

A Guide to Your Pregnancy



DukeHealth

Table of Contents

Section One: What to Expect at Your Visits.....	3
Prenatal Visits.....	3
Fetal Ultrasounds.....	5
Fetal Non Stress Tests.....	6
Genetic Testing and Screening Options in Pregnancy.....	6
Vaccinations During Pregnancy.....	8
Section Two: Common Discomforts in Pregnancy.....	9
Problem and Treatment Chart	9
Tips to Help Prevent Nausea During Pregnancy.....	16
Vaginal Discharge in Pregnancy	16
Vaginal Spotting or Bleeding in Pregnancy	17
Section Three: Healthy Eating in Pregnancy.....	19
Plate Planner.....	19
Foods That are Rich in Iron	20
Food Safety in Pregnancy.....	20
Total Weight Gain in Pregnancy	22
Exercising in Pregnancy	23
Section Four: Progressing in Your Pregnancy.....	24
Frequently Addressed Concerns	24
Kick Counts.....	24
Making Plans During Pregnancy for Breastfeeding	25
Preparing for Baby Classes	26
Labor Symptoms	27
What to Expect From an Evaluation at the Hospital	29
Section Five: Postpartum Care	30
Caring for Yourself After Having a Baby	30
Exercise	31
Vaginal Flow and Return of Your Menstrual Period	32
Perineal Care.....	32
Incisions Care After Cesarean Section.....	33
Constipation	33
Hemorrhoids	34
Nutrition After You Have Your Baby	34
Breast Care	34
Postpartum Blues, Postpartum Depression, and Postpartum Anxiety	38
Intimacy and Sexuality	38
When to Contact Your Healthcare Provider	39

What to Expect at Your Visits

Prenatal Visits

Keeping you healthy and safe is very important to us. During your visits, ask your provider questions and tell them your concerns.

At each prenatal visit during your first trimester, you'll be weighed and have your blood pressure checked. Your urine may also be checked for bacteria, protein, or sugar. As early as weeks 10 to 12, you may be able to hear your baby's heartbeat using a Doppler ultrasound.

At each prenatal visit in the second trimester, you'll be weighed and your blood pressure will be checked. Your urine may be checked for bacteria, protein, or sugar. Your care provider will listen to your baby's heartbeat and measure the size of your uterus (fundal height) to track your baby's growth and position.

At each prenatal visit in the third trimester, you'll be weighed, and your blood pressure and urine will be checked. Your care provider will measure the size of your uterus (fundal height) and feel your belly. This is done to check your baby's growth and position. Late in the third trimester, your provider will check to see how far your baby's head has dropped into your pelvis. If your baby is not head-down after 36 weeks, you may have a fetal ultrasound to confirm the position. Your care provider may discuss ways to gently turn the baby into a head-down position. Close to delivery, you may be checked to see if your cervix has begun to thin and open.

Your care provider may ask questions about your health and your feelings to find out if you're depressed. Depression is common during pregnancy and after giving birth (postpartum). Experts recommend that all pregnant patients be screened for depression. If it isn't treated, depression can cause problems during pregnancy and after birth.



8 to 10 Weeks: New OB Nurse Intake Visit: You will meet with a nurse to talk about your history. They will give you important information and how to contact your provider. After your visit, you will get your blood drawn. The following tests will be done:

- Blood Type
- Antibody Screen
- Complete Blood Count
- Hepatitis B
- Hepatitis C
- Syphilis
- Rubella
- HIV Screening
- Urine Culture
- Screen for kidney function (if needed)
- Diabetes screen (if needed)

10 to 12 weeks: New OB visit with a care provider. You will have a general physical exam that will include a breast and pelvic exam. A pap smear may also be done if you are due for your yearly screening. Future visits will be every four weeks until you are 28 weeks, every two weeks until you are 36 weeks, and weekly visits after 36 weeks.

13 to 24 weeks: During these visits, the provider will check your blood pressure and listen to the baby's heart. You will also be scheduled for an ultrasound to look at the baby's organs and the health of your placenta and cervix.

24 to 26 weeks: During this visit, the provider will add testing your urine and measuring your uterus with a tape measure. This measurement will give you a good idea of how the baby is growing.

26 to 28 weeks: During this visit, the provider will also add a test to see if you have diabetes in pregnancy (gestational diabetes)

- You will drink a special drink consisting of 50 grams of sugar and have your blood drawn an hour later. You should not eat or drink an hour before the test.
- If your blood sugar is high, you will take a 3 hour long test to see if you have diabetes in pregnancy. You should not eat or drink after midnight the night before your test.

28 Weeks: In addition to a provider visit, you will be scheduled for a Nurse Education visit to go over information given to you during the intake visit. This includes:

- What you can expect the first hour after having the baby
- Skin to Skin contact
- Rooming in: your baby will stay with you in your room
- Breastfeeding information and tips

28 to 30 weeks: During this visit, blood work will be taken and vaccines will be given:

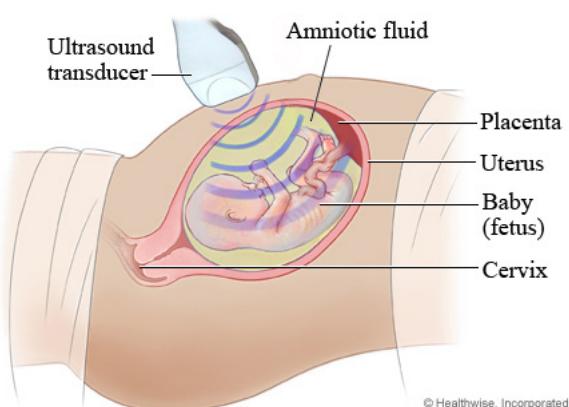
- Complete Blood Count (CBC) to see if you may have developed anemia during the course of your pregnancy.
- HIV and Syphilis to determine if you have been exposed to HIV and Syphilis. We perform this test on every patient.
- Tetanus, Diphtheria, and Pertussis Vaccination (TDaP): This vaccine is recommended around 27-28 weeks during every pregnancy. This will make sure your baby is protected against pertussis (“whooping cough”) at birth.
- Rhogam: If you are Rh-negative, Rhogam is a medicine that prevents you from making antibodies in your blood that can affect future pregnancies.

30 to 36 weeks: During these visits, the provider will check your blood pressure, get a urine sample, listen to the baby’s heart and measure your uterus.

36 weeks: During this visit, the provider will also test you for Group Beta Strep (GBS). GBS is normal bacteria found in 33 of 100 patients. This bacteria normally will cause no harm. During pregnancy the bacteria can travel to the uterus that may lead to an infection after your water breaks. You will also be tested for Gonorrhea and Chlamydia. You will discuss your potential birthing plan. They will also talk about if you need to have the baby earlier than 39 weeks.

37 weeks until delivery: You will have weekly visits once you are 36 weeks. The provider will continue to check your blood pressure, test your urine, listen to the baby’s heart, and measure your uterus at each visit.

4 to 6 weeks after delivery: You will need a postpartum visit. You will be screened for the risk of postpartum depression and may discuss any future birth control options. There may also be a physical exam.



Fetal Ultrasounds

A fetal ultrasound is a test during pregnancy that uses sound waves to create a picture of the baby, the organ that supports the baby (placenta), and the liquid that surrounds the baby (amniotic fluid). The picture will be on a monitor which may be in black and white or in color. The pictures are also called a sonogram, an echogram, or a scan. These pictures may be saved as part of your baby’s record. The dating and anatomy ultrasounds are routinely performed. Talk to your provider about possible additional ultrasounds.

Dating Ultrasound: Your first ultrasound will see how far along you are in your pregnancy. It will be done around 8 to 12 weeks. A sonographer is a health care professional who is trained to perform ultrasounds.



First Trimester Ultrasound: This is an optional genetic screening ultrasound. It is done around 10 to 12 weeks. It is usually associated with a blood test. The blood test can be done to see if your baby is affected by a condition. See section “Genetic Testing and Screening Options in Pregnancy” for more information about genetic screening. Talk to your provider about this ultrasound if you want more information.

Anatomy Ultrasound: This ultrasound is done at 18 to 20 weeks. It is done to see the baby’s organs, growth, and placenta. The baby’s sex can usually be seen at this time. Your sonographer will ask you if you would like to know the sex of the baby.

Growth Ultrasound: This ultrasound may be performed after you are 28 weeks. This ultrasound measures the baby’s growth. It is also used to evaluate the baby’s general well-being. Your provider will let you know if additional ultrasounds are necessary.

Fetal Nonstress Test

A nonstress test is a test that checks your baby’s heartbeat patterns. It can show heart rate changes when the baby moves. It also shows changes when you have contractions, if you are having them. A fetal heart rate that speeds up when the baby moves means the baby is getting enough oxygen. A nonstress test is often done when there is any question about how the baby is doing during later pregnancy. Some patients with high-risk pregnancies are tested every week or twice a week in the third trimester.

Genetic Testing and Screening Options in Pregnancy

There are several testing options offered to screen for genetic conditions during the pregnancy. These tests are screening tests, meaning they provide information about the probability or chance that the baby may be affected by one of these conditions. They cannot diagnose or rule out these conditions. Ask your provider for more information on the specific conditions mentioned below and screening options that are recommended for you. All of these screenings and tests are optional.

