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Dear Soon-To-Be Parents,

Thank you for choosing Cleveland Clinic for your obstetrics care and to help bring your new little one(s) into the world! This is an exciting time for you and we are here to assist in making your experience the best it can be.

Deciding to become a parent is one of the most important decisions you will make in your life. As babies don't come with instruction manuals, you rely on healthcare professionals for education and guidance. Our goal is to provide you with the best possible information to make knowledgeable decisions.

Making the decision about how you will feed your baby is a choice that all parents must face. Cleveland Clinic birthing hospitals support exclusive breast milk feeding for the first six months of life and are taking special steps to create the best possible environment for successful breastfeeding. We are seeking certification as Baby Friendly Hospitals. The Baby Friendly Hospital Initiative (www.babyfriendlyusa.org) is an international program of the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF).

Breastfeeding offers an unmatched beginning for all new babies and is recommended by the American Academy of Pediatrics (AAP) as the primary source of nutrition for the first year of life. Scientific studies have shown that breastfed babies are healthier, have reduced risk of Sudden Infant Death Syndrome (SIDS), and have fewer cases of childhood cancers and diabetes.

In addition to breastfeeding and birthing assistance, Cleveland Clinic can help you prepare for the big day through classes such as "Baby Basics" and "Boot Camp for New Dads." We also offer lactation consultations, informative materials and support groups. Cleveland Clinic pediatricians and family medicine specialists offer assistance in well-baby care at our nearby family health centers and hospitals.

Our highly trained obstetricians, maternal fetal medicine specialists, and certified nurse midwives deliver over 7000 babies a year at three different hospital locations. We are excited to be a part of your birthing and family healthcare team and hope that you will continue to rely on us for all your healthcare needs. For more information about our physicians and services, go to clevelandclinic.org/obstetrics

For more information about making an informed decision about your baby's nutrition, we encourage you to speak to your provider.

Sincerely,

Your Team at the Cleveland Clinic Obstetrics/Gynecology and Women's Health Institute

When to Call Your Health Care Provider During Your First Trimester of Pregnancy

(1-12 weeks)

Call your health care provider right away if you have:

- A fever higher than 100.4 degrees Fahrenheit
- Heavy bleeding, soaking more than one pad an hour for three hours
- Unusual or severe cramping or abdominal pain
- Severe or persistent vomiting and/or diarrhea
- Fainting spells or dizziness
- Pain, burning, or trouble urinating
- Unusual vaginal discharge
- Swelling in your hands, fingers, or face
- Blurred vision or spots before your eyes
- One extremity swollen more than the other
- Severe headaches
- Pain or cramping in your arms, legs, or chest

Additional Information About Your Pregnancy

During your pregnancy you **CAN**:

- Dye your hair
- Have acrylic nails applied
- Have TB (tuberculosis) skin testing (Mantoux®) done
- Go to a chiropractor
- Shave your pubic hair during pregnancy (See below)

During your pregnancy should **NOT**:

- Use alcohol, drugs, or smoke
- Fast during holidays
- Go in a Jacuzzi, whirlpool, or hot tub
- Visit a tanning bed
- Shave pubic hair close to your delivery date, clipping is preferred

Additional website with educational material:

American College of Nurse-Midwives--www.midwife.org

American Congress of Obstetrics and Gynecologists (ACOG)--
www.acog.org/

Centers for Disease Control (CDC)--www.cdc.gov

March of Dimes--www.marchofdimes.com/

Parenting connection eNewsletter--my.clevelandclinic.org/parenting-connection-enewsletter/

World Health Organization (WHO)--<http://www.who.int/nutrition/en/>

Prenatal Care: Your First Visit

Why is prenatal care important?

Regular appointments with your health care provider throughout your pregnancy are important to ensure the health of you and your baby. In addition to medical care, prenatal care includes education on pregnancy and childbirth, plus counseling and support.

Frequent visits with your health care provider allow you to follow the progress of your baby's development. Visits also give you the opportunity to ask questions. Most health care providers welcome your partner at each visit, as well as interested family members.

What happens on my first medical visit?

The first visit is designed to determine your general health and give your health care provider clues to the risk factors that might affect your pregnancy. It will typically be longer than future visits. The purpose of the initial visit is to:

- Determine your due date
- Find out your health history
- Explore the medical history of family members
- Determine if you have any pregnancy risk factors based on your age, health, and/or personal and family history

You will be asked about previous pregnancies and surgeries, medical conditions, and exposure to any contagious diseases. Also, notify your health care provider about any medications (prescription or over-the-counter) you have taken or are currently taking. We ask some very personal questions, but be assured that any information you give is strictly confidential.

Physical exam

A thorough physical exam is also part of the first visit. You are weighed, and your blood pressure, heart, lungs, and breasts are checked. The first visit also includes a pelvic exam by your health care provider.

Pelvic exam

During the pelvic exam, a bimanual internal exam (with two fingers inside the vagina and one hand on the abdomen) will be performed to determine the size of your uterus and pelvis. Your health care provider might listen for the baby's heartbeat with a special instrument called a doppler, which uses

ultrasound (high frequency sound waves). A doppler usually cannot detect a baby's heartbeat before the 10th to 12th week of pregnancy.

Lab tests

Many lab tests are ordered in your first trimester, including:

- Complete blood count (CBC) screens for blood problems such as anemia (low iron)
- RPR screens for syphilis (a sexually transmitted disease)
- Rubella - tests for immunity (protection) against German measles
- HBSAG - tests for hepatitis B (a liver infection)
- Urinalysis - tests for kidney infection and bladder infection
- HIV - screens for antibodies in your blood
- Cystic Fibrosis - screens for the presence of the CF gene
- Type and screen - determines your blood type and Rh factor* (an antigen or protein on the surface of blood cells that causes an immune system response)



- Sickle cell screen
- Gonorrhea and chlamydia testing

How is my expected date of delivery determined?

Normally, your due date is 280 days (40 weeks or about 10 months) from the first day of your last period. However, if your periods are not regular or are not 28 days in cycle, your due date might be different from the "280-day rule." Your health care provider might order an ultrasound to determine your due date.

A full-term pregnancy lasts 37 to 42 weeks, so your actual date of delivery can be different from your estimated date of delivery (EDD or EDC). A very small number of babies are actually born on their due dates.

How often should I see my health care provider during pregnancy?

The schedule of your prenatal care visits will depend on any special circumstances or risk factors you might have. Generally, it is recommended to have follow-up visits as follows:

- Every four weeks until 28 weeks
- Every two to three weeks from 28 to 36 weeks
- Weekly from 36 weeks until delivery

During these visits, be sure to ask questions. It might help to bring a list of questions with you.

Notes

What is monitored at subsequent visits?

During prenatal care visits, your weight and blood pressure will be checked, and a urine sample will be tested for sugar and protein. Your uterus will be measured to follow the growth of the fetus. The fetus' heart-beat will also be checked (usually beginning in the 10th to 12th week of pregnancy).

Additional tests might be required, depending on your individual condition or special needs.

During the last month, your office visits will include discussions about labor and delivery. Your office visits may include an internal examination to check your cervix (the lower end of your uterus) for thinning (called effacement) and opening (called dilation).

Good Nutrition During Pregnancy for You and Your Baby

Congratulations! You are now eating for you and your baby. While there are two of you now, you only need to increase your calorie intake by 500 calories. This guide will help you choose a variety of healthy foods for you and your baby to get all the nutrients you need.

What foods should I eat?

You will need an additional 200 to 300 extra calories from nutrient-dense foods such as lean meats, low fat dairy, fruits, vegetables and whole grain products. It will be important to carefully consider the foods you consume during your pregnancy. This is a time to eat more foods that are nutrient-dense, and fewer sweets and treats. Eat a variety of foods. Use the website www.choosemyplate.gov as a guide to choose the amounts of foods in each food group.

Daily guidelines for eating healthy during pregnancy

- **Calcium:** Calcium is needed in the body to build strong bones and teeth. Calcium also allows the blood to clot normally, nerves to function properly, and the heart to beat normally. The American College of Obstetricians and Gynecologists (ACOG) recommends 1,000 milligrams (mg) per day for pregnant and lactating (breastfeeding) women. Women 19 years or younger, need 1,300 milligrams a day. Eat or drink four servings of dairy products or foods rich in calcium. Dairy products are the best source of calcium. Other sources of calcium are dark, leafy greens, fortified cereal, breads, fish, fortified orange juices, almonds, and sesame seeds.



- **Folic acid:** Folic acid is used to make the extra blood your body needs during pregnancy. ACOG and the March of Dimes recommend 400 micrograms (mcg) per day for pregnant women. This amount is included in your prenatal vitamins. The March of Dimes suggests that 70 percent of all neural tube defects can be avoided with appropriate folic acid intake. Some women are at an increased risk for having a baby with an open neural tube defect (including but not limited to women with a family history of spina bifida, women on anti-epileptic medication, etc.). ACOG recommends additional

folic acid for women at an increased risk for neural tube defect. Your doctor can discuss this with you and in some instances, refer you for genetic counseling to discuss further.

Foods rich in folic acid include lentils, kidney beans, green leafy vegetables (spinach, romaine lettuce, kale, and broccoli), citrus fruits, nuts, and beans. Folic acid is also added as a supplement to certain foods such as fortified breads, cereal, pasta, rice, and flours.

- **Iron:** Iron is an important part of red blood cells, which carry oxygen through the body. Iron will help you build resistance to stress and disease, as well as help you avoid tiredness, weakness, irritability, and depression. ACOG recommends you receive 27 total milligrams of iron a day between food and your prenatal vitamin. Good sources include whole grain products, lean beef and pork, dried fruit and beans, sardines, and green leafy vegetables.

- **Vitamin A:** ACOG recommends you receive 770 micrograms of Vitamin A daily. Foods rich in Vitamin A are leafy green vegetables, deep yellow or orange vegetables (e.g., carrots or sweet potatoes), milk, and liver.

- **Daily recommendations:** Include two to three servings of vegetables, two servings of fruits, at least three servings of whole grain

bread, cereals, pasta, two to three servings of lean protein (e.g., meat, fish, and poultry).

- **Vitamin D:** Vitamin D works with calcium to help the baby's bones and teeth develop. It also is essential for healthy skin and eyesight. All women, including those who are pregnant, need 600 international units of vitamin D a day. Good sources are milk fortified with vitamin D and fatty fish such as salmon. Exposure to sunlight also converts a chemical in the skin to vitamin D.

- **DHA:** The American College of Obstetricians and Gynecologists (ACOG), recommends pregnant and lactating women should aim for an average daily intake of at least 200 mg docosahexaenoic acid (DHA) a day in addition to your prenatal vitamins. Prenatal vitamins, as well as DHA, can be purchased over the counter or with a prescription.

- **Protein:** Protein is an important nutrient needed for growth and development. Protein is needed for energy and to build and repair different parts of your body, especially brain, muscle and blood. A pregnant woman needs additional protein for her baby's growth. Each person needs different amounts of protein depending on their size. A woman weighing 150 pounds needs 75 grams of protein every day. (To estimate, use your pre-pregnant weight and divide

by two.) Choose a variety of protein-rich foods, which include seafood, lean meat and poultry, eggs, beans and peas, soy products, and unsalted nuts and seeds. Use labels on packaged food to determine how many grams of protein each food provides.

- **Avoid alcohol:** Alcohol has been linked with premature delivery and low birth weight babies, as well as Fetal Alcohol Syndrome.
- **Caffeine:** It is recommended to limit your caffeine intake. You may choose: two 5-ounce cups of coffee, three 5-ounce cups of tea, or two 12-ounce glasses of caffeinated soda.
- **Eat salty foods in moderation.** Salt causes your body to retain water and could lead to an elevation in your blood pressure.
- **Do not diet!** Even if you are overweight, your pregnancy is not an acceptable time to lose weight. You or your baby could be missing essential nutrients for good growth.

