



GENERAL FAQ

OB

Q: When should I start taking folic acid if I'm considering getting pregnant and can I take over-the-counter prenatal vitamins?

A: You should begin folic acid 400mcg once daily supplementation as soon as you decide you may attempt pregnancy. Women at increased risk, which is with a family history of Spina Bifida, those taking anti-epileptic drugs and women with homocysteinemia should take 5 mg (or 5000 mcg) of folic acid.

Q: When should I have my first visit when expecting?

A: Even if you've confirmed your pregnancy with a home test, it's wise to follow up with a physical examination so you can start getting prenatal care.

Your first OB visit should be between 8-10 weeks of pregnancy. (Gestational weeks are counted beginning with the first day of your last menstrual period). Unless you have a medical condition, have had problems with a pregnancy in the past, or are having symptoms such as vaginal bleeding, abdominal pain, or severe nausea and vomiting. If you're taking any medications or think you may have been exposed to a hazardous substance, call the office to schedule for an appointment as soon as possible.

If you are unsure of your last menstrual period or have had any prior history of miscarriage, we would like to see you for a "confirmation of pregnancy" visit.

Q: What should I expect from my first prenatal checkup and how long it will take?

A: You can anticipate the OB work-up visit will last about 45 minutes to 1 hour. It usually includes:

- weighing you to establish your baseline weight and take your blood pressure
- taking a general medical history or review the findings from your preconception checkup. You will be asked about your periods, recent birth control methods, chronic diseases, surgeries and allergic reactions.
- Estimating your due date by the date of your last period or, even more precisely, by ultrasound assessment
- Taking an obstetrical history (assuming you have had other pregnancies). You will be asked about your previous pregnancies details and outcomes
- Conducting general physical exam (heart, lungs, abdomen and so on). Sometimes breast is also

examined to check for lumps

- Confirming your pregnancy with a urine test/ blood test and first USS to locate and confirm the pregnancy.
- Once pregnancy is confirmed we'll do number of blood tests called antenatal screening
- Taking a vaginal culture to check for the presence of infection, b a Pap smear to check for cervical cancer or potential pre-cancer and to check your urine for infection, sugar and protein as needed.
- Providing you with advice on nutrition and lifestyle issues
- Defining a strategy of your antenatal care and delivery and answering any questions you may have

Q: How often will I come in and what tests will I have done during my pregnancy?

A: We are a full-service obstetrical office providing all the prenatal testing you will need for a typical pregnancy. Some of the tests marked with (*) are optional. In some complicated pregnancies more investigations and visits will be required.

ANTENATAL Schedule		
Weeks	Procedure	Tests
Wk 5-6	Consultation +/- scan to locate the pregnancy	
		*Urine pregnancy test
		*Lab Beta HCG
		*Pap smear-if last pap done more than a year ago
Wk 8	Consultation +fetal viability scan	Antenatal screen
Wk 11-13	Consultation + NT scan (Down syndrome)	BHCG, PAPP-A
Wk 16	Consultation + scan	
		*1st Toxoplasma profile if previously negative
Wk 20-22	Consultation + Fetal morphology scan	Urine test
Wk 24- 26	Consultation *Scan	Glucose challenge test , Urine test

		*Glucose Tolerance Test
		*2nd Toxoplasma profile if previously negative
Wk 28-30	Consultation + scan	Urine test, Hemoglobin, Red cell antibody
	*Fetal Doppler Scan	*Complete Blood Count
		*1st Anti D injection if Rh negative
Wk32	Consultation	Urine test
	*Scan	
Wk 34	Consultation	Urine test
	*Scan	*3rd Toxoplasma profile if previously negative
		*2nd Anti D injection if Rh negative
Wk 36	Consultation	High Vaginal Swab, CBC, Random Blood Sugar, Urine test (Hosp. booking)
	Scan - to assess presentation and weight	* Cardiotocography (CTG) ``for high risk
Wk 37	Consultation	urine test
	*Scan	* CTG for high risk
Wk 38	Consultation	CTG, Urine test
Wk 39	Consultation	urine test
		* CTG for high risk
Wk 40	Consultation	CTG, Urine test

Q: What vitamins should I take while pregnant?

A: A multivitamin or mineral supplement (iron, folic acid, calcium...) may be required to get enough of these nutrients. Take prenatal vitamins as directed.

If your prenatal vitamin makes you sick, try taking it at a different time of day, or with a meal.

If you are still unable to tolerate the vitamins because of nausea or constipation please call the office and we will prescribe another vitamin.

