

STATESBORO WOMEN'S HEALTH SPECIALISTS

Steps to Your Healthy Pregnancy

Here's what to expect during your pregnancy. We thank you for trusting us to accompany you on this important journey. Your safety, comfort and health--along with those of your baby--are our highest priority.

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Your first visit

We'll do a test to confirm your pregnancy, review your medical/obstetrical history, answer your questions, and get you started on a prenatal vitamin.

We'll also draw some blood to test your blood type, to check for rubella (German measles) immunity, and to screen for any health conditions that might require special attention during your pregnancy.

Next steps

We'll schedule **the first ultrasound** to confirm your due date. Please let us know in advance if you'd like a video of the ultrasound image. Some of our ultrasound equipment has recording capability, and we'll do our best to have it on hand for your scan.

You'll **meet with a nurse** to review nutrition, your family history, and your options for labor and delivery. You may receive counseling on smoking cessation, environmental risks and exercise. You'll also have a complete physical examination, including a pap smear.

Appointment frequency

Generally, we schedule appointments every 4 weeks until you are 26 to 28 weeks pregnant.

After that, you'll have appointments every 2 weeks until your 35th or 36th week. Then you'll have weekly appointments.

Some conditions require more frequent visits. For example, if you have diabetes or high blood pressure, or if you're (what age?) or older, we'll want to give you extra attention--perhaps as often as twice a week. The same goes if the baby doesn't grow as expected.

Tests to expect

Between 15 and 20 weeks, we offer **the Quad Screen, or AFP4, test**. This optional test, using blood drawn from your arm, screens for birth defects.

Between 18 and 20 weeks, we'll perform **an anatomy ultrasound** to assess your baby's growth and organ development. You may also find out the sex of the baby, depending on its position. Be sure to bring a recordable DVD if you'd like a video!

Between 24 and 28 weeks, you'll be scheduled for **the GTT, or diabetes screening, test**. This is scheduled in the morning, so you shouldn't eat or drink after 12 the night before. It takes about an hour.

At the GTT appointment, you'll also receive one **complimentary 4D ultrasound**. The quality of this view will depend on the position of the baby.

At 34-36 weeks, you'll have **the G-BS (group B Strep) screening**. This simple vaginal culture is used to test for a common bacteria that may require treatment during labor.

Also at 34 to 36 weeks, **you may have another ultrasound** to estimate/assess fetal weight and position.

Ultrasound schedule

1st visit (with positive pregnancy test). You'll have a pelvic ultrasound to establish pregnancy and determine your likely due date.

2nd visit (if less than 12 weeks). You'll have another ultrasound to determine fetal heart rate. u/s for Fetal Heart Rate

Between 18 and 20 weeks. You'll have an anatomy ultrasound to check your baby's internal organs and make sure that he/she appears healthy. At this time, we can usually determine the sex of your baby.

Between 24 and 26 weeks. A one-time-only, free, 4-D ultrasound is offered during your GTT (blood sugar) test appointment. If you couldn't tell the baby's sex in the previous ultrasound, this one should make it clear. (But there's no guarantee that the baby will cooperate!)

Between 36 and 37 weeks. We'll do a fetal weight ultrasound to check the approximate size of your baby. You can estimate the baby to gain 1/2 pound per week over the next 4 weeks.

Additional ultrasounds may be scheduled as requested. Costs, payable at time of service, are \$69 for a gender check and \$150 for 4D ultrasounds. (But again, there's no guarantee that the baby will cooperate!)

Common Complaints During Pregnancy

Generally, the conditions listed below--with some remedies--are nothing to worry about. But please feel free to tell us about them, and please let us know if your symptoms are severe.

Backache. As your uterus gets bigger, your spine tends to sway, and that can make your back muscles ache. Also, hormone changes can cause your joints to soften, which can be uncomfortable. And fatigue may make matters worse. Remedies: Avoid high-heeled shoes, avoid heavy lifting, get extra rest, and sleep with pillows between your legs, under your abdomen or under your back at night.

Breast changes are likely due to hormone changes that help prepare your breasts for lactation. Remedy: Wear a well-fitting, supportive bra.

