

PRENATAL PACKET-PLEASE READ ENTIRE PACKET!

What to expect during your pregnancy.

1. Helpful Resources/Websites
2. Schedule of blood draws
3. Vaccinations
4. Cord Blood Banking
5. Morning Sickness
6. Foods
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8. Worrying about Pregnancy
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14. Dietician
15. Maternal Fetal Medicine (MFM)
16. Maternity Deposit (If Applicable)

If you will be moving out of state and/or country for delivery please be sure to inform us promptly!

PLEASE BE ADVISED WE DO NOT TAKE MEDICAID-IF YOU SWITCH TO MEDICAID DURING YOUR PREGNANCY YOU MAY NEED TO CHANGE PROVIDER (PLEASE LET US KNOW IN ADVANCE IF YOU ARE PLANNING TO SWITCH)

The following are available at:
St. Alexius Medical Center
1555 Barrington Rd
Hoffman Estates, IL 60169

(847)-843-2000
alexianbrothershealth.org
(under Classes & Events)
*Registration may be required

- ❖ Prenatal Child Birth Class *
 - ❖ Breastfeeding Class *
 - ❖ Child CPR Class *
 - ❖ Newborn Channel (www.thenewbornchannelnow.com hospital code: 01292)
 - ❖ Grandparent Class *
 - ❖ Siblings Class *
- Please register online for Labor & Delivery by 28weeks @ AlexianBrothersHealth.org/MaternityPreReq

Delivery will be at St. Alexius Medical Center in Hoffman Estates

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Resources:

Fish facts for pregnant women (fish to avoid due to Mercury)

<https://www.fda.gov/downloads/Food/FoodborneIllnessContaminants/Metals/UCM400358.pdf>

<http://www.choosemyplate.gov/pregnancy-breastfeeding/eating-fish.html>

Food Do's & Don'ts for pregnant women:

<http://www.choosemyplate.gov/pregnancy-breastfeeding/baby-safe-from-listeriosis.html>

Avoiding Toxoplasmosis

<http://www.choosemyplate.gov/pregnancy-breastfeeding/baby-safe-from-listeriosis.html>

Pregnancy Do's & Don'ts:

Pregnancy and exercise

<http://www.mayoclinic.org/healthy-living/pregnancy-week-by-week/in-depth/pregnancy-and-exercise/art-20046896?pg=1>

General resource page

<http://www.cdc.gov/pregnancy/during.html>

myplate.gov

<http://www.choosemyplate.gov/supertracker-tools/daily-food-plans/moms.html>

WHAT TO EXPECT AT YOUR OBSTETRICS APPOINTMENTS

During your pregnancy several tests will be recommended. Below is a list of what the usual tests are and when they are performed:

HCG/PROG (to confirm pregnancy & follow hormone levels---starting with missed period)
Performed every week or 48 hrs to determine the hormone levels.

Genetic Testing- 5wks-7.5wks

Genetic carrier screening test that can identify your risk for having a child with one of these common hereditary disorders: cystic fibrosis, spinal muscular atrophy and fragile X syndrome.

PRENATAL LABS 7wks-10wks

The following tests are included: blood type and RH type, hepatitis B & C, HIV, rubella, varicella, CBC, Vitamins D & B12, TSH, urine culture, urinalysis, calcium, kidney and liver function tests.

Non-Invasive Prenatal Testing-Your insurance may not cover this test if you are under the age of 35yrs! CPT CODE: 81420 10wks

Non-invasive prenatal test that can determine with a high degree of accuracy whether your baby may have certain genetic disorders, such as Down syndrome. The test requires only a blood draw, and is safe for mother and baby. It's a simple test that can help you plan with confidence however it is considered as a screening test and not a diagnostic test.

AFP SCREEN 16wks

Maternal AFP blood sample is drawn to check the levels of AFP (Alpha-Fetoprotein.) AFP is a substance that circulates in the brain and spinal cord of an unborn baby. It is generally used for detecting neural tube defects such as brain and spine abnormalities.

PENTA SCREEN (If AFP missed, or verify not done 16wks

Prenatal risk assessment for neural tube defects, Down Syndrome and Trisomy 18. This test is more accurate and screens for additional genetic problems, the testing will identify 60% of the babies with Down syndrome and 80-90% of babies with NTD.

