

## PRENATAL CARE

Prenatal care consists of periodic visits to the doctor during the course of pregnancy. Information is collected and tests are performed during these visits so potential problems can be detected early.

Your first prenatal visit includes a history taken by the nurse. You will also have several lab tests done at this visit. These tests include a complete blood count to check for anemia, a blood type, rubella and hepatitis screen, an antibody screen, urine culture and a test for syphilis. Additional tests may also be done or offered.

Your second visit will be a complete physical examination including a pelvic exam. The pelvic exam determines the size of the uterus and the amount of room in the pelvis. Cultures will be taken to screen for gonorrhea and chlamydia. Other tests may also be done.

Routinely, you will be seen every 4 weeks until you are 26 weeks pregnant. Then every 2 weeks until you are 35 weeks, then weekly until you deliver. Forty weeks is considered a full term pregnancy.

Each time you come in for a routine visit, your visit will include the following things:

1. Blood Pressure
2. Weight
3. Urine check-we ask you to bring the first morning urine specimen with you to every visit. Try to refrigerate your specimen until your appointment. Your urine is checked for sugar and protein. These tests screen for diabetes, kidney function and infection.
4. Fetal Heart Tones.
5. Abdominal Exam. The height of the uterus is measured in centimeters and the baby's position will also be checked.

From 35 weeks until you deliver you will have a pelvic exam to detect changes in the cervix such as softening, thinning, and dilation.

During your visits it is important to ask your doctor or nurse any questions you have about your pregnancy, your general health, your examination or your tests. Write down your questions and bring your list to your appointment.

Your physician delivers at more than one hospital. Please be aware that on occasion we require our patients to go to a specific hospital, based on physician availability.

## PRENATAL TESTS

**ULTRASOUND**-An ultrasound is done to determine the due date, the position of the baby and the placenta, and the size of the baby. It is also used to detect some fetal abnormalities. An ultrasound is painless, non-invasive and accurate. Sound waves are bounced off the fetus and back to a video screen where they create an image of the baby.

Although there is presently no proven risk from ultrasound, it is done routinely, but only for the above reasons. If scheduled, you will need to have a full bladder. Please drink 32 ounces of water one hour before the exam, and do not urinate.

**ULTRASCREEN**-This screening test is done at the perinatologist's office. It is a combination of a special ultrasound and a blood test which provides information about the health of the fetus. It identifies women who may have an increased risk of having a baby with certain defects like Down Syndrome or Trisomy 18.

A small amount of blood is taken, usually from the fingertip, to measure the levels of two proteins, **freeBeta-hCG** and **PAPP-A**, which are normally found in the blood of all pregnant women. The ultrasound exam measures a thin layer of fluid normally found at the back of the fetal neck called the **nuchal translucency (NT)**. A large nuchal translucency (increased width) may be a sign of a chromosomal abnormality or a heart problem in the baby. This screen is safe for you and the fetus.

The blood test is performed between 11-13 weeks. The blood test with the NT detects 91% of Down syndrome, 97% of Trisomy 18, 40% of heart defects and some other birth defects.

\* Insurance Notice \*

You need to make a choice about receiving this service

While many insurance companies cover the cost of the Ultra-Screen (also called a first trimester screening) we cannot guarantee that your insurance company will. The fact that your insurance may not pay for a particular item does not mean that you should not receive it. There may be a good reason why your doctor recommended it. We want you to make an informed choice about whether or not you want to receive this service knowing that you might have to pay for it yourself.

It is recommended that you check with your insurance company about coverage for this test. The CPT (billing) codes that you will need are:

- Free beta-hCG: 84704
- PAPP-A: 84163
- Ultrasound: 76813

**AFP TETRA**-This test is used to identify neural tube birth defects. If problems arise during the formation of the brain and spinal cord, the infant may be born without a brain (anencephaly), or with an "open spine" (spina bifida). Alpha-fetoprotein (AFP) is secreted by every fetus as it grows. AFP can be detected in the mother's bloodstream. A fetus with neural tube defects will secrete large amounts of AFP. The test is done during the 15<sup>th</sup> and up to 19<sup>th</sup> weeks of pregnancy. It is offered to all pregnant patients, but as an optional test.

**GENETIC SCREENING**-Testing for genetic health may be advised based on the mother's age or other risk factors. Your physician or nurse will discuss these options with you if advisable.

**CYSTIC FIBROSIS SCREENING**-Cystic fibrosis carrier screening will be offered to you as an option. This simple blood test will show if you carry the CF gene. If your test is positive, it is advisable that the father of the baby also be tested.

