

# *A Pregnancy Guide*

*1<sup>st</sup> and 2<sup>nd</sup> Trimesters*



ValleyCare Physicians Associates

# *Important Phone Numbers*

## **EMERGENCY 9.1.1**

**STANFORD HEALTHCARE-VALLEYCARE HOSPITAL 925.847.3000**

**CLINIC (DRS. PHILLIPS, SALATA, SCHAEFER AND STONE) 925.734.3333**

**CLINIC (DR. EATON) 925.373.4129**

## **POLICE DEPARTMENT NON-EMERGENCY**

Dublin 925.462.1212

Livermore 925.371.4900

Pleasanton 925.931.5100

San Ramon 925.973.2779

## **FIRE DEPARTMENT NON-EMERGENCY**

Dublin (Alameda County Fire Department) 925.833.3473

Pleasanton and Livermore 925.454.2361 / 925.960.4101 TDD

San Ramon 925.838.6600

## **POISON CONTROL 800.222.1222**



5/2017



*Congratulations on your pregnancy!* Thank you for choosing one of our physicians to guide you through your pregnancy journey. We look forward to caring for you during this special time and await the arrival of your bundle of joy.

Our top priority is to ensure that you have a healthy pregnancy and deliver a healthy baby.

We make every effort to be there every step of the way. It is very important to us to be available at the time of your clinic appointments and delivery. Please keep in mind that babies are unpredictable and can arrive at any moment. There may be moments during your pregnancy when your physician may be called for a delivery or surgery. We do our best to minimize clinic disruption, however, that is not always possible. If you arrive for an appointment and are notified that your physician is delayed or unable to see you due to a delivery, please let our staff accommodate you as best as possible. We realize that this may be inconvenient, however, the same courtesy will be extended to you if you should deliver during clinic hours.

Our practice consists of 5 physicians, located in Pleasanton and Livermore and 1 nurse practitioner. There is a physician on-call 24 hours a day / 7 days a week. If you need to contact a physician after 5:00 p.m., call our office at (925) 734-3333 (Pleasanton) or (925) 373-4129 (Livermore) to reach our afterhours service and be connected to the on-call physician. Stanford HealthCare-ValleyCare Hospital also has an Ob/Gyn Laborist physician in residence 24 hours day / 7 days a week. The Laborist physician works alongside your physician to care for you and your baby in the event you are advised to go to the hospital. In the event your physician is unavailable, the on-call or Laborist physician will be present for your delivery.

We look forward to your baby's birth and feel privileged to experience the miracle of life with you.

Sincerely,



(front row, left to right) Katy Cowden FNP, Jennifer Salata MD, Rebecca Stone MD  
(back row, left to right) William Phillips MD, Scott Eaton MD Not Pictured Chrislyn White, MD

**ValleyCare Physicians Associates**  
**Obstetrics and Gynecology**

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# PRENATAL VISITS

Date		Symptoms to Discuss	Questions to Ask My Physician
Weeks Gestation			
Weight			
Blood Pressure			
Fundal Height			
Fetal Heart Rate			
NOTES:			Next Appt:

Date		Symptoms to Discuss	Questions to Ask My Physician
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Weeks Gestation			
Weight			
Blood Pressure			
Fundal Height			
Fetal Heart Rate			
NOTES:			Next Appt:

# 1<sup>ST</sup> TRIMESTER

## 4<sup>TH</sup> WEEK

### THE GRIND

- ▮ Bloating (due to increased progesterone)
- ▮ Mild cramping
- ▮ Bleeding
- ▮ Mood swings (due to fluctuating hormones)



### THE BUMP



- ▮ Blastocyst is the size of a poppyseed
- ▮ The ball of cells split into placenta and embryo
- ▮ Neural tube is already formed
- ▮ Protective cushioning made of amniotic sac and fluid is forming

## 5<sup>TH</sup> WEEK

### THE GRIND

- ▮ Sore breasts
- ▮ Nausea
- ▮ Fatigue
- ▮ Frequent need to pee (due to enlarged kidneys)



### THE BUMP



- ▮ Embryo is approximately .13 inch (size of an appleseed)
- ▮ Organs such as heart, liver, stomach, and kidney starts to form
- ▮ Digestive, nervous, and circulatory systems begin to form

## 6<sup>TH</sup> WEEK

### THE GRIND

- ▮ Exhaustion
- ▮ Nausea (morning sickness that could last all day)
- ▮ Mood swings
- ▮ Sore breasts



### THE BUMP



- ▮ Baby is approximately .25 inch (size of a sweet pea)
- ▮ Blood circulation is more pronounced
- ▮ Face starts to develop
- ▮ Hands and feet start to form

## 7<sup>TH</sup> WEEK

### THE GRIND

- ▮ Nausea
- ▮ Food cravings/aversions
- ▮ Appearance of zits
- ▮ Salivation
- ▮ Constant need to pee
- ▮ Intense emotions



### THE BUMP



- ▮ Baby is approximately .51 inch (size of a blueberry)
- ▮ 100 brain cells are produced every minute
- ▮ Heart becomes more sophisticated
- ▮ Permanent kidneys are developed
- ▮ Arm and leg joints start to form

## 8<sup>TH</sup> WEEK

### THE GRIND

- ▮ Sore breasts (bigger and heavier)
- ▮ Fatigue and nausea
- ▮ Pregnancy cramps
- ▮ Tummy problems: constipation, bloating, heartburn, indigestion
- ▮ Heightened sense of smell
- ▮ Odd dreams



### THE BUMP



- ▮ Baby is about .63 inch/.04 ounce (size of a raspberry)
- ▮ Grows a millimeter daily
- ▮ Arms and leg movements start
- ▮ Tail is gone; fingers and toes separate
- ▮ Baby's taste buds form

## 9TH WEEK

### THE GRIND

- ▮ Mood swings
- ▮ Morning or all day sickness/fatigue
- ▮ Frequent need to pee
- ▮ Nasal congestion
- ▮ Weight gain



### THE BUMP

- ▮ Fetus is about .9 inch/.07 ounce (size of a green olive)
- ▮ Facial features are more distinct
- ▮ Heartbeat strong enough to be detected by fetal doppler

## 10TH WEEK

### THE GRIND

- ▮ Abdominal pains
- ▮ Nausea/fatigue
- ▮ Intense emotions/odd dreams
- ▮ Sore breasts
- ▮ Visible veins



### THE BUMP

- ▮ Baby's about 1.2 inches/.14 ounce (size of a prune)
- ▮ Arm joints now work
- ▮ Bones and cartilage form
- ▮ Vital organs are fully-functioning
- ▮ Hair and fingernails start to appear
- ▮ Baby now kicks and swallows

## 11TH WEEK

### THE GRIND

- ▮ Increased vaginal discharge
- ▮ Appearance of linea nigra
- ▮ Nausea/fatigue
- ▮ Mood swings
- ▮ Leg cramps



### THE BUMP

- ▮ Baby's about 1.6 inches/.25 ounce (size of a lime)
- ▮ 1:1 head to body ratio
- ▮ Pronounced movements
- ▮ Still has see-through skin
- ▮ Tooth buds, hair follicles, and nails start to form
- ▮ Fingers and toes are no longer webbed

## 12TH WEEK

### THE GRIND

- ▮ Less nausea and fatigue
- ▮ More vaginal discharge
- ▮ Noticeably bigger tummy
- ▮ Headaches/dizziness
- ▮ Vision changes
- ▮ Drops in blood sugar
- ▮ Dehydration
- ▮ Stress



### THE BUMP

- ▮ Baby's about 2.1 inches/.49 ounces (size of a plum)
- ▮ Most of vital systems have fully-formed
- ▮ Reflexes start to develop
- ▮ Toes and fingers move voluntarily
- ▮ Fast brain development

## 13TH WEEK

### THE GRIND

- ▮ Visible veins
- ▮ Less fatigue/nausea
- ▮ Increased sex drive



### THE BUMP

- ▮ Baby's about 2.9 inches/.81 ounce (size of a peach)
- ▮ Head is now 1/3 the size of the body
- ▮ Teeth and vocal cords start to form
- ▮ Already has fingerprints
- ▮ Intestines move from near the umbilical cord to the tummy

*Congratulations! We are very excited that you will welcome a new addition to your family.*

More than likely you just had your first pregnancy visit with us. This first visit is called a “confirmation” visit. We asked you to complete a questionnaire providing us some details about your past medical history, any previous pregnancies, family medical history, as well as many other questions. We performed an ultrasound and were able to determine how far along in pregnancy you are (“weeks’ gestation”) and determine an estimated delivery date (EDD). We also gave you your first baby pictures!

### **Why is the estimated delivery date important?**

This date is very important as we use it to monitor your fetus’s expected growth during your pregnancy. Although the due date is at 40 weeks’ gestation, a full term pregnancy is between 37 to 42 weeks. Many women will not deliver by their estimated delivery date. If you have not delivered by 41 weeks, your physician will discuss options (induction of labor) to ensure delivery by 42 weeks.

### **How far along am I?**

Your physician should have let you know how far along you are today (“weeks’ gestation”). You should fall in the 6-8 week’s gestation range. Which means you had a period approximately 6-8 weeks ago and conceived your baby approximately 4-6 weeks ago. If you are less than or more than 6-8 weeks that means you conceived later or earlier than you remember.

### **One baby? Twins?**

With today’s ultrasound we were also able to determine how many fetuses’ you are carrying. If you have more than 1 fetus, twins or triplets, each fetus is measured separately to ensure that they are growing appropriately. Pregnancies with more than 2 or more fetuses’ will undergo a few more tests throughout the pregnancy. We will let you know what those are along the way.

### **What testing do I need?**

As you finished your visit, the medical assistant should have given you an order for bloodwork (lab tests) and a referral for a Nuchal Translucency Ultrasound.

1. The labs tests are routine and are needed in order to properly care for you and your baby during your pregnancy. Even though you may have previous pregnancies, each pregnancy is considered new and these tests are done with each pregnancy.

These lab tests include:

Blood:

- Blood Type (A, B, O)
- Rh type (positive or negative) \*women with Rh negative type will have additional testing and a Rhogam injection during their pregnancy. We will inform you if you are this Rh type.
- Antibody Screen
- Complete Blood Count (CBC)-results will show low hemoglobin levels or Anemia. Hemoglobin carries iron in the blood.
- RPR- a test for Syphilis, an infection that is sexually transmitted, positive results will require antibiotics and a retest to ensure this infection is cleared.
- Hepatitis B Surface Antigen (HbsAg)- will show if your liver has an infection.
- Rubella Immunity-also known as German Measles. If you are not immune, avoid anyone who has the disease as it is highly contagious. Vaccination is recommended after you have delivered your baby.
- Varicella-results will show past exposure to the varicella virus (chickenpox). If you are not immune, this virus is easily contracted and is considered highly dangerous for your baby. Please avoid anyone with the disease. Your baby can be born with irreversible birth defects if you have chickenpox while pregnant.
- Human Immunodeficiency Virus (HIV)-if positive there is a chance the virus can be passed to the baby. Medications are available to decrease the risk of passing the virus to your baby.
- Cystic Fibrosis- a test to see if you are carrying a gene which can cause your baby to have Cystic Fibrosis.
- Thyroid Stimulating Hormone (TSH)-will check to see if your thyroid is functioning properly.

Urine:

- Urine Culture- to test your urine for bacteria or urinary tract infection.
- Chlamydia- an infection that is sexually transmitted, positive results will require antibiotics and a retest to ensure this infection is cleared.
- Gonorrhea- an infection that is sexually transmitted, positive results will require antibiotics and a retest to ensure this infection is cleared.

2. First trimester screening, performed between 10 weeks 3 days and 13 weeks 6 days is a 3-part test. A specialized ultrasound called a Nuchal Translucency (NT) combined with a blood test (AFP) will determine the risk of the fetus having Down syndrome, Trisomy 18, Trisomy 13 or Neural Tube defects. The Nuchal translucency ultrasound measures the back of the fetus's neck.

The referral you received is for the perinatologist for this specialized ultrasound. The combined screening will detect 85% of fetus with Down syndrome or Trisomy 18. The perinatologist will discuss the ultrasound results with you, where your physician will discuss the blood tests with you. Blood test results will be available after 2 weeks of processing by the California Perinatal Screening Lab. Women with a high risk will be referred for

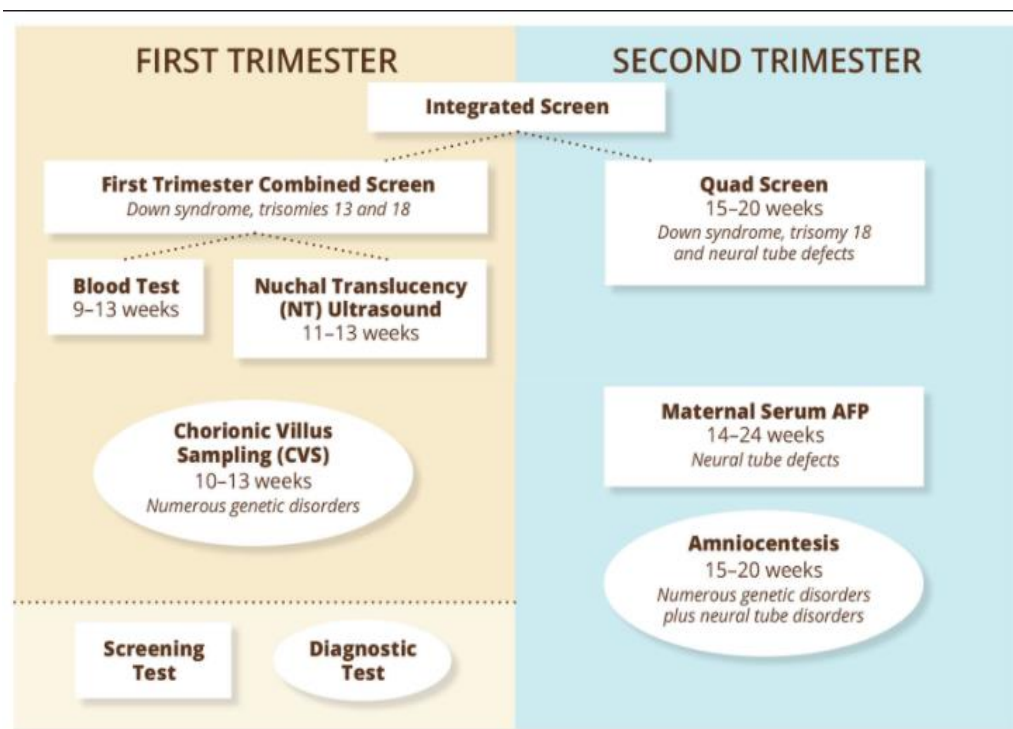


additional services at State-approved Prenatal Diagnostic Centers. These services may include genetic counseling, additional ultrasounds and an amniocentesis.

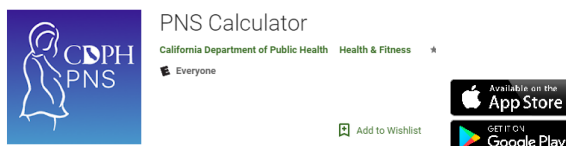
California law requires us to screen pregnant women for genetic disorders. The Perinatal Screening Program (PNS) works to ensure prenatal screening services and additional services when indicated are available to all pregnant women in California.

Please refer to the California Prenatal Screening Program booklet for additional information.

Participation in screening services and additional services is voluntary, however they are highly recommended since they allow us to care for you and your baby best.



You can download the California Department of Public Health PNS Calculator App to help with testing windows.



### I've heard a lot about Cystic Fibrosis and I was tested for it. What is it?

Cystic Fibrosis (CF) is a genetic hereditary disorder (an abnormal gene (DNA) that is passed from parent to child) affecting the exocrine glands. It causes the production of abnormally thick mucus, leading to the blockage of the pancreatic ducts, intestines, and bronchi and often resulting in respiratory infection. Both parents must carry a copy of the abnormal gene for the problem to occur in their child.

If you would like more information regarding CF and testing, please speak with your physician. You can also go online to ACOG and access their frequently asked questions page on CF.

<http://www.acog.org/Patients/FAQs/Cystic-Fibrosis-Prenatal-Screening-and-Diagnosis>

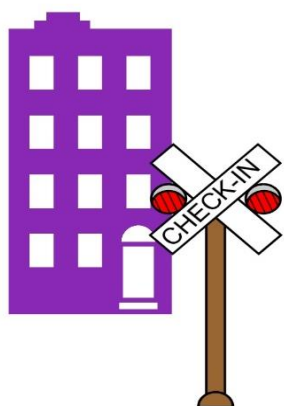
## What can I expect at my future appointments?

You can expect to be seen by your physician

- ◆ Once a month until 28 weeks pregnant
- ◆ Every 2 weeks from 28 to 36 weeks
- ◆ Every week from 36 until you deliver

You will also have a post-partum appointment 6 weeks from delivery. If you have a cesarean section delivery, you may be seen prior to the 6 weeks.

At each appointment:



All Appointments  
Please Check-in  
at Reception Desk



You will be required to leave a urine sample prior to being seen. At the time of check-in, you should receive a label for your sample cup. If you are unable to provide a sample at time of check-in, please let the receptionist know.



Your physician will:

- Listen to the baby's heartbeat
- Measure the size of the uterus (after 20 weeks)
- Review results of any testing that was completed since your last visit
- Inform you of any testing that is due for completion before your next visit and its significance.
- Answer any questions you may have.

When called, a medical assistant will:

- Take your weight
- Obtain a blood pressure reading
- Check your urine for sugar and protein
- May also ask if any testing that was due to be done was completed.



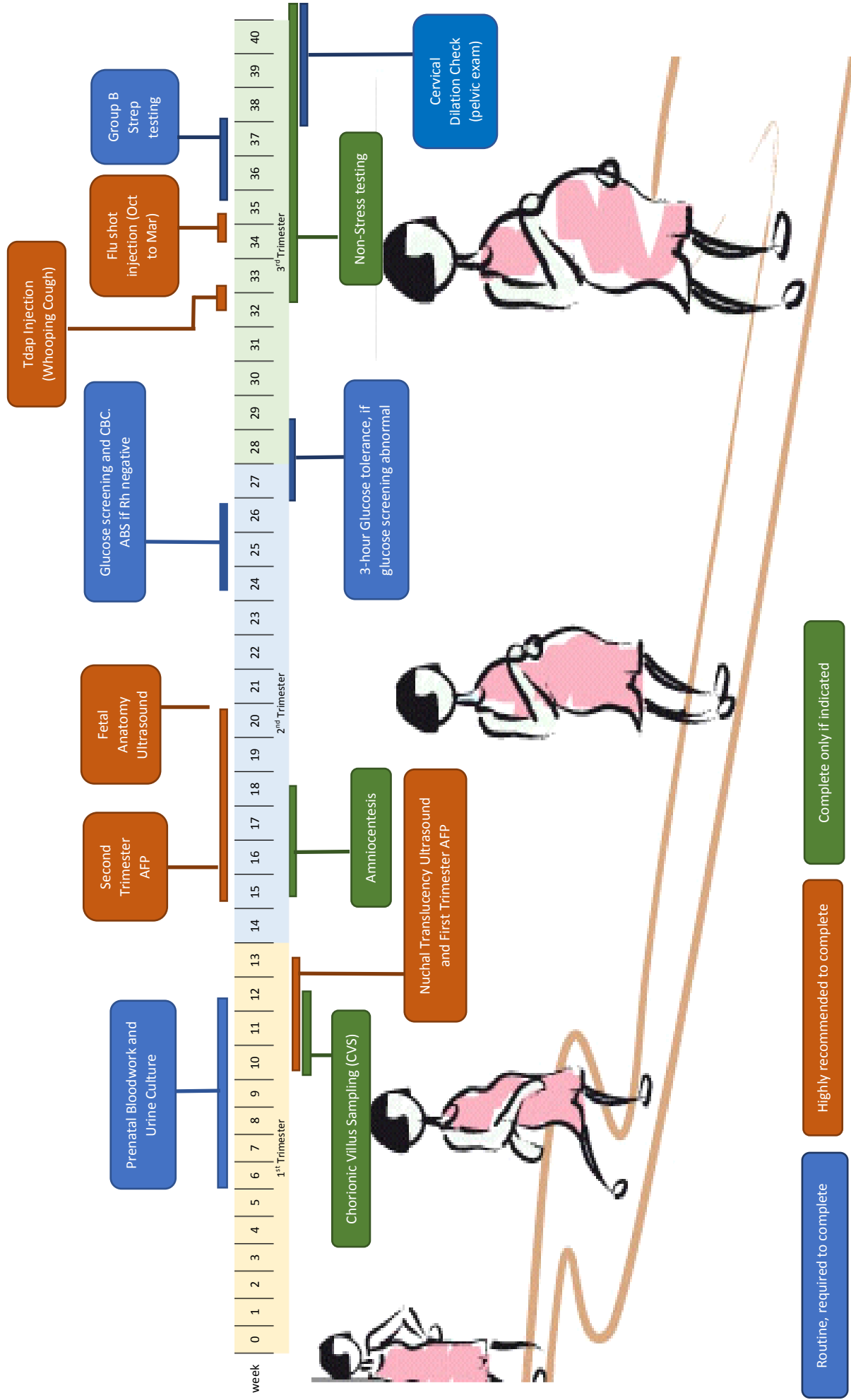
Schedule an  
Appointment





## PRENATAL TESTING TIMELINE

At different times during the pregnancy, routine and highly recommended tests and exams may be ordered and should be completed. The list below provides the tests and recommended time frames when they are to be completed. Some testing may be performed by specialists and will require a referral.



