



# CAPITAL WOMEN'S CARE

Division 22  
Silver Spring Office  
10313 Georgia Avenue, Suite 202 Silver  
Spring, MD 20902  
Rockville Office  
15001 Shady Grove Road, Suite 200  
Rockville, MD 20850  
Phone: 301-681-9101 Fax: 301-681.3525

Congratulations on your pregnancy! And thank you for choosing our practice. We sincerely hope your pregnancy is an enjoyable and healthy experience. Obstetrical patients are seen in the office by our obstetricians, Drs. Sine, Lin, Footer, Wagar, Vignali and Nurse Practitioner Joan Lefkof. The physicians rotate call, meaning one physician is on call each day, usually for 24 hours, and will provide care for any medical issues or deliveries which occur during that period. Patients are encouraged to have an appointment with each physician at some time during their pregnancy. Our physicians have privileges at Holy Cross Hospital (Silver Spring) and Shady Grove Adventist (Rockville). Please note that we cannot guarantee delivery at a certain hospital – various factors determine where the on-call doctor will be when you go into labor. We also share physician coverage with CWC Division 27 every other weekend; although you will not meet these physicians in office, be advised they could be on-call for your labor.

**If you think you have an emergency or a problem after office hours that cannot wait until the next office day, please call our answering service at 1-888-801-3988.**

State your name, the doctor's name, your phone number and the problem you are experiencing.

The answering service will page the doctor on call, and the doctor will return your call as soon as possible.

Please be courteous of our doctor's time; calls between 10pm-6am should be questions that you believe may require immediate hospital evaluation.

**If you have a life-threatening emergency, call 911 and have the paramedics take you to the nearest hospital.**

Your insurance company will be contacted regarding your pregnancy, and your Global Maternity benefits will be obtained by our OB Coordinator, Linda (301-681-9101 ext. 125). She will contact you if your insurance plan indicates you may be responsible for copay's, a deductible, or coinsurance. Many insurance plans have large deductibles and any information we receive at the time benefits are verified are based on information available on the date verified by our office. Benefits quoted are not a guarantee of payment by insurance; patients are ultimately responsible for being aware of their benefits and their out-of-pocket amount. We encourage our patients to enroll in the NextMD Patient Portal to communicate with our office for *routine, non-urgent* issues.

You must pre-register for your delivery at BOTH hospitals;

Holy Cross <https://www.holycrosshealth.org/prereg>

Shady Grove <https://www.adventisthealthcare.com/services/maternity/preregistration/sgmc>

Should you need to have a disability or FMLA form completed, please submit your form with your portion completed, signed and dated. Please understand that we only file disability for the number of days that are *medically necessary* for you to recover from your surgery or delivery. In most cases, for a normal vaginal delivery, this is 6 weeks. There is a \$20.00 fee for each set of forms to be completed, and this is due at the time of the request. Please indicate if the form should be faxed, mailed or if you will pick it up. Please allow at least 14 days for your forms to be completed. As always, feel free to ask our physicians and staff questions. We want this to be the most beautiful experience of your life!

FOR A COPY OF THIS PACKET AND ADDITIONAL INFORMATION, REGARDING OUR PRACTICE AND YOUR PREGNANCY, GO TO [www.CWC-MDOBGyn.COM](http://www.CWC-MDOBGyn.COM).

## *What to Expect During Your Pregnancy*

We hope that the following guidelines will help to clarify what you can expect each visit during the next 9 months.

When you arrive for your **first OB visit**, we will run a series of lab tests for you and your baby's protection. These will include testing your blood type and Rh factor, rubella titer, rubella antibodies, a complete blood count, a syphilis test, hepatitis B surface antigen, urine culture and sensitivity, and vaginal cultures to rule out chlamydia, gonorrhea and other vaginal infections. It is important to let your doctor know if you have any history of herpes or if you have been exposed to any cats (which are carriers of toxoplasmosis). This may require additional testing. We also recommend that all of our patients be tested for HIV infection. However, you have the right to waive this test.

