Healthy Steps During Pregnancy and Beyond

For first-time moms

Women’s Healthcare Associates LLC
Thank you for choosing WHA

- Qualified healthcare team to meet your medical needs
- Our staff: schedulers, front office, medical assistants, patient account services and advice nurses
- Our providers: highly qualified and experienced physicians, certified nurse midwives, and nurse practitioners
- Other services:
  - Sonographers who perform ultrasound examinations are qualified and accredited by:
    - ARDMS (Accreditation Registry Diagnostic Medical Sonographers)
    - AIUM (American Institute of Ultrasound in Medicine)
  - Genetic counselors address questions and concerns related to your family medical history or your genetic testing options/results.
Goals of today’s nurse visit:

- Provide information to prepare for your first appointment with your provider.
- Discuss healthy lifestyle choices for you and your baby.
- Address common questions and concerns during pregnancy
- Give you an opportunity to ask questions.
- The presentation will last about 60 minutes.
Standard Lab Tests in Early Pregnancy

- The blood tests will check:
  - blood type
  - anemia
  - hepatitis B
  - rubella
  - HIV
  - syphilis
  - varicella (“chicken pox” if you do not know you have had the disease)
  - TSH (if you are taking thyroid medication)

- The first urine sample:
  - Screens for asymptomatic urinary tract infections that may occur during pregnancy and can cause problems if not treated.
Appointment Frequency

- A pregnancy is divided into three trimesters, each one lasting approximately 12 weeks or about 3 months.
- The unborn baby spends around 38 weeks in the uterus (womb), but the average length of gestation is calculated as 40 weeks from the date of your last period.
- The ideal time for your first OB visit with your provider is at 8 to 10 weeks.
- Plan on seeing a provider:
  - Monthly until your 28th week of pregnancy
  - Twice a month until your 36th week of pregnancy
  - Weekly from 36 weeks until your delivery
At appointments your provider will…

- Discuss lab results.
- Determine your estimated date of delivery.
- Obtain a pap smear if it is due.
- Complete a physical exam (often includes pelvic and breast exam).
- Answer your questions and address your concerns.
- Your provider will listen to the heartbeat, assess and evaluate the growth of your baby during the later part of your pregnancy.
- In most cases, you can stay completely dressed for all other appointments until the last few weeks of your pregnancy.
Optional Genetic Screening

Please review this section carefully and discuss it with your partner.

You will be asked to make decisions at your first provider visit.

A genetic counselor is available to help your decision making, ask us about scheduling an appointment.
Optional Genetic Screening

- The conditions for which all pregnant women are offered screening: Cystic Fibrosis, Spinal Muscular Atrophy, Down Syndrome (Trisomy 21), Trisomy 18, Trisomy 13, and Neural Tube Defects.
- It is important to understand that a screening test does not provide a diagnosis.
- There are additional genetic tests that may be offered based on your ethnicity, medical history or family history.
- Learn more >
Cystic Fibrosis (CF) Carrier Screening

- CF is a chronic disease that affects the lungs and digestive organs.
- Children inherit CF when both parents carry the gene for the disease. Often neither parent is affected by the disease and they are not aware that they are a “carrier.”
- Carrier screening is offered to all pregnant patients.
  - If you decide to have it, a sample of your blood is tested to see if you are a carrier for CF; if the results are negative, no further evaluation is required.
  - If you are positive, testing on your partner is recommended.
- Check with your medical insurance carrier for benefits and coverage. Learn more >
Spinal Muscular Atrophy (SMA) Carrier Screening

- SMA is a form of muscular dystrophy which causes muscles involved in breathing, eating and for movement to grow weak.
- Children inherit SMA when both parents carry the gene for this disease. Often neither parent is affected by the disease and they are not aware that they are a “carrier.”
- Carrier screening is offered to all pregnant patients.
  - If you decide to have it, a sample of your blood is tested to see if you are a carrier for SMA; if the results are negative, no further evaluation is required.
  - If you are positive, testing on your partner is recommended.
- Check with your medical insurance carrier for benefits and coverage. Learn more >
Sequential Screening

