



# **The Woman's Clinic**

**Pregnancy Care Packet**



# The Woman's Clinic

Congratulations! We are so pleased that you are allowing The Woman's Clinic staff and physicians to participate in this special time in your life. We hope we can make this a truly wonderful experience for you and your baby.

This Pregnancy Care Packet includes:

- Frequently Asked Questions in Pregnancy
- Common Symptoms during pregnancy
- Safe Medications during Pregnancy

The enclosed material should be read before you return for your next appointment. If you have additional questions concerning yourself or your baby, please make a list of these questions to ask at your next appointment. If you experience a medical or obstetric emergency during your pregnancy, call our office.

We wish you the very best experience we can provide throughout your pregnancy and delivery! Please do not hesitate to share with us how we can make this experience even better.

Sincerely,

The Physicians and Staff of  
The Woman's Clinic

## Group Practice

The physician you choose will be your primary obstetrician and you will see him/her for the majority of your OB visits. Occasionally, you may see a nurse practitioner. After normal business hours, the call rotation is split between our seven physicians. During working hours, you are typically attended to by your physician. Our physicians do not share call with physicians outside of the practice. Odds are, you will be delivered by your physician, but it depends on when your baby arrives!

## Initial Appointment

At your first appointment, you will meet with your physician for a physical exam, ultrasound if indicated, and to discuss any concerns or questions you may have. You will also have a Pap smear if you are due. At the conclusion of your appointment, blood tests are run to determine RH and blood type, Rubella (measles) immunity, blood count and thyroid condition. We also test for bladder infection, Syphilis, Hepatitis, Gonorrhea, Chlamydia, and HIV. If Pap smear and blood tests are normal, we **do not** call or send a letter. If there is anything that needs to be addressed or treated, you will receive a phone call within 5-7 days.

## Questions and Concerns

You will most likely have questions or concerns that arise between your OB visits. We have a nurse available during business hours to address concerns and speak with your physician if needed. She may be reached by calling the main office line. Our local call center staff will take a message for the nurse. Be sure to provide a phone number where you can be reached. If it is an urgent concern that cannot wait for a call back a receptionist will connect you with the nurse. If it is after hours and cannot wait for the next day, you may reach the physician on call by calling the office. If it is a life-threatening emergency, please call 911.

## BMI & Weight Gain Pregnancy

Gaining more than the recommended amount during pregnancy increases your risk for cesarean section, diabetes and a large baby. Also, it may be more difficult to lose weight after baby is born, and these excess pounds increase lifelong health risks.

BMI	Total Weight Gain
<15.5	28 to 40 lbs
18.5-24.9	25 to 35 lbs
25.0-29.9	15 to 25 lbs
30-34.9	11 to 20 lbs
>35.0	<10 lbs

## Strategies for Coping with Nausea

- Ginger Ale, Ginger tea, Ginger Snaps, Ginger Capsules
- Eat small frequent meals.
- Eat protein/carbohydrate before you get out of bed in the morning. Getting food in your stomach before you start moving around can help. For example, leave peanut butter crackers on your end table.
- Try sniffing a lemon, drinking lemonade, sucking on a lemon drop.
- Potato chips and day-old popcorn help.
- Try hard peppermint candy. Put peppermint oil on your wrist pulse point to sniff when nauseated.
- Emetrol is a non-prescription medicine that can be bought at the pharmacy for nausea and can be effective.
- Try taking Vitamin B6, 50mg, twice a day in addition to your prenatal vitamin.
- You can also take ½ of a Unisom tablet twice a day. (Make sure active ingredient is Doxylamine Succinate.)
- Two Flinstone's vitamins equal one prenatal vitamin if you cannot tolerate your prenatal vitamin take one in the morning and one at night.
- Try new surroundings, take a walk outside, do something different.

You should urinate at least 3-4 times per day. Less than this means you might be dehydrated. Dehydration can also cause nausea, vomiting, and stomach cramps. Contact the clinic if you are unable to keep down liquids for 24 hours or urinate.

