**NEW OB BOOKLET:**

**A GUIDE TO YOUR PREGNANCY**

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**GEORGIA OBSTETRICS AND GYNECOLOGY**

**A DIVISION OF ATLANTA WOMEN’S HEALTH GROUP, P.C.**

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**Congratulations!**

**WE WISH YOU A HAPPY AND HEALTHY PREGNANCY!**

This packet contains a collection of information that can be used as a reference and will

hopefully guide you through most of the common problems that you may encounter during

this pregnancy. We would also like to take this time to tell you a little about what to expect

during your pregnancy.

Georgia Obstetrics and Gynecology is a joint practice of six obstetricians working together to provide you with the highest quality of prenatal care. Please make arrangements to visit with all of our physicians during your prenatal visits in order to become more familiar and comfortable with our practice. Our goal is for you to have the pregnancy and birth experience that you desire resulting with a healthy mother and newborn.

Your pregnancy should be an enjoyable experience. We are here to provide the best medical care possible, so please feel free to discuss any problems with us. This information in no way can take the place of personal contact and communication between us, so know that we are available to answer your questions and discuss your concerns.



**Schedule for Prenatal Visits: What to Expect!**

Your prenatal visits will begin at 4 weeks intervals. Around 28 weeks you will change to having

visits every 2 weeks. After 36 weeks, we would like to see you weekly to monitor your baby and

check for signs of labor more closely.

There are several tests which are performed during your pregnancy. We will talk about

them in more detail as your pregnancy progresses, but this may help as an overview.

**First Trimester:**

**Week 6-8**: Pregnancy confirmation visit includes pelvic exam, ultrasound, review of medical problems, and discussion about vitamins

**Week 8-10**: First official prenatal visit includes full physical exam, blood tests, and discussion about what to expect during pregnancy. The first blood tests which you have drawn determine your blood type, any unusual antibodies in your blood, HIV, hepatitis B, syphilis, rubella, hemoglobin (iron in your blood), and platelets. We also collect a Pap Smear if you are due for it, cultures of the cervix to test for gonorrhea and chlamydia, urine culture, and urine drug screen. These are all standard screening measures. Genetic carrier screening for Cystic Fibrosis, Spinal Muscular Atrophy, and Fragile X syndrome can be added to you screening package and are strongly recommended. We also discuss first trimester Down Syndrome screening which can be done in our office or at Georgia Perinatal Consultants. We do offer non-invasive prenatal testing after 10 weeks of pregnancy to screen for Down Syndrome and the test can also reveal the gender of the baby.

**Second Trimester:**

**Week 14-18**: Routine visits include checking weight, vitals, and fetal heart tones. Also, a blood test called maternal serum AFP is checked to evaluate for spina bifida.

**Week 20-23**: Schedule anatomy ultrasound at Georgia Perinatal Consultants to evaluate for structural abnormalities, birth defects, and gender. At your prenatal visit, you will also obtain a glucola drink for diabetes testing, which will be done at the following visit. You will learn about cord blood banking. Cord blood is collected safely after your baby is born, before the placenta is delivered, and does not cause any discomfort to the infant or mother. Cord blood stem cells can help fight certain diseases including leukemia, certain cancers, genetic diseases, immune system deficiencies and blood disorders, which can ultimately save a life!

**Week 24-28**: You will be tested for gestational diabetes and your hemoglobin will be checked (to look for anemia). If you have a negative blood type, you will receive a Rhogam injection to prevent any blood interactions between you and your baby. We recommend that all pregnant women receive the Tdap vaccine at 27 weeks of pregnancy or later to protect your baby from pertussis, also known as the whooping cough. During flu season, all pregnant women should receive the influenza vaccine as early as it is available.

**Third Trimester:**

**Week 28-35**: Appointments will be every 2 weeks

**Week 36 – 41**: Begin weekly appointments. We will check for Group B Strep bacteria by a vaginal swab. We will also start to check your cervix each week.

**Ultrasounds:** You will have one ultrasound at our office early in the pregnancy to verify your due date; if one is needed later in pregnancy we will order one. Any further ultrasounds are performed at Georgia Perinatal Consultants. We often recommend you have an ultrasound with them around 12-14 weeks to evaluate the baby’s nuchal translucency. Then we recommend an anatomy ultrasound, done around 20 weeks gestation at Georgia Perinatal Consultants. This ultrasound carefully looks at your baby’s anatomy and can usually tell the gender of the baby. In our office, we do not do extra ultrasounds to find out the sex of the baby.