- An optional, non-invasive, screening test which shows what your risk is for having a baby with Down syndrome, trisomy 18 or an open neural tube defect. These conditions are random and usually not hereditary in origin.
- This is the recommended screening test for women who are low risk for the above conditions.
- It involves an ultrasound and blood test during the first trimester, and a second blood test during the second trimester.
- Check with your medical insurance carrier for benefits and coverage. [Learn more >]
Non-Invasive Prenatal Testing (NIPT)

- NIPT is an alternative to Sequential Screening that screens for Down syndrome, trisomy 13, trisomy 18 and fetal sex chromosome abnormalities.
- This is the recommended test for women who are high risk for a chromosomal abnormality in pregnancy.
- Fetal gender prediction is also possible. It is important to be aware that this prediction is not 100% accurate.
- NIPT involves a single blood draw that can be done any time after 10 weeks of pregnancy.
- NIPT is not a genetic testing option for twins or multiples.
- Learn more about checking your insurance benefits for NIPT >
Understanding Screening Tests

- It is important to understand that a screening test does not provide a diagnosis.
- It predicts the likelihood of a problem occurring.
- A “positive” result does not mean your baby has a problem.
- Most women who have “positive” screening results will have healthy babies.
- If the screening is “positive,” your clinician and/or a genetic counselor will offer you further testing. This could include CVS or Amniocentesis.
Genetic Testing

- All genetic testing is your choice. We will support you whether you opt in or out of this testing.
- Talk to your partner and be prepared to make a decision about genetic screening when you see your provider at your first visit.
- Your provider or a genetic counselor is available to address questions on these tests.
- Check with your medical insurance carrier for benefits and coverage of genetic testing.
Ultrasound Examinations

- Used to confirm due date and evaluate maternal and fetal anatomy, amniotic fluid and placenta
- An ultrasound may be scheduled between 8 and 12 weeks
- An ultrasound will be performed at approximately 20 weeks to look at the baby’s anatomy
- Your provider may order other ultrasounds, if indicated, for certain medical conditions or as part of genetic screening
Ultrasound Examinations

• You will receive the highest level of quality at WHA.
• All ultrasounds are interpreted by a doctor.
• A full bladder during your ultrasound is helpful in early pregnancy.
• Extra time and/or additional ultrasounds may be required for patients with BMI >30, or if baby is small or in certain positions.
• Please, no videos or photos of your ultrasound (you will receive some prints of images).
• Limit friends and family to two during ultrasound examinations.
• Children often become restless during an ultrasound; some ultrasounds can take up to 45 minutes in a dark room.
Pregnancy is the perfect time to establish healthy habits for you, your family and your children for life.
Behavioral Health

- Pregnancy can be an overwhelming time – resources are available to offer support in this transition.
- These resources will continue to be available after pregnancy to work alongside you to maintain healthy changes.
Behavioral Resources Available For:

- Stress Management
- Depression / Postpartum Depression
- Help with Smoking, Alcohol or other Drug Cessation
- Weight Management / Nutrition
- Sleep Issues
- Pain Management
- Relational Strain
- Transportation or Living Concerns
- Or if you’re generally feeling overwhelmed by life
Dental Care in Pregnancy

- It’s vitally important for you to take good care of your oral health while pregnant. Pregnancy increases your risk of developing gum disease. Oral health can affect the health of your developing baby and dental infections have been linked to preterm labor.
- Good practices include brushing at least twice a day and flossing once a day.
- Don’t skip your dental check-up appointment!
Weight Gain During Pregnancy

<table>
<thead>
<tr>
<th>Weight Status</th>
<th>Total Weight Gain (pounds)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight (BMI &lt;20)</td>
<td>28-40</td>
</tr>
<tr>
<td>Normal weight (BMI 20-25)</td>
<td>25-35</td>
</tr>
<tr>
<td>Overweight (BMI 26-29)</td>
<td>15-25</td>
</tr>
<tr>
<td>Obese (BMI 30 and greater)</td>
<td>11-20</td>
</tr>
</tbody>
</table>

