



Letter to Pregnant Patients

To Our Pregnant Patient:

Congratulations on your pregnancy! In this letter, we would like to give you some information about our group and the services we provide.

The OB providers at WSNM are an integrated group of physicians and certified nurse-midwives. We offer you the choice to work with any of our skilled providers during your prenatal care. We work as a team to provide individualized, comprehensive maternity care.

Scheduling

With regards to routine prenatal care in the office, most of our patients stay with the same provider for their prenatal care. Our team operates out of two main hospitals for delivery, Lovelace Women's Hospital and Presbyterian Hospital on Cedar and Central. Our team of providers operate on a rotating call schedule where there is always a physician and a midwife at Lovelace and a physician alone at Presbyterian. Since delivery is typically an unscheduled event, it is almost impossible to know in advance which of our providers will be there on the day of your delivery. If you are delivering at Lovelace Women's Hospital, our certified nurse midwives primarily take care of all our low to moderate risk patients in labor.

Sites

Although our practice only delivers out of the two birthing centers listed below, we have offices in three different locations. You are welcome to make appointments at the site most convenient to you.

Presbyterian Hospital on Cedar and Central – birthing center

Lovelace Women's Hospital – birthing center

Women's Specialist of New Mexico: <https://wsnm.org/locations/>

Getting in touch with us

The practice's triage nurses are available during normal business hours from Monday through Friday to answer any questions or concerns you may have regarding your pregnancy. Please use the extension for the medical question line for the site where you are seeing your provider to reach our nursing team. After business hours, the on-call physicians and midwife are available to answer any emergency questions 24 hours a day.

Office Phone Number 505-843-6168

www.wsnm.org

WSNM Educational Classes

Please refer to the following link to browse through our variety of educational classes offered for first time and experienced pregnant patients: <https://wsnm.org/education/childbirth-classes/>

Insurance

Insurance policies and maternity coverage are all very different. Your policy may or may not include deductibles and/or co-payments for visits, labs, ultrasounds, and hospitalization. Many policies have no co-payment for routine prenatal visits, but additional appointments scheduled to address a problem or concern with your health require the payment of your office co-pay at the time of service. In addition, evaluations of problems at the hospital may require a co-pay and/or deductible. WSNM may also bill some deductibles and co-payments after your maternity service is complete with us. Please contact your insurance representative regarding the details of your coverage so as to anticipate your payments.

FMLA – family and medical leave act

We encourage our patients and their partners to speak with their employers about FMLA and bring in any needed paperwork as early as possible in the third trimester. It takes approximately two weeks for us to be able to fill out the information properly and return it to you. This helps reduce any last-minute delays to receiving your paperwork by the designated deadline set by your employer.

Again congratulations!! We thank you for choosing our group to provide your care and we look forward to seeing you in the months ahead.

Sincerely,

The providers and staff at Women's Specialist of New Mexico



Early Pregnancy New OB Packet

First and Second Trimesters

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Helpful Resources

New Mexico WIC Program:

<https://www.nmwic.org/how-to-apply/>

New Mexico Medicaid Program and Poverty Guidelines

<https://nmmedicaid.portal.conduent.com/static>



Family Birthing Center at Lovelace Women's Hospital

Women's Specialists of New Mexico patients use the Lovelace Women's Hospital for Labor and Delivery services. Call your care provider when you think you are in labor. When you are instructed to go to the hospital, proceed to the Women's Hospital located at Montgomery and Jefferson. Go to Triage.

Address

4701 Montgomery Blvd. NE (at Jefferson)
Albuquerque, NM 87109

Entrance

Enter at the main hospital entrance and proceed to the 3rd floor for Labor and Delivery. After 8pm and before 5:30am, the main entrance is locked, so entry through the ER entrance is necessary. Follow the hallway to the lobby. Press the silver button to open the doors, then take the elevators to the 3rd floor.

Pre-admission

Women's Hospital requires pre-admission. We ask that you go to the ATU desk on the third floor (outside of Labor and Delivery) to pre-register. Please bring your photo ID and insurance card. The desk is staffed 24/7. We recommend that you go around 28 weeks of pregnancy to fill out the appropriate forms. ATU desk (505)727-7852.

Parking

The entire front curb of the hospital is a green loading zone.

Park in visitor lots in front or to the side of the hospital.

Handicapped parking is available in both parking lots.

Where can I get a wheelchair?

Wheelchairs are available at the main level information center and in the ER after hours.

Public Transportation

Bus Route 5, Route 140/141, and Route 157 come directly to Lovelace Women's Hospital.
www.cabq.gov/transit

Hospital Tour:

In-person tours are held week days through Labor of Love. Call to sign up: (505)-727-7677. Virtual tours are held the 4th Saturday of the month on Zoom. Sign up with WSNM

<https://wsnm.org/education/childbirth-classes/>

What are the visiting hours?

There are no set visiting hours when a patient is in labor on the 3rd floor. You are welcome to have as many support people as you want, however, in Triage only 1 support person is allowed. Once on postpartum, partners are welcome to stay 24 hours and visiting hours for family and friends are from 8:00am-8:00pm. During the Flu season (usually Oct - May, please call for exact dates) children under 14 are not allowed in the hospital. The exception is healthy siblings are allowed on the postpartum floor.

Where can I get something to eat?

The Cafeteria (located on the main level past the elevators) is open 7 days a week. Monday through Friday the hours are 7:00am-10:00pm. Breakfast is served 7:00am-10:00am, Lunch is served 11:00am-1:30pm, and dinner is served from 5:00pm-10:00pm. On the weekends the hours are 7:00am-2:00pm. Breakfast is served 7:00am-10:00am, and lunch is served 11:00am-2:00pm. No dinner is served on the weekends.

Important Phone Numbers

Your care provider: 505-843-6168
Lovelace Women's Hospital: 505-727-7800



Family Birthing Center at Presbyterian Hospital

Women's Specialists of New Mexico patients use the Presbyterian Hospital for Labor and Delivery services. Call your care provider when you think you are in labor. When you are instructed to go to the hospital, proceed to the main Presbyterian Medical Center located at Cedar and Central. Go to Triage.

Address

1100 Central Ave SE
Albuquerque NM 87106

Entrance

Enter at the main hospital entrance or from the parking garage A entrance. You will see the Information desk, where you can get information or directions. Look for the green elevators (Elevator A) near the Subway restaurant. Take the elevator to the 5th floor to the Family Birthing Center (FBC). There is a red telephone you can pick up to ask for the doors to open. Walk through the doors, turn left, and proceed to Triage for evaluation.

Pre-admission

Presbyterian recommends pre-registering before you have your baby. You can register on MyChart and then call The Labor and Delivery Pre-Registration office at (505)841-1423. They can mail you the consent forms or you can pick them up. Labor and Delivery Pre-Registration is located in the lobby inside the Registration Office across from Subway. Please bring a photo ID and insurance card. We recommend that you go around 28 weeks of pregnancy to fill out the appropriate forms.

Parking

- Park in visitor lots in front of the hospital.
- At the entrance, drop off or pick up patients only. Please do not park there.
- Handicapped parking is available in the parking garage.

Where can I get a wheelchair?

There are wheelchairs at the main entrance.

Public Transportation

Bus Route 66, Route 97, and Route 766 Rapid Ride Red Line come directly to Presbyterian Medical Center. <http://www.cabq.gov/transit/destinations/albuquerque-destinations>

What are the visiting hours?

Please note that only **four** visitors are allowed in the labor and delivery room and only **four** visitors are allowed on Mother Baby Care (Postpartum). **One** visitor is allowed in the triage area. Other visitors may wait in the FBC waiting room.

- Partners: 24 hours a day
- Siblings: During the flu season (usually Oct - May, please call for exact dates) children under 14 are not allowed anywhere in the hospital. 8am-8pm on the Postpartum Floor
- Friends/relatives: 24 hours on Labor and Delivery; 8am to 8pm on the Postpartum Floor

Where can I get something to eat?

- The Food Court Cafeteria (located on Sub Level 2) is open 7 days a week. Monday through Friday breakfast is available from 6:30 am to 10:00 am, lunch from 11:00 am to 3:00 pm and dinner from 4:00 pm to 8:30pm. It is open late from 11pm to 2am. On weekends and holidays, the cafeteria is open from 6:30am to 10:00am and 11am to 2pm.
- Subway is available on the main level (Level 1) at Presbyterian Hospital. It is open 8:00 am to 11:00 pm seven days a week.
- The Gift Shop also has snacks. It is located in the lobby past Subway. Hours are weekdays 8:30am-6:00pm and weekends 9:00am-4:00pm
- Café Espresso is a coffee shop located in the lobby. Hours are weekdays 6:00am-2:00pm. Closed each day from 11:00-11:30am. Closed on the weekends and evenings.

Hospital Tour

Presbyterian offers in-person tours. Sign up at phs.gosignmeup.com

Virtual tour of Presbyterian on the 4th Saturday of the month on Zoom. Sign up with WSNM <https://wsnm.org/education/childbirth-classes/>

Important Phone Numbers

Your care provider: 505-843-6168

Main Presbyterian Medical Center: 505-841-1234



How Your Baby Grows

<https://www.acog.org/womens-health/faqs/how-your-fetus-grows-during-pregnancy>

<https://www.marchofdimes.org/pregnancy-week-week>

https://www.babycenter.com/pregnancy/your-baby/fetal-development-week-by-week_10406730

Diet and Weight Gain

Healthy Diet during Pregnancy

Eating healthy during pregnancy is important to help support your baby's growth. However, you do not need to eat for two! On average, most pregnant women need an extra 100-300 calories per day. The following links are great guides on commonly asked questions and the important food groups/nutrients to supplement through your diet. Iron, folic acid, calcium, vitamin D, and omega 3 fatty acids are some of the important nutrients to concentrate on when deciding what to eat.

<https://www.acog.org/womens-health/faqs/nutrition-during-pregnancy>

<https://www.marchofdimes.org/find-support/topics/pregnancy/eating-healthy-during-pregnancy>

<https://www.fda.gov/food/consumers/advice-about-eating-fish#choice>

Prenatal Vitamins

Look for a prenatal vitamin with the following:

Folic acid 400mcg

Vitamin D 600 IU

Vitamin C 85mg

Vitamin A 770mcg

Choline 450 mg

Iron 27mg

Calcium 1300mg

B6 & B12

Follow the dosing instructions labeled on your prenatal vitamin. If you forget to take your prenatal vitamin one day, that is ok. Resume taking it when you remember but do not take more than the bottle recommends at one time. Taking too much of some vitamins can be harmful to the development of baby.

Sometimes prenatal vitamins can make nausea worse in pregnancy. You can try taking your prenatal vitamin before bed and you may notice less nausea the next day. If this does not work then you can discuss with your healthcare provider about taking a break from the prenatal vitamin but continuing with a separate folic acid supplement of at least 400 micrograms until the nausea and vomiting improve.

Eating Safely during Pregnancy

There are certain food categories that women are recommended to avoid during pregnancy. Seafood is an excellent source of omega-3-fatty acids; however, there are recommendations on which fish to eat in pregnancy and how they should be prepared. Dairy products are recommended to be pasteurized and all fresh vegetables and fruits should be thoroughly washed prior to consuming. Furthermore, it is not recommended to eat any raw or undercooked meats.

