

Pregnancy



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Choosing a doctor for your baby

You want the right doctor for your new baby's needs, beginning with the day he or she is born. The best time to find a pediatrician or family practice provider is before your baby is born. Legacy has a wealth of providers, from general pediatrics to more than 100 specialists, with practices throughout the metro region. The referral specialists at Legacy Referral Service can help you find one that's right for you.

Call them at **503-335-3500 (Oregon)** or **360-487-3500 (Washington)**, from 8:30 a.m. to 4 p.m., Monday through Friday, to find out about the pediatricians who practice at Legacy's hospitals.

Or visit the [Find a Provider](#) page at www.legacyhealth.org, then highlight Pediatrics in the "by specialty" pull-down menu.

First-trimester screening information

Screening pregnancies for Down syndrome and trisomy 18

What is first-trimester screening (FTS)?

This testing is designed to identify pregnancies at higher risk for Down syndrome and trisomy 18 in the first-trimester. The test does not diagnose either condition, but provides a risk estimate.

Who may choose to be screened?

Most women between 11 and 14 weeks pregnant from the first day of their last menstrual period. This is an optional test.

What does the screening involve?

The test involves a combination of a special ultrasound examination and a blood test. The ultrasound examination measures a space found at the back of the fetal neck called the nuchal translucency (NT). A small amount of blood is drawn to measure levels of two proteins, Beta-hCG (the pregnancy hormone) and PAPP-A (pregnancy associated plasma protein A). These proteins are normally found in the blood of all pregnant women. This screen is safe for the mother and the fetus.

What are Down syndrome and trisomy 18?

These problems are caused by the fetus having an extra chromosome in each cell. The extra chromosome, which contains hundreds of genes, causes birth defects and mental retardation. The common forms of Down syndrome (trisomy 21) and trisomy 18 are usually not inherited. Any woman could have a baby with a chromosomal abnormality. The risk of these types of problems increases with maternal age.

When will I get results? How are they reported?

Results of the ultrasound component will be given to you following your scan. Final results will be available in about seven days. Final results are reported as

If you have questions, please contact a genetic counselor at Legacy Medical Group—Maternal-Fetal Medicine:

Legacy Emanuel campus

300 N. Graham St.,
Suite 100
Portland, OR 97227
503-413-1122
fax 503-413-4238

Legacy Salmon Creek campus

2101 N.E. 139th Ave.,
Suite 260
Vancouver, WA 98686
360-487-2870
fax 360-487-2879

Or visit

www.legacyhealth.org/maternalfetal

“positive” (when your risk is determined to be higher than expected) or “negative” (when your risk is determined to be lower than expected). The standard of comparison is the risk of a woman who is 35 years old. If the results are negative, you will receive a letter in the mail. If the results are positive, a genetic counselor will contact you to discuss the results of the screen and options for further testing. Results will be sent to your doctor.

What do I need to do if my results are negative?

A negative screen means that your risk for Down syndrome or trisomy 18 is less than the screening cut-off. *FTS can never eliminate the chance for a chromosome problem.* Down syndrome and trisomy 18 make up about half of all chromosome abnormalities. This screening estimates the risk for Down syndrome and trisomy 18, but not for the other half of chromosome abnormalities or other genetic disorders. Usually this screening can detect about 80–90 percent of Down syndrome pregnancies. There is no screening test that will pick up 100 percent of Down syndrome pregnancies.

What if my results are positive?

A positive screen means that you have an increased chance to have a baby with Down syndrome or trisomy 18. *It does not mean a chromosome abnormality has been diagnosed. In many cases, the baby does not have Down syndrome or trisomy 18.* A genetic counselor will contact you to discuss the results of the screen and options for further testing.

If you have a positive screen, diagnostic testing is available by either chorionic villus sampling (CVS) (until 14 weeks) or amniocentesis (after 15 weeks). The genetic counselor can discuss these options with you in greater detail.

How does my age affect the options available to me?

Traditionally the American College of Obstetricians and Gynecologists (ACOG) has recommended that all women who will be 35 or older at delivery be offered CVS or amniocentesis for prenatal chromosome testing. Most Down syndrome pregnancies, however, occur in women who are less than 35. Recently, ACOG amended its recommendation to say that screening and diagnostic tests should be available to all women regardless of age, and that women be counseled regarding the differences between the two types of testing. While screening tests are good options for all women, some families may feel that a diagnostic test is more appropriate for them. First-trimester screening is not a substitute for diagnostic testing because screening (1) does not give a diagnosis, (2) estimates a risk for only two chromosome abnormalities and misses others that you may be at risk for, and (3) may falsely reassure some women who still have an increased risk for chromosome abnormalities. We recommend that all women age 35 or older meet with a genetic counselor to discuss risks and options due to the higher background risk for problems. If you are less than age 35 and considering a diagnostic test or have questions, please speak with your doctor or one of our genetic counselors.