# Carrier Screening for Genetic Conditions

## **What is Carrier Screening?**

Carrier screening is a test to see if you are a carrier of an inherited genetic disease. Healthy individuals may have gene mutations that could affect their children. This screening is an optional test for you and your partner. Every human has 23 pairs of chromosomes. Half of each pair comes from the mother's egg and half from the father's sperm. Hundreds of genes are located on each chromosome. The genes are made up of DNA. A mutation occurs when there is a change in the DNA that causes the gene to malfunction. If a mutated gene is passed to the fetus, it may result in the child having serious health problems.

## **Carrier Screening**

Carrier screening is a test for two types of genetic conditions, autosomal recessive diseases and X-linked diseases. Autosomal recessive diseases require both copies of the genes to have the same mutation. If you are a carrier (one copy of the mutation) and your partner is a carrier of the same mutation, there is a one in four chance (25%) in each pregnancy that the baby will have the disease. One example of a recessive genetic disease is cystic fibrosis, which is a chronic lung disease.

## **What are X-Linked Diseases?**

The 23<sup>rd</sup> chromosome is called the sex chromosome and it contains the unmatched X and Y chromosomes. Two X chromosomes create a female baby and an X and Y chromosome creates a male baby. X-linked genes are on the X chromosome. Only women can be carriers of X-linked diseases. Male children of female carriers are at risk of having the disease if they inherit the mutated X chromosome from their mother. Therefore, 50% of male children would have the disease and 50% would be unaffected. Males cannot be carriers because they only have one X chromosome. Female children from a carrier mother have a 50% chance of being a carrier like her mother. Examples of X-linked diseases are hemophilia and Duchenne muscular dystrophy.

## **What Does a Negative Test Mean?**

A negative test means that none of the mutations screened were found in you. It does not completely rule out the chance that you are a carrier but it significantly lowers the risk.

## **What Does a Positive Test Mean?**

If one partner is a carrier and the other is not, your child's risk of disease is low but not zero. One in two (50%) of your offspring will be a carrier. If you and your partner are carriers for the same mutation you have a one in four chance (25%) of having a child with that genetic disorder. If you have a positive test, your partner should be screened, and you should discuss the results with your physician and a genetic counselor. If you are a female and a carrier of an X-linked condition, your male offspring have a one in two chance (50%) of being affected. Your female offspring will have a one in two chance (50%) of being a carrier but not affected.

## **Important things to consider in deciding whether to be screened for genetic disease:**

1. The decision to be tested for genetic disease carrier status is completely mine.
2. My partner and I may carry non-working genes, be healthy, have no affected relatives, and still have a baby with a disease.
3. Certain diseases are more common among certain ethnic groups. Diseases uncommon in an ethnic group may be more difficult to test for.
4. Normal test results do not ensure the birth of a healthy baby. The tests look for a specific disease, not all possible genetic diseases. Rare forms of the disease tested may not be detected. There is still a risk of having a condition even with a negative test. This is called the residual risk of a condition. An example is Cystic Fibrosis. About one in 25 Caucasians and Ashkenazi Jews carries a non-working cystic fibrosis gene. Screening detects most, but not all carriers. A negative carrier screen in one or both parents does not completely eliminate the chance of having a baby with cystic fibrosis. The residual risk with a negative test changes the risk in a non-Hispanic white woman from 1/25 to 1/200.
5. If I am a carrier, testing the baby's biologic father will help us learn more about the chance of our baby having disease. I understand that genetic testing may identify mistaken paternity.
6. Determining my own risk for genetic disorders may affect the risk estimate for my family members.
7. If both parents are carriers, there is still a good chance that the baby will not have the disease. Additional fetal testing can be done to determine if the baby will be affected.
8. I understand that it is not possible to accurately predict severity of the disease in a child affected with disease based on genetic testing.
9. I understand that if a baby has inherited non-working genes from both parents, medical care can help with symptoms, but these diseases cannot be cured.
10. The birth of a baby with genetic disease may be prevented by pregnancy termination within the laws of the State of California.
11. I understand that my insurance carrier may not cover the cost of genetic screening. If my insurance carrier does not cover any part of my testing, I understand that I will be responsible for the balance.
12. My decision to proceed with or decline genetic screening will not impact any other aspect of my medical care.
13. If a test results are positive, that I am a carrier, I agree to go to genetic counseling.

American College of Obstetricians and Gynecologists (ACOG) recommendations include:

#### ALL PATIENTS REGARDLESS OF ETHNICITY

- MCV: MCV is performed to determine if Thalassemia carrier status is required. Thalassemia is a hemolytic (blood) disease that makes an abnormal form of hemoglobin. This test is done routinely on every pregnant patient.
- Cystic fibrosis (CF): CF is a pulmonary (lung) disease affects the cells that make mucus, sweat and digestive fluids, causing these cells to be thick and overproduce and block tubes and ducts throughout the body.
- Spinal Muscular Atrophy (SMA): SMA is a neuromuscular disorder that causes muscle weakness throughout the body.
- Fragile X: Fragile X is a genetic condition that causes a range of developmental problems including learning disabilities and cognitive impairment.

#### ETHNICITY BASED TESTING

- Ashkenazi Jewish: at least one member of the couple needs to have 50% or more of Jewish ancestry (or the fetus at 25% risk) Ashkenazi Jewish disorders: Based on national practice guidelines, we recommend offering carrier screening for Tay-Sachs disease, Canavan disease, familial dysautonomia, and cystic fibrosis. In addition, upon request, screening is available for Fanconi anemia (group C), Niemann-Pick (type A), Bloom syndrome, mucopolysaccharidosis IV, and Gaucher disease (type 1). A negative screening result reduces but does not eliminate the risk to be a carrier.
- African ancestry: Sickle cell disease: If the patient or patient's partner is of African descent. Based on national practice guidelines, we recommend offering carrier screening for sickle cell disease.
- French Canadian: Tay-Sachs disease: If the patient or patient's partner is of French-Canadian descent. Based on national practice guidelines, we recommend consideration of carrier screening for Tay-Sachs disease.

All carrier screening tests are Once in a Lifetime and should only be tested once. If you would like to have carrier screening testing, please speak with your obstetrician.

If you have had genetic carrier testing previously, please let us know. We would appreciate a copy of those results if available.

You may contact your insurance for coverage for the ACOG recommended testing and provide the test codes below.

Test	Cystic Fibrosis (CFTR)	SMA	Fragile X
CPT or Procedure Code	81220	81329	81243

# SMOKING AFFECTS YOUR PREGNANCY AND YOUR CHILDREN



**SMOKE?** You may have a harder time getting pregnant and be more likely to miscarry than non-smoking women.<sup>1</sup>

## **SMOKING WHILE PREGNANT:**

- ▶ Affects the placenta—the source of your baby's food and oxygen during pregnancy
- ▶ Lowers the amount of oxygen available to you and your growing baby
- ▶ Increases:
  - ▶ Your baby's heart rate
  - ▶ The risk that your baby will be born prematurely
  - ▶ The risk that your baby will be born with low birth weight
  - ▶ Your baby's risk of developing respiratory problems
  - ▶ The chances of stillbirth
  - ▶ The risk for certain birth defects like a cleft lip or cleft palate
  - ▶ The risk for sudden infant death syndrome (SIDS)<sup>2</sup>



**PREGNANT WOMEN EXPOSED TO SECONDHAND SMOKE** are more likely to have low-birth weight babies<sup>3</sup>



**BABIES EXPOSED TO SECONDHAND SMOKE** are more likely to:

- Get ear infections<sup>4</sup>
- Develop bronchitis and pneumonia<sup>5</sup>
- Die from Sudden Infant Death Syndrome (SIDS)<sup>6</sup>



**CHILDREN EXPOSED TO SECONDHAND SMOKE** can also have serious health problems, including:

- Frequent lower respiratory illness
- Wheezing and coughing
- More frequent and severe asthma attacks
- Ear infections<sup>7</sup>

1. <http://www.cdc.gov/reproductivehealth/TobaccoUsePregnancy>

2. <http://www.cdc.gov/reproductivehealth/TobaccoUsePregnancy>

3. [http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/secondhand\\_smoke/health\\_effects](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/health_effects)

4. <http://www.surgeongeneral.gov/library/reports/smokeexposure>

5. <http://www.surgeongeneral.gov/library/reports/secondhandsmoke/factsheet2.html>

6. <http://www.surgeongeneral.gov/library/reports/smokeexposure>

7. <http://www.surgeongeneral.gov/library/reports/smokeexposure>





# Pregnancy & ADDICTION

**1** One in eight pregnant women reports alcohol use (at least one drink a day)



ALSO: One in thirty women admit to binge drinking during pregnancy

**FACT**  
Up to 6,000 babies a year are born with FASD in the U.S.

**FACT**  
One in thirty women admit to binge drinking during pregnancy.

## 2 FASD IS PREVENTABLE!!!

Fetal Alcohol Syndrome Disorder is completely preventable. If you do not drink while pregnant the fetus cannot develop FASD.

## 3 Children with Fetal Alcohol Syndrome have:

- Small Head
- Low IQ
- Poor memory
- Learning disability
- Speech delays
- Low body weight
- Poor coordination
- Hyperactive behavior
- Abnormal facial features
- Shorter than average height
- Vision or hearing problems
- Heart, kidney, or bone problems
- Central nervous system impairment



**FACT**  
757,000 women drink alcohol while pregnant.

**4** 221,000 women use illicit drugs during pregnancy

## 5 Almost all drugs pass from the mother to the fetus.

**FACT**  
820,000 women smoke during pregnancy.

**FACT**  
Babies born with withdrawal symptoms are in extreme discomfort and need extra attention.

# FACT

Sometimes a new born will need to be weaned off the mother's drug of choice.

6 Brain scans show a severe reduction in the corpus callosum in fetuses exposed to moderate and heavy alcohol.

Normal Baby Brain



FASD Baby Brain



The corpus callosum is a bundle of nerve fibers that is responsible for communication between the left and right brain hemispheres transferring motor, sensory and cognitive information.

## 7 Effects of stimulants on fetus and birth

- Methadone increases risk of seizures
- Amphetamines can cause low birth weight, premature birth and intracranial bleeding (bleeding in the head)
- Cocaine can cause poor fetal growth, developmental delays, learning disabilities, low IQ and intestinal abnormalities



## 8 Effects of depressants on fetus and birth

- Heroin and opiates withdrawal symptoms will occur lasting 4 to 6 months



- Marijuana is linked to lower birth rate and size.

# FACT

Consumption of drugs during pregnancy can lead to fetal death, maternal death, miscarriage, premature labor, placental abruption.

# FACT

Alcohol consumption during pregnancy can cause: miscarriage, stillbirth, FASD.

## 9 Drugs during pregnancy can lead to:

- Blood and heart infections
- Anemia
- Skin infections
- Hepatitis C
- Sexually transmitted diseases



## 10 Tobacco Use and Pregnancy

- Tobacco use during pregnancy increases use of alcohol.

- Prenatal tobacco exposure is a risk factor for sudden infant death syndrome (SIDS) and low birth weight.



- Tobacco toxins reduce levels of oxygen and other nutrients in the fetus
- Nicotine can create fetal cardiovascular and central nervous system problems.

Sources  
<http://www.oag.gov/mccddr/lead/index.htm>  
[http://www.marionline.com/pregnancy/alcohol\\_index.htm](http://www.marionline.com/pregnancy/alcohol_index.htm)  
<http://pubs.niaaa.nih.gov/publications/mon4-4/245-249.pdf>  
<http://www.cdc.gov/disease/asthma/healthLibrary/pregnantDrug.htm>  
<http://www.cdc.gov/disease/asthma/healthLibrary/pregnantDrug.htm>

Infographic presented by:  
[www.recoveryconnection.org](http://www.recoveryconnection.org)



# IS IT SAFE TO SMOKE MARIJUANA WHILE YOU ARE PREGNANT?



Rumors abound that marijuana has no effect on the unborn child, and that it is safe to smoke while pregnant. But research has shown that marijuana use by mom can cause numerous adverse effects on newborns and growing children. Some effects can linger into adulthood.

## Birth

### Newborns:

- Low birth weight and premature delivery
- Increased anxiety and depression symptoms
- Increased emotional reactions
- Reduced separation anxiety

## 3 Years

### The Developmental Years:

- Less branching in nerve cells
- Reduced ability to pay attention
- Diminished problem-solving skills
- Difficulty with detail-oriented memory
- Decreased ability to organize and prioritize

## 18 Years

### Adulthood:

- Altered brain functions and problems using working memory

## 22 Years and Beyond

**No research has shown any safe level of marijuana use while a woman is pregnant.**

Hayatbakhsh, M.R., et al. (2011). *Pediatric Research*, 71(2), 215-219.  
Trezza, V., et al. (2012). *Frontiers in Behavioral Neuroscience*, 6, 1-12.  
Campolongo, P., et al. (2011). *Psychopharmacology*, 214, 5-15.





## Pregnant and Breastfeeding Women and Cannabis

Consuming cannabis (marijuana, weed, pot, etc.) can affect the health of your baby and is not recommended for women who are pregnant or breastfeeding, or who plan to become pregnant soon. Here are some important facts you should know.

### Cannabis Can Harm Your Baby

- Research shows that you use cannabis while you are pregnant or breastfeeding;
  - Your baby may be born with a lower birth weight.
  - A low birth weight baby is more likely to have health problems, especially in the first year of life.
  - The growth and development of your baby's brain can be harmed.

### How Cannabis affects Your Baby

- No matter how you use cannabis (smoking vaping, eating or drinking), the active ingredient in cannabis, THC (tetrahydrocannabinol), will reach your baby in three ways:
  - Through your bloodstream and into the placenta (the organ that feeds your baby during pregnancy).
  - Through your breastmilk.  
“Pumping and dumping” does not work. THC is stored in fat cells and it slowly releases over several weeks, so it stays in your breast milk.
  - Through secondhand smoke that enters your baby's lungs.

### No Amount of Cannabis is Safe

- Leading doctors' organizations such as the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics recommend that:
  - If you are pregnant or thinking about becoming pregnant soon, discontinue use of cannabis.
  - If you already use cannabis for medicinal purposes, discontinue use in favor of an alternative treatment which research shows is safer during pregnancy.
  - Don't breathe cannabis smoke if you are pregnant. It is bad both for you and your baby because like tobacco smoke, it lowers your oxygen levels, introduces toxins into your system and harms your lungs.

Talk to your doctor about any questions you have about Cannabis.



Under California law, adults 21 or older can use, carry, and grow cannabis (marijuana, weed, pot, etc.). Buying cannabis (without a valid physician's recommendation or a county-issued medical marijuana identification card) will become legal under California law for adults 21 or older on January 1, 2018. Use of medicinal cannabis is legal under California law if you have a valid physician's recommendation or a valid county-issued medical marijuana identification card. To buy medicinal cannabis, you must be 18 or older and have either a valid physician's recommendation, a valid county-issued medical marijuana identification card, or be a Primary Caregiver as defined in Health and Safety Code Section 11362.7(d) or 11362.5(e), with a valid physician's recommendation for the patient. In addition, consistent with the Compassionate Use Act, you may possess or cultivate any amount that is reasonably related to your current medical needs. The new California law, known as the Medicinal and Adult-Use Cannabis Regulation and Safety Act<sup>15</sup>, includes information about where you can use cannabis, how much you can possess, and the penalties for illegal use. For more information, visit: [https://leginfo.ca.gov/faces/billTextClient.xhtml?bill\\_id=2017201805B94](https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=2017201805B94)

# Marijuana and Your Child

**Information on Marijuana** for Pregnant and Breastfeeding Women, Caregivers and Parents.



## What is Marijuana?

Marijuana is a plant that contains THC or Tetrahydrocannabinol. THC is the active ingredient in marijuana that provides the “high” when smoked or consumed.

## PREGNANCY

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### Should I use marijuana/THC while I'm pregnant?

No, it is not currently recommended to use marijuana smoked, eaten, or in any other form while you are pregnant.

- THC can pass from mother to the unborn child through the placenta.
- Some research suggests marijuana can harm a developing baby and may cause behavior and learning problems, especially as the child grows older.

### What if my doctor prescribes or suggests marijuana use while I'm pregnant?

The U.S. Food and Drug Administration has not approved marijuana use during pregnancy.

- Some doctors may suggest using marijuana for nausea or to improve appetite, however there may be other safer alternatives for you to use.
- Discuss the risks of marijuana use with your doctor before deciding to use marijuana during your pregnancy.

## BREASTFEEDING

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### Is it safe to use marijuana while I'm breastfeeding my baby?

No, it is not recommended that breastfeeding mothers use marijuana.

- THC can be stored in breastmilk for long periods of time – from several weeks to months. Also, marijuana may decrease your milk supply.

### How would marijuana in my breastmilk impact my baby?

- Marijuana could impact your baby’s breathing and his feeding and sleeping patterns.
- THC is passed on to the baby through breastmilk and he may test positive on a urine drug screen for several weeks.
- Marijuana in breastmilk could impact your baby's growth and development.

### What should I do if I use marijuana and I'm breastfeeding?

If you are breastfeeding your baby, you should stop using marijuana.

- **If you have questions regarding breastfeeding and marijuana, please contact your healthcare provider.**



There is no known safe level of marijuana use while pregnant or breastfeeding.



### Is it okay for me to use marijuana while I'm taking care of my kids?

No, there are several reasons why it is not a good idea to use marijuana while caring for children:

#### 1 Sober Caregiver

The biggest danger of using marijuana while caring for children is safety.

- Marijuana can impair a parent's ability to protect their child from danger, respond to their child's needs, and make sound decisions.
- It is important to always have a sober caregiver for your baby or child – whether you are using alcohol, prescription medications, or marijuana.

#### 2 Storage

Make sure marijuana is safely stored out of the reach of children.

- Don't ever store marijuana edibles with other food or in a place children can access.
- Keep edibles in locked storage as edibles are very attractive to children.

#### 3 Growing

It is safest not to grow marijuana in your home while you have children due to the increased risk of exposure to mold, chemicals and marijuana itself. Contact your local law enforcement for information on having a legal grow in your home.

#### 4 Secondhand Smoke

Marijuana smoke can increase the amount of marijuana in your child's system and is most likely to do so in closed spaces like a car or house. Marijuana smoke could negatively impact your child's health.

### Can I give marijuana to my child for medical uses?

Marijuana is not currently recommended by the American Academy of Pediatrics or approved by the U.S. Food and Drug Administration for medical uses for children.

- Please discuss the risks and possible safer alternatives with your doctor before deciding to give your child marijuana.
- Don't use marijuana unless under the medical supervision of a doctor.

### My child got into my marijuana, what should I do?

If your child accidentally ingests a marijuana infused product, do **NOT** wait to see if your child develops symptoms – **get help right away!**

- If your child has stopped breathing, is having a seizure, or is unresponsive, **call 911 immediately!**
- Otherwise, go to the nearest emergency room right away.

### How should I talk to my kids about marijuana?

It is important to discuss the risks of marijuana with your children.

- The brain is growing so rapidly during the teen years and marijuana should be avoided at this time.
- Teenagers that use marijuana are more likely to become addicted and be at risk for mental illness later in life.
- Let your children know that while their brain is “under construction” in the teen years, they need to take extra special care of their body and brain and avoid using marijuana during this time.

