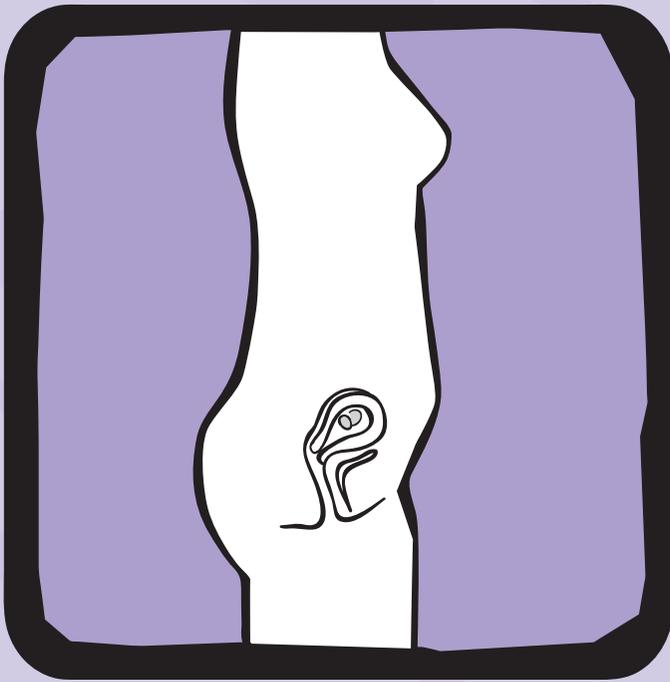


10–12 Week Visit Prenatal Information Sheet



Goal: Determine your current health status
and work toward a healthy pregnancy

Prenatal Information Sheet: 10–12 Week Visit

Goal: Determine your current health status and work toward a healthy pregnancy

Your baby's growth

- Your baby is now about 2.5 to 3.0 inches long and likely weighs about 0.5 ounces. The head is about twice the size of the body.
- During this time, your baby's body and organ tissues grow rapidly.
- The eyes and ears are moving into normal positions.
- Intestines move from the umbilical cord into the stomach area.
- We may be able to hear your baby's heartbeat with a Doppler.



Your baby's growth

Your body's changes

- Your uterus is now the size of a grapefruit.
- We may be able to feel the upper edge of your uterus (the fundus) a little bit above your pubic bone.
- Wear comfortable clothing that provides room to grow.
- Morning sickness often diminishes by the end of this month.
- If you haven't already started, slowly add healthier food choices and change unhealthy eating habits.
- Your teeth and gums are affected by pregnancy, just as other tissues in your body. Routine dental care is important to maintaining your dental health. Check when your last dental cleaning was and schedule an appointment with your dental provider if it has been more than six months. Dental x-rays with the proper precautions are not harmful during pregnancy.



Your body's changes

Your family's changes

- You may be moody, irritable, tearful, disorganized, have trouble concentrating, or have irrational thoughts. These feelings are normal. It may be helpful to talk about them with your family.
- Your sexual desire may increase or decrease - both are normal.



Your family's changes

Your thoughts and feelings

- You may find you are more moody or "stressed out" than you have been in the past. This is in part due to hormonal changes as your body adjusts to pregnancy. Just planning for your baby's arrival can be challenging.
- Most expectant mothers have concerns, whether it is body changes/discomforts, their health or the baby's, fear of labor or changes to their personal or work situation.



Thoughts & feelings



Thoughts & feelings

Your thoughts and feelings

- Discuss your feelings with someone you trust and your healthcare provider, especially if you have been very sad or depressed.
- Discuss any concerns about past traumatic events with your provider. There are options to help you cope with this if it becomes a problem.



Signs to report immediately

Signs to report immediately

- When in doubt, call the clinic or your healthcare provider or the Emergency Department!
- Bright red vaginal bleeding, or painful cramping
- Persistent severe headaches, severe nausea, and vomiting
- Fever at or over 100.4° F or 38° C
- Inability to keep liquids down (due to nausea and/or vomiting) resulting in a reduced amount of urine



Today's visit

Today's visit

- Review your medical and mental health history with your healthcare provider.
- Receive a complete head-to-toe physical and pelvic exam that may include a Pap smear and STI screening.
- Obtain height and weight to determine amount of fat in your body - called the Body Mass Index (BMI).
- Review and discuss initial lab results.
- Identify and discuss with your healthcare provider any additional visits, labs, or tests you may need.
- Discuss with your provider information regarding options for screening for birth defects including chromosomal abnormalities. See Genetic Screening in Resource Section.
 - If you have chosen to undergo first trimester screening for birth defects, with a first trimester result, your provider will review any tests completed.
 - If you have chosen a testing strategy with results in the first trimester but have not yet had testing, and you are still within the appropriate gestational age, testing will be arranged.



Your blood pressure

Your blood pressure

- Blood pressure is measured at every prenatal visit because high blood pressure can cause serious complications for baby and mother if not controlled.

