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Checklist of Foods to Avoid During Pregnancy

Foodsafety.gov

Because pregnancy affects your immune system, you and your unborn baby are more susceptible to the bacteria, viruses, and parasites that cause foodborne illness. Even if you don't feel sick, some "bugs" like *Listeria* and *Toxoplasma* can infect your baby and cause serious health problems. Your baby is also sensitive to toxins from the food that you eat, such as mercury in certain kinds of fish.

Keep this checklist handy to help ensure that you and your unborn baby stay healthy and safe. And invest in a food thermometer to check the temperatures of cooked food.

Don't Eat These Foods	Why	What to Do
Soft CHEESES made from unpasteurized milk, including Brie, feta, Camembert, Roquefort, queso blanco, and queso fresco	May contain <i>E. coli</i> or <i>Listeria</i> .	Eat hard cheeses, such as cheddar or Swiss. Or, check the label and make sure that the cheese is made from pasteurized milk.
Raw COOKIE DOUGH or CAKE BATTER	May contain <i>Salmonella</i> .	Bake the cookies and cake. Don't lick the spoon!
Certain kinds of FISH, such as shark, swordfish, king mackerel, and tilefish (golden or white snapper)	Contains high levels of mercury.	Eat up to 12 ounces a week of fish and shellfish that are lower in mercury, such as shrimp, salmon, pollock, and catfish. Limit consumption of albacore tuna to 6 ounces per week.
Raw or undercooked FISH (sushi)	May contain parasites or bacteria.	Cook fish to 145° F.
Unpasteurized JUICE or cider (including fresh squeezed)	May contain <i>E. coli</i> .	Drink pasteurized juice. Bring unpasteurized juice or cider to a rolling boil and boil for at least 1 minute before drinking.



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Unpasteurized MILK	May contain bacteria such as <i>Campylobacter</i> , <i>E. coli</i> , <i>Listeria</i> , or <i>Salmonella</i> .	Drink pasteurized milk.
SALADS made in a store, such as ham salad, chicken salad, and seafood salad.	May contain <i>Listeria</i> .	Make salads at home, following the food safety basics: clean, separate, cook, and chill.
Raw SHELLFISH, such as oysters and clams	May contain <i>Vibrio</i> bacteria.	Cook shellfish to 145° F.
Raw or undercooked SPROUTS, such as alfalfa, clover, mung bean, and radish	May contain <i>E. coli</i> or <i>Salmonella</i> .	Cook sprouts thoroughly.

Be Careful with These Foods	Why	What to Do
Hot dogs, luncheon meats, cold cuts, fermented or dry sausage, and other deli-style meat and poultry	May contain <i>Listeria</i> .	Even if the label says that the meat is precooked, reheat these meats to steaming hot or 165° F before eating.
Eggs and pasteurized egg products	Undercooked eggs may contain <i>Salmonella</i> .	Cook eggs until yolks are firm. Cook casseroles and other dishes containing eggs or egg products to 160° F.
Eggnog	Homemade eggnog may contain uncooked eggs, which may contain <i>Salmonella</i> .	Make eggnog with a pasteurized egg product or buy pasteurized eggnog. When you make eggnog or other egg-fortified beverages, cook to 160°F
Fish	May contain parasites or bacteria.	Cook fish to 145° F.



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Ice cream	Homemade ice cream may contain uncooked eggs, which may contain <i>Salmonella</i> .	Make ice cream with a pasteurized egg product safer by adding the eggs to the amount of liquid called for in the recipe, then heating the mixture thoroughly..
Meat: Beef, veal, lamb, and pork (including ground meat)	Undercooked meat may contain <i>E. coli</i> .	Cook beef, veal, and lamb steaks and roasts to 145° F. Cook pork to 160° F. Cook all ground meats to 160° F.
Meat spread or pate	Unpasteurized refrigerated pates or meat spreads may contain <i>Listeria</i> .	Eat canned versions, which are safe.
Poultry and stuffing (including ground poultry)	Undercooked meat may contain bacteria such as <i>Campylobacter</i> or <i>Salmonella</i> .	Cook poultry to 165° F. If the poultry is stuffed, cook the stuffing to 165° F. Better yet, cook the stuffing separately.
Smoked seafood	Refrigerated versions are not safe, unless they have been cooked to 165° F.	Eat canned versions, which are safe, or cook to 165° F.