**EMERGENCIES**

OFFICE HOURS: Our office is open for calls from Monday-Thursday 8:30am-4:30pm and Friday 8:30am-1pm. For routine/non-emergent questions or to make an appointment, please call during these hours and you will speak to one of our phone nurses.

AFTER HOURS: If you have an EMERGENCY, please call our answering service at (404) 256-2943, leave a message, and the doctor or nurse on call will call you right back. Please note that it is our office policy not to refill routine medications or pain medications after hours or on weekends unless it is an EMERGENCY. (vaginal bleeding, severe abdominal pain, symptoms of pre-term labor, any leaking of fluid, fever above 100.4 F. . .).

**“When Do I Call?”**

After 36 weeks there are specific reasons you should call the office or answering service if it is after hours:

1. **If you are having regular painful uterine contractions every 3-5 minutes for 1-2 hours that are difficult to talk through**. They may be in your back, abdomen, or pelvic area. If this happens drink 3-4 tall glasses of water and take a warm clean bath or shower. If after doing so the contractions are still regular every 3-5 minutes and painful, call us. If, however, after hydrating and trying to relax the contractions stop/space out, you do not need to call as it probably was not true labor. True labor will not go away. If you are not full-term yet, see page 9 for general precautions on pre-term labor.
2. **If your baby is not moving as he/she has been.** You should feel your baby move at least 10 times in 2 hours around the time the baby moves the most (morning, afternoon, evening) All movements count, such as kicks, turns, and twists. If needed, eat or drink something with sugar (orange juice, sprite, etc) and put your hands on your belly to feel for the movements. You may even have to poke or jiggle your belly. If after doing so the baby does not move the recommended amount, call us. (Also see section on Fetal Kick Counts)
3. **If your water breaks.** Sometimes it is a gush and sometimes it is a trickle. It may be thinner discharge, urine, sweat, or your water. Call us so that we can screen you over the phone and if we are not sure we will bring you in for evaluation. Be sure to inform us if you are Group B Strep positive or negative.
4. **If you start bleeding like a period, call us**. Passing your mucous plug is normal. It looks like “snot” and may have some pink or red in it. You do not need to call when your mucous plug falls out. It is a normal occurrence telling you that your body is getting ready for labor, which may be in a day or two or may still be 2-3 weeks away.
5. **If at anytime you are unsure about something,** do not hesitate to call us!

**PRECAUTIONS DURING PREGNANCY**

Many potentially harmful substances can be exposed to your baby during his/her development. In particular, the first trimester (conception to 13 weeks), when the fetal organs are formed and begin functioning, is a particularly critical time to avoid harmful influences. The following list should help you to avoid substances that might harm your growing baby:

**A pregnant woman should take no medications** (including over-the-counter preparations) or drugs (marijuana, cocaine, etc.) **unless** recommended by a health care provider who is aware of her pregnancy. If you are currently taking a medication for a health problem, please call your doctor to discuss it. To review a list of medications that may be taken safely in pregnancy refer to the medications section in this booklet.

**Cigarette smoking** has been linked to prematurity, low birth weight, problems with the placenta, and sudden infant death syndrome. Pregnancy is a good time to try and quit smoking.

There is **no safe amount of alcohol intake** that has been determined in pregnancy. Alcohol may cause birth defects as well as behavioral abnormalities in infants. It’s best to avoid beer, wine, and hard liquor while pregnant.

It is also important to **avoid the following**:

o Abdominal or pelvic **x-rays**; necessary x-rays to other parts of the body can be conducted after draping the abdomen with a lead apron

o **Hot tubs, tanning beds, saunas, or hot baths (clean water warm baths are great)** – the excessive heat from these may raise the maternal body temperature sufficiently to harm the fetus

o Contact with **cat litter and eating undercooked meat** – all of which may expose the pregnant woman to a parasite called Toxoplasmosis (may cause birth defects and/or death)

o **Individuals with fever or infection**

o **Home or workplace hazards** – gas anesthetics, heavy metals, pesticides, paint, paint thinner, stripper, aerosols, photographic chemicals, harshcleaning agents, oven cleaners, contact cement, etc.

