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Dr. Murray and his staff would like to congratulate you on your pregnancy. Our mission is to assist you in achieving a happy, health pregnancy by providing you with the most comprehensive and state-of-the art medical care available. We will try to make your pregnancy not only enjoyable, but also informative. This informational packet contains answers to many questions you may have regarding our office and aspects of your prenatal care. We would like to thank you for choosing us to provide care to you and your baby during this special time.

Sincerely,

Richard D. Murray, MD

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## **Pregnancy Information:**

### **First Trimester (1-12 weeks)**

#### **What to expect at the first visit:**

- An estimated due date will be determined as well as an estimate of how many weeks pregnant you are to date. It is helpful if you know the first day of your last menstrual period (LMP) or when you ovulated. By tradition, the pregnancy starts week 1 at the beginning of your LMP and starts week 3 when you ovulate and become pregnant. A “9 month” pregnancy actually lasts 40 weeks (10 months).
- During the appointment, you will meet with the nurse practitioner. She will fill out OB paperwork with you and perform a complete history and physical exam including a pap smear and STD screen if you have not had a recent examination. Also, OB blood work will be ordered.
- Certain genetic diseases can be diagnosed early in pregnancy. These include cystic fibrosis, muscular dystrophy, Tay-Sachs and sickle cell disease. If you or the father of the baby is of Jewish descent, you may be screened for carrying Tay-Sachs or Gaucher’s disease. If you are of African-American descent, you may be screened for carrying sickle cell disease.
- You may be given prenatal vitamin samples. We recommend that you take prenatal vitamins or folic acid (.4 mg to 1.0 mg) daily during at least the first trimester. If you have a preference, please let the nurse know and a prescription can be written. Most non-prescription over-the-counter (OTC) vitamins have similar formulations and may be less expensive than the prescription vitamins.
- You will have an opportunity to meet with the office manager during this visit. She will call your insurance company to determine your level of benefits and complete a financial agreement or set up a self pay plan.
- Please feel free to ask any questions during any of your visits. We recommend that you write them down so that you do not forget any of your concerns and all of your questions can be answered. Between appointments, you may call during office hours and leave non-urgent questions on the voice mail. Your calls will be returned.

## Screenings During Pregnancy

<b>First visit</b>	<ul style="list-style-type: none"> <li>• PAP smear, complete blood count (CBC), type and screen (T&amp;S), urine analysis, rubella status, RPR, HIV, Hepatitis B status, cervical cultures for gonorrhea and Chlamydia, ultrasound to confirm dates.</li> <li>• In addition             <ul style="list-style-type: none"> <li>○ If you are at risk a <u>one hour glucose test</u>.</li> <li>○ Hemoglobin electrophoresis if you are African American or Southeast Asian.</li> </ul> </li> </ul>
<b>16-20 weeks</b>	<ul style="list-style-type: none"> <li>• Expanded <u>AFP</u> test (Quad or Tetrascreen).</li> <li>• Genetic counseling and possible amniocentesis if you will be older than 35 at the time of delivery, or at increased risk for carrying a genetic disorder (for example, <u>cystic fibrosis</u>, <u>sickle cell anemia</u>, <u>thalassemia</u>)</li> <li>• Ultrasound as indicated.</li> </ul>
<b>20-24 weeks</b>	<ul style="list-style-type: none"> <li>• Fetal echo as indicated</li> </ul>
<b>24-28 weeks</b>	<ul style="list-style-type: none"> <li>• Repeat T&amp;S if you are Rh negative. RhoGAM</li> <li>• One hour glucose challenge test, and CBC.</li> </ul>
<b>28-32 weeks</b>	<ul style="list-style-type: none"> <li>• Repeat RPR, HIV, and cervical cultures if you have risk factors.</li> </ul>
<b>32-36 weeks</b>	<ul style="list-style-type: none"> <li>• Fetal kick count and assessment for fetal presentation</li> </ul>
<b>35 to 37 weeks</b>	<ul style="list-style-type: none"> <li>• <u>Group B strep</u> screening vaginal culture</li> </ul>
<b>36-40 weeks</b>	<ul style="list-style-type: none"> <li>• Repeat T&amp;S if you are Rh negative and you were not given RhoGAM</li> <li>• Fetal kick count and assessment for fetal presentation</li> </ul>

## **What to expect at your second and subsequent visit:**

- Please sign up for birthing classes early in your pregnancy. You may not be able to take it at the time of your choice if you wait until the third trimester to register.
- Please read the information about the AFP test or the genetic amniocentesis (if you are over 35). You will be asked at your second visit if you would like either of these procedures.
- During your second and subsequent visits, you will meet with Dr. Murray. You will be asked to give a urine specimen, which is tested for protein (seen in pregnancy-induced hypertension) and glucose (screening for gestational diabetes). Your weight and blood pressure will be recorded. We will listen for fetal heart tones and answer questions. As your pregnancy progresses, the uterine or fundal height will be checked and other tests may be ordered.
- Initially your prenatal visits will occur once a month. This will increase to every 2-3 weeks as you approach your 7<sup>th</sup> month. The visits will occur weekly during the last month of your pregnancy. The frequency of your visits may vary depending on any medical problems that may be encountered.

## **First Trimester (1-12 weeks)**

### **What is happening to me?**

You may be experiencing:

- Missed period
- Fatigue/Sleepiness/No energy
- Heartburn/Indigestion
- Food aversions/Cravings
- Emotional ambivalence/Anxiety
- Headaches
- Nausea and/or vomiting
- Breast tenderness and enlargement
- Frequent urination

### **What is happening to my baby?**

1st month (0-4 weeks):

- The fertilized egg grows rapidly
- The placenta begins to develop
- The heart and lungs begin to develop
- By the end of this month, your baby is ¼ inch long (smaller than a grain of rice)

2nd month (5-9 weeks):

- Your baby's major organs and facial features begin to develop
- Fingers, toes, ears and eyes are forming
- Bones are starting to replace cartilage
- By the end of this month, your baby is about 1 inch long
- The heart begins to beat

3rd month (10-13 weeks):

- Your baby's sexual organs develop by the end of this month
- Your baby can also open and close its fists and mouth
- As this month ends, your baby is about 4 inches long and weighs over 1 ounce
- Warning signs: Please call our office immediately if you experience bleeding, significant cramping, or trauma or injury to your abdomen.

## **The Second Trimester (12-28 weeks)**

**Between 16-20 weeks:**

- Your physician may request an ultrasound to check the fetus for size, gestational age, placement of the placenta, position of the baby and number of fetuses. The ultrasound creates an image of the fetus from sound waves. It is your decision to find out the gender of your baby. If you wish to know, please let the ultrasound technologist know. Unfortunately, there is no guarantee of the fetal sex based on the ultrasound alone (a genetic amniocentesis would be necessary).
- Your physician will measure your fundal height (the top of your uterus) every visit after 20 weeks to ensure that your uterus is growing appropriately. The top of the uterus is at the umbilicus at 20 weeks. Usually, the fundal height is close (plus or minus 2 centimeters) to your gestational age in weeks.

**Between 24-28 weeks:**

- We recommend a one-hour glucola test to check for gestational diabetes. Gestational diabetes occurs when your placenta makes a hormone that causes your body to become resistant to your own natural insulin. When this occurs, the level of glucose or sugar in your blood stream becomes elevated which can cause problems for the fetus. Your blood is drawn one hour after you drink a sugary solution called Glucola. Dr. Murray recommends for you to fast for the test. If your blood sugar level is normal, no further testing is needed. If the sugar level is elevated, a full three-hour glucose tolerance test is necessary.
- If your one-hour test shows that you need to take the 3-hour test, we ask that you make an appointment at the lab for the test. A laboratory slip will be left at the front desk or an order will be faxed to the laboratory of your choice. Once you have made the appointment, you need to follow a special diet for the 3 days prior to the glucose tolerance test. You may have nothing to eat or drink other than water for the 12 hours before your appointment.
- If you have gestational diabetes as determined by the test, you will be referred to a special program that helps you with your diet so that your sugar levels remain normal throughout the remainder of your pregnancy.
- Your blood count is repeated to check for anemia.
- If your blood type is Rh negative and your partner has Rh-positive blood type or is unknown, you receive a shot of Rhogam at 28 weeks to protect your baby. If this applies to you, it will be discussed in more detail with you.

- Make sure that Dr. Murray and the hospital both have your correct insurance information. If you have any financial obligations to Dr. Murray, these should be finalized by the **24th week** of your pregnancy.

## **Second Trimester (13-28 weeks)**

### **What is happening to me?**

You may be experiencing:

- A linea nigra (a dark line running down your abdomen) forms
- At 18-20 weeks, you will usually begin to feel "Quickening" or fetal movements
- Nasal congestion/Nose bleeds
- Bleeding gums
- Increased appetite
- Mild swelling of hands and feet
- Lower abdominal aches/Backaches
- Constipation
- Leg cramps

### **What is happening to my baby?**

4th month (14-18 weeks):

- Your baby's heartbeat may now be audible with the use of a stethoscope
- Eyelids, eyebrows, eyelashes, nails and hair are formed
- Your baby is developing reflexes, such as sucking and swallowing
- Tooth buds appear
- The fingers and toes are well-defined
- By the end of this month your baby is about 6 inches long

5th month (19-23 weeks):

- A soft, downy "lanugo" (fine hair) covers your baby's body
- Hair begins to grow on its head
- A protective vernix (cheese-like) coating covers the fetus
- Your baby now weighs about one pound and measures nearly 10 inches long

6th month (24-28 weeks):

- Your baby's essential organs are formed
- He/She weighs 1-2 lbs. and is about 12 inches long
- The eyes begin to open, fingerprints form
- Your baby grows quickly from now until birth
- The organs are developing further
- The skin is wrinkled and covered with fine hair
- The fetus moves, kicks, sleeps and wakes
- The fetus can swallow and hear
- The urinary system is working

## **The Third Trimester (28 weeks – term)**

### **After 28 weeks:**

- A fetal kick count form is included to be used if your physician requests this of you.
- Take a tour of the hospital
- Choose a pediatrician. Our community is fortunate to have excellent pediatricians. Ask your friends or your physician for recommendations. The pediatrician is the person with whom to discuss nursing, formula, and circumcision. If you wish to interview pediatricians, this should be done early in the third trimester. A list of some of the community pediatricians is included.