Screening Options

First trimester screening: This test can be performed between 11 to 13 weeks. It requires an ultrasound and a blood draw. The ultrasound measures the nuchal translucency. The nuchal translucency is the fluid filled area at the back of the baby's neck. This test screens for Down syndrome, trisomy 18, and trisomy 13.

Circulating cell free fetal DNA screening (also known as prenatal cell free DNA, NIPT or NIPS): This screening test can be done as early as 10 weeks. It is done by taking blood from the mother's arm to look at the DNA from the pregnancy. The screen checks the pregnancy for Down syndrome (Trisomy 21), Trisomy 13, and Trisomy 18. You have the option to screen for sex chromosome abnormalities which would also allow you to learn the predicted fetal sex. The results of this screen give an increased or decreased risk for the chromosome conditions listed above, but will not give a definite result.

Maternal serum marker screening: This blood test is performed between 15 and 21 weeks. It measures four proteins that are normally found in your blood during pregnancy. This test screens for the risk of Down syndrome, trisomy 18, spina bifida, and anencephaly.

You may be referred to a genetic counselor for diagnostic testing if your screening tests show an increased risk for any condition. You may also request a genetic counselor appointment. Just ask your provider for a referral.

Diagnostic Testing

Chorionic villus sampling (CVS) is a diagnostic test performed between 10 to 13 weeks. It involves the removal of a small number of chorionic villi. Chorionic villi is tissue from the developing placenta. The test provides a chromosome analysis and may provide additional information about other potential genetic conditions. Complications leading to miscarriage is the main risk of CVS. It can occur in less than 1 out of every 100 cases.

Amniocentesis involves the removal of a small amount of amniotic fluid from the sac surrounding the baby. It uses a thin needle that is inserted through your belly and uterus. It is typically performed in the clinic between 15 to 23 weeks. Ultrasound is used throughout the procedure. Your baby's cells from the amniotic fluid are tested. Complications leading to miscarriage is the main risk. It can occur in less than 1 out of every 200 cases.

Carrier Screening

Carrier Screening is a type of genetic test that can tell you whether you carry a genetic change for certain genetic disorders. Carriers do not have symptoms of the condition but may pass on a genetic change that could result in the condition in their children. The test allows you to find out your chances of having a child with a genetic disorder. Carrier screening is available for diseases including

cystic fibrosis, spinal muscular atrophy, and hemoglobinopathies. Your provider will give you more information about these diseases if needed. All three conditions are recessive. Recessive means that both parents must be a carrier of the genetic change in order to potentially have a child with the disease. Hemoglobinopathy screening is most complete when ordering a CBC and hemoglobin electrophoresis or fractionation. These are done by drawing your blood. Your provider will give you more information if you need this screening.

Cystic Fibrosis (CF) is one of the most common genetic conditions. This condition results in thickened secretions in the lungs, digestive, and reproductive systems. All babies born in the state of North Carolina will be tested for CF as part of routine newborn screening after birth.

Spinal Muscular Atrophy (SMA) is a neurodegenerative disorder that leads to atrophy of skeletal muscle and overall weakness. It can happen in persons of any ethnicity. There are multiple forms of the disease. Some cause death in infancy while others may survive to adulthood. All babies born in the state of North Carolina will be tested for SMA after birth as part of routine newborn screening.

Please ask your provider if you have any additional questions.

Vaccinations during pregnancy

COVID-19 vaccine: The COVID-19 vaccine should be given while you are pregnant if you are due for a booster or have not been vaccinated. These can be given at any time during your pregnancy.

Flu vaccine: Depending on the season, the flu vaccine may be offered and is recommended for all pregnant patients. If you have a history of egg allergy with only hives, you can have the flu vaccine.

Tetanus, Diphtheria, and Pertussis vaccine (TDaP): TDaP is recommended around 27-28 weeks of pregnancy. This is recommended to protect the newborn against pertussis (whooping cough).



Common Discomforts During Pregnancy

All medicines listed below can be taken as directed on the packaging safely during pregnancy. Please start with the lowest recommended dose listed on packaging.

Problem	Treatment
Allergies	<p>There are several over-the-counter options to treat allergies that can be found at your local pharmacy.</p> <p>Oral medicines (medicines taken by mouth)</p> <ul style="list-style-type: none">▪ Loratadine (such as Claritin)▪ Diphenhydramine (such as Benadryl)▪ Cetirizine (such as Zyrtec)▪ Fexofenadine (such as Allegra) <p>Nasal medicines</p> <ul style="list-style-type: none">▪ Fluticasone (such as Flonase)▪ Mometasone furoate (such as Nasonex) <p>Take these medicines according to the package directions. Avoid using any products that contain pseudoephedrine.</p> <p>Limit exposure to allergens by changing home and car air filters frequently. Vacuum carpets daily with a hypoallergenic filter. Wash pillowcases and bed linens frequently. Vacuum or wash heavy window linens.</p>
Back, Hip, and Pelvic Pain	<p>This is normal in pregnancy. It is due to the relaxation of supportive ligaments around the pelvis. It is also due to the change in your normal center of gravity. This pain may become worse as the pregnancy progresses. Contact your provider if you have 6 or more contractions in hour, even after you have had a glass of water and are resting. Contractions are discussed more in section four: progressing in your pregnancy. The following tips may help ease the pain:</p> <ul style="list-style-type: none">▪ Wear a pregnancy “Belly Band” for added support on a daily basis. Belly bands are available online.▪ Sleep on your side. Use firm pillows under your lower back and in between your knees.▪ Warm tub bath (30 min or less)▪ Heating pad (20 min or less)▪ Heat therapy wraps, patches, or pads▪ Massage▪ Acetaminophen (such as Tylenol) per package directions.▪ Ibuprofen (such as Advil) is not recommended during pregnancy.▪ Topical pain relief cream or gel used according to the package directions

Back, Hip, and Pelvic Pain (continued)

Low Back Stretching: Rest on your hands and knees. Your head should be in line with your back. Pull in your stomach. Round your back slightly. Hold for several seconds. Then relax your stomach and back. Keep your back as flat as possible. Do not let your back sag. Gradually work up to 10 repetitions.



To stretch your back, pelvis and thighs, try the backward stretch. Start on your hands and knees, keeping your arms straight and your hands directly beneath your shoulders. Curl backward toward your heels as far as is comfortable for your knees. Tuck your head toward your knees and keep your arms extended. Hold for several seconds, and then return to the starting position. Gradually work up to 10 repetitions.



Tuck your head toward your knees and keep your arms extended. Hold for several seconds, and then return to the starting position. Gradually work up to 10 repetitions.



Cough

- Honey and lemon juice mixed with warm water
- There are many over the counter options of cough suppressants that can be found in any pharmacy
- dextromethorphan hydrobromide (such as Delsym)
- dextromethorphan polistirex (such as Benylin)
- dextromethorphan guaifenesin- guaifenesin (such as Robitussin DM)

Take these medicines according to the package directions. Do not go over the recommended daily dosage or total length of therapy.

Constipation

- Increase walking or exercise
- Increase fiber:
 - through your diet (bran cereal, whole grains, fruits, vegetables, prunes)
 - through fiber supplements: psyllium (such as Metamucil), calcium polycarbophil (Konsyl), methylcellulose (such as Citrucel)
- Stool Softener: Docusate sodium (such as Colace). Take 1 to 2 pills daily to prevent constipation.
- Laxatives may be used only as needed for immediate constipation relief: Polyethylene glycol (such as Miralax or Clearlax) or magnesium hydroxide (such as Ex-Lax)

Take these medicines according to the package directions. Do not go over the recommended daily dosage or total length of therapy.

Diarrhea	<ul style="list-style-type: none"> ▪ Increase water intake ▪ Over the counter anti-diarrheal medicine such as loperamide (such as Imodium) ▪ BRAT Diet (Bananas, Rice, Apple Sauce, Toast) <p>Take this medicine according to the package directions. Do not exceed the recommended daily dosage or total duration of therapy.</p>
Fluid Retention (Swelling)	<ul style="list-style-type: none"> ▪ Decrease sodium (salt) intake ▪ Increase water intake (at least 8, 8 ounce glasses per day) ▪ Avoid prolonged sitting or standing ▪ Elevate your feet and legs when sitting ▪ Compression (support) stockings or socks
Headache	<p>You may take 975 to 1000 mg of Acetaminophen (such as Tylenol) for quick headache relief every 6 hours. Please take according to the package directions. Do not exceed 4g (4000mg) in 24 hours.</p> <p>Do NOT take any Non-Steroidal Anti Inflammatory Medicines (NSAIDS) like Ibuprofen (Advil) or Naproxen (Aleve) unless directed by your provider.. These pain relievers are not safe for use in pregnancy.</p> <p>To prevent frequent headaches from occurring: You may also take a combination of magnesium 400 to 800mg, riboflavin 400mg, and melatonin 3mg. Take all 3 of these together each night before bed to prevent headaches.</p> <p>If your headache does not improve, reach out to your medical team. You can discuss next steps for therapy. This may be serious and a sign of pre-eclampsia.</p>
Heartburn and Indigestion	<p>The following tips may help with heartburn:</p> <ul style="list-style-type: none"> ▪ Avoid highly acidic foods (tomatoes, oranges, vinegars) ▪ Avoid eating meals within 2 to 3 hours of bedtime ▪ Elevate your head and shoulders at night with additional pillows while sleeping <p>Please take only 1 of the following medicines at a time.</p> <ul style="list-style-type: none"> ▪ Calcium carbonate (such as Maalox tablets or Regular Strength liquid, TUMS, or Rolaids). You should take less than 2,000mg a day. ▪ Aluminum-magnesium hydroxide (such as Mylanta Regular Strength Liquid) ▪ Famotidine (such as Pepcid AC) ▪ Aluminum hydroxide (such as Gaviscon) <p>If these medicines do not provide adequate relief, you may try Omeprazole (such as Prilosec) 20mg daily each morning.</p> <p>Take this medicine according to the package directions. Do not exceed the recommended daily dosage or total duration of therapy.</p>