***Just a final note of reassurance: This list was prepared to help you minimize the risks to your baby during pregnancy, but it’s difficult for even the most careful mother to completely avoid all of these potential hazards. It’s important to recognize that they are only potential hazards; nearly all pregnant women ingest or are exposed to some potentially harmful substances and the vast majority (97-98%) have healthy babies.***

**PREGNANCY AND NUTRITION**

During pregnancy, it is especially important to have healthy nutrition because you’re feeding both yourself and your baby. The common saying that you’re “eating for two” is not quite true because you will not need to double the amount of food you normally eat. After the first trimester, you will need about 300 to 400 extra calories per day to fuel your extra energy needs. Prenatal vitamin/mineral supplements are usually prescribed to meet other increased nutrient requirements. At your early prenatal care visit, we will talk with you about your individual weight gain goals, which are determined by your pre-pregnancy weight and height – your body mass index (BMI).

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| --- | --- |
| **Body Mass Index (BMI)** | **Weight gain goal** |
| <18.5 (underweight) | 28-40 pounds |
| 18.5-24.9 (normal weight) | 25-35 pounds |
| 25-29.9 (overweight) | 15-25 pounds |
| >30 (obese) | 11-20 pounds |

**Folic Acid:** Folic acid is a B vitamin that is necessary for the healthy growth of your baby. The vitamin can protect your baby from birth defects including spina bifida. Folic acid is found in leafy, green vegetables like spinach and in citrus fruits like oranges. The CDC recommends that all women of childbearing age consume 400 micrograms (mcg) of folic acid daily. It can be difficult to get enough through diet alone, so we recommend that women who are pregnant or trying to become pregnant take supplemental folic acid either alone or in a prenatal vitamin.

**Prenatal Vitamins:** During pregnancy, you will need more calcium, iron, and folic acid than usual to support your growing baby. These nutrients can be obtained through a healthy diet which contains all of the food groups like meats, beans, vegetables, dairy products, and whole grain breads. You should also take a prenatal vitamin, which is designed to have nutrients that are important for a healthy pregnancy. Any pharmacy or large store will have a large selection of prenatal vitamins or they can be prescribed in our office.

**Caffeine**: Caffeine is a stimulant found in sodas, coffee, tea, chocolate, cocoa, and some over-the-counter (OTC) and prescription drugs. Although most studies show that caffeine in moderation (1-2 cups of coffee per day) is safe, some research shows that caffeine consumed in large quantities is associated with miscarriage, premature birth, low birth weight, and withdrawal symptoms in infants. To be safe, we recommend you avoid caffeine in the first trimester and limit it to fewer than 300 milligrams (mg) per day during the rest of the pregnancy. Caffeine is a diuretic, which means that it helps eliminate fluids from the body. This can result in water and calcium loss. It is important that you are drinking plenty of fluids rather than caffeinated beverages.

**Losing weight after pregnancy**

It can be difficult to lose weight if there is too much weight gain. During pregnancy, fat deposits may increase by more than a third of the total amount a woman had before she became pregnant. If the weight gain was normal, most women lose this extra weight in the birth process and in the

weeks and months after birth. Breastfeeding helps to deplete the fat deposited during pregnancy. A woman who breastfeeds expends at least 500 more calories than one who does not. The woman who nurses her baby also has increased needs for specific nutrients and should not be on a weight loss diet.

**Foods to Avoid**: There are many foods that are typically safe for normal consumption that you should NOT eat while pregnant.

* Raw or undercooked meat, including raw seafood found in sushi, rare, or undercooked beef or poultry
* Deli meats – you can eat them if you have reheated them until they are steaming
* Fish with high mercury levels, such as shark, swordfish, king mackerel, and tilefish. Canned, chunk light tuna generally has low levels of mercury and is safe to be eaten.
* Raw shellfish such as oysters, clams, and mussels.
* Raw eggs or any food that contains raw eggs, such as homemade Caesar dressing, mayonnaise, hollandaise sauce.
* Imported soft cheeses, such as brie, camembert, Roquefort, feta, and gorgonzola UNLESS they are made from pasteurized milk
* Unpasteurized milk or raw milk
* Unwashed vegetables

**MEDICATIONS**

No medication is absolutely safe in pregnancy, but sometimes it is necessary when our bodies need relief from symptoms or infections that may do more harm if left untreated. It is important to review the risks/benefits to be able to determine what is best. The following is a list of suggested medications you can take in order to help you through the pregnancy.

**Nausea:** Always call your doctor if you feel you need an evaluation for nausea/vomiting

Vitamin B6, 50 mg, twice per day. May also be taken with Unisom at bedtime

to help ease nausea and help you to sleep.

