



Welcome to Elements of Care

Congratulations on your pregnancy and thank you for choosing Elements of Care! This packet is intended to help guide you through what to expect from your prenatal care and your pregnancy. Please use this packet as a reference throughout your pregnancy, it is always available on our website. The packet includes a brief overview of tests offered in pregnancy, common discomforts, a list of safe remedies, nutrition recommendations, etc.

We would like for your pregnancy to be as happy and healthy as possible for you and your baby. Our goal is to provide you quality care and support each step of the way. Pregnancy can be a wonderful experience, but it can also be a time of uncertainty and anxiety. Our team is here to address any questions or concerns you, your baby's father, or family members have at your scheduled visits.

Our office is open Monday through Thursday from 8 a.m. to 5 p.m. and Friday from 7 a.m. to 4 p.m. The office is closed for lunch daily from 12 p.m. to 1 p.m. We have an answering service for after-hour and weekend **emergency** situations. If you feel your situation is a medical emergency, please call 911 or go directly to the Emergency Room. If you have any questions, please call the office at 623-544-1000.

We look forward to sharing this exciting journey with you!

Congratulations!

Maternity Leave and Insurance Issues

Most women may continue working as long as they wish unless otherwise instructed by your healthcare provider. Some women feel too tired or uncomfortable by the end of pregnancy to continue working full time. Please inform us if you are experiencing these symptoms or you have concerns about potential workplace hazards. Please check with your employer regarding your maternity leave benefits. It is recommended that you take at least 6 weeks maternity leave to recover and bond with your baby.

Please provide us with any FMLA or medical leave paperwork in advance, preferably by 28 weeks gestation. This allows us time to have it completed by your next visit. It takes 7 to 10 days to complete the paperwork. The initial set of insurance/FMLA/Medical Leave paperwork is completed for you for \$25.00. Any additional sets of paperwork will be completed for \$15.00 per set.

***NOTE: It is important for you to check with your insurance carrier to understand your maternity benefits. It is our experience that some insurance companies do not allow for OB ultrasounds, unless deemed medically necessary by the physician.

What Will Happen At Your Visits

Below is a list of what lab tests and ultrasounds to expect during your visits for a normal pregnancy:

Weeks Gestation	Lab Tests, Ultrasounds, & Visit Frequency
1st OB Visit	Complete physical exam, OB lab work, Pap test, vaginal and urine cultures, & urine drug screening. Ultrasound for viability. Visits every 4 weeks until 28 weeks.
11-14 Weeks	First trimester Serum screening for Down's Syndrome (Trisomy 21) and Trisomy 18 (optional). Ultrasound for Nuchal Translucency as part of first trimester screening for Trisomy 21 (optional).
16-20 Weeks	MS-AFP screening for neural tube defects like Spina Bifida (optional)
20-22 Weeks	Ultrasound for fetal anatomy. Pre-Register in Admitting Department for your labor and delivery. Consider prenatal classes and Pickles & Ice Cream Tour.
24-28 Weeks	Gestational Diabetes screening, Complete Blood Count, Syphilis testing and repeat antibody testing as needed. 28 to 36 weeks –visits every 2 weeks.
28 Weeks	RhoGAM if Mother's blood type is Rh Negative.
35-37 Weeks	Group B Strep culture (GBS) 36 weeks to delivery – visits every week

Lab Testing During Pregnancy

CBC – Check for anemia and other indicators.

Blood Type and Rh Factor – Women who are Rh negative may need to receive RhoGAM at 28 weeks, after delivery, and at other times in pregnancy when they have bleeding or spotting. This prevents breakdown of your baby's red blood cells in future pregnancies.

Antibody Screen – Checks for red blood cell antibodies.

Syphilis – A sexually transmitted infection that can cause birth defects.

HIV Test – Blood test screening for HIV. You can have HIV for years without symptoms. If you have HIV, there is a 1 in 4 change you could pass it to your baby. There are treatments available that can reduce the risk of HIV transmission to the baby.

Hepatitis B – Checks for hepatitis B infection in the mother to help prevent infection on the baby after delivery.

Rubella Immunity – Identifies if you are immune to the virus that causes Rubella. Rubella is an infection that can cause severe birth defects.

Pap Test – Screening test for cervical cancer.

Chlamydia and Gonorrhea – Sexually transmitted infections that can be potentially harmful to you and the baby if not treated promptly.

Urinalysis and Culture – Screening test for urinary tract infection.

28 Week Labs

One Hour Glucose Screen – Screens for diabetes in pregnancy. If screen is positive, will need a 3 hour glucose tolerance test.

CBC – Recheck for anemia

RPR – Recheck for syphilis

Antibody Screen – If RH negative

35 – 37 Week Labs

GBS Culture – Group B Strept is a common bacteria found in many women’s vaginal and rectal areas. It is not an infection in women, but may cause an infection in the baby if not treated (See section on “Group B Strept”).

