It’s such a miracle! Each pregnancy is unique and we are pleased you have chosen Atrium OB/Gyn for your obstetrical care. The purpose of this packet is to provide you with information pertaining to your pregnancy and the experiences the next nine months will bring you. The guidelines contained within are based on recommendations of the American College of Obstetrics and Gynecology.

We hope this information is helpful. You may call our office at any time with questions or concerns. To make your pregnancy journey as pleasant as possible our team of health care providers is available to provide 24-hour care.

Pregnancy is a very special time. Atrium OB/Gyn is with you every step of the way.

Welcome to the Wonderful World of Pregnancy!

What’s Inside

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Nutrition, Eating & Exercising
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What you can expect over the next nine months.

We welcome your husband, significant other, children or other family members to accompany you to your office visits. If you have a problem or question, please call our office between 7:30 a.m. and 4:30 p.m. For emergencies one of our physicians is available 24 hours a day by calling 330.492.8001.

We sincerely hope this schedule is helpful to you. Please talk to one of our physicians or nurse practitioners at your next visit if you have any questions.

Pregnancy confirmation visit – During this visit we will obtain a complete medical, pregnancy and genetic history from you. Feel free to ask any questions about your upcoming visits and procedures. You may also meet with a patient account billing representative to discuss your insurance coverage and payment options. Please allow two hours for this visit.

10-14 Weeks
Prenatal Visit – We will do a complete physical exam that includes:
- Routine prenatal bloodwork to determine your blood type, blood count and your immunities for Rubella (German measles) and Varicella (chicken pox).
- PAP test
- TSH test (thyroid)
- HIV, Hepatitis, Syphilis, Gonorrhea, and Chlamydia screens
- Cervical and urine cultures
- Cystic Fibrosis test (optional)
- If your health care provider recommends prenatal testing using chorionic villus sampling (CVS), it will be done during month three.

11-13 Weeks
Optional 1st Trimester Screen to determine if your baby is at risk for certain genetic disorders.

15-16 Weeks
Optional Quad Screen to detect increased risks for open Neural Tube Defects, Down Syndrome and Trisomy 18.

20 Weeks
Ultrasound to confirm due date, view baby’s major organs, placenta and amniotic fluid. You may also learn the sex of your baby, if desired. If necessary, additional screening may be recommended for placental and fetal concerns.
24-28 Weeks
One-hour Glucola Blood Test to screen for asymptomatic (without symptoms) diabetes in pregnancy.

28 Weeks
At this point in your pregnancy your prenatal visits will be scheduled every two to three weeks.
For RH negative patients only: Antibody Screening and RhoGAM injection to screen and prevent Rh sensitization.

35 Weeks until Birth
You will have an office visit at least weekly. Pelvic exams will be done to check for thinning and dilating of your cervix.
More frequent visits and/or additional testing to reassure baby’s well-being are done if needed.

Group B Streptococcus Vaginal Culture (carriers will need antibiotics while in labor.)

We want what you want - a healthy baby!
In addition to the above, you may be asked to perform a random urine drug screen during your pregnancy.
These tests are in keeping with the highest standard of care. Additional tests may be required as individually indicated.
Optional Testing & Procedures

There is a variety of optional tests and procedures that may be performed during pregnancy. These tests check to see if there is an increased risk for certain genetic disorders. Listed below are some of the options we offer to all pregnant women. The decision is yours. Other tests are also available. If you have concerns about specific disorders, please talk to your health care provider and we can refer you to a perinatologist.

1ST TRIMESTER 
Nuchal Translucency Ultrasound 
An ultrasound performed by a maternal fetal medicine specialist (MFM) between weeks 11 and 13 to access your risk for a Down Syndrome baby.

Sequential Screen
This is the first of a two-part blood test performed in the first trimester. This blood sample can help us decide if you are at an increased risk for having a baby with chromosomal abnormalities. It does not detect if your child has an abnormality, only if your baby is at risk. The second part of this test is done in the second trimester.

Cystic Fibrosis Testing
Even when there is no family history of the disease, it is recommended that pregnant women be offered a carrier screening test for cystic fibrosis. This is done with a simple blood sample.

2ND TRIMESTER 
Quad Screen 
This test detects at a rate of 75-80% risk that baby may have Down Syndrome.

Cystic Fibrosis Testing
This test can still be done if not performed during the first trimester.

Sequential Screen - Second part

WHAT THESE OPTIONAL TESTS MAY REVEAL ABOUT YOUR BABY.

Sequential and Quad Screens
These screens can determine if your baby has an increased risk for Neural Tube Defect (spine), Down Syndrome or Trisomy 18. These screens cannot diagnose these problems. If there is increased risk, more diagnostic testing will be offered.
If the test results are out of the normal range:

- You might not be as far along, or you are further along, in your pregnancy than you thought.
- You might be having twins.
- Your baby may be at a higher risk of a genetic disorder.

We will have you consult with a maternal fetal medicine specialist (MFM) to obtain a genetic history, perform a Level II ultrasound and review the results with you that day. They will also offer you an amniocentesis. You may do as much, or as little, of the testing as you desire.

Cystic Fibrosis (CF)

CF is a genetic disorder that can lead to breathing problems and digestive problems. It can be mild to severe or even life threatening and there is no cure. You are tested first. If the results are positive, then your partner is tested. If he is negative, there is a 1 in 100 chance your baby will have the disease. If you both test positive for the trait, there is a 25 in 100 chance that your baby will have the disease. From there, you may see a specialist who can perform an amniocentesis to determine if your baby has the disease. The amniocentesis cannot determine the severity of the disease, and no treatment can be offered at that point. CF, as well as other important tests, are performed on all newborns before they leave the hospital.

Down Syndrome

Down Syndrome is the most common chromosomal disorder among live births occurring when the baby has an extra 21st chromosome. In addition to developmental disabilities, babies with Down Syndrome often have heart defects and other health problems. The Quad screen can detect 75% to 80% of Down Syndrome pregnancies.

CHANCES OF HAVING DOWN SYNDROME BABY BASED ON AGE OF MOTHER

<table>
<thead>
<tr>
<th>Age of Mother</th>
<th>16</th>
<th>20</th>
<th>25</th>
<th>30</th>
<th>35</th>
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<td>1 in 1667</td>
<td>1 in 1250</td>
<td>1 in 752</td>
<td>1 in 378</td>
<td>1 in 106</td>
<td>1 in 49</td>
<td>1 in 30</td>
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</tbody>
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Neural Tube Defect

Neural Tube Defect, such as Spina Bifida, is an opening in the baby’s spine which prevents the spinal cord from closing completely during development. Babies with Spina Bifida need surgery soon after birth. Children with open Spina Bifida may have weak or paralyzed lower bodies and may also have problems with their bladder, bowel or kidneys. Most also have hydrocephalus (also called water on the brain), which must be treated to help prevent mental retardation. If the opening is in the skull instead of the spine, it is referred to as anencephaly. Babies with this condition usually die before or shortly after birth. Your average risk is 1 in 1000 for each pregnancy. A Quad Screen can identify greater than 80% of Neural Tube Defect pregnancies.

Trisomy 18

Trisomy 18 (also know as Edwards Syndrome) occurs in 1 in 8000 births. This is a chromosomal disorder caused by an extra 18th chromosome. Babies with Trisomy 18 have significant physical birth defects and severe mental retardation. Few live beyond the age of one year. A Quad Screen can identify 60% of Trisomy 18 babies.
YOUR BABY’S GROWTH AND DEVELOPMENT
A MONTHLY SNAPSHOT OF YOUR BABY’S DEVELOPMENT

MONTH 1
week 1 • week 2 • week 3 • week 4

Baby:
• At this stage your developing baby is called an “embryo” and resembles a tadpole.
• Tiny limb buds which will grow into arms and legs appear.
• Your baby’s heart and lungs begin to form. By the 25th day the heart begins to beat.
• The neural tube, which becomes the brain and spinal cord, begins to form.
• At the end of the first month, the embryo is about half an inch long and weighs less than one ounce.

