



PREGNANCY RECOMMENDATIONS AND ADVICE

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WELCOME

Welcome to Northwest Women's Healthcare. Throughout your pregnancy we will provide information about your pregnancy and the care of yourself and your baby. We encourage you to read all the information and to participate in the educational programs available to you. No single source of information can be all-inclusive and there are many ways to approach most pregnancy issues.

As physicians, we have similar educational backgrounds, philosophies, and attitudes towards childbirth. We believe it is especially important for all of us to be as flexible as possible in order to individualize and personalize your care. We want you to have the best and safest prenatal and childbirth experience possible.

Your other care providers include our nurse practitioners, registered nurses, medical assistants, receptionists, and our patient account representatives. Our office nurses are experienced in all areas of obstetrical care. They can give you advice on many aspects of pregnancy, postpartum care, and breast-feeding. They can help you with common problems and can direct you to community services for more complicated or persistent problems. Our medical assistants are also familiar with many aspects of obstetrical care. They can help you organize and coordinate your appointments for office visits, ultrasound, and lab tests and direct you to other sources of help and information. Our receptionists can help you schedule appointments and answer general office questions. Insurance and billing questions should be directed to our business office (phone 206-832-0585).

THE GROUP PRACTICE

We have a shared group practice. This means that all of our physicians take some responsibility for your care throughout your pregnancy and in the weeks after delivery. We share a philosophy towards childbirth that emphasizes an individualized approach, medical intervention when it is needed for the safety of mother and/or baby, and involvement of you and your partner in decision-making. We make it a priority to communicate with each other so that we are consistent about how we approach your care. Please let us know if you think your pregnancy needs and concerns are not being met.

For most of your regular office visits, your primary doctor will see you, assess your pregnancy, and address any problems or concerns you may have. We do encourage you, however, to schedule at least one appointment with each of the other physicians to get to know them. The visits from 28 weeks to 36 weeks are generally the best time to do so.

We all take turns being "on call". The "on call" doctor is responsible for taking care of our patients in labor, delivering babies, making rounds at the hospital, and emergency care during his or her "on call" shift. This means that one of our doctors is always available to you 24 hours a day to devote his or her full attention when needed to you and your concerns, and can be there with you as much as needed while you are in labor. Through experience we have found this will provide you with the best and most attentive care possible.

Please do not be afraid to call us after office hours for any truly urgent concerns or emergencies that you feel cannot wait until the next business day. Our commitment is to be available when you need us.

THE OFFICE

Our office is located on the 11th floor of the 1101 Madison Medical Building, on the corner of Boren and Madison. Parking is available underneath the building (you can enter from Minor Street on the east side of the building or from Marion Street on the south side). The building is wheelchair accessible.

We have some toys for children in our waiting room but supervised childcare is not available, so please plan to keep your children with you if they come with you to your appointments. It may not be a good idea to bring them for the first pregnancy visit as it often takes 1½ to 2 hours to complete that full appointment. Other visits are shorter and children generally do fine. Your partner and/or other support persons are welcome at any of your visits.

Office visits are by appointment only. Office hours are approximately 8:30 a.m. to 5:00 p.m., Monday through Friday.

PHONE CALLS

Our staff is very experienced and can handle most of your questions or concerns over the phone. If our receptionists cannot resolve your call and the nurse is unavailable, please leave a message and she will get back to you as soon as she is able. Our nurses are very experienced in telephone triage and do their best to return every call the same day. If you are calling about a problem that requires immediate attention, our staff will make arrangements for you to see your primary doctor if possible, one of our nurse practitioners, or the “on call” doctor when he or she is likely to be available. If you feel you must speak directly with your primary physician, please indicate this to the receptionist; however, that may delay your call being returned as they are not all in the office every day.

Please call us after office hours for any truly urgent concerns or emergencies that you feel cannot wait until the next business day. To reach us when the office is closed, please dial the same number (206-386-3400). We utilize an answering service that will take your name and number and contact the “on call” doctor, who will get back to you as soon as possible. Please remember that the staff at the answering service do not have a medical background and cannot give you advice. They can only log your call and let us know that we need to contact you.

HOSPITAL ADMISSIONS

Our patients are admitted to the First Hill branch of Swedish Hospital Medical Center for labor and delivery and, if necessary, for any other complications requiring hospitalization. Pre-registration is requested by the hospital. A pre-registration form will be given to you during the second trimester of your pregnancy that you can send or fax to the hospital.

FEES AND PAYMENT POLICY

Our professional fees for your pregnancy care, labor & delivery, and postpartum (after birth) recovery care are \$2,800 for a normal vaginal birth and \$3,200 for a Cesarean birth. Complicated pregnancies and/or deliveries, including vaginal births after a Cesarean section (VBAC), may result in additional charges. (Cesarean birth fees may also include an additional assistant surgeon’s charge.) These fees include all your normal office visits, labor care, delivery, postpartum hospital visits, and postpartum office visits up to six weeks after birth. These fees are normally billed as a global charge after delivery. If other problems arise that require extra office visits, tests, or hospitalization, those services will be charged at the standard rates for medical care and billed at the time of service.