## FOR MORE INFORMATION

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**1-800-CHILDREN** A caring, free, and confidential support line connecting pregnant women and parents to services and information

**www.tchd.org** For more information on marijuana and your health, visit our “Health Issues of Marijuana” page: [www.tchd.org/487/Marijuana](http://www.tchd.org/487/Marijuana)

# PROTECT YOURSELF AND YOUR BABY FROM VIOLENCE

- ◆ Do you feel afraid of your partner?
- ◆ Has your partner ever hit you, hurt you or threatened you?
- ◆ Has your partner ever forced you to have sex?
- ◆ Does your partner keep you from your family or friends?
- ◆ Does your partner keep you from being in control of your own money?

If you answer **YES** to any of these questions, you are not alone.

Talk to your physician. They can help.

## Call for HELP

### **911 if you are in immediate danger**

National Domestic Violence Hotline:  
800-799-SAFE

Asían Women’s Shelter:  
877-751-0880

National Teen Dating Violence Hotline:  
877-923-0700

Women Inc.,  
415-864-4722

Casa de Las Madres:  
877-503-1850

National Sexual Assault Hotline  
800-656-4673

## More information Online

National women’s health information center:  
[www.womenshealth.gov/violence](http://www.womenshealth.gov/violence)

LEAP-Look to End Abuse Permanently, promoting  
healthy relationships:  
[www.leapsf.org](http://www.leapsf.org)

National Sexual Assault [www.rainn.org](http://www.rainn.org)

Violence during pregnancy is common. Each year, 1 in 12 pregnant women in this country is battered by her partner. Violent abuse is more common than any other serious complication of pregnancy. It is as dangerous to the baby as it is to the mother.

## **Health risks to the woman**

Abused pregnant women have a higher-than-average risk for tobacco, alcohol and drug abuse, as well as depression and suicide attempts. All of these things have negative effects on the baby. Abused women also have more problems in pregnancy such as anemia, infections and bleeding in the first 6 months of pregnancy.

## **Health Risks to the fetus**

Battering during pregnancy can lead to injuries that may cause premature delivery, low birth weight and miscarriage. Battered pregnant women are 4 times more likely to have babies with low birth weight than women who are not battered.

## **Effects on the newborn**

Abuse usually increases after the baby is born. The stress in the relationship can cause the infant to have difficulties being comforted, calming down, feeding and sleeping. It can also cause delays in the child’s physical and language development.

Exposure to violence can have lasting effects on the child’s health. Children who witness intimate partner violence are likely to exhibit anxiety and depression, be aggressive with peers and can have poor memory and concentration resulting in learning problems. As they get older, they are more likely to abuse drugs and alcohol and engage in criminal activity and/or anti-social behavior.

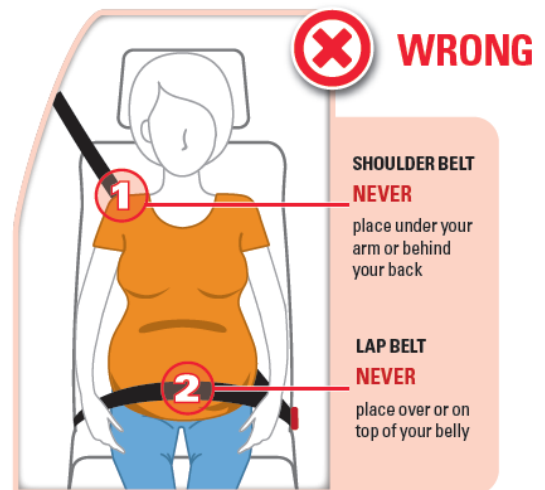
# IF YOU'RE PREGNANT SEAT BELT RECOMMENDATIONS FOR DRIVERS AND PASSENGERS

## I'M PREGNANT. SHOULD I WEAR A SEAT BELT?

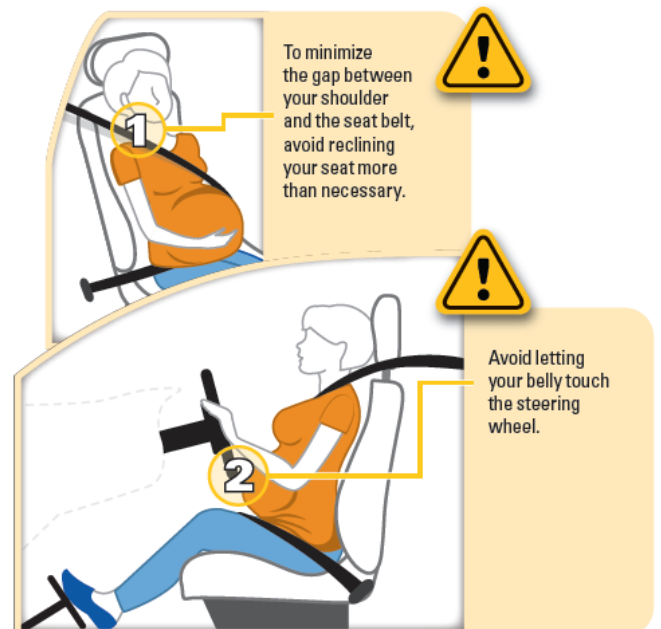
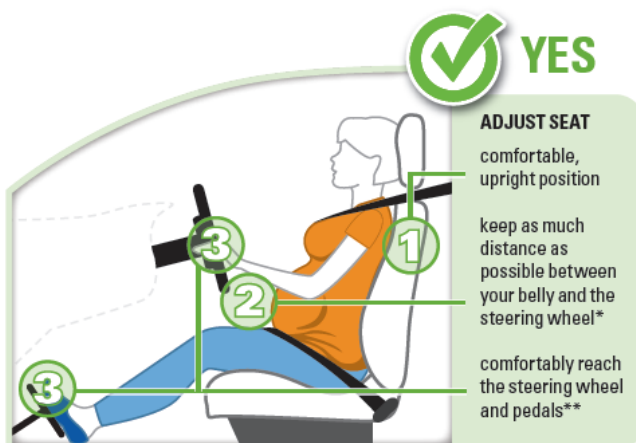
**YES**—doctors recommend it. Buckling up through all stages of your pregnancy is the **single most effective** action you can take to protect yourself and your unborn child in a crash.

**NEVER**  
drive or ride in a car  
without **buckling up** first!

## WHAT'S THE RIGHT WAY TO WEAR MY SEAT BELT?



## SHOULD I ADJUST MY SEAT?



\* If you need additional room, consider adjusting the steering wheel or having someone else drive, if possible.

\*\* If you're a passenger, move your seat back as far as possible.

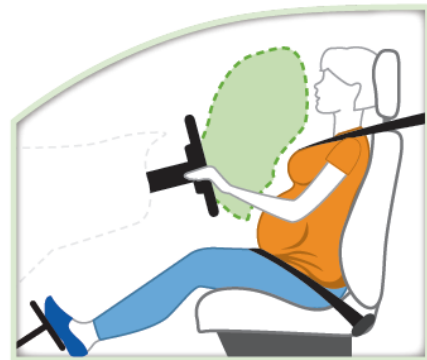
# IF YOU'RE **PREGNANT** SEAT BELT RECOMMENDATIONS FOR DRIVERS AND PASSENGERS

## WHAT IF MY CAR OR TRUCK HAS AIR BAGS?

You still need to wear your seat belt properly.

**Air bags are designed to work with seat belts, not replace them.**

Without a seat belt, you could crash into the vehicle interior, other passengers, or be ejected from the vehicle.



## MY CAR HAS AN ON-OFF AIR BAG DISABLING SWITCH. SHOULD I TURN IT OFF?

**NO.** Doctors recommend that pregnant women wear seat belts and **leave air bags turned on.** Seat belts and air bags work together to provide the **best protection for you and your unborn child.**

## WHAT SHOULD I DO IF I AM INVOLVED IN A CRASH?

**Seek immediate medical attention, even if you think you are not injured,** regardless of whether you were the driver or a passenger.



FOR MORE INFORMATION, VISIT **SAFERCAR.GOV**



U.S. Department of Transportation  
**National Highway Traffic Safety Administration**



11426-120915-v6



### My tooth is hurting. Can I see a dentist?

Dental care is essential to having a healthy pregnancy and baby. If you have not seen your dentist in over a year, it is highly recommended that you make an appointment after you reach 12 week's gestation. Advise them that you are pregnant so they can use shield precautions if x-rays are needed. Any dental work done should be medically necessary. Elective dental work should wait until after your baby's delivery.



If you do not have dental insurance, you may qualify for Medi-Cal Dental coverage. Contact the Denti-Cal telephone service center at 1-800-322-6384 to apply.

### **I have nausea all day and occasionally vomit. What can I do to make it go away?**

Nausea and vomiting in pregnancy is very common. “Morning sickness” can occur anytime of the day. It is not harmful, but it can affect your daily life. Some women may have this throughout the entire pregnancy; most will have these symptoms go away after 14 weeks.

#### **TIPS TO ALLEVIATE MORNING SICKNESS**

- 1** Eat dry toast or crackers before you get out of bed.
- 2** Don't skip breakfast. Eat bland toast if that's all you can keep down.
- 3** Eat small frequent meals. Do not go more than 3 to 4 hours without a snack.
- 4** Drink fluids often. Some herbal teas are safe to drink in pregnancy. Avoid those with known harmful effects to the fetus such as ginkgo, ephedra and ginseng.
- 5** Try ginger ale, ginger tea or ginger candies.
- 6** Eat bland foods (BRATT diet-bananas, rice, applesauce, toast and tea) that are low in fat and easy to digest.
- 7** Take your prenatal vitamin at bedtime instead of in the morning.
- 8** Avoid smells that bother you.

Severe morning sickness or hyperemesis gravidarum may cause dehydration and may require medical treatment. Speak with your physician if you are concerned about severe morning sickness.



# FOODS THAT FIGHT MORNING SICKNESS



## GINGER

- Fresh ginger root
- Ginger tea
- Ginger slices

Ginger has been used for thousands of years to curb nausea naturally.

Use grated ginger when cooking, sip on cooled or heated ginger tea, or even chew on real ginger chews or mints between meals



## ANY VEGGIES

(THAT YOU CAN TOLERATE)

These provide important antioxidants & fiber.

These water-rich fruits provide an ample dose of vitamins and fiber. They also help hydrate you:



- Berries
- Kiwi
- Apples
- Citrus
- Melons

## FRESH FRUIT

## STARCHY VEGGIES

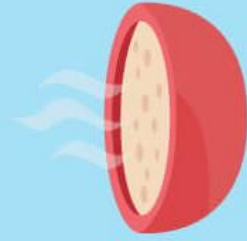
These fiber-rich veggies provide carbs for energy and are easy to digest:

- Potatoes
- Turnips
- Winter squash



## SOUPS & BONE BROTH

These provide nutrients like collagen and electrolytes to keep you hydrated.



## ORGANIC/UNSWEETENED DAIRY PRODUCTS

These can help you get enough protein, potassium & magnesium into your diet.

## HEALTHY FATS

These essential fats and are easy to digest:

- Nuts
- Seeds
- Avocado
- Olive and coconut oils



## Oh boy...and girl. I'm having twins!!!

In 2014, 3.5% of all pregnancies were twins, triplets or higher, this includes natural and ART (assisted reproductive therapies) conceptions in the United States.

### What does a multiple pregnancy mean for my babies and me?

- Most women with multiples have a healthy pregnancy and healthy babies.
- Pregnancy symptoms like morning sickness, heartburn, swollen ankles, backache and tiredness are common.

### What extra care will I need?

- You will have additional ultrasounds in the second and third trimesters.
- You will have fetal monitoring in the third trimester.
- You will need to adjust your nutritional intake in the second and third trimesters.

### Complications in multiple pregnancies

- Premature birth -60% of twins will be born before 37 weeks gestation and 75% of triplets will be born before 35 weeks.
- Growth problems- multiples increase the risk of the placenta not working properly, affecting the babies' development.
- Twin-to-twin transfusion syndrome (TTTS)- multiples sharing a placenta can lead to an unbalanced blood supply requiring treatment and/or intervention.
- You may be at higher risk for developing gestational diabetes and pre-eclampsia.

### Labor and Birth

- You may go into labor naturally or may be offered an induction of labor.
- Cesarean sections are more common.

### IDENTICAL TWINS

Formed from one egg and one sperm, which separates to create two fetuses.

Are always the same Sex, boy/girl CANNOT be Identical

Share 100% of their Genetic material and and may be difficult to tell apart.

Do NOT run in families and is not thought to be influenced by maternal age or fertility treatments.

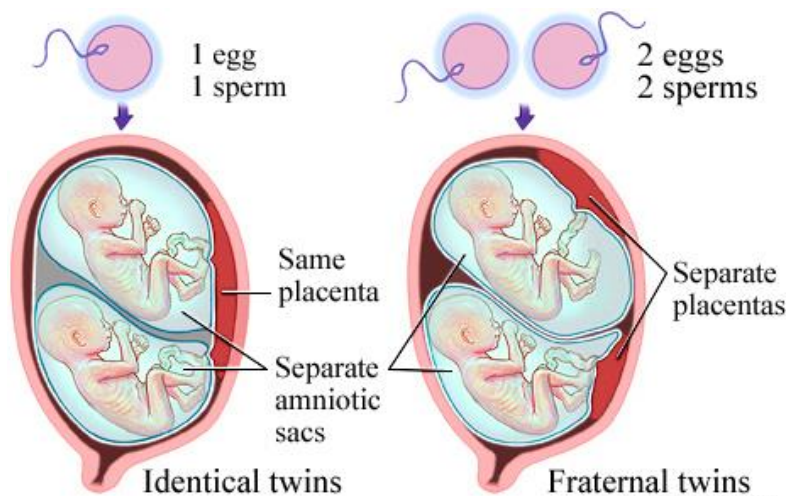
### FRATERNAL TWINS

Formed when two eggs are released and Fertilized by two sperm creating two fetuses.

May be same sex or Male/female

Likely to share roughly 50% genetic markers, and may look similar, but are as similar genetically as any other siblings

Can "run in the family", is more likely with heightened maternal age or fertility treatments.



## Do I need to exercise? My mother-in-law said I need to.

30 minutes of moderate exercise 5 days of the week is a reasonable activity level for the average pregnant woman. Physical activity does not increase your risk of miscarriage, low birth weight or early delivery. However, it is important to discuss your exercise plan with your physician if you have certain conditions where exercise may be not recommended. Speak with your physician if you are concerned about these conditions.

Regular exercise during the pregnancy reduces back pain, eases constipation, and strengthens your heart and blood vessels. It will also help you lose the baby weight after your baby is born.



During pregnancy, it's important for women to **stay healthy and fit** in order to reduce incidence of pain.



Women should exercise during pregnancy **for at least 30 minutes a day** for at least **5 days a week**.



It will help them to **build up stamina** for the delivery process.



The more active and fit you are during pregnancy, the easier it will be for you to **adapt** to your changing shape and weight gain.



It will also help you to **cope with labour** and get back into shape after the birth.



Get a better night's **sleep**.



Help to reduce or **prevent depression** and improve your self-esteem.

## EXERCISE



**DO**



**DON'T**

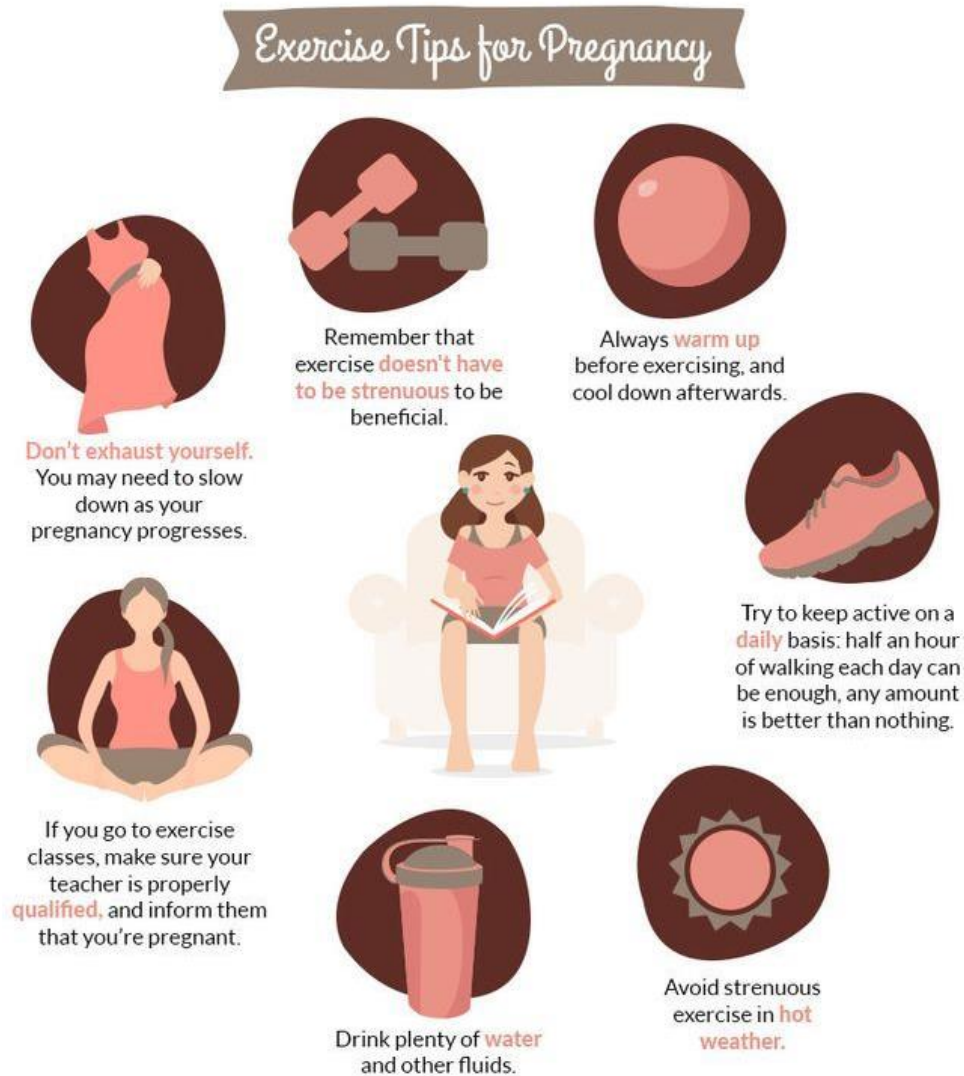


- contact sports (ice hockey, boxing, soccer, basketball, football)
- skydiving
- water skiing
- downhill snow skiing,
- surfing
- gymnastics
- horseback riding
- hot yoga
- hot Pilates
- scuba diving
- any activity performed above 6,000 feet

Hot tubs and saunas are not recommended and should be avoided throughout the entire pregnancy.



If you are new to exercise, start out slowly and gradually increase your activity. Begin with as little as 5 minutes a day and add 5 minutes each week until you can stay active for 30 minutes. If you were very active prior to your pregnancy, you can keep doing the same workouts with the approval of your physician.



#### Precautions to consider:

- ◆ Drink plenty of water before, during and after your workout.
- ◆ Wear a sports bra that gives lots of support to help protect your breasts. As your pregnancy develops, a belly support belt may help reduce discomfort while walking or running.
- ◆ Avoid becoming overheated. Wear loose fitting clothing and exercise in a temperature-controlled room. Do not exercise outside when it is very hot or humid.
- ◆ Avoid standing or lying flat on your back as much as possible.
- ◆ Look out for dehydration symptoms. Those include dizziness, a racing or pounding heart and urinating only small amounts or having urine that is dark yellow. If you think you are experiencing dehydration symptoms, stop all physical activity, sit in a cool place and drink water for at least 30 minutes.

# Exercises Suitable for Pregnancy

## Pilates

(Second trimester)



### Why?

- It helps women to remain strong and flexible.
- Helps in minimising any back pain or muscle strain that is a natural consequence during a pregnancy.
- Helps with breathing efficiency.



### How?

Lie on a mat and perform various breathing exercises and pelvic thrusts.

## Pregnancy Squats



### Why?

Important for glutes and legs.

### How?

Stand shoulder width apart. While you lower your body, push your rear end back and it is important to tighten your abdomen. Also, ensure that your knees don't go past your toes. Repeat at least 15-20 times.

### Why?

Essential to strengthen the pelvic floor muscles which help during the delivery process.

### How?

Perform in a sitting posture. Contract the pelvic muscles. Do quick contractions or alternatively hold contractions for 10 seconds before releasing. Repeat for at least 10-15 minutes.

