



Prenatal Education Curriculum

Confirmation of Pregnancy Visit



Congratulations on your pregnancy!

All of us at Southwest Contemporary Women's Care are so excited to join you on this journey that you are embarking on. We have created a little curriculum to guide you through this process and demystify pregnancy, the delivery process, and the postpartum period. This by no means encompasses everything there is to know about pregnancy, but will hopefully provide you with some insight and further knowledge about your prenatal care.

What to Stop

- Smoking**
- Alcohol**
- Recreational Drugs**

Once you know that you are pregnant it is best to completely stop smoking, drinking alcohol, and using recreational drugs. These increase the risk of miscarriage, bleeding, premature babies, birth defects, and serious conditions.

What to Limit

Caffeine - It is best to limit yourself to 200 mg each day. This is roughly 16 oz of coffee or less.

Artificial sweeteners - Not enough is known about the effects of artificial sweeteners. Occasional use is considered safe.

What to Avoid

Cat litter and soil - These may contain toxoplasma, a harmful parasite. Your cat is safe, but the poop may not be. **Do not change the cat litter while pregnant.** Regarding gardening, wear rubber or leather gloves and wash fruits and vegetables well.

Aspirin or non-aspirin pain medications - Motrin, Ibuprofen, Aleve, and Advil. These may cause bleeding or other complications.

Hot tubs and Saunas - These can cause dehydration, overheating, dizziness, and fainting. Warm baths (not hot) are okay.

Herbs - Black/blue cohosh, buckthorn, cascara, ephedra, feverfew, mandrake, mugwort, senna, tansy, and yarrow. Many herbs can start labor or be harmful to your baby.

Fish that may contain mercury or other contaminants - shark, swordfish, king mackerel, tilefish, striped bass, bluefish, and fish from rivers and lakes near big cities due to pollution. Limit all fish, including canned tuna, to less than 12 oz each week.

Foods that may contain bacteria or parasites -

- **Unpasteurized juice**
- **Raw meat, raw fish, and raw shellfish** - Sashimi, ceviche, raw oysters, and carpaccio.
- **Soft cheeses** - Brie, feta, goat, camembert, gorgonzola, and Mexican soft cheeses.
- **Deli meats** - hot dogs, luncheon meats, and cold cuts.

Sex

Sex is safe and does not harm the baby.

It is normal to have:

More interest in sex - More blood flow to the pelvic area may enhance your interest and enjoyment.

Less interest in sex - Tender breasts, nausea, fear, and fatigue may make sex out of the question until these symptoms subside.

Mixed feelings and thoughts about sex - It is normal to feel differently about sex while you are pregnant. Open communication with your partner is important for your relationship.

You may feel- like the baby is watching, tired and fatigued, guilty, awkward, uncomfortable, or distracted... these are all common feelings about sex during pregnancy.

Do not have sex if you have:

- Vaginal or abdominal pain
- Blood or fluid leaking from your vagina
- Been given restrictions by your provider

Nausea

Some women feel a bit queasy in early pregnancy. The rapid increase in hormones can cause nausea. This is often referred to as “morning sickness” even though it may occur any time of day, and can last minutes, hours, or even all day. This usually improves by the 2nd trimester (12-14 weeks).

What you can do

- Take your prenatal vitamin before bed.
- Eat dry crackers before getting out of bed. Wait 5-10 minutes and then slowly get up.
- Do not eat large meals on an empty stomach.
- Eat small amounts of food frequently throughout the day. Try a bite or two every half-hour.
- Take Vitamin B6 and/or Unisom

Try these to settle your Stomach

- Ginger chews, ginger ale, ginger tablets
- Fruit such as watermelon or cantaloupe
- Flavored popsicles
- Mix equal parts of water and juice. Try 1 tsp every 5 minutes until you can take larger sips.
- Melba toast, dry bagel, dry toast
- Sea bands

HAPPINESS IS



**...the first
pregnancy ultrasound.**

Cramping

Many women get very nervous that they are miscarrying if they experience cramping in the early stages of pregnancy. While cramping can be a sign of miscarriage, it also can be perfectly normal and caused by irritation in your uterus as the pregnancy burrows into its new home. A general rule of thumb is that minor cramping similar to, or less than, the cramping you get with your typical period is normal, and severe cramping that is much worse than your usual menstrual cramping is more worrisome.

Miscarriage Rates

While we wish you the best outcome for your pregnancy, this early period is when your pregnancy is at most risk of miscarriage.

The overall rate of miscarriage for a healthy woman age 20-30 is 9-17%, 20% at age 35, 40% at age 40, and 80% at age 45. This rate decreases every single day and drops to 5% at 8 weeks gestation, 1.7% by 12 weeks, and 0.5% at 16 weeks. The majority of miscarriages are NOT your fault. Most are due to abnormalities in the baby that wouldn't be compatible with life.

