



WELCOME TO PREGNANCY!

We compiled this information as a more in depth version of some of the things we will talk about during your first few visits. Please feel free to write down any questions and bring them to each visit (one of the “fun” effects of pregnancy is forgetfulness).

Typically, your prenatal appointments will be every 4 weeks until about 28 weeks, every 2 weeks until about 36 weeks then weekly until the birth. There will be individual variations and your visits may need to be closer or further apart. IT IS VERY IMPORTANT THAT YOU COME TO EACH OF THESE APPOINTMENTS. This is how we make sure both you and baby are healthy and growing.

Please visit our website for information for each week of your pregnancy, as well as other informational videos and help.

Your Due Date

Your estimated due date (EDD) will usually be determined based on the first day of your last period, but confirmed by your first ultrasound. This will be your due date for the remainder of the pregnancy and will not change based on later ultrasounds. Baby’s rates of growth start to change and are not as reliable for determining due dates as you get further along in the pregnancy. Please remember your due date is really a “due month” and the “due date” just happens to be the date in the middle of that month. Most babies are born between one week before to ten days after the “due date,” with the vast majority of babies coming after the “due date.”

Ultrasounds

You will usually have one ultrasound in early pregnancy, the anatomy ultrasound at or slightly after 20 weeks to check baby’s growth and development (and you can choose to find out the sex if desired at this ultrasound as long as the baby is cooperative), and one ultrasound around 36 weeks to measure Postpartum Hemorrhage Risk. 4D ultrasounds are not done unless there is a medical need due to an abnormality, but it is possible to purchase a “keepsake” ultrasound package with 4D images (usually done around 30 weeks). Please ask at the front desk if you are interested in this option.

Testing for Abnormalities

In addition to the anatomy ultrasound, which screens for possible problems with the baby’s health and growth, there are other tests that can be done. All of these tests are optional.

- The MaterniT test is a blood draw that screens for genetic abnormalities with baby. This is done around 10-12 weeks, but can be done at anytime. This can also tell us baby's sex. You can get this testing done and we can withhold the sex if you want it to be a surprise!
- AFP (alpha-fetoprotein) is a test that can be done at 15-21 weeks for open neural tube defects (such as spina bifida), Down Syndrome, and Trisomy 18. We can do this in combination with MaterniT testing.
- Inheritest Carrier Screen is done to test for Cystic Fibrosis (CF), Spinal Muscular Atrophy (SMA), and Fragile X Syndrome. This test would tell you if the mother is a carrier of these diseases. The next step would be to test the father of the baby, and if he is also positive, then we would have you see a genetic counselor. The chances of both parents being carriers are very low. If you have already had a child with our office and had this testing done, we do not need to repeat for subsequent pregnancies.

Insurance coverage can vary for these tests, so ask if you have any questions about your insurance carrier. There may be other more specific tests that pertain to any certain situation and/or health history. Those will be discussed with you when/if appropriate. If you have any questions about any testing, please ask. Remember all screening tests have a margin of error, and there is no test that is 100% accurate at predicting abnormalities before birth. Again, all of these are optional.

Physical Changes During Pregnancy

Many normal physical changes occur during pregnancy. Learning about these changes may help relieve concerns you might have if you experience minor discomforts.

Fatigue is common in early pregnancy. The need to nap or go to bed early is not unusual. Often you may feel that you will never have the energy to accomplish even the simplest of tasks. Near the beginning of the second trimester, around 14 weeks gestation, the fatigue usually fades and you again have the energy to enjoy a full day.

"Frequent urination" is evident early in pregnancy. The bladder gives up room within the pelvis to allow the uterus to grow. Consequently, your bladder cannot hold as much urine and you make more trips to the bathroom. As long as this symptom is not accompanied by a feeling of burning or pain, it is considered normal. The frequent need to urinate will usually decrease between the 16th and 18th week of pregnancy, only to return again at around 28 weeks of pregnancy when the baby has grown big enough to rest heavily on your bladder.

An increase in vaginal discharge is normal and not a cause for alarm. This is due to the changes in your hormones. However, if you notice local irritation, pain, burning of the labia and vagina, or a foul odor, inform the office so that evaluation and treatment can be provided.

