



Welcome to *Michigan Institute of OB/GYN*. We are pleased that you have chosen our office for your new pregnancy.

Providers

Dr. Joseph Berenholz

Dr. Joseph Prezzato

We feel that is very important that you are able to reach a provider with any questions or concerns that you may have. At *Michigan Institute of OB/GYN* providers are available 24/7. Please call the office at **248-855-2229** during normal business hours or the answering service at **248-691-8601** after hours.

All appointments are made though one main office number **248-855-2229 (Baby)**

30445 Northwestern Highway
Suite 140
Farmington Hills, MI 48334
248-855-2229 Office
248-702-6374 Fax
www.michobgyn.com

Hospital Affiliations

Below is a listing of hospital affiliations that we provide pregnancy care at along with their locations and contact numbers.

St. John Providence Park

47601 Grand River Ave.

Novi, Mi 48374

248-465-4100

St. John Providence

16001 W. 9 Mile Road

Southfield, Mi 48075

248-849-3000

St John Providence Alternative Birthing Center

16001 W. 9 Mile Road

Southfield, Mi 48075

www.theabcunit.com

248-849-3919

Childbirth Classes/Tours

Scheduling childbirth classes: Various related classes ranging from prenatal fitness to alternative birthing classes are offered. Please see individual hospital websites or feel free to contact our office for further information.

Providence and Providence Park Hospital 888-501-3627

Providence Alternative Birthing Center 248-849-3919

Scheduling tours of the hospitals:

Providence and Providence Park Hospital 888-440-7325

Pregnancy Timeline/Important Visits

Confirm Pregnancy Visit at 6-8 weeks

- Annual exam if not current
- Pap Smear, cervical cultures and pregnancy hormone levels

New OB Visit at 8-10 weeks

- Ultrasound to confirm due date
- New OB labs drawn: complete blood count, blood type and antibody screen, TSH, Hepatitis B, HIV, Syphilis, Rubella titer, Varicella titer, Cystic Fibrosis screen, hemoglobinopathy evaluation, urine culture.

Routine Visits

- Every 4 weeks until 28 weeks
- Every 2 weeks from 28-36 weeks
- Every week from 36 until delivery

Important Visits

- 11-14 weeks Sequential Screen (Genetic Screening)
 - Ultrasound and Blood Draw
 - 2nd Blood Draw @ 16-18 weeks
- 18-20 weeks ultrasound/anatomy scan
- 24-28 weeks glucose tolerance test
- 36 weeks vaginal cultures for GBS bacteria

Helpful Information/Medicines During Pregnancy-Not a complete List

Nausea / Vomiting

- Small frequent meals, make sure you eat carbohydrates/protein
- Separate liquids and solids by 20 minutes. BRAT diet (Bananas, Rice, Applesauce and Toast)
- Take prenatal vitamins at night
- Crackers, ginger ale at bedside take before getting up in the morning
- Vitamin B6 25mg every 8 hours
- Prescription Drugs: Reglan, Phenergan, Diclegis

Upper Respiratory Infection / Common Cold / Sinus Problems

- Increase fluids
- Rest
- Temperature above 101 use extra strength Tylenol
- Ocean nasal spray
- Sudafed (Not with HTN)
- Cepacol lozenges
- Robitussin 1-2 tsp. every 4 hours
- Tylenol PM helps with sleep take 2 hours before bedtime

Allergies

- Zyrtec
- Claritin
- May take asthma inhalers as needed

Constipation

- High fiber diet whole grains (bread), green leafy vegetables, high fiber cereals, oatmeal
- Increase fluids 100oz of water a day
- Constipation Fibercon, Metamucil, Senokot, Dulcolax, Colace, Mirilax.

Stomach Flu

- Increase fluids
- Rest
- Avoid solids for 2 hours after vomiting
- Clear Liquids-Gatoraid/Pedialyte

- After tolerating clear liquids you can add Jell-O, popsicles, chicken broth
- Slowly add crackers, bananas, rice, toast
- Call office if persists longer than 2 days

Heartburn

- Stay away from greasy and spicy foods
- Keep stomach full, eat small frequent meals
- Mylanta, Maalox, Mylicon, Tums
- Pepcid, Zantac, Dexilant, Protonix

Leg Cramps

- Pull back on heel towards you
- Tums 1-2 tabs up to 4 times a day
- Banana/Gatorade

Hemorrhoids

- Tucks
- Anusol suppository
- Preparation H Cream
- Increase fluids/Fiber
- Stool softeners

Headaches

- Tylenol 2 tabs every 4-6 hours with 1 cup of coffee or caffeine drink
- Call office if no improvement