**BLOOD SUGAR**-Blood sugars are checked between 24 and 28 weeks to determine if you have gestational diabetes. The test consists of drinking glucose (sugar water) and having blood drawn one hour later.

**RH TITER**-If you are RH negative, a blood test will be done at approximately 28 weeks to determine if antibodies have developed. If you are RH negative, you will be given a separate brochure that explains the RH factor and the medication Rhogam.

**CBC**-A complete blood count may be checked between 24 and 28 weeks with your blood sugar test, and again at 35 weeks to check for anemia during your pregnancy.

**NST**-Nonstress test is a test that measures fetal heart rate as the fetus moves. An instrument is attached to the mother's abdomen (an electronic fetal monitor). Fetal movements are felt by the mother or noted by the doctor or nurse.

**HIV**- A blood test for the virus that may cause AIDS, this test is highly recommended for all women, especially those with increased risk factors.

## COMMON DISCOMFORTS OF PREGNANCY

**NAUSEA AND VOMITING-** Nausea and vomiting are among the first signs of pregnancy. It is called morning sickness because it usually occurs in the morning. Fifty to seventy percent of all pregnant women experience nausea or vomiting, but in most cases it goes away by the fourteenth week of pregnancy. The nausea and vomiting is probably related to the changing levels of hormones in your body.

Here are some suggestions for preventing or relieving nausea and vomiting:

- A) Even though you may not want food, eat. Small, frequent meals throughout the day are recommended. DO NOT go for long periods of time without food because nausea becomes more bothersome when the stomach is empty. Be sure to have a bedtime snack. If you awaken during the night, have a snack before you go back to sleep.
- B) If you awaken in the morning with nausea, eat a few crackers before you even get out of bed. Then get up slowly.
- C) Carbohydrate foods such as whole grain breads or crackers, rice cakes, unbuttered popcorn, cereal, and baked potatoes are well tolerated. Carry crackers with you.
- D) Drink beverages between meals and sip them instead of drinking them quickly.
- E) Avoid fried, spicy or greasy foods. If the taste or odor of a particular food causes nausea, avoid that food.
- F) Avoid caffeine and cigarette smoke.
- G) IF VOMITING CONTINUES FOR OVER 24 HOURS AND YOU ARE UNABLE TO RETAIN ANY FOOD OR FLUIDS, CALL YOUR DOCTOR. It is important that you do not become dehydrated.

**FATIGUE-**Feeling more tired than usual is very common. It is thought to be caused by the increased production of hormones. You may need more rest periods or naps during the day. Most women feel more energetic during the middle months of pregnancy.

**FAINTNESS AND DIZZINESS-** This is a symptom in early pregnancy especially when standing quickly. It is caused by reduced blood flow to the brain due to new circulatory patterns. Low blood sugar can also cause this problem which is another reason to eat frequent, small meals.

**FREQUENT URINATION-**Pressure on the bladder from the enlarging uterus may cause you to need to urinate more frequently. As the pregnancy advances, the uterus rises in the abdomen and the pressure on the bladder is relieved; however, in the last month of pregnancy, the urge to urinate frequently may return as the baby moves downward. Decreasing your fluid intake will not alleviate this problem and may lead to dehydration. Any pain or burning during urination may indicate a bladder infection. If this occurs, call the doctor.

**HEADACHES-**Headaches occur in early pregnancy in many women. They are thought to be due to an increased hormone level or changes in the blood volume. Low blood sugar or emotional tension may also contribute to headaches. Try eating a small snack, lying down or taking a nap. TYLENOL or EXTRA STRENGTH TYLENOL every four hours is permissible. DO NOT TAKE ASPIRIN or IBUPROFEN. If headaches are not relieved with Tylenol, please call the office and speak with the nurse.

**INCREASED VAGINAL SECRETIONS-** This symptom may be the result of increased blood and glucose to the vagina. No treatment is necessary except daily cleansing. It is not recommended that you douche. You may want to wear a panty liner if the secretions are particularly heavy. If you notice any itching, irritation or odor, you may have a vaginal infection and these symptoms should be reported to your doctor.

**NASAL STUFFINESS AND NOSE BLEEDS**-These changes are due to drying of the nasal passages and delicacy of the blood vessels caused by hormonal changes. If nosebleeds occur, squeeze the nostril shut or apply ice to the bridge of the nose for several minutes. This should stop the bleeding.