Your breasts will undergo changes whether you plan to breast feed or not. During the first 3 months, due to the effect of hormones, there is an increase in the number and size of milk-producing glands. This growth increases the weight of the breast by one to one and a half pounds each, accounting for the

breast soreness you may experience. The nipples and areola darken and become more pronounced. This is to make it easier for the newborn to find the nipple. Early in pregnancy, small bumps known as Montgomery Glands appear on the nipple and are normal. By the fourth or fifth month of pregnancy, your breasts may begin to leak (though it is also normal if they don't).

Headaches occur in early pregnancy due to a number of possible causes. Emotional stress, low blood sugar, and fluctuating hormones may be contributing factors. Another common reason for headaches in early pregnancy is withdrawal from caffeine. A headache which is not relieved by the standard dose of Tylenol® or accompanied by any abnormal changes should be reported to the office. Dehydration is another very common cause of headaches. Be sure you are drinking 8-10 glasses of water a day to combat this.

“Morning” Sickness

Morning sickness (which could also be called “anytime sickness”) is another of the typical physical changes that can occur. This usually begins sometime between the 5th and 8th week and commonly disappears by the 15th to 18th week of pregnancy. However, it may persist slightly longer. The exact cause of the nausea is not clear. Two factors that contribute greatly to both nausea and vomiting in pregnancy are the hormone changes and reduced intestinal activity that occurs as a result of pregnancy. During this period, try to pay attention to nutrition, but do not worry if you cannot follow a well-balanced diet every day. If possible take a vitamin supplement daily (even if it's a chewable or gummy vitamin with or without iron). With time, the nausea will lessen and food will taste and smell appetizing again. Let the office know if you feel the nausea and/or vomiting are out of control (you can't keep food or fluids down for 24 hours straight). There are other measures that can be taken to help you through this difficult time. Much has been done to develop strategies for coping with the problem and control the degree of discomfort. The following suggestions may be helpful:

- Eat dry, carbohydrate-rich foods such as dry toast and low-fat crackers.
- Rest 10 minutes before slowly getting out of bed.
- Eat five or six small meals each day instead of three large meals. Avoid long periods without food.
- Drink fluids between meals rather than with meals.
- Wait until late morning to drink any liquid.
- Avoid large amounts of fluids at any one time.
- Avoid greasy, fatty, and fried foods.
- Avoid strong odors.

- Sea bands/Psi bands and primabella are wrist bands that use acupuncture to help with motion sickness/nausea. They work best to prevent nausea – so put on first thing in the morning or even before getting out of bed.
- Try potato chips and lemonade in small amounts (something about salty and sour helps some people).
- Vitamin B6 25 mg orally up to three times daily can be quite helpful. This can be obtained in the vitamin section at most stores. They may not come in the 25mg dosage, you may have to cut them to achieve this dosage. This is also available in the form of suckers or hard candy called “preggie pops” (you can get them on Amazon or at most supplement store).
- Unisom (doxylamine) 12.5 mg (1/2 tablet) to 25 mg (full tablet) at bedtime can help for the entire next day. This is an over the counter sleep aid that is safe and used to be used widely in combination with vitamin B6 for pregnancy-related nausea and vomiting. If it doesn’t make you too sleepy, you can take ¼ to ½ pill with each dose of vitamin B6.
- Ginger in the form of pill, tea, ginger ale, or used as a spice in food can help nausea.

If you’ve tried all of the above and the nausea is still strongly interfering with your life – call the office to discuss medications that you could use to help.

Constipation

During pregnancy, constipation may be a problem because your growing uterus takes up a part of your digestive system's working space and hormones may slow the action of the digestive tract. Other contributing factors include the increased amount of iron intake and decrease in physical activity with advancing pregnancy. The following suggestions may be helpful:

- Drink extra fluids (water, decaf tea, decaf coffee).
- Eat more fiber-rich foods such as vegetables, fruits, whole grain breads and cereals.
- Eat more foods with laxative properties (prunes, prune juice, figs and bran).
- Stay as active as possible. Incorporate regular daily exercise, such as walking.
- Eat regularly and always eat breakfast.
- Take a magnesium supplement – CALM is one that is well absorbed and available at health food stores and vitamin stores in town.
- Mix fiber supplements into food and fluids – such as Benefiber OR try fiber gummies (though it is always better to get fiber from foods in the diet).