Q: What dietary recommendations do you give your patients?

A: A well-rounded diet should supply all of the nutrients you need during your pregnancy. Some cases are special - like gestational diabetes or hypertension. In such situation you will be given special recommendations.

Pregnancy Diet and Nutrition

Healthy diet is crucial to having a healthy pregnancy. Good nutrition is essential to ensuring that a mother's body can give the unborn baby the nourishment she or he requires to develop and grow.

Energy - really eating for two?

Energy requirement varies among individuals. Unfortunately, pregnancy is not the ice-cream-free-for-all as we would like it to be. It is generally recommended that pregnant women increase their daily intake by 100 calories in the first trimester and 300 calories in the second and third trimester. For instance, an extra snack before bedtime consisting of a fruit, a serving of milk or yogurt and a few biscuits is often enough. A daily prenatal multivitamin supplement is often recommended during pregnancy.

Folate

Folate, or folic acid, is needed to support the increasing maternal blood volume and to decrease the risk of baby Neural Tube Defects (NTD). Diet alone is not likely to provide enough folate. Therefore, it is recommended that women should start taking a daily folate supplement of 400ug (0.4mg) 3 months prior to conception and should continue through the first 3 months of the pregnancy.

Iron

Iron is essential to maintaining a sufficient level of blood supply to the growing baby and the placenta. As many women's iron stores are not enough for meeting the increased requirements during pregnancy, a daily low dose iron supplement (30mg) is often recommended during the second and third trimesters. You can help prevent iron deficiency anemia by eating more iron-rich foods like lean red meat, fish, poultry, dried fruits, whole-grain breads, and iron-fortified cereals.

Calcium and Vitamin D

Your baby gets the calcium necessary for healthy bones and teeth from the mother's supply. Depending on your age, it is recommended to include 1000mg - 1300mg of calcium and 200IU of Vitamin D in your diet. It means 4 - 6 servings of dairy products or calcium-fortified foods a day. If calcium intake is insufficient during pregnancy, calcium supplements may be needed.

Dietary Cautions

Caffeine: some authorities suggest to limit coffee to 3 - 4 small cups a day; some such as the US Department of Health suggests to avoid it completely.

Seafood: Avoid high-mercury fish such as Shark, Swordfish, King Mackerel and Tilefish. Also limit fish intake to no more than 2 servings per week.

Artificial Sweeteners: only certain types used in moderation.

Herbal Tea: Some herbal teas are safe to drink during pregnancy. These include citrus peel, ginger, lemon balm, orange peel and rose hip teas. Avoid chamomile tea.

Q: What Foods should I Avoid during Pregnancy?

A: A healthy, well-balanced diet is important during pregnancy. Most fresh foods are wholesome and safe to eat, however some foods should be avoided during pregnancy.

Raw (or undercooked) Meats and Seafood including sushi - all uncooked and rare meats and seafood should be avoided due to high risk of toxoplasma, listeria and salmonella poisoning.

Deli meats including hot dogs - these deli meats might be contaminated with listeria bacteria which may result in miscarriage or even a stillbirth. It's safe to eat deli meats if you reheat them until steaming hot.

Refrigerated smoked seafood - for the same reason of listeria contamination. It is safe if they are contained in cooked dishes. Canned and shelf-stable versions are safe to eat.

Raw eggs - raw eggs may contain salmonella. Some Caesar salad dressings, mayonnaise, homemade ice cream and custards as well as Hollandaise sauces may be made with raw eggs. It is best to check with your server in a restaurant; if in doubt, it is best to avoid it. In addition, unpasteurized eggnog should be avoided.

Fish high in mercury - avoid high-mercury fish such as Shark, Swordfish, King Mackerel and Tilefish. Also limit fish intake to no more than 2 servings per week.

Soft cheese - avoid the following soft cheeses: Feta, Brie, and Camembert cheeses, blue-veined cheeses, queso blanco, queso fresco and Panela. They are safe to eat only if they are labelled pasteurized.

Refrigerated pâtes or meat spreads - for the same reason of listeria contamination. It is safe to eat the canned or shelf-stable versions.

Liver - liver is a rich source of iron. However it contains a high level of Vitamin A. Large amounts of Vitamin A can be harmful to the baby.

Unpasteurized milk and juices (**Soft, ripened cheeses made with unpasteurized milk** (imported varieties such as brie, camembert, and similar blue veined cheeses, cheeses made with pasteurized milk or

domestic brands should be fine).