Constipation may occur due to increased progesterone, which can make bowels sluggish, to increased pressure on the bowels from the expanding uterus, to poor diet, to inadequate fluids, or to lack of physical activity. Remedies: increase your fluid intake, add fiber to your diet, and gently increase physical activity. (Generally, a 20- to 30-minute daily walk can work wonders. Ask your doctor for other recommendations if you think this might be too difficult.)

Emotional changes: These perfectly natural feelings may arise from your changing hormones, fatigue, and stress. Remedies: [stress reduction techniques](#) and more rest.

Frequent urination is common during the first and third trimesters of pregnancy. As your baby grows, you'll experience more pressure than usual on your bladder, even early on. (In the second trimester, your bladder should increase its capacity, so you won't have to go as often.) But later, the pregnancy hormone progesterone can slow the passage of urine from kidneys to bladder, so you'll void less during each trip to the bathroom and have to go more often. Finally, as you near your due date, the baby's weight outpaces your bladder's increased capacity, so you may feel you have to go even when you don't. due to weight of the baby on the bladder.

Remedies: Stay well-hydrated, but decrease your usual fluid intake an hour or two before bedtime. Avoid caffeine. *Call us* if you feel pain or burning when you go, or if your urine smells bad, is cloudy, or contains blood.

Heartburn or nausea may occur as your uterus displaces your intestines and, late-term, even your stomach. Increasing progesterone can impair stomach movements that are critical to digestion, and progesterone may also relax the muscle at the top of the stomach, allowing stomach acid to back up into your esophagus. Remedies:

- Try to keep track of when your nausea occurs and what causes it. If possible, make appropriate changes in your diet or schedule accordingly.
- Eat small, frequent meals. Eat slowly. Avoid overeating.
- Avoid eating in stuffy or overheated rooms, or near disagreeable odors.
- Avoid foods with strong or unpleasant odors.
- Avoid raw vegetables and other gas-forming foods.
- Drink only small amounts of fluids, or none at all, with meals. Ideally, drink (HOW MUCH TIME?) before or after meals.
- Drink chilled beverages. Try freezing your favorite beverages in ice cube trays so that you may allow them to melt in your mouth.
- Eating hot, spicy foods may add to your nausea.
- Sit and rest after meals, as activity may slow your digestion. But avoid lying down for (HOW MUCH TIME?) after eating.
- Try eating dry toast or crackers before getting out of bed to ease morning nausea.
- After vomiting, try small amounts of clear liquids such as ginger ale or apple juice.
- Once you are able to keep down clear liquids, then try a full liquid diet (cream-based soups, ice cream, mash potatoes, etc.).
- Once you can tolerate a full liquid diet, then gradually re-introduce solid foods.
- You can use low-sodium antacids, but avoid sodium bicarbonate. (See the list of accepted medications below.)

Leg cramps can be caused by weight gain, from pregnancy-related imbalances in potassium and calcium, and from increased uterine pressure on the nerves and blood vessels that go to the legs. Remedies. Apply heat to affected muscles. Increase calcium in your diet.

Shortness of breath may arise as your growing uterus pushes up on your diaphragm. Remedies: Maintain [proper posture when sitting or standing](#); [prop your body with pillows](#) at night.

Accepted Medications

We always recommend that you avoid medications during pregnancy. But if your symptoms are moderate to severe, the following medications are generally considered safe when used as directed.

If these medications don't bring the relief you need, *please contact our office* for other options.

Allergies: Claritin, Alavert, Zyrtec, Chlor-Trimeton

Body aches and pains: Tylenol (Acetaminophen) as directed

Colds: Saline Nasal spray or room humidifier. If no relief, try Actifed, Sudafed, Dimetapp, Benadryl, or menol Sinus

Constipation: Increase fluid intake and dietary fiber. If no relief, try Senekot, fiber supplements, Citrucel, Colace, Milk of Magnesia, Glycerine or Dulcolax suppositories, Fleets enema

Cough: Robitussin, Robitussin DM, Mucinex DM

Diarrhea: Kaopectate, Imodium

Gas: Mylicon (Simethicone), Mylanta Gas, Maalox Anti Gas, Gas X, Phazyme

Headaches: Tylenol (Acetaminophen) as directed

Heartburn: Maalox, Mylanta, Roloids, Tums, Gaviscon, Titralac, Pepcid AC, Zantac or Tagamet HB