Ultrasounds During Pregnancy

At our practice, we routinely perform 2 sonograms during your pregnancy. The first is done at your first visit to confirm your due date and view the baby’s heartbeat. The second ultrasound is done at approximately 20 weeks gestation. This ultrasound will assess baby’s growth, basic anatomy, placenta, and assess your cervix using transvaginal ultrasound.

All patients have the option of having a 3D/4D ultrasound between 24 – 28 weeks. There is a charge for the 3D/4D ultrasound. It is not covered by insurance.

Additional ultrasounds may be necessary during your pregnancy for growth, fluid checks, etc.

Group Beta Strept

Group Beta Strept, also called GBS, can be found in 10-30% of pregnant women. It is normally found in the gastrointestinal, urinary, and reproductive tracts. GBS is not a sexually transmitted infection and usually does not cause serious illness.

Women with GBS can pass it to her baby during delivery. Some infants (1-2 in 100) can become seriously ill as a result of this infection, but most will be unaffected.

Vaginal culture is the most accurate test for GBS. This is a simple procedure performed between 35 and 37 weeks. A swab is placed in the woman's vagina and rectum to obtain a sample. If the test results are positive for GBS, you will receive antibiotics during labor to help prevent GBS from being passed to your baby. If you had a previous baby with a GBS infection for a urinary tract infection cause by GBS, you do not need a culture, you will receive antibiotics during labor.

Rh Factor and RhoGAM

Rh factor is a protein that is found on red blood cells. Most people have the Rh factor protein present on their red blood cells. These people are "Rh positive". The remaining people do not have the Rh factor protein present on their red blood cells. These people are "Rh negative".

The baby's Rh factor may be different from the mother's Rh factor. This only becomes a problem if the mother is Rh negative, the infant is Rh positive, and the blood mixes. This mixing can happen during labor or any time there is vaginal bleeding or abdominal trauma. When the blood mixes, the Rh negative blood will develop antibodies to fight the Rh positive proteins. This is called Rh sensitization. When sensitization occurs these antibodies can attack the baby's blood, called hemolytic disease. Rh sensitization can also affect future pregnancies and lead to serious health consequences for the baby.

If your body has not made antibodies against Rh factor, hemolytic disease can be prevented. Rh immunoglobulin, or RhoGAM, is made from human blood plasma that can block the production of Rh antibodies. In a normal pregnancy, RhoGAM is given at 28 weeks and again after you deliver the baby. RhoGAM is safe for use in pregnancy and has been used since the late 1960's.

Every situation is unique and requires individualized treatment. Your health care provider will work closely with you throughout the pregnancy to plan the safest course of treatment for you and your baby.

Prenatal Chromosomal Abnormality Screening

Prenatal screening looks for increased risk of an infant with Down syndrome (Trisomy 21), Trisomy 13, and Trisomy 18. The incidence of these abnormalities increase with maternal age, however younger women give birth to the majority of the affected children. Women who will be 35 or older at the time of delivery may elect to complete more advanced screening or invasive, diagnostic testing instead of the initial screening tests.

Electing to have prenatal chromosomal abnormality screening is a personal decision. There is no “right” choice. Some women decide to have only an anatomy ultrasound and no further testing at all. If you opt to complete the screening, consider what you will do with the results. Below are some questions you may want to ask yourself while you make this decision:

- Do I want to have any of this information?
- How would learning about these birth defects before the baby is born help me prepare and plan?
- How would this information help me make choices about my pregnancy if a birth defect is found?
- Will taking these tests help me feel more reassured?

Remember that all the non-invasive prenatal tests are **screening tests**, they are **not** diagnostic tests. A screening test predicts the *chance* that your baby has a certain birth defect. A diagnostic test tells you if your baby does or does not have a certain birth defect.

All the screening tests have a chance of a false negative and false positive result. A false negative result means the test comes back negative when in fact the baby has one of the tested birth defects. A false positive result means the test comes back positive when the baby does not have any of the tested birth defects. If your screening results are positive, you will be advised to have a more advanced screening test, but you may decline any further testing.

NON-INVASIVE TESTING

First Trimester

- **First Trimester Screen:** Ultrasound for Nuchal Translucency and Maternal blood test
This test assesses the risk of Trisomy 21 and 18. The ultrasound and blood tests are performed between 11 and 14 weeks. The ultrasound measures the fluid accumulation behind the neck of the fetus (nuchal translucency). The maternal blood test measures beta hcg and pregnancy associated plasma protein A (PAPP-A). This test has the ability to identify up to 95% of Down syndrome pregnancies with a 5% false-positive rate.
- **Cell-Free DNA:** This test assesses the risk of Trisomy 21, 13, and 18 by analyzing the fetal chromosomes in the maternal blood stream. This test can be done at 10 weeks gestation or later. It has a detection rate of up to 99% and a false positive rate as low as 0.1%.

