

## Congratulations on Your Pregnancy! 😊

### *Prenatal care and schedule*

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- Confirmation of pregnancy visit: this occurs after you have a positive pregnancy test at home, usually between 4-8 weeks gestation
- Dating US: this can be done to confirm your due date, should be done between 8-10 weeks gestation
- First OB visit: completed around 8-12 weeks gestation. This will include prenatal labs, history and physical, discussion on genetic testing, and listening to baby's heart beat on your belly for the first time
- Appointments will be monthly until later in pregnancy. Usually falls around weeks 16, 20, 24, and 28
- At 20 weeks, there will be an ultrasound. This ultrasound looks at all of baby's structures, as well as the placenta location. You will be able to find out the gender at this time if you want to know!

### *Routine lab work*

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- Blood type and antibody screen
- Complete blood count: will check for infection and anemia
- Check for infections: sexually transmitted diseases, urinary, and possible vaginal infections
- Make sure you are immune to certain things you have probably been immunized for such as rubella and hepatitis B
- May complete a pap smear if you need this
- Your pregnancy level hormone (HCG) may be monitored if you have any spotting or concerns

### *Changes to expect during the first trimester*

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- **Feeling tired.** This is a common symptom early in pregnancy. Your body is working hard to adjust to all the new physical changes. This can cause extreme fatigue. You may need to sleep longer than usual at night. If possible, you can take short naps during the day. Your energy will most likely return in the second trimester of pregnancy.
- **Frequent urination.** Towards the end of the first trimester, you will feel like urinating more often. This is because your growing uterus pushes on your bladder. You may even leak a little urine when you cough or sneeze.
- **Lightheadedness.** Your body is working overtime to make extra blood to support your baby. This can cause you to feel dizzy or lightheaded. Hunger, weakness, or stress can cause these symptoms as well.
- **Heartburn.** The muscles that break down food become more relaxed during pregnancy. Hormone changes also slow down this process. Food also stays in your stomach longer to give your body more time to absorb nutrients. All these things can cause or worsen heartburn.
- **Constipation.** You should be taking a daily prenatal vitamin that contains iron. The iron in the vitamin can lead to constipation. The slow process of breaking down food also can cause constipation, gas, and bloating. Your provider may suggest taking fiber supplements or a stool softener to provide relief. It would also be important to increase fiber rich foods in your diet. Make sure you drink plenty of water (about eight glasses per day). Tell your provider if you have severe problems. They may switch you to a different prenatal vitamin.
- **Visible veins.** Your body makes extra blood and your heart pumps faster to meet the needs of pregnancy. This can cause the blue veins in your belly, breasts, and legs to become more noticeable. You may develop spider veins on your face, neck, or arms. These are tiny blood vessels that branch out from a central area, like the legs of a spider. Wearing compression stockings, particularly as pregnancy

progresses may help with some of the discomfort related to vein changes in your legs. A good resource for compression stockings is [www.ameswalker.com](http://www.ameswalker.com). You can also typically find these at local pharmacies.

- **Skin changes.** You may notice that your skin looks rosier and shinier. Some people call this a “pregnancy glow.” It is caused by increased blood circulation. Pregnancy hormones can cause extra oil on your skin. It may cause you to have flares of acne.
- **Breast changes.** Most women notice changes in their breasts early in pregnancy. The hormones in your body change to prepare for breastfeeding. As this occurs, your breasts may feel tender and swollen. You might notice small bumps forming in the area around your nipples. Your breasts will continue to grow and change throughout your pregnancy. They may feel even bigger and fuller later in pregnancy.
- **Vaginal changes.** The lining of your vagina will become thicker and less sensitive. You may notice a thin, white discharge. This is normal during pregnancy. Mild vaginal bleeding (spotting) is also normal and common. However, you should call your doctor if you have vaginal bleeding that is more like a period. If the bleeding is heavy or painful, go to the emergency room.
- **A growing belly.** Your waistline will begin to expand as your baby and uterus grow larger. Depending on your size before pregnancy, you may not notice this change until the second trimester. It is normal to gain no or little weight in your first trimester.
- **Emotional symptoms.** Your hormones are on overload during pregnancy. You might feel moody, forgetful, or unable to focus. Fatigue and stress can increase these symptoms.