These global fees do not include the cost of blood draws and laboratory tests, ultrasound exams, amniocentesis or CVS, breech version, non-stress tests, or consultations with other medical specialists. These services will be billed separately. They also do not include the hospital’s charges for your hospital admission or any anesthesia fees.

If you have health insurance, we will bill your insurance company for our services. Please remember, however, that even though you have insurance, you are ultimately responsible for your bill. Insurance coverage varies tremendously for maternity care. Also, many insurance plans require referrals for certain services or pre-certification for your hospital admission. We encourage you to contact your insurance provider to determine the extent of your coverage. We also encourage you early in your pregnancy to speak with our patient account representatives (206-832-0585). They can help you understand your coverage, determine what services your insurance will or will not cover, and help you set up a payment plan if needed. If you run into financial troubles during your pregnancy, we will help you establish a payment schedule for our services.

OUR PHYSICIANS

*Note: Each of our physicians is “board certified” by the American Board of Obstetrics and Gynecology.

Karen L. Bohmke, M.D. is originally from Southern California. She attended medical school at the University of California, Davis. She completed her residency at the University of Washington and has practiced with the group since that time. Her credentials include:

- Diplomate of the American Board of Obstetrics and Gynecology,
- Fellow of the American College of Obstetricians and Gynecologists,
- Clinical Assistant Professor at the University of Washington School of Medicine.

Tracy A. Johannsen, M.D. is from Montana. She completed both medical school and her residency at the University of Washington and has been with the group since that time. Her credentials include:

- Diplomate of the American Board of Obstetrics and Gynecology,
- Fellow of the American College of Obstetricians and Gynecologists,
- Clinical Assistant Professor at the University of Washington School of Medicine.

Robert P. Levine, M.D. is from Boston. He attended the University of Washington School of Medicine and completed his residency at Emory University in Atlanta. He has practiced with the group since that time. His credentials include:

- Diplomate of the American Board of Obstetrics and Gynecology,
- Fellow of the American College of Obstetricians and Gynecologists,
- Clinical Assistant Professor at the University of Washington School of Medicine.

Jennifer Melville, M.D. is originally from Pennsylvania. She attended the University of California, Los Angeles School of Medicine. After completing her OB/GYN residency at the University of Washington, she remained on faculty, where she provided obstetric and gynecologic care, while also training residents in deliveries and surgical procedures. While on faculty, Dr. Melville completed extensive patient-centered research, focusing primarily on urinary incontinence and peripartum depression, and developed special clinical interests in minimally-invasive surgical techniques and urogynecology. Her credentials include:

- Diplomate of the American Board of Obstetrics and Gynecology,
- Fellow of the American College of Obstetricians and Gynecologists,
- Clinical Adjunct Assistant Professor at the University of Washington School of Medicine

Heath Miller, M.D. is originally from North Carolina. He attended Wake Forest University School of Medicine and completed his residency at the University of Washington. He joined the group in 2000. He was previously a high-risk obstetrics consultant to the Navajo Nation in Gallup, New Mexico, where he also established a minimally invasive GYN surgery program and was a Clinical Assistant Professor at the University of New Mexico School of Medicine. His credentials include:

- Diplomate of the American Board of Obstetrics and Gynecology,
- Fellow of the American College of Obstetrics and Gynecology,
- Clinical Assistant Professor at the University of Washington School of Medicine.

Lauren Pray, M.D. is originally from Michigan. She attended Case Western Reserve University School of Medicine. She completed her OB/GYN residency at Magee Women’s Hospital in Pittsburgh. Dr Pray has a special clinical interest in urogynecology, incontinence, contraceptive issues, minimally invasive surgery and obstetric care. Her credentials include:

- Diplomate of the American Board of Obstetrics and Gynecology,

- Fellow of the American College of Obstetrics and Gynecology.

Megan Smith, M.D is originally from Connecticut. She attended the University of Connecticut School of Medicine and completed her residency at the University of Virginia Medical Center. Dr. Smith has a special clinical interest in urogynecology, family planning and obstetrics. Her credentials include:

- Diplomate of the American Board of Obstetrics and Gynecology,
- Fellow of the American College of Obstetrics and Gynecology.

PRENATAL CARE

We have prepared the following pregnancy information to help familiarize you with the changes in yourself as well as with our philosophy of pregnancy care. Time is taken during every visit, but especially during the first obstetrical visit and late pregnancy visits, to answer all questions, review laboratory and physical findings, and to help you prepare for childbirth. Often it is a good idea to bring a list of your questions to your appointments so that we can use that time to provide you with answers.

Most women have completely normal, uncomplicated pregnancies and in fact would probably deliver healthy babies without complications even without medical support. However, in keeping with the guidelines set forth by the American College of Obstetrics and Gynecology, we recommend routine monthly visits until 28 weeks gestation; bi-weekly visits until 36 weeks gestation; and then weekly visits until delivery. If concerns arise, we will add more frequent appointments to this schedule.