1HR GLUCOSE & CBC 24wks-28wks

The glucose test will be done to look for gestational diabetes. The test involves drinking a sugar drink and having a blood draw one hour later. Also anemia testing will be done

3HR GLUCOSE (only if abnormal 1hr glucose

Patient must be fasting 8-12hrs. Fasting blood will be drawn, followed by a sugar drink. Then every hour for 3 hours a blood sample will be drawn. This test must be done at Quest Laboratory. PT MUST STAY IN LAB UNTIL THE LAST BLOOD DRAW!

GBS/CBC TESTING by 35wks

GBS testing is a common swab that is performed from the recto-vaginal region to look for the presence of the Group B Strep, very common bacteria, which can be present in the birth canal at the time of delivery and can cause severe infections in newborns. If you have the bacteria we will offer antibiotics during labor.

- ❖ Blood tests for BCBS-PPO, UHC and CIGNA are done in the office. For HMO, Aetna & all other insurances they need to be done at the Quest Lab!

CYSTIC FIBROSIS (CF)

CF is the most common fatal genetic disorder in North America. It causes the body to produce very thick mucus that can damage internal organs. It clogs the lungs-leading to life-threatening infections-and can cause digestive problems, poor growth and infertility. Symptoms range from mild to severe, but do not affect intelligence. On average, CF patients live into their late thirties.

Carrier Frequency: 1 in 25 Caucasians, 1 in 94 Asians, 1 in 65 African-Americans, 1 in 46 Hispanics.

FRAGILE X SYNDROME (FXS)

FXS is the most common inherited cause of intellectual disability. Symptoms cover a wide range, from mild to very severe. About one third if all people with FXS also have autism. Individuals with the disorder may also have behavioral issues such as hyperactivity, social anxiety and aggression. Females usually have milder symptoms than males.

Approximately 1 in every 3,600 boys and 1 in every 6000 girls are born with FXS

SPINAL MUSCULAR ATROPHY (SMA)

SMA is the most common inherited cause of infant death. It affects a person's ability to control their muscles, including those involved in breathing, eating, crawling and walking. SMA has different levels of severity, none of which affect intelligence. However, the most common form of the disorder causes death by age two.

Carrier Frequency: 1 in 35 Caucasians, 1 in 53 Asians, 1 in 66 African-Americans, 1 in 117 Hispanics.

Non-Invasive Prenatal Testing-(may not be covered by your insurance)

The test screens for the most common chromosomal abnormalities, which can cause serious birth defects, intellectual disability, or other problems in the baby. These disorders are not typically inherited. Instead, they are usually caused by a random error during formation of the egg or sperm, or during the earliest stages of the baby's development. This test will also tell you the sex of your baby, if you want to know

INFLUENZA VACCINE

There is evidence that influenza is associated with more frequent and more severe complications in pregnant women than in non-pregnant woman. It is no recommended that women who are, or will be pregnant during the influenza season (winter months) be vaccinated with a flu shot. Influenza vaccination is probably safe at any stage of pregnancy because the vaccine is inactivated, no adverse fetal effects have been seen and maternal reactions are rare.

TDAP VACCINE

The T-dap vaccine protects against diphtheria, tetanus and pertussis (whooping cough.) All of these are serious, potentially deadly illnesses caused by bacteria. The vaccine is given to the mother usually after 28wks. It protects the baby until he/she gets its own. This vaccine is recommended for the father as well as for any close relatives living with the baby.

CORD BLOOD BANKING

What is cord blood?

The term cord blood is used for blood that is drawn from the umbilical cord and the placenta after the baby is born. Up until recently this afterbirth was discarded as medical waste. Cord blood contains stem cell that may be frozen for later use in medical therapies, such as stem cell transplantation or regenerative medicine.

What are cord blood stem cells?

The umbilical cord and the placenta are high sources of stem cells. These are different from both the embryonic stem cells in a fertilized egg and any stem cells obtained from a child or adult person. The stem cells in cord blood can grow into blood and immune system cells, as well as other types of cells.

POSTPARTUM DEPRESSION

The time immediately following the delivery of a baby is a very emotional time for women. A wide range of emotions are normal. Between 40-80% of woman have some degree of “postpartum blues.” Postpartum blues is characterized by mild and often rapid mood swings from elation to sadness, irritability, anxiety, and decreased concentration, sleeping problems, tearfulness and crying spells. Symptoms usually start within 2-3 days from delivery, peak on the fifth day and resolve within two weeks. If the condition is either more severe or lasts longer than 2 weeks, it may be postpartum depression. Postpartum depression affects between 10-15% of women. It is more common in women with a history of depression prior to or during pregnancy, but can occur weeks to months after delivery, or when breastfeeding is stopped. It is a very serious condition for which you should contact your doctor.