## Kegel Exercises



### Why?

- Keep you in shape and help to prevent back pains and abdominal strains.
- These exercises will increase your heart rate.
- It will also increase the blood flow to your baby.



### How?

Begin by lifting your knees and then kicking with your legs for better results. Follow by swinging your arms gently from side to side along with the kicking.

## Cardio Exercises



## Wall Push-ups



### Why?

Helps to tone arm muscles as well as strengthening the legs and back during the first two trimesters.

### How?

Place the palm of your hands on a wall and push up and down. Ensure that your back is inclined and your rear is in line with your back for effective results.

## Abdominal Exercises



### Why?

These exercises reduce the incidence of back pain by strengthening the back and shoulder muscles.

### How?

Lower the rear end until the body assumes a flat posture. This is followed by tightening the abdomen and lifting up the abdomen slowly from the mat and transferring that weight to the spine.

## Cycling



### Why?

Good method of cardio exercise. Helps to strengthen your back and keeps knees and legs strong as well as reducing pain.

### How?

Cycle slowly to ensure good blood circulation in your legs. While peddling, try to raise your knees and put all your weight forward.

### Why?

Important for blood circulation and preventing back pain during pregnancy.

### How?

Perform on a mat or a chair and involve reverse shoulder exercises, leg stretching using a band, and neck tilting from side to side.

## Stretching Exercises



**\*Note:** These exercises are to be performed with care to avoid muscle pulls.





#### Why?

Strengthen the pelvis, abdominal muscles and also provide a good workout for your knees, glutes and legs.

#### How?

Take a long step forward and then go down on one knee, and while you push yourself up, exhale. Ensure that your chest and shoulders are straight. Repeat at least 10 times on each leg.

#### CAUTION

*\*All exercise should be taken with caution. Any uncomfortable feeling while exercising should be taken seriously.*

### Warning signs to **stop** exercising:

- ◆ Bleeding from the vagina
- ◆ Regular, painful contractions of the uterus
- ◆ Fluid leaking from the vagina
- ◆ Feeling dizzy or faint
- ◆ Shortness of breath before exercise
- ◆ Chest pain
- ◆ Muscle weakness
- ◆ Calf pain or swelling

If you experience any of these, please speak with your physician prior to exercising again.

## We just booked tickets to Hawaii before I knew I was pregnant. Can I still go?

Traveling is safe during pregnancy, however it is often easiest and most enjoyable between weeks 14 to 28.

When planning your travel time, consider your prenatal test schedule. There are specific tests done at certain times during the pregnancy. Gather your medical records and vital health information to travel with you. If you will be on an extended travel getaway and miss a visit with us, you may want to make an appointment for the time you will be there. Make sure you have all the medications you take. Check your health insurance plan and policy for coverage in the event of an emergency.

### CAR



- Wear your seatbelt at all times
- Brief trips are recommended
- On extended drives:
  - Have frequent stops to stretch your legs
  - Use the restroom



### AIR

- Book an aisle seat to easily get up and stretch
- Avoid gas producing foods and carbonated drinks before your flight
- Stay hydrated
- Wear your seatbelt
- If you are prone to nausea (air sickness) ask your physician if there is any medications you can take
  - \*Air travel is not recommended after 36 weeks of pregnancy; some international carriers restrict passengers at 32 weeks from flying. If you must travel after 32 weeks, check with your airline as you may need to provide a medical certificate. Speak with your physician if this is concern.



### SHIP

- Speak with your physician about which medications are safe to take.
- Seasickness bands are useful for some as these bands use acupressure to ward off an upset stomach.
- Check whether your ship had passed a health and safety inspection conducted by the Centers for Disease Control and Prevention (CDC).
- Norovirus is a great concern as it can cause severe nausea and vomiting for 1 or 2 days. Norovirus can be very contagious and can spread rapidly throughout cruise ships. Infection can happen by eating food, drinking liquids or touching surfaces that are contaminated by the virus.





## INTERNATIONAL TRAVEL

- The safest water to drink is tap water that has been boiled for 1 minute (3 minutes for altitudes higher than 6,000 feet). Bottled water is safer than unboiled tap water. Carbonated beverages and drinks made with boiled water are safe to drink.
- Do not put ice made from unboiled water in your drinks.
- Do not drink out of glasses that may have been washed in unboiled water.
- Avoid fresh fruits and vegetables unless they have been cooked or if you have peeled them yourself.
- Do not eat raw or undercooked meat or fish.
- Avoid Zika Virus affected countries.
  - \*Those countries are not recommended for pregnant women or women wanting to become pregnant. If your partner travels to a Zika virus affected country, practice safe sex (barrier methods) until they have been tested for Zika virus. You may want to refer to the CDC website for the current list of countries that are not recommended for travel to by pregnant women.

Visit CDC website for up to date information and use the Travelers' Health Website for travel health topics, links to other sites and resources to help find a travel medicine specialist. Stay informed by using the recommended preventative measures on the Travel Notices.

<https://wwwnc.cdc.gov/travel/page/new-cdc-travelers-health-website>



# PREGNANT? READ THIS BEFORE YOU TRAVEL



## What we know about Zika

- Zika can be passed from a pregnant woman to her fetus.
- Zika infection during pregnancy can cause certain birth defects.
- Zika is spread mostly by the bite of an infected *Aedes aegypti* or *Aedes albopictus* mosquito.
  - » These mosquitoes bite during the day and night.
- There is no vaccine to prevent or medicine to treat Zika.
- Zika can be passed through sex from a person who has Zika to his or her sex partners.

## What we don't know about Zika

- If there's a safe time during your pregnancy to travel to an area with Zika.
- If you do travel and are infected, how likely it is that the virus will infect your fetus and if your baby will have birth defects from the infection.

## Travel Notice

CDC has issued a travel notice (Level 2-Practice Enhanced Precautions) for people traveling to areas where Zika virus is spreading.

- For a current list of places with Zika outbreaks, see CDC's Travel Health Notices: <http://wwwnc.cdc.gov/travel/page/zika-travel-information>
- This notice follows reports in Brazil of microcephaly in babies of mothers who were infected with Zika virus while pregnant.

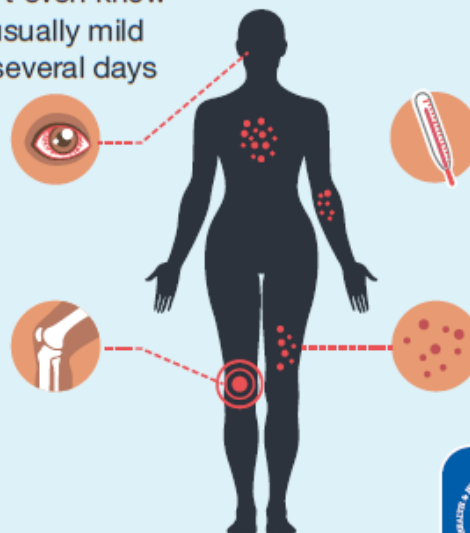


## Symptoms of Zika

Most people with Zika won't even know they have it. The illness is usually mild with symptoms lasting for several days to a week.

The most common symptoms of Zika are

- Fever
- Rash
- Joint pain
- Red eyes



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

## CDC recommends special precautions for pregnant women and women trying to become pregnant

### Pregnant?

Pregnant women should not travel to areas with Zika.

Pregnant women and their sex partners should strictly follow steps to prevent mosquito bites.

If you have a sex partner who lives in or travels to an area with Zika, you should use condoms from start to finish every time you have sex, or do not have sex during the pregnancy.

If you develop the symptoms of Zika, see a healthcare provider right away for testing.

### Trying to become pregnant?

Women trying to become pregnant and their male partners should consider avoiding nonessential travel to areas with Zika.

Strictly follow steps to prevent mosquito bites.

Talk to your healthcare provider about plans to become pregnant.



## Your Best Protection: Prevent Mosquito Bites

### Clothing

- Wear long-sleeved shirts and long pants.
- Treat clothing and gear with permethrin or purchase permethrin-treated items.
  - » Treated clothing remains protective after multiple washings. See product information to learn how long the protection will last.
  - » If treating items yourself, follow the product instructions carefully.
- Do NOT use permethrin products directly on skin. They are intended to treat clothing.



### Indoor Protection

- Stay in places with air conditioning or that use window and door screens to keep mosquitoes outside.
- Sleep under a mosquito bed net if air conditioned or screened rooms are not available or if sleeping outdoors.



### Repellent

Use Environmental Protection Agency (EPA)-registered insect repellents. When used as directed, these insect repellents are safe and effective for pregnant and breastfeeding women.

- Always follow the product label instructions.
- Reapply as directed.
- Do not spray repellent on the skin under clothing.
- If you are also using sunscreen, apply sunscreen before applying insect repellent.
- Use a repellent with one of the following active ingredients: DEET, picaridin, IR3535, oil of lemon eucalyptus or para-menthane-diol, or 2-undecanone.



# HOW TO PROTECT AGAINST MOSQUITO BITES



Zika virus is spread to people mainly through the bite of an infected mosquito. Mosquitoes that spread Zika virus bite mostly during the day, but they can also bite at night. The best way to prevent Zika is to protect yourself from mosquito bites.

## Use insect repellent

Use [Environmental Protection Agency \(EPA\)-registered](#) insect repellents with one of the following active ingredients: DEET, picaridin, IR3535, oil of lemon eucalyptus or para-menthane-diol, or 2-undecanone. Always follow the product label instructions.



- When used as directed, these insect repellents are proven safe and effective even for women who are pregnant or breastfeeding.
- Reapply insect repellent as directed.
- Do not spray repellent on the skin under clothing.
- If you are also using sunscreen, apply sunscreen first.
- The effectiveness of non-EPA registered insect repellents, including some natural repellents, is not known.

## If you have a baby or child

- Do not use insect repellent on babies younger than 2 months old.
- Do not use products containing oil of lemon eucalyptus or para-menthane-diol on children younger than 3 years old.
- Dress your child in clothing that covers arms and legs.
- Cover crib, stroller, and baby carrier with mosquito netting.
- Do not apply insect repellent onto a child's hands, eyes, mouth, and any cut or irritated skin.
  - » Adults: Spray insect repellent onto your hands and then apply to a child's face.



## Treat clothes and gear

- Treat items such as clothing and gear with permethrin or buy permethrin-treated clothes and gear.
  - » See product information to find out the number of washings or length of time the protection will last.
  - » If treating items yourself, follow the product instructions.
  - » Do not use permethrin products directly on skin.



## Active ingredient

Higher percentages of active ingredient provide longer protection

DEET

Picaridin (known as KBR 3023 and icaridin outside the US)

IR3535

Oil of lemon eucalyptus (OLE) or para-menthane-diol (PMD)

2-undecanone



Find the insect repellent that's right for you by using [EPA's search tool](#)\*.

\* The EPA's search tool is available at: [www.epa.gov/insect-repellents/find-insect-repellent-right-you](http://www.epa.gov/insect-repellents/find-insect-repellent-right-you)





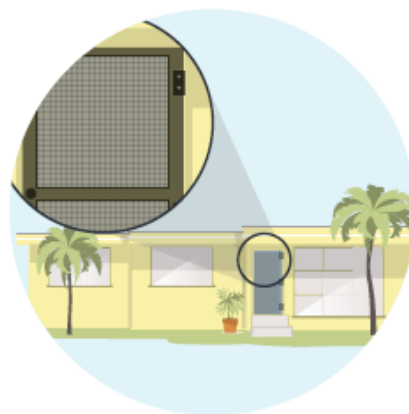


### Control mosquitoes outside your home

- Once a week, empty and scrub, turn over, cover, or throw out any items that hold water like tires, buckets, and planters.
- Tightly cover water storage containers (buckets, rain barrels, etc.).
- For containers without lids, use wire mesh with holes smaller than an adult mosquito.
- Use larvicides to treat large containers of water that will not be used for drinking and cannot be covered or dumped out.
- Use an outdoor flying insect spray in dark humid areas where mosquitoes rest, like under patio furniture, or in the carport or garage. When using insecticides, always follow label instructions.
- If you have a septic tank, repair cracks or gaps. Cover open vent or plumbing pipes using wire mesh with holes smaller than an adult mosquito.

### Control mosquitoes inside your home

- Keep windows and doors shut and use air conditioning when possible.
- Use, install, or repair window and door screens.
- Once a week, empty or throw out any items that hold water like vases and flowerpot saucers.
- Use an indoor flying insect fogger\* or indoor insect spray\* to kill mosquitoes and treat areas where they rest. These products work immediately, but may need to be reapplied. Always follow label directions.
- Only using insecticide will not keep your home free of mosquitoes.



### Do-It-Yourself Products

Product	Active ingredient	Brand name examples**	How long it works
Indoor flying insect spray	Imidacloprid, $\beta$ -Cyfluthrin	Home Pest Insect Killer, Raid, Ortho, HotShot, EcoLogic	7-10 days
Indoor flying insect fogger	Tetramethrin, Cypermethrin	Hot Shot, Raid, Real Kill, Spectracide	Up to 6 weeks

\*\*Insecticide brand names are provided for your information only. The U.S. Department of Health and Human Services and Centers for Disease Control and Prevention cannot recommend or endorse any name brand products.

[www.cdc.gov/zika](http://www.cdc.gov/zika)



## We had intercourse last night and today I'm spotting. Is this ok?

Spotting in the first and second trimester can be common. In many cases it does not signal a major problem.

Spotting that is brown colored or hued, found with wiping after using the toilet or intercourse is residual blood. That means that this blood had been in your uterus for a while and now found its way out. This is not concerning.

Light spotting that is red colored or hued, after intercourse or an exam is also common.

Heavy red colored spotting or bleeding like a period, followed by cramping any time is a concern. Those symptoms are most associated with pregnancy loss or miscarriage if experienced within the first 13 weeks of pregnancy. Miscarriage happens in about 15-20% of known pregnancies.

Ectopic pregnancy is also a consideration if experiencing abdominal, pelvic or shoulder pain. Ectopic pregnancies occur when the fertilized egg does not implant in the uterus but implants elsewhere, most commonly in the fallopian tubes.

If you experience any of those symptoms, make your way to the nearest emergency room. Ectopic pregnancies are time sensitive and may require surgical intervention.

### **Scant (spotting) amount**

Blood only on tissue when wiped or less than 3cm stain on maxi pad within one hour



### **Light amount**

Less than 10cm stain on maxi pad within one hour



### **Moderate amount**

Less than 15cm stain on maxi pad within one hour



### **Heavy amount**

Saturated maxi pad within one hour



proceed to the nearest hospital

For more information, visit the American College of Obstetricians and Gynecologists website (ACOG) Frequently Asked Questions pages.

<http://www.acog.org/Patients/FAQs/Bleeding-During-Pregnancy>

As spotting/bleeding subsides, you may resume sexual activities. If you are concerned, discuss your concerns with your physician.

Sexual interest while pregnant may vary. Sexual interest in the second trimester is usually the highest compared to first and third trimesters.

## What is safe to eat?


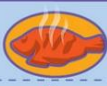





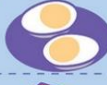



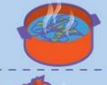




Most foods are safe to eat while pregnant and breastfeeding. There are specific foods that should be avoided throughout the entire pregnancy. Visit [www.foodsafety.gov](http://www.foodsafety.gov) for more information.

Component	Guidelines
<u>Artificial sweeteners</u>	<b>Minimize intake of food and drinks with saccharin-</b> <i>Saccharin is known to cross the placenta and may remain in fetal tissue</i> Aspartame, sucralose and acesulfame-k are probably safe
<u>Caffeine</u>	<b>Limit consumption to 150 to 300 mg per day-</b> <i>Moderate amounts are probably safe.</i>
<u>Calorie intake</u>	<b>Most pregnant women require an additional 300 to 400 calories per day</b>
<u>Dairy</u>	<b>Avoid unpasteurized dairy products and soft cheeses</b> (feta, brie, camembert, blue-veined cheeses, Mexican queso fresco)- <i>Risk of toxoplasma and listeria contamination</i>
<u>Delicatessen foods</u>	<b>Avoid delicatessen foods, pate and meat spreads-</b> <i>Risk of listeria contamination</i>
<u>Eggs</u>	Avoid raw eggs (Caesar dressing, eggnog, and raw cookie dough)- <i>Risk of salmonella contamination</i>
<u>Fruits and vegetables</u>	<b>Fruits and vegetables should be washed before eating-</b> <i>Risk of toxoplasma and listeria contamination</i>
<u>Herbal teas</u>	<b>Avoid teas containing chamomile, licorice, peppermint or raspberry leaf-</b> <i>some herbal teas have been associated with adverse outcomes, such as uterine contractions, increased uterine blood flow and spontaneous abortion</i> Teas containing ginger, citrus peel, lemon balm and rose hips are probably safe in moderation
<u>Leftover foods</u>	<b>Thoroughly reheat before eating-</b> <i>risk of listeria contamination</i>
<u>Meat</u>	<b>Avoid undercooked meat; hot dogs and cold cuts should be heated until steaming hot-</b> <i>Risk of toxoplasma and listeria contamination in undercooked meats</i> <b>Liver and liver products should be eaten in moderation-</b> <i>Excessive consumption of liver products could cause vitamin A toxicity</i>
<u>Seafood</u>	<b>Avoid shark, swordfish, mackerel, tilefish and tuna steaks-</b> <i>Exposure to high levels of mercury in certain fish can lead to neurologic abnormalities in pregnant women and infants</i> <b>Limit intake of other fish (including canned tuna) to 12oz per week</b> <b>Avoid refrigerated smoked seafood-</b> <i>Risk of listeria contamination in refrigerated smoked seafood</i> <b>Avoid raw fish and shellfish-</b> <i>Risk of exposure to parasites and norovirus in raw fish and shellfish</i> <b>Eat farmed salmon in moderation-</b> <i>increased levels of organic pollutants have been found in farmed salmon</i>

Dietary Guidelines courtesy of the American Academy of Family Physicians [www.aafp.org](http://www.aafp.org)

# FOOD SAFETY for Baby and Me

Learn the food safety steps that will keep expecting moms safe from foodborne illness.

FOODS TO AVOID WHILE PREGNANT		
Foods to Avoid	Here's Why	Foods to Eat
 Raw seafood	May contain parasites or bacteria	 Fish cooked to 145 °F
 Unpasteurized juice, cider and milk	May contain <i>E. coli</i> or <i>Listeria</i>	 Pasteurized versions are safer alternatives.
 Soft cheese and cheese made from unpasteurized milk	May contain <i>E. coli</i> or <i>Listeria</i>	 Hard cheese & cheese made with pasteurized milk
 Undercooked eggs	May contain <i>Salmonella</i>	 Eggs with firm yolks
 Premade deli salads (egg, pasta, chicken, etc.)	May contain <i>Listeria</i>	 Make these dishes at home
 Raw sprouts	May contain <i>E. coli</i> or <i>Salmonella</i>	 Cook thoroughly
 Cold hot dogs and luncheon meats	May contain <i>Listeria</i>	 Reheat to steaming hot or 165 °F
 Undercooked meat and poultry	May contain <i>E. coli</i> , <i>Salmonella</i> , <i>Campylobacter</i> , <i>Toxoplasma gondii</i>	 Meat and poultry at or above the USDA recommended internal temperature

## SAFE INTERNAL COOKING TEMPERATURES

**145 °F** 

Beef, pork, veal and lamb steaks, roasts and chops with a 3 min rest time

Fish 

**160 °F** 

Egg dishes 


Ground beef, pork, veal and lamb 

**165 °F** 

Whole, ground, or pieces of chicken, turkey and duck 

## DANGERS OF LISTERIA AND TOXOPLASMA GONDII

### Listeria monocytogenes




Pregnant women are **10 times more likely** to get Listeriosis.

**Listeriosis can cause:**

- Miscarriages
- Premature labor
- Low-birth weight
- Infant death

### Toxoplasma gondii



**50%** of Toxoplasmosis infections in the U.S. are acquired from food.


**Toxoplasmosis can cause babies to develop:**

- Hearing loss
- Blindness
- Intellectual disability
- Brain or eye problems later in life

These foodborne illnesses can infect your baby even if you do not feel sick.


**REMEMBER**

**CLEAN**




**Clean:** Wash hands and surfaces often.

**SEPARATE**




**Separate:** Keep raw meat and poultry separate from ready-to-eat foods.

**COOK**



**Cook:** Cook foods to the proper internal temperature.

**CHILL**



**Chill:** Get leftovers to the fridge within 2 hours of being cooked.



For more food safety tips, go to [FoodSafety.gov](http://www.FoodSafety.gov)

ADDITIONAL SOURCE: CDC

Download the Food Safety for Pregnant Women Booklet for more tips on food safety.