**VARICOSE VEINS**-Veins that are dilated, knotted and sometimes painful are called varicose veins. They usually affect the superficial veins of the legs. When a woman is pregnant there are several factors that may increase the chances of developing varicose veins. The first is increased blood volume. All the veins in the body increase in size to help accommodate the extra blood. In addition, the hormones of pregnancy may add to the enlargement of veins. The growing uterus also contributes to increasing venous pressure. As it grows, it presses on pelvic veins that are returning blood to the heart.

To lessen discomfort of varicose veins:

- A) Wear support hose, but remember, you must put them on first thing in the morning. Keep them at the foot of your bed.
- B) Elevate the foot of your bed.
- C) Elevate your legs whenever possible. Try to have your feet higher than your heart. Do not prop your feet above your head, as against a wall.
- D) Do ankle circles.

**Constipation**-Pregnant women are prone to constipation due to uterine pressure on the rectum and the relaxant effect of progesterone on the bowel. Constipation is a common side effect of iron therapy.

To prevent or relieve constipation, increase your fluid intake to eight or more glasses daily. This is the most important thing you can do to prevent or relieve constipation. It is also important to increase the fiber in your diet. Whole grain breads and cereals and fresh fruits and vegetables should be a part of your daily diet. It may be necessary to add bulk to your diet through medications such as Metamucil or Citrucil. Stool softeners such as Colace or Senekot can be used daily if constipation is persistent after increasing fiber.

**HEMORRHOIDS**-Hemorrhoids are varicose veins of the rectum. They are swollen and often painful or itchy. They may cause minor bleeding. Preventing constipation may prevent hemorrhoids, however, if hemorrhoids do develop, try the following remedies:

- A) Warm sits baths-sitting in a warm bath for 15 minutes two to three times a day.
- B) Cleansing using soothing pads such as Tucks.
- C) Ointments and suppositories may relieve itching and pain.

**INDIGESTION**- Heartburn is common in the last half of pregnancy. As the baby grows it causes stomach acid to splash up into your esophagus resulting in a burning sensation. Try to eat small frequent meals. Keep away from spicy, fried or greasy foods. Don't lie down immediately after eating. Riopan or any low sodium antacid may give some relief.

**LEG AND MUSCLE CRAMPS**- A "Charlie Horse" may be caused by uterine pressure on the nerves or too little calcium and/or potassium. Exercise regularly, walking is best. Avoid exercises which may cause you to point your toes. Keep covers loose at the foot of the bed. Moist heat to the cramped muscles may be beneficial. Be sure you are getting enough calcium in your diet. You need four servings of dairy products daily. You may try adding a banana and milk before bed.

**SWELLING-** Most women experience some swelling or edema of the ankles, especially at the end of the day or after sitting or standing for long periods of time. A certain amount of fluid retention is necessary for a healthy pregnancy. These suggestions will help you reduce swelling:

- A) Drink 8 glasses of liquid daily. Increasing your fluid intake will improve the efficiency of your kidneys.
- B) Avoid foods high in sodium such as carbonated beverages, canned or processed foods, pickles, lunchmeats, salted nuts and chips.
- C) Wear loose, comfortable clothing. Avoid clothing with tight waistbands. Do not wear knee hose or knee socks with tight bands.
- D) When standing, move your legs frequently. When sitting, elevate your feet on a stool or box.
- E) Lie on your side for forty five minutes a day when you come home from work or during the afternoon. Lie on your side at night when you go to bed. This takes the weight of the uterus off the large veins, improves circulation and decreases fluid retention.
- F) Support hose can help with swelling and help prevent varicose veins. Remember to put them on first thing in the morning.

**BACKACHES-** As the uterus weight increases your pelvis tilts forward, throwing your back into an exaggerated curve. This curve is usually the cause of back discomfort in pregnant women. The most beneficial exercise for preventing or relieving a backache is the pelvic rock which is listed in the prenatal exercises. Other hints for protecting your back are:

- A) Roll to one side before sitting up
- B) Sleep on a firm surface (use boards under a softer mattress or purchase an extra firm mattress). If you sleep on your side, keep your knees bent, pillow between your knees. If you sleep on your stomach, keep a pillow under your stomach.
- C) When you are sitting, make sure your knees are level, not lower than your hips. Make sure your back is supported. Take frequent breaks to stretch muscles.
- D) When standing, try to always use the pelvic rock. This means your stomach muscles will be contracted, not relaxed. This can be done throughout pregnancy.
- E) Do not wear high heels. They throw your weight forward and increase the weight in your low back.
- F) When lifting, always bend your knees to use your leg muscles. Keep the weight close to your body.
- G) Always put the side rail down before lifting a child in or out of a crib.
- H) If you are carrying a child on your hip or shoulder, do a pelvic rock. Do not jut one hip out.
- I) To lift a child out of a playpen, collapse one half of the playpen first. Do not lift over the raised side.
- J) When you are giving a child a bath, remember to bend your knees, staying down on your knees or on a low stool during the bath.
- K) Let toddlers do as much for themselves as they can. Do not carry them more than necessary while you are pregnant! Get down on the floor or sit in a chair for close cuddling with them. Never lift a child above your head when standing.

When doing household chores consider the following:

- A) When vacuuming, use your arm and leg muscles. Do pelvic rocks. Don't use long strokes: change hands.
- B) When dusting, bend your knees or get on your hands and knees for chair rungs, low bookshelves, etc.
- C) DO NOT MOVE FURNITURE!
- D) If you are ironing, sit on a high stool or stand with one foot on a low stool.
- E) If you are washing dishes, preparing food or doing other standing tasks, keep a low stool handy and rest one foot on it. Remember to change feet and to do pelvic rocks.
- F) Whenever you are picking up be sure to bend your knees. Better yet, crawl around the floor on your hands and knees. Keep grocery sacks or plastic laundry baskets in every room for easier pick up. Again, DO NOT BEND AT THE WAIST.

To lessen a low backache:

- A) Do a pelvic tilt in the hooklying position (lying with knees bent, feet flat on the floor) on a firm surface.
- B) Do a pelvic tilt on your hands and knees. The small of your back should be flattened but not sagging. Contract your stomach muscles and your buttocks and press up with your lower back. Hold for 5 seconds, then relax so that your back returns to neutral only.
- C) Lie on your side on a firm surface with your knees bent. Try a pillow between your legs or under your top leg.
- D) Rock in a rocking chair. Use a small pillow at the small of your back.
- E) Use moist heat (a warm shower, a long warm, NOT HOT, tub or bath).
- F) Have someone give you a massage to the painful area. Make sure you are lying on a firm surface in a comfortable position.

**ROUND LIGAMENT PAIN-** A sharp pain or stabbing sensation in the groin is usually caused by the round ligament stretching as the uterus increases in size. The pain is sometimes worsened by stretching, walking or climbing stairs. To relieve the pain, bend at the waist toward the pain or lie on your side bringing your knees up toward your abdomen. Avoid rapid changes in position. A heating pad may be helpful.

**GINGIVITIS-** Inflammation in the tissues of the gums occurs in over 50% of pregnant women. It is caused by the change in hormone levels. This is called pregnancy gingivitis and may cause swollen bright red or bluish red gums that bleed easily when stimulated by a toothbrush or dental floss. Pregnancy gingivitis can be eliminated by proper oral hygiene. You should have your teeth cleaned at your dentist's office as well as daily brushing and flossing. Complete cleansing of the teeth will remove plaque and a plaque-free mouth does not promote pregnancy gingivitis.

**SKIN CHANGES-** Stretch marks are pink or purplish streaks that commonly appear on the lower abdomen, breasts, thighs or buttocks. They are caused by a breakdown of the lower layer of the skin. Many women try to prevent stretch marks by massaging their skin with creams and lotions. This helps reduce dryness and itching, but this does not prevent stretch marks. The red or pink color fades to silver white and they become thinner after delivery.

During pregnancy there is an increase in skin pigmentation. In many women the midline of the abdomen turns dark brown forming a dark brown line. Tan or dark brown patches may appear over the forehead, nose and cheeks, especially in women with dark hair and eyes. A sunscreen during times of sun exposure will reduce further darkening of the skin. These changes lighten after delivery. Tanning beds are not recommended during pregnancy but there is no evidence that it is harmful to the fetus.

Dry skin is common during pregnancy. You may need to use moisturizer. Some women develop blackheads and pimples. This is due to the increased activity of the oil glands. It may be helpful to follow your cleansing routine with a mild astringent. Sometimes tiny red spots or "spider veins" will appear on the trunk, back or face. None of these changes are medical problems.

**BREATHING PROBLEM-** As the fetus grows, the uterus takes up more room. Your lungs do not have as much room to expand, so you may be short of breath.