--Institute of Medicine (IOM)

We are here to help you and support you regardless of your weight status or BMI. Together, we can form a team for health for life.
Importance of BMI in Pregnancy

- Maintaining a healthy weight has significant health benefits for you and your baby!
- Obesity has been linked to an increased risk of:
  - gestational hypertension
  - preeclampsia
  - gestational diabetes
- The higher the BMI a woman has, the higher the chance she will need a cesarean delivery.
- You can improve your health… watch your BMI
Comfort Measures for Common Ailments in Pregnancy

- Common ailments, and symptoms during early pregnancy vary among women and vary from pregnancy to pregnancy.
- Breast tenderness, fatigue, food and odor aversions, nausea and vomiting are common in pregnancy.
- These symptoms are related to pregnancy; they will not hurt your baby.
- We’ve created a hand-out for you, addressing common ailments in pregnancy with comfort measures you can try.
Nausea & Vomiting in Pregnancy

- Nausea is often a sign of a healthy pregnancy
- Women who experience N&V have the same amount of weight gain as women with no N&V
- N&V can happen any time of day
- 60% of women feel better by 12 weeks; 90% by 16 weeks
- Peak usually occurs at 9-12 weeks
- N&V with onset after 10 weeks may not be pregnancy related
- Your baby “takes what it needs from mom” and is rarely affected by low food intake for a short period of time
- **Call our office if nausea persists and you are unable to keep down ANY liquids or food**
Nausea & Vomiting in Pregnancy

COMFORT MEASURES:

- Try eating small frequent meals
- Dry toast or crackers before getting out of bed in the morning
- Drink liquids between meals rather than with meals
- Crackers, dry toast, hard candy, plain popcorn, or dry cereal
- Sour and salty foods
- Ginger tea, ginger ale
- Sea bands
Nutritional Needs During Pregnancy

- You need 300 to 400 more calories per day during your second and third trimesters.
- 300-400 calories per day means 3-4 small, 100-calorie healthy snacks spaced between 3 small meals.
- Snack ideas: 1 cup of yogurt, 1 piece of fresh fruit, 1 ounce serving of almonds or nuts, whole grain crackers with peanut or almond butter.
- Increased vitamin/mineral requirements (ex: folic acid, vitamin D, iron, calcium).
- Do not attempt weight loss during pregnancy.
# Best Sources for Specific Nutrients

<table>
<thead>
<tr>
<th>Nutrient</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calcium</td>
<td>Milk, cheese, yogurt, sardines</td>
</tr>
<tr>
<td>Iron</td>
<td>Lean red meat, dried beans and peas, iron-fortified cereals, prune juice</td>
</tr>
<tr>
<td>Vitamin A</td>
<td>Carrots, dark leafy greens, sweet potatoes</td>
</tr>
<tr>
<td>Vitamin C</td>
<td>Citrus fruit, broccoli, tomatoes, strawberries</td>
</tr>
<tr>
<td>Vitamin B6</td>
<td>Beef, ham, whole-grain cereals, bananas</td>
</tr>
<tr>
<td>Vitamin B12</td>
<td>Meat, fish, poultry, milk (found only in animal foods; vegetarians must supplement)</td>
</tr>
<tr>
<td>Folate</td>
<td>Green leafy vegetables, orange juice, legumes and nuts</td>
</tr>
<tr>
<td>Vitamin D</td>
<td>Very few foods in nature contain vitamin D. Best sources are salmon, tuna, and mackerel and fish oils. Small amounts are found in beef liver, cheese, and egg yolks</td>
</tr>
</tbody>
</table>
Calcium and Vitamin D

- The recommendations for calcium and vitamin D are changing.
- New studies are coming out shifting the range of what women should be getting from diet and supplements.
- Individuals with limited sun exposure need to include good sources of vitamin D in their diet and take a supplement.
- Your body needs vitamin D to absorb calcium.
- Very few foods in nature contain vitamin D. The best sources are salmon, tuna and mackerel and fish oils.
- Safe recommendations for healthy women:
  - Vitamin D up to 1000 IU daily and Calcium 1000 mg daily
- For more information:
Omega 3 Fatty Acids