Moderate activity and good diet may be all that is necessary to provide bowel regularity. If you find that after all of the above measures have been tried to no avail, and you feel that you really need a laxative, you may use one of the natural bulk-type laxatives such as Metamucil® or Citracel®. Milk of Magnesia

can be used if needed, but know that it may take up to twice as long to work than the instructions indicate.

Emotional Changes

Some emotional changes may occur during pregnancy and, if unexpected, could cause you unnecessary anxiety. Feelings early in pregnancy are often unpredictable. For whatever reason, you may or may not be happy about being pregnant. This may not be an opportune time for you to have a baby, and you may feel guilty as a result. On the other hand, you may feel very excited and happy about the prospect of motherhood, but there may be an underlying uneasiness or apprehension about the changes in the future. Both extremes are normal, and one of the best ways to deal with them is to talk about your feelings and apprehensions, and to increase your awareness of these changes.

Whatever your feelings toward pregnancy, mood swings are common. You may be happy and excited one minute and want to cry the next. Anger, anxiety, and irritability are commonplace. You may lash out at those individuals closest to you and then feel guilty later. Mood swings are a result of the many physical and psychological changes taking place within your body. As hormones level off, and as you become more comfortable with the idea of being pregnant, your emotions will stabilize. Reassure your family that emotional changes are a normal part of pregnancy. Please let us know if these types of feelings persist or seem to continue to get worse.

Do's and Don'ts

When you are pregnant you are particularly susceptible to advice givers. As soon as your pregnancy becomes evident, well-meaning relatives, friends, and total strangers feel compelled to tell you what you should and should not do. Remember, as questions arise please feel free to contact the professional staff at the office. We are here to answer your questions and help you have a healthy pregnancy. While this list does not include everything, it does provide guidelines to help you make some reasonable choices as you carry out the normal activities of daily living. Here are some things to remember:

- Do not smoke cigarettes or marijuana. Studies have shown the detrimental effects that smoking has on the unborn as well as on the young child living in an environment where smoke is present. Therefore, it is advised that you stop smoking during pregnancy; and for your health and the health of your children, that you do not resume smoking after delivery. You are 40% more likely to have a miscarriage even later into pregnancy if you smoke.
- Do not douche.
- Do not take over-the-counter drugs or prescription drugs without checking with the office first. The exceptions for over the counter drugs are listed in your first OB folder on the approved over the counter medication list.
- Do not sit in hot tubs, Jacuzzis, or whirlpools with water exceeding 100°F. Also, do not sit in saunas. Do not sunbathe in hot weather. The reason for this precaution is the need to keep your core body temperature normal. Any of the preceding activities have the potential to heat your

body to levels that are not safe for your baby. Avoid tanning booths as well. Spray tans or lotions are OK in moderation.

- Do not use toxic substances: varnish, paint remover, pesticides, etc.
- Do not eat fish caught in any local body of water. Because of high levels of toxic chemicals found in some Illinois fish, the Department of Public Health has issued carefully constructed guidelines regarding consumption of fish found in many lakes and specific types of sports fish. To avoid the risk of ANY exposure, we recommend that you not eat locally-caught fish during your pregnancy or while nursing your baby. Ocean fish such as shark, swordfish and king mackerel should also be avoided.
- Do not eat fish (including tuna) more than twice a week and cut out sushi completely. If you do eat tuna, make sure it's chunk light tuna packed in water, not oil. Avoid albacore tuna.
- Do not eat hot dogs and luncheon meats unless they're reheated until steaming hot.
- Do not drink alcohol. No amount of alcohol is known to be safe in pregnancy.
- Do not consume excessive amounts of caffeine. Moderate caffeine intake is defined as three servings or 250 mg. per day. An 8 oz. serving of coffee has 100 mg. of caffeine; a 12 oz. can of cola has 50 mg. of caffeine; tea has 40 mg. in an 8-oz. serving.
- Do drink 8-10 glasses of water every day.
- Do not eat soft cheese, such as Feta, Brie, Camembert, "blue-veined cheeses," "queso blanco," "queso fresco," and Panela - unless it's labeled as made with pasteurized milk.
- Do not eat refrigerated pâtés or meat spreads.
- As a sugar substitute, NutraSweet®, Splenda®, or Truvia may be used in moderation during pregnancy. Moderation is defined as no more than two servings daily.