Second Trimester

- **Quad Screen:**
This test assesses for Trisomy 21, 18, and spina bifida through a maternal blood test. This test is done between 16 and 18 weeks. The blood is analyzed for maternal serum alpha fetoprotein (MS-AFP), hcg, Estriol, and Dimeric inhibin A. The Quad Screen detects up to 85% of Down syndrome pregnancies at a 7% false positive rate.
- **Maternal Serum-Alpha FetoProtein (MS-AFP)**
This is a blood test that screens for neural tube defects (NTD) like spina bifida. It is done between 16 and 20 weeks gestation and can be done independent of the Quad Screen. This test will detect approximately 85% of NDTs.
- **Cell-Free DNA:** This can also be completed in the second trimester.

INVASIVE TESTING

First Trimester

- **Chorionic Villus Sampling:** This test is a diagnostic test that is generally performed between 10 and 12 weeks gestation. Placental villi may be obtained through transcervical or transabdominal access to the placenta. The primary advantage of CVS over amniocentesis is the availability of earlier results. The diagnostic accuracy is more than 99% with pregnancy loss rates of 1 in 160.

Second Trimester

- **Amniocentesis:** This test is a diagnostic test that is generally performed between 15 and 20 weeks gestation. Amniotic fluid is obtained through trans abdominal acces under ultrasound guidance. The diagnostic accuracy is more than 99% with pregnancy loss rates of 1 in 400. The advantage over CVS is lower complication and pregnancy loss rates.

Genetic Carrier Screening

Your ethnicity could provide clues to help determine if your baby could have a rare genetic condition. There are some inherited conditions that are more common in certain ethnic groups than others (see the following Table). Most often, a child would only be affected with one of these conditions if the mother *and* father are carriers. Carriers usually have no symptoms of the disease and may not have a family history of the disease.

To find out if you are a carrier for these conditions, you need to provide a blood sample. If you want to find out for sure if your baby will be affected with one or more of these conditions, an amniocentesis or a CVS can be done. It is your choice whether or not to have any or all of these tests. Please check with your insurance carrier about coverage for these tests.

Ancestral Group	Hereditary Condition	Chance of Being a Carrier
African-American	Beta Thalassemia	10% (10 out of 100)
	Sickle Cell Disease	11% (11 out of 100)
Eastern European (Ashkenazi) Jewish	Canavan Disease	2.5% (2-3 out of 100)
	Cystic Fibrosis	3-4% (3-4 out of 100)
	Familial Dysautonomia	3% (3 out of 100)
	Tay-Sachs Disease	3% (3 out of 100)
European Caucasian	Cystic Fibrosis	3% (3 out of 100)
Mediterranean	Beta Thalassemia	3-5% (3-5 out of 100)
	Sickle Cell Disease	2-30% (2-30 out of 100)
East and Southeast Asian**	Alpha Thalassemia	5% (5 out of 100)
	Beta Thalassemia	2-4% (2-4 out of 100)
Hispanic**	Beta Thalassemia	0.25-8% (<1-8 out of 100)
	Sickle Cell Disease	0.6-14% (<1-14 out of 100)
Middle Eastern and South Central Asian**	Beta Thalassemia	0.5-5.5% (<1-6 out of 100)
	Sickle Cell Disease	5-25% (5 to 25 out of 100)

Source: "Ancestry Based Carrier Screening" published by the National Society of Genetic Counselors, Inc., 2005.

**Numbers for this group are estimates and may vary depending on exact ethnicity.

Cystic Fibrosis

Cystic fibrosis (CF) is an inherited, lifelong condition that causes breathing and digestive problems. There is no cure, but there are many treatments for the symptoms. Common symptoms of CF include coughing, wheezing, loose stools, abdominal pain, failure to thrive, and in men, infertility. Treatment involves medication to aid digestion, proper nutrition, and lung therapy.

Cystic fibrosis is caused by mutations in the CFTR gene that causes the person's body to make thick, sticky mucus that clogs the lungs and leads to life-threatening lung infections. This thick mucus also blocks the pancreas, which keeps the body from digesting food properly.

When a woman and her partner are both carriers of a mutation in the CFTR gene, they have a 1 in 4 chance of having a child with CF. To date, more than 1,700 mutations have been identified in the gene for CF. Screening for the 23 most common mutations is available and can greatly reduce a couple's risk of having a child with CF.

Common Discomforts of Pregnancy

Nausea/Vomiting

- Eat 5-6 small meals daily so your stomach does not become empty. Eat dry crackers, toast, or cereal before getting out of bed in the morning. Plain potato chips and lemonade may also work.
- Eat ginger, crackers, dry toast, bland diet.
- Limit liquid intake with meals, but drink water freely between meals.
- Avoid greasy, spicy, or strong smelling foods.
- Use SEA BANDS if you have no relief from your prescription medications.
- If you can not keep anything down for 24 hour or longer, please contact the office or physician on call.

