COMPLETE
WOMEN'S CARE OF ALABAMA

PREGNANCY GUIDE

YOUR PRENATAL CARE INFORMATION

We deliver at Grandview Medical Center

Welcome to Complete Women's Care of Alabama

We are pleased that you have chosen us to be a part of this very special time in your life. We hope that this booklet will provide you with helpful information about your prenatal care and your baby.

Our top priority is to give our patients quality obstetrical care through our competent, compassionate, and caring physicians. The information in this booklet is intended for patient education purposes only. Based upon your individual needs, the attending physician may change, add, or delete any procedures listed in this booklet.

We hope this pregnancy guide will aid in your understand-ing and enjoyment of your prenatal care. We look forward to spending the next few months with you!

"We are dedicated to providing our patients with exceptional obstetrical care delivered by skilled, compassionate, and caring physicians.

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First Trimester

CONCEPTION THROUGH WEEK 14

YOUR DOCTOR & WHAT WILL BE DONE

By now, you have discovered that you are pregnant and have had your first visit with the doctor. During the first trimester, you will probably make two visits to the doctor. Remember, your care will depend on your needs and the needs of your baby. Therefore, don't be surprised if your physician does not perform every procedure mentioned here or requests something that is not included. The list below highlights what probably occurred during your first visit.

INITIAL VISIT WILL INCLUDE:

- Interview with a member of our clinical staff to update medical history
- Weight check
- Blood Pressure
- Physical exam by the doctor
- Blood work
- Urinalysis
- Ultrasound for fetal heartbeat check
- Assignment of the baby's due date
- Discussion of pre-existing health conditions and pertinent family history
- Discussion of any exercise habits or exercise plans with your doctor
- Carrier screening (if requested) and genetic screening will be offered
- Prescription of prenatal vitamins
- You will be instructed on how and when to schedule future appointments.

10-14 WEEKS VISIT

PHYSICAL EXAMINATION & TESTING

- Interview with clinical staff
- Weight check
- Blood Pressure check
- Urinalysis
- Possible iron level check (if level was low on previous visit)
- Fetal heartbeat check either via ultrasound if <12 weeks or doppler
- Just a reminder: be sure to take your prescribed prenatal vitamins and/or iron supplements

SECOND VISIT WILL INCLUDE:

- The doctor will discuss your prenatal lab work including rubella, blood type, and if you need the RhoGAM injection
- If you elect to have genetic testing performed, this will be drawn if you were <10 weeks at the initial visit.
- The receptionist will assist you in scheduling your future visits. You will generally schedule a visit once every four weeks until late second trimester

Second Trimester

15-27 WEEKS

15-17 WEEKS VISIT

PHYSICAL EXAMINATION AND TESTING

- Interview with clinical staff
- Weight and blood pressure check
- Urinalysis
- Fetal heartbeat check
- Possible maternal serum alphafetoprotein (msAFP) performed

THIRD VISIT WILL INCLUDE:

The doctor will discuss your DNA results, if applicable. The doctor will advise you to schedule an ultrasound between the 18th and 22nd week. This is a good time to speak with your doctor about any pregnancy symptoms you've been experiencing, especially unusual ones.

18-22 WEEKS VISIT

PHYSICAL EXAMINATION & TESTING

- Interview with clinical staff
- Weight and blood pressure check
- Urinalysis
- Anatomy ultrasound

FOURTH VISIT WILL INCLUDE:

- The doctor will discuss the anatomy ultrasound results. This ultrasound is not a more accurate estimation of due date. As long as the baby measures within 2 weeks of the previously established due date it is within normal range.

- The doctor will discuss your alpha-fetoprotein (AFP) results, if applicable.

23-27 WEEKS VISIT

PHYSICAL EXAMINATION & TESTING

- Interview with clinical staff
- Weight and blood pressure check
- Urinalysis
- Fetal heartbeat
- Fundal height check
- Possible glucose screening (25-28 weeks)

FIFTH VISIT WILL INCLUDE:

- The doctor will ask you to schedule a glucose screening if it was not performed prior to 28 weeks gestation.

- If you have RH negative blood, you will have an antibody screen and you will get a Rhogam injection in the 28th week of pregnancy.

Third Trimester

28-30 WEEKS VISIT

SIXTH VISIT WILL INCLUDE:

- Your doctor will talk to you about your glucose screening and anemia check and offer the TDAP injection
- You will receive and complete pre-admission forms
- You will be given information on scheduling a Grandview hospital tour and prenatal class schedule
- Be sure to submit your FMLA or medical leave paperwork via our website or ask the receptionist for the QR code

PHYSICAL EXAMINATION & TESTING

Your doctor may want to schedule more frequent examinations at this point. You will need to schedule your next appointment based on your doctor's orders.

- Interview with clinical staff
- Weight check
- Blood pressure check
- Urinalysis
- Fetal heartbeat check and fundal height
- Regular pelvic exams usually begin at 36 weeks.
- You can discuss with your doctor induction of labor if desired

The nurse will give you an information sheet on symptoms of labor.