Diet and Weight Gain

We expect you to gain weight during your pregnancy. If you are currently at a healthy weight, we want you to gain 25-35 lbs during pregnancy. If you are overweight, we may recommend no more than 15 lbs of weight gain and if you are underweight we may recommend closer to 40 lbs of weight gain. A healthy way to gain is slowly and steadily. Gaining about 2-4 lbs in the first 13 weeks of pregnancy, followed by about $\frac{3}{4}$ lb of weight gain per week. Following a good diet and exercising regularly can assist you in this goal. Gaining beyond recommended amounts can lead to problems with high blood pressure, babies that grow too large, and gestational diabetes.

Your diet should be healthy for one person. There is a common misconception you are "eating for two" and that means you can eat whatever you want. Remember that what you put in your mouth is building your baby. Eat a well-balanced diet with at least 80 grams of protein and a balance of whole-grain and fiber-rich foods. Avoid highly-processed foods (pre-prepared, fried, high salt, high sugar, "convenience"

foods) and the “white” foods (white bread, white pasta, white rice, white sugar, white flour). These are high in calories and chemicals and low in nutrition.

You need your prenatal vitamin daily to ensure folic acid intake is adequate and for iron later in pregnancy, but what you eat should be the primary source of nutrients for you and your baby. Aim to eat a variety of foods to help supply you and your growing baby’s nutritional needs. You also need additional calcium which can be obtained by adding 2 extra servings from the dairy group daily. Another nutrient to consider is omega 3 fatty acids that are thought to aid in baby’s brain and eye development. If these are not already in your prenatal vitamin (called DHA/EPA and/or lipil), good food sources are salmon, walnuts, leafy green vegetables.

Exercise

Exercise is healthy in pregnancy. You should begin early to prepare your body physically for the added work of pregnancy, labor and delivery. Exercise will help strengthen body structures that provide physical comfort, support and good posture.

A daily brisk walk is a good way of getting fresh air and helps to keep muscles tone. Remember to wear sensible shoes and use common sense in relation to distance and weather conditions. Sports and activities which you feel comfortable doing may be continued. Swimming is an excellent exercise and helps you feel graceful even late in pregnancy. Yoga is also excellent as it strengthens and stretches your body which helps prevent aches and pains and prepares your body for birth. You can always look for pregnancy safe exercises and exercise videos online.

Many mothers are interested in an exercise program that is a little more strenuous than a brisk walk. Activities such as running, bike riding, and tennis may be continued during pregnancy if they are guided by good judgment.

- Use common sense: if it hurts, stop and don’t do any more of that activity.
- Increase fluid intake during and after exercise.
- Avoid oxygen deficiency - do not exercise to the point of being totally out of breath.
- Exercise should not be continued to the point of exhaustion. Avoid extreme fatigue.
- When doing strenuous exercise, your core body temperature can rise. This is especially true in hot weather so take extra care when exercising in hot weather.

Sex

There are many questions and misconceptions about sex during pregnancy. If your pregnancy is normal, sexual intercourse will not harm the baby in any way. If your pregnancy progresses normally, you may continue to have intercourse right up until the time your labor begins. Sex will not cause a miscarriage. Especially in early pregnancy, sex may be followed by a very small amount of light pink spotting. This can be caused by the increase in blood flow to the vagina and cervix. A very small amount of spotting can be normal. If you have anything more than slight spotting at any point, please call the office. In later

pregnancy, a change in positions may be necessary for enjoyment. Let your partner know what is comfortable for you. You may be asked to avoid intercourse if you are bleeding, but may resume activities if the problem resolves.

Herpes

You may be aware of herpes since it is becoming increasingly common. During an active state, the herpes virus can cause painful sores on the genitals. A pregnant woman who carries the herpes virus requires careful medical management in order to minimize the potential risks to the baby. There are now effective medications to control and prevent herpes outbreaks. Let us know if you experience active lesions, so they can be treated promptly. It's also important to know if you and/or your current partner have ever had lesions so that we can ensure lesions are prevented at the end of pregnancy to protect the baby from exposure to the virus.