Are there foods that are harmful to eat during pregnancy?

There are specific foods that you will want to avoid during your pregnancy. Hormonal changes during pregnancy can have a negative effect on your immune system and put you at greater risk for contracting a food-borne illness. The Centers for Disease Control and Prevention (CDC),

has found that contracting the food-borne illness *Listeria* during pregnancy can cause premature delivery, miscarriage, and even fetal death. Pregnant women are 20 times more likely to contract *Listeria*.

- You can decrease your chances of contracting *Listeria* by using caution with hot dogs, luncheon meats, cold cuts, or other deli meats (e.g., bologna), or fermented or dry sausages unless they are heated to an internal temperature of 165°F or until steaming hot just before serving.
- Avoid getting fluid from hot dog and lunch meat packages on other foods, utensils, and food preparation surfaces, and wash hands after handling hot dogs, luncheon meats, and deli meats.
- Do not eat soft cheese such as feta, queso blanco, queso fresco, brie, Camembert, blue-veined, or panela (queso panela) unless it is labeled as made with pasteurized milk. Make sure the label says, "MADE WITH PASTEURIZED MILK."
- Pay attention to labels. Do not eat refrigerated pâté or meat spreads from a deli or meat counter or from the refrigerated section of a store. Foods that do not need refrigeration, like canned or shelf-stable pâté and meat spreads, are safe to eat. Refrigerate after opening.

- Other foods that are more likely to cause foodborne illnesses include sushi, rare or undercooked meats and poultry (chicken), beef, raw eggs, Caesar dressing, and mayonnaise. For more information on Listeria, go to the CDC, www.cdc.gov/listeria/prevention.html
- The March of Dimes cautions against eating fish that may contain higher levels of PCBs. Fish in this category include bluefish, bass, freshwater salmon, pike, trout, and walleye.

For more information on safe fish, go to the CDC or the March of Dimes.

Another food of concern for pregnant women is fish. Although fish is a low-fat, healthful protein choice, there are certain fish that have elevated levels of methyl mercury or polychlorinated biphenyls (PCBs), a pollutant in the environment.

Consuming fish with high levels of methyl mercury during pregnancy has been associated with brain damage and developmental delay for babies.

- Eating identified safe fish one time a week is safe for pregnant women.
- The March of Dimes recommends pregnant women should avoid all raw and seared fish. Raw fish includes sushi and sashimi, undercooked finfish, and undercooked shellfish (such as undercooked oysters, clams, mussels, and scallops).
- Avoid shark, swordfish, king mackerel, and tilefish even when cooked as they have higher levels of mercury.

How much weight should I gain?

Gaining the right amount of weight during pregnancy by eating a balanced diet is a good sign that your baby is getting all of the nutrients he or she needs and is growing at a healthy rate.

Weight gain should be slow and gradual. In general, you should gain about two to four pounds during your first three months of pregnancy and one pound a week for the remainder of the pregnancy. A woman of average weight before pregnancy can expect to gain 15 to 35 pounds during the pregnancy. You may need to gain more or less depending on whether you are underweight or overweight when you get pregnant. Recommendations also differ if you are carrying more than one baby.

Where does all the weight go?

- Baby, 6-8 pounds
- Placenta, 2-3 pounds
- Amniotic fluid, 2-3 pounds

- Breast tissue, 0-3 pounds
- Blood supply, 3-4 pounds
- Fat stores for delivery and breastfeeding (remainder of weight)
- Uterus increase, 2-5 pounds

TOTAL: 15 -35 pounds

What if I am gaining too much weight?

Try to get your weight back on track. Don't consider losing weight or stopping weight gain altogether. You should try to slow your weight gain to recommended amounts, depending on your trimester. During the first trimester, you should gain two to four pounds total; during the second and third trimester, you should gain one pound per week. Consider trying these diet changes to gain weight more slowly:

- Eat the appropriate portion size and avoid second helpings.
- Choose low-fat dairy products.
- Exercise; consider walking or swimming on most if not all days.
- Use low-fat cooking methods.
- Limit sweets and high-calorie snacks.
- Limit sweet and sugary drinks.

What if I am not gaining enough weight?

Every woman is different and not everyone will gain at the same rate. You should talk to your doctor if you

are concerned that you are not gaining enough. Weight gain can be hindered by nausea and morning sickness. (See suggestions for when you are not feeling well.) Excessive vomiting can be a symptom of hyperemesis gravidarum, which you should discuss with your doctor. Consider trying these diet changes to gain weight within appropriate ranges:

- Eat more frequently. Try eating five to six times per day.
- Choose nutrient and calorically dense foods such as dried fruit, nuts, crackers with peanut butter, and ice cream.
- Add a little extra cheese, honey, margarine, or sugar to the foods you are eating.

What can I eat if I am not feeling well?

Pregnancy symptoms vary. Some women may have difficulty with morning sickness, diarrhea, or constipation. Here are a few suggestions on how to deal with these symptoms. You may also see the "Medicine Guidelines During Pregnancy" section of this book for safe over-the-counter medicine that may assist with symptoms.

Morning sickness: For morning sickness, try eating crackers, cereal, or pretzels before you get out of bed. Eat small meals more frequently throughout the day. Avoid fatty, fried foods.

Constipation: Increase your fiber intake by eating high fiber cereal and fresh fruits and vegetables. Also, make sure you are drinking plenty of water--at least 10-12 glasses per day.

Diarrhea: Increase your intake of foods containing pectin and gum fiber to help absorb excess water. Good choices include applesauce, bananas, white rice, oatmeal, and refined wheat bread.

Heartburn: Eat small, frequent meals throughout the day, eat slowly and chew thoroughly, avoid spicy or rich foods, and caffeine. Do not drink a lot of fluids with your meal, drink fluids in between meals. Try not to lie down after eating a meal, and keep your head elevated when lying down. Refer to the “Medicine Guidelines During Pregnancy” section in this book for safe heartburn medications.

Are cravings normal?

Many women will have food cravings during pregnancy, but there are others who do not. If you have food cravings, it's okay to indulge as long as it fits into a healthy diet and does not occur too often.

If you are craving non-food items such as ice, laundry detergent, dirt, clay, ashes, or paint chips, you may have a condition known as pica. You should discuss this with your doctor immediately. Eating non-food items can be harmful to you and your baby and may be a sign of a nutritional deficiency such as iron deficiency.

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Prenatal Vitamins

What are they?

Prenatal vitamins are specially formulated multivitamins that mothers-to-be are advised to take for their own health as well as for the health of their babies. These vitamins make up for any nutritional deficiencies in your diet during your pregnancy. While the supplements contain numerous vitamins and minerals, folic acid, iron, and calcium content are especially important. The American College of Obstetricians and Gynecologists (ACOG) recommends pregnant and lactating women should aim for an average daily intake of at least 200 mg docosahexaenoic acid (DHA) a day in addition to their prenatal vitamins. Prenatal vitamins, as well as DHA, can be purchased over the counter or with a prescription.

Why do pregnant women need high levels of folic acid, iron, and calcium?

Taking folic acid can reduce your risk of having a baby with a serious birth defect of the brain and spinal cord, called the "neural tube." A baby with spina bifida, the most common neural tube defect, is born with a spine that is not completely developed. The exposed nerves are damaged, leaving the child with varying degrees of paralysis, incontinence, and sometimes mental retardation. Some women are at an increased risk for having a baby with an open neural tube defect. These women include, but are not limited to, those with a family history of spina bifida and those taking anti-epileptic medicines. ACOG recommends additional folic acid for women at an increased risk for having a baby with a neural tube defect. Your doctor can discuss this with you and, in some cases, refer you for genetic counseling.

Neural tube defects develop in the first 28 days after conception. Because about half of all pregnancies are unplanned, the U.S. Public Health Service recommends that all women of childbearing age get 400 micrograms of folic acid each day. There are natural sources of folic acid: green leafy vegetables, nuts, beans, and citrus fruits. It is also found in many fortified breakfast cereals and some vitamin supplements.

Taking calcium during pregnancy can prevent a new mother from losing her own bone density as the fetus uses the mineral for bone growth. Taking iron helps both the mother and baby's blood carry oxygen.

While a daily vitamin supplement is no substitute for a healthy diet, most pregnant and lactating women need supplements to make sure they get adequate levels of these minerals.

Medicine Guidelines During Pregnancy

Although some medicines are considered safe during pregnancy, the effects of other medicines on your unborn baby are unknown. Certain medicines can be most harmful to a developing baby when taken during the first three months of pregnancy, often before a woman even knows she is pregnant.

Illegal drugs

Street drugs are not good for your health, but they are even worse for your unborn baby's health, since drugs are passed to your baby while you are pregnant. Illegal drugs such as angel dust, cocaine, crack, heroin, LSD, marijuana, and speed increase the chance that your baby is born with addictions or serious health problems, or is born prematurely or underweight at birth. If you have been thinking about quitting drugs, now is the time to do it.

Let your health care provider (e.g., physician, pharmacist) know if you have ever used illegal drugs or if you have an addiction to any drugs so he or she can minimize the risk to your baby. You may also call 1.800.662.4357 (National Drug and Alcohol Treatment Referral Service) for more information.

Prescription medicine guidelines

If you were taking prescription medicines before you became pregnant, please ask your health care provider about the safety of continuing these medicines as soon as you find out that you are pregnant.

Your health care provider will weigh the benefit to you and the risk to your baby when making his or her recommendation about a particular medicine. With some medicines, the risk of not taking them might be more serious than the potential risk associated with taking them.

For example, if you have a urinary tract infection, your health care provider might prescribe an antibiotic. If the urinary tract infection is not treated, it could cause long-term problems for both the mother and her baby. If you are prescribed any new medicine, please inform your health care provider that you are pregnant. Be sure to discuss the risks and benefits of the newly prescribed medicine with your health care provider.

Non-prescription (over-the-counter) medicine guidelines

Prenatal vitamins, now available without a prescription, are safe and recommended to take during pregnancy. Ask your health care provider about the safety of taking other vitamins, herbal remedies, and supplements during pregnancy. Most herbal preparations and supplements have not been proven to be safe when taken during pregnancy. Generally, you should not take any over-the-counter medicine unless it is necessary.

The following medicines and home remedies have no known harmful effects during pregnancy when taken according to the package directions. If you want to know about the safety of any other medicine not listed here, please contact your health care provider.



Types of Remedy	Safe Medications to Take During Pregnancy
Allergy	Benadryl® Claritin® Zyrtec® (cetirizine)
Cold and Flu	<p>Benadryl® Robitussin® Mucinex (plain)® *</p> <p>Vicks Vapor Rub®</p> <p>Mentholated or non-mentholated cough drops (Sugar-free cough drops for Gestational Diabetes should not contain blends of herbs or Aspartame)</p> <p>Sudafed® (<i>after 1st Trimester</i>)</p> <p>Tylenol® (acetaminophen)*</p> <p>Saline nasal drops or spray</p> <p>Warm salt/water gargle</p> <p>*Note: Do not take the "SA" (Sustained Action) form of these drugs or the "Multi-Symptom" form of these drugs.</p> <p>Do not use Nyquil® due to its high alcohol content.</p>
Diarrhea	Imodium® (after 1st Trimester, for 24 hours only)
Constipation	<p>Citrucil®/Colace®</p> <p>Fiberall®/Fibercon®</p> <p>Metamucil®</p>
First Aid Ointment	<p>Bacitracin®</p> <p>Neosporin®</p>
Headache	Tylenol® (acetaminophen)
Heartburn	<p>Gaviscon® *</p> <p>Pepcid AC®</p> <p>Maalox®</p> <p>Miralax® *</p> <p>Mylanta®</p> <p>Titralac®</p> <p>Tums®</p> <p>Zantac®</p> <p>*Occasional use only</p>
Hemorrhoids	<p>Preparation H®</p> <p>Tucks® pads or ointment</p>
Nausea and Vomiting	<p>Benadryl®</p> <p>Vitamin B6</p>

Type of Remedy	Safe Medications to Take During Pregnancy*
Rashes	Benadryl® cream Hydrocortisone cream or ointment Oatmeal bath (Aveeno®)
Sleep	Unisom SleepGels® Benadryl®
Yeast Infection	Monistat®

***Please Note: No drug can be considered 100% safe to use during pregnancy.**

HIV Testing

What is HIV?