Mom:
• Your body is preparing to “grow” a baby and increases its hormone production.
• Your monthly menstrual cycle stops.
• Your breasts become slightly larger and tender or sore.
• You may experience morning sickness.
• You may crave some foods, or hate foods you usually like.
• As your uterus grows, it presses on your bladder causing you to urinate more frequently.

Prenatal Care Guide:
• Begin or continue to supplement your diet with the B vitamin and folic acid (found in most multivitamins) to reduce the risk of birth defects of the brain and spine.
• Ask your health care provider before taking any prescription drugs or over-the-counter products.
• Stop smoking, drinking alcohol or doing street drugs - all of which may be harmful to your baby.
MONTH 2
week 5 • week 6 • week 7 • week 8 • week 9

Baby:
• After eight weeks as an embryo, your baby is now a “fetus”.
• All major body organs and systems are formed, but not completely developed.
• Early stages of placenta, which exchanges nutrients from your body for waste products produced by the baby, are visible and working.
• Ears, ankles and wrists form. Eyelids form and grow, but are sealed shut.
• Fingers and toes develop.
• By the end of the second month, the fetus more resembles a person than a tadpole, is about one inch long and still weighs less than one ounce.

Mom:
• Your breasts are still sore; your nipples and the area around them begin to darken.
• Morning sickness may continue.
• You may feel tired and need to rest more as your body adjusts to being pregnant.
• The total amount of blood in your body begins to increase.

Spotting or bleeding during early months of pregnancy is quite common. In many cases, spotting stops and the pregnancy continues without problem. Spotting after a vaginal exam, after intercourse, or when you pass your mucus plug is also common. You should report any spotting or bleeding to our office so the proper course of action based on your symptoms, signs and stage of pregnancy can be determined.

Prenatal Care Guide:
• Visit your health care provider for a prenatal care check up.
• Eat a variety of healthy foods from the five major food groups: cereals and grains, fruits, vegetables, dairy products, meats and beans.
• Continue to supplement your diet with folic acid during your second and third month of pregnancy. Your health care provider may prescribe other vitamins as well.
• Drink at least six to eight glasses of water, juice and/or milk every day.
• Don’t cut down on salt unless advised by your doctor to do so.
MONTH 3
week 10 • week 11 • week 12 • week 13

Baby:
• Fingers and toes have soft nails.
• The mouth has 20 buds that will become “baby teeth”.
• At 10 to 12 weeks, you can hear your baby’s heartbeat for the first time.
• For the remainder of your pregnancy, all body organs will mature and fetus will continue to gain weight.
• By the end of this month, the fetus is four inches long and weighs a little over one ounce.

Mom:
• You may still feel tired and experience morning sickness.
• You may have headaches, get lightheaded or feel dizzy.
• Your clothes may begin to feel tight around your waist and breasts. Try pullover tops and skirts or pants with elastic waists.

Weight gain is healthy when you’re pregnant. You need more food than before to help your baby grow. Do not try to lose weight during your pregnancy.

Prenatal Care Guide:
• If you have not already done so, visit your health care provider for a checkup. Between weeks 11 and 13, the optional Nuchal Translucency Ultrasound may be performed.
• Be sure to eat a healthy diet to meet your increased need for vitamins and minerals. This will help to properly nourish you and your baby.
• You may start to experience weight gain at this point. A woman who starts pregnancy at a normal, healthy weight should gain 25 to 35 pounds. Talk to your health care provider about how much weight you should gain.
• Exercise can be beneficial to you. Walking is a good choice.
MONTH 4
week 14 • week 15 • week 16 • week 17 • week 18

Baby:
• The fetus moves, kicks, swallows, and can hear your voice.
• The skin is pink and transparent.
• The umbilical cord continues to grow and thicken to carry enough nourishment from mother to fetus. Please avoid tobacco, alcohol and other drugs, as these hazards may also be passed from mother to fetus.
• The placenta is fully formed.
• By the end of the fourth month, the fetus is six to seven inches long and weighs about five ounces.

Mom:
• Your appetite increases, as morning sickness decreases. You should begin to feel more energetic.
• Toward the end of the fourth month (16 to 20 weeks), you may feel the faint movement of your baby for the first time.
• Your baby bump begins to show. Shop now for maternity clothes and larger bras.

Fetal movement should be noticed between 16 and 20 weeks. Sometimes the movements will be difficult for first time moms to feel until 20 to 24 weeks. You should be able to count ten movements per day after 28 weeks. If you perceive less movement, notify the office.

Prenatal Care Guide:
• Visit your health care provider for a prenatal care checkup.
• Ask your doctor about getting extra iron in your diet. Pregnant women have an increased need for this mineral.
• You will probably gain about a pound a week, or 12 to 14 pounds, during the second trimester (months 4 to 6).
• If your health care provider recommends prenatal testing using amniocentesis, or Quad Screen testing for Neural Tube Defects, these will be performed at 15 to 18 weeks.
MONTH 5
week 19 • week 20 • week 21 • week 22

Baby:
• The fetus becomes more active, turning from side-to-side and sometimes head over heels.
• Fingernails have grown to the tips of the fingers.
• The fetus sleeps and wakes at regular intervals.
• This is a month of rapid growth. At the end of the fifth month, the fetus is 8 to 12” long and weighs 1/2 to 1 pound.

Mom:
• If you haven’t already, you will begin to feel your baby’s movements inside you.
• Your uterus has grown to the height of your belly button.
• Your heart beats faster.
• You may need more than eight hours of sleep each night. Take rest breaks during the day, if you are tired.  Don’t push yourself.
• You may get leg cramps, especially at night. Make sure you are getting enough calcium to alleviate cramping.

Prenatal Care Guide:
• Visit your health care provider for a prenatal care checkup and ultrasound.
• Your baby’s growth and weight gain are most likely to be affected if you’re still smoking, drinking or taking drugs.  It’s never too late to quit or cut down as much as you can.
• Continue eating a healthy, nutritious diet and drink lots of juice, water and milk daily.
• Begin looking into childbirth classes.
• Select a pediatrician or family practitioner for care of your baby after birth.
• Consider whether you desire to breastfeed or bottle feed your baby.
• Purchase a car seat for your baby.
MONTH 6
week 23 • week 24 • week 25 • week 26

Baby:
- Skin is red and wrinkled and covered with fine, soft hair.
- The fetus is very small and the lungs are not developed enough for life outside the womb. With intensive care, the fetus might survive if born now.
- Eyelids begin to part and the eyes open.
- Rapid growth continues. At the end of the sixth month, the fetus is 11 to 14" long and weighs 1 to 1 1/2 pounds.

Mom:
- You may feel the fetus kicking strongly now.
- The skin on your growing belly may start to itch.
- Your back may hurt. Wear low-heeled shoes. Exercise to help prevent backaches and avoid standing for long periods of time.
- You may feel pain down the side of your belly as your uterus stretches.

Exercise is permissible at levels you were accustomed to before pregnancy. Keep your heart rate under 140 beats per minute. Warm-up and cool-down periods are recommended. Fatigue is common so you will find you need more rest. Adjust your activity as your body commands. Avoid hazardous sports such as horseback riding, snow or water skiing and competitive or contact sports. Because balance may be affected, such changes must be kept in mind when considering physical activity in which loss of balance may prove dangerous. See exercise handout in the OB packet for additional information.

