



How to Make the Most of Your First Prenatal Visit, and 10 Questions You Need to Ask! Congratulations, you're expecting! You'll want to schedule your first prenatal visit right away.

Prenatal Care Overview

Your first prenatal visit usually takes place when you are about 8-10 weeks pregnant. This appointment is often the longest, and will include a general physical and routine prenatal labs.

After your first appointment, prenatal appointments typically last as little as 15 minutes for uncomplicated pregnancies. Make sure that your provider answers any questions you have at these appointments, but don't worry if your appointment feels short - a quick appointment is usually a good sign that your pregnancy is progressing normally.

For an uncomplicated pregnancy, women should plan to see their provider every 4 weeks through 28 weeks, every 2 weeks between 28 and 36 weeks, and weekly from 36 weeks to delivery. Every visit will include a weight check, blood pressure check, and a chance to listen to the fetal heart beat.

3 Tips to Make the Most of Your First Prenatal Visit

Your first prenatal appointment is one of the most important visits. Your doctor will take your medical history, and help you form a plan for your prenatal care. This is also a great time to ask any questions you have.

Here are 3 steps to help you make the most of your first prenatal visit.

1. Gather important medical information before you go.

Before you arrive at your appointment, you'll want to educate yourself about your medical history. This medical history is more extensive than ones taken at check-ups, so make sure you have knowledge (and documentation, when possible) of the following details.

Your partner's medical history will also affect the health of your baby, so he should attend this appointment if possible. If you or your partner were adopted, or if you used a donor egg or sperm, you may have less genetic information available to you, but your doctor will help you interpret the information you do have.

Make sure to include:

- General Medical History: Include any medical problems you have or have had. List types, dates, and treatments if applicable. Your doctor may classify your pregnancy as high-risk if you suffer from health problems including diabetes, cancer, kidney disease, epilepsy, or high blood pressure.
- Family Medical History: Your baby may be at higher risk for certain genetic disorders if they run in your family or your partner's family. Ask family members about genetic disorders and birth defect history. Depending on your family medical history, your ethnic background, and other factors, your provider may recommend different screenings or tests. For example, people of Ashkenazi Jewish heritage have an increased risk of Cystic Fibrosis and Tay-Sachs Disease, and people of African descent have an increased risk of sickle cell disease.
- Fertility History: List your menstrual history, including regular/ irregular periods, history of cramping or PMS, and any medication you use to bring on a period. Describe any fertility treatments you have had and their outcomes. Include your pap smear history, any abnormalities detected, and treatments if applicable (ie colposcopy, cryosurgery, laser treatment, conization, LEEP procedure).
- Past Pregnancies: Include live births, stillbirths, premature deliveries (less than 37 weeks), miscarriages (less than 20 weeks), ectopic/ tubal pregnancies, and/or elective terminations (abortions).
- Infection Exposure: Include chlamydia, gonorrhea, herpes, genital warts/ HPV, syphilis, HIV/ AIDS, hepatitis.
- Medications You're Taking: Include prescription as well as over-the-counter medications in this list. Also make a list of any herbal medicines, vitamins, or health supplements you take. Note any allergies to medication.
- **Dietary Habits:** Your doctor will ask about your caffeine, alcohol, and nicotine consumption. A moderate amount of coffee can be consumed during pregnancy, but no amount of nicotine, alcohol, or illicit drugs are considered safe. If you need help staying sober, reach out to your provider, and they will work with you to ensure a safe and healthy pregnancy.
- · Mental Health History: Let your doctor know if you have a history of anxiety, depression, or

other mental health conditions. Your doctor will help you find a treatment plan that cares for you and your baby. In some cases, your doctor may recommend that you stop taking a certain medication. However, in other cases, the risks of stopping a medication outweigh the potential benefits. Talk to your doctor to find the plan that's right for you.

2. Know what to expect at your first prenatal appointment.

Your first prenatal visit is usually the longest unless you experience complications with your pregnancy.

Routine Procedures

At this appointment, your provider will take your medical history, check your weight and blood pressure, and perform blood tests. These blood tests will test your blood type, Rh factor, exposure to hepatitis and syphilis, and immunity to German measles.

Fetal Heartbeat

You may be able to hear your baby's heartbeat at this appointment. However, if your prenatal appointment is on the earlier side, you may need to wait to hear your baby's heartbeat. The fetal heartbeat is usually first detectable between 12 and 14 weeks.

HIV Testing

You may choose to take an HIV test during the early stages of your pregnancy. Any person who is sexually active is at least potentially at risk for HIV infection. Many people who are HIV positive do not belong to any particular high risk group, such as drug users.

HIV in pregnancy has potentially serious implications for mother and baby. We now have the capacity to offer medications in pregnancy to help prevent transmission of the virus to the baby. Obviously, we cannot offer medications unless we know your HIV status. Most women will have a normal or negative result and will be relieved by having this information. If you do test positive, we will help you in obtaining specialized care for both yourself and your baby.

Prenatal Care Plan

Your provider will make recommendations for your prenatal care, including diet, exercise, sexual activity, travel, and work. You'll go over your appointment schedule for the course of your pregnancy, and should also go over a plan for your general health. You may be at the doctor more frequently than usual during your pregnancy, but it's important not to put off other regular procedures, like your regular dental checkup.

3. Have a list of questions to ask your doctor.

Depending on your unique situation, you may have many different questions for your doctor. Here are our top 10 questions all women should ask at their first prenatal visit:

- Are there changes I should make to my diet? Throughout your pregnancy, try to consume a
 wide variety of foods, including lean meats, whole grains, fruits, vegetables and unsaturated
 fats. Many women also take prenatal vitamins. Talk to your doctor about specific dietary
 recommendations.
- What foods should I avoid during pregnancy? Pregnant women should avoid raw or undercooked seafood such as sushi. Avoid unwashed fruits or vegetables to reduce your risk of congenital toxoplasmosis. Your doctor will look at your diet and help you avoid other foods that may harm your baby.
- 3. **How much weight should I expect to gain during my pregnancy?** Healthy weight gain ranges depend on your pre-pregnancy BMI. Your doctor will help you establish healthy weight gain goals.
- 4. **How much should I be exercising?** Regular exercise can reduce or prevent back pain, prevent excessive weight gain, and reduce the risk of gestational diabetes and high blood pressure. However, pregnant women should avoid activities with a high risk of falling or abdominal trauma, exercise at high altitudes, and scuba diving. Ask your doctor if you have questions about specific activities.
- 5. **Can I travel during my pregnancy?** Many pregnant women drive throughout their pregnancies. Many women also fly until late in their pregnancies, and most airlines allow travel up to 37 weeks gestation. Talk to your doctor about safety measures to take when travelling.

- 6. Will I be able to work throughout my pregnancy? Although you may need certain adjustments to your work style, in general, women can plan to work throughout a pregnancy. Talk to your doctor about strategies to stay comfortable at work, and what to do if you need special accommodations.
- 7. Can I continue taking my current medications? Few medications have been approved to be used during pregnancy. However, certain medications have not been shown to increase the risk of birth defects or adverse pregnancy outcomes when taken as directed. Before you take any medication during pregnancy, it's important to weigh the severity of your symptoms against the possible risks to your baby. Ask your doctor for more information about specific medications.
- 8. When will my next appointment be? For an uncomplicated pregnancy, women should plan to see their provider every 4 weeks through 28 weeks, every 2 weeks between 28 and 36 weeks, and weekly from 36 weeks to delivery. Your doctor may wish to see you more frequently if you have a high-risk pregnancy. Talk to your doctor about a plan for your prenatal care during this first appointment.
- 9. **Do you recommend any type of prenatal screening or testing?** Depending on factors like your family medical history and your ethnic background, your doctor may recommend prenatal screening or testing. The decision to pursue prenatal screening or testing is personal, and there is no one right path. Your doctor will help you make an informed decision that is right for you.
- 10. **Do you recommend any prenatal classes?** To prepare for delivery, you may also want to take a prenatal class. There are many different options for delivery, so you'll want to choose a class that fits your needs. Ask your doctor about finding the right class for you.

Use these recommendations to make the most of your first prenatal visit. And remember - don't be afraid to reach out to your doctor with questions! Your health, and your baby's health, is their priority.



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