



Maitri

Reproductive and Gynecological Healthcare
for all.

Maitri Healthcare Prenatal Packet

185 Tilley Drive #57
South Burlington,
Vermont 05408

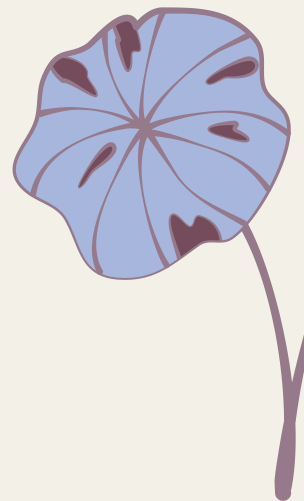
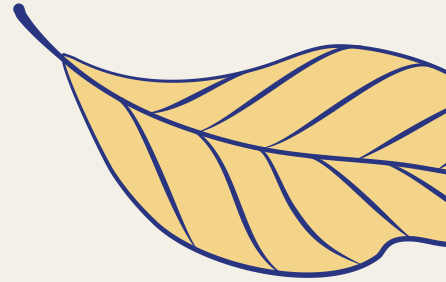


Monday-Friday 7:45a-12:00p, 1:00p-4:15p

802-862-7338

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Congratulations on Your Pregnancy & Welcome to Maitri



We look forward to working with you during your pregnancy and after your birth. Pregnancy, labor, and giving birth are life changing processes for most. It is a profound, intense, and remarkable experience. We are here to support and help guide you through this journey of pregnancy, birth and post-partum to help ensure a healthy outcome for you and your baby. Our mission is to empower you to embrace this transformative experience by providing valuable resources, expert advice, and emotional support.

Together, we'll ensure you have a fulfilling and healthy pregnancy.

This booklet is designed to give you an overview of your care with Maitri during your pregnancy, labor, and birth. We are committed to providing individualized care to our patients. Therefore, your care may differ depending on your specific needs.

We encourage you to look through this packet when basic questions arise. If you do not find answers to your questions, feel free to call the office during normal business hours. If you are calling with a medical question, choose the prompt for our triage staff. Our triage staff has a vast amount of knowledge on pregnancy, lactation, and the postpartum period. If they cannot directly answer your question, they will speak with a provider and will call you back.

After hours, if you have an urgent concern that cannot wait until normal business hours, call the office number and select the prompt for the answering service/on call provider. A Maitri on-call provider is available for emergencies and obstetrical deliveries 24 hours a day. There is always a physician providing backup to the Nurse Midwife on call.

You will see both Certified Nurse Midwives (CNM) and Physicians (MD) during your pregnancy. Most patients have approximately 14 prenatal visits during the length of their pregnancy. You may have any of the providers at your delivery with the exceptions of our **OB-GYN** nurse practitioners.

WELCOME TO MAITRI

Maitri's Philosophy of Care for Obstetrics

At Maitri, we are committed to providing exceptional care to all of our patients during and after pregnancy. We strive to empower our patients as they go through their pregnancy so they can make informed choices which best meet their personal needs and those of their family.

We are here to provide education about your healthcare choices during pregnancy and labor. Our providers and staff promise to support you throughout this journey and to work together as a team to provide the best experience possible. As an all-female practice we know what it is like to walk through pregnancy, childbirth, and parenthood.

While each patient experiences these things differently, we care for you with the empathy that comes from being mothers, the compassion that comes from being human, and the skill that comes from being trained obstetrical and midwifery providers.

802-862-7338

www.maitriobgyn.com





HOW TO REACH US

Do you need to speak with a nurse during office hours? Are you in labor? Are you experiencing an emergency or think you are in labor after hours?

Here is what to do.

Speak with a Nurse

If you have a non urgent question that you would like to speak with a nurse about please call Maitri during office hours and press #2 to speak with nursing.

Phone Hours

Our wonderful nurse triage staff is in the office from Monday through Friday and our phone lines are on from 7:45 am-12pm and resume from 1pm-4:15 pm.

We work off a voicemail system.

The nurses triage calls in order of importance or urgency, so please leave a message with you name, birthday, and phone number to reach you at and they will get back to you in a timely manner.

Patient Portal

They will return each call in the same day and do their best to get your questions answered. You can also message the nurse through the patient portal for non-emergent questions.

Are you in labor?

If you think you are in labor during office hours call Maitri and press #1 for the labor line. A nurse will answer this live. If you are in labor after hours, you will call Maitri, press #1 to page the on call provider. You will talk with our answering service and they will have the provider on call contact you.



AMY THIBAULT

MD

Amy Thibault, MD is a board-certified OB/GYN who has been working at Maitri for over 20 years. Originally from Massachusetts, she attended Holy Cross College and received her medical degree from UMass Medical School. She and her husband, Eric Ganguly, MD, moved to Vermont for residency with every intention of moving back to Massachusetts soon after, however, the allure of the Vermont lifestyle was too powerful and she is here to stay.

She began working at Maitri in 2003 and became a partner in 2006. She brings tremendous compassion and a fantastic sense of humor to her work. She is particularly interested in obstetric ultrasound, menopause and comprehensive reproductive health care. In her free time she enjoys cooking, gardening and walks in the woods with her dog Rosie but most of all she treasures visits with her almost-grown children Sam and Anna.

➤ EDUCATION

- College of the Holy Cross, Bachelor of Arts in Psychology, 1991
- Post Baccalaureate training at Northeastern University and Harvard
- Medical Doctor, University of Massachusetts Medical School, 1999
- Obstetrics and Gynecology, UVM/Fletcher Allen Health Care Residency, 2003
- Board Certified in Obstetrics and Gynecology, 2004



LINDSAY SMITH

MD

Lindsay Smith is originally from Vermont.

She completed her undergraduate degree at Trinity College in Hartford, Connecticut. After graduating, she rode her bicycle across the country and settled in San Diego for a couple of years. She was drawn back to Vermont where she received her Medical Degree from UVM Medical School and then completed her Ob/gyn residency at Dartmouth Hitchcock Medical Center in Lebanon, NH.

She moved back home with her husband Dan and they 3 boys, identical twins and a younger son.

Outside of medicine, she enjoys spending time with her family water skiing, biking, downhill skiing, reading and traveling.

Lindsay strives to offer compassionate care for women and their families throughout both beautiful and challenging moments.

In her practice, Lindsay provides full spectrum general obstetric and gynecologic care from adolescence through menopause. She performs hysteroscopic and laparoscopic procedures including hysterectomies.

➤ EDUCATION

- Trinity College, Bachelor of Science in Psychology, 2003
- University of Vermont, Post Baccalaureate Pre-Medical Certificate, 2007
- University of Vermont, Medical Degree, 2012
- Obstetrics and Gynecology Residency, Dartmouth Hitchcock Medical Center, 2016
- Board Certified in Obstetrics and Gynecology



KATIE ARESON

MD

Dr. Katherine Areson is a board-certified OB/GYN committed to providing compassionate, patient-centered care. She earned her undergraduate degree at Bowdoin College, followed by a Master of Public Health at Boston University. Dr. Areson completed her medical degree at the University of Vermont Larner College of Medicine, where she worked alongside Maitri Health Care for Women's physicians and midwives, developing a passion for women's health.

After completing her OB/GYN residency at Saint Joseph Hospital in Denver, Colorado, Dr. Areson returned to Vermont to join Maitri Health Care, where she provides comprehensive care for patients at all stages of life.

Dr. Areson strives to make the OB/GYN experience as comfortable and empowering as possible. She believes in fostering communication and shared decision-making to ensure that every patient feels heard and cared for. Her practice includes both obstetric and gynecologic care, serving patients from puberty through menopause and beyond. She offers care for pelvic pain, dysmenorrhea, endometriosis, infertility, abnormal uterine bleeding, and perimenopausal symptoms. Additionally, Dr. Areson performs obstetric and gynecologic ultrasounds, including anatomic surveys and ultrasounds for abnormal bleeding and pelvic pain. She offers minor and major surgical procedures, which include operative hysteroscopies for fibroids and polyps, laparoscopic surgeries, as well as abdominal, vaginal, and laparoscopic hysterectomies.

➤ EDUCATION

- Bowdoin College, BA in Biology and French Brunswick ME, 2004
- Boston University, Master in Public Health Boston, MA, 2008
- Medical Doctor, University of Vermont Medical Center Burlington, VT, 2013
- Saint Joseph OB/GYN Residency Denver, CO
- Board Certified in Obstetrics and Gynecology



KRISTEN WERNER

CNM

Kristen was born and raised in Central VT and is a 6th generation Vermonter ! She has worked in Burlington, then Charleston SC, Berlin(CVMC) before settling in Richmond, VT in 1998. She and her husband Mike raised their 4 children: Kyle, Jack, Elle and Annabelle in Richmond. They are grown young adults now, starting careers and families.

Kristen believes in compassionate and individualized care. She strives to provide that for all women. She is passionate about pregnancy care, birth choices and self determination in labor / birth. She is very supportive of breastfeeding and received her CLC as a clinician. She enjoys Women's health care through the lifespan. In addition to her midwifery skills/obstetrical care; she offers well woman care, preconception counseling, contraception and colposcopy.

Kristen joined Maitri as a Nurse midwife in 2003 after working with UVMHC group for 5 years. She became a full partner in 2006.

She enjoys her work thoroughly and her extraordinary team of clinicians and staff at Maitri Health Care.

Outside of work she spends time with her friends and growing family! She enjoys sewing, quilting and creating. Loves a good book and enjoys walking, hiking, biking and travel.

➤ EDUCATION

- Bachelor of Science in Nursing, University of Vermont School of Nursing, 1990
- Frontier School of Nurse Midwifery, 1997
- Masters in Nursing Case Western Reserve
- Certified Lactation counselor
- Certified by American Nurse Midwifery Certification Board March, 1998



Jennie graduated from Cornell University for undergrad, where she majored in Human Development and Family Studies and minored in Women's Studies. Jennie has always been interested in Women's Health. She enjoys listening to patients, educating them around treatment options, and making them feel cared for and supported physically and emotionally. Jennie's gynecologic areas of interest include pelvic pain, endometriosis, post menopausal bleeding and perimenopausal symptoms.

