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NYBirthingCenter.com

6700 3rd Avenue, Brooklyn, NY 11220

BCNY Patient Information Packet

The Fetal Life-Support System: Placenta, Umbilical Cord, & Amniotic Sac

Your baby will develop inside your uterus with the help of a fetal life-support system composed of the placenta, the umbilical cord, and the amniotic sac filled with amniotic fluid.

What is the placenta and what does it do?

The placenta has been described as a pancake-shaped organ that attaches to the inside of the uterus and is connected to the fetus by the umbilical cord. The placenta produces pregnancy-related hormones, including chorionic gonadotropin (hCG), estrogen, and progesterone. The placenta is responsible for working as a trading post between the mother's and the baby's blood supply. Small blood vessels carrying the fetal blood run through the placenta, which is full of maternal blood. Nutrients and oxygen from the mother's blood are transferred to the fetal blood, while waste products are transferred from the fetal blood to the maternal blood, without the two blood supplies mixing. The placenta is expelled from the uterus in a process called the after-birth. One possible problem in pregnancy is placenta previa, where the placenta is attached near or over the cervix. As the fetus grows, pressure on the placenta can cause bleeding. This condition requires medical management to ensure a safe delivery for you and your baby.

What is the umbilical cord and what does it do?

The umbilical cord is the life-line that attaches the placenta to the fetus. The umbilical cord is made up of three blood vessels: two smaller arteries which carry blood to the placenta and a larger vein which returns blood to the fetus. It can grow to be 60 cm long, allowing the baby enough cord to safely move around without causing damage to the cord or the placenta. After the baby is born, the cord is cut (something the baby's father may wish to do); the remaining section will heal and form the baby's belly button. During pregnancy you may find out that the umbilical cord is in a knot, or wrapped around a part of your baby's body. This is common and cannot be prevented, and it usually does not pose any threats to the baby.

What is the amniotic sac and what does it do?

The amniotic sac is filled with the amniotic fluid. This sac is your baby's home, gymnasium, and protection from outside knocks, bumps, and other external pressures. The amniotic sac allows the fetus ample room to swim and move around which helps build muscle tone. To keep the baby cozy, the amniotic sac and fluid maintain a slightly higher temperature than the mother's body, usually 99.7 F. At week 10, there is around 30 ml of fluid present. The amniotic fluid will reach its peak around weeks 34-36 at about 1 liter. When your water breaks, it is this sac that ruptures and this fluid that leaves the body. Your baby's life is still being supported by the umbilical cord, and you should be meeting your baby soon!



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Covering the basics

Your health care provider will check your blood pressure and weight at every visit. Mention any signs or symptoms you've been experiencing. Then it's time for your baby to take center stage. Your health care provider may:

Track your baby's growth. By measuring your abdomen from the top of your uterus to your pubic bone, your health care provider can gauge your baby's growth. This measurement in centimeters often equals the number of weeks of pregnancy.

Listen to your baby's heartbeat. You'll hear your baby's heartbeat, too, thanks to a special device called a Doppler.

Assess fetal movement. Tell your health care provider when you begin noticing flutters or kicks— often by 20 weeks.

What is the first-trimester screening test (Ultra screen)?

Some providers offer a first-trimester screening test for Down syndrome (affected children have mental retardation, characteristic facial features, and often, heart defects and other physical problems) and trisomy 18 (affected babies have severe mental retardation, heart defects and numerous other birth defects). This test also may show if a baby is at increased risk for heart defects.

This test is done between 11 and 13 weeks after a woman's last menstrual period. It is called the combined test because the test has two parts: a blood test and an ultrasound examination (a test that uses sound waves to take a picture of the fetus). The provider sends the blood sample to the lab, which measures the levels of two substances in the mother's blood: free-beta hCG (a specific form of the pregnancy hormone human chorionic gonadotropin) and pregnancy-associated protein A (PAPP-A). Levels of PAPP-A tend to be decreased, and hCG increased, with Down syndrome.

The woman also will have a special ultrasound exam to measure the thickness at the back of the baby's neck (called nuchal translucency). Increased thickness is associated with Down syndrome, other chromosomal abnormalities and heart defects.

The lab will calculate a woman's risk of chromosomal birth defects, using the combined results of her blood test and ultrasound exam. Studies show that this test can detect about 82 to 87 percent of pregnancies affected by Down syndrome and up to 95 percent of those affected by trisomy 18.



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What is the second-trimester screening test?

Most women are offered a second-trimester screening test, which is done 15 to 20 weeks after a woman's last menstrual period. This test has a number of names, including maternal serum (blood) screening test, multiple marker screening test, triple screen and quad screen. This test screens for Neural Tube Defects (NTD), chromosomal birth defects and certain uncommon abdominal birth defects.

The laboratory calculates a woman's individual risk for NTDs, Down syndrome and trisomy 18 based on the levels of the three or four substances plus the woman's age, weight, race, number of fetuses (e.g., twins) and whether she has diabetes requiring insulin treatment. These last four factors influence MSAFP levels.

Along with maternal serum alpha-fetoprotein (MSAFP) levels, the test measures the levels of hCG and another pregnancy hormone called estriol. When the test measures these three substances, it's called the triple screen. Most laboratories in the United States measure the level of a fourth hormone called inhibin A. When this substance is included, the test is called a quadruple (quad) screen. Both the triple and quad screen can detect about 75 to 80 percent of pregnancies affected by spina bifida, and nearly 95 percent of those affected by a related NTD called anencephaly.

Women who have the first-trimester screening test for Down syndrome should be screened for NTDs in the second trimester by checking MSAFP levels or having an ultrasound exam. Providers may offer women the option of taking both the first- and second-trimester screening tests. This is called integrated screening if a woman does not receive her results until after the second-trimester test, or sequential screening if she receives results after both parts of the test. Studies show that these tests together can detect about 95 percent of cases of Down syndrome.

Does an abnormal result on the first- or second-trimester screening test mean the baby has a birth defect?

No. These tests cannot diagnose a birth defect; they only can indicate increased risk. An abnormal screening test result simply means that additional testing is recommended. Out of every 100 women who take a screening test, about 5 will have an abnormal result. However, only about 2 to 3 percent of women whose test results show an increased risk for Down syndrome will actually have a baby with Down syndrome. Similarly, only a very small number of women whose test results show an increased risk for spina bifida and related birth defects will actually have an affected baby. A woman's provider can give her a better estimate of the risk to her baby, based on her test results.



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For many women, an abnormal result on the second-trimester screening test simply indicates that the fetus is either a few weeks older or younger than the woman and her provider thought. This can account for an abnormal result because what is considered a normal amount of AFP varies depending on a woman's stage of pregnancy. An ultrasound exam can show the correct gestational age of the fetus. Another common cause of an abnormal second-trimester test result is a multiple pregnancy (twins, triplets, etc.).

Weight gain during pregnancy

How much weight should I gain during my pregnancy?

Most women need to gain 25 to 35 pounds during pregnancy. How much weight you should gain depends on how much you weighed before you got pregnant. If you are very slim, you need to gain more. If you are very heavy, you need to gain less. The chart on the other side of this page can help you decide how many pounds you should gain. Talk with your health care provider about the right weight gain for you. Then use the chart to track your weight during pregnancy.

I don't feel hungry. Do I have to eat if I don't feel hungry?

Many women do not feel hungry early in pregnancy. This is because of hormone changes in the body. Later in pregnancy, it may be hard to eat because your stomach has less room between your baby and your lungs. You will feel better all through your pregnancy if you try to eat something every 1 to 2 hours. Eating a big meal may make you feel sick. Eating just a slice of apple, a carrot stick, or a bit of whole wheat bread will help you feel better if your stomach is upset. It is important to remember that what you put in your mouth goes to your baby. If you don't put anything in your mouth, your baby gets nothing to eat.

People tell me I'm "eating for two." Does this mean I have to eat twice as much?

No. Most women only have to add about 200 calories every day to their diet. Many women can eat less and still be very healthy and grow a healthy baby. Your baby depends on you for all of its food, so you do have to eat well. Make healthy changes in your diet—eat lots of fruit and vegetables, eat only whole wheat bread, and cut down on fats. You don't have to eat much more than you normally do.

What happens if I don't gain enough weight?

If you do not gain enough weight, your baby may be too small. Babies that are too small can have problems right after they are born. They may have trouble breathing or eating. Some babies who are too small at birth have trouble learning when they get older and go to school. Talk with your health care provider about how many pounds you should gain to make sure your baby is not too small.



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What happens if I gain too much weight?

If you gain too much, you will have more weight to lose after the baby is born. Women who gain a lot of extra weight have a higher chance of needing a cesarean birth.

Should I gain the same amount every week?

The baby will gain most of its weight during the last 2 months of your pregnancy. You should try not to gain much weight at first. Plan to gain most of your weight in the last months of your pregnancy.

Round Ligament Pain

Round ligament pain is most common during the second trimester. Women begin complaining of a sharp pain in their abdomen or hip area that is either on one side or both. Some women even report pain that extends into the groin area. Round ligament pain is considered a normal part of pregnancy as your body goes through many different changes.

What causes round ligament pain? No one knows the exact cause of this type of pain, but it is thought that it is caused by the stretching of the round ligament. The round ligament supports the uterus. It connects the front portion of the uterus to the groin. These ligaments contract and relax like muscles, but much more slowly. Any movement (including going from a sitting position to standing position quickly, laughing, or coughing) that stretches these ligaments by making the ligaments contract quickly, can cause a woman to experience pain. Round ligament pain should only last for a few seconds.

What can be done to alleviate round ligament pain? Rest is one of the best ways to help with this kind of pain. Changing positions slowly allows the ligaments to stretch more gradually and can help alleviate any pain. If you know that you are going to sneeze, cough, or laugh you can bend and flex your hips, which can reduce the pull on the ligaments. If you are having consistent round ligament pain your healthcare provider may recommend doing daily stretching exercises. The most common exercise is done by placing your hands and knees on the floor, lowering your head to the floor, and keeping your bottom in the air.

When should I call my healthcare provider? If the pain persists after resting or it is accompanied by severe pain you would want to notify your healthcare provider. When the pain last for more than a few minutes you should contact your provider immediately. You would also want to notify your provider if the pain is accompanied by any bleeding, cramping, fever, chills, nausea, vomiting, or change in vaginal discharge.



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Kegel Exercises

Kegel exercises, also called pelvic floor exercises, help strengthen the muscles that support the uterus, bladder, and bowels. Kegel exercises also help strengthen vaginal muscles. Pregnant women who perform Kegel exercises often find they have an easier birth. Strengthening these muscles during pregnancy can help you develop the ability to control your muscles during labor and delivery. Toning all of these muscles will also minimize two common problems during pregnancy: bladder leaks and hemorrhoids. Kegel exercises are also recommended after pregnancy to promote perineal healing, regain bladder control, and strengthen pelvic floor muscles. The best thing about Kegel exercises is that they can be done anywhere, and no one knows you're doing them.

How to do Kegel Exercises

- 1) To find the correct muscles, practice stopping the flow of urine when urinating.
- 2) Contract pelvic floor muscles for 10 seconds, then relax, repeating 10-20 times.
- 3) Breathe normally during the exercises and do this at least three times a day.
- 4) Try not to move your leg, buttock, or abdominal muscles during the exercises.

Ideas for when to do Kegel Exercises

- When you're stopped at a red light
- In the waiting room at the birth center
- Drive thru's such as the bank, fast food, and pharmacy



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Gestation Diabetes

Somewhere around your 24th week, your health care provider will probably have you drink a very sweet liquid. Then in 1 hour your blood will be taken and your glucose measured. It's an important test, especially for women who are older than 25 years of age and / or who have family history of diabetes.

Gestational diabetes is a form of diabetes that occurs only during pregnancy. It is a disorder that prevents the body from using food properly. Normally, your body gets its major source of energy from glucose, a simple sugar that comes from carbohydrates. Insulin enables your body to use glucose.

When you have diabetes, your body either doesn't make insulin (Type I), or doesn't use the insulin properly. (Type II and gestational). So you wind up with too much glucose in your blood and not enough in your cells. Gestational diabetes exposes the baby to high glucose, resulting in an abnormally large fetal pancreas and an abnormally large baby. This increases your risk of having delivery complications or a cesarean section. Also, too much sugar can be toxic to the fetus. And when the baby is born, the loss of all that sugar it's been used to could lead to hypoglycemia – low blood sugar. Left untreated, it could result in seizures and other complications.

After the baby is born, gestational diabetes disappears; however, it has been reported that women who develop gestational diabetes have a greater chance of developing overt (Type II) diabetes later in life. The biggest part of treating gestational diabetes is controlling your blood sugar levels. There are things you and your health care provider can do in order to control your levels and keep them at a safe and normal amount:

- Diet and exercise management
- Close monitoring of you and your baby
- Self monitoring of blood glucose levels
- Insulin therapy, if necessary



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Group B Strep Infection: GBS

GBS is a type of bacterial infection that can be found in a pregnant woman's vagina or rectum. This bacterium is normally found in the vagina and / or lower intestine of 15% to 40% of all healthy, adult women.

Those women who test positive for GBS are said to be colonized. A mother can pass GBS to her baby during delivery. GBS is responsible for affecting about 1 in every 2,000 babies in the United States. Not every baby who is born to a mother who tests positive for GBS will become ill. Although GBS-related illness is rare, the outcome can be severe and therefore healthcare providers include testing as a routine part of prenatal care.

If you test positive for GBS this simply means that you are a carrier. Not every baby who is born to a mother who tests positive for GBS will become ill. Approximately one of every 100 to 200 babies whose mothers carry GBS will develop signs and symptoms of GBS disease. For women who are group B strep carriers, antibiotics before labor starts are not a good way to get rid of group B

Folic Acid

Folic acid is a B vitamin. The body uses folic acid to help make red blood cells and other new cells. The folic acid is found naturally in food is sometimes called "folate."

Why is folic acid important?

People who do not get enough folic acid in their diet can get anemia – their blood does not carry oxygen well, and they feel very tired and weak. Children who do not get enough folic acid may grow poorly. Not having enough folic acid can also increase the risk of heart disease, colon cancer and stroke.

Getting enough folic acid is really important in pregnancy. Taking folic acid from the very beginning of pregnancy can help prevent some neural tube defects in your baby. Neural tube defects are problems of the spine and brain, such as spina bifida. Severe neural tube defects can cause death or make it hard for your baby to walk. Cleft lip or palate (a gap in the lip or roof of the mouth) can also be caused by deficiency of folic acid.

How much Folic acid do I need?

Most people need to have about 400 micrograms (mcg) of folic acid in their diet every day.

Pregnant women need 600 mcg a day.

You should take 400 mcg of extra folic acid every day if you:

- are pregnant
- could become pregnant – neural tube defects occur in the very first month of pregnancy, when most women don't even know they are pregnant.



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It is not a good idea to take more than 1,000 mcg of extra folic acid. Too much folic acid can be dangerous for your health.

Who else should take extra folic acid?

- smokers
- people who take a lot of aspirin
- people who take some drugs for cancer treatment and for arthritis

Folic acid in Your Food

The word folate comes from the same root as the word “foliage,” so leafy green vegetables are very good sources of folic acid. Folic acid is also found in cooked dry beans, nuts, and seeds. Enriched grains, such as bread, pasta, and rice, and fortified breakfast cereals, are also good source of folic acid. Check food labels to be sure that these foods have been enriched with folic acid.

Excellent sources– provide 100 mcg or more per ½ cup serving

- asparagus
- turnip greens, mustard greens
- okra
- fortified breakfast cereals
- cooked dry beans, such as pinto beans, kidney beans, lentils and black-eyed peas
- Liver (2 oz, cooked)

Good sources– provide 40 –100 mcg per ½ cup serving

- broccoli
- spinach
- green peas
- fresh beets, cooked
- spaghetti, pasta
- rice
- tofu

Other good sources– provide 40 – 100 mcg per serving

- tomato juice (¾ cup)
- orange (1)
- avocado (¼)
- sunflower seeds (1 oz)



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Smoking

Pregnant women who smoke or who are exposed to secondhand smoke (from other people's cigarettes) have a greater risk of delivering a premature or low-weight baby because the amount of oxygen available to the fetus is reduced, inhibiting its growth. And of course, smoking puts your own health at risk as well. If you or your partner need help to stop smoking, talk to your health care provider at a prenatal visit.

Illegal Drugs

Drug use during pregnancy is a tragedy. Infants may be born addicted, suffer withdrawal, and die. Take cocaine (and its derivative crack cocaine): if a woman uses it only once during pregnancy, she can cause miscarriage, fetal stroke, brain damage, even death. Babies who do survive may be born premature and underweight. Tremendous harm is done by other drugs as well. Drugs also interfere with pregnant woman's ability to take care of her and tend to her nutritional needs, which cause further injury to the developing fetus. If she shares intravenous needles with other drug users, she may contract HIV, the virus that causes AIDS, and pass it to her baby. It's crucial that you speak frankly with your health care provider about drug use. He or she can refer you to a treatment program if you need assistance.

Over-the-Counter Medications

Some of the most seemingly minor remedies – aspirin, decongestants, acne ointments, even vitamin supplements – can pose an unnecessary threat to a developing fetus. Large doses of vitamin A, for example can cause birth defects. Others may be safe, but before you reach for any non-prescriptive remedy, check with your health provider. And always take any midwife-approved remedies in precisely the recommended amounts.

Prescription medications

Your health care provider needs to know about any prescription medications you're taking when you become pregnant. Some may be teratogens – substances that can cause birth defects. These include the acne medication Accutane, the antibiotics streptomycin and tetracycline, anticonvulsants such as Coumadin. Don't let another healthcare provider prescribe anything for you during these months without first consulting your midwife/obstetrician.



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Infections

There are number of illnesses that could pose a risk to your baby if contracted during pregnancy. Many are rare, but you still need to take special care to avoid exposure or confirm your immunity to them. They include:

- Sexually transmitted infections such as syphilis, gonorrhea, herpes and others
- Chicken pox – in first trimester it can cause deformities of the baby's arms and legs, and damage the brain and eyes.
- German measles (rubella) – can cause severe damage to the baby's brain, heart, eyes, and ears. Immunity can be confirmed by a blood test.
- Toxoplasmosis – caused by a microorganism that is carried by cats, and is also present in raw or undercooked meats. This illness can damage your baby's brain and eyes.

On the job Hazards

If your occupation exposes you to chemicals like lead or mercury, you'll need to talk to your supervisor about ways to avoid them. A job that requires physical effort or a lot of standing or walking will become increasingly difficult. You may need to cut back on your hours, transfer to a less demanding assignment, or consider taking an early maternity leave.

Should You or Shouldn't You?

- Perm or color your hair? It's your call. Experts agree that it's ok to use these products while pregnant. In fact, the biggest risk may be losing money: hormonal changes may prevent a perm from even taking.
- Soaking in a hot tub or sauna? Sorry but no way. High temperatures (102F and up) are potentially hazardous to the developing fetus
- Microwave you food? You needn't pull the plug. Current research shows that the type of radiation emitted by microwave ovens, TVs and video display terminals – called nonionizing radiation – isn't harmful.
- Clean the house? Just use common sense: wear rubber gloves, open windows for added ventilation, opt for spray bottles over aerosols, avoid products with toxicity warnings, such as oven cleaners, and never mix cleaners, which may create dangerous gases.
- Paint the nursery? Hand over that paintbrush. It's not a good idea to expose yourself to the fumes and chemicals in paint, stains, and varnishes, especially if your home predates 1978 when lead paint was outlawed.



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Pregnancy and Dental Work

Routine dental cleanings during pregnancy are not only safe but are recommended. The hormone rise during pregnancy causes the gums to swell, bleed, and trap food causing increased irritation to your gums. Routine dental cleanings can help you have healthier gums during your pregnancy and help reduce irritation created by swelling. Regular dental work such as cavity fillings should be postponed until at least after the 1st trimester, which is the most crucial time of development for the baby. If dental work is done during pregnancy, it is best during the second trimester. Once you reach the third trimester, it may be very difficult to lie on your back for an extended period of time, while dental work is done. Sometimes emergency dental work is needed such as root canals or extraction of wisdom teeth. X-rays are necessary to perform these procedures, but they should be kept to a minimum. X-rays used in dental work raises little concern of potential exposure to the baby. If X-rays cannot be postponed until after delivery, the second trimester is the best time to have these procedures done.

What about medications used in dental work during pregnancy?

Currently, there are no studies documenting adverse affects on the developing baby from medications used during dental work. No problems have been identified when using local anesthetics such as Novocain or Lidocaine. The amount of anesthesia administered should be as little as possible, but still enough to make you comfortable. Dental work often requires antibiotics for preventing or treating infections. Antibiotics such as penicillin, amoxicillin, and clindamycin have shown to be acceptable during pregnancy, however you should avoid tetracycline.

Suggestions for Addressing Your Dental Needs During Pregnancy:

- Pregnant women should eat a balanced diet, brush their teeth thoroughly with an ADA-approved fluoride toothpaste twice a day, and floss daily.
- Have routine exams and cleanings during your pregnancy.
- Let your dentist know you are pregnant.
- Postpone other regular dental work until the second trimester or until after delivery.
- Elective procedures should be postponed until after delivery.
- Help keep your circulation moving by keeping your legs uncrossed while you are sitting in the dentist's chair.



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Sex Myths You Shouldn't Believe

Well, that's how you got here, isn't it? Ironically, many people tend to think of intercourse and pregnancy as mutually exclusive. But just look at yourself: what could be sexier? Your partner no doubt thinks so, too. And you certainly don't have to worry about birth control at this time. Put the following fears aside and go for it. In spite of your changing body, it's going to be a lot easier to pull off now than after the baby arrives (trust us)!

Myth 1: It will hurt the baby. Your fetus is so well protected in the amniotic sac that virtually none of the sexual gymnastics you two may be capable of will affect it. Nor will your partner's penis be able to reach the baby. Even if he were that well endowed, the cervix is tightly clamped shut.

Myth 2: It will hurt you. Though you probably don't want your mate sprawled across your belly at this point, experimenting with other positions. Some women even experience their first orgasms during pregnancy. Why? The genitals are engorged, the nerve endings more sensitive, and oxytocin, the hormone that maintains a pregnancy, is known to ignite lust.

Myth 3: It will cause premature labor. There's no evidence that sex causes labor. Stimulation of the breasts does speed up the production of oxytocin, which can cause contractions when you're near term. But, as you will no doubt discover, you can experience lots of contractions without going into labor. There are only a few high-risk situations in which your health care provider would recommend abstaining from sex – a history of premature labor, premature cervical dilation, or premature rupture of membranes; placenta previa (when the placenta covers the cervix and could be damaged); vaginal bleeding; and after your water has broken, leaving the fetus unprotected.

Myth 4: Oral sex is out. Nope! It will become a convenient option when you get too uncomfortable to have actual intercourse.



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Pregnancy and Travel

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. The ideal time to travel during pregnancy is during the second trimester. In most cases you are past the morning sickness from the first trimester, but you will have an easier time getting around than you will in your third trimester. Whether you are traveling by car, bus or train, it is generally safe to travel while you are pregnant. However, there are some things to consider making your trip safer and more comfortable. It is essential to buckle-up every time you ride in a car. Make sure that you 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. Try to limit the amount of time you are cooped up in the car, bus or train. Seek to keep travel time around five to six hours. Take short walks and stretches to keep the blood circulation going. Traveling by air is considered safe for women while they are pregnant; however the following ideas might make your trip safer and more comfortable. Most airlines allow pregnant women to travel up through their eighth month. Traveling during the ninth month is usually allowed if there is permission from the healthcare provider. Most airlines have narrow aisles and smaller bathrooms, which makes it more challenging to walk and more uncomfortable when using the restroom. Because of potential turbulence, which could shake the plane, make sure you are holding on to the seat backs while you are navigating the aisle. You may want to choose an aisle seat, which will allow you to get up easier to reach the restroom or just to stretch your legs and back.

How to make the best of your travels during pregnancy?

- Dress comfortably in loose cotton clothing, and wear comfortable shoes
- Take your favorite pillow
- Plan for plenty of rest stops, bathroom breaks and stretches
- Carry snack foods with you
- If you are traveling any distance, make sure to carry a copy of your prenatal records
- Wear your seatbelt and take other safety measures
- Enjoy the trip



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Surviving Morning Sickness

In the Morning: Allow yourself plenty of time to get out of bed. If you usually get up at 6, set your alarm for 5. It is a good idea to keep a stash of crackers or dry cereal by your bed so you can put something in your stomach as soon as you wake up. Get out of bed slowly as you start your day.

During the Day: Eat small meals throughout your day to avoid getting too full or too hungry. It is said that progesterone slows the speed of food passing through your digestive tract. To further prevent your stomach from getting too full or too empty, you should drink fluids a 1/2 hour before or after a meal, but not with your meals. **DO** drink fluids throughout your day to avoid dehydration. Get plenty of rest when you can. This is especially important if you have to get up early in the morning. But **DON'T** take a nap right after a meal. Eat whatever you feel like eating, whenever you feel you can. Trust your cravings, they won't let you down. Avoid being in warm places, which can increase your nausea.

In the Evening: For dinner avoid spicy, greasy foods. Prepare things that are bland and do not have a strong odor. You may have to avoid cooking in the kitchen for the first trimester. Oh, too bad! Most importantly, go to bed early! You need your rest to have the energy to get up early and do it all over again. If you happen to wake up in the middle of the night, to go to the bathroom and eat something from your bedside stash!

Vaginal Discharge During Pregnancy

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)
- Assume that it is a vaginal infection and treat it yourself

During pregnancy DO:

- Use panty liners if it makes you more comfortable
- Notify your health care provider at your appointment of any change



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What is abnormal vaginal discharge?

If the vaginal discharge is green or yellowish, strong smelling, accompanied by redness, or itching, you may have a vaginal infection. One of the most common vaginal infections during pregnancy is candidiasis, also known as a yeast infection. Your health care provider can easily treat vaginal infections. Other causes of abnormal discharge during pregnancy could also be a sign of an STD.

Health Concerns for Pregnant Women

Dehydration

When you're pregnant, the risk of dehydration is much more serious because your fluid intake affects every aspect of your life, from your energy to the health of your skin. Too little, and you could wind up with problems ranging from constipation to pre-term labor or miscarriage. Why so vital? Well, just consider that by the time you reach your 7th month, your blood volume has doubled and the amniotic fluid is replenishing itself at the rate of a cup an hour. The more you drink, the less stress you put on your kidneys, reducing your risk of kidney and urinary tract infections (UTI) so common during pregnancy. It is recommended that you drink at least six to eight 8oz glasses of water a day, in addition to any other liquid you consume. You'll need even more in hot weather when you exercise, and when you find yourself in higher altitudes or dry climates. By the time you feel thirsty, it's too late. So you should keep a glass or bottle of water with you at all times.

Warning signs for dehydration (if you experience any of these signs, call your health care provider immediately):

- Producing small amount of dark-colored urine
- Inability to keep down liquids
- Dizziness and fainting when you stand up
- Racing or pounding heart
- Vomiting blood

2. Urinary Tract Infections

Even before they get pregnant, many women are already familiar with the burning and constant need to urinate associated with UTIs. If you have history of UTI, you're more likely to experience at least one during pregnancy. That's because temporary changes in the shape and size of your urinary tract make bacteria more likely to enter your bladder or kidneys. If you have any signs of UTI or kidney infection – problems or pain urinating, frequency urination, dark, cloudy or foul-smelling urine, lower back or side pain, fever and nausea- contact your health care



provider. Urinary tract or kidney infections are more than uncomfortable: They can bring on premature labor. You are at higher risk for UTI if you have diabetes or the sickle cell trait or have had many children.

To help prevent and treat UTIs:

- Drink several glasses of water each day (cranberry juice is also helpful)
- Wipe from front to back to prevent spread of intestinal bacteria from the rectum to the urinary tract
- Wash up and urinate after sexual intercourse to flush bacteria away from your bladder

Indigestion and Gas

It's not something you want to talk about in polite company, but have you noticed lately how you seem to be expelling gas from one end or the other? Blame it on hormones again! In early pregnancy, the hormone progesterone relaxes the muscle that seals off your esophagus from your stomach, allowing stomach acid to "reflux" back into your throat. Later in the pregnancy, the baby takes up so much space it pushes your internal organs up and out of the way, so there's less room in your stomach. Also, the progesterone slows your digestive system so you can absorb as many nutrients as possible from your food. But this means your food spends more time in the small and large intestine, which can result in gas and bloating.