Alcohol - many documented fetal abnormalities and birth defects have been associated with alcohol use during pregnancy. Even small amounts of alcohol may harm the developing fetal brain.

Q: What is toxoplasmosis?

A: Toxoplasmosis is a disease caught from contact with uncooked or undercooked meat, contaminated vegetables and fruit, and in cat feces. If toxoplasmosis is contracted in pregnancy, it can be passed to the baby and cause severe problems such as blindness or mental disabilities.

Preventing Toxoplasmosis

Q: When should I be concerned about toxoplasmosis?

A: Generally if you have been infected with *Toxoplasma* before becoming pregnant your unborn child is protected by your immunity. Some experts suggest waiting for 6 months after a recent infection to become pregnant.

Q: How do I know if I have been infected with Toxoplasma?

A: Your health care provider may suggest a blood test to check for antibodies to *Toxoplasma* if you are pregnant.

Q: How can Toxoplasma affect my unborn child?

A: If you are newly infected with *Toxoplasma* while you are pregnant, or just before pregnancy, then you can pass the infection on to your baby. You may not have any symptoms from the infection. Most infected infants do not have symptoms at birth but few can develop serious symptoms, sometimes later in life, such as blindness or mental disability. Occasionally infected newborns have serious eye or brain damage at birth.

Q: How is toxoplasmosis spread?

A: Cats play an important role in the spread of toxoplasmosis. They become infected by eating infected rodents, birds, or other small animals. The parasite is then passed in the cat's feces. Kittens and cats can shed millions of parasites in their feces(stool) for as long as 3 weeks after infection. Mature cats are less likely to shed *Toxoplasma*. Cats and kittens prefer litter boxes, garden soils, and sand boxes for elimination, and you may be exposed unintentionally by touching your mouth after changing a litter box, or while gardening without gloves. Fruits and vegetables may have contact with contaminated soil or water also, and you can be infected by eating fruits and vegetables if they are not cooked, washed, or peeled.

Q: Do I have to give up my cat if I'm pregnant or planning on becoming pregnant?

A: No. You should follow these helpful tips to reduce your risk of environmental exposure to *Toxoplasma*.

Avoid changing cat litter if possible. If no one else can perform the task, wear disposable gloves and wash your hands thoroughly with soap and water afterwards.

Change the litter box daily. The *Toxoplasma* parasite does not become infectious until 1 to 5 days after it is shed in a cat's feces.

Feed your cat commercial dry or canned food, not raw or undercooked meats.

Keep cats indoors.

Avoid stray cats, especially kittens. Do not get a new cat while you are pregnant.

Keep outdoor sandboxes covered.

Wear gloves when gardening and during contact with soil or sand because it might be contaminated with cat feces that contain *Toxoplasma*. Wash hands thoroughly after gardening or contact with soil or sand.

Q: Is treatment available?

A: If you are infected during pregnancy, medication is available. You and your baby should be closely monitored during your pregnancy and after your baby is born.

Q: What are the best ways to protect myself or my unborn child against toxoplasmosis?

A: Cook food to safe temperatures. A food thermometer should be used to measure the internal temperature of cooked meat. Do not sample meat until it is cooked.

Beef, lamb, and veal roasts and steaks should be cooked to at least 145°F throughout.

Pork, ground meat, and wild game should be cooked to 160°F.

Whole poultry should be cooked to 180°F in the thigh.

Peel or wash fruits and vegetables thoroughly before eating.

Wash cutting boards, dishes, counters, utensils, and hands with hot soapy water after contact with raw meat, poultry, seafood, or unwashed fruits or vegetables.

Freeze meat for several days before cooking to greatly reduce the chance of infection.

Avoid drinking untreated water, particularly when traveling in less developed countries.

Q: What I can do for Morning sickness (may also be noon or night)? (Nausea and Vomiting)

A: Common during the 1st three months of pregnancy due to changing hormones. Following are some suggestions to help with these symptoms.

Try small, frequent feedings especially high carbohydrate snack and starch.

Symptoms seemed more pronounced when the stomach is empty. Eating frequently (every 1 ½ - 2 hours) in small amounts will keep the nausea to a minimum.

Separate liquids from solid foods - if you drink something, don't eat for at least 30 minutes.

It is important to keep yourself hydrated. Even if you are having trouble keeping foods down, constantly sip fluids (such as water, Ginger Ale or cold ginger tea).

High fat, spicy, or gaseous foods are not tolerated well.

Your doctor may recommend you few additional tips to keep morning sickness under control.