### *Nausea and vomiting*

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- This is very common to have in the first trimester of pregnancy. For some people, this can linger throughout the entire pregnancy.
- How to manage:
  - Eat frequent, small snacks. Avoiding an empty stomach may help improve your nausea
  - Have a high protein snack before bed and make sure to eat something right away when you wake up in the morning
  - Try to avoid large meals and those with strong smells
  - Sometimes sticking to a blander diet (breads, crackers, cereals, eggs, lean proteins, tofu, peanut butter, fruits, and vegetables) can help improve your nausea
  - Ginger can be helpful. Look for real ginger ale or ginger teas.
  - Can also try ginger supplement: Concentrated ginger 500 mg twice daily or 250 mg 3-4 x per day
  - The scent of lemon can be helpful for nausea. Keep a lemon cut up in the refrigerator and smell this when you feel sick.
  - Peppermint oils or mints
  - SeaBands, can order these online
  - Making sure to stay hydrated
  - Vitamin B6 supplementation can also be helpful for morning sickness. 25 mg three times per day
  - Unisom (doxylamine) 12.5 to 25 mg up to every 8 hours as needed. This may make you sleepy, so you may want to start with a dose at bedtime and increase as needed
  - Best to take vitamin B6 and Unisom together
  - If you are unable to keep fluids down despite the above measures, aren't peeing as much as usual and making dark, concentrated urine, or if you are losing weight, call your provider

### *Nutrition in pregnancy*

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- Eating for two isn't really the free-for-all, guilt-free eating we often see in the movies. The truth is, eating healthy is more critical than ever during pregnancy. Sure, you'll be able to indulge some cravings along the way, but for the most part, eating for two really means that you are making healthy choices for two and your food should reflect that.
- Should increase your daily calorie intake by about 300 calories per day

- Taking the steps early on to provide the nutrition your baby needs can make a big difference in your pregnancy. You'll feel better and have more energy to cope with your changing body. Plus, you'll also feel good about what you are doing to ensure the health of your baby.
- In addition to eating right, you should also take a prenatal vitamin that contains folic acid, iron, and DHA. While this can't replace a well-balanced diet, it's a good safety net for supplementing nutrients you may be missing in your diet. As your pregnancy develops, your baby also needs vitamins to grow, and prenatal vitamins help provide the extra nutrition your body will need.
- There is a lot to consider when planning the proper nutrition for you and your baby. There are foods that your body needs now more than ever. There are also foods that you should avoid now that you're pregnant.
- Foods to add:
  - Vegetables (fresh, frozen, or from a can)
    - Look for iron-rich spinach
    - Dark green, leafy vegetables are rich in folate
  - Fruits (fresh, frozen, or from a can)
    - If choosing a canned fruit, look for those canned in water or in 100% fruit juice (no syrup) to limit excess sugar intake
  - Protein: try for 75-100mg per day
    - Make sure all meats are cooked well
    - Choose lean cuts
    - Eat no more than 6 ounces of white tuna per week
    - Remember that beans, peas, seeds, and nuts are good sources of protein
  - Grains: Whole grains are best
  - Dairy
- Foods to avoid:
  - Raw fish
  - Raw shellfish
  - Certain cooked fishes that contain large amounts of mercury
    - Swordfish, shark, tilefish, and king mackerel
    - We also recommend looking at local lake's mercury level
  - Foods containing raw or undercooked eggs
    - Cookie dough, cake batter, Caesar salad dressings, some sauces, and custards
  - Foods that could expose you to listeria
    - Lunch meat, meat spreads, and hotdogs unless heated through
    - **Unpasteurized** milk or juices
    - **Unpasteurized** soft cheeses: blue cheese, queso blanco, Brie, feta, Roquefort. (Most of these cheeses are pasteurized at your local grocery store and are safe to eat)
    - Raw sprouts (alfalfa, clover, mung bean, radish)
    - Store-made salads (chicken salad, ham salad, tuna salad)
  - Alcohol
  - Sugary drinks (soda, sports drinks)
  - Caffeine (no more than 300 mg per day)
  - Saccharin or other artificial sweeteners
- Pre-pregnancy weight and gestational weight gain:
  - BMI <18.5 kg/m<sup>2</sup> (underweight) – weight gain 28 to 40 lbs
  - BMI 18.5 to 24.9 kg/m<sup>2</sup> (normal weight) – weight gain 25 to 35 lbs
  - BMI 25.0 to 29.9 kg/m<sup>2</sup> (overweight) – weight gain 15 to 25 lbs
  - BMI ≥30.0 kg/m<sup>2</sup> (obese) – weight gain 11 to 20 lbs

## Exercise in pregnancy

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- For most people, exercise is very beneficial to overall health. This includes pregnant women. If you are healthy and your pregnancy is normal (not high-risk), it should be safe for you to exercise. We encourage it! If you have questions, we can discuss what will be the best kind of exercise for you.
- Many women wonder if they should exercise when they are pregnant. They worry that physical activity may increase their risk of miscarriage. Later in their pregnancy, they may worry it will cause their baby to be born early or at a low birth weight. Exercise does not cause any of those things.