Tender Breasts

- Wear well fitted, supportive bra at all times. Wear snug sports bras during exercise and at night.
- Cool cloth to the breasts.
- Avoid breast stimulation, pat breasts dry after bathing.

Urinary Frequency

- Avoid known bladder irritants like caffeine and carbonated beverages.
- Urinate regularly, every 2-3 hours.
- Reduce fluid intake in the later evening hours. It is important you do not become dehydrated. Make sure you are drinking plenty of fluid at other times of the day.

Fatigue

- Take a nap during the day or rest, especially in the last 2 months of pregnancy.
- Engage in 30 minutes of light, daily exercise throughout pregnancy.
- Eat every few hours to prevent low blood glucose. Eat a diet adequate in protein and iron.

Constipation

- Increase fiber in diet (raw fruits, vegetables, prunes, whole grains).
- Drink adequate fluids, at least 2 quarts of fluid a day. Drink a cup of hot water 3 times a day.
- Regular exercise, like walking can help stimulate the bowels.
- Do not ignore the urge to have a bowel movement.
- If problem persists, try Metamucil, Fibercon, Citrucel 1-3 times daily or Colace 1-2 times daily.

Hemorrhoids

- Avoid constipation, straining with bowel movements, or diarrhea.
- Rest throughout the day with your hips and legs elevated.
- Sit only on firm surfaces.
- Kegel exercises daily.
- Preparation H or Anusol after bowel movements as directed.
- Witch hazel medicated wipes.

Low Backache

- Maintain good posture and use proper body mechanics when lifting.
- Avoid standing for long periods of time, rest frequently.
- If standing for prolonged periods, place one foot on a footstool to keep knees higher than hips.
- Sleep on a firm mattress, on your side with pillows propped under your uterus and between your knees.
- Wear low-heeled shoes.
- Pelvic tilt/pelvic rock exercises.
- Wear a supportive maternity belt.
- Warm pack to back. Do not place on abdomen.
- Massage.

Vaginal Discharge

- Bathe the vaginal area frequently with cool water and mild, nonscented soap.
- Wear white, cotton panties; avoid pantyhose, panty girdles, and tight fitting pants.
- Avoid any products on the vaginal area with color, fragrance, or deodorant.
- If discharge continues, has an odor, or causes irritation please contact the office.

Heartburn

- Eat 5-6 small meals daily. Avoid drinking large amounts of fluid with meals, drink fluids between meals.
- Avoid spicy, greasy, fatty, or spicy foods, caffeine, and avoid eating large meals.
- Do not lay down right after eating, stay upright for 30-60 minutes.
- Wear nonrestrictive clothing around the abdomen.
- Elevate the upper body on pillows when lying down.

Dizziness

- Move slowly when changing positions, especially if you have been lying down.
- Eat regular meals and snacks. Five or six small meals daily is best and stay well hydrated.
- Avoid long exposure to the sun.

Leg Cramps

- Regular exercise like walking promotes circulation and keeps leg muscles stretched.
- Stay well hydrated and take a long bath before bed.
- Avoid sitting or standing for long periods.
- Stretch calf muscles before bed each night.

Round Ligament Pain

- Avoid sudden movement from sitting to standing. Arise slowly from bed in the morning.
- Support the uterus with a pillow under the abdomen and between the knees when lying down.
- Wear an abdominal support garment or belt.
- During an episode of pain, sit and flex the knees to the abdomen to shorten the ligaments.

Safe Medications for Pregnancy and Breastfeeding

The over-the-counter medications on this list are safe in pregnancy and breastfeeding when used as directed. In general it is best to avoid any medication while pregnant, especially in the first 12 weeks. However, if necessary, the medications below may be used. If you have symptoms requiring the use of these medicines for more than three days, please call us.

Anemia

Anemia is common during and after pregnancy. You may be asked to take an iron supplement. Remember that iron can be constipating. When taking iron you should increase your intake of fiber and fluids. Any of these supplements may be used.

Ferrous Sulfate **Slow-FE** **Ferrosequels** **Feosol** **Ferrofolc 500**

Colds/Sinus Congestion/Hay fever

The following medications may help to relieve the symptoms of cold or allergy. If you have a fever over 101F, please call. Do not use any cold preparations that contain alcohol. The following medicines are safe to use.

Actifed **Sudafed** **Benadryl** **Alavert**
Chlor-Trimenton **Tavist-D** **Claritin** **Mucinex**

Cough

A cool mist humidifier may be helpful. Call if you have a fever over 101F with your cough. Do not use any cough medicine that contains alcohol. The following medicines are safe to use.