<https://www.cdc.gov/foodsafety/communication/pregnant-people.html>

<https://www.fda.gov/food/consumers/advice-about-eating-fish#choice>

<https://www.cdc.gov/listeria/risk-groups/pregnant-women.html>

<https://www.foodsafety.gov/people-at-risk/pregnant-women>

Caffeine during Pregnancy

There are many questions regarding caffeine use during pregnancy. Based on certain studies that have been performed, it does not appear that moderate caffeine intake (less than 200mg) results in preterm birth or miscarriage. Adequate studies are not available to determine if HIGH caffeine intake results in miscarriage. Therefore, we do not recommend consuming more than 200mg of caffeine daily. See the table below for examples of caffeine content in common beverages/foods.

Table 1. Caffeine Content of Foods and Beverages

Food and Beverages	Milligrams of Caffeine (Average)
Coffee (8 oz)	
Brewed, drip	137
Instant	76
Tea (8 oz)	
Brewed	48
Instant	26–36
Caffeinated soft drinks (12 oz)	37
Hot cocoa (12 oz)	8–12
Chocolate milk (8 oz)	5–8
Candy	
Dark chocolate (1.45 oz)	30
Milk chocolate (1.55 oz)	11
Semi-sweet chocolate (1/4 cup)	26–28
Chocolate syrup (1 tbsp)	3
Coffee ice cream or frozen yogurt (1/2 cup)	2

U.S. Department of Agriculture, Agricultural Research Service, 2000.

Source: <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2010/08/moderate-caffeine-consumption-during-pregnancy>

Resources:

<https://americanpregnancy.org/healthy-pregnancy/is-it-safe/caffeine-and-pregnancy/>

Omega-3 Fatty Acids during Pregnancy

During pregnancy, your baby gets many of the nutrients they need from the foods you eat and the vitamins you take. One of the essential nutrients moms need is omega-3 fatty acids. Omega-3 foods contribute to your baby's brain, eye, and nervous system development. Omega-3s are also important for your own health during pregnancy and postpartum period. Having adequate Omega 3s on board may lessen or prevent postpartum depression.

There are three main types of Omega 3 essential fatty acids: EPA, DHA, ALA.

DHA and EPA are the most important types of Omega-3s for pregnancy and lactation. Many prenatal vitamins provide the recommended dose of DHA.

Good Omega-3 Sources

- oily fish (mackerel, herring, sardines, anchovies, salmon, trout)
- fresh or frozen tuna

See “Eating Safely During Pregnancy” for more information on eating fish safely.

Omega-3s can also be found in non-fish sources

- fortified foods, like eggs, bread, and juice
- dark green vegetables
- canola, sunflower, and flaxseed oils
- walnuts

Pregnant women can take Omega-3s during their entire pregnancy, but Omega-3s are especially important during the third trimester. It is during this time that your baby uses Omega-3s to form about 70% of his/her brain and nervous system.

Women who are breastfeeding also need good intakes of Omega-3s. The level of Omega-3s in breast milk is dependent on the amount in the diet. The FDA and WHO recommend that infant formula have DHA in it.

If you’re not getting enough DHA from food, or you are concerned about mercury and other toxins in fish during pregnancy, another option is to take a **supplement of DHA**. Purified fish oil supplements are often the safest source of EPA and DHA. Make sure that your supplements are not made from fish livers (cod liver oil). The liver can contain high amounts of retinol vitamin A, which has been linked to birth defects.

Recommended dose for Pregnant and Lactating Women:

200-300 mg DHA daily

For More Information

<https://americanpregnancy.org/healthy-pregnancy/benefits-of-fish-oil-supplements-fish-consumption>

https://babycenter.com/pregnancy/diet-and-fitness/is-it-safe-to-take-fish-oil-or-other-omega-3-supplements-dur_10336998

<https://ncbi.nlm.nih.gov/pmc/articles/PMC3046737/#:~:text=Adequate%20consumption%20of%20omega-3,and%20in%20preventing%20perinatal%20depression>

Weight Gain during Pregnancy

Weight gain during pregnancy is very much based on pre-pregnancy body mass index (BMI). Although there are many complications associated with being overweight during pregnancy, we do still want you to gain weight during your pregnancy. In the first trimester, the goal is to maintain your weight. After the first trimester, a steady weight gain following the guidelines listed below is recommended until you deliver.

Body Mass Index (BMI) Before Pregnancy	Rate of Weight Gain in the Second and Third Trimesters* (Pounds Per Week)	Recommended Total Weight Gain With a Single Fetus (in Pounds)	Recommended Total Weight Gain With Twins (in Pounds)
Less than 18.5 (underweight)	1.0 to 1.3	28 to 40	Not known
18.5 to 24.9 (normal weight)	0.8 to 1.0	25 to 35	37 to 54
25.0 to 29.9 (overweight)	0.5 to 0.7	15 to 25	31 to 50
30.0 and above (obese)	0.4 to 0.6	11 to 20	25 to 42

*Assumes a first-trimester weight gain between 1.1 and 4.4 pounds

Source: Institute of Medicine and National Research Council. 2009. Weight Gain During Pregnancy: Reexamining the Guidelines. Washington, DC: The National Academies Press.

Being overweight during pregnancy can be associated with high blood pressure, preeclampsia, preterm birth, and gestational diabetes.

Obesity during pregnancy also increases the risk of a larger than normal fetus ([macrosomia](#)), birth injury, cesarean birth, birth defects, especially neural tube defects.

Source: <https://www.acog.org/womens-health/faqs/nutrition-during-pregnancy>



Common Testing and Vaccines during Pregnancy

At your first OB visit your doctor or midwife will review with you the gold standard recommendations that address your specific prenatal care needs. They will review the benefits, risks, and alternatives to testing, treatment, and surveillance during your pregnancy. The basic labs and testing that you can expect are as follows:

1st trimester bloodwork & testing:

- Blood type and antibody testing
- Complete Blood Count (CBC) to look for anemia, white blood count status and platelet status
- Immune status for rubella (measles) and varicella (chicken pox)
if not immune, we will offer you vaccination in the postpartum period before discharge from the hospital, these vaccines are not safe to receive during pregnancy
- Hepatitis B
- Hepatitis C
- HIV
- Syphilis (syphilis is recommended to be screened for 3 times during pregnancy because it is often asymptomatic, can make baby very sick if we miss it, and it is easily treated)
- Gonorrhea and Chlamydia testing from a urine specimen (if positive then treatment will be prescribed and a test of cure will follow treatment. 3rd trimester testing is also indicated if positive earlier in the pregnancy).
- Urine culture (It is important to treat heavily colonized bacteria in urine during pregnancy to prevent complications to your kidneys and the pregnancy even if asymptomatic).

2nd trimester:

- No standard lab work
- 20 week Fetal Anatomy Scan

3rd trimester blood work and testing:

- Gestational Diabetes, CBC, Syphilis
- Around 28 weeks you will complete screening for gestational diabetes. There are several tests that screen this. Your doctor or midwife will review with you which test may be best for you. The test can take 1, 2, or 3 hours depending on what is ordered. All tests include drinking a sweet drink and lab draws. The 1 hour test is one blood draw, if you do not pass then the 3 hour test will be ordered at a later time. If you do not pass the three hour test then you will be diagnosed with gestational diabetes. The two hour test can be used instead of the 1 & 3 hour test but if you do not pass the 2 hour test then it is an automatic diagnosis for gestational diabetes. Your provider will go over the parameters of the test and give you instructions on what you can or cannot eat or drink prior to testing.
- If your blood type includes Rh negative then at 28 weeks you will need the rhogam shot. Ask your care provider if this pertains to you and they can review how this impacts pregnancy.
 - Group Beta Strep (GBS) vaginal Swab at 36 weeks
***GBS is a common bacteria that is found in the gastrointestinal tract, urinary tract, and vagina. It comes and goes. Sometimes we may be colonized and sometimes we may not. It is not a concern until

a baby passes through a colonized vagina. The baby could inhale the bacteria and cause a respiratory infection in the coming days, weeks or months. This is why we screen and offer treatment during labor to protect baby if the swab is positive for GBS. Treatment is Penicillin G. If allergic to Penicillin, we will culture for sensitivity to other antibiotics.***

- On admission to labor and delivery you will get a basic lab workup with a CBC, blood type, antibody screen, and syphilis.

A Word about HIV Testing during Pregnancy

As part of your routine prenatal care you will be tested for HIV unless you decline. HIV testing during pregnancy is the best choice for you and your baby.

What is HIV?

Human Immunodeficiency Virus (HIV) is a disease that weakens the immune system, making it hard for the body to fight infections.

How is HIV transmitted?

HIV is primarily spread by having unprotected sex (vaginal, anal or oral sex without a condom) or sharing needles with an HIV-infected person. Most women in the US who are HIV positive have been infected through sex with HIV positive men. A pregnant woman who is HIV infected or who has AIDS can pass HIV to her baby during pregnancy, delivery, and while breastfeeding.

How will an HIV test help my baby?

An HIV test will help you and your baby by alerting you to the need for treatment if your HIV test is positive.

If you are HIV positive, treatment with appropriate medication can greatly reduce your chances of giving HIV to your baby.

What does a negative test mean?

If you have a negative HIV test result, this means that the test does not show evidence of HIV at this time. If you were infected with HIV in the past six months, the test could be negative now, but turn positive later. If you have reason to believe that something has happened in the past six months that puts you at risk for HIV, you should take the test again in six months.

What if I test HIV positive?

If you are HIV positive, you will want to discuss treatment options with your health care provider.

You can protect yourself from HIV by:

- Using a latex/polyurethane condom (male or female) when you have sex even if you are pregnant.
 - Condoms greatly reduce the transmission of HIV.
 - Use only water-based lubricants, such as those found over the counter.
 - Oil-based lubricants (like Vaseline or kitchen oils) will weaken condoms and make them less effective.
- Not sharing needles for injecting drugs, steroids, vitamins, tattooing, or piercing.

Other resources for help: Call the New Mexico HIV/AIDS Hotline at 1-800-545-2437 for HIV referral and consultation resources including experts of prenatal HIV treatment in your local area.

Rh Negative Blood in Pregnancy

It is important to know your blood type in pregnancy. Ask your healthcare provider your blood type once your new OB labs have resulted. Your blood type will be either A, B, AB, or O positive or negative. The positive or negative part of your blood type refers to your Rh status. Rh positive blood means you have an Rh protein attached to your blood cells. Rh negative blood means you do not have this protein.

The concern is that if you have Rh negative blood and baby has Rh positive blood, there is risk of the Rh positive proteins escaping into your blood stream through the placenta. If this occurs then your Rh negative blood will recognize these proteins as foreign and will develop antibodies to destroy them. This can affect the health of future pregnancies. To prevent antibodies from developing, if you are Rh negative, then you will need the Rhogam shot. The Rhogam shot makes it so that your body does not recognize Rh positive proteins as a threat. The Rhogam shot is given to all Rh negative pregnant women at 28 weeks and anytime there is significant bleeding during pregnancy. After delivery the hospital will test baby's blood type. If your baby is Rh positive then you will receive another Rhogam injection before discharge. Be sure to ask before discharge if you need this injection.

For more information visit: [The Rh Factor: How It Can Affect Your Pregnancy | ACOG](#)

Genetic Screening in Pregnancy

Prenatal genetic testing gives parents-to-be information about whether their fetus may have certain genetic disorders. Genetic disorders are caused by changes in a person's genes or chromosomes. In a trisomy, there is an extra chromosome. In a monosomy, a chromosome is missing. Inherited disorders are caused by changes in genes called mutations. Inherited disorders include sickle cell disease, cystic fibrosis, Tay-Sachs disease, and many others. In most cases, both parents must carry the same gene to have an affected child.