### **Examinations:**

- Your physician may check your cervix for dilation and/or softening during the last month of your pregnancy. A vaginal culture for beta-streptococcus is usually taken.
- You will be monitored for pre-eclampsia (Toxemia or pregnancy-induced-hypertension PIH) during the third trimester. Signs of pre-eclampsia include: increased blood pressure, right upper quadrant abdominal pain, protein in your urine, severe headaches, significant swelling of your hands, feet or face.

### **Signs of labor:**

- Contractions – during the last weeks of pregnancy, you may experience uterine contractions. These Braxton-Hicks contractions serve as warm-up exercises for the uterine muscle. Labor contractions are different. They are more regular in timing and stronger in intensity, frequency and duration. Labor contractions do not go away when you lie down or rest.
- Rupture of membranes – Either a gush of fluid or a slow leaking of fluid may occur when the amniotic sack ruptures. This occurs before labor begins about 15% of the time. The fluid is usually clear and odorless.
- Bloody show – A small amount of bleeding is commonly seen after an exam in the office or just prior to the onset of labor. This may or may not contain the mucous plug. Unfortunately, neither the passage of blood nor the mucous plug will predict when labor will begin. It is not necessary to call the doctor if you have bloody show or lose your mucous plug.

### **Birth plans:**

Most patients attend prenatal classes. After you complete your classes, ask your nurse or doctor about any questions that arise.



## **Third Trimester (29-40 weeks)**

### **What is happening to me?**

You may be experiencing:

- Abdominal pains/Braxton-Hicks contractions
- Shortness of breath
- Stronger fetal activity/larger movements
- Difficulty sleeping
- Swelling of hands or feet
- Itchy abdomen
- Frequent urination
- Colostrum/leaking breasts
- Increasing back and leg aches
- Hemorrhoids
- Increased vaginal discharge
- Navel sticking out
- Cervix changes

### **What is happening to my baby?**

7th month (29-32 weeks):

- This is a period of extreme growth and maturation for your baby
- By the end of this month fat begins to deposit on your baby
- Your baby can suck its thumb, hiccup, cry, and can taste sweet or sour
- He/She can respond to stimuli (pain, light and sound)
- The placental functions begin to diminish
- The volume of amniotic fluid lessens
- Your baby is about 14 inches long
- 

8th month (32-36 weeks):

- Your baby is starting to see and hear as the brain matures
- Excluding the lungs, most systems are well-developed
- By the end of this month, your baby is about 18 inches long and weighs about 5 pounds

9th month (37-40 weeks):

- The lungs are maturing this month
- The baby adds about ½ pound growth per week
- Your baby may weigh nearly 7 lbs. and be about 18-20 inches
- He/She kicks and stretches as it gets bigger and there is less room
- Fine body hair disappears
- Bones harden, but bones of the head are soft and flexible for delivery
- The fetus settles into a position for birth
- Full term: approximately 20 inches long and six to nine pounds.

## Labor instructions

### When to call the office:

Pre-term labor: Pre-term labor occurs at less than 36 weeks. Many patients have occasional irregular contractions, also known as Braxton-Hicks that may be painful. If you have more than 6 contractions in an hour, stop all activities, drink extra fluids and stay in bed. If you continue to have more than 6 contractions in an hour, call your obstetrician.

Full-term labor: Your baby is considered mature after 36 completed weeks. It is normal to have bloody show and mucus during early labor and after office visits if your cervix has been checked. This is due to the cervix softening or stretching.

Call Your Doctor: When in doubt, call. The guidelines offered here are guidelines, not rules. Please call if you have any one of the following.

- When contractions are 5 minutes apart, from the start of one contraction to the start of the next, and when contractions are 45 seconds to one minute in length, and have been so for 1 to 1 1/2 hours. If you can talk through the contraction, it is probably too early to call.
- If your water breaks.
- If you have heavy bleeding.
- If your baby is not moving normally.
- If the baby is known to be other than head down (breech or transverse) and labor begins or the water breaks.
- If you are scheduled for a cesarean section and labor begins.
- If this is not your first labor and your cervix is dilated when checked in the office, call when you know you are truly in labor. It will be much faster for your second delivery.

If this is your first baby, and your pregnancy has been uncomplicated, you may want to stay home as long as possible. When labor begins, try to rest. Start timing contractions when they become very painful. You may try walking, taking a warm bath, or watching a movie to keep yourself distracted until it is time to call your doctor.

If you have had a prior vaginal delivery, your labor may be more rapid than your first experience. Call when your contractions are regular or painful. If you have had very rapid labors or are dilated prior to labor, your doctor may tell you to call at a time earlier than suggested above.

## MEDICATIONS IN PREGNANCY

When you become pregnant, it is very important to notify your physician of any medications (prescriptions & other-the counter) that you are taking. Normally, it is recommended to avoid medications during pregnancy if all possible. However sometimes taking a medication is important to your health and well being, therefore the benefits outweigh the risks. If you are concerned about any medications you are currently taking or were taking before pregnancy, please discuss this either with Misty DeSomma, ARNP or Dr. Murray. We also understand the need to use some medications for minor illnesses or common pregnancy related complaints. It is just recommended to use them sparingly, especially during the first twelve weeks of pregnancy.

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### TREATING MINOR ILLNESSES/ COMMON COMPLAINTS IN PREGNANCY

There are a number of common illnesses/complaints you may experience while pregnant. This sheet offers some helpful suggestions for dealing with the aches and pains associated with colds, allergies, headaches, and some digestive problems. Certainly, we want you to call our office if these measures have not been helpful, or if you feel that a medication not listed here is indicated. The medications listed below appear to be safe in pregnancy. It is important to stress that there are a variety of steps to take in treating illnesses, many of which recommend changing behavior or dietary habits, rather than going directly to medications. While waiting to see your doctor, please take a moment to look through our reference library of helpful information in the waiting room.

### HEADACHES, MUSCLE STRAINS and FEVER

**Headaches and Fever:** Unfortunately, headaches are very common in pregnancy. Lying down in a quiet, dark place, using an ice pack and making time to rest are helpful for headaches. TYLENOL (2 regular or extra-strength tablets as directed) appears to be the safest of the pain medications and fever reducers in pregnancy. DO NOT USE ASPIRIN, MOTRIN, IBUPROFEN, ALEVE, or ADVIL products.

\*\*Talk with your doctor if you are using Tylenol every day for headaches, since there are other safe medications that he or she may prescribe.

**Muscle Strains:** Applying a heating pad with ice packs and resting the affected area will speed up recovery from muscle strains. TYLENOL is also helpful as well. Be sure to use proper body mechanics when lifting, bending and stretching to eliminate sources of muscle strains.

**Fever:** TYLENOL is always recommended for significant fever. If your temperature is greater than 101, please call the office for instructions—make sure you have a working thermometer!

## THE COMMON COLD

Most people, pregnant or not, will get sick with a cold about once a year. Symptoms tend to last a little longer in pregnant women, so patience is an important part of the treatment. The very best medicine for a cold is REST and FLUIDS (mostly water—about 8 glasses per day).

**Runny nose:** In the early part of a cold, BENADRYL, ZYRTEC, or CLARITIN can be very helpful.

**Congestion:** If you're experiencing a stuffy nose, steamy showers twice a day, combined with increased fluid intake will help break up nasal congestion. SUDAFED (a decongestant) can improve congestion as well. Use 2 regular strength tablets (30mg) as directed. ACTIFED is similar to SUDAFED, and is helpful at night, since it also contains an antihistamine, which will assist with sleep.

\*\* Avoid SUDAFED and ACTIFED if you have high blood pressure! AFRIN NASAL SPRAY (as directed) is immediately effective for nasal congestion, but should not be used more than 1-2 times per day, and for no more than 2 consecutive days, or it will actually worsen the symptoms it was used for in the first place!

**Sore throats:** CHLORASEPTIC, CEPACOL, and SUCRETS are anesthetic sprays and lozenges that can be very soothing for sore throat pain. TYLENOL is also effective for severe sore throat pain.

**Coughs:** This is often the symptom of a cold that lasts the longest. Again, pushing fluids is very important, and standing in a steamy shower will help to loosen thick secretions. ROBITUSSIN CF as directed is safe to use and will thin bronchial secretions and make a dry cough more productive.

## NAUSEA

Probably the most common complaint during pregnancy. Usually occurs more in the morning upon arising (morning sickness). However can occur anytime during the day or night. We recommend eating dry crackers. Toast. Or cereal before getting up or when feeling sick. Eat 5-6 small meals a day, drink lots of water between meals, but not during meals, avoid strong odors, and avoid greasy or spicy food.. Also, avoid lying down right after eating. Some other-the-counter remedies include B6 and Preggie pops. If you losing weight and not able to keep fluids down, please contact our office, you may need prescription medications. Nausea usually subsides after the first twelve weeks.

## **HEARTBURN**

This is a common problem in pregnancy, usually due to the high levels of progesterone your body is now producing. Also in late pregnancy, the enlarging uterus is pressing upward on the stomach and pushes acids back up into the esophagus. Several easy tips which really will help are:

- “Graze” on small, frequent meals instead of large overly-filling ones. Avoid spicy, fatty and greasy foods. \*\*Dry crackers to snack on may neutralize the acid somewhat.
- Carry TUMS, MYLANTA, or MAALOX with you and use it as directed.
- \*\*Be careful—overusing some of these medications can cause diarrhea!
- To avoid acid reflux, do not eat before bedtime. Also, go to bed with your head elevated on several pillows, or try sleeping in a recliner chair.
- If heartburn becomes intolerable, you can try ZANTAC-75 or PEPCID-AC as directed.

## **DIARRHEA**

Diarrhea is best treated conservatively, since it is usually a self-limiting minor illness. Pushing water-based fluids, eliminating dairy products for a day or two, eating very bland foods (noodles, clear soups, bananas, rice and toast) and resting are recommended first. KAOPECTATE and IMODIUM are safe medications that can be used. \*\*If diarrhea is bloody, is accompanied by temperature >101, or is causing severe abdominal pain, you should call your doctor right away.