JENNIE LOWELL

MD

➤ EDUCATION

- BS from Cornell University 1992-1996. Major in Human Development and Family Studies with minor in Women's Studies
- MD from Pennsylvania State College of Medicine, 1996-2000
- OB/GYN residency 2000-2004 at Fletcher Allen Health Care, now known as the University of Vermont Medical Center
- Board Certified in Obstetrics and Gynecology since 2006



EMILY OLSON

CNM

Emily joined the Maitri team in 2022. A Certified Nurse-Midwife, she holds an MSN and DNP in Nurse-Midwifery from Oregon Health and Science University. Emily enjoys working with people of all ages, and her special areas of interest include adolescent health, contraception, perinatal care, labor & birth, and gestational diabetes. She is a Spinning Babies Aware Practitioner. She has been a teacher and a program manager for education, environmental research, and conservation non-profits until she was called to nurse-midwifery after the birth of her son. Born in Portland, Oregon, she has lived across the West in Oregon, Wyoming, and Colorado prior to moving to Vermont. Outside of work, Emily enjoys trying to play the Uke, a good thunderstorm, adventures with her husband and son, and most of all outdoor activities as long as there are not too many mosquitoes.

➤ EDUCATION

- B.S. Natural Resources & B.A. International Studies, Oregon State University 1999
- Master of Education, Interdisciplinary with K-12 Spanish Certificate, Montana State University 2012
- Master of Science in Nursing—Nurse-Midwifery, OHSU 2020
Bachelor of Science in Nursing, OHSU 2018
- Doctor of Nursing Practice, Oregon Health & Science University (OHSU) 2021



Dr. Britta Werner is an Obstetrician and Gynecologist who is originally a Montana native. She completed her medical degree at the University of Washington and her residency at the University of Vermont Medical Center. She met her husband in Vermont and fell in love with the state and people. Her passion is giving her patients a voice and providing compassionate care to all. She takes pride in being able to provide both Obstetric and Gynecologic care in the outpatient setting, operating room, and labor and delivery. In her spare time, she enjoys time outdoors running, skiing, hiking, and getting lost in a good book.

BRITTA WERNER

MD

➤ EDUCATION

- University of Montana, Bachelor of Arts in Human Biology
- Medical Doctor, University of Washington School of Medicine, 2019
- Residency University of Vermont Larner College of Medicine, 2023



JULIE WADE

MD

Julie lives in Hinesburg with her husband Gil; daughters Anna and Eliza; and multiple dogs, cat, bunnies and backyard chickens. Prior to her medical career she worked as a baker, farm hand, trail crew and vet tech. Special areas of interest include ultrasound, adolescent care and helping patients through complications of pregnancy. In her free time she enjoys hiking, gardening and knitting.

➤ EDUCATION

- Dartmouth College, Bachelor of Arts in Geology and Environmental Studies, 1991
- Medical Doctor, University of Vermont College of Medicine, 2002
- Obstetrics and Gynecology, UVM/Fletcher Allen Health Care Residency, 2006
- Board Certified in Obstetrics and Gynecology, 2009
- Fellow American College of Obstetrics and Gynecology



SARAH PETERS

MD

➤ EDUCATION

University of North Carolina at Chapel Hill – BS in Biology / BA in Chemistry, 2016

University of North Carolina School of Medicine – MD, 2021

University of Vermont Medical Center – OBGYN Residency, 2025

Sarah Peters is thrilled to be joining the Maitri team in 2025! She graduated from the University of North Carolina-Chapel Hill for both her undergraduate and medical degrees before moving to Vermont for OB-GYN residency at UVM in 2021. She and her husband, Dan, fell in love with Vermont during these years and decided to stay. In her free time, she is an avid runner, biker, beach-goer, and sunset chaser, as well as a new convert to winter activities – both outdoor and indoors!

In her undergraduate years, she was heavily involved in the birth world as a volunteer doula at UNC and carried forward this love of physiologic birth, shared decision making, and open communication to her future OB practice. In residency, she also became skilled in gynecologic surgery, including robotic surgery, and is excited to offer the full spectrum of medical, surgical management for common GYN complaints, including abnormal uterine bleeding, pelvic pain, endometriosis, fibroids, and risk-reducing surgery for hereditary GYN cancers. She also enjoys family planning, fertility, preconception counseling, contraception, OB/GYN ultrasound, and twins!



LAUREN JARVIS

MD

Dr Lauren Jarvis completed her residency in Obstetrics and Gynecology in Rochester, New York.

Prior to that, she earned her medical degree at the University of New England and her undergraduate degree at the University of Wisconsin. She lives in Vermont with her husband and their daughter and dog.

Lauren has a passion for providing holistic patient care. She offers full spectrum care in both obstetrics and gynecology. Her interests include obstetrics, breastfeeding, contraceptive counseling,

perimenopause/menopause, and minimally invasive surgery.

Outside of medicine, Lauren enjoys spending time with her family, being outdoors, traveling, and curling up with a good book.

➤ EDUCATION

- University of Wisconsin, Bachelor of Science in Microbiology with Minor in Global Health (2015)
- University of New England College of Osteopathic Medicine, Medical Degree (2021)
- Rochester Regional Health, Residency in Obstetrics and Gynecology (2025)

MEDICATIONS THAT ARE SAFE TO TAKE IN PREGNANCY

Not all medications, supplements and herbal medicines are safe to take in pregnancy. Please consult with your provider about any herbal medications or medications that are not on the list below.



Heartburn or GI upset

For acid indigestion (Tums, Rolaids, Mylanta, Maalox) • For gas pain (Gas X; Mylicon; Phazyme) • Pepcid AC

Cough

Robitussin DM
Cough drops
Vicks Vaporub
Honey

Sinus Congestion

Humidifiers
Chlortrimeton
Netti Pots
Nasal saline spray
Hot steamy showers
Warm fluids
Warm, moist compresses to cheeks and forehead



Pain and low grade fever

No ibuprofen/advil/motrin
Tylenol 1,000mg every 8 hours (regular or extra strength, no more than 3000 mg per day)

Allergies

Chlorpheniramine (Chlortrimeton)
Dexchlorpheniramine
Claritin
Zyrtec
Benadryl
Nasal saline spray

Constipation

8 glasses of water a day
Take a gentle walk every day
Fiber (Metamucil, Citrucel)—be sure to also drink lots of water with these or they won't work!
Natural Calm (magnesium supplement)
A bowl of grape nuts with warm prune juice, yum!
Kiwi fruit
Stool softener (Colace, Docusate Sodium)
Laxatives (Peri-Colace, Dulcolax)

Hemorrhoids

Tucks Pads
Preparation H with hydrocortisone
Witch Hazel
Cold compresses

Insect Bites

Plain calamine lotion
Non-medicated skin creams
OTC Hydrocortisone 1%
Benadryl



It is important to call our office at 802-862-7338 and speak with a triage nurse if you have a fever over 100.4 that is not going down with Tylenol, taken a full, or have a new rash.

LOW DOSE ASPIRIN IN PREGNANCY

- Based on the table below, your provider will review with you which risk factors place you at higher risk for preeclampsia. Taking aspirin will reduce your risk of preeclampsia.
- Daily low-dose aspirin use in pregnancy is considered safe and is associated with a low likelihood of serious maternal, or fetal complications, or both, related to use. The American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine support the USPSTF guideline criteria for prevention of preeclampsia.
- Low-dose aspirin prophylaxis is recommended in women at high risk of preeclampsia and should be started at **12 weeks** and continued daily until delivery. **Once a day, take ONE baby aspirin (81mg).**
- It is important to take this daily, can be taken with and without food and can be taken with your prenatal vitamin.
- If you have missed a dose, you do not need to double up the next day.

Risk Level	Risk Factors	Recommendation
HIGH Risk	<ul style="list-style-type: none"> • History of preeclampsia (especially with adverse outcomes) • Multifetal gestation (e.g., twins) • Chronic hypertension • Pregestational type 1 or 2 diabetes • Kidney disease • Autoimmune disease (e.g., lupus, antiphospholipid syndrome) • Combinations of multiple moderate-risk factors 	Recommend low-dose aspirin if ≥ 1 high-risk factor
MODERATE Risk	<ul style="list-style-type: none"> • Nulliparity (first pregnancy) • Obesity (BMI >30) • Family history of preeclampsia (mother or sister) • Black persons (social determinants of health) • Lower income • Age 35 years or older • Personal history (e.g., low birth weight, small for gestational age, previous adverse pregnancy outcome, >10-year interval) • In vitro fertilization (IVF) 	Recommend low-dose aspirin if ≥ 2 moderate-risk factors
LOW Risk	<ul style="list-style-type: none"> • Previous uncomplicated full-term delivery 	Do NOT recommend low-dose aspirin

5 TIPS TO PREVENT MORNING SICKNESS



Morning sickness is nausea, often with vomiting, during pregnancy. This usually happens because of increased hormones in your body. It is most common during the first 20 weeks of pregnancy.

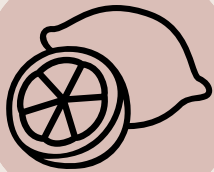
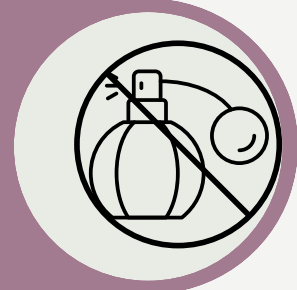


Eat balanced meals

Eating small, frequent and balanced meals throughout the day can help keep your blood sugar levels stable and prevent nausea. Pair carbohydrates with a source of fat and/or protein

Avoid triggers

Avoid foods, smells, or situations that trigger your morning sickness. Open windows to reduce strong smells and choose fragrance-free items.