HIV is the abbreviation for human immunodeficiency virus, the virus that causes acquired immune deficiency syndrome (AIDS). The virus weakens a person's ability to fight infections and cancers. A person can get HIV by coming into contact with an infected person's body fluids (including blood, semen, vaginal fluids, and breast milk). HIV can be spread through:

- Vaginal, oral, or anal sex
- Sharing unclean needles to take drugs
- Pregnancy (from mother to baby)
- Blood transfusions (Since 1985, blood donations have been routinely tested for HIV, so infection from blood transfusions is rare.)

About the test

The Centers for Disease Control and Prevention (CDC) recommends that screening for HIV infection should be performed routinely for all patients aged 13 to 64 in all health care settings. We will order a HIV test for you as part of your routine blood work. The results of the test remain a part of your medical records and are treated the same way as any other part of your medical record. If you do not want to have a HIV test done, you will need to let us know before we do the blood test.

The CDC especially recommends routinely screening all pregnant women to allow for proper treatment of mother and baby. Many good reasons to get tested include:

- If you are pregnant and are HIV positive, it is critical that you take medications for HIV to help protect your unborn baby from becoming infected.
- If HIV infection is found, your health care provider can provide more appropriate care. You can also learn ways to stay healthy longer.
- HIV testing helps prevent the spread of HIV.

Do I have to take the test?

No. Per Ohio State Law, HIV testing is voluntary. Anyone is free to decline testing. Your decision whether to get tested and/or the test result itself will not prevent you from getting health care. Please be advised if you choose not to be HIV tested during pregnancy, it is state mandated that your baby will

be screened for HIV after birth, due to the unknown HIV status of the mother. Therefore, if you have a negative test during your pregnancy, it will likely prevent testing on your baby after birth. Also, if it is not known whether you are HIV positive, breastfeeding--an important part of proper care for your baby--may be delayed.

If you choose, there are testing sites that offer anonymous testing for HIV. These places will perform HIV tests without even taking your name (anonymous testing). An anonymous HIV test does not become part of your medical record. For more information on anonymous testing, call the Ohio AIDS hotline at 1.800.332.AIDS.

What does a negative test result mean?

A negative test means no signs of HIV infection were found in your blood.

Rarely the test may be negative when you have HIV. However, this can happen if you have recently acquired the HIV virus. For this reason, if you are at risk for continued exposure to HIV or may have been recently exposed to HIV, you should be tested again two to three months later.

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Notes

Screening for Chromosome Abnormalities in Pregnancy

Cleveland Clinic offers options for women who are interested in determining the risk for chromosome abnormalities and certain birth defects in their baby during a pregnancy. These tests allow patients the opportunity early in pregnancy to find out if their baby has one of these conditions.

While the risk for having a baby with a chromosome abnormality increases with a women's age at the time of delivery, the majority of these babies are born to younger women. Thus, screening is an option for everyone. Having this testing performed is optional and should only be done after a thorough discussion of available tests. In some instances, your provider may refer you for genetic counseling to see which, if any, test is best for you.

Sequential Screening

The sequential screen combines ultrasound and blood tests to determine the risk for chromosome abnormalities, including Down syndrome (Trisomy 21) and Trisomy 18. It also determines the risk for a group of birth defects known as open neural tube defects (ONTD's), which include spina bifida. Ultrasound examination is performed in the first trimester between 11 and 13 6/7 – weeks' gestational age and involves measuring the nuchal translucency. The nuchal translucency is a fluid filled space behind the neck, which is typically increased in size in fetuses with Down syndrome, other chromosome abnormalities, and birth defects. Blood tests, which measure the levels of certain hormones in the mother, are drawn at the time of the nuchal translucency measurement and later in the second trimester between 15 and 21 weeks' gestational age.

- Results are made available following first trimester testing and again after second trimester blood test.
- This provides women at the highest risk for having a baby with Down syndrome or Trisomy 18 with results in the first trimester.
- This test can detect approximately 90 to 92 percent of fetuses with Down syndrome and 90 percent of fetuses with Trisomy 18, while maintaining a false positive rate of 5 percent.
- Patients at increased risk for chromosome abnormalities based on their sequential screen results have the opportunity for additional testing,

which can provide them with a more definitive answer. This includes a new test called non-invasive prenatal testing (see below) or more invasive testing such as chorionic villus sampling or amniocentesis.

- The sequential test identifies approximately 80 percent of babies with ONTD's, and when combined with ultrasound in the second trimester, virtually all these cases can be detected.
- There are no risks to the mother or the fetus with the sequential screen test.
- For patients who present for care after the first trimester or decide later in pregnancy to undergo screening, the quad screen can be performed in the second trimester between 15 and 21 weeks' gestational age. This test detects 75 to 80 percent of cases of Down syndrome and 60 to 75 percent of cases of Trisomy 18, with a 5 to 7 percent false positive rate. It can also detect approximately 80 percent of cases on ONTD's.
- All patients, regardless of their choice to undergo screening, are offered a detailed ultrasound to evaluate fetal anatomy between 18 and 20 weeks' gestational age.

Non-Invasive Prenatal Testing (NIPT) or Materni21

This is a test that is now available for women with risk factors for having a baby with chromosomal abnormalities. This test is also referred to as Materni21. NIPT evaluates DNA from the baby, which is found in the mother's blood, to determine risks for chromosome abnormalities such as Down syndrome, Trisomy 18, and Trisomy 13. Again, this is a blood test for the mother and poses no risk to the pregnancy. NIPT can be performed any time after 10 weeks' gestational age. At the present time, NIPT is not recommended for routine screening or in patients with multiple gestations (twins, triplets, etc.)

- You should consider NIPT if any of the following applies to you:
 - Age greater than 35 at the time of delivery
 - Abnormal screening test (sequential or quad screen)
 - Abnormal findings on ultrasound
 - Previous history of a chromosome abnormality
- Genetic counseling is strongly recommended before and after this testing is done.
- NIPT can detect approximately 99 percent of fetuses with Down syndrome and Trisomy 18 and up to 92 percent of fetuses with Trisomy 13.
- False positive results are rare but possible.

- There is no risk to mother or fetus.
- NIPT will decrease the need for invasive testing for many patients; however, any positive result should be confirmed with either chorionic villus sampling or amniocentesis, both of which are more definitive.
- NIPT does not detect all chromosome abnormalities. Therefore, further testing with amniocentesis or chorionic villus sampling may still be necessary in some cases with abnormal ultrasound findings, even after a negative NIPT result.
- NIPT does not provide a risk for ONTD's. This result can be obtained via the maternal serum alpha-fetoprotein (MSAFP), which should be performed between 15 and 21 weeks' gestational age.
- All patients undergoing NIPT should have a detailed ultrasound to evaluate fetal anatomy between 18 and 20 weeks' gestational age.

For more information and an informational video on pregnancy screening:
www.clevelandclinic.org/pregnancy-screeningvideo located in the Center for Consumer Health Information.

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Index# 15187

Notes

Prenatal Ultrasonography

What is ultrasonography?

In ultrasonography, or ultrasound, high-frequency sound waves are sent through your abdomen by a device called a transducer. The sound waves are recorded and changed into video or photographic images of your baby. The ultrasound can be used during pregnancy to show images of the amniotic sac, placenta, and ovaries.

The idea for ultrasonography came from sonar technology, which makes use of sound waves to detect underwater objects. Ultrasound might be used with other diagnostic procedures, such as amniocentesis, or by itself.

Are there any side effects?

Studies have shown ultrasound is not hazardous. There are no harmful side effects to you or your baby. In addition, ultrasound does not use radiation, as x-ray tests do.

When is an ultrasound performed during pregnancy?

Transvaginal ultrasound

Most prenatal ultrasound procedures are performed on the surface of the skin, using a gel as a conductive medium to aid the quality of the image. However, a transvaginal ultrasound is performed using a probe that is inserted into the vaginal canal. This method of ultrasound produces an image quality that is greatly enhanced.

A transvaginal ultrasound may be used early in pregnancy to determine how far along you are in your pregnancy (gestational age) if this is uncertain or unknown. It may also be used to get a clearer view of the uterus or ovaries if a problem is suspected.

Ultrasound

An ultrasound is generally performed for all pregnant women at 20 weeks gestation. During this ultrasound, the doctor will evaluate if the placenta is attached normally, and that your baby is growing properly in your uterus. The baby's heartbeat and movement of its body, arms, and legs can also be seen on the ultrasound.

If you wish to know the gender of your baby, it can usually be determined at 20 weeks. Be sure to tell the ultrasound doctor whether or not you want to know the gender of your baby. Please understand that ultrasound is not a foolproof method of determining your baby's gender. There is a chance that

the ultrasound images can be misinterpreted. An ultrasound might be performed earlier in your pregnancy to determine:

- Presence of more than one fetus
- Your due date or gestational age (the age of the fetus)

Later in pregnancy, ultrasound might be used to determine:

- Fetal well-being
- Placenta location
- Amount of amniotic fluid around the baby
- Position of the baby
- Baby's expected weight

Major anatomical abnormalities or birth defects can show up on an ultrasound. Even though ultrasound is safe for mother and baby, it is a test that should be done only when medically necessary. If you have an ultrasound that is not medically necessary (for example, to simply see the baby or find out the baby's sex), your insurance company might not pay for the ultrasound.

Before the test

There is no special preparation for the ultrasound test. Some doctors require you to drink four to six glasses of water before the test, so your bladder is full. This will help the doctor view the baby better on the ultrasound. You will be asked to refrain from urinating until after the test. You will be allowed to go to the bathroom right after the test has been completed. You might be asked to change into a hospital gown.

During the test

You will lie on a padded examining table during the test. A small amount of water-soluble gel is applied to the skin over your abdomen. The gel does not harm your skin or stain your clothes.

A small device, called a transducer, is gently applied against the skin on your abdomen. The transducer sends high-frequency sound waves into the body, which reflect off internal structures, including your baby. The sound waves or echoes that reflect back are received by the transducer and transformed into pictures on a screen. These pictures can be printed out.

There is virtually no discomfort during the test. If a full bladder is required for the test, you might feel some discomfort when the probe is applied. You might be asked to hold your breath briefly several times. The ultrasound test takes about 30 minutes to complete.

After the test

The gel will be wiped off your skin. Your doctor will discuss the test results with you. Your ultrasound test is performed by a registered, specially trained technologist and interpreted by a board-certified physician. Your doctor will review the test results with you at your next visit.

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Coping With the Physical Changes and Discomforts of Pregnancy

Your body will be constantly changing during pregnancy, which might cause some discomforts. Some discomforts might occur in the early weeks of pregnancy, while others will occur only as you get closer to delivery. Other discomforts might appear early and then go away, only to come back later. This is normal and usually does not mean something is wrong.

Some of the most common discomforts and ways to relieve them are described in this handout. Every woman's pregnancy is unique, and some of these discomforts might not affect you. Discuss any concerns about your discomforts with your health care provider. Please refer to the "Medicine Guidelines" section for over-the-counter medications to aid with discomforts of pregnancy.