PELVIC GIRDLE PAIN

This pain primer will help you understand – and cope with- that pelvic girdle pain and those pangs, twinges and stabs.

WHAT IS PELVIC GIRDLE PAIN?

Pelvic girdle pain can be anything from a minor ache to a searing sensation that wraps around your back and snakes down below your burgeoning belly. Pinpointing just what pelvic girdle is (or, rather what it isn't) is tough because it's such a wide ranging problem, and one that the vast majority of women will experience at some point or another during their pregnancy. (Pelvic girdle pain is different from symphysis pubic dysfunction in that the discomfort is more generalized and isn't necessarily caused by the loosening of ligaments.)

WHAT CAUSES PELVIC GIRDLE PAIN DURING PREGNANCY?

Your ever-expanding tummy puts ever-increasing stress on the bones, joints and muscles in your pelvis and back.

If you're hurting, you are not alone. As many as 80% of pregnant women experience pelvic pain at some point, mostly in that final trimester when stress on the pelvic region is especially intense. But pelvic girdle pain can hit at almost any point during pregnancy, and its impact can range from minor (a few twinges) to debilitating (ouch!)

What to do about pelvic girdle pain during pregnancy.

*Use a heating pad on the most painful muscles or joints *Purchase and wear a pelvic girdle, aka prenatal belt, can provide support for your belly (and relief for your pelvis * Choose a comfortable sleeping position during pregnancy-lie on your side with a pillow between your knees to keep hips aligned

*If pain is severe, talk to your doctor about pregnancy-safe relievers.

Easy ways to add more fruits and vegetables to your diet

- Keep produce washed and ready to eat, so it's easy to grab a bowl or handful for snacking
- Make dishes that can include a number of vegetables, such as stir fries, omelets and salads (work for fruit salad also)
- Roast or grill vegetables to enhance the flavors
- Make extra for your side vegetable and then turn it into a salad for the next day (steam broccoli lightly, then serve half with dinner and make broccoli salad with the other half)
- Make low-fat dressing or dip to serve with your fruits and vegetables. Or simply dip them in plain yogurt.³
- Use herbs and spices to enliven your vegetables
- Keep fruit where you'll see it front and center in the refrigerator rather than hiding in the back for example
- Add fruit to your cereal, pancakes or waffles
- Make a smoothie with yogurt, fruit juice and fruits like strawberries, bananas, blueberries, papayas and mangos
- Be adventurous. Try a new fruit and a new vegetable every time you shop for groceries.

WORRYING ABOUT PREGNANCY

QUESTION- "I worry too much about my pregnancy. Is it bad for the baby? And am I crazy? You're not crazy. You're just pregnant (which can actually make you feel just a little crazy, but that's another story.) And what you're experiencing is a normal – and just about inevitable – side effect of pregnancy, one you share with the vast majority of your pregnant comrades. Worry is one of the most common complaints of pregnancy, affecting more expectant women than morning sickness and food cravings combined. (It's true!)

So first, you shouldn't worry about being a pregnant worrywart. Worry comes with the pregnant territory (and that goes for your partner too.) Many dads-to-be worry a lot, and that's perfectly normal. Second, try to focus on the positives of pregnancy (You're having a baby! You're going to be a mom! This is exciting stuff!) Third, try to put your worry in perspective. Keep reminding yourself (make it your mantra if it helps) that there has never been a safer time to have a baby. With today's medical care and advanced technology- from specialized tests to ultrasound – pregnant women are in excellent hands. Remember too that the most important hands you're in are your own. Every time you order a mocktail instead of a cocktail, every time you crunch on a carrot or handful of walnuts, every time you keep a practitioner's appointment, you're upping the already remarkable chances that some months from now you'll be enjoying (and cuddling) one of life's best and biggest payouts :a beautiful, healthy baby.

It may also be helpful to share your worries with other expectant moms. Sometimes just knowing that you're not alone in your worries (and you are so not alone in your worries!) is one less reason to worry.