Try ginger and lemon water

Ginger is a natural remedy for nausea and can help settle your stomach. You can try ginger tea, ginger ale, or ginger candies. Lemons can also be soothing. Drink plenty of fluids throughout the day to prevent dehydration. Sipping on water, herbal teas or ginger ale can also help settle your stomach.

Vit B6 & unisom (doxylamine)

Take vitamin B6 25mg three times daily with 1/2 tab (25mg) doxylamine before bed. If after taking this for one week your nausea is not improved we can prescribe Diclegis, a long acting form of these medications.



Take prenats at night

Sometimes prenatal vitamins can cause nausea, try taking them at night to reduce the chance of morning sickness.

If you are unable to keep food/fluids down OR are not urinating at least every 4 hours, please call and speak with one of our nurses at 802-862-7338

5 TIPS TO CONTROL HEARTBURN



The hormone, progesterone, in pregnancy causes the valve between your stomach and esophagus to relax, which allows stomach acid to come back into the esophagus. It is typically most common during the third trimester because the uterus puts pressure on your intestines and stomach.



Eat smaller, more frequent meals

Eating smaller meals more frequently throughout the day can help prevent the stomach from becoming too full and triggering heartburn.

Avoid trigger foods

Certain foods can trigger heartburn, including spicy, fatty, and acidic foods. Avoiding these foods can help reduce the frequency and severity of heartburn.



Eat slowly and chew your food well

Eating slowly and chewing your food well can help your body digest food more easily and reduce the risk of heartburn.

Stay upright after eating and moving your body daily

Lying down or bending over after eating can increase the risk of heartburn. Try to stay upright for at least an hour after eating. It's important to move your body daily to increase bowel motility.



Drink plenty of water

Drinking plenty of water can help neutralize stomach acid and reduce the risk of heartburn.

It's important to talk to your healthcare provider if your heartburn is severe or persists, as they may recommend medication to help relieve symptoms. Talk to your healthcare provider before trying any natural remedies.

5 TIPS TO COMBAT CONSTIPATION



Hormonal changes along with increased iron from your prenatal vitamins (or extra iron, if needed), changes in your diet and lifestyle, and a growing fetus can lead to constipation while you're pregnant. Here are some tips to help you find some relief.



Drink plenty of fluids

In order to support your pregnancy, you should aim to consume 8-12 cups of water daily. If you don't like plain water, try infusing it with citrus, berries, or herbs. Certain juices like prune or apple juice or hot beverages may also be helpful.

Aim for 25-30 grams of fiber-rich foods/day

Fiber is abundant in fruits, veggies, whole grains, beans/lentils, and nuts and seeds. Try to include a fiber-rich food in each meal and snack to ensure that you are meeting your needs.



Get 30 minutes of moderate exercise at least 5 times weekly

Incorporating regular movement into your day can actually help reduce backaches, boost your mood and energy levels, help you sleep better, and reduce constipation! Be sure to check with your provider to determine the best and safest option for you.

Try a different Prenatal Vitamin

Perhaps the iron in your prenatal vitamin is too much for your digestive system to handle. Talk with your provider, who may be able to suggest a lower iron alternative.



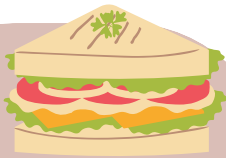
A few tips and tricks

- Natural Calm (a magnesium supplement)
- Colace 100mg 2 x a day
- Warm prune juice, coffee, tea, warm water
- Warm prune juice & grape nuts!
- Kiwi

FOODS TO AVOID DURING PREGNANCY

Not all food is safe during pregnancy. The immune system is lower during pregnancy which makes it harder to fight off illness and infection caused by bacteria found in some foods.

X



Deli Meats, Soft Cheeses, Pate, and soft-serve ice cream

May contain listeria**
- a harmful bacteria

X



Alcoholic beverages

Don't drink alcohol

X



Raw or undercooked meats**

Can give you an infection called toxoplasmosis**

X



Smoked salmon, uncooked seafood, precooked prawns and sushi

May contain listeria**

X



Raw or undercooked eggs**

Can cause salmonella**
food poisoning

-



Limit Caffeine***

1-2 Cups of coffee or 4 cups of tea per day. Limit caffeine to 200mg per day.

X

Raw sprouts

Avoid consuming sprouts, such as alfalfa, clover, and radish sprouts, due to the risk of foodborne illness**



-



Limit large fish: tuna, shark, marlin and swordfish

They contain mercury that can affect your baby's brain and nervous system development. 2-3 cans light tuna a week

Low Mercury fish options:
Shrimp, canned light tuna, salmon, pollock and catfish

-



Limit high fat and sugary foods and drinks

Items like chips, soda, donuts, etc have very limited nutritional value so we encourage you to avoid them and to increase your proteins, fruits and veggies.

*Seek advice from your health professional if feeling sick is limiting your food intake.

**Listeria, toxoplasmosis and salmonella are rare but can cause serious complications in pregnancy.

***Avoid double shot espresso and caffeinated energy drinks

ESSENTIAL NUTRIENTS FOR PREGNANCY



PROTEIN

Baby's tissue development. Develops and repairs breast and uterine tissue, muscles and blood during pregnancy.
70mg/day



IRON

Makes hemoglobin, a protein in red blood cells that brings oxygen to your tissues. Needed to make baby's blood supply.
65mg/day



FOLIC ACID

Baby's brain and spine development. Helps make blood and important in preventing neural tube defects (NTD). 70% of all NTD can be prevented with enough folic acid.
800 mcg/day



DHA

Needed for baby's brain development and growth. Helps you carry baby to full-term.
200 mg/day



VITAMIN C

Baby's bone and teeth development. Also needed for healing wounds.
80 mg/day



FAT

Source of energy. Development of baby's organs and placenta. Poly-unsaturated fatty acids help with baby's brain, nervous system and retina development.



VITAMIN D

Baby's calcium absorption and bone health
2000 IU/day



CALCIUM

Development of baby's bones, teeth, muscles, heart and nerve function. Also needed for fluid control.
1200 mg/day



IODINE

Development of baby's brain and nervous system. Will help baby move, think and feel.
220 mcg/day



VITAMIN A

Forms healthy skin and eyesight. Helps with bone growth.
770 micrograms/day



VITAMIN B

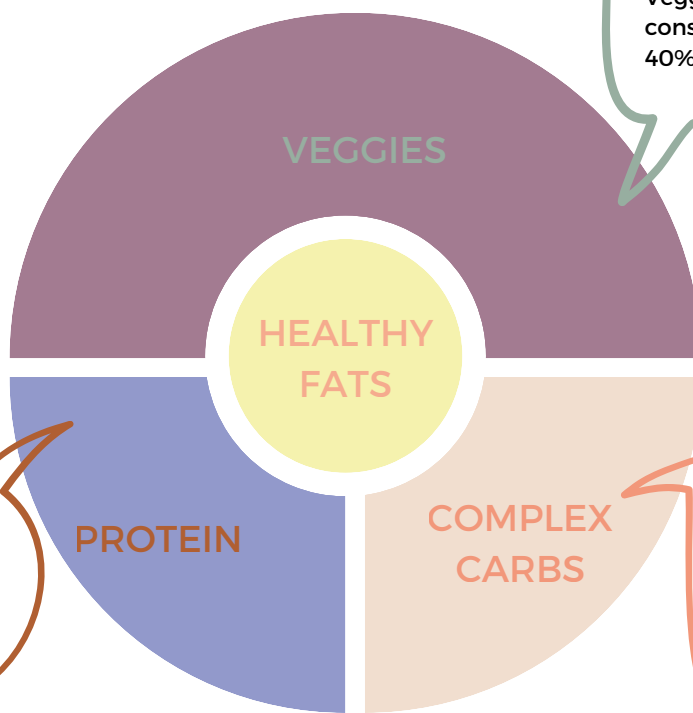
Helps form red blood cells
Helps body use protein, fat, and carbohydrates. Maintains nervous system.
Vitamin B6 (1.9 milligrams)
Vitamin B12 (2.6 micrograms)



CHOLINE

Development of baby's brain and spinal cord.
450 milligrams/day

HOW TO CREATE A BALANCED PLATE



Did you know?
Veggies help with constipation which affects 40% of pregnant patients

Look for protein sources with zinc and iron to prevent anemia

Eating fiber rich carbs can help balance blood glucose, reducing morning sickness & stabilizing energy. Look for 4g fiber/serving!

PROTEIN

(3-4 SERVINGS PER DAY, (70-100G PER DAY))

- Chicken Breast, thigh (skin off) 🍗
- Fish (salmon, tilapia, tuna) 🐟 🐟
- Shrimp or other shellfish 🍤
- Greek Yogurt 🥛
- Cottage Cheese 🧀
- Low-fat Cheese 🧀
- Tofu 🍲
- Edamame 🍲
- Lentils, beans, banza pasta 🍲
- Tempeh 🍲
- Eggs 🍳
- Red Meat (ideally max 1-2x/week) 🍖
- Nutritional Yeast (as a protein boost) 🍄

CARBOHYDRATES

(9 SERVINGS PER DAY)

- Complex Carbs**
- Brown rice 🍚
 - Quinoa 🍚
 - Oatmeal 🍚
 - Whole wheat bread, pasta 🍞 🍝
 - Lentils 🍲
 - Chickpeas 🍲
 - Beans 🍲
 - Sweet Potatoes 🍠
 - Potatoes 🍠
 - Corn 🍫
 - Peas 🍲
 - Squash 🍲
 - Whole fruits 🍎
 - Nuts and seeds 🌰 🌱

- Simple Carbs**
- Refined sugar 🍬
 - Processed foods- candy, cookies, pastries, sugary cereal 🍪 🍞
 - Sugary beverages- soda, fruit juice, energy drinks, sweet tea 🍷
 - White bread 🍞

FATS

(3 SERVINGS PER DAY)

- Olive Oil 🫒
- Avocado Oil 🫒
- Salad Dressing 🥗
- Nuts 🌰
- Cheese (full fat) 🧀
- Peanut Butter 🥜
- Avocado 🫒
- Chia Seeds 🌱
- Flax Seeds 🌱
- Butter 🧈
- Margarine 🧈
- Heavy Cream 🥛

- ♥ Heart Healthy Fat
- 🥛 High Calcium
- 🍗 High Iron
- 🐟 High Omega 3
- 🌱 High Fiber

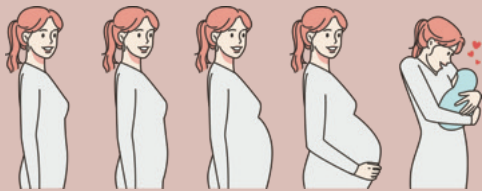
What is BMI and why is it referred to in pregnancy?