The role of prenatal care is threefold. The first is to establish the age of the baby. The due date, although only a rough estimate of when the baby will be considered full-term and is ready to be born, is a valuable piece of knowledge. Only by knowing the age of the baby can normal growth be assured and pregnancy problems detected. In addition, only with the knowledge of the due date can premature birth and the problems associated with an overdue pregnancy be prevented.

The second role of prenatal care is the prevention of pregnancy complications. By careful review of your medical history, thorough physical examination, and selected laboratory tests, an obstetrician can determine if a woman has or is at risk for a pregnancy complication. Regular visits allow evaluation of the growth of the fetus and problems in the mother that might affect fetal development. Late pregnancy problems, especially pre-eclampsia (toxemia), can be detected early by careful blood pressure determinations, weight checks, and testing of the mother's urine. By detecting developing complications early, more serious problems can often be avoided.

Finally, third and probably most important, prenatal caretakers are educators and partners with you in your pregnancy care. You carry the most responsibility for your baby's growth and normal development during the prenatal months and beyond, and it is our goal to assist you by providing information and support during the pregnancy.

NUTRITION IN PREGNANCY: GROWING TOGETHER

Your baby lives on what you eat. He or she has to depend on you. Eating properly is a necessity; it will allow you to feel better during your pregnancy, deliver a healthy baby, and be ready to produce a good supply of milk if you choose to breastfeed.

Eating a variety of good foods each day is the best way to make certain both you and your baby are getting all the nutrients you need. This improves your own health and provides the baby with protein, calories, vitamins, and minerals needed for growth and development. It is best to eat at least three meals a day, even if they are small. Both early and late in pregnancy, smaller and more frequent meals may fit your needs better.

WEIGHT GAIN AND NUTRITIONAL ADVICE

On the average, the best pregnancy outcomes are associated with a total weight gain of approximately 25 to 35 pounds; however, not everyone is average, so weight gains will and should differ. If you were underweight to start with, you may need to gain 30 pounds or more. If you were overweight before conceiving, a gain of 16 pounds may be appropriate. You can discuss this in greater detail with your physician if you need more specific guidelines.

Your baby accounts for only part of the weight you will gain. Your own body must add blood, tissue, and other fluids necessary for your baby's development. In addition, most pregnant women add 5 to 10 pounds of

body fat during a healthy pregnancy. This is probably nature's way of helping to support breastfeeding after delivery. An "average" weight gain will break down as follows: baby (8 lbs.), placenta (1 lb.), amniotic fluid (1.5 lbs.), breasts (3 lbs.), uterus (2.5 lbs.), and stored fat/protein, water retention, and increased blood volume (8 lbs.).

The rate at which you gain weight is also important. During the first three months you should gain about 3 to 5 pounds (unless you find it necessary to eat extra amounts to control the nausea associated with pregnancy). Expect an average gain of about a pound per week during the second trimester due to the extra blood you are making and the extra fluid your body retains. Average gain is usually a little slower during the third trimester, about ½ pound per week, even though the baby is growing most rapidly during this time. You will find your stomach has little room for food during this time; the baby grows partly on the reserves you have built up earlier during your pregnancy. This is why it is important to establish a good foundation early on.

Nausea with or without vomiting is common in the early months of pregnancy. Although it's frequently referred to as "morning sickness", it can occur any time of the day or night, and it usually disappears after about the third month. It is actually the result of the influence of increased amounts of estrogen and progesterone that are produced in the ovaries early in pregnancy. Because of the increased levels of these hormones, the secretory cells in the stomach increase their production of gastric juices. However, at the same time the bowel slows down its ability to empty the contents of the stomach. This can cause feelings of nausea, and in some cases, vomiting. Please see Appendix A for recommendations if you are experiencing nausea or vomiting. If the vomiting becomes severe and leads to frequent dizziness or weight loss, please contact us for further discussion and advice.

Following your weight gain is important, but concentrating on the quality and amount of foods you eat is more important. Not everyone gains weight at an "average" rate. We will help advise you if your weight gain seems inappropriate. Should you find that you have gained an excessive amount of weight one month, don't try to make up for it the next month by gaining little or no weight. After delivery, those few additional pounds can be lost.

Most pregnant women need between 1800 to 2000 calories per day. Foods high in sugar and fat, such as high-calorie desserts or chips, should only be included after daily requirements have been met and only if weight gain is not excessive. Below is a listing of the foods a pregnant woman needs each day. This may seem like a large amount of food; however, servings need not be large. The most important factors are eating a balanced diet and including elements from each of the four food groups.

WATER

Water helps you digest foods and flush waste products out of your body. Drinking 8 or more glasses of water per day may also minimize or prevent swelling, constipation, and even pre-term contractions or premature labor (prior to 36 weeks).