**At each visit**, the medical assistant will take your blood pressure, weight and a urine specimen. This will help us to monitor your sugar and protein levels. At this time, you will also be asked if you have had any spotting, cramping or nausea. The doctor will then use a fetal monitoring doppler to check the baby's heartbeat. Generally, patients are seen every month until the 28<sup>th</sup> week, then every 2 weeks until your 36<sup>th</sup> week and finally, every week until delivery.

**Between your 10<sup>th</sup> and 12<sup>th</sup> week**, we will discuss genetic testing options, which may include a blood test known as cell free DNA testing or another test known as First Trimester Screening.

**Between your 16<sup>th</sup> and 20<sup>th</sup> week**, the doctor will order an AFP or quad screen blood test to screen for neural tube defects such as spina bifida, anencephaly and Down syndrome. These are done with a simple blood test. You will be given more information about this test and will be asked to sign a consent or waiver form. Your doctor will also verify that your due date correlates with the growth of your baby.

**Between your 26<sup>th</sup> and 28<sup>th</sup> week**, you will be screened for gestational diabetes, and we will repeat your tests for syphilis and hepatitis to make sure that you have not been exposed during your pregnancy. You will be given separate instructions on how to prepare for your glucose test as this requires you to drink sugar water one hour prior to being tested.

**If you are Rh negative**, you will receive an injection of Rhogam at your 28<sup>th</sup> week to prevent your body from developing antibodies against your baby's red blood cells. In your next pregnancy this could result in antibodies crossing the placenta and destroying the red blood cells of the developing fetus. You will receive additional information about Rh factor testing and the Rhogam injection.

**At 36 weeks**, you will be screened for Group B streptococcus infection by way of a vaginal culture, and internal exams will become a weekly routine to monitor your cervical dilatation and the position of the baby. For more information, please see the section labeled "GBS" later in this packet.

## SCREENING TESTS

Screening tests are offered to all pregnant patients, but are especially recommended for moms who are 35 years of age or older, parents with a family or personal history of birth defects, families with a child with birth defects, moms with a history of insulin dependent diabetes prior to pregnancy, or who have used certain medications around the time of conception.

### **Cell Free DNA**

Cell free DNA testing is a blood test performed after 10 weeks that screens for the most common genetic abnormalities that can occur. It looks for Down syndrome or trisomy 21, as well as trisomy 13 and 18. This test can also give information about your baby's gender.

### **First Trimester Screening**

First trimester screening uses a blood test and a specialized sonogram to find pregnancies that have an increased risk for Down syndrome and another chromosomal abnormality called trisomy 18. The screening is performed between 11 weeks 0 days and 13 weeks 6 days of pregnancy. The early timing of the first trimester screen is an advantage over the standard AFP triple tetra/quad screen which is performed during the second trimester at 16 to 20 weeks of pregnancy.

The blood test measures two proteins, PAPP-A and free beta-hCG. This specialized sonogram measures the thickness of the skin at the back of the baby's neck (nuchal fold of translucency). Babies with Down syndrome, trisomy 18, and some congenital heart defects often have an increased nuchal translucency thickness and/or elevated or decreased protein levels.

The protein levels from the blood test and the measurement of the nuchal translucency are combined with the mother's age-related risk using a statistical analysis to estimate the risks for Down syndrome and trisomy 18 in the pregnancy. This provides a detection rate of over 90% for Down syndrome, 97% for trisomy 18, 40% for cardiac defects and some other defects.

The results of this first trimester screening test are NOT DIAGNOSTIC, but provide reassurance early in a pregnancy. A positive first trimester screen result does not mean the baby is affected, but rather, indicates that the risk for Down syndrome may be increased and that either CVS or amniocentesis should be considered.