A few weeks before you give birth, the fetus's head will move down in the uterus, or "drop", and press against the cervix. This usually happens between 36-38 weeks of pregnancy in women who have not had a baby before, but may happen later. In women who have already had a baby, it may not happen until the start of labor. When the fetus drops, it will be easier to breathe.

If you are short of breath, here are some things to try:

- A) Sit up straight
- B) Sleep propped up
- C) Ask your doctor or childbirth educator about breathing exercises.

**INABILITY TO SLEEP** - After the first few months, you may find it hard to sleep. This often happens in the last weeks of pregnancy. Your abdomen is large, and it is hard to get comfortable.

To get the rest you need:

- A) Take a warm bath at bedtime
- B) Try the tips to relax that you learned in childbirth classes.
- C) Lie on your side with a pillow under your abdomen and another between your legs.
- D) Rest for short breaks during the day.



## PRECAUTIONS DURING PREGNANCY

**SEX-** Some people worry about having sex during pregnancy. They may be afraid it will cause a miscarriage. For a healthy woman with a normal pregnancy, sex is safe into the last weeks of pregnancy. The fetus is well cushioned by amniotic fluid. For your comfort, you and your partner may want to try different positions. Your doctor may advise you to limit or avoid sex if there are signs of problems in your pregnancy.

Both you and your partner may find your sex drives change now. Some women find they have a lower sex drive, some greater. Some see no changes at all. Your partner's feelings change too. Share your feelings with each other.

**TRAVEL-** Traveling any distance by plane, car or boat is fine until the last six weeks of pregnancy. Be sure to always use your seatbelt.

**WORK-** As a rule, you may continue to work without restrictions until the onset of labor or if some problem develops which requires early termination of employment or limitation of activity.

**ALCOHOL-** Do not drink alcoholic beverages when you are pregnant. Women who drink heavily during pregnancy have a high risk of having a baby with fetal alcohol syndrome. Babies affected with a fetal alcohol syndrome have severe physical and mental problems including mental retardation, slow growth and development, small heads and abnormal eye features. Even a moderate amount of alcohol may cause increased miscarriages and decreased birth weight. Since we do not know how much alcohol is "safe", the best decision is not to drink at all while you are pregnant.

**DRUGS AND MEDICATION-** Any drug that can cause addiction is dangerous. Cocaine and heroin users can addict their babies before birth. Some prescription drugs can harm the unborn baby. If you are on prescription drugs, be sure to tell your doctor. Remember, all medications cross the placenta and the baby gets a dose too. That is why "no medications" is best during the first trimester (14 weeks) while the fetus is being formed. However, if you must, the following list of medication may be taken in moderation: Tylenol Products, Sudafed, Robitussin for cough and colds, Roloids, Tums, Maalox or Mylanta for heartburn or stomach upset. Avoid any ibuprofen (Motrin or Aleve) or aspirin products.

**CAFFEINE-** It is a good idea to use as little caffeine as possible during pregnancy. While caffeine has not been shown to cause any birth defects, it is a stimulant, and like any other drug it crosses the placenta. Try to limit your intake of coffee, tea, cola and chocolate to two servings a day. Decaffeinated coffee and tea, herbal tea, and caffeine free soft drinks may be used in moderation.

**ARTIFICIAL SWEETENERS-** No harmful effects to the fetus have been documented; however, long term studies regarding artificial sweeteners and pregnancy have not been completed. We advise you to limit your intake of artificial sweeteners to two servings per day.

**HOUSEHOLD HAZARDS-** Avoid oil-based paints, turpentine and other petroleum-based products. If you paint, use a latex paint and make sure you are painting in a well ventilated room.

**TOXOPLASMOSIS-** Cats and some farm animals (pigs, sheep and cattle) may harbor a one celled parasite called toxoplasma. The disease caused by this organism is called toxoplasmosis. Humans can acquire toxoplasmosis by contact with material likely to be contaminated by at feces. Eating raw or undercooked meat is another way the infection is easily spread. Symptoms include fever, muscle pain and lymph node enlargement. Toxoplasmosis is such a mild disease that it is not usually noticed. It is estimated that 24% to 45% of women age 20-39 are already immune.

If toxoplasmosis is contracted by the pregnant woman for the first time, the organism can pass through the placenta to the fetus. It can cause mental retardation, blindness, hearing loss or cerebral palsy. A baby can be born with these defects or they can show up months or even years later.