There are two types of prenatal tests for genetic disorders:

Prenatal screening tests: These tests can tell you the chances that your fetus has an aneuploidy and a few other disorders. These are not invasive, but are not as accurate.

Prenatal diagnostic tests: These tests can tell you whether your fetus actually has certain disorders. These tests are done on cells from the fetus or placenta obtained through amniocentesis or chorionic villus sampling (CVS). These have more risk to the fetus.

Screening tests can tell you your risk of having a baby with certain disorders. They include carrier screening and prenatal genetic screening tests:

Carrier screening is done on parents using a blood sample or tissue sample swabbed from inside the cheek. These tests are used to find out whether a person carries a gene for certain inherited disorders. Carrier screening can be done before or during pregnancy.

Prenatal genetic screening tests using maternal blood and ultrasounds can screen the fetus for aneuploidy, defects of the brain and spine called neural tube defects (NTDs), and some defects of the abdomen, heart, and facial features. They include first-trimester screening, second-trimester screening, and cell-free DNA testing.

What is first-trimester screening?

First-trimester screening includes a test of the pregnant woman's blood and an ultrasound exam. Both tests usually are done together between 10 weeks and 13 weeks of pregnancy:

What is second-trimester screening?

The "quad screen" blood test measures the levels of four different substances in your blood. The quad test screens for Down syndrome, Edwards syndrome (trisomy 18), and NTDs. It is done between 15 weeks and 22 weeks of pregnancy.

What is cell-free DNA testing?

Cell-free DNA is the small amount of DNA that is released from the placenta into a pregnant woman's bloodstream. The cell-free DNA in a sample of a woman's blood can be screened for Down syndrome, Patau syndrome (trisomy 13), Edwards syndrome, and problems with the number of sex chromosomes for the baby. This test can be done starting at 10 weeks of pregnancy. A positive cell-free DNA test result should be followed by a diagnostic test with amniocentesis or CVS.

What do the different results of prenatal screening tests mean?

Results of blood screening tests for aneuploidy are reported as the level of risk that the disorder might be present.

A positive screening test result for aneuploidy means that your fetus is at higher risk of having the disorder compared with the general population. It does not mean that your fetus definitely has the disorder.

A negative result means that your fetus is at lower risk of having the disorder compared with the general population. It does not rule out the possibility that your fetus has the disorder.

Diagnostic testing with CVS or amniocentesis that gives a more definite result is an option for all pregnant women. Your obstetrician or other health care professional, such as a genetic counselor, will discuss what your screening test results mean and help you decide the next steps.

With any type of testing, there is a possibility of false-positive results and false-negative results. A screening test result that shows there is a problem when one does not exist is called a false-positive result. A screening test result that shows there is not a problem when one does exist is called a false-negative result.

What is carrier screening?

Carrier screening is a type of genetic test that can tell you whether you carry a gene for certain genetic disorders. When it is done before or during pregnancy, it allows you to find out your chances of having a child with a genetic disorder. Most of these disorders are recessive, meaning that the baby needs to get an abnormal gene from both parents to be affected. Screening is to see if one or both parents carry a certain gene.

Some genetic disorders occur more often in certain races or ethnic groups. For example, sickle cell disease often affects people of African descent. Tay–Sachs disease typically affects people of Eastern or Central European Jewish, French Canadian, and Cajun descent. But anyone can have one of these disorders, so testing is not restricted to these groups.

What are the chances of having a child with a recessive disorder?

If both parents are carriers of a recessive gene for a disorder, there is a 25 percent (1-in-4) chance that their child will get the gene from each parent and will have the disorder. There is a 50 percent (1-in-2) chance that the child will be a carrier of the disorder—just like the carrier parents. If only one parent is a carrier, there is a 50 percent (1-in-2) chance that the child will be a carrier of the disorder.

How is carrier screening done?

Carrier screening involves testing a sample of blood, saliva, or tissue from the inside of the cheek. Test results can be negative (you do not have the gene) or positive (you do have the gene). Typically, the partner who is most likely to be a carrier is tested first. If test results show that the first partner is not a carrier, then no additional testing is needed. If test results show that the first partner is a carrier, the other partner is tested. Once you have had a carrier screening test for a specific disorder, you do not need to be tested again for that disorder.

What is tested on basic carrier screening?

The 2 most common tests are for cystic fibrosis and spinal muscular atrophy (SMA). You can have screening for additional disorders as well depending on risk factors or personal preference.

What should I consider when deciding whether to have prenatal genetic testing?

It is your choice whether to have prenatal testing. Your personal beliefs and values are important factors in the decision about prenatal testing. Not all options are covered by insurance, so you can talk to your doctor or midwife to determine what is best for you.

It can be helpful to think about how you would use the results of prenatal screening tests in your pregnancy care. Remember that a positive screening test tells you only that you are at higher risk of having that condition. A diagnostic test should be done if you want to know a more certain result. Some parents want to know beforehand that their baby will be born with a genetic disorder. This knowledge gives parents time to learn about the disorder and plan for the medical care that the child may need. Some parents may decide to end the pregnancy in certain situations.

Other parents do not want to know this information before the child is born. In this case, you may decide not to have follow-up diagnostic testing if a screening test result is positive. Or you may decide not to have any testing at all. There is no right or wrong answer.

Ultrasound

Ultrasound is used at various times during your pregnancy. We use it to check the age of the baby, identify a multiple pregnancy, check the baby's growth and size, and look for birth defects. It is also used to help diagnose certain pregnancy complications. Ultrasound uses sound waves to show a picture of the baby on a screen. The health care provider rubs a handheld device, called a transducer, across the woman's belly or inserts a probe into her vagina. The woman feels pressure as the provider moves the transducer, but usually no pain.

At WSNM, women have an ultrasound around 20 weeks to look at the baby head to toe to look at the anatomy. Finding out the sex of the baby can usually be determined at the 20 week ultrasound. If the ultrasound cannot determine the baby's sex, a repeat ultrasound will not be covered by insurance solely

for this purpose. Women usually have an ultrasound during the first trimester to date the pregnancy or if problems arise. Insurance will only pay for medically indicated ultrasounds.

ATTENTION:

Non-medical use of ultrasound during pregnancy should be avoided. Commercial sites, often unsupervised by physicians, offer “keepsake” baby pictures to parents. The persons performing these ultrasounds may not have medical training and may give a woman incorrect or even harmful information. The American College of Obstetricians and Gynecologists (ACOG) discourages the use of these “entertainment” ultrasounds.

The American Institute of Ultrasound in Medicine (AIUM) and the US Food and Drug Administration (FDA) believe that the use of ultrasound without a medical reason is inappropriate and does not go along with the responsible practice of medicine. Therefore, the AIUM recommends that ultrasound should be used only when the patient’s provider believes that it will provide medical benefit to the patient.

The FDA also warns that exposing the baby to ultrasound with no medical reason and for no medical benefit is not a good idea. It has cautioned that persons who promote, sell, or lease ultrasound equipment for making videos of babies during pregnancy should know that the FDA views this as an unapproved use of a medical device. Those who perform ultrasound exams using a diagnostic ultrasound device (a prescription device) without a provider’s order may be in violation of state or local laws or regulations regarding use of a prescription medical device.

Vaccines in Pregnancy

For the most updated recommendations regarding vaccines in pregnancy, visit the CDC website at:

<https://www.cdc.gov/vaccines/pregnancy/vacc-during-after.html>



Common Discomforts of Pregnancy

Coping With Common Discomforts of Pregnancy

Pregnancy produces many physical changes. Aside from weight and body shape, other alterations in your body chemistry and function take place. The heart works harder, your temperature registers slightly higher, body secretions increase, joints and ligaments are more flexible and hormones are altered. Mood changes are common, resulting from a combination of hormonal changes and greater fatigue, as well as normal anxiety over body image, sexuality, finances, relationship roles and impending parenthood. The following is a list of the most common discomforts of pregnancy and some guidelines for coping with them.

Acne

Acne may occur for the first time for you in pregnancy or may become worse if you have had it before. This is most likely due to the hormone changes in pregnancy.

To treat acne in pregnancy:

- Wash your face morning and night with warm water and a mild cleanser.
- Don't squeeze or pick acne. This can cause scarring.
- Use make-up that is free of oil. Look for the words water-based, noncomedogenic, or nonacnegenic on the product label.
- Talk to your health care provider about medicine you can take to treat acne. Don't take any medicine – even acne medicine- without talking to your provider first. Some acne medicine can be harmful to your baby. Some can cause birth defects.

Breast Tenderness

Breast tenderness is most pronounced during the first three months. The breasts enlarge in size and can be quite tender. Wearing a good support bra may help you feel more comfortable. Other breast changes include skin getting darker at the nipple and the area around it, and the leaking of early milk called colostrum. If breast soreness doesn't go away or you feel a lump in your breast, call your provider.

Nasal Congestion

Increased pregnancy hormones often make you have a stuffy nose even without having other cold symptoms. Using a humidifier in your house will increase the moisture in the air and help you thin the mucus in your nose.

Using saline drops in the nose may also help. If this doesn't help, consider the possibilities of allergies or a cold and consult the handout: "Over-the-Counter Medications during Pregnancy".

Constipation

During pregnancy your digestive system slows down due to hormonal influences and your digestive organs are displaced due to the growing uterus. You may also become constipated from irregular eating habits, changes in environment, stress, and added calcium and iron in your diet. Some medicines, too little exercise, and not enough fiber and liquids may also contribute to the problem. Constipation refers only to bowel movements that are hard in consistency or painful. Infrequent bowel movements are not unusual.

Prevention/remedies:

- Increase the amount of fiber in your diet, eating foods high in fiber such as fruits, raw vegetables, whole grain products, nuts and dried fruits (especially prunes). Choose a breakfast cereal that has at least 5 grams of fiber per serving. These foods help soften the stool and promote natural bowel activity.
- Drink a lot of fluids, especially water.
- Eat small, frequent meals and thoroughly chew your food.
- Exercise, even walking, will help relieve constipation.
- Eat prunes or figs, or drink prune juice. These fruits contain a natural laxative.
- Avoid laxatives. If the problem is not resolved with the above suggestions, let your health care practitioner know. Stool softeners that are safe during pregnancy can be prescribed. Also, iron tablets can aggravate constipation -- the prescription for iron can be adjusted if it becomes a problem.

Dizziness

Dizziness or lightheadedness can be caused by low blood sugar or a sudden change of position. It may be caused by low blood pressure or too little iron in your blood (anemia).

To help avoid this feeling:

- Move slowly when standing from a sitting or lying position.
- Eat well and frequently. Women who are prone to low blood sugar should carry snacks at all times. Juices and fruit are particularly good choices. Eat foods high in iron.
- Avoid standing for long periods of time.
- Take frequent rest periods.
- Drink plenty of liquids (80-100 oz/day), especially water.

Fatigue

This is very common during the first trimester. Get as much sleep or rest as you can -- even short naps will help. Your energy level will likely pick up after the first three months. However, fatigue and insomnia tend to recur in the last months of pregnancy. A warm bath, massage or hot drink before bed often helps you relax and get ready to sleep. Use the tips below under the section “Trouble Sleeping” to help you get the rest you need.

Frequent Urination

Frequent urination is another symptom of pregnancy that is most pronounced during the first trimester as well as the end of pregnancy. Do not restrict fluid intake in an effort to decrease the frequency of urination. As long as you do not experience burning or pain with urination, increased frequency is normal and will go away postpartum. Go when you need to go, instead of holding it. You may need to lean forward a bit to empty your bladder more. Limit your caffeine intake.