Caffeine in pregnancy

www.marchofdimes.org

Caffeine slightly increases your blood pressure and heart rate and the amount of urine your body makes. Caffeine may cause you to feel jittery, have indigestion or have trouble sleeping. During pregnancy, you may be especially sensitive to caffeine because it may take you longer to clear it from your body than if you weren't pregnant. When you have caffeine during pregnancy, it passes through the placenta to your baby.

Some studies say that too much caffeine can cause miscarriage. Until more is known about how caffeine can affect pregnancy, it's best to limit the amount you get to 200 milligrams each day. This is about the amount in 1½ 8-ounce cups of coffee or one 12-ounce cup of coffee. Be sure to check the size of your cup to know how much caffeine you're getting.

What foods and drinks contain caffeine?



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Caffeine is found in coffee and coffee-flavored products, like yogurt and ice cream, tea, some soft drinks, energy drinks, chocolate and chocolate products, like chocolate syrup and hot cocoa.

The amount of caffeine in foods and drinks varies a lot. For coffee and tea, the amount of caffeine depends on: the brand, how it's prepared, the type of beans or leaves used, the way it's served (for example, as espresso or latte), the size of the cup. Not all coffee cups are the same size, even though you think of them as a cup. Check to see how many ounces your cup has, especially if you're buying a cup of coffee or tea. If you're making coffee or tea at home, measure to check the size of the cup.

Some energy drinks contain large amounts of caffeine. For example, a 24-ounce energy drink may have up to 500 milligrams of caffeine. Energy drinks may have a lot of sugar, too, and they may contain ingredients that may be harmful to your baby during pregnancy. Because we don't know a lot about all the ingredients in energy drinks, it's best not to have them when you're pregnant.

The amount of caffeine you get from food and drinks throughout the day adds up. So if you have a cup of coffee in the morning, you may want to limit or give up having other food and drinks during the day that have caffeine.

The list below shows the amount of caffeine in common food and drinks. The caffeine amounts are averages, so they may change depending on the brand or how the food or drink is made. Check the package label on food and drinks to know how much caffeine they contain.

Food/Drink	Average amount of caffeine (mg)
Brewed coffee (8 ounces)	137 mg
Instant coffee (8 ounces)	76 mg
Coffee ice cream or frozen yogurt (4 ounces)	2 mg
Brewed tea (8 ounces)	48 mg
Instant tea (8 ounces)	26 to 36 mg
Soft drinks (like cola) (12 ounces)	37 mg
Energy drinks (8 ounces)	100 mg
Hot cocoa mix (3 teaspoons or 1 packet)	8 to 12 mg
Chocolate milk (8 ounces)	5 to 8 mg
Dark chocolate (1.45 ounce bar)	30 mg
Milk chocolate (1.55 ounce bar)	11 mg
Chocolate syrup (1 tablespoon)	3 mg



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HEALTHY WEIGHT

Niddk.nih.gov

Why is gaining a healthy amount of weight during pregnancy important?

Gaining the right amount of weight during pregnancy helps your baby grow to a healthy size. But gaining too much or too little weight may lead to serious health problems for you and your baby.

Too much weight gain raises your chances for diabetes and high blood pressure during pregnancy and after. If you are overweight when you get pregnant, your chances for health problems may be even higher. It also makes it more likely that you will have a hard delivery and need a cesarean section (C-section).

Gaining a healthy amount of weight helps you have an easier pregnancy and delivery. It may also help make it easier for you to get back to your normal weight after delivery. Research shows that a healthy weight gain can also lower the chances that you or your child will have obesity and weight-related problems later in life.

How much weight should I gain during my pregnancy?

How much weight you should gain depends on how much you weighed before pregnancy. It is important to gain weight very slowly. The old myth that you are “eating for two” is not true. During the first 3 months, your baby is only the size of a walnut and does not need very many extra calories. The following rate of weight gain is advised:

- 1 to 4 pounds total in the first 3 months
- 2 to 4 pounds each month from 4 months until delivery

Weight Gain during Pregnancy

General weight-gain advice below refers to weight before pregnancy and is for women having only one baby.