***We recommend that you contact your insurance company for details on what tests your policy will cover.***

### **Alpha-Fetoprotein Test (AFP)**

AFP is a protein produced by the fetus. It is present in amniotic fluid, fetal blood, and, in smaller amounts, in the mother's blood. The AFP test is done at 15-20 weeks of pregnancy. At this time, AFP levels are higher than normal if a woman is carrying a baby with open neural tube defects (also known as spina bifida) and lower than normal in most cases of Down syndrome.

AFP levels may also be high if a woman is carrying twins or if the baby is older than expected.

### **Multiple Marker Screening Tests (MMS)**

MMS may be added to the AFP test. These test other substances in the mother's blood that come from the pregnancy. Two commonly measured substances are human chorionic gonadotropin (HCG) and estriol. HCG levels are higher than normal and estriol levels are lower than normal if a woman is carrying a baby with Down syndrome.

## **Test Results**

If your screening tests come back positive, meaning you have an elevated risk of your baby having birth abnormalities, further diagnostic testing at a perinatal specialist's office may be recommended. This may involve amniocentesis or chorionic villi sampling (CVS).

No test is perfect. Not every abnormal result means that your baby has a birth abnormality. An abnormal result may mean that a fetus was older or younger than thought, or there is more than one fetus. Sometimes there is no explanation for an abnormal screening result and amniocentesis will show that the baby has no birth abnormality. If amniocentesis shows that your baby has a birth abnormality, you will receive counseling about what this means for your family.

Just as not every abnormal result indicates a birth abnormality, not every negative result means that your baby does not have a birth abnormality. Some problems cannot be predicted by testing.

## **GESTATIONAL DIABETES**

### **Introduction**

Each year between 60,000 and 90,000 pregnant patients will develop a form of diabetes called gestational diabetes. This condition differs from insulin dependent diabetes in that it is usually not permanent and that once the baby is delivered, the diabetes goes away. Pregnancy can trigger this condition because complex hormonal changes alter the way sugar is processed in the body. There are some dangers to the newborn if control of the blood sugar is not maintained. Most women do not develop symptoms when they have this condition. The American Diabetes

Association recommends that all pregnant women be tested between the 24<sup>th</sup> and 28<sup>th</sup> week of pregnancy. Under special circumstances, the test may be repeated between 32 and 36 weeks. Once a diagnosis is made, the treatment (diet for 90%, insulin for 10%) is usually successful in allowing the pregnant woman to have a very healthy child.

### **Glucola Test (1 Hour)**

This test is a recommended screening test from the American Diabetes Association. Blood is drawn from your vein and tested for sugar content one hour after you drink a liquid containing a fixed quantity of sugar (50 grams). If the results are below 140 (mg/ml) then no further studies are needed and you do not have gestational diabetes. If you have a result showing sugar above 140 (mg/ml), you will need to have a glucose tolerance test. About 15% of those who have abnormal glucola test will have an abnormal glucose tolerance test. This test does not require fasting.

### **Glucose Tolerance Test (3 Hour)**

This is the gold standard to detect diabetes during pregnancy. The test is performed in the morning and requires that you fast from midnight on. You are also asked that you eat prior three days an unrestricted diet and that you also have normal activity for those three days. Your fasting blood will be drawn and then you will be given a liquid containing a fixed quantity of sugar (100 grams). Your blood is then drawn every hour for three hours to be tested. During this time, you should remain seated. It is very important for you not be active during the three hours of testing. If the results are found to be abnormal, one of the doctors or triage nurses will call you and advise a diet and a consultation will be scheduled.

### **Summary**

Gestational diabetes is a common, asymptomatic, disorder of pregnancy. It should be detectable in pregnancy by a relatively simple screening and follow up test.

## **GBS**

### **What is GBS?**

GBS (Group B Streptococcus) are common bacteria. They can be found in the digestive, urinary, and reproductive tracts. GBS usually does not cause any symptoms or illness in the mother.

