

**Bristol**

Nicole A. Long, DO, FACOOG
Dennis Samuel, MD, FACOG
Alyssa Phelps, MD
Nyela Edwards, CNM
Lisa Vance, CNM
Meredith Montgomery, CNM
Stacie McCray, DNP

Kingsport:

Scott Fowler, MD, FACOG
Christy Stevens, DO, FACOOG
Autumn Hoover, NP-C
Christopher Mitchell, MD, FACOG
Danielle Spurling, FNP
Sean White, MD, FACOG
Mark Withrow, MD, FACG
Lisa Vance, CNM
Meredith Montgomery, CNM
Stacie McCray, DNP

Seasons of Abingdon:

Nicole A. Long, DO, FACOOG
James Moore, MD, FACOG
Lisa Vance, CNM
Meredith Montgomery, CNM
Stacie McCray, DNP

WELCOME TO SEASONS!*Routine Obstetrical Care****Some things to expect:***

On your confirmation visit, which will be between 7-9 weeks, you will receive your first ultrasound. After your ultrasound, you will see one of our Provider's to review the images. The Provider will also order a Type and Screen blood work which will help the Provider in future treatment during your pregnancy. The first ultrasound is typically a vaginal ultrasound. You will also have your first exam, which may include a pap smear and vaginal cultures. If you are under 7 weeks at your first visit, you may need to be rescheduled for an ultrasound and another visit with one of our Providers.

You will have appointments scheduled with all of our physicians who provide obstetrical care, as any one of them may be attending your delivery. We believe this provides you with the safest care and ensures your comfort with all of our providers. We do understand that some patients may feel more comfortable with one provider than another; however, we cannot guarantee that any one provider will be available to perform your delivery. If you have any concerns about your care we invite you to discuss this with us. However, if a patient is uncomfortable with one of our providers to the extent that she would refuse care from him/her, the patient will be asked to transfer their care to another practice.

Between 10-12 weeks, you will have an OB Interview with one of our Nurse Practitioners or Midwives. At this visit, they will go over important information about what to expect during your pregnancy. Also at this visit, you will have the Prenatal Panel of blood drawn and also be offered the Prenatal Screening test. The screening test is a test that can be performed to identify risk of the fetus having Down's syndrome, neural tube defect, and Trisomy 18. Again, this is a screening test only and is optional, at additional cost. If it returns as positive, further testing will need to be performed.

Between 16-20 weeks, you will have a visit with one of our providers and at this time they will discuss your Prenatal Panel blood work and Prenatal Screening test you had done at your previous visit.

Around 20 weeks, we will have a detailed ultrasound that is a full fetal anatomy scan; at this visit we can typically tell you the sex of the baby.

Around 28 weeks, you will have a test done to check for gestational diabetes. Avoid a carb heavy breakfast and eat more protein (i.e. bacon and eggs). When you arrive you will be given a glucose drink and then an hour later will have your blood drawn. We also recheck blood counts at this visit. And we offer TDaP vaccination at this time.

Around 32 weeks, we typically order another ultrasound to assess fetal growth and well-being.

Around 35 weeks, GBS culture and you will probably start having weekly pelvic exams to assess dilation of you cervix.

This is a routine schedule for most prenatal women; however the schedule may change if you are having any issues or have additional risk factors.

Bristol:

320 Bristol West Blvd
Bristol, TN 37620
423-844-1399

Kingsport:

105 W. Stone Drive, Suite 5D
Kingsport, TN 37660
423-247-7500

Abingdon:

631 Campus Drive
Abingdon, VA 24210
276-676-3870

WELCOME TO OUR PRACTICE! WE LOOK FORWARD TO CARING FOR YOU!

Obstetrical Patient Information

We would like to welcome you to our practice and congratulate you on your new discovery! We want to provide you the best possible care during your prenatal course and during labor and delivery. Enclosed is general information about our practice, *Seasons Comprehensive Women's Health*, as well as about Bristol Regional Medical Center.