## **CONSTIPATION**

This common problem is definitely best managed by changing dietary habits first! If you tend to have difficulty with constipation, you need to make a special point in pregnancy to include lots of fresh fruits and vegetables, accompanied by other good sources of fiber and lots and lots of water every day. These measures are critical to preventing constipation. Regular exercise is important as well, as is going to the bathroom as soon as you have the urge to go. In addition, METAMUCIL, CITRUCEL, FIBERCON (always with lots of water) are excellent sources of fiber, and COLACE 100-200 mg is a stool-softener that can be taken 1-2 times daily. MILK OF MAGNESIA 2 tbsp is gentle laxative that can be used occasionally if constipation becomes severe.

## **HEMORRHOIDS**

Hemorrhoids are swollen and painful blood vessels in the anal area, and are often aggravated by chronic constipation and pregnancy. Using the dietary recommendations in the above section, and getting off your feet and lying down as often as possible is the best treatment for hemorrhoids. Soaking in a warm bath several times a day, applying ice packs and avoiding straining during bowel movements are very important. In addition, PREPARATION-H, ANUSOL, CORTISONE and TUCKS pads can be helpful.

## VAGINAL YEAST INFECTIONS

Symptoms of a vaginal yeast infection are itching, and a thick yellow-white discharge. Cotton underwear and avoiding restrictive clothing are also helpful. Treatment is safe for both you and the baby, and includes MONISTAT, GYNELOTRIMIN, and MYCELEX creams or suppositories. There are 3 and 7-day treatment options you can buy. The 1-day treatments are not recommended, and in fact, can be irritating. Douching is NOT recommended in pregnancy. If yeast is not improved by the above medications, there are other medications that your doctor can prescribe.

**SKIN ITCHING/RASH** – can try Cortaid 1% hydrocortisone cream and Benadryl

**GAS** – Mylanta Gas or Gas X

## MEDICATIONS TO AVOID IN PREGNANCY

Some medications not described above can also be used safely in pregnancy when prescribed by your physician. As a safety precaution for both you and your baby, always call the office first if you believe a medication not listed above will be helpful to you. Here are a few commonly used medications that are generally **NOT RECOMMENDED IN PREGNANCY**:

- ASPIRIN
- TRANQUILIZERS
- PRIMATINE MIST
- MOTRIN
- SLEEPING PILLS
- IMITREX
- NUPRIN
- ADVIL
- DOUCHE PRODUCTS
- ALEVE
- PEPTO BISMOL
- DIET PILLS
- Ciprofloxacin, Levaquin
- Accutane
- Cholesterol medications (Lipitor, zetia, mevacor, vytorin)

## Common Discomforts of Pregnancy

There are many common discomforts that you may have during the pregnancy. Here are some of the discomforts and suggestions that may help you.

If you are **dizzy**:

- Lie on your left side
- Change your position slowly
- Get up slowly after you have been lying down
- Eat regular meals
- **Do not** stay in the sun too long, stay hydrated
- Report your dizziness to your health care provider

If you are having **trouble sleeping**:

- **Avoid** drinks with caffeine like coffee, teas and sodas
- **Do not** eat immediately before bedtime
- Try drinking warm milk
- Try a warm bath
- Practice relaxation exercises

If you feel **tired**:

- "Being tired" is common in early and late pregnancy
- Try to exercise everyday (Check with your doctor before exercising)
- Lie down for at least one hour during the day

If you have **bleeding gums**:

- Use a soft toothbrush and brush gently
- Drink orange juice and eat foods that are high in Vitamin C

If you have **increased drainage in your nose or mouth**:

- **Do not** use any "over the counter" medicines
- Tell your Health Care Provider

If your **breasts are tender**:

- Wear a good bra that is not too tight
- It may help to wear a bra to bed

If your **breasts leak milk**:

- Wear nursing pads or tissues in your bra

If you have **heartburn** (a burning sensation in the stomach or throat, an upset stomach, or a stomach ache):

- Stay away from caffeine, greasy and spicy food
- Eat smaller meals, but eat more often (every 2-3 hours)
- Eat slowly, being sure to chew food well

- **Do not** wear tight-fitting clothes
- **Do not** bend over, instead squat
- **Do not** lie down for at least 2 hours after eating
- Sleep with your head raised on an extra pillow
- **Stop** smoking

If you have **nausea**:

- Eat dry crackers, toast or cereal before getting up or when you are feeling sick
- Eat 5 or 6 small meals a day. Stay within your meal plan. The dietitian can help with meal planning, if needed
- Drink water between meals, but not during meals
- **Avoid** strong food smells
- **Avoid** greasy or spicy foods
- **Avoid** lying down right after eating

If your hands and feet **swell**:

- Avoid standing for long periods of time
- Lie on your left side for thirty minutes, 3-4 times a day
- Exercise (Check with your doctor before exercising)
- Avoid foods high in salt
- Eat three servings of protein each day as meat, cheese and eggs
- If you wake up with swelling in the morning, tell your doctor

If you **urinate frequently**

- Drink less fluids before bedtime
- Do urinate often
- **Avoid** fluids with caffeine as coffee, tea and soda
- Do Kegal exercises (see Handout "Exercises for Pregnancy and Childbirth")
- Notify your doctor if you have any burning or pain when you urinate

If you feel **constipated**:

- Eat raw fruits, vegetables, prunes and whole grain or bran cereals
- Drink plenty of fluids, especially water
- Exercise such as walking
- **Never** hold back a bowel movement
- **Do not** use laxatives or enemas (Check with your doctor before taking any medicine)

If you have **hemorrhoids**:

- Keep your bowel movements regular and soft
- **Do not strain or push** when having a bowel movement
- Use cold compresses to relieve pain or swelling
- Take short rests with your hips lifted on a pillow



- Practice Kegel exercises
- Tell your doctor if your pain is increasing and/or bleeding

If you feel **low backache**:

- Rest often; use a supportive mattress; use a side lying position with pillows between the knees, behind the back, and at the stomach
- Stand up straight. **Do not** slump or slouch.
- **Do not** stand in one place too long; move around
- Squat to pick up objects rather than bending at the waist
- Exercise, as approved by your Health Care Provider
- Use a foot stool for your feet
- Wear low heeled, good walking shoes
- Use the "Pelvic Rock" exercise (see handout "Exercises for Pregnancy and Childbirth")
- Soak in a warm bath or shower. **Do not** use "Hot Tubs"

If you have **leg cramps**:

- Prop your legs up often during the day
- Apply a heating pad at a low setting for relief
- During a leg cramp, straighten your leg and bend your foot toward the front of your leg
- Exercise, as walking for 30 minutes a day
- Get more calcium in your diet, as dairy products and calcium fortified orange juice

If you have **varicose veins**:

- **Avoid** hose or girdles with elastic bands
- Use support hose as ordered by your Health Care Provider
- Put support hose on while lying down
- **Avoid** standing or sitting for long periods of time
- Take short rest breaks with your legs raised higher than your heart
- **Do not** cross your legs
- **Do not** massage your legs or feet
- Sleep with a pillow between your legs

If you have a **vaginal discharge**

- Bathe the outer vaginal area often
- Use soap without perfume
- **Do not** use vaginal sprays or powders
- **Do not** use colored or perfumed toilet paper
- Wear cotton underpants
- **Avoid** panty hose, girdles, and tight pants
- If these hints do not help, talk with your Health Care Provider and get examined
-

If you have **contractions**:

- Drink 2 glasses of fluids (water, juice or milk); if you are less than 9 months in your pregnancy, drink 8 to 10 glasses of water
- Lie on your side and rest
- Place your hands on your abdomen and feel when the contraction begins and ends
- Time how frequently the contractions are coming
- If you are less than 9 months in your pregnancy and your contractions are 4 or more in one hour, after drinking 8 to 10 glasses of water, **call your doctor**
- Some problems during pregnancy as placenta previa require an immediate call to your doctor, if you have any contractions
- If your pregnancy is nine months, call your doctor, if contractions are becoming more uncomfortable, and/or more frequent, or if you have vaginal bleeding or leaking of fluid.
- Tell your doctor your problems and complaints and what helped for relief. Medicines can be harmful to your baby. **Do not** take any medicines, including those that you can buy without a prescription, unless your doctor tells you to take them.

## Morning Sickness: Nausea and Vomiting of Pregnancy

- Nausea and vomiting during early pregnancy, sometimes called Morning Sickness, can happen any time of the day.
- Morning sickness usually begins about the 6th week of pregnancy and gets better by the 13th week.
- Morning sickness probably happens because hormone levels in your body change rapidly during early pregnancy.
- Stress, not eating for several hours, or certain odors may trigger morning sickness.
- You may worry about the health of your baby if morning sickness is a problem. If you are in good health before pregnancy, your growing baby will have enough nutrients for the first months of pregnancy.

### Tips on what to do:

- **Rest:**  
Take more frequent rest periods or naps. Keep a slice of toast, saltine crackers, pretzels, or dry cereal at your bedside. It may help to eat something before you get out of bed.
- **Diet:**  
Eat small meals frequently to avoid an empty stomach. Foods that are easy to digest include: dry foods, toast, bagels, saltine crackers, cereals, pasta, and potatoes. Drink water, juices, and other fluids between meals.
- **Liquids:**  
When vomiting occurs, take sips of clear liquids only. As the nausea passes, increase the amount of liquids to ½ cup every 1 hour. Some examples of clear liquid are jell-o, clear soft drinks (7-UP), apple juice, tea, and broth.
- **Avoid greasy or highly seasoned foods:**  
High fat foods or highly seasoned and spicy foods may cause your symptoms to get worse. It is best to avoid these foods.

### Follow-Up

Call your doctor, clinic, or go to the Emergency Department if:

- You cannot keep liquids down for 24 hours.
- You have abdominal pain, fever, dizziness, severe weakness or feel faint.