<https://www.fda.gov/food/foodborneillnesscontaminants/peopleatrisk/ucm312704.htm>



# 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.



For an adult  
4 ounces



For children,  
ages 4 to 7  
2 ounces

## What is a serving?

To find out, use the palm of your hand!

## Best Choices

EAT 2 TO 3 SERVINGS A WEEK

Anchovy  
Atlantic croaker  
Atlantic mackerel  
Black sea bass  
Butterfish  
Catfish  
Clam  
Cod  
Crab  
Crawfish  
Flounder  
Haddock  
Hake  
Herring  
Lobster,  
American and spiny  
Mullet  
Oyster  
Pacific chub  
mackerel  
Perch, freshwater  
and ocean  
Pickarel  
Plaice  
Pollock  
Salmon  
Sardine  
Scallop  
Shad  
Shrimp  
Skate  
Smelt  
Sole  
Squid  
Tilapia  
Trout, freshwater  
Tuna, canned light  
(includes skipjack)  
Whitefish  
Whiting

## OR

## Good Choices

EAT 1 SERVING A WEEK

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

## Choices to Avoid

HIGHEST MERCURY LEVELS

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

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

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





# Food Safety Information



## Protect Your Baby and Yourself from Listeriosis

Pregnant women are at higher risk of getting sick from *Listeria monocytogenes*, a harmful bacterium found in many foods. *Listeria* can cause a disease called Listeriosis which can result in miscarriage, premature delivery, serious sickness, or the death of a newborn baby. If you are pregnant, you need to know what foods are safe to eat.

### Clean



- Clean up spills in your refrigerator right away, especially juices from raw meat and poultry.
- Clean the inside walls and shelves of your refrigerator with hot water and liquid soap.
- Wash your hands for 20 seconds with soap and water after touching hot dogs, raw meat, poultry or seafood.

### Separate



- Keep raw meat, fish and poultry away from ready-to-eat foods.

### Cook



- Cook food to a safe minimum internal temperature. Check with a food thermometer and heat lunch meats until steaming.

### Chill



- **Listeria can grow in the refrigerator.** The refrigerator should be set to 40 °F or lower and the freezer to 0 °F or lower. Use a refrigerator thermometer to check the inside temperature.

### How do I know if I have listeriosis?

- Symptoms can include fever, fatigue, chills, headache, backache, general aches, upset stomach, abdominal pain, and diarrhea.
- Gastrointestinal symptoms may appear within a few hours to 2 to 3 days, and disease may appear 2 to 6 weeks after ingestion. The duration is variable.
- Pregnant women are at higher risk and may develop problems with pregnancy that include miscarriage, fetal death or severe illness or death in newborns.
- Every year an estimated 1,600 Americans become sick and 260 people die from Listeriosis.

### What should I do if I think I have Listeriosis?

- Call your doctor, nurse or health clinic if you have any of these signs. If you have Listeriosis, your doctor can treat you.

### What foods are associated with Listeriosis?

- Hot dogs, luncheon meats, bologna, or other deli meats unless they are reheated until steaming hot.
- Refrigerated pâté, meat spreads from a meat counter, or smoked seafood found in the refrigerated section of the store. Foods that do not need refrigeration, like canned meat spreads, are okay to eat. Remember to refrigerate after opening.
- Raw (unpasteurized) milk and foods that have unpasteurized milk in them.
- Salads made in the store such as ham salad, chicken salad, egg salad, tuna salad or seafood salad.
- Soft cheeses such as Feta, queso blanco, queso fresco, Brie, Camembert, blue-veined cheeses, and Panela **unless** it is labeled as "MADE WITH PASTEURIZED MILK."

Call the **USDA Meat & Poultry Hotline** toll free at **1-888-MPHotline (1-888-674-6854)**

The hotline is open year-round and can be reached from 10 a.m. to 4 p.m. (Eastern Time) Monday through Friday. Available in English and Spanish



## Food Safety Questions?

Send E-mail questions to [MPHotline@usda.gov](mailto:MPHotline@usda.gov)

Consumers with food safety questions can also "Ask Karen", the FSIS virtual representative. Available 24/7 at [AskKaren.gov](http://AskKaren.gov).



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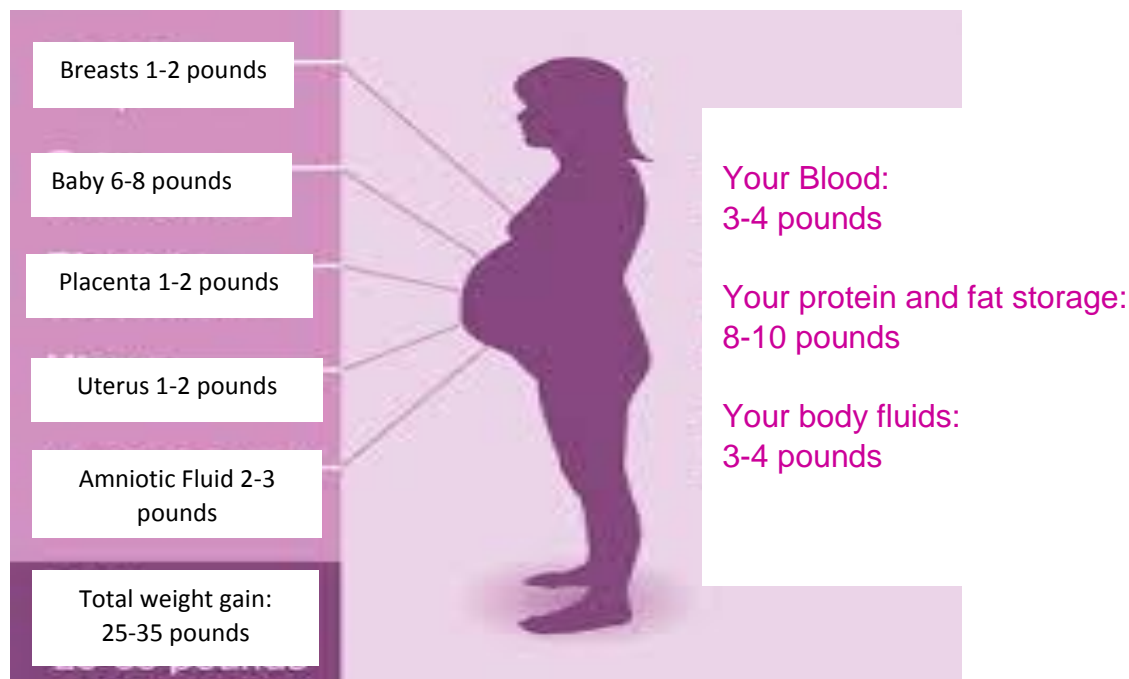


## I gained 10 pounds since I found out I was pregnant, is that too much?

Pregnancy is the time that many women will throw caution to the wind in relation to calorie intake.

**Do not do this!** Good nutrition is vital to a healthy pregnancy and baby.

You will gain 20 pounds just by being pregnant as your breasts, uterus and baby get bigger throughout the pregnancy. The placenta, bag of waters (amniotic sac) and extra blood and body fluids are included.



If you need help planning your diet, your physician may refer you to a dietician.

### **Pregnancy weight gain, and its range, is calculated by BMI.**

Your physician will recommend how much weight you should gain for your pregnancy, taking into consideration any health concerns or a multiple pregnancy.

Try to stay within the weight range your physician has recommended. If you gain too much, you may be overeating or eating the wrong types of foods. Some weight can be extra water, which can be caused by too much salt in your diet. If you do not gain enough weight, the baby may have problems at birth. It is important not to lose weight while pregnant.

\*These recommendations are for a singleton (one fetus) pregnancy, not a multiple gestation (twin) pregnancy.

BMI	Recommended weight gain	Additional Daily Calories per Trimester		
		First	Second	Third
Less than 18.5	28 to 40 pounds	100 - 200	300 - 400	400 - 500
18.5 to 24.9	25 to 35 pounds	0 -100	200 - 300	350 - 450
25 to 29.9	12 to 25 pounds	0	150 - 200	250 - 350
30 or higher	11 to 20 pounds	0	100 - 200	200 - 300

**How to calculate your BMI:** take your weight in pounds divide that your height in inches squared (multiplied by itself), then multiply by 703.

$$\frac{\text{Weight (lbs)}}{\text{Height (inches)}^2} \times 703 = \text{Your BMI}$$

**Example:** weight (155 lbs.), height (5'4" or 64 inches)

155 divided by 4096 (64 x 64) multiplied by 703= 26.6

This pregnant woman with a BMI of 26.6 is recommended to gain up to 25 pounds during her pregnancy.

HEIGHT										
	5'0"	5'1"	5'2"	5'3"	5'4"	5'5"	5'6"	5'7"	5'8"	5'9"
inches	60	61	62	63	64	65	66	67	68	69
X <sup>2</sup>	3600	3721	3844	3969	4096	4225	4356	4489	4624	4761

Calculate your BMI

$$\frac{\text{lbs}}{\text{Inches}^2} \times 703 =$$

Locate your recommended weight gain (above) for your pregnancy. Multiple gestation pregnancies have higher recommendations.

MILK + MILK PRODUCTS	VEGETABLES	FRUITS	GRAINS	MEAT & BEANS	EXTRA FOODS
<p>Choose low-fat or fat-free dairy most often</p> <p>1 cup of milk 1 ½ ounces hard cheese</p> <p>➤ Low-fat cheese ➤ Fat-free milk ➤ String cheese ➤ Low-fat milk (1%) ➤ Reduced fat milk (2%) ➤ Fat-free yogurt, plain ➤ Mozzarella cheese ➤ Low-fat yogurt, plain ➤ Whole milk ➤ Low-fat chocolate milk ➤ Low-fat cottage cheese ➤ Cheese: American, Cheddar, Jack and Swiss ➤ Pudding ➤ Cottage cheese ➤ Fat-free yogurt, flavored ➤ Custard or Flan ➤ Frozen yogurt ➤ Ice Cream</p>	<p>Vary your veggies</p> <p>Fresh, frozen or canned 1 cup raw or cooked 1 cup juice 2 cups raw leafy greens</p> <p>➤ Lettuce ➤ Spinach ➤ Peppers ➤ Broccoli ➤ Tomatoes, raw ➤ Bok choy ➤ Greens: collard, kale, mustard ➤ Asparagus ➤ Green beans ➤ Carrots ➤ Peas ➤ Squash ➤ Sweet potato ➤ Spaghetti sauce, no meat ➤ Potato ➤ Corn ➤ Avocado ➤ Oven-bakes ➤ French fries</p>	<p>Make most choices fruit, not juice</p> <p>Fresh, frozen or canned 1 cup cut-up fruit 1 cup juice ¼ cup dried fruit</p> <p>➤ Grapefruit ➤ Berries ➤ Papaya ➤ Peach ➤ Cantaloupe ➤ Orange ➤ Apricot ➤ Apple ➤ Pineapple ➤ Grapes ➤ Pear ➤ Raisins and other dried fruit ➤ Mango ➤ Banana ➤ Fruit juice (100%) ➤ Canned fruit in syrup</p>	<p>Make half your grains whole grain</p> <p>1 ounce = 1slice bread 1 cup dry cereal ½ cup cooked pasta or cooked cereal</p> <p>➤ Hamburger or hot dog bun ➤ English muffin ➤ Whole-grain bread ➤ Hot cereal or oatmeal ➤ Roll ➤ Brown or white rice ➤ Pancake or waffle ➤ Corn tortilla ➤ Pretzels ➤ Pasta or noodles ➤ Whole-grain cereal ➤ Graham crackers ➤ Bagel ➤ Crackers ➤ French toast ➤ Flour tortilla ➤ Cornbread ➤ Granola ➤ Muffin</p>	<p>Go lean with protein</p> <p>3 ounces meat, fish or poultry 1 ounce = 1 egg; ½ cup beans; 1 tablespoon peanut butter or ½ ounce nuts</p> <p>➤ Beans: pinto, black ➤ Egg ➤ Tofu ➤ Shrimp and shellfish ➤ Peanut butter ➤ Tuna fish ➤ Pork and ham, lean ➤ Chicken and Turkey (white meat, no skin) ➤ Fish ➤ Fish, fried ➤ Nuts and seeds ➤ Beef, lean ➤ Chicken, fried ➤ sausage</p>	<p>These don't fit in a food group</p> <p>Eat less. These are often higher in calories, added fats, salt or added sugars and low in nutrients</p> <p>➤ Ketchup ➤ Barbeque sauce ➤ Jelly/jam ➤ Salad dressing ➤ Bacon ➤ Mayonnaise ➤ Fruit drink ➤ Chocolate candy ➤ Cookies ➤ Potato chips ➤ Soft drink ➤ Cake ➤ Pie ➤ Doughnut ➤ Fast-food french fries</p>
<p>What is Serving Size?</p> <p><b>Eat More Often</b></p> <p><b>Eat Less Often</b></p>	<p><b>2 ½ cups</b></p>	<p><b>2 cups</b></p>	<p><b>6 ounces</b></p>	<p><b>6 ounces</b></p>	<p><b>Limit amount</b></p>
<p><b>Daily Goal</b></p>	<p><b>3 cups</b></p>	<p><b>2 cups</b></p>	<p><b>6 ounces</b></p>	<p><b>6 ounces</b></p>	<p><b>Limit amount</b></p>

This is based on a 2,000 calorie diet, your needs may be higher, especially in the 2<sup>nd</sup> and 3<sup>rd</sup> trimester.



RDN Resources for Consumers:

# Vegetarian Diets in Pregnancy

A well-balanced vegetarian diet during pregnancy can give your baby the best possible start.

Good nutrition is vital for all women during pregnancy. Eat a variety of foods, rich in nutrients and calories, to meet the needs of mother and baby.

## Calorie Needs

Calorie need does not increase during the first trimester. In the second trimester, a woman needs an extra 340 calories a day. In the third trimester, she needs an extra 450 calories a day. Overweight women may need fewer calories, while underweight women may need more. Your weight gain during pregnancy helps to determine if you need more or fewer calories.

**tip** Add calories from nutrient rich foods.

## Healthy Weight Gain

Ideal weight gain varies among women. This depends on weight before becoming pregnant.

Pre-pregnancy weight	Recommended weight gain
Underweight	28 to 40 pounds
Normal weight	25 to 35 pounds
Overweight	15 to 25 pounds
Obese	11 to 20 pounds

*Be sure to discuss your weigh gain goals during pregnancy with your health care professional.*

## Stay Active

Be active every day; try for 30 minutes of moderately intense activity daily. Walking, swimming and yoga are great forms of physical activity during pregnancy. Be sure to discuss exercise with your health care professional during your early prenatal visits

## Important Nutrients

### Protein

*Builds new tissue and repairs cells. In the second and third trimesters, the protein recommendation is 25 grams per day higher than it was prior to pregnancy.*

- Dried beans
- Soy products
- Lentils
- Nuts & nut butters
- Eggs
- Soymilk
- Whole-grains
- Dairy products

### Omega-3 Fatty Acid-DHA

*Develops nerve and visual function*

- Eggs from chickens fed a DHA rich diet
- Foods fortified with microalgae-derived DHA

**tip** Vegetarian & Vegan-friendly DHA supplements may be used.

### Iron

*Promotes tissue growth and increases blood supply. Ask your healthcare provider if you need an iron supplement. Many women require supplemental iron in pregnancy*

- Fortified cereals and breads; whole-grains
- Dark leafy greens
- Beans
- Dried fruit
- Prunes and prune juice
- Tofu

**tip** Include a source of vitamin C (e.g. tomatoes, citrus fruits, bell peppers) with meals to increase iron absorption. Calcium supplements, tea, and coffee may decrease iron absorption. Try to avoid drinking or using these products at the same time that you are eating an iron-rich meal.

## Meal Planning Guide for Pregnant Vegetarians

These guidelines are the suggested minimum number of servings for pregnant women. Women who do not meet calorie needs to support adequate weight gain should choose more servings of foods to increase calorie intake.

Food Group	Serving Size	# of Svgs.	Comments
Grains	1 slice bread; ½ cup cooked cereal or pasta; ¾ - 1 cup ready-to-eat cereal	6	Choose whole-grains often including brown rice, oats, whole-grain breads and pasta, millet, quinoa, bulgur, and amaranth
Vegetables	½ cup cooked vegetables; 1 cup raw vegetables; ¾ cup vegetable juice	4	Choose calcium-rich vegetables often: e.g. kale, broccoli, bok choy, Chinese cabbage, okra
Fruits	1 medium fruit; ½ cup canned fruit; ¼ cup dried fruit; ¾ cup fruit juice	2	Choose calcium-rich foods often: calcium-fortified juice, figs
Legumes, nuts, seeds, milks	½ cup cooked beans, tofu, tempeh, textured vegetable protein (TVP); 3 ounces of veggie meats (veggie burger, deli slices, etc.); 2 tbsp. nuts, seeds, nut or seed butter; 1 cup fortified soy or low-fat or fat-free cow's milk; 1 cup yogurt; 1 egg	7	Choose calcium-rich foods often: calcium-fortified plant milks, dairy products, calcium-set tofu, almond butter, tahini, tempeh, almonds, soybeans
Fats	1 tsp. oil, salad dressing, butter, margarine, ghee or 2 tablespoons mashed avocado	2	

**tip** Choose high calcium foods from each of the food groups (e.g. calcium-fortified breakfast cereals, bok choy, broccoli, collards, Chinese cabbage, kale, mustard greens, okra, calcium-fortified orange juice, dairy products, calcium-fortified soy milk, tempeh, calcium-set tofu, almonds).

### Folate

Found in prenatal supplements in the form of folic acid.

- Dark leafy greens
- Orange juice
- Wheat germ
- Whole-grain and fortified breads and cereals
- Dried beans

**tip** A daily intake of folate rich foods should be combined with 400µg of folic acid from supplements or fortified foods.

### Zinc

Tissue growth and function

- Dried beans and lentils
- Nuts and seeds
- Fortified cereals
- Wheat germ
- Milk
- Hard cheeses (e.g. parmesan, asiago)

### Iodine

Found in many prenatal supplements. Discuss supplement use with your healthcare provider.

- Iodized salt provides iodine

### Calcium

Build strong bones and teeth

- Fortified soymilk and other plant milks
- Dairy products
- Some dark green leafy vegetables (e.g. broccoli, kale, collard greens, bok choy)
- Calcium-set tofu
- Figs
- Fortified orange juice

### Vitamin B12

Found in prenatal supplements. Be sure to get vitamin B12 from supplements or fortified foods or dairy products every day.

- Fortified cereals
- Fortified soymilk and other plant milks
- Vitamin B12-fortified nutritional yeast
- Milk and yogurt
- Eggs

### Vitamin D

Help body use calcium to form fetal bones

- Vitamin D-fortified cow's milk or fortified soymilk or other plant milks
- Skin exposure to sunlight

## Sample Vegan Meal Plan

### Breakfast

- 1 cup cold cereal with ¼ cup raisins and 1 cup fortified soymilk
- 1 slice whole-wheat toast with 1 tablespoons almond butter, sprinkled with wheat germ
- ¾ cup calcium-fortified orange juice

### Snack

- ½ cup carrot sticks with ¼ cup hummus

### Lunch

- Sandwich with ½ cup baked tofu, 2 slices whole-grain bread and lettuce
- 2 cups tossed salad with herbs and lemon juice

### Snack

- 2 fresh figs
- 1 tbsp. almonds
- 1 cup fortified soymilk

### Dinner










- 1 cup red beans and ½ cup brown rice
- ½ cup cooked kale with nutritional yeast
- 1 cup tomato slices drizzled with olive oil and herbs







# SIZE IT RIGHT

A guide (based on standards that most nutritionists follow) to what one serving should look like.

 steak	 iPod Classic	 cheese	 matchbox	 pancake	 DVD
 pasta	 ice cream scoop	 potato	 mouse	 fish	 checkbook
 butter	 postage stamp	 salad dressing	 1-oz shot glass	 brown rice	 baseball
 peanut butter	 golf ball	 beans	 lightbulb	 dark chocolate	 dental floss

 Cooked Meat 1 SERVING SIZE = 3 OUNCES —127-238 calories—	 Oil, Butter, or Margarine 1 SERVING SIZE = 1 TEASPOON —34 calories—	 Cereal or Rice 1 SERVING SIZE = 3/4 CUP —126-168 calories—
 Peanut Butter 1 SERVING SIZE = 2 TABLESPOONS —29-198 calories—	 Cooked Pasta 1 SERVING SIZE = 1 CUP —220 calories—	 Dried Fruit & Nuts 1 SERVING SIZE = 1/4 CUP —118-200 calories—
 Cheese 1 SERVING SIZE = 1.5 OUNCES —126-228 calories—	 Fruit 1 SERVING SIZE = 1/2 CUP —29-42 calories—	 Vegetables 1 SERVING SIZE = 1 CUP —75-98 calories—

SYMBOL	COMPARISON	SERVING SIZE
	Pointer finger	1 1/2 ounces
	One fist	1 cup
<b>VEGETABLES</b>		
	One fist	1 cup
	Two fists	2 cups
<b>FRUITS</b>		
	One fist	1 medium
	One fist	1 cup
<b>GRAINS, BREADS &amp; CEREALS</b>		
	One fist	1 cup
	Handful	1/2 cup
	Flat hand	1 slice
<b>MEAT, BEANS &amp; NUTS</b>		
	Palm	3 ounces
	Thumb	1 tablespoon

# TOP 10

## PREGNANCY CRAVINGS



**1**

### FRIES & CHIPS

No one can eat just one! Chips are crunchy, spicy and salty and maybe you are craving for some sodium, or the plain crunch!