DAIRY

Four servings of a dairy food such as milk, nonfat yogurt, cheese, or cottage cheese is recommended during pregnancy and breast-feeding (soft and blue-veined cheeses are fine as long as they have been pasteurized). This helps to supply the 1,200 to 1,500 mg per day of required calcium and 40% of the daily protein requirement. As an alternative to drinking milk, it can be added in liquid or powdered form to a wide variety of prepared foods such as soups, puddings, baked goods, casseroles, cooked cereals, meat loaf, and others. Some vegetables, including collard greens, kale, mustard greens, and broccoli, as well as oysters, sardines, canned salmon, and American-made tofu, are also high in calcium. Please refer to Appendix C for more detailed information. Let us know if you are having problems meeting your calcium requirements so that we can recommend a supplement for you.

PROTEIN

For pregnant or breastfeeding women, three servings of protein per day are recommended. Protein supplies energy and helps build and repair body tissue. Meat, fish, eggs, poultry, peanut butter, beans, tofu, sunflower seeds, whole grains, and dairy products add protein to your diet. Please avoid undercooked or raw meat (no sushi), raw eggs, and unpasteurized dairy products. If you rely on vegetable protein to meet all or part of your

protein needs, two or more vegetables should be combined to provide a proper balance of essential amino acids. You can obtain balanced vegetable protein by combining beans or nuts with grains or by combining one of these with dairy products or eggs.

FRUITS AND VEGETABLES

Four servings per day are required for both pregnant and breastfeeding women. This will supply some of the necessary vitamins and minerals, as well as fiber. Vitamin A is needed for the formation of healthy skin, bone, and tissue growth (5,000i.u. is recommended daily). Good sources of Vitamin A include milk, dark green vegetables, and deep yellow or orange vegetables and fruits. Recent research, however, has implicated excessive amounts of Vitamin A as a potential cause of a variety of birth defects. Therefore, you should meet your requirements through food choices and your prenatal vitamins and not through additional supplements.

The B vitamin folic acid reduces the risk of fetal neural tube defects. The daily recommendation is 400 to 1,000 mcg (or 0.4 to 1 mg). Folic acid can be found in frozen orange juice, dark green vegetables, and cereal, and is included in all prenatal vitamins.

Your Vitamin C requirement during pregnancy is 70 mg daily. This amount is readily supplied by commonly eaten foods such as citrus fruits and juices, melon, strawberries, tomatoes, green peppers and cabbage. Vitamin C is particularly important during pregnancy because it enhances your body's absorption of iron.

Without Vitamin D, your body can't use calcium properly, so the need for this vitamin doubles during pregnancy to approximately 400i.u. daily. Good sources of Vitamin D are milk, butter, fortified margarine, egg yolk, and liver. This vitamin is also made in your skin when you have been out in the sun. Be careful, though; some women are more sensitive to the sun during pregnancy and we recommend you take care to avoid a sunburn for general health reasons.

In addition to the above recommendations, iron needs are also increased in pregnancy. A daily intake of 30 to 60 mg of elemental iron, often found in prenatal vitamins, is recommended. If you are advised to supplement further, please refer to Appendix D for additional dietary iron sources. If extra iron in tablet form is needed, we will provide you with further information at that time.

PRENATAL VITAMINS

We recommend that pregnant and breastfeeding women take prenatal vitamins on a daily basis. Because over-the-counter and prescription prenatal vitamins are nearly the same, you may use either; let us know if you wish a prescription brand. We recognize that they may cause additional nausea during the first trimester of the pregnancy. If this is the case, you may try taking them at bedtime, as this sometimes helps.

Iron and calcium intake are both very important during pregnancy. Prenatal vitamins contain iron but very few contain the recommended daily amount of calcium (1,200 to 1,500mg). We know that calcium taken at the same time as iron can interfere with the absorption of iron. For this reason, eat calcium-rich food or add supplemental calcium at times other than when you take your vitamin. In addition, it is recommended that you spread your calcium intake out during the day to improve absorption of the calcium.

OTHER MEDICATIONS AND DRUGS

Medications in pregnancy are best kept to a minimum. While some medications are considered relatively safe, many are not. We recommend the use of plain acetaminophen (Tylenol) for headaches or minor aches and pains, or to treat a fever greater than 100 degrees. If Tylenol is not helping, or you think that you need something different, please contact us before trying other medications or remedies. Medicinal herbs and natural remedies are not regulated by state or federal laws and should be avoided. If you develop a cold or respiratory infection, please refer to the information in Appendix B for recommendations we consider safe to use in treating your symptoms.

After you've completed the first trimester of your pregnancy, over-the-counter gastrointestinal medications can be helpful at times and are considered safe to use intermittently. These include:

- antacids (such as Tums or a liquid antacid) for an upset stomach or heartburn; or Zantac if a trial of Tums or antacids has not helped
- the stool softener docusate sodium (DSS) or fiber products (such as Metamucil, Fibercon or Citracel) to help relieve constipation
- simethicone (such as Gas X or Mylecon) for excessive bloating from gas.

If you need further advice on stomach or intestinal concerns, please contact us or discuss your additional questions at your next appointment.