**These may be signs of a more serious problem.**

## Commonly Asked Questions in Pregnancy

- **Who will deliver my baby if Dr. Murray is not on call?**

Dr. Murray rotates call on the weekends, holidays and vacations with a group of single practice physicians. Dr. Murray does try to make every effort to deliver you when he is available.

- **What do I do if I have an Emergency or Problem after hours?**

If you have a problem, call our office number (239-275-4300) and you will be directed how to reach the answering service. Depending on who is on call, you should receive a call within 30 minutes. If you have not been contacted after 30 minutes, please call the answering service back.

- **Can I go to the dentist?**

If you are having a dental problem, you may do to the dentist. Please inform them of your pregnancy before the appointment. Depending on your problem, the dentist may need permission to contact our office to discuss your problem.

- **May I travel?**

You may travel by car or plane up until 35 weeks of pregnancy. However, I would still review this with Dr. Murray before planning in out of town trips in the third trimester. It is recommended that you stay well hydrated and walk around every hour when traveling. We also recommend taking your prenatal records with you if you plan to be gone over a few days. Please give our office 24 hour notice to prepare them for you. Please check with airlines and cruise lines about their restrictions concerning travel during pregnancy.

- **How many ultrasounds do I get?**

We generally perform an initial ultrasound at your first OB appointment to confirm pregnancy and check the accuracy of your dates. A second ultrasound is performed around 18-20 weeks of pregnancy. This ultrasound is performed by an ultrasound tech from Maternal Fetal Medicine at our office. It is checking the well-being of baby. Some women may require more ultrasounds depending on the circumstances of your pregnancy (multiples, advanced maternal age, etc.).

- **May I color my hair or get artificial nails?**

It is usually not recommended until after 13 weeks of pregnancy.

- **Can I go tanning?**

Tanning is not recommended during pregnancy.

- **Can I ride amusement rides?**

Amusement rides are not recommended during pregnancy.

- **What do I do if I get into a car accident?**

If you are involved in a car accident, you should always report first to the emergency department for evaluation of you and your baby.

- **Can I take a tour of the hospital?**

The hospital does have scheduled tours of the birth centers. Please register online at [www.LeeHealth.org/Birthed](http://www.LeeHealth.org/Birthed).

**How many people can be in the delivery room?**

The hospital allows 3 support people for vaginal delivery and 1 person for a C-Section. Please contact your hospital for further questions.

- **Can I exercise?**

Exercise is permitted if low impact and if you are having a routine pregnancy without complications. If you are unsure what is safe, please ask. Normally it is not suggested to start a new exercise regimen during pregnancy. Make sure you stay well hydrated and stop activity that causes cramping or spotting. See the handout on exercises for pregnancy and childbirth.

- **Can I have sex during pregnancy?**

You may have sex throughout pregnancy unless Dr. Murray tells you otherwise. You may experience spotting or cramping for a short time after sex.

- **Can I go in hot Tubs/Jacuzzi?**

It is not usually recommend in the first 13 weeks. After the first trimester, you may take baths and use Jacuzzi's with a temperature no higher than 100 degrees and limit soaking times. Please have someone with you as you may become lightheaded and need assistance. If you think your water has broke please refrain from soaking in a bath or Jacuzzi.

- **What do I do if I need paperwork filled out for Disability/FMLA?**

Please leave the paperwork with the front office and give us some time to review with Dr. Murray. Please allow us a few days to complete as we have several forms to fill out for other obstetrical patients as well. There is a \$20.00 fee for us to complete these forms.

- **What should I do if I experience swelling?**

Swelling in your feet and hands are common in pregnancy. Elevate the extremity above the heart and increase the amount of water you're drinking. Also decrease sodium intake in your diet and increase protein. Remember any food packaged, canned, or frozen are generally higher in sodium. If you don't have any improvement in the swelling or also have headaches, dizziness, or any visual changes, notify the office.

- **What if I come in contact with someone with Chicken Pox, Fifth's disease, or CMV?**

If you've had chicken pox or have been immunized, there is no concern for you or your baby. If you have not, please avoid contact with that individual, or call the office for advice. If you have direct contact with an individual with Fifth's Disease, call the office for further instruction.

- **What is Cord Blood Banking?**

It is a birthing option that enables parents to have newborns' cord blood collected and cryopreserved for future use. Please ask if you are interested in this. There are extra fees to have this performed and to continue to store the cord blood once it is cryopreserved.

- **What are the diet recommendations for pregnant women?**

Small frequent meals are encouraged. We also recommend drinking 8-10 glasses of water a day. A healthy variety of food is suggested. No uncooked meats, sushi, or oysters. Please refer to the nutritional handouts in packet concerning diet and consumption of certain foods such as fish & cheeses.

- **How much weight should I gain during my pregnancy?**

The average recommended weight gain during pregnancy is 25 to 35 pounds.

# Danger Signs of Pregnancy

## Danger Signs

If you have any of these "danger signs" please call the office for further instructions.

### The "danger signs" include:

- Constant low backache
- Any bleeding or spotting from your vagina
- Change or increase in your vaginal discharge
- Bag of waters breaks or leaks
- Frequent tightening or "balling up" of the uterus or womb
- The baby is moving less than usual
- Fever
- Frequent vomiting and/or diarrhea
- Pain when you pass urine
- Fainting or blackouts
- Headaches
- Blurring of your vision
- Anything else that seems wrong
- Swelling of the hands and face

### Tell your doctor:

- What problem you are having
- When the problem started
- When the baby is due

# COMPLICATIONS DURING PREGNANCY

There are many problems that can arise during pregnancy. Some are trivial, but some can be serious.

## Early Pregnancy Bleeding

There are many causes of bleeding during pregnancy. Possible causes depend upon when it occurs. If you experience bleeding early in your pregnancy, we'll perform a pelvic exam and sonogram to determine the cause. Some serious causes of early pregnancy bleeding are miscarriage, ectopic pregnancy, and pelvic infections.

Miscarriage is the most common serious cause of early bleeding and occurs in 15-20% of all pregnancies, usually within the first three months. Most miscarriages cannot be prevented. They are nature's way of dealing with pregnancies that are not developing properly. A miscarriage is characterized by bleeding more than a heavy period and there is usually cramping.

An ectopic pregnancy, or the fertilization of an egg outside the womb (usually in a fallopian tube), is another serious cause of early bleeding. Ectopic pregnancies occur in less than one percent of all pregnancies and are almost always associated with severe pain. Most of the bleeding is internal, which can be life-threatening because of its hidden nature.

## Late Pregnancy Bleeding

Bleeding late in pregnancy can be serious, but the most common cause is "bloody show," one of the first signs of labor. This is caused by the thinning of the cervix and is usually associated with thick mucus. Cervical irritation and pelvic exams can also cause bleeding.

The most serious late-pregnancy bleeding is caused by either placenta previa or placental abruption. When these conditions occur, they are most often in the final 3 months of the pregnancy.

**Placenta previa** results when the placenta partially or completely covers the cervix. As your cervix thins in preparation for labor, massive bleeding occurs. The other serious cause of late bleeding, **placenta abruption**, occurs when the placenta prematurely detaches from the inner lining of the womb. This is usually accompanied by abdominal pain. Either condition can lead to the death of the unborn baby and mother.

**If you experience** significant bleeding late in your pregnancy, you may be hospitalized for observation and evaluation. If bleeding is serious, or if fetal distress is detected by the fetal monitor, a Cesarean delivery may be required.



Most bleeding is the result of minor causes that require no treatment. It is important, however, for you to know that bleeding can indicate serious problems. You should report all bleeding to us immediately.

## **High Blood Pressure in Pregnancy**

Fewer than ten percent of pregnant women develop high blood pressure, also known as toxemia or pre-eclampsia. The cause of this potentially serious condition is unknown. When changes of blood pressure are detected and treated early, the mother and the baby can avoid serious problems. If untreated, however, high blood pressure can cause permanent damage to the eyes, kidneys, brain and liver of the mother. The fetus can suffer from a lack of oxygen and nutrients which can lead to growth problems, mental retardation or even death.

Teenage mothers are more likely to develop the disorder, usually during the last three months of their first pregnancy. Women who are overweight, diabetic or older than 35 years are also at risk. Mothers with kidney disease, twins or a history of high blood pressure are also likely candidates.

High blood pressure is caused when the blood vessels in the body contract, increasing the pressure and lessening the amount of blood flowing to the uterus, the placenta and the fetus. Mild changes in blood pressure for a brief period are unlikely to cause problems. However, prolonged and severe spasm of the vessels can be potentially harmful to mother and baby.

A sudden weight gain of more than two pounds per week or swelling of the face and hands can indirectly signal high blood pressure. Some women experience no distinct symptoms at all. Headaches, visual disturbances, or pain in the upper abdomen may indicate a more serious blood pressure problem. By monitoring your blood pressure, weight and urine at each prenatal checkup, we are able, for the most part, to make an early diagnosis of the problem and avoid serious complications.

We treat each case of pre-eclampsia differently depending upon a variety of factors usually determined by special testing and by how close you are to your due date. Bed rest at home or hospitalization may become necessary, but the eventual delivery of your baby will cure the disorder.

## **Diabetes**

There are several kinds of diabetes, all relating to the delicate balance of sugar (glucose) in the blood. Insulin is a hormone that converts glucose into the body's main source of energy. When the body fails to produce enough insulin or produces too much glucose, the level of sugar in the blood becomes too high, which can be dangerous for you and your baby. **Gestational diabetes** is a kind of diabetes that only occurs in pregnant women. The condition usually subsides after pregnancy, but women who have had gestational diabetes are more likely to develop permanent diabetes later in life.

Some women are more likely to develop gestational diabetes than others, particularly those who have previously delivered a large infant weighing 9 pounds or more, and women who are obese. Women who have had stillborn babies or a family history of diabetes may also develop diabetes.

Gestational diabetes is a serious condition because it can cause the birth of a large baby, which may mean a difficult vaginal birth or a Cesarean delivery.

Babies born to gestational diabetics are also prone to having low blood sugar levels and jaundice after delivery which can lead to permanent neurological problems.

