



YOUR PREGNANCY HANDBOOK

 **VALLEY**
WOMEN'S HEALTH



PREGNANCY TRACKER

LAST MENSTRUAL PERIOD	DATE:
ESTIMATED DELIVERY DATE	DATE:
BLOOD TYPE	

NOTES:

FLU SHOT	DATE:
RHOGAM (RH-)	YES / NO
	DATE:
TDAP	DATE:
STREP B TEST	POSITIVE / NEGATIVE
	DATE:
GLUCOSE TEST	DATE:
	TIME FINISHED DRINKING:
	ARRIVAL TIME AT OFFICE:
	TIME BLOOD DRAWN:

FIRST TRIMESTER: 0-13 Weeks
SECOND TRIMESTER: 14 - 27 Weeks
THIRD TRIMESTER: 28 - 40+ Weeks

- | | | | |
|--------------------------|----------------|--------------------------|----------------|
| <input type="checkbox"/> | Week 1 | <input type="checkbox"/> | Week 21 |
| <input type="checkbox"/> | Week 2 | <input type="checkbox"/> | Week 22 |
| <input type="checkbox"/> | Week 3 | <input type="checkbox"/> | Week 23 |
| <input type="checkbox"/> | Week 4 | <input type="checkbox"/> | Week 24 |
| <input type="checkbox"/> | Week 5 | <input type="checkbox"/> | Week 25 |
| <input type="checkbox"/> | Week 6 | <input type="checkbox"/> | Week 26 |
| <input type="checkbox"/> | Week 7 | <input type="checkbox"/> | Week 27 |
| <input type="checkbox"/> | Week 8 | <input type="checkbox"/> | Week 28 |
| <input type="checkbox"/> | Week 9 | <input type="checkbox"/> | Week 29 |
| <input type="checkbox"/> | Week 10 | <input type="checkbox"/> | Week 30 |
| <input type="checkbox"/> | Week 11 | <input type="checkbox"/> | Week 31 |
| <input type="checkbox"/> | Week 12 | <input type="checkbox"/> | Week 32 |
| <input type="checkbox"/> | Week 13 | <input type="checkbox"/> | Week 33 |
| <input type="checkbox"/> | Week 14 | <input type="checkbox"/> | Week 34 |
| <input type="checkbox"/> | Week 15 | <input type="checkbox"/> | Week 35 |
| <input type="checkbox"/> | Week 16 | <input type="checkbox"/> | Week 36 |
| <input type="checkbox"/> | Week 17 | <input type="checkbox"/> | Week 37 |
| <input type="checkbox"/> | Week 18 | <input type="checkbox"/> | Week 38 |
| <input type="checkbox"/> | Week 19 | <input type="checkbox"/> | Week 39 |
| <input type="checkbox"/> | Week 20 | <input type="checkbox"/> | Week 40 |



PREGNANCY TIMELINE

4 WEEKS

Missed Period
Positive Pregnancy Test
Call to Schedule an Appointment

Maintain Healthy Lifestyle
Stop Smoking
Take Prenatal Vitamin

8-12 WEEKS

FIRST OB APPOINTMENT

Discuss Medical History
Limited Ultrasound

Breast Exam and Pap Smear (if needed)
Urine Sample and Blood Drawn for lab work which includes complete blood count, blood type, antibody screen, HIV, hepatitis, syphilis, gonorrhea, chlamydia and urine culture

Confirm Due Date

CELL FREE DNA (10 Weeks)

Optional blood test that can determine if your baby has a higher chance of having Down Syndrome (trisomy 21), trisomy 18, trisomy 13 or an abnormality in the sex chromosomes (X and Y chromosomes). This test also looks for gender.

16 WEEKS

QUAD MARKER SCREENING

Optional blood test that can be used to evaluate whether your baby has an increased chance of being affected with certain chromosomal conditions, such as Down Syndrome. It also tests alpha-fetoprotein, which helps evaluate the chance for neural tube defects, such as spina bifida and abdominal wall defects, such as omphalocele.

20-21 WEEKS

ANATOMICAL ULTRASOUND

Detailed Ultrasound of Your Baby

Assesses baby's size, skeletal structures, internal organs and gender.

24 WEEKS

GLUCOLA & FUNDAL HEIGHT

Glucola
You will receive your oral glucola drink at this visit. Drink the glucola one hour before your 28 week visit.

Fundal Height Measurements:
Measurement from the top of the fundus to the pubic bone which should correlate in centimeters to how many weeks you are in your pregnancy.

6 WEEKS POSTPARTUM

Appointment with Provider
Breast Exam
Pelvic Exam
Discuss Anxiety and Depression
Discuss Contraception

40 WEEKS

DUE DATE!

35-36 WEEKS

GROUP B STREP TEST

Group B Strep test is a vaginal/rectal swab that checks for the bacteria Beta-Hemolytic Streptococcus. This is a normal bacteria found on our skin, but because a baby's immune system is immature at delivery, they can pick up the bacteria causing an infection. If the test comes back positive, you will be given IV antibiotics during labor. You may also be checked for cervical dilation at this visit.