If you have to choose between solid foods and liquids, choose liquids to keep from getting dehydrated. Your body has resources to protect the baby during early pregnancy nausea and vomiting.

### **Nausea Combo Medication:**

Vitamin B6 (pyridoxine) - 25 mg tablet & Unisom (doxylamine) - 25 mg tablets

These medications are similar to a prescription combination. Take them every day, at least the bedtime dose, to prevent nausea. *Note: The doxylamine may make you sleepy.*

**MORNINGS:** Take ½ of both B6 and Unisom, *as needed*.

**MID-DAY:** Take ½ of both B6 and Unisom, *as needed*.

**EVENINGS/BEDTIME:** Take one tablet of both the B6 and Unisom.

## Safe Medications to Use in Pregnancy

The following over-the-counter medications have no known harmful effects during pregnancy when taken according to package directions. Please note that no drug can be considered 100% safe to use during pregnancy. If you want to know the safety of any other medications, please contact your obstetrician.

**\*\*PLEASE FOLLOW ADULT RECOMMENDED DOSING ON MEDICATION\*\***

<u>Condition</u>	<u>Safe Medications to Take</u>
<b>Seasonal Allergies</b>	Oral medications: Cetirizine (Zyrtec); Loratadine (Claritin); Fexofenadine (Allegra); Diphenhydramine (Benadryl) Nasal sprays: Nasacort; Flonase
<b>Cold Symptoms</b>	Acetaminophen (Tylenol); Diphenhydramine (Benadryl); Mentholatum rub (Vicks); Guaifenesin (Robitussin); Dextromethorphan (Delsym); Sore throat and cough lozenges (Sucrets, Cepacol, Halls); Saline Nasal Spray
<b>Constipation</b>	Fiber supplement: (Benefiber, Metamucil); Stool softener: Docusate (Colace); Laxative: Polyethylene glycol (Miralax), Milk of Magnesium, Sennosides (Senokot)
<b>Diarrhea</b>	Loperamide (Immodium); Kaopectate
<b>Gas/Bloating</b>	Simethicone (Gas-X, Mylicon); Gaviscon (Mylanta)
<b>Headache</b>	Acetaminophen (Tylenol)
<b>Heartburn</b>	Calcium carbonate (TUMS); Gaviscon (Mylanta); Magnesium/Aluminum Hydroxide (Maalox); Ranitidine (Zantac); Famotidine (Pepcid); Omeprazole (Prilosec)  **If you are taking one of these medications, discuss with your physician at your next visit**
<b>Hemorrhoids</b>	Hydrocortisone cream/suppositories (Preparation H); Witch Hazel Pads (Tucks pads)
<b>Misc.</b>	SalonPas, Bengay, Tiger Balm, Capsaicin, Icy Hot
<b>Nausea and Vomiting</b>	Sea bands; Ginger lollipops/candies; Peppermint oil; Doxylamine (Unisom) plus Vitamin B6
<b>Rashes (itching)</b>	Hydrocortisone cream (Cortaid); Diphenhydramine cream (Benadryl)
<b>Yeast Infection-7 day treatment</b>	Miconazole (Monistat) vaginal cream; Clotrimazole (Gyne-Lotrimin) vaginal cream

## **Information you should know during pregnancy**

### **Alcohol**

The harmful effects of alcohol consumption during pregnancy are well-known and include physical defects, learning disabilities, and emotional problems in children. Experts haven't yet defined a safe level of alcohol for women who are pregnant, nor do they know whether or how babies differ in their sensitivity or reaction to alcohol. Although you shouldn't worry about alcohol you drank before you found out you were pregnant, you should abstain from any further consumption and avoid all alcoholic beverages. Let your health care provider know if you are finding it difficult to stop drinking alcohol.

### **Tobacco**

When you smoke, the placenta is deprived of nutrients and oxygen, which means that less of these get to the developing fetus. Babies born to mothers who smoke are more likely to be low birth weight and have health problems such as poor lung function. Smoking can also lead to pre-term labor and an increased risk of placenta previa, or when the placenta covers the opening to the uterus. If you need assistance with quitting smoking, please let your health care provider know. Nicotine replacement patches and medications such as Wellbutrin are approved to use during pregnancy and are preferable to smoking.