Pregnant mothers with gestational diabetes may also have too much fluid surrounding the baby which can cause premature labor and increase the risk of respiratory distress syndrome in the baby. They are also more susceptible to urinary tract infections and high blood pressure.

Because it is important to detect and treat gestational diabetes, we will test your blood for gestational diabetes at 24-28 weeks of pregnancy, regardless of predetermining factors. This simple and safe test requires only that you drink a sugar cola and have a blood sample checked one hour later. This is called a one-hour glucose tolerance test. If the test reveals a high level of glucose in your blood, we'll conduct a more extensive three-hour glucose test to make a more definitive diagnosis of your condition.

Most gestational diabetics can control their sugar levels with mild exercise and modified diets. Occasionally, however, gestational diabetes is severe enough to require insulin injections to control sugar levels.

A dietician or a person specially trained in modification of diet to lower blood sugar will assist you in your diet changes. The dietary principles to lower blood sugar involve a reduction of calorie consumption, and eating smaller and more frequent meals consisting of more complex carbohydrates such as rice, pasta, bread, corn, cereal and beans. Foods with simple sugars will be limited or excluded from your diet.

By our carefully screening and treating you for gestational diabetes, you will be more likely to have an uneventful pregnancy and a successful delivery of a normal baby. And mothers who have had gestational diabetes can avoid the development of overt diabetes later by continuing strict diet and weight control following the pregnancy.

## **Warning Signs of Preterm Labor**

Premature labor is labor that starts before 37 weeks of pregnancy, or more than 3 weeks before your due date. Premature labor can often be stopped if you catch it early. However, labor after 34 weeks usually cannot be stopped and will progress to delivery.

## **These are the signs:**

- Uterine contractions - more than 4 in one hour.
- Menstrual cramps - may come and go or be constant.
- Abdominal cramps - with or without diarrhea.
- Low backache - comes and goes or constant.
- Pelvic pressure - feels like baby pushing down.
- Change in vaginal discharge - a sudden increase in amount or it may become mucous-like, watery or slightly bloody.

If you have one or more of these symptoms, you might be in premature labor and you should call your healthcare provider.

## **Rh Disease and Its Prevention (RhoGam)**

A routine blood test will be performed at one of your prenatal checkups to determine your blood type and Rh factor. The most common blood type is Type O; the most common Rh factor is positive. People with Type O, B, A, or AB positive blood have a positive Rh factor. Those with Type O, B, A, or AB negative blood have a negative Rh factor.

**When your blood type is Rh negative, and the father's is Rh positive,** the baby could inherit the father's positive blood type, which could cause a problem during pregnancy or, more frequently, at the time of delivery.

If your blood type is Rh negative, your body's immune system can recognize the baby's Rh positive blood cells that escape into your circulation. These cells are different from yours. Because they are different from yours, your body will produce antibodies to destroy your baby's red blood cells. These antibodies not only attack the baby's blood cells that are in your circulation, but also cross the placenta to destroy the baby's blood cells in its circulation. These antibodies may not be a problem during your first pregnancy, but can lead to a serious disease with subsequent pregnancies called **hemolytic disease** of the newborn. These kinds of antibodies can also be produced as a result of a blood transfusion, amniocentesis, turning of a breech baby, pregnancy termination, tubal pregnancy and miscarriage.

When your body produces a high level of antibodies, more of your baby's blood cells are destroyed. Eventually, this produces anemia in your baby which can lead to fetal death prior to the baby's birth. Live births can be complicated by severe jaundice which can lead to mental retardation, hearing loss or cerebral palsy. With each successive pregnancy, the risk of hemolytic disease of the newborn increases.

Fortunately, we can prevent hemolytic disease of the newborn most of the time by giving you a special injection of gamma globulin (RhoGam) that prevents your immune system from reacting to your baby's red blood cells. The RhoGam finds the fetal red cells in your circulation and neutralizes them so you don't produce antibodies against your baby's red

blood cells. We give this injection routinely at 28 weeks of pregnancy and within 72 hours following delivery.

If your Rh factor matches the father's or you are Rh positive, you have nothing to worry about. Rh disease cannot affect you or your baby.

## **Group B Strep - (GBS)**

Group B Strep is a common bacteria (germ) that can be found in up to 4 of 10 pregnant women. In women it is most commonly found in the vagina or rectum and may cause serious medical problems for the newborn baby. Fortunately, most babies who acquire this infection from their mothers do not have any problems.

Only 1-2% of all babies who are exposed to GBS during pregnancy become infected. Babies can develop early infections during the first week of life or later, after they leave the hospital. The early infections can be quite severe and affect the baby's lungs, blood, spinal cord or brain which can lead to death in 15% of affected babies. Late infections usually manifest themselves as meningitis which can have long-term effects on the baby's nervous system.

There is considerable debate within the medical community about this disorder. Cultures for GBS during pregnancy are not very successful because the bacteria may be present only part of the time. A culture of the vagina, rectum and urine may reveal GBS at one time and not at another.

In addition, treatment of pregnant women with GBS cannot always prevent infection in the baby. A pregnant woman can become positive again for GBS after treatment before the baby is born. The best way to prevent GBS infection is the use of antibiotics during labor.

Certain risk factors increase the chance that a baby of a mother with GBS will become infected. These women may benefit from treatment with antibiotics during labor and delivery. Mothers at high risk for GBS are those with:

- Fever during labor
- Previous child with GBS
- Ruptured membranes more than 18 hours
- Rupture of membranes before 37 weeks of pregnancy
- Premature labor (less than 37 weeks of pregnancy)

## **Post Partum Instructions**

We hope this handout will help you with answers to some of the questions that may arise in the early days and weeks after having a baby. You will be receiving a courtesy call from one of the nurse at our office after you get discharged from the hospital. If you had a vaginal delivery you will need to schedule a 6 week post partum visit. At this visit you will have a pelvic exam, pap smear, and discuss contraception if needed. If you had a c-section, you will need to schedule a 2 week incision check and a 6 week post partum visit. If you have any questions or problems before your visit, please feel free to call our office.

### **ACTIVITY**

We recommend that you begin to gradually resume a regular exercise program once you have recovered from your delivery. If you had a Cesarean section, you should wait 2-3 weeks before beginning any significant exercise and then slowly progress toward a normal level of activity. Do not do exercises that are uncomfortable. At your 6-week check-up appointment, we will discuss more strenuous activity. If you have had a vaginal delivery, we suggest that you begin a program of walking and light post natal exercises as tolerated, and then after 3-4 weeks, progress to your normal activity when your bleeding has ceased. In the first few days home from the hospital, it is a good idea to lie down and rest when your baby is sleeping.

### **PERSONAL CARE**

The major bleeding after delivery will stop within 2 to 3 days. The discharge/bleeding you can expect after that will be lighter in color and flow, and will last for up to 3-5 weeks. If your flow increases after it has begun to lessen, you should consider this a reminder to slow down your activity for a while, and get off your feet. If you should pass large bright red clots or have bleeding that is significantly heavier than a period, you should call your doctor. If you are not breast-feeding, you may have a period before your six-week appointment.

Caring for your C-Section incision will be very simple. “Steri-strips” of surgical tape were placed across the incision during surgery. If your incision was sutured, the stitches will slowly dissolve on their own. You may have steri-strips placed over the incision. They should start to fall off on their own or can be gently be peeled off after 7 days. If your incision was stapled, these were mostly likely removed before you came home (if not, please call the office to schedule an appointment to have your staples removed). Same as above, you if the staples were removed, you will go home with steri-strips across the incision. Keeping your incision clean and dry is usually all that is needed. You may find that a blow dryer works best for drying the incision after bathing.

If you had your tubes tied after a vaginal delivery, you probably came home with a large Band-Aid or steri-strips over your umbilical incision. These can be removed as soon as you wish to shower at home. You may find it is easiest to dry these stitches with a blow dryer. If you notice redness or drainage from your incision, you should call your doctor.

We recommend that you restrict sexual activity, douching, tampons, swimming and tub baths until your bleeding has completely stopped. You may shower or take sitz baths at any time (3-4 times a day is helpful if you have stitches). You can gently cleanse your perineum and stitches with soap and water. If you were given a prescription medication to put on your stitches, you may do this 3 times a day or as directed. You may resume driving when you can move quickly without hesitation. If you have had a Cesarean section, this will take at least 3 weeks. Travel with a new baby is difficult, and we suggest that you plan to stay close to home for at least a month.

Hemorrhoids may cause pain or discomfort after delivery. You may use Witch Hazel compresses, Preparation H, Anusol cream or suppositories, or the prescription medication given to you. You may find that sitz baths will help with the swelling, but staying off your feet as much as possible for the first week or so after delivery will be the most helpful. Please call your doctor if you have severe pain not relieved by the above. It is important to have a thermometer on hand for both you and your baby, and to be familiar with how to use it. You do not need to check your temperature unless you feel that you are sick (having chills or increasing pain). If your temperature is  $>101$ , please notify your doctor. We will need to know if you are having other signs of infection such as redness or pain in one or both breasts, foul smelling vaginal discharge, or bladder infection symptoms (burning, frequency, blood in the urine). Pain or redness in the legs should also be reported.

## **BREAST CARE**

A good support bra is essential whether or not you are breastfeeding. If you are nursing, a good nursing bra should be worn around the clock. The most likely part of post partum recovery and adjustment to motherhood that can be difficult is breastfeeding. However, the special nature of the bond between a mother and her baby is such that most problems are overcome. The two principal ingredients for successful breastfeeding are patience and confidence. You and your baby must learn to know each other and work together to accomplish the task of infant nutrition. The hospital's lactation specialist will have visited you before you left the hospital, and she continues to be available to you both by phone and by appointments to come in and work with her. Your Pediatrician's office can also offer assistance. We recommend that new nursing mothers nurse in a very private environment and allow themselves the luxury of total emotional involvement in the baby during feeding. This helps to stimulate the let down reflex. Do not allow yourself to be overly scrutinized while nursing, as this can be confusing and detrimental. Your milk will probably come in on the third day after delivery. We recommend that you nurse your baby on both breasts at each feeding. Start feeding on the breast you finished with last time. Your breasts will become less sore and provide more milk if you nurse on both breasts each time. Please consult either our office or your Pediatrician's before taking any medications, since many drugs do pass through breast milk into the baby. Remember to increase your fluid intake while nursing. We recommend that you continue your prenatal vitamins while nursing.

