

CONGRATULATIONS ON YOUR PREGNANCY!!!!

Pregnancy is a unique and exciting experience. You will notice many changes in your body as your pregnancy progresses, and you will have many questions. We will go over any specific questions you may have when you come in for your routine appointments. You should contact us anytime that you have any concerns or problems between appointments. This packet will give you some general information about pregnancy and introduce you to our practice model.

Drs. Richard Beyerlein, Kim Edwards, Sara Gerhards, Julie Haugen, Brian Wakefield, and Sohee Williams strive to perform their own deliveries during the weekdays and share on-call coverage on weekends and holidays. When you get close to your due date, we will discuss how to notify your doctor if you feel you are going into labor. All of the physicians have privileges at Sacred Heart hospital.

The nurses here at Pacific Women's Center are available to assist the doctors at the time of your appointments, answer your phone calls and provide current information regarding your pregnancy. They are an excellent resource for you should questions or complications arise.

We see patients in the office Monday through Friday from 8:00am-5:00pm. Please check with your nurse for your specific doctor's hours. There is always a doctor available daily in case of an emergency.

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CONGRATULATIONS ON YOUR PREGNANCY!

PRENATAL INFORMATION 101

- **NUTRITION**
 - Foods to avoid: alcohol, unpasteurized milk/cheese, undercooked meats/fish
 - Foods to limit: caffeine to 2 cups per day, seafood to 2-3 servings per week
 - Important supplements to take: prenatal vitamin, or generic vitamin with a folic acid supplement (0.4mg minimum)
- **ACTIVITY**
 - Exercise is good! Do not pursue a regimen beyond what you were capable of prior to pregnancy
 - Avoid activities with possible abdominal trauma – skiing, contact sports, etc
 - Ask your doctor if you want to dye your hair.
 - It is ok to have sex unless you have been instructed otherwise by your physician. Spotting afterwards is common.
- **OB VISITS**
 - Are usually scheduled for 10-15 min
 - We will meet every 4 weeks until 32 weeks, then every 2 weeks until 36 weeks, then weekly until delivery
 - Sonograms:
 - To confirm due date at first visit
 - Anatomy scan at 18-20weeks
 - If needed for pregnancy complications
- **OTHER HEALTH ISSUES**
 - Anticipated weight gain: 15-35 lbs if you are of normal weight
 - Flu vaccine is recommended in pregnancy – all trimesters ok
 - Tdap between 27-36 weeks to optimize immunity to the baby
 - It is ok to see your dentist and have your teeth cleaned/fillings
 - No litter box changes
- **PREGNANCY SCREENING/LABS** – see next handout
- **DELIVERY**
 - Riverbend or McKenzie Willamette Hospital
 - Birth/labor/lactation classes available for patients at Pacific Women's Center in 3rd trimester
 - Timing – electively not before 39 weeks or after 41 weeks
- **WHAT IS NORMAL?**
 - Discomfort in pregnancy is normal – every woman is a little different!
 - Severe pain is never normal!
 - Call your doctor immediately if you have bleeding like a period or pain not relieved by Tylenol.

FOODS TO AVOID DURING PREGNANCY

AVOID SEAFOOD HIGH IN MERCURY

The Food and Drug Administration (FDA) and the Environmental Protection Agency (EPA) encourage pregnant women to avoid: **swordfish, shark, king mackerel, tilefish.**

The 2010 Dietary Guidelines for Americans recommend 8 to 12 ounces — two average meals — of seafood a week for pregnant women. However, limit albacore tuna and tuna steak to no more than 6 ounces (170 grams) a week. Also, be aware that while canned light tuna on average appears safe, some testing has shown that mercury levels can vary from can to can.

AVOID RAW, UNDERCOOKED OR CONTAMINATED SEAFOOD

- **Avoid raw fish and shellfish.** Examples include sushi, sashimi, and raw oysters, scallops or clams.
- **Avoid refrigerated, uncooked seafood.** Examples include seafood labeled nova style, lox, kippered, smoked or jerky. It's OK to eat smoked seafood if it's an ingredient in a casserole or other cooked dish. Canned and shelf-stable versions also are safe.