Bleeding

Bleeding in the first trimester is quite common and can occur in up to 25% of pregnancies.

Bleeding at any point in your pregnancy can be a scary event, but it does not necessarily indicate that something bad is occurring.



Implantation Bleeding

This is a light pink or brown vaginal “spotting” (drops of blood) typically occurs around 1.5 - 2 weeks after conception and correlates with the egg implanting in the uterine wall. It is also normal if you do not experience this symptom.

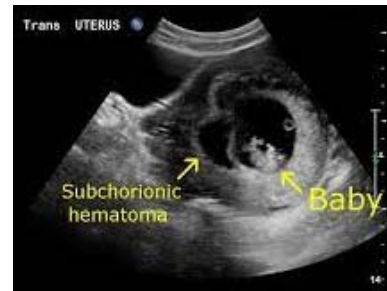
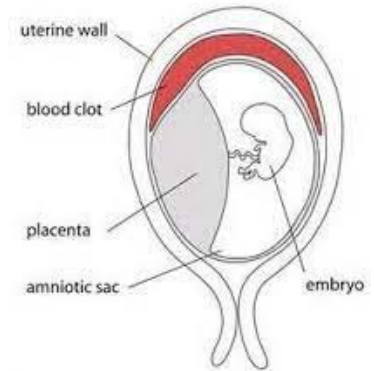
Miscarriage Bleeding

Bleeding due to a miscarriage is often characterized by very bright red heavy bleeding accompanied by severe cramps (similar to very bad period cramps). You may pass a small clump of tissue as well from your vagina.

Subchorionic Hemorrhage

This is when a blood clot forms between the pregnancy and the uterus wall. Sometimes this blood leaks out and causes some LIGHT vaginal bleeding typically between weeks 10-20. These bleeds are fairly common and can occur in up to 11% of cases. The majority of the time, they do not mean that you are going to have a miscarriage.

They can slightly increase the risk of a miscarriage, but most patients with subchorionic hemorrhages go on to have normal pregnancies. They are diagnosed by ultrasound and there is not much that will change in the management of your pregnancy if diagnosed except maybe a repeat ultrasound if it is especially large.



When to go to the ER

You should seek immediate medical attention at Banner Desert ER if you are soaking through 2 maxi pads an hour for 2+ hours or if you are becoming severely light-headed and/or pass out.

If you notice bright red vaginal bleeding (not pink or brown spotting) that soaks through less than 2 maxi pads per hour, then that does not usually necessitate a trip to the ER. Please call our office right away and speak to our triage department to determine if you need an appointment.

Genetic Screening

When we talk about genetic screening, we are mainly referring to tests that look at the probability of your baby having Trisomy 21 (Down Syndrome). These screenings can also look for 2 other rare genetic anomalies called Trisomy 18 (Edwards Syndrome) and Trisomy 13 (Patau Syndrome). We like to bring this up as early as possible so you and your partner can discuss your options and decide which test is best for you. Additionally, some of these tests can only be performed at certain periods of time during your pregnancy. We don't want you to miss your window if that's the option you want to pursue!

Cell Free DNA (Prequel/NIPT)

This is a blood test that is performed as early as 10 weeks and 0 days. It is the most sensitive and specific test for Down Syndrome with a detection rate of 95-99% and false positive rate (i.e. the test says your baby has Down Syndrome when it actually does not) of 0.1%. It also can tell you the gender of the baby, if you wish.



First Trimester Screen (Nuchal Translucency Screen)

This is a combination of a blood test and a quick ultrasound that is performed between 11-14 weeks. It has an excellent detection rate for Down Syndrome of around 85-90% and a false positive rate of 3-6%, but does not tell you the gender of the baby. We do not do this test in our office. However, we can refer you to some Maternal Fetal Medicine practices that do.

Quad Screen

This is a blood test that is performed between 15-20 weeks. It has a detection rate for Down Syndrome of 75-85% and a false positive rate of 5-10%.

Genetic Carrier Screening

Genetic carrier screening is an optional screening that can help determine whether you carry inherited health conditions that you might pass onto your baby, such as Cystic Fibrosis, Spinal Muscular Atrophy, Sickle Cell Disease, Fragile X Syndrome, and Thalassemia. This is a blood test that is performed during or before pregnancy. If you have a positive carrier status, the father of your baby will likely need to be tested as well to determine the risk of passing the condition onto your baby.

No Testing

You also have the option to not do any genetic testing during your pregnancy. If you are under age 35 the risk of your baby having Down Syndrome is lower.