Benadryl Cough **Robitussin DM** **Any cough drops**

Constipation

Increase your intake of fiber and fluids. Exercise daily and use any of the following as needed.

Colace **Senakot** **Konsyl** **Milk of Magnesia**
Metamucil **Surfak** **Citracel** **Miralax**

Diarrhea

Increase your fluid intake. Try the BRAT diet (Bananas, Rice, Applesauce, and Toast). If diarrhea persists for more than 24 to 36 hours, please call us. You may use the following as directed.

Kaopectate **Immodium AD**

Fever

Dress lightly, increase fluid intake, and take tepid baths. If you have a fever over 101F, please call us. Use as directed.

Tylenol **Extra Strength Tylenol**

Headaches

Try resting your eyes, dimming the lights, and using a cool compress on your neck and forehead. Call us if your headache is sever, affects your vision, or is not relieved by Tylenol. The following medicines may be used.

Tylenol **Extra Strength Tylenol**

Heartburn/Indigestion

Avoid spicy or fatty foods. Stay upright after eating. Eat small, frequent meals. You may use the following as directed.

Gaviscon **Roloids** **Maalox** **Tums** **Mylanta**
Zantac/Prilosec

Nausea/Vomiting

Eat small frequent meals. Keep something in your stomach. Avoid strong odors. Please call us if you are unable to keep anything down. You may use the following as directed.

Emetrol **Ginger Tea** **Benadryl 25mg** **Peppermint Tea**
Red Raspberry –tea or capsule **Lemonade & Potato Chips**

Muscle Aches/Backache

Remember to use good posture and good body mechanics and a maternity support. Use the following as directed.

Tylenol **Extra Strength Tylenol**

Remember to take your prenatal vitamins!!!

Warning Signs During Pregnancy

Please call us right away if you are experiencing any of the following symptoms.

- Bleeding or spotting.
- A gush or leakage of water.
- Uterine cramping or tightening 6 or more times per hour that is not relieved with rest and hydration, if you are less than 37 weeks pregnant.
- Sharp, nonstop pain in your belly.
- Fever over 101°F or 38°C.
- Nausea or vomiting that persists for more than 24 hours and unable to keep down and food or fluid.
- Sudden swelling of face, hands, or feet and does not improve overnight or with rest or elevation
- Continued severe headache that won't go away after resting and/or taking acetaminophen (Tylenol).
- Blurred vision or spots, stars, flashing lights before your eyes. Much like what you see if you stand up too fast.
- Pain and/or burning when you urinate.
- Decrease in your baby's normal movement and activity. Your baby should move at least 10 separate times in a 2 hour period every day after 28 weeks. (See Kick Sheet for further instructions.)

Nutrition During Pregnancy

Healthy eating in pregnancy, and enough of it, is very important for your baby to grow and develop. During the second and third trimesters, you should consume 200 to 300 more calories than you did before you became pregnant. Think of this as an extra snack you eat sometime during the day.

Example snacks could be 8 ounces of skim milk and half a peanut butter sandwich, a banana and peanut butter, 1 cup of cottage cheese and strawberries, ½ cup of dried fruit and nuts, an avocado and crackers, a hard-boiled egg and crackers, small baked potatoes with yogurt, or hummus and veggies.

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, 2-4 servings of fruit, 4 or more servings of vegetables, 4 servings of dairy products, and 3 servings of protein sources (meat, poultry, fish, eggs or nuts). Use fats and sweets sparingly.

Choose foods high in starch and fiber 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 supplements 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 4 servings of dairy products and calcium-rich foods a day to help ensure that you are getting 1200mg of calcium in your daily diet.

Eat at least three servings of iron-rich foods per day to ensure you are getting 30mg of iron in your daily diet.

Choose at least one good source of vitamin C every day, which include: oranges, grapefruits, strawberries, honeydew, broccoli, cauliflower, Brussel sprouts, green peppers, tomatoes and mustard greens.

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 0.4mg 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.

Are There Foods I Should Avoid?

Limit caffeine to no more than 300mg per day (two five-ounce cups of coffee, three five-ounce cups of tea or two 12-ounce glasses of caffeinated soda). Remember, chocolate contains caffeine – the amount of caffeine in a chocolate bar is equal to ¼ 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 non-nutritive or artificial sweeteners approved by the FDA is acceptable during pregnancy. These FDA-approved sweeteners include aspartame, acesulfame-K, and sucralose. 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.

Do not eat shark, swordfish, king mackerel, or tilefish, because they contain high levels of mercury.

You may eat up to 12 ounces (2 average meals) per week of a variety of fish and shellfish that are lower in mercury. Examples of fish low in mercury are shrimp, canned light tuna, salmon, Pollock, and catfish. You may eat up to 6 ounces of albacore (“white”) tuna per week as this has more mercury than the canned light tuna.