THINGS TO REMEMBER

Our physicians perform deliveries and evaluate patients at Grandview Medical Center so if you have any pregnancy emergency or if you are in labor you need to present to Grandview Medical Center. If it is possible, go straight to Grandview rather than a smaller hospital which may not have a labor unit.

- The doctor will discuss anesthesia, labor, and delivery expectations with you, if this has not yet been done.
- You will be reminded that you will need to see the doctor six weeks following your delivery. If you have a Cesarean section or tubal ligation you will also need to schedule an additional post-op visit 1-2 weeks postpartum. Please remember to schedule this appointment as soon as possible after you deliver.
- Your hospital stay will vary according to the type of delivery that you have vaginal or Cesarean section. For a vaginal delivery, you should plan on at least a 30 hour stay; the average is a 48-hour stay.
- You should select a pediatrician that best suits your needs. This will need to be selected prior to presenting to the hospital in labor. You will need to call the pediatrician office to ensure they are accepting newborns as new patients. You will usually need to schedule an outpatient appointment for your baby within 72 hours of hospital discharge.
- For Cesarean section you can stay 2-4 days postpartum with the average 2 days.
- You should also check with your insurance company to determine whether you have an approved maximum length of stay).

Disability forms regarding your maternity leave should be submitted online no later than 30 weeks gestation.

Please allow 2-4 weeks for completion and return of FMLA paperwork. If your company requires earlier completion, please turn them in on an earlier visit. We encourage you to work until delivery as disability is usually given for obstetric or medical complications only!

Special Testing

NON INVASIVE PRENATAL TESTING (NIPT)

The non-invasive prenatal testing (NIPT) is a genetic screening test offered starting at 10 weeks gestation. If desired, maternal blood is drawn and there are circulating fetal cells in the mother's blood that can be filtered out and tested for chromosome abnormalities. It commonly screens for Trisomy 21 (Downs Syndrome), Trisomy 19 (Edward's Syndrome), and Trisomy 13 (Patau Syndrome). This test can also look at sex chromosomes - XY for male and XX for female- and ensure there is no sex chromosome abnormality. Common sex chromosome abnormalities include Turner Syndrome (only one X chromosome in a girl) or Kleinfelter Syndrome (XXY in a male). NIPT is approximately 97%- 99% accurate. Women who have a positive blood test will need further evaluation.

MATERNAL SERUM ALPHA FETOPROTEIN (MSAFP)

The alpha-fetoprotein (AFP) test helps identify a small number of women whose unborn babies may have an open neural tube defect (checks baby's brain/spine development). This test is available to women who are between weeks 15 and 19 of their pregnancies. A small amount of blood is drawn from a vein in the arm of the pregnant woman and is then tested for the AFP level. Through this screening test, an open neural tube defect can usually be identified. Women who have a positive blood test will need further evaluation. We will be glad to answer any questions you have concerning this matter.

GLUCOSE SCREENING

During pregnancy, the metabolic system experiences added stress. In some women, this additional stress results in a temporary rise in the blood sugar level. For this reason, your blood sugar level will be tested between 25 and 28 weeks. You will be notified as to when you should schedule your glucose screening. 16 You will be given a Glucola drink, which is a sweet drink containing a measured dosage of glucose (50 grams). An hour later, a blood sample will be drawn. You will be notified if your glucose level is elevated. If it is, you should begin following the special diet you will be given and schedule a follow-up blood sugar test. Please remember that an elevation in your glucose level does not mean anything is wrong with you or your baby. It does mean, however, that you will need to make some changes in your diet, and we will have to do some additional testing.

NON-STRESS TEST (NST)

In the 3rd trimester, you may need a non-stress test (NST). During an NST, two monitor straps are placed around your abdomen to check the baby's heartbeat and any contractions you might be having. (This is the same type of monitoring you

will have in the labor room at the hospital.) This test lasts approximately 20 minutes. If you need this type of test, it may be performed on a weekly basis. You will see the doctor with each scheduled NST appointment.

GROUP B STREP INFORMATION

Group B Strep is normally found in the vagina of 15% to 40% of all healthy adult women. Group B Strep should not be confused with Group A Strep which causes strep throat. GBS does not cause problems for the adult female. Most women carry it and don't know it. GBS can cause illness in babies born to women with GBS. Therefore, your physician will check for GBS between 35-37 weeks. If the test is positive, you will be notified as well Labor & Delivery. You will be treated with antibiotics while you are in labor.

CARRIER SCREENING TESTING INFORMATION

Carrier screening is a maternal blood draw that can detect if the mother is a carrier for any type of rare genetic condition. There are many panels available depending on family history and ethnicity. Be sure to let your doctor know if you have any Ashkenazi Jewish heritage as you may elect to have carrier screening performed. The most basic panel screens for Cystic Fibrosis (CF), Spinal Muscular Atrophy (SMA), Fragile X Syndrome and/or hemiglobinopathies. Cystic Fibrosis is a genetic disease that causes breathing problems, lung infections, and digestive problems. These problems can require daily medication and respiratory (lung) therapy. Cystic Fibrosis does not cause a person to have learning problems or to look different.