### **Illegal Drugs**

Using drugs such as marijuana, heroin, cocaine, and meth during pregnancy has adverse effects on the developing fetus and newborn. These drugs cross the placenta and enter the fetal blood stream. Use of these drugs can affect central nervous system functioning and can lead to premature delivery, growth retardation, withdrawal symptoms in the newborn, behavioral problems, or even stillbirth. If you use illegal drugs, please notify your health care provider so that we may help you.

### **Diet**

If you were eating a well-balanced diet before pregnancy, chances are you will not need to make big changes. Make sure that you are getting food from the five healthy food groups: grains, protein, fruits, vegetables, and milk products. Emphasize whole wheat bread products and brown rice in place of simple/refined carbohydrates, such as white bread, white rice, refined cereal, cookies, etc. In addition, try to limit extra sugar and fat. Drink plenty of water, 6- 8 glasses a day. It is also a recommended that you continue to take your prenatal vitamin daily

throughout pregnancy and breastfeeding. *Foods to avoid in pregnancy are raw eggs, unpasteurized dairy products, and undercooked meat. Certain types of fish should not be eaten more than once a week, including canned tuna, mahi mahi, halibut, pollack, and cod. Tuna steaks, shark, swordfish, tile fish, and sea bass should not be consumed. All other types of seafood are safe to eat.*

### **Vitamins and Iron**

These are needed for the extra strain pregnancy puts on your system. If nausea occurs when prenatal vitamins are taken, try taking at a different time of the day or discontinuing for a period of time. Sometimes they are better tolerated after the first 12 weeks. Flintstones vitamins can be substituted, taking one in the morning and 1 at night.

### **Weight Gain**

Weight should be gained slowly and steadily, and varies from woman to woman. The average weight gain during pregnancy is 25-30 pounds. Talk to your health care provider if you have questions regarding your individual goal weight gain.

### **Exercise**

Exercise is encouraged during pregnancy. Most types of exercise are safe, but you should avoid activities that increase your risk of falls or injury. Walking, swimming, and yoga are great forms of exercise during pregnancy. After the first five months, it is best to avoid lying flat on your back, as the baby's weight can interfere with blood circulation. Make sure to stay well-hydrated and stop exercising if you notice shortness of breath, dizziness, blurry vision, chest pain, or severe abdominal or pelvic pain.

### **Caffeine**

Most researchers agree that, although caffeine does cross the placenta, moderate amounts (about 250 mg a day) will not hurt your baby. This represents about two 8-ounce cups of coffee, two shots of espresso, or two caffeinated sodas daily. Keep in mind the serving size of your mug or cup (typically around 12-16 oz)!

### **Intercourse**

In most cases, intercourse throughout the pregnancy is fine. Intercourse will not cause a miscarriage. Intercourse will not harm the fetus. It is well protected by the abdomen, amniotic fluid, and cervical mucous plug, which prevents semen and bacteria from entering the uterus. Orgasms can cause contractions; however, most research indicates that if you have a normal pregnancy, orgasm—with or without intercourse—does not lead to premature labor. If certain problems are present, your provider may ask you to stop having intercourse. If you have a new sexual partner during your pregnancy, use condoms to prevent sexually transmitted diseases.

## **Safety**

Always wear a seatbelt when driving or riding in a vehicle. Avoid activities that may cause injury or falls. Avoid paint fumes if possible, or paint in a well-ventilated area. Do not use sunbeds as they can increase your body temperature. Avoid completely immersing yourself in hot tubs. Seek other medical or dental care when needed, but **make sure providers know you are pregnant.** *If you do not feel safe at home with your partner, please let your health care provider know immediately so that we may be of assistance.*

## **Dental Work**

Local anesthesia (Lidocaine shot) is permissible in pregnancy. Regular dental appointments and routine dental hygiene should be continued during pregnancy. X-rays are safe with the abdomen shielded by a lead drape. Penicillin and Cephalosporin antibiotics are acceptable.