Here are other common concerns pregnant women have about exercise:

- Is it safe for me to exercise during pregnancy?
  - Check with your provider to make sure that it's safe for you to exercise. If you have no serious medical problems and a normal pregnancy, it's probably safe for you to exercise. Some medical conditions make exercise harmful to you or your baby. If you have any of these conditions, you should not exercise (ask me if you have questions). Most of these conditions are uncommon:
    - Certain kinds of lung or heart diseases
    - Cervical insufficiency
    - Severe anemia
    - Preeclampsia (high blood pressure induced by pregnancy)
    - Preterm labor during the pregnancy
    - Placenta previa after 26th week of pregnancy
    - Pregnancy with multiples and having risk factors for preterm labor
- How will exercise help me during pregnancy?
  - There are many benefits to exercising while pregnant. Exercise:
    - Promotes a healthy weight gain.
    - Reduces back pain.
    - Helps with constipation.
    - Improves your overall fitness.
    - Strengthens your body and prepares it for labor and delivery.
    - Helps you lose weight after your baby is born.
- How should I start an exercise program?
  - Before starting an exercise program, check with your provider. If we agree, you can start exercising at a low level. Make sure your exercise does not cause pain, shortness of breath, or excessive tiredness. You may then slowly increase your activity.
  - Women should establish an exercise routine before getting pregnant. If you have, it's easier to keep exercising during pregnancy. If you haven't exercised before, you need to start very slowly. Many women find that they need to slow down their level of exercise during pregnancy.
  - Reduce your exercise level if you feel:
    - Uncomfortable
    - Short of breath
    - Very tired
- What types of exercises are best when I'm pregnant?
  - The most comfortable exercises are those that don't require your body to bear extra weight. Swimming and stationary cycling are good options. Walking and low-impact aerobics are usually well tolerated. You can also try modified yoga or modified Pilates.
- How much should I exercise when I'm pregnant?
  - Pregnant women should get 150 minutes of moderate-intensity aerobic exercise each week. At this level, you should still be able to talk, but not sing. Divide the 150 minutes up however you

- like. You could do 30 minutes of exercise 5 times a week. Or you could do 10-minute increments several times a day on most days. If you were physically active before you became pregnant, you may be able to keep up your current routine. Always talk to your provider first.
- Things to consider: Exercising while pregnant is generally safe. But there are still some things you need to watch out for.
    - Avoid activities that increase your risk of falls or injury. This includes contact sports or vigorous sports. Even mild injuries to the stomach area can be serious when you're pregnant.
    - After the first 3 months of pregnancy, it's best to avoid exercising while lying on your back. The weight of the baby may interfere with blood circulation. Also avoid long periods of standing.
    - When the weather is hot, exercise in the early morning or late evening. This will help prevent you from getting overheated. If you're exercising indoors, make sure the room has enough ventilation. Use a fan to help keep you cool. Drink plenty of fluids, even if you don't feel thirsty.
    - Make sure that you're eating a well-balanced diet. Pregnancy alone increases your food requirements by 300 calories a day. Exercising burns extra calories that your baby needs to grow and develop. If you exercise, ask your doctor how many additional calories you should get.
  - Listen to your body. Stop your activity and talk to your provider if you have any of the following symptoms:
    - blood or fluid coming from your vagina
    - sudden or severe abdominal or vaginal pain
    - contractions that go on for 30 minutes after you stop exercising
    - chest pain
    - shortness of breath
    - headache that is severe or won't go away
    - dizziness and nausea
    - dim or blurry vision

### *Chemical use*

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- Pregnant women should avoid tobacco, alcohol, and drug use. Even minor use carries risks for health issues in the baby, including short- and long-term conditions or even death.
- The American Academy of Family Physicians (AAFP) supports education on the risks of substance use and abuse during pregnancy. The AAFP also recommends that adults who are 18 years or older be screened for alcohol misuse. For people who appear to have a problem, physicians should prescribe treatment and/or counseling. Please talk with your provider if you have concerns about substance use.
- Stop using tobacco, alcohol, and drugs if you are pregnant, trying to become pregnant, or think you may be pregnant. This is because anything you consume gets passed to the baby through your blood and the placenta. The first trimester is most critical to your baby's development. Talk to your provider if you need help quitting.
- Tobacco
  - Smoking can increase your risk of miscarriage and preterm birth. Your baby could have a low birth weight or certain birth defects. Smoking during and/or after pregnancy also has been linked to sudden infant death syndrome (SIDS).
  - Other tobacco products, such as e-cigarettes, chewing, or vaping carry the same risks as smoking. There is no safe amount of tobacco or time to use tobacco during pregnancy.
  - Quitting smoking improves your health and your baby's health. You also should try to avoid secondhand smoke when you are pregnant.