For severe nausea and vomiting please don't hesitate to call the office.

Q: What I can do for Cold or sinus congestion?

A: Saline based nasal spray, hot steam inhalations, drinking plenty of hot drinks can be done at home to treat simple common cold. Paracetamol (PANADOL) should be used anytime when there is fever.

Do not use antibiotics without consulting your doctor! If your symptoms seem to get more severe contact your doctor.

Q: What I can do for Sore throat or cough?

A: Mild cough can be treated using hot steam inhalations and taking daily tablespoonful of good quality honey. Best treatment for sore throat is to rinse it with soda bicarbonate solution or antiseptic solution.

Do not use cough syrups without consulting your doctor! If your symptoms continue see your doctor.

Q: What I can do for Constipation?

A: Increase fibre and water intake. Increase fruit and vegetable intake and try small quantities of raisins or prunes. Make sure you have reasonable level of daily physical activities such as walking, swimming, moderate exercises.

If your symptoms continue, your healthcare provider can prescribe you a medication, please contact the office.

Q: What I can do for Indigestion/heartburn?

A: Eat small, frequent meals. Avoid eating large meals before bedtime. Avoid spicy/fried foods.

If your symptoms continue, your healthcare provider can prescribe you a medication please contact the office.

Q: What I can do for Diarrhea (loose motion) ?

A: Make sure to drink plenty of clear liquids. Your diet should consist of boiled plain rice, yogurt and white bread.

If your symptoms continue, your healthcare provider can prescribe you a medication please contact the office. Diarrhea can be a symptom of a serious infection harmful to your baby.

Q: What can I do for hemorrhoids?

A: Avoid constipation. Pay attention to your personal hygiene. Try not to strain while having hard stool.

Your healthcare provider can prescribe you safe laxatives , please contact the office.

A: What can I do for leg cramps?

Q: Make sure to drink enough water and eat products rich in calcium and magnesium. Decrease carbonated drinks. Do not stretch in bed. Your doctor can prescribe you Calcium and Magnesium supplement.

Q: What can I do for swollen ankles, feet and legs?

A: It is very common for pregnant women to retain fluid. Many women will find that their feet and ankles will be most swollen at the end of the day and that their hands and face will be more swollen in the morning when they get out of bed.

Try elevating your feet and lying on your left side as much as possible during the day.

Increase fluid consumption and decrease salt intake to try to flush the salts out of your body. You can also try maternity support (TED) stockings.

If you have a sudden increase of swelling that doesn't seem to improve significantly with bed rest and the above recommendations, please call the office.

Q: What can I do for varicose veins?

A: Elevate feet as much as possible during the day. Avoid hot bathing and hot temperatures (sauna, steam etc.).

Wear maternity support stockings if you will be on your feet for long periods of time.

If your symptoms continue, your healthcare provider can prescribe you a medication please contact the office.

Q: I had some bleeding after my vaginal exam and pap smear in the office?

A: This is in no way harmful to you or your baby (if you are pregnant). If the bleeding gets bright red in color and significantly increasing in amount, please notify us.

Q: May I have intercourse throughout pregnancy?

A: There are no restrictions or no harm as long as there are no pregnancy complications (i.e. vaginal bleeding, low placenta, premature labor) that was diagnosed by your Doctor and you have been specifically advised to avoid intercourse.

Intercourse is not allowed once your water has broken.

If in doubt, consult your Doctor.

Q: I had some bleeding after intercourse what should I do?

A: A small amount of spotting is o.k. and not a sign for alarm. However, do not have intercourse again until you have not bled for 24 hours.

If the bleeding continues and if it is bright red, please call the office.

Q: When should vaginal bleeding warrant an emergency call to the physician?

A: If you have a persistent red flow of blood at any time (especially when you are soaking pads every two hours or more frequently). Please call the office or notify your Doctor.

Q: When will I feel the baby move for the first time?

A: You may feel the baby move around 18 to 22 weeks. If this is not your first pregnancy, you may feel movement earlier.

Q: I haven't felt the baby move a lot today. Should I be concerned?

A: If the movement seems much less than what you are used to as being normal, we recommend that you lie on your left side and drink a sweet, cold drink. Place your hand on the uterus and concentrate on the movements that you feel. The baby should move 4 times in less than 2 hours.

If your baby still has less than 4 kicks in 2 hours or if there is decrease or significant change in fetal movement call the office or notify your Doctor.

Q: Can I exercise during pregnancy?