Yeast Infection

- Monistat 3 or 7
- Terazol cream (prescription)

Dentist

- Can have X-rays (shield Abdomen)
- Orajel for tooth pain
- Can have antibiotics, pain medication (NO NSAIDS)
- Can have Local anesthetic but not gas

Cystic Fibrosis Screening

Cystic fibrosis (CF) is a life-long illness that severely affects breathing and digestion. It is caused by an abnormal gene that makes the body produce thick mucus in the lungs causing persistent infections. In the pancreas, similar thick secretions can lead to problems with food absorption. Men with CF often have infertility due to absence of the vas deferens, the tubes that conduct sperm from the testes to the urethra. Cystic fibrosis does not affect intelligence or appearance. People with CF have an average lifespan of about 30 years.

Cystic fibrosis is a genetic disorder. Genes are inherited in pairs, one from the mother and one from the father. In CF, both genes must have mutations for a person to manifest the disease. If a person has one altered copy of a CF gene, that person is a **carrier for CF**. There is no known health problems associated with being a carrier. However, if a person has two mutated copies of the CF gene, he or she will develop the disease. When two carriers have a child together, there is a 25% chance that the child will have CF. There is a 50% chance that the child will be a carrier like the parents, and there is a 25% chance that the baby will be completely free of the gene—not a carrier and not have the disease.

About one of every 25 white people (or 4%) carries the altered gene. If your family background is not white, your chance of being a carrier is less than 1 in 30. If you have a relative who is a CF carrier, your risk of being a carrier is greater based on your family history than your ethnic background. You could be a carrier of CF even if no one in your family has the disease.

<u>Ethnicity</u>	<u>Carrier risk</u>	<u>Remaining risk given a negative result</u>
Caucasian, Ashkenazi Jewish	1/25	1/800
Hispanic	1/46	1/150
African-American	1/65	1/240
Asian	1/90	Insufficient data

CF testing screens for the most common types of CF gene mutations (out of several hundreds) as recommended by the American College of Obstetrics & Gynecology. A negative test does not completely rule out an infant affected by Cystic Fibrosis.

Methylmercury and Fish

Mercury occurs naturally in the environment and can also be released into the air through industrial pollution. Mercury falls from the air and can accumulate in streams and oceans and is turned into methylmercury in the water. It is this type of mercury that can be harmful to your unborn baby and young child. Fish absorb the methylmercury as they feed in these waters and so it builds up in them.

- Do not eat Shark, Swordfish, King Mackerel, Tilefish or any fish from the Great Lakes because they may contain high levels of mercury.
- Eat up to 12 ounces (2 average meals) a week of a variety of fish and shellfish that are lower in mercury.
 - Some commonly eaten fish that are low in mercury are shrimp, canned light tuna, salmon, pollock, white fish, halibut, tilapia, lobster and crab.
 - Another commonly eaten fish, albacore ("white") tuna has more mercury than canned light tuna. So, when choosing your two meals of fish and shellfish, you may eat up to 6 ounces (one average meal) of albacore tuna per week.
- Check local advisories about the safety of fish caught by family and friends in your local lakes, rivers, and coastal areas. If no advice is available, eat up to 6 ounces (one average meal) per week of fish you catch from local waters, but don't consume any other fish during that week.

For more information visit:

<http://www.fda.gov/Food/FoodSafety/default.htm>

Listeria monocytogenes

Listeria monocytogenes is a type of bacteria that is found in water and soil. Vegetables can become contaminated from the soil, and animals can also be carriers. *Listeria* has been found in uncooked meats, uncooked vegetables, unpasteurized milk, foods made from unpasteurized milk, and processed foods. *Listeria* is killed by pasteurization and cooking. There is a chance that contamination may occur in ready-to-eat foods such as hot dogs and deli meats because contamination may occur after cooking and before packaging

- **Do not eat** hot dogs, luncheon meats, bologna, or other deli meats **unless** they are reheated until steaming hot.
- **Do not eat** refrigerated pâté, meat spreads from a meat counter, or smoked seafood found in the refrigerated section of the store. Foods that don't need refrigeration, like canned tuna and canned salmon, are okay to eat. Refrigerate after opening.
- **Do not drink** raw (unpasteurized) milk and do not eat foods that have unpasteurized milk in them. Avoid cider from local orchards.
- **Do not eat** soft cheese such as queso blanco, queso fresco, Brie, Camembert cheeses, blue-veined cheeses, and Panela **unless** it is labeled as made with pasteurized milk. Make sure the label says, "MADE WITH PASTEURIZED MILK."

For more information visit:

http://www.fsis.usda.gov/Fact_Sheets/Protect_Your_Baby/index.asp