Body Mass Index is a calculated measure of a person's body weight (in kilograms) divided by the square of their height (in meters).

- At Maitri, we use BMI to determine whether someone has excess weight. It is one of many factors that providers use to assess health risks during pregnancy.
- Your healthcare team will help to create a healthy pregnancy plan specific to you and your baby's needs. This means taking into account all of your risk factors, health history, and other concerns. This helps to promote the best pregnancy outcomes. Please let us know if you have any additional questions or concerns on this matter.

If your BMI at your new OB visit is 30 or above, we may recommend baby aspirin and/or that you have your anatomy ultrasound at UVMCC.

If your BMI is 40 or above, you will have your anatomy ultrasound at UVMCC and will have additional testing (growth US/NSTs/AFI) at Maitri.



Regardless of weight and/or size you CAN have a healthy pregnancy!

Remember, pregnancy is not the right time to diet or lose weight as it could prevent your baby from getting essential nutrients.

The most important thing you can do at this time is to follow the weight gain guidelines and exercise daily. These are key in helping to prevent hypertension, diabetes and other complications in pregnancy.

Knowing what to eat during pregnancy doesn't have to be overwhelming!

During pregnancy, your eating habits affect your baby. Your baby depends on good nutrition for growth and development. Making healthy food choices and having a balanced diet during pregnancy will help prepare your baby for lifelong health!

Weight gain during pregnancy is important for the development and growth of your baby, placenta, amniotic fluid, uterus, breasts, blood supply, and fat stores.

Ideal weight gain during pregnancy depends on your pre-pregnancy BMI

BMI	Mean range (lb) per week	Total Weight
Less than 18.5	1-1.3	28-40
18.5-24.9	1	25-35
25-29.9	0.6	15-25
30 and greater	0.5	11-20

You don't need to be "eating for two"!

It is actually a myth that you need to "eat for two" during pregnancy. You do need extra calories, but a gradual increase in calories as your baby develops will be just right!

HEALTHY PARENT, HEALTHY BABY



How much do I need to eat during my pregnancy?

During the 2nd and 3rd trimester, we recommend an additional 300 calories per day. This is approx one extra healthy snack (see below). These extra calories should come from nutritious foods, such as lean meats, low-fat dairy products, fruits, vegetables and whole grains



What about if I am pregnant with twins?

It generally is recommended that patients who are pregnant with multiples gain more weight than patients who are pregnant with one baby.

An extra 300 calories a day is needed for each fetus.

There are several dietary guidelines that help to improve outcomes in twin pregnancies. These guidelines help to optimize fetal growth and development, reduce pregnancy complications, increase gestational age at delivery, and avoid excess maternal weight gain.

Goal diet for twin pregnancies:

- Total calories per day: 3,500 calories
- 20% calories from protein (175 grams)
- 40% calories from carbohydrates (350 grams)
- 40% calories from fat (156 grams)



Nutritious snack ideas for extra calories

100 calories	300-350 calories	450 calories
<ul style="list-style-type: none"> • 1 apple OR • 1 cheese stick OR • Small Greek yogurt cup OR • 2 T hummus + Cucumbers OR • 1 T peanut butter OR • 1 slice whole wheat toast 	<ul style="list-style-type: none"> • 1 banana + 2T peanut butter OR • Fruit smoothie OR • An extra oz of protein at each meal OR • Yogurt parfait with granola and fruit 	<ul style="list-style-type: none"> • Apple + 1 cheese stick with yogurt and fruit OR • Protein bar + crackers + 2T guac OR • Baked chips + salsa + 1/4 cup guac and 2 oz chicken OR • Tuna or egg sandwich OR • Whole wheat wrap topped with (1/2 cup) part skim mozzarella cheese baked into a pizza at 400 deg OR • 1-2 slice of toast with peanut butter + banana OR • An extra oz of protein per meal with a 150 calorie snack

EXERCISING IN PREGNANCY



WE RECOMMEND GETTING 30 MINUTES OF MODERATE EXERCISE AT LEAST 5 TIMES WEEKLY

Walking

Walking is a great way to move your body in pregnancy. It is low impact and easy to do anywhere! Getting your heart rate up improves circulation and strengthens your heart!

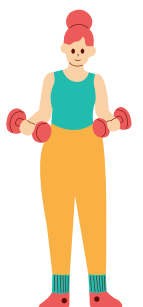
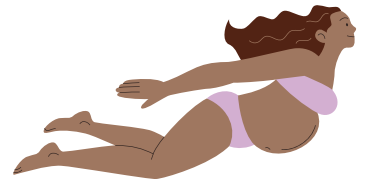
Tips for Exercising Safely

- **Listen to your body:** Avoid overexertion and always be able to converse during activity.
- **Stay hydrated:** Drink water before, during, and after.
- **Wear comfortable clothing:** Supportive shoes and a well-fitted sports bra are essential.
- **Avoid risky activities** after 12 weeks: Skip contact sports, skiing, mountain biking, horseback riding

Other Benefits:

Improves mood and energy levels

- Reduces back pain and swelling
- Helps with better sleep
- Prepares the body for labor and recovery
- Promotes healthy weight gain



HOW OFTEN WILL I COME IN FOR VISITS?

8-31 weeks: Once a month

32-34 weeks: Once every two weeks

35 – 41 weeks: Once a week

2 weeks postpartum: One visit with RN/IBCLC

6 week postpartum : One visit with delivering provider



INITIAL VISIT



Today at your visit we discussed a LOT of information and understand that you may feel overwhelmed. Take some time to look over this educational handbook and your pregnancy journal. You may bring your journal to each visit, so you can record your progress, list questions, concerns, and thoughts that may come up between appointments.

During your first trimester, you will have basic prenatal blood work and options for genetic testing.

ROUTINE OFFICE VISITS



Regular monthly visits are 15 minutes long. These are meant to be visits to answer questions and ensure fetal well being. It's extremely important to come to these visits on time to ensure that you have your entire appointment time with your provider. If you have your ultrasound at Maitri this will be a 30 minute visit. If you have more questions or would like additional time, please talk with our triage nurses or your provider at your visit.

During the routine visits we will measure your blood pressure and weight, review your prenatal labs, listen to the baby's heartbeat, and measure the baby's growth. We will provide education at each visit as it pertains to your baby's gestational age. We will talk to you about your adjustment to pregnancy, provide anticipatory guidance for labor, birth, breastfeeding and transition to parenthood, and address any questions or concerns you may have. Additional testing may be considered or recommended.

Due to the nature of obstetrics, we occasionally have unexpected situations occur during routine pregnancy office visits. This may make us late for our next appointment. Please be assured that we will not rush the next appointments and will answer/address all of your questions and concerns. We understand your time is valuable and we strive to keep appointments running on time.

For this reason, Maitri's policy for patients arriving 10 minutes late for a scheduled appointment is to reschedule that appointment. We encourage patients to come a few minutes early to review your visit questions and enjoy a cup of tea in our GROW lounge.



***There may be individualized variations in this care schedule depending on your pregnancy and health needs. You can always call to schedule an additional visit for a problem.**

Testing During Your Pregnancy

Maitri follows the standard guidelines for lab work during pregnancy by the American College of Obstetrics and Gynecology. All tests are optional. We will discuss with you a number of genetic screening tests that are offered. Please refer to the genetic screening section of this handbook.

If there are tests you do not want or you need more details or have questions about this, do not hesitate to ask us for more information.



Ultrasounds

Repetitive ultrasounds during pregnancy are not recommended by the American College of Obstetrics and Gynecology. In general, it is our practice to perform an ultrasound during the first visit to establish accurate dating of your pregnancy. Another ultrasound performed at approximately 20 weeks, assesses fetal growth, anatomy and placental location. We do not perform genetic ultrasounds (a congenital anomaly screen or Level 2 ultrasound). Not all fetal abnormalities can be detected by ultrasound.

Additional ultrasounds can be completed to assess fetal growth.

In addition we recommend an ultrasound to check on the fetal position at 36 weeks. However, not all insurance companies pay for this ultrasound. At your 32 week visit you will be asked to review this information with your provider.

If medically indicated or initial BMI of 30 or greater, a Level 2 Ultrasound at UVM Medical Center's Fetal Diagnostic Center will be offered. This ultrasound may be indicated for patients age 35 or older at delivery, twin pregnancies, patients on certain medications in pregnancy, patients with a history of birth defects in their families, and/or other situations that are individually assessed.



Resident doctors & students in your care

The University of Vermont Medical Center is a teaching hospital. All of the Maitri providers work with resident doctors and contribute to their education. The residents are training physicians. From time to time, you may be asked if a student can follow in your care.

We can say, without a doubt, we would not be where we are today without patients like you. Please recognize you are the most important teachers for the medical professionals of the future. Be assured, the residents only perform procedures they are qualified to perform. We are your providers, and we will be there for you as needed. Medical students are also involved in many births. While, again, we urge you to involve students in your care, medical student involvement is optional and at your discretion.

If you would like to discuss this further, please do so with a provider.



Marijuana and Pregnancy

If you use marijuana during pregnancy, you may be putting your health and your fetus's health at risk.