Dental Hygiene

Pregnancy is a time when you want to be as healthy as possible and good health includes the care of your teeth and gums. Brushing your teeth twice daily and flossing once daily is essential for your and your baby's health. Poor dental hygiene has been associated with many pregnancy complications, including preeclampsia. Have at least one dental checkup sometime in pregnancy, preferable in your first or second trimesters to decrease possible gum bleeding due to increase in blood volume. Be sure to tell your dentist you are pregnant. Discuss the use of anesthetic agents, x-rays, and pain medication. If either you or your dentist have questions regarding dental health, just ask us at your next visit or call us.

Travel

Travel of any kind (car, plane, train) does not need to be restricted up until four weeks before your due date, providing that your pregnancy has progressed normally. The following suggestions will help make travel safe and comfortable:

- Let us know when you are going so we can tell you of any precautions specific to you.
- Because pregnancy causes you to tire more easily, rest more while traveling.
- Increase your daily intake of fluids, especially water.
- When traveling by car, train, or plane, make frequent stops/trips to empty your bladder and walk at a moderate pace for 3-5 minutes. These activities will help prevent bladder and bowel problems. You are also more susceptible to blood clots in pregnancy, so this frequent movement can help prevent blood clots.
- Always wear your seat belt. The proper positioning of your seat belt during pregnancy is to allow the uterus to ride between the two securing belts. The lap belt needs to be positioned **under** the uterus and the shoulder belt **over** the uterus.
- If you travel more than five or six hours from home and are planning to be away for more than a few days, remember we are only a phone call away. If you need care while you are away, we can

provide a copy of your pregnancy record by fax to the physician, clinic or hospital that is caring for you.

Toxoplasmosis

Toxoplasmosis is an infectious disease that can be of some concern to pregnant women because of possible harmful effects to the baby. Toxoplasmosis is caused by a parasite. The three prime sources of toxoplasmosis infection in our environment include undercooked meat, contaminated soil, and cat feces. Because most people already have immunity to toxoplasmosis and avoiding exposure is possible by following the suggestions below, the risk of contracting toxoplasmosis during pregnancy is minimal. The best prevention is good hygiene, especially washing your hands frequently. The best ways to avoid the infection are:

- Cook all meats thoroughly
- Wear gloves while working in the yard or garden
- Refrain from emptying the cat's litter box. Ask someone else to do this task for you

Pregnancy and Childbirth Books

Examples and suggestions for books include:

- *Pregnancy, Childbirth, and the Newborn: The Complete Guide* by Penny Simkin, Janey Whalley, and Ann Keppler
- *Bumpin'* by Leslie Schrock
- *The Complete Book of Pregnancy and Childbirth* by Sheila Kitzinger
- *Nuture: A Modern Guide to Pregnancy, Birth, Early Motherhood and Trusting Yourself and Your Body* by Erica Chidi Cohen
- *Expecting Better* by Emily Oster
- *The Birth Partner: A Complete Guide to Childbirth for Dads, Doulas, and All Other Labor Companions* by Penny Simkin
- *The Nurturing Touch at Birth: A Labor Support Handbook* by Paulina Perez
- *Caring for Your Baby and Young Child: Birth to Age 5* by American Academy of Pediatrics
- *Baby 411: Clear Answers & Smart Advice for Your Baby's First Year* by Ari Brown and Denise Fields

We **DO NOT** recommend *What to Expect When You're Expecting*, please see above suggestions for alternatives.

Apps for Your Phone

In this day and age, we use our phones for everything. Here are some examples of apps you can use to help track your pregnancy.

- Pregnancy Tracker- Baby Center
- Ovia Pregnancy Tracker
- Glow Nurture Pregnancy Tracker
- Sprout Pregnancy Tracker

Immunizations

The **flu shot** is recommended during pregnancy due to the immune system being decreased in pregnancy. This makes it more likely a pregnant woman will get the flu and more likely she will get a longer and/or worse case than when not pregnant. Also, there is evidence that antibodies that are made during pregnancy from the flu shot could pass through the placenta and give baby some protection from the flu for babies. Other common sense measures are still recommended for preventing the flu including and especially regular handwashing. Anyone in the household and anyone who will care for the infant is also recommended to have a flu shot during flu season.