- Essential fatty acids are necessary for the developing fetus, especially for brain and neurologic development.
- The average American diet is significantly deficient.
- Food is the best source of omega 3 fatty acids. Currently, there is no evidence to support dietary supplements provide the same benefits.
- Food sources include fish, walnuts, flaxseeds, beans, olive oil, eggs, and enriched cereals and breads that contain flax seed.
- If you're unable or choose not to eat fish or other foods high in omega-3 fatty acids, your health care provider may recommend omega-3 fatty acid supplements in addition to prenatal vitamins.
Nutritional Needs During Pregnancy

- Eating right during your pregnancy is one of the best things you can do for yourself and your baby. Use pregnancy as a time to instill and improve eating habits for you and your children for a lifetime of healthy habits.
- Refer to ACOG Patient Information Pamphlets for more information:
  - http://www.acog.org/For_Patients
Follow the daily food plan for “Moms” to help you and your baby stay healthy.

The plan shows the amount of food needed for each trimester to meet your changing nutritional needs.

Get a plan designed just for you!

www.ChooseMyPlate.gov/
Prenatal Vitamins

- Take one daily or as directed by your provider.
- Many over the counter options are as effective as prescription products.
- Check with your provider to see if you have additional needs (for example, a higher iron dose).
Pregnancy and Food Borne Illness

- Pregnant women are particularly susceptible to more severe illness and fetal illness/death.

- The CDC recommends:
  - Do not eat produce that is not well cleaned.
  - Do not eat raw or undercooked meat or fish.
  - Do not eat hot dogs, luncheon meats, or deli meats unless reheated until steaming hot.
  - Avoid getting fluid from meat on other foods, utensils, and food preparation surfaces, and always wash hands after handling.
Pregnancy and Food Borne Illness

- **CDC Recommendations, cont.**
  - Do not eat soft cheeses, such as feta, Brie, blue-veined cheeses, and Mexican-style cheeses (ex: queso blanco fresco) unless they have labels that clearly state they are made from pasteurized milk.
  - It is safe to eat hard cheeses, semi-soft cheeses (ex: mozzarella), pasteurized processed cheese slices, and spreads.

- **For more information on food borne illness**
Foods to Limit in Pregnancy

- **Fish and Shellfish**
  - Avoid eating shark, swordfish, king mackerel, or tilefish during pregnancy. These large fish contain high levels of mercury that can be harmful to the developing fetus.
  - Albacore tuna also is high in mercury so opt for canned chunk light tuna instead.
  - You can safely eat up to 12 ounces (about two meals) of other varied fish and shellfish per week. Salmon, tuna, tilapia, halibut are safe.
Foods to Limit in Pregnancy

- **Caffeine**
  - You can safely drink an 8 ounce cup of coffee, or other caffeinated beverage per day.
  - There are no studies linking birth defects to caffeine.

- **Artificial Sweeteners**
  - Limit beverages and foods with artificial sweeteners, because there is no data.
DO NOT DRINK ALCOHOL

- When you drink alcohol, so does your unborn baby.
- There is no known safe amount of alcohol to drink while pregnant.
Marijuana/cannabis in Pregnancy

- How marijuana/cannabis affects your pregnancy is unclear.
- We know marijuana/cannabis crosses into the placenta and is found in the breast milk of nursing mothers who are exposed to it.
- WHA physicians and nurse-midwives strongly advise you to avoid marijuana/cannabis.
- Please discuss your questions and concerns about marijuana/cannabis use with one of our nurses, your physician or your midwife.
Pregnancy is a great time to quit smoking:

- You will feel better and have more energy.
- You will reduce your risk of future health problems, such as heart disease.
- When you smoke… so does your baby.
- Smoking during pregnancy can cause low-birth weight, preterm delivery, and infant death.
- Pregnancy hormones work in your favor… this is the time to QUIT SMOKING – you can do it!
  - Quit Line: (800) QUIT-NOW
  - Website: www.quitnow.net/oregon
Smoking around newborn baby....