If the office is closed and you have an emergency, the answering service will page the physician on call for the practice. You may call any of our locations 423-844-1399 (Bristol), 423-247-7500 (Kingsport), or 276-676-3870 (Abingdon)] to reach the answering service.

Your baby will be delivered at the **New Life Birthing Center at Bristol Regional Medical Center**. You will be able to labor, deliver, recover, and have your postpartum stay all in the same comfortable room. Even if you experience complications, you can be secure in the knowledge that emergency medical equipment and monitors are available in each room for both you and your new baby.

Childbirth Classes and Tours

We encourage our expectant families to attend the childbirth classes offered by Bristol Regional Medical Center. To obtain more information regarding the available classes, call Nurse Connection at 1-877-230-6877. For tours, you may call 423-844-2500.

Family Involvement

Your partner is encouraged to participate during labor and delivery. Photographs may be taken, but video recorders may only be used during labor and then after delivery. Video recorders distract from the experience and from the support that you will need during this beautiful, yet difficult process. Our goal is to always provide only top quality care for both the mother and baby, so we certainly appreciate your cooperation. Younger children and other family members may also accompany the mother based on the hospital guidelines. We support and encourage the natural childbirth process, and will balance that with your desires, as long as it does not jeopardize the health of either you or the baby.

Estimated Due Date

At the end of your first examination by the doctor, you will be given a due date. This does not mean you will deliver on this date, but most women deliver within two weeks before or after this time.

Office Visits

If your pregnancy progresses normally, you will be seen every four weeks during the first six months, every two weeks for the seventh and eighth months, then weekly thereafter. Your partner is welcome to any and all of these visits.

Ultrasounds

Ultrasounds are often needed to assure high quality prenatal care. Most insurance will pay for one ultrasound as a normal part of prenatal care. Always keep in mind that ultrasounds are not perfect and can only screen for certain types of problems and not all of them. We do not perform ultrasounds to determine the sex of the baby exclusively, but will try to tell you this during your routine ultrasound.

Diet

Your diet should be well-balanced and high in protein. Foods rich in protein include fish, chicken, eggs, and dairy products. It is also important to drink 2 liters of plain water daily while you are pregnant. During pregnancy an average weight gain is 25 to 30 pounds. Pregnancy is not the time to go on a diet. You should avoid eating raw meat while you are pregnant, as this can cause a disease called toxoplasmosis to be transmitted to you and your baby. You should also not clean a cat's litter box due to this.

Sexual Intercourse

Intercourse is permissible during pregnancy unless otherwise directed by the physician. You may need to alter your positions or may require extra lubrication such as KY Jelly.

Smoking and Alcohol

It has been shown that smoking definitely creates a high risk pregnancy in several different ways. It usually decreases the birth weight of the baby and often contributes to growth retardation, possible subsequent learning and behavioral disorders, and has been associated with SIDS (Sudden Infant Death Syndrome). Pregnancy is a good time to do yourself and your baby a favor and permanently stop smoking. Likewise, the consumption of alcohol should be stopped because we do not know how much or how little it takes to cause malformation of your developing baby.

Rest

Pregnancy is not an illness so your activity level should continue as it was prior to pregnancy unless otherwise directed. You may continue to jog in moderation. Pregnancy is not the time to start a new strenuous exercise program. Fatigue is common throughout pregnancy and many women will require a rest period during the day, especially in the latter months of pregnancy. Specific activities that we advise against include diving, water and snow skiing, and horseback riding. We also advise against heavy lifting (over 50 pounds).

Travel

Extensive travel is not advised during pregnancy. If you must take a long trip, the best time is during the middle three months. If you are traveling by car, stop every hour or two to walk around for ten minutes and empty your bladder. Commercial air travel is acceptable until the last month of pregnancy. We advise that you do not travel more than 100 miles from home in the last month of pregnancy.

Dental Work

If you plan to have dental work during your pregnancy, please advise your dentist that you are pregnant. We do not recommend elective dental X-rays, IV injections, or gas anesthesia during pregnancy. Local anesthetics such as Xylocaine should be used instead.