Gas

Slower digestion in pregnancy can cause you to bloat, burp, and pass gas.

Prevention/Remedies:

- Don't eat food that cause gas, like fried foods, beans, cabbage, cauliflower, and dairy products like milk and cheese. Limit food and drinks that are carbonated (bubbly), like soda.
- Eat several small meals during the day
- Do something active every day to help improve digestion.

Headache

The increased blood volume and hormonal changes of pregnancy may cause headaches. Nasal congestion, fatigue, eyestrain, anxiety or tension may also increase the frequency of headaches. Try to determine what triggers you headaches and avoid them when possible.

Prevention/remedies:

- Apply a cool, wet washcloth or ice pack to your forehead and the back of your neck. (A warm cloth works better for some people.)
- Try to get plenty of sleep every night, and rest during the day when possible.
- Try to eat something healthy every 2-3 hours
- Drink plenty of liquids.
- Take a warm shower or relaxing bath.
- Massage your neck, shoulders, face, and scalp, or ask your partner or a friend to give you a massage.
- Try to find a quiet, dimly lit place and relax.
- Get some fresh air; take a walk.
- Use meditation, self-hypnosis, and relaxation techniques.
- See our hand-out: "Over-the-Counter Medications during Pregnancy".
- Talk to your health care provider if you are having persistent migraine headaches. Certain migraine medications are best avoided in pregnancy, while some may be safe.

*If you are having headaches that are severe, frequent, long-lasting, or accompanied by blurred vision, spots, lights flashing, or swelling, **and you are in the third trimester**, it is important to contact your healthcare provider so that your blood pressure can be evaluated.*

Heartburn

Pregnant women get heartburn because the stomach muscles relax and food tends to back up. Sometimes the stomach makes more acid during pregnancy. The growing baby pressing against the stomach can force acid upward causing heartburn.

Prevention/remedies:

- Try eating smaller but more frequent meals. Eat more slowly.
- Avoid highly seasoned, rich and fatty foods. Avoid citrus fruit, tomatoes, red peppers, chocolate, and spicy foods. Caffeine and cigarettes can also make heartburn worse.
- Do not lie down flat after eating. If you must lie down, elevate your head and shoulders with pillows.
- Avoid eating and drinking at the same time. Try to drink liquids an hour before and after meals. Small sips of water while eating is okay.

- Certain antacids are not recommended during pregnancy. Check with your health care provider before using over-the-counter antacid preparations. See our hand-out: “Over-the-Counter Medications during Pregnancy”.

Hemorrhoids

Hemorrhoids are varicose veins in the rectal area caused by the increased blood volume and additional weight of pregnancy. They may itch or burn during bowel movements, and sometimes bleed slightly.

Prevention/remedies:

- To help avoid hemorrhoids, prevent constipation by maintaining a diet that is high in fluids and fiber.
- Avoid sitting on the toilet for long periods of time or straining while having a bowel movement. Put your feet up on a stool to reduce straining.
- Drink plenty of water.
- Witch hazel, Tucks, Anusol, or Preparation H can be applied to the hemorrhoid area for symptomatic relief. If you think you might need a stool softener, talk to your health care provider.
- An ice pack applied to hemorrhoids may bring some relief.
- A 15-20 minute warm bath three or four times a day (sitz baths) relieves hemorrhoid discomfort.
- Try not to sit for long periods at a time. Move around to get the weight of your uterus off of the pelvic veins.

Leg Cramps

Muscle cramps are common during pregnancy, but the cause is difficult to determine. Possible causes include a calcium or a magnesium imbalance, pointing your toes when you stretch, or decreased circulation in your legs.

Prevention/remedies:

- Be sure to get enough calcium and magnesium in your diet.
- Exercise to increase circulation in your legs.
- Elevate your legs as often as possible.
- Drink plenty of water.
- Take a bath before you go to bed.
- While in bed, stretch with your heels pointed, not your toes. This will also help relieve a cramp.
- Loosen the bedding at the foot of your bed.
- Stretch your calf muscles before going to bed and keep your legs warm.

Mood Changes

Being pregnant can lead to many conflicting emotions and mood changes. Many women are subject to sudden bursts of emotion that can be due to several factors including fatigue, stress and hormonal changes.

Prevention/remedies:

- Talk over your concerns with a trusted person. Consider joining a pregnancy support group (www.postpartum.net). Postpartum Support International provides online support groups in pregnancy as well as for after the birth.

- Continue with activities you enjoy. This is a great time for you and your partner to spend time together before the baby arrives.
- Take time for self-care.
- Exercise on a regular basis. You may find prenatal exercise classes, either online or in person, valuable in providing support from other pregnant women.
- Avoid becoming overly fatigued. Take naps on a regular basis whenever possible. Even a 15-minute rest break can be helpful.
- Be sure your diet is healthy and you have an adequate daily intake of protein and iron.
- Attend classes, read books, and watch videos on various aspects of pregnancy, child birth preparation, and newborn care. Knowing what to expect can ease tension.
- Surround yourself with positive people with positive attitudes. Focus on positive birth stories rather than ones that evoke fear or that have bad outcomes.
- See our handout: “Depression and Anxiety during Pregnancy”.

If you are having thoughts of harming yourself or others, are feeling increasingly depressed or anxious, please seek emergency care or contact your health care provider immediately.

Nosebleeds and Bleeding Gums

Nasal membranes become swollen due to the increased blood volume of pregnancy and may cause nosebleeds in some women. Using a humidifier and a thin coating of petroleum jelly in each nostril around bedtime can help. During pregnancy, an increased supply of hormones as well as the increase in your blood volume may cause tenderness, swelling, and bleeding of your gums. A lack of vitamin C in your diet may also contribute to this condition. Be sure to see your dentist regularly, even during pregnancy and continue good oral hygiene.

Pelvic Discomfort

During pregnancy, the pelvic joints relax in order to increase the size and flexibility of the pelvis in preparation for birth. This may cause pressure on the sciatic nerve, and may be felt as pain in the pelvic area, down the thigh and into the leg.

At times a discomfort known as “round ligament pain” can take your breath away. You may be walking and suddenly feel a “knife-stabbing” pain on one or both sides of your lower abdomen or groin, or feel a spasm in your vagina or rectum. As quickly as it came on, it may go away. There are ligaments that hold the uterus in place. One is on each side of the uterus and the third goes across the pelvic floor. As the uterus grows, these ligaments stretch like a rubber band. Any sudden movement or position change can cause them to spasm.

Prevention/remedies:

- A heating pad or hot water bottle may bring some relief.
- Massage may be helpful.
- Experiment with different positions to find the one most comfortable for you. Try sleeping on your side, with one leg forward supported on a pillow and the other back, as if you were running.
- Use proper body mechanics when lifting, bending, and stretching during your pregnancy and following your delivery.
- Consider wearing a maternity support belt to help alleviate some of the pressure.

If the suggestions above do not work for you, contact your healthcare provider.

Shortness of Breath

Early in pregnancy, shortness of breath may be coming from increase in pregnancy hormones. Later on, your growing uterus puts pressure on your internal organs and diaphragm, which leaves less room for your lungs to expand and leads to shortness of breath. Going up a flight of stairs is tough towards the end of pregnancy, and you will find it harder to breath. At night, it becomes harder to find a comfortable position without difficulty breathing. In the last few weeks of pregnancy, you may notice lightening, which is when the baby drops into the pelvis. Once this happens, the pressure is off the diaphragm, your lungs will have more room, and breathing becomes easier.

Prevention/remedies:

- Hold your arms over your head. This raises your rib cage and temporarily gives you more breathing space.
- Try sleeping with your head elevated by pillows.
- Practice very slow breathing while relaxing. It will help you use your lung space to its greatest capacity.
- Slow down when climbing stairs.

If you are experiencing persistent shortness of breath with your heart racing, with sweating, chest pain or severe headache, please seek emergency care or contact your health care provider.

Swelling of the Hands and Feet

During pregnancy it is normal to experience swelling of the feet, legs, and hands that makes the skin feel tight. The amount of blood in your body increases approximately 40 percent. In addition, your body naturally holds water. Slight swelling of the hands and feet are common in the later stages of pregnancy. It is often greater during hot weather. Some swelling or puffiness is not unusual, but it can be uncomfortable.

Prevention/remedies:

- Adequate fluid intake is always important.
- Improve the circulation in your legs and feet by elevating them as often as possible. Lie on a bed or floor and raise your legs up on the wall keeping your knees bent.
- Try to avoid standing for long periods of time.
- Exercise regularly by walking or swimming.
- Avoid sitting with your legs crossed. Use a footstool when sitting and perform ankle circles whenever possible.
- Soak your feet in cold or ice water for increased comfort at the end of the day.
- Avoid wearing tight clothing. Wear comfortable, flat shoes.
- Wear support hose/compression stockings when you plan on standing or walking for a long time. Put them on before you get out of bed in the morning. Some health insurance policies may pay for your stockings if you have a prescription; check with your insurance provider.
- Drink the fresh juice of a lemon in a cup of warm water to help decrease fluid retention.
- Limit your salt intake. Some beverages like electrolyte drinks have a lot of salt in them.

Skin Changes and Stretch Marks

Due to hormonal changes, which occur during pregnancy, it is normal to have a brown coloring on your cheeks, nose, and forehead, known as chloasma or “the mask of pregnancy”. It is also normal for your

nipples to become darker and to have a dark line on your abdomen from your navel down to your pubic bone. Be reassured that the hormone that causes this increase in pigmentation and discoloration will decrease after the baby is born, and the discoloration will fade or disappear after delivery.

- Avoid sunburn, which may deepen skin coloring. Wear sunscreen and a hat.

About 90 percent of women experience stretch marks. **There is nothing you can put on your skin to prevent stretch marks.** Stretch marks are a type of scar that forms when the skin's normal elasticity is not sufficient to accommodate the stretching required during pregnancy. Stretch marks occur most frequently on the abdomen, but some women also develop them on their thighs, upper arms, and breasts. Although stretch marks may not entirely disappear after delivery, those that remain usually fade to a lighter, silvery color.

- Ensure that your diet contains sufficient protein. This will help your skin stay healthy.
- Keeping your skin soft and moisturized will not prevent stretch marks, but it may help minimize itching. Try a gentle massage with a moisturizing lotion or coconut oil.

Trouble Sleeping

During pregnancy some women have trouble falling asleep or staying asleep. In the early months, difficulty sleeping may be part of your body's adjustment to pregnancy. During the last few months, your increased size may make your normal sleeping position difficult, and the baby's kicking may awaken you during the night. Also, increased bladder pressure may cause you to wake up frequently during the night.

Prevention/remedies:

- Exercise daily.
- Take a warm, relaxing bath before bed.
- Reduce any noise or lighting that might keep you awake. The light from the screen on your media devices can interrupt your own production of melatonin, a sleep promoting hormone.
- Avoid eating a big meal within the two hours of going to bed.
- Do childbirth preparation exercises such as deep breathing or other relaxation techniques.
- Experiment to find the most comfortable sleeping positions. Lie on your side and place several pillows between your knees.
- Avoid products that contain caffeine from the late afternoon on.
- Try to develop a regular sleeping schedule and routine. Naps or short rest periods during the day are okay.
- If you are unable to sleep, relax, and are full of worry, talk to your health care provider about possibility of anxiety and/or depression and how we may help. There are easy to access apps and guides for mindfulness meditation which can be used as you are trying to fall asleep.