Hemorrhoids. Soak in a warm tub. If no relief, try Anusol HC suppositories or cream, 'Ihicks pads, Preparation H, Proctocort

Nausea: Emetrol, Dramamine, Vitamin B6 25 mg 3x/day

Insomnia: Tylenol PM or Benadryl

Itching: Benadryl

Sore throat: Salt water gargles, throat lozenges, chloraseptic spray

Vaginal yeast infection: Monistat, Gyne-Lotrimin, Fem-Care

Important note on Listeriosis

Listeriosis is a food-borne illness caused by bacteria. Pregnant women are 13 times more likely to get listeriosis than the general population. Listeriosis can cause mild, flu-like symptoms such as fever, muscle aches, and diarrhea--*but it may not cause any symptoms at all.*

- Listeriosis can lead to miscarriage, stillbirth, and premature birth. To help prevent listeriosis, avoid eating the following foods during pregnancy:

- Unpasteurized milk, and foods made with unpasteurized milk
- Hot dogs, luncheon meats, and cold cuts (unless they are heated until steaming hot just before serving)
- Refrigerated meat spreads
- Refrigerated smoked seafood
- Raw and undercooked seafood, eggs, and meat

If you have eaten any of these foods, please let us know as soon as possible.

If you do contract listeriosis, we can prescribe antibiotics to treat your infection and to protect your unborn baby.

WORKING DURING PREGNANCY

Most women can continue working safely throughout pregnancy, but your and your baby's health may depend on the type of job you have. For example, positions that allow you to sit to do most of your job usually mean you can work the full length of pregnancy.

However, some working conditions may be hazardous in pregnancy. Here are guidelines for working safely while you are pregnant:

Workplace conditions and duties

If your job requires standing for long periods, you should take 5- to 10-minute rest breaks every couple of hours. Avoid working shifts longer than 8 hours. Nap after work and get extra rest on your days off,

If you climb stairs on the job, you should limit your climbs to 6 to 8 per shift. (Ask your doctor if the stairs you must climb are particularly high or steep.) As your baby grows, your center of gravity will change, so climb especially carefully, putting your full foot on each step--especially after you enter your second trimester. Many pregnant women find it helpful to climb stairs sideways to avoid teetering forward or backward. *Avoid climbing stairs or ladders after your 28th week.*

Repetitive lifting should be limited to 25 pounds. Repetitive stooping should be limited to 2 to 4 times per hour. As you lift, bend your knees, not your waist. Keep objects you're lifting close to your body, [as shown here](#). *Do not lift more than 25 pounds after 28 weeks' gestation.*

Extreme temperatures at work. Talk to your doctor.

Hazardous materials at work. Talk to your doctor.

Infectious diseases. If you're exposed or likely to be, let your doctor know as soon as possible.

Your health conditions

Certain factors in your medical history may increase the risk of complications during pregnancy. Examples include previous preterm delivery, heart disease, high blood pressure, and kidney problems. Your healthcare provider considers these factors when advising you on whether you should continue working while pregnant.

About sick leave

Many women ask about taking sick leave during pregnancy. Generally, employers pay sickness benefits to pregnant women only if they are unable to continue work because of a strenuous or hazardous job or a pregnancy complication. If your pregnancy is normal and uncomplicated, you probably won't be eligible for sick leave. Check with your employer to find out exactly what benefits you have and when you can take maternity leave.

Packing your bag for the birth

For mom:

- Copy of birthing plan*
- Night gowns, robe, and slippers
- Nursing bra and other underwear
- An outfit to wear home
- Hair brush, hair dryer, hair care products
- Deodorant, special soaps
- Make-up, skin care products
- Toothbrush and toothpaste
- Pillows and pillowcases (not white)
- A camera with extra batteries
- Lollipops and hard candy
- "To call" phone list
- Music for relaxation, tape player, radio
- Hospital papers
- Insurance documentation
- Books or magazines, cards, puzzles

For partner or coach:

- Copy of birthing plan*
- Snacks
- Reading material
- Telephone lists

*If preferred and discussed with your OB/GYN

For baby:

Baby book

Clothes for the trip home

Outfit for baby pictures

Blankets, nail file/clippers, socks, bows

Car seat (already installed in vehicle)