Caring for You and Your Baby
with Heart and Compassion

Photo by Shanice McKenzie

Information about your Pregnancy Care at MAHEC

MAHEC OB/GYN SPECIALISTS
(828) 771-5500
119 HENDERSONVILLE ROAD, ASHEVILLE, NC, 28803

MAHEC

Table of Contents

ABOUT US

At MAHEC Ob/Gyn, we're committed to your holistic well-being throughout your pregnancy and gynecological journey. Our skilled team includes experts in obstetrics, midwifery, sexual health, mental health, and gynecology. We tailor care plans to your unique needs at every life stage. Whether it's personalized one-on-one support or evidence-based group prenatal care, we're here for you in Western North Carolina, offering exceptional education and assistance during both pregnancy and postpartum. With seamless referrals, efficient coordination, and a commitment to continual improvement, you're at the heart of everything we do.

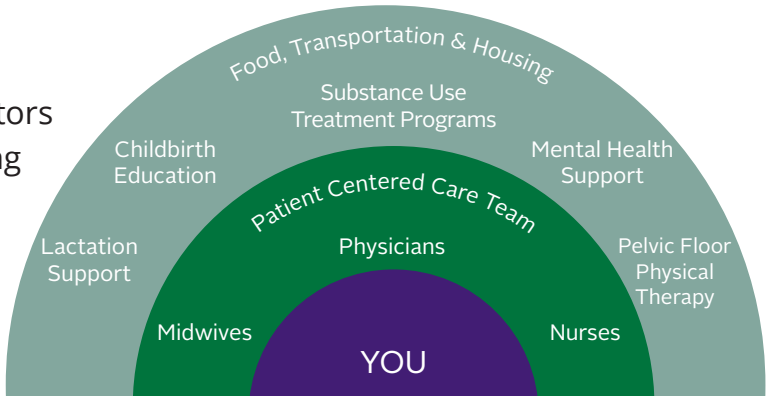
WE ARE HERE FOR YOU!

Our staff and providers can be reached at **828-771-5500**. You may call this number after hours, nights, weekends, and holidays. If it is urgent, our answering service will page one of our providers to call you back.

Meet Our Team

RESIDENT OB/GYN DOCTORS

A residency program is a training program that doctors complete after graduating medical school. During this four-year period, licensed doctors work with senior doctors to learn all the necessary skills to provide the best possible care. MAHEC offers many residency training programs including Ob/Gyn, Internal Medicine, and Family Medicine.



CERTIFIED NURSE MIDWIVES

Our certified nurse midwives are expert healthcare providers who offer care throughout all stages of pregnancy and the postpartum period. They can provide a wide range of services, such as Gyn care, prenatal, and postpartum care, assisting with hospital births, handling complications, and much more.

REGISTERED NURSES, NURSE PRACTITIONERS, & MEDICAL ASSISTANTS

Our incredible clinical staff support initial evaluations and triage calls, assist with medical history and vital signs, and facilitate patient communication with doctors and midwives. Our nurse practitioners and medical assistants are licensed, independent healthcare providers, capable of diagnostic testing, diagnosing acute and chronic conditions, prescribing medications, and more.

PREGNANCY CARE MANAGERS

Our managers are social workers who foster strong relationships between families and their medical providers to ensure that eligible families can connect to local resources and referrals to services and programs like food and nutrition services, childbirth or breastfeeding classes, and Medicaid.

LACTATION CONSULTANTS

Our lactation consultants are health professionals who specialize in supporting lactation. They can help parents and infants with issues such as milk supply, sore nipples, and lactation positions. Our multidisciplinary staff will work with you and your support team will help reach your lactation and breastfeeding goals.

PELVIC FLOOR PHYSICAL THERAPY

MAHEC's pelvic floor health physical therapy supports your primary care by offering specialized treatment for pelvic and back pain during pregnancy and postpartum. Therapy focuses on pelvic floor muscles and includes a personalized program with stretches, resistance band exercises, lifestyle adjustments, manual therapy, and education.