Ways a pregnant woman can avoid toxoplasmosis are as follows:

- A) Wear gloves and a mask when changing the cat's litter box, or give the task to someone else.
- B) Wash your hands after handling or petting your cat.
- C) Do not give your cat raw meat
- D) Keep your cat indoors. If your cat has never been outside, he would never have been exposed to the parasite.
- E) Gloves should be worn when gardening.
- F) Do not eat raw or undercooked meat.
- G) Wash your hands after handling raw meat or vegetables.

**FIFTH DISEASE-** If you have a known exposure to fifth disease, call the nurse for testing to determine your immunity.

Fifth Disease is caused by parvovirus B19. About 50% of all adults have been infected during childhood or adolescence. Parvovirus B19 infects only humans. There are also animal parvoviruses, but they do not affect humans.

Usually, there is no serious complication for a pregnant woman or her baby because of exposure to a person with fifth disease. Sometimes, however, parvovirus B19 infection will cause the unborn baby to have severe anemia and the woman may have a miscarriage. This occurs in less than 5% of all pregnant women who are infected with parvovirus B19 and occurs more commonly during the first half of pregnancy. There is no evidence that parvovirus B19 infection causes birth defects or mental retardation.

**RUBELLA (GERMAN MEASLES)-** If a pregnant woman catches rubella (German Measles) during pregnancy there is a risk to her unborn baby. The first three months are the time of greatest risk to the baby. Infection can result in miscarriage, stillborn or birth defects. Your doctor can tell from a blood test at your first prenatal visit if you are susceptible to rubella. If you are immune to rubella, either because you have been vaccinated or had the disease, you do not have to worry about catching German Measles during your pregnancy. If you are not immune you will be offered the immunization following delivery.

## EXERCISE DURING PREGNANCY

Exercise is very important during pregnancy. If you stay active, you will feel better during pregnancy and at the same time tone the muscles that are used during labor and delivery. Walking is excellent exercise and requires no special equipment. If you are active in sports, continue to enjoy them. If you want to start or continue aerobic dance classes, it is best to keep your pulse between 135-140 and to practice low impact aerobics. Avoid activities or sports which could result in a fall. Examples of these activities are skiing, horseback riding, motorcycle riding, climbing ladders, etc. You should avoid saunas and hot tubs which can raise your body temperature. This can cause too much blood to go to the skin and may cause you to become faint or dizzy when you stand.

Reasons to exercise:

- A) Essential to improve physical condition to meet extra burdens caused by stretching of muscles, laxity of ligaments and loosening of joints.
- B) Decreases fatigue, backache, and releases tension.
- C) Improves self image and helps to get your figure "back in shape".
- D) Decreases stress urinary incontinence (leaky bladder).
- E) Decreases hemorrhoids, varicosities, gas and constipation.
- F) Increases sexual enjoyment.

General Exercise Principles;

- A) Start exercising slowly, never throw or bounce your body.
- B) NEVER do double leg lifts.
- C) Never hold your breath while exercising! You should learn to breathe out with exertion. If you find yourself holding your breath, count out loud while you exercise.
- D) Start slowly to give your muscles a chance to warm up before attempting anything strenuous.
- E) GET REGULAR EXERCISE like walking, swimming, etc. Before starting an aerobic exercise program, check with your doctor.
- F) Drink lots of water.

Warm Up Exercises;

- A) Head Rotation-Do entire exercise twice, slowly.
  - 1. Hang head, chin on chest, roll chin up to shoulder, down to chest and to opposite shoulder. Repeat three times.
  - 2. Look at ceiling, roll chin to shoulder, up again, then to opposite shoulder.
  - 3. Repeat three times.
- B) Shoulder Rotations-Round back shoulders forward. Rotate and raise them, making slow circles several times in each direction
- C) Backstroke-Stand tall, feet apart, knees slightly bent. Bend elbow, brush hands past ear, extend arm backward and down by thigh. Repeat, alternating arms as in backstroke.
- D) Figure 8- Stand, feet apart, knees slightly bent, hands on hips. Shift weight to right and make a circle front to back with hips. Next shift weight to left and circle front to back with hips. Return to center after each circle. The movement is a figure 8. Keep shoulders and head in alignment with feet. Do 5 times.
- E) March in Place- march, lifting knee high so thigh is parallel to floor, foot should also be parallel to floor to avoid leg cramps. Do 10-15 times.
- F) Ankle Rotation-Sit on floor, legs extended in front of you. Slowly rotate feet in circles 5 times in each direction.
- G) Leg Shaking- Sit, legs extended straight in front of you. Keep ankles on floor and gently shake both legs up and down, alternating for 15 seconds.