<p>Hemorrhoids</p>	<p>Hemorrhoids are swollen veins at the end of the large intestine. They often stick out from the anus (external hemorrhoids). They can also be located on the inside of the lower intestine (internal hemorrhoids). Bleeding, itching, and pain are common hemorrhoid symptoms.</p> <p>Hemorrhoids are common during pregnancy, because:</p> <ul style="list-style-type: none"> ▪ The enlarged uterus places extra pressure on the large vein (inferior vena cava) that drains the veins of the large intestine. ▪ Constipation, a common problem during pregnancy, causes less frequent and more strained bowel movements. The bowels commonly move more slowly during pregnancy. Iron in prenatal vitamins also can cause constipation. <p>To prevent or ease constipation and hemorrhoids:</p> <ul style="list-style-type: none"> ▪ Eat a high-fiber diet (lots of whole fruits, vegetables, and whole grains). ▪ Drink plenty of fluids, especially water. ▪ Don't strain (push hard) during a bowel movement. ▪ Increase the amount of exercise you get every day. <p>To treat the itching or pain of hemorrhoids:</p> <ul style="list-style-type: none"> ▪ Keep the anus clean by wiping carefully or using a squirt bottle after each bowel movement. Gently wipe from the front to the back. Baby wipes or hemorrhoid pads are usually more gentle than toilet paper. If you use toilet paper, use only soft, undyed, unscented toilet paper. ▪ Take warm soaks in a tub or a sitz bath. Warm water can help shrink or soothe hemorrhoids. Add baking soda to the water to relieve itching. <ul style="list-style-type: none"> - Sitz baths are where the hips and buttocks are put in water. There are different types of sitz baths to choose from, many of which can be purchased at medical supply stores. A common type is a basin that fits on a toilet seat and is filled with water. ▪ Apply ice pack compresses. ▪ Avoid sitting for long periods, especially on hard chairs. ▪ Hydrocortisone 1% cream (such as Anusol-HC) ▪ Phenyleph-min oil-petrolatum (such as Preparation H) ▪ Witch Hazel pads ▪ Stool softeners <p>Take these medicines according to the package directions.</p>
<p>Gas</p>	<ul style="list-style-type: none"> ▪ Simethicone chewable tablets (such as Maalox Anti-Gas, Gas-X, or Mylanta Gas Maximum Strength) ▪ Aluminum-magnesium hydroxide (such as Mylanta Maximum Strength Liquid or Maalox Advanced Maximum Strength Liquid) ▪ Follow the package directions. Do not take more than the recommended daily dosage. Do not take longer than the recommended length of time.

Nausea and Vomiting	<p>Nausea and vomiting in pregnancy is common. We recommend trying lifestyle and dietary changes listed below:</p> <ul style="list-style-type: none"> ▪ Eat and drink small amounts at least every 2 to 4 hours. ▪ Try snacks high in protein and complex carbohydrates (like roasted chickpeas). ▪ Eat fewer sweets and simple carbohydrates (see below for ideas). ▪ Avoid foods and substances that can irritate the stomach (coffee, cigarettes, fried foods, spices). ▪ Avoid water on an empty stomach. Drink it with meals and snacks. ▪ Avoid all sodas except sodas containing phosphoric acid. ▪ Avoid second-hand smoke. ▪ Rest, relaxation, and plenty of sleep. ▪ Try a cold compress to your forehead while you rest. <p>You may use any of the following medicines to treat nausea and vomiting in pregnancy:</p> <ul style="list-style-type: none"> ▪ Acupressure wristband. Remove these at night to prevent hand swelling. ▪ Ginger 250mg 4 times each day ▪ Vitamin B6 25mg taken up to 3 times daily. You can combine with a dose of Doxylamine (such as Unisom) at bedtime. <p>Call your provider's office to speak with a nurse if you are not able to keep down any fluids for more than 8 hours, or have not urinated in 6 to 8 hours, your mouth feels dry, and you feel faint and dizzy. The nurse may tell you go to an Urgent Care to get IV fluids.</p>
Rash, Poison Oak, Poison Ivy	<ul style="list-style-type: none"> ▪ Avoid scratching. ▪ Wash your hands frequently. ▪ Pramoxine-calamine lotion (such as Caladryl lotion) ▪ Oatmeal baths for itching and inflammation ▪ Over the counter allergy medicine for itching ▪ Hydrocortisone 1% cream for inflammation <p>Follow the package directions. Do not take more than the recommended daily dosage. Do not take longer than the recommended length of time.</p>
Sleeping Problems	<p>Sleep problems are common during pregnancy. Hormonal changes plus the discomforts of later pregnancy can break up a pregnant patient's sleep cycle.</p> <p>First trimester</p> <ul style="list-style-type: none"> ▪ The first trimester can bring insomnia (not being able to sleep well) and night waking. ▪ Most pregnant patients feel the need to take naps to fight daytime sleepiness and fatigue.

Sleeping Problems (continued)

Second trimester

- The second trimester tends to feel more normal for many pregnant patients. This is often a period of improved daytime energy and less need for naps.

Third trimester

- The third trimester is a time to expect increasing insomnia and night waking. Most women wake up 3 to 5 times a night, usually because of such discomforts as back pain, needing to urinate, leg cramps, heartburn, and fetal movement.
- Strange dreams are also common in the last few weeks of pregnancy.
- The need to take daily naps may return as your due date approaches.

Improving your sleep

Try to get the best sleep possible. These tips might help.

- Get comfy.
- Use extra pillows to support your belly, or put one between your knees.
- Keep a regular sleep schedule. Go to bed at the same time every night. And wake up at the same time too, even on weekends.
- Stop drinking fluids a few hours before bed.
- Pregnancy can make you have to urinate—a lot. If you go to bed with an empty bladder, you are less likely to have to get up in the night to go to the bathroom.
- Let yourself nap, but not for too long. If you keep naps short, they are less likely to affect how well you sleep at night.
- Do something relaxing before bed.
- Try yoga, meditation, or a bubble bath. When you get in bed, read something light rather than do something on a screen. (The light from TV or devices can activate your brain in ways that make it hard to sleep.)
- Cut back on caffeine, or don't drink it. Try to have just 1 cup of coffee a day or 2 cups of tea, and only in the morning. (And don't forget that energy drinks and chocolate also have caffeine.)

Medicines you can try if the tips do not help.

- Doxylamine succinate (such as Unisom)
- Acetaminophen (such as Tylenol)
- Diphenhydramine HCl (such as Benadryl)
- Melatonin 3mg each night

<p>Sore Throat</p>	<ul style="list-style-type: none"> ▪ Warm salt water rinses. ▪ Oral analgesic (such as Chloraseptic throat spray). ▪ Cough drops. ▪ Lozenges containing benzocaine or spray containing phenol should only be used for 2 days. ▪ Sugar free throat lozenges recommended for those with diabetes. <p>Follow the package directions.</p>
<p>Upper Respiratory Infection (Common cold)</p>	<p>Drink fluids, eat healthy, and rest. Try some of the following for relief.</p> <ul style="list-style-type: none"> ▪ Warm salt water rinses for throat irritation and pain. ▪ Oral analgesic (such as Chloraseptic throat spray). ▪ Cough drops. ▪ Dextromethorphan HBr (such as Robitussin) for cough ▪ Pseudoephedrine HCl (such as Sudafed) for nasal and sinus congestion (should take only after 12 weeks and avoid using if you have high blood pressure) ▪ Plain saline (salt water) for nasal congestion ▪ Guaifenesin (such as Guiatuss) for chest congestion ▪ Chlorpheniramine maleate (such as Chlor-trimeton) <p>Avoid all products with phenylpropanolamine and phenylephrine.</p> <p>Take these medicines according to the package directions. Do not exceed the recommended daily dosage or total duration of therapy. Do not take any Motrin, Advil, or Naproxen. These pain relievers are not safe for use in pregnancy.</p>
<p>Yeast Infections</p>	<p>If you are pregnant and have vaginal infection symptoms, contact your provider's office. Do not use nonprescription yeast infection medicine unless you discuss it with your provider's office first.</p> <p>Vaginal yeast infections are a common problem during pregnancy. They may be caused by your hormone levels. These infections are not a risk to the pregnancy. But they can cause uncomfortable symptoms.</p> <ul style="list-style-type: none"> ▪ Vaginal medicines should be used for yeast infection treatment. These may be vaginal creams or suppositories. ▪ Only certain medicines should be used. Nonprescription medicines include butoconazole (such as Femstat), clotrimazole (such as Gyne-Lotrimin), miconazole (such as Monistat), and terconazole (such as Terazol). ▪ Treatment should be used for 7 days. (It can take longer than usual to cure a yeast infection during pregnancy.) <p>Take these medicines according to the package directions. Do not exceed the recommended daily dosage or total duration of therapy.</p> <p>Don't assume that your symptoms are caused by a harmless yeast infection. If you have bacterial vaginosis or a sexually transmitted infection (STI), such as gonorrhea or chlamydia, you will need treatment.</p>