Prenatal Care Guide:
- Visit your health care provider for a prenatal care checkup and the one-hour glucola blood test.
- You may experience constipation. Drink more water or fruit juice, eat more fiber (fruits and vegetables) and exercise to help alleviate this. If you have not been exercising regularly to this point, check with your health care provider before starting any exercise program. Do not take laxatives or antacids without asking your health care provider.
- To help with heartburn, try eating four or five smaller meals during the day.
MONTH 7
week 27 • week 28 • week 29 • week 30

Baby:
• The fetus can open and close eyes, suck the thumb and cry.
• Kicks and stretches to exercise.
• Responds to light and sound.
• Baby has a good chance of survival if born now.
• Fetus is now about 15” long and weighs about three pounds.

Mom:
• If you experience swelling in your ankles and feet, lie down on your left side or on your back with your feet propped. If swelling lasts longer than 24 hours, or if your hands and face swell suddenly, call your health care provider. Swelling (called edema) in the hands, legs, ankles, and feet is normal during pregnancy. It is caused by extra fluid in your body. It tends to be worse in late pregnancy and during the summer. Avoid prolonged standing or sitting and crossing your legs. Decreasing salt intake can also help. These precautions will also help relieve the swelling and soreness of varicose veins. Varicose veins cannot be prevented and you are more likely to have them if someone in your family had them. Wearing support hose or a good elastic support stocking may give added relief from pain and edema.
• Stretch marks may appear on the abdomen and breasts as they get larger. You may try Cocoa Butter to reduce appearance of stretch marks.
• You may feel false labor contractions, also called Braxton Hicks. These are considered normal but call your health care provider if you have more than five contractions in one hour.
• As your belly grows, you may lose your sense of balance, making you more prone to falls.

Prenatal Care Guide:
• Visit your health care provider for a prenatal care checkup.
• If your blood type is Rh negative, an additional blood test and an injection of RhoGAM will be done.
• Continue to eat a healthy diet. You should gain one pound per week this month.
• Get plenty of rest; your body is working hard.
• Start childbirth education classes soon.
MONTH 8
week 31 • week 32 • week 33 • week 34 • week 35

Baby:
• Rapid brain growth continues.
• Fetus is too big to move around much but can kick strongly and roll.
• You may notice the shape of an elbow or heel against your abdomen.
• The bones in the head are soft and flexible to make it easier to fit through the birth canal.
• Lungs may still be immature. If born now, (before 37 weeks), fetus is premature but has an excellent chance for survival.
• Fetus is now about 18” long and weighs about five pounds.

Mom:
• Stronger contractions may be experienced this month.
• You may have some colostrum leakage from your breasts as they begin to produce milk.
  Colostrum is the fluid that will feed your baby until your milk comes in.
• You may have trouble sleeping. For comfort, try putting several pillows under your head.
• You may develop shortness of breath as the baby grows and crowds your lungs.
• Baby may also crowd your stomach. Try eating five to six smaller meals during the day.
• The top of your uterus lies just under your rib cage. This may also cause some discomfort.

Prenatal Care Guide:
• After the 32nd week, visit your health care provider every two weeks for prenatal care checkups.
• Group B Streptococcus Vaginal Culture will be done during weeks 35-36.
• You should gain one pound per week this month.
• Call your health care provider right away if you experience:
  • bleeding or a gush of fluid from your vagina
  • cramps
  • stomach pains
  • a dull backache
  • blurry vision or spots before your eyes
  • a feeling that the baby is pushing down
  • a noticeable decrease in the baby’s movements
  • more than five contractions in one hour.
MONTH 9
week 36 • week 37 • week 38 • week 39 • week 40

Baby:
- At 38 to 40 weeks, your baby is “full term”.
- The lungs are mature and ready to function on their own.
- During this month, baby gains about 1/2 pound a week.
- Baby usually “drops” into a head-down position and rests lower in the abdomen.
- By the end of the ninth month, baby weighs six to nine pounds and is 19” to 21” long.

Mom:
- Your breathing should be easier once the baby “drops” but you’ll have to urinate more because the baby is pressing on your bladder.
- Swelling of ankles and feet may increase.
- Your cervix will open up (dilate) and thin out (efface) as it prepares for birth.
- You may be very uncomfortable because of the pressure and weight of the fetus. Be sure to rest often.

Prenatal Care Guide:
- After the 36th week, visit your health care provider once a week for prenatal care checkups.
- More frequent visits and additional testing to reassure baby’s well-being will be done as needed.
- You may not gain any weight at all this month, or may even lose one or two pounds. You may have gained eight to ten pounds during the last three months.
- Decide whether you are going to breastfeed or bottle feed your baby.
- Call your health care provider if you think you are in labor (see When to Call Our Office on page 15.)
When to Call Our Office

IF THIS IS YOUR FIRST PREGNANCY:
Call when your contractions are **five minutes apart**, lasting **40-60 seconds** for one hour.

IF THIS IS NOT YOUR FIRST PREGNANCY:
Call when your contractions are **ten minutes apart**, lasting **40-60 seconds** for one hour.

IF YOUR WATER BREAKS: When your membranes rupture, there may be a sudden gush or you may experience a slow leak of fluid. Amniotic fluid may be colorless or even blood-tinged, or light green in color. If you are in doubt, ALWAYS CALL. Do not wait at home for long if you think your water has broken.

Timing Your Contractions
Time your contractions from the beginning of one contraction to the beginning of the next. You are in labor if your contractions are regular or evenly spaced apart, or they get worse as you move. The duration is how long the contraction lasts (typical contractions last 40-60 seconds). You may feel a tightening in the abdomen or just pressure in your back. Some women just feel a sensation in their upper thighs. Regardless of how you feel, check the contractions by pushing in your abdomen with your thumb. If it is hard, even “rock-like”, then it is probably a contraction. Contractions of true labor have three characteristics: they get longer, stronger and closer together. False labor goes away with activity such as walking.

You do not need to call if you have a **bloody show** or if you pass your mucus plug. As the cervix, “ripen” and the canal flattens out (effacement), the honeycomb structure, known as the “mucus plug”, comes out. This may happen all at once or slowly, resembling a discharge. It has a tobacco-like odor. It may be yellowish, whitish, or even blood-tinged. The loss of the mucus plug or bloody show is not a true sign of labor.

Heavy vaginal bleeding should always be reported.

If you are experiencing contractions, water breakage or heavy bleeding, call our office at **330.492.8001**. Please provide your name, what birth this is for you, your contraction pattern and due date. Also, provide any additional information that is pertinent to your care such as:
- Your baby is breech.
- You have a scheduled C-section.
- You are having twins.
- Your water has broken.

Also, include how far you are from hospital, how long your previous labors were, and any complications you have experienced in the pregnancy. If you are instructed to go to the hospital, have someone drive you there carefully.
Common Concerns during Pregnancy

When you become pregnant, many things that you do on a regular basis are taken for granted and may soon become a cause for question or concern. While we encourage you to think twice about what you put into and on your body and what you expose yourself to environmentally, you can still, for the most part, live your life as you have prior to your pregnancy. As we mentioned before in this booklet, we want what you want - a healthy baby! It never hurts to take extra precautions to ensure that you and your baby are happy, healthy and comfortable. Below, we address some of the most common concerns. We invite you to call the office between 7:30 a.m. and 4:30 p.m. to discuss with us any special concerns you have.

SMOKING is not recommended during pregnancy since it is harmful to you and your fetus. If you are a smoker, decrease your usage to less than five cigarettes per day, or better yet, STOP SMOKING completely. Using the nicotine gum or wearing a nicotine patch may help. Using these during pregnancy has some risks, but the benefits of quitting smoking outweigh the risks of these alternatives.

ALCOHOL consumption is not recommended during pregnancy because it is quickly transferred to the fetus.

CAFFEINE intake should be limited to less than 300 mg per day in divided doses. Caffeine can cause increased heart rate in the baby and should be consumed in small doses (coffee 150 mg, tea 40 mg, colas 50 mg).