## **Travel**

Travel is acceptable up to 32-34 weeks of pregnancy, unless otherwise advised by your doctor. The second trimester is usually the best time to travel. When you do travel, make frequent stops getting out of the car and walking around for 5-10 minutes about every hour. You may take airline flights as long as the cabin is pressurized.



## Seafood Consumption in Pregnancy

Seafood is low in fat, rich in Omega 3 fatty acids, and good for your heart. However, its health benefits need to be balanced with concerns about contaminants such as mercury and PCBs.

### Seafood safe to eat 2-3 times a week:

Anchovies, butterfish (silver pomfret), catfish, clams, cod (Pacific, Atlantic), crab (blue, king, snow, US, Canada, Russia), crayfish, flounder/sole, herring, oysters, Pollock/fish sticks, salmon (fresh, canned-chinook, chum, coho, farmed Atlantic, pink, sockeye), sardines, scallops, shrimp (US, imported), squid/calamari, tilapia, trout, tuna (canned light)

### Seafood safe to eat once a week:

Black sea bass, Chilean sea bass, Chinook salmon (Puget Sound), croaker (white, Pacific), halibut (Pacific, Atlantic) lobster (US, Canada), mahi-mahi, monkfish, rockfish/red snapper (trawl caught), sablefish, tuna (canned white Albacore)

**Women who are pregnant or planning to become pregnant, or nursing mothers, should NOT eat the following fish:**

**KING MACKEREL, SHARK, SWORDFISH, TILEFISH, TUNA STEAK (AHI)**

### Serving Size

A meal appropriate for your body size is roughly the size and thickness of your hand, or about 8 ounces uncooked (based on 160-pound adult).

\*To personalize a meal size, add or subtract 1 ounce per 20-pound difference in body weight.

### Healthy Hints

- Remove visible fat before cooking
- Do not eat the skin
- Grill, broil or bake the fish
- Let fat drip off during cooking
- Don't use fat for gravy or sauces
- Eat a variety of fish
- Consume younger smaller fish
- If you eat more than recommended amount of fish once a month, try to eat less the next month.

## **Common 1<sup>st</sup> Trimester Symptoms**

### **Nausea**

This can occur at any time of day and may come in the form of aversion to certain foods. It generally improves by the 13<sup>th</sup> or 14<sup>th</sup> week of pregnancy, but can continue into the 2<sup>nd</sup> trimester. *Eat a few crackers before getting up in the morning, eat several small meals a day so that your stomach is never empty, drink plenty of liquids, try wearing a motion sickness band or ginger soda, tea, or capsules.*

### **Heartburn**

May be an effect of sluggish digestion or the expansion of the uterus. *Eat several small meals a day instead of three large ones, avoid triggers (fried foods, chocolate, peppermint, garlic, onion), drink plenty of fluids, and stay up for 2-3 hours after your evening meal. Antacids (Tums, Mylanta, Maalox) and medications such as Zantac or Tagamet are fine to take for relief.*

### **Constipation**

Constipation affects at least half of all pregnant women and is caused by an increase in progesterone, which slows the digestive process. *Try to eat on a regular schedule, drink plenty of fluids, get some exercise daily, eat high-fiber fruits, vegetables, and grains, try fiber supplements (Metamucil, Citrucel) or a mild laxative (such as milk of magnesia).*

### **Dizziness**

Pregnancy causes dilation of blood vessels, resulting in lower blood pressure. Dizziness may also be caused by low blood sugar or anemia. **We will do lab work to rule these conditions out.** *Get up slowly from lying or sitting down, walk at a slower pace, avoid prolonged standing, guard against over-heating (hot tubs, saunas), stay physically active, drink plenty of fluids, eat iron-rich foods (beans, red meat, green leafy vegetables, dried fruits).*

### **Fatigue**

Caused by demands on the circulatory system and increased progesterone, which makes you sleepy. *Take naps during the day or go to sleep earlier, avoid taking on extra responsibilities, ask for support when you need it, exercise regularly, eat foods rich in iron and protein, avoid excess caffeine.*

### **Vaginal discharge and vaginal infections**

An increase in vaginal discharge is common in pregnancy due to increase in the turnover of vaginal lining cells. It will likely be present throughout the pregnancy.