Most people that have a child with cystic fibrosis DO NOT have a family history of cystic fibrosis. Gene carriers have one altered copy of the CF gene and one normal copy. They do not have any symptoms of CF. Individuals with CF have two altered copies of the CF gene. If both parents are CF carriers they have a 1 in 4 chance (25%) to have a child with CF.

Couples with the greatest chance to be a CF carrier that are planning a pregnancy or seeking prenatal care should consider CF Carrier Testing. You should also consider testing if you or your partner has a family member with CF. Testing should be considered if you are partners with an individual with CF or CF carrier.

If you are interested in getting tested you should discuss this with your doctor or genetic counselor. The test will require a blood sample taken from the arm. Unfortunately, most insurance plans in Alabama do not cover carrier screening at this time so your cost would be out of pocket.

Postpartum

YOUR DOCTOR

- You should have a postpartum visit six weeks after delivery regardless of vaginal or Cesarean.
- If you had a Cesarean section or a tubal ligation you will also need a post-op check at 1-2 weeks postpartum.
- If you are not immune or rubella (German measles), you will be offered a MMR vaccine during your postpartum check-up if it was not given while you were in the hospital.
- You should discuss birth control options with your physician at your postpartum visit.
- Questions regarding breastfeeding can be directed to the hospital's Lactation Consultant.
- Your annual Pap smear will be performed at your postpartum visit.

YOUR BODY

Postpartum

Once you deliver the placenta or "afterbirth," your body begins to recover. It usually takes six to eight weeks for muscles and skin to regain their normal tone. Because of hormonal changes, you should expect mood swings. After delivery, the uterus, which is located at/or below the level of the navel, is approximately the size of a grapefruit and feels firm. The uterus shrinks one-half inch each day. Massaging the uterus and breast-feeding will help continue this process. By the 10th day after delivery, the uterus will have returned to normal position in the pelvis. It is common to experience swelling in the lower leg and feet soon after delivery. Elevate your legs above the hips, decreased activity, and increase your water intake. If you experience headaches, shortness of breath, dizziness, and/or nausea with swelling, contact our office.

Laceration

Stitches from the laceration or episiotomy will dissolve in about two weeks. The laceration site may itch as it heals. Discomfort usually goes away in two or three weeks. Follow these tips to promote healing and prevent infection:

- Keep the laceration site clean and dry.
- After urinating, wipe front to back and use a squirt bottle of warm water to rinse the laceration site. Pat area dry.
- Take a shower instead of bath during the first few weeks.
- To relieve vaginal soreness:
- Apply ice packs to soothe and reduce swelling.
- Apply anesthetic spray or Tucks pads (cotton pads soaked in Witch Hazel).
- Lie on your side with your knees up to relieve pressure and pain.
- Take Dulcolax and/or MiraLAX to keep stools soft and regular as constipations worsens vaginal discomfort.

Kegel exercise will help the vagina recover. Unlike some types of exercises, you can begin doing the Kegel exercise immediately after you deliver. This exercise contracts the vaginal muscles, helping to strengthen the vagina, which takes about six weeks to regain its muscle tone and shape. If you do 20 sets of 10 repetitions a day, your vagina may return to its normal tone much quicker. You can ask your physician about pelvic floor physical therapy.

Your Baby

It is important to note that the best source of information regarding the health of your baby and it's habits is from your pediatrician.

EATING PATTERNS

For the first few months, it is better to feed your baby on demand. Over several months, a feeding schedule will develop. Make every effort for this time to be enjoyable for both of you.

Rule of thumb for breast-feeding:
Every one and a half to three hours for 20-30 minutes.

Rule of thumb for bottle-feeding:
In the first few days, expect the baby to drink between one and three ounces per feeding. The amount of time between feedings is equivalent to the number of ounces he/she drinks (i.e. one ounce equals one hour). Regardless of whether you breast or bottle-feed, do not be anxious about counting ounces or minutes, but never go longer than four hours between feedings. All is normal if your baby wets five or six diapers per day and has regular bowel movements. Be aware that babies go through growth spurts at three and six weeks and three and six months. They may want to feed more frequently.

Call your pediatrician if your baby has any of these conditions:

- Baby has no wet diapers for more than a six-hour period after the third day.
- Skin is bluish around the mouth or over the whole body. (Blue hands and feet mean baby is chilled).
- Baby is shaking and very irritable.
- Baby vomits forcefully, more than once, not the usual spitting up or dribbling with burps.
- Soft spot bulges.
- There is a constant yellow discharge from the eyes.
- Whites of eyes or whole body turns yellow.
- Your instincts and observations tell you something is wrong.

