

STEPHEN FALK, MD, FACOG  
MARY POAG, MD, FACOG  
LAUREN MILLET, MD, FACOG



LAKEISHA DEMERSON, MD, FACOG  
CAROLYN KENNEY, DO, FACOG  
MELANIE CHRISTOFFERSON, DO, FACOG

Diplomates of The American Board of Obstetrics and Gynecology  
17 PROFESSIONAL PARK, WEBSTER, TX 77598  
281-332-9511 (telephone) | 281-332-6685 (fax) | [www.baobgyn.com](http://www.baobgyn.com)

### **PREGNANCY DO'S AND DON'TS**

\*\*\*These are general guidelines for most low risk pregnancies. Please consult with your doctor if you are unsure if these recommendations apply to you and your pregnancy.\*\*\*

#### **ACTIVITIES**

- In general, you may continue to do your usual activities but please avoid motorcycle riding, snow skiing, saunas, horseback riding, water skiing, hot tubs/jacuzzis

#### **EXERCISE**

- At least 150 minutes of moderate intensity (enough to raise your heart rate and sweat and you can talk normally but you cannot sing) aerobic exercise is recommended every week to help reduce back pain, reduce constipation, help decrease risk of gestational diabetes/preeclampsia/cesarean section, avoid unhealthy weight gain, improve overall general fitness, help you to lose weight after the baby is born.
- If you are new to exercise, start slowly and gradually increase your activity.
- Precautions: drink plenty of watery to avoid dehydration, wear a supportive sports bra, avoid very hot weather, and avoid lying flat on your back in the 2<sup>nd</sup> and 3<sup>rd</sup> trimesters.
- Avoid: contact sports, “hot yoga/pilates”, activities above 6,000 feet, scuba diving
- Warning signs: vaginal bleeding, feeling dizzy, shortness of breath before starting exercise, chest pain, headache, muscle weakness, calf pain or swelling, regular painful contractions, fluid leaking from the vagina.

#### **WEIGHT GAIN**

- Recommended weight gain depends on your prepregnancy weight (body mass index). You may only gain 1-5lbs during your first trimester (or none at all). If you were normal weight prior to pregnancy, you should gain 0.5-1lb a week in the 2<sup>nd</sup> and 3<sup>rd</sup> trimesters. If you were overweight or obese prior to pregnancy, you should aim for about 0.5lb/week.

Pre-Pregnancy BMI Category (Body Mass Index = BMI)	Recommended Total Weight Gain During Pregnancy	
BMI < 18.5 Underweight	12.5 – 18.0 kg	28.0 – 40.0 lbs
BMI 18.5 – 24.9 Normal Weight	11.5 – 16.0 kg	25.0 – 35.0 lbs
BMI 25.0 – 29.9 Overweight	7.0 – 11.5 kg	15.0 – 25.0 lbs
BMI ≥ 30 Obese	5.0 – 9.0 kg	11.0 – 20.0 lbs

Body Mass Index (BMI) = Weight (kg) / [Height (m)]<sup>2</sup>

## NUTRITION - <https://www.acog.org/womens-health/faqs/nutrition-during-pregnancy>

- Instead of “eating for two”, try to eat twice as healthy and increase your calories about 340 calories a day starting in the 2nd trimester (600 calories a day if twins, 900 calories a day if triplets).
- Key Vitamins and Minerals during pregnancy