Maternity Leave

Follow the maternity leave policy dictated by your employer. If there are no complications with your pregnancy, you may work up until delivery and return to work six weeks afterward, eight weeks if a cesarean is performed.

Pediatrician

Family and friends are good resources, as well as scheduling a pre-delivery visit with the doctors you have in mind. **Our HMG partners are:**

HMG Pediatrics at Medical Plaza

105 W. Stone Drive
Suite 2A
Kingsport, TN 37660
(423) 230-2430

Alicia Wright, MD
Danielle Street, DO
Joseph Ley, MD
Kimberley Hunt, MD
Sarah Smiddy Youssef, MD, FAAP
Josh Shook, MD
Donald Lewis, MD
Stephanie Tipton, FNP
Christopher Morelock, FNP
Jenny Height, PNP
Charity Helton, FNP

HMG Primary Care at Sapling Grove

240 Medical Park Blvd
Suite 3000
Bristol, TN 37620
(423) 990-2400

Rick Whiles, MD
Andrew Brockmyre, MD
Charles Bolick, MD

Bristol Pediatric Associates

320 Steeles Road
Bristol, TN 37620
(423) 968-2599

Cassie Hudson, DO
Jessica Hommel, MD
Thomas Makres, MD

In Conclusion

Friends and family give advice freely to pregnant women. Some advice is good, but some may not be true at all. We strongly advise you to ask those questions which concern you. If you have questions that cannot wait until your visit, please contact our office and a nurse will call you back promptly and try to answer your questions.

Medications during Pregnancy

Prenatal vitamins, now available without a prescription, are safe to take during pregnancy. Most herbal preparations and supplements have not been proven to be safe during pregnancy. You will need to ask your healthcare provider about the safety of any other vitamins, herbal remedies and supplements during pregnancy.

Generally, you should not take any over-the-counter medication unless it is necessary.

The following medications and home remedies have no known harmful effects during pregnancy when taken according to the package directions. If you want to know about the safety of any other medications not listed here, please contact your healthcare provider.

Allergy

- Chlor-Trimeton

Cold and Flu

- Tylenol (acetaminophen) or Tylenol Cold
- Warm salt/water gargle
- Saline nasal drops or spray
- Robitussin DM, Halls Cough Drops
(Do not take "SA" (sustained action) forms of these drugs or the "Multi-Symptom" forms of these drugs.)

Constipation

- Metamucil
- Citrucel
- Fiberall/Fibercon
- Colace
- Milk of Magnesia
- Senekot

Diarrhea – (only after 24 hours and after 12 weeks pregnant)

- Kaopectate
- Imodium

First Aid Ointment

- Bacitracin
- Neosporin

Headache

- Tylenol (acetaminophen)

Heartburn

- Maalox
- Mylanta
- Tums

Hemorrhoids

- Preparation H
- Anusol
- Tucks
- Witch Hazel

Nausea and Vomiting

- Vitamin B6 100 mg tablet
- Emetrol

Rashes

- Hydrocortisone cream or ointment
- Caladryl lotion or cream
- Benadryl cream
- Oatmeal bath (Aveeno)

Yeast Infection

- Monistat-7 day

Pregnancy and Exercise

The benefits of exercise, good nutrition and the maintenance of a healthy lifestyle are undisputed as ways to reduce many of the diseases which affect women such as cardiovascular disease, diabetes, arthritis, and obesity. In pregnancy, the benefits of exercise are also known. Regular exercise during pregnancy is beneficial in keeping weight gain under control, reducing stress and reducing the length of labor. Some studies even show that patients who exercise regularly during pregnancy can reduce their risk of requiring a cesarean section. We also know that regular exercise does **NOT** increase your chances of miscarriage or pregnancy loss.