Prenatal Vitamins

We recommend taking a prenatal vitamin daily. Choose a prenatal vitamin that contains at least 400 micrograms of **folic acid**. It is an added bonus if it has **DHA** (good for fetal brain development) and **iron** (good for you)! Folic acid helps prevent fetal neural tube defects (NTDs). NTDs can involve incomplete development of the brain and spinal cord.



Free prenatal vitamins - Take the quiz at www.azdhs.gov/powermea2z/index.php#quiz to get free prenatal vitamins from the state of Arizona.

Questions?

We know that sometimes questions pop up throughout your pregnancy. If they are non-urgent questions, we encourage you to **keep a list of your questions and we can go through them with you at your next OB visit.** If you have any questions or concerns that need to be urgently addressed, you can always call our office 24/7. You will be connected to our triage department who will answer your questions, give you appropriate guidance, and help schedule you an appointment as needed.

Frequently Asked Questions

Why am I tired all the time?

Early pregnancy creates general fatigue by the usage of 300 calories of energy per day in the development of the fetus. Be assured after a period of time you will usually begin to feel better.

May I continue working during pregnancy?

We encourage women to work if they desire and the pregnancy progresses well. As you get further along, we will be reevaluating your work and its effect on the pregnancy or visa-versa.

I seem to be urinating more frequently, is this normal?

Initially, as the uterus enlarges, more pressure is placed on the bladder thus causing a need to urinate more frequently. As you progress in the pregnancy, the uterus will rise away from the bladder and some of the early symptoms will subside.

What should I do if I am exposed to a communicable disease (i.e., chickenpox, measles, mumps, etc.)?

Mumps is not of concern during pregnancy. Measles are usually a childhood disease. If transmitted to an adult, measles are mild and cause no problems to the fetus. However, Rubella (the 3-day German measles) is very harmful, especially if contracted during the 1st trimester. Your initial lab work will determine your immune level. If there is no immunity, we will review guidelines for your pregnancy and make sure a vaccine is given after delivery. Fortunately, Rubella is not commonly seen in the general population because of childhood immunizations. If you have previously had chickenpox, you have developed an immunity to the disease and if exposed will not need to worry. If you have never had chickenpox and are exposed to them, contact our office. We will discuss your individual risk factors. Remember, a true exposure is contact with someone who actually has the infection at the time of contact with you. Contact with a parent or family member that has an ill child is **not** exposure.

Pregnancy: A Poem

WAKE. PEE.
EAT. PEE.
DRINK. PEE.
MOVE. PEE.
SLEEP. PEE.
PEE. PEE.
PEE.

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The foundation of these educational materials has been created by Dr. Beienburg.

Approved OTC Medications during Pregnancy and Breast Feeding

Symptoms	First Line (Preferred)	Other Options*
Acid Reflux	Tums/Roloids products Pepcid (famotidine) Tagament (cimetidine)	
Allergies	Allegra (fexofenadine) Claritin (loratadine) Zyrtec (cetirizine)	Benadryl (diphenhydramine)
Constipation	Citrucel (methylcellulose) Colace (docusate sodium) Peri-Colace (docusate/senna) FiberCon (polycarbophil) Milk of Magnesia	Dulcolax (bisacodyl) Metamucil (psyllium) MiraLAX (polyethylene glycol)
Cough	Delsym (dextromethorphan) Mucinex (guaifenesin) Robitussin DM (dextromethorphan/guaifenesin) -Sugar-free options are available for diabetic patients!	
Diarrhea	Immodium (loperamide)	
Gas	Maalox/Gelusil/Mylanta (simethicone)	
Headache	Tylenol (acetaminophen) regular or extra strength	
Hemorrhoids	Preparation-H Ointment Anusol Cream	Nupercainal
Nasal Congestion	Ocean Nasal Spray Neti Pot	Afrin (oxymetazoline) – for <u>short term</u> treatment only! Flonase (fluticasone)
Nausea/Vomiting	Emetrol Unisom (doxylamine) Vitamin B6 (50 mg four times daily)	Dramamine
Sore Throat	Chloraseptic Spray Throat lozenges NyQuil (alcohol content less than 15%)	
Vaginitis (yeast infection)	Monistat (miconazole) 3 day or 7 day option	

<p><u>Medications to AVOID</u> - Unless otherwise recommended by your healthcare provider</p>	<p>Ibuprofen/Aleve/Motrin/Naproxen products Aspirin containing products (such as Bayer and Excedrin) Decongestants containing pseudoephedrine and phenylephrine (such as Claritin-D and Sudafed) Kaopectate Pepto Bismol</p>
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Note: Call if you do not experience relief of symptoms after directed use

*Other Options: are medications that have not been extensively studied; therefore, their safety is unknown -- use with caution