DISCOMFORT	RECOMMENDATIONS
Abdominal pain and discomfort Sharp, shooting pains on either side of your stomach might result from the stretching tissue supporting your growing uterus. These pains might also travel down your thigh and into your leg.	<ul style="list-style-type: none"> • Try massage. • Make sure you are getting enough fluids.
Round ligament pain Most common during the second trimester. Sharp pain in the abdomen or hip area that is either on one side or both, may extend to the groin area. Round ligament pain is considered a normal part of pregnancy.	<ul style="list-style-type: none"> • Change your position or activity until you are comfortable. Avoid sharp turns or movements. • If you have a sudden pain in your abdomen, bend forward to the point of pain to relieve tension and relax the tissue. • Apply a hot water bottle or heating pad, or take a warm bath or shower. • Rest.
Muscle tightening The muscles in your uterus will contract (tighten) from about	Contact your health care provider if the pain is severe or constant or if you are less than 36 weeks pregnant and you have signs of pre-term labor (see following list).

DISCOMFORT	RECOMMENDATIONS
<p>Muscle tightening (cont'd.)</p> <p>the fourth month of pregnancy. Irregular, infrequent contractions are called Braxton Hicks contractions.</p>	<p>Signs of pre-term (premature) labor:</p> <ul style="list-style-type: none"> More than four to six contractions (<i>tightening of the muscles in the uterus, which cause discomfort or a dull ache in the lower abdomen</i>) in an hour Regular tightening or pain in your back or lower abdomen Pressure in the pelvis or vagina Menstrual-like cramps Bleeding Fluid leakage Flu-like symptoms such as nausea, vomiting, and diarrhea
<p>Backaches</p> <p>Backaches are usually caused by the strain put on the back muscles, changing hormone levels, and changes in your posture.</p>	<ul style="list-style-type: none"> • Wear low-heeled (but not flat) shoes. • Avoid lifting heavy objects. • Squat down with your knees bent when picking things up instead of bending down at the waist. • Sit in a chair with good back support, or place a small pillow behind your lower back. Also place your feet on a footrest or stool. • Sleep on your left or right side with a pillow between your legs for support. • Apply a hot water bottle or heating pad, take a warm bath or shower, or try massage. • Perform exercises, as advised by your health care provider, to make your back muscles stronger and to help relieve the soreness. • See a physical therapist or participate in a low back and pelvic pain shared medical appointment (SMA). Your provider can refer you. • Maintain good posture. Standing up straight will ease the strain on your back. • Wear a maternity support belt . • Contact your health care provider if you have a low backache that does around your stomach and does not go away within one hour after you change position or rest. This might be a sign of premature labor.
<p>Bleeding and swollen gums</p> <p>The increase in your volume of circulation and supply of certain hormones might cause tenderness, swelling and bleeding of gums.</p>	<ul style="list-style-type: none"> • Take proper care of your teeth and gums. Brush and floss regularly. • Get a dental checkup early in your pregnancy to make sure your teeth and mouth are healthy. See your dentist if you have a problem.

DISCOMFORT	RECOMMENDATIONS
<p>Breast changes</p> <p>Your breasts may increase in size as your milk glands enlarge and the fatty tissue increases. Your breasts are preparing to produce milk for your baby. Bluish veins might also appear as your blood supply increases. Your nipples will also darken and a thick fluid called colostrum might leak from your breasts. All of these breast changes are normal.</p>	<ul style="list-style-type: none"> • Wear a supportive bra. • Choose cotton bras or those made from other natural fibers. • Increase your bra size as your breasts become larger. Your bra should fit well without irritating your nipples. Try maternity or nursing bras, which provide more support and can be used after pregnancy. • Tuck a cotton handkerchief or gauze pad into each bra cup to absorb leaking fluid. Nursing pads, which you can buy in a pharmacy, are another option. • Clean your breasts with warm water only. Do not use soap or other products. <p>This is a great time to learn about the benefits of breastfeeding.</p>
<p>Constipation</p> <p>Your hormones, as well as vitamins and iron supplements, might cause constipation (trouble passing stool, or incomplete or infrequent passage of hard stools). Pressure on your rectum from your uterus might also cause constipation.</p>	<ul style="list-style-type: none"> • Add more fiber (such as whole grain foods, fresh fruits, and vegetables) to your diet. • Drink plenty of fluids daily (at least 10 to 12 glasses of water and one to two glasses of fruit or prune juice). • Drink warm liquids, especially in the morning. • Exercise daily. • Set a regular time for bowel movements. Avoid straining when having a bowel movement.
<p>Difficulty sleeping</p> <p>Finding a comfortable resting position can become difficult later in pregnancy.</p>	<ul style="list-style-type: none"> • Don't take sleep medication. • Try drinking warm milk at bedtime. • Try taking a warm shower or bath before bedtime. • Use extra pillows for support while sleeping. Lying on your side, place a pillow under your head, abdomen, behind your back, and between your knees to prevent muscle strain and help you get the rest you need. You will probably feel better lying on your left side. This improves circulation of blood throughout your body.

DISCOMFORT	RECOMMENDATIONS
<p>Dizziness</p>	<ul style="list-style-type: none"> • Move around often when standing for long periods of time. • Turn on your side before rising from a lying down position. • Try to move slowly when standing from a sitting position. Avoid sudden movements.
<p>Fatigue</p> <p>Your growing baby requires extra energy, which might make you feel tired. Sometimes, feeling tired might be a sign of anemia (low iron in the blood), which is common during pregnancy.</p>	<ul style="list-style-type: none"> • Get plenty of rest. Go to bed early at night and try taking naps during the day. • Maintain a regular schedule, when possible, but pace your activities. Balance activity with rest when needed. • Exercise daily to increase your energy level. • If you think anemia might be a concern, ask your health care provider to test your blood.
<p>Frequent urination</p> <p>During the first trimester, your growing uterus and growing baby press against your bladder, causing a frequent need to urinate. This will happen again when the baby's head drops into the pelvis before birth.</p>	<ul style="list-style-type: none"> • Avoid tight-fitting underwear, pants, or pantyhose. • Contact your health care provider if your urine burns or stings. This can be a sign of a urinary tract infection and should be treated right away.
<p>Headaches</p> <p>How often headaches occur and how bad they are can vary.</p>	<ul style="list-style-type: none"> • Apply an ice pack to your forehead or the back of your neck. • Rest, sit, or lie quietly in a low-lit room. Close your eyes and try to release the tension in your back, neck, and shoulders. • Contact your health care provider if you have nausea with your headaches; if your headache is severe and does not go away; or if you have blurry vision, double vision, or blind spots.

DISCOMFORT	RECOMMENDATIONS
<p>Heartburn or indigestion</p> <p>Heartburn (indigestion) is a burning feeling that starts in the stomach and seems to rise to the throat. It occurs during pregnancy because your digestive system works more slowly due to changing hormone levels. Also, your enlarged uterus can crowd your stomach, pushing stomach acids upward.</p>	<ul style="list-style-type: none"> • Eat several small meals each day instead of three large meals. • Eat slowly. • Drink warm liquids such as herbal tea. • Avoid fried, spicy or rich foods, or any foods that seem to give you indigestion. • Don't lie down directly after eating. • Keep the head of your bed higher than the foot of your bed. Or, place pillows under your shoulders to prevent stomach acids from rising into your chest.
<p>Hemorrhoids</p> <p>Hemorrhoids are swollen veins that appear as painful lumps on the anus. They might form as a result of increased circulation and pressure on the rectum and vagina from your growing baby.</p>	<ul style="list-style-type: none"> • Try to avoid constipation. Constipation can cause hemorrhoids and will make them more painful. • Try to avoid sitting or standing for long periods of time. Change your position frequently. • Make an effort not to strain during a bowel movement. • Apply ice packs or cold compresses to the area, or take a warm tub bath a few times a day to provide relief. • Avoid tight-fitting underwear, pants, or pantyhose. • Discuss the use of a hemorrhoid treatment with your health care provider.
<p>Leg cramps</p> <p>Pressure from your growing uterus can cause leg cramps or sharp pains down your legs.</p>	<ul style="list-style-type: none"> • Be sure to eat and drink foods and beverages rich in calcium (such as milk, broccoli, and cheese). • Drink fluids with electrolytes, such as Powerade or Gatorade. However, be aware that these beverages are high in calories due to their sugar content. • Wear comfortable, low-heeled shoes. • Try wearing support hose but avoid any legwear that is too tight. • Elevate your legs when possible. Avoid crossing your legs. • Exercise daily. • Stretch your legs before going to bed. • Avoid lying on your back, since the weight of your body and the pressure of your enlarged uterus can slow the circulation in your legs, causing cramps.

DISCOMFORT	RECOMMENDATIONS
<p>Leg cramps (cont'd.)</p>	<ul style="list-style-type: none"> • Gently stretch any muscle that becomes cramped by straightening your leg, flexing your foot, and pulling your toes toward you. • Try massaging the cramp, or apply heat or a hot water bottle to the sore area.
<p>Nasal congestion</p> <p>You might have a “stuffy nose” or feel like you have a cold. Pregnancy hormones sometimes dry out the lining in your nose, making it inflamed and swollen.</p>	<ul style="list-style-type: none"> • Apply a warm, wet washcloth to your cheeks, eyes, and nose to reduce congestion. • Don’t use nose sprays. They can aggravate your symptoms. • Drink plenty of fluids (at least 10 to 12 glasses of fluids a day) to thin mucus. • Elevate your head with an extra pillow while sleeping to prevent mucus from blocking your throat. • Use a humidifier or vaporizer to add moisture to the air.
<p>Nausea or vomiting</p> <p>Nausea can occur at any time of the day but might be worse in the morning when your stomach is empty (this is often called “morning sickness”) or if you are not eating enough. Nausea is a result of hormonal changes and most often occurs early in pregnancy until your body adjusts to the increased production of hormones.</p>	<ul style="list-style-type: none"> • If nausea is a problem in the morning, eat dry foods such as cereal, toast, or crackers before getting out of bed. Try eating a high-protein snack such as lean meat or cheese before going to bed. (Protein takes longer to digest.) • Eat small meals or snacks every two to three hours rather than three large meals. Eat slowly and chew your food completely. • Sip on fluids throughout the day. Avoid large amounts of fluids at one time. Try cool, clear fruit juices, such as apple or grape juice. • Avoid spicy, fried, or greasy foods. • If you are bothered by strong smells, eat foods cold or at room temperature and avoid odors that bother you. • Contact your health care provider if your vomiting is constant or so severe that you can’t keep fluids or foods down. This can cause dehydration and should be treated right away.

DISCOMFORT	RECOMMENDATIONS
<p>Shortness of breath</p> <p>You might feel short of breath when walking up stairs or walking briskly.</p>	<ul style="list-style-type: none"> • Slow down and rest a few moments. • Raise your arms over your head. This lifts your rib cage and allows you to breathe in more air. • Avoid lying flat on your back, and try sleeping with your head elevated.
<p>Stretch marks</p> <p>Stretch marks are a type of scar tissue that forms when the skin's normal elasticity is not enough for the stretching required during pregnancy. They usually appear on the abdomen and can also appear on the breasts, buttocks, or thighs. While they won't disappear completely, stretch marks will fade after your child's birth. Stretch marks affect the surface under the skin and are usually not preventable.</p>	<ul style="list-style-type: none"> • Be sure that your diet contains enough sources of the nutrients needed for healthy skin (especially vitamins C and E). • Apply lotion to your skin to keep it soft and reduce dryness. • Exercise daily.
<p>Swelling in the feet and legs</p> <p>Pressure from the growing uterus on the blood vessels carrying blood from the lower body causes fluid retention that results in swelling (edema) in the legs and feet.</p>	<ul style="list-style-type: none"> • Drink plenty of fluids (at least 10 to 12 glasses of fluids a day). • Avoid foods high in salt (sodium). • Elevate your legs and feet while sitting. Avoid crossing your legs. • Wear loose, comfortable clothing. Tight clothing can slow circulation and increase fluid retention. • Don't wear tight shoes. Choose supportive shoes with low, wide heels. • Keep your diet rich in protein. Too little protein can cause fluid retention. • Notify your health care provider if your hands or face swell. This might be a warning sign of preeclampsia or toxemia, a pregnancy related high blood pressure. • Rest on your side during the day to help increase blood flow to your kidneys.