For relief:

- Avoid greasy, spicy foods
- Stay upright after meals
- Walk after eating
- Don't overeat
- Raise the head of your bed by placing small blocks or bricks under the legs

Bathroom Issues

Frequent urination

If you've stopped drinking, then why do you have to pee so much? Early in pregnancy, you urinate all the time because your uterus is growing and pushing against your bladder, your kidneys begin operating more efficiently, and your overall volume of body fluids increases. This goes away in the middle of your pregnancy. Only to return toward the end when the baby drops further into your pelvis, again pressing against your bladder. There's not much you can do about it, other than make a mental note of the nearest bathroom at any given time. Don't restrict fluids. You and your baby need a lot of liquids.



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Constipation

Constipation is no fun – regardless of how much extra reading you get done. You can blame this pregnancy-related malady on hormones, too. Also, the extra iron in your prenatal vitamins makes your stool harder. To avoid constipation, drink 8-10 glasses of water a day, eat a high fiber diet with lots of fruits and vegetables, and exercise regularly.

Hemorrhoids

If you don't follow the advice above, you, like up to half of all pregnant women, may develop hemorrhoids. A hemorrhoid is a form of varicose vein, in which the veins around the rectum become swollen. Symptoms include itching, burning, pain, and bleeding. It's often caused by the straining that goes along with constipation. Try using medicated hemorrhoid pads instead of toilet paper; sitting on an ice bath or in a sitz bath with enough warm water to cover the hemorrhoids; using petroleum jelly to cool off your rectum and ease bowel movements; and avoiding sitting or standing for long periods of time, which can put pressure on your hemorrhoids.

Swelling

Also called edema, it is very common sign of pregnancy, with about 75% of women experiencing some swelling of their legs and ankles during pregnancy. Make sure you're drinking plenty of water, which helps flush your system of toxins and other waste products that contribute to the swelling. And while you shouldn't overdue the salt, neither should you avoid it completely. If your swelling is sudden, extreme, or also occurs in your face or hands, it may be serious. Let your health care provider know immediately.

Varicose Veins

Beyond stretch marks on the stomach, most women will carry another lifetime reminder of pregnancy – varicose veins. They occur when the valves in the veins in your leg, designed to keep blood flowing upwards to the heart, leak and some blood flows back down into the leg, overfilling and distending some of the veins under the skin. They're common in pregnancy because the growing uterus puts pressure on your veins, and hormones designed to relax the walls of the veins to allow more overall blood flow, also make it more likely that they'll leak.

To prevent them:

- Rest as much as possible. Don't cross your legs. This reduces blood flow
- Sleep on your left side. The vena cava, the largest vein in your body, is on your right side. If you sleep on your left, thus elevating your right side, you decrease pressure on the vena cava
- Wear maternity support hose, putting them on even before you get out of bed in the morning. This prevents blood from pooling in your lower legs
- Stay physically active to maintain a healthy circulation and increase blood flow



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Back Pain

Back pain is one of the most common discomforts you will experience during pregnancy. Your overall center of gravity has shifted, and the bulky uterus is straining your back muscles. Plus, your abdominal muscles, which typically work in conjunction with your back muscles to prevent back strain, aren't of much use these days. As if that wasn't tough enough, pregnancy related hormones, like progesterone, are designed to relax your muscles. So they become looser, putting additional strain on your back.

To help prevent or ease back pain:

- Wear low-heeled (but not flat) shoes with good arch support
- Ask for help when lifting heavy objects
- Place one foot on a stool or box when standing for long periods
- Squat down, bend your knees and keep your back straight when picking things up. Don't bend over from the waist
- Sit in chair with good back support, or use a small pillow behind the low part of your back
- Try to sleep on your side with one or two pillows between your legs for support
- Apply heat or cold to the painful area or massage it

Do not ignore back pain if it gets worse. It's one of the main symptoms of preterm labor. If it continues or gets worse, call your health care provider.