Tips to Help Prevent Nausea During Pregnancy

- Before getting out of bed in the morning, eat a few crackers, a handful of dry cereal, or a piece of toast or dry bread. Put these within reach of your bed the night before.
- Sit up slowly in the morning and sit on the side of the bed before standing up.
- Avoid any sudden movements.
- Eat 6 to 8 small meals during the day. Never go for long periods without food.
- Drink fluids, including soups, between meals, instead of with meals.
- Try eating popsicles if you are having difficulty keeping down liquids. Your goal is to have 64 ounces of non-caffeinated fluids every day.
- Avoid greasy, highly seasoned, and fried foods. These include butter, margarine, bacon, gravies, piecrusts, pastries, fried meat, and french fries.
- Try eating foods that are high in long acting proteins such as milk, yogurt, cheese, peanut butter, and nuts.
- Try eating a snack high in protein before bedtime such as chickpeas.
- Be sure to have plenty of fresh air and good ventilation in the bedroom while sleeping.
- If the nausea is severe, avoid drinking citrus juice, coffee, and tea.

You should call your provider's office if you have not been able to keep fluids down for 8 hours, or have not urinated in 6 to 8 hours, your mouth feels dry, and you feel faint and dizzy.

Vaginal Discharge in Pregnancy

An increase in thin, clear, cream, colored discharge is normal and healthy in pregnancy. This discharge may also be light green in color depending on the lighting in your home. There may be more discharge throughout pregnancy. Most discharge may be seen during the last few weeks of pregnancy. This means your body is preparing for labor and delivery. You may wear a thin pad or panty liner if you have discharge. Please do not use tampons during pregnancy. Use the bathroom as needed to avoid a full bladder. Always wipe from front to back when using the bathroom. Avoid using strong chemicals, soaps, and washing powder or detergents. They may cause irritation.

Call your provider's office when:

- You have vaginal discharge that is a green or gray color and has a strong or bad odor.
- You have redness, burning, or itching around the outside or inside of the vagina.

Vaginal Spotting or Bleeding in Pregnancy

The following guidelines will help you determine the severity of your vaginal bleeding.

- **Severe bleeding** means you are soaking through your usual pads or tampons each hour for 2 or more hours. For most patients, soaking through their usual pads or tampons every hour for 2 or more hours is not normal and is considered severe. If you are pregnant: You may have a gush of blood or pass a clot, but if the bleeding stops, it is not considered severe.
- **Moderate bleeding** means that you are soaking more than 1 pad or tampon in 3 hours.
- **Mild bleeding** means that you are soaking less than 1 pad or tampon in more than 3 hours.
- **Minimal bleeding** means “spotting” or a few drops of blood. It may come and go. It is usually painless.

Vaginal spotting in the first 14 weeks of pregnancy can be normal. It may be the result of the pregnancy settling within the wall of the uterus. Other causes of vaginal bleeding could be the result of irritation of the uterus from the fetus growing, cervical irritation after sex, or from vaginal warts.

During the first trimester of pregnancy:

- Up to 25 out of 100 pregnant women have some spotting or light vaginal bleeding. Of these women, about half of them do not have a miscarriage. Vaginal bleeding during pregnancy is more common among patients who have been pregnant before than in patients who are pregnant for the first time.
- Very early spotting sometimes occurs when the fertilized egg implants in the uterus. Implantation takes place 6 to 10 days after fertilization.

Vaginal bleeding can be a sign of miscarriage or preterm labor during pregnancy in the first trimester.

A miscarriage is the loss of a pregnancy during the first 20 weeks. Miscarriages are very common. Most happen because the fertilized egg in the uterus does not develop as it should. Stress, exercise, or sex does not cause a miscarriage. It may be upsetting to hear that you may lose your pregnancy, however, there is nothing that you did to cause the miscarriage. There is no treatment to stop a miscarriage. Additional signs of a miscarriage are bright red blood, more than light spotting, and pain in the lower middle part of your pelvis. If you have any of these symptoms please call your provider's office. You may also need to come in to be seen. The provider may order or perform an ultrasound.

Bleeding in the second or third trimester of pregnancy may mean a problem is present, such as:

- **Placenta previa.** Normally, the placenta is attached to the top portion of the uterus. In placenta previa, the placenta has attached low in the uterus, and partially or completely covers or blocks the cervix.
- **Placenta abruptio.** Normally, the placenta is firmly attached to the uterine wall until birth. If the placenta separates from the uterus before the baby is delivered, this is called placenta abruptio or abruptio placenta or placental abruption. Placenta abruptio usually occurs in the third trimester of pregnancy, but it can occur any time after the 20th week.

Please call your provider's office if you have severe to mild vaginal bleeding at any time during your pregnancy and you:

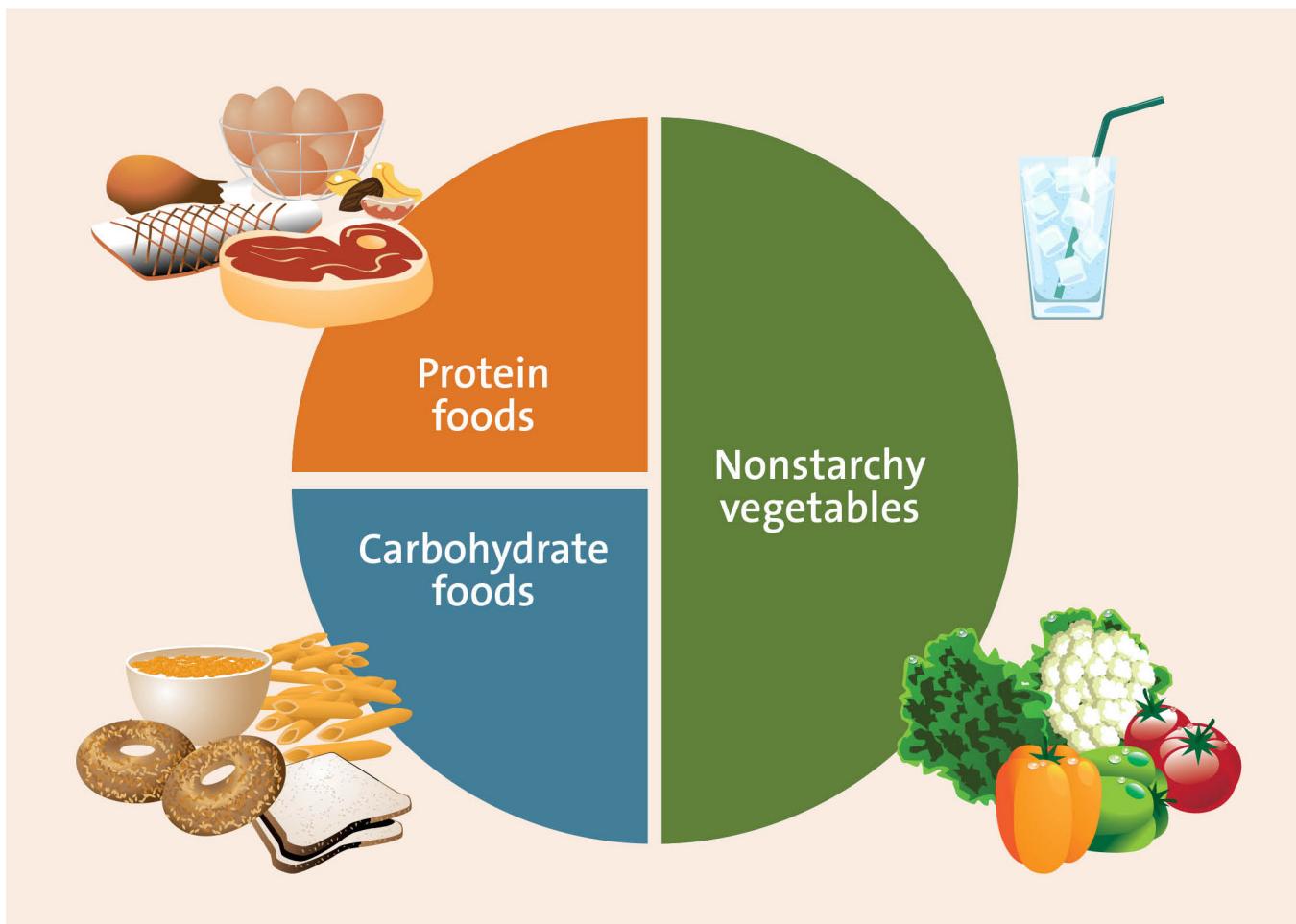
- Have an Rh negative blood type (A-, B-, O-, AB-)
- Have been told you have low-lying placenta, placenta previa, or placenta accreta
- Are soaking through a menstrual pad in one hour or less
- Are having contractions
- Feel leaking of water from the vagina or think your water broke
- Feel lightheaded, dizzy, or like your heart is racing
- Your abdomen is in severe pain and feels very hard or tender to the touch

Healthy Eating in Pregnancy

Plate Planner

The plate planner is a good way to visualize how you should eat. About half of your plate should be filled with vegetables and fruit. One quarter of your food intake should be some source of protein such as meat, fish, eggs, cheese, and nuts. The remaining quarter includes whole grain breads, starchy vegetables such as beans and peas, pasta, and rice. Dairy products such as milk, cheese, and yogurt are good sources of calcium and can be added at meals and snacks.