Changes in your body during pregnancy

- Increased rate of respirations
- Because of a hormone called Relaxin, the joints loosen in pregnancy, especially in the pelvis. As a result, you may be more prone to joint strains or sprains.
- The curvature in your lower back increases, which, along with the enlargement in the uterus and baby, causes a shift in your center of gravity. Consider using a belly binder to help alleviate some of this discomfort.
- Your heart rate will increase about 10-15 beats per minute
- Your metabolism increases

Guidelines for exercise during pregnancy

- Weight gain in pregnancy should be about 25-35 pounds. Depending on your level of exercise, the number of calories you consume will have to be increased in order to achieve this amount of weight gain.
- You should avoid exercises or sports which could result in trauma. For example, water or snow skiing, surfing, mountain climbing, scuba diving, CrossFit etc.
- Remember that your body shape changes, which results in a change in your balance. This is most prominent in your final trimester. These body changes may not be fully back to normal for up to six weeks after delivery. Therefore, you should avoid sports or activities that require a lot of balance, such as roller blading, etc.
- Don't exercise on your back during the last two trimesters of pregnancy. The weight of the uterus causes pressure on the large blood vessels of the abdomen that results in reduced return of blood back to the heart. Thus, exercising in this position could cause dizziness and reduced blood flow to your baby.
- Never exercise to the point of complete exhaustion. You should stop exercising when you feel tired or begin to feel short of breath.
- Always warm-up with stretching exercises before you begin your exercise routine, and always allow yourself at least five minutes of cool-down exercises.
- Drink plenty of water before and after exercise.
- If you are not currently exercising, begin slowly and build up gradually. If you have a regular exercise program, you should be able to continue that program.
- Your exercise program should be accompanied with a healthy diet that includes plenty of fruits and vegetables.
- If you develop lower back pain or hip-type pain as your pregnancy progresses, switch to a non-weight bearing type exercise such as swimming.

No matter what type of exercise program you use, discuss your plan with your doctor or speak with a fitness instructor for prenatal modifications. If you develop any complications of pregnancy, such as high blood pressure, premature labor, bleeding, premature rupture of the membranes, etc., stop exercising until you discuss your exercise plans with your doctor.

What's the best exercise for me?

Your current level of training, your weight, and your current level of fitness all affect the type of exercise program that is best for you. If you are currently involved in an exercise program or aerobic class, you will generally be able to continue this program. On the other hand, if you are not exercising on a regular basis, you should begin by taking a daily walk. This walk should be at a brisk pace. As you feel more comfortable, you should increase the length of your walk at a rate of about 10-15% per week. Above all, you should listen to your body, don't overdo it, and don't exercise to the point of exhaustion.

Pregnancy-Related Pain

Aches and pains are extremely common during pregnancy. For example, back pain during pregnancy occurs in up to 50% of pregnant women and in some cases, may be severe and debilitating. As the pregnancy progresses, the baby grows and the uterus expands to accommodate the growing fetus. This not only causes discomfort in various parts of the body, but it also changes the balance for the mother. Other common symptoms include muscle fatigue, pelvic pain, discomfort in the buttocks area, as well as generalized muscle spasms.

Causes of Pain in Pregnancy

There are several reasons why a normal pregnancy is accompanied by many aches and pains. An understanding of the sources of pregnancy-related pain is extremely helpful in moving toward and/or alleviating the discomfort.

- Weight – A typical pregnancy adds 30-40 pounds, much of it located in the lower abdominal area. The extra weight puts additional pressure on the hip, knee, and ankle joints, common areas where pregnant women have problems.
- Hormonal changes – Under the influence of pregnancy hormones, ligaments throughout the body become looser and less supportive for joints. Because it is the ligaments that hold bones together, this is a critical factor in creating pains that are normally felt in pregnancy. In fact, this is a useful change, as the joints of the pelvic area need to ultimately be more flexible to allow the baby to pass through the birth canal during the process of a vaginal delivery. Unfortunately, the looseness or laxity of these joints also results in loss of stability of the pelvic and low back joints. The woman, as a result, is more likely to have sprains in this area and may require additional physical activity to support these areas.
- Posture – As the baby grows, the body accommodates. In the upper portion of the back the ribs change how they move and how they are attached. In addition, the breasts become heavier as they are prepared for possible breast feeding. These changes result in an altered posture of the upper back. At the same time, in the lower back, the normal curvature is exaggerated as the center of gravity of the body shifts forward with the growth of the uterus and the baby inside.
- Muscle changes – Because of the many changes, and because the mother must change how she accomplishes simple activities, muscles are overworked or are used in ways that they had never been used before. They are used to compensate for changes in posture, to hold together loose joints, and to carry the extra weight of pregnancy. The muscles involved include those of the neck, shoulders, back, buttocks, and legs.