What if I have a family history of Down syndrome or other chromosome/genetic abnormalities?

FTS should not replace diagnostic testing in these situations as it may provide false reassurance. Patients/couples with a family history of any genetic disease

(including Down syndrome) should discuss diagnostic testing with their doctor and/or genetic counselor.

What else does first-trimester screening look for?

If the nuchal translucency is larger than expected, there is a higher chance of other problems, such as heart defects. If the nuchal translucency is larger than expected, you should meet with a genetic counselor.

What is the accuracy of the test?

First-trimester screening has about 80–90 percent detection for Down syndrome. Detection for trisomy 18 is about 90–95 percent.

Can all birth defects be detected by this or any other screening?

No. No prenatal test can guarantee a healthy child.

What can I do about premature labor and birth?

Watch for warning signs of premature labor

You are the best person to monitor your body for early warning signs of premature labor. Be aware of what is normal for you and when something is different.

Contact your doctor or midwife if you notice any of these early warning signs of premature labor:

- **Increased uterine contractions** — Your uterus will contract at times during your pregnancy and this is normal. It is not normal for these contractions to continue and develop into a pattern. These may not feel like regular labor contractions. Uterine contractions can occur without pain. Some women feel like the baby is “balling up inside.” If this continues for more than one hour, (more than four contractions in one hour), you need to contact your doctor or midwife.
- **Menstrual-like cramps** — Cramping may come and go in a regular pattern or may be constant. It may also hurt up into your back.
- **Intestinal cramps**—This may feel like having “gas pain.” You may or may not have diarrhea. Low, dull backache—this is of the most concern if it comes and goes in a regular pattern or is constant and unrelieved by position changes. In addition, if it is a big change from what you normally experience or if it happens along with other warning signs it could be important.
- **Pelvic pressure** — This is a feeling of pressure in the lower abdomen, back or thighs. You may sense “heaviness” in the pelvis or feel like the baby is pushing down the birth canal.
- **Vaginal discharge** — It is not normal to have a lot of mucus-like, watery or bloody discharge. A gush or trickle from the vagina could also be your water breaking. If this happens, you need to notify your doctor or midwife. A change in vaginal discharge may be an early warning sign.
- **Bladder infection** — You may have a urinary tract infection (bladder infection) if you experience the following symptoms: a burning sensation

when urinating, feeling the need to urinate more frequently and more urgently than normal. It is very important to be diagnosed and treated for a bladder infection right away as it can lead to premature labor.

- **“Feeling bad”** — If you have a feeling like something is not right or you do not feel well, be sure to talk to your doctor or midwife. Even if you cannot be specific about what is wrong, it is important to check.

What is premature labor?

Premature labor is labor that begins more than three weeks before your baby is due (before 37 weeks of pregnancy). Although we do not know what causes premature labor in many cases, we do know that if premature labor is identified early enough, we can often stop labor and delay the birth of a premature baby. This allows your baby extra time it needs to grow and mature.

Babies who are born too soon may have problems keeping warm, eating and breathing. The earlier the baby is born, the worse these problems can be.

Am I at risk for premature birth?

Some conditions may make you more at risk for premature labor and birth. These include:

- Premature labor and/or birth with a previous pregnancy
- A uterus that is abnormally shaped, has had surgery or has large fibroids
- A cervix that has had a cone biopsy or if your mother took DES when she was pregnant with you
- Expecting more than one baby (twins, triplets, etc.)
- Two or more abortions or miscarriages in the second trimester of pregnancy
- Bleeding during pregnancy
- Too much or too little amniotic fluid (bag of water)

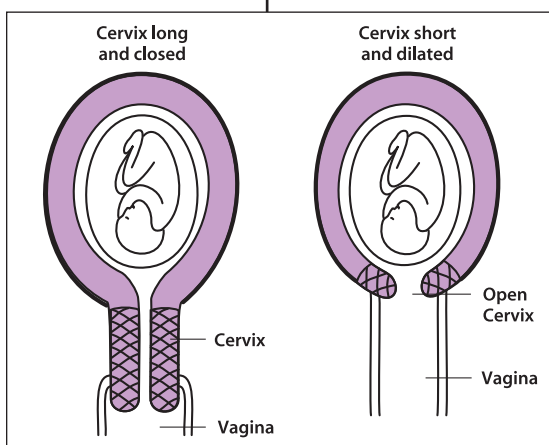
Although these are common risk factors, many women who have premature labor have none of these conditions. That is why it is important for all women to know what is normal and what is a warning sign of premature labor.