Lower fat options are lower in calories and are healthier. If you are lactose-intolerant, green leafy vegetables are another good source of calcium. For most patients, 30mg is the daily target intake of iron, and most prenatal vitamins have 27 to 30mg of iron per serving.



Foods That Are Rich in Iron

Pregnant patients need extra iron during pregnancy to help build the baby's blood. It is always a good idea to increase the iron you eat through your food to keep up with the demand. For many patients an iron supplement is also needed and this will be prescribed if your red blood cells drop during pregnancy. Vegetarians need twice as much dietary iron, 60 mg per day. Include vitamin C rich foods for better iron absorption. The foods listed below are a good source of iron and you should try to eat one iron rich food with every meal. The foods are listed in order starting with the highest amount of iron at the top.

HIGH IRON ↓ LOW IRON	FOOD CATEGORY	EXAMPLES
	Meats	<ul style="list-style-type: none">▪ Beef, pork, ham, turkey, veal, lamb, egg yolks▪ Seafood, shrimp, cooked oysters, clams, canned tuna (see guidelines on safe seafood amounts during pregnancy)
	Dark green, leafy vegetables	<ul style="list-style-type: none">▪ Turnip greens, spinach, kale, chard, parsley
	Enriched breads and cereals	<ul style="list-style-type: none">▪ Enriched white bread, whole wheat bread, oatmeal, popcorn, bran flakes, wheat flakes, soy beans, brown rice, enriched corn meal▪ Legumes▪ Dried beans (pintos, peas, lima)
	Dried fruits	<ul style="list-style-type: none">▪ Prunes, raisins, apricots, dates, peaches, raw fresh coconut
	Nuts	<ul style="list-style-type: none">▪ Pecans, cashews, almonds, walnuts, brazil nuts
	Other foods	<ul style="list-style-type: none">▪ Blackstrap molasses, chocolate, cocoa powder

Talk to your provider if you feel you need help with your diet. They may be able to refer you to a dietician for more assistance.

Food Safety in Pregnancy

Listeriosis is an infection caused by bacteria that is very rarely found in unpasteurized milk or cheese, undercooked meat or shellfish, and prepared meats such as deli meat and hot dogs. The bacteria can be killed by cooking so make sure that you eat only thoroughly cooked meats and seafood. Though Listeriosis is very rare, it can lead to miscarriage or stillbirth if mothers become infected.

- **Do not eat** hot dogs, deli and luncheon meats, unless they are reheated until steaming hot. If you cannot reheat these foods, do not eat them. A better option would be to buy rotisserie chicken or canned ham and slice your own for sandwiches.
- **Do not eat** soft cheese such as Feta, queso blanco, queso fresco, Brie, Camembert cheeses, blue-veined cheeses, and Panela unless it is labeled as made with pasteurized milk. Make sure the label says, “MADE WITH PASTEURIZED MILK.”
- **Do not eat** refrigerated paté, meat spreads from a meat counter, or smoked seafood found in the refrigerated section of the store. Foods that don’t need refrigeration, like canned tuna and canned salmon, are okay to eat. Refrigerate after opening.
- **Do not eat** salads made in the store such as ham salad, chicken salad, egg salad, tuna salad, or seafood salad.
- **Do not drink** raw (unpasteurized) milk or juice.
- **Do not eat** foods that have raw (unpasteurized) milk or juice in them.
- Avoid cross contaminating other foods, utensils, and food preparation surfaces with fluid from hot dog packages. Wash hands after handling hot dogs.
- Observe all expiration dates for perishable items that are precooked or ready to eat.
- Wash hands with hot, soapy water after handling these types of ready to eat foods (wash hands for at least 20 seconds). Also, wash cutting boards, dishes, utensils. Thorough washing helps eliminate any bacteria that might get on your hands or other surfaces from food before it is reheated.

Artificial sweeteners: Aspartame (Nutrisweet), sucralose (Splenda), and stevia (Truvia) are all approved by the FDA for use in pregnant patients for use in moderation. 3 to 4 servings each day are considered reasonable amounts.

Caffeine has been linked in some studies to miscarriage but other studies do not confirm this finding. To be safe, limit caffeine intake to 1 to 2 beverages per day (no more than 200 to 300 milligrams). One 8 ounce cup of coffee equals 100 milligrams of caffeine.

Alcohol consumption can lead to fetal alcohol syndrome, a condition associated with birth defects and mental disability. No amount of alcohol intake is considered safe during pregnancy.

Fish and shellfish are healthy protein sources and can be eaten up to twice a week for a total of 12 ounces. Larger ocean fish can contain high levels of mercury that are thought to harm the fetal nervous system. Avoid shark, swordfish, king mackerel, tuna, and tilefish while pregnant.

Advice About Eating Fish

What Pregnant Women & Parents Should Know

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

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?



To find out, use the palm of your hand!



For children, ages 4 to 7
2 ounces

Best Choices EAT 2 TO 3 SERVINGS A WEEK			OR Good Choices EAT 1 SERVING A WEEK		
Anchovy	Herring	Scallop	Bluefish	Monkfish	Tilefish (Atlantic Ocean)
Atlantic croaker	Lobster, American and spiny	Shad	Buffalo fish	Rockfish	Tuna, albacore/white tuna, canned and fresh/frozen
Atlantic mackerel	Mullet	Shrimp	Carp	Sablefish	Tuna, yellowfin
Black sea bass	Oyster	Skate	Chilean sea bass/Patagonian toothfish	Sheepshead	Weakfish/seatrat
Butterfish	Pacific chub mackerel	Smelt	Grouper	Snapper	White croaker/Pacific croaker
Catfish	Perch, freshwater and ocean	Sole	Halibut	Spanish mackerel	
Clam	Pickerel	Squid	Mahi mahi/dolphinfish	Striped bass (ocean)	
Cod	Plaice	Tilapia			
Crab	Pollock	Trout, freshwater			
Crawfish	Salmon	Tuna, canned light (includes skipjack)			
Flounder	Sardine	Whitefish			
Haddock		Whiting			
Hake					
Choices to Avoid HIGHEST MERCURY LEVELS					
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
www.EPA.gov/fishadvice



THIS ADVICE REFERS TO FISH AND SHELLFISH COLLECTIVELY AS "FISH." / ADVICE UPDATED JANUARY 2017

Total Weight Gain in Pregnancy

The Institute of Medicine recommends the following weight gain during pregnancy, depending on your pre-pregnancy body mass index (BMI):

Underweight (BMI 18.5 or less): 28 to 40lbs

Normal Weight (BMI 18.5 to 24.9): 25 to 35lbs

Overweight (BMI 25 to 29.9): 15 to 25lbs

Obese (BMI 30 to 40): 11 to 20lbs

Morbidly Obese (BMI 40 or more): 15lbs or less

Body mass index compares how much you weigh with how tall you are.



Exercise Guidelines in Pregnancy

Exercise during pregnancy is considered safe as long as you can still talk during your workout.

The American College of Obstetrics and Gynecology agree these exercises are safest for pregnant patients:

- Walking. Walking gives a total body workout and is easy on the joints and muscles.
- Swimming and water workouts. Water workouts use many of the body's muscles. The water supports your weight so you avoid injury and muscle strain.
- Stationary bicycling. Your growing belly can affect your balance and make you more prone to falls, riding a standard bicycle during pregnancy can be risky. Cycling on a stationary bike is a better choice.
- Modified yoga and modified Pilates. Yoga reduces stress, improves flexibility, and encourages stretching and focused breathing. There are prenatal yoga and Pilates classes designed for pregnant patients. These classes often teach modified poses that accommodate a pregnant patient's shifting balance. You should avoid poses that require you to be still or lie on your back for long periods. When you lie on your back, your uterus presses on a large vein that returns blood to the heart. Standing motionless can cause blood to pool in your legs and feet. These positions may cause your blood pressure to decrease for a short time.
- If you are an experienced runner, jogger, or racquet-sports player, you may be able to keep doing these activities during pregnancy. Discuss these activities with your health care team.