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.

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, refined wheat bread and smooth peanut butter.

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 am 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 that you eat a wide variety of healthy foods that provide enough protein 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 200 to 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 of 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 of 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 1200mg per day for pregnant and lactating (breastfeeding) women over age 24. The USRDA for women under age 24 is 1200 to 1500mg of calcium per day.
- Eating and drinking at least four serving of dairy products and calcium-rich foods a day will help insure that you are getting 1200mg 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 am 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 30mg per day for pregnant and lactating women.
- Eating at least three servings of iron-rich foods a day will help ensure that you are getting 30mg 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 18mg 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 30mg of iron during the second and third trimesters of pregnancy. 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 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 up to 80% more iron in 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 8 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 into these non-food craving – they can be harmful to both you and your baby. Tell your health care provider if you have these non-food cravings.

Healthy Weight Gain in Pregnancy

Healthy weight gain during pregnancy is important to help your baby grow and get your body ready to breastfeed. Your recommended weight gain depends on your BMI before pregnancy and is determined on an individual basis. A slow, steady weight gain is usually advised during pregnancy.

BMI Before Pregnancy	BMI	Total Weight Gain	Rate of Weight Gain for 2 nd and 3 rd Trimesters
Underweight	<18.5	28 – 40 pounds	1 – 1.3 pounds per week
Normal weight	18.5 – 25	25 – 35 pounds	0.8 – 1 pound per week
Overweight	25 – 30	15 – 25 pounds	0.5 – 0.7 pounds per week
Obese	>30	11 – 20 pounds	0.4 – 0.6 pounds per week

***If you are pregnant with more than one baby, your weight gain goals may be larger.*

Source: www.nap.edu/catalog.php?record_id=12584

Where does the weight go?

- Extra fluid 2-3 pounds
- Extra energy stored as fat 5-8 pounds
- Blood 4 pounds
- Breasts 2-3 pounds
- Placenta and Amniotic fluids 4-6 pounds
- Uterus 2-3 pounds
- Baby 6-8 pounds

Exercise During Pregnancy

Exercise has excellent physical and emotional benefits. Some of the benefits of exercising during pregnancy include reduced fatigue, less swelling, education in leg cramps, improved sleep, less constipation, reduced back and joint pain, and reduced risk of gestational diabetes and preeclampsia. If you already have an exercise regimen, you can continue these activities. If you are not currently active, try light to moderate physical activity.

When you are exercising you should stay well hydrated and avoid becoming overheated. You should be able to talk when you are active. If you become dizzy, have vaginal bleeding, contractions, chest pain, or decrease/absent fetal movement you should stop your activity immediately. Ask your health care provider before starting a new exercise regimen.

The American College of Obstetrics and Gynecology Recommends

- 1) Continue mild to moderate exercise, at least 3 times a week is preferable to intermittent exercise.
- 2) Avoid exercise while lying directly on your back after 12 weeks.
- 3) When exercising, make sure you increase your water intake and modify your exercise by how **you** feel.

Exercises Generally Considered Safe in Pregnancy

- Low Impact Aerobics or Pregnancy Fitness Classes
- Stationary Bike

- Jogging or Walking
- Swimming or Water Aerobics
- Prenatal Yoga
- Non-competitive racket sports or golf
- Weight Training (avoid excessive straining)

Exercises To Avoid in Pregnancy

- Contact sports
- SCUBA
- Downhill skiing
- Extremely vigorous exercise or overexertion
- Gymnastics
- Horseback riding

Sexuality During Pregnancy

It is safe for most women to have sex during pregnancy. Your needs and desires may change as the pregnancy progresses. Discuss these feelings with your partner and work to find comfortable activities that will please both of you.

There may be times your healthcare provider will advise you to avoid sex. You should abstain from sexual intercourse if you have pain, have symptoms of preterm labor, have leakage of fluid, or any vaginal bleeding.

Travel During Pregnancy

It is generally safe to travel during pregnancy, as long as there is nothing complicating your pregnancy. The best time to travel is typically between 14 and 28 weeks as most problems tend to happen early or late in pregnancy. After 34 to 36 weeks, it is more sensible to stay close to home unless there are justifying circumstances. Ask your healthcare provider about travel to foreign countries and or travel in the late third trimester. There are some things you can consider that could make your travel safer and more comfortable:

- Wear your seat belt every time you ride in a car. Position the lap belt under your stomach and the shoulder belt between your breasts.
- Keep air bags turned on.
- If you are riding a bus or train, remain seated while the bus is moving.
- You have a higher risk for blood clots while pregnant. This means it is important not to stay motionless too long. Take rest stops at least every 2 hours to walk and stretch. If you are flying, do leg exercises while seated to get your blood circulating, stay well hydrated, and wear compression stockings.
- Take a copy of your prenatal records with you.