30-34 WEEKS

Monitor Fetal Movement
Attend Prenatal Classes
Appointments Every 2 Weeks
TDAP Injection: Immunization against tetanus, diphtheria and pertussis.

28 WEEKS

GESTATIONAL DIABETES/ANEMIA/RHOGAM

Gestational Diabetes Test:
Drink your glucola drink within a 5-minute time frame and arrive at the office 45 minutes later. We will draw your blood 1 hour after you have finished drinking the glucola.

Iron levels checked for anemia.

For Negative Blood Types:
The Rhogam injection and glucose test will be administered at the hospital.

REGISTER FOR PRENATAL CLASSES!



ALL ABOUT PREGNANCY



HOW DOES PREGNANCY BEGIN?

Fertilization, the union of an egg and a sperm into a single cell, is the first step in a complex series of events that leads to pregnancy. Fertilization takes place in the fallopian tube. Over the next few days, the single cell divides into multiple cells. At the same time, the small cluster of dividing cells moves through the fallopian tube to the lining of the uterus. There it implants and starts to grow. From implantation until the end of the eighth week of pregnancy, it is called an embryo. From the ninth week of pregnancy until birth, it is called a fetus.

HOW LONG DOES PREGNANCY LAST?

A normal pregnancy lasts about 40 weeks from the first day of your last menstrual period (LMP). Pregnancy is assumed to start 2 weeks after the first day of the LMP. Therefore, an extra 2 weeks is counted at the beginning of your pregnancy when you are not actually pregnant. Pregnancy "officially" lasts 10 months (40 weeks)—not 9 months—because of these extra weeks.

HOW IS THE LENGTH OF MY PREGNANCY MEASURED?

Pregnancy can be divided into weeks and days. A pregnancy that is "36 and 3/7 weeks" means "36 weeks and 3 days of pregnancy." The 40 weeks of pregnancy often are grouped into three trimesters. Each trimester lasts about 12–13 weeks (or about 3 months).

WHAT IS THE ESTIMATED DUE DATE?

The day your baby is due is called the estimated due date (EDD). Only about 1 in 20 women give birth on their due dates. Still, the EDD is useful for a number of reasons. It determines your fetus's gestational age throughout pregnancy so that the fetus's growth can be tracked. It also provides timeline for certain tests that you will have throughout your pregnancy. Your EDD is calculated by your first day of your LMP or by an in office ultrasound done at your first visit.

HOW WILL MY UTERUS CHANGE DURING PREGNANCY?

During pregnancy, the lining of your uterus thickens and its blood vessels enlarge to provide nourishment to the fetus. As pregnancy progresses, your uterus expands to make room for the growing fetus. By the time your baby is born, your uterus will have expanded to many times its normal size.



WARNING SIGNS

If you experience any of these signs or symptoms during your pregnancy, please notify your provider or the nurse:

- Have a fever greater than 100.4
- Pain or burning during urination
- Vomiting or diarrhea that lasts more than 24 hours
- Decreased fetal movement after 24 weeks
- Severe headache and/or visual changes
- Intense pain
- Vaginal bleeding
- Leaking fluid
- Contractions/cramping for more than 6 hours after resting, hydrating and emptying your bladder
- Feeling persistently worried, fearful or sad

WHAT IS THE PLACENTA?

The placenta is formed from some of these rapidly dividing cells. The placenta functions as a life-support system during pregnancy. Oxygen, nutrients and hormones from the mother are transferred across the placenta to reach the fetus, and waste products from the fetus are transferred to the mother for removal.

QUESTIONS TO ASK MY PROVIDER



HOW MUCH WEIGHT SHOULD I GAIN WHILE PREGNANT?

On average, a healthy amount of weight gain during pregnancy is between 25-35 pounds. Women who begin their pregnancy over or underweight, or who are carrying multiple pregnancies, may need to gain less or more weight. You can expect to gain most of this weight during the third trimester.

Pregnancy is never a time to attempt weight loss.



CAN I EXERCISE WHILE PREGNANT?

Daily exercise is highly recommended for all women during an uncomplicated pregnancy. Exercise is helpful to maintain your health, combat fatigue of early and late pregnancy and benefits your labor and postpartum period.

Exercise Guidelines:

- > If you already exercise regularly, continue in moderation. However, now is NOT the best time to take up a vigorous new sport or exercise program.
- > Be sure to drink plenty of fluids while you exercise.
- > Very high levels of exercise for long periods of time may be problematic for blood flow through the uterus and are not recommended.
- > If you enjoy aerobics, switch to low impact exercises mid-pregnancy.
- > Do not exercise if it is extremely hot outside.
- > After the first trimester, do not exercise lying on your back.
- > Brisk walking, jogging, swimming, dancing, or racket sports are all fine, as long as you do them for fun and do not push yourself to exhaustion.
- > No contact sports.

Benefits of Exercise:

- > Reduces back pain.
- > Eases constipation.
- > Can improve muscle tone and lessen some of the aches and pains during pregnancy.
- > May improve mood and help you to sleep better.
- > May decrease your risk of gestational diabetes, preeclampsia, and cesarean delivery.
- > Promotes healthy weight gain during pregnancy.
- > Improves your overall general fitness and strengthens your heart and blood vessels.
- > Helps you to lose the baby weight after your baby is born.

