

Pregnancy FAQs

Southcoast Woman's Care

Pregnancy is an exciting time and new mothers-to-be can soon become overwhelmed with emotion and by alternating feelings of joy and fear. Your body is changing and you are being thrust into a new role as parent. It all seems so far off, but before you know it, you are a mom. Pregnancy raises many questions and is plagued by many myths. This newsletter will be your guide and will answer many of the questions that will develop as your pregnancy progresses. If, however, a question arises that is not addressed here, please feel free to contact our office during office hours from 9:00 AM – 5:00 PM Monday – Friday at **(508) 679-7770**.

Due Date

Your due date or Expected Date of Confinement (EDC) is calculated from the first day of your last menstrual period. Often, we will perform an ultrasound examination early in the pregnancy to help confirm this due date. The EDC is an approximate time of delivery. The baby may arrive up to three weeks prior to that date and still be considered “full term.” Also, some babies may deliver past their due dates, but no more than two weeks.

Nutrition

A healthy diet is important for both you and your growing baby. We recommend a balanced diet comprised of food from all the food groups. You should increase your calories by 300-500 per day but remember that moderation is the key. The recommended weight gain during your pregnancy will depend on your pre-pregnancy weight. The average weight gain is between 25-35 pounds for those women at or near their ideal body weight prior to pregnancy. For women who are overweight, 15 to 20 pounds would be more appropriate. Obese women (>30% above ideal) should limit their weight gain to about 15 pounds and underweight women can exceed the 35-pound limit. At no time during your pregnancy should you try to diet. A healthy diet is the key. Caffeine intake is allowed but limited to 1-2 servings

per day. Also, products containing Nutrasweet and Sucralose are allowed throughout the pregnancy. Alcohol should be avoided during your pregnancy, as the safe levels for alcohol have not yet been determined.

Exercise

Moderate exercise, such as walking or light aerobics will help keep your muscles in tone and may help prevent unwanted extra pounds. Heavy weight lifting and/or other strenuous exercise such as long distance running or high-impact aerobics should be avoided. Abdominal exercises such as situps or crunches should also be avoided after the first trimester.

Smoking

The use of all tobacco products should be eliminated during your pregnancy. Smoking is associated with pregnancy loss, preterm labor, low birth weight, placental abruption, preterm delivery, as well as SIDS in the newborn. Second-hand smoke may also be harmful, so we encourage you to ask your family members and visitors to smoke outside.

Office Visits

Your initial office visit will include a detailed medical and obstetrical history and a

discussion of any risk factors you may have for problems during your pregnancy. Routine lab work will also be obtained at the first visit. A complete physical exam including a Pap test and a pelvic exam will be performed on your next visit, approximately one to two weeks later. Following this, you will be seen in the office every four weeks until 27-28 weeks, every three weeks up to 30 weeks, and every two weeks until 37-38 weeks and then every week until delivery. These intervals may change at any time during the pregnancy if problems needing closer observation develop. Internal exams to determine cervical changes will be performed starting at 37-38 weeks or at any time there is a question of labor.

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Routine Screening Tests

There are several screening tests which will be performed at different times during the pregnancy. Your initial blood work checks your blood type and count, whether you are immune to Rubella (German Measles) and whether you have been exposed to hepatitis or syphilis. We offer HIV testing to all prenatal patients at the first visit or any time after that at your request. We also offer a blood test which can determine whether or not you are a carrier of the gene which causes Cystic Fibrosis. If you are, there is a greater chance that your baby could have Cystic Fibrosis. The next test, the AFP test, is done between 16-18 weeks. This test screens for two types of birth defects. The first involves problems with the normal development of the spine and central nervous system. These defects include anencephaly (incomplete or absent development of the brain), Spina Bifida (incomplete closure of the spinal cord) and other central nervous system defects. The AFP test can also determine your risk for having a baby with Down's Syndrome and other related chromosome defects. It is important to remember that this test is still a screening test and a result of POSITIVE does not mean that there is a problem but rather that you fall into a category that requires further testing. If you have any questions regarding the AFP test, please discuss them with one of our health care providers. You will be given additional information regarding these tests later in your pregnancy.

At 26 to 28 weeks you will undergo a screening test for gestational diabetes called a glucose tolerance test. Elevations

in your glucose levels following the test may necessitate dietary changes or insulin treatment. The final test is a vaginal culture for Group B Strep. This bacterium is present in 23-25% of all women and normally doesn't cause a problem. Complications can develop if your baby is infected during delivery; however, treatment will be with antibiotics during labor.

Heartburn

The best treatment for heartburn is prevention. Certain foods can lead to heartburn such as chocolate, caffeine, and spicy or high-fat foods (fried foods). Try to avoid those foods that cause you discomfort. Also, you may want to avoid lying down soon after eating or you can try eating smaller, more frequent meals. You can try Tums or Roloids as needed or even over-the-counter Pepcid AC or Zantec twice a day.