### **Who do we check for GBS?**

All pregnant women are screened for GBS at 36 wks. The screening involves taking a vaginal and rectal culture.

### **Why do we check for GBS?**

Although GBS does not usually cause illness or symptoms in the mother, it may transfer to the baby during pregnancy and or delivery. A small percentage of babies who are exposed to GBS during delivery can develop infections that can cause inflammation of the baby's blood, lungs, brain, or spinal cord. Infection can lead to death in 5% of infected babies. These complications are more likely to occur in premature babies and are very rare in full term deliveries.

### **How do we treat positive GBS?**

If a pregnant woman is found to be GBS positive, she will be given antibiotics when she goes into labor. No further treatment is necessary.

## **FREQUENTLY ASKED QUESTIONS**

### **What Can I Do About Nausea?**

Morning sickness with nausea and vomiting are especially common during the first few months of your pregnancy. This problem most likely results from your liver working to eliminate toxins during the night. For each individual, the solution will vary, so we encourage you to experiment with each of the following options:

- ❖ Avoid fatty foods after 2 p.m.
- ❖ Increase fiber intake such as fruits and vegetables
- ❖ Avoid acidic foods such as fruit juices
- ❖ Avoid dairy products
- ❖ Avoid iron supplements unless required by your doctor
- ❖ Eat small meals throughout the day
- ❖ Eat soda crackers, dry toast, or a bland snack before bedtime
- ❖ Take a supplement 25-50 mg of Vitamin B-6 three times a day
- ❖ Try herbal teas such as raspberry leaf, peppermint, or ginger root
- ❖ Chew on crystallized ginger (available at health food stores)
- ❖ Try Papaya Enzyme (available at health food stores)
- ❖ Try breathing and relaxation techniques
- ❖ Unisom tablets with Vitamin B-6 (25 mg):
  - Morning: ¼ - ½ Unisom, 1 Vit B-6
  - Dinner: ¼ - ½ Unisom, 1 Vit B-6
  - Bedtime: 1 Unisom, 1 Vit B-6

### **Is it okay to travel?**

If your pregnancy is uncomplicated, you may take long car trips or fly until about 34 weeks. Make sure you walk around for about 15 minutes every 2 hours to improve blood circulation in your legs. Also drink plenty of fluids when you travel, as planes tend to be very dry. If travel is required outside of the country, please check with your doctor first regarding any additional precautions. Travel after 34 weeks is not recommended due to the close proximity of delivery. If you were to begin labor in a distant city, you would not know any of the doctors or hospitals, nor would they have any of your prenatal records. Also, some insurance companies will not pay for emergency visits or delivery in a different city after 34 weeks.

### **When will I have a sonogram?**

A sonogram (or ultrasound) will be ordered by your doctor between 18 – 22 weeks to check fetal anatomy. The doctor will inform you whether you may have a sonogram in our office or at a radiology facility, depending on your insurance. The doctor will give you a referral if it needs to be done outside of the office. It is the patient's responsibility to make an appointment for the sonogram. Sonograms will not be ordered later in the pregnancy to determine the sex of the baby.

### **What if I am RH negative?**

You will receive an injection of Rhogam at 28 weeks to prevent your body from developing antibodies against your baby's red blood cells. In subsequent pregnancies, this could result in antibodies crossing the placenta and destroying the red blood cells for the developing fetus.

**What if I am bleeding?**

Bleeding after cervical exams is very common, but if it is heavier than a period, please contact our office. If you have bleeding at any other time, you should call the doctor. Bleeding does not always mean you are having a miscarriage, but you should call the doctor for instructions.

**Why do I have a discharge?**

Increased discharge during pregnancy is very common and acts to protect the baby from infection. If you have itching, burning, or a sudden increase in mucousy or watery discharge, please make an appointment to see the doctor.