My BP:

<p>My weight: _____</p> <p>Total weight change: _____</p> <p>My optimal weight gain: _____</p>	<p>Your weight and nutrition</p> <ul style="list-style-type: none"> • Weight gain now is usually two to four pounds. Monitor/review your weight gain regularly. • Your baby is likely to be healthier if you eat nutritious foods. • Try small, frequent meals to provide needed nutrition and to decrease nausea and vomiting. • Choose your calories wisely—make sure each one is good for both the baby and you. • If you are currently taking a multivitamin, you may continue taking it. Discuss your decision with your provider. • If you are taking specific nutritional supplements (such as vitamins) or if you are on a special diet, you should discuss with your provider the need for ongoing supplementation or additional nutritional consultation. • Whether you are underweight (BMI <18.5), overweight (BMI >30), or normal weight, you should discuss your optimal weight gain with your healthcare provider. • Track your weight gain in the Resource Section of this book. 	 <p>Your weight</p>
<p>Reference: Prenatal Fitness and Exercise</p>	<p>Your exercise routine</p> <ul style="list-style-type: none"> • You may find it more difficult to “catch your breath” even when walking up stairs. Take it slowly. If you have a concern, discuss it with your provider. • It is best to never exercise to the point of exhaustion or breathlessness. This is a sign that your body cannot get the oxygen supply it needs, which affects the oxygen supply to the baby as well. • Certain activities should be avoided. For further information, see Exercise in the Resource Section. 	 <p>Your exercise</p>
<p>Breastfeeding - a great start</p> <ul style="list-style-type: none"> • Get to know other breastfeeding moms and get involved in community breastfeeding groups, such as La Leche League. • Human breast milk contains more than 100 protective ingredients not found in a cow’s milk-based formula. Breast milk can’t be duplicated. • Learn as much about breastfeeding as you can head of time. • I plan to _____ feed my baby. I want to do this for _____ weeks. 		 <p>Consider breastfeeding</p>

 <p>Fetal heart rate</p>	<p>Fetal heart rate</p> <ul style="list-style-type: none"> You may be able to hear your baby's heartbeat at this visit with a Doppler. 	<p>Fetal heart rate:</p> <hr/>
 <p>Uterine size</p>	<p>Uterine size</p> <ul style="list-style-type: none"> At 10 - 12 weeks your uterus is at the top of your pubic bone. 	<p>Uterine size:</p> <hr/>
 <p>Initial lab results</p>	<p>Initial lab results</p> <ul style="list-style-type: none"> If any of your test results are abnormal, your provider will discuss life-style changes, treatments, and possible outcomes. 	
 <p>Blood type testing</p>	<p>Blood type testing</p> <ul style="list-style-type: none"> Blood typing and antibody testing will be done to tell if you are Rh (D) negative or positive. If you are found to be Rh (D) negative: <ul style="list-style-type: none"> You will receive a D-immunoglobulin (RhoGAM®) injection at 28 weeks to prevent your blood from building up antibodies that can harm your baby. Additional RhoGAM® injections are usually given if you have certain procedures, such as amniocentesis, or if you are experiencing vaginal bleeding during the pregnancy. The RhoGAM® injection is repeated after delivery if baby's blood is Rh positive. 	
 <p>Rubella and Varicella results</p>	<p>Rubella and Varicella results</p> <ul style="list-style-type: none"> If screening shows no immunity (tests negative), we will discuss precautions to protect against these infections. 	

Asymptomatic Bacteruria (ASB) Screen

- ASB is an increased growth of bacteria in the urine that can only be found through laboratory analysis of a urine sample. There are no symptoms, but ASB can result in a serious kidney infection if left untreated.
- Antibiotic treatment may be prescribed. It is important to take as directed and finish the whole prescription or the bacteria can return.
- To reduce the chance of getting ASB, wear cotton panties and wipe from front to back.



Asymptomatic Bacteruria (ASB) screen

Cystic Fibrosis (CF) Carrier Screen

- This test is optional. The chances of having CF vary with ethnic groups. See Specific Genetic Testing in the Resource Section for further information.
- We offer this test to determine if you are a carrier for CF and your baby's chances of having the disease. If you test positive, then the next step is to test the baby's father.
- If you and your partner are carriers, your unborn baby will have a 1 out of 4 (25%) chance of having CF.
- You will be given additional information and the option for further counseling.
- This information allows couples to decide on their options.



Cystic Fibrosis (CF) carrier screen

Summary of visit

Due date: _____ Date of next visit: _____
Date for lab work/other medical tests: _____
Date for dental cleaning if needed: _____
Date for any other scheduled appointments: _____



Summary of visit



Your next visit

Your next visit

At your 16 - 20 week visit we will:

- Measure your uterine growth, blood pressure, weight, listen to your baby’s heart rate, and discuss concerns/questions you may have.
- Follow-up on results from birth defect and fetal abnormality screening tests if you elected to do any.
- Discuss the potential benefit, limitation and safety of prenatal obstetric ultrasound.

ALWAYS BRING
YOUR
PURPLE BOOK
AND
PREGNANCY
PASSPORT
TO EVERY VISIT

Differences I have noticed recently in my body:

How pregnancy has impacted my relationship with my partner:

Questions for my next visit:
