



Patient Information Sheet

Frequently Asked Questions In Early Pregnancy

1. How far along am I?
 - At the initial pregnancy test you are approximately 4 weeks pregnant. Your first ultrasound will take place at 6 weeks and at that point we will better determine your estimated date of delivery.
2. How will I be monitored in early pregnancy?
 - After your first pregnancy test, we typically check another Human Chorionic Gonadotropin (HCG) value (and estradiol and progesterone level) 48 hours later.
 - HCG values typically increase a minimum of 66% every two days. If the HCG does not rise appropriately, we will be concerned for a possible ectopic pregnancy or early miscarriage. However, we have seen many successful pregnancies in which the HCG values were “slower” to rise.
 - Your first sonogram will be scheduled approximately two weeks from your first pregnancy test. Based on the HCG values and sonogram findings, we will be better able to assess the status of your pregnancy.
3. What should I expect with my first sonogram?
 - With your first sonogram, we should be able to verify the location of the pregnancy (meaning exclude an ectopic) and to learn if you are pregnant with a singleton or twin gestation. Only half the time will we be able to see a heartbeat (cardiac activity) at 6 weeks. At seven weeks gestational age, cardiac activity should be visualized.
4. I am pregnant and on progesterone and estrogen support, how long will I need to remain on these medications?
 - Vivelle® patches and/or ESTRACE® will be weaned as you come in for repeat blood work. In some cases we will keep you on them until 6 weeks, or your first OB ultrasound.
 - Progesterone supplementation will continue until 10 weeks pregnancy, in order to allow adequate time for the placenta to take over production.
 - Your prenatal vitamins will continue throughout pregnancy and after. Aspirin 81 mg will continue until 12 weeks.

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5. The information that came with the Vivelle patch states not to be used in pregnancy! What do I do?
 - Continue the patches. The way in which we use them and purposes are different than those typically followed for this medication.
6. Since I achieved pregnancy with IVF/IUI, will I need to see a high risk OB?
 - A high risk OB is not warranted unless specified by one of the physicians. The majority of our patients are seen by their general OB/Gyn.
7. I am pregnant and experiencing cramping and/or bleeding

****Please note anything more than light spotting/mild cramping will warrant notification of the RN on call.***

 - Cramping is common in pregnancy. You may take Tylenol® for any discomfort. The lower abdominal muscles are changing and this is often the underlying etiology. For patients pregnant following fertility injections (for IUI or IVF), the ovaries are returning to their normal size and as they regress you may notice some cramping or “pulling sensation”.
 - Spotting is also common in early pregnancy. Please monitor your bleeding and notify your nurse on the next business day. This may or may not be accompanied with cramping.
 - Heavy bleeding in pregnancy needs to be evaluated. You will need to go the Emergency Room, or into the office for evaluation during clinic hours. Please refrain from taking your aspirin until further you are evaluated.
8. I don't feel any symptoms of pregnancy, or I have lost some of the symptoms that I originally experienced.
 - Hormones in your body are constantly changing during pregnancy. This can account for variability in symptoms. Unless you are experiencing heavy bleeding, please continue to follow your medication regimen as discussed with you provider and/or nurse.
9. When will I be discharged from Houston IVF?
 - You are typically following until 8-10 weeks gestation, depending on the progression of your pregnancy.
 - Please schedule an initial visit with your obstetrician between 8-10 weeks gestational age. If you do not have an OBGYN, please let us know and we can provide a referral for you.