Postpartum Depression

BABY BLUES

Symptoms of anger/ frustration with the new baby, partners, or other children. Crying for no clear reason , trouble sleeping, eating, or difficulty making decisions are also common. Some new moms question whether they can handle caring for a baby. These feelings may come, and go in the first few days after childbirth and usually last for a few days to 2 weeks. Symptoms resolve on their own and don't impact a mother's ability to bond with her baby.

POSTPARTUM DEPRESSION

This tends to include more intense feelings of sadness, anxiety, or despair that prevents mothers from being able to do their daily tasks. There can be some overlap with 'baby blues' symptoms but these are persistent and may impact a mother's ability to bond or connect with her baby.

Symptoms will most commonly present within 1-3 weeks of delivery but can present anytime in the first year after childbirth or a pregnancy loss/ stillbirth.

POSTPARTUM ANXIETY

Feelings of extreme worry and fears, common theme surrounding the health and safety of baby. This can include panic attacks or feeling of 'losing control'.

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POSTPARTUM OCD

Repetitive, upsetting, unwanted thoughts or mental images called intrusive thoughts or obsessions. To control this, some women try to avoid triggers or do tasks recurrently (compulsions). These intrusive thoughts or obsessions are unsettling and cause distress.

"1 in 5 mothers and 1 in 10 fathers will experience anxiety or depression during pregnancy or the postpartum period"

PERIPARTUM PSYCHOSIS

An uncommon mental health condition with severe and sudden onset of symptoms. Inability to sleep, hearing voices, or seeing images that others around you cannot see or hear. Hallucinations, delusions, confusion, extreme mood swings. Can lead to a distrust of family and previously trusted people. This is a psychiatric emergency and usually requires immediate treatment and hospitalization. Family history of peripartum psychosis or bipolar depression, personal history of psychosis with a previous delivery, or personal history of bipolar depression can increase your risk of this condition. Discuss any risk factors with your doctor prior to delivery.

RESOURCES

These conditions can be a worsening of a previously well managed anxiety/depression prior to becoming pregnant or can occur for the first time in your life around the time of pregnancy. Hormone shifts, stress, sleep disruption, lack of social or family support can all be risk factors. There is hope and help is available! Your physician can guide you on a combination of medications that are safe with breastfeeding, therapy, Psychiatry referral, help and support groups. You can go to the website www.postpartum.net for access to free resources and support groups.

IMPORTANT NUMBERS

1-833-TLC-MAMA or 1-833-852-6262 call or text 24/7 hotline

1-800-944-4773 Call or text "HELP" Warm line 8am- 11pm (EST)

Suicide & Crisis Lifeline 988
24/7 hotline

SCAN ME

Safe Over the Counter Medications in Pregnancy

You may take the recommended dose on the product label if you are not allergic to any of the ingredients.

ALLERGIES/COLD:
Benadryl, Claritin, Zyrtec, Xyzol, Allegra, Flonase, saline nasal spray, Netti Pot, humidifier, Vicks Vaporub, or Mucinex

CONSTIPATION:
MiraLAX, fiber powder, or Dulcolax

COUGH:
Cough Drops, Robitussin, Benadryl, or Mucinex

DIARRHEA:
Imodium or Kao pectate

FEVER:
Tylenol or Extra-Strength Tylenol

GAS/BLOATING:
Gas-Ex or Simethicone

HEADACHES:
Tylenol, Extra-Strength Tylenol, Magnesium

HEARTBURN:
Maalox, Mylanta, Gaviscon Advance, Tums, Pepcid, Prevacid, or Prilosec

HEMORRHOIDS:
Tucks Pads or Preparation H Cream/Wipes

NAUSEA:
Emetrol, Unisom, Ginger Supplements, Vitamin B6, or Preggie Pops

PAIN:
Tylenol, Extra-Strength Tylenol, Thermacare, or Icy Hot Patches

YEAST INFECTION:
Monistat 7

DO NOT TAKE NSAIDs (MOTRIN/IBUPROFEN/ADVIL) OR ANY ASPIRIN CONTAINING PRODUCTS UNLESS INSTRUCTED BY YOUR DOCTOR

Common Problems and Solutions in Pregnancy

1. **Morning Sickness (nausea and vomiting)** - This is very common, especially during the first 14-16 weeks (4 months) of pregnancy. It may occur at any time of the day. Nausea tends to be increased on an empty stomach; therefore, small frequent meals may help. Eating dry, starchy foods such as crackers before getting out of bed or sipping on Sprite and chipped/crushed ice may help. If you are unable to keep food down, start a clear liquid diet including tea, Coke, Sprite, Ginger Ale, Gatorade, and Jell-O until the nausea and vomiting have stopped. You may also try Emetrol, Unisom, Ginger supplements, and Vitamin B6 or Preggie Pops (Amazon). These can be found over the counter at your pharmacy. Prolonged nausea and vomiting may require prescription medication, so please contact your doctor is symptoms persist. If you cannot tolerate fluids by mouth, go to Grandview Medical Center.