Caffeine intake should be limited to no more than two servings per day. Caffeine can be found in coffee, tea, colas and some other soft drinks, as well as chocolate. Decaffeinated products may be a better choice if available. If possible, water-processed decaffeinated products are best, in order to try to reduce any other chemical influences on the fetus. Keep in mind that caffeine may interfere with the absorption of iron.

Nutrasweet and other artificial sweeteners should be limited in pregnancy, as there have not been enough long-term studies completed to prove that they are completely safe during pregnancy. Our general feeling at this time is that occasional use is probably okay, but that excessive daily use should be avoided.

Drinking alcoholic beverages during pregnancy is not recommended. The use of alcohol has been associated with birth defects, poor neurological coordination, mental retardation, and fetal growth problems.

We strongly recommend that you not smoke during pregnancy, as it has been associated with small babies and low birth weights. Babies of smokers also have more respiratory problems after delivery.

Recreational drug use, such as marijuana, cocaine, and crack, has been associated with an increased risk of spontaneous miscarriage, fetal growth problems, respiratory problems, birth defects, and fetal death. We strongly urge that anyone using these or other drugs to stop, for both your sakes.

Please feel free to talk with us privately about any concerns related to drug use or medications so that we can give you the best advice and plan any special needs during your pregnancy, labor, and delivery.

WARNING SIGNS DURING PREGNANCY

Please do not hesitate to call us should you have any questions regarding new symptoms you may be experiencing and are worried about. Although these are not necessarily signs of a serious problem, should you experience any of the following symptoms, please contact us so that we may provide you with specific recommendations:

- Vaginal bleeding or spotting in the 1st trimester that occurs 2 days in a row
- Any vaginal bleeding or spotting in the 2nd or 3rd trimesters
- Abdominal pain or cramping
- Calf (leg) pain or swelling
- Chest pain
- Oral temperature (fever) over 102 degrees
- Severe vomiting lasting for more than 36 hours
- Diarrhea lasting for more than 3 days
- Pain or burning with urination, or blood in the urine
- Loss of fluid from the vagina
- Decreased fetal movement in the 2nd or 3rd trimester

HOT TUBS/SAUNAS

Hot tubs and saunas are two sources of exposure to increased body temperature. High temperatures have been associated with an increased risk of neural tube defects such as spina bifida. We recommend avoiding both hot tubs and saunas during your pregnancy, especially during the first twelve weeks.

EXERCISE

Exercise in pregnancy is generally recommended for healthy women. In fact, pregnant women are encouraged to engage in 30 minutes of exercise a day. Pregnancy is not a time, however, to start a brand-new vigorous

exercise program to “get into shape”. Let your body set its own limits. Start out slowly and increase your exercise at your own pace. If you are tired, become short of breath or dizzy, slow down. If it hurts, do not do it. During periods of increased activity, it is also important to increase your water intake.

Aerobic dancing, walking, swimming, regular yoga, and stationery cycling are all good forms of exercise during pregnancy. High impact or step aerobics, “hot” yoga, scuba diving, skiing or snowboarding, soccer, and other competitive team sports generally should be avoided.

TOXOPLASMOSIS

Toxoplasmosis is a disease that presents serious implications if contracted during pregnancy. It is associated with eye malformations, mental retardation, and other brain malformations. In addition, some children develop hydrocephalus (water on the brain) and are subsequently mentally retarded or have other related complications.

Fortunately, toxoplasmosis is uncommon in the Pacific Northwest. However, to minimize the risk of maternal infection, avoid eating raw meat, raw eggs, or undercooked poultry. We recommend that all meats, seafood, poultry and eggs be thoroughly cooked before eating or tasting. Heating food to an internal temperature of 150 degrees or more kills toxoplasma organisms as well as other bacteria and parasites. Be careful not to touch your mouth, nose, or eyes after handling raw meat or poultry. Hands, utensils, and kitchen surfaces coming into contact with these raw foods should be thoroughly washed. These precautions will also help prevent you from getting Salmonella food poisoning that is relatively common in undercooked eggs and poultry.

Pregnant women should refrain from handling soiled cat litter. Toxoplasma infection in domestic cats can be prevented by feeding them only dry or canned food and restricting them from hunting birds and rodents; however, remember that other people’s cats may not have undergone these precautions. When outdoors, avoid contact with or wear gloves and a facemask when handling materials that are potentially contaminated with cat feces (for example, garden soil, lawns, and sandboxes) and thoroughly wash your hands when finished.

COMFORT MEASURES FOR RESTING

Use pillows to find a comfortable position when you are resting. You may sleep on your abdomen as long as that position is comfortable for you. During the second half of pregnancy, the position recommended for resting and sleeping is on your left or right side to increase blood flow to your uterus. If you awaken and find yourself on your back, don’t worry that you’ve harmed the baby. Simply reposition yourself on one side and go back to sleep.

TRAVEL

Remember to always wear your seat belt with the lap portion below your abdomen in front of your hip bones when traveling.

