



About Women By Women

Guidelines For Pregnancy

Congratulations and welcome to our practice! Listed below are some guidelines to follow during your pregnancy. If you have any questions or concerns that cannot wait until your next appointment, please call our main office (781) 263-0033 and speak to a nurse. If the nurses are busy, and you are asked to leave a message, your call will be returned as soon as possible. It is helpful if you tell the receptionist why you are calling as we try to answer urgent calls first. We make every effort to return calls the day they are received; calls not of an emergency nature are usually returned in the late afternoon.

If you need to reach the doctors at night or on a weekend, please call our office and leave a message with the answering service. The answering service will page the doctor on call for emergencies. If for some reason you do not receive a call back from the doctor within twenty minutes, please try again. If you still do not receive a response, call Labor and Delivery at Newton Wellesley Hospital (617) 243-6339 as the doctor may be delivering a baby. The Labor and Delivery staff can always reach the doctors.

Nutrition

Early in pregnancy many women experience nausea and lack of appetite. We have a list of suggestions for coping with nausea and vomiting in pregnancy which we are happy to give you. One suggestion which seems to help many women is to eat small frequent meals (every 2-3 hours) which are high in carbohydrates (crackers, toast, pasta, baked potatoes, and cereals). Keeping your blood sugar on a steady level can also help to prevent headaches and feelings of dizziness. Carry raisins, nuts, crackers and fruit as in-between snacks.

During the second and third trimesters your baby will need increasing amounts of protein, iron, and calcium for proper growth. Be sure you include a source of protein with each meal. Milk, cheese, yogurt, eggs, nuts, peanut butter, meats, chicken, fish, dried beans, peas, and tofu are good sources of protein. Many of these foods provide iron, as do green leafy vegetables, molasses, whole grain and enriched breads and cereals, legumes and dried fruit. Milk products are rich in calcium. You will need 3-4 servings each day of dairy products to meet the total of 1200 mg of calcium recommended daily for pregnant women. Each of the following items is equivalent to one 300 mg serving of calcium:

- 2 oz. Cheese
- 8 oz. Milk (skim or 1% is fine)
- 8 oz. Yogurt
- ½ cup ice cream or frozen yogurt
- ½ cup cottage cheese
- 8 oz. Calcium fortified orange juice

If you are lactose intolerant or dislike dairy products you will need calcium supplements. Calcium supplements are readily available over the counter. Calcium carbonate is a good choice since it is readily absorbed. For example, two Tums-Ex twice a day equals the 1200 mg daily calcium requirement. Limit your caffeine intake to 300 mg per day. This is about two 5 oz. cups of coffee. Keep in mind that the typical coffee mug holds eight ounces or more. The caffeine content of other food/drinks is as follows: bagged black tea (30-50 mg per 5 oz. cup), 1 oz. dark sweet chocolate (5-35 mg), 1 oz. milk chocolate (1-15 mg), 12 oz. can Coke (34 mg).

It is a good idea to avoid saccharin since its effects on the fetus are not well studied. Nutrasweet (aspartame) and Splenda (sucralose) are safe in pregnancy. We also suggest avoiding alcohol during your entire pregnancy. Fetal Alcohol Syndrome is a serious disorder, and we are still uncertain how much alcohol consumption is necessary to create a problem. Babies of women who consume excessive alcohol during pregnancy are at increased risk for low birth weight, developmental delays, mental retardation and learning disabilities.

In the interest of reducing exposure to mercury, limit seafood intake to a maximum of 12 ounces per week. Do not eat shark, swordfish, king mackerel, or tilefish. Cooked shellfish is safe, as are moderate amounts (6 ounces per week) of white canned tuna.

Other foods to avoid include raw fish, raw or rare meat which may cause toxoplasmosis, and uncooked eggs which may contain salmonella. Also avoid any unpasteurized cheeses, which may contain the bacteria, Listeria. All cheeses made from pasteurized milk, even soft cheeses like Brie and feta, are safe. Packaged, processed meats like cold cuts and hot dogs can also be a source of Listeria and should be heated to steaming before eating.

Prenatal vitamins contain folic acid which helps to prevent brain and spinal defects when taken before conception and during the first trimester of pregnancy. We recommend over-the-counter prenatal vitamins because they are equivalent to (and less expensive than) prescription prenatal vitamins. The need for a prenatal vitamin continues during the second and third trimesters when your baby is growing rapidly and on into the postpartum period. We draw blood at your initial visit and again at 28 and 36 weeks (and any other time if you are feeling exceptionally fatigued) to check if you are developing anemia. If necessary, we will recommend extra iron, which is available over-the-counter.