If you are	You should gain about
Underweight (BMI* less than 18.5)	28 to 40 pounds
normal weight (BMI of 18.5 to 24.9)	25 to 35 pounds
overweight (BMI of 25 to 29.9)	15 to 25 pounds
obese (BMI of 30+)	11 to 20 pounds

What kinds of foods should I eat?

A healthy eating plan for pregnancy includes nutrient-rich foods. Current U.S. dietary guidelines advise eating these foods each day:

- fruits and veggies (provide vitamins and fiber)



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- whole grains, like oatmeal, whole-wheat bread, and brown rice (provide fiber, B vitamins, and other needed nutrients)
- fat-free or low-fat milk and milk products or non-dairy soy, almond, rice, or other drinks with added calcium and vitamin D
- protein from healthy sources, like beans and peas, eggs, lean meats, seafood (8 to 12 ounces per week), and unsalted nuts and seeds

A healthy eating plan also limits salt, solid fats (like butter, lard, and shortening), and sugar-sweetened drinks and foods.

During pregnancy, you need more vitamins and minerals, like folate, iron, and calcium.

Getting the right amount of folate is very important. Folate, a B vitamin also known as folic acid, may help prevent birth defects. Before pregnancy, you need 400 mcg per day. During pregnancy and when breastfeeding, you need 600 mcg per day from foods or vitamins. Foods high in folate include orange juice, strawberries, spinach, broccoli, beans, and fortified breads and breakfast cereals.

Exercise During Pregnancy

<http://www.acog.org/Patients/FAQs/Exercise-During-Pregnancy>

Is it safe to exercise during pregnancy?

If you are healthy and your pregnancy is normal, it is safe to continue or start most types of exercise, but you may need to make a few changes. Physical activity does not increase your risk of miscarriage, low birth weight, or early delivery.

Are there certain conditions that make exercise during pregnancy unsafe?

Women with the following conditions or pregnancy complications should not exercise during pregnancy:

- Certain types of heart and lung diseases
- Cervical insufficiency or cerclage
- Being pregnant with twins or triplets (or more) with risk factors for preterm labor
- Placenta previa after 26 weeks of pregnancy
- Preterm labor or ruptured membranes (your water has broken) during this pregnancy
- Preeclampsia or pregnancy-induced high blood pressure
- Severe anemia

What are the benefits of exercise during pregnancy?

Regular exercise during pregnancy benefits you and your baby in these key ways:



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- Reduces back pain
- Eases constipation
- May decrease your risk of gestational diabetes, preeclampsia, and cesarean delivery
- Promotes healthy weight gain during pregnancy
- Improves your overall general fitness and strengthens your heart and blood vessels
- Helps you to lose the baby weight after your baby is born

How much should I exercise during pregnancy?

The Centers for Disease Control and Prevention recommend that pregnant women get at least 150 minutes of moderate-intensity aerobic activity every week. An aerobic activity is one in which you move large muscles of the body (like those in the legs and arms) in a rhythmic way. Moderate intensity means you are moving enough to raise your heart rate and start sweating. You still can talk normally, but you cannot sing.

Examples of moderate-intensity aerobic activity include brisk walking and general gardening (raking, weeding, or digging). You can divide the 150 minutes into 30-minute workouts on 5 days of the week or into smaller 10-minute workouts throughout each day.

If you are new to exercise, start out slowly and gradually increase your activity. Begin with as little as 5 minutes a day. Add 5 minutes each week until you can stay active for 30 minutes a day.

What changes occur in the body during pregnancy that can affect my exercise routine?

Your body goes through many changes during pregnancy. It is important to choose exercises that take these changes into account:

- **Joints**—The hormones made during pregnancy cause the ligaments that support your joints to become relaxed. This makes the joints more mobile and at risk of injury. Avoid jerky, bouncy, or high-impact motions that can increase your risk of being hurt.
- **Balance**—During pregnancy, the extra weight in the front of your body shifts your center of gravity. This places stress on joints and muscles, especially those in your pelvis and low back. Because you are less stable and more likely to lose your balance, you are at greater risk of falling.
- **Breathing**—When you exercise, oxygen and blood flow are directed to your muscles and away from other areas of your body. While you are pregnant, your need for oxygen increases. As your belly grows, you may become short of breath more easily because of increased pressure of the uterus on the diaphragm (a



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muscle that aids in breathing). These changes may affect your ability to do strenuous exercise, especially if you are overweight or obese.