You should be able to travel out of town during your pregnancy and until 35-36 weeks if your pregnancy has been uncomplicated and a few precautions are taken. If you are going on a long trip by car, plan to stop every 2 hours to get up and walk to improve the circulation in your legs. If traveling by plane, walk around the cabin of the plane often. In addition, drink a lot of fluids to increase urinary output during your travels.

Ask us for a copy of your obstetrical record to take with you on extended trips during the second half of pregnancy.

DENTAL CARE

It is safe to have your teeth cleaned during pregnancy, and local anesthesia to numb the area is safe if repair work is needed. Avoid nitrous oxide (“laughing gas”) and x-rays.

CLEANING/PAINTING

Routine housework should be safe in your pregnancy. We recommend that you wear waterproof gloves when you come in contact with cleansers, and open windows for ventilation.

Household painting (with latex-based paint) should also be safe after your first trimester, although it is helpful to have someone else do the painting. Be cautious of dust and paint fumes, and keep the room well-ventilated during the project. If you are remodeling an older home, we recommend you avoid lead-based paint, paint chips, and paint dust.

AESTHETICS

The following services are considered safe in pregnancy:

- Hair coloring or highlighting
- Nail care, including artificial nails
- Facials
- Massage (avoid deep massage on abdomen)
- Waxing or electrolysis

Tanning and teeth bleaching are not recommended during any point in your pregnancy.

PERSONAL RELATIONSHIP QUESTIONS THAT MAY ARISE

Many patients have questions about sex during pregnancy but are uncomfortable discussing this topic with their health care provider. This may be a difficult area of communication between you and your partner as well. Pregnancy can be a time of mixed emotions for both of you that, in combination with fatigue and body changes, can have an effect on your attitudes towards each other and on your desire for sex. We encourage you both to be open in communicating and to share your feelings with each other.

Please feel free to discuss any problems or questions you may encounter on this topic with your care provider. Many pregnant women are surprised that others have had the same questions or problems. We are happy to advise you so that any relationship issues you are experiencing surrounding this topic may be resolved. You may find the following information helpful:

1. *Will my sex drive change during pregnancy?*

For many women, pregnancy has no significant effect on their interest in sex. You may find that pregnancy may be a period of carefree and uninhibited sexual indulgence. At times, however, some women may feel that they are “losing their figure” which causes them to shy away from physical or sexual contact. Some women desire sex more often as reassurance that their partners still find them attractive. Some women are not interested in sex during the first trimester of pregnancy but find they regain their interest and energy in the fourth month. On occasion, a woman may feel an absolute distaste for intercourse throughout her pregnancy. Frequently, the cause is related to either an unconscious or conscious fear of hurting the baby. Should this be the way you are feeling, be reassured that this feeling usually disappears after the baby is born.

2. *Can intercourse or oral sex harm the baby?*

The baby is well protected inside your uterus, making it virtually impossible for him or her to be harmed by intercourse. The amniotic fluid, membranes, uterus, abdominal wall, and bony pelvis all serve to provide protection for the baby. Oral sex is also safe and should not harm the fetus, although we recommend that your partner avoid blowing air into your vagina. If you or your partner has a history of oral or genital herpes, be sure to discuss this with your physician.

3. *Is orgasm harmful during pregnancy?*

Having an orgasm during pregnancy is not harmful to the baby in any way.

4. *How often is it safe to have intercourse during pregnancy?*

There is no ideal or maximum frequency for sex during pregnancy. There is wide variation in the frequency of intercourse from couple to couple and also from month to month in the same couple.

5. *Can I have intercourse at any time during pregnancy?*

Generally sexual intercourse is permitted throughout pregnancy; however, certain complications of pregnancy may arise that make intercourse inadvisable. These include premature labor, vaginal bleeding, and breaking of the bag of waters. Your physician will give you specific recommendations if any restrictions apply to you.

6. *I have a history of miscarriages. Must I abstain from intercourse?*

Your individual history will be discussed with you in detail at your initial pregnancy visit. If any restrictions apply to you, they will be thoroughly explained at that time. Please ask for updates at subsequent visits.

7. *Pressure during intercourse causes me great discomfort.*

Should your partner’s weight cause discomfort, this can be remedied by changing position. Avoiding deep penetration can also alleviate the sensation of internal pressure. The use of pillows under your hips to change the angle of entry into the vagina may help. Using a lubricating cream or jelly may also relieve any vaginal discomfort.

8. ***I am having difficulty talking to my partner about my feelings. I feel I look unattractive and am undesirable.***

Many women feel concerned that their partner may find them undesirable during their pregnancy. Frequently, the majority of partners find pregnant women more beautiful during this time. It is possible that your partner may have inner anxieties and mixed feelings about upcoming parenthood and that talking things over will be helpful for both of you.

