

# Specialists In Reproductive Medicine & Surgery, P.A.

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*Excellence, Experience & Ethics*



## Early Pregnancy Patient Instructions

**Congratulations on your pregnancy!** Below are some guidelines to assist you in some of the decision-making at this important time. These are only basic recommendations so please contact us if you have more specific questions.

### **Obstetrical Ultrasounds:**

- We usually recommend an ultrasound at approximately 4 weeks after the time of *insemination* or probable *conception*, or 6 weeks from the first day of your last menstrual period. The ultrasound is frequently repeated again two weeks later.
- If you so desire, you may tell close family members about your pregnancy after your first ultrasound, but we usually suggest that you wait to tell other friends and family until your second ultrasound confirms continued embryonic/fetal growth.

### **Bleeding:**

- The early embryo (and often, *EMBRYOS!*) burrow into the uterine lining and cause implantation bleeding. A miscarriage, however, involves significant cramping and bleeding (equal to and often greater than a heavy period) and is quite different from implantation bleeding. *Please do not call the physician during off hours for implantation bleeding.* Implantation bleeding is not an emergency and is very, very common. In order to follow you appropriately, however, please do notify the office during regular business hours that implantation bleeding occurred.
- Later in the pregnancy (> 6 weeks from the last menstrual period), when the embryo/fetus has created their own red blood cells, vaginal bleeding can lead to the mixing of the maternal and fetal blood. If the fetus is Rh+ and the mother Rh-, an injection of RhoGAM will need to be administered to the mother within three days of the initial bleed. Please contact the nurses on the first business day should bleeding occur after six weeks gestational age.
- If significant bleeding occurs with cramping, you may indeed be trying to miscarry. Please contact the physician on call when this occurs. Understand, however, little if anything can be done to change the course of events. All that can be done is to make sure that you are safe and comfortable during the spontaneous loss of the pregnancy or during a scheduled evacuation of the uterine contents.

## **Medications:**

- Begin taking prenatal vitamins immediately if you are not already doing so. Please ask us if you do not have a prescription for these. Taking your prenatal vitamin with food or before bedtime with a snack will minimize stomach upset.
- Discontinue all medications except your pre-natal vitamins and those specifically prescribed by a physician. (Make sure the physician prescribing knows you are pregnant.)
- If you are taking Progesterone, ask us about your specific instructions.
- For pain relief, it is safe to take ***Extra-Strength Tylenol*** as directed on the package. Do not take ***Advil, Aspirin***, or other pain remedies unless specifically instructed by your physician.
- For mild cold symptoms, ***Tylenol***, plain ***Robitussin, Chlor-Trimeton*** or ***Benadryl*** may be taken. If you have a thyroid problem, please do not take the ***Robitussin*** without permission. ***Chloraseptic Spray/Lozenges, Cepastat Lozenges*** and cough drops are also allowed. ***Afrin Nasal Spray*** may be used for a very short duration for nasal congestion. It is best, however, to avoid all medications during the first 12 weeks of gestation except those specifically prescribed by your physician or any physician who is aware of your pregnancy. Any medications prescribed by a non-OB/GYN should be cleared by your OB/GYN before taking and we encourage your physician to call Specialists in Reproductive Medicine & Surgery, P.A., (SRMS) if they have any particular questions.

## **Diet: Nausea/Vomiting:**

Nausea and some vomiting during the first trimester are quite common. If you have these problems, please try some of the remedies listed below:

- \*\*If you are unable to keep any fluids down over a twenty-four hour period or show early signs of dehydration, such as decreased urination, please call the office.
- Avoid spicy, greasy, fatty, heavy or rich foods.
- Eating a cracker before rising has been helpful to some women with morning nausea.
- Eat smaller and more frequent meals. Avoid large meals. Eat protein dominant meals.
- Drink lots of fluids but avoid caffeinated fluids since caffeine may be associated with increased miscarriages. Try to drink most of your fluids between meals instead of with meals to decrease nausea and vomiting.
- Avoid smells that might trigger nausea such as smoke and smelly foods.
- Marine seasickness wristbands, ***Sea-Band or BioBand***, have helped some pregnant women control their nausea. These are available at some pharmacies and boating stores.
- ***ReliefBand***, which emits an electrical current to stimulate an acupuncture point has been shown in one study to reduce nausea and vomiting. This can be found on-line.
- You may try Ginger Extract capsules 125 – 250 mg every 6 hours for nausea and vomiting. These are available from most health food stores.
- For nausea and vomiting you may also try Vitamin B6 10 – 25 mg every 8 hours plus Unisom SleepTabs 12.5 – 25 mg every 8 hours (Take the 25 mg Unisom at bedtime and the 12.5 mg during the day). Studies show a 70% reduction in nausea and vomiting with this regimen.
- Take your prenatal vitamin with food or before bedtime with a snack. If you are unable to take your vitamin, please try to take two chewable vitamins each day. Please make certain that you are consuming at least 400 mcg. (0.4 mg) of Folate (also called folic acid) each day.
- If you are having indigestion, you are free to take ***Tums, Riopan, Riopan Plus*** and ***Mylanta*** as directed on the package. Pregnancy-associated indigestion may also be improved with the use of chewing gum for 30 minutes following meals and as needed.

