

Cord blood banking is the preservation of the blood from the baby's umbilical cord at birth. This blood contains the building blocks of all cells called stem cells. These stem cells divide to create the white blood cells of the immune system, red blood cells that carry oxygen to tissues and vital organs, and platelets, which are responsible for clotting. Collection of cord blood is time restricted. It can only be retrieved immediately after birth so it is important to have preparations ready for its collection prior to delivery.

The stem cells are used similarly to how bone marrow is used presently. The transplantation of stem cells is being used to treat a wide range of serious diseases including cancer, leukemia, lymphoma, some forms of anemia, sickle cell and other immune deficiencies. So should your baby become seriously ill, the materials needed for treatment are readily available because they have been cryogenically frozen to preserve their inherent value. Because stem cells are collected from the infant before it has been exposed to any disease, they are a perfect, uncompromised match for your baby so the risk of rejection is null. In addition, banked cells have a 1 in 4 chance of being an exact match for the baby's siblings. This could be a major point for ethnic minorities who, because of low donation rates to the National Marrow Donor Program, could have difficulty locating suitable transplant material.

There are many cord blood banks from which to choose from. The web addresses for some of the larger companies have been provided. If you are considering banking your infant's cord blood, please take the time to review your choices.

www.viacord.com

www.cordblood.com

www.cryo-cell.com

www.securacell.com

www.lifecd.com

Thyroid Stimulating Hormone

A 3- year study published in The New England Journal of Medicine found that the children of women who were not treated for Hypothyroidism in pregnancy averaged 7 points lower on IQ tests and that nearly 1 in 5 (19%) had scores of 85 or less. High serum TSH concentrations were to blame. While thyroid disease is relatively easy to treat early diagnosis is the key.

So, to avoid the unnecessary complications brought on by undiagnosed hypothyroidism, we have chosen to offer a routine TSH screening to all obstetrical patients.

Your insurance company may not cover this test due to plan limitations or lack of medical necessity, in which case, you will be financially responsible for the cost of the test.

Hemoglobinopathies

This family of genetic disorders affects the body's ability to transfer oxygen to the cells. There are several different types of hemoglobinopathies the most common include Sickle cell and Thalassemia. While these anemias can occur among all ethnic and racial groups, studies have shown an increase in occurrence among those of African, Southeast Asian, Mediterranean, and Middle Eastern decent. The average life expectancy of patients with Sickle Cell Anemia is decreased by 25-30 years. During which time symptoms could include, painful crisis, strokes, splenic and renal dysfunction, and bone and joint disease. Parents who are both carriers have a 25% probability of having a child with Sickle Cell. Among African Americans that translates to 1 in every 150 couples.

Testing for this carrier status includes collecting a small amount of blood from the mother. If results are positive for carrier state then testing of the father is recommended. Once both parents have been identified as carriers then an amniocentesis can be performed to evaluate the state of the fetus.

For more information on Sickle Cell and Thalassemia please refer to the many valuable web based informational sites by searching for the key word 'Hemoglobinopathies'.

Tay Sachs Disease

TSD is a fatal genetic disorder in children that causes progressive degradation of the central nervous system. The disease usually begins to show its effects when the infant is several months old. The most common symptom noticed includes a slow regression in ability. The child will lose skills such as crawling, coordination, breathing and swallowing. Even with the best of care, all children with TSD die in early childhood.

Studies show that 1 in every 27 Jews in the United States is a TSD gene carrier. In addition, there is an increased incidence in French Canadians and the Cajun community of Louisiana. When both parents are carriers of the inactive gene, they have a 1 in 4 chance that their child will have Tay Sachs.

A simple blood test can distinguish carriers from non-carriers. The best advice for child-bearing aged women is to be tested before pregnancy. That way, if a couple is found to be at risk, they can review their options and make the necessary decisions about planning and protecting their families.

For more information please contact:

National Foundation for Jewish Genetic Diseases, Inc. www.nfjgd.org
National Tay-Sachs & Allied Diseases Association, Inc. www.ntsad.org

Canavan Disease

Canavan Disease is an inherited enzyme deficiency and is characterized by developmental delays in infancy. While most infants appear normal early in life, they soon display delays in motor skills and lack of head control. Life expectancy for those with Canavan Disease varies.

It has been shown that there is an increase in frequency of this genetic deficiency in people of Ashkenazi Jewish heritage. Carrier rates are estimated at 1 in 40. Because Canavan Disease is a recessive disorder, each pregnancy in which both parents are carriers can result in a 25% chance of producing a child that is affected, a 50% chance of producing an unaffected child that is a carrier, and a 25% chance in producing a child that is unaffected and not a carrier.

Carrier status is established in the parents through a simple blood test. Fetal status is determined through amniotic fluid collection during weeks 16-18 of the pregnancy.

For resources and more information please contact:

Canavan Foundation
Toll free 1-877-4-Canavan
www.canavanfoundation.org

Vitamin D Level

The maternal vitamin D level has an effect on fetal acquisition of bone mineral in utero. Vitamin D deficiency can cause growth retardation and skeletal deformities and may increase the risk of hip fracture in later life. Fetal stores of vitamin D depend entirely on maternal supply. Most prenatal vitamins contain only 400IU of vitamin D daily. This amount may not be sufficient for both mother and developing fetus.

It is important to include assessment of 25-hydroxyvitamin D to determine which patients require supplementation to prevent detrimental fetal effects.

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Postpartum Depression Handout

Commonly new mothers experience fear, sadness, anxiety, and anger after childbirth. When these feelings are mild and last only 1-2 weeks, it is referred to as the *postpartum blues*. When the symptoms linger for weeks and months and subsequently interfere with daily functioning, the condition is known as *postpartum depression*. There are many factors believed to trigger and aggravate this condition so patient awareness is key.

Below we have provided a list of professional resources that can help you understand and deal with this very serious condition. Please feel free to contact them if the need arises. And as always, we are here to serve your healthcare needs and are happy to discuss any issues you may have.

Postpartum Resource Center of Texas (Multi-lingual)

811 Nueces

Austin, TX 78701

1-877-472-1002- Toll Free Telephone Assistance Line

www.texaspostpartum.org

Mental Health Association of Greater Dallas

624 N. Good- Latimer Ste. 200

Dallas, TX 75204

214-871-2420

www.mhadallas.org

Texas Department of Health

Family Health, information & Referral Line

1-800-422-2956