A: It is fine to exercise during pregnancy and, in fact, we strongly encourage it but only in moderation as directed by your doctor. Do not exercise to the point that you are so breathless that you are huffing and panting, or that your muscles feel achy during or after the exercise. There is no specific recommendation against abdominal muscle exercising as long as it does not cause significant discomfort. Low impact or prenatal aerobic exercise classes, as well as walking and swimming are recommended. Remember, do not lie flat on your back during any exercise and do not do any high impact or jarring exercises. Make sure to drink plenty of water before, during and after exercises.

Q: May I go swimming?

A: Yes, provided you do not have vaginal infection, bleeding and symptoms of water bag rupture.

Q: Are there any physical activities I should avoid?

A: First trimester is the most vulnerable period , but even after 14 weeks, we recommend that you avoid strenuous physical activities such as aerobics, tennis, skiing, football, or karate. After 20 weeks, we recommend that you avoid physical activities that loss of balance could result in injury .

Q: Can I travel during pregnancy?

A: Travelling by plane is discouraged during the pregnancy. If unavoidable, the ideal time to travel long distances (greater than two hours away) is between 14 and 34 weeks of pregnancy for international travel , or 36 weeks of pregnancy for domestic travel .After 36 weeks you should go no farther than one hour away from the hospital without your doctor's permission. You should stop every one to two hours and walk for about 10 minutes to increase circulation and prevent leg and feet swelling.

Q: May I travel by airplane?

A: Although it is generally discouraged, you may travel by air with special authorization of your doctor. Some airlines require a fit to fly letter from the Doctor.

Remember if you go out of town, take a copy of your prenatal records with you.

Q: What should I do when I pass my mucous plug ?

A: Usually passing mucous plug means your delivery is going to happen soon. However no specific measures required if you passed mucous plug, unless you are less than 36 weeks pregnant.

Q: What does it feel like to break my water and what should I do?

A: If you have broken your water, you will have a continuous or frequent leakage of fluid. It might be a small or a large amount. If you are unsure if you have broken your water, change your underwear and if a large or small amount of fluid continues to trickle out of you, please let us know so we can evaluate

you. The fluid will have essentially no odor to it and will either be clear like water with possibly small, white flecks in it or a dark green or brown colored fluid.

Q: Can I lie on my back?

A: Lying flat on your back in the third trimester (28 weeks and beyond) may decrease the circulation of blood to your heart and uterus and make you feel light-headed and unwell. It may also decrease the blood supply to your fetus. For this reason, we encourage you not to lie flat on your back for long periods of time. However, as long as you are not feeling light-headed, there is no harm in lying on your back for short periods of time and there is no harm if you wake up and find that you have rolled onto your back in your sleep.

Q: Can I have an epidural in labor if I choose to?

A: Yes. After assessing you for any possible contraindications an anesthetist can administer your epidural while your Doctor continues to manage your labor and delivery.

Q: Where can I deliver my baby?

A: We are affiliated with Al Garhoud Private Hospital (www.gph.ae) and Medcare Hospital (www.medcarehospital.com). You can choose between these two institutions after having visited them.

Q: I haven't heard about the results of my blood test yet.

A: If test results are available - normal or abnormal result will be usually communicated to our patients by phone or email after being reviewed by your doctor.

You may request results by calling the clinic or sending an email to admin@femiclinic.com.

Q: What do I do if I have a concern about my pregnancy on weekends or in the evening?

A: The emergency number will be provided in order for you to call regardless of the time. In case of extreme emergency (bleeding, severe pain, very high blood pressure etc.) you are advised to go directly to the Emergency department of the hospital closest to you and notify your provider. Our doctors can assist your emergency in Garhoud Private Hospital (www.gph.ae) and Medcare Hospital (www.medcarehospital.com)

A: Do you offer antenatal package?

Q: Yes, we have various antenatal packages you can choose from. Please contact the office for more information.

Q: I have noticed increased discharge during my pregnancy. Is it normal?

A: The hormonal changes plus the increased blood flow results in an increased vaginal discharge during pregnancy. This secretion continues to increase right up to delivery time. To keep yourself clean and comfortable despite the added wetness, use cotton underwear, avoid tight-fitting pants and steer clear of perfumes and deodorant soaps. If the discharge is particularly abundant you may want to use sanitary pads.

Call the office for appointment to see the Doctor to rule out any infection and proper treatment.

Q: What causes bleeding in the first trimester of pregnancy?

A: Vaginal bleeding in the first trimester of pregnancy can be caused by several different factors.

