

## **Routine Prenatal Care:**

### **Due Dates**

Due dates are set to help gauge the approximate date of conception and delivery. Only 1 in 20 babies is delivered exactly on the calculated day, although most are born within 10 days of the projected date. A full-term baby usually goes 266 days from conception to birth. You may know exactly when you conceived. If so, tell us. Once the due date has been set, it is rarely changed.

### **The First Office Visit**

You can call our office to schedule your first prenatal visit during the first trimester. If you are an established patient at OBGYN West and you wish to have a pregnancy test ran, you may do so anytime during regular business hours. Please call our scheduling desk to schedule a lab appointment.

The first office appointment will generally include a pregnancy confirmation ultrasound, a visit with a trained medical assistant or nurse, and a brief discussion with one of our mid-level providers to discuss your due date. The first office appointment may take longer than your other visits. Your ultrasound appointment is to confirm your pregnancy and your due date. Next, your medical history will be taken by a trained medical assistant or nurse. They will obtain a detailed history at this visit. We will also do some lab tests relative to pregnancy and your general health. Blood tests are especially important since they tell us much about your medical history, which could have an effect on you and your baby's well-being. After your history has been obtained, you will see one of our mid-level providers to briefly discuss your ultrasound. We will confirm your due date with you at this time. This appointment will be about 60 minutes in length.

Approximately one to two weeks later, you will have an appointment with your doctor or mid-level provider. This appointment will include a complete pelvic exam and discussion of any problems, questions, and reviewing your labs that were drawn at your last visit.

### **Routine OB Visits**

Follow-up visits are much shorter in duration than your initial visit. The growth and development of your baby is monitored and certain tests will be performed at pre-determined intervals throughout your pregnancy (see list below). The size of your uterus will be measured at some of these appointments so it is suggested that you wear loose fitting clothes. We will also listen to the baby's heart at each follow-up visit. Every visit that you have during your pregnancy will include weight, blood pressure, and a urine sample so make sure you come to clinic with a full bladder. You will be asked not to schedule more than 2 appointments in advance at a time. Because of the fluctuation of the physician's schedules, appointments made too far in advance are often rescheduled. Because we value the individual doctor-patient relationship, when you choose an OBGYN West physician, you will receive care from that specific doctor and may also see one of their mid-level providers.

The closer you get to your due date, the more frequently we will need to see you. Through the first 6 months of your pregnancy, we'll set up an appointment approximately every four to five weeks. Then, plan to come in every two weeks during the seventh and eighth month, and every week during the last month. These visits will take less time than your initial exam, but are just as important to make sure your pregnancy is progressing well.

Discuss your special concerns and needs with your healthcare professional. If you have special concerns, please bring these issues to your initial appointment. We'll be happy to help with suggestions and references. You are not required

or expected to bring a birth plan. We will discuss the labor process with you and go over when to go to the hospital in the last month of your pregnancy. If you have any particular concerns or requests about your labor, please discuss this with your provider. The more you tell us, the more we'll be able to help you...which will help reduce problems during your pregnancy.

Prenatal Office Visits are scheduled as follows:

- 8-9 weeks: Confirmation ultrasound, obstetrical intake visit including history and labs.
- 11-12 weeks: Initial obstetric visit with your doctor or mid-level provider which includes a full exam.
- Every 4 weeks until 28 weeks.
- Every 2 weeks until 36 weeks.
- Every week until delivery.