*Let your healthcare provider know if discharge becomes odorous, irritating, itchy, or discolored, or if you are having pain with urination.*

## **Headaches**

Headaches are one of the most common discomforts experienced during pregnancy. During the first trimester your body experiences a surge of hormones and an increase in blood volume. Stress, low blood sugar, lack of sleep, dehydration, caffeine withdraw can also be the cause. *Apply cold compress to base of neck, maintain your blood sugar, eat smaller more frequent meals, get plenty of sleep, rest in a dark room, ingest a small amount of caffeine, take Acetaminophen.*

## **Common 2<sup>nd</sup> and 3<sup>rd</sup> Trimester Symptoms**

### **Braxton Hicks contractions**

Painless, random contractions of the lower abdomen and groin, often a tightening feeling of the uterus. These are “warm-ups” to labor contractions and may occur during the 2nd and 3rd trimester. On the other hand, if you experience timeable, and/or regular contractions, try to lay down and drink fluids, and call if they do not decrease or resolve with these measures.

### **Leg cramps**

May occur especially at night and usually in the calves. Flex your toes up towards your leg if this happens and massage the calf until it resolves. Avoid pointing your toes when stretching.

### **Heartburn and constipation**

See 1st trimester symptoms.

### **Shortness of breath**

Your lungs are processing more air than they did before pregnancy, which may leave you breathing slightly faster and feeling short of breath. Contact us if you experience chest pain, especially if it is localized to one side or the other.

### **Round ligament pain**

The round ligaments support your uterus in your pelvis. As your uterus grows, the ligaments stretch and thicken to accommodate and support it. These changes can cause pain on one or both sides of the pelvis. Pain may start deep within the groin and move upward and outward towards the hips. It may also present as a dull ache after an active day. To help relieve discomfort, you may try warm baths, flexing your knees toward your abdomen, or lying on your side with a pillow under your belly. Decrease activity if necessary.

## **Hip pain and backaches**

As pregnancy advances, the baby gains weight and puts more pressure on your back, while hormones relax the joints between your pelvic bones. Sit in chairs with good back support, apply heat and/or ice to painful areas. Contact The Woman's Clinic if the pain does not go away or is accompanied by other symptoms.

## **Swelling**

Blood return from your veins is compromised during pregnancy and fluid retention may be evident in your feet, ankles, face, and hands. Drink plenty of fluids and elevate your feet at night.

## **Frequent urination**

Extra pressure on your bladder may cause you to urinate more often or leak urine, especially with laughing, coughing, or sneezing. Watch for signs of a bladder infection, such as burning with urination, fever, or blood in your urine, and call your health care provider if these symptoms are present.

## **Pelvic Pressure**

Pressure of the baby in the pelvis can cause pressure on the pelvis. Lying on your side, or with your knees to your chest can help with pelvic pressure. Resting frequently with your feet elevated can also help.

## **Varicose Veins**

Hormone changes, vasodilation, and relaxation of vessel walls can all lead to varicose veins during pregnancy. If you are going to be sitting or standing for prolonged periods of time wear support hose to prevent.

## **Nose Bleeds and Bleeding Gums**

High levels of estrogen and progesterone hormones and swelling of the mucous membranes are common during pregnancy and can lead to nose bleeds and bleeding gums. Increased Vitamin C intake and humidity, can combat bleeding of the nose and gums. Lubricating your nostrils and avoiding forceful nose blowing can also help reduce nose bleeds.