Emetrol liquid as directed. You may also try Bonine, Sea Bands, and small frequent

meals including saltines in the morning.

You can also try taking your prenatal vitamin in the morning or evening. If you are

unable to tolerate your vitamin you may take 2 Flintstone vitamins a day.

**Colds:** Take the following as directed on the package/bottle

Tylenol (regular and extra strength as directed on bottle) is safe for aches, pains

(round ligament pain, back pain, sciatica, etc) and headaches.

Pain medications like Advil, Motrin, Aleve, Ibuprofen or Aspirin are **NOT** acceptable. The only exception is if you have been instructed to take a baby Aspirin daily.

Tylenol Cold & Sinus, Actifed, Sudafed (call you doctor before taking if you have

high blood pressure), or Saline nasal spray can be taken for nasal congestion. Afrin

is also acceptable, however it is not recommended to be used for more than 3 days

(do not use with high blood pressure).

Robitussin and Dimatapp can be taken for coughs and most throat lozenges may be

used for a sore throat.

Benadryl, Zyrtec, or Claritin may be taken for allergies and may make you sleepy.

It is always important to be well hydrated, eat plenty of protein, and to allow your

body to rest when it is under additional stress. If symptoms persist, worsen, or if you

develop a fever over 100.4 you need to call the office.

**Indigestion/heartburn**:

Tums, Maalox, Mylanta, Rolaids, Milk of Magnesia, Zantac or Pepcid as directed

Mylicon or Gas-X as directed-for gas

If no relief after trying these, call the office as it may not be indigestion/heartburn.

**Constipation:**

Increase your water intake, exercise, fiber in diet (raisin bran, fruit, whole wheat

products etc,…)

Fibercon, Benefiber, or Metamucil as directed.

Colace or senokot stool softeners as directed.

If no relief after trying the above-glycerin suppository as directed

If no relief-dulcolax suppository as directed

If no relief-Fleet enema do **not** do more than one time as it may worsen cramping.

If still no relief, call the office or if these symptoms are frequent you should inform

the doctor.

**Diarrhea:** (without a fever)

Imodium AD or Kaopectate

If you have a fever over 100.4 or the diarrhea persists, call the office.

**Hemorrhoids:**

Witch Hazel or Tucks pads

Anusol HC (cream or suppository) or Preparation H

Sitz bath or tub bath with clean warm water for 20 minutes 3-4 times a day

Avoid constipation and straining when having a bowel movement

**FETAL KICK COUNTS**

**What are Fetal Kick Counts?**

It is normal for your healthy baby to move frequently in your uterus. You can help look out

for the health of your baby by recording a count of the number of times your baby kicks,

twists, or turns. Doing this is called Fetal Kick Counts. We would like all patients

to be aware of movement patterns. Before 28 weeks it is normal to feel the baby move 3-4

times a day. The baby is moving more than that, but because the baby is still small you may

not feel every movement. Once you reach 28 weeks we would like you to begin keeping

track of the movements every day.

**How do I do the Fetal Kick Counts?**

Lie on your side and concentrate on the baby’s activity.

It is best to have something to eat and drink before counting. Some people decide to

do this after a meal.

You should feel at least 10 movements in 2 hours once or twice a day whenever

your baby normally moves the most. Babies go through sleep cycles and tend to be

more active at certain times of the day.

**When do I do the Fetal Kick Counts?**

Count during the baby’s most active time of the day.

If you feel the baby is not moving like it usually is.

If the baby has been active throughout the entire day, you do not have to do the

counts.

Remember that the baby will get bigger during the last month of pregnancy and may

not roll or kick as strongly as you are used to. Usually this is because the baby is

running out of room to move. Each kick or punch you feel is a movement, they are

often not the large rolls that you are used to feeling.

**If the baby is not moving and you have done all of the above, call the office or emergency line.**

**PRETERM LABOR**

Preterm labor is labor that can begin before the end of 36 weeks of pregnancy. It happens

when the uterus tightens (contracts) and makes the cervix open allowing the baby to deliver

too soon. Babies born too early have not completely developed their organs, are at risk for

major illnesses and may not live. Babies born between 24 to 36 weeks are considered

premature and will probably need special care in the Newborn Intensive Care Unit (NICU).

**What Does Preterm Labor Feel Like?**

**Contractions:** Contractions that are 10-15 minutes apart or closer lasting for periods longer

than 2-3 hours at a time. Contractions often feel like your entire belly tightens with sharp,

cramping pain, they may be painless. The tightening lasts 30-60 seconds and then relaxes.