**2**

### SPICY FOOD

Spicy chicken wings, extra jalapeno, or hot curries- yeah it feels good to get that extra kick! Hot and spicy food induces sweating which in turn lowers down the body temperature.



**3**

### LEMONS

Nimbu paani, lemon gola or plain lemon with salt - a pregnant woman's delight. Call it hormonal change or challenging taste buds - they will keep dizziness in check!



**4**

### PICKLES

Vinegar onions or the very Indian aam ka aachar Pickles help in fighting nausea and keep body refreshed.



**5**

### CHOCOLATES

Chocolate is not only known to boost mood, it is full on antioxidants too! However, chocolate also has caffeine, so maintain a tab.



**6**

### ICE CREAM

Women and ice cream! Try digging in healthier options. Try frozen yogurt or Greek yogurt with fruit compotes - they have fewer calories and provide more nutrients.



**7**

### CHEESE

It's alright to indulge in cheese once a while however you must note that cheese leads to weight gain. Opt for cheddar cheese over mozzarella.



**8**

### MEAT

Both kebabs or mutton biryani, pregnant women crave for red meat. Fatty, so do not go overboard and make sure it is fully cooked.



**9**

### ICE

Maybe it's the crunch that attracts, but a logical side addresses the cooling effect of ice. It soothes sore mouth and tongue which is common in anemic women.



**10**

### COFFEE

Coffee mugs are often spotted as one of the comfort foods in pregnant women. Since coffee contains caffeine, one should consult the obstetrician before consuming it too much.





# MEDICATIONS ALLOWED DURING PREGNANCY AND BREASTFEEDING

## Allergy

- Claritan

## Acne

- Salicylic Acid (topical)

## Cold

- Actinide
- Emergen-C
- Sudafed (regular)
- Tylenol Cold (regular)
- DayQuil

## Cold Sore

- Abreva

## Constipation

- Citrucel
- Colace
- Docolax
- Senekot
- Milk of Magnesia
- Psyllium husk
- Fibercon
- Metamucil
- Miralax
- Prune Juice

**ASPIRIN IS NOT RECOMMENDED DURING PREGNANCY.**

## Cough

- Robitussin DM (sugar free)
- DayQuil
- Mucinex
- Mucinex
- Cool Mist vaporizer

## Diarrhea

- Imodium A-D
- Kaopectate

## First Aid

- Bacitracin
- Neosporin
- Polysporin

## Gas

- Gas-X
- Mylicon

## GERD (reflux)

- Tagamet
- Zantac

## Hay Fever

sneezing, runny nose, itchy-waterly eyes

- Benadryl
- Chlor-Trimetron
- Actifed Cold & Allergy (after 13 weeks of pregnancy)

## Headache

- Tylenol 650 mg (1-2 tablets every 4-6 hours)

## Heartburn

- Gaviscon
- Malox
- Mylanta
- Prilosec
- Zantac (150mg 1-2 x 1 day)
- Prevacid
- Tagament
- Tums
- Pepcid

## Hemorrhoids

- Anusol
- Preparation H
- Tucks
- Witch Hazel

## Insomnia

- Benadryl
- Unisom

## Motion Sickness

- Dramamine

## Nasal Congestion

- Saline nasal spray or drops
- Sudafed or Ornex (after 13 weeks pregnant)

## Nausea

- Emetrex
- Ginger
- Vitamin B6 tablets 100mg

## Rash

- Benadryl cream
- Caladryl lotion or cream
- Hydrocortisone cream or ointment
- Oatmeal bath (Aveeno)

## Sore throat

- Lozenges (Sucrerts, Cepastat, Cepacol)
- Chloraseptic Spray
- Salt Water Gargle (1 tsp /8oz water)

## Yeast Infection (vaginal)

- Gyne-Iotrimin
  - Terazol
  - Monistat
- \*do not insert applicator more than ½ inch into vagina.

**If you have a fever, ear ache and/or a productive cough, please call your primary care physician for treatment.**

Prescription medications are safe to take in later stages of pregnancy. Remind your primary care physician, emergency room or urgent care physician how far along you are in pregnancy.

IF YOU THINK YOU MAY HAVE BEEN EXPOSED TO CHEMICALS, AN INFECTIOUS DISEASE OR DRUG, CONTACT TERATOGEN AT 800-532-3749.

# 2<sup>ND</sup> TRIMESTER

## 14<sup>TH</sup> WEEK

### THE GRIND

- ▮ Increased appetite
- ▮ Thicker and shinier hair
- ▮ Minor aches and pains



### THE BUMP

- Baby's about 3.4 inches/1.5 ounces (size of a lemon)
- Knows how to wiggle toes and thumbsuck
- Kidneys, liver, and spleen are fully functional
- A thin layer of hair known as lanugo appears to keep the baby warm

## 15<sup>TH</sup> WEEK

### THE GRIND

- ▮ Nosebleeds
- ▮ Heartburn/gas/indigestion
- ▮ Swollen gums
- ▮ Increased libido



### THE BUMP

- Baby's about 4 inches/2.5 ounces (size of a navel orange)
- Regularly squirms
- Learns to hiccup
- All joints and limbs are now mobile

## 16<sup>TH</sup> WEEK

### THE GRIND

- ▮ Back aches
- ▮ Constipation
- ▮ Forgetfulness
- ▮ Faster hair/nail growth
- ▮ Dry/itchy eyes
- ▮ Glowing skin



### THE BUMP

- Baby's about 4.6 inches/3.5 ounces (size of an avocado)
- Pronounced heartbeat
- Auditory system now functioning
- Hair, lashes, and eyebrows start to grow
- Taste buds develop faster

## 17<sup>TH</sup> WEEK

### THE GRIND

- ▮ Bodily fluids in full force: vaginal discharge, sweat, and mucus
- ▮ Weird dreams
- ▮ Itchy breasts and tummy
- ▮ Rapid weight gain



### THE BUMP

- Baby's about 5.1 inches/5.9 ounces (size of an onion)
- Cartilage turns to bone
- Fat develops
- Umbilical cord becomes thicker/stronger

## 18<sup>TH</sup> WEEK

### THE GRIND

- ▮ Swollen hands/feet
- ▮ Back aches/leg cramps
- ▮ Dehydration
- ▮ Varicose veins
- ▮ Sleeping problems
- ▮ Nosebleeds



### THE BUMP

- Baby's about 5.6 inches/6.7 ounces (size of a sweet potato)
- Yawns, hiccups, sucks, and swallows
- More noticeable movements such as kicking



## 19<sup>TH</sup> WEEK

### THE GRIND

- ▮ Abdominal aches
- ▮ Dizziness
- ▮ Leg cramps/hip pain



### THE BUMP

- Baby's about 6 inches/8.5 ounces (size of a mango)
- Vernix caseosa, a greasy/white protective coating, is formed
- Nerve cells for the 5 senses start to develop

## 20<sup>TH</sup> WEEK

### THE GRIND

- ▮ Vaginal discharge
- ▮ Leg cramps
- ▮ Heartburn
- ▮ Swollen feet/hands
- ▮ Shortness of breath
- ▮ Increased energy and/or libido



### THE BUMP

- Baby's about 6.5 inches/10.2 ounces (size of a banana)
- Taste buds are fully functional
- Consumes increased ounces of amniotic fluid daily

## 21<sup>ST</sup> WEEK

### THE GRIND

- ▮ Heartburn/indigestion
- ▮ Braxton Hicks contractions
- ▮ Leaky milk ducts
- ▮ Dry/itchy skin
- ▮ Stretch marks



### THE BUMP

- Baby's about 10.5 inches/12.7 ounces (size of pomegranate)
- Digestive system preps for the outside world by producing meconium-- tarry black substance found in baby's first poop
- If it's a girl, she already has at least 6 million eggs in her womb

## 22<sup>ND</sup> WEEK

### THE GRIND

- ▮ Increased libido
- ▮ Stretch marks
- ▮ More vaginal discharge
- ▮ Steady weight gain
- ▮ Minor hands/feet swelling
- ▮ Back aches
- ▮ Shortness of breath
- ▮ Hair growth



### THE BUMP

- Baby's about 11 inches/16 ounces (size of a papaya)
- More distinct eyes and lips
- Sleeps 12-14 hours/day, in cycles

## 23<sup>RD</sup> WEEK

### THE GRIND

- ▮ Swollen ankles/feet
- ▮ Braxton Hicks contractions
- ▮ Back aches
- ▮ Swollen/bleeding gums



### THE BUMP

- Baby's about 11 inches/16 ounces (size of a grapefruit)
- small nipples are formed
- face is fully-formed
- Listens to sounds from outside the womb

## 24<sup>TH</sup> WEEK

### THE GRIND

- Swollen ankles/feet
- Leg cramps/backaches
- Linea nigra/stretch marks



### THE BUMP

- Baby's about 11 inches/16 ounces (size of a cantaloupe)
- Skin becomes more opaque
- Skin gets a new pink glow due to recently formed capillaries



## 25<sup>TH</sup> WEEK

### THE GRIND

- Heartburn/constipation
- Bloating/gas
- Hemorrhoids
- Aches and pains all over
- Sleeping problems



### THE BUMP

- Baby's about 14 inches/2 pounds (size of a cauliflower)
- Has a sense of equilibrium
- Fattier/hairier



## 26<sup>TH</sup> WEEK

### THE GRIND

- Forgetfulness
- Sleeping troubles
- Swelling
- Headaches/slight increase in blood pressure
- Braxton Hicks contractions



### THE BUMP

- Baby's about 14 inches/2 pounds (size of a head of lettuce)
- Soaks up mom's antibodies to prepare the immune system for the outside world
- Taking breaths of amniotic fluid



## 27<sup>TH</sup> WEEK

### THE GRIND

- Leg cramps/backaches
- Constipation
- Hemorrhoids
- Changes in skin, hair, and nail (either thicker, more brittle, or grows too fast)
- Snissing (accidental peeing when sneezing)



### THE BUMP

- Baby's about 14 inches/2 pounds (size of a rutabaga)
- Lungs develop rapidly/breathing is exercised regularly
- Increased brain activity



***Now that you have entered into your second trimester, the "pregnancy glow" is right around the corner.*** Nausea is gone (hopefully), your breasts aren't tender, you have more energy and maybe a small baby bump.

### **What testing do I need to do?**

There are a few tests that will need to be done in the second trimester.

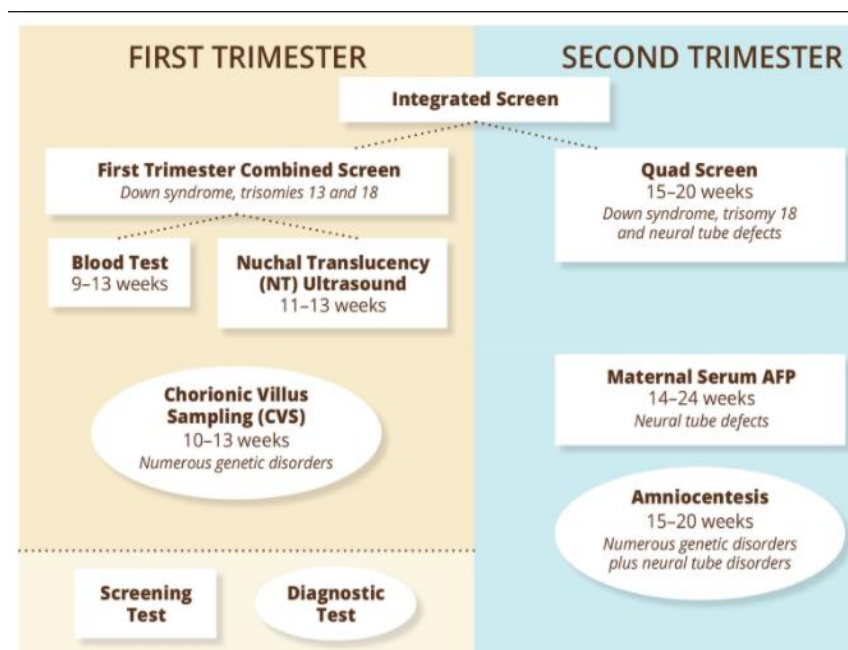
1. The 3<sup>rd</sup> (and final) step in the perinatal genetic disorders screening is done between 15 to 20 weeks gestation. This will consist of a blood test. These blood results will be combined with the first trimester bloodwork and NT ultrasound. The California Perinatal lab will provide your physician results after a 2-week processing. Your physician will inform you of your results.

Women with positive (abnormal) results will be referred for additional services at State-approved Prenatal Diagnostic Centers. These services may include genetic counseling, additional ultrasounds and an amniocentesis.

California law requires us to screen pregnant women for genetic disorders. The Perinatal Screening Program (PNS) works to ensure prenatal screening services and additional services when indicated are available to all pregnant women in California.

Please refer to the California Prenatal Screening Program booklet for additional information.

Participation in screening services and additional services is voluntary, however they are highly recommended since they allow us to care for you and your baby best.



2. The following bloodwork is done between 24 to 28 weeks' gestation
  - a. Glucose (diabetes) screening-a one-hour test to check for gestational diabetes. If results are high, you will be given a second test (GTT) lab order.

- b. Complete Blood Count (CBC)-results will show low hemoglobin levels or Anemia. Hemoglobin carries iron in the blood.
- c. Antibody test-\*only for women with an Rh negative blood type

If your glucose screening results were high/elevated, you will be given an order for a Glucose Tolerance Test (GTT). This test will diagnose whether diabetes exists or not by indicating whether or not your body is using glucose (a type of sugar) effectively.

If your GTT is elevated, you will be referred for Gestational Diabetes (aka sweet success) Counseling.

If you had a previous pregnancy with gestational diabetes, you're twice as likely to develop it with every pregnancy thereafter. You may be tested for the glucose screening earlier than 24 weeks. Your physician will let you know the best time to test.

If you are a diabetic (pre-pregnancy) you will not be tested for the glucose screening. You may be referred to nutritional counseling to ensure your glucose levels are stable for the remainder of your pregnancy.

### **What is my baby's gender? My family wants to know.**

You may be given a referral to the Perinatologist for an Anatomy Ultrasound to be done between 19 and 22 weeks. If you scheduled this ultrasound after your Nuchal Translucency appointment, then another referral is not needed. This detailed ultrasound will check the fetus' size and weight to ensure adequate growth.

This detailed ultrasound reviews:

- Fetal Face
- Fetal Brain (ventricles, choroid plexus, mid-brain, posterior fossa, cerebellum, cisterna magna, measurements of anterior and posterior horns of lateral ventricles)
- Fetal Skull (shape, integrity, BPD and HC measurements)
- Fetal Neck (nuchal fold thickness)
- Fetal Spine
- Fetal Heart (rate, rhythm, 4-chamber views, outflow tract)
- Fetal Thorax (shape, lungs, diaphragm)
- Fetal Abdomen (stomach, kidneys, liver, bladder, wall, umbilicus, cord, abdominal circumference AC)
- Fetal Limbs (femur, tibia, fibula, humerus, radius, ulna, hands, feet, femur length FL)
- Fetal Genitals (gender, abnormality)
- Fetal position
- Cervix (length and opening)
- Placental location
- Amniotic fluid level

Any abnormalities found during this ultrasound will result in additional testing or ultrasounds.

Your estimated delivery date may change upon completion of this ultrasound. A variance of up to 2 weeks is normal as genetics play a role in the fetus' growth development. Your physician will let you know of any changes to your established EDD.

Multiple gestation pregnancies (twins or triplets) will have each fetus measured separately to ensure that each fetus is growing adequately.



# Pregnant? You Need a **Flu Shot!**



## Information for pregnant women



**Because you are pregnant, CDC and your ob-gyn or midwife recommend you get the flu shot to protect yourself and your baby from the flu.**

**You should get vaccinated by the end of October. This timing helps ensure that you are protected before flu activity begins to increase. Talk to your ob-gyn or midwife about getting a flu shot.**

### ***The flu is a serious illness, especially when you are pregnant.***

Getting the flu can cause serious problems when you are pregnant. Even if you are generally healthy, changes in immune, heart, and lung functions during pregnancy make you more likely to get severely ill from the flu. Pregnant women who get the flu are at higher risk of hospitalization, and even death, than non-pregnant women. Severe illness during your pregnancy can also be dangerous to your developing baby because it increases the chance for significant problems, such as premature labor and delivery.

### ***The flu shot is the best protection for you—and your baby.***

When you get your flu shot, your body starts to make antibodies that help protect you against the flu. Antibodies can be passed on to your developing baby, and help protect the baby several months after he or she is born. This is important because babies younger than 6 months of age are too young to get a flu vaccine. If you breastfeed your infant, antibodies may also be passed through breast milk. It takes about two weeks to make antibodies after getting a flu vaccine. Talk to your doctor, nurse, or clinic about getting vaccinated by October of each season, if possible.

### ***The flu shot is safe for pregnant and breastfeeding women and their infants.***

You can get the flu shot at any time, during any trimester, while you are pregnant. Millions of pregnant women have gotten a flu shot. Flu shots have not been shown to cause harm to pregnant women or their developing babies.

If you have your baby before getting your flu shot, you still need to get vaccinated. The flu is spread from person to person. You, or others who care for your baby, may get the flu, and pass it to the baby. Because babies younger than 6 months are too young to receive the vaccine, it is important that everyone who cares for your baby get a flu vaccine, including other household members, relatives, and babysitters.

### ***The side effects of a flu vaccine are mild.***

After getting your flu shot, you may experience some mild side effects. The most common side effects include soreness, tenderness, redness and/or swelling where the shot was given. Sometimes you might have a headache, muscle aches, fever, and nausea or feel tired.





## If you have symptoms of the flu, call your doctor immediately.

If you have flu-like symptoms (e.g., fever, cough, body aches, headache, etc.) – even if you have already had a flu shot – call your doctor, nurse, or clinic right away. Doctors can prescribe antiviral medicine to treat the flu and lessen the chance of serious illness. Because pregnant women are at high risk of serious flu complications, CDC recommends that they be treated quickly with antiviral drugs if they get flu symptoms. Tamiflu® (oral oseltamivir) is the preferred treatment for pregnant women because it has the most studies available to suggest that it is safe and beneficial. These medicines work best when started early.

Fever is often a symptom of flu. Having a fever early in pregnancy increases the chances of having a baby with birth defects or other problems. Tylenol® (acetaminophen) can reduce a fever, but you should still call your doctor or nurse and tell them about your illness.

If you have any of the following signs, call 911 and seek emergency medical care right away:

- Problems breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness or confusion
- Severe or constant vomiting
- Decreased or no movement of your baby
- High fever that is not responding to Tylenol® or other acetaminophen

For more information about the flu or the vaccine, call:

**1-800-CDC-INFO**

or visit:

**[www.cdc.gov/flu/](http://www.cdc.gov/flu/)**



**U.S. Department of  
Health and Human Services**  
Centers for Disease  
Control and Prevention

## What is Rh Incompatibility and why is it important? What is a Rhogam shot?

Rh incompatibility is a condition that occurs during pregnancy if a woman has Rh-negative blood and her baby has Rh-positive blood.