Helpful Hints

To help prevent some problems, some of the following may be of benefit:

- Do not lift heavy objects. If it is necessary, ask for help.
- Wear low-heeled shoes. Neither high heel shoes nor flat shoes are good for your posture.
- Sleep on your side with a pillow or two between your legs for support.
- Application of cold or heat to the painful area may relieve the pain. Massaging the area may also help.
- When sitting in a chair, choose one with a good back support. If this cannot be accomplished, place a small pillow behind the lower portion of the back for support.
- When lifting, bend your knees, squat, and keep your back straight. Do not bend over at the waist.
- If you must stand for a long period of time, place one foot on a box or stool to help relieve discomfort.
- If pain persists, a maternity girdle, back brace, or similar device may be recommended to relieve some of the discomfort.

Travel During Pregnancy

Traveling during pregnancy can be very enjoyable. Through the first two trimesters and into the third, it is perfectly safe to travel as long as you are not experiencing any complications and your doctor has not indicated any reasons for prohibiting travel. Women who are experiencing high blood pressure, spotting, diabetes, or other complication should talk to their physician for special instruction before traveling. Some standard rules of safety to protect you and your baby are as follows:

- Limit the distance you travel. Being far from home and your doctor at any point during pregnancy can be a disadvantage if any problems arise.
- Stay away from high altitudes. Due to the lower oxygen levels at high altitudes, anyone can find themselves laboring to breath. It is especially taxing for a pregnant woman and her fetus.
- Beware of traveling to certain countries where vaccinations are recommended. Certain vaccinations can be hazardous to your fetus, and the chance of becoming infected with the diseases can prove to be even more hazardous.
- Be careful of the water you drink. You may want to drink bottled water to be safe.
- Hydrate the day before, the day of and the day after travel to reduce swelling.
- Carry your medical history and obstetrician information with you at all times.
- Make sure to take time to stop, rest, and use the bathroom frequently. Don't encourage urinary tract infections.

Traveling past 34 weeks is generally not recommended. Consult your doctor before you travel to receive any special instructions or to discuss an emergency plan if you were to go into labor while traveling.

What's Special About Breast Milk

Breast milk is a living fluid. It is made by you – just for your baby. So it is the most special food there is. No other product can ever come close. It is not possible to list everything in breast milk. Each new piece of research into this amazing fluid uncovers another vital ingredient baby's need for their development and growth.

Colostrum

Colostrum is extra-special. It is the fluid in a mother's breasts at the time her baby is born, before her true milk comes in. It is rich in protein, immune factors, vitamins, anti-infectious agents, living cells and minerals. Colostrum protects the newborn baby until his/her own immune system begins to function. Colostrum helps his/her digestive system begin to function well. It contains all the nutrients he/she needs.

The Basic Nutrients in Breast Milk

Protein – Protein is needed for growth. Human babies are meant to grow slowly and be fed often. That's why just a small part of human milk is protein, about 1 percent. Protein breaks down into curds (casein) and whey. Breast milk is largely whey. Cow's milk contains much more casein. Breast milk has no lactoglobulin. This part of cow's milk protein, which is also found in some infant formulas, is believed to cause allergic reactions in some babies.

Carbohydrate – Most of the carbohydrate in breast milk is lactose (milk sugar). Lactose is important for brain growth. The baby's brain is large and grows rapidly.