- Alcohol
  - Alcohol can increase your baby’s risk of major birth defects. One example is fetal alcohol disorder. It can cause problems such as slow growth, brain damage, developmental problems, and a small head.
  - There is no proof that drinking alcohol in a certain amount or at a certain time during pregnancy prevents these risks. There are not certain alcoholic drinks that are safer than others. Unless your doctor says otherwise, it is best to avoid all alcohol throughout your entire pregnancy.
- Drugs
  - Using illegal drugs, such as cocaine, heroin, and marijuana (still illegal for recreational use in most states) carry major risks. They can cause miscarriage, preterm birth, and birth defects.
  - Your baby could be born with a drug addiction. This is called neonatal abstinence syndrome. It causes your baby to go through withdrawal, which is very painful.
  - The use of opioids during pregnancy can be harmful as well. In addition to the risks above, you could have placental abruption, or your baby could have fetal growth problems. If you take opioids for a medical issue, talk to your doctor about when and how to quit. If you have an opioid addiction, your doctor may prescribe more serious treatment. One option is medication-assisted therapy (MAT) - talk to your provider about this.

## Medications

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- Once you know you’re pregnant, talk to your provider about all the medicines you take.
  - Some prescription and over-the-counter (OTC) drugs are okay to keep using, while others are not.
  - For some medicines, you may need to switch the dosage or type.
  - Do not stop or start using a new drug without talking to your provider first. This includes vitamins and supplements.
- Medications that are safe in pregnancy
  - It is important to remember that less is better in pregnancy. Try non-pharmacological treatments first. If the medications you are taking are not working, please contact your provider.
  - Headaches
    - Tylenol 650mg-1000mg (max of 4000mg daily)
    - Taking Tylenol with a little bit of caffeine can help (one cup of coffee or tea). Keep overall caffeine to 200mg or less.
    - AVOID ibuprofen
    - AVOID aspirin for pain. Low dose or “baby” aspirin is sometimes used for prevention of preeclampsia but should otherwise be avoided, talk to your provider before starting a baby aspirin.
  - Colds, cough, nasal congestion:
    - Saline nasal spray
    - Claritin, Zyrtec
    - Benadryl
    - Mucinex
    - Make sure to use the plain forms of these medications, do not use it if it says +D
    - Cough drops and lozenges
    - Chloraseptic throat spray
    - Plain Robitussin

- Heartburn
  - Tums
  - Maalox or Mylanta
  - Zantac or Pepcid
- Constipation
  - Colace
  - Metamucil
  - Fiber con

### *Genetic testing and screening/perinatology*

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- This is something that is available for every pregnancy regardless of your risk factors. It is your choice if you would like to meet with perinatology to discuss options for genetic testing.
- There are some pregnancies where a perinatology consult would be encouraged related to certain risk factors. Some common risk factors include:
  - Advanced maternal age (over age 35)
  - Problems with previous pregnancies
  - Abnormalities visualized on an ultrasound
  - A family history of abnormalities or genetic complications
  - Obesity
- A Perinatology consultation and genetic testing should be discussed between you and your provider early in pregnancy as some testing should be completed around 12 weeks gestation.
- Perinatology consults are usually completed at the telehealth location in Monticello, it is attached to the hospital. Telehealth means that the provider you see will be over a TV, similar to a skype visit. You would meet with a nurse and have an ultrasound completed at the clinic and this information would be given to the provider who you would then consult with at the end of your visit. This visit can last 2-3 hours depending on what you decide to have done.

### *Miscarriage warning signs*

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- If you have bleeding in pregnancy, we want you to contact your provider. Know that a little bit of spotting is most likely normal, especially if it occurs after intercourse. It is still very important to discuss this information with your provider so they can determine if follow up in the clinic is needed
- If you have heavy bleeding, more than a pad an hour, or you are passing large clots, you need to go in to the emergency room
- If you are having painful cramping, similar to period cramping, you should contact your provider

### *Fetal development*

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- Please see chart handout to see how your baby is growing!

### *What if I have more questions?*

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- You can always ask your provider at your prenatal visits. If you have a question that can't wait until your next prenatal visit, you can contact your provider via MyChart or call 763-295-2921 (Monticello) or 763-682-1313 (Buffalo) and ask for your provider's nurse
- Books:
  - *Expecting 411, What to Expect when you are Expecting, Mayo Clinic Guide to a Healthy Pregnancy*
- Online resources:
  - <https://familydoctor.org/family-health/pregnancy-and-childbirth/>
  - <https://www.acog.org/Clinical-Guidance-and-Publications/Patient-Education-FAQs-List>

- <https://www.mayoclinic.org/healthy-lifestyle/pregnancy-week-by-week/in-depth/healthy-pregnancy/hlv-20049471>
- <https://evidencebasedbirth.com/>
- Apps:
  - CentraCare Baby
  - My Pregnancy Today
  - I'm Expecting