AVOID UNDERCOOKED MEAT, POULTRY AND EGGS

- **Fully cook all meats and poultry before eating.** Use a meat thermometer to make sure.
- **Cook hot dogs and lunch meats until they're steaming hot — or avoid them completely.** They can be sources of a rare but potentially serious foodborne illness known as listeriosis.
- **Avoid refrigerated pates and meat spreads.** Canned and shelf-stable versions, however, are OK.
- Cook eggs until the egg yolks and whites are firm. Raw eggs can be contaminated with harmful bacteria. Avoid foods made with raw or partially cooked eggs, such as eggnog, raw batter, and freshly made or homemade hollandaise sauce and Caesar salad dressing.

AVOID UNPASTEURIZED FOODS

Anything containing unpasteurized milk could lead to foodborne illness. **Avoid soft cheeses, such as Brie, feta and blue cheese,** unless they are clearly labeled as being pasteurized or made with pasteurized milk. Also, avoid drinking unpasteurized juice.

MISCELLANEOUS

- Wash all fruits and vegetables to remove soil that can contain listeria
- Ok for up to 200mg of caffeine a day

Exercise During Pregnancy

Is it safe to exercise during pregnancy?

If you are healthy and your pregnancy is normal, it is safe to continue or start most types of exercise, but you may need to make a few changes.

Are there certain conditions that make exercise during pregnancy unsafe?

- Certain types of heart and lung diseases
- *Cervical insufficiency* or *cerclage*
- Being pregnant with twins or triplets (or more)
- *Placenta previa* after 26 weeks of pregnancy
- Preterm labor or ruptured membranes (your water has broken) during this pregnancy
- *Preeclampsia* or pregnancy-induced high blood pressure
- Severe *anemia*

What are the benefits of exercise during pregnancy?

- Reduces back pain
- Eases constipation
- May decrease your risk of *gestational diabetes*, preeclampsia, and *cesarean delivery*
- Promotes healthy weight gain during pregnancy
- Improves your overall general fitness and strengthens your heart and blood vessels
- Helps you to lose the baby weight after your baby is born

How much should I exercise during pregnancy?

The Centers for Disease Control and Prevention recommend that pregnant women get at least 150 minutes of moderate-intensity aerobic activity every week. Examples of moderate-intensity aerobic activity include brisk walking and general gardening (raking, weeding, or digging). You can divide the 150 minutes into 30-minute workouts on 5 days of the week or into smaller 10-minute workouts throughout each day.

If you are new to exercise, start out slowly and gradually increase your activity. Begin with as little as 5 minutes a day until you can stay active for 30 minutes a day.

If you were very active before pregnancy, you can keep doing the same workouts with your health care professional's approval. However, if you start to lose weight, you may need to increase the number of calories that you eat.

What changes occur in the body during pregnancy that can affect my exercise routine?

- **Joints**—The *hormones* made during pregnancy cause the ligaments that support your joints to become relaxed. This makes the joints more mobile and at risk of injury. Avoid jerky, bouncy, or high-impact motions that can increase your risk of being hurt.
- **Balance**—During pregnancy, the extra weight in the front of your body shifts your center of gravity. This places stress on joints and muscles, especially those in your pelvis and low back. Because you are less stable and more likely to lose your balance, you are at greater risk of falling.
- **Breathing**—When you exercise, *oxygen* and blood flow are directed to your muscles and away from other areas of your body. While you are pregnant, your need for oxygen increases. As your belly grows, you may become short of breath more easily because of increased pressure of the *uterus* on the diaphragm (a muscle that aids in breathing). These changes may affect your ability to do strenuous exercise, especially if you are overweight or obese.

What precautions should I take when exercising during pregnancy?

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

What are some safe exercises I can do during pregnancy?

- Walking
- Swimming and water exercises
- Stationary bicycling
- Modified yoga and modified Pilates—There are even prenatal yoga and Pilates classes designed for pregnant women. These classes often teach modified poses that accommodate a pregnant woman’s shifting balance. You also should avoid poses that require you to be still or lie on your back for long periods.

What exercises should I avoid during pregnancy?

- Contact sports and sports that put you at risk of getting hit in the abdomen, including ice hockey, boxing, soccer, and basketball
- Skydiving
- Activities that may result in a fall, such as downhill snow skiing, water skiing, surfing, off-road cycling, gymnastics, horseback riding, roller blading, and ice skating.
- “Hot yoga” or “hot Pilates,” which may cause you to become overheated
- Scuba diving
- Activities performed above 6,000 feet (if you do not already live at a high altitude)

SUGGESTIONS FOR TREATING NAUSEA AND VOMITING IN PREGNANCY

Nausea and vomiting have long been recognized as a sign/symptom of early pregnancy. Statistics vary, but from 60-85% of all women experience some degree of nausea. Textbooks suggest 6-16 weeks as the most common time frame for symptoms, although a low percentage of women experience nausea and vomiting throughout the entire pregnancy.