What precautions should I take when exercising during pregnancy?

There are a few precautions that pregnant women should keep in mind during exercise:

- Drink plenty of water before, during, and after your workout. Signs of dehydration include dizziness, a racing or pounding heart, and urinating only small amounts or having urine that is dark yellow.
- Wear a sports bra that gives lots of support to help protect your breasts. Later in pregnancy, a belly support belt may reduce discomfort while walking or running.
- Avoid becoming overheated, especially in the first trimester. Drink plenty of water, wear loose-fitting clothing, and exercise in a temperature-controlled room. Do not exercise outside when it is very hot or humid.
- Avoid standing still or lying flat on your back as much as possible. When you lie on your back, your uterus presses on a large vein that returns blood to the heart. Standing motionless can cause blood to pool in your legs and feet. Both of these positions can decrease the amount of blood returning to your heart and may cause your blood pressure to decrease for a short time.

What are some safe exercises I can do during pregnancy?

Whether you are new to exercise or it already is part of your weekly routine, choose activities that experts agree are safest for pregnant women:

- Walking—Brisk walking gives a total body workout and is easy on the joints and muscles.
- Swimming and water workouts—Water workouts use many of the body's muscles. The water supports your weight so you avoid injury and muscle strain. If you find brisk walking difficult because of low back pain, water exercise is a good way to stay active.
- Stationary bicycling—Because your growing belly can affect your balance and make you more prone to falls, riding a standard bicycle during pregnancy can be risky. Cycling on a stationary bike is a better choice.
- Modified yoga and modified Pilates—Yoga reduces stress, improves flexibility, and encourages stretching and focused breathing. There are even prenatal yoga and Pilates classes designed for pregnant women. These classes often teach modified poses that accommodate a pregnant woman's shifting balance. You also should avoid poses that require you to be still or lie on your back for long periods.

If you are an experienced runner, jogger, or racquet-sports player, you may be able to keep doing these activities during pregnancy. Discuss these activities with your health care professional.



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What exercises should I avoid during pregnancy?

While pregnant, avoid activities that put you at increased risk of injury, such as the following:

- Contact sports and sports that put you at risk of getting hit in the abdomen, including ice hockey, boxing, soccer, and basketball
- Skydiving
- Activities that may result in a fall, such as downhill snow skiing, water skiing, surfing, off-road cycling, gymnastics, and horseback riding
- “Hot yoga” or “hot Pilates,” which may cause you to become overheated
- Scuba diving
- Activities performed above 6,000 feet (if you do not already live at a high altitude)

What are warning signs that I should stop exercising?

Stop exercising and call your obstetrician or other member of your health care team if you have any of these signs or symptoms:

- Bleeding from the vagina
- Feeling dizzy or faint
- Shortness of breath before starting exercise
- Chest pain
- Headache
- Muscle weakness
- Calf pain or swelling
- Regular, painful contractions of the uterus
- Fluid leaking from the vagina

Why is it important to keep exercising after my baby is born?

Exercising after your baby is born may help improve mood and decreases the risk of deep vein thrombosis, a condition that can occur more frequently in women in the weeks after childbirth. In addition to these health benefits, exercise after pregnancy can help you lose the extra pounds that you may have gained during pregnancy.



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What tests will be done during my pregnancy?

<http://www.acog.org/Patients/FAQs/Routine-Tests-During-Pregnancy>

The following lab tests are done early in pregnancy:

- Complete blood count (CBC)
- Blood type
- Urinalysis
- Urine culture
- Rubella
- Hepatitis B and hepatitis C
- *Sexually transmitted infections (STIs)*
- *Human immunodeficiency virus (HIV)*
- *Tuberculosis (TB)*

What is a CBC and what can the results show?

A CBC counts the numbers of different types of *cells* that make up your blood. The number of red blood cells can show whether you have a certain type of *anemia*. The number of white blood cells shows how many disease-fighting cells are in your blood, and the number of platelets can reveal whether you have a problem with blood clotting.

What is blood typing and what can the results show?

Results from a blood type test can show if you have the *Rh factor*. The Rh factor is a protein that can be present on the surface of red blood cells. Most people have the Rh factor—they are Rh positive. Others do not have the Rh factor—they are Rh negative. If your fetus is Rh positive and you are Rh negative, your body can make *antibodies* against the Rh factor. In a future pregnancy, these antibodies can damage the fetus's red blood cells.