Our Pregnancy Care

PRENATAL CARE OPTIONS AT MAHEC

We offer two models of prenatal care: Traditional Prenatal Care and CenteringPregnancy® Care. Both provide high-quality medical care with your provider team — Here's a quick look at each model of care:

Traditional Prenatal Care

- One-on-one visits with your provider
- Shorter visits, often scheduled with different providers (OB/GYNs, nurses, or midwives)
- Brief education and counseling included in visits
- Focuses mainly on medical care and check-ups

CenteringPregnancy® Care

- Combines one-on-one visits with group sessions with other expecting parents
- Longer prenatal sessions with a dedicated provider team
- More time to ask questions and have in-depth discussions on pregnancy, birth, postpartum, and parenting
- Provides medical care plus extra time for learning, sharing, and building support with peers at a similar stage in pregnancy

CenteringPregnancy®

Experience gold-standard prenatal care that combines individual time with your provider and the opportunity to connect with other expecting parents. With a dedicated care team, you'll enjoy engaging sessions and personalized support.

Why CenteringPregnancy®?

Research shows that this model:

- Improves birth outcomes and care satisfaction
- Reduces the risks of preterm delivery, low birth weight, and cesarean section

What to Expect

- More time with your providers in a supportive, interactive setting
- Private health assessments (such as belly checks, blood draws, and ultrasounds)
- Meaningful discussions on pregnancy, birth, postpartum, and parenthood alongside peers at similar stages of pregnancy
- Ongoing individual attention and care, plus the benefits of learning within a shared community

If you're interested in this model of care and want to learn more, ask your provider or simply scan the QR code!

Genetic Screening

Prenatal genetic screening is a process that involves testing during pregnancy to assess the risk of certain recessive genetic conditions or chromosomal abnormalities in the developing baby. This screening can provide valuable information to expectant parents, helping them make informed decisions about their pregnancy and prepare for any potential medical needs their child may have.

Prenatal genetic screening is entirely optional, and whether or not to undergo testing is a personal decision. It's important to understand that these screening tests can only assess the risk of certain genetic conditions and are not diagnostic. If a screening test indicates an increased risk, further diagnostic testing may be recommended to confirm the diagnosis.

Ultimately, the goal of prenatal genetic screening is to empower parents with information to make the best decisions for themselves and their growing family.

NON-INVASIVE GENETIC SCREENING FOR YOUR BABY

This screening is a non-invasive prenatal test (NIPT) that analyzes fetal DNA circulating in the mother's blood. It's typically performed around 9-10 weeks into pregnancy. The test screens for common chromosomal abnormalities such as trisomy 21 (Down syndrome), trisomy 18 (Edwards syndrome), trisomy 13 (Patau syndrome), and abnormalities in the sex chromosomes (X and Y). Panorama can also provide information about the baby's gender and can detect certain microdeletions associated with genetic disorders. It's a highly accurate screening tool, with a low false positive rate, providing expectant parents with valuable information to help guide decisions about their pregnancy and potential medical interventions.

NON-INVASIVE HEREDITARY DISEASE SCREENING FOR MOTHERS

This screening is a specialized test designed to identify carriers of autosomal recessive genetic conditions. Autosomal recessive conditions require both parents to carry a mutated gene for there to be a risk of the child being affected. This screening examines whether both partners carry genes for the same autosomal recessive conditions, which could increase the risk of their child inheriting the condition. If the screening identifies such a risk, further testing may be recommended for both partners to better understand the potential implications for their future children. This test provides valuable information for couples planning to start a family, allowing them to make informed decisions about their reproductive options and potential medical care.

Over-the-Counter Medications

Here at MAHEC, we want to discuss all your medications with you to make sure they are safe for both you and your baby during pregnancy. If any current medications pose a risk, we will provide alternatives during your pregnancy and postpartum period. The most sensitive time of development for your baby is in the first trimester (the first 12-13 weeks). Even though many over-the-counter medicines are safe for minor symptoms, it is best to talk to your provider before taking any medications. If you use a medicine, try to use the lowest dose for the shortest time possible.

General Recommendations

- Avoid alcohol, tobacco, caffeine, and recreational drug use—including marijuana
- Check all medication labels to make sure the active ingredient is safe
- Avoid combination products that contain many different medicines in one pill
- Always take your prenatal vitamin and 600-800 mcg of folic acid
- Some medicines may be safe during pregnancy but not safe during breastfeeding

You should schedule an appointment with your provider if:

- Your symptoms last more than 3-5 days after treatment
- Your symptoms are severe
- These medications cause side effects
- You are unsure what you should take

WHICH OVER-THE-COUNTER MEDICATIONS ARE SAFE DURING PREGNANCY?