DISCOMFORT	RECOMMENDATIONS
<p>Vaginal discharge</p> <p>Increased blood supply and hormones cause your vagina to increase normal secretions. Normal vaginal discharge is white or clear, non-irritating, and odorless, and might look yellow when on your underwear or panty liners.</p>	<ul style="list-style-type: none"> • Choose cotton underwear or brands made from other natural fibers. • Avoid tight-fitting jeans or pants. • Do not douche. It is possible you can introduce air into your circulatory system or break your bag of waters in later pregnancy. • Clean the vaginal area often with soap and water. • Wipe yourself from front to back. • Contact your health care provider if you have burning, itching, irritation or swelling; bad odor; bloody discharge; or bright yellow or green discharge. These symptoms could be a sign of infection.
<p>Varicose veins</p> <p>An increased volume of blood and the pressure of your growing uterus can slow your circulation, sometimes causing the veins in your legs to become larger or swollen.</p>	<p>Although varicose veins are usually hereditary, here are some preventive tips:</p> <ul style="list-style-type: none"> • Avoid standing or sitting in one place for long periods. It's important to get up and move around often. • Avoid remaining in any position that might restrict the circulation in your legs (such as crossing your legs while sitting). • Elevate your legs and feet while sitting. • Exercise regularly. • Wear support stockings but avoid any leg wear that is too tight; knee high or waist high is best. Avoid thigh-high legwear. <p>©Copyright 1995-2015 The Cleveland Clinic Foundation. All rights reserved</p> <p>Index# 5186</p>

Vaccination During Pregnancy

Why is vaccination necessary?

Vaccines strengthen people's immune systems so their bodies can fight off serious infectious diseases. Vaccines also benefit society by preventing the spread of communicable diseases.

Why do pregnant women need to be vaccinated?

Many women might not realize they are not up-to-date on their immunizations and are susceptible to diseases that can harm them or their unborn child. Pregnant women should talk to their physicians to figure out which vaccines they might need and whether they should get them during pregnancy or wait until after their child is born.

How do I know if a vaccine's ingredients are safe?

All vaccines are tested for safety under the supervision of the Food and Drug Administration (FDA). The vaccines are checked for purity, potency, and safety, and the FDA and Centers for Disease Control and Prevention (CDC) monitor the safety of each vaccine for as long as it is in use. Some people might be allergic to an ingredient in a vaccine, such as eggs in the influenza vaccine, and should not receive the vaccine until they have talked to their doctors.

Can a vaccine harm my unborn child?

A number of vaccines, especially live-virus vaccines, should not be given to pregnant women because they might be harmful to the baby. (A live-virus vaccine is made using the live strains of a virus.) Some vaccines can be given to the mother in the second or third trimester of pregnancy, while others should only be administered either at one to three months before conception or immediately after the baby is born. Vaccines that are offered during pregnancy, such as the flu shot, are recommended for pregnant women.

What happens if I am exposed to a disease while I am pregnant?

Depending on the circumstances, your doctor will weigh the risks of vaccination against the benefits the vaccine can provide.

Which vaccines can I receive while I am pregnant?

The following vaccines are considered safe to give to women who might be at risk of infection:

Hepatitis B — Pregnant women who are at high risk for this disease and have tested negative for the virus can receive this vaccine. It is used to protect the mother and baby against infection both before and after delivery.

Influenza — This vaccine can prevent serious illness in the mother during pregnancy. You can receive the vaccine at any stage of your pregnancy. The Centers for Disease Control and Prevention (CDC) recommends all pregnant women should receive the flu shot.

Tetanus/Diphtheria (Tdap) — Tdap should be administered during pregnancy, preferably during the third trimester or late second trimester (after 20 weeks of gestation). If you or your family members did not receive this vaccination during pregnancy, Tdap should be administered immediately postpartum while in the hospital to ensure pertussis or “whooping cough” immunity and reduce the risk of transmission to the newborn. The CDC recommends that all pregnant women receive this vaccine, please accept this vaccine for the safety of you and your baby.

Which vaccines should pregnant women avoid?

The following vaccines can potentially be transmitted to the unborn child and might result in miscarriage, premature birth, or birth defects:

Hepatitis A — The safety of this vaccine hasn’t been determined and it should be avoided during pregnancy. Women at high risk for exposure to this virus should discuss the risks and benefits with their doctors.

Measles, Mumps, Rubella (MMR) — Women should wait at least one month to become pregnant after receiving these live-virus vaccines. If the initial rubella test shows you are rubella non-immune, then you will be given the vaccine after delivery.

Varicella — This vaccine, used to prevent chicken pox, should be given at least one month before pregnancy.

Pneumococcal — Because the safety of this vaccine is unknown, it should be avoided in pregnancy except for women who are at high risk or have a chronic illness.

Oral Polio Vaccine (OPV) and Inactivated Polio Vaccine (IPV) — Neither the live-virus (OPV) nor the inactivated-virus (IPV) version of this vaccine is recommended for pregnant women. Also, the risk of getting polio in the United States is very low.

What side effects can I expect after a vaccination?

Side effects vary from none to those that can occur up to three weeks after vaccination.

If you experience any severe side effects, be sure to tell your doctor:

- Fatigue
- Fever
- Headache
- Non-contagious rash or red bumps
- Pain in joints
- Severe allergic reaction in very rare cases
- Soreness and redness at injection site
- Swelling of neck glands and cheeks

Ask for a Vaccine Information Sheet, (VIS) on the vaccine you have received, or you may go to the Centers for Disease Control and Prevention, <http://www.cdc.gov/vaccines/spec-grps/pregnant.htm>.

What if I never had chicken pox?

If you have had chicken pox, you are immune. If you have not had the chicken pox, you have likely received the Varicella vaccine. If you haven't, you may still be immune. A blood test can make this determination. If you are non-immune and are exposed to active chicken pox, you need to call your doctor's office for direction.

Notes

Toxoplasmosis and Pregnancy

What is toxoplasmosis?

Toxoplasmosis is an infection caused by the protozoan parasite *Toxoplasma gondii* that can threaten the health of an unborn child. You can get the infection from handling soil or cat litter that contains cat feces infected with the parasite. You can also get it from eating undercooked meat from animals infected with the parasite or from uncooked foods that have come in contact with contaminated meat. If you have been infected with *Toxoplasma* once, you usually will not become infected again.

What are the symptoms of Toxoplasma?

Because most people with *Toxoplasma* have no symptoms, it might be difficult to know if you have been infected. When symptoms do appear, they can resemble the flu and include fever and swollen lymph glands.

If I was infected with Toxoplasma before my pregnancy, is there a risk to my unborn baby?

With rare exceptions, women who have been infected at least six to nine months before conception develop immunity to *Toxoplasma* and do not pass it on to their babies.

What can happen to my baby if I am infected with Toxoplasma during my pregnancy?

About one-half of women infected with *Toxoplasma* can transmit the infection across the placenta to the unborn baby. Infection early in the pregnancy is less likely to be transmitted to the baby than infection later in the pregnancy. However, an early infection is usually more severe than a later one. Most babies infected during pregnancy show no sign of toxoplasmosis when they are born, but many of them develop learning, visual, and hearing disabilities later in life.

How can I tell if my unborn baby has been infected?

If you have maternal toxoplasmosis infection, there are several ways to check if your unborn child has been infected:

- The fluid around the fetus or the fetal blood can be tested for infection
- About one third of infected babies have a problem that might be visible on an ultrasound
- The baby's blood can be tested after birth

Can Toxoplasma be treated during my pregnancy?

The Toxoplasma infection can be treated during pregnancy with antibiotic medicine. The earlier the infection is identified and treated, the greater the chance of preventing infection of the unborn child. If the child has already been infected, treatment can make the disease less severe. The baby can also be treated in his or her first year of life.

What can I do to prevent Toxoplasma infection?

The CDC recommends the following prevention tips:

- Cook foods at safe temperatures (165 degrees Fahrenheit or above) and use a food thermometer to ensure that meat is cooked thoroughly, leaving no pink in your meat. Juices should run clear.

- Peel or thoroughly wash fruits and vegetables before eating. Wash cutting boards, dishes, counters, utensils, and hands with hot, soapy water after they have come in contact with raw foods.

- Wear gloves when gardening and during any contact with soil or sand because it might contain cat feces. Wash hands thoroughly after coming in contact with soil or sand.

- Avoid changing cat litter, if possible. If you must do it, wear gloves and wash your hands thoroughly afterward. Change the litter box daily, keep your cat inside, and do not handle stray or adopted cats. Do not feed your cat raw or undercooked meats.

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Sex During Pregnancy

Can I have sex during pregnancy without harming my baby?

Yes. There is no reason to change or alter your sexual activity during pregnancy unless your health care provider advises otherwise.

Intercourse or orgasm during pregnancy will not harm your baby, unless you have a medical problem. Remember that your baby is well protected in your uterus by the amniotic fluid that surrounds him or her.

Your health care provider might recommend not having intercourse early in pregnancy if you have a history of miscarriages. Intercourse might also be restricted if you have certain complications of pregnancy, such as pre-term labor or bleeding. You might need to ask your health care provider to clarify if this means no penetration, no orgasms, or no sexual arousal, as different complications might require different restrictions.

Comfort during intercourse

As your pregnancy progresses, changing positions might become necessary for your comfort. This might also be true after your baby is born.

A water-based lubricant may be used during intercourse if necessary.

During intercourse, you should not feel pain. During orgasm, your uterus will contract which may be mildly uncomfortable. It is common to have vaginal spotting (blood) after intercourse. Call your health care provider immediately if you have heavy vaginal bleeding, persistent pain, or if your water breaks. (Nothing should enter the vagina after your water breaks.)

Communicate with your partner

Talk to your partner. Tell your partner how you feel, especially if you have mixed feelings about sex during pregnancy. Encourage your partner to communicate with you, especially if you notice changes in your partner's responsiveness. Communicating with your partner can help you both better understand your feelings and desires.

Will my desires change?

It is common for your desires to be different now that you are pregnant. Changing hormones cause some women to experience an increased sex drive during pregnancy, while others might not be as interested in sex as they were before they became pregnant.

Take time for intimacy

If your health care provider has limited your sexual activity, or if you are not in the mood for intercourse, remember to take time for intimacy with your partner. Being intimate does not require having intercourse. Love and affection can be expressed in many ways.

Remind yourselves of the love that created your developing baby. Enjoy your time together. You can take long romantic walks, candlelit dinners, or give each other back rubs.

How soon can I have sex after my baby is born?

In general, you can resume sexual activity when you have recovered, when your bleeding has stopped, and when you and your partner feel comfortable.

Your health care provider might recommend that you wait until after your first postpartum health care appointment before having intercourse with your partner.

After pregnancy, some women notice a lack of vaginal lubrication during intercourse.

A water-based lubricant may be used during intercourse to decrease the discomfort of vaginal dryness. Women who only feed their babies breast milk experience a delay in ovulation (when an egg is released from the ovary) and menstruation. However, ovulation will occur before you start having menstrual periods again, so remember that you can still become pregnant during this time. Follow your health care provider's recommendations on the appropriate method of birth control to use.