What is a urinalysis and what can the results show?

Your urine may be tested for red blood cells (to see if you have urinary tract disease), white blood cells (to see if you have a urinary tract infection), and *glucose* (high levels may be a sign of *diabetes mellitus*). The amount of protein also is measured. The protein level early in pregnancy can be compared with levels later in pregnancy. High protein levels in the urine may be a sign of *preeclampsia*, a serious complication that usually occurs later in pregnancy or after the baby is born.



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What is a urine culture test and what can the results show?

A urine culture tests your urine for *bacteria*, which can be a sign of a urinary tract infection.

What is rubella and what do test results for this disease show?

Rubella can cause birth defects if a woman is infected during pregnancy. Your blood is tested to check whether you have had a past infection with rubella or if you have been vaccinated against this disease. If you have not had rubella previously or if you have not been vaccinated, you should avoid anyone who has the disease while you are pregnant because it is highly contagious. If you have not had the vaccine, you should get it after the baby is born, even if you are breastfeeding. You should not be vaccinated against rubella during pregnancy.

What are hepatitis B and hepatitis C and what do test results for these infections show?

Hepatitis B and hepatitis C viruses infect the liver. Pregnant women who are infected with hepatitis B or hepatitis C virus can pass the virus to their babies. All pregnant women are tested for hepatitis B virus infection. If you have risk factors, you also may be tested for the hepatitis C virus.

Which STI tests are done?

All pregnant women are tested for *syphilis* and *chlamydia* early in pregnancy. Syphilis and chlamydia can cause complications for you and your baby. If you have either of these STIs, you will be treated during pregnancy and tested again to see if the treatment has worked. If you have risk factors for *gonorrhea* (you are aged 25 years or younger or you live in an area where gonorrhea is common), you also will be tested for this STI.

Why are all pregnant women tested for HIV?

If a pregnant woman is infected with HIV, there is a chance she can pass the virus to her baby. HIV attacks cells of the body's immune system and causes *AIDS*. If you are pregnant and infected with HIV, you can be given medication and take other steps that can greatly reduce the risk of passing it to your baby.

What tests are done later in pregnancy?



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The following tests are done later in pregnancy:

- A repeat CBC
- Rh antibody test
- Glucose screening test
- Group B streptococci (GBS)

When will I be tested for Rh antibodies?

If you are Rh negative, your blood will be tested for Rh antibodies between 28 weeks and 29 weeks of pregnancy. If you do not have Rh antibodies, you will receive *Rh immunoglobulin*. This shot prevents you from making antibodies during the rest of your pregnancy. If you have Rh antibodies, you may need special care.

What is a glucose screening test and what can the results show?

This screening test measures the level of glucose (sugar) in your blood. A high glucose level may be a sign of *gestational diabetes*. This test usually is done between 24 weeks and 28 weeks of pregnancy. If you have risk factors for diabetes or had gestational diabetes in a previous pregnancy, screening may be done in the first *trimester* of pregnancy.

What is GBS and why are pregnant women tested for it?

GBS is a type of bacteria that lives in the vagina and rectum. Many women carry GBS and do not have any symptoms. GBS can be passed to a baby during birth. Most babies who get GBS from their mothers do not have any problems. A few, however, become sick. This illness can cause serious health problems and even death in newborn babies. GBS usually can be detected with a routine screening test that is given between 35 weeks and 37 weeks of pregnancy. For this test, a swab is used to take samples from the vagina and rectum.

What happens if my GBS screening test result is positive?

If results of the culture test are positive, showing that GBS is present, you most likely will receive treatment with *antibiotics* during labor to help prevent GBS from being passed to your baby. Antibiotics help get rid of some of the bacteria that can harm the baby during birth. The antibiotics work only if they are given during labor. If treatment is given earlier in pregnancy, the bacteria may regrow and be present



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during labor. Penicillin is the antibiotic that is most often given to prevent early-onset GBS infection in newborns.

What if I am allergic to penicillin?

If you are allergic to penicillin, tell your health care provider before you are tested for GBS. Women with mild allergic reactions can take an antibiotic called cefazolin. If you have had a severe reaction to penicillin, such as hives or anaphylaxis, the bacteria in the sample need to be tested to determine the choice of antibiotic.