Vaginal Discharge

One of the first changes you may experience when you become pregnant is in your vaginal discharge. It is important that you are aware of the normal changes during pregnancy and that you inform your health care provider about any changes that may appear abnormal.

What is normal vaginal discharge?

Normal vaginal discharge during pregnancy (called leukorrhea) is thin, white, milky and mild smelling. Leukorrhea is normal and nothing for you to worry about.

During pregnancy **do not**:

- Use tampons (they can introduce new germs into the vagina)
- Douche (this can interrupt the normal balance and lead to a vaginal infection)
- Always assume that it is a vaginal infection and treat it yourself

During pregnancy **do**:

- Use panty liners if it makes you more comfortable
- Wear 100% cotton underwear
- Notify your health care provider at your appointment of any changes

What is abnormal vaginal discharge?

If the vaginal discharge is green or yellowish, strong smelling, and/or accompanied by redness or itching, you may have a vaginal infection. Two of the most common vaginal infections during pregnancy are yeast infections and bacterial vaginosis. Your health care provider can easily treat vaginal infections. Another cause of abnormal discharge could also be a sexually transmitted infection. You should notify your health care provider any time there is a change in normal pregnancy discharge.

Varicose Veins

Some women get a condition in the veins of their legs, ankles or feet called varicosities. This happens when increased blood volume from pregnancy doesn't return to the heart as efficiently and the congestion or pooling of blood there causes sore, sometimes itchy, blue bulges in the veins of your lower extremities. Also, the weight of your growing baby can press on some of the larger blood vessels in your pelvis, causing more congestion of blood. Varicosities usually don't cause serious problems but are noticeable. It may run in families and certainly can happen in other pregnancies you may have. Hemorrhoids can come about from the same circumstances as varicose veins. Sometimes varicosities can affect the vulva (the lips of the vagina).

Prevention/remedies:

- Don't stand for long periods of time.
- When sitting down, put your feet up. Try not to cross your legs while sitting.
- When lying down, put your legs up on a pillow.
- Wear support hose or compression stockings.
- You may try ice packs on swollen areas.

Nausea and Vomiting During Pregnancy

Most but not all women will experience some amount of nausea and vomiting in pregnancy. Nausea and vomiting tends to peak at 8 to 10 weeks, it usually goes away by 12 to 16 weeks. It is often called "morning sickness," but it can occur all day long. However, some women may experience it all the way through their pregnancy or may be intermittent.

Are Nausea and Vomiting During Pregnancy Dangerous?

Mild to moderate nausea and vomiting may make you feel awful, but it will not hurt you or your baby. Severe vomiting during pregnancy - that prevents you from keeping any food or water down - is called hyperemesis gravidarum. You should call your health care provider if any of the following:

- You are not able to keep any liquids or foods down for 24 hours
- You are vomiting several times a day or after every meal
- You have abdominal pain, difficulty urinating, or you have a fever

What are the Treatment Options of Nausea and Vomiting in Pregnancy?

Treatment can be broken into first, second, and third line defense management.

First Line Defense: The natural/holistic approach, usually controls mild intermittent symptoms.

- Stabilize blood sugar with small frequent meals, focus on more protein.
- Eat first thing in the morning
- Try a bland diet
- Take your prenatal vitamins at night before bed.
- Adding anything ginger to your diet. The daily dose of ginger that has been tested is 1 gram (250 mg capsules powdered ginger taken four times per day).
- Applying peppermint oil to the back of your neck.
- Manage heartburn/acid reflux (if left untreated, this can make nausea and vomiting worse)
- Do not lay down after eating
- Exercise.

Add Second Line Defense: For those having constant nausea but keeping down most food and hydration.

- Acupressure bands
- Acupuncture
- Vitamin B6 25mg, three times daily and full tablet Unisom at night. Some women may have enough relief with B6 alone, others will need more Unisom than just at night. Some providers suggest half a tablet Unisom tablet three times daily with the B6.

Third line defense is for those suffering with extreme nausea and vomiting. If you are unable to carry out your daily living of activities because of extreme nausea or cannot keep down food or water then let your care provider know. They can review prescribed medication options to help control your symptoms. You can also discuss stopping your prenatal vitamin and just taking a folic acid supplement. You need 400mcg (0.4mg) Folic acid daily for a single pregnancy, double for twins. Do not make this decision on your own, consult your provider.

Back Pain during Pregnancy

Most women have back pain sometime during pregnancy. Back pain usually starts during the second half of pregnancy. Most of the time this back pain comes and goes, appearing for a few days or may a week, and then goes away. Back pain that starts for the first time in pregnancy is usually mild. For a few

women, it can be very painful. Sometimes, back pain can be a sign of labor or a serious complication like a kidney stone or infection.

Why do pregnant women have back pain?

Pregnancy hormones loosen all of your joints. Your growing abdomen (belly) changes your posture. These changes can increase the normal curves that are in your spine, which can cause back pain as the muscles are stretched. Later in pregnancy these looser joints may cause your pelvis to move slightly when you change position. This can cause general pain in your lower back and sometimes shooting pain in your buttocks or upper legs.

What makes back pain worse?

Rolling over, changing positions, or getting out of bed; lying flat with your legs straight; and getting in or out of a car can cause back pain to appear. Sitting or standing for a long period of time can make back pain worse. Lying on your back, sitting upright in a chair, rolling over at night or getting out of bed or out of a chair can cause back pain to be worse.

How can I avoid back pain?

- Avoid standing or sitting for long periods of time. If you stand or sit for work, change positions often. If you sit for work, change positions often. If you sit for work, put your feet up on a stool or box to tilt your hips forward and flatten the curve in your lower back.
- Avoid bending to the side or twisting.
- Keep your back straight and use your leg muscles instead of your back muscles to help lifting something heavy.
- Try not to gain too much weight.

How can I make my back pain better?

- Do not put your body in positions that make your pain worse.
- Put moist heat or cold packs over the area that hurts. Sitting in a warm bath may help but be careful getting in and out of the tub.
- Have your back massaged.
- Wear an abdominal binder to lift your abdomen slightly, which will take some pressure off your lower back.
- Wear supportive shoes especially if you are standing or on your feet for long periods of time.
- Do gentle exercise and stretch your lower back along with walking about 20 minutes most days. Exercise helps strengthen the back muscles and keep the joints in good positions. The next page of this handout has some exercises to help back pain.
- Sleep on your side. You may want a pillow in your arms, between your knees, and/or behind your back.
- If you stand or sit all day long for your work, your health care provider can help you work with your employer so you can keep working but also use positions that help decrease the pain you are having.

My back pain is severe. Are there other therapies that can help?

If you have severe back pain that won't go away, talk with your health care provider to learn what treatments might be best for you. Physical therapy, acupuncture, chiropractic manipulation, or medications may be helpful.

What Stretches Are Recommended?

Stretching the back and hamstring muscles after a warm shower or short walk can help reduce back pain. Hold each stretch for 20 seconds, and repeat 2-3 times. See the flip side for directions.

What is Sciatica?

Sciatica is pain caused by pressure on the sciatic nerve. This large nerve comes out of your spine low in your back and goes through your buttocks and down the legs. The main symptom of sciatica is pain that travels in a line down the buttock and back of the leg. This pain may go past your knee toward your foot. You may also feel tingling and numbness or have trouble moving or standing on your leg. Sciatica usually goes away in 1 to 2 weeks. The pelvic tilt exercises on the next page can help reposition your baby to take pressure off of the nerve. If you have severe sciatica, your health care provider may suggest chiropractic manipulation and/or physical therapy.

When should I call my health care provider?

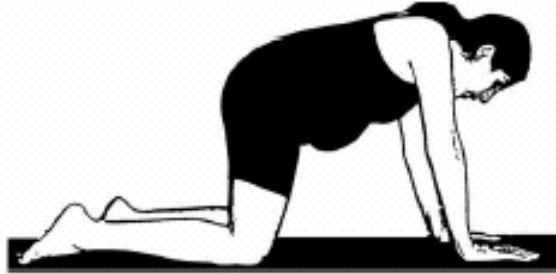
- You are less than 37 weeks pregnant and have back pain that lasts for about a minute with tightening or cramping in your abdomen every 10 minutes or less even after your rest and drink water for an hour.
- You are 37 weeks pregnant or more and have back pain that gets progressively stronger and last for about a minute with tightening cramping or pain in your abdomen every 3 to 5 minutes for at least an hour.
- You have severe pain in your back that doesn't go away with heat, acetaminophen (Tylenol), exercise, or rest and keeps you from doing your normal life activities.
- You have very severe pain that comes on suddenly.
- You have back pain with a fever, nausea, or blood in your urine.

See back exercises and stretches below to help with back pain during pregnancy.

Exercises for Back Pain During Pregnancy

Pelvic tilt start position: note arch in lower back

Pelvic tilt end position: note absence of arch in lower back.



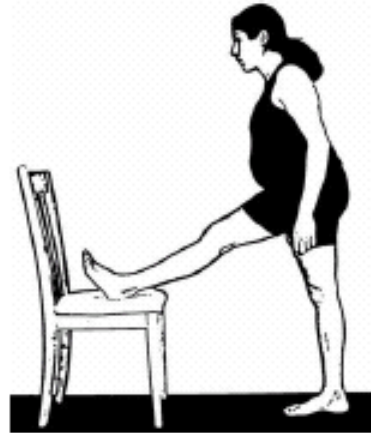
Kneel on your hands and knees, you'll notice an arch in your lower back. Tilt your pelvis backwards, so you flatten your back, keeping your buttocks relaxed.

Back stretch

Hamstring Stretch



Kneel on your hands and knees, with your legs spread apart, and a small pillow under your belly. Sit back and reach your arms forward to feel a stretch along your spine.



Face a chair and place one foot on it. Keep your back straight as you gently lean forward to stretch the back of the thigh.

Adapted with permission from Silva A. expect Fitness (www.expectfitness.com)

For More Information:

Babycenter: https://www.babycenter.com//pregnancy/your-body/lower-bck-pain-during-pregnancy_9402?showAll

Pregnancy Corner: <https://www.pregnancycorner.com/being-pregnant/pregnancy-pains/back.html>

American College of OBGYN: <https://www.acog.org/womens-health/faqs/back-pain-during-pregnancy>

Spine Health: <https://www.spine-health.com/conditions/pregnancy-and-back-pain>



Lifestyle during Pregnancy

Exercise in Pregnancy

Most women can, and should, engage in mild to moderate exercise during pregnancy. Exercise can help manage many of the common discomforts of pregnancy such as acid reflux, constipation, low back and hip pain. Coupled with a healthy diet you are setting yourself up for success for passing the gestational diabetes test in the third trimester as well as avoiding excessive weight gain during pregnancy. Regular exercise in the third trimester will optimize baby's position in the pelvis which will help to promote a smooth labor and delivery.

Safe exercise options in pregnancy:

- Yoga
- Swimming
- Power walking, jogging, easy running
- Low impact aerobic exercise
- Light weight strength training

At the same time, there are a number of key points to keep in mind while you exercise:

- Your balance and center of gravity will change as your baby grows, increasing fall risk. Choose activities that keep both feet on the ground.
- Blood volume increases so your heart's workload increases and oxygen demands change. Listen to your body and take a break or modify your work out.
- You should be able to carry on a conversation while you're exercising. If you can't speak normally while you're working out, you're probably pushing yourself too hard. This could lead to overheating, dehydration or other problems.
- Don't perform exercises that involve bouncy, jerky motions.
- Avoid exercises that compress the uterus.
- Pregnancy hormones can cause ligaments to loosen and stretch. Warm up and cool down is import.