PAINTING: The best option is to have someone who is not pregnant do the painting. If you are exposed to paint, make sure the room is well ventilated, with all windows open and take frequent rest breaks. Use extreme caution when using ladders or step stools, as balance is often difficult during pregnancy. It is also recommended that exposure to any type of paint removal system, which is highly toxic, be avoided completely. In addition, avoid oil based paints, stains and paint thinners.

TOXOPLASmosis is a parasite found in animals that live outside. Humans can be infected by eating raw or undercooked meat or unwashed vegetables. Infection is also caused by coming in contact with animal feces. In the United States, the most common way it occurs is from gardening, not from cat litter boxes, as commonly believed. We do however, recommend you have someone else clean the litter box.

RODENTS such as house mice, hamsters, gerbils and guinea pigs should be avoided. They can spread a virus that can lead to fetal birth defects or fetal death.
ENVIRONMENTAL HAZARDS found in the home and workplace pose risks. Pesticides, chemicals, cleaning solvents, and heavy metals, such as lead, can cause serious problems during pregnancy. Health care workers are also at risk, especially from viruses. If you think your job may expose you to a harmful substance, find out for sure by asking your employee health office, personnel office, or union. Health care workers should make certain they have all available vaccines, especially Hepatitis B.

BATHS may be taken during pregnancy but avoid unusually hot water, i.e. hot tubs, saunas. During pregnancy, core body temperature should not rise above 102.2°F (39°C) for more than ten minutes.

DENTAL WORK may be performed during pregnancy. Local anesthetics, such as Lidocaine or Camocane with Epinephrine, and dental x-rays are safe if your dentist is aware of your pregnancy before treatment is given. Your abdomen should be double shielded during any x-ray procedure. Also note, that bleeding from the gums is common during pregnancy.

DOUCHING is not recommended as you will naturally have increased secretions during pregnancy. You can expect a white to yellow pasty discharge. If this discharge is symptomatic with itching, burning sores, etc., an infection may be present. Call our office immediately.

HAIR COLORING AND PERMANENTS are thought to be safe to use during pregnancy. One thing to remember: pregnancy causes a change in hormone levels; therefore the hair color or degree of curl may not come out as expected.

HOT TUBS AND SAUNAS are not recommended during pregnancy.

MANICURES AND PEDICURES are fine during pregnancy.

Do not use MOSQUITO REPELLENT with the ingredient DEET.

PROLONGED SUN EXPOSURE is not recommended due to skin sensitivities. If you are exposed to the sun, you may use SPF 30 or above sunscreen in moderation.

SEXUAL INTERCOURSE can be continued as long as you have had no premature labor in this pregnancy, there is no vaginal bleeding, and no leakage of fluid that might suggest your water broke. If you have been told you have a partial or total previa (placenta covering all or part of the cervix), discuss with your health care provider the advisability of limiting or avoiding sex until the previa has been resolved.
TANNING BEDS AND SPRAY TANS are not recommended during pregnancy.

TRAVEL BY CAR OR PLANE is usually safe, but walk at least once per every two hours and tense-relax your feet and leg muscles several times per hour to prevent blood clots. Vascular support socks and hosiery can be helpful. Seat belts are mandatory. Buckle the lap belt low on your hip bones, below your belly. Always wear both the lap and shoulder belt. The shoulder strap should go between the breast and to the side of the uterus, never under the arm. Current information is inadequate to conclude that air bags are dangerous during pregnancy, so do not try to disengage the air bags. Move the front seat as far back from the steering wheel or dashboard as feasible. For air travel, most airlines will accommodate pregnant women until the last month of pregnancy. We recommend that travel in the last four weeks of pregnancy be within one hour traveling distance from the hospital. If emergency travel is required, please call our office for assistance.

VACCINES AND IMMUNIZATIONS: Some can be routinely administered during pregnancy including tetanus-diphtheria, influenza, and the pneumococcal vaccine. Hepatitis B vaccine is also safe to use in pregnancy and should be used in women with risk factors. Flu vaccine is now recommended for all pregnant women and women attempting pregnancy during the flu season (October through February).
During the first 12 weeks of your pregnancy while your baby's major organs are developing, try to limit your exposure to medications, including those purchased over-the-counter. The use of medications during pregnancy should be done with care and guidance from your health care provider. If you do need treatment for the following conditions, the medications listed below may be used.

**ACNE:** Over-the-counter acne preparations appear to be “safe” during pregnancy. Please consult your dermatologist for prescription preparations.

**COLD/SINUS/ALLERGY:** (Pseudoephedrine) Sudafed, Robitussin DM or CF, Vicks DayQuil or NyQuil, Claritin, Dimacol, Zyrtec, Sinutab, Dristan, Chlor-Trimeton, TYLENOL Cold & Sinus (with Pseudoephedrine). Use of these medications for a short period of 3-5 days is acceptable. Most of these medications will be behind the pharmacy counter, so you will need to ask for them. If you have great chest congestion or discomfort, fever or yellow, green or bloody sputum, call our office.

**CONSTIPATION:** Stool softeners or laxatives such as Colace, Surfak, Senokot, and Milk of Magnesium, are acceptable. You should try to avoid enemas. Drinking 8-10 glasses of water a day is the key to constipation relief. Increasing intake of fiber including raw fruits, vegetables, and whole grain products is advised. High fiber products such as Fibercon, Metamucil, and Citrucel are available at your pharmacy. Remember when adding these high fiber products to your system, increase in water intake is essential.

**COUGH SYRUPS:** Naldecon, Robitussin DM or CF, Vicks 44D, Benylin and cough drops.

**DIARRHEA:** Kaopectate or Imodium AD. If diarrhea should persist more than five days, or is bloody, call our office. With persistent vomiting or diarrhea, watch for signs of dehydration such as decreased urination, increased thirst, dry membranes. Maintain appropriate fluids and electrolyte balance. Electrolyte solutions available over-the-counter include Pedialyte or Rehydrate. Please notify us if you have a high fever, show signs of severe dehydration such as lethargy or decreased urine output. Please use good hand washing to protect other household members from the illness.

**FEVER:** Notify the office if you develop a fever of 100.4° (38.0°C) or higher. For fevers less than 100.4°, take Acetaminophen every four hours and force fluids.
HEADACHES/MINOR BODY ACHEs: (Acetaminophen) Tylenol Regular or Extra Strength, Datril, Anacin III.

HEMORRHOIDS: Anusol, Preparation H, Tucks.

INSOMNIA: If you need a sleeping aid, Benadryl or Unisom may be used but only for occasional limited use.

NAUSEA AND VOMITING: These may be more common in the early part of pregnancy and are often referred to as “morning sickness”. Most often, frequent small meals and snacks of dry food, such as pretzels, dry cereal, crackers and toast, may control these symptoms. Baked potato or rice may also help. Fluids are also important in combating morning nausea and vomiting. Water with a fresh slice of lemon, ginger ale, tea, or caffeine-free Coke may help settle the stomach. For more severe conditions, try Vitamin B6 (50 mg every eight hours) with one Unisom (over-the-counter sleeping pill) at bedtime. For less severe conditions, Bonine tablets, Emetrol or Emecheck may offer some relief. If you cannot keep foods or liquids down, are losing weight rapidly, have a dark or scanty amount of urine, or are vomiting blood, call our office for evaluation.

NOSEBLEEDS: These may be common in pregnancy. If you are unable to stop the bleeding, please call the office. Nose sprays, with the exception of normal saline nose sprays, are not recommended during pregnancy.

SKIN RASH: Calamine, Caladryl, Benadryl.

SORE THROAT: Warm saltwater gargles or over-the-counter sprays and lozenges are acceptable. If your throat should remain severely sore for more than seven days, call our office.