Nutrient (Daily Recommended Amount)	Why You and Your Fetus Need It	Best Sources
Calcium (1,300 milligrams for ages 14 to 18 years; 1,000 milligrams for ages 19 to 50 years)	Builds strong bones and teeth	Milk, cheese, yogurt, sardines, dark green leafy vegetables
Iron (27 milligrams)	Helps red blood cells deliver oxygen to your fetus	Lean red meat, poultry, fish, dried beans and peas, iron-fortified cereals, prune juice
Iodine (220 micrograms)	Essential for healthy brain development	Iodized table salt, dairy products, seafood, meat, some breads, eggs
Choline (450 milligrams)	Important for development of your fetus's brain and spinal cord	Milk, beef liver, eggs, peanuts, soy products
Vitamin A (750 micrograms for ages 14 to 18 years; 770 micrograms for ages 19 to 50 years)	Forms healthy skin and eyesight Helps with bone growth	Carrots, green leafy vegetables, sweet potatoes
Vitamin C (80 milligrams for ages 14 to 18 years; 85 milligrams for ages 19 to 50 years)	Promotes healthy gums, teeth, and bones	Citrus fruit, broccoli, tomatoes, strawberries
Vitamin D (600 international units)	Builds your fetus's bones and teeth  Helps promote healthy eyesight and skin	Sunlight, fortified milk, fatty fish such as salmon and sardines
Vitamin B6 (1.9 milligrams)	Helps form red blood cells  Helps body use protein, fat, and carbohydrates	Beef, liver, pork, ham, whole-grain cereals, bananas
Vitamin B12 (2.6 micrograms)	Maintains nervous system  Helps form red blood cells	Meat, fish, poultry, milk (vegetarians should take a supplement)
Folic acid (600 micrograms)	Helps prevent birth defects of the brain and spine  Supports the general growth and development of the fetus and placenta	Fortified cereal, enriched bread and pasta, peanuts, dark green leafy vegetables, orange juice, beans. Also, take a daily prenatal vitamin with 400 micrograms of folic acid.

## CAFFEINE

- Moderate caffeine use (<200mg per day) is not likely to increase the risk of miscarriage or preterm birth

## TRAVEL

- In most cases, pregnancy women can travel safely until close to their due dates. But travel may not be recommended for women who have pregnancy complications. If you are planning a trip, talk to your doctor.
- Most airlines allow pregnant women to fly domestically until about 36 weeks of pregnancy. The cut off may be earlier for international flights.
- More information about travel: <https://www.acog.org/womens-health/faqs/travel-during-pregnancy>

## MEDICATIONS

- Below is a list of medications that are likely safe to take during pregnancy. Medications not listed does not necessarily mean they are safe or unsafe but may require a discussion of the risks and benefits of use during pregnancy
- Pain relievers: acetaminophin (max of 3000mg/day). Avoid NSAIDs (ibuprofen/advil, naproxen/aleve). You may be prescribed low dose aspirin 81mg a day if you have risk factors for preeclampsia. This dosage is ok to take, but do not take full dose aspirin (325mg a day).
- Allergies: claritin, Zyrtec, hydroxyzine, Benadryl, rhinocort (fluticasone/budesonide) spray. Pseudoephedrine (decongestant) has been linked to small risk of abdominal wall birth defects. If the benefits outweigh the risks of using this medication, do not use during the first 3 months of pregnancy.
- Cough: cough drops, chloraseptic spray, robitussin DM, gaufenesin
- Acid reflux: Pepcid AC, Maalox, Mylanta, tums
- Anti-diarrheal: Imodium
- Nausea: ginger ale, ginger snaps, peppermint, unisom tablets
- Stool softener: colace/docusate, milk of magnesia, Metamucil, miralax
- Hemorrhoids: preparation H, anusol

**NOTIFY THE PRACTICE** – you may speak with the nurse during office hours. If after hours and is urgent/emergent, there is an answering service that will page the physician on call (call the main office number 281-332-9511). Please do not send urgent messages through the portal as they may not be checked for up to 2 business days.

- Vaginal bleeding
- Unusual cramping
- Sudden loss of clear fluid from the vagina
- Unusual vaginal discharge
- Contractions that do not resolve with rest and hydration

Please call the office any time you have questions, problems or desire additional information. One of the nurses will be happy to speak with you. If they are busy and cannot take your call, a message will be taken and your call will be returned as quickly as possible. We want your pregnancy to be as happy, healthy and problem free as possible and encourage you to communicate to us anything that we can do to help you achieve this.