Male Infant Circumcision

Male circumcision is a surgical procedure in which the foreskin is removed from the penis.

Most often, infant boys are circumcised soon after birth. The procedure dates back to prehistoric times and today is both a Jewish and a Muslim religious ritual. People worldwide continue to circumcise their sons for hygienic, cultural and religious reasons.

Procedure and Healing

Usually, infants are circumcised during the first few days of life, either while still in the hospital or shortly thereafter. The procedure takes only 15 to 30 minutes. Doctors recommend that babies be given pain medicine beforehand.

After the procedure, the caregiver should cover the top of the penis with lubricated gauze. After 24 hrs, only the lubricant is needed. Clean the area using a cotton ball and warm water. A soft yellow scab will form and then fall off. At first, there is likely to be some minor redness, swelling, bleeding and discharge, but if any of these get worse or do not disappear, contact a doctor.

Risks and Benefits

Circumcision is very safe. When it is performed by a trained professional under sterile conditions, few babies have complications and these (bleeding, infection, scarring) re typically minor. There are no long-term studies of the health benefits of children who have been circumcised. Recent large studies of adults undergoing circumcision in the United States and Africa have provided important new data about circumcision. The findings support existing knowledge that male circumcision provides substantial medical benefits.

The American Academy of Pediatrics (AAP) in 2012 reviewed all the evidence about male infant circumcision and concluded that the health benefits of circumcision are not great enough to recommend routine circumcision. The procedure's benefits are sufficient to justify access to the procedure for families choosing it. The benefits of circumcision are greater than the risks and families should receive information about circumcision early in pregnancies. Benefits include help prevent the following:

- Urinary tract infection
- Human immunodeficiency virus (HIV) infection
- Transmission of some sexually transmitted infections
- Penile cancer

Male circumcision does not appear to affect sexual function, sensitivity or sexual satisfaction. Female sexual partners of circumcised men also gain some protection from disease. The latest studies led the AAP to state that:

- Families should have access to circumcision
- Health insurance should pay for circumcision

The AAP also recommends that:

- Doctors talk to parents about the health risks and benefits
- Parents weigh this information together with their religious, ethical and cultural beliefs and practices

Questions to ask when deciding about circumcision

1. What are the possible health benefits of circumcision?
2. What are the possible health risks of circumcision?
3. How id circumcision performed and what is the recovery?
4. What is the care for an uncircumcised penis?
5. What are my religious and cultural beliefs about circumcision?
6. What are social reasons to consider?
7. What are my personal preferences and feelings?
8. What is on the best interest of my son?

FOR MORE INFORMATION

- National Library of Medicine
<http://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Aproject=medlineplus&query=circumcision>
- Center for Disease Control and Prevention
<http://www.cdc.gov/hiv/malecircumcision/>

+ To find this and previous JAMA patient Pages, go to the Patient link on *JAMA*'s website at jama.com. Many are published in English & Spanish.

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Sources: National Library of Medicine. Center for Disease Control and Prevention. American Academy of Pediatrics Task Force on Circumcision. *Pediatrics*.2012;130:e756-785

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Safe medications to take during pregnancy

Allergy – Benadryl (diphenhydramine) and/or Claritin

Check with your doctor before taking these in the 1st trimester (0-12weeks)

Cold & Flu – Tylenol (acetaminophen) only if really necessary, saline nasal drops or spray.

Warm salt/water gargle, steam inhalation

Check with your doctor before taking any other medications, especially in the 1st trimester.

Constipation – Colace, Metamucil

First aid ointment – Bacitracin, J&J First Aid Cream, Neosporin, Polysporin

Rashes – Benadryl cream, caladryl lotion or cream, 1% hydrocortisone cream or ointment, oatmeal bath (Aveeno)

Diarrhea - BRAT diet (Bananas, Rice, Applesauce & Toast)