**What medications am I allowed to take during pregnancy?**

The following medications are allowed to be taken during pregnancy:

**Colds and Congestion**

- Sudafed
- Cepacol
- Cepastat
- Robitussin DM
- Tylenol
- Theraflu Day/Night

**Laxatives / Stool Softeners**

- Metamucil/Benefiber
- Senakot
- Dulcolax

**Antacids (Heartburn)**

- Mylanta
- Maalox
- Tums
- Zantac or Zantac-75
- Prilosec
- Pepcid-AC

**Diarrhea**

- Imodium



## Exercise During Your Pregnancy

Exercise is very important during pregnancy. It is important for good circulation and can help to prevent constipation, varicose veins, and a flabby tummy.

1. When is exercise OK?
  - You are not a high-risk patient
    1. Placenta previa
    2. Previous history of preterm labor and delivery
    3. Underlying medical disorder that will affect your ability to exercise
  - The exercise is aerobic
  - You are not planning to begin a vigorous exercise program with this pregnancy
  - You clearly understand the risks and benefits of the exercise program you choose
2. Clothing
  - Loose fitting clothing, non-binding around the waist
  - Comfortable shoes with good support in the arch
3. Warm up; muscles shall be exercised to warm before they are stretched
  - Stretching: maximum muscle relaxation from sustained stretch for 30 seconds; slow deliberate stretching
  - Warm muscles are less likely to tear than cold muscles
4. Aerobic Work Out: Rules of Thumb
  - Talk through the workout
  - Heart rate should not exceed 140bpm for 20 minutes
  - Heart rate will increase with pregnancy by approximately 15-20 bpm
  - Temperature should never exceed 101° degrees (fetal temperature is usually 0.5° degrees greater than maternal temperature)
5. Avoid contact sports such as football. Biking, swimming, and hiking are fine.
6. Weight training – only if you are doing this prior to the pregnancy
  - Consecutive lifting 8 – 12 times for 30 – 50 seconds 2 – 3 sets
  - Do a balanced muscle group work out for maximum flexibility and benefit
7. Frequency 2 – 3 times per week (target heart rate sustained for 20 minutes)
8. Things to consider
  - Lordosis (abnormal curvature of the spine) is normal during pregnancy: expect this to become more severe as the pregnancy progresses
    - Center of gravity shifts after 20 weeks of gestation
    - More strain will be placed on the knees, shoulders, and upper back
9. Nutritional considerations
  - Your diet will need to be adjusted to account for the increased caloric expenditure associated with exercise
    - Drink plenty of water before, during, and after exercising (also prevents constipation)
  - Make sure to take your prenatal vitamins regularly (if nausea develops take half in the a.m. and half in the p.m. or consult your physician)
10. Fetal considerations with over-exercising
  - Blood may be shunted away from the baby to the periphery of the mother

# Diet During Pregnancy

In this discussion you will learn why you need a well-balanced diet while you are pregnant and which foods you should eat. You will also find out which foods you should avoid and foods that will help with some of the unpleasant side effects of pregnancy.

## What foods do I need to eat?

Eating regular, well-balanced meals is more important when you are pregnant than at any other time of your life. What you eat provides nutrients for your baby as well as yourself. The best time to begin eating a healthy, balanced diet is before you become pregnant.

You need about 300 additional calories now that you are pregnant. Your healthcare provider will suggest a range of weight that you should gain. The usual recommended gain is about 20 to 35 pounds.

Your need for protein while pregnant is about 60 grams (g) a day. Many women already eat this amount or more of protein daily when they are not pregnant. However, if you are vegetarian or eat little meat or dairy, you may not be getting enough protein in your diet. You also need more vitamins and minerals, especially folic acid and iron. These nutrients are important for your baby's growth and development. They give your baby strong bones and teeth, healthy skin, and a healthy body.