Stop exercising and call your provider, if you experience any of the following:

- Significant pain
- Vaginal bleeding
- Leaking fluid
- Feeling dizzy or faint
- Painful or consistent contractions
- Significant shortness of breath

Avoid exercising if:

- You have risks for preterm labor
- You are bleeding or leaking fluid
- Your water has broken
- You have preeclampsia, high blood pressure from pregnancy
- You have other medical conditions or complications that require limited activity
- You are on bed rest

Before exercising during pregnancy, talk with your health care provider about any limitations or precautions you should take.

Sex during Pregnancy

Pregnancy brings increased blood supply to the pelvis and shifting hormones can increase sexual desire. Pregnancy is a great time to practice communicating with your partner about what feels good and what does not as pleasure will change as your body changes over the course of the pregnancy. Also communicating needs and concerns about intimacy while pregnancy can help lay a foundation for openness in your changing relationship as your family dynamics change.

Many couples are concerned about having sex during pregnancy. Common questions about sex in pregnancy include:

- Is it safe? YES
- Will sex cause preterm labor? No, however, do not have sex if you have had preterm labor, your water is broken, if you are having vaginal bleeding, or have been told to be on pelvic rest.
- Will sex hurt the baby? NO. Your cervix is closed and the strength of the uterus protects your baby.
- Are there certain positions to avoid? As your abdomen grows and as baby comes further down into the pelvis there will be positions that may be less uncomfortable. Listen to your body, and talk with your partner. Let them know what feels good and what does not. Make changes accordingly. You may need to go slower and be gentler as the pregnancy progresses.
- Is it OK to orgasm while pregnant? Yes. You may notice that the orgasm is stronger and may cause a little more cramping after. Orgasm can be a helpful tool to help induce labor once full term and nearing labor and delivery. Do not induce orgasm even with toys or hands if you have been told to be on pelvic rest or are at risk of preterm labor.
- Is it ok for my partner to orgasm inside of my vagina? Yes, if it is ok with you. Sperm will not hurt your baby or you. If labor is imminent in the coming days then sperm may act as a prostaglandin and help the cervix to soften and prepare for labor. However, if labor is not imminent then sperm will not induce labor.

Pregnancy and Safe Sex

Partners need to be honest and realistic about sex during pregnancy. Open communication may help to defuse frustration. Because AIDS/HIV infection is transmitted through sexual activity, always practice safe sex. HIV infections can be transmitted to the unborn child. If you have questions about what is safe sex and want to discuss concerns in confidence, call 1-800-FOR-AIDS and ask for a health provider.

Lubrication during Pregnancy

- Water soluble lubricants are best during pregnancy such as jelly, such as Astroglide, KY Jelly.
- Silicone lubricants are safe but may alter the pH of the vagina that can lead to vaginal irritation and infection.

- Do not use baby oil or Vaseline, coconut oil.
- You may use lubricated condoms

Traveling While Pregnant

Is it okay to travel during your entire pregnancy?

As long as there are no identified complications or concerns with your pregnancy, it is generally safe to travel at all times during your pregnancy. You may not want to travel too far from home when you are close to your due date. Ask your provider for his/her recommendations.

What about travel on land while you are pregnant?

Whether you are going by car, bus, or train, it is generally safe to travel while you are pregnant; however, there are some things to consider that could make your trip safer and more comfortable.

- Always buckle-up every time you ride in a car, use both the lap and shoulder belts for the best protection of you and your baby.
- Keep the air bags turned on. The safety benefits of the air bag outweigh any potential risk to you and your baby.
- Navigate buses and trains carefully as they have small restrooms and the constant movement increases fall risk.
- Try to limit the amount of time you are in the car, bus, or train. Keep travel time around five to six hours.
- Take frequent breaks if traveling by car. Walk and stretch your legs often to decrease your risk of blood clots.

What about travel by air while you are pregnant?

Traveling by air is considered safe for women while they are pregnant.

- Most airlines allow pregnant women to travel through 36 weeks.
- You may want to choose an aisle seat which will allow you to get up more easily to reach the restroom or just to stretch your legs. Try to get up and walk often.
- Travel on major airlines with pressurized cabins and avoid smaller private planes. If you must ride in smaller planes, avoid altitudes above 7,000 feet.
- Talk to your healthcare provider about the use of compression stockings.
- Drink plenty of water while flying.

What about travel by sea while you are pregnant?

Traveling by sea is generally safe for women while they are pregnant; the motion of the boat may accentuate any morning sickness or make you feel nauseous all over again. There are a few considerations to make your trip safer and more comfortable.

- Check with the cruise line to ensure that there is a health care provider on board in case there are any complications. Many cruise lines limit travel in the third trimester.
- Review the route and port-of-calls to identify if there is access to any medical facilities if needed.
- Seasickness bands use acupressure to help prevent upset stomach and may be a good alternative to medication.

- You might consider Vitamin B6 25mg three times daily and a Unisom at night. Start 3 days prior to allow it to build up in your system and continue throughout your trip.

What about foreign travel while you are pregnant?

Traveling overseas has the same considerations that local or domestic travel has, but it also has additional concerns that you need to know before making an international trip. The information below is provided to help you assess whether an international trip is good for you at this time.

- It is important to talk with your health care provider before you take a trip internationally to discuss safety factors for you and your baby.
- Discuss immunizations with your health care provider and carry a copy of your health records with you.
- With international travel, you may be exposed to a disease that is rare here in the United States, but is common in the country you visit.
- Contact the Centers for Disease Control and Prevention at (800) 311-3435 or visit their website at www.cdc.gov to receive safety information along with immunization facts related to your travels.
- Diarrhea is a common concern when traveling overseas because you may not be used to the germs and organisms found in the food and water of other countries. This can lead to a problem of dehydration. Here are some tips to avoid diarrhea and help keep you safe:
 - Drink plenty of bottled water
 - Drink bottled, or canned drinks
 - Make sure the milk is pasteurized

Make certain that fresh fruits and vegetables have been cooked or can be peeled (such as an orange or a banana) and all meat and fish has been cooked completely; if you are unsure, do not eat them.

Taking Medicine during Pregnancy

We hear so much in the news about the dangers of medicines for unborn babies. Because of these concerns, many women suffer through colds and headaches without any medicine at all. Some medicines are safe to take when pregnant and while breastfeeding and some are not.

I've Been Taking Medicines That My Health Care Provider Gave Me Before I Got Pregnant. Can I Keep Taking Them?

Some medicines are so important to your health that you will need to keep taking them. Some medicines can be changed to a lower dose or different medicine to cut down on the risk to your baby. Please ask your doctor or midwife about all prescription medications.

Are Over the Counter Medications Safe to Take During Pregnancy?

Some medicines that you can get over-the-counter are safe to use during pregnancy and some are not recommended. Check with your health care provider before you take anything. Click on our [Over The Counter Medication List](#) to view the most common and safe over the counter medications. [See our Safe Medications list.](#)

What are the Risks of Using Natural Herbs during Pregnancy?

Although herbs are natural, not all herbs are safe to take during pregnancy. Talk to your provider before using any type of herbal product. Herbs may contain substances that can increase risk of miscarriage, premature birth, uterine contractions, or injury to the fetus. Few studies have been done to measure the effects of various herbs on pregnant women or a developing fetus.

CAUTION:

- If you need any of the following medications for more than 72 hours, call your provider for assistance.
- If the symptoms you have become more severe despite medication use, call your provider for assistance.
- Call your provider for fever >100.4F (38.0C), bleeding, persistent vomiting, continuous pain, blurry vision, continuous headache or leaking of fluid from the vagina.

	What to Do First	If You Need to Take Medicine
Common Cold	<ul style="list-style-type: none"> • Get plenty of rest, drink lots of fluids • Using a humidifier can help. • Use a saline nasal spray during the day • Use Vicks on your chest and neck • Gargle with warm salt water and drink tea with honey for a sore throat. 	<ul style="list-style-type: none"> • <i>Stuffy nose:</i> Flonase nasal spray, Mucinex, Afrin nasal spray (do not use longer than 3 days) • <i>Cough:</i> honey, cough drops
Seasonal Allergies	First, use home remedies listed under “colds”	<ul style="list-style-type: none"> • Use an antihistamine like Zyrtec or Claritin • Try a nasal antihistamine like Astepro • Try a nasal steroid like Flonase
Headache	<ul style="list-style-type: none"> • Drink plenty of water • Eat small amounts all day long instead of 3 big meals – to avoid low blood sugar. • Get someone to massage your neck and shoulders for you. 	<ul style="list-style-type: none"> • Acetaminophen (Tylenol) is safe • DON’T take Ibuprofen (Motrin), naproxen (Aleve), or aspirin.
Yeast Infections	Don’t douche	Use a vaginal cream like Monistat-7
Heartburn/Indigestion	<ul style="list-style-type: none"> • Eat 5-6 small meals per day and do not lie down right after eating. 	<ul style="list-style-type: none"> • Try Tums or Maalox first • Pepcid and Prilosec if you need something longer acting • DON’T take antacids that have aspirin (Alka-Seltzer, Pepto-Bismol)
Constipation	<ul style="list-style-type: none"> • Drink more fluids • Eat lots of fruit and vegetables • Exercise can help. 	<ul style="list-style-type: none"> • Stool softeners like Miralax, fibers like Benefiber, Citrucel, and Metamucil (psyllium), and Milk of Magnesia are safe in pregnancy. • DON’T take mineral oil or Senokot.
Diarrhea	<ul style="list-style-type: none"> • Drink lots of clear liquids • Bananas, rice, apples/applesauce, and toast are constipating and soothing 	<ul style="list-style-type: none"> • If you have diarrhea for more than one day or are unable to keep any fluids down, call your health care provider.

	foods. Start off eating these foods then add other foods gradually.	<ul style="list-style-type: none"> • Imodium is safe in pregnancy.
Fever	<ul style="list-style-type: none"> • Increase rest and fluids. • Cool towels on your body or a luke warm shower/bath may help. 	<ul style="list-style-type: none"> • Call if your fever persists for more than 48 hours. • Acetaminophen (Tylenol) is best during pregnancy. • DON'T take Ibuprofen (Motrin), naproxen (Aleve), or aspirin
Herbs	It is <i>best</i> to talk to your provider before you take ANY kind of herbal preparation.	<ul style="list-style-type: none"> • Herbs that are safe in pregnancy include: red raspberry leaf, ginger, peppermint, garlic, slippery elm • Herbs that are probably safe in pregnancy include: nettle, chamomile, dandelion, rose hips, and alfalfa
Vitamins	<ul style="list-style-type: none"> • The only vitamins you should be taking are prenatal vitamins with folic acid. • Your provider may suggest extra calcium or iron 	

Dental Care in Pregnancy

Taking care of your mouth while you are pregnant is important for you and your baby. Brushing, flossing, eating healthy foods, and getting dental checkups and treatment will help make you and your baby healthy. Changes to your body when you are pregnant can make your gums sore, puffy, and red if you do not brush and floss every day. Tooth and gum issues in pregnancy can put you at a higher risk of preterm delivery and other pregnancy complications.

Brush and Floss

- Brush your teeth with a soft toothbrush and toothpaste with fluoride twice a day.
- Floss once a day.
- If you can't brush your teeth because of nausea, rinse with water or a mouth rinse that has fluoride.
- If you vomit, rinse your mouth with water.