Possible Effects on Your Fetus



Disruption of brain development before birth



Smaller size at birth
Higher risk of stillbirth



Higher chance of being born too early, especially when you use both marijuana and cigarettes during pregnancy



Harm from secondhand marijuana smoke
Behavioral problems in childhood and trouble paying attention in school

Possible Effects on You



Permanent lung injury from smoking marijuana



Dizziness, putting you at risk of falls



Impaired judgment, putting you at risk of injury



Lower levels of oxygen in the body, which can lead to breathing problems

Did you know?

- Medical marijuana is not safer than recreational marijuana. Recreational and medical marijuana may be legal in some states, but both are illegal under federal law.
- There's no evidence that marijuana helps morning sickness. Ask your obstetrician–gynecologist (ob-gyn) about safer treatments.
- You should also avoid marijuana before pregnancy and while breastfeeding.

GENETIC TESTING



Maitri believes that pursuing genetic testing is a personal decision, and we strive to help our patients determine the best approach to these testing options. We recognize that what is an obvious choice for one patient may not be the same for the next. We respect whatever decisions are made with regards to genetic testing. We are here to assist you in deciding what the best approach is for you. Below is a list of the services and tests available. You may want to check with your insurance company regarding coverage before you decide on which test to pursue.



Things to consider when deciding on genetic testing:

1) Is this information I want?

Some patients do not wish to know in advance if their fetus/child has a genetic disorder.

2) What will I do with this information?

Some patients feel strongly that they would terminate a pregnancy that was found to have a genetic problem, while others may just want to prepare ahead of time for having a child with a certain condition.

3) Do I want to pursue invasive (definitive testing) or am I comfortable with a screening (risk assessment test)?

4) Does my insurance cover these tests?

Which ones does it cover? Based on my age, family, and personal history, how much risk do I have of having a baby with a genetic disorder?

GENETIC TESTING



What is Prenatal Genetic Testing?

Prenatal genetic testing gives parents-to-be information about whether their fetus has certain genetic disorders



What are Genetic Disorders?

A genetic disorder is a health condition caused by abnormalities in a person's genetic material (DNA), which can manifest as a change in a single gene, multiple genes, or even an entire chromosome, leading to physical or functional impairments in the body; these changes are often inherited from parents and can result in various health issues depending on the specific mutation involved.

Please bring information about genetic disorders in your family, your family heritage and important medical history. Are you of Jewish descent? Do you have a cousin with spina bifida or cystic fibrosis? Our goal as providers is to determine whether you are at risk and provide you with the screening options that help to meet your goal to have a healthy pregnancy.

There are two types of prenatal tests for genetic disorders:

Screening

(Can be done at 10 weeks or greater)

Screening tests are very reliable in providing accurate information about your fetus. These tests can tell you the chances that your fetus has an aneuploidy and a few other disorders.

Diagnostic

These tests can tell you whether your fetus definitively has a certain disorder. These tests are done on cells collected from the fetus or placenta obtained through amniocentesis or chorionic villus sampling (CVS). These tests are completed at UVMCC.

CELL FREE DNA TESTING

The most common screening test at Maitri

What is Cell Free DNA screening? (NIPS)

Non-Invasive Prenatal Screening (NIPS) analyzes whether a pregnancy is at increased risk for:

- Down syndrome (Trisomy 21)
- Edwards syndrome (Trisomy 18)
- Patau syndrome (Trisomy 13)
- & Sex chromosome abnormalities

What is Down syndrome?

Also called Trisomy 21, Down syndrome is a genetic disorder caused when an abnormal cell division results in extra genetic material from chromosome 21. This genetic disorder, which varies in severity, causes lifelong intellectual disability and developmental delays, and in some people can cause health problems. It is the most common genetic chromosomal disorder.

The risks in the table to the right are approximated and rounded. Using this data, geneticists have set the number separating lowrisk from high-risk at 1/250. Why is there a difference in frequencies between 16 weeks and time of birth? Because of the spontaneous miscarriages of pregnancies with Down syndrome between these times.

Age (years)	Frequency of fetuses with down syndrome to normal fetuses at 16wks of pregnancy	Frequency of live births of babies with down syndrome to normal births	
15-19	---	1/1250	
20-24	---	1/1400	
25-29	---	1/1100	
30-31	---	1/900	
32	---	1/750	
33	1/420	1/625	
34		1/500	
35	1/250	1/350	
36	1/200	1/275	
37	1/150	1/225	
38	1/120	1/175	
39	1/100	1/140	
40	1/75	1/100	
41	1/60	1/85	
42	1/45	1/65	
43	1/35	1/50	
44	1/30	1/40	
45 and older	1/20	1/25	

What is Trisomy 13?

Also called Patau syndrome, Trisomy 13 is a chromosomal disorder which results from an extra copy of chromosome 13. It is associated with severe intellectual disability and physical abnormalities in many parts of the body. Due to the presence of several life-threatening medical problems, many infants with Trisomy 13 die within their first days or weeks of life. 5 to 10 percent of children with this condition live past their first year. Trisomy 13 occurs in about 1 in 16,000 newborns.

What is Trisomy 18?

Also called Edwards syndrome, Trisomy 18 is a chromosomal condition which results from an extra copy of chromosome 18. It is associated with abnormalities in many parts of the body and intellectual disability. Due to the presence of several life-threatening medical problems, many individuals with trisomy 18 die before birth or within their first month. Trisomy 18 occurs in about 1 in 5,000 live-born infants.

What are sex chromosome abnormalities?

Y Analysis (which detects gender and 47XYY Jacobs Syndrome) and **XY Analysis** (which will detect Turner Syndrome 45X, Klinefelter Syndrome 47XXY, Jacobs Syndrome 47XYY, Triple X 47XXX).

Turner Syndrome - (Monosomy X) when a female is born with instead of two X chromosomes, only one or one is altered in some way. It presents itself in short stature and infertility.

Klinefelter Syndrome - (XXY) when a male is born with an extra X chromosome. This typically causes underdeveloped testicles which may lead to a decreased production of testosterone. This may in turn cause such problems as infertility.

Triple X and XYY Syndrome - when a child is born with an extra X or Y chromosome. This increases the risk of learning disabilities and developmental delays.

What are microdeletions?

Microdeletions are small deletions in a chromosome, typically too small to be seen under a microscope. They can affect multiple genes and can lead to various genetic disorders called microdeletion syndromes. Well-known microdeletion syndromes include 22q11.2 (DiGeorge), and Williams syndrome.

Screening for a limited number of microdeletions with cell-free DNA is available; however this testing has not been validated clinically and is not recommended. Cell-free DNA panels only include a few specific clinically significant microdeletions and these are very rare.

If a microdeletion is identified through cell-free DNA testing, it should be confirmed by diagnostic testing as many positive results will be false-positive because of the low prevalence of these disorders. If this occurs, you will be referred to a genetic specialist at UVM for further testing and a consultation to discuss further.



How is the test performed?

It is a blood test (from a vein in your arm) after 10 weeks gestational age, analyzing cell-free DNA (cfDNA) in maternal blood.

Pros:

- High detection rate and low false positive rate.
- This is a noninvasive test, and poses no threat to the fetus- there is no increased risk of pregnancy loss following this test

Cons:

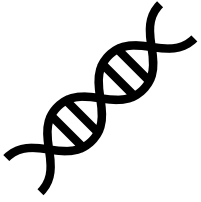
- Increasing maternal weight is associated with lower fetal fraction of cell free DNA, therefore a second blood draw may be required for patients weighing over 200 pounds. Maternal weights over 220 pounds may need to wait until 12 weeks to have this blood work drawn.
- Cell Free DNA does not test for open neural tube defects.

Cost: We will always order this test to be run through your insurance. The third party company will reach out to you via text and email with an Estimation of Benefits of what it would cost through insurance. You then have 3 days to decide if you want to go through insurance or opt for the Self Pay option. The Self Pay option does not go towards your deductible. You will need to contact our third party genetic testing company directly to discuss choosing the self pay option.

CARRIER SCREENING



A type of genetic test that can tell you whether you carry a gene for certain genetic disorders.



ACOG recommends that we offer CF/SMA to all pregnant patients.

What is a recessive disorder?

Most carrier screening is for recessive disorders. It takes two genes—one inherited from the mother and one inherited from the father—for a person to get a recessive disorder. If a person has only one gene for a disorder, he or she is known as a carrier. Carriers often do not know that they have a gene for a disorder.

How and when is carrier screening done?

Carrier screening involves testing a sample of blood. Test results can be negative (you do not have the gene) or positive (you do have the gene). The patient is tested first. If test results show that the patient is not a carrier, then no additional testing is needed. If test results show that the patient is a carrier, the father of the baby is tested.

Once you have had a carrier screening test for a specific disorder, you do not need to be tested again for that disorder.

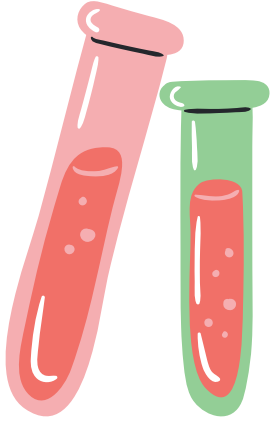
It can be completed prior to pregnancy or at any time during pregnancy.

What are the chances of having a child with a recessive disorder?

If both parents are carriers of a recessive gene for a disorder, there is a 25 percent (1-in-4) chance that their child will get the gene from each parent and will have the disorder. There is a 50 percent (1-in-2) chance that the child will be a carrier of the disorder—just like the carrier parents. If only one parent is a carrier, there is a 50 percent (1-in-2) chance that the child will be a carrier of the disorder.

WHAT IF MY PARTNER AND I ARE JEWISH?

There are a number of genetic diseases for which persons of Jewish heritage (at least one grandparent) are more likely to be carriers of than the general population. These diseases are all serious and can be fatal and or life altering to children born with them.