Your body and premature labor

Labor is a process that occurs when the uterus begins to contract in a regular and frequent pattern. These are called uterine contractions or labor pains. They cause the baby to apply pressure on the cervix or opening to the uterus. This pressure causes the cervix to efface (get softer and shorter) and dilate (open up). Although only a doctor, midwife or nurse can check your cervix for changes, you can monitor yourself for uterine contractions.

If your doctor or midwife asks you to monitor yourself for contractions, it is best to do it in the following way:

1. Empty your bladder. A full bladder can cause your uterus to contract.



2. Lie down on your side in a comfortable position. Do not lie flat on your back.
3. Drink water while monitoring. Not drinking enough water can cause your uterus to contract.
4. Place your hand on your tummy where the baby is. This is your uterus. Using your fingertips, indent your uterus over the entire surface to feel the firmness. When relaxed, your fingers will indent easily. If you feel how soft your nose is, that is similar to how soft your uterus feels when it is relaxed.
5. During the beginning of a contraction, your uterus will begin to feel firmer, like your chin, and get progressively firmer until it feels like your forehead. Then it will slowly relax again. If you are having contractions, use your watch to monitor how long each contraction lasts and how much time it takes from the beginning of one contraction to the beginning of the next.
6. Your doctor or midwife may give you instructions about when to call if you are having contractions. If they did not give you any instructions, call your doctor or midwife if you are having contractions every 15 minutes or more frequently, for an hour.

High-risk pregnancy

A high-risk pregnancy is one where the mother, baby or both have a greater risk for complications during pregnancy or birth. If you are considered high risk, it is important to be treated by a physician who specializes in high-risk pregnancy. **Legacy Medical Group–Maternal-Fetal Medicine** can help.

Legacy Medical Group–Maternal-Fetal Medicine provides all of the care that’s needed for high-risk pregnancies at both Legacy Emanuel Medical Center and Legacy Salmon Creek Medical Center.

When specialty care is needed for the infant, the centers are backed by the technologically advanced Neonatal Intensive Care Units (NICU) at both hospitals. They also have immediate access to Randall Children’s Hospital and the complete team of pediatric subspecialists who practice there.

For more information, contact Legacy Medical Group–Maternal-Fetal Medicine at either the Legacy Emanuel campus (Portland) at 503-413-1122 or the Legacy Salmon Creek campus (Vancouver) at 360-487-2870, or visit www.legacyhealth.org/maternalfetal.

Fetal Movement Record

Your baby counts

Your physician or midwife can learn important information about your baby's health before birth by keeping track of baby movements. If your health care provider asks you to collect and report your baby's movements, the chart on this sheet will help you record this information.

You will record baby movements once or twice a day or as ordered by your doctor or midwife.



These instructions will help you get started

- In the evenings after a meal, or whenever the baby is most active, sit in a semi-reclining position or lie on your side.
- On the chart, note the date and time when you begin counting movements.
- Use the numbered boxes to record each movement your baby makes. Whether it's a little flutter or a big kick, it counts as a movement. Mark box 1 for the first movement, box 2 for the second movement and so on.
- Count until you have 10 movements recorded. If two hours of counting pass and you do not have 10 movements recorded, contact your health care provider.
- At the end of the counting time, record the total number of minutes it took to get to 10 movements and the total number of movements counted.
- Use a new line each time you begin to count movements.
- Remember to bring the chart with you to each appointment.

Fetal Movement Record

Date	Start Time	1	2	3	4	5	6	7	8	9	10	Finished Time	Total # of Minutes	Total # of Movements
Example 1/1/12	8 p.m.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	8:45p.m.	45	10

Danger signs in pregnancy

Problems during pregnancy have danger signs. To stay as healthy as possible, know the danger signs listed below. Call your health care provider if any of the following occur:

- Vaginal bleeding
- Swelling or puffiness of your face and hands
- Sudden weight gain
- Pain when you go to the bathroom (urinate)
- Very bad, continuous headaches
- Blurred vision, flashes of light or spots before your eyes
- Sharp or continuous pain in your stomach
- Severe, persistent nausea and vomiting
- Fever
- Sudden gush of fluid from the vagina
- Decreased movement of your baby
- An accident, hard fall or other injury

Signs of premature labor

Labor that starts before the end of the 37th week of pregnancy is considered premature. If premature labor is caught early enough, a premature birth can often be postponed. This allows your baby the extra time it needs to grow and mature. Call your health care provider if you notice any of the following signs:

- Low, dull backache
- Pelvic pressure
- Contractions or cramps
- Blood-tinged discharge from the vagina
- Gush of clear, watery fluid from the vagina

Remember, if you “just don’t feel right” or have any questions about your health, call your health care provider.