2. **Heartburn/Gas** - This is common and is caused by hormones slowing down the gastrointestinal tract (GI tract). It is especially troublesome in late pregnancy when the growing uterus pushes up against the stomach. Avoid eating large fatty meals, especially at night. Remain upright for at least one hour after meals. You can try over the counter Maalox, Mylanta, Gaviscon, Tums, Rolaids, or Pepcid AC.

3. **Diarrhea** - Follow a clear liquid diet. If it persists over 24-48 hours, try over the counter Imodium AD or Kao pectate as directed on the bottle. If no better, please contact your doctor.

4. **Constipation** - This is often a problem in pregnancy due to physical changes and the extra iron which you will be taking. Eating plenty of bulky foods such as bran, whole grain breads and cereals, fresh fruits and vegetables, and drinking at least six 8-ounce glasses of water each day will help. Dried fruits such as Craisins, apricots, dates, prunes are natural laxatives. You may also try over the counter laxatives such as MiraLAX, Ex-lax, Correctol, Fiberall, and Colace.

5. **Hemorrhoids** - Hemorrhoids are usually caused by the pressure of the growing uterus. They are aggravated by constipation. Relieve constipation using the methods outlined above. Preparation H cream and wipes are also helpful. Sitz bath with Epsom salts daily if in a flare. If these do not help or bleeding occurs, contact our office.

6. **Headaches** - Headaches are usually caused by hormone changes, dehydration, and tension. You can treat them with over-the-counter Tylenol, fluids, and rest. For headache prevention, you can take Magnesium glycinate, Magnesium oxide, or Magnesium L-threonate at bedtime daily. Please notify our office if your headaches become severe, are not responsive to Tylenol, and/or if you experience blurred vision, seeing spots, or seeing flashes of lights.

7. **Lower Back Pain** - Late in pregnancy, lower back pain may become intolerable due to the extra weight of the baby. Tylenol can be helpful. Try kinesiology taping or a pregnancy support belt to help relieve some of the pressure on the pelvis. Wear supportive shoes with good arch support. Avoid bending your back to pick up items from the floor and always lift with your legs. Yoga, massage, and stretches can be very helpful. Here are a few websites that can guide you with stretches:

   https://www.mayoclinic.org/healthy-lifestyle/pregnancy-week-by-week/in-depth/pregnancy/art-20546838

   https://www.acog.org/womens-health/infographics/exercises-during-pregnancy

   https://www.spinningbabies.com/pregnancy-birth/daily-activities/

8. **Fainting/Dizziness** - This can be due to hormone and blood pressure changes. Dizziness can result if you suddenly stand after prolonged sitting. Lie down until the episode passes. Change positions slowly, eat snacks frequently, and drink plenty of water and electrolytes. Most common in the 2nd and early 3rd trimesters.

9. **Shortness of Breath** - This is usually due to an increased breathing rate in pregnancy and to the enlarged uterus pushing up on the diaphragm. There is no medication to alleviate this. If associated with pain or asthma or if it becomes severe, notify your doctor, or go to the emergency room.

10. **Swelling** - Swelling in the feet, legs, and hands are more common towards the end of pregnancy. Continue to drink plenty of water and exercise regularly. Avoid sitting or standing for long periods of time. Avoid excessive sodium intake and wear compression socks. Do not take diuretics or "water pills."

11. **Skin Changes** - It is normal to see increased hair production, brittle nails, acne, spider veins, varicose veins, stretch marks, and increased pigmentation such as dark lines on the stomach and darkening of the face. Increased sweating and itching during pregnancy is also common. Daily moisturizer may be helpful. After delivery, you may notice some hair loss for a short period of time.

12. **Vaginal Discharge** - Having a whitish, creamy discharge is normal during pregnancy. However, if it associated with itching, burning, or a fishy odor, you may have an infection and should contact our office to make an appointment. Late in pregnancy you may notice a mucous discharge that is sometimes mixed with streaks of blood. This is normal and may continue until you deliver.

13. **Sharp Stomach Pain/Round Ligament Pain** - Every woman will experience this sometime during her pregnancy. These are sharp, stabbing pains from the belly button into the vagina, or in one or both sides. This is normal and can be treated with rest and Tylenol.

14. **Urinary Tract Infections (UTIs)** - You will find that urination occurs more often than normal during pregnancy. It is common to leak urine during pregnancy, especially late pregnancy. If you have any burning or stinging with urination, or a fever of more than 100 degrees, nausea, or flank pain please notify your doctor.

Common Questions

The following are some common questions asked during pregnancy. These answers have been decided upon collectively by our physicians, although answers may vary slightly, depending on the physician and the situation.

Q. Is it normal to have bloody spotting?

A. No, but it is occasionally seen (i.e., following sexual intercourse, strenuous exercise, or a Pap smear). This does not necessarily mean you will have a miscarriage.

Q. Is it normal to have a nose-bleed during pregnancy?

A. Nosebleeds are normal and are usually caused by the increase in blood volume and the thinning of the vessels in the lining of the sinuses during pregnancy. If nosebleeds increase in frequency, please contact your physician.