Pediatricians

Patel, Utsahi R. M.D.	1786 Moon Lake Blvd, Suite 206, Hoffman Estates, IL 60169	ph: 847-882-4300
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Gosh, Geeti M.D.	901 Center St, Suite 209, Elgin IL 60120	ph: 847-429-1157
Singer, Howard M.D.	33 W Higgins Rd, Suite 1000, South Barrington, IL 60010	ph: 847-783-0030
Lam, Sylvia M.D.	2500 W Higgins Rd, Suite 1100 Hoffman Estates, IL 60169	ph: 847-885-8852
Mirchandani, Preeti D.O.	2500 W Higgins Rd, Suite 670 Hoffman Estates, IL 60169	ph: 847-884-7710
Nadelman, David M.D.	1020 Schaumburg Rd Streamwood, IL 60107	ph: 630-830-1930
Zand, Alireza M.D.	1555 Barrington Rd, Suite 320 Hoffman Estates, IL 60169	ph: 847-882-2600
Poonawalla, Harja M.D.	2500 W Higgins Rd, Suite 480 Hoffman Estates, IL 60169	ph: 847-843-8062
Ramesh, Priyadarsini M.D.	2971 W Algonquin Rd. Suite 480 Hoffman Estates, IL 60169	ph: 847-843-7212
Reddy, Ravindranath M.D.	473 W Army Trail Rd. Suite 505 Bloomingdale, IL 60108	ph: 630-529-1000
Rosewell, Debora M.D.	2500 W Higgins Rd. Suite 400 Hoffman Estates, IL 60169	ph: 847-839-0400
Shaltoni, Abdelkarim M.D.	1585 Barrington Rd. Suite 505 Hoffman Estates, IL 60169	ph: 847-839-7522
Schwartz, Samuel M.D.	257 S main St. Bartlett, IL 60103	ph: 630-289-6735
Schwartz, David M.D.	257 S Main St. Bartlett, IL 60103	ph 630-289-6735
Silver, Joy M.D.	305 S Bartlett Rd. Suite B Hoffman Estates, IL 60169	ph 847-839-0440
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Sheade, Micheal M.D.	1020 Schaumburg Rd. Streamwood, IL 60107	ph 630-830-1930
Sharma, Vritti M.D.	2500 W Higgins Rd. Suite 440 Streamwood, IL 60107	ph: 630-372-1000

Amita Maternal Fetal Medicine (MFM)
1555 Barrington Rd, Building 1, Suite 215
Hoffman Estates, IL 60169
847-490-6960

-For high risk pregnancy
- Level II Ultrasounds
-Gestational diabetes
- Twin pregnancy
-Preeclampsia
-Any abnormality found in ultrasound from our office

*A referral from our office is needed in order for MFM to see you for consultation and/or ultrasound.

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MATERNITY DEPOSIT

Per our office policy ALL patients with a high deductible or high out of pocket exceeding \$1000 are required to pay a Maternity Deposit of \$1000 before 30 weeks of pregnancy. This money will be kept as a credit on your account. We will bill your insurance as usual for all the claims including the delivery. Once the delivery claims are processed by your insurance we will refund any balance back on your credit card or by check. This process takes about 4-8 weeks after delivery.

We would greatly appreciate your cooperation in this matter.

Thank you

Sri Ramanathan, RD, LDN
 847-641-0257
 Dietician for Consult

Iron & Pregnancy

How Much Iron Do You Need?

The amount of iron you need each day is measured in milligram (mg). The general recommendations for healthy people are:

- Women (ages 19-50yrs): 18mg iron per day
- Women (ages 19-50yrs): **27 mg if pregnant** + 9 mg if breastfeeding
- Men (ages 19yrs and older): 8mg iron per day
- Older women (ages 51+ years): 8 mg iron per day

IRON CONTENT OF FOODS

Food	Portion Size	Iron (mg) *
Protein Group		
Chicken, light meat	3 oz	0.9
Chicken, dark meat	3 oz	1.2
Turkey, dark meat	3 oz	2.0
Pork chop	3 oz	0.7
Tenderloin steak	3 oz	1.3
Venison, roasted	3 oz	3.0
Liver, beef	3 oz	5.8
Liver, chicken	3 oz	7.2
Liver, pork	3 oz	15.2
Tuna fish	3 oz	0.6
Swordfish	3 oz	1.1
Oysters, raw	3 oz	5.5
Tofu, raw	½ cup	4.0
Black beans	½ cup	1.8
Chick peas	½ cup	2.4
Kidney beans	½ cup	2.6
Lentil beans	½ cup	3.3
Egg	1 whole	0.6
Chashew nuts	1 oz	1.7
Pistachio nuts	1 oz	1.9
Sunflower seeds	2 Tbsp (1 oz)	1.9
Peanut Butter Jif	2 Tbsp	0.6
Peanut Butter Skippy		0.3
Peanut Butter Peter Pan Plus		3.75
Soybeans (cooked)	½ cup	4.4
Sesame seeds	2 Tbsp	1.2
Tempeh (cooked)	1 cup	3.8
Pumpkin seeds	¼ cup	8.5