Implantation bleeding:

There can be a small amount of spotting associated with the normal implantation of the embryo into the uterine wall, called implantation bleeding. This is usually very minimal, but frequently occurs on or about the same day as your period was due. This can be very confusing if you mistake it for simply a mild period and don't realize you are pregnant. This is a normal part of pregnancy and no cause for concern.

Threatened miscarriage:

You may have a threatened miscarriage if you noticed some bleeding or abdominal cramping. The fetus may be still inside the uterus, but the outcome of your pregnancy is uncertain. This may occur if you have an infection, such as a urinary tract infection, become dehydrated, use certain drugs or medications, have been involved in physical trauma, if the developing fetus is abnormal in some way, or for no apparent reason at all. Other than these reasons, threatened miscarriages are generally not caused by things you do, such as heavy lifting or having sex, or by emotional stress. In presence of such symptoms call the office to arrange urgent assessment.

Completed miscarriage:

You may have a completed miscarriage (also called a spontaneous abortion) if passed a big blood clot or fleshy tissue, your bleeding and cramping have slowed down and the uterus appears to be empty based on ultrasound evaluation. This means you have lost the pregnancy. The causes of this are the same as those for a threatened miscarriage. This is the most common cause of first trimester bleeding.

Your doctor will determine whether or not you have to undergo the procedure called D&C to remove the remaining tissue from the uterus.

Incomplete miscarriage:

You may have an incomplete miscarriage (or a miscarriage in progress) if the pelvic exam shows your cervix is open and you are still passing blood, clots, or tissue. The ultrasound can confirm the diagnosis. Incomplete miscarriages require D&C to be done

Blighted ovum:

You may have a blighted ovum (also called unembryonic pregnancy). An ultrasound would show evidence of gestational sac in uterus, but no embryo. This may occur if the fetus were abnormal in some way and not generally due to anything you did or didn't do. Blighted ovum can be diagnosed only by ultrasound and requires D&C to be done.

Intrauterine fetal demise:

You may have an intrauterine fetal demise (also called IUFD, missed abortion, or embryonic demise) if the developing baby dies inside the uterus. This diagnosis would be based on ultrasound results and can occur at any time during pregnancy. This may occur for any of the same reasons a threatened miscarriage occurs during the early stages of pregnancy; however it is very uncommon for this to happen during the second and third trimesters of pregnancy. If it does, the causes also include separation of the placenta from the uterine wall (called placental abruption) or because the placenta didn't receive sufficient blood flow. Observing your baby movements and doing regular ultrasound assessments may help prevent this to happen.

Ectopic pregnancy:

You may have an ectopic pregnancy (sometimes called tubal pregnancy). The diagnosis is based on your history and ultrasound, and in some cases laboratory results. Bleeding from an ectopic pregnancy is usually concealed and therefore very dangerous. If not recognized it may result in maternal death. An ectopic pregnancy occurs when the fertilized egg implants outside of the uterus, most often in the Fallopian tube. As the fertilized egg grows, it can rupture the Fallopian tube and cause life-threatening bleeding. Symptoms are often variable and may include pain on either side, irregular ("weird") bleeding, or "dizzy spells". Most ectopic pregnancies will cause pain before the eighth week of pregnancy.

If you have history of prior ectopic pregnancy, serious pelvic infection (e.g. gonorrhea or chlamydia), numerous partners, history of Fallopian tube surgery or ligation, infertility for more than 2 years, an IUD (coil /loop placed in the uterus) in place, or you are smoking - you are at increased risk of having an ectopic.

Molar pregnancy:

You may have a molar pregnancy (so-called gestational trophoblastic disease). You may have exaggerated nausea and vomiting, ultrasound may show the presence of abnormal tissue inside the uterus rather than a developing fetus. This is actually a type of tumor that occurs as a result of fertilization error, and is usually not life-threatening. However, in rare cases the abnormal tissue may behave like a cancer. It can invade the uterine wall and spread throughout the body. The cause of this is generally unknown. The treatment involves surgery and use of special cyto-toxic drugs (chemotherapy) used for cancer treatment.

Postcoital bleeding is vaginal bleeding after sexual intercourse. Sometimes it may happen during normal pregnancy. On some occasions it may signify low lying placenta (placenta previa).

Bleeding may also be caused by reasons unrelated to pregnancy (cervical erosion, polyp). Pelvic exam is warranted to determine the cause of such bleeding.

In any case, call the office to book an appointment to see the doctor.

Q: How much weight should I gain during pregnancy?

