

## OUR EXPERT CARE

Our practice is part of Robert Wood Johnson Medical Group, the faculty practice of Robert Wood Johnson Medical School, part of Rutgers, The State University of New Jersey. It features board-certified specialists in such areas as obstetrics, maternal-fetal medicine, and perinatal genetics. We provide 24-hour maternal-fetal medicine (MFM) consultations at our principal teaching hospital, Robert Wood Johnson University Hospital, and also offer MFM consultation services throughout central and southern New Jersey.

Robert Wood Johnson Medical Group is one of the largest multispecialty physician practices in the state, consisting of more than 500 physicians with expertise in more than 200 subspecialty clinical programs providing a full range of highly specialized services for children and adults. All Robert Wood Johnson Medical Group physicians are also faculty of Rutgers Robert Wood Johnson Medical School. As such, we are committed to resident and medical student education. Our junior colleagues will be involved in your hospital stay, always with our supervision and guidance. They add depth to our experience, as well as yours, and add another level of compassionate professionals who are available to provide you with excellent medical care.

In addition to our main practice location in New Brunswick, the Department of Obstetrics, Gynecology and Reproductive Sciences also has offices in Monroe, Edison and Perth Amboy.

**RUTGERS**

Robert Wood Johnson  
Medical Group

ROBERT WOOD JOHNSON MEDICAL SCHOOL

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## Planning for Pregnancy



## Preconception Care

DEPARTMENT OF  
**OBSTETRICS, GYNECOLOGY  
AND REPRODUCTIVE  
SCIENCES**

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Having a baby is an exciting and sometimes overwhelming time. All parents want what is best for their baby. This means preparing before pregnancy is achieved. Optimizing health, developing and maintaining a healthy lifestyle, and identifying and correcting any factors that may impact a future pregnancy all contribute to the best outcome for mother and baby. As obstetrician/gynecologists, we are here to aid you in this preparation.



An appointment before you try to conceive will help guide you on these issues. At this appointment, we will review a number of areas that can affect your baby, such as:

- **Your medical history**, including diet, exercise, weight and lifestyle habits, such as alcohol and cigarette use
- **Birth control practices**, with instruction on how and when to stop
- **Medication use**, including over-the-counter medications such as vitamins and herbal preparations
- **Vaccine history**

We also will explore the **family history** of both you and the baby's father, to identify any potential factors that may affect a future pregnancy. Some inherited disorders are more common in certain ethnic groups. In many cases, we can screen for these inherited conditions prior to pregnancy. In instances where this is not possible, we can discuss the potential for screening the baby *in utero* (while you are still pregnant) and/or offer a preconception genetic consult.

**732-235-6600**

# GETTING OFF ON THE RIGHT FOOT



## Healthy Diet and Weight

Some of the most common questions women who are contemplating pregnancy ask involve diet and weight. Preferably, you should be at your ideal body weight, defined as a Body Mass Index (BMI) between 19 and 25. A BMI is calculated based on your height and weight. At your appointment, we can calculate your BMI and advise you of your ideal weight range.

This does not mean you should not conceive if you are over- or underweight. Rather, it should act as a prompt to review your diet and exercise habits, and modify them to optimize nutritional health. For example, women who are underweight may need to increase their caloric intake to support fetal growth. Overweight women are at an increased risk for gestational diabetes (high blood sugar that occurs during pregnancy), high blood pressure, and large babies, possibly making vaginal birth more difficult.

Women with specific diets may need to modify their diets. For instance, vegetarians may need to increase their protein intake. In each of these cases, we can give you dietary advice or refer you to a nutritionist for help.