APPENDIX A

NON-MEDICINAL REMEDIES FOR PREGNANCY NAUSEA AND VOMITING

To PREVENT nausea, try the following suggestions until you find one that works for you:

- Eat a piece of bread or a few crackers before you get out of bed in the morning (put them close to your bed the night before), or when you feel nauseated.
- Get out of bed slowly. Avoid any sudden movements.
- Have some yogurt, cottage cheese, juice, or milk before you go to bed, or before you get up. Or try one of these if you have to get up during the night.
- Eat several small meals during the day so your stomach doesn't remain empty for very long. Sit upright after a meal or snack.
- Eat high-protein foods – eggs, cheese, nuts, meats – as well as fruits and fruit juices. These foods help prevent low levels of sugar in your blood which can cause nausea.
- Avoid greasy or fried foods; they are harder to digest.
- You may take vitamin B6 for nausea; do not exceed 200 mg per day (including what is in your prenatal vitamin). Folate/folic acid 0.8 mg (800-1000 mcg) per day can also help (some or all of this dose is included in your prenatal vitamin).
- Apply acupressure to your wrists. “Sea bands” are an over-the-counter device that many women find helpful.
- Increase your carbohydrates: dry toast, honey, bananas, or baked potatoes.

To REMEDY nausea and vomiting, try these suggestions:

- Sip soda water (carbonated water), or suck on ice chips/popsicles when you begin to feel nauseated.
- Get fresh air – take a walk, sleep with the window open, use an exhaust fan or open a window when you cook.
- Take deep breaths.
- Drink spearmint, raspberry, peppermint or ginger tea (safe in pre-packaged tea bag form, not in bulk).
- Take your prenatal vitamins with food.
- Eat dried apricots.
- Suck on sour foods – salted lemons or pickles.
- Suck on hard candy.
- Try any of the suggestions listed above under PREVENTION.

APPENDIX B

COLD MEDICATIONS DURING PREGNANCY

The following are common medications that have been approved by all the physicians for use during pregnancy:

1st Trimester (12 weeks or less):

- Acetaminophen (such as Tylenol) – as directed on the label
- Vicks Vapo-Rub
- Cough drops
- Honey mixed with lemon/lemon juice for cough
- Saline nasal spray

2nd and 3rd Trimesters (over 12 weeks), in addition to the above:

- Diphenhydramine (such as Benadryl)
- Pseudoephedrine (such as Sudafed)
- Cough syrup with Dextromethorphan (such as Robitussin DM)
- Afrin nasal spray for no longer than 48 hours

If you have used these medications for more than 5 to 7 days or feel that these are not working, please give us a call before you try other medications not listed.

Avoid herbal remedies in pill or supplement form, such as Echinacea. These products have not been studied sufficiently in pregnancy to determine their safety during pregnancy.

APPENDIX C

DIETARY SOURCES OF CALCIUM

RDA for calcium during pregnancy is 1200 mg to 1500 mg per day

FOOD	SERVING SIZE	CALCIUM (mg)
<u>MILK, YOGURT, AND CHEESE</u>		
Non-fat or low-fat plain yogurt	1 cup	468
Ricotta cheese, part skim	½ cup	335
Skim or low-fat milk	1 cup	300
Swiss cheese	1 ounce	272
Provolone cheese	1 ounce	207
Mozzarella cheese, part skim	1 ounce	207
Cheddar cheese	1 ounce	148
Parmesan cheese	2 tablespoons	138
Cottage cheese	½ cup	63
<u>FISH*, MEAT, POULTRY, DRIED BEANS, NUTS, AND EGGS</u>		
Sardines with bones, canned	3 ounces	324
Almonds	¾ cup	300
Salmon with bones, canned	3 ounces	181
Tofu (firm)	1 cup	177
Black beans (cooked)	1 cup	128
Ocean perch (broiled)	3 ounces	117
Blue crab	3 ounces	89
Chickpeas, canned	1 cup	80
Egg	1	25
<u>VEGETABLES (cooked unless otherwise specified)</u>		
Kale (fresh)	1 cup	102
Mustard greens	½ cup	99
Turnip greens (fresh)	1 cup	75
Bok Choy (fresh)	1 cup	74
Broccoli (fresh)	1 cup	42
Rutabaga	½ cup	41
<u>FRUITS</u>		
Orange, grapefruit, or apple juice, calcium-fortified	8 ounces	300
Figs, dried	5 medium	135
Orange	1 medium	58
Raisins	½ cup	38
Apricots, dried	½ cup	29
<u>BREAD, CEREAL, RICE, AND PASTA</u>		
Tortillas, flour	2	106
English muffin, plain	1	99
Corn muffin	1 large	95

*The FDA recommends that pregnant and nursing women avoid eating shark, swordfish, king mackerel and tilefish, and limit other fish intake to no more than 12 ounces per week.