Get Dental Care

- Get a dental checkup. It is safe to have dental care when you are pregnant. Don't put it off until after you have the baby. It is recommended that you get a dental exam every 6 months.
- Tell the dental office staff that you're pregnant and your due date. This will help the dental team keep you comfortable.
- It is safe to get routine procedures like fillings in pregnancy. Let us know if your dentist needs a letter before one of these procedures.
- Talk to your doctor or midwife if you need help getting dental care or making an appointment.



Danger, Risk, and Safety

Danger Signs during Pregnancy

The following are danger signs indicating potential problems during pregnancy. Notify your provider at once if you develop:

- Continuous vomiting
- Chills or fever
- Continuous pain
- Burning with urination
- Blurred vision
- Continuous headache
- Sudden swelling of hands or face
- Five or more uterine contractions per hour
- Leaking of fluid from the vagina (blood or water)
- Decreased fetal movement

If you bleed any time during your pregnancy, have someone telephone your provider. Go to Triage if you are 20 weeks or greater and to the ER if less than 20 weeks.

For your baby's health, take pills or medication ONLY with the approval of your doctor or midwife.

Trust your instincts. If you are worried about you or your baby contact your provider.

Pregnancy and Domestic Violence

Anxiety and Depression during Pregnancy

Pregnancy itself is a time when birthing people are more likely to be anxious about things. There are more things out of a person's control and worries about your baby's wellbeing are natural and common. There are new roles and added responsibilities about to arise. If you have had a more challenging form of anxiety prior to and entering into pregnancy, your condition may have been treated in the past with medication, therapy, and/or self-care practices. Some people develop a more intense anxiety condition for the first time in pregnancy.

It is hard to calculate how common anxiety disorder is during pregnancy because most research work has grouped anxiety and depression together because the two conditions often occur together. You might have heard the term *perinatal mood disorder* which includes depression, anxiety, PTSD, OCD, and bipolar condition both in pregnancy and the postpartum (after birth up to a year).

Anxiety and depression during pregnancy are important personal mental health issues to take care of. If you are one of the 20-40% of pregnant people who have anxiety and/or depression, know you are not alone. Sometimes anxiety can become obsessive and compulsive in how one acts and may lead to worsening anxiety unless certain repetitive behaviors occur to bring more control to situations that are triggering the intrusive thoughts.

What can I do to help my anxiety while I am pregnant?

- Personal coping skills to reduce anxiety (self-talk)
- Relaxation techniques
- Mindfulness meditation
- Exercise
- Scheduling worry time
- Counseling, particularly cognitive behavioral therapy
- Support group specific for anxiety in pregnancy
- Medication, either daily or as needed type

What do I need to think about regarding medications?

If you have already been on medication for anxiety just prior to getting pregnant, continuing on the medication will depend on which type of medication it is. See the document *Depression During Pregnancy* for information on medications for depression which may also be used for anxiety. Also, see the document *Posttraumatic Stress Disorder and its effect on Pregnancy and Mothering*. Most benzodiazepine type medications should be discontinued in pregnancy but used more sporadically for safety, used after the first trimester, or changed to a different type. Most antidepressant medications are safe in pregnancy and are often used to treat anxiety as well.

Talk to your pregnancy care provider about risks and benefits of medication use for anxiety. Just like with depression, there is a risk to yourself and baby of not treating the condition that needs to be thought of in the discussion about treatment.

Many people use a combination of self-care practices, counseling and medication to manage anxiety in pregnancy.

Getting anxiety under control will help promote more rest and enjoyment of the pregnancy, and can increase a person's positive outlook on the pregnancy and birth, and for the parenting ahead.

How can counseling or therapy help me manage anxiety?

A particular kind of therapy called Cognitive Behavioral Therapy (CBT) can be particularly useful for anxiety. It focuses on how your thoughts and your behavior affect your mood. If you change how you are thinking or acting on your worries, you can change how you feel. A therapist can help you with this process both in sessions and to support you in doing this on your own during times when anxiety is present. If it is a challenge to find a therapist, talk to your health care provider.

There are also excellent resources online for getting started in self-care activities to manage anxiety.

For More Information:

Postpartum Support International
www.postpartum.net
Mother to Baby Fact Sheets: Anxiety
www.ncbi.nlm.nih.gov/books/NBK582577

A cognitive Behaviour therapy-based self-management guide
www.bcmhsus.ca/Documents/coping-with-anxiety-during-pregnancy-and-following-the-birth.pdf
www.health.harvard.edu/blog/how-can-you-manage-anxiety-during-pregnancy-202106252512
(Share with Women ACNM 2017)

Depression during Pregnancy

Depression occurs in about 7 of every 100 people in the United States, Depression is more common in women than in men, especially in women who are ages 15 to 44 years. Pregnancy also happens during these ages. Depression can occur for the first time during pregnancy, or depression may become worse during pregnancy. Depression can also develop after the baby is born. There is no simple treatment for depression. Medications can help some women, especially those with severe depression. The most effective treatment for depression is a combination of medication and psychotherapy (talking with a therapist on a regular basis).

How do I know if I have depression?

These answers to these 2 questions will help you learn if you have depression:

1. Over the past 2 weeks, have you felt down, depressed, or hopeless?
2. Over the past 2 weeks, have you felt little interest or pleasure in doing things?

If you answer yes to both questions, contact your health care provider to discuss the

Possibility that you have depression. Your health care provider will ask you more questions to see if you have depression. People with depression often say that most days they feel sad, lifeless, trapped, or hopeless, and the pleasure and joy have gone out of life. If you spend time thinking about killing yourself or others, and especially if you develop a plan to do so, you need to seek care immediately. Severe depression is linked to suicide (killing yourself).

Why is it important to treat depression while I am pregnant?

Having depression during pregnancy can be harmful for both you and your baby. This is because the symptoms of depression, such as sadness, tiredness, and loss of appetite, can make it hard to do your normal activities. Depression may make it harder to take good care of yourself. You might skip a prenatal visit if you are too tired or don't feel comfortable talking to other people. You also may not eat a healthy diet because you aren't hungry. If you have depression, it is easier to make choices that are not good for your health, such as smoking, drinking, and using drugs. These things can increase your chances of problems in pregnancy, such as miscarriage, preterm birth, and having a small baby. Treating depression helps you and your baby be healthier during and after you are pregnant. If you have depression during pregnancy, you have a higher chance of having postpartum depression. This can make it hard to take care of and enjoy your baby.

What can I do to help my depression while I am pregnant?

Psychotherapy along with self-care activities that help mental health may be enough treatment for your depression. Exercise, spending time outdoors, doing something you find relaxing, being with friends and family, mindfulness, meditation, and decreasing the stress in your life are forms of self-care that can all help you feel better. Sometimes depression can be managed without medication, but sometimes medication is needed.

What are SSRI medications?

Selective serotonin reuptake inhibitors, also called SSRIs, are the most commonly used antidepressants (medications for treating depression). If psychotherapy or self-care activities, such as exercise, do not relieve depression, an SSRI medication may be a good choice for you, even during pregnancy. Some common SSRIs are:

- Citalopram (Celexa)
- Escitalopram oxalate (Lexapro)
- Fluoxetine (Prozac)
- Fluvoxamine (Luvox)
- Paroxetine (Paxil)
- Sertraline (Zoloft)

How do SSRIs work?

SSRI medications increase the amount of a chemical called serotonin that is present in your brain and affects your general mood. Usually it takes a few weeks after you start taking the medication before you notice any changes in depression, even when the medication works well. Because SSRIs can take a few weeks to start working, you may still be depressed during that time. It is important to reach out to others for support, talk with your health care provider, and do self-care activities during the first few weeks after you start the medication.

Should I stop taking my antidepressant medication if I'm planning to get pregnant or if I am pregnant?

Always contact your health care provider before stopping your medication. Depression may become worse during pregnancy because the changes that happen to your body and emotions can make it more difficult to cope with depression. Some studies have found that women with depression have a higher chance of having a premature baby and postpartum depression if they do not take medication for depression during pregnancy. In addition, stopping some antidepressants too quickly can cause withdrawal symptoms. If you have mild depression and have had no symptoms in the last 6 months, you may be able to try stopping your medication. Talk about this with your health care provider.

Do SSRIs cause birth defects?

The chance that SSRIs will cause birth defects is very low. Because the chance of causing birth defects is so low, it is hard for scientists to study the question well, and we do not yet know the answer for sure. A few SSRI medications may increase the chance of your baby having a heart problem, but the chance of this happening is very low. If you are taking an SSRI medication when you get pregnant, call your health care provider to learn what is known about the medication. Do not stop the medication before talking with your health care provider.

Can SSRIs harm my baby after birth?

Some SSRIs may cause a mild withdrawal reaction in a baby after birth. If this happens the baby can be fussy and have problems eating well during the first few days after birth. These symptoms go away after a few days. Remind the health care provider who is caring for your baby about any medications you took during pregnancy.

Are SSRIs safe to take if I'm breastfeeding?

It is safe to breastfeed if you are taking SSRIs after the baby is born. SSRIs get into your breast milk in very low amounts, so they do not affect the baby. Talk with your health care provider about the best medication to take while you are breastfeeding.

(Share with Women 2017)

FOR MORE INFORMATION:

National Institute of Mental Health: Depression in Women

<http://www.nimh.nih.gov/health/publications/depression-in-women/index.shtml>

Womenshealth.gov: Depression During and After Pregnancy <https://www.womenshealth.gov/a-z-topics/depression-during-and-after-pregnancy>

American Psychological Association: Postpartum Depression

www.apa.org/pi/women/programs/depression/postpartum.aspx

Postpartum Support International – for mood disorders in pregnancy as well as after the baby

<https://www.postpartum.net>

Posttraumatic Stress Disorder and Its Effects on Pregnancy and Mothering

What is posttraumatic stress disorder?

Posttraumatic stress disorder (PTSD) is a mental health problem that develops in some people who have had a traumatic event or experience. Trauma can be anything that is shocking, scary, upsetting, stressful,

or the cause of strong emotions. Trauma may be one event or several events that happened over time. When people with PTSD experience something that reminds them of their trauma, they may feel like the trauma is happening all over again. They may feel panic or anger or their mind may shut down and get numb. They may feel like fighting or leaving, or they may freeze and do nothing. Feeling (reliving) the emotions and pain of a trauma that happened in the past is one symptom of PTSD. Things that make you have the same feelings you had when the trauma happened are called “triggers.” Other symptoms of PTSD are avoiding things that are reminders of the trauma and always feeling anxious and on the lookout for danger.

What kinds of trauma can affect women during pregnancy?

Although childhood abuse, sexual abuse, neglect are the most common causes of PTSD in pregnancy, other trauma can also affect women. A previous miscarriage, stillbirth, death of a child, or traumatic birth can also be traumatic and cause symptoms of PTSD during a later pregnancy. Prior illness, like cancer, or bad medical experiences can also make women scared or anxious during prenatal care or cause fears about labor and birth. Women whose parents were not good role models for parenting can feel sad about their childhood experience with a parent and/or wonder if they will be “good” moms.

What does my childhood have to do with pregnancy and becoming a mother?

Studies show that abuse and neglect can continue to happen in families for generations. About 1 out of every 5 women have experienced physical, sexual, or emotional abuse or neglect when they were young. For some trauma survivors (people who have lived through a trauma), abuse and neglect can have long-term effects, such as depression, PTSD, health problems, and not being able to feel happy. Studies also show that trauma survivors really want to break the cycle of trauma or abuse and its effects. Pregnancy is a very important time to get help if you have a history of trauma or symptoms of PTSD.