- If a mother or father continues to smoke after the baby is born, the baby may get more colds, coughs, and ear infections.
- Babies have small lungs and smoke from cigarettes makes it harder for them to breathe. This can cause the baby to get bronchitis and pneumonia.
- There are many resources available to assist you or family members who’d like to quit smoking.
Benefits of Exercise in Pregnancy

- Helps reduce backaches, constipation, bloating, and swelling.
- May help prevent or treat gestational diabetes.
- Increases energy and improves mood.
- Improves your posture.
- Promotes muscle tone, strength, and endurance.
- Helps you sleep better.
- May improve ability to cope with the pain of labor.
- Easier to get back in shape after the baby is born.
Exercise Guidelines

- Brisk walking, swimming, cycling and aerobic classes, prenatal yoga are safe during uncomplicated pregnancies.
- Running is safe, in moderation, for women who’ve been running regularly before pregnancy.
- Downhill skiing, snowboarding, contact sports and scuba diving are not recommended.
- Do not exercise to lose weight while you are pregnant.
- We recommend you read the ACOG Patient Information: “Exercise During Pregnancy” http://www.acog.org/For_Patients
STOP EXERCISING if you experience:

- Vaginal bleeding
- Dizziness
- Chest pain
- Headache
- Muscle weakness
- Calf pain or swelling
- Uterine contractions
- Decreased fetal movement
- Fluid leaking from the vagina
Bleeding in Early Pregnancy

- Common occurrence in the first trimester: 20 to 40% of all pregnant women experience bleeding.
- Not all bleeding in early pregnancy results in miscarriage.
- Bleeding may be associated with:
  - Implantation of a normal pregnancy
  - Vaginal or cervical infection
  - Irritation of the cervix after intercourse or pelvic exam
  - Miscarriage
  - Tubal pregnancy (Ectopic pregnancy)
Bleeding in Early Pregnancy

- If bleeding is isolated (one time) and light, you may monitor it and report it at your next routine appointment.
- If bleeding is immediately following intercourse or a pelvic exam and is light you may report it at your next routine appointment.
- If bleeding is persistent (several times or over multiple days) or there is associated pain, we recommend calling for an evaluation.
- Call for immediate care if bleeding is heavy and/or associated with severe abdominal pain, weakness or dizziness.
- For additional information, read the ACOG Patient Information Pamphlet: “Bleeding During Pregnancy”
  - http://www.acog.org/For_Patients
While pregnant it is still OK to….

- Color your hair and nails.
- Paint (read the label for instructions and follow them).
  - Use a mask, use low VOC non-toxic (or low-toxic) paints
- Be in a warm bath or hot tub at less than 100 degrees for 10 minutes.
- Travel by air until 34-36 weeks if uncomplicated pregnancy.
- Remain sexually active.
Vaccines Recommended During Pregnancy

- A flu vaccine.
- “Whooping cough” (Tdap) vaccine after 32 weeks of your pregnancy.
- When you are vaccinated, you protect yourself, your family and your newborn.
For medical concerns....

- During office hours, call our office. We will provide you with the advice and direction you need.
- A provider is always available during nights and weekends. Please call if you have an emergency.
- Generally, if you think you are in labor or your water has broken, call the hospital to notify them you will be coming in for evaluation.
What happens if your provider isn’t personally available 24/7/365?

- The health of you and your baby is our highest priority.
- It is important that you understand how we work as a seamless team.
- Your provider wants to discuss this with you personally at your initial visit.
Postpartum Appointment

- Plan on seeing us three weeks after you have your baby.
- Call for your appointment as soon as possible after delivery.
- Your postpartum visit includes:
  - A check up to make sure everything is OK.
  - A discussion of birth control options.
  - Time to address any other questions or concerns.
Thank you for coming!

- Before you leave….  
  - Ask questions  
  - Take your prenatal information  
  - Make sure you have your next appointment