Foods that are excellent sources of protein and vitamins are:

- beans and peas
- nuts
- peanut butter
- eggs
- meat
- fish
- poultry
- cheese, milk and yogurt

Good sources of folic acid (also called folate) are:

- leafy green vegetables, such as collard greens, spinach, kale, and mustard greens
- broccoli
- asparagus
- fortified breakfast cereals and grains
- beans
- oranges and strawberries
- yellow squash
- tomato juice

Foods rich in iron are:

- lean red meats, pork, chicken, and fish
- fortified cereals
- dried fruit
- leafy green vegetables
- beans
- eggs
- liver
- kidneys
- whole-grain or enriched bread

If you need advice on what foods to eat for a healthy, balanced diet, ask your healthcare provider to refer you to a dietician. If you need financial help buying nutritious foods, a government program called the Special Supplemental Food Program for Women, Infants, and Children (WIC) can help you with purchasing foods such as milk, eggs, cheese, and bread.

**How do I know if I am eating a balanced diet?** Eat a variety of whole, fresh foods. Use the following as a guideline for what you should eat every day.

#### **Meat, poultry, fish, beans, or eggs**

- You need 2 to 3 servings every day.
- One serving of meat is 2 to 3 ounces (oz) of lean meat, poultry, or fish.
  - Single servings of other foods in this food group are 1 cup cooked beans, 2 eggs, 4 egg whites, 1/2 cup tofu, 1/2 cup nuts, or 1/4 cup peanut butter. Note that nuts and peanut butter, although healthy, are very high in calories and should be eaten in moderation, especially if you are gaining more weight than your healthcare provider recommends.

#### **Grains, rice, pasta, bread**

- It is good to have 6 to 9 servings every day.
- One serving is 1/2 cup pasta, 1/2 cup cooked cereal, or 1 slice of bread.
- Choose less-processed, higher-fiber whole grains more often.

#### **Fruits**

- You need 3 or more servings of fruits every day.
- One serving of fruit is 1 medium apple, 1 medium banana, 1/2 cup chopped fruit, or 3/4 cup fruit juice.

#### **Vegetables**

- You need 3 or more servings of vegetables every day.
  - In general, 1 cup of cooked or raw vegetables or vegetable juice or 2 cups of raw leafy vegetables would be considered a serving.

#### **Milk, cheese, or yogurt**

- You need 3 to 4 servings every day.
  - One serving is 1 cup of milk, 1 cup of yogurt, 1 and 1/2 ounces of hard cheese, or 2 ounces of processed cheese. It's best to choose low-fat or nonfat dairy products.

#### **What if I am gaining more weight than my provider recommends?**

- Keep eating the recommended servings for all of the food groups, but make lower fat choices.
- Avoid high-fat, high-sugar treats and high-calorie drinks, such as soda pop or large servings of juice.
- Get enough exercise at the level your healthcare provider recommends.

For a more individualized approach to meal planning during your pregnancy, go to MyPyramid Plan for Moms at [http://www.mypyramid.gov/mypyramidmoms/pyramidmoms\\_plan.aspx](http://www.mypyramid.gov/mypyramidmoms/pyramidmoms_plan.aspx).

## Do I need to take dietary supplements?

Your healthcare provider will most likely prescribe a prenatal vitamin and mineral supplement. This will help make sure you get the vitamins and minerals you need, such as calcium, iron, and folic acid.

- **Calcium:** Calcium needs for pregnant women are the same as for women who are not pregnant: 1000 mg a day for adult women and 1300 mg a day for adolescents. Many women do not get enough calcium in their diet, so it's important to make sure you're meeting your calcium needs every day. Dairy products such as milk, yogurt, cheese, and smoothies are great sources of calcium.
- **Folic acid:** Folic acid is important for spinal cord development of the baby. Pregnant women need 400 micrograms (mcg) a day. Synthetic folic acid added to fortified foods and vitamin supplements is almost twice as well absorbed as the folic acid in natural foods. It is recommended that pregnant women get 400 micrograms (mcg) of folic acid from fortified foods (cereals and whole grains) and supplements, in addition to eating foods that are good sources of folate, such as legumes and leafy green vegetables. Read the product labels as many foods are supplemented, and you should not have more than 1,000 mcg each day. Ask your provider if you need a folic acid supplement.
- **Iron:** Women need 30 mg of iron a day during the last half of pregnancy. An iron supplement may be necessary to meet this need. Women carrying twins, women with low iron in their blood, and large women may need more than 30 mg of iron a day. Taking an iron supplement in addition to the iron already contained in your prenatal vitamin is not recommended unless prescribed by your healthcare provider.