**Low, Dull Backache:** A rhythmic backache below your waistline. It may come and go, or

be constant.

**Stomach Cramps:** Usually like menstrual or period cramps but may be painless.

**Pressure:** The baby feels heavy or as if it is pushing down in your pelvis. The pressure

comes and goes.

**Leaking or Gushing Fluid:** If your water breaks, you will feel a continuous light or heavy

flow of fluid from your vagina.

**Changes in Discharge:** You notice watery, increase in mucous, or bloody (pink or red)

discharge from your vagina.

If you begin to feel any preterm contractions, tightening, backache, or stomach cramps drink 3-4 large glasses of water or juice and lay down. Often preterm contractions are because you are not hydrated enough or have been too active throughout the day, which can cause an irritable uterus. You may also take a shower or clean bath. If the contractions go away, it is usually because of one of these reasons. If they continue, call the office or emergency line.

**EXERCISE IN PREGNANCY**

Exercise plays an important role in promoting health and well-being for pregnant women. It is an important way to keep you body healthy and your muscles strong for the hard work of delivery.

Women who exercise during pregnancy have reduced weight gain, more rapid weight loss

after pregnancy, improved mood and improved sleep patterns. Some studies have also

shown faster labors and less need for induction with pitocin in women who exercise

regularly during pregnancy. The best types of exercises to do are light to moderate ones such as prenatal yoga, walking, jogging, and swimming. A good rule of thumb is that you can continue doing most exercises that you did prior to becoming pregnant, as long as you keep your heart rate from getting too high.

**The following are simple guidelines to ensure the safety and well-being of you and your baby:**

* If you are just starting an exercise program as a way of improving your health during

your pregnancy, you should start very slowly and be careful not to over exert yourself.

* Listen to your body. Your body will naturally give you signals that it is time to reduce

the level of exercise you perform.

* Never exercise to the point of exhaustion or breathlessness. This is a sign that your baby

and your body cannot get the oxygen supply it needs. You should be able to talk while

exercising, if you cannot that is your body’s way of telling you to slow down.

* Wear comfortable exercise footwear that gives strong ankle and arch support.
* Take *frequent* breaks and drink plenty of fluids during exercise.
* Avoid exercise in extremely hot weather.
* Do not let your heart rate rise above 120-130 bpm.
* Contact sports should be avoided during pregnancy.
* Weight training should emphasize improving tone especially in the upper body and

abdominal area. Avoid lifting weights above your head and using weights that strain the

lower back muscles. Talk with your healthcare provider as to how much weight is too

much.

* During the second and third trimesters, avoid exercise that involves lying flat on your

back for more than 1-2 minutes as this decreases blood flow to your uterus and baby.

* Include relaxation and stretching both before and after your exercise program.
* Eat a healthy diet that includes plenty of protein, fruits, vegetables and complex

carbohydrates.