There are a few precautions that pregnant patients should keep in mind during exercise:

- Drink plenty of water before, during, and after your workout. Signs of dehydration include dizziness, a racing or pounding heart, and urinating only small amounts or having urine that is dark yellow.
- Wear a sports bra that gives lots of support to help protect your breasts. Later in pregnancy, a belly support belt may reduce discomfort while walking or running.
- Avoid becoming overheated, especially in the first trimester. Drink plenty of water, wear loose-fitting clothing, and exercise in a temperature-controlled room.
- Do not exercise outside when it is very hot or humid.
- Avoid standing still or lying flat on your back as much as possible. When you lie on your back, your uterus presses on a large vein that returns blood to the heart. Standing motionless can cause blood to pool in your legs and feet. These positions may cause your blood pressure to decrease for a short time.



Progressing in Your Pregnancy

Frequently Addressed Concerns

- Cats and Cat Litter – Exposure to cats is not a problem during pregnancy. Although pregnant patients should avoid cat feces and should not change the litter box.
- Chemical Extermination – Need to vacate home for 48 hours after extermination.
- Dental Care – Regular dental check-ups are especially important during pregnancy. Novocaine is ok, as long as it does not contain epinephrine. No x-rays unless absolutely necessary. Your mid-section, front and back, should be shielded with a lead apron.
- Household Cleaner Exposure – Most cleaners are not harmful to pregnant patients, however, plastic gloves should be worn to avoid direct contact. Keep area well-ventilated.
- Painting Inside – Exposure to paint is not dangerous in well-ventilated areas.
- Sexual Intercourse – Ok until you deliver unless you have been advised not to by your provider, or have an incompetent cervix, placenta previa, or ruptured membranes ('water broken').
- Sunscreen Use – Use a sunscreen with at least an Sun Protection Factor (SPF) 15 or greater when exposed to the sun. Remember to reapply sunscreen hourly during prolonged exposure.
- Travel – Unless you have been instructed otherwise, it is safe to travel by car or up until 36 weeks by airplane. As there is an increased risk of deep vein thrombosis during air travel during pregnancy we recommend the following:
 - Make sure you are well hydrated before during and after the flight.
 - Stand up and walk around at least one time per hour during the flight.
 - Purchase and wear compression stockings during the flight.
 - Point and flex your toes at least 10 times per hour. (each foot)
 - Do ankle rotations: Inward and outward at least 10 rotations on each foot each hour.
 - Take a copy of records with you (you have access to them on your Duke My Chart).

Kick Counts

Counting your baby's kicks is one way you and your provider can tell that your baby is healthy. Most pregnant patients—especially in a first pregnancy—feel their baby move for the first time between 16 and 22 weeks of pregnancy. At this stage of pregnancy, the movement may feel like flutters instead of kicks. You may feel your baby move more at certain times of the day. When you are active, you may notice less fluttering or kicking than when you are resting. At your OB visits, your provider will ask if the baby has been moving and active.

Starting around 28 weeks of pregnancy (last trimester), your provider may ask you to count the number of times you feel your baby move.

- How do you count your baby's kicks?
 - A common method of checking your baby's movement is to count the number of kicks or moves you feel in 1 hour. If you have at least four kicks in one hour, you may stop counting.
 - If you are having trouble feeling your baby move, pick your baby's most active time of day to count and drink a large glass of water. This may be any time from morning to evening.
- When should you call for help?
 - If you notice that your baby has stopped moving or is moving much less than usual, contact your provider's office immediately.

Making Plans During Pregnancy for Breastfeeding

Breastfeeding is a learned skill that becomes easier over time. You are more likely to succeed with long-term breastfeeding if you plan ahead, learn the basic techniques, and know where to get help and support.

- Plan ahead for breastfeeding while you are pregnant. Doing so before you deliver allows you time to think about how to manage the daily logistics of breastfeeding before you become too busy with caring for your newborn.
- Talk to your provider early in your prenatal care about your plans to breastfeed. Before each visit, write down your breastfeeding questions or concerns. While you are pregnant is the time to talk to your provider about any plans you have to breastfeed both an older child and your newborn.
- Arrange to attend a breastfeeding class and possibly join a breastfeeding support group. Classes and support groups can help you anticipate and manage breastfeeding difficulties, should they arise.
- Talk to friends and family members about your decision. Discuss how their support is important in your efforts.
- Purchase breastfeeding items, such as breast pads, extra pillows, and nursing bras. Think about what type of breast pump you would use.
- Plan to have help with chores, diaper changes, and other duties for the first few weeks after your baby is born. Getting help can let you focus on caring for and feeding your newborn.
- Be ready to start breastfeeding soon after you deliver. A baby is typically very alert during the first couple of hours after birth. This is the best time to start breastfeeding. A member of your healthcare team at the hospital will help you with proper latching and getting started.
- If you need any additional help reach out to your provider's office, your newborn's provider, a lactation consultant, or friends and family who are experienced with and supportive of breastfeeding.

Classes on Birth and Newborn Care

The following classes are available through the Duke Health system.

- **Preparing for labor (available in English and Spanish).** This class teaches about labor, coping strategies for unmedicated labor, when to come to the hospital, and what to expect during your birth at Duke University or Duke Regional Hospitals.
- **Cesarean Birth.** A cesarean is also known as a “c-section.” This class offers a step-by-step guide of what to expect with a planned c-section during surgery and recovery.
- **Postpartum Care.** This class covers how to care for yourself after birth, the changes you should expect in your body, and how your support system can help you.
- **Newborn Care.** Understand the care that your baby will receive in the hospital and how you can care for your baby at home.
- **Newborn Safety.** This class covers causes of injury to babies, baby-proofing your home, safe feeding, sleep, play, car seat use, shaken baby syndrome, and coping with infant crying.
- **Breastfeeding.** In this class you will learn why skin-to-skin care, rooming-in, and frequent feeding on demand is important for breastfeeding and milk production. We will discuss latching, positioning, and common concerns with feeding.
- **Pumping Milk.** Before going back to work, learn about how to continue breastfeeding by pumping milk. This class is for those who have already established their milk supply by breastfeeding after birth.



Please visit the following webpage DukeHealth.org/Treatments/Obstetrics-and-Gynecology/Prepare-for-Baby for information on the classes. The website may provider you with information on class length, costs, and class availability.

You may also watch our birthing center tour videos on that link. There are videos of the Birthing Center at Duke Hospital and The Birth Place at Duke Regional Hospital.

Labor Signs

Braxton Hicks Contractions

- During the second and third trimesters of your pregnancy, you may notice times when your belly tightens and becomes firm to the touch and then relaxes. These are called Braxton Hicks contractions. Think of them as “warm-up” exercises for your uterus.
- These contractions may be so mild that you rarely notice them. Or they may be strong enough to make you stop what you are doing.
- You may begin to feel Braxton Hicks contractions between the 28th and 30th weeks of your pregnancy. But sometimes they start as early as the 20th week. You most likely will have more of these contractions during your ninth month.
- It is often hard to tell the difference between true labor pains and Braxton Hicks contractions, especially in your first pregnancy. Braxton Hicks contractions:
 - Tend to be irregular and vary in strength. They do not become more regular or stronger.
 - Go away when you’re active. (True labor pains may continue or increase during activity.)
 - Are more noticeable when you rest.
 - Occur less than 4 times an hour.
- True labor pains tend to last longer, become stronger, and occur closer together than Braxton Hicks contractions.



Signs That Labor May Be Beginning.

- Lightening - When the fetus has dropped low in your pelvis. You may feel “lighter.” This can happen a few weeks to a few hours before labor begins.
- Loss of the mucus plug - A thick mucus plug forms at the cervix during pregnancy. When the cervix begins to open days before labor begins or at the start of labor, the plug can move into the vagina. You may have an increase in discharge that is clear, pink, or slightly bloody. This may start before contractions and is normal.
- Rupture of membranes - When the fluid sac that surrounds the fetus during pregnancy breaks, it is called the rupture of membranes. This is also known as your “water breaking.” You may feel this as fluid that trickles or gushes from your vagina. If your water breaks, call your provider’s office and follow their instructions.

Signs and Symptoms of Active Labor

- Contractions every 5 minutes for an hour or more (time the contractions from the beginning of one contraction to the beginning of the next contraction).
 - Contractions worsen with activity and do not lessen with rest.
 - Rupture of membranes ('water breaking'). This could be a gush or a trickle.

Contractions

Time your contractions. If rest and drinking water make the contractions go away, they are not true labor. Go to the hospital when your contractions are every 5 minutes, lasting 1 minute, for 1 hour. Sometimes the only way to tell if you are truly in labor is by having a vaginal exam to see if there are changes in your cervix



- Timing and frequency of contractions:
 - True labor contractions come at regular intervals. They have a pattern. As time goes on, they get closer together. Each lasts about 60 or 90 seconds.
 - False contractions do not have a pattern and they do not get closer together. These are called Braxton Hicks contractions.
- Change with movement:
 - True labor contractions continue even when you rest or move around.
 - False contractions may stop when you walk or rest. They also may stop with a change of position.
- Strength of contractions:
 - True labor contractions steadily get stronger.
 - False contractions are weak and do not get much stronger. They may start strong and then weaken.
- Location of pain:
 - Pain from true labor contractions usually starts in the back and moves to the front.
 - Pain from false contractions usually is felt only in the front.