Stop Exercising if You Experience:

- > Dizziness
- > Headaches
- > Shortness of breath
- > Chest pain
- > Vaginal bleeding
- > Fluid leaking from your vagina
- > Calf pain or swelling
- > Uterine contractions that do not subside with rest



NUTRITION DURING PREGNANCY

HEALTHY EATING: Eating a well-balanced diet is an important part of staying healthy throughout your life, but it's especially important during pregnancy for you and your baby. A healthy balance of protein, vegetables, fruits, grains and dairy are recommended. Good sources of protein may be obtained from lean meats, poultry, fish and milk products. The remainder of the diet should be well balanced with vegetables, fruits, whole grain breads and whole grain cereal products. Be cautious of fats and concentrated sugars (candy, soft drinks), which have many empty calories. If you have some fluid retention, watch out for very salty foods (canned meats, canned soups, chips, pretzels, etc.). And remember to read labels! Salt is an important part of a balanced diet, but there are hidden salts in many processed foods.

VITAMINS: A daily prenatal vitamin supplement is recommended for every woman in pregnancy. If you are a vegetarian, please discuss this with your doctor. You will need to be sure you are getting adequate protein, iron, vitamins B12 and vitamin D.

FOLIC ACID/IRON: Be sure that 0.4 to 0.8 mg (400 – 800 mcg) of folic acid is included in your prenatal vitamin. This is especially important during and before becoming pregnant to decrease certain types of birth defects. Prenatal vitamins also have a sufficient amount of iron needed for most women to prevent iron-deficiency anemia during the pregnancy. Very large doses of vitamins may be harmful and should be avoided.

WATER: It is very important you drink enough water. Not drinking enough can cause the fluids around the baby to be low. This may lead to uterine contractions. Drink 8-10 glasses of water daily. The more water you drink, both you and your baby will do better.

MEDICATIONS DURING PREGNANCY

It can be tricky to keep track of which medications are safe and which are not safe during pregnancy. Keep this handy to refer to throughout your pregnancy.

ALLERGIES	Benadryl Claritin Zyrtec Singular Allegra	HEADACHE	Tylenol Extra Strength Tylenol
COLD & CONGESTION	Sudafed Benadryl Tylenol products Mucinex + plenty of rest and increase fluid intake	HEARTBURN	Maalox Mylanta Tums Rolaids Pepcid AC Zantac
COLD SORES	Lysine Orajel Valtrex (prescription)	HEMORRHOIDS	Anusol HC Preparation H
CONSTIPATION	Colace (stool softener) Metamucil (fiber) Fibercon (fiber) Milk of Magnesia + increase intake of fruits, juices, bran and water	MORNING SICKNESS	50 mg Vitamin B6 + 1 tablet Unisom each night
COUGH	Robitussin Throat lozenges	PAIN, MUSCLE ACHEs	Tylenol—can take 2 extra strength tablets every 6 hours. Do not exceed 4000 mg in a 24-hour period (avoid Aspirin and ibuprofen)
DIARRHEA	Imodium + Increase fluids	SLEEP	Unisom Tylenol PM
FEVER	Tylenol	RASH	Benadryl lotion Hydrocortisone 1% cream
		VAGINAL YEAST INFECTION	Monistat 7 day

FOODS THAT ARE UNSAFE DURING PREGNANCY

Here are some foods to be aware of during pregnancy.

HIGH MERCURY SEAFOOD

Shark, swordfish, king mackerel and tilefish are among the list of seafood that should be avoided by expectant mothers because of their mercury content. Mercury can impair a baby's developing brain and nervous system. Tuna, salmon and tilapia are okay—limit yourself to no more than 1-2 servings per week.

RAW OR UNDERCOOKED MEAT, POULTRY, FISH, SHELLFISH AND EGGS

The main risks in eating raw and undercooked food are the bacteria Salmonella and the parasite Toxoplasma, both of which can infect your unborn baby and cause serious health problems. Avoid sauces made with raw eggs, which can include homemade Caesar salad dressing, béarnaise and hollandaise sauces and mayonnaise. When dining out, order your meat well done and your eggs and seafood fully cooked through.

RAW SPROUTS AND UNWASHED PRODUCE

Listeriosis is a concern in unwashed fruits and vegetables. Make sure to rinse produce thoroughly under running water before using it. Raw sprouts should be avoided as well.

UNPASTEURIZED CHEESE, MILK AND JUICES

Like raw milk, unpasteurized soft cheese carries the risk of Listeria contamination. The cheeses that are typically of concern include feta, Brie, Camembert, fresh mozzarella, blue cheese like gorgonzola, Limburger, queso blanco and queso fresco. As long as the label says that the cheese is pasteurized, it is safe to eat. Avoid any unpasteurized (raw) milk or unpasteurized juices.