## Early Pregnancy Patient Instructions (*cont.*)

- There is data that indicates that substances such as alcohol, smoking and caffeine increase your chances for miscarriage and fetal malformations. It is best to minimize your exposure to the above substances. There are really no known safe levels of any of these substances.

### **Diet: Constipation**

- Constipation may occur frequently during your pregnancy.
- Eat a high fiber diet.
- Some women suggest prune juice (easier to tolerate taste if warmed), green apples, or fruit juices.
- Over the counter fiber remedies may be used when the above do not help. These include **Colace** 200 mg twice each day, **Metamucil**, **Citrucel** or **Milk of Magnesia** 2 tsp. at bedtime.
- Call the office for severe constipation.

### **Activity/Exercise:**

- You may continue activities that you were involved in prior to the pregnancy.
- It is best to not to start a new exercise program.
- Do not horse back ride, scuba dive or involve yourself in other high-risk sports.
- Walking and swimming are great forms of exercise during pregnancy.
- Be sure to drink plenty of fluids to prevent dehydration from developing.

### **Breast Tenderness:**

Breast tenderness is often a welcome sign of pregnancy. Unfortunately, once present, there are a limited number of ways to minimize the discomfort.

- Wear a supportive bra.
- Take **Extra-Strength Tylenol** according to package instructions.

### **Sexual Intercourse:**

- Vaginal intercourse is allowed if you are not actively bleeding.
- If you have lost previous pregnancies or are unusually anxious about your current pregnancy, SRMS suggests that the patients decide if vaginal intercourse is allowed. Vaginal penetration is not thought to cause a spontaneous abortion, but the emotional consequences of intercourse, followed by spontaneous bleeding and loss can be difficult. It is generally suggested that couples engage in sexual activities if they feel comfortable with the fact that the activity will, in and of itself, not cause a spontaneous loss.

### **History of Hypothyroidism:**

Under-treated hypothyroidism can occur in pregnant women because of the rapid needs of the fetus for thyroid hormone. Increased requirements for thyroid hormone occur as early as the fifth week of pregnancy. Under-treated hypothyroidism has been shown to triple a woman's chance of placental abruption (the placenta pulling away from the uterine wall) and double the risk of preterm birth. Infants of women with under-treated hypothyroid have twice the risk of respiratory distress and admission to a neonatal intensive care unit. For these reasons, the following will be recommended:

- With a positive Quantitative hCG (blood pregnancy test), we will advise you to take an extra dose of your thyroid hormone on Tuesday and Friday of each week.
- We will obtain a TSH and Free T4 level along with your second Quantitative HCG level.
- We will monitor your TSH and Free T4 levels every 4 weeks until 16-20 weeks of pregnancy.

**Travel:**

We do not recommend travel outside of your home area during the first trimester of pregnancy which is up to approximately 14 weeks. The travel itself is not unsafe, but it is important to stay close to your regular medical providers in case of any first trimester pregnancy problems which could include bleeding, miscarriage, excessive nausea and vomiting.

**ZIKA Virus**

Because of the ongoing epidemic of Zika virus infection in much of Central and South America and the Caribbean and the uncertain risks of microcephaly and other birth defects due to Zika virus, we recommend that pregnant women not travel to these areas (or to other parts of the world where Zika virus exists). Please ask your physician for the latest information about this epidemic or if you have any questions about this matter. We recommend that all pregnant women, regardless of whether they are in the United States or in other countries, use standard precautions to avoid mosquito bites, including the use of insect repellants, long sleeved clothing, and sleeping in air-conditioned or screened rooms. There is no evidence that insect repellants are harmful to pregnancy when used as per the manufacturers' instructions.

