Congratulations, you're expecting!

EVERYTHING YOU NEED TO KNOW ABOUT STARTING THIS PREGNANCY. WE, AT STELLIS HEALTH, ARE EXCITED TO PARTNER WITH YOU THROUGH SPECIAL JOURNEY

Overview

- Prenatal care schedule
- Routine lab work
- Changes during the first trimester
- Nausea and vomiting
- Nutrition
- Weight gain
- Exercise

- Medications
- Chemical use
- Genetic testing and perinatology
- Warning signs
- ▶ Fetal development
- Additional resources

Prenatal care schedule

- Confirmation of pregnancy visit, probably already happened ©
- Dating US, usually between 8-10 weeks
- First OB visit: usually around 12 weeks gestation
- 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

Routine lab work

- ▶ Done at the first OB visit, usually around 12 weeks
 - ► CBC
 - ▶ Blood type
 - Check for different infections
 - Urine culture
 - ▶ Pap smear if needed
 - ► Check for immunity to certain things

Changes to expect

- So much is happening when you are growing a baby!
- Feeling tired
- Frequent urination
- Lightheadedness
- Heartburn
- Constipation

- Visible veins
- Skin changes
- Breast changes
- Vaginal changes
- A growing belly
- Emotional changes

Questions

Nausea and vomiting

- ▶ This is very common to have in the first trimester of pregnancy. For some people, this can linger throughout the entire pregnancy.
- ► Good news is, there are ways to manage this
 - ► Lifestyle changes: dietary changes, watch for trigger foods, high protein, STAY HYDRATED!
 - Ginger, lemon, peppermint
 - SeaBands
 - Vitamin B6 and Unisom
 - Prescription medications if needed, talk with your provider

Nutrition in pregnancy

- ▶ 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.
- ▶ Increase calories by about 300cal per day
- Important to be taking a prenatal vitamin with adequate folic acid, iron, and DHA

Nutrition in pregnancy continued

- Foods to add into your diet:
 - 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

Nutrition in pregnancy continued

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

Questions

Weight gain in pregnancy

- Pre-pregnancy weight and gestational weight gain:
 - ▶ BMI <18.5 kg/m2 (underweight) weight gain 28 to 40 lbs
 - ▶ BMI 18.5 to 24.9 kg/m2 (normal weight) weight gain 25 to 35 lbs
 - ▶ BMI 25.0 to 29.9 kg/m2 (overweight) weight gain 15 to 25 lbs
 - ▶ BMI ≥30.0 kg/m2 (obese) weight gain 11 to 20 lbs

	Pounds		
Formula:		x 703 =	BMI
	(Height in inches) x (Height in inches)		

Exercise in pregnancy

- ► Can I exercise? YES! We encourage it for most pregnant people
- 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
- Some questions we will answer:
 - ▶ It is safe for me to exercise?
 - How will exercise help me in pregnancy?
 - Should I start an exercise program?
 - What type of exercise is best?
 - ▶ How much should I exercise?
- Things to consider
- Listen to your body

Chemical use in pregnancy

- 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.
- ▶ 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.
- Tobacco
- Alcohol
- Drugs
- Talk with your provider if you need help quitting!

Medication use in pregnancy

- Once you know you're pregnant, talk to your provider about all the medicines you take
- Medications that are safe in pregnancy for specific symptoms
 - ▶ Headaches
 - ► Colds/Cough/Nasal Congestion
 - Heartburn
 - Constipation

Questions

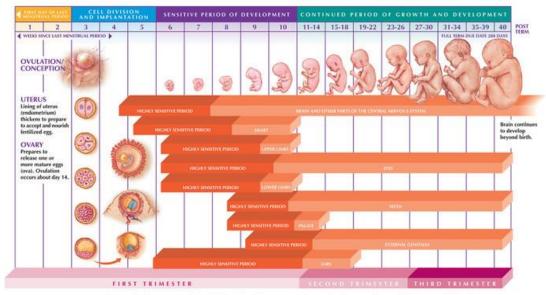
Genetic testing and Perinatology

- ▶ 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.
- Perinatology is recommended if you have 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
- Should be discussed early in pregnancy
- Telehealth location in Monticello

Warning signs in early pregnancy

- If you have bleeding in pregnancy
 - Contact your provider.
 - Now 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
- Heavy bleeding, more than a pad an hour, or you are passing large clots,
 - ▶ Go in to the emergency room
- Having painful cramping, similar to period cramping
 - Contact your provider

Fetal Development



Protect your unborn baby-eat healthy foods, exercise wisely, and avoid harmful substances.

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The information contained in this chart is not intended to replace the advice of a healthcare professional

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Fetal development



How big is your baby?

Additional resources

- Ask your provider! We recommend you keep a notebook and write down questions as they come up in between appointments so you don't forget to ask things
- 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

Questions