In addition to a prenatal vitamin, we suggest that you take a DHA supplement (or a fish oil supplement containing DHA), both of which are available over the counter. DHA is an omega-3 fatty acid known to support your baby's brain and eye development during pregnancy and while breastfeeding. Pregnant and nursing women should get at least 300 mg of DHA daily.

Medications

The following medications are safe to take in pregnancy if taken as directed. Tylenol and Extra-Strength Tylenol for fever, headaches, or discomfort associated with colds; Sudafed and Claritin for congestion; Chlortrimeton and Benadryl for allergies; Robitussin or Robitussin DM for cough expectorant and control respectively. Mylanta, Tums or Maalox can be taken for indigestion and heartburn. If you have problems with constipation, we would like you to first try increasing your fluid and fiber intake. If you still find you need a stool softener or laxative, you may use Fibercon, Metamucil, Senakot or Colace. Monistat 7 is recommended if you have a yeast infection. If you have difficulty sleeping, Tylenol PM or Benadryl can be helpful. If any of these medications are not helping, please call the office for additional suggestions. Please also check with us before using any medication other than those listed above.

Weight Gain

We are all individuals and weight gain during pregnancy will vary from woman to woman. Pregnant women require about 300 additional daily calories above what was needed when they were not pregnant. These additional calories should be from healthy foods. Ideally, we like to see a total weight gain of 22-35 pounds, distributed as approximately 10 pounds during the first half of your pregnancy, and approximately 20 pounds during the second half. From our experience, most women feel better and have fewer complications if their weight gain is reasonable. We will review your diet with you if we feel you are gaining too little or too rapidly or if you request such a review.

Exercise

You are encouraged to keep active in pregnancy unless you have been told otherwise. Try to exercise 3-4 times a week for a half hour. Do gentle aerobic exercises-ones that limit bouncing (low impact) and keep your level of exertion moderate. A good guideline for exercise intensity is monitoring whether you can comfortably carry on a conversation while exercising. If you cannot, you are probably overexerting yourself and need to slow down. This guideline is far more reliable than monitoring your heart rate, which is no longer recommended. Walking, swimming, biking and tennis are all approved as forms of exercise. Avoid exercises that use your lower abdominal muscles such as leg lifts, heavy lifting or sit-ups (curl ups are fine). These put too much strain on your enlarging uterus and lower back. We suggest you also avoid skiing (downhill or cross country), skating, waterskiing, roller blading, shoveling snow and scuba diving as these activities may adversely impact your pregnancy. Your aim is to increase muscle tone so that the extra weight you are carrying does not become burdensome and so that you have enough stamina for labor and delivery.

Other Concerns

Sex

Prenatal patients and their partners often wonder if sex during their pregnancy is harmful. In normal pregnancies sexual intercourse will not hurt the mother or fetus. It is normal for a woman's interest in sex to vary during pregnancy. When sexual desire is low, cuddling or other forms of physical contact can be enjoyable for both partners. Couples may practice oral sex during pregnancy. Do not have intercourse if you are bleeding or are leaking amniotic fluid. You may be advised to abstain from intercourse if you have a history of premature labor or an incompetent cervix.

Travel

Traveling during pregnancy is fine until 36 weeks (1 month prior to your due date) as long as your pregnancy remains uncomplicated. If you are planning a vacation keep in mind that many pregnant women feel best during the second trimester and often enjoy travel most during that time. If you travel by air frequently, cosmic radiation exposure (notably on high-altitude, long flights) can be a concern. Please ask us how you can calculate your radiation exposure to be sure you do not exceed the recommended limit. Whether traveling by car, train or plane, we recommend frequent walks, changes of positions and plenty of fluids to minimize discomfort. Do not sit for long periods of time with your legs crossed. If traveling during the third trimester, it is wise to travel only in "safe" countries, and to check with both the airline and your health insurance company to see if they have any restrictions on traveling late in pregnancy.

Dental

When you are pregnant your gums may bleed more easily during brushing and flossing. It is important to receive regular dental care during this time. If a cavity is found, it is fine to receive a Novocaine injection. (Please request Novocaine without epinephrine.) Routine dental x-rays are not recommended during pregnancy.

Personal Care

Warm baths at home are fine for pregnant women. However, you should avoid hot tubs, steam baths, saunas and tanning salons as these can overheat your body. It is better to avoid permanents and hair dyes in the first trimester because they are not well studied. Highlighting and foiling are safe throughout pregnancy, as are waxing and electrolysis.

Sleep

You may have read that it is advisable to sleep on your left side. This is not necessary until 28 weeks of pregnancy when your baby is heavy enough to compress major veins in your body. Sleep is interrupted for many reasons during pregnancy, but if you are chronically unable to fall asleep or return to sleep, discuss this further at your prenatal visit.