Q. Are backaches sometimes related to pregnancy?

A. Yes, a great deal of stress is placed on the lower back because the abdominal muscles are relaxing, the center of gravity is changing, and the round ligaments, which are attached to the uterus, are stretching as the uterus enlarges.

Q. What is the sharp, pulling pain I occasionally feel in my side?

A. It is round-ligament pain, which is caused by the stretching of these ligaments due to weight gain and uterine growth.

Q. May I ride in a boat?

A. Riding in a boat is acceptable, as long as the ride is smooth and does not cause a jarring motion.

Q. May I water ski?

A. No, because of the possibility of abdominal injury.

Q. May I participate on the rides at the amusement parks?

A. Yes, as long as the signs do not mention restrictions. Do not go on the rides that swing or jerk.

Q. May I go swimming?

A. Yes, provided you have not experienced a rupture of your membranes (water breaking).

Q. May I go horseback riding?

A. No, because of the jarring motion and the possibility of being thrown from the horse.

Q. May I have intercourse throughout my pregnancy?

A. Yes. There are no restrictions as long as there are no complications (i.e., vaginal bleeding or premature labor). If in doubt, consult your physician. Intercourse is not allowed once your water has broken.

Q. May I exercise during my pregnancy?

A. Yes, but only in moderation as directed by your physician. Low impact or prenatal aerobic exercise classes, as well as walking and swimming, are recommended. Remember, do not lie flat on your back during any exercise.

Q. May I go to the dentist while I'm pregnant?

A. Yes, we encourage you to do so. Your dentist should use only local anesthesia and must cover the abdominal area during all X-rays. No nitrous oxide may be used.

Q. May I get a hair permanent?

A. Yes, after the first trimester (13 weeks). Remember, because of the changes in your body related to pregnancy, the permanent may not take.

Q. May I have my hair dyed?

A. Yes, after the first trimester (13 weeks).

Q. What may I take for gas or indigestion?

A. Over-the-counter antacids – NO ROLAIDS.

Q. May I use vapor rub or nose spray?

A. The use of vapor rub externally and saline nose spray is permissible. If dryness and nosebleeds are a problem, you may want to consider a coolmist humidifier for your bedroom.

Q. May I use a salt substitute?

A. No, because it contains potassium salts that could cause problems.

Q. Are diet drinks okay?

A. Yes, after the first trimester (13 weeks), but try not to drink more than one a day. If given a choice, use products with Aspartame or Sucralose.

Q. May I drink coffee, tea, or drinks with caffeine?

A. In moderation. (No more than the equivalent of one cup of coffee and one small soda per 24-hour period: 200mg of caffeine per day) Water is most important.

Q. If I do not drink milk, how should I get the recommended amount of calcium?

A. It is especially important that you have four servings per day from dairy foods such as cheese, yogurt, and cottage cheese. If you feel you are not getting the proper amount of calcium, please talk to your doctor about a calcium supplement.

Q. May I travel long distances?

A. Yes, but only until you reach 34 weeks of pregnancy. After 34 weeks, you should go no further than one hour away from the hospital without your doctor's permission. You should stop every one to two hours and walk for about 10 minutes to increase circulation and prevent leg and feet swelling.

Q. May I travel by plane?

A. Yes, with authorization of your attending physician. Some airlines require a written letter from the physician authorizing travel by air. Remember, if you go out of town, take a copy of your prenatal records with you. Check cruise plans with your provider. Most places in the Carribbean are positive for Zika and should not be visited if you are pregnant or planning a pregnancy.

Q. May I paint, use bug spray, or clean my oven?

A. Yes, in a well-vented room. Do not allow them to touch your skin. If you start feeling faint, nauseated, or get a headache, leave the area immediately.

Q. When will I feel the baby move for the first time?

A. You may feel the baby move around 18 to 22 weeks. If this is not your first pregnancy, you may feel movement earlier.

Q. May I douche during pregnancy?

A. No, because of the possibility of infection.

Q. May I use acne medication during pregnancy?

A. Yes, consult your physician for the permissible medications.

Q. May I sit in a Jacuzzi or hot tub?

A. No, because your body temperature could become too high. This could be harmful to both you and your baby.

Q. May I use a tanning bed?

A. No, because the ultraviolet rays increases your body temperature.

Q. May I use an electric blanket or heating pad?

A. It is permissible, as long as it does not raise our body temperature.

Q. Is alcohol safe?

A. Since no safe level of alcohol consumption has been documented at any point, our general recommendation is to avoid all alcohol intake throughout the entire pregnancy. If you have any further questions, please consult your physician.

Q. Must I stop smoking during pregnancy?

A. Yes, It is harmful to both you and your baby.

Glossary

The list of terms pertains to pregnancy, labor, and delivery. Most of these terms are found in this booklet. Others may come up in further reading or discussions with your doctor.