### Pelvic Floor Exercises (Kegels);

Kegel exercises help support the weight of the growing uterus, prepare pelvic floor to stretch more easily during delivery, promote healing of episiotomy. It is a good LIFETIME exercise for every woman to maintain strong support for uterus and bladder and prevent the need for surgery to correct a problem. It also increases sexual satisfaction.

To do Kegel exercises, tighten the vaginal opening and urethra as if you were trying to keep from urinating. Attempt to lift the whole tightened area up into the pelvis, hold for a few seconds. Slowly relax all these muscles. Contract-lift and hold-release. Do 10 times, 6 times a day. This exercise can be done while watching TV, waiting in line at the bank or grocery, etc.

### Tailor Sitting

Tailor sitting helps stretch the muscles of the perineum and inner thigh. This exercise can be worked into daily life while doing activities such as watching TV, reading, folding clothes, etc. Do not do this exercise if you experience any pain in the area of your pelvic bones as separation of this fibrous junction can occasionally occur.

To do Tailor Sitting:

- A) Sit cross-legged on the floor, back comfortably rounded.
- B) Place soles of feet together. With hands on ankles, pull feet comfortably close to your body. Using leg muscles only, gently press knees toward the floor and hold for 3 seconds. Release. Do not bounce. Do not force with hands or arms.
- C) Repeat 5-10 times
- D) Do alternate Isometric by sitting in the same position with hands placed under knees. Press knees toward the floor resisting with hands. Hold 3 seconds. Release
- E) Repeat 5-10-times.

### Rocking

- A) Lie on back, knees bent, feet flat on floor. Inhale. As you exhale, flatten back against floor by tightening buttock and drawing in the lower abdominal muscles. Inhale and relax muscles. As you relax, the small of your back will lose contact with the floor.
- B) On hands and knees, holding back flat, not sagging, inhale. Exhale and contract lower abdominal muscles, tuck hips under and raise back in an arch. As you inhale, relax and let back return to flat position, not sagging. Repeat slowly and rhythmically.
- C) Stand erect, feet apart, toes pointed straight ahead, knees slightly flexed. Rock pelvis slowly upward by tightening buttock and lower abdominal muscles. Relax muscles and pelvis will rock down. Repeat this exercise frequently throughout the day.

## WEIGHT GAIN DURING PREGNANCY

YOUR WEIGHT GAIN IS MADE UP OF:

Your baby.....	6-8 pounds
Uterus.....	2 pounds
Placenta.....	1-1 1/2 pounds
Amniotic fluid.....	2 pounds
Breasts.....	2 pounds
Increased Blood Volume.....	4 pounds
Retained Body Fluid.....	2 1/2 pounds
Maternal Fat Reserves.....	7 pounds
Approximate Total Weight Gain.....	25-35 pounds

You should include daily:

Meat and Meat Substitute.....	2 to 3 servings
Milk and Dairy Products.....	4 servings
Grains.....	6-11 servings
Fruit and Vegetables.....	2-4 servings

An average woman requires 2200 to 2500 calories a day.

A woman of normal weight with pregnancy should gain 25 to 35 pounds

## WARNING SIGNS DURING PREGNANCY

**VAGINAL BLEEDING-** Bleeding in early pregnancy is a common occurrence. Approximately 20-25% of all pregnant women will be affected by some bleeding in the first trimester. There are a variety of normal reasons for bleeding to occur such as implantation bleeding and placental growth. In addition, anything that makes contact with the cervix can cause bleeding such as intercourse, Pap smears, etc. Some women will have vaginal bleeding every month when they would normally have menstrual flow during the first two or three months of pregnancy.

Vaginal bleeding as heavy as the heaviest day of a menstrual period associated with cramping may signal a miscarriage. The majority of miscarriages occur during the second or third month of pregnancy.

Another cause of bleeding in early pregnancy is ectopic pregnancy in which the fertilized egg implants and begins to grow in one of the fallopian tubes. Symptoms of an ectopic pregnancy include bleeding (but not always) and is accompanied by sharp lower abdominal pain-not cramping. Ectopic pregnancies occur in less than 1% of the population.

Bleeding in the second or third trimester usually points to a problem with the placenta. The placenta may be in the wrong place, lying close to or covering the cervix. This is called placenta previa and is diagnosed with ultrasound.

Bleeding in the last trimester accompanied by sharp abdominal pain may signal a placental abruption, which is the separation of the placenta from the uterine lining.