If you have a known exposure to a diagnosed influenza during pregnancy, please let us know as well since medications can be prescribed for this. Also, if you are diagnosed with the influenza (by a nasal swab test) during pregnancy and no medication is prescribed for you for this, please let us know.

Whooping cough (pertussis) is a viral disease that has been making a comeback in recent years. It can be a very dangerous condition as there is no medication to treat it. The **Tdap** (tetanus, diphtheria, and pertussis) vaccine is the only way to prevent whooping cough. The current recommendation for getting Tdap vaccine in pregnancy is to get the shot during each pregnancy between 27 and 36 weeks. This is recommended primarily to protect the baby. Babies don't become immune to whooping cough until well after their 2nd or 3rd set of shots (around 6 months of age), and there's evidence that babies can get some immunity during pregnancy if mom gets the vaccine late in pregnancy. Infants under 6 months old are at most risk for severe complications and death from whooping cough. Most babies get the virus from an adult caregiver who unknowingly carries the virus to them. Therefore, it is also recommended that anyone who is going to be a caregiver for the infant get a booster if it's been longer than 2 years since their last Tdap.

Choice of Infant Feeding

One of the most important decisions you will make is how to feed your new baby. Whether to breastfeed or formula-feed has been debated over hundreds of years and the trend toward one method or the other has varied considerably. In the past, whether or not to breastfeed has seemed dependent on fashion and not necessarily on whether it was beneficial to mother and infant.

You should at least be aware of some of the benefits of breastfeeding before making your decision. Mother's milk is the perfect food for baby; mother and baby are designed for breastfeeding. Breast milk can also protect the baby from infection, illness, and developing allergies. Perceived disadvantages of

nursing, such as leaking milk, feeling tied down, and limiting the father's involvement are temporary and, with patience and information, can be overcome. Of course, the decision to breast feed must be made by each person. It may not be for everyone. If you have questions or concerns about breastfeeding, just ask.

We do offer lactation services in our office. Lexi is a Certified Lactation Counselor. She will be able to answer any questions you may have before and after birth regarding breastfeeding, whether through breast or bottle. Please see the "Lactation and Breastfeeding" section in this folder and on our website for more information.

A breast pump should be covered by your insurance if this is something you wish to pursue. Please ask us for more information and we will place the order for you.

When to Call the Office

Call the office if you experience any of the following changes. They do not necessarily indicate a problem; nevertheless, we might wish to offer some direction or treatment to reduce the risk of potential difficulty.

- Bloody discharge or bright red bleeding from the vagina. Bleeding in pregnancy can be very frightening. By performing some laboratory tests, and possibly an ultrasound, we might be able to determine the cause of the bleeding. We may or may not be able to stop the bleeding, but whatever the case, by calling you will be reassured to know that everything that can be done, will be done.
- Severe nausea and vomiting ("severe" meaning several times within an hour or not able to keep any food or fluids down for 24 hours straight).
- Chills and fever over 100.4°F that does not decrease with Tylenol.
- Continuous abdominal pain that is not relieved by a bowel movement or Tylenol.
- A sudden gush of water or fluid from the vagina.
- Frequent, burning urination.
- Severe or persistent headache that is not relieved by Tylenol and/or a small amount of a caffeinated beverage.
- Swelling of the hands and face (some swelling during the last months of pregnancy is normal).

Many other concerns arise from pregnancy. If you are uncertain about the seriousness of your symptoms, please call. The only mistake you can make is not calling.

Who will be there when I have my baby?

Always call the office number to reach us – 309-662-2273. In the event you need to call the office during the day for a question or problem that can't or shouldn't wait until your next visit, there are nurses who are trained and qualified to answer or to get an answer to any question you might have. At night and on

weekends, there is always a provider (physician assistant, nurse practitioner, or physician) on call who will answer any emergency calls and/or coordinate your care at the hospital if you are not in labor.

We are excited to join you on your journey towards motherhood.