UPSET STOMACH OR HEARTBURN: Antacids are acceptable. Examples include Rolaids, Riopan, Maalox, Mylanta, or Tums. Tagamet or Pepcid may also be used for severe heartburn.
What to Consider During Your Pregnancy and Hospital Stay

BREASTFEEDING OR BOTTLE FEEDING is something to consider prior to the birth of your baby. Breastfeeding is encouraged by the AAP (American Academy of Pediatrics) and ACOG (American Congress of Obstetricians and Gynecologists) for the baby’s nutritional and immunological benefit. But it is not for everyone. Some women are just not comfortable breastfeeding, some have difficulty in producing enough milk and some take medications that babies should not be exposed to. Lactation consultants and nurses at the hospital are available to assist you if you have questions or problems.

CHILDBIRTH CLASSES are recommended and it is suggested that you call regarding class schedules around your 20th week of pregnancy. Affinity Medical Center, Aultman, and Mercy Medical Center offer childbirth classes, infant care classes and breastfeeding classes. In addition, each offers a sibling class to help incorporate your other children into the planning for the new baby.

**Affinity Medical Center** classes are arranged by calling 330.837.7272.
**Aultman** classes are arranged by calling the Sharon Lane Center at 330.438.6290.
**Mercy Medical** classes are arranged by calling the Women’s Pavilion at 330.489.1329.

AN EPIDURAL may be used during labor for comfort and it is usually inserted once you are three to four centimeters dilated. If you prefer and the physician approves, you may choose a natural birth. Tattoos, unless it is a fresh tattoo not completely healed, will not interfere with the ability to have an epidural.

PREGNANCY DISABILITY OR MATERNITY LEAVE starts at the time of delivery and lasts six weeks postpartum for vaginal delivery, eight weeks postpartum for Cesarean section delivery. If you develop a medical complication during pregnancy, or in the postpartum period, your disability dates will be adjusted accordingly. We can only authorize disability for as long as you are “medically disabled.”

THE SELECTION OF A PEDIATRICIAN should be decided during your pregnancy. Contact the pediatrician’s office you have chosen prior to your delivery.

UMBILICAL CORD BLOOD PRESERVATION is something to consider prior to your baby’s birth. Your baby’s cord blood contains a life saving resource called stem cells. The stem cells may be collected in a safe procedure at birth. You have the option of preserving these cells as a resource to help fight certain diseases that may occur in the future. If you wish to get more information on this procedure, please notify us and we will provide you with more information and a list of approved companies for this preservation. Atrium is only involved with collecting the specimen. Our fee for the collection process will be collected by our office before delivery. Fees for storage vary between companies.
Nutrition, Eating, and Exercising During Pregnancy

NUTRITION is vital because a well-balanced diet is the key to good health for you and your baby. Choosing a balanced diet from the Food Guide Pyramid will help you get the nutrients you need for you and your baby. It stresses a diet that is low in fat, sugar and cholesterol, and high in vegetables, fruits and grains. The information on the Food Guide Pyramid, weight gain and suggested daily diet is in your OB packet. You may also visit http://www.mypyramid.gov/mypyramidmoms for personalized nutrition guidelines. It is recommended to eat three meals each day. If you have heartburn or feel queasy, eat smaller meals four to six times a day.

Cheese, peanut butter, yogurt, fruit and vegetables are good, healthy snacks. Candies, pastries or sweet drinks are high in calories and offer few vitamins or minerals. Eat crackers between meals to help fight off morning sickness.

Substitute skim or low fat milk products, cheese and yogurt for high fat products.

Avoid fried foods and excessive amounts of fats, margarines, butter, mayonnaise, salad dressings, and rich sauces.

Eat high fiber foods such as bran, grains, fruits, vegetables, peas, beans.

You can measure one serving as the amount you can hold in the palm of your hand.

PRENATAL VITAMINS are recommended during pregnancy and postpartum, especially if breastfeeding. Over-the-counter prenatal vitamins are fine, but be advised that large doses of vitamins can be harmful, especially with Vitamins A and D. Your vitamin should contain no more the 5000 IU of Vitamin A and 400 IU of Vitamin D. As very little is known about how herbal supplements affect the baby (some herbs are known to be harmful), we recommend not using any “natural” supplements or extra vitamins during pregnancy until more information becomes available. We do not recommend taking any extra Vitamin C, other than what is in your prenatal vitamins.

CALCIUM intake should be 1000-1200 mg each day. This may be obtained by four servings of dairy products a day or by taking a calcium supplement like Tums or Caltrate without vitamin D.
DHA (Omega 3 Fatty Acids) is an essential oil that is encouraged during the last trimester and with breastfeeding. Some research has shown it helps with brain and eye development. DHA may be found in foods and also some prenatal vitamins. Check with our office to find out if your vitamin has this extra benefit. If not, you can take an over-the-counter supplement called Expecta Lipil, a safe alternative and a once-a-day addition to your prenatal vitamin. It is recommended to get 300 mg per day.

FOLIC ACID should be consumed daily. It is recommended that you consume 0.4 mg of folic acid each day. It may be difficult to get enough folic acid through diet alone. You can make up the difference by taking a prenatal vitamin.

IRON is included in all prenatal vitamins. If you are anemic, additional iron tablets may be recommended to you.

ARTIFICIAL SWEETENERS are non-nutritive ingredients that add sweetness to foods. Currently data suggests that Saccharin (Sweet-N-Low) should be avoided in pregnancy as it crosses the placenta and may remain in fetal tissues. The FDA has approved certain artificial sweeteners for moderate use during pregnancy. These FDA approved sweeteners include aspartame (Equal, Nutrasweet), sucralose (Splenda), ascesulfame-K(Sunett) and Rebaudioside A (Stevia). It is always best to talk with your health care provider about which sweetener you are using and how much you are consuming.

SALT may be used in cooking, but do not overdo it.

If it isn’t food, don’t eat it. Talk to your health care provider if you are experiencing urges to eat non-food items such as starches, clay or ice. This condition is called Pica and may occur during pregnancy. Always check with your health care provider before using “home remedies”. These can be extremely dangerous for your baby.
### Key Nutrients for You and Your Baby During Pregnancy

<table>
<thead>
<tr>
<th>Nutrient Dietary Reference Intake (DRI)</th>
<th>Why You and Your Baby Need It</th>
<th>Best Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calcium (1,000 milligrams)</td>
<td>Helps build strong bones and teeth.</td>
<td>Milk, cheese, yogurt, sardines</td>
</tr>
<tr>
<td>Iron (27 milligrams)</td>
<td>Helps red blood cells deliver oxygen to your baby.</td>
<td>Lean red meat, dried beans and peas, iron-fortified cereals, prune juice</td>
</tr>
<tr>
<td>Vitamin A (770 micrograms)</td>
<td>Forms healthy skin and helps eyesight. Helps with bone growth.</td>
<td>Carrots, dark leafy greens, sweet potatoes</td>
</tr>
<tr>
<td>Vitamin C (85 milligrams)</td>
<td>Promotes healthy gums, teeth, and bones. Helps your body absorb iron.</td>
<td>Citrus fruit, broccoli, tomatoes, strawberries</td>
</tr>
<tr>
<td>Vitamin D (200 international units; some experts recommend 400 international units during pregnancy)</td>
<td>Helps build your baby's bones and teeth.</td>
<td>Sunlight exposure; vitamin D fortified milk; fatty fish such as salmon</td>
</tr>
<tr>
<td>Vitamin B6 (1.9 milligrams)</td>
<td>Helps form red blood cells. Helps body use protein, fat, and carbohydrates.</td>
<td>Beef, liver, pork, ham; whole-grain cereals; bananas</td>
</tr>
<tr>
<td>Vitamin B12 (2.6 micrograms)</td>
<td>Maintains nervous system. Needed to form red blood cells.</td>
<td>Liver, meat, fish, poultry, milk (found only in animal foods - vegetarians who do not eat any animal foods should take a supplement)</td>
</tr>
<tr>
<td>Folate (600 micrograms)</td>
<td>Needed to produce blood and protein. Helps some enzymes function.</td>
<td>Green, leafy vegetables; liver; orange juice; legumes and nuts</td>
</tr>
</tbody>
</table>
Weight gain is healthy when you’re pregnant. Your nutritional needs will increase to help your baby grow. Women of average weight-for-height before pregnancy should gain about 25-35 pounds. Your health care provider will tell you what is right for you.