AFTERBIRTH: Placenta and membranes that are expelled after the birth of the child.

AFTERBIRTH PAINS: Uterine cramps due to contraction of the uterus, occurring during the first few days after childbirth. Usually the pain is more severe during nursing, but rarely lasts longer than 48 hours after your baby is delivered.

ALPHA-FETOPROTEIN (AFP): A protein produced by a growing fetus; it is present in amniotic fluid and, in small amounts, in the mother's blood.

AMNIOTIC FLUID: The liquid contained in the amnion. This fluid is transparent and almost colorless. The liquid protects the fetus from injury, and helps maintain an even temperature.

AMNIOTIC SAC: Known as the amnion; a thin transparent sac that holds the fetus suspended in amniotic fluid.

ANTIBODY: A protein produced in the blood as reaction to foreign substances in the blood.

APGAR SCORE: A system of scoring infant's physical condition one minute and five minutes after birth. The heart rate, respiration, muscle tone, response to stimuli, and color are rated 0, 1 or 2. The maximum score is 10.

AREOLA: Circular dark area surrounding the nipple.

ARTERIOLES: Small arteries that can become larger and smaller, lowering and increasing the blood pressure.

AXILLARY TEMPERATURE: Body temperature checked by using a thermometer under the armpit.

BLOOD PRESSURE: The force of the blood against the wall of the arteries.

BRAXTON HICKS CONTRACTIONS: Uterine contractions which occur at various times during pregnancy. They are random, usually are not painful, do not increase in frequency, and do not dilate the cervix. They are not true labor contractions.

BREECH PRESENTATION (POSITION): A situation in which a fetus is positioned to be born buttocks or feet first.

CESAREAN BIRTH (C-SECTION): Delivery of a baby through an incision made in the mother's abdomen and uterus.

CERVIX: The opening to the uterus.

CIRCUMCISION: Surgical removal of the end of the foreskin of the penis. Circumcision is usually performed at the request of the parents. There are very few medical indications for this procedure.

CLEFT PALATE: An abnormality resulting from failure of facial processes of the embryo to fuse, which results in the roof of the mouth forming an opening between the mouth and nasal cavities.

COLOSTRUM: A thin white fluid discharged from the breasts at the beginning of milk production, usually noticeable during the last few weeks of pregnancy.

CONTRACTION: A shortening or tightening of uterine muscles where the sensation is felt in the abdomen, back, or both.

DOPPLER: A form of handheld ultrasound that reflects motion such as the fetal heartbeat in audible signals.

DOWNS SYNDROME: A genetic disorder causing moderate to severe mental retardation and physical abnormalities. Women at high risk of giving birth to a child with Downs Syndrome are those over 35, or those who have had a previous child with the syndrome.

ECLAMPSIA: Another name for seizures during pregnancy that occur because of high blood pressure.

ECTOPIC PREGNANCY: Pregnancy that occurs outside the uterus, most often in the fallopian tubes.

EDEMA: Swelling.

EFFACEMENT: During the normal process of delivery, the thinning of the cervix, enlarging the cross-section area of the canal to permit passage of the fetus.

ELECTRONIC FETAL MONITORING: A method in which electronic instruments are used to record the heartbeat of the fetus and contractions of the mother's uterus.

EMBRYO: Stage in prenatal development between the ovum and the fetus. Between the 2nd and 8th week.

EPIDURAL: A form of anesthesia used during labor. It is given via a narrow catheter threaded through a needle inserted into the space immediately around the spinal cord.

EPISIOTOMY: An incision between the vagina and rectum made during childbirth to widen the vaginal opening.

EXTERNAL CEPHALIC VERSION: A technique performed late in pregnancy in which the doctor manually attempts to move a breech baby into the normal, head down position.

FALSE LABOR: During the final weeks or days of pregnancy, many women experience the contractions of false labor. These contractions are considered false labor because they do not become more frequent and they are not accompanied by dilation of the cervix or descent of the fetus.

FETAL DISTRESS: Problems with the baby which occur before birth that endanger the baby and require immediate delivery.

FETUS: The child in utero from the third month to birth. Prior to that time it is called an embryo.

FORCEPS: Special instruments placed around the baby's head to help guide it out of the birth canal during delivery.

FONTANELLE: A soft spot lying between the cranial bones of the skull of a fetus.

GESTATIONAL DIABETES: A disorder occurring only during pregnancy resulting from inadequate production or utilization of insulin. It can be controlled by diet and/or may require insulin injections. It is estimated to occur in about 3% of pregnancies and usually disappears after delivery.

GLUCOSE: A sugar. In medicine, the word is used to indicate the sugar dextrose. Glucose is the most important carbohydrate in body metabolism.

GLUCOSE SCREENING: A blood test given, ideally between the 24th and 28 th week of pregnancy, identifying persons who should have a 3-hour glucose tolerance test to rule out gestational diabetes.

Glossary

HEMOPHILIA: A hereditary blood disease in which the blood fails to clot and abnormal bleeding occurs.