**Other Recommendations:**

- Do not sit in hot tubs, hot baths, or saunas. Increasing a pregnant women's core body temperature to 102 degrees has been associated with embryonic/fetal malformations. It is okay to take warm showers, however.
- If you own or care for an outdoor cat, do not change the litter box. Cats may carry toxoplasmosis. If you want to see if you are already immune to toxoplasmosis, please ask your physician and we will be happy to obtain an antibody titer and determine immunity.
- Do not eat raw meat or fish during your pregnancy since there is an increased risk of parasites.
- Please see the attached Fish Chart for recommendations regarding intake of fish during pregnancy.
- Because of the small, but serious risk of listeriosis, a bacteria that can cause miscarriage and stillbirth, we recommend avoiding hot dogs or luncheon meats unless they have been heated to steaming. Also avoid soft cheeses, refrigerated pate's or meat spreads, and unpasteurized milk.
- If you smoke, quit! Try to avoid smoky atmospheres, as this has been associated with miscarriages.
- Do not scuba dive while pregnant.
- No association between hair dye and fetal malformations has been found, so this activity can be done if you desire.

**Call The Office Immediately For:**

- Fever (Temperature of 100.4 degrees Fahrenheit or greater, taken twice, four hours apart)
- Significant vaginal bleeding
- Abdominal pain
- Dizziness, severe headaches
- Persistent nausea and vomiting

We are so happy we could be a part of this miracle! Please accept our thanks for your trust in us. Remember to call the office and let us know how the delivery goes. We would also appreciate a picture for our success board and stories for the Internet are wonderful additions!

Early Pregnancy Patient Instructions (*cont.*)

*Get plenty of rest!  
Use good common sense!  
Enjoy this very special time!*

**Thank you again for choosing  
Specialists in Reproductive Medicine & Surgery, P.A!**



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# Advice About Eating Fish

# What Pregnant Women & Parents Should Know

**For women of childbearing age (about 16-49 years old), especially pregnant and breastfeeding women, and for parents and caregivers of young children.**

- Eat 2 to 3 servings of fish a week from the "Best Choices" list OR 1 serving from the "Good Choices" list.
  - Eat a variety of fish.
  - Serve 1 to 2 servings of fish a week to children, starting at age 2.
  - If you eat fish caught by family or friends, check for fish advisories.  
If there is no advisory, eat only one serving and no other fish that week.\*

**Use this chart!**

You can use this chart to help you choose which fish to eat, and how often to eat them, based on their mercury levels. The “Best Choices” have the lowest levels of mercury.



## What is a serving?

- friends, check for fish advisories.  
If there is no advisory, eat only one serving and no other fish that week.\**

## Best Choices

EAT 2 TO 3 SERVINGS A WEEK

**Good Choices**

**Choices** EAT 1 SERVING A WEEK

To find out,  
use the palm  
of your hand!

**Fish and other protein-rich foods have nutrients that can help your child's growth and development.**

<b>Bluefish</b>	Monkfish	Tilefish (Atlantic Ocean)
<b>Buffalo fish</b>	Rockfish	Tuna, albacore/white tuna, canned and fresh/frozen
<b>Carp</b>	Sablefish	Tuna, yellowfin
<b>Chilean sea bass/ Patagonian toothfish</b>	Sheepshead	Weakfish/seatrout
<b>Grouper</b>	Snapper	White croaker/ Pacific croaker
<b>Halibut</b>	Spanish mackerel	
<b>Mahi mahi/ dolphinfish</b>	Striped bass (ocean)	

## Choices to Avoid

King mackerel	Shark	Tilefish (Gulf of Mexico)
Marlin	Swordfish	Tuna, bigeye
Orange roughy		

Some fish caught by family and friends, such as larger carp, catfish, trout and perch, are more likely to have fish advisories due to mercury or other contaminants. State advisories will tell you how often you can safely eat those fish.

[www.FDA.gov/fishadvice](http://www.FDA.gov/fishadvice)

**EPA** United States Environmental Protection Agency

**FDA** U.S. FOOD & DRUG  
ADMINISTRATION

THIS ADVICE DEEDED TO FISH AND SHELLFISH COLLECTIVES AS "FISH" / ADVICE UPDATED JANUARY 2017