While you are pregnant, do not try to lose weight. Wait until after your baby is born. Keep in mind that you will lose 12-14 pounds within a week after the baby is born. The rest of the extra weight usually will be lost within a year with healthy eating and normal activity.

<table>
<thead>
<tr>
<th></th>
<th>Weight (lbs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baby</td>
<td>7 1/2</td>
</tr>
<tr>
<td>Placenta (afterbirth)</td>
<td>1 1/2</td>
</tr>
<tr>
<td>Uterus</td>
<td>2</td>
</tr>
<tr>
<td>Amniotic Fluid (water around the baby)</td>
<td>2</td>
</tr>
<tr>
<td>Your Blood</td>
<td>4</td>
</tr>
<tr>
<td>Your Body Fluids</td>
<td>4</td>
</tr>
<tr>
<td>Maternal Stores - Protein and Fat (body changes for breastfeeding)</td>
<td>7</td>
</tr>
<tr>
<td>Breast Growth</td>
<td>2</td>
</tr>
</tbody>
</table>

How the Uterus Grows During Pregnancy

Even early in pregnancy, the size of your uterus can help show how long you have been pregnant. The uterus fits inside the pelvis until the 12th week. By the 36th week, the top of the uterus is under your rib cage.
## Daily Food Choices Recommended During Pregnancy

These guidelines include recommended daily food intake for a pregnant woman, of normal weight, who gets less than 30 minutes of exercise a week.

<table>
<thead>
<tr>
<th></th>
<th><strong>FIRST TRIMESTER</strong></th>
<th><strong>SECOND TRIMESTER</strong></th>
<th><strong>THIRD TRIMESTER</strong></th>
<th><strong>COMMENTS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total calories</strong></td>
<td>1,800</td>
<td>2,200</td>
<td>2,400</td>
<td>1 ounce is 1 slice of bread, 1/2 cup of cooked rice, 1/2 cup of cooked pasta, 3 cups of popped popcorn, or 5 whole wheat crackers</td>
</tr>
<tr>
<td><strong>GRAINS</strong></td>
<td>6 ounces</td>
<td>7 ounces</td>
<td>8 ounces</td>
<td>2 cups of raw leafy vegetables count as 1 cup</td>
</tr>
<tr>
<td><strong>VEGETABLES†</strong></td>
<td>2 1/2 cups</td>
<td>3 cups</td>
<td>3 cups</td>
<td>One large orange, 1 large peach, 1 small apple, 8 large strawberries, or 1/2 cup of dried fruit count as 1 cup of fresh fruit</td>
</tr>
<tr>
<td><strong>FRUITS</strong></td>
<td>1 1/2 cup</td>
<td>2 cups</td>
<td>2 cups</td>
<td>Two small slices of swiss cheese or 1/3 cup of shredded cheese count as 1 cup</td>
</tr>
<tr>
<td><strong>MILK</strong></td>
<td>3 cups</td>
<td>3 cups</td>
<td>3 cups</td>
<td>1 1/2 cup of cooked beans, 25 almonds, 13 cashews, or 9 walnuts count as 2 ounces</td>
</tr>
<tr>
<td><strong>MEAT AND BEANS</strong></td>
<td>5 ounces</td>
<td>6 ounces</td>
<td>6 1/2 ounces</td>
<td>These extra calories come from high-fat and high-sugar foods, or higher amounts of foods from the five food groups.</td>
</tr>
<tr>
<td><strong>EXTRAS</strong></td>
<td>290 calories</td>
<td>360 calories</td>
<td>410 calories</td>
<td>Some foods are naturally high in fats and oils, such as olives, some fish, avocados, and nuts.</td>
</tr>
<tr>
<td><strong>FATS AND OILS</strong></td>
<td>6 teaspoons</td>
<td>7 teaspoons</td>
<td>8 teaspoons</td>
<td></td>
</tr>
</tbody>
</table>

*Make one half whole grain.

†Make sure that you get a mixture of dark green, orange, starchy, and other vegetables, including dry beans and peas.
How Much Should You Eat?

How much you eat is just as important as what you eat. If you are a normal weight before pregnancy, you need only an average of 300 extra calories per day to fuel your baby’s growth and keep you healthy during pregnancy—the amount in a glass of skim milk and half a sandwich. During the first trimester, you need less than 300 extra calories per day. During the third trimester, you will need slightly more.

Having healthy snacks that you can eat during the day is a good way to get the nutrients and extra calories you need. You may find it easier to eat snacks and small meals throughout the day rather than three big meals a day.

If you are overweight or obese, you will need to pay close attention to how much you eat during pregnancy. Smaller amounts of weight gain or even a small weight loss may be recommended to ensure a safe pregnancy and a healthy baby.

Source: Monthly growth illustrations on pages 6-14 and information on pages 24-27 taken from the “How Your Baby Grows During Pregnancy” and “Nutrition During Pregnancy” brochures from The American Congress of Obstetricians and Gynecologists.
Nearly all fish and shellfish contain traces of mercury. For most people, the risk from mercury by eating these types of fish is not a health concern. Yet, some fish and shellfish contain higher levels of mercury that may harm an unborn baby or a young child's developing nervous system. The risks from mercury in fish and shellfish depend on the amount eaten and the levels of mercury in the fish and shellfish.

As a result of these risks, the Food and Drug Administration (FDA) and the Environmental Protection Agency (EPA) advise young children and women who may become pregnant, are pregnant, or nurse, to avoid some types of fish altogether. If you do eat fish and shellfish, choose types that are lower in mercury.

If you are considering becoming pregnant and you regularly eat types of fish that are high in methylmercury, the concern is that methylmercury can accumulate in your bloodstream over time. It is removed from the body naturally, but it may take over a year for the levels to drop significantly. Thus, it may be present even before you become pregnant. It is best to avoid eating certain types of fish or shellfish if you are considering a pregnancy.

**Three Safety Tips**

By following these three recommendations for selecting and eating fish and shellfish, women and young children will receive the benefits of eating fish and shellfish and be confident that they have reduced their exposure to the harmful effects of mercury.

1. Do not eat shark, swordfish, king mackerel or tilefish.

2. Eat up to 12 ounces a week of commonly eaten fish that are low in mercury, such as shrimp, canned light tuna, salmon, pollock, and catfish. Another commonly eaten fish, albacore (white) tuna has more mercury than canned light tuna. So, when choosing two meals of fish and shellfish, you may eat up to six ounces of albacore tuna per week.

3. Check local advisories about the safety of fish caught by family and friends in your local lakes, rivers and coastal areas.

If no advice is available, eat up to six ounces per week of fish you catch from local waters. Do not consume any other fish during that week.
Pregnant women are at high risk for Listeria, a harmful bacteria found in many foods and may lead to a disease called Listeriosis. Listeriosis can cause miscarriage, premature delivery, serious sickness, or death of a newborn baby. If you are pregnant, you need to know what foods are safe to eat.

**Fight Bacteria and Keep Your Food Safe**
- The refrigerator should be 40°F or lower, and the freezer 0°F or lower.
- Clean all spills in your refrigerator or on your countertop immediately, especially juices from raw meat.
- Use precooked or ready-to-eat food as soon as you can. Do not store it in the refrigerator for long.
- Wash your hands often and especially after you touch hot dogs, raw meat, chicken, turkey or seafood or their juices.
- Keep raw meat, fish and poultry away from other food that will not be cooked.
- Cook food to a safe internal temperature. To be sure, check food with a food thermometer. Ground beef should be 160°F; chicken breasts, 170°F; whole turkey, 180°F; pork, 160°F.
- Refrigerate or freeze foods within two hours or one hour in hot weather (above 90°F). Do not leave meat, fish, poultry, or cooked food sit at room temperature.