HIGH-RISK PREGNANCY: A pregnancy with complications that need special medical attention. Examples include: previous C-section, advanced maternal age, history of miscarriages, uterine abnormalities, and smoking during pregnancy. Your doctor will determine if you have any of these risk factors.

INDUCED LABOR: Labor that is started or sped up through the intervention of a doctor, usually by using a drug.

KEGEL: An exercise for strengthening the pubococcygeal and levator ani muscles. Strengthening these muscles aids in childbirth, controlling urinary incontinence, and may enhance the pleasure derived from sexual intercourse.

LACTATION: The function of secreting milk.

LANUGO (DOWN): Fine soft hair covering the skin of the newborn.

LIGHTENING: Descent of the presenting part of the fetus into the pelvis. This often occurs two to three weeks prior to the beginning of the first stage of labor.

LINEA NIGRA: Dark line from the pubic bone to the navel that can develop during pregnancy. It usually lightens postpartum but can take several months.

LOCHIA: Vaginal discharge after delivery.

MATERNAL SERUM ALPHA-FETOPROTEIN (MASAFP SCREENING): Maternal serum screening test for open neural tube defects.

MEMBRANE: A thin, soft, pliable layer of tissue that lines a tube or cavity, covers an organ or structure, or separates one part from another.

MIDLINE INCISION: A vertical incision made from the navel to the pubic bone for some emergency Cesarean Sections.

MISCARRIAGE: Spontaneous loss of a pregnancy before the fetus can survive outside the uterus.

NEURAL TUBE DEFECTS: Fetal birth defects that result from improper development of the brain or spinal cord.

NON-STRESS TEST (NST): A test in which fetal movements felt by the mother or noted by the doctor are recorded, along with changes in fetal heart rate.

OBSTETRICIAN: A physician who treats women during pregnancy, labor, and delivers the infant.

OVULATION: The monthly release of an egg from one of the ovaries.

PERINEUM: The area between the vagina and the rectum.

PLACENTA (AFTERBIRTH): Tissue connecting mother and fetus that brings nourishment and takes away waste.

PEDIATRICIAN: A physician who specializes in pediatrics; the care of infants and children and the treatment of their diseases.

PLACENTA PREVIA: A condition in which the placenta lies very low in the uterus, so that the opening of the uterus is partially or completely covered.

PREECLAMPSIA: A condition of pregnancy in which there is high blood pressure, swelling due to fluid retention, and abnormal kidney function.

PREMATURE: A baby born before 37 weeks.

PRENATAL: Existing or taking place before birth.

PRENATAL CARE: Program of care for a pregnant woman before the birth of her baby.

POSTPARTUM: Occurring in the period shortly after childbirth.

RH IMMUNE GLOBULIN (RHIG): A drug that suppresses an Rh negative person's antibody response to Rh positive blood cells.

RHOGAM INJECTION: RhoGAM is a trade name for Rho (D) immune globulin.

ROUND LIGAMENT: Two round cord-like structures passing from the front of the body of the uterus into the anterior wall of the broad ligament, below the fallopian tubes, outward through the inguinal canals to the soft tissues of the labia majora.

RUBELLA: An acute infectious disease resembling both scarlet fever and measles (German Measles.)

SHOW: Blood-tinged mucous-like discharge.

SICKLE CELL DISEASE: A hereditary chronic form of anemia in which abnormal sickle or crescent-shape blood cells are present. This is mostly found in the African-American population.

SONOGRAPHER: A technologist trained in the application of ultrasound for diagnostic and therapeutic purposes.

TAY SACHS DISEASE: An inherited disease transmitted as an autosomal recessive trait mostly found in the Ashkenazi-Jewish population of Eastern Europe.

TOXOPLASMOSIS: A disease caused by an organism found in raw and rare meat, garden soil, and cat feces. The disease, which is generally not harmful to adults, can cause injury to the fetus and the placenta.

TRANSVERSE POSITION: When the fetus is positioned crosswise in the uterus.

TRIMESTER: Each three-month period of pregnancy. Pregnancy is divided into three trimesters of equal length.

TUBAL OCCLUSION: Blockage of the fallopian tubes.

ULTRASOUND: A test in which sound waves are used to examine the fetus or view the internal organs.

VARICOSE VEINS: Enlarged twisted superficial veins. May occur in almost any part of the body, but are mostly commonly observed in the legs.

VACUUM EXTRACTION: The use of a special instrument that attaches to the baby's head and helps guide it out of the birth canal during delivery.

VERNIX: Creamy white covering over the skin of the baby.

VERTEX PRESENTATION: A position normally assumed by a fetus before labor and delivery in which the head is positioned down, at the top of the birth canal, ready to be delivered first.

URINALYSIS: A specimen of urine used for testing purposes.

UTERUS: An organ of the female reproductive system for containing and nourishing the embryo and fetus from the time the fertilized egg is implanted to the time for birth of the fetus.

ALWAYS

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