What feeling or needs to trauma survivors have related to pregnancy and mothering?

Many trauma survivors have strong feelings that come up during pregnancy. Some worry about how they will handle labor, birth, breastfeeding, and sleeplessness while caring for their newborn. They may feel nervous about depending on the health care providers involved in their care. Feelings of neediness or anger can be hard to deal with. Sometimes, pregnancy or prenatal care can start to cause PTSD symptoms for trauma survivors. People with PTSD need help dealing with their symptoms in healthy ways and avoiding things that are triggers. It is also helpful for them to have extra support and patience from their family, friends, and health care providers. Some people with PTSD use tobacco, alcohol, or drugs to cope, and they may need help to quit using things that are unhealthy. People with PTSD may also be depressed and need treatment for depression.

How do I know if I have PTSD?

These questions can help you and your health care provider learn if you have PTSD:

In the past month, have:

- Had nightmares about the event(s) or thought about the event(s) when you did not want to?
Yes No
- Tried hard not to think about the event(s) or went out of your way to avoid situations that
Reminded you of the events(s)? Yes
No

- Been constantly on guard, watchful, or easily distracted? Yes
No
 - Felt numb or detached from people, activities, or your surroundings?
Yes No
 - Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the
Event(s) may have caused? Yes
No
-

If you answer yes to 3 or more questions you could have PTSD and should talk about this with your health care provider.

What can I do if I have PTSD?

Talk to your health care provider if you have a history of trauma or if you think you have symptoms of PTSD. You and your health care provider can make a plan for how to best avoid triggers and manage your PTSD symptoms. You can also decide together if you could be helped by getting counseling for PTSD. Counselors can teach you strategies to manage symptoms of PTSD. In counseling, you may talk about the past or you may choose not to talk about the trauma. This is your choice. There are also medications that help with PTSD. If PTSD is making it hard to do your normal activities talk with your health care provider about the risks and benefits of using these medications during pregnancy and breastfeeding. Discussing these question with your health care provider can help you both decide how to best manage your history of trauma:

- Are you having symptoms of depression?
- Are you having any trouble quitting using tobacco _____, alcohol_____, or drugs _____?
- Do you know what things might trigger you or make you feel uncomfortable, such as having a physical exam, being in a hospital gown, or feeling like you are not the one in control of things?
- What extra support would you like in labor, with breastfeeding, and for learning about parenting?
- Who in your family is a safe, supportive person who could be good help to you? _____
- What helps you feel hopeful and excited about being this baby’s mother?

How can I talk with my health care provider about my history of trauma?

Talking about a history of trauma is difficult. One way to prepare for this conversation is to put your story into a “3 E’s” format. The 3 E’s are Event, Experience of the event, and Effects. You can fill in these blanks:

Event: “What happened to me was _____.” You don’t have to share details if you don’t want to. Just saying “I have a history of childhood (sexual, physical, or emotional) abuse” is good enough.

Experience of the event: “At the time I felt _____.”

Effects: “Now it seems to me I need help with _____.”

For More Information

National Center for PTSD

<https://www.ptsd.va.gov/index.asp>

Mental Health America

<http://www.mentalhealthamerica.net/conditions/post-traumatic-stress-disorder>

Postpartum Support International

<http://www.postpartum.net>

Tobacco, THC, Alcohol, and Drugs during Pregnancy

Tobacco, alcohol and drugs can have harmful effects on anyone's health. When a pregnant or nursing woman uses these substances, her baby is also exposed to them, for all substances cross the placenta through the umbilical cord and enter the baby's bloodstream.

Please review the following links regarding any questions you may have about a substance and the specific effects it can have on your pregnancy and growing baby. Please discuss any desire to quit a substance with your OB provider. There are certain drugs that require maintenance therapy rather than a complete withdrawal from the substance.

General Information:

<https://www.acog.org/womens-health/faqs/tobacco-alcohol-drugs-and-pregnancy#:~:text=During%20the%20later%20weeks%20of,term%20medical%20and%20behavioral%20problems>

Tobacco:

<https://www.acog.org/womens-health/infographics/tobacco-and-pregnancy>

Alcohol:

<https://www.acog.org/womens-health/infographics/alcohol-and-pregnancy>

Marijuana:

<https://www.acog.org/womens-health/infographics/marijuana-and-pregnancy#:~:text=Research%20is%20limited%20on%20the,or%20breastfeeding%20not%20use%20marijuana>

Substance abuse:

<https://www.acog.org/womens-health/faqs/opioid-use-disorder-and-pregnancy>

Urine drug screening: Please understand that a urine drug screen cannot be performed without your permission. If you agree to a urine drug screen, the results of the screen may be shared with the pediatrician staff taking care of your baby postpartum in order to safely care for your infant.

Environmental Hazards during Pregnancy

There are many chemicals in the air, in homes, and in businesses. Most of them are safe and not harmful to your baby.

Cleaning Products

There are lots of chemicals used in cleaning products. Make sure to read the labels for warnings for pregnant women. Do not mix ammonia and chlorine products. The mixture makes a gas that is harmful for everyone. If you use any cleaning products, make sure to wear rubber gloves, and open the windows to avoid fumes.

Beauty Products

Hair products are thought to be relatively safe to use during pregnancy. You may get a very small amount of the chemical into your body from your scalp, but there are no reports that this exposure is harmful to you or your baby. It is safe to use topical skin care products, hair dyes, teeth whitening, and have your nails done in a well-ventilated room.

Lead Exposure

If your home was built before 1978, it may have old paint or pipes that contain lead. Lead can be damaging to the developing nervous system. Other sources of lead include drinking water from old pipes, lead crystal glassware, some ceramic dishes, wicks of scented candles, and the plastic grips on some hand tools. Lead may also be found in some arts and crafts materials, such as oil paints, ceramic glazes, and stained glass supplies.

Lead paint can be covered with fresh paint, wallpaper, or tiles. But you should try not to do any home repairs or remodeling, including sanding or scraping paint, in an older home when you are pregnant. And you should never remove lead paint yourself. Call the National Lead Information Center at 1-800-424-LEAD to learn what to do about lead.

Pesticides

Pesticides are chemicals used to kill bugs. They are found in water, on fruits, vegetables, in gardens and parks, and most places plants grow. Make sure to wash all fruits and vegetables before eating them.

Avoid being in the area where pesticides have been used until they have dried
Remove food, dishes, towels, and eating utensils from the area where pesticides are used.
If you have to use pesticides yourself, wear gloves and clothing that you can wash.

Pollution

Air pollution and extreme heat are linked to problems with pregnancy, including preterm birth. Both indoor and outdoor air can be polluted. Follow local alerts about air quality and extreme heat. Avoid exercising outside if there is poor air quality or if it is much hotter than normal. During extreme heat waves, drink plenty of water.

Tobacco smoke is a common source of indoor air pollution. If you smoke, [try to quit](#), and encourage the people in your home to do so too.

SAFETY – Seat Belts, Hot Tubs, Paint, and Cats

➤ **Seat Belts During Pregnancy**

Experts agree that everyone, including pregnant women, should wear a seat belt when riding in a car. When used properly, seat belts save lives and lower the chances of severe injury during car crashes.

Depending on how severe a car accident is, pregnant women could be at risk for miscarriage, preterm labor, and other serious complications. The more injuries a mother has during a car accident, the greater the risk to her unborn baby. If the pregnant woman is wearing her seat belt properly at the time of the accident, she and her baby will face fewer injuries. So it's important for moms in all stages of pregnancy to properly wear seat belts at all times when traveling in a car.

Guidelines for Wearing a Seat Belt

- Always wear both the lap and shoulder belt.
- Buckle the lap strap under your belly and over your hips.
- Never place the lap belt across your belly.
- Rest the shoulder belt between your breasts and off to the side of your belly.
- Never place the shoulder belt under your arm.
- Make sure the seat belt fits snugly.
- Do not use pregnancy seat belt adapters

Other Tips for Driving in Pregnancy

- Never turn off the air bags if your car has them. Instead, move your seat as far back as possible from the dashboard or steering wheel.
- If you are in a crash, get treatment right away
- Call your health provider at once if you have contractions, pain in your belly, or blood or fluid leaking from your vagina after a car accident.
- If you are travelling for long distances, make sure you get out and walk every 1-2 hours. If you are travelling and unable to move around, write the alphabet with your feet to keep the blood flowing.

➤ **Hot Tubs**

For many pregnant women, sitting in a hot tub sounds like a great way to ease muscle aches related to pregnancy. It is important to use caution when choosing a hot tub for relaxation and pain relief. Hot tubs can cause hyperthermia, which is an abnormally high body temperature. In early pregnancy, this can increase the risk of birth defects. After 20 weeks, it can put pregnant women at higher risk of fainting due to overheating.

So, is a hot bath safer than using a hot tub?

A hot bath, which is not uncomfortable or scalding, is a safer way to relax. In a bath, much of your upper body will remain out of the water, making you less likely to overheat. Additionally, the water in a bath will not stay hot for the entire time, as opposed to a hot tub, further reducing any risk of overheating.

How to reduce the risk if you choose to use a hot tub:

Although hot tubs use during pregnancy is not recommended, here are some steps you can take to reduce any risk:

- Re-program your hot tub to maintain a lower temperature.
- Limit time in a hot tub to 10 minutes or less.
- Monitor the temperature of the water
- Monitor your body temperature to avoid overheating.
- Pay attention to warning signs such as becoming uncomfortable or if you are sweating.

➤ **Paint**

The most common question related to pregnancy and paint exposure has to do with painting the new baby's nursery or decorating the house before the baby arrives. The recommendation is to avoid exposure to oil-based paints or removing lead based paint. Latex paints that are low in VOCs and are considered safe if there is good ventilation.

- Protect your skin by wearing protective clothing that includes long pants, long-sleeved shirts and gloves
- Someone else should do the prep/cleanup work if there is ANY question of lead paint
- Check out the volatile organic compound (VOC) levels of the paint. VOC-free, no-VOC, or zero-VOC paints are best, but low-VOC or low-odor paint is better than nothing. Try to find paint with $\leq 50\text{g/L}$ VOC levels.
- Be certain that the room and house are well ventilated; open the windows and turn on fans
- Limit the time you spend on the project; take breaks and move into the fresh air frequently
- Keep your food and drinks away from the area so solvents and chemicals will not accidentally be consumed

➤ **Cats**

Pregnant women need to be careful of toxoplasmosis. Toxoplasmosis is an infection caused by a parasite. It can be carried by cats in their feces. You can get toxoplasmosis by cleaning kitty litter or touching dirt where cats might have been, including garden soil. You can also get toxoplasmosis from eating undercooked meat, especially pork, lamb or deer meat.

Many people who get toxoplasmosis never have any symptoms. But this illness can cause serious complications in pregnancy, such as birth defects or even loss of the pregnancy. If a pregnant mom becomes infected with toxoplasmosis for the first time just before or during pregnancy, she has a 1 in 2 chance of passing the illness to her baby.

Most people who have been around cats before pregnancy are at low risk of toxoplasmosis if they avoid the litter box and dirt where cats may have been.

Pregnant women can lower their chance of getting toxoplasmosis by:

- Asking a family member who isn't pregnant to clean out the litter box every day
- Keeping cats indoors
- Staying away from stray cats
- Washing hands well after coming in contact with cat's stool or after gardening
- Covering the children's sandbox to stop cats from using it as a litter box
- Avoiding undercooked meat
- Washing kitchen utensils and counters very well