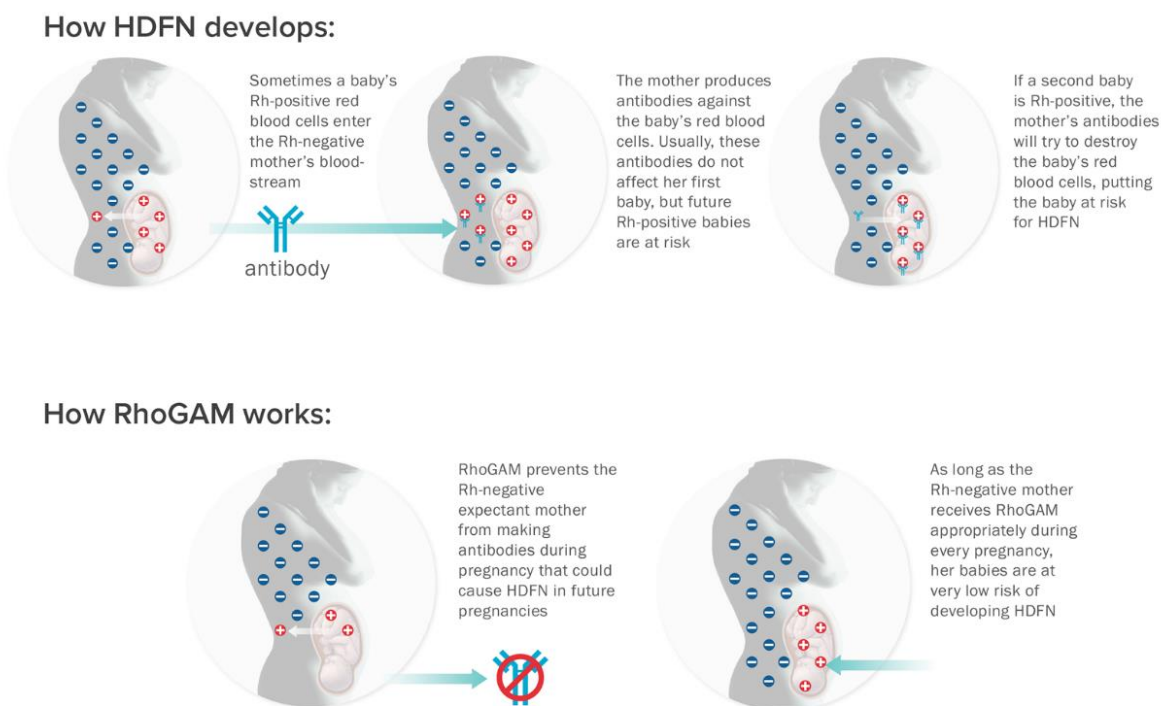
"Rh-negative" and "Rh-positive" refer to whether your blood has Rh factor. Rh factor is a protein on red blood cells. If you have Rh factor, you're Rh-positive. If you don't have it, you're Rh-negative. Rh factor is inherited (passed from parents to children through the genes). Most people are Rh-positive.

Whether you have Rh factor doesn't affect your general health. However, it can cause problems during pregnancy.

With prompt and proper prenatal care and screening, you can prevent the problems of Rh incompatibility. An antibody screen blood test allows your doctor to find out early in your pregnancy whether you're at risk for the condition.

Injections of a medicine called Rh immune globulin (Rhogam) can keep your body from making Rh antibodies. This medicine helps prevent the problems of Rh incompatibility. If you're Rh-negative, you'll need this medicine every time you have a baby with Rh-positive blood. Rhogam is given at 28 weeks of pregnancy. You will also receive a Rhogam after you deliver.

Untreated Rh Incompatibility may lead to Hemolytic Disease of the Fetus and Newborn (HDFN).



Other events also can expose you to Rh-positive blood, which could affect a pregnancy. Examples include a miscarriage or blood transfusion. If you're treated with Rh immune globulin right after these events, you may be able to avoid Rh incompatibility during your next pregnancy. It is very important to make physicians/staff aware of your Rh negative status if you have abnormal vaginal bleeding during your pregnancy.



# 8 Effective Home Remedies To CURE HEARTBURN

During Pregnancy

About 50% of pregnant women report symptoms of severe heartburn during 2nd & 3rd trimesters

## CAUSES OF HEARTBURN



CHANGING HORMONES



CARDIAC SPHINCTER PROBLEM



GASTRITIS PROBLEM



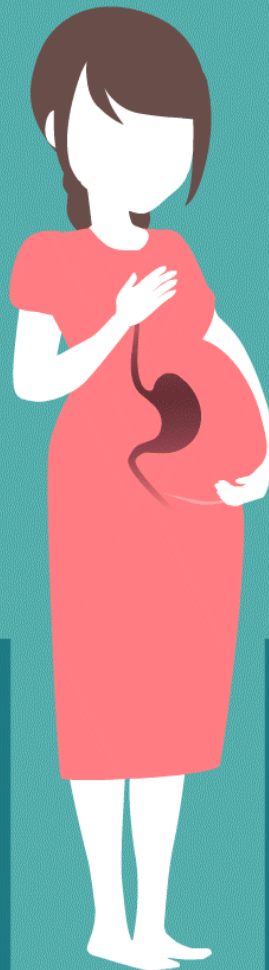
GROWING FOETUS



POOR FOOD HABITS



UNHEALTHY LIFESTYLE



## HEALTHY TIPS

1. Stay hydrated
2. Elevate your head while sleeping
3. Stay away from the heart burning foods
4. Eat slowly & small meals at regular intervals

## HOME REMEDIES

1. Ginger
2. Almonds
3. Fresh liquids
4. Slippery elm
5. Fennel seeds
6. Coconut water
7. Warm milk & honey
8. Apple cider vinegar

With these few home remedies , life style changes & relaxation techniques you can reduce the problem significantly



# Ultimate Guide TO SLEEP DURING pregnancy



## WHY IS SLEEP SO IMPORTANT DURING PREGNANCY

78% women experience more disturbed sleep during pregnancy

Women who have sleeping problems are 20% more likely to undergo caesarean or experience longer labour duration

Good + plentiful sleep is PROVEN to reduce the risk of birth complications.



## CAUSES OF BAD SLEEP

### 1ST TRIMESTER

month 01-03



**Extreme fatigue**  
throughout the day. This may lead to over-sleeping during daytime and resulting in restlessness at night.



**Breast & general body tenderness**  
from high production of Progesterone Hormone



**Frequent urination**  
might disturb sleep at night



**Morning sickness**  
despite its name, might occur any time.



**Emotional turbulence**  
anxiety and over-excitement.

### 2ND TRIMESTER

month 04-06



30-50% of pregnant women experience consistent heartburn, also known as Gastroesophageal Reflux Disease (GERD) and usually gets worse by night.



**Nasal congestion**  
usually troubles women during pregnancy & their sleep.



**Vivid dreams & nightmares**  
might haunt the nights in this trimester.

### 3RD TRIMESTER

month 07-09



Up to 6% of women develop Restless Legs Syndrome (RLS) during their third trimester of pregnancy



**More trips to the bathroom**  
due to the kidneys filtering extra blood created internally. The baby will also create more pressure to the bladder.



**Strain on hips, shoulder and back**  
due to the growing belly



**Pains around the pelvis area**  
is common, caused by hormones that loosen the ligament around the area for delivery preparation.

## OTHER CAUSES



80% of women experience some form of back pain during pregnancy.



shortness of breath due to more pressure on the diaphragm expanding your lungs.



increased heart rate: Your heart rate increases during pregnancy to pump more blood.



30% of pregnant women snore because of increased swelling in their nasal passages, partially obstructing the airways.



FACT: By the end of pregnancy, 97% of women wake during the night.

## SLEEPING TIPS!



avoid caffeine & sugar (foods like candy and chocolate, etc.)



get enough fluids, but stop drinking the night before.



It goes one to the moon, make love to your partner. This is proven to calm your nerves (for both of you).



Set the thermostat to temperature cooler than you like to sleep, to cool your body temperature.



Have a light snack before bed. Cheeses, which are an excellent and warm milk (or dairy free) if recommended.



Ready up for a massage from your partner.



Try to journal to a warm bath before bed.



Do some relaxation exercises such as deep breathing and mild stretches to help your body ease down and relax.

## PREGNANCY PILLOWS

-The best solution-

### TYPES OF PREGNANCY PILLOWS:

1. WEDGE



2. C-SHAPE



3. U-SHAPE



### BENEFITS OF USING PREGNANCY PILLOWS

- Cradling your body in all the right places and you'll feel like "sleeping on a cloud"
- Easing pregnancy symptoms and health issues.
- Promoting the optimal sleeping position during pregnancy, whilst supporting your back and growing belly.



# A Guide to Pregnancy Abdominal Cramps and Pains

## Simple Causes

- expanding uterus
- round ligament pain
- constipation / gas
- braxton hicks contractions

## Causes for Concern

- painful or difficult urination
- accompanied with bleeding
- accompanied by severe headaches or impaired vision
- cramps or contractions lasting longer than an hour
- swelling of the hands, legs, or face

## Tips to Soothe Pregnancy Cramps

- maternity support belt for round ligament pain
- a warm bath
- gentle exercise
- maintaining proper hydration
- gentle massage over the lower back
- change in sitting/standing position
- multiple, smaller meals



During the first trimester, some cramping is perfectly normal, however extreme abdominal cramps around week 7 and 8 could be a sign of ectopic pregnancy.



Pay particular attention to abdominal cramps in your third trimester. your best defense against serious pregnancy concerns is to identify it quickly and see your doctor.



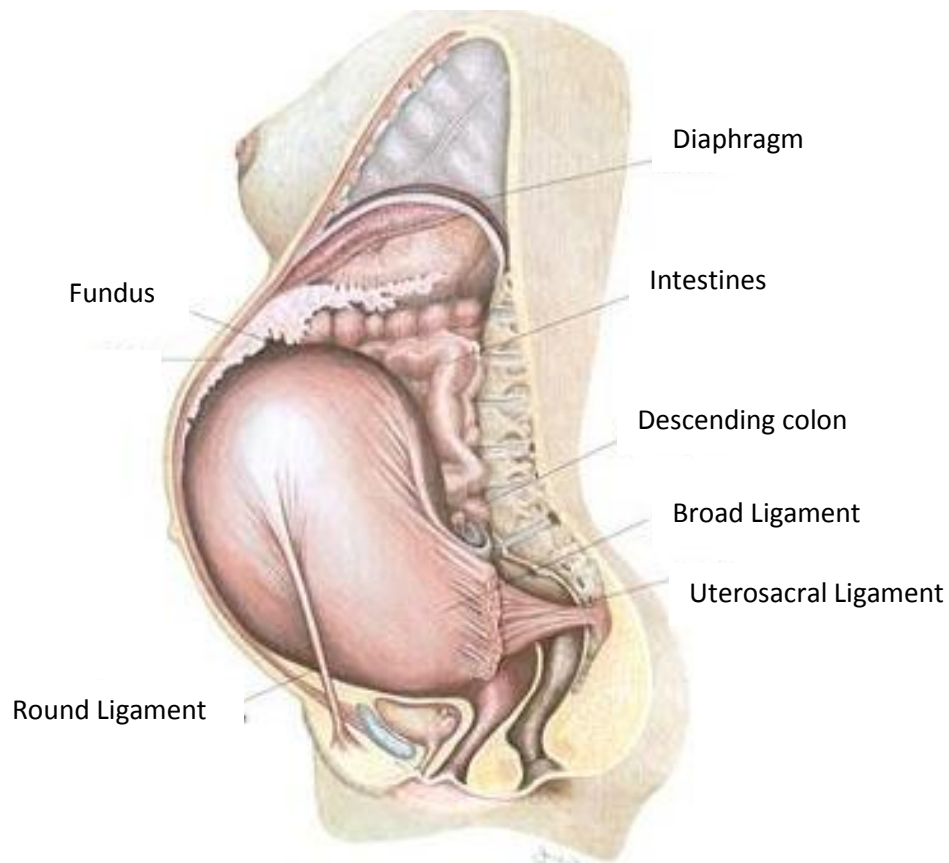
## What are round ligaments?

Several thick ligaments surround and support your womb (uterus) as it grows during pregnancy. One of them is called the round ligament.

The round ligament connects the front part of the womb to your groin, the area where your legs attach to your pelvis. The round ligament normally tightens and relaxes slowly.

As your baby and womb grow, the round ligament stretches. That makes it more likely to become strained.

Sudden movements can cause the ligament to tighten quickly, like a rubber band snapping, this causes a sudden and quick jabbing feeling. This can be completely normal and very uncomfortable. There are multiple ways to help lessen the discomfort.



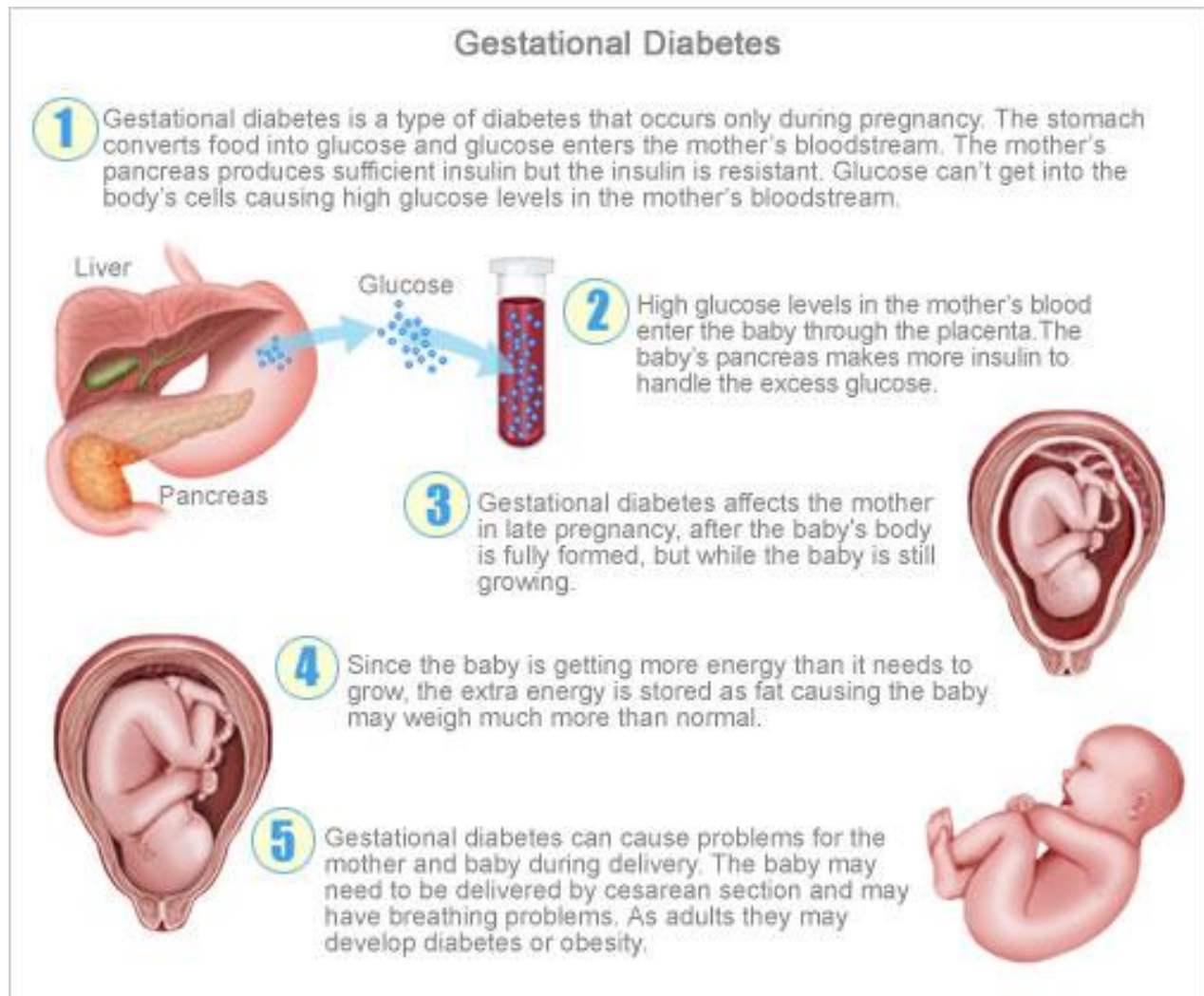
### How to relieve Round Ligament Pain

- Belly Bands
- Yoga Stretches
- Warm Compress
- Massage
- Posture Correction



## I failed my glucose tests and was told I have Gestational Diabetes. What is it?

You may have been given a screening glucose test and a Glucose Tolerance Test, which were both elevated. At that time, your physician diagnosed you with Gestational Diabetes Mellitus (GDM).



You may have been at a higher risk to develop GDM if the following is true:



## **What Is the initial treatment for Gestational Diabetes?**

A carbohydrate controlled diet is the cornerstone of the treatment of gestational diabetes. This diet limits the patient to no more than 40% of calories from carbohydrates, 20 % from protein and 40% from fat. **It is important to note that a GDM diet is not for weight loss.** All pregnant women should gain some weight during pregnancy even if they are overweight to begin with.

You will be referred to the Sweet Success program which includes meal planning and education with Registered Dietitians. A prescribed meal plan that includes breakfast, lunch, and dinner plus two or three snacks. Watching carbs in a diabetic diet is not like watching calories when you are trying to lose weight.

With diabetes, the number of carbs must be the same at every meal every day. Complex (starchy) and high fiber carbs are better than sugary drinks and foods because they are metabolized slower and don't cause high spikes in blood sugar. Moderate exercise also helps control blood sugar. Check with your doctor to see what kind of exercise is appropriate for you.

## **How Are Medications Used To Treat Gestational Diabetes?**

Women with GDM are taught to check their blood sugars after meals using the finger stick glucose machine. This may sound scary but actually, after a short time, it will become simple and second nature.

If you and your sweet success team find that your sugars are not controlled with diet alone you will need to be started on medication.

There are two types of medications used to treat gestational diabetes: oral and injectable. For oral treatment, a medication called glyburide is typically used. This is taken once or twice a day and has few side effects. It does not cross the placenta in big amounts so does not affect the baby.

Some physicians prefer to use insulin injections or will switch to insulin if the oral medications are not working well enough. Insulin is self-injected two to four times per day. Again, though a little daunting at first, soon it will seem simple and routine.

## **Is The Management Of Pregnancy, Labor, And Delivery Different For Women With Gestational Diabetes?**

Pregnancy and birth for women with gestational diabetes, with the exception of the things mentioned above, is not much different than pregnancies without diabetes. Most women deliver at term and can deliver vaginally. Extra testing for the fetus is usually not necessary unless medications are needed to control blood sugars or high blood pressure develops.

If the doctor estimates that the fetus weighs 4,500 grams or more (about 10 pounds) he or she may recommend a Cesarean delivery in order to avoid the risk of shoulder dystocia (fetal shoulder dislocation). It is important to realize that the estimation of fetal weight is not always accurate, even by ultrasound.

Physicians tend to not allow women with gestational diabetes to go beyond their due date.

## Ouch! My back hurts..alot!

Pregnancy is both wonderful and physically exhaustive. As your baby grows, your body has to compensate for the extra weight and pressure. Keeping your posture aligned is the best way to help relieve any back discomfort. Using belly or posture bands while you are active may also help.

# PREGNANCY POSTURE

## Correct Upright Posture

**Head:** Lift through the crown of the head, lifting the chin and aligning the ears with the neck

**Shoulders and Chest:** Pull your shoulders back and down, lifting the ribcage

**Abs, Butt and Uterus:** Contract the abdominal muscles and tuck the butt under so that the pubicbone is slightly forward

**Knees:** Keep your knees relaxed and bent slightly



## InCorrect Upright Posture

**Head:** Chin pushed forward and eyes focused down, straining the neck

**Shoulders and Chest:** Hunched shoulders can restrict the ribcage, making breathing and digestion more difficult

**Abs, Butt and Uterus:** Slack abdominal muscles lead to overarching of the low back and forward tilt of pelvis. This can also pressure the bladder

**Knees:** Locking the knees strains the joints and pushes the pelvis forward



The following back exercises may help relieve discomfort.



### Diagonal curl

This exercise strengthens the muscles of the back, hips, and abdomen. If you have not already been exercising regularly, please skip this exercise.