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Screening and Diagnostic Tests

<http://www.acog.org/Patients/FAQs/Screening-Tests-for-Birth-Defects>

What types of prenatal tests are available to address concerns about birth defects?

The following prenatal tests are available:

- **Carrier tests**—These screening tests can show if a person carries a gene for an inherited disorder. Carrier tests can be done before or during pregnancy. Cystic fibrosis carrier screening is offered to all women of reproductive age because it is one of the most common genetic disorders.
- **Screening tests**—These tests assess the risk that a baby will have Down syndrome and other chromosome problems, as well as *neural tube defects*. These tests do not tell whether the *fetus* actually has these disorders.
- **Diagnostic tests**—These tests can provide information about whether the fetus has a genetic condition and are done on *cells* obtained through *amniocentesis*, *chorionic villus sampling*, or, rarely, fetal blood sampling. The cells can be analyzed using different techniques.

What are the different types of screening tests for birth defects that can be performed during pregnancy?

Screening tests are performed during different *trimesters* of pregnancy. The following table lists the different types of screening tests:

Prenatal Screening Tests			
<i>Screening Test</i>	<i>Test Type</i>	<i>What Does It Screen for?</i>	<i>Down Syndrome Detection Rate</i>
Combined first-trimester screening	Blood test for PAPP-A and hCG, plus an <i>ultrasound exam</i>	Down syndrome Trisomy 13 Trisomy 18	82-87%
Second-trimester single screen for neural tube defects	Blood test for AFP	Neural tube defects	85%
Second-trimester triple screen	Blood test for AFP, hCG, and <i>estriol</i>	Down syndrome Trisomy 18 Neural tube defects	69%
Second-trimester quad screen	Blood test for AFP, hCG,	Down syndrome	81%



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	estriol, and <i>inhibin-A</i>	Trisomy 18 Neural tube defects	
Integrated screening	Blood test for PAPP-A and an ultrasound exam in the first trimester, followed by quad screen in the second trimester	Down syndrome Trisomy 18 Neural tube defects	94-96%
Integrated screening (blood test only)	Same as integrated screening but no ultrasound exam	Down syndrome Trisomy 18 Neural tube defects	85-88%
Contingent sequential	First-trimester combined screening result: Positive: diagnostic test offered Negative: no further testing Intermediate: second-trimester screening test offered	Down syndrome Trisomy 18 Neural tube defects	88-94%
Stepwise sequential	First trimester combined screening result: Positive: diagnostic test offered Negative: second-trimester screening test offered	Down syndrome Trisomy 18 Neural tube defects	95%
Abbreviations: AFP, alpha-fetoprotein; hCG, human chorionic gonadotropin; PAPP-A, pregnancy-associated plasma protein A			

Do I have a choice between having screening tests or having diagnostic tests?

If a screening test shows an increased risk of a birth defect, diagnostic tests may be done to determine if a specific birth defect is present. Diagnostic testing may be done instead of screening if a couple is at increased risk of certain birth defects. Diagnostic testing also is offered as a first choice to all pregnant women, even those who do not have risk factors. Your health care provider will discuss all of the testing options with you and recommend the tests that best fit your needs.



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What are the advantages and disadvantages of diagnostic tests compared with screening tests?

The main benefit of having diagnostic testing instead of screening is that it tells you whether or not the baby will be born with a chromosome disorder or a specific inherited disorder. The main disadvantage is that diagnostic tests can pose some risks to the pregnancy.

Do I have to have these tests?

Although screening tests for birth defects are offered to all pregnant women, it is your choice whether to have them done. Knowing whether your baby is at risk of or has a birth defect beforehand allows you to prepare for having a child with a particular disorder and to organize the medical care that your child may need. You also may have the option of not continuing the pregnancy.

Management of common symptoms of pregnancy

<http://www.ncbi.nlm.nih.gov/books/NBK51880/>

Nausea and vomiting

<http://www.acog.org/Patients/FAQs/Morning-Sickness-Nausea-and-Vomiting-of-Pregnancy>

Nausea and vomiting occurs more commonly in multiple pregnancies and molar pregnancies. Hyperemesis gravidarum refers to pregnant women in whom fluid and electrolyte disturbances or nutritional deficiency from intractable vomiting develops early in pregnancy. This condition is much less common and usually requires hospital admission.