ENERGY DRINKS AND EXCESSIVE COFFEE

Up to 200 milligrams a day of caffeine is considered safe during pregnancy. That amounts to about 12 ounces of drip coffee—which may seem like a lot until you consider your consumption throughout the day. The stimulant can lurk in many other drinks, including some sodas and some foods, pushing you over the recommended maximum limit. Avoid drinks with “natural” energy boosters such as guarana, ginseng, yerba mate and green tea extract—all of which are stimulants that have not been proven safe to use during pregnancy.

HARMFUL SUBSTANCES

During pregnancy, anything you put in your body affects your baby. Using harmful substances can put your baby at risk. Talk to your provider if you have trouble with any of the following:

TOBACCO: (*Smoking, Vapors, Chewing Tobacco*) Your body is exposed to more than 7,000 chemicals with each puff of a cigarette. Smoking can decrease the blood flow to your baby. Exposure to chemicals and decreased blood flow also happens when a mother is exposed to second hand smoke. Smoking can cause your baby to be born early, very small and at risk for SIDS.

ALCOHOL: Unlike an adult, a baby’s liver cannot break down alcohol. No amount of alcohol is safe during pregnancy. Alcohol consumption can cause miscarriage, early labor and/or harm to your baby.

DRUGS and MARIJUANA: No amount of recreational drugs is safe during pregnancy. Drugs and marijuana can cause your baby to be born early, at a low birth weight and/or with brain damage. Your placenta is at risk of separating from your uterus resulting in fetal death. Babies born to mothers who abuse drugs during pregnancy can have withdrawal symptoms such as fussiness, shaking and trouble bonding. After birth, some drugs can be passed to the baby through breast milk.



COMMON CONCERNS DURING PREGNANCY

Your prenatal visits are a great opportunity to learn about your pregnancy, ask questions and voice any concerns. Sometimes it can be tricky to remember all the information when given all at once. Use this as a quick guide to refer back to.

ABDOMINAL PAIN

Menstrual cramping is common in early pregnancy, as is a bloated sensation. Later in pregnancy the muscles that support the growing uterus are being stretched and pulled. You may feel this as a dull ache or sharp pain on one side of your abdomen.

You can relieve symptoms by:

- > Using a standard heating pad on a low setting, for a short period of time, being careful to not use on bare skin."
- > Changing positions and resting.
- > Taking Tylenol to relieve pain.

BACK PAIN

Late in pregnancy, the weight of your growing baby changes your normal balance which pulls on your back muscles, causing back pain or discomfort.

You can relieve symptoms by:

- > Getting a back massage, using a heating pad, taking a warm bath.
- > Practicing good posture.
- > Wearing low-heeled shoes.
- > Sleeping on your side with a pillow between your knees.
- > Avoiding lifting heavy objects.
- > Using a Baby Hugger, support belt and/or Icy Hot.
- > Taking Tylenol to relieve pain.

**Contact our nurse if you're experiencing unrelieved or consistent back pain along with lower abdominal pain.*

BRAXTON HICK CONTRACTIONS

"False labor" contractions are intermittent, irregular uterine contractions which occur periodically toward the end of the pregnancy. They may or may not be painful.

You can relieve symptoms by:

- > Resting or taking a warm bath.
- > Staying hydrated.

If you are 37 weeks or more and experiencing contractions, drink a large glass of water and lay on your left side for an hour. If you are continuing to experience contractions that are 3-5 minutes apart after doing this, go to Labor and Delivery for evaluation or call your provider. If you are less than 37 weeks and experiencing contractions, please contact your provider.

CONSTIPATION

Pregnancy can slow digestion and cause constipation. Prenatal vitamins contain iron which may also cause constipation. Make sure to drink plenty of water and eat high fiber foods such as whole grains, fruits and vegetables

You can relieve symptoms by:

- > Using Colace (stool softener) as directed.
- > Taking Milk of Magnesia.

DIARRHEA

Diarrhea can be caused by a variety of changes during pregnancy, ranging from changes in diet to variations in hormones. The main focus is to stay hydrated.

You can relieve symptoms by:

- > Increasing fluids.
- > Sticking to a clear liquid for 24 hours, then go to the BRAT diet (banana, rice, applesauce and toast).

**If symptoms don't improve after 48 hours, call the office or go to the hospital.*

EMOTIONAL CHANGES

Hormonal changes, the adjustment of pregnancy and anticipation of caring for a new baby can cause normal ups and downs.

You can relieve symptoms by:

- > Communicating your feelings with supportive friends and family.
- > Discussing your concerns with your provider and/or nurse.

DIZZINESS/FEELING Faint

It is not unusual to feel lightheaded in pregnancy. This may be caused by changing positions suddenly, being dehydrated, having low blood pressure or low blood sugar, anemia or being in a room that is too warm.

You can relieve symptoms by:

- > Resting or laying down right away.
- > Avoiding changing positions too quickly.
- > Drinking fluids throughout the day.
- > Eating small & frequent meals with higher protein and change position slowly.
- > Avoiding sitting or standing for long periods of time. Switch positions frequently.

FATIGUE

Fatigue is common during early and late pregnancy.