Cord Blood Banking

The blood in a baby's umbilical cord (cord blood) contains special cells which may be used to treat a variety of life-threatening diseases including leukemia, other cancers, and blood and immune disorders. Cord blood is collected immediately after the birth of a baby, and may be stored privately (for a fee) or donated (at no cost) to a public donor bank. There are a few companies specializing in cord blood banking and our office can refer you to them if

you are interested. If you are considering banking your child's cord blood, it is important to contact a company as early in your pregnancy as possible to allow time to complete paperwork, and to ensure that supplies necessary for harvesting the cord blood are present at your delivery.

Infections

During pregnancy you may find yourself coming down with more colds, sinus infections or flus. This is because the immune system is somewhat suppressed by the pregnancy hormones. Most infections are viral and will respond to bedrest and fluids. If you begin to run a persistent fever ≥ 101 degrees, or if you have a cough or runny nose productive of green or brown sputum, please call the office because you may need an antibiotic. If you could possibly have a communicable disease (i.e., chicken pox, influenza, conjunctivitis, etc.) please do NOT come to the office for any appointments without calling first. Under no circumstances should you bring in children harboring a communicable disease as they could potentially infect other pregnant women in the waiting room.

Prenatal Visits

Your first visit is with one of the nurses or nurse practitioners. She will review your past medical history, discuss prenatal care and concerns, and answer your questions. Blood will be drawn for type and Rh, a blood count, syphilis, hepatitis, and immunity to German Measles. The American College of Obstetricians and Gynecologists (ACOG) recommends that all pregnant women be screened for HIV. You will also need to give a urine specimen for analysis and culture. All of this is to make sure you are off to a healthy start.

Your next visit will be with your doctor for a complete physical exam including an internal and a pap smear. After this you will be coming for monthly prenatal visits until you are 28 weeks. You will alternate visits between your nurse practitioner and doctor. At each of these visits the medical assistant will check your blood pressure and weight. A dip stick test on your urine will be done to check for sugar and protein. This gives us some indication of how your kidneys are handling the extra load they carry during pregnancy. At these visits we will also measure your abdomen to make sure your uterus is growing appropriately, listen to the baby's heartbeat, and answer any questions you may have.

From 28 to 36 weeks you will come every two weeks and alternate your prenatal visits among the doctors. It is important to meet all of the doctors because any one of them may be present at your delivery. At 36 weeks you will see your primary OB for an in-depth visit concerning labor and delivery. In preparation for this visit, consider what you would like your labor and delivery

to be like so you can share this with your doctor. This is an important visit for your partner or support person to attend. Beginning at 36 weeks we will see you weekly until you deliver, and you will have an internal each week to check for signs of impending labor. Your support person is welcome at any or all visits.

Tests

Over the course of your pregnancy there are a few important test we recommend that you have. We offer screening for chromosomal abnormalities with a non-invasive blood test that detects free fetal DNA. We perform a nuchal translucency (thickness of the skin at the baby's neck) ultrasound at 12 weeks, and screening for neural tube defects with a blood test at 16 weeks. We offer an ultrasound to all patients at 18-20 weeks gestation to screen for fetal abnormalities. Ultrasounds may be done at other times during your pregnancy if your doctor feels they are necessary. Ultrasound is available at our Wellesley office (only) as well as at Newton-Wellesley Hospital. Amniocentesis is offered at 16 weeks to women who are 35 years or older at the time of delivery, or who have a history of genetic disorders in either their own or their partner's family.

At 28 weeks a Glucose Challenge Test is done to see how well your body is metabolizing sugar. At 36 weeks we will do a vaginal culture for Group B strep bacteria. Forty percent of women carry this bacteria in the vagina normally. Because there is a small chance that babies can inhale this bacteria while moving through the birth canal, patients who are carriers for beta strep will receive antibiotics during labor to ensure their babies do not become infected. In addition, we will check your blood periodically to make sure you are not developing antibodies to your baby's blood. Rhogam injections are given to women who are Rh Negative at 28 weeks and postpartum, and before 28 weeks should bleeding occur early in the pregnancy. In addition, if your blood type is Rh Negative, we will check your blood periodically to make sure you are not developing antibodies to your baby's blood.

Beginning at 37 weeks, women who are 40 years or older at the time of delivery will have weekly ultrasounds and non-stress tests to check fetal well-being. These tests can be done in our office and have been shown to improve outcomes in this group of women.

Finally, we look forward to caring for you during your pregnancy and welcome your feedback and suggestions.



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By Women, P.C.***