APPENDIX D

DIETARY SOURCES OF IRON

RDA for iron during pregnancy is 30 mg to 60 mg of elemental iron per day

FOOD	SERVING SIZE	IRON (mg)
Beef liver	3 ounces	7.5 – 12
Prune juice	1 cup	10.5
Sunflower seeds	½ cup	5.1
Dried apricots	½ cup	3.6
Blackstrap molasses	1 tablespoon	3.2
Almonds	½ cup	2.7
Cashews	½ cup	2.6
Soybeans	½ cup	2.5
Raisins	½ cup	2.5
Lentils	½ cup	2.1
Turkey, dark	3 ounces	2.0
Lima beans	½ cup	2.0
Duck	3 ounces	2.0
Spinach	1 cup	1.7
Brussel sprouts	1 cup	1.7
Peanuts	½ cup	1.6
Peas	½ cup	1.4
Brewer's yeast	1 tablespoon	1.4
Beet greens	½ cup	1.4
Turkey, light	3 ounces	1.0
Haddock or cod fish	6 ounces	1.0
Endive or escarole	1 cup	1.0
Whole grain bread	1 slice	0.8
Wheat germ	1 tablespoon	0.5

APPENDIX E

Protect Your Baby and Yourself From Listeriosis

Pregnant women are at high risk for getting sick from *Listeria*, harmful bacteria found in many foods. *Listeria* can lead to a disease called listeriosis. Listeriosis can cause miscarriage, premature delivery, serious sickness, or death of a newborn baby. If you are pregnant, you need to know what foods are safe to eat.

How will I know if I have listeriosis?

Because the illness could take weeks to show up, you may not know you have it.

Early signs may include fever, chills, muscle aches, diarrhea, and upset stomach.

At first, you may feel as if you have the flu. Later on, you could have a stiff neck, headache, convulsions, or lose your balance.

Every year, 2,500 Americans become sick from listeriosis, with 1 out of 5 dying from the illness.

What should I do if I think I have listeriosis?

Call your doctor, nurse, or health clinic if you have any of the signs. If you have listeriosis, your doctor can treat you.

Fight Bacteria – Fight BAC!®

1 Clean: Wash hands often with soap and warm water. Use clean dishes, spoons, knives, and forks. Wash countertops with hot soapy water and clean up spills right away.

2 Separate: Keep raw meat, fish, and poultry away from other food that will not be cooked.

3 Cook: Cook food to a safe minimum internal temperature. Check with a food thermometer. Ground beef 160 °F; Pork 160 °F; Poultry 165 °F.

4 Chill: Refrigerate or freeze within 2 hours—refrigerate or freeze within 1 hour in hot weather (above 90 °F). Don't leave meat, fish, poultry, or cooked food sitting out.

What can I do to keep my food safe?

- *Listeria* can grow in the refrigerator. The refrigerator should be 40 °F or lower, and the freezer 0 °F or lower. Use a refrigerator thermometer to check your refrigerator's inside temperature.
- Clean up all spills in your refrigerator right away—especially juices from hot dog packages or raw meat or chicken/turkey.
- Clean the inside walls and shelves of your refrigerator with hot water and liquid soap, then rinse.
- Use precooked or ready-to-eat food as soon as you can. Don't store it in the refrigerator too long.
- Wash your hands after you touch hot dogs, raw meat, chicken, turkey, or

seafood or their juices.

For more information about food safety:
U.S. Department of Agriculture
Food Safety and Inspection Service
www.fsis.usda.gov

USDA Meat and Poultry Hotline
1-888-MPHotline (toll-free nationwide) or 1-888-674-6854 · TTY: 1-800-256-7072

Ask Karen: <http://www.fsis.usda.gov/>

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APPENDIX F

**EATING SAFELY DURING PREGNANCY:
Fish, Meat, Milk, Cheese, and Eggs**

Food	Recommendations
Fresh fish	
<ul style="list-style-type: none"> • Shark, swordfish, king mackerel, tilefish, marlin, tuna steak, cold-smoked fish and seafood 	Do not eat
<ul style="list-style-type: none"> • Farmed salmon 	Eat no more than 1 meal a month
<ul style="list-style-type: none"> • Albacore tuna (“white” tuna) 	Eat no more than 1 meal a week
<ul style="list-style-type: none"> • Shrimp, canned light tuna, canned or wild salmon, pollock, and catfish 	Eat no more than 2 meals a week
Deli Meats and Smoked Fish	
<ul style="list-style-type: none"> • Deli meat spread (also known as paté) 	Do not eat
<ul style="list-style-type: none"> • Hot dogs, lunch meat, deli meat, deli smoked fish 	Do not eat unless you reheat to steaming hot
<ul style="list-style-type: none"> • Canned smoked fish or meat spread 	Eat no more than 2 meals a week
Meat – Beef, Chicken, Pork	
<ul style="list-style-type: none"> • Any meat that is raw or undercooked 	Do not eat
Milk and Cheese	
<ul style="list-style-type: none"> • <i>Unpasteurized</i> milk; <i>unpasteurized</i> feta cheese, brie cheese, camembert cheese, blue-veined cheeses, Mexican-style queso blanco fresco 	Do not eat or drink
<ul style="list-style-type: none"> • Hard cheese, semi-soft cheeses like mozzarella, processed cheese slices, cream cheese, cottage cheese, yogurt made with pasteurized milk 	Eat all you want
<ul style="list-style-type: none"> • Skim or pasteurized milk 	Drink all you want
Eggs	Do not eat raw or undercooked eggs Note: egg substitutes are safe as they have been pasteurized