A: Each woman is unique therefore the weight gain can be slightly different. By the end of your pregnancy you might weigh about 8– 15 kg more than you did before you became pregnant. This is an average weight increase. Your doctor will monitor how much do you gain each visit and will suggest you on diet if you seem to gain too much or too little.

Q: What is Preeclampsia?

A: Pre-eclampsia is a very dangerous condition that happens only in pregnancy. It involves very high blood pressure, swelling and protein in urine. Your doctor can recognize pre-eclampsia by doing clinical exam and special laboratory testing.

If your swelling suddenly increased, you have severe headache, and feel generally unwell – immediately contact the office.

Q: What should I do before I get pregnant to ensure a healthy pregnancy for me and my baby?

A: Review your lifestyle and diet - quit smoking and alcohol, ensure balanced nutrition, introduce moderate regular exercises.

Make sure to avoid any exposure to hazardous materials.

Pay a visit to your gynecologist to rule out any gyne problem that can interfere with healthy pregnancy (e.g. fibroid, polyp, ovarian cyst, infection).

Your doctor can check your immune status for various infections and suggest you on vaccinations. Make sure your pap smear test is up-to-date.

Start taking FOLIC ACID once you are planning to conceive.

Q: What causes iron deficiency anemia and what can I do to boost my iron levels during pregnancy?

A: It is quite common for women to have this complaint.

Your doctor may recommend iron supplement to boost iron levels particularly if you are carrying more than one baby or it's been less than one year since your previous pregnancy. I

If you have been prescribed, it is best to take your supplement during the principal meal, never on an empty stomach. Avoid drinking coffee or tea with iron tablet.

Some women find that iron supplements cause constipation or heartburn. Ask your doctor to prescribe you a less constipating formulation. If your system is not able to tolerate any sort of iron supplement you have to make a concerted effort to obtain your iron through food sources. The best food sources include well cooked red meat, chicken liver, hommos (chickpea paste), beans, lentils, pomegranates and some iron-enriched cereals.

GYNE

Q: How often do I need to go the gynecologist, and what should I get done there?

A: Annual visits to the gynecologist are essential to a woman's good health. They are the ultimate preventative step a woman can take when facing the risks of breast and cervical cancer, STDs, and even heart disease.

Having regular checks on a yearly basis greatly increases the chances of finding any problem in its early and often treatable stage.

A woman should have her first gynecological exam either by the age of 18 or by the first time she has had intercourse, whichever comes first.

What exams are performed?

Every annual visit to the gynecologist must include the following for all women: (general physical exam)

Breast exam - a procedure where the doctor will search manually for any lumps, knots or tenderness. This same procedure should be done by a woman on herself monthly.

Pelvic exam - This is an important means to locating ovarian cysts. The doctor will check for any lumps or tenderness.

During a pelvic exam, a health care provider examines your pelvic area. It includes your vulva and your internal reproductive organs — your cervix, ovaries, fallopian tubes, uterus, and vagina.

During your pelvic exam, your provider will look for signs of infection and other conditions.

Pap smear - A small sample of cells is removed from the end of cervix and is examined for any early signs of precancerous conditions (dysplasia), cancer and inflammation. Detecting problems early can help you get the most efficacious and the least invasive treatment. The best practice is to do your pap smear every year.

General Check- A woman's blood pressure, weight and sometimes additional general lab tests (blood count, thyroid profile, blood sugar, lipid profile) are checked.

Mammogram - Women over the age of 40 should have a mammogram once every one- to -two years. Women over 50 should have one every year. The best time for a woman to schedule an annual exam is mid-cycle or about 2 weeks after the start of her last period.

Screening for STD (sexually transmitted diseases) - if a woman has reason to believe she is at risk for a reproductive tract infection, STD, or the HIV virus these tests can be easily and painlessly performed using the best available lab techniques (PCR, DNA test etc).

Vaginal and Urine culture- Screening for reproductive tract infections.

Vaccinations- e.g. for cervical cancer (Cervarix or Gardasil). Think of vaccinating your daughter or son if they reached their adolescence. This way you can prevent them of having cervical or penile cancer in the future.

Q: How to do breast self exam (BSE) ?

1. Make a regular date for your BSE

If you are pre-menopausal: Set a regular time to examine your breasts - after your period ends, when hormone levels are relatively stable and breasts are less swollen and tender.

If you are already menopausal: Pick a particular day of the month (e.g. 1st day of each month) to do the exam, and then repeat your BSE on that day each month.