**How will I know if I have Listeriosis?**
The illness could take weeks to appear, so you may not know you have it. Early signs may resemble the flu and include fever, chills, muscle aches, diarrhea, and upset stomach. Later, you could have a stiff neck, headache, convulsions or lose your balance. Every year, 2,500 Americans become sick from Listeriosis, with one out of five dying from the illness.

**What should I do if I think I have Listeriosis?**
Call the office if you have any of the signs. Your health care provider can treat you.

**Foods to Avoid**
Do not eat hot dogs, luncheon meats, bologna, or other deli meats unless they are reheated until steaming hot.

Do not eat refrigerated pate meat spreads from a meat counter, or smoked seafood found in the refrigerated section of the store. Foods that do not need refrigeration, such as canned tuna and canned salmon, are okay to eat. Refrigerate them after opening.

Do not drink raw (unpasteurized) milk and do not eat foods that have unpasteurized milk in them. It is also best to avoid apple cider, as it is unpasteurized.

Do not eat salads made in the store such as ham salad, chicken salad, egg salad, tuna salad, or seafood salad.

Do not eat soft cheese such as Feta, queso blanco, queso fresco, Brie, Camembert cheese, blue-veined cheeses, and Panela unless it is labeled “Made with Pasteurized Milk.”
Benefits of Exercise

• Helps reduce backaches, constipation, bloating, and swelling
• Gives you energy
• Improves your mood
• Improves your posture
• Promotes muscle tone, strength, and endurance
• Helps you sleep better

Regular activity also helps keep you fit during pregnancy and may improve your ability to cope with the pain of labor. This will make it easier for you to get back in shape after the baby is born. You should not, however, exercise to lose weight while you are pregnant.

Discuss These Symptoms with Your Provider Prior to Exercise

• Pregnancy-induced hypertension
• Preterm rupture of membranes
• Preterm labor during the prior or current pregnancy or both
• Incompetent cervix/cerclage
• Persistent second or third trimester bleeding
• Intrauterine growth retardation

In addition, women with certain other medical or obstetric conditions, including chronic hypertension or active thyroid, cardiac, vascular, or pulmonary disease, should be evaluated carefully in order to determine whether an exercise program is appropriate.
Pregnancy causes many changes in your body. Some of these changes will affect your ability to exercise.

**Back**
Your back is affected by the extra weight that you are carrying. To manage back pain, always practice good posture by tucking your buttocks in, keeping your shoulders down and not leaning back on your heels. Avoid standing or sitting for long periods. When sitting for long periods of time, be sure to stretch periodically. Wear low-heeled shoes, avoid lifting heavy objects and avoid reaching too high over your head. Sleeping on your side by propping one bent knee up on a pillow will also help with back pain.

**Joints**
The hormones produced during pregnancy cause the ligaments that support your joints to become relaxed. As a result, your joints are more mobile and more at risk of injury. Avoid jerky, bouncy, or high-impact motions that can increase your risk of injury.

**Balance and Dizziness**
Remember that during pregnancy you are carrying extra weight — as much as 20-30 additional pounds by the end of pregnancy. This weight in the front of your body shifts your center of gravity and places stress on joints and muscles, especially those in the pelvic area and lower back. This can make you less stable, cause back pain, and make you more likely to lose your balance and fall. Pregnancy may also cause dizziness. If you experience dizziness, get up slowly after sitting or lying down. Avoid dressing too warmly and eat nutritious snacks between meals to keep your blood sugar levels stable. Drinking 6-8 ounce glasses of fluid daily may also help.

**Heart Rate**
The extra weight you are carrying will make your body work harder. Exercise increases the flow of oxygen and blood to the muscles being worked and away from other parts of your body. So, it’s important not to overdo it.

Try to exercise moderately so you don’t get tired quickly. If you are unable to talk normally while exercising, your activity is too strenuous.

**Things to Watch**
During pregnancy, certain positions and activities may be risky for you and your baby. While exercising, try to avoid activities that call for jumping.

There are some risks from becoming overheated during pregnancy. This may cause loss of fluids and lead to dehydration and problems during pregnancy. Overheating in the first eight weeks of pregnancy may be a contributing factor to the development of birth defects. Maternal core temperature should not exceed 102.2° F (39°C) for more than ten minutes.
When you exercise, follow these general guidelines for a safe and healthy exercise program:

- Wear comfortable clothing that will help you remain cool.
- Wear a bra that fits well and gives support to help protect your breasts.
- Drink plenty of water to help keep you from overheating and dehydrating.
- Make sure you consume the extra 300 calories a day you need during pregnancy.
- Maternal heart rate should not exceed 140 beats per minute. To calculate: locate your pulse and count the beats for 15 seconds and multiply by four. The number you get is your beats per minute.

While you exercise, pay attention to your body. Do not exercise to the point that you are exhausted. Be aware of the warning signs that you may be exercising too strenuously (see below). If you notice any of these symptoms, stop exercising and call the doctor.

**Warning Signs**

**Stop exercising and call your doctor if you get any of these symptoms:**

- Pain
- Vaginal bleeding
- Dizziness or feeling faint
- Increased shortness of breath
- Rapid heartbeat
- Difficulty walking
- Uterine contractions and chest pain
- Fluid leaking from the vagina
Exercise and Techniques

These exercises will help you before, during and after pregnancy. They will help to increase and maintain good muscle tone, correct posture, improve circulation and condition the muscles involved in labor. The exercises should be done on a regular basis at least once a day. The number of times you perform the exercises will vary, but none should be to the point of exhaustion or soreness.