	TRY FIRST	GENERALLY AVOID
	Saline nasal sprays, nasal strips, and humidifiers	Combination products
	SAFE TO USE	**UNSAFE**
FOR RUNNY NOSE OR CONGESTION	ChlorTabs® 4mg every 4 hrs as needed (avoid in last 2 weeks of pregnancy). May cause drowsiness. Non-drowsy Allergy Meds: Zyrtec® 10mg daily or Claritin® 10mg daily. Nasal Sprays: Rhinocort® 1 spray/day Flonase® 1-2 sprays/day	Decongestants, such as Sudafed®, Sudafed PE® or Afrin®

Over-the-Counter Medications

FOR ACHES, PAINS, OR HEADACHES	**TRY FIRST**	**GENERALLY AVOID**
	Injuries: Rest, elevation, compression, and hot or cold therapy **Headaches:** Rest, avoid bright lights, and drink plenty of water	Aleve® and Aspirin (only take Asprin with doctor clearance)
	SAFE TO USE	**UNSAFE**
	Tylenol® 325 mg up to 4x/day	Ibuprofen (Advil®)
FOR COUGH OR SORE THROAT	**TRY FIRST**	**GENERALLY AVOID**
	Hydration, salt water gargle, and hot tea with lemon	Combination products
	SAFE TO USE	**UNSAFE**
	Tylenol® 325 mg up to 4x/day, Mucinex® 600-1200 mg every 12 hrs as needed, Delsym® 10 mL every 12 hrs as needed	Products that contain alcohol (Robitussin®) or codeine
FOR CONSTIPATION OR DIARRHEA	**TRY FIRST**	**GENERALLY AVOID**
	Constipation: Exercise, hydrate, and add fiber-rich foods (whole grains, nuts, and prunes) **Diarrhea:** Drink plenty of water and avoid spicy/fatty foods	Senna or Dulcolax®
	SAFE TO USE	**UNSAFE**
	Constipation: Metamucil®, Miralax®, or Colace®. Stay hydrated while using, as they can take days to become effective	Mineral or castor oil, Imodium®, Pepto-Bismol®
FOR NAUSEA, VOMITING, OR HEARTBURN	**TRY FIRST**	
	• Eat smaller, more frequent meals, high carbohydrate meals, and high protein meals • Ginger (up to 1g daily) or cold drinks • Eat a few salted nuts (or another protein equivalent) before getting out of bed in the morning • Avoid hunger, spicy foods, and foods with strong smells	
	SAFE TO USE	**UNSAFE**
	Heartburn: Tums® 150 mg (up to every 12 hours) **Morning Sickness:** Vitamin B6 10-25 mg every 8 hrs with Unisom (Doxylamane) 25 mg at bedtime (up to every 8 hrs.). May cause drowsiness. If symptoms persist, contact your provider.	Alginic acid, baking soda, or Antacid®/ Maalox®

Foods For Pregnancy

Because pregnancy affects your immune system, you and your unborn baby are more susceptible to the bacteria, viruses, and parasites that cause foodborne illness, like mercury, Listeria, and Toxoplasma, which can infect your baby and cause serious health problems.