2. Visual Exam - Hands on Hips

Before taking your shower - stand in front of a mirror. Look at both breasts at the same time. Stand with your hands on your hips and check the appearance of your breasts. Look at size, shape, and contour. Note changes, if any, in the skin color or texture. Look at the nipples and areolas, to see how healthy they look.

3. Visual Exam - Arms Over Your Head

Raise your arms over your head and observe in the mirror if your breasts move in the same way, and note any differences. Look at size, shape, and drape, checking for symmetry. Pay attention to your nipples and areolas, to see if you have any dimples, bumps, or retraction (indentation). Look up toward your armpits and note if there is any swelling where your lymph nodes are (lower armpit area).

4. Manual Exam - Stand and Stroke

Raise your left arm overhead, and use your right-hand fingers to apply gentle pressure to the left breast. Stroke from the top to the bottom of the breast, moving across from the inside of the breast all the way into your armpit area. You can also use a circular motion, being sure to cover the entire breast area. Take note of any changes in texture, color, or size. Switch sides and repeat. This is best done in the shower, as wet skin will have the least resistance to the friction of your fingers.

5. Manual Exam - Check Your Nipples

Still facing the mirror, lower both arms. With the index and middle fingers of your right hand, gently squeeze the left nipple and pull forward. Does the nipple spring back into place? Does it pull back into the breast? Note whether or not any fluid leaks out. Reverse your hands and check the right nipple in the same way.

6. Manual Exam - Recline and Stroke

This is best done in your bedroom, where you can lie down. Place a pillow on the bed so that you can lie with both your head and shoulders on the pillow. Lie down and put your left hand behind your head. Use your right hand to stroke the breast and underarm, as you did in step 4. Take note of any changes in texture, color, or size. Switch sides and repeat.

7. Tips For Doing Your BSE

Mark your calendar to remind yourself to do your BSE regularly. This is a good way to prevent worry if you find a normal cyclic change.

Report any changes or unusual pain to your doctor or nurse practitioner. Keep a log of changes, if that helps you remember.

Remember to have an annual clinical exam and a mammogram.

Call the office to book an appointment for any suspicious finding.

Q: What is the sign of menopause?

A: The signs and symptoms of peri-menopause can occur 7 to 10 years before actual menopause occurs, which is the final cessation of your menstrual cycle. Peri-menopause actually is the “transitional phase” when you have some symptoms of menopause (such as hot flashes, vaginal dryness etc) but still have your periods, sometimes irregular. If you haven't had a period for consecutive 12 months you are considered postmenopausal.

The age when the signs of perimenopause occur varies among women. Most women notice perimenopausal signs in the 45- 48 age range, although it varies, and some women never experience any symptoms. The average age for the final menstrual period is 49-52 years.

Women who have had hysterectomies (removal of the womb) with both ovaries usually experience immediate surgical menopause and need hormone replacement. Some women experience the symptoms of menopause very early in life (35-40 years). It can be due to premature ovarian failure and requires hormone replacement too.

The Symptoms of Perimenopause

Hot flashes, night sweats, coldness

Irregular periods that can be heavy, light, shorter or longer cycles

Difficulty sleeping either getting to sleep or staying asleep

Mood changes, anxiety, depression, irritability

Heart palpitations (if you experience any heart disturbances, always consult a physician)

Dry skin and/or hair loss

Loss of or decreased sexual desire

Vaginal dryness

Incontinence -- the inability to hold your urine

It's important anytime you experience symptoms that are different for you that you consult your physician.

Q: How much does it cost to do a general gyne check up?

A: The cost will depend on many factors such as your present complaints, investigations required etc. If you want to find out the prices on some common services please call the office.

Q: I have a medical insurance. Does your clinic accept medical insurances, and which ones?

A: For outpatient services our clinic deals with all the major medical insurances on a "pay and claim" basis. That means you will need to pay at the end of your visit while we provide you with the filled claim form and other supportive documents to submit to your insurance provider and to reimburse what you have paid.

! Please note that some services will be considered by your insurer as preventative (pap smear, mammogram, some scans ..) or related to sexually transmitted diseases (HPV testing, treatment of cervical dysplasia..) and therefore will not be reimbursed. Please contact your medical insurance company well in advance in case of any doubt - to avoid inconveniences.

For our in-patient services (surgeries, deliveries etc) the payment is done through direct billing when insurance pays directly to the hospital after the pre-approval. However, some insurances with lower premium won't cover the full cost of procedure, so you will need to pay additionally the difference. Always contact your medical insurance well in advance in case of any doubt - to avoid any misunderstandings.