If you are bottle feeding, you should continue to wear a good support bra around the clock for the first week after delivery. Your breasts will reach a peak of engorgement about 72 hours after delivery. Avoid all stimulation to the breasts (hot showers directly on your breasts, nuzzling your baby against your breasts, or pumping to relieve engorgement) as this will stimulate more milk production. Tylenol or Ibuprofen is usually sufficient to relieve discomfort. Ice packs applied to the breasts also will decrease swelling. Cabbage leaves applied inside the bra against the breasts act as an astringent and can be very helpful too.

### **BIRTH CONTROL**

In general, this will be discussed at the six-week check up appointment. If you are sexually active before that time, it is best to use foam and condoms. Other forms of birth control are not recommended until later. Remember that it is possible to conceive soon after delivery and that if you are breast-feeding you may not have periods but can still ovulate and get pregnant. Breast feeding is **not** birth control.

### **CONGRATULATIONS!**

All of us at Dr.Murray's office look forward to seeing you in our office again soon. If we can assist you in any way, please don't hesitate to call.

# Consumption of Fish and Seafood During Pregnancy

## Sushi

Certain types of cooked sushi such as eel and California rolls are safe to eat when pregnant.

The FDA reports the greatest risk of seafood-borne illnesses is from raw or undercooked shellfish, particularly clams, oysters and mussels from contaminated waters. Bacteria such as Salmonella, Staphylococcus aureus, and viral infections (including hepatitis A) have all been found in raw seafood.



However, raw fish should also be avoided during pregnancy because it may contain parasites such as flukes or worms. Cooking and freezing are the most effective methods for killing the parasite larvae found in fish. The USFDA recommends cooking the fish to 140°F. The fish should appear opaque and flaky when done. Freezing the fish at - 10°F for at least 168 hours (7 days) will also kill most larvae [6]

## Mercury in Fish and Seafood

Fish and seafood can be an important part of a balanced diet for pregnant women and those of childbearing age who may become pregnant. Indeed low consumption of fish was found to be a strong risk factor for preterm delivery and low birth weight in one study [7]. Nonetheless, some large long-lived fish contain high levels of a form of mercury called methyl mercury that may harm an unborn baby's developing nervous system.

Small fish absorb methylmercury from water as they feed on aquatic organisms. The longer the fish lives the more methylmercury the fish accumulates in its body. Large, long-lived, larger fish that feed on other fish (high in the food chain) accumulate the highest levels of methylmercury . In the United States the limit for methyl mercury in commercial marine and freshwater fish is 1.0 parts per million (ppm). In Canada the limit for total mercury content is 0.5 (ppm) [1,2]. Although the mercury levels found in most commonly consumed fish and seafood are well below these limits, the mercury levels found in several predator species frequently exceed 1.0 ppm

## Food and Drug Administration (FDA) Recommendations

The FDA advises that pregnant women, women who may become pregnant, nursing mothers, and young children **should avoid eating shark, swordfish, king mackerel and tilefish** due to high levels of mercury in these fish [1] (Table 1).



The FDA also recommends that pregnant women can safely eat an average of 12 ounces of other types of **COOKED** fish each week **You may eat up to 6 ounces (one average meal) of albacore tuna per week.** Emphasis is placed on choosing a variety of fish low in mercury such as shrimp, canned light tuna, salmon, pollock, and catfish. [1].So, when choosing your two meals of fish and shellfish, you may eat up to 6 ounces (one average meal) of albacore tuna per week.

&If no local advisories about the safety of fish caught by family and friends are available, eat up to 6 ounces (one average meal) per week of fish you catch from local waters, but don't consume any other fish during that week."[1]

### **Further State Recommendations (in addition to FDA recommendations):**

#### **Washington State Department of Health [4]**

Advises women of childbearing age and children under six to:

- Avoid fresh caught or frozen tuna steaks. (Fresh or frozen tuna normally contains about .32 parts per million of mercury, but that number can go as high as 1.3 parts per million.)
- Limit the amount of canned tuna\* they eat, based on their bodyweight.
  - Women of childbearing age should limit the amount of canned tuna they eat to about one can per week (six ounces.) A woman who weighs less than 135 pounds should eat less than one can of tuna per week.
  - Review a [chart of recommended limits](#) of canned tuna for different bodyweights.

#### **Wisconsin Department of Natural Resources [5]**

Advises women of childbearing age to:

- Limit tuna steaks, halibut, orange roughy to one meal per month
- Limit cod, pollock, haddock, tuna (6ounce can) to one meal per week
- Limit salmon and shellfish to 2 to 3 meals per week.

The Environmental Working Group lists other types of fish that may be contaminated by mercury, as well as by PCBs, include bluefish and striped bass, and freshwater fish (such as salmon, pike, trout, walleye) from contaminated lakes and rivers.

### Mercury Levels in Seafood Species[3]

The following tables provide the mean and range of mercury levels in a variety of fish and shellfish

**TABLE 1. Large Fish That Can Contain High Levels of Methylmercury[1,3]**

SPECIES	MEAN (PPM)	RANGE (PPM)
Shark	0.988	ND - 4.54
Tilefish (Gulf of Mexico)	1.45	0.65-3.73
Swordfish	0.976	ND - 3.22
King mackerel	0.73	0.23 - 1.67

PPM=parts per million

ND=Not detectable - mercury concentration below detection level (Level of Detection (LOD)=0.01ppm)

**TABLE 2. Fish or Shellfish That May at Times Contain High Levels of Mercury [3]**

SPECIES	MEAN (PPM)	RANGE (PPM)
Bass (Chilean)	0.386	0.085 - 2.180
Mackerel Spanish (Gulf of Mexico)	0.454	0.070 - 1.560
Halibut	0.252	ND -1.520
Snapper	0.189	ND - 1.366
Lobster Northern (American)	0.31	0.05 - 1.31
Tuna all (Fresh or frozen)	0.383	ND - 1.30
Grouper (All species)	0.465	0.053 - 1.205
Monkfish	0.180	0.020 - 1.020
Bass (Sea bass/ Striped Bass/ Rockfish)	0.219	ND - 0.960
Orange Roughy	0.554	0.296 - 0.855

PPM=parts per million

ND=Not detectable - mercury concentration below detection level (Level of Detection (LOD)=0.01ppm)

**TABLE 3. Fish and Shellfish With Much Lower Levels of Mercury[3]**

<b>SPECIES</b>	<b>MEAN (PPM)</b>	<b>RANGE (PPM)</b>
Tuna (canned)	0.118	ND - 0.852
Pollock	0.041	ND - 0.78
Trout Seawater	0.256	ND - 0.744
Sablefish	0.220	ND - 0.700
Trout Freshwater	0.072	ND - 0.678
Crab (Blue, King, and Snow)	0.060	ND- 0.610
Cod	0.095	ND - 0.420
Squid	0.070	ND - 0.400
Anchovies	0.043	ND - 0.340
Catfish	0.049	ND - 0.314
Carp	0.14	0.01 - 0.27
Oysters	0.013	ND - 0.250
Scallop	0.050	ND - 0.22
Salmon (Fresh or frozen)	0.014	ND - 0.190
Herring	0.044	ND - 0.135
Tilapia	0.010	ND - 0.070
Crawfish	0.033	ND - 0.051
Clam	ND	ND
Shrimp	ND	ND
Salmon (Canned)	ND	ND
Clam	ND	ND

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## Pregnancy: Eating Right While Pregnant

Healthy eating in pregnancy, and enough of it, is very important for your baby to grow and develop. You should consume about 300 more calories per day than you did before you became pregnant.

Although nausea and vomiting during the first few months of pregnancy can make this difficult, try to eat a well balanced diet and take prenatal vitamins. Here are some recommendations to keep you and your baby healthy.

### Goals for Healthy Eating

- Eat a variety of foods to get all the nutrients you need. Recommended daily servings: 6-11 servings of breads and grains, two to four servings of fruit, four or more servings of vegetables, four servings of dairy products, three servings of protein sources (meat, poultry, fish, eggs or nuts). Use fats and sweets sparingly.
- Choose foods high in fiber that are enriched such as whole-grain breads, cereals, pasta, rice, fruits and vegetables.
- Make sure you are getting enough vitamins and minerals in your daily diet. You should take a **prenatal vitamin supplement** to make sure you are consistently getting enough vitamins and minerals every day. Your doctor can recommend an over-the-counter brand or prescribe a prenatal vitamin for you.
- Eat and drink at least four servings of dairy products and calcium-rich foods a day to help ensure that you are getting 1000 - 1300 mg of calcium in your daily diet.
- Eat at least three servings of iron-rich foods per day to ensure you are getting 27 mg. of iron in your daily diet.
- Choose at least one good source of vitamin C every day, which include: oranges, grapefruits, strawberries, honeydew, papaya, broccoli, cauliflower, Brussel sprouts, green peppers, tomatoes and mustard greens. Pregnant women need 70 mg of vitamin C a day.
- Choose at least one good source of folic acid every day, which include: dark green leafy vegetables, veal and legumes (lima beans, black beans, black-eyed peas and chickpeas). Every pregnant woman needs at least 0.4 mg of folic acid per day to help prevent neural tube defects such as spina bifida.
- Choose at least one source of vitamin A every other day. Sources of vitamin A include carrots, pumpkins, sweet potatoes, spinach, water squash, turnip greens, beet greens, apricots and cantaloupe. Know that excessive vitamin A intake (>10,000 IU/day) may be associated with fetal malformations.

### Are There Foods I Should Avoid?

Yes, here are some of them:

- Avoid alcohol during pregnancy. Alcohol has been linked to premature delivery, mental retardation, birth defects and low birth weight babies.
- Limit caffeine to no more than 300 mg. per day. The caffeine content in various drinks depends on the beans or leaves used and how it was prepared. An 8 oz cup of coffee has about 150 mg of caffeine on average while black tea has typically about 80

mg. A 12-ounce glass of caffeinated soda contains anywhere from 30-60 mg of caffeine. Remember, chocolate contains caffeine -- the amount of caffeine in a chocolate bar is equal to 1/4 cup of coffee.