BE CAREFUL OF	REASON	DO EAT
Unpasteurized milk, including soft cheeses (Brie, feta, Camembert, Roquefort, queso blanco, queso fresco, etc.).	May contain E. coli or Listeria.	Hard cheeses, such as cheddar or Swiss. Read the label and make sure that it's made from pasteurized milk.
Raw or undercooked sprouts such as alfalfa, clover, mung bean, and radish.	May contain Salmonella, Listeria or E. coli.	Stir fried, fully cooked sprouts.
Packaged deli salads such as ham salad, chicken salad, egg salad, tuna salad, seafood salad, etc.	May contain harmful bacteria Campylobacter, E. coli, Listeria, Salmonella.	Salads made at home, following the food safety basics: clean, separate, cook, and chill.
Deli-style meat such as hot dogs, luncheon meats, cold cuts, fermented or dry sausage, etc.	May contain Listeria.	Reheat deli-style meats to steaming hot or 165° F before eating.
Unpasteurized juice or cider, including fresh-squeezed.	May contain E. coli.	Store-bought juices and/ or pasteurized juice or fresh squeezed juice made at home.
Uncooked/raw eggs.	Undercooked eggs may contain Salmonella.	Cooked eggs with firm yolks. Cook casseroles and dishes containing eggs to 160° F.
Raw or undercooked fish, including sushi.	May contain parasites or bacteria.	Cook fish to 145° F.
Smoked seafood	Refrigerated versions are not safe, unless pre-cooked to 165°.	Eat canned versions, which are safe, or cook to 165° F.
Certain fish: King mackerel, marlin, orange roughy, swordfish, shark, tilefish (Gulf of Mexico) and tuna (big eye), as well as fish caught from streams and rivers.	May contain unsafe levels of mercury or other contaminants.	Low mercury, high omega-3 fatty acid fish: salmon, anchovies, herring, sardines, shrimp, tilapia, cod, pollock, and canned light tuna (6 oz. a week)
Raw shellfish, oysters, and clams	May contain Vibrio bacteria.	Cook shellfish to 145° F.
Eggnog, homemade ice cream, raw cookie dough, and cake batter.	May contain uncooked eggs, which may contain Salmonella.	Eat pasteurized eggnog, store-bought ice cream, fully baked lower sugar cookies and cake.
Meats such as beef, veal, lamb, pork, including ground meat.	May contain E. coli if undercooked.	Cook beef, veal, and lamb to 145° F; pork to 160° F; and all ground meats to 160° F.
Poultry and stuffing, including ground poultry products.	Undercooked meat may contain bacteria such as Campylobacter or Salmonella.	Cook poultry to 165° F. If poultry is stuffed, cook stuffing to 165° F, or cook stuffing separately.

Miscarriage Signs and Symptoms

Miscarriage is the naturally occurring spontaneous loss of pregnancy before 20 weeks. Some people come to terms with their grief after a few weeks of having a miscarriage and start planning for their next pregnancy. For others, the thought of planning another pregnancy feels overwhelming, at least in the short term. If you're in a relationship, it can help to make sure you're both open about how you are feeling as your partner may also be affected by the loss. Your care providers at MAHEC are here for you. If you are having any of the signs and symptoms below, please contact us.

Signs and Symptoms of a miscarriage can include:

- Vaginal bleeding in colors varying from light red to brown and can present as either spotting or heavy bleeding
- Lower abdominal pain as well as cramping in the lower abdomen which may feel like a period or like strong labor contractions
- Fluid passing from the vagina
- Tissue and blood clots being passed from the vagina

If you are experiencing any of these symptoms contact your care provider

It is normal for parents that have miscarried to grieve the loss. Reach out to your care provider if you would like or need grief support. After a miscarriage, parents will be able to try conceiving again when desired as the body typically starts cycling again.

Project CARA

SUBSTANCE USE DISORDER CLINIC

We work to ensure that all pregnant women in recovery or seeking recovery from substance use have easy access to a multidisciplinary team that is compassionate, trauma informed and non-judgmental.

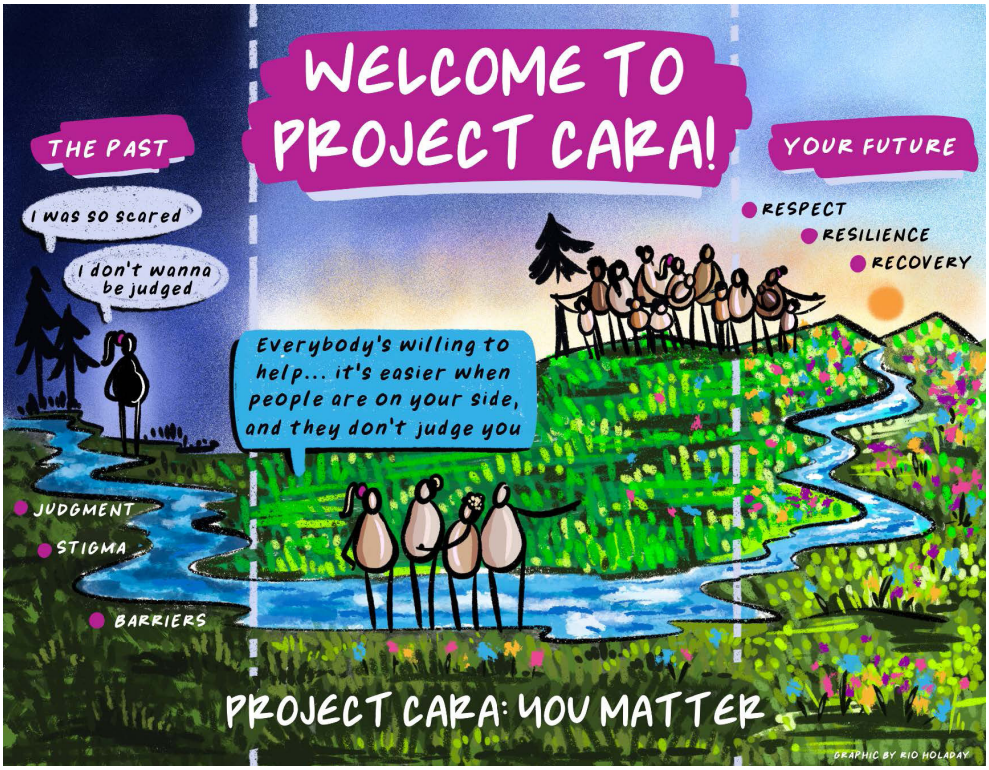
We aim to change generational patterns of substance use one pregnancy at a time.