Although commonly called “morning sickness,” the symptoms are not limited to morning and can come in the late afternoon and evening as well as all day. Hypersensitivity to odors often contributes to the nausea.

The following suggestions may be helpful:

TIMING OF MEALS

Eating small, frequent meals (every 2-3 hours) may be helpful instead of three large ones, because you are more likely to feel nauseated when your stomach is empty. Think of this as “grazing.” Avoid eating and drinking at the same time. Save fluids until an hour or so after you have eaten something solid. If you don’t like eating a regular meal, be sure you don’t overeat.

FOODS TO AVOID

Avoid processed foods and meals made up primarily of starches. Eat a variety of foods and be sure to include plenty of vegetables. Fats and greasy foods tend to upset the stomach. Avoid fried foods and foods cooked with grease, oils of high fat meats. Limit or avoid butter, margarine, gravy, bacon, oils, mayonnaise, salad dressings, and pastries. Highly seasoned foods such as those cooked with garlic, onion, chili and other spices may upset your stomach. Eat lightly seasoned foods. You may need to avoid fast-food restaurants for a while.

FOODS TO TRY

Think of what appeals to you at the moment. Sometimes it helps to run through a list of adjectives to determine what sound good. For example: “Salty” (chips/pretzels); “tart/sour” (pickles, lemonade); “earthy” (brown rice, mushroom soup); “crunchy” (celery sticks, fresh apple); “bland” (mashed potatoes, custard); “soft” (bread, noodles); sweet (cake, sugary cereal); fruity (juices, popsicles); wet (juice, seltzer); dry (crackers).

It is helpful to keep these things on hand so that you can satisfy your craving immediately. A nutritious diet is important in pregnancy, but breaking the cycle of nausea and vomiting is important too. When the nausea has subsided, fruits, vegetables and other nutritious foods will sound good.

ROUTINE LABORATORY TEST DURING PREGNANCY

The following tests are performed at your first prenatal visit:

Blood Tests

- To determine your blood type and Rh and antibodies
- To test for
 - Anemia
 - Syphilis
 - German measles immunity
 - Hepatitis B infection
 - HIV
- Urine tests
 - To test for protein, sugar or infection
- Vaginal Tests
 - To check for infection
 - Pap smear (if it is due)
- After 10 weeks: Blood test for DNA analysis

At 16-20 weeks:

Blood Test

- Quad Marker as described in this information sheet, if you choose (unless you have already had the DNA test).

At 24-30 weeks

- Test repeated for anemia
- Glucola test to rule out gestational diabetes

At 28-30 weeks

- Repeat antibody screening test for Rh negative women

At 35-37 weeks

- Group B strep culture

Foods High In Iron

Meat, Chicken, Fish, Eggs

Oysters	¾ c	10 mg
Beef liver	2 oz.	5.0 mg
Beef roast	3 oz.	2.9 mg
Hamburger	3 oz.	2.7 mg
Chicken Breast	1	2.6 mg
Sardines	3 oz.	2.5 mg
Ham	3 oz.	2.2 mg
Pork chops	1	2.2 mg
Turkey, dark	3 oz.	2.0 mg
Tuna, canned	3 oz.	1.5 mg
Lamb	3 oz.	1.4 mg
Egg yolk	1	1.1 mg
Turkey, light	3 oz.	1.0 mg
Fish, cod	6 oz.	1.0 mg
Hot dog	1	0.8 mg
Salmon, canned	3 oz.	0.7 mg

Cereal, Grains, Legumes

Bran flakes	½ c	6.2 mg
Dried beans, canned	¾ c	3.5 mg
Lentils	½ c	2.1 mg
Lima beans	½ c	2.0 mg
Oatmeal	2/3 c	0.9 mg
White rice	½ c	0.9 mg
Brown rice	½ c	0.9 mg
Wheat bread	1 slice	0.8 mg
Noodles	½ c	0.7 mg
White bread	1 slice	0.6 mg
Corn muffin	1	0.6 mg

Nuts

Sunflower seeds	½ c	5.1 mg
Almonds	½ c	2.7 mg
Cashews	½ c	2.6 mg
Peanuts	½ c	1.6 mg
Peanut butter	2 tbsp.	0.6 mg
Popcorn, no fat	3 c	0.6 mg
Wheat germ	1 tbsp.	0.5 mg