## Is it OK to follow a vegetarian diet while I am pregnant?

- If you do not eat any animal foods, it may be hard to get enough important nutrients, including protein, iron, vitamin B12, and vitamin D. Your healthcare provider may ask you to meet with a dietitian who can help you plan meals. Your provider may recommend that you take additional supplements.
- Ovo-lacto vegetarians (women who include dairy and eggs in their diet) usually can meet their nutrition needs with diet and prenatal vitamins.

## What foods and substances should I avoid when I am pregnant?

- Avoid alcoholic drinks, tobacco, and drugs.
  - Check with your provider before taking any medicines or herbal supplements. Some medicines and supplements can cause birth defects.
  - Limit caffeine. High amounts of caffeine from coffee, tea, soft drinks, and chocolate could increase the risk to your baby. Caffeine can cross the placenta and affect your baby's breathing and heart rate. A recent study suggests that 200 milligrams (mg) or more of caffeine a day (the amount found in two 8-ounce cups of regular brewed coffee) may slow the growth of your baby. Some healthcare providers recommend no caffeine during the first trimester and no more than 200 mg during the second and third trimesters.
  - Avoid herbal teas unless your healthcare provider recommends them. Some herbal teas, if drunk in large amounts, may cause early contractions and increase your risk for early (preterm) labor.
  - Avoid meat, fish, shellfish, and eggs that are raw or undercooked. Also avoid foods from deli counters, or thoroughly reheat cold cuts before you eat them. Cook leftover foods or ready-to-eat foods, such as hot dogs, until they are steaming hot before you eat them.
  - Do not eat soft cheeses, such as Brie, Camembert, feta, blue-veined cheeses, queso fresco or queso blanco, and panela, unless the label says they are pasteurized or made from pasteurized milk. The pasteurization process kills dangerous bacteria called listeria, which live in unpasteurized soft cheeses. Although most cheeses processed in this country are pasteurized, there is no guarantee. Always read the labels. If you are

unsure which soft cheeses are safe, you may choose to avoid soft cheeses altogether. Hard cheese (such as cheddar), processed cheese slices, cottage cheese, and cream cheese are safe. Do not eat or drink any other unpasteurized dairy products, such as unpasteurized milk.

- Avoid raw vegetable sprouts and fresh (unpasteurized) fruit and vegetable juices. They can carry disease-causing bacteria such as E. coli and Salmonella. Avoid anything that is not food. Sometimes pregnant women crave something that is not food, such as laundry starch, dirt, clay or ice. This condition is called pica, and you need to tell your healthcare provider if you are having this kind of craving. Pica can cause poor nutrition for you and your baby. It can also make it hard for you to gain weight and is dangerous to your health.

Keep following these recommendations while you are breastfeeding your baby.

You do not have to eat less salt during pregnancy, as was thought in the past. A moderate amount of salt helps keep proper levels of sodium in your body as your baby develops. Use iodized salt.