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Sexually Transmitted Diseases and Pregnancy

Sexually transmitted diseases, commonly called STDs, are infections that are spread by having sex with someone who has an STD. Sexually transmitted diseases are passed on from sexual activity that involves the mouth, anus or vagina.

Pregnant women with a STD may infect their baby before, during, or after the baby's birth. For this reason, your health care provider will screen you for most STDs at your first prenatal visit. If you have sex with someone who is affected, after your initial screening, you will need to be tested again. Treatment of STDs is the best way to protect you and your baby.

STDs include:

- Chlamydia
- Genital herpes
- Gonorrhea
- Hepatitis B
- HIV/AIDS
- HPV/Genital warts
- Syphilis
- Trichomonas Vaginalis ("Trich")

What are the symptoms of STDs?

Sometimes, there are no symptoms. If symptoms are present, they might include:

- Bumps, sores, or warts near the mouth, anus, penis, or vagina
- Swelling or redness near the penis or vagina
- Skin rash
- Painful urination
- Weight loss, loose stools, night sweats
- Aches, pains, fever, and chills
- Yellowing of the skin (jaundice)
- Discharge from the penis or vagina (vaginal discharge might have an odor)
- Bleeding from the vagina other than during a monthly period
- Painful sex
- Severe itching near the penis or vagina

How can STDs affect my pregnancy and treatment options?

STDs in pregnancy can affect you and your developing baby:

Chlamydia: Pregnancy seems to be unaffected by chlamydia infection. However, infants exposed to the infection at birth can develop severe eye infections or pneumonia.

Treatment: Mothers with chlamydia are treated with antibiotics and all newborn babies are given antibiotic eye ointment after birth to prevent infections.

Genital herpes: Herpes infection in pregnant women is relatively safe until she gets ready to deliver. Active herpes lesions on the genitals are contagious and can infect the infant during childbirth. Thus, many women are delivered via cesarean section.

Treatment: Antiviral medications can be given. Cesarean section if indicated.

Gonorrhea: If contracted during pregnancy, the infection can cause mouth sores, fever and blood stream infections. The baby is usually unaffected, but if the baby is born while the mother has an active infection, the baby may develop an eye infection or blindness, joint infections, or blood infections.

Treatment: Mothers with gonorrhea are treated with antibiotics and all newborn babies are given antibiotic

eye ointment after birth to prevent infections.

Hepatitis B: This is a liver infection caused by the hepatitis B virus. If a pregnant woman is infected with hepatitis B, she can transmit the infection to the fetus through the placenta, infecting the newborn baby. In addition, women with hepatitis B are more likely to have premature birth delivery. However, early screening and vaccination can prevent the worst outcomes of this infection.

Treatment: If you have hepatitis B, your doctor will give your newborn baby an injection of antibodies and a vaccine to prevent the baby from becoming infected.

HIV/AIDS: Thanks to the advent of powerful medication combinations, transmission of HIV infection to your infant is almost completely preventable. However, if the disease is passed on, the baby may develop the HIV infection.

Treatment: Although HIV/AIDS is an incurable disease, you can prevent transmitting the virus to your baby by taking various medications.

HPV/genital warts: It is a common STD that can present with lesions or may have no symptoms at all.

Treatment: If you contract genital warts during pregnancy, treatment may be delayed until after you deliver. Delivery is only affected if large genital warts are present, and your

health care provider will discuss delivery options with you.

Syphilis: Syphilis is easily passed on to your unborn child and is likely to cause fatal infections. Untreated infants can be born premature or develop problems in multiple organs, including eyes, ears, heart, skin, and bones.

Treatment: Your health care provider will likely prescribe antibiotics to you during pregnancy to reduce the risk of transmission to your baby.

Trichomonas Vaginalis: This is a parasite that causes vaginal discharge. If left untreated, babies can be premature and have low birth weight.

Treatment: This infection is easily treatable with antibiotics.

If you are given an antibiotic to treat an STD, it's important that you take all of your medicine, even if the symptoms go away. Also, never take someone else's medicine to treat your illness. By doing so, you might make it more difficult to treat the infection. Likewise, you should not share your medicine with others.

How can I protect myself from STDs?

Here are some basic steps you can take to help protect yourself from STDs:

- Not having sex is the only sure way to prevent STDs.

- Use a condom every time you have sex. (If you use a lubricant, make sure it is water-based.)
- Limit your number of sex partners.
- Practice monogamy. This means having sex with only one person. That person must also have sex with only you to reduce your risk.
- Get checked for STDs. Don't risk giving the infection to someone else or your baby. Just because you have been screened in early pregnancy, doesn't mean you can't contract an STD later in pregnancy. If you have engaged in unprotected sex since your initial STD screening, please request another set of STD screenings from your health care provider.
- Don't use alcohol or drugs before you have sex, especially when pregnant. You might be less likely to practice safe sex if you are drunk or high.
- Know the signs and symptoms of STDs. Look for them in yourself and your sex partners.
- Learn about STDs. The more you know about STDs, the better you can protect yourself.

How can I prevent spreading a sexually transmitted disease?

- Stop having sex until you see a health care provider and are treated.

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- Follow your health care provider's instructions for treatment.
- Use condoms whenever you have sex, especially with new partners.
- Don't resume having sex unless your health care provider says it's okay.
- Return to your health care provider to get rechecked.
- Be sure your sex partner or partners also are treated.

Where can I learn more?

The Centers for Disease Control and Prevention (CDC):

CDC Hotline: 1.800.232.4636

<http://www.cdc.gov/std/default.htm>

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Exercise During Pregnancy

A regular exercise routine throughout your pregnancy can help you stay healthy and feeling your best.

How can I stay fit?

Regular exercise during pregnancy can improve your posture and decrease some common discomforts such as backaches, constipation, bloating, decreases swelling and fatigue. Exercise can also increase mood and assist with sleep. Being fit during pregnancy means safe, mild to moderate exercise at least three times a week, unless you have been otherwise advised by your physician.

If you were physically active before your pregnancy, you should be able to continue your activity in moderation. Don't try to exercise at your former level. Instead, do what's most comfortable for you now. Stay within 70 percent of your target heart rate (target heart rate can be measured at 220 minus your current age).

If you have never exercised regularly before, you can safely begin an exercise program during pregnancy after consulting with your health care provider. If you did not exercise three times a week before getting pregnant, do not try a new, strenuous activity. Start with a low-intensity activity and gradually move to a higher activity level.

Is exercise safe for everyone?

Every pregnant woman should consult with her health care provider before beginning an exercise program. Your health care provider can give you personal exercise guidelines, based on your medical history.

If you have a medical problem, such as asthma, heart or lung disease, or high blood pressure, exercise might not be advisable for you. Exercise might also be harmful if you have an obstetric condition such as:

- Vaginal bleeding or spotting
- Low placenta
- Weak cervix

- Threatened or recurrent miscarriage
- Premature ruptured membranes
- Previous premature births or history of early labor

What exercises are safe?

Most exercises are safe to perform during pregnancy, as long as you exercise with caution and you do not overdo it.

The safest and most productive activities are swimming, brisk walking, indoor stationary cycling, prenatal yoga and low-impact aerobics (taught by a certified aerobics instructor). These activities carry little risk of injury, benefit your entire body, and can be continued until birth.

Other activities such as jogging can be done in moderation. You might want to choose exercises or activities that do not require great balance or coordination, especially later in pregnancy.

Exercises to avoid

There are certain exercises and activities that can be harmful if performed during pregnancy.

Avoid:

- Holding your breath during any activity

- Activities during which falling is likely (such as skiing and horseback riding)
- Contact sports such as softball, football, basketball, and volleyball (to reduce your risk of injury)
- Any exercise that might cause even mild abdominal trauma such as activities that include jarring motions or rapid changes in direction
- Activities that require extensive jumping, hopping, skipping, bouncing, or running
- Deep knee bends, full sit-ups, double leg raises, and straight-leg toe touches
- Bouncing while stretching (bounce stretching is unsafe for everyone)
- Exercises that require lying on your back or right side for more than three minutes (especially after your third month of pregnancy)
- Waist-twisting movements while standing
- Heavy exercise spurts followed by long periods of inactivity
- Exercise in hot, humid weather (if at all possible)

- Hot tubs, saunas, and steam rooms

What should an exercise program include?

For total fitness, an exercise program should strengthen and condition your muscles.

Always begin by warming up for five minutes and stretching for five minutes. Include at least 15 minutes of cardiovascular activity. Measure your heart rate at times of peak activity. Your heart rate might range from 140 to 160 beats per minute during activity. Follow aerobic activity with five to 10 minutes of gradually slower exercise that ends with gentle stretching.

Basic exercise guidelines:

- Wear loose-fitting, comfortable clothes, as well as a good support bra
- Choose shoes that are designed for your type of exercise. Proper shoes are your best protection against injury
- Exercise on a flat, level surface to prevent injury
- Consume enough calories to meet the needs of your pregnancy (300 more calories per day than before you were pregnant), as well as your exercise program

- Finish eating at least one hour before exercising

- Drink water before, during, and after your workout

- After doing floor exercises, get up slowly and gradually to prevent dizziness

- Never exercise to the point of exhaustion. If you cannot talk normally while exercising, you are probably over exerting yourself, and you should slow down your activity

Stop exercising and consult your health care provider if you:

- Feel pain
- Have abdominal, chest, or pelvic pain
- Notice an absence of fetal movement
- Feel faint, dizzy, nauseous, or light-headed
- Feel cold or clammy
- Have vaginal bleeding
- Have a sudden gush of fluid from the vagina or a trickle of fluid that leaks steadily (when your bag of “water” breaks, also called rupture of the amniotic membrane)

- Notice an irregular or rapid heartbeat
- Have sudden swelling in your ankles, hands, face, or experience calf pain
- Have increased shortness of breath
- Have persistent contractions that continue after rest
- Have difficulty walking

What physical changes might affect my ability to exercise?

Physical changes during pregnancy create extra demands on your body. Keeping in mind the changes listed here, remember that you need to listen to your body and adjust your activities or exercise routine as necessary.

- Your developing baby and other internal changes require more oxygen and energy.
- Hormones produced during pregnancy cause the ligaments that support your joints to stretch, increasing the risk of injury.

- The extra weight and the uneven distribution of your weight changes your center of gravity. The extra weight also puts stress on joints and muscles in the lower back and pelvic area, and makes it easier for you to lose your balance.

How soon can I exercise after delivery?

It is best to ask your health care provider how soon you can begin your exercise routine after delivering your baby.

Although you might be eager to get in shape quickly, return to your pre-pregnancy fitness routines gradually. Follow your health care provider's exercise recommendations.

Most women can safely perform a low-impact activity one to two weeks after a vaginal birth (three to four weeks after a cesarean birth). Do about half of your normal floor exercises and don't try to overdo it. Wait until about six weeks after birth before running or participating in other high-impact activities.

Exercises to try

Listed here are some basic stretching and toning exercises for pregnant women. **Remember:** *Before you start any exercise program, consult with your health care provider. Your health care provider can give you personal exercise guidelines, based on your medical history.*

STRETCHING EXERCISES

Stretching makes the muscles limber and warm. Here are some simple stretches you can perform before or after exercise.

Neck rotation--Relax your neck and shoulders. Drop your head forward. Slowly rotate your head to your right shoulder, then back to the middle and over the left shoulder. Complete four, slow rotations in each direction.

Shoulder rotation--Bring your shoulders forward, then rotate them up toward your ears, then back down. Do four rotations in each direction.

Swim--Place your arms at your sides. Bring your right arm up and extend your body forward and twist to the side, as if swimming the crawl stroke. Follow with your left arm. Do the sequence 10 times.

Thigh shift--Stand with one foot about two feet in front of the other, toes pointed in the same direction. Lean forward, supporting your weight on the forward thigh. Change sides and repeat. Do four on each side.