Constipation/Hemorrhoids

Constipation is a common problem during pregnancy and is often worsened by the iron supplement in your prenatal vitamin. Hemorrhoids are also fairly common during pregnancy, even if you never had them before. Increase in pressure in the veins below the enlarging uterus can lead to hemorrhoids, which can then be worsened by constipation. Again, the best treatment is prevention. Plenty of water along with fruits, vegetables, and a high-fiber cereal, can help reduce your constipation. If you have not had a bowel movement for 2-3 days, you should try Metamucil (or Citrucel) each morning with a large glass of water. If your stools are hard, you may take an over-the-counter (OTC) stool softener. If you go longer than 2-3 days, a mild laxative such as Milk of

Magnesia may be helpful. If your hemorrhoids become painful, try an anesthetic spray such as Dermoplast (available OTC) directly on the hemorrhoids. Then apply pads soaked in Witch Hazel (Tucks) and a hemorrhoid ointment (Anusol or Preparation H). Keep the pads in place with a thin panty liner. If the discomfort persists or if there is bleeding, contact one of our health care providers.

Fetal Movement

You may notice some signs of fetal movement as early as 17-20 weeks. These movements are often described as feeling like "butterflies in your stomach" or as gas bubbles. As your pregnancy progresses, the movements will become stronger and more noticeable. You should feel the baby move every day after 24 weeks. Sometimes, babies move at different times of the day and some prefer to exercise at night while you are trying to sleep. As you approach your due date, you may notice a decrease in the intensity of the fetal movements. Your baby is running out of room and cannot make those big flips or strong kicks anymore. This does not mean your baby's activity should be less, only that the degree of movement will seem less. If you haven't felt any movements for three to four hours or if you feel that there has been a sudden, noticeable decrease in the amount of fetal movement, you should perform a fetal movement count. Go to a quiet room free of distraction and lie down in a comfortable place with your hands on each side of your belly. It is important that you count each movement, no matter how slight, as a fetal movement. It can be just a flutter or the baby

rolling over: it does not have to be a strong kick or jump. You should be able to count five fetal movements in one half-hour. If you do not get five in the first 30 minutes, wait another half-hour and see if you get a total of 10. If you have not counted 10 movements then contact Southcoast Woman's Care at (508) 679-7770 right away.

Signs of Preterm Labor

A full-term pregnancy is one that has reached 37 weeks of gestation. Labor or delivery prior to 37 weeks is called preterm. If you are less than 37 weeks (or one month early) and you notice more than 4 to 5 contractions per hour,

repetitive cramping in your lower back, or menstrual-type cramps, you may be in preterm labor. First, you should drink 4 to 5 eight-ounce glasses of water. You should then empty your bladder and lie down on your left side in a comfortable place without distraction. Keep counting the frequency of the contractions. If after one hour there are still 4 to 5 per hour or if they have increased in intensity, contact us right away. Also, if you notice any of the following: a sudden gush of fluid, red blood from the vagina, severe abdominal pain, or fever, you should contact Southcoast Woman's Care right away at (508) 679-7770.

Problems/Questions

If questions arise during your pregnancy that are not answered by the above information, please contact us during office hours (M-F 9:00 AM – 5:00 PM) at (508) 679-7770. If the question or problem is urgent or an emergency, a physician on call will be able to help you 24 hours a day if you call (508) 679-7770. If your concern is not an emergency, remember to write it down and bring it to your next office visit. We look forward to helping you to have a safe pregnancy and a healthy, beautiful baby.

Medications

There are many over-the-counter products that can be taken during your pregnancy without consulting your physician. Here is a list of safe medications that you may take at your discretion (generics are OK, too):

PLEASE TAKE ALL MEDICATIONS ONLY AS DIRECTED ON THE LABEL.

<i>Cold/Flu:</i>	Congestion Cough Fever, aches Sore throat	Sudafed tablets (pseudoephedrine) Liquid Robitussin Tylenol (acetaminophen) Chloraseptic
<i>Constipation:</i>		Metamucil Citrucel Colace (docusate sodium) Milk of Magnesia
<i>Hemorrhoids:</i>		Tucks pads/ Witch Hazel Anusol cream Dermaplast spray Preparation H
<i>Headache, back pain:</i>		Tylenol (2 every 4 hours)
<i>Indigestion, heartburn:</i>		Tums / Rolaids, etc. GasX Pepcid AC, Zantac, etc.
<i>Diarrhea:</i>		Immodium
<i>Allergic rash, insect bites:</i>		Cortisone cream (1%) Benadryl cream Caladryl lotion Benadryl capsules Claritin
<i>Vaginal yeast infection:</i>		Monistat 7 cream Mycelex G cream Gyne-Lotrimin cream Femstat cream

IF YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE FEEL FREE TO CONTACT ANY OF THE SOUTH COAST WOMAN'S CARE PROVIDERS AT (508) 679-7770