Vaccines In Pregnancy

There are 2 vaccines routinely recommended during pregnancy, the inactivated flu vaccine and the TDap vaccine. Your immunity is passed to your baby during pregnancy and will help protect the baby from disease during their first few months of life (until they can get their own vaccines).

Visit vaccines.gov and cdc.gov/vaccines for more information.

Signs of Labor

Labor occurs at 37 week or later. Go to the hospital (Labor and Delivery unit) if you have the following symptoms:

- Contractions that are regular, 4 to 5 minutes apart, and about 1 minute long for an hour.
- You are not able to walk, talk, or breathe thru the contractions.
- Contractions are regular, increase in frequency and intensity.
- Gush of fluid or fluid leaking from your vagina.
- Vaginal bleeding.

Toxoplasmosis

Toxoplasmosis is a single-cell parasite known as *Toxoplasma gondii*. Healthy adults who become infected with toxoplasmosis typically suffer only a mild flu-like illness or have no symptoms at all. However, when a pregnant woman becomes infected with toxoplasmosis, her baby can become infected. Toxoplasmosis can cause birth defects and possibly death in the unborn baby. Possible sources of toxoplasmosis include cat feces and litter boxes, contaminated soil, or eating raw meat.

Below are some precautions you can take to avoid exposures to potential sources of toxoplasmosis:

- Do not clean the cat's litter box and avoid contact with cat feces. Another household member should change the litter box. If this is not possible, wear disposable gloves while cleaning the litter box and wash your hands thoroughly afterward.
- The litter box should be cleaned on a daily basis.
- Do not feed your cat raw meat and keep your cat indoors during pregnancy.
- Wear gloves while gardening or handling soil or sand.
- Avoid ingesting raw meat. Wear gloves while preparing meat and wash hands thoroughly after food preparation.
- Wash your hands before handling or eating *any* food.

Breastfeeding Q & A

By Nancy Mohrbacher, IBCLC, Lactation Consultant, Ameda Products
Co-author of Breastfeeding Made Simple and The Breastfeeding Answer Book

Before and after birth, many mothers may have questions about breastfeeding. Here are answers to some common questions.

Question: Why Should I consider breastfeeding?

Answer: Your baby is born expecting to receive what is in your milk. Of course, your milk is a great food for your baby. But it is far more. Unlike other options, your milk contains live cells that engulf germs to help prevent illness. Some of these live cells stay active in your baby's body for years, helping to keep her healthy long after weaning. Still other parts of your milk help to activate your baby's immune system. We are only now starting to understand the many roles mother's milk plays in your baby's lifelong health.

Research has found that some babies who miss out on mother's milk tend to have poorer health outcomes. That's why experts such as the World Health Organization and the American Academy of Pediatrics recommend exclusive breastfeeding for the first six months. After six months, they recommend continued breastfeeding for at least one to two years, with solid foods added.

Mothers' health may also be affected by breastfeeding. Mothers who do not breastfeed may have a higher risk of breast, ovarian, and uterine cancers. They may also have a higher risk of developing Type II diabetes. And then there's your financial health. Formula feeding can cost a family about \$1000-\$2000 during baby's first year.

Breastfeeding is also part of your relationship with your baby. It calms and comforts your baby. It is one way of bringing you and your baby closer.

Question: Does my breast size matter?

Answer: No. Fatty tissue determines breast size and this has no effect on milk making. Women have breastfed twins, triplets, even quads!

Question: Will breastfeeding be bad for my figure?

Answer: The changes in your figure happen mainly due to pregnancy. Your breasts may be larger while breastfeeding. They will likely return to their usual size after you wean. Also, breastfeeding may help you get back into shape faster.

Question: How do I know if breastfeeding will work for me?

Answer: To put the odds in your favor, learn about breastfeeding. When you know how to breastfeed comfortably and how milk supply works, it tends to go more smoothly. Also, see the next question.

Question: Where can I learn about breastfeeding?

Answer: A great way to learn about breastfeeding is from other mothers. Go online to www.lalecheleague.org to find mothers' groups that meet in your area. There you can learn while you watch mothers and babies breastfeed. Books and classes are good but nothing beats seeing it in action. Read the breast feeding articles on ameda.com. The following are some recommended books for parents:

Breastfeeding Made Simple and the Womanly Art of Breastfeeding

Also, attend breastfeeding classes.

Question: Will breastfeeding hurt?

Answer: Ideally, it should not.

Question: How do I know how much milk my baby is getting?

Answer: That's easy. What goes in must come out! From day to day you can tell that your baby is getting plenty of milk from her wet diapers and stools. A healthy weight gain also tells you for sure that you have abundant milk. Generally, you should not need to know exactly how many ounces your baby takes. You only need to know that your baby is thriving. This can simplify life with a newborn.

Question: What if I don't want to breastfeed in public?