- The use of saccharin is strongly discouraged during pregnancy because it can cross the placenta and may remain in fetal tissues. But, the use of other non-nutritive or artificial sweeteners approved by the FDA is acceptable during pregnancy. These FDA-approved sweeteners include aspartame (Equal or NutraSweet), acesulfame-K (Sunett) and sucralose (Splenda). These sweeteners are considered safe in moderation so talk with your health care provider about how much non-nutritive sweetener is acceptable during pregnancy.
- Decrease the total amount of fat you eat to 30% or less of your total daily calories. For a person eating 2000 calories a day, this would be 65 grams of fat or less per day.
- Limit cholesterol intake to 300 milligrams (mg) or less per day.
- Do not eat shark, swordfish, king mackerel, or tilefish (also called white snapper), because they contain high levels of mercury.
- Avoid soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese. These cheeses are often unpasteurized and may cause Listeria infection. Hard cheese, processed cheese, cream cheese, cottage cheese, or yogurt need not be avoided.
- Avoid raw fish, especially shellfish - like oysters and clams.

### **What Should I Eat When I Don't Feel Well?**

During pregnancy you may have morning sickness, diarrhea or constipation. You may find it hard to keep foods down, or you may feel too sick to even eat at all. Here are some suggestions:

- **Morning Sickness.** Eat crackers, cereal or pretzels before getting out of bed; eat small, frequent meals throughout the day; avoid fatty, fried and greasy foods.
- **Constipation.** Eat more fresh fruit and vegetables. Also drink 6 to 8 glasses of water a day.
- **Diarrhea.** Eat more foods that contain pectin and gums (two types of dietary fiber) to help absorb excess water. Examples of these foods are: applesauce, bananas, white rice, oatmeal, and refined wheat bread.
- **Heartburn.** Eat small, frequent meals throughout the day; try drinking milk before eating; and limit caffeinated foods and beverages.

### **Can I Diet While I am Pregnant?**

No, do NOT diet or try to lose weight during pregnancy -- both you and your baby need the proper nutrients in order to be healthy. Keep in mind that you will lose some weight the first week your baby is born.

## **Can I Eat a "Low Carb" Diet While I'm Pregnant?**

Low carbohydrate diets, such as Atkins and the South Beach Diet, are very popular. There have been no studies of the effects of a low carbohydrate diet on pregnancy, so its effect on the fetus, if any, are unknown. While you are pregnant, you should eat a balanced diet from all of the food groups.

## **Can I Maintain My Vegetarian Diet While Pregnant?**

Just because you are pregnant doesn't mean you have to diverge from your vegetarian diet. Your baby can receive all the nutrition he or she needs to grow and develop while you follow a vegetarian diet if you make sure you eat a wide variety of healthy foods that provide enough protein, iron and calories for you and your baby.

Depending on the type of vegetarian meal plan you follow, you may need to adjust your eating habits to ensure that you and your baby are receiving adequate nutrition (you should consume about 300 more calories than you did before you became pregnant).

## **Why Do I Need More Calcium?**

Calcium is a nutrient needed in the body to build strong teeth and bones. Calcium also allows blood to clot normally, muscles and nerves to function properly, and the heart to beat normally. Most of the calcium in your body is found inside your bones.

Your growing baby needs a considerable amount of calcium to develop. If you do not consume enough calcium to sustain the needs of your developing baby, your body will take calcium from your bones, decreasing your bone mass and putting you at risk for osteoporosis. Osteoporosis causes dramatic thinning of the bone, resulting in weak, brittle bones that can easily be broken.

Pregnancy is a critical time for a woman to consume more calcium. Even if no problems develop during pregnancy, an inadequate supply of calcium at this time can diminish bone strength and increase your risk for osteoporosis later in life.

## **How Much Calcium Should I Consume During Pregnancy?**

The following guidelines will help ensure that you are consuming enough calcium throughout your pregnancy:

- The U.S. Recommended Daily Allowance (USRDA) for calcium is 1000 milligrams (mg) per day for pregnant and lactating (breastfeeding) women over age 18. The USRDA for teenage girls up to age 18 is 1300 mg. of calcium per day.
- Eating and drinking at least four servings of dairy products and calcium-rich foods a day will help ensure that you are getting the appropriate amount of calcium in your daily diet.
- The best sources of calcium are dairy products including milk, cheese, yogurt, cream soups and pudding. Calcium is also found in foods including green vegetables (broccoli, spinach and greens), seafood, dried peas and beans.
- Vitamin D will help your body use calcium. Adequate amounts of vitamin D can be obtained through exposure to the sun and in fortified milk, eggs and fish.

## **How Can I Get Enough Calcium If I'm Lactose Intolerant?**

Lactose intolerance is the inability to digest lactose, the sugar found in milk. If you are lactose intolerant, you may have cramping, gas or diarrhea when dairy products are consumed.

If you are lactose intolerant, you can still receive the calcium you need. Here are some suggestions:

- Try consuming small amounts of milk with meals. Milk may be better tolerated with food.
- You may be able to tolerate certain milk products that contain less sugar including cheese, yogurt and cottage cheese.
- Eat non-dairy calcium sources including greens, broccoli, sardines and tofu.
- Use Lactaid Milk fortified with calcium. Talk to your dietitian about other lactose-reduced products.

## **Should I Take a Calcium Supplement?**

If you have trouble consuming enough calcium-rich foods in your daily meal plan, talk to your doctor or dietitian about taking a calcium supplement. The amount of calcium you will need from a supplement depends on how much calcium you are consuming through food sources.

Calcium supplements and some antacids containing calcium, such as Tums, may complement an already healthy diet. Many multiple vitamin supplements contain little or no calcium; therefore, you will need an additional calcium supplement.

## **Why Do I Need More Iron Now That I am Pregnant?**

Iron is a mineral that makes up an important part of hemoglobin, the substance in blood that carries oxygen throughout the body. Iron also carries oxygen in muscles, helping them function properly. Iron helps increase your resistance to stress and disease.

The body absorbs iron more efficiently during pregnancy; therefore it is important to consume more iron while you are pregnant to ensure that you and your baby are getting enough oxygen. Iron will also help you avoid symptoms of tiredness, weakness, irritability and depression.

## **How Much Iron Should I Consume?**

Following a balanced diet and including foods high in iron can help ensure that you are consuming enough iron throughout your pregnancy. In addition, the following guidelines will help:

- The USRDA for iron is 27 milligrams (mg) per day for pregnant women and 15 mg for lactating women.
- Eating at least three servings of iron-rich foods a day will help ensure that you are getting 30 mg. of iron in your daily diet. One of the best ways to get iron from your diet is to consume a highly fortified breakfast cereal such as Total, which has 18 mg of iron.



Note that iron intake is not equal to iron absorption. Absorption of iron into the body is greatest with meat sources of iron such as liver.

- The best sources of iron include enriched grain products; lean meat, poultry and fish; and leafy green vegetables.

### **Should I Take an Iron Supplement?**

Talk to your health care provider about an iron supplement. The National Academy of Sciences recommends that all pregnant women following a balanced diet take an iron supplement providing 27 mg of iron during the second and third trimesters of pregnancy (that's the amount in most prenatal vitamins). Your doctor may increase this dose if you become anemic. Iron deficiency anemia is a condition in which the size and number of red blood cells are reduced. This condition may result from inadequate intake of iron or from blood loss.

### **What Are Good Sources of Iron?**

- **Meat and Seafood:** Lean beef, chicken, clams, crab, egg yolk, fish, lamb, liver, oysters, pork, sardines, shrimp, turkey and veal.
- **Vegetables:** Black-eyed peas, broccoli, Brussel sprouts, collard and turnip greens, lima beans, sweet potatoes, and spinach.
- **Legumes:** Dry beans and peas, lentils, and soybeans.
- **Fruits:** All berries, apricots, dried fruits, including prunes, raisins and apricots, grapes, grapefruit, oranges, plums, prune juice, and watermelon.
- **Breads and Cereals:** Enriched rice and pasta, soft pretzel, and whole grain and enriched or fortified breads and cereals.
- **Other Foods:** Molasses, peanuts, pine nuts, pumpkin or squash seeds.

### **Other Facts About Iron**

- Vitamin C helps your body use iron. It is important to include sources of vitamin C along with foods containing iron and iron supplements.
- Caffeine can inhibit the absorption of iron. Try to consume iron supplements and foods high in iron at least one to three hours before or after drinking or eating foods containing caffeine.
- Iron is lost in cooking some foods. To retain iron, cook foods in a minimal amount of water and for the shortest possible time. Also, cooking in cast iron pots can add iron to foods.
- Constipation is a common side effect of taking iron supplements. To help relieve constipation, slowly increase the fiber in your diet by including whole grain breads, cereals, fruits and vegetables. Drinking at least eight cups of fluids daily and increasing moderate exercise (as recommended by your doctor) can also help you avoid constipation.

## **Are Food Cravings Normal During Pregnancy?**

Yes. Although there is no widely accepted explanation for food cravings, almost two-thirds of all pregnant women have them. If you develop a sudden urge for a certain food, go ahead and indulge your craving if it provides energy or an essential nutrient. But, if your craving persists and prevents you from getting other essential nutrients in your diet, try to create more of a balance in your daily menu.

During pregnancy, your taste for certain foods may change. You may suddenly dislike foods you were fond of before you became pregnant. In addition, during pregnancy, some women feel strong urges to eat non-food items such as ice, laundry starch, dirt, clay, chalk, ashes or paint chips. This is called pica, and it may be associated with an iron deficiency such as anemia. Do not give in to these non-food cravings -- they can be harmful to both you and your baby. Tell your health care provider if you have these non-food cravings.

If you have any problems that prevent you from eating balanced meals and gaining weight properly, ask your health care provider for advice. Registered dietitians -- the nutrition experts -- are available to help you maintain good nutrition throughout your pregnancy.

Reviewed by The Cleveland Clinic Birthing Services and the Department of Obstetrics and Gynecology.