CALL THE DOCTOR IF:

- A) YOU ARE BLEEDING HEAVILY (LIKE A PERIOD)
- B) YOU HAVE CRAMPING ALONG WITH THE BLEEDING
- C) YOU PASS ANY TISSUE
- D) PAIN ACCOMPANIED BY RIGID ABDOMEN, NAUSEA, VOMITING OR DIZZINESS.

**SEVERE VOMITING-** If vomiting becomes severe and continuous, you may become dehydrated. If you cannot keep food or liquids down at all, you may need to receive fluids intravenously (through a tube in your veins).

CALL THE DOCTOR IF:

- A) VOMITING IS CONTINUOUS FOR MORE THAN ONE DAY.
- B) YOU CANNOT KEEP ANYTHING DOWN AT ALL.

**URINARY TRACT INFECTION-** Bladder infections (cystitis) are fairly common during pregnancy. The most common symptoms are frequent urination, and burning with urination. Kidney infections, which are much less common, may cause the following symptoms: fever, chills, back pain, feeling sick and uncomfortable. Both bladder infections and kidney infections need to be treated with antibiotics.

CALL THE DOCTOR IF YOU HAVE:

- A) A FEVER OVER 100 DEGREES
- B) "BURNING" WHILE URINATING.
- C) FLANK PAIN.
- D) VERY FREQUENT URINATION
- E) BLOOD IN URINE.

**PREMATURE RUPTURE OF MEMBRANES-** Usually the “bag of water” surrounding the baby remains unbroken until labor. If you notice a sudden gush of water from the vagina or a constant trickle, call your doctor. Infection can result if you are not properly treated.

CALL THE DOCTOR IF YOU HAVE:

- A) A SUDDEN GUSH OF FLUID FROM THE VAGINA
- B) A CONSTANT TRICKLE OF FLUID.

**PRE-ECLAMPSIA-**This condition is associated with high blood pressure, and protein in the urine. You may have heard this condition referred to as toxemia. The cause is not known. It usually develops in late pregnancy. About 7% of all pregnant women develop pre-eclampsia, and it is most common in first pregnancies.

Uncontrolled high blood pressure can cause blood vessels to constrict reducing blood flow to the mother and the baby. Treatment includes bed rest, preferably on the left side. If it is severe, hospitalization and medications may be necessary.

CALL THE DOCTOR IF YOU HAVE:

- A) SUDDEN OR EXCESSIVE WEIGHT GAIN.
- B) PERSISTENT HEADACHES.
- C) VISUAL DISTURBANCES
- D) SEVERE ABDOMINAL PAIN.

**PRETERM LABOR-**Your due date is 40 weeks after your last period, but delivery after 37 weeks is considered full term. Preterm birth is delivery which occurs between 20 to 36 weeks. Babies who are born preterm may have various problems due to incomplete growth and development.

Since at present there is no means to prevent preterm labor we can only identify it early and treat it promptly so pregnancy can be prolonged.

The uterus alternately contracts and relaxes. During a contraction the uterus becomes tight and hardens to the touch. When it stops the uterus becomes soft again, which is the normal state. These contractions are painless and often described by pregnant women as “the baby balling up”. It is normal for the uterus to contract at various times throughout the pregnancy. It is NOT normal to have frequent, regular contractions before the baby is due. Regular contractions that occur as often as every 15 minutes should be reported to your doctor.

CALL THE DOCTOR IF YOU HAVE WARNING SIGNS OF PRETERM LABOR SUCH AS:

- A) REGULAR UTERINE TIGHTENING OCCURRING EVERY 15 MINUTES.
- B) RHYTHMIC MENSTRUAL LIKE CRAMPS.
- C) A LOW, DULL BACKACHE THAT FEELS DIFFERENT THAN THE BACKACHE NORMALLY EXPERIENCED.
- D) RHYTHMIC PUBIC OR PELVIC PRESSURE OR PRESSURE IN THE LEGS
- E) VAGINAL DISCHARGE- A CHANGE IN COLOR OR INCREASE IN AMOUNT.

**FETAL MOVEMENT-** Fetal movement will vary depending on the size of the baby, the size of the mother and the time in pregnancy. Fetal movement is first felt by the mother at approximately 20 weeks. Women who have had children before feel them somewhat earlier. The first movements are described as “fluttering” or “bubbling” and are easily confused with intestinal rumblings. A significant decrease in fetal movement should be reported to your doctor.

CALL THE DOCTOR IF YOU HAVE:

- A) A SIGNIFICANT DECREASE IN FETAL MOVEMENT.