****If you think that you are in labor, please call the office to speak with a nurse. If you are calling after hours, you will be directed to our after-hours coverage to speak to someone. You may also go to the hospital for evaluation.****

What Should I Expect From an Evaluation at The Hospital?

When it's time for you to go to the hospital for evaluation, after parking and being escorted to the triage area for pregnant patients, you will check-in with the Health Unit Coordinator (HUC) who will request basic information about you. Depending on the reason for your visit, you may be asked to provide a urine sample, put on a gown, and proceed to either a triage room or the intake room. You may be seen in the intake room and then sent back to the waiting room. Your wait time may vary depending on the circumstances of the day. **Please remember that the triage area is an emergency room for pregnant patients. Patients are evaluated in order of medical priority.** You are strongly encouraged not to bring your children with you to triage, if at all possible.

Once you are in a room, a nurse assistant will get your vital signs (heart rate, temperature, breathing rate, blood pressure). The triage nurse may place monitors on you that will monitor your baby's heart rate and your contractions. More information about the reason for your visit will be gathered and your pregnancy history will be reviewed. You will then be evaluated by one of the resident doctors or midwives who are in the triage area. They will make an assessment and call your provider to confirm the decision for your plan of care. You may need blood drawn, a cervical exam, a speculum exam, and IV placement, and fetal monitoring. If it is determined that you will be discharged home, you may not see the physician on-call at that visit.

If you are admitted to the hospital, you will be transferred to an appropriate room. Transfer time varies depending on several factors, including room availability and the number of patients in the Labor and Delivery Unit. The physician on-call will evaluate you after you are admitted to the hospital.

Danger Signs!

Call the clinic or the after-hours number immediately if you experience any of the following:

- Abdominal pain or severe cramping
- Decreased or absent baby movement
- Leaking of amniotic fluid
- Vaginal bleeding
- Epigastric pain
- Visual disturbances (such as blurry vision or seeing spots)
- Severe headaches
- Swelling of face, hands, and feet

Postpartum Care

Caring for Yourself After Having a Baby



Weeks 1 to 4

- Rest during the day including napping when your newborn sleeps.
- You may have heavy bleeding like a period from your vagina whether your baby was born vaginally or by Cesarean.
- You may drive when you are no longer taking opioid pain medicine such as Oxycodone. Make sure that you feel comfortable braking suddenly for safety.
- You may want to have someone with you in the car the first time you drive in case you are too sore or too tired to drive safely.
- Your providers may request that you have a telephone/video visit or a clinic visit. You will be notified about this appointment if it is recommended. Slowly resume your daily activities at home.
- Your vaginal bleeding should become less and less. It may change color to pink, brown, white, and then clear.
- Bend your knees whenever you lift anything, so you do not injure your back.
- You may do light housework.
- You may walk for exercise

Week 4 to 6

- You will need a postpartum appointment 4-6 weeks after birth. Please call the office to schedule one
- If you experienced a vaginal tear, you should no longer be feeling sore.

Week 6 and beyond

- Your return to work may vary depending on your type of job.
- You may be entitled to a certain amount of time away from work by the Family and Medical Leave Act (FMLA). Speak to your employer to determine your eligibility.
- Your normal period may resume. You may resume using tampons.
- You may resume sexual intercourse once you feel comfortable
- You may discontinue your prenatal vitamins if you are no longer breastfeeding

Exercise

You can start using the exercises below the first day after your baby is born. Start with doing each exercise 2 times a day. Each day do 1 more repetition per set until you are doing 10 of each exercise 2 times a day.

- Kegel exercises can be done standing, sitting, or lying down.
 - Tighten the muscles around your birth canal--the same muscles you tighten to stop the flow of urine.
 - Hold for a few seconds and then relax.
 - Repeat 5 times.
 - These exercises are to be done daily to help the muscle tone that supports your vagina, bladder, and bowels.
- Deep breathing with abdominal muscle tightening can be done lying on your back or side with knees bent.
 - Take a deep breath through your nose. Let your belly expand upward.
 - With your lips slightly parted, blow air out through your mouth while tightening your abdominal muscles.
 - Keep blowing until you have emptied your lungs.
 - Do not take too many deep breaths in a row or you might get dizzy.
- Toe pointing can be done sitting or lying.
 - Pull your toes toward you as far as you can.
 - Point your foot downward.
 - Repeat.
 - Rest before continuing. If pointing your toes downward causes cramps, you should pull up your toes and relax.
- Foot and ankle circles can be done sitting or lying.
 - Make large, slow circles with each foot, first to the right, then to the left. This is an excellent exercise to improve the blood flow in your legs.
- Walks for exercise are encouraged if you feel up to it

Exercise: Week 6 and Beyond

Wait at least 6 weeks before starting any strenuous exercises.

Before you start doing sit-ups or leg lifts, check to see if your abdominal muscles have separated:

- Lie on your back with your knees bent.
- Reach 1 arm toward your knees as you tighten your abdominal muscles and lift your head and shoulders.

- Put the fingers of your other hand just below your belly button. You will feel your muscles tighten. If there is a separation between the 2 halves of your abdominal muscles that is 3 or more finger widths, there are some special exercises you can do to help reduce this space. One of these exercises is described next.

Exercise to reduce abdominal muscle separation:

- Lie on your back with knees bent and 12 to 16 inches apart.
- Cross your hands over your abdomen so that you will be able to support your abdominal muscles.
- Breathe in deeply. As you exhale, tuck your head toward your chest and gently pull the separated muscles toward each other.
- At the end of the exhale, lie back and relax.
- Do a set of these exercise 2 times a day.
- Start with 2 repetitions and add 1 repetition a day. Work up to a set of 10 repetitions twice a day. When the separation is less than 2 finger widths, you can start abdominal strengthening exercises, such as curl-ups and sit-ups.

Vaginal Flow and Return of Your Menstrual Period

Whether your baby was born vaginally or by Cesarean, you will bleed from your vagina. This is part of the healing process for your uterus. It may continue for 4 to 6 weeks after you deliver. In the beginning, it is like a heavy period. It will be red and may contain small clots. As you continue to heal, the flow will become less and less. It may change color to pink, brown, and then white or clear. Six weeks after giving birth, your uterus will be back to its normal size. Normal periods may resume. If your flow has been pink or brown and then turns bright red again, you may have become too active too soon. Try to decrease your activity level. Try to increase your rest.

If you are exclusively breastfeeding, your period may not return while you are breastfeeding.

Perineal Care

- If you had a vaginal tear, fill the peri bottle you were given with warm water to rinse front to back every time you go to the bathroom. Try not to wipe the skin, but pat dry.
- Change your pad every time you go to the bathroom.
- You may take warm tub baths for 15 to 20 minutes to soak and clean your bottom as needed.
- Use Witch Hazel pads or a lidocaine spray to decrease pain.
- **Do not** use tampons until you have stopped bleeding. This happens around 6 weeks after giving birth.

- **Avoid sexual intercourse for 6 weeks after delivery** or until you stop bleeding. You can talk to your provider about birth control.
- **If you had a tear, the stitches will disappear on their own.** You may feel sore for up to 4 weeks. At your appointment, the provider will look to see how the healing is going.
- **Call the triage nurse if you have any concerns or questions about healing.**

Incision Care after a Cesarean Section

- It is normal for the area around your incision to itch, feel numb, or feel like “pins and needles.” This can last for several months.
- The steri strips (little band-aids) that are on your incision should have fallen off by about 7 days after having the baby. If they are still in place after 7 days, try soaking the area with water to help remove them easily.
- You may shower daily and gently wash your incision with soap and water. Pat completely dry. **Do not apply powder or lotions to the incision.**
- **It is important to keep your incision dry.** You may need to wipe it clean and dry it twice a day. A fan or blow dryer (on cool setting) can help. You can place dry gauze in skin folds if needed.
- Contact the clinic if you have any of the following:
- An area of redness that feels warm to the touch or has drainage
- Fever
- Nausea or Vomiting
- Tenderness all over your abdomen

Constipation

It is normal to have a hard time having a bowel movement after having a baby. Not moving enough, not eating enough fruits and vegetables, and pain medicine can all cause constipation. Tips to have a bowel movement easier:

- Drink at least 6 to 8 glasses of water every day.
- Eat a diet with whole grains, and raw fruits and vegetables.
- Walking
- Take a stool softener every morning and night.

Hemorrhoids

Hemorrhoids are inflamed veins around your anus. If you have hemorrhoids, it may take 2 to 4 weeks for them to get smaller and for you to feel more comfortable.

To reduce swelling:

- Sit with your feet up or lie down whenever you can.
- Sit in a shallow bath of cold water.
- Apply an ice pack or cold gel pack wrapped in a clean towel for 20 minutes.
- Apply a witch hazel pad that has been chilled in the freezer for 10 to 15 minutes.
- Take a stool softener daily to prevent constipation.
- Avoid straining with bowel movements.

Nutrition after you have your baby

- Eat a diet that has a lot of fish, green leafy vegetables, fruits and whole grains. Eat less fats and sugars.
- **Do not** try to lose weight quickly by cutting back on calories;
- Breastfeeding utilizes 500 extra calories each day.
- Drink at least 8 to 10 glasses of water every day.
- Continue to take your prenatal vitamins for 6 weeks after having the baby, or as long as you are breastfeeding.