## **Hemorrhoids**

Hemorrhoids are caused by increased pressure on relaxed vessels, constipation, and inappropriate weight gain. Family history also contributes. Try resting frequently, support hose, and low heels to combat hemorrhoids. Pelvic floor exercises, use of stool softeners to avoid constipation and ample fluid intake can also help.

## **Stretch Marks**

Stretch marks are common in pregnancy due to rapid weight gain and personal skin tendencies. To prevent stretch marks use of Vitamin E cream, Mederma, or Mother's Friend can be helpful.

**Contact us if you experience any of the following  
at any time during your pregnancy:**

- Moderate to heavy vaginal bleeding or passing of tissue
- Any amount of vaginal bleeding accompanied by pain, cramping, fever, or chills
- Timeable, regular contractions unrelieved by rest and fluids
- A severe, persistent headache, especially with dizziness, faintness, nausea, vomiting, or visual disturbance
- Moderate or severe pelvic pain
- Pain with fever or bleeding
- Vomiting with pain or fever
- Chills or fever (101 degrees or higher)

## **Sleep Habits in Pregnancy**

### **Is it safe to sleep on my back during pregnancy?**

Early in the pregnancy, sleeping on your back is safe. In the third trimester (starting around 28 weeks), it is not recommended that you lie flat on your back for a prolonged period of time because the weight of your uterus presses on the major vein in your back. When you are sleeping, it is hard to control your position. If you wake up on your back, you probably awakened because your body was telling you to shift position. Some women wake up feeling dizzy, short of breath, or with heart palpitations. These symptoms should resolve quickly if you shift to either side. As your pregnancy progresses, try to sleep on one side or the other, or use a cushion to ensure that you are not completely flat on your back to avoid nighttime awakenings and ensure proper blood flow to your baby.

### **Is it safe to sleep on my stomach during pregnancy?**

There is no problem with sleeping on your stomach in early pregnancy, as the uterus is protected by your pubic bone. As the pregnancy progresses, sleeping on your stomach will become uncomfortable, which is the cue to stop.

### **Is it safe to use sleeping medications during pregnancy?**

Some prescription sleep aids can be used in pregnancy but should be discussed with your OB provider before starting. These medications can be habit forming, and in general, are used sparingly in pregnancy. There are over-the-counter sleep aids that are safe to use during pregnancy and are not habit forming, including Benadryl,

Tylenol PM, and Unisom. These medications should be taken according to the directions on the package.

### **Is it safe to sleep under an electric blanket during pregnancy?**

Electric blankets are safe to use in pregnancy as long as the temperature setting is not too high. In general, this means high enough to keep you warm, but not so high as to burn you or elevate your temperature. If you are concerned, you can take your temperature to make sure it is in normal range, under 100 degrees.

### **Pregnancy Sleep Tips:**

**Drink up.** Drink plenty of fluids during the day but cut down in the evening before bedtime to minimize getting up at night.

**Keep moving.** Exercise regularly to stay fit and improve circulation, and reduce nighttime leg cramps.

**Get into a routine.** If you establish a soothing and comforting evening routine, you'll be able to relax and get to sleep more easily. Try a cup of caffeine-free tea or hot milk, reading, or taking a warm shower.

**Keep heartburn at bay.** To prevent heartburn, don't recline until 1-2 hours after a meal. If heartburn is a problem, sleep with your head elevated on pillows. Avoid spicy, acidic (such as tomato products), and fried foods as they may worsen symptoms. Safe over-the-counter medications include Tums, Mylanta, and Zantac.

**Nap during the day.** If you're not getting enough rest at night, take a nap to reduce fatigue. Find a quiet spot and relax, even if only for a half-hour.

**Support your body.** Use a special pregnancy pillow or regular pillows to support your body. Try placing a pillow under your upper back or hips, or between your knees.

**Watch your diet.** Completely eliminate caffeine if insomnia is a problem for you. If nausea is a problem, eat bland snacks throughout the day. Keeping your stomach slightly full helps keep nausea at bay. Eating a well-balanced diet, not only helps you and your baby's health, but makes you less prone to nighttime snack attacks that contribute to restlessness and insomnia.