Leg shake --Sit with your legs and feet extended. Move the legs up and down in a gentle shaking motion.

Ankle rotation--Sit with your legs extended and keep your toes relaxed. Rotate your feet, making large circles. Use your whole foot and ankle. Rotate four times on the right and four times on the left.

MUSCLE TONING EXERCISES

The following exercises can be done to strengthen the muscles of your vagina, abdomen, pelvic floor, back, and thighs.

Pelvic tilt

Pelvic tilts strengthen the muscles of the abdomen and lower back, increase hip mobility, and help relieve low back pain during pregnancy and labor.

All fours--On the floor, get on your hands and knees, keeping your hands in line with your shoulders and your knees in line with your hips. Keep your back flat and shoulders relaxed. Inhale. While tightening your abdomen, tuck your buttocks under and tilt your pelvis forward in one motion. Exhale. Relax, being careful not to let your back sag. Continue to breathe. Repeat 10 times.



Standing--Stand with your feet about 10 inches apart, legs relaxed and knees slightly bent. Place your hands on your hips. Inhale. While tightening your abdomen, tuck your buttocks under and tilt your pelvis forward in one motion. Exhale and relax. Repeat 10 times.



Tailor exercises

Tailor exercises strengthen the pelvic, hip, and thigh muscles, and can help relieve low back pain.

Tailor sit--Sit with your knees bent and ankles crossed. (*See illustration 3a*) Lean slightly forward. Keep your back straight but relaxed. (*See illustration 3b*) Use this position whenever possible throughout the day.



3a



3b

Tailor press--Sit with your knees bent and the soles of your feet together. Grasp your ankles and pull your feet gently toward your body. Place your hands under your knees. Inhale. While pressing your knees down against your hands, press your hands up against your knees (counter-pressure). Hold for a count of five.



Kegel exercises

Kegel exercises, also called pelvic floor exercises, help strengthen the muscles that support the bladder, uterus, and bowels.

By strengthening these muscles during pregnancy, you can develop the ability to relax and control the muscles in preparation for labor and birth.

Kegel exercises are highly recommended during the postpartum period to promote the healing of perineal tissues, increase the strength of the pelvic floor muscles, and help these muscles return to a healthy state, including increased urinary control.

How to do Kegel exercises

Imagine you are trying to stop the flow of urine or trying not to pass gas.

When you do this, you are contracting the muscles of the pelvic floor and are practicing Kegel exercises. While doing Kegel exercises, try not to move your leg, buttock, or abdominal muscles. In fact, no one should be able to tell you are doing Kegel exercises.

How often should I do Kegel exercises?

Kegel exercises should be done every day. We recommend doing three sets of Kegel exercises a day. Each time you contract the muscles of the pelvic floor, hold for a slow count of 10 seconds and then relax. Repeat this 15 times for one set of Kegels.

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Finding a Comfortable Position: Correct Posture and Body Mechanics During Pregnancy

What is good posture?

Posture is the position in which you hold your body while standing, sitting, or lying down. Good posture during pregnancy involves training your body to stand, walk, sit, and lie in positions where the least strain is placed on your back.



What is the correct way to stand?

1. Hold your head up straight with your chin in. Do not tilt your head forward, backward, or sideways.
2. Make sure your ear lobes are in line with the middle of your shoulders.
3. Keep your shoulder blades back and your chest forward.
4. Keep your knees straight, but not locked.
5. Stretch the top of your head toward the ceiling.
6. Tighten your stomach, pulling it in and up when you are able. Do not tilt your pelvis forward or backward. Keep your buttocks tucked in when you are able.

7. Point your feet in the same direction, with your weight balanced evenly on both feet. The arches of your feet should be supported with low-heeled (but not flat) shoes.
8. Avoid standing in the same position for a long time.
9. If you need to stand for long periods, adjust the height of the work table to a comfortable level if possible. Try to elevate one foot by resting it on a stool or box. After several minutes, switch your foot position.
10. While working in the kitchen, open the cabinet under the sink and rest one foot on the inside of the cabinet. Change feet every five to 15 minutes.



What is the correct way to sit?

1. Sit up with your back straight and your shoulders back. Your buttocks should touch the back of your chair.
2. Sit with a back support (such as a small, rolled-up towel or a lumbar roll) placed at the hollow of your back. Here's how to find a good sitting position when you're not using a back support or lumbar roll:
 - Sit at the end of your chair and slouch completely
 - Draw yourself up and accentuate the curve of your back as far as possible
 - Hold for a few seconds
 - Release the position slightly (about 10 degrees)
3. Distribute your body weight evenly on both hips.
4. Keep your hips and knees at 90 degree angle. Use a foot rest or stool if necessary. Your legs should not be crossed and your feet should be flat on the floor.



Correct sitting position without lumbar support (top) and with lumbar support (bottom).

5. Try to avoid sitting in the same position for more than 30 minutes.
6. At work, adjust your chair height and work station so you can sit up close to your work and tilt it up at you. Rest your elbows and arms on your chair or desk, keeping your shoulders relaxed.
7. When sitting in a chair that rolls and pivots, don't twist at the waist while sitting. Instead, turn your whole body.
8. When standing up from the sitting position, move to the front of the seat of your chair. Stand up by straightening your legs. Avoid bending forward at your waist. Immediately stretch your back by doing 10 standing backbends.



It is OK to assume other sitting positions for short periods of time, but most of your sitting time should be spent as described above so there is minimal stress on your back. If you have back pain, sit as little as possible, and only for short periods of time (10 to 15 minutes).

What is the correct driving position

1. Use a back support (lumbar roll) at the curve of your back. Your knees should be at the same level as your hips.
2. Move the seat close to the steering wheel to support the curve of your back. The seat should be close enough to allow your knees to bend and your feet to reach the pedals.
3. Always wear both the lap and shoulder safety belts. Place the lap belt under your abdomen, as low on your hips as possible and across your upper thighs. Never place the belt above your abdomen. Place the



shoulder belt between your breasts. Adjust the shoulder and lap belts as snug as possible.

4. If your vehicle is equipped with an air bag, it is very important to wear your shoulder and lapbelts. In addition, always sit back at least 10 inches away from the site where the air bag is stored. On the driver's side, the air bag is located in the steering wheel. When driving, pregnant women should adjust the steering wheel so it is tilted toward the chest and away from the head and abdomen.

What is the correct way to lift objects?

1. If you must lift objects, do not try to lift objects that are awkward or are heavier than 20 pounds.

2. Before you lift an object, make sure you have firm footing.

Correct



Incorrect



3. To pick up an object that is lower than the level of your waist, keep your back straight and bend at your knees and hips. Do not bend forward at the waist with your knees straight.

4. Stand with a wide stance close to the object you are trying to pick up, and keep your feet firmly on the ground. Tighten your stomach muscles along with your pelvic floor muscles (Kegel) and lift the object using your leg muscles. Straighten your knees in a steady motion. Don't jerk the object up to your body.

5. Stand completely upright without twisting. Always move your feet forward when lifting an object.

6. If you are lifting an object from a table, slide it to the edge of the table so you can hold it close to your body. Bend your knees so you are close to the object. Use your legs to lift the object and come to a standing position.

7. Avoid lifting heavy objects above waist level.
8. Hold packages close to your body with your arms bent. Keep your stomach muscles tight. Take small steps and go slowly.
9. To lower the object, place your feet as you did to lift. Tighten your stomach muscles, and bend your hips and knees.

Reaching objects overhead

1. Use a foot stool or chair to bring yourself up to the level of what you are reaching.
2. Get your body as close as possible to the object you need to reach.
3. Make sure you have a good idea of how heavy the object is you are going to lift.
4. Use two hands to lift.

What is the best position for sleeping and lying down?

The best lying or sleeping position might vary. No matter in what position you lie, place a pillow under your head, but not your shoulders. The pillow should be a thickness that allows your head to be in a normal position to avoid straining your back. You might also want to put a pillow between your legs for support.

- Try to sleep in a position that helps you maintain the curve in your back (such as on your side with your knees slightly bent, with a pillow between your knees). Do not sleep on your side with your knees drawn up to your chest. Avoid sleeping on your stomach.
- Select a firm mattress and box spring set that does not sag. If necessary, place a board under your mattress. You can also place the mattress on the floor temporarily if necessary. If you have always slept on a soft surface, it might be more painful to change to a hard surface. Try to do what is most comfortable for you.



- Try using a back support (lumbar support) at night to make you more comfortable. A rolled sheet or towel tied around your waist might be helpful.

- When standing up from the lying position, turn on your side, draw up both knees towards your chest and let your legs gently drop off the bed. Sit up by pushing yourself up with your hands. Avoid bending forward at your waist.

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Sleep During Pregnancy

The hormonal changes and physical discomfort associated with pregnancy can affect a woman's quality of sleep. Each trimester brings its own unique changes, including changes in sleep.

The National Sleep Foundation offers the following most common reasons why sleep patterns change throughout your pregnancy:

- You might wake more frequently to empty your bladder
- Heartburn, nausea, leg cramps, and sinus congestion may be problems
- Physical and emotional changes are occurring in your life
- You might feel very sleepy during some periods of the day as a result of disturbed sleep, and as a side effect of increased levels of the hormone progesterone
- You might feel uncomfortable in general as your belly increases in size and your weight increases

Getting enough sleep during pregnancy

If your sleep disturbances are severe, do not hesitate to ask your doctor to help you find solutions that will work for you. One or more of the following might help you get the sleep you need during pregnancy:

Pillows--Pillows can be used to support both the abdomen and back. A pillow between the legs can help support the lower back and make sleeping on your side easier. Some specific types of pillows include the wedge-shaped pillow and the full-length body pillow. It is recommended to sleep on your side.

Nutrition--Drinking a glass of warm milk might help bring on sleep. Foods high in carbohydrates, such as a small bowl of dry cereal with a small four ounce cup of milk, a slice of toast, bread or crackers, can promote sleep because they increase the level of sleep-inducing tryptophan. A snack high in protein (like one teaspoon of peanut butter or a low-fat cheese slice with whole grain crackers) can keep blood sugar levels up, and could help prevent bad dreams, headaches, and hot flashes. Avoid foods containing caffeine such as coffee, tea, caffeine-containing soft drinks and chocolate.

Relaxation techniques--Relaxation techniques can help calm your mind and relax your muscles. These techniques include stretching and yoga, massage, and deep breathing.

Exercise--Regular exercise during pregnancy promotes your physical and mental health. Exercise also can aid in helping you sleep more deeply. Vigorous exercise within four hours of bedtime should be avoided.

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Dental Care During Pregnancy

It's vitally important for you to take good care of your oral health while you are pregnant. Pregnancy increases your risk of developing gum disease. Oral health can affect the health of your developing baby and dental infections have been linked to preterm labor.

Below are some suggestions for maintaining good oral health as well as your baby's health and safety before, during, and after your pregnancy.

While you are pregnant

- Tell your dentist (and health care provider) if you know you are pregnant. This will help your health care providers plan for any treatments or procedures. It's always best to complete any major dental treatment prior to pregnancy. Routine dental care, on the other hand, can be received during the second trimester. As a precautionary measure, dental treatments during the first trimester and second half of the third trimester should be avoided as much as possible. These are critical times in the baby's growth and development, and it's simply wise to avoid exposing the mother to procedures that could in any way "influence" the baby's growth and development. All elective dental procedures should be postponed until after the delivery.
- Tell your dentist the names and dosages of all medicines you are taking (including medicines and prenatal vitamins prescribed by your doctor) as well as any specific medical advice your doctor has given you to follow. Your dentist might need to alter your dental treatment plan based on this information. Certain drugs such as tetracycline can affect the development of your child's teeth and should not be given during pregnancy.
- Avoid dental x-rays during pregnancy. If x-rays are essential your dentist will use a shield to safeguard you and your baby. Advances in dentistry have made x-rays much safer today than in past decades.
- Don't skip your dental checkup appointment simply because you are pregnant.
- Follow good oral hygiene practices to prevent and/or reduce gingival problems, including brushing your teeth at least twice a day and flossing at least once a day. Use a good-quality, soft-bristled toothbrush. Use a toothpaste that contains fluoride, and brush for at least two minutes to

remove the plaque that forms on your teeth.