Fruits, Vegetables, Juices

Prune juice	1 c	10.5 mg
Raisins	½ c	2.5 mg
Spinach	½ c	2.4 mg
Beet greens	½ c	1.4 mg
Green peas	½ c	1.4 mg
Mustard greens	½ c	1.3 mg
Strawberries	¾ c	1.1 mg
Tomato juice	½ c	1.1 mg
Sweet potato	1 med	1.0 mg
Endive, escarole	1 c	1.0 mg
Cantaloupe	½	0.8 mg
Banana	1 med	0.8 mg
Brussel sprouts	½ c	0.8 mg
Dried apricots	4 halves	0.8 mg
Winter squash	½ c	0.8 mg
Blackberries	½ c	0.7 mg
Pumpkin	¾ c	0.7 mg
Blueberries	½ c	0.7 mg
Broccoli	½ c	0.7 mg
Raspberries	½ c	0.6 mg
Dried figs	1	0.6 mg
Applesauce	½ c	0.6 mg
Cooked tomatoes	½ c	0.6 mg
Corn on cob	1 small	0.5 mg
Potato	1 small	0.5 mg
Pear	1 small	0.5 mg
Pineapple juice	½ c	0.4 mg
Peaches, canned	½ c	0.4 mg
Green beans	½ c	0.4 mg
Apple	1 med	0.4 mg

Miscellaneous

Blackstrap molasses	1 tbsp.	3.2 mg
Brewer's yeast	1 tbsp.	1.4 mg

MEDICATIONS FOR PREGNANCY and BREAST FEEDING

Although it is best not to take any medications during your pregnancy, there may be times when medications are necessary for the relief of certain common conditions. This is a list of “over-the-counter” medications that are considered relatively safe for use in pregnancy. **TAKE ALL MEDICATIONS AS DIRECTED, AND DO NOT EXCEED MAXIMUM DAILY DOSAGE.** If the condition for which you are taking medication does not improve in 1 or 2 doses, call your physician to discuss the condition.

UPPER RESPIRATORY INFECTIONS:

Robitussin
Dimetapp
Sudafed
Chloraseptic
Vick’s Vapor Rub
Cough Drops: Hall’s, Vicks, Ricola, Succrets, and Ludens
Tylenol Cold and Sinus

DIARRHEA:

Kaopectate
Imodium

CONSTIPATION:

Metamucil
Citracal
Milk of Magnesia
Colace
Miralax

HEMORRHOIDS:

Preparation H
Anusol
Witch Hazel
Diaper Wipes
Tucks

FEVER:

Tylenol

HEADACHE:

Tylenol

INDIGESTION:

Tums
Mylanta
Maalox
Rolaids
Pepcid

NAUSEA:

Papaya Enzyme Tablets
Ginger
Sea Bands
Vitamin B6

SEASONAL ALLERGIES:

Claritin
Zyrtec
Benadryl

URGENT MATERNAL WARNING SIGNS



Headache that won't go away or gets worse over time



Dizziness or fainting



Thoughts about hurting yourself or your baby



Changes in your vision



Fever



Trouble breathing



Chest pain or fast-beating heart



Severe belly pain that doesn't go away



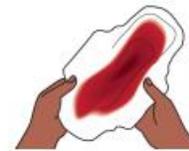
Severe nausea and throwing up (not like morning sickness)



Baby's movements stopping or slowing



Vaginal bleeding or fluid leaking during pregnancy



Vaginal bleeding or fluid leaking after pregnancy



Swelling, redness, or pain of your leg



Extreme swelling of your hands or face



Overwhelming tiredness

If you have any of these symptoms during or after pregnancy, contact your health care provider and get help right away.

If you can't reach your provider, go to the emergency room. Remember to say that you're pregnant or have been pregnant within the last year.

Learn more: [safehealthcareforeverywoman.org/urgentmaternalwarningsigns](https://www.safehealthcareforeverywoman.org/urgentmaternalwarningsigns)



Take a photo to learn more

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Standardization of health care processes and reduced variation has been shown to improve outcomes and quality of care. The Council on Patient Safety in Women's Health Care disseminates patient safety tools to help facilitate the standardization process. This tool reflects emerging clinical, scientific, and patient safety advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed. Although the components of a particular tool may be adapted to local resources, standardization within an institution is strongly encouraged.

The Council on Patient Safety in Women's Health Care is a broad consortium of organizations across the spectrum of women's health for the promotion of safe health care for every woman.

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