Fat – Fat is needed to provide energy (calories). The fat in breast milk digests well with almost no waste. Essential long chain fatty acids in breast milk are important for the growth and development of the baby's brain. These fatty acids are not naturally present in cow's milk or infant formula. Formula makers may include some of these essential fats in their products in the future, but at this time no formulas sold in the United States or Canada contain these essential fatty acids.

Water – Breast milk contains all the water a baby needs. Even in extreme heat or fever, a breast-fed baby needs no extra water.

Vitamins – Almost all women are able to provide all the vitamins their babies need in their breast milk. A woman would have to be very obviously deficient in a vitamin for the levels in her breast milk to be less than adequate.

Minerals – Although the iron content of breast milk is low, it is absorbed 20 times better than the iron in formula milk. Other minerals are present in ideal balances for the baby.

Added Extras – This is where breast milk really scores over infant formula. Breast milk contains many "nonnutritive" factors that help protect and nurture the baby in his/her first few months. Immune factors help protect the baby until his/her own immune system has developed. Living cells, such as white cells, fight infection. Hormones and enzymes are present too. All these add up to a truly unique food that cannot be copied. Each mother produces the perfect food for her baby.

Nutrition during Pregnancy

- During pregnancy, try to eat as many fresh fruits and vegetables, whole grains and legumes (peas or beans) as possible.
- Stay away from processed foods.
- Taking a vitamin/mineral/nutrient supplement (pill) high in iron and calcium is recommended.
- Many women think that when they become pregnant it means they can eat anything they want. This is **NOT** true. What you eat during pregnancy can really affect the health of your baby and your own pregnancy, actually making it easier.
- Your daily energy needs will increase by only 300 calories per day (100 calories = one slice of bread and one small piece of fruit), and this is only during the second and third trimesters.
- Vitamin and mineral needs, on the other hand, are high from conception to delivery. So, you must eat more nutrients for the same (or slightly more) calories.
- The best way to do this is to eat foods that are as close to their natural, wholesome forms as possible. You must think before you eat and think before you don't eat, as any deficiencies caused by not eating will affect your baby as well as yourself.
- As a pregnant woman you will need more protein than at any other time in your life, particularly in the second and third trimesters. However, you will probably have no trouble eating plenty of it, as protein is the least likely nutrient to be lacking in the diet. In fact, most Americans eat twice as much protein as they actually need. As before, starches and carbohydrates should be the mainstay of your diet. In fact, they may even help fend off morning sickness. Fat adds calories without giving you many of the minerals and nutrients that you need. Try to limit it to 25-30% of your daily calorie intake. When trying to plan your meals, it helps to follow these three "rules of thumb".
- 2/3 to 3/4 of your plate should be grains, fruits, vegetables, and legumes (peas or beans). Another way to think of this is that for every serving of protein rich or calcium rich foods (meat or dairy products), you should be eating at least three servings of fruit, vegetables, grains, or legumes.
- You should try to eat at least one grain and one fruit or vegetable in every snack.
- Before you eat ask yourself, "Is this good for me and my baby?" If your answer is yes, then go ahead and eat it. If your answer is no, then try to eat something else that will satisfy the same taste and hunger needs, but still be healthier.
- Fat, sugar and salt intake should be reduced, but not completely eliminated. Fat helps in the absorption of fat-soluble vitamins (A, D, E, and K) and supplies the essential fatty acid linoleic acid. Salt contains sodium which is needed to regulate muscle and nerve functions and to maintain the body's natural fluid balance. Sugar adds taste and pleasure to foods.

Baby's First Weeks

What You Need

The following list suggests the very basic supplies needed to care for your baby. If your budget allows, you can add extra items. Buy ahead of time as much as you need to feel prepared and to care for the baby without being hassles. Purchase other items as you need them. Items do not need to be new – just safe and clean. Watch for garage sales, other special sales, or exchange items with family or friends.

Clothing

Adjust the number needed depending on your laundry facilities. Avoid buying newborn sizes that your baby quickly outgrows.