You can relieve symptoms by:

- > Increasing fluid intake.
- > Exercising.
- > Taking prenatal vitamins and iron.
- > Focusing on getting enough sleep and, when possible, incorporating restful periods throughout the day.

FREQUENT URINATION

More frequent urination usually occurs early in pregnancy when the uterus is expanding and pushes against the bladder. It should improve in mid-pregnancy, but reoccurs in late pregnancy when your growing uterus and baby leave little room for a full bladder.

You can relieve symptoms by:

- > Limiting fluids in the evening to decrease nighttime urination.

**Burning or pain with urination, consistent lower abdominal or lower back pain may indicate a bladder infection. Please call if you have any of these symptoms.*

HEADACHES

Headaches are quite common in all stages of pregnancy, especially if you have a history of headaches. If you have no relief, are experiencing visual disturbances, have high blood pressure or headaches accompanied with swelling or upper abdominal pain, please call our office to speak with a nurse.

You can relieve symptoms by:

- > Resting and decreasing stress.
- > Taking Tylenol (regular or extra strength) with a caffeinated beverage or an ice pack.
- > DO NOT take aspirin, anti-inflammatories or naproxen.
- > Staying well hydrated.

HEARTBURN

A burning, acidic feeling in the mid to lower chest is often experienced during pregnancy due to slower digestion and regurgitation.

You can relieve symptoms by:

- > Sitting upright or elevating the head.
- > Using mild antacids, in small quantities (Tums, Rolaids and liquid antacids such as Mylanta and Maalox).
- > Avoiding spicy foods or foods that bring on heartburn or indigestion for you.

**If mild antacids don't provide relief, you may try over-the-counter Prevacid, Pepcid AC, Tagamet or Zantac. Avoid Alka Seltzer and Pepto Bismol.*

HEMORRHOIDS

Hemorrhoids are dilated veins that protrude from the rectum and can therefore be quite irritable. You may experience itching or burning around the anus or have a spot of bright, red blood on the toilet tissue after a bowel movement.

You can relieve symptoms by:

- > Avoiding constipation by increasing fluids and fiber in your diet.
- > Sitting in a soothing tub of warm (not hot) water may help.
- > Using TUCKS pads or Witch Hazel, Anusol cream or Preparation H to decrease itching/burning.

HIP PAIN/PUBIC BONE PAIN

As your uterus grows to accommodate the growth of your baby, you may experience round ligament pain which is sharp and sudden pain in the groin area. Pelvic bone pain can occur late in pregnancy. The hormones of pregnancy loosen the ligaments supporting these areas in preparation of delivery. This loosening allows the pelvis to accommodate the passage of the baby's head/body in labor. The downside is that it creates pain in the hip and/or the pelvic bone region.

You can relieve symptoms by:

- > Avoiding prolonged standing or walking.
- > Resting and taking a warm bath.
- > Using a standard heating pad on a low setting, for a short period of time, being careful to not use on bare skin
- > Taking Tylenol (regular or extra strength).
- > Moving carefully and avoiding sudden movements.
- > Using a Baby Hugger or support belt.

LEG CRAMPS

Leg cramps tend to occur in mid-pregnancy due to poor circulation. These often occur at night.

You can relieve symptoms by:

- > Flexing your toes vigorously towards your knees and stretching your legs.
- > Using maternity support hose to help achy legs.
- > Resting and mild exercise during the day.
- > Eating bananas and oranges, which are high in Potassium.
- > Elevating feet and taking warm baths.
- > Increasing intake of milk, calcium rich foods, magnesium (400 mg) and Vitamin D.
- > Wearing support pantyhose and low heeled shoes.
- > Taking Benadryl 25-50 mg or Unisom 1-2 tablets at night if you have trouble sleeping.

**If a specific area of tenderness of any redness develops behind the knee or in the calf, please contact our office immediately.*

LIGHTENING OR DROPPING

Lightening is a change in the baby's position. Your abdomen may appear lower and you may experience more pelvic pressure and frequent urination instead of heartburn, shortness of breath or rib discomfort. It usually means that the baby has "engaged" into the pelvis which is normal in preparation for delivery.

MORNING SICKNESS/NAUSEA

Morning sickness is defined as nausea and vomiting associated with pregnancy. It is most commonly due to increased hormone levels during early pregnancy, but can be caused by various factors throughout all stages of gestation. It usually occurs within 2-5 weeks of conception and, in most cases, subsides by 12-16 weeks (the fourth month of pregnancy).

Even though it is referred to as, "morning" sickness, it can affect women at any time of the day. While nausea and vomiting are the most common ailments of pregnancy, there are many ways to manage your symptoms.

Remember to ask for help from your partner, family, friends or neighbors. Morning sickness is very real and different for every woman so do not wait until you are desperate to seek help.

You can relieve symptoms by:

- > Take 50 mg of Vitamin B6 with 1 tablet of Unisom each night.
- > Eating meals dry and waiting 45 minutes before drinking fluids.
- > Snacking on toast or Saltine crackers.
- > Eating frequent small snack and meals.
- > Eating foods with ginger such as ginger chews, ginger soda, etc.