Dairy Group		
Milk	1 cup	0.1
Ricotta, part skim	½ cup	0.6
Soy milk	1 cup	1.8
FRUIT Group		
Apricots	3 raw	0.6
Apple, dried	10 rings	0.9
Figs, dried	1	0.4
Peaches, dried	5 halves	0.4
Raisins	½ cup	1.5
Strawberries	1 cup, frozen	1.2
Prune juice	1 cup	3.0
Vegetable Group		
Artichoke, cooked	1 cup	5.1
Baked potato	1 medium	2.7
Broccoli	1 medium stalk	2.1
Lima beans	½ cup	2.1
Spinach	1 cup	1.5
Grain Group		
Couscous, cooked	1/3 cup	0.9
Matzo	1 board	0.9
Pasta (enriched/cooked)	1 cup	2.0
Quinoa, cooked	¼ cup	1.5
Rice (enriched/cooked)	1 cup	1.8
Vitalicious muffin	2 oz	9
Whole wheat bread	1 slice	1.0
<i>Cereals</i>		
Total	1 cup	18.0
100% bran flakes	¾ cup	18.0
Grapenuts	½ cup	18.0
Product 19	¾ cup	18.0
Wheat germ	1 oz (1/4 cup)	2.6
Cream of wheat instant	¾ cup	8.2
Oatmeal, plain instant	1 packet	6.7
Cornflakes	1 cup	4.5
Special K	1 cup	2.5
<i>Energy bars/Sport Drinks</i>		
Balance	1 bar, 1.76 oz	4.5
Clif	1 bar, 2.4 oz	4.5
Genisoy	1 bar, 1.58 or 2.2 oz	4.5
Kasha Go Lean	1 bar, 2.75 oz	<1.0
Luna	1 bar, 1.69 oz	6.3
Mer Rx (Big 100)	1 bar, 3.5 oz	8.1

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Power	1 bar 2.29 oz	6.3
REVIVAL Soy	1 bar, 2.4 oz	1.8-3.6
Pria	1 bar, 0.98 oz	3.6
Promax	1 bar, 2.7 oz	4.5
Zone	1 bar, 1.76 oz	1.4
Myoplex Card Sense	11 oz	1.8
WorldWide Pure Protein	11oz	0.36-1.1

Phytic acid, found in whole grains and legumes, and to a lesser extent in vegetables, is a well-known inhibitor of iron absorption. Other inhibitors of iron absorption include calcium, polyphenols/tannis (found in coffee and tea): and soy protein

Ascorbic acid {Vit C} is a key enhancer of nonheme iron absorption. The mechanism of this increased absorption is to release nonheme iron that is bound to inhibitors such as phytates. For this reason, it is advisable that vegetarians consume a source of ascorbic acid with meals containing high levels of phytate. Other organic acids found in fruits and vegetables also enhance nonheme iron absorption.

Sources of Vit C:

Bell pepper	Kiwi
Broccoli	Liver
Brussels sprouts	Mango
Cabbage	Melon
Cauliflower	Papaya
Citrus fruits & juices Orange Grapefruit	Potatoes
Guava	Salsa
Dark green leafy vegetables	Strawberries
Juices & beverages w/ vitamin D added	tomatoes
Read food label to see if Vit C is added!	

Sample 1 day Menu

Breakfast	1 serving citrus fruit $\frac{3}{4}$ cup total raisin bran cereal 1 egg 1 slice whole wheat toast 1 cup fat-free or low-fat milk	1
Lunch	3 ounces tuna fish 2 slices whole grain bread $\frac{1}{2}$ cup carrots 1 medium apple 1 teaspoon mayonnaise 1 cup fat-free or low fat milk	4 2 0.5 0.3
Evening Meal	4 ounces chicken 1 medium baked potato with skin 1 $\frac{1}{2}$ cups mixed salad 1 teaspoon olive oil and vinegar dressing $\frac{1}{2}$ cup fat free or low-fat milk	1.2 2.8 1.3
Snacks	1 cup fat-free yogurt, 2 different fruits	
	TOTAL:	31.1 mg