- Diapers, washable, 3-4 dozen
- Diapers, disposable – 12 per day
- Shirts (tie front or snap), 6-8
- Sleeper, kimonos, nightgowns – 4 to 6
- Pairs of booties or boot-like socks – 3
- Sweaters (small) – 2
- Waterproof pants – 3 to 4
- Caps (knitted for winter, brimmed for summer) – 1
- Bunting or hooded jacket(winter) – 1

Bedding

- Receiving blankets – 4 to 5
- Flannel waterproof sheeting – 3 to 4
- Fitted Sheets – 3 to 4
- Bumper pad – 1
- Lightweight blanket – 1
- Quilt or comforter – 1

Bathing

- Hooded towels – 2 or 3
- Washcloths – 4 to 6
- Mild Soap – 1
- Oil or lotion – 1
- Baby Bathtub (optional) – 1

Breastfeeding Supplies

- Support/nursing bra – 3 to 6
- Bra Pads – 5 or 6 washable, 2-3 dozen disposable
- Breast Pump (please ask staff or call insurance for coverage) – 1

Premature Labor and Premature Birth

Premature labor is labor that begins before the 37th week of pregnancy. Premature birth frequently follows premature labor.

Possible Signs and Symptoms

Uterine contractions at regular intervals that begin before the fetus is mature, usually before the due date of delivery

- Passage of bloody mucus (sometimes)
- A sensation of pelvic pressure
- Flow of amniotic fluid from the uterus (sometimes). This may occur with a gush or may be only a continuous watery discharge.
- Some degree of vaginal bleeding or spotting

Causes

In most cases, the exact mechanisms that cause premature labor are not well identified. Many obstetric, medical and anatomic disorders are associated with premature labor.

Risk increases with

- Premature rupture of the membranes (the “water breaks”)
- Illness of the mother, including preeclampsia, high blood pressure, or diabetes
- Abnormal shape or size of the uterus
- Weak cervix
- Hormone imbalance
- Vaginal infection that spreads to the uterus
- Large fetus or more than one fetus
- Abnormalities of the placenta, such as placenta previa
- Excessive amniotic fluid
- Poor nutrition, especially is associated with weight loss
- Previous premature labor
- Smoking, excessive alcohol consumption
- Injury to the uterus
- Urinary tract infection, especially kidney infection (pyelonephritis)
- Use of mind altering drugs (narcotics, psychedelics, hallucinogens, marijuana, sedatives, hypnotics, or cocaine)
- Adolescent mothers

Triple Screen Details and Risks

What is the Triple Screen Test?

The Triple Screen is a prenatal blood test that measures alpha-fetoprotein (AFP), chorionic gonadotropin (HCG), and unconjugated estriol (uE3). The test is performed between the 12th and 19th week of pregnancy to provide you and your doctor valuable information about you and your growing fetus.

What Does the Triple Test Measure or Indicate?

The Triple Test can help identify one or more of the following:

- Birth defects such as spina bifida, cardiac anomalies, and Down Syndrome
- Multiple fetus'
- The possibility of premature delivery or low birth weight baby

Why Should I Have a Triple Screen Performed?

The Triple Screen is strictly a screening test that is used to indicate if further testing might be necessary. It is harmless and painless. Most importantly, it can lead to information about your baby that can allow you and your doctor to prepare for delivery, birth and neonatal care of your newborn.

What If the Results Are Abnormal?

An abnormal result is not definitive. An abnormal result indicates that your doctor will prescribe additional tests such as amniocentesis. If those tests come back positive then you and your doctor will be able to prepare and instruct yourselves on the best way to care for the baby or in some cases, it gives you the choice to terminate the pregnancy.

Are Normal Results a Guarantee?

A normal test is not a guarantee. The Triple Screen will detect approximately 75% of all ventral wall defects, 85% of all NTDs (neural tube defects) and 60% of all Down syndrome birth defects. Some birth defects can be missed by the test.

Please note: 95% of all women who undergo prenatal testing receive reassuring news that their babies do not have a disorder. The Triple Screen is *just* a screening test.