### **Is it OK to eat fish?**

Fish and shellfish are an important part of a healthy diet. They contain high-quality protein and other essential nutrients. They are low in saturated fat, and many fish contain omega-3 fatty acids, which have been shown to help promote brain development in babies. However, nearly all fish and shellfish contain traces of mercury. Some fish and shellfish contain higher levels of mercury that may harm an unborn baby's developing brain and nerves. The Food and Drug Administration (FDA) advises women who may become pregnant, pregnant women, nursing mothers, and young children to avoid some types of fish with high mercury levels. Instead, they should eat fish and shellfish that are lower in mercury. Here are some guidelines for eating fish and other types of seafood:

- Do not eat shark, swordfish, king mackerel, or tilefish (also called golden or white snapper) because these fish contain high levels of mercury.
- Do not eat more than 6 ounces of canned white (albacore) tuna, tuna steak, or halibut each week.
- Do not eat more than 2 servings or a total of 12 ounces of fish each week.
  - Choose shrimp, scallops, salmon, pollock, cod, catfish, or light canned tuna. These types of fish and seafood contain less mercury. Eating oysters and clams may increase your risk for infection. Avoid eating them or make sure to boil them for at least 4 to 6 minutes (as you should do with all shellfish).
- Most fish should be cooked to an internal temperature of 145° F (63° C).
  - Do not eat refrigerated smoked seafood unless it is contained in a cooked dish, such as a casserole. Refrigerated smoked seafood, such as salmon, trout, whitefish, cod, tuna, and mackerel, is most often labeled as nova-style, lox, kippered, smoked or jerky.
  - Check local advisories about the safety of fish caught in local lakes, rivers, and coastal areas. If no advice is available, eat up to 6 ounces (one average meal) per week of fish caught from local waters, but don't eat any other fish during that week.

### **What should I do if I don't feel like eating or if I have other digestive problems?**

#### **Morning sickness**

Many women have morning sickness during the early months of pregnancy. (In most cases, symptoms of nausea and vomiting are less common by the second trimester.) In early pregnancy, the changes in your body can cause you to feel nauseated when you eat or smell certain foods or when you get tired or anxious.

It may help if you:

- Eat crackers, pretzels, or dry cereal before you get out of bed in the morning.
- Eat small meals often.
- Avoid greasy, fried, or spicy foods that may upset your stomach.
- Drink plenty of liquids, but between meals rather than with them.
- Try crushed ice, fruit juice, or fruit-ice pops if water makes you feel nauseous.
- Avoid unpleasant odors.
- Get enough rest.
  - Ginger has been shown to help some women have less nausea, but you should talk to your healthcare provider about this before you add ginger to your diet.

### **Constipation**

To help relieve constipation:

- Eat more fresh fruits, vegetables, high-fiber breads, and cereals.
- Get as much as exercise as you can.
- Walking and swimming are good choices.
  - Try fiber supplements such as psyllium powder, Metamucil, or Citrucel. (You must drink plenty of fluids when taking these supplements.)
- Drink more liquids.
- Do not use laxatives unless your healthcare provider tells you to.

### **Diarrhea**

- Try eating more yogurt, rice, dry toast, or bananas.
- Ask your healthcare provider about taking Pepto-Bismol or Maalox.

### **Heartburn**

For heartburn you should:

- Eat 5 or 6 small meals a day.
  - Avoid foods that commonly cause symptoms such as spicy and fried foods, orange and grapefruit juices, peppermint, garlic, and onions.
- Cut down on soft drinks, chocolate, coffee, and other drinks with caffeine.
- Drink water, milk, and apple or cranberry juice.
- Don't lie down for at least 1 to 2 hours after you eat.
- If heartburn gets worse when you lie down, raise the head of your bed 4 to 6 inches.
- Ask your healthcare provider which antacids you can take.

Developed by RelayHealth.

Published by RelayHealth.

Last modified: 2009-02-09

Last reviewed: 2009-01-05

This content is reviewed periodically and is subject to change as new health information becomes available. The information is intended to inform and educate and is not a replacement for medical evaluation, advice, diagnosis or treatment by a healthcare professional.

Women's Health Advisor 2009.1 Index

Women's Health Advisor 2009.

© 2009 RelayHealth and/or its affiliates. All Rights Reserved.