Our team is committed to helping our patients have the healthiest possible pregnancy and birth whether their last time using was five years ago or five days ago.

OUR SERVICES

Medical Care

- Preconception consults
- Prenatal and postpartum care
- Perinatal Substance Use Disorder (PSUD) care
  - » Medications for Recovery
  - » Tobacco cessation
- Hepatitis C/HIV screening, consults, and treatment access
- Referrals to dental, family medicine, psychiatry services, etc.



Behavioral Health Care

- Therapy
- Case management and relapse prevention planning
- Behavioral health and substance use clinical assessment
- Clinical consults
- Referral to partnering treatment organizations

Wrap Around Care

- Information about Neonatal Opioid Withdrawal Syndrome and Neonatal Abstinence Syndrome
- Hospital expectations and discharge planning
- Referral to peer support services

Contact Us: Call (828) 255-5542 to schedule an appointment or ask your provider for more info.

Genetic Screening: What is Tested?

NON-INVASIVE FETAL GENETIC SCREENING FOR YOUR BABY

- 1p36 deletion syndrome
- 22q11.2 deletion
- syndrome Angelman
- syndrome Cri-du-chat
- syndrome Monosomy
- X (Turner syndrome)
- Prader-Willi syndrome
- Triple X syndrome
- Triploidy
- Trisomy 13 (Patau syndrome)
- Trisomy 18 (Edwards syndrome)
- Trisomy 21 (Down syndrome)
- XYY Syndrome (Jacob's Syndrome)
- XXY Syndrome (Klinefelter Syndrome)

NON-INVASIVE HEREDITARY DISEASE SCREENING FOR MOTHERS

CONDITIONS TESTED IN THE HORIZON 14 CARRIER SCREENING:

- Alpha-Thalassemia
- Beta-Hemoglobinopathies
- Canavan Disease
- Cystic Fibrosis
- Familial Dysautonomia
- Fragile X Syndrome
- Friedreich Ataxia
- Galactosemia
- Gaucher Disease
- Medium Chain Acyl-CoA Dehydrogenase Deficiency
- Polycystic Kidney Disease, Autosomal Recessive
- Smith-Lemli-Opitz Syndrome
- Spinal Muscular Atrophy
- Tay-Sachs Disease