## Routine Prenatal Testing

- **Cystic Fibrosis (CF) Carrier Screening**

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CF carrier screening calculates your risk for carrying an altered CF gene and can also tell you what your chance is of having a child with CF. CF carrier screening cannot tell you if your child will have CF. This screening is OPTIONAL and should be decided upon by you and your provider. All infants in Minnesota are screened for CF at birth.
- **Horizon**

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This is an OPTIONAL test. It requires a maternal blood test. It tests for autosomal recessive conditions including Cystic Fibrosis, Spinal Muscular Atrophy, Fragile X Syndrome, and Duchenne Muscular Dystrophy. Autosomal recessive means that in order for a fetus to be effected with one of these conditions, BOTH parents would have to be carriers for the condition. The horizon test is offered to women either during pregnancy or prior to conception to look if they are carriers for any of these conditions. The father of the baby can also be tested at any time to know if that couple is at risk for having a child with any of these conditions. There is no risk to the fetus if testing is done during pregnancy. This test is OPTIONAL and should be decided upon by you and your provider.
- **11-13 weeks First Trimester Screening**

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This is an OPTIONAL screening test (tells us the CHANCE that a fetus has a specific condition) that requires a blood test and an ultrasound to screen for Down syndrome (trisomy 21) and trisomy 18. It does not test for neural tube defects. The blood test looks for free beta hCG and pregnancy-associated plasma protein A (PAPP-A). Ultrasound will measure the fluid-filled space at the back of the fetus' neck, called nuchal translucency (NT). There is no risk to the pregnancy with this screening test. A negative screen indicates that your baby is unlikely to have a chromosomal abnormality; however it does not guarantee that your baby will be healthy. A positive screen means that additional tests are needed to determine whether or not your baby has a chromosomal abnormality. About 5 percent of the tests will come back as "increased risk." The accuracy of the screening test is 90 percent in detecting Down syndrome and 95 percent in detecting trisomy 18. First trimester screening is OPTIONAL and should be decided upon by you and your provider.
- **10-13 weeks Chorionic Villus Sampling (CVS)**

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CVS is an OPTIONAL diagnostic test (tells us if a fetus ACTUALLY HAS a specific condition) that requires an ultrasound and a sample of your placenta. It tests for Down Syndrome, trisomy 18, trisomy 13, among other chromosomal and genetic abnormalities. It does not test for neural tube defects. It is an invasive test so there is a small risk of miscarriage (0.5 to 1 percent of all pregnancies). A thin plastic tube is placed within the vagina

and passed through the cervix. With ultrasound guidance, the tube is placed into the placenta to collect a small amount of cells. Rarely, a needle is placed through the abdomen to collect the sample. The test is correct 99 percent of the time. CVS is OPTIONAL and should be decided upon by you and your provider.

- **10 weeks or more** **Panorama**

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The panorama test is an OPTIONAL screening test (tells us the CHANCE that a fetus has a specific condition). This test screens for Down syndrome (trisomy 21), trisomy 18, trisomy 13, X and Y disorders, and Triploidy. It requires a maternal blood test, which looks for cell-free fetal DNA. There is no risk to the pregnancy with this screening test. A positive test result will require further investigation with ultrasound and possible retesting or amniocentesis. This test is OPTIONAL and should be decided upon by you and your provider.

- **15-20 weeks** **Quad Screen**

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The quad screen is an OPTIONAL screening test (tells us the CHANCE that a fetus has a specific condition). It requires a maternal blood test, which measures serum alpha-fetoprotein, human chorionic gonadotropin, estriol, and inhibin. There is no risk to the pregnancy with this screening test. Abnormalities with these markers can indicate a fetus with neural tube defect (abnormality of the brain or spinal cord), Down syndrome (trisomy 21), or trisomy 18. If you have already had a first trimester screen, you only need to have the alpha-fetoprotein test in order to test for neural tube defects since the other conditions were already screened for. Most women with an affected fetus do not have any risk factors. An abnormal test result may also indicate a fetus at increased risk of low birth weight, low amniotic fluid, and fetal death. This screening test is not perfect. There are false positive as well as false negative results. The false positive rate is 3-5 percent. That is, 3-5 out of 100 test results will come back positive when there is nothing wrong with the baby. A positive test result will require further investigation with ultrasound and possible retesting or amniocentesis. Also, normal results do not guarantee a perfect outcome as the test does not screen for all fetal anomalies and can miss some babies with the above abnormalities. This test is OPTIONAL and should be decided upon by you and your