# Alpha-Fetoprotein (AFP) Blood Test

## What is Alpha-fetoprotein?

- AFP stands for Alpha-fetoprotein, a substance made by a developing baby before birth.
- AFP passes from your baby to the amniotic fluid (around the baby) and into your blood stream.

## What does the AFP blood test indicate?

The AFP blood test helps to indicate risk of certain birth defects. The most common of these defects are spina bifida; open spine, brain and skull defects.

## How is the test done?

- A blood sample is taken from you between the 15th and 21st week of pregnancy.
- The lab will report the results to your doctor in one week.
- Waiting for these results can cause anxiety and worry. Please discuss your feelings with your health care provider, partner, and family.

## What are abnormal results?

- If your blood value is too high, it **may** mean that:  
You are at a different stage in your pregnancy than was thought  
You are carrying more than one baby  
You may have a baby with a birth defect
- If your blood value is too low, it **may** mean that:  
You are at a different stage of your pregnancy than you thought  
You may have a baby with Down Syndrome ( Trisomy 21)

## What if the AFP is abnormal?

- If your AFP blood test is abnormal, there will be further testing.
- Tests may include:  
A repeat of the AFP blood test  
An ultrasound of the baby  
Genetic counseling with a specially-trained counselor to review the results  
By checking the fluid that surrounds your baby (amniocentesis).

**More than 90% of babies born when there is an abnormal AFP test are born without birth defects.**

## **Group B Strep and Pregnancy**

### **What is Group B Strep?**

Group B strep is bacteria that are often found in the intestine, vagina or rectal areas. You may hear your doctor or nurse call it GBS or GBBS. It is **not** a sexually transmitted disease (STD). About 1 in 4 women have the bacteria in their bodies but they do not feel sick or have any symptoms.

A woman may test positive at times and not at others. Group B strep is different than the type of strep that causes strep throat, but they are in the same family.

There is no vaccine to prevent group B strep at present.

### **Why is Group B Strep of concern?**

This type of strep can cause illness in newborn babies. It is the most common cause of sepsis (blood infection) and meningitis (infection of the fluid and lining of the brain).

### **How do I know if I have Group B Strep?**

All women should be tested for Group B strep between 35-37 weeks of pregnancy. A cotton swab is used to collect samples from the vagina and rectum. It is sent to the lab for testing.

### **What happens if my test is positive for Group B Strep?**

Women who test positive will be given antibiotics through a tube in a vein called an IV. This is done at the time her water breaks or when labor begins. Antibiotics are given to kill some of the strep bacteria that are dangerous to the baby during the birth process. Once you test positive, you should be treated in subsequent pregnancies.

### **What happens if I have not been tested and my water breaks or I go into labor?**

You will be given antibiotics if your group B strep status is not known. Penicillin is the drug most often used. It is safe and prevents this strep disease in newborns. If you are allergic to penicillin, other antibiotics can be given.

If you have had a baby with group B strep in the past or you have a urinary tract infection with group B strep, you should be treated when labor starts or your water breaks.

**Talk to your doctor or nurse if you have any questions.**

## **Sex During Pregnancy**

These days, people talk about sex more easily than ever before. However, people are sometimes embarrassed to talk about sex and pregnancy and may have trouble bringing up questions about sex with their doctor or nurse. Also, women and men often keep their fears and feelings to themselves.

If this is your first child, you may not know that pregnancy may be a time of mood swings for you and the father of the baby. You may feel tired, excited, happy, depressed, hopeful, scared, motherly and beautiful, uncomfortable and unattractive. The father, on the other hand, may feel proud at having fathered a child or may be anxious about new responsibilities. He may feel protective toward you and the growing baby or jealous of your new concentration on the pregnancy.

These mood changes may affect how you feel about each other and your desire for sex. The most important thing is not what you feel or how silly you think it is, but **sharing those feelings with each other**. In this way, you can make changes to make your sexual relationship good for both of you.

Following are some answers to questions about sex that commonly trouble expectant couples. If you have further questions, or if you have a sexual problem during your pregnancy that cannot be solved by yourselves, ask your doctor or nurse for advice. Although, you may think your question is unique, other people have probably had the same concern.

### **Questions that trouble pregnant women**

#### **Will my desire for sex be less during pregnancy?**

No two women feel the same way during pregnancy. For most women, pregnancy does not change their interest in sex. For some women, birth control was an interruption, and pregnancy may be a period of freedom. At certain times, some women may feel they are "losing their figure and looks" during pregnancy. Some may shy away from lovemaking, feeling less desirable. Others may want sex as reassurance that their partner still loves them and finds them attractive.

If you have no interest in having sex, talk with your partner. It may be hard for your partner to understand. If you and your partner disagree about sex or you feel pressured to have sex, talk to your doctor, nurse or a mental health counselor.

#### **Can sex harm the baby?**

It is almost impossible to harm the baby in the uterus by having sex. The water that the baby floats in, the membranes that hold the water, the womb, the abdominal wall, and the bony pelvis serve to protect the baby from being

hurt. If having sex is uncomfortable or painful, talk to your doctor or nurse. Sex during pregnancy is not usually painful. Do not put any sex toys or objects in your vagina or rectum during pregnancy.

### **Is it harmful to have a climax (orgasm) during pregnancy?**

Orgasm is not harmful to your baby.

### **How often is it safe to have sex during pregnancy?**

How often you have sex will not affect you or your baby, unless you have high risk problems and you have been told not to have sex. Couples make love at different rates and even vary from month to month. Some women are not interested in sex during the first three months of pregnancy. This may be due to tiredness and changes in hormones. These feelings often change after the first trimester when a desire for sex and increased energy may take place.

### **Can I have sex any time during pregnancy?**

Sex is usually allowed throughout pregnancy until the last few weeks. Some doctors feel that during the last few weeks, sex may cause premature rupture of the membranes. Many doctors have strong feelings about the answer to this question. It is best for you to follow your own doctor's advice.

Sex should be **stopped** and you should call your doctor if:

- Your water leaks or bag of water breaks
- You have vaginal bleeding, itching or discharge
- You feel pain in the vagina or abdomen
- You have tightening in your uterus, contractions or premature labor

### **If I have a history of miscarriages, can I still have sex?**

If you have had miscarriages, you should **not** have sex for the first three months of your pregnancy. Your doctor will probably tell you not to take bumpy car rides or take part in major physical activity or exercise. These restrictions help the placenta (afterbirth) develop enough for a successful pregnancy to occur.

### **The pressure during sex makes me uncomfortable but I do not have pain.**

If your partner's weight causes your discomfort, position changes will help. For instance, your partner may kneel over you, or approach you from the side or back, or you may sit on top of him.

If you feel pressure inside, do not allow your partner to move deeply into you. Pillows under you or lying on your side may help. Using a vaginal cream or jelly, like K-Y jelly or astroglide also may help.

**It is very difficult to talk to my partner about the way I feel. I feel ugly and undesirable. My partner never tells me otherwise and he does not cuddle me.**

Occasionally, some men are physically "turned off" during their partner's pregnancy. Usually this feeling is only temporary, and it should not be seen as a rejection. Your partner may have some other concerns and mixed feelings about this pregnancy, which may make him act indifferent and less caring. You also may be so involved with the life inside you that he may feel you are not interested in him. Talk to each other about these feelings.

### **Questions that trouble expectant fathers**

**I have a need for sex, but since the pregnancy my partner is not interested in sex. This causes tension between us. What can we do?**

Some form of compromise is the best solution. Talk about the problems and your feelings. Having sex less often or finding pleasure in a way that requires less complete participation on her part may be a solution.

It is sometimes hard for a woman to feel interested in sex when she does not feel desirable. Tell her that she is still attractive and loved despite her bulging belly. This may increase her interest in sex.

**When I feel the baby moving while we are making love, it puts an end to my interest in sex.**

You may be worried that you might hurt the baby. The baby is well protected and the kicks and turns have nothing to do with your sexual activity. The baby's kicking may remind you of your partner's role as a mother. You may feel as if a third person is observing your sexual activity. It may help to try another position so you do not feel the baby move.

# **Fetal Movement Count**

## **What Does Fetal Movement Count Mean?**

Fetal movement count is the number of times the baby moves during a given period. Babies do not move constantly. They may sleep for about 20 minutes and then wake up and move around. One way to check on your baby's health before birth, is to count the number of times he or she moves for a certain period each day. You can feel movement as the baby pushes against the wall of your uterus (womb). You can also feel the baby move by placing your hands on your abdomen. Sometimes you can see a ripple or little bump on your abdomen when the baby changes position. Some women describe the movements as "rolling," "stretching," or "pushing." Each feeling of movement counts as one movement. Write the number of movements down on the record provided.

## **How Should I Record The Movements?**

Choose a time twice a day to count your baby's movements. Try to plan your Fetal Movement Counts at the same time each day. After you eat a meal is often a good time. Follow these directions for this simple, but very important, test of your baby's health.

- Get into a comfortable position. Lay on either your left or right side to move the weight of the uterus off the large blood vessels. Oxygen is carried through these blood vessels to your uterus and to your baby.
- Use the record sheet on the back of this handout to record the movements.
- Look at the wall clock and write down the time you start counting.
- Each time the baby moves make a mark on the paper.
- After 1 hour, stop counting.
- If the baby has moved 8-10 times or more, you may stop counting.
- If the baby moved fewer than 8-10 times in an hour, count the movements for another hour.
- If there are still less than 8-10 movements in that hour, notify your nurse or doctor.

## **What If The Baby Does Not Move Or Moves Only A Little?**

If your baby does not move at least 8-10 times in one (1) hour, count movements for a second hour. If your baby still has not moved at least 8-10 times, call your nurse or doctor. There are other ways to check the baby. For example, the nurse will listen to the baby's heart rate or monitor the heart rate pattern over time.



# Fetal Movement Counts

Write down each time your baby moves in 1 hour. Please do movement counts two times a day, after meals. If you notice the movements are less than 8-10 in 1 hour period, continue to count for 1 more hour. If you still have less than 8-10 movements, call the office.

Date	Time	Movement Counts	Total