- 3-Methylcrotonyl-CoA Carboxylase 1 & 2 Deficiency
- Achondrogenesis, Type 1B
- Achromatopsia, CNGB3-Related
- Adrenal Hypoplasia Congenita, X-Linked
- Adrenoleukodystrophy, X-Linked
- Aicardi-Goutières Syndrome, RNASEH2B-Related
- Argininosuccinate Lyase Deficiency
- Aspartylglycosaminuria
- Atransferrinemia
- Autoimmune Polyglandular Syndrome, Type 1
- Bardet-Biedl Syndrome, BBS1-Related
- Bardet-Biedl Syndrome, BBS2-Related
- Beta-Ketothiolase Deficiency
- Biotin-Thiamine-Responsive Basal Ganglia Disease (BTBGD)
- Biotinidase Deficiency
- Bloom Syndrome
- Carnitine Palmitoyltransferase II Deficiency
- Cerebrotendinous Xanthomatosis
- Congenital Adrenal Hyperplasia, 21-Hydroxylase-Deficient Congenital Adrenal Hyperplasia
- Congenital Adrenal Insufficiency, CYP11A1-Related
- Congenital Disorder of Glycosylation, Type 1A, PMM2-Related
- Congenital Finnish Nephrosis
- Congenital Hydrocephalus 1
- Congenital Myasthenic Syndrome, CHRNE-Related
- Creatine Transporter Defect (Cerebral Creatine Deficiency Syndrome 1, X-Linked)
- Donnai-Barrow Syndrome
- Duchenne/Becker Muscular Dystrophy
- Dystrophic Epidermolysis Bullosa, COL7A1-Related
- Ehlers-Danlos Syndrome, Classic-Like, TNXB-Related
- Ellis-van Creveld Syndrome, EVC2-Related
- Fabry Disease
- Factor IX Deficiency
- Familial Hemophagocytic Lymphohistiocytosis, PRF1-Related
- Familial Hyperinsulinism, ABCC8-Related
- Fanconi Anemia, Group C
- Fragile XE Syndrome
- Fraser Syndrome 3, GRIP1-Related
- Glycogen Storage Disease, Type 1a
- Glycogen Storage Disease, Type 1b
- Glycogen Storage Disease, Type 2 (Pompe Disease)
- Glycogen Storage Disease, Type 4
- Hemophilia A

Genetic Screening: What is Tested?

NON-INVASIVE HEREDITARY DISEASE SCREENING FOR MOTHERS

- Hereditary Fructose Intolerance
- Hermansky-Pudlak Syndrome, HPS1-Related
- Hermansky-Pudlak Syndrome, HPS3-Related
- Homocystinuria, CBS-Related
- Hypophosphatasia, ALPL-Related
- Joubert Syndrome 2 / Meckel Syndrome 2
- Joubert Syndrome, AHI1-Related
- Joubert Syndrome, CC2D2A-Related / COACH Syndrome
- Juvenile Retinoschisis, X-Linked
- L1 Syndrome
- Leber Congenital Amaurosis, Type CEP290
- Limb-Girdle Muscular Dystrophy, Type 2I
- Lipoamide Dehydrogenase Deficiency (Dihydrolipoamide Dehydrogenase Deficiency)
- Maple Syrup Urine Disease, Type 1B
- Megalencephalic Leukoencephalopathy with Subcortical Cysts
- Metachromatic Leukodystrophy, ARSA-Related
- Methylmalonic Aciduria and Homocystinuria, Type cblC
- Methylmalonic Aciduria, Type mut(0)
- Mevalonic Kinase Deficiency
- Mitochondrial Complex IV Deficiency, Nuclear Type 2, SCO2-Related
- Mucolipidosis II/IIIA
- Mucolipidosis, Type IV
- Mucopolysaccharidosis, Type I (Hurler Syndrome)
- Myotonia Congenita
- Nemaline Myopathy, NEB-Related
- Niemann-Pick Disease, Types A/B
- Non-Syndromic Hearing Loss, GJB2-Related
- Oculocutaneous Albinism, OCA2-Related
- Oculocutaneous Albinism, Types 1A and 1B
- Opitz G/BBB Syndrome, X-Linked
- Ornithine Transcarbamylase Deficiency
- Pendred Syndrome
- Phenylketonuria
- PLP1 Disorders
- POLG-Related Disorders
- Pontocerebellar Hypoplasia, RARS2-Related
- Primary Hyperoxaluria, Type 1
- Primary Microcephaly 1, Autosomal Recessive
- Retinitis Pigmentosa 59
- Retinitis Pigmentosa, X-Linked, RPGR-Related
- Schindler Disease
- Short-Rib Thoracic Dysplasia 3 with or without Polydactyly
- Spinocerebellar Ataxia, Autosomal Recessive 10
- Surfactant Dysfunction, ABCA3-Related
- Trichothiodystrophy 1 / Xeroderma Pigmentosum, Group D
- Trimethylaminuria Tyrosinemia, Type 1
- Usher Syndrome, Type 1F
- Usher Syndrome, Type 2A
- Usher Syndrome, Type 3
- Very Long-Chain Acyl-CoA Dehydrogenase Deficiency
- Vitamin D Dependent Rickets, Type 1A
- Walker-Warburg Syndrome, FKTN-Related
- Wilson Disease

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24/7 Call Answering Service: 828-771-5500