If you are unable to keep fluids down for 24 hours and/or exhibiting signs of dehydrations (severe nausea and/or vomiting, fatigue, dry mouth, decrease urination) please contact our nurses for further recommendations and treatments (prescriptions, IV hydrations, etc.).

MUCUS PLUG

The mucus plug is an accumulation of secretions that form within the cervical canal (opening to the uterus). This mucus accumulates early in pregnancy and serves as a protective barrier for your baby. In preparation for labor, the mucus plug becomes dislodged. However, losing your mucus plug does not always mean labor is imminent. Many women are unaware when they lose their mucus plug, but you may notice it when you use the restroom, while wiping or in your underwear.

NASAL CONGESTION OR COUGHING

Nasal congestion can occur during pregnancy due to increased blood supply in the nasal membranes.

NASAL CONGESTION OR COUGHING cont.

Additionally, mucus membranes have more blood supply, so nosebleeds may also occur.

You can relieve symptoms by:

- > Use Saline nasal spray or Vaseline applied at bedtime. This can keep the nasal passages moist and decrease nosebleeds.

NUMBNESS OR TINGLING

Tissue swelling and fluid retention can cause some women to develop tingling, aching or numbness in one or both hands. Nerves that become compressed by the uterus and can also cause pain in the hips or lower legs called sciatic nerve pain. Symptoms generally resolve after delivery without further complications.

You can relieve symptoms by:

- > Resting.
- > Using a maternity support belt.
- > Using wrist splints

PRESSURE UNDER THE RIB CAGE

This discomfort can occur as the baby presses against the organs of the upper abdomen. This pressure often feels like a sore spot or bruised area, especially under one rib.

You can relieve symptoms by:

- > Sitting in a straight-backed chair with a pillow behind the lower back.
- > Taking a warm bath.
- > Using a heating pad.

SEXUAL ACTIVITY

Sexual activity during pregnancy will not harm your baby in any way. Your baby is protected by amniotic fluid, as well as strong muscles surrounding the uterus. As long as your pregnancy is proceeding normally, you can have sex as often as you like. Keep in mind, hormonal fluctuations, fatigue, nausea and breast tenderness early in pregnancy might lower your sexual desire, and as your pregnancy progresses, weight gain, back pain and other symptoms might dampen your enthusiasm for sex. Make sure to be open with your partner about how you are feeling.

You may begin to find some positions are more comfortable than others as your baby develops, so make sure to listen to your body, and don't be afraid to get creative.

There is also anecdotal evidence to support that sex can actually help trigger labor. Orgasm may help your uterus to contract, the release of the hormone oxytocin during sex may help your contractions along and semen may help to soften your cervix. Connecting with your partner this way is an added bonus, so continue sexual activity as long as you are comfortable.

Do NOT douche.

SHORTNESS OF BREATH

Shortness of breath often occurs in the last few months. At this point in pregnancy your blood is more dilute, with less oxygen. Additional weight makes movement more difficult and the pressure of the uterus against the diaphragm makes it harder to take a deep breath.

If you find the discomfort unmanageable, lay on a couch with your back propped up on the arm rest, elongate your torso and take full breaths through your nose and out of your mouth.

Shortness of breath is only a concern if it is extreme or comes on suddenly and persists.

SKIN CHANGES

Dry itchy skin, pigment changes and stretch marks can occur during your pregnancy. Some women develop brownish discolorations on their face or skin or a brown line appears in the middle of their abdomen. These are related to hormone changes and will fade after delivery in most cases.

SPOTTING

Spotting is a common concern during pregnancy. Light bleeding or spotting is usually no cause for concern. However, if you do experience any bleeding or spotting during your pregnancy, contact your provider.

SWELLING (EDEMA)

Some swelling is normal in the hands, face, legs and feet during your pregnancy, especially towards the end.

You can relieve symptoms by:

- > Drinking plenty of water.
- > Avoiding high sodium foods (pretzels, potato chips, salted popcorn, etc.).
- > Exercising and elevating your legs when able.

TRAVEL

For most women, traveling during pregnancy is safe. As long as you and your fetus are healthy, you can travel safely until you are 36 weeks pregnant.

The best time to travel is the middle of your pregnancy—between week 14 and week 28. Most common pregnancy problems happen in the first and third trimesters. During midpregnancy, your energy has returned, morning sickness is usually gone and it is still easy to get around. Paying attention to the way you feel is the best guide for your activities.

Travel is not recommended if you have certain pregnancy complications, including preeclampsia, premature rupture of membranes and preterm labor.

TRAVEL cont.

Traveling can increase your risk of developing a blood clot. These are most commonly found in your legs. Getting up and moving around as much as possible while traveling can help prevent a blood clot from developing.

Please contact our office if you experience any of the following symptoms:

- > Leg heaviness.
- > Redness or warmth in your leg.
- > Unusual leg pain.

VAGINAL DISCHARGE

Vaginal discharge increases for most women during pregnancy. It is usually a white or pale yellowish discharge.

If you have persistent itching, irritation or foul odor, please call us to check for possible yeast infection or vaginitis.

VERICOSE VEINS

The weight of the uterus and growing baby may compress and slow blood flow from the lower body. This may result in bulging veins in the legs or perineum.