The severity of nausea and vomiting varies greatly among pregnant women. The majority of women report nausea and vomiting symptoms within 8 weeks of their last menstrual period, lasting until 16–20 weeks gestation.

Relief measures

Diet and lifestyle changes may help you feel better. You may need to try more than one of these suggestions:

- Take a multivitamin.
- Try eating dry toast or crackers in the morning before you get out of bed to avoid moving around on an empty stomach.
- Drink fluids often.
- Avoid smells that bother you.
- Eat small, frequent meals instead of three large meals.



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- Try bland foods. For example, the “BRATT” diet (bananas, rice, applesauce, toast, and tea) is low in fat and easy to digest.
- Try ginger ale made with real ginger, ginger tea made from fresh grated ginger, ginger capsules, and ginger candies.
- Vitamin B6 and doxylamine—Vitamin B6 is a safe, over-the-counter treatment that may be tried first. Doxylamine, a medication found in over-the-counter sleep aids, may be added if vitamin B6 alone does not relieve symptoms. A prescription drug that combines vitamin B6 and doxylamine is available. Both drugs—taken alone or together—have been found to be safe to take during pregnancy and have no harmful effects on the baby.
- “Antiemetic” drugs—If vitamin B6 and doxylamine do not work, “antiemetic” drugs may be prescribed. These drugs prevent vomiting. Many antiemetic drugs have been shown to be safe to use during pregnancy. Others have conflicting or limited safety information.

If you do vomit a lot, it can cause some of your tooth enamel to wear away. This happens because your stomach contains a lot of acid. Rinsing your mouth with a teaspoon of baking soda dissolved in a cup of water may help neutralize the acid and protect your teeth.

Heartburn

Heartburn is the burning sensation or discomfort felt behind the sternum or throat or both. It may be accompanied by acid regurgitation reaching the throat or the mouth, causing a bitter or sour taste in the mouth.

Relief measures

- Lifestyle modification, including awareness of posture, maintaining upright positions, especially after meals, sleeping in a propped up position
- Dietary modifications such as small frequent meals, reduction of high-fat foods and gastric irritants such as caffeine.
- Medications such as antacids or alkali mixtures, H2 receptor antagonists and proton pump inhibitors, which aim to alleviate symptoms by reducing the acid reflux.

Constipation

Relief measures include diet modification, such as bran or wheat fiber supplementation, and increased fluid intake.

Hemorrhoids

- To help avoid hemorrhoids, prevent constipation by maintaining a diet that is high in fiber and fluids.
- Try putting witch hazel or Tucks pads in the refrigerator, then moisten a cloth with cold witch hazel and apply to the rectal area.
- Use cushions made for hemorrhoid sufferers, often called “donut” pillows because they have a hole in the center.
- Avoid over the counter laxatives. If hard stools are aggravating hemorrhoids, stool softeners can be used.

Varicose veins



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- Avoid crossing legs as much as possible.
- Try wearing support hose.(Avoid wearing knee high stockings)
- Avoid sitting for long periods of time. (Walk around 5-10 minutes every 2 hours)
- Raise or elevate legs when sitting.

Vaginal discharge

The quality and quantity of vaginal discharge often changes in pregnancy. Women usually produce more discharge during pregnancy. However if vaginal discharge has a strong or unpleasant odor, is associated with itch or soreness or associated with pain on passing urine, there may be an infective cause and investigation should be considered.

Backache

Back pain during pregnancy has been attributed to an altered posture due to the increasing weight in the womb and increased laxity of supporting muscles, as a result of the hormone relaxin. Back pain during pregnancy is potentially debilitating, since it can interfere with a woman's daily activities and sleep patterns, particularly during the third trimester.

Relief measures

- Bed rest with a small pillow beneath your head and under knees.
- Avoid laying flat on your back, tilt to one side.
- Use heating pad on low back only.
- Take Tylenol as needed as directed on container.
- Wear shoes with low heels to promote a healthy posture (avoid high heels).
- Yoga exercises
- Pelvic rock exercises (practiced easily on "all fours" and initially involves hollowing the back and then arching it upward like a cat; do this for several minutes 2-4 times per day).
- If sleeping on your side, place a pillow between your legs.