Ashkenazi Jewish Carrier Testing

There are different genetic concerns for people of Ashkenazi Jewish background (German, French or Eastern European), and people of Sephardic (Mediterranean) or Mizrahi (Persian/Iranian or Middle Eastern) background. The conditions for which carrier screening is offered are more common in individuals of Ashkenazi Jewish descent than other ethnic groups because of specific mutations that occurred in the “founders” of the population. Because Jewish individuals historically married within their own ethnic group, these mutations increased in frequency over generations. Regardless of specific Jewish background, all Jewish and interfaith couples may have preconception carrier screening for the Jewish genetic diseases. This typically begins with an appointment with one of the Genetic Counselors at UVM Medical Center.

Detailed Fetal Anatomy Screen Ultrasound



This tests for birth defects and/or structural markers which can be related to some chromosomal abnormalities.

This is performed between 20–22 weeks at Maitri and UVM Medical Center.

This Ultrasound examination of the baby provides the most detailed fetal anatomic evaluation. This exam evaluates the fetal brain, spine, heart, urinary tract, lips, palate, arms and legs, and a number of other measurements that can help identify babies with or without birth defects, including major and minor markers for Down Syndrome. Placenta and umbilical cord location are also assessed at this time.

An Ultrasound examination is designed to detect structural abnormalities. If the ultrasound exam results are considered normal, the risk of major structural defects is reduced to about 1%. However, this test cannot rule out chromosomal abnormalities. While it is able to assist with Down syndrome risk assessment, only about ½ of fetuses with Down syndrome will exhibit a marker on a detailed ultrasound. Since the ultrasound cannot guarantee a baby does not have Down syndrome, we recommend that patients who want the most accurate Down syndrome risk assessment also obtain other screening from maternal blood samples.

For patients who wish to know with complete certainty, only a diagnostic test (CVS or amniocentesis) can provide that assurance.

Pros:

- **This is a noninvasive test and poses no threat to the fetus—there is no increased risk of pregnancy loss following this test**

Cons:

- **Not a diagnostic test, some abnormalities develop later in pregnancy, and may be missed.**
- **Does not rule out chromosomal abnormalities or some birth defects.**
- **May identify a finding of unclear significance**

DIAGNOSTIC TESTING



These tests give a definitive answer if the baby has a major chromosomal problem.

Chorionic Villi Sampling Testing (CVS)

Chorionic Villi Sampling Testing (CVS)

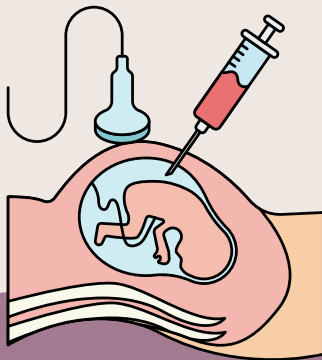
tests for Chromosomal abnormalities including Down syndrome, Trisomy 18 and Trisomy 13. It is the earliest diagnostic test available. It identifies chromosomal abnormalities with an accuracy of 99%. It is completed between 12-14 weeks.

How it's performed:

During this procedure, a doctor obtains a small sample of the placenta. The procedure includes passing a small tube through the vagina and cervix, into the uterus, to obtain the sample. At times, the procedure cannot be performed vaginally. Therefore, a needle would be inserted through the abdomen after a local anesthetic is administered.

Cons:

- It is an invasive test which carries a miscarriage risk of 1:450.
- There is the possibility of obtaining an inadequate sample for testing, amniocentesis may be recommended as an additional diagnostic procedure.



Amniocentesis

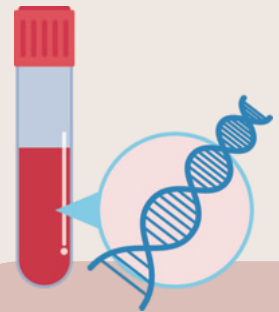
An Amniocentesis is another definitive test that tests for chromosomal abnormalities- including Down syndrome, Trisomy 13, Trisomy 18, and Open Neural Tube Defects.

How it is performed:

Amniocentesis is a procedure in which the doctor obtains a small sample of amniotic fluid (which surrounds the developing fetus) by passing a fine needle through the abdominal wall and into the uterus. This is performed under ultrasound guidance.

Cons:

- It is an invasive test that carries a risk of miscarriage of less than 1:900 when it is performed after 15 weeks
- There is also a small risk of fetal puncture. Even though both Amniocentesis and CVS are definitive tests, they cannot rule out micro deletions or small chromosomal problems



ADDITIONAL TESTING

Depending on your individual circumstances and risk factors, some additional testing may be required for you or your baby. Here are some of the more common ones:

Biophysical Profile (BPP)

This is an ultrasound test that assesses the well-being of your fetus. It measures the amount of amniotic fluid, the fetal movements, muscle tone, and determines if the fetus is practicing breathing by moving its diaphragm. This may be ordered routinely once per week starting at 32 weeks for women with certain medical problems or complications, and it also may be used intermittently if, for example, the baby is moving less often than normal.



This is completed at UVM Medical Center.

Nonstress Test (NST)

This test is also used to assess the well-being of your fetus, and is used in a similar way as the Biophysical Profile. In this case, the fetal heart rate is traced for about twenty to forty minutes and then analyzed by your provider. The fetal heart rate usually increases (an acceleration) when the baby moves and seeing this is very reassuring. If this happens twice in 20-40 minutes, we say that the tracing is reactive.

Growth Ultrasounds

For some women at increased risk of a very large or a very small baby, we will follow the fetal growth every three to four weeks with an ultrasound. Ultrasound is not a very good way to estimate how big a baby is due to its margin of error (up to 20%), but the trend over time can tell us if there might be a problem. If the growth is small (fetal growth restriction), we may also refer you to UVM Medical Center for Doppler studies to measure the flow of blood through the umbilical cord to the placenta to check on the health of the placenta (umbilical artery doppler velocimetry).

Other lab tests

Some circumstances may arise that require additional lab testing. If, for example, you develop high blood pressure or hypertension, we may check some additional blood work as well as a 24-hour urine or a pre-eclampsic profile collection to look for protein. This is used to test for a serious condition called preeclampsia.

If you are having a lot of itching, particularly without a rash, we will check your liver function and check your fasting bile salts. This is used to check for an important condition called cholestasis of pregnancy.

BLOOD PRESSURE MONITORING

Your provider told you that they wanted you to start checking your blood pressure at home. What happens next? You are going to go and buy a home blood pressure monitor.

The most highly rated cuff is the Omron Upper Arm BP Monitor. We sell these in our office for \$50. You can also find them at local pharmacies or on Amazon.

Insurance does not cover BP monitors, but if you have an FSA/HSA you can pay for it with that.

***Wrist and finger monitors are not recommended because they yield less reliable readings.**



Important things to note when checking your blood pressure:

- It is incredibly important to make sure the cuff fits properly – measure around your upper arm and choose a monitor that comes with the correct size cuff.
- The home BP monitor should be always kept flat when being stored, not jiggled around in a bag as this can affect calibration.
- Don't smoke, drink caffeinated beverages or exercise within 30 minutes before measuring your blood pressure.
- Empty your bladder and ensure at least 5 minutes of quiet rest before measurements.
- Don't take the measurement over loose fitted or multiple layers of clothing. A thin layer of one shirt is okay.
- Sit with your back straight and supported (on a dining chair, rather than a sofa). Your feet should be flat on the floor and your legs should not be crossed. Your arm should be supported on a flat surface (such as a table) with the upper arm at heart level. Make sure the bottom of the cuff is placed directly above the bend of the elbow.
- Check your monitor's instructions for an illustration or have a nurse show you how at your visit.
- Be still and do not talk while the cuff is measuring your blood pressure
- Record your blood pressure and follow directions instructed by your provider.



Please call our nurses at 802-862-7338 option #2 with any questions or concerns.

RH NEGATIVE BLOOD TYPE RHOGAM

What does it mean to be RH-negative?

Being Rh negative means that you do not have Rh proteins on your red blood cells. If your baby is Rh positive and you get a small amount of your baby's blood into your circulation (bloodstream) when you are pregnant or when you give birth, your body can make antibodies that hurt and kill red blood cells that are Rh positive. The most likely time that you would be exposed to your baby's blood is when you give birth. This is why being Rh negative will not harm your baby during your first pregnancy. But in your next pregnancy, the antibodies that you made when you were exposed to Rh-positive blood at your first birth can cross the placenta and attack the Rh-positive red blood cells, if your next baby has Rh-positive blood. This is called Rh sensitization. Rh sensitization can cause fetal anemia (low iron in the blood), miscarriage, still birth, or a serious illness in the baby that is called hemolytic disease of the newborn. Fortunately, Rh sensitization is very rare because women who are Rh negative can get Rhogam that stops their body from making antibodies to Rh-positive blood

What is Rhogam?

RhoGAM is a medicine that stops your blood from making antibodies that attack Rh-positive blood cells. RhoGAM is a sterilized solution made from human blood that contains a very small amount of Rh-positive proteins. These proteins keep your immune system from making permanent antibodies to Rh-positive blood. They do not hurt your baby. RhoGAM is given as an injection (shot).

When do I get Rhogam?

- Within 72 hours of a bleeding episode after 12 weeks of pregnancy
- After a miscarriage or abortion at 12 weeks or more of pregnancy
- After an ectopic pregnancy, amniocentesis, CVS, fetal blood sampling, or fetal surgery
- At 28 weeks of pregnancy, if your fetus is Rh +. Your baby's blood type can be determined by NIPTs testing
- If you had trauma to the abdomen during pregnancy
- If attempts were made to manually turn a fetus from a breech presentation
- Within 72 hours after the delivery of an RH-positive baby

Traveling during pregnancy is typically safe, however it's always important to consult with your provider prior to traveling.

General Information for the pregnant traveler:

- Have your routine prenatal checkup before you leave.
- Take a copy of your health record and your insurance card with you.
- Consider travel insurance.
- Wear comfortable clothing and shoes.
- Know where the nearest hospital or clinic is at your destination.
- Drink plenty of fluids, choose water over soft drinks.
- Eat regular meals on a regular basis.
- Constipation is a common travel problem, so make sure you eat lots of fiber.