All women should be taking a supplement of folic acid (also called folate) for three months prior to conception to decrease the risk of certain birth defects, such as

## Medications and Vaccinations

Your health history also will be reviewed as part of your preconception visit. A medical condition may worsen, improve, or remain the same during pregnancy. Certain health issues, such as diabetes, may increase the risk of birth defects if not well controlled. Prior to pregnancy is the best time to get these issues under control—for example, normalizing blood sugars in diabetes or stabilizing blood pressure in women with chronic hypertension. Medications may need to be adjusted. We can work in conjunction with your physician and our high-risk pregnancy team, as needed, to make medication adjustments. Before pregnancy is also the ideal time to update vaccines. Rubella (German measles), varicella (chicken pox), pertussis (whooping cough), and tetanus should be current. Other vaccinations such as Hepatitis should be considered. In general, vaccines should occur three months prior to conception, although recommendations vary. A flu vaccine is recommended for all pregnant women; this vaccine can be given at any time during pregnancy.

spina bifida (an abnormal development of the baby's spine). The amount of folic acid needed is 400-800 micrograms, which is the amount found in most daily multivitamins.

## Exercise and Healthy Lifestyle

Exercise is a healthy part of any person's life, whether pregnant or not. The recommended amount of exercise is 30 minutes per day. Once you are pregnant, we will discuss any needed changes to your exercise routine.

Cigarette smoking should be avoided. Smoking can increase the risk of miscarriages, low birth-weight babies and sudden infant death syndrome. We can help you quit smoking by advising you on the use of patches or other strategies, or by providing a referral to smoking cessation programs.

Similarly, alcohol consumption should be avoided while you are attempting to conceive a baby, and during pregnancy. There is no known amount of alcohol that is safe in pregnancy. Alcohol consumption may lead to low birth-weight babies, or even fetal alcohol syndrome (a syndrome with physical abnormalities, mostly in the fetal face, and developmental problems). Any illicit drug use should be avoided.



# YOUR CARE IN OUR PRACTICE

The Department of Obstetrics, Gynecology and Reproductive Sciences at Rutgers Robert Wood Johnson Medical Group includes 14 board-certified obstetricians, a certified women's health nurse practitioner and an obstetric nurse coordinator. We will guide you from your preconception visit to prenatal care and through the delivery and postpartum period.

Our practice is located immediately adjacent to Robert Wood Johnson University Hospital, where we perform all of our deliveries. One of our obstetricians is "on call" in the hospital at all times. While "on call," the physician is located within the hospital and is assigned only to hospital duties at that time. So, when you need to be seen in the hospital, a Robert Wood Johnson Medical Group physician will be waiting for you! And, your physician will never need to delay or cancel your office appointment due to another patient's delivery.

Our office has on-site ultrasound, performed and read by high-risk pregnancy specialists, who will review your ultrasound with you at the time it is performed, providing recommendations and guidance about any potential abnormalities. Our genetic counselors are available to discuss issues ranging from screening for Down syndrome to specific exposures or inheritable risks.

# TAKING STEPS TO CONCEIVE

## Stopping Birth Control

Talk to your obstetrician about your current birth control method. In most instances, you should be able to simply stop using birth control. If you are using birth control pills, patches, or rings, finish the cycle and do not start another cycle. Do not stop in the middle of a cycle. There is no needed "wash-out" period during which you should not conceive. Implants (like Implanon) or IUDs need to be removed in the physician's office, with immediate return to fertility after removal. Menstrual cycles usually return within four to six weeks, but may take as long as 12 weeks. If you do not get a period in 12 weeks, contact your OB/GYN. Depo-Provera may sometimes cause a delay in the return to fertility.

## Determining the Best Time for Conception

Once you are trying to conceive, aim to have intercourse mid-cycle, when you are ovulating. In women with a 28-day cycle, the most fertile time is from day 12 to 16. (Day 1 is the first day of the period.) A woman ovulates 14 days prior to her period. To calculate your most fertile days, subtract 14 from the length of your cycle (the first day of one cycle to the first day of the next cycle). For example, if your menstrual cycle is 30 days, you would ovulate on day 16 (30-14=16). Your most fertile time is two days before and two days after that day in the cycle. If your period is very irregular or the calculation confusing, speak with your obstetrician/gynecologist for assistance in calculating your most fertile days. Remember, each month you have a 20% chance of conceiving, and although time to conception varies, 80% of couples will achieve pregnancy sometime in the first year of trying.

## Trouble conceiving?

We can help. Schedule an appointment for a consultation and evaluation. If necessary, we can refer you to our board-certified reproductive specialists.