**Common Discomforts in Pregnancy**

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| Common Discomforts  | Why they occur | When | What to do for relief |
| Dizziness | Low blood pressure from lying on back; Low blood sugar; dehydration | Anytime from middle to late inpregnancy | Small frequent meals, lie on side, rest, check blood pressure, hydrate! |
| Headaches | Tension, congestion,constipation, high bloodpressure, head cold/allergies,migraine | Anytime | Tylenol (regular or extra strength), rest, hydration**Call** if blurred vision, severeabdominal pain, or elevated blood pressure |
| Nasal stuffiness/nasal bleeding | Increased blood volume,hormonal, allergies | Anytime | Humidifier, saline nasal sprays, decongestants, antihistaminesLean head back and squeezenostrils if bleeding and call ifbleeding becomes excessive |
| Hemorrhoids/ varicose veins | Pressure of growing uterus,inactivity, standing, constipation | Anytime | Try witch hazel, sitz baths, tucks, anusol. Avoid constipation. Rest withfeet up and avoid standing for long periods of time. Support hose for varicose veins.Decrease salt intake |
| Shortness of Breath | Increased upward pressure ofuterus | Late in pregnancy | Sleep with pillows, avoid sleeping flat on back |
| Nausea/Vomiting | Hormonal, decreased motility of muscle in intestines | Early – usually gone by 4th month | Rest, crackers, small frequentmeals, avoid fried and spicy foods, keep stomach full, rest after meals, try vitaminsin morning or evening |
| Heartburn | Increased uterine size. Reflux of stomach contents intoesophagus | Anytime | Small frequent meals, antacidPreparations, avoid spicy foods |
| Constipation | Decreased motility of GI tract,pressure of the growing uterus | Anytime | Try prune juice, increase fiber, fruits, dark breads, vegetables,prunes, raisins, or fiber supplements. Also increase water intake |
| Round ligament pain | Increased size of uterus stretches the ligaments | 2nd trimester and later | Take Tylenol, rest, change positions  |
| Braxton-Hicks Contractions | Spontaneous muscle contractions -- painful or painless | 3rd trimester | These are normal during pregnancy. Try to relax,change positions, warm bath, hydrate |
| Increased vaginal discharge | Hormonal or infection | Anytime but tends to increase later in pregnancy | If itching, burning, foul smell, or unusual color, have it checked for infection. Wearcotton underwear, wipe from front to back, no perfumes or scented soaps |
| Urinary frequency/urgency | Increased size of uterus causes pressure on bladder | Starts around middle of pregnancy | This is normal in pregnancy.Drink lots of fluids during the day and decrease fluids at bedtime |
| Chloasma - dark patcheson face or neck | Hormonal | Anytime | Wear hats, avoid the sun, sunscreen at alltimes |
| Darkening and broadening of areola and nipples | Hormonal | Anytime | Normal in pregnancy |
| Linea Nigra - line darker than skin colordown the middle ofabdomen | Hormonal | Anytime | Will get lighter or disappear after pregnancy |
| Stretch Marks | Stretching of skin | Anytime | Occurs in 50% of pregnancies. Lightensafter delivery, become white-silvery. May be genetic. Try cocoa butter and vitamin E  |
| Itching | Stretching of skin | Starts middle of pregnancy | Keep skin moisturized with lotion or cream. Bath with baking soda or cornstarchin water. Increase fluids, decrease soap. See doctor ifno rash is present or no relief |
| Leg Cramps | Decreased circulation due toincrease in size of uterus,decrease in calcium | Starts middle of pregnancy | Stretching exercises, massage,heat, increase calcium intake, eat bananas for extra potassium |
| Swollen feet/ankles | Standing for long periods, sittingfor long periods, poorcirculation to do increased bloodflow, pressure from the uterus | Middle to late in pregnancy | Lying on side with legs up, prop legs up several times a day for 30 minutes, increase water intake to at least 8-10glasses/day, decrease salt intake |
| Backache | Urinary tract infection, pre-term labor, poor posture, strain from increased uterus | Anytime | Try exercises like pelvic rock or squatting. Get abdominal support with pregnancy belt,heating pad, massage, prenatal yoga, tylenolas needed, warm baths. You may need to calloffice to rule out pre-term labor or urinary tract infection |
| Insomnia/difficulty sleeping | Enlarging uterus | Later in 3rd trimester | Side lying position, pillows, relaxation exercises, warm bath, avoid caffeine, exercise during the day, meditation or yoga, deep breathing |

**Other Pregnancy Concerns**

**Sex**: While you are pregnant, it is completely fine to continue having sex with your partner. Your baby is protected and will not be harmed, so do not worry. If you have pregnancy-related vaginal bleeding or a history of miscarriages, we may suggest that you abstain from sex. In the last few weeks of pregnancy, you may feel uncomfortable due to your body changes. Listen to your body and know that it is perfectly normal to have sex or to abstain.

**Travel**: For the majority of your pregnancy, you should be able to travel by vehicle or by air as normal but check with your obstetrician before booking a trip. Be sure to wear a seat belt buckled under your belly when traveling by car. If you are taking a long drive, be sure to stop frequently to walk around to avoid blood clots. If you are on a long flight, you will need to drink water during the flight and walk around the cabin. In the last 5 to 6 weeks of your pregnancy, you should not plan on traveling long distances, especially by plane. If there is an emergency and you need to travel a long distance late in your pregnancy, be sure to talk to your doctor for specific recommendations.

**Dental Care**: The American Congress of Obstetricians and Gynecologists (ACOG) approves dental cleaning and x-rays for pregnant women. Routine dental care can prevent oral health problems that are associated with heart disease, diabetes, and respiratory problems. Sedatives should be avoided, but local anesthetics, like lidocaine, are safe. If your dentist requires a permission form from your obstetrician, you will be happy to provide that for you.