- If morning sickness is keeping you from brushing your teeth, change to a bland-tasting toothpaste during your pregnancy. Ask your dentist or hygienist to recommend brands.
- Rinse your mouth out with water or a mouth rinse if you suffer from morning sickness and have bouts of frequent vomiting.
- Ask your dentist about the need for fluoride supplements. Since fluoride is found in water and almost all brands of toothpaste, fluoride supplementation might not be necessary.
- Avoid sugary snacks. Sweet cravings are common during pregnancy. However, keep in mind that the more frequently you snack, the greater the chance of developing tooth decay. Additionally, some bacteria responsible for tooth decay are passed from the mother to the child, so be careful of what you eat.
- Eat a healthy, balanced diet. Your baby's first teeth begin to develop about three months into your pregnancy. Healthy diets containing dairy products, cheese, and yo-

gurt are good sources of these essential minerals and are good for your baby's developing teeth, gums, and bones.

- Consult with your dentist or doctor about the need for anesthesia or other medicines should a dental emergency arise. Make sure you tell all health care providers you come into contact with that you are pregnant. This information could change their treatment plans.
- If you experienced any gum problems during pregnancy, such as gingivitis or a pregnancy tumor, see your dentist soon after delivery to have your entire mouth examined and your periodontal health evaluated.

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How Smoking Affects You and Your Baby During Pregnancy

Smoking during pregnancy affects you and your baby's health before, during, and after your baby is born. The nicotine (the addictive substance in cigarettes), carbon monoxide, lead, arsenic, and numerous other poisons you inhale from a cigarette are carried through your bloodstream and go directly to your baby.

Smoking while pregnant will:

- Lower the amount of oxygen available to you and your growing baby
- Increase your baby's heart rate
- Increase the chances of miscarriage and stillbirth
- Increase the risk that your baby is born prematurely and/or born with low birth weight
- Increase your baby's risk of developing respiratory problems



The more cigarettes you smoke per day, the greater your baby's chances of developing these and other health problems. There is no "safe" level of smoking for your baby's health.

How does second-hand smoke affect me and my baby?

Second-hand smoke (also called passive smoke or environmental tobacco smoke) is the combination of smoke from a burning cigarette and smoke exhaled by a smoker. The smoke that burns off the end of a cigarette or cigar contains more harmful substances (tar, carbon monoxide, nicotine, and others) than the smoke inhaled by the smoker.

The American Cancer Society states that if you are regularly exposed to second-hand smoke, you increase your and your baby's risk of developing lung cancer, heart disease, emphysema, allergies, asthma, and other health problems. Babies exposed to second-hand smoke might also develop reduced lung capacity and are at higher risk for sudden infant death syndrome (SIDS).

What happens if I keep smoking after my baby is born?

If you continue to smoke after your baby is born, you increase his or her chance of developing certain illnesses and problems, such as:

- Frequent colds
- Bronchitis and pneumonia
- Asthma/wheezing
- Chronic cough
- Ear infections
- High blood pressure
- Learning and behavior problems later in childhood
- Sudden Infant Death Syndrome (SIDS)
- Can reduce your supply of breast milk

Why should I quit smoking?

Smoking is the leading cause of preventable death in the United States. By quitting you can:

- Prolong your life
- Lower your risk of heart disease
- Lower your risk of developing lung, throat, mouth, pancreatic and bladder cancer
- Lower your risk of developing breathing problems such as

chronic obstructive pulmonary disease (COPD), asthma, and emphysema

- Lower your risk of developing allergies
- Raise your energy level
- Improve your appearance (your skin will wrinkle less and look better, and your fingers and teeth will not be yellow)
- Improve your sense of smell and taste
- Feel healthier overall, with improved self-esteem
- Save a lot of money (the average smoker spends \$1,800 a year for cigarettes)

How can I quit smoking?

There is no one way to quit smoking that works for everyone, since each person has different smoking habits. Here are some tips:

- Hide your matches, lighters, and ashtrays.
- Designate your home a non-smoking area.
- Ask people who smoke not to smoke around you.
- As advised in pregnancy, it is best to decrease caffeine intake. This decrease in caffeine intake might decrease your urge to smoke. Also,

avoid alcohol, (as advised in pregnancy) as it also might increase your urge to smoke and is harmful to your baby.

- Change your habits connected with smoking. If you smoked while driving or when feeling stressed, try other activities to replace smoking.
- Keep mints or gum (preferably sugarless) on hand for those times when you get the urge to smoke.
- Stay active to keep your mind off smoking and to relieve tension. Take a walk, exercise, or read a book.
- Do not go places where many people smoke.
- Look for support from others. Join a support group or smoking cessation program, such as Cleveland Clinic's Smoking Cessation Program. For more information, please call 216.444.5819, or go to <http://my.clevelandclinic.org/tobacco>.
- Ohio Quit Line: 1.800.QUIT.NOW (1.800.784.8669) or go to www.smokefree.gov.

Should I use a nicotine replacement to help me quit?

Discuss with your health care provider if nicotine replacement therapy is appropriate for you.

How will I feel when I quit?

The benefits of not smoking start within days of quitting. After you

quit, you and your baby's heartbeat will return to normal, and your baby will be less likely to develop breathing problems.

You might have symptoms of withdrawal because your body is used to nicotine, the addictive substance in cigarettes. You might crave cigarettes, be irritable, feel fatigued and very hungry, cough often, get headaches, or have difficulty concentrating.

The withdrawal symptoms are only temporary. They are strongest when you first quit but will go away within 10 to 14 days. When withdrawal symptoms occur, stay in control. Think about your reasons for quitting. Remind yourself that these are signs that your body is healing and getting used to being without cigarettes. Remember that withdrawal symptoms are easier to treat than the major diseases that smoking can cause.

Even after the withdrawal is over, expect periodic urges to smoke. However, these cravings are generally brief and will go away whether you smoke or not. Don't smoke.

If you smoke again (called a relapse), do not lose hope. Seventy-five percent of those who quit relapse. Most smokers quit three times before they are successful. If you relapse, don't give up. Plan ahead and think about what you will do next time you get the urge to smoke.

Traveling When You Are Pregnant

Is it safe to travel during pregnancy?

Usually, it is safe to travel during the first eight months of pregnancy. The main concerns with travel during pregnancy are access to medical care, discomfort, getting enough exercise and fluids, and having a healthy diet.

If you have any medical or obstetric complications, such as poorly controlled diabetes, placental problems, or pregnancy-induced high blood pressure, your provider might recommend you not travel at any time during your pregnancy.

If you plan to travel, discuss the trip with your health care provider.

Talk about:

- The distance and length of the trip
- The mode of travel
- Any suggestions for things you should or should not do before, during, and after the trip



Generally, the safest time to travel during pregnancy is the second trimester (13 to 28 weeks). At this time, you probably feel your best and you are in the least danger of having a miscarriage or premature labor. Avoid traveling any long distance during the last two or three weeks before your due date. If labor starts early, you will want to be close to home.

What are the general guidelines for all travel during pregnancy?

- See your health care provider just before you leave on your trip. Ask your provider if you will need any prenatal care visits while you are traveling, and if so, where you might go for prenatal care.
- Take a copy of your prenatal record with you.
- Ask your health care provider for the name of a doctor in the city or area you will be visiting.
- Wear comfortable, low-heeled shoes and loose-fitting clothes; layer clothing due to changing temperatures.

- Eat healthy meals and snacks. Eat small meals to avoid motion sickness. Meals might be unpredictable while traveling, so carry snacks with you. Eat enough fiber in your meals to avoid constipation.
- Drink plenty of water. Carry a water bottle with you.
- Do not take any medicines, including non-prescription medicines, without your health care provider's permission.
- Get up and walk often while you are traveling if you are able. Walking and moving your arms improves blood flow in your body.
- If you have to sit for a long time, change your sitting position often. Alternate pointing and raising your feet. Move your feet, toes, and legs often as this prevents blood clots from forming in the legs and pelvis.
- Always wear a seat belt. A seat belt is safe for both the mother and baby when worn properly. If the seat belt is only a lap belt, place it below your abdomen. If you have a shoulder and lap belt, place the lap portion under your abdomen and the shoulder belt across your shoulder and between the breasts. Be sure the seat belt fits snugly. Air bags are safe but you must also wear the seat belt. The gas used in air bags won't hurt you or the baby. If you are in an accident, you should see a doctor to check you and your baby.
- Get enough sleep and rest to avoid tiredness.
- Keep your travel plans as flexible as possible. Problems might develop at the last minute and you might have to cancel your trip. Unless it is absolutely necessary, do not plan any trips during the third trimester of your pregnancy.

Specific guidelines:

- **Car:** Do not ride in the car more than five hours each day. Stop every one to two hours for some exercise, such as walking. Adjust your seat as far from the dashboard or steering wheel as possible. Motorcycle travel is not recommended during pregnancy.
- **Water travel:** Seasickness is a concern for many people traveling by sea. Your health care provider might recommend medicine that helps prevent motion sickness and is safe during pregnancy. You might also consider trying acupressure wristbands. Be aware that the medical services on a ship are very limited.
- **Air travel:** Flying is usually a safe way to travel. Most domestic airlines will allow a pregnant woman to fly up to the 36th week of pregnancy if there are

no problems with the pregnancy. Each airline has policies regarding pregnancy and flying. Check with your airline when you reserve your tickets to see if you need to complete any medical forms.

Try to get an aisle seat at the bulk head (the wall that separates first class from coach) to have the most space and comfort. If you are more concerned about a smoother ride, you might prefer a seat over the wing in the midplane region.

What are the guidelines for traveling internationally?

You should not travel out of the country without discussing it first with your health care provider. Your provider might decide foreign travel is not safe for you. If it is safe, your provider will let you know what should be done before you leave and when you arrive at your destination. You might want to register with the American Embassies or Consulates after you arrive. It is important to make sure you have had all the shots you need for the countries you are planning to visit. Some immunizations cannot be given to pregnant women.

Make sure your health insurance is valid abroad and during pregnancy. Also check that the policy covers a newborn if you were to give birth during your travels. Be especially cautious about what you eat in countries where traveler's diarrhea might be a problem. Diarrhea can cause dehydration, which reduces the blood flow to the placenta and your baby.

Tips:

- Do not drink untreated water, including ice cubes in drinks.
- Avoid food and beverages from street vendors.
- Eat only foods that are cooked and still hot, or fruits and vegetables that you peel yourself.
- Do not eat raw or partially cooked fish or shellfish, including such dishes as ceviche. Please see the "Good Nutrition During Pregnancy for You and Your Baby" section for fish guidelines.
- Brushing your teeth with untreated water is usually safe. Most toothpastes contain antibacterial substances. Do not swallow the water.
- Carbonated soft drinks, carbonated water, and bottled water are usually safe without ice.

- Avoid uncooked dairy products. Make sure the milk you drink is pasteurized.
- Ask your health care provider what medicines are safe to take to help prevent traveler's diarrhea when you are pregnant.

The Centers for Disease Control and Prevention (CDC) has an International Travelers Hotline for information on disease and world travel.

The number is 1-800-232-4636 or 1-800-CDC-INFO.

The CDC travelers' health Web site is: <http://www.cdc.gov/travel>.

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