1. Sit on the floor with knees bent, feet on the floor and hands clasped in front of you.
2. Twist your upper torso to the right until your hand touch the floor. So the same movement to the left.
3. Repeat on both sides 5 times.



### Forward bend

This exercise stretches and strengthens the muscles of the back.

1. Sit in a chair in a comfortable position. Keep your arms relaxed.
2. Bend forward slowly, with your arm in front and hanging down. Stop bending if you feel any discomfort on your abdomen.
3. Hold for 5 seconds, then sit up slowly without arching your back
4. Repeat 5 times

### Back Press

This exercise strengthens the muscles of the back, torso and upper body and promotes good posture.

1. Stand with your back against a wall with your feet 10-12 inches away from it.
2. Press the lower part of your back against the wall.
3. Hold for 10 seconds, then release.
4. Repeat 10 times.



### Backward stretch

This exercise stretches and strengthens the muscles of the back, pelvis and thighs.

1. Kneel on hands and knees, with your knees 8-10 inches apart and your arms straight (hands under your shoulders).
2. Curl backward slowly, tucking your head toward your knees and keeping your arms extended.
3. Hold for 5 seconds, then return to all fours slowly.
4. Repeat 5 times.





### Leg lift crawl

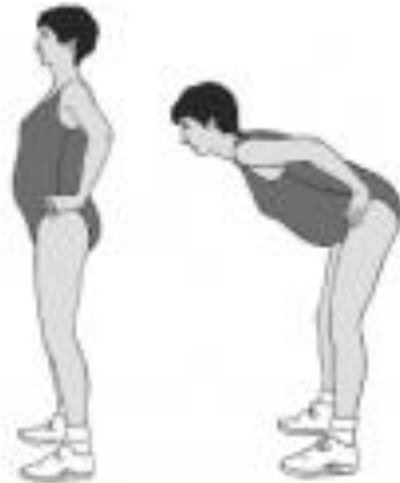
This exercise strengthens the muscles of the back and abdomen. Kneel on hands and knees with your weight distributed evenly and your arms straight (hands under your shoulders).

1. Lift your left knee and bring it forward towards your elbow
2. Straighten your leg back. Do not swing your leg back or arch your back.
3. Repeat on both sides 5-10 times.

### Upper body bends

This exercise strengthens the muscles of the back and torso.

1. Stand with legs apart, knees bent slightly, with hands on hips
2. Bend forward slowly, keeping your upper back straight, until you feel the muscle stretch along your upper thigh.
3. Repeat 10 times.





### Rocking back arch

This exercise stretches and strengthens the muscles of the back, hips and abdomen.

1. Kneel on the hands and knees with your weight distributed evenly and your back straight.
2. Rock back and forth for a count of 5.
3. Return to the original position and curl your back up as far as you can.
4. Repeat 5-10 times.

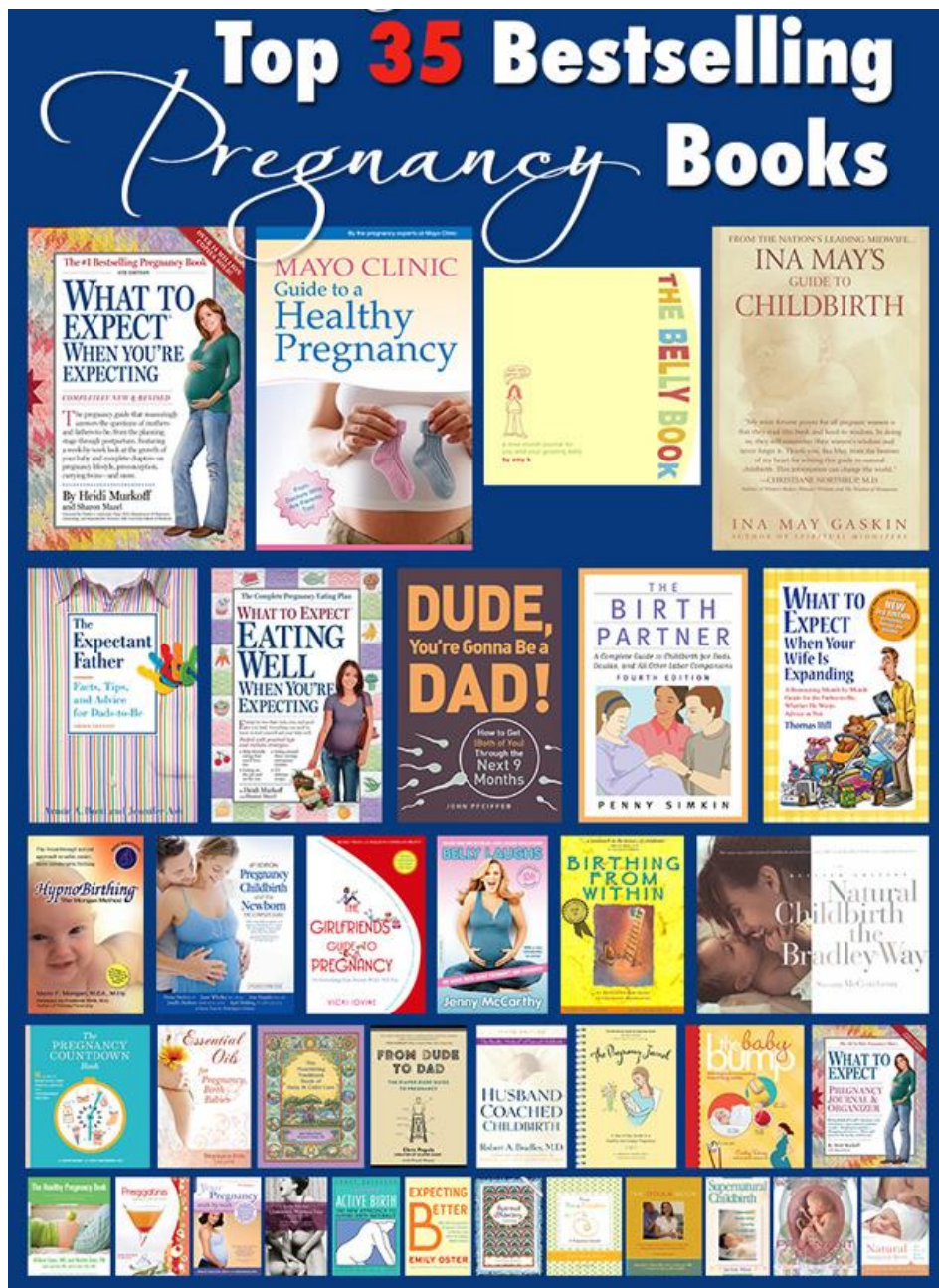


### Trunk twist

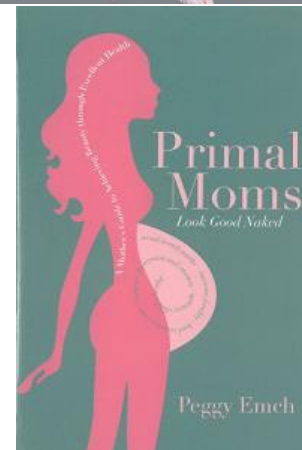
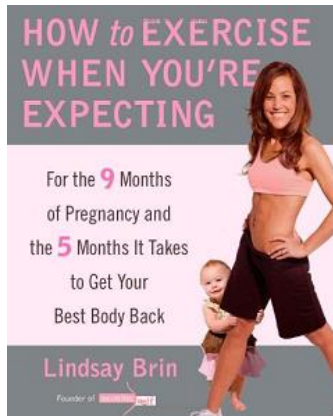
This exercise stretches the muscles of the back, spine and upper torso.

1. Sit on the floor with your legs crossed.
2. Hold your left foot with your left hand using your right hand for support.
3. Slowly twist your upper torso to the right.
4. Switch hands and repeat on the left.
5. Repeat on both sides 5-10 times.

# Reading List for Expectant Parents



## Health and Fitness



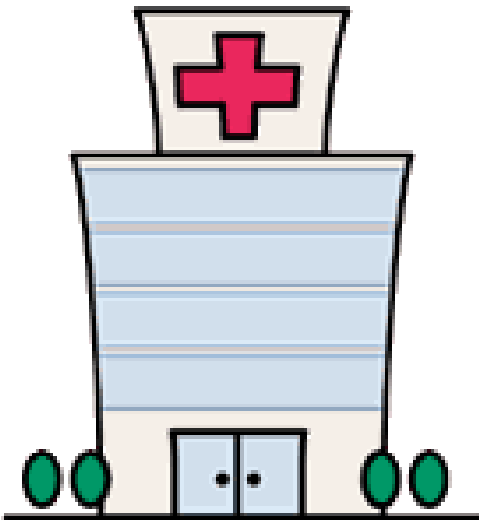
## Books for Dads-to-be

- ♦ **The Expectant Father: Facts, Tips, and Advice for Dads-to-be** By Armin A. Brott and Jennifer Ash
- ♦ **Don't Just Stand There: How to Be Helpful, Clued-In, Supportive, Engaged, Meaningful, and Relevant in the Delivery Room** By Elissa Stein and Jon Lichtenstein
- ♦ **Be Prepared: A Practical Handbook for New Dads** By Gary Greenberg and Jeannie Hayden
- ♦ **The Birth Partner: A Complete Guide to Childbirth for Dads, Doulas, and All Other Labor Companions** By Penny Simkin
- ♦ **Dad's Pregnant Too! Expectant fathers, expectant mothers, new dads, and new moms share advice, tips, and stories about all the surprises, questions, and joys ahead...** By Harlan Cohen
- ♦ **Your Pregnancy for the Father-to-Be: Everything Dads Need to Know about Pregnancy, Childbirth and Getting Ready for a New Baby** By Glade B. Curtis, M.D., M.P.H., and Judith Schuler, M.S.
- ♦ **What to Expect When Your Wife Is Expanding: A Reassuring Month-by-Month Guide for the Father-to-Be, Whether He Wants Advice or Not** By Thomas Hill

# Web Resources

- WIC (Women, Infants and Children) 888-942-9675  
[www.nutrition.gov/food-assistance-programs/wic-women-infants-and-children](http://www.nutrition.gov/food-assistance-programs/wic-women-infants-and-children)
- Storknet: Pregnancy & Parenting [www.storknet.com](http://www.storknet.com)
- National Women's Health Information Center [www.4women.gov](http://www.4women.gov)
- Lamaze International [www.lamaze.org](http://www.lamaze.org)
- Mindful birthing [www.mindfulbirthing.org](http://www.mindfulbirthing.org)
- National Healthy Mothers, healthy babies' coalition [www.text4baby.org](http://www.text4baby.org)
- USDA MyPyramid [www.mypyramid.gov](http://www.mypyramid.gov)
- The American Academy of Nutrition and Dietetics [www.eatright.org](http://www.eatright.org)
- Safe Kids Worldwide [www.safekids.org](http://www.safekids.org)
- Breastfeeding and Parenting [www.kellymom.com](http://www.kellymom.com)
- American Academy of Pediatrics [www.healthychildren.org](http://www.healthychildren.org)
- Information related to African American women [www.mochamilk.blogspot.com](http://www.mochamilk.blogspot.com)
- Office of Women's Health [www.womenshealth.org](http://www.womenshealth.org)
- American Pregnancy Association [www.americanpregnancy.org](http://www.americanpregnancy.org)
- March of Dimes [www.marchofdimes.com](http://www.marchofdimes.com)
- WebMD Health & parenting Center [www.webmd.com/parenting](http://www.webmd.com/parenting)
- Centers for Disease Control and Prevention Pregnancy Site [www.cdc.gov/ncbddd/pregnancy](http://www.cdc.gov/ncbddd/pregnancy)
- Organization of Teratology Information Specialists [www.otispregnancy.org](http://www.otispregnancy.org)
- Environmental Working Group [www.ewg.org](http://www.ewg.org)
- Perinatal Reproductive Psychiatry Information [www.womensmentalhealth.org](http://www.womensmentalhealth.org)
- Alameda County Public Health Department [www.acphd.org/pregnancy](http://www.acphd.org/pregnancy)
- Wic Works [www.wicworks.fns.usda.gov/pregnancy](http://www.wicworks.fns.usda.gov/pregnancy)
- 1-800-CHILDREN A caring, free and confidential informational support line
- [www.tchd.org](http://www.tchd.org) For more information on Marijuana and your health
- [www.preventchildabuse.org/parenting/parenting-tip](http://www.preventchildabuse.org/parenting/parenting-tip)
- [www.bacr.org](http://www.bacr.org) Bay Area Community resources
- [Cityservetrivalley.org/resources](http://Cityservetrivalley.org/resources) City Serve of the Tri-Valley
- 800-829-3777 Family Paths, 24 -hour parent support and resource hotline
- [www.cdss.ca.gov/inforesource/Guide](http://www.cdss.ca.gov/inforesource/Guide) California Department of Social Services Information and Resource Guide





**Seek Immediate Medical Attention  
(nearest hospital)  
if you experience any of the following:**

- Bright red vaginal bleeding that is heavy like a period
- Any amount of vaginal fluid, not urine or mucous discharge
- Painful contractions that occur:

more than 4 times in an hour **or** less than 15 minutes apart      If you are less than 35 weeks pregnant

OR

5-1-1 rule  
(contractions lasting 1 minute,  
occurring every 5 minutes for 1 hour)      If you are more than 35 weeks pregnant

- Severe nausea and vomiting
- Severe headache
- New vision problems
- Decreased fetal movements (less than 10 kicks in 2 hours)



## WHEN TO GO TO THE HOSPITAL...

There is a doctor “on-call” 24 hours a day, 7 days a week for labor and delivery. This allows 24 hours a day devotion to our obstetrical patients in labor.

It's not uncommon for pregnant women to be uncertain about when to go to the hospital. Below are the four most common reasons to go to the hospital for assessment.

**“Baby’s not moving!”** It’s alarming if a once active baby becomes less active. Decreased fetal movement can be a sign of fetal distress, but can also be due to benign conditions such as fetal sleep. As baby gets closer to its due date, he/she will become less active as well. If you are ever concerned, the best thing to do is **“Kick Counts”**. To do this, **find a quiet environment, lay on your left side, and pay attention to your pregnant belly. Count your baby’s movements (jabs, kicks, rolls, and flutters). 10 movements in 2 hours is considered normal and reassuring.** If your baby does not meet this criteria, you should go to the EMERGENCY ROOM. We advocate doing kick counts twice a day in the 3<sup>rd</sup> trimester. It’s a quick and easy way to assure yourself of your baby’s well-being!

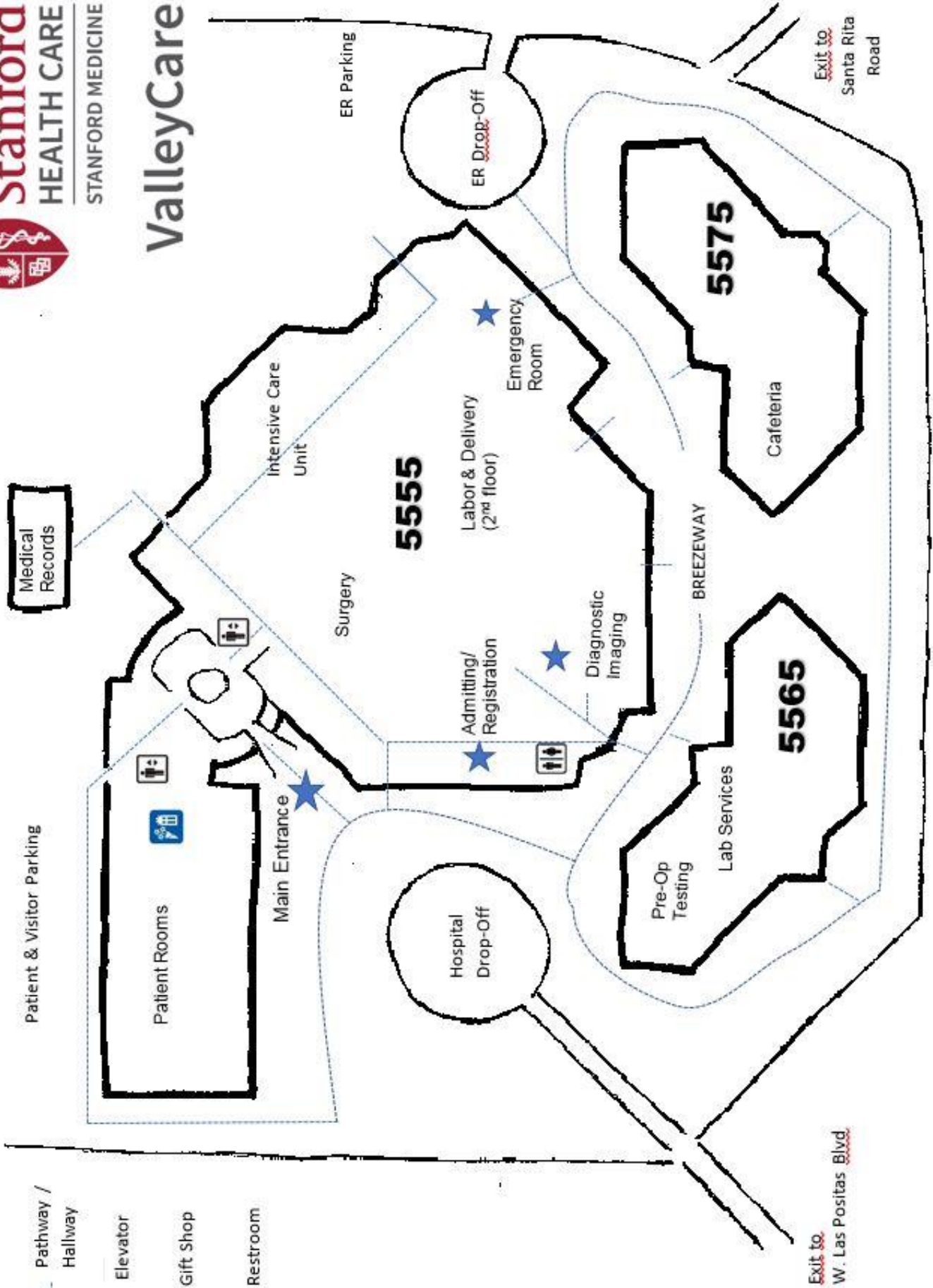
**“I think my water broke!”** This doesn’t always happen like it does in the movies. Sometimes it’s a **gush of fluid, sometimes it’s a slow constant trickle.** If you think your water is broken, proceed to the EMERGENCY ROOM. When the amniotic sac ruptures, the protective bubble around baby is no longer intact, making baby more prone to infection and to cord prolapse ( where the umbilical cord falls through the cervix into the vagina), which is a surgical emergency. Your doctor will want to examine you to confirm that your water is indeed broken and provide you with additional care accordingly.

**“I’m bleeding!”** Experiencing light spotting during pregnancy after vaginal exams or intercourse is common. In these cases, the spotting can vary from pinkish to bright red to dark brown discharge and is usually no cause for alarm. However, should you ever experience **bleeding “like a period” (soaking a pad) or bleeding associated with abdominal pain and/or tightness,** you should proceed to the EMERGENCY ROOM for assessment. This can be a sign of labor or problems with the placenta that can lead to fetal distress. Furthermore, if your blood type is Rhesus factor negative you may also need additional medication to protect your unborn baby.

**“I’m not sure if I’m in labor!”** True labor is “uterine contractions causing cervical change”. Many women are confused about when this occurs versus false labor. False labor contractions, also known as Braxton Hicks, will be irregular in timing, do not get closer together or increase in strength, may stop with change of position or movement, and are usually felt only in the abdomen. Conversely, true labor contractions will start in the back and radiate forward, increase in intensity, come with regular frequency, last 30-70 seconds, and are not affected by position, rest or movement. Proceed to the EMERGENCY ROOM when the **511 RULE is met (511 Rule is PAINFUL contractions lasting 1 minute, occur every 5 minutes, and this pattern occurs for 1 hour).** When this happens, there is a good chance that the cervix is changing! If a patient is **less than 35 weeks gestation and she has 4 painful contractions lasting 1 minute each in 1 hour,** she should proceed to the EMERGENCY ROOM to rule out preterm labor.

If any of the above occurs go to the hospital EMERGENCY ROOM. You will be admitted and taken to Labor and Delivery for assessment. You will be evaluated by a nurse who will then contact the “on-call” doctor for the next steps of your care.

# ValleyCare



- Pathway / Hallway
- Elevator
- Gift Shop
- Restroom

Patient & Visitor Parking