Answer: You don't have to if you don't want to. There are lots of private places to breastfeed, such as fitting rooms and ladies' lounges. But most women find that with a little practice they can breastfeed with ease anywhere.

Question: Do I need to watch what I eat and drink:

Answer: No. There are no foods you must eat or avoid. Be moderate. You can eat chocolate, spicy foods, onions, garlic, broccoli, cabbage.

And you don't have to have a perfect diet. Nature provides milk for the baby first by tapping your body stores. Just eat to hunger and drink to thirst. You can even have caffeine, the amount you might get in one or two cups of coffee. For more, see the Ameda answer sheet "Diet and Breastfeeding."

Question: If I breastfeed, will my partner feel left out?

Answer: The birth of a baby brings many changes. No matter how a baby is fed, strong feelings can surface. But today, dads tend to be more active in baby care and parenting. If you breastfeed, your baby's father can be an active parent. When you are out, he can give pumped mother's milk. In some families, dad stays home with baby while mother works outside the home. In this case, mothers can breastfeed while home and pump their milk while away.

Question: I'm going back to work within weeks after birth. Should I even start breastfeeding?

Answer: Yes. Some breastfeeding is nearly always better than none. And breastfeeding does not have to be all or nothing. When you go back to work, you have many choices:

- Full breastfeeding – Keep your baby with you or have your baby brought to you for feedings.
- Pump milk at work for all missed feedings.
- Give some pumped milk and some formula while you're away.
- Give formula while away and breastfeed when together.

Question: What if I'm not able to breastfeed? What if I do not feel breastfeeding is right for me?

Answer: The decision to breast or formula feed is a personal decision based on your lifestyle, comfort, and medical situation. Breastfeeding may not be possible for all women. If this describes your situation, infant formula is a healthy alternative. Infant formula provides the nutrients your baby needs for proper growth and development. Feeding, no matter how, is a wonderful time to strengthen your bond with your baby.

*This is general information and does not replace the advice of your healthcare provider.
If you have a problem you cannot solve quickly, seek help right away.*

Postpartum Depression

You may experience a range of emotions the first few weeks after your baby is born. Many mothers will feel sad or cry easily for a week or two after the baby is born, this is called the Baby Blues. If you continue to feel sad after 2 weeks you should talk to your health care provider, you may have Postpartum Depression.

Symptoms of postpartum depression include feeling sad, alone, overwhelmed, ashamed, guilty, angry, upset, irritable, and less interest in your usual activities. You may also feel excessive worry, sleep excessively, have trouble relaxing, have appetite changes, and feel rejected by your baby. If you have these feelings, get help right away. For more information visit www.lifewithnewbaby.ca.

Car Seat Safety

Tips for installing your car seat safely:

- Rear-facing until your baby is 1 year old *and* 20 pounds.
- Center of back seat of the car is the safest position.
- Never place a car seat in front of an air bag.
- Install at a 45 degree angle. Check car seat manual.
- Handle should be down and locked when traveling.
- Car seat should move no more than 1 inch in either direction at belt path.
- It is unsafe to use products such as fleece inserts, headrests, attachable toys, belt tighteners that were not installed by the manufacturer.

Having a car seat installed safely in your vehicle(s) before the baby is ready to come home is important. Install the seats a few weeks before your expected due date. Visit www.seatcheck.org to find tips for selecting your car seat, proper installation, and where to get the installed car seat inspected.

Deciding About Circumcision

Circumcision is a surgery that removes the skin that covers the end of the penis often called the “foreskin”. Most often, a circumcision is done in the first few days of a baby’s life, if they are healthy.

There may be some health benefits to circumcision. Still, the American Academy of Pediatrics (AAP) does not recommend that all baby boys be circumcised. Since circumcision is not essential to a child’s health, parents should choose what is best for their child. Discuss circumcision with your pediatrician.

Benefits of Circumcision:

- Lower risk of urinary tract infections (UTI).
 - 1 out of 1,000 baby boys who are circumcised will get a UTI in their first year of life.
 - 1 out of 100 baby boys who are not circumcised will get a UTI in their first year of life.
- Lower risk of getting cancer of the penis. This cancer is very rare in both circumcised and uncircumcised males.
- A slightly lower risk of getting sexually transmitted infections (STIs) including HPV, HIV, and AIDs viruses.
- Prevention of foreskin infections.
- Easier to keep genital area clean.

Risks of Circumcision:

- Complications are rare and most of the time minor. Bleeding, infection, cutting the foreskin too short or too long, and improper healing are some of the complications.
- When the foreskin is removed, the tip of the penis may become more irritated. This can cause the opening of the penis to become too small. Rarely, this causes urination problems that need corrected with surgery.
- Some people believe circumcision makes the tip of the penis less sensitive, causing a decrease in sexual pleasure later in life. This has not been proven by any medical study.