You can relieve symptoms by:

- > Wearing support hose.
- > Elevating your legs.
- > Exercising regularly.
- > Avoiding crossing your legs.

**Notify our nurse if a vein becomes suddenly tender or more swollen.*

ZIKA

Travel is not recommended for pregnant women in areas where Zika outbreaks are ongoing. Zika is an illness spread by mosquitoes that can cause serious birth defects. Travel also is not recommended to areas with malaria, another mosquito-carried illness that is dangerous for pregnant women. For a current list of Zika and malaria outbreak areas, as well as other areas that may pose risks for pregnant women, go to wwwnc.cdc.gov/travel/notices/.

Talk to your office about getting set up with Valley's digital assistant, Val.



MEET VAL

She'll text you reminders and tips to keep you healthy during your pregnancy!



FIRST TRIMESTER

BABY GROWTH

WEEKS 1-4 OF PREGNANCY

- The dividing fertilized egg moves down the fallopian tube toward the uterus.
- At about 5 days after fertilization, the cluster of dividing cells enters the uterus.
- At about 8–9 days after fertilization, the cluster of cells (now called a blastocyst) attaches to the lining of the uterus.

WEEKS 5-8 OF PREGNANCY

- The placenta begins to form.
- The brain and spinal cord begin to form.
- The tissues that will form the heart begin to beat. The heartbeat can be detected during an ultrasound exam at about 6 weeks of pregnancy.
- Buds for limbs appear with paddle-like hands and feet.
- The eyes, ears, and nose begin to develop. Eyelids form, but remain closed.
- The genitals begin to develop.
- By the end of the eighth week, all major organs and body systems have begun to develop.

WEEKS 9-12 OF PREGNANCY

- Buds for future teeth appear.
- Fingers and toes start to form. Soft nails begin to form.
- Bones and muscles begin to grow.
- The intestines begin to form.
- The backbone is soft and can flex.
- The hands are more developed than the feet.
- The arms are longer than the legs.

PHYSICAL AND EMOTIONAL CHANGES

The most common ailment of pregnancy is morning sickness—which is nausea and sometimes vomiting. It usually occurs within 2–5 weeks of conception and in most cases clears up by 12–16 weeks. Refer to the common symptoms section for suggestions to help manage your morning sickness.

Mild cramping and spotting is common in early pregnancy.

Fatigue is a common complaint during early and late pregnancy. Increased rest and fluids are advised.

Breast tenderness is common and may last the entire pregnancy. A bra with good support helps. Some women will have a clear, milky discharge from their nipples and may need to use nursing pads to protect their clothing.

Hormonal changes, the adjustment to pregnancy and anticipation of caring for a new baby can cause normal emotional ups and downs. Communicate your feelings with supportive friends and family, and please be sure to discuss this with your provider and/or nurse if you are concerned about how you are feeling.

If you find your gums bleeding, try using a softer toothbrush. Bleeding gums can be increased in pregnancy due to vasodilation.

It is important to continue regular dental care during pregnancy.

SECOND TRIMESTER



BABY GROWTH

WEEKS 13-16 OF PREGNANCY

- Eyebrows, eyelashes, and fingernails form. ▶
- Arms and legs can extend.. ▶
- External sex organs are formed. ▶
- The placenta is fully formed. ▶
- The fetus can swallow and hear. ▶
- The outer ear begins to develop. ▶
- The neck is formed. ▶
- Kidneys are functioning and begin to produce urine. ▶
- In male fetuses, the testicles begin to descend from the abdomen. ▶
- Genitals become either male or female at week 14. ▶

WEEKS 17-20 OF PREGNANCY

- The sucking reflex develops. If the hand goes to the mouth, the fetus may suck his or her thumb. ▶
- The skin is wrinkled and the body is covered with a waxy coating (vernix) and fine hair (lanugo). ▶
- The fetus is more active. You may be able to feel him or her move. ▶
- The fetus sleeps and wakes regularly. ▶
- Nails grow to the tips of the fingers. ▶
- The gallbladder begins producing bile, which is needed to digest nutrients. ▶
- In female fetuses, the eggs have formed in the ovaries. ▶

WEEKS 21-24 OF PREGNANCY

- Real hair begins to grow. ▶
- The brain is rapidly developing. ▶
- The eyes begin to open. ▶
- Finger and toe prints can be seen. ▶
- The lungs are fully formed but not yet functioning. ▶

PHYSICAL AND EMOTIONAL CHANGES

- If you have experienced morning sickness, it may be gone by this point. Your energy may have increased.
- You may experience leg cramps or sleep problems. See the common symptoms page for more information to relieve these concerns.

ULTRASOUND

You will have an ultrasound around 21 weeks which can tell you the gender of your baby and check for birth defects.

OTHER THINGS TO CONSIDER

PRETERM LABOR WARNING SIGNS

Regular uterine contractions that are changing the cervix and occur before 37 weeks gestation are considered preterm labor. If you are having more than 6 contractions in an hour, please go directly to the hospital to be monitored and evaluated. If it is preterm labor, there are medications and measures that can be taken to prolong a pregnancy so you can have the healthiest baby possible.