Breast Care

If you **are** breastfeeding:

- Wash your hands before breastfeeding.
- At first, the baby should be eating 8 to 12 times a day. At least 10 to 15 minutes on each side.
- Avoid bottles or pacifiers for the first 6 weeks.
- Wear a well-supporting bra.
- Place cool (not icy cold) washcloths to the breasts for comfort.
- Avoid drinking alcohol, coffee, and soda while breastfeeding.
- Ask to speak to a lactation consultant while at Labor and Delivery in the hospital.
- Call your provider or the baby's provider if you are having trouble with breastfeeding or latching.

Tips for Helping your Baby Get the Right Latch While Breastfeeding

Having a good latch will make breastfeeding more comfortable for you and the baby.

- You should make sure that the baby's tongue is down. Top and bottom lips flared out like a fish.
- Make sure as much of the nipple in the mouth as possible. This helps the baby keep from getting blisters on their lips.
- The baby's head, shoulders, and hips should be in a straight line. You should be able to hear swallows as the baby eats.
- You should feel tugging on the breast but it should not be painful. If it is painful, remove the baby by putting your finger in the corner of their mouth to take them off. Change the baby's position and start to feed the baby again.



Sore Nipples

It is common to have sore nipples in the first 7 to 10 days of breastfeeding. If it does not get better, the baby needs a better latch and position. Tips for sore nipples:

- Massage breast to bring the milk down for the baby.
- If you have damaged nipples (dry, cracked, irritated), use a few drops of milk on them before and after the baby eats. Make sure that the milk has dried before covering with your bra.
- Nipple creams or butters can keep them moist and help with healing.
- If using creams that have lanolin. wipe your nipples clean before feeding your baby.
- Do not use products that contain petroleum or alcohol.
- Place cooling pads on sore nipples to get quick relief and to help with healing. Keep them in the fridge when not using them.
- You can use breast shields that fit inside your bra. These stop clothes from rubbing against your sore nipples. The holes let air get to your nipples to help them heal.
- Change nursing pads frequently. Damp pads can cause bacterial or fungal infections.

Breast Pain

Two common causes of breast pain are clogged ducts and mastitis. Both need to be treated, but you do not need to stop breastfeeding.

- Clogged ducts: A clogged duct is a milk duct that is not emptied while breastfeeding. The breast becomes red, tender, and there may be a painful lump. If the blockage is in the nipple, the clogged pore may look like a small white pimple. A clogged duct does not make you feel sick or cause a fever. Do the following to prevent or treat a clogged duct:
 - Wear a bra that fits well to have support. Nursing bras can usually be unhooked with one hand while you are holding your baby with your other arm.
 - Breastfeed at least every 2 hours, starting on the side of the clogged duct. Have your baby's chin pointed toward the clogged duct when you start feeding. This helps to increase the suction in that area and help remove the clog. Make sure to feed the baby on the other side.
 - Massage the area of the clogged duct toward the nipple often.
 - Use a pump or massage the area if your breast is not empty after feeding the baby.
 - Let the warm water from the shower run over your breasts for at least 5 minutes.
 - Alternate warm and cold washcloths for 10 minutes at a time.
 - Take ibuprofen or acetaminophen for pain.
 - Call if you have had a clogged duct for 3 days, if your symptoms get worse, or if you have a fever.
- Mastitis happens when bacteria enters into a damaged nipple. Your milk will not be infected. A clogged duct or not emptying your breast can also cause mastitis. The following are signs of mastitis:
 - Feeling extremely tired, chills, and flu-like body aches
 - Temperature higher than 101° F, 38.5° C
 - Red, hot, and swollen breast
 - Extreme pain in one spot of the breast
 - If you have or think you have mastitis:
 - Follow the tips to treat a clogged duct above.
 - Call and talk to a triage nurse right away because mastitis may need to be treated with an antibiotic
 - Call a lactation resource to talk about possible causes of the mastitis and ways to prevent it from happening again.
 - Rest as much as you can.

Using a Breast Pump and Storing Your Breast Milk Supply

- Having a supply of breast milk will be helpful when you return to work or cannot breastfeed the baby for another reason.
- Use a breast pump to build your supply after your baby is feeding well.
- You can store pumped milk in bags. Keep them in the refrigerator for up to 8 days, or in the freezer for up to 6 months.
- Try to pump every 3 hours for as long as it takes your breasts to empty. When you are not at home, store the expressed milk in a small cooler with ice packs.
- Clean your breast pump with warm soapy water and let it dry very well each time you use it.
- A healthy diet, drinking plenty of water and getting enough rest will help with your milk supply.
- Continue to take your prenatal vitamin and eat 500 calories a day more than you needed before you were pregnant. These are the calories you are providing for your baby through your breastmilk.

Preparing Pumped Breast Milk

- Place the refrigerated or frozen bags of milk in a container of warmed water. The goal is to defrost the milk to room temperature or a little warmer.
- Do not heat the milk up in the microwave.
- Always test the milk to make sure it is not too hot.
- The milk is good for one hour after warming it up.

More Breastfeeding Resources

- Consult with lactation professionals at your pediatrician's office.
- Refer to the Ready-Set-Baby booklet or visit OBGYN.Duke.edu/News/Duke-OBGYN-Introduces-Ready-Set-Baby-Curriculum.
- You may also access additional information and support at NursingMothersofRaleigh.org/
- If you are not breastfeeding:
- Wear a good tight bra.
- Place cool (not icy cold) washcloths to the breasts for comfort.
- Avoid drinking alcohol, coffee, and sodas for up to 6 weeks.
- Do not use medicines to dry up breast milk.

Postpartum Blues, Postpartum Depression, and Postpartum Anxiety

It takes time to get used to being a mother. Some of the feelings you may have are joy and relief. You may also feel like the “world is on top of you” and cry for no real reason. This is called “postpartum blues” and can be reduced by:

- Getting as much rest as you can
- Eating a healthy diet
- Getting support and spending time with family and friends

If these feelings keep you from caring for yourself or baby, you may have postpartum depression.

Some of the signs are:

- Feeling down for longer than 2 weeks
- Having no interest or joy in some activities
- Lack of sleep
- Feeling guilty
- Being unable to concentrate
- Thoughts of death or suicide



If you are having any of these symptoms, please contact the clinic for resources. If you are feeling like hurting yourself or the baby, call 911 or the Suicide and Crisis lifeline at 988, or go to the emergency room.

National Maternal Mental Health Hotline: 1-833-943-5746

The National Maternal Mental Health Hotline is LIVE! The Hotline is funded by the U.S. Health Resources and Services Administration (HRSA). It is powered by Postpartum Support International. It is available 24 hours, 7 days a week, 365 days a year, in English or Spanish and other languages by request. It is staffed by licensed and credentialed perinatal mental health and healthcare providers, childbirth professionals, and certified peer specialists. The Hotline provides immediate and informed access to support, understanding, brief intervention, and resources to all pregnant, postpartum, and post-loss individuals AND their partners and families.

Intimacy and Sexuality

You should avoid sexual activity for 6 weeks after delivery.

After having a baby, you and your partner need time to get used to this new life. You should talk to your partner about what changes need to be made. Talk about how to meet both your needs and wants. Be patient with each other during this time of change.

You should wait 6 months after giving birth vaginally and 12 months after having a C-Section before getting pregnant again. Ask your healthcare provider what birth control might be best for

you. There are many options such as condoms, pills (hormones), and devices that can be inserted into your vagina or uterus.

You can still get pregnant while breastfeeding or while not having a regular period.

These tips may help you when you are ready to resume sexual activity:

- Use a water-soluble lubricant such as K-Y Jelly.
- Do not use oil-based lubricant such as Vaseline, baby oil, or mineral oil.
- If your stitches or a tear make your vagina very tender:
 - Sit in a tub of warm water and gently stretch your vagina with your fingers.
 - Use a lot of lubricant.
 - Try positions for sex like side lying or you on top of your partner to reduce strain on the healing area.
- Go slowly. Talk with your partner about your feelings and concerns.
- If you are breastfeeding, it is normal to leak some milk during sexual activity. It may help to breastfeed your baby before sex.

When Should You Contact Your Healthcare Provider?

- You have an increase in drainage from your Cesarean Section incision (wound), or if the drainage smells bad.
- Your Cesarean Section incision starts to pull apart or bleed.
- You fully soak a pad with blood in less than a 1 hour.
- You have severe lower abdominal pain or cramping unrelieved with pain medicines.
- You have a bad smelling vaginal discharge.
- You have an oral temperature above 101°F, not controlled by medicine.
- You have swelling, pain or redness in the calf of the leg, especially worse on one side.
- You have nausea and vomiting for 12 hours or more.
- You have painful or bloody urination.
- You have vision changes (blurry vision, seeing spots or stars, losing vision)
- You develop a severe headache unrelieved by pain medicines
- An area of your breast is red and sore and you have a fever or that you have flu symptoms.
- Call 911 or report to the emergency department if you have:
 - Sudden, severe chest pain
 - Shortness of breath