When is the best time to travel?

The best time to travel is the middle of your pregnancy, between weeks 14 and 28.

After 28 weeks, it may be harder for you to move around or sit for long periods of time.

Mid-pregnancy, energy has returned, morning sickness may be gone, and you are still mobile.

It is not recommended to travel outside the area after 35 weeks.

Deep Vein Thrombosis

Research has shown that any mode of travel lasting 4 or more hours doubles the risk of developing a condition called Deep Vein Thrombosis (DVT) which is a blood clot that forms in the veins of the legs or other areas of the body. A DVT can lead to a dangerous condition called Pulmonary Embolism in which a blood clot travels to the lungs. Pregnant patients have an increased risk of developing a DVT.



Reduce your risk of DVT by:

Drinking plenty of water

Wearing loose fitting clothing

Walking every 1-2 hours

Calf stretches such as toe flexing and calf rises (rising up on the ball of your feet with the heels off the ground- can be done while sitting or standing)

Wearing compression stockings (can be bought over the counter or prescribed by your provider)

Importance of Seat Belts

Seat Belts are always important but especially in pregnancy!

- Always wear both the lap and the shoulder belt.
- Buckle the lap belt low on your hip bones, below your belly.
- Place the shoulder belt off to the side of your belly, and across the center of your chest (between your breasts).
- Never place the shoulder belt under your arm.
- Make sure the belt fits snugly.
- The upper part of the belt should cross your shoulders without rubbing against your



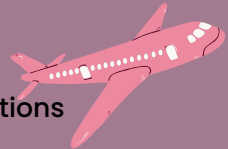
Traveling by Car

If you are involved in a crash (even a minor one), contact your health care provider right away. If traveling a great distance, try to limit driving to no more than 5-6 hours each day. Plan to make frequent stops, to move around and stretch your legs.

Traveling by Airplane

Air travel is almost always safe for a healthy, pregnant patients. If you have a medical condition that could be made worse by flying, do not fly. Some domestic airlines may require a medical certificate for you to fly later in pregnancy. Check with your airline to see if they have any travel restrictions during pregnancy. It is not recommended to fly domestically after 36 weeks and internationally after 32 weeks.

1. Book an aisle seat so you can get up and stretch your legs
2. Wear your seat belt at all times, secure your seat belt below your belly
3. If you have nausea, check with your health care provider regarding anti nausea medications



Traveling by Ship

Taking a cruise can be fun, but many travelers on cruise ships have the unpleasant symptoms of seasickness, also called motion sickness. If you have never taken a cruise, planning your first one while you are pregnant may not be a good idea. If seasickness is not a problem for you, traveling by sea during your pregnancy may not upset your stomach. Make sure a Doctor or nurse is on board the ship, and that your scheduled stops are in places with modern medical facilities in case there is an emergency.



Traveling outside of the United States

Traveling to other countries means you may be exposed to other kinds of germs. People who live in the country are used to the organisms in the food and water, but a traveler is not. These organisms can make a traveler very ill. The safest water to drink is tap water that has been boiled for at least a minute. Bottled water is safer than unboiled tap water, but because there are no standards for bottled water, there is no guarantee that it is free of germs that can cause illness. Do not use ice made from non-boiled water. Do not eat raw or undercooked meat or fish. The International Associate for Medical Assistance to Travelers (IAMAT) has a worldwide directory of Doctors. Call (76)754-4883 for a free directory. You may want to register with the American Embassy, or consulate at your destination. These agencies are helpful if you need to leave the country because of an emergency.

THE HOSPITAL



All of our birth and postpartum care is provided at The University of Vermont Medical Center



Pre-registration

You will be given a QR code. Additional forms are to be completed after the birth of your baby. Early receipt of this information is essential so that all information is in the hospital's system and there will be no delay in your care.



Parking

Depending on when you are arriving at the hospital will determine where the best place for you to park is. If you are in active labor or coming in at night come through the Emergency Department. If you are not in active labor OR it is during the day, you can park in the parking garage.



Labor & Delivery

If you think you are in labor call the office anytime day or night to talk to a provider. Wait to go to the hospital until you have heard back from a provider, unless it is an emergency. If for some reason you do not hear back from a provider in a timely manner call the office and ask the answering service to page the provider again. If you feel it is an emergency call 911.



Labor & Delivery (McClure 7)

- Any children must be accompanied by an adult who is not the birthing person's support person. Visitor(s) may be asked to leave the delivery room by the nurse/physician/midwife to ensure patient safety.
- One support person allowed in the operating room during c-sections – except in an emergent situation.
- One support person allowed in the labor room during epidural placement.
- Visitors should not bring food into the patient's room unless OK'd by the laboring patient.

Mother/Baby Unit (Baird 7)

Visiting hours are from 10 a.m. to 8 p.m. daily. • All visitors must be in good health and 12 years of age or older to visit the unit. Children under 12 who are siblings of the new baby may visit during visiting hours with adult supervision. • A limit of three visitors at the bedside at all times. • If patient room has double occupancy, support person/partner cannot stay overnight.

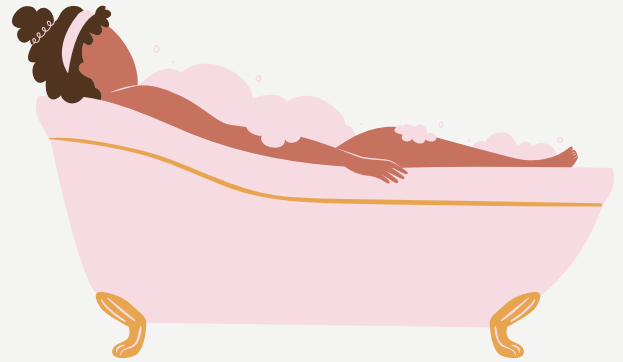


*Note these are general guidelines but things may change dependent on updated information from the Hospital and Department of Health**

Waterbirth

Many patients use hydrotherapy to decrease labor discomfort. In fact, with natural childbirth, a majority of patients utilize this option. We support the use of water for labor and birth, if desired. UVM Medical Center, however, has some restrictions on water birth. There is a water birth consent form that the hospital will recommend we review with our patients prior to their birth.

Water birth has some potential advantages such as pain relief, decreased use of Pitocin to increase the strength of your labor, shorter second stage and decreased perineal trauma or lacerations. Birthing practitioners have used water for both labor and pain relief during birth for many years, however, there are no rigorous scientific studies to support this practice. Water birth is not appropriate for every patient. For some patients, it is the right choice. If we do not think you are a good candidate for a water birth, we will discuss this with you.



Epidurals

If you would like to have an epidural for your birth you may elect to have a consult on admission. On a case by case basis we may recommend having a pre-admission consult during your pregnancy.

Even if you do not plan to have anesthesia you may choose to have a consultation as you become informed about your birthing choices. Epidurals are generally very safe. We can help you decide if this is a good option for you. Rarely, we may recommend IV medications early in labor, for anxiety, rest or pain relief. Sometimes IV medications are recommended after the birth depending on individualized needs.



Other considerations

You have chosen a unique group of providers.

We trained differently with influences from medical and midwifery models of care, but the one reason we work together in this practice is because we view pregnancy and birth in a similar manner. We are here to help you have a healthy baby. We have the skills and knowledge to intervene if necessary, but view this as a natural process which usually progresses without any problems. We do not “routinely” place an IV, or perform an episiotomy, withhold food or beverages, recommend continuous monitoring, or suggest anesthesia or pitocin (a medication used to encourage your uterus to contract). However, there are circumstances in which we may recommend one of these or other additional interventions. We support patients who want natural childbirth, but we are not opposed to anesthesia if this is what you have chosen. In fact, in some situations, anesthesia may help labor to progress. We are happy to help and support you in whatever you choose.

Some patients choose to have a doula present for their labor. A doula is someone who is trained in providing labor support. If you are thinking of this as an option, we encourage you to meet with several doulas in order to find the support person who is right for you. A doula charges an additional fee not covered by insurance. but may be covered by your HSA. Please make sure to explore all options. Resources are posted on our bulletin board by the check-out desk. UVM has a volunteer doula program that is available for all patients. Please inquire about this at your OB check or on admission.

WHAT TO BRING TO THE HOSPITAL

Use this checklist to prepare for your hospital stay during delivery. Pack your items in advance to ensure a stress-free experience!



Important Documents

- ID (driver's license or government-issued ID)
 - Insurance card
- Birth plan (if you have one)
- Hospital registration papers

Labor Essentials

- Comfortable pillow (optional, with a non-white pillowcase to distinguish it)
 - Massage oils or lotions
- Reusable water bottle with a straw
- Snacks for labor (check with your doctor)
 - Bluetooth speaker



Toiletries

- Toothbrush and toothpaste
- Hairbrush and hair ties
- Lip balm (hospitals can be dry)
- Face wash, moisturizer, and travel-size shampoo/conditioner
- Deodorant

Postpartum Care

- Maternity pads or adult diapers (hospitals usually provide these, but extra can be helpful)
 - High-waisted underwear (comfortable and supportive)
- Nipple cream and cooling pads (if breastfeeding)



For Your Partner or Support Person

- Comfort Items
- Comfortable clothing and pajamas
- Pillow and blanket (if staying overnight)
 - Toiletries
- Entertainment
 - Books, tablet, or magazines
- Chargers for all devices
 - Headphones
- Snacks and Drinks
- Non-perishable snacks
- Reusable water bottle

For Baby



- Two to three newborn outfits (including a going-home outfit)
 - Hat and socks (weather-dependent)
- Swaddle or receiving blanket
- Car seat (properly installed before arriving)
- Diapers and wipes (hospital will provide some, but bring extra if preferred)



POSTPARTUM CARE



After the baby's birth you will be on Labor and Delivery for approximately 1 - 2 hours. During this time we will frequently monitor your blood pressure, pulse and vaginal bleeding. With your consent, we will also assist you with breastfeeding and examine your new baby. The baby will receive his/her initial newborn medications: erythromycin antibiotic eye ointment and an injection of Vitamin K as ordered by your pediatrician. If you have questions about these medications please discuss with your pediatrician. During this time we encourage you to be skin-to-skin with your newborn, especially for the first 4 hours of life.