THIRD TRIMESTER

BABY GROWTH

WEEKS 25-28 OF PREGNANCY

- The eyes can open and close and sense changes in light.
- Lanugo begins to disappear.
- The fetus kicks and stretches.
- The fetus can make grasping motions and responds to sound.
- Lung cells begin to make surfactant.

WEEKS 29-32 OF PREGNANCY

- With its major development finished, the fetus gains weight very quickly.
- Bones harden, but the skull remains soft and flexible for delivery.
- The different regions of the brain are forming.
- Taste buds develop and the fetus can taste sweet and sour.
- The fetus may now hiccup.

WEEKS 33-36 OF PREGNANCY

- The fetus usually stays in a head-down position in preparation for birth.
- The brain continues to develop.
- The skin is less wrinkled.
- The lungs are maturing and getting ready to function outside the uterus.
- Sleeping patterns develop.

WEEKS 37-40 OF PREGNANCY

- The fetus drops lower into the pelvis.
- More fat accumulates, especially around the elbows, knees, and shoulders.
- The fetus gains about 1/2 pound per week during this last month of pregnancy.

PHYSICAL AND EMOTIONAL CHANGES

OTHER THINGS TO CONSIDER

Hemorrhoids are common during this third trimester of pregnancy. For recommended treatment see "Hemorrhoids" under Common Concerns.

As the baby puts more pressure on your bladder, you may need to urinate more.

WHO TO CALL?

NON-EMERGENCY For non-emergency items including appointments, nurse questions and surgery scheduling, call our offices during regular business hours.

AFTER HOURS A nurse/provider is available to take emergent phone calls. To reach the after hours nurse, call the main line and follow the prompts. If the nurse is unable to answer, please leave a message. They will return your call as soon as possible.

EMERGENCY If you feel you have a true medical emergency, call 911 or go to the nearest emergency room.

GO TO THE HOSPITAL...

- If you feel like your water has broken or you are leaking fluid.
- If you are having more than 6 contractions in an hour that you are unable to walk, talk or breathe through.
- If you are earlier than 37 weeks and having contractions that are regular, painful and not relieved with rest and hydration.
- If you experience a decrease in fetal movement.
- If you have any bleeding that resembles a period.

FETAL KICK COUNT TRACKER



Fetal Movement Counting, sometimes called “kick counts”, is a way to assess your baby in the uterus. It requires you to count the number of times you feel your baby move within a certain time period. Counting your baby’s movements can help you and your physician gauge your baby’s health. A healthy, growing baby will move frequently. It is recommended that all women begin counting fetal movements at the 28th week of pregnancy. Women with high-risk pregnancies or with pregnancy complications are especially encouraged to count.

HOW DO I COUNT?

- 1 Choose a convenient time to count, at a time when your baby tends to be active. Many women find that their babies are more active after a meal, after light physician activity and in the evening. Try to count at roughly the same time each day. This will help you get a sense of your baby’s usual patterns of activity.
- 2 Each day at the chosen time, lie on your side or sit in a comfortable chair. The best place to start your “kick counts” is a quite room without distractions. Have a pen and paper handy.
- 3 Write down the time you feel the first of your baby’s movements and make a mark for each movement you feel after that. Count each twist, turn, flutter, swish, kick and elbow you feel. Do not count hiccups. Continue counting until you’ve marked 6 movements. Record the time of the sixth movement. You can also find many apps for your smart phone that may help you record these “kick count” sessions.
- 4 If you don’t feel at least 6 movements in one hour, continue to count movements for the next hour. If you do not have at least 10 movements in these two hours of monitoring, you need to go directly to labor and delivery for evaluation.

Today's Date: Jan. 1 st Start Time: 6:45 pm  End Time: 7:27 pm	Today's Date: _____ Start Time: _____ End Time: _____			
Today's Date: _____ Start Time: _____ End Time: _____	Today's Date: _____ Start Time: _____ End Time: _____	Today's Date: _____ Start Time: _____ End Time: _____	Today's Date: _____ Start Time: _____ End Time: _____	Today's Date: _____ Start Time: _____ End Time: _____
Today's Date: _____ Start Time: _____ End Time: _____	Today's Date: _____ Start Time: _____ End Time: _____	Today's Date: _____ Start Time: _____ End Time: _____	Today's Date: _____ Start Time: _____ End Time: _____	Today's Date: _____ Start Time: _____ End Time: _____
Today's Date: _____ Start Time: _____ End Time: _____	Today's Date: _____ Start Time: _____ End Time: _____	Today's Date: _____ Start Time: _____ End Time: _____	Today's Date: _____ Start Time: _____ End Time: _____	Today's Date: _____ Start Time: _____ End Time: _____
Today's Date: _____ Start Time: _____ End Time: _____	Today's Date: _____ Start Time: _____ End Time: _____	Today's Date: _____ Start Time: _____ End Time: _____	Today's Date: _____ Start Time: _____ End Time: _____	Today's Date: _____ Start Time: _____ End Time: _____



valleywomenshealth.com