<table>
<thead>
<tr>
<th>Exercise</th>
<th>Routine</th>
<th>Purpose</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAILOR SIT</td>
<td>Keep back straight. Sit on the floor with legs crossed Indian style.</td>
<td>Increase mobility of hips, strengthens muscles of pelvic area, stretches thigh muscles.</td>
<td>Several times a day as part of daily routine (reading, sewing, watching TV).</td>
</tr>
<tr>
<td>KEGEL EXERCISES</td>
<td>Tighten rectal and vaginal openings. Hold for 2-5 seconds. Set of 10-start and stop stream while urinating.</td>
<td>Strengthens muscles and makes birth easier. Increases elasticity of perineum.</td>
<td>Five sets of ten – can be done anytime, anywhere, forever.</td>
</tr>
<tr>
<td>TAILOR EXERCISE</td>
<td>Sit on floor, soles of feet together, back straight, legs spread. Hold feet together gently bounce knees to floor.</td>
<td>Stretches inner thighs and increases mobility of hips.</td>
<td>Three to five times an exercise period.</td>
</tr>
<tr>
<td>STRADDLE SEAT</td>
<td>Sit on floor, back straight legs spread, feet flexed reach out toward feet and gently bob forward, then straighten back to sitting position.</td>
<td>Stretches inner thighs and helps maintain good posture.</td>
<td>Three to five times an exercise period.</td>
</tr>
<tr>
<td>ISOMETRICS FOR BUST HEARTBURN RELIEF</td>
<td>Tailor sit on floor. Arms at side, elbows flexed, press toward waist with elbows. Hold for five seconds. Raise arms upwards lifting breasts. Lower outstretched arms to shoulder height and reach out to sides. Make five quick backward movements with arms. Place hands on hips and take a deep breath in through the nose, out through the mouth.</td>
<td>Counteracts sagging breasts, relieves heartburn, strengthens back, corrects rounded shoulders, and increases circulation to breasts.</td>
<td>Five to ten times an exercise period.</td>
</tr>
<tr>
<td>LEG SPREADING</td>
<td>Lie down on back, knees flexed, knees on floor, as close to hips as possible. Coach tries to hold knees together while you try to spread legs apart. Once legs spread, coach tries to hold knees apart while you try to bring knees together.</td>
<td>Stretches and relaxes inner thighs. Increases pelvic flexibility.</td>
<td>Work up to ten.</td>
</tr>
<tr>
<td>ISO METRICS WITH CHAIR (Use in place of leg spreading when coach is not available.)</td>
<td>Sit on floor, place legs on outside of chair and squeeze legs together. Then place legs on inside of chair and apply pressure outward.</td>
<td>Same as leg spreading.</td>
<td>Work up to ten.</td>
</tr>
<tr>
<td>PELVIC ROCK</td>
<td>Lie down on back, knees flexed, feet close to buttocks. Tighten buttocks and abdominal muscles, pressing small of back to floor while inhaling through nose. Relax and exhale through mouth. Repeat cycle to maintain gentle rocking motion.</td>
<td>Prevents backache. Relieves pelvic pressure. Increases tone of abdominal muscles. Increases mobility of lower back.</td>
<td>Fifteen times.</td>
</tr>
<tr>
<td>PREGNANT LADY SIT UP</td>
<td>Lie down on back, knees flexed, feet close to buttocks, hands clasped behind neck. Raise head and shoulders until chin meets chest.</td>
<td>Strengthens abdominal muscles for expulsion of baby.</td>
<td>Start with three and work up to fifteen.</td>
</tr>
<tr>
<td>PELVIC ROCK ON HANDS AND KNEES</td>
<td>Get on hands and knees. Keeping back straight, raise head while inhaling through the nose. Lower head (chin to chest) while exhaling through mouth and arching back like a cat.</td>
<td>Same purpose as pelvic rock.</td>
<td>Fifteen times.</td>
</tr>
<tr>
<td>PELVIC ROCK AGAINST WALL</td>
<td>Stand with back against wall, feet not touching wall. Tighten buttocks and abdominal muscles, pressing small of back to wall while inhaling through the nose. Relax and exhale through mouth.</td>
<td>Same purpose as pelvic rock.</td>
<td>Fifteen times.</td>
</tr>
<tr>
<td>SQUATS</td>
<td>Stand with feet apart, back straight, heels flat on floor. Squat down low. You may hold on to a chair or couch for support.</td>
<td>Increases mobility of hips, stretches muscles of pelvic floor, strengthens legs, helps backaches.</td>
<td>As part of daily routine. Hold for 30 seconds. Work up to 90 seconds.</td>
</tr>
</tbody>
</table>

Posture – Imagine string coming from the crown of your head, pulling you up straight. Keep knees slightly bent, buttocks and abdominal muscles slightly contracted, shoulders back and relaxed, rib cage up. Correct posture may feel very uncomfortable and may cause some body stiffness, as most people are not accustomed to using these particular muscles. After you get used to good posture, you will find you look and feel better.

TRY TO WALK A MILE A DAY – THIS IS THE BEST POSSIBLE CONDITIONING FOR YOUR BODY.
Concentration, Relaxation & Control Exercises

Lie on the floor on your back with a pillow under your head and knees. Take a cleansing breath and relax your entire body. It is best if your coach checks for relaxation and gives commands but the exercises can be done on your own. Do the exercises at least once a day. These exercises make you aware of total body tension and relaxation. They enable you to be in control of your body. They establish teamwork between you and your coach, and enable you to be economical with energy expended in labor. Once an extremity is contracted, forget about it and concentrate on relaxing other extremities.

<table>
<thead>
<tr>
<th>Exercise Description</th>
<th>Relax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract right arm</td>
<td>Relax</td>
</tr>
<tr>
<td>Contract left arm</td>
<td>Relax</td>
</tr>
<tr>
<td>Contract right leg</td>
<td>Relax</td>
</tr>
<tr>
<td>Contract left leg</td>
<td>Relax</td>
</tr>
<tr>
<td>Contract right arm and right leg</td>
<td>Relax</td>
</tr>
<tr>
<td>Contract left arm and left leg</td>
<td>Relax</td>
</tr>
<tr>
<td>Contract right arm and left leg</td>
<td>Relax</td>
</tr>
<tr>
<td>Contract left arm and right leg</td>
<td>Relax</td>
</tr>
<tr>
<td>Contract both arms and right leg</td>
<td>Relax</td>
</tr>
<tr>
<td>Contract both arms and left leg</td>
<td>Relax</td>
</tr>
<tr>
<td>Contract both legs and right arm</td>
<td>Relax</td>
</tr>
<tr>
<td>Contract both legs and left arm</td>
<td>Relax</td>
</tr>
</tbody>
</table>

Note: Coach should check other body parts for relaxation.

Deep Relaxation Aids Dilatation of the Cervix and Conserves Energy

In this exercise, inhale through nose as you contract a muscle, exhale through mouth as you relax, then in a normal relaxed rhythm, breathe in and out before tightening of a muscle. This sets up a lulling rhythm that aids relaxation.

<table>
<thead>
<tr>
<th>Exercise Description</th>
<th>Relax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deep cleansing breath</td>
<td>Relax</td>
</tr>
<tr>
<td>Tighten right foot</td>
<td>Relax</td>
</tr>
<tr>
<td>Tighten right leg</td>
<td>Relax</td>
</tr>
<tr>
<td>Tighten left foot</td>
<td>Relax</td>
</tr>
<tr>
<td>Tighten left leg</td>
<td>Relax</td>
</tr>
<tr>
<td>Tighten seat muscles</td>
<td>Relax</td>
</tr>
<tr>
<td>Kegel</td>
<td>Relax</td>
</tr>
<tr>
<td>Tighten abdominal muscles</td>
<td>Relax</td>
</tr>
<tr>
<td>Tighten back muscles</td>
<td>Relax</td>
</tr>
<tr>
<td>Make a fist with right hand</td>
<td>Relax</td>
</tr>
<tr>
<td>Tighten right arm</td>
<td>Relax</td>
</tr>
<tr>
<td>Make a fist with left hand</td>
<td>Relax</td>
</tr>
<tr>
<td>Tighten left arm</td>
<td>Relax</td>
</tr>
<tr>
<td>Shrug right shoulder up</td>
<td>Relax</td>
</tr>
<tr>
<td>Shrug left shoulder up</td>
<td>Relax</td>
</tr>
<tr>
<td>Shrug both shoulders and tighten upper back</td>
<td>Relax</td>
</tr>
<tr>
<td>Tip head back and tighten neck muscles</td>
<td>Relax</td>
</tr>
<tr>
<td>Frown and purse lips as much as you can</td>
<td>Relax</td>
</tr>
<tr>
<td>Deep cleansing breath</td>
<td>Relax</td>
</tr>
<tr>
<td>Roll over to side and get up the right way</td>
<td>Relax</td>
</tr>
</tbody>
</table>
CONGRATULATIONS ON YOUR NEW ADDITION! Although this postpartum period can be overwhelming and tiring, enjoy every minute! Below is a list of some normal and abnormal feelings you may experience during this time. Please take a moment to review these. We look forward to seeing you at your six week postpartum check.

Should you experience any of the symptoms listed under “What’s Not Normal”, seek professional guidance to help you through the postpartum period.

What’s Normal
- Suffering from chronic fatigue and sleep deprivation
- Lacking interest in sex during the first six to eight weeks, or for as long as you continue breastfeeding
- Not falling madly in love with the baby at first sight
- Feeling disappointed in the way your labor and delivery unfolded
- Feeling resentful of your partner’s “freedom”

What’s Not Normal
- Being unable to get out of bed for more than a few days
- Thinking about hurting yourself or the baby
- Having a fear of sex well after you’ve recovered and stopped breastfeeding
- Feeling increasingly detached from the baby
- Feeling like a failure as a mother
- Refusing to share the caretaking with your partner