Once we are sure you and your baby are both doing well you will be moved to the Mother Baby Unit. While you are on the unit, residents and hospital staff including nurses, lactation consultants and other hospital personnel will care for you and coordinate your discharge plan. Maitri providers will visit you during your stay or as medically needed. Usually, we are there in the morning.

If you have chosen to have your baby circumcised, this is often the time that the procedure is performed. It is to your advantage to review the information and sign the consent during your pregnancy. Circumcision is currently recommended by the Academy of Pediatrics, but insurances do not always pay for the procedure. This is the responsibility of the patient.

If you have any concerns or questions regarding hospitalization, bring them to the attention of a provider at your prenatal appointments. The appointments from 36-40 weeks are a good time

POSTPARTUM VISITS

After you are discharged from the hospital, you will be offered two postpartum visits at Maitri.

Earlier follow-up after discharge is on a case by case basis and will be reviewed with you at discharge.

We encourage you to call the office when you get home from the hospital to schedule these appointments.

At 2wks postpartum, it is an option for you to see a nurse or lactation specialist. They will discuss your birth experience, breastfeeding or bottle feeding, healing, adjustment to parenthood and birth control options.

You will return at 6 wks postpartum to see your delivering provider.

Maitri provides gynecologic patients's health care beyond pregnancy, lactation care, and postpartum, and we hope you will continue your care with us.





How to choose a Pediatrician for Your Child

Ask for recommendations from

- Your obstetrical provider
- Your friends and family
- Your primary care provider
- Social Media

QUESTIONS TO ASK A POTENTIAL PEDIATRICIAN

How many providers are in the practice? Can you request to see only one provider for appointments other than emergencies? How often are providers other than those in the practice "on call"? When are calling hours for simple questions? Can parents call at other times of the day/night with questions? Do they make their records fully available to the parents? What third-party insurance carriers do they accept?

ASK OTHER PARENTS OR FRIENDS:



Do they trust and like their provider? Why or why not?

Are they able to get in quickly for sick visits?

What is the Triage process like for sick visits?

Do they handle children and babies with understanding and care?

Do their children like this provider?

What is the environment of the office like?

Many Pediatric offices offer "Meet and Greet" appointments



At birth, most boys have skin that completely covers, or almost covers, the end of the penis. Circumcision removes some of this foreskin so that the tip of the penis (glans) and the opening of the urethra are exposed to air.

Circumcision has been practiced as a religious rite for thousands of years. In the United States, the majority of male babies are circumcised for religious or social reasons.

When is circumcision typically done?

Routine circumcisions typically are performed in the hospital within a few days of birth. Circumcision takes only a few minutes and complications are rare. After consultation with you, local anesthesia (numbing medicine) is provided during the procedure. It's important that you talk with us in pregnancy about the pros and cons of circumcision. This can help you decide whether you want to have your baby circumcised.

Potential risks & benefits of circumcision

Studies have concluded that circumcised infants have a slightly lower risk of urinary tract infections during the first year after birth. Circumcision during the neonatal (newborn) period also provides some protection from penile cancer (a very rare condition, even in uncircumcised men).

Some research also suggests a reduced likelihood of developing sexually transmitted diseases and HIV infections in circumcised men, and possibly a reduced risk for cervical cancer in female partners of circumcised men. However, while there are potential medical benefits, data are not sufficient to recommend routine neonatal circumcision.

Circumcision does pose certain risks such as infection and bleeding. A small percentage of circumcised boys develop a condition called meatal stenosis in which the urethral opening gets scarred or narrowed. This can cause deviation of the urinary stream as well as straining to urinate, or in extreme cases, urinary tract infection or inability to urinate. Some boys can develop scarring of the shaft skin to the head of the penis, called a skin bridge, which requires another procedure to fix. Although the evidence also is clear that infants experience pain with circumcision, there are several safe and effective ways to reduce the pain.

When circumcision should not take place at birth

- If the baby is born prematurely
- Has an illness at birth
- Has congenital abnormalities
- Blood clotting disorders

A condition called hypospadias is present, in which the infant's urinary opening has not formed normally

In fact, circumcision should be performed only on stable, healthy infants.

Circumcision Billing

You are personally responsible for payment to Maitri Health Care for patients. Maitri requires advance payment in full prior to performing the procedure. Maitri's charge for a circumcision is \$550.00. If you pay for the procedure prior to your 36th week of pregnancy we will give you a 20% discount or \$440. Payment after that will be the full \$550.

If you do not know the sex of your child, but know that if it is a male you would want him circumcised, you will need to pay the fee. If you have a girl, you will be refunded the payment.

FREQUENTLY ASKED QUESTIONS *in Pregnancy*

01. Can I have just one glass of wine?

No. No amount of alcohol is recommended in pregnancy. Alcohol intake in pregnancy has been associated with fetal malformations and developmental delays and we encourage you to avoid it.



02. Can I smoke cigarettes in pregnancy?

Cigarette smoking is harmful to maternal health, which is reason enough to recommend smoking cessation or reduction during pregnancy. In regard to pregnancy, cigarette smoking has been associated with spontaneous pregnancy loss, placental abruption, premature rupture of membranes, preterm birth, low birth weight and stillbirth. We are here to support you and help you by providing interventions to aid with smoking cessation.



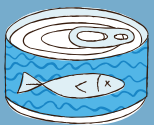
03. Can I use artificial sweeteners in pregnancy?

Yes, however we discourage use. There is no evidence that the artificial sweeteners such as: aspartame (nutrasweet), sucralose (splenda), acesulfame potassium (Sunett), stevioside (stevia) or saccharin (sweet n low) increase the risk of birth defects, however they have been linked to increase cancer risks in ongoing studies.



04. Can I eat fish during pregnancy?

Yes. Fish consumption in pregnancy is actually associated with improved neurodevelopment in children. However, fish is also a source of mercury exposure and mercury can cause fetal neurologic damage. Consuming fish in pregnancy needs to balance the benefits of omega-3 and DHA and the risk of mercury exposure. Patients should try to consume two to three servings of fish a week, high in DHA and omega-3 but low in mercury. These fish include anchovies, herring, mackerel, mussels, oysters, both farmed and wild salmon, sardines, snapper and trout. Fish you want to avoid with high mercury are king mackerel, shark, swordfish, marlin and tile fish.



05. I am craving a hot dog and turkey sandwich.

It is OK to eat a hot dog or turkey sandwich or any other deli meat as long as it is fully cooked and heated up prior to consumption. If you microwave it and make sure it is steaming you are good to go! The reason these foods need to be fully cooked are to avoid exposure to toxoplasmosis and listeria. This also means you should not eat any raw meat, unpasteurized dairy or unheated deli meats.



FREQUENTLY ASKED QUESTIONS *in Pregnancy*

Should I wear my seatbelt in pregnancy? What about turning off the airbag?

- 06.** You should always wear a lap and shoulder seat belt while in a motor vehicle and should never disable the airbags. The lap belt should be placed across the hips and below the uterus. Although there is potential for injury from a seatbelt, the risk is low and, because seatbelts significantly reduce the risk of major injuries from collisions, the overall effect is beneficial.



I just bought a hot tub. Is it okay to go in for just a little while?

- 07.** Although data is limited, pregnant patients should avoid hot tub uses in pregnancy. It can increase your heart rate which then can increase your babies heart rate and can also cause dehydration. When a maternal body temperature increases there is considered risk for miscarriage and birth defects. Swimming pools are typically maintained below normal body temperature and are considered safe in pregnancy.



Can I dye my hair while pregnant?

- 08.** Yes, data is limited but because systemic absorption is minimal, hair dye is presumed to be safe in pregnancy.



Can I use any moisturizer or acne treatment?

- 09.** As long as your skin care products DO NOT contain Retinol (products containing retinoids which are typically used for acne and anti-aging) or accutane (usually used to treat acne), they are safe to use.



Can I have sex in pregnancy?

- 10.** Yes! Most sexual activity is safe for patients having healthy pregnancies. This includes sexual intercourse or penetration with fingers or sex toys. The amniotic sac and the strong muscles of the uterus protect the fetus. If you have pregnancy complications or have been told that you should be on pelvic rest then sex should be avoided until you hear differently from your provider. It is normal to have cramps or spotting after sex with penetration. The cervix is very friable in pregnancy. Having an orgasm can also cause cramps. If you have severe, persistent cramping, or if you have bright red bleeding more than spotting you should call us.



FREQUENTLY ASKED QUESTIONS *in Pregnancy*

Is it okay to go to the dentist in pregnancy? What about getting a cavity filled?

11. Yes, it is recommended to go for your routine cleanings in pregnancy. If it is necessary to have a cavity filled it's important to make sure your dentist is aware you are pregnant and that you only have lidocaine without epinephrine.



I have so many mosquito bites since I can't use insect repellent.

12. Topical insect repellants including DEET can be used in pregnancy and should be used especially in areas with high-risk for insect borne illnesses such as west nile and zika virus.



Can I get my nails done while pregnant?

13. Yes, data is limited but because systemic absorption is minimal, getting your nails done is presumed to be safe in pregnancy.



Oh no, I woke up on my back!

14. Optimal blood flow is when you are side lying or on your back with a hip wedge. Pregnancy pillows can be helpful for this. This is because in pregnancy because after 20 weeks, an enlarged uterus can compress the maternal great vessels which can decrease utero placental blood flow. Waking up on your back is okay, do not panic! Waking up on your back is your body telling you to turn over onto your side and go back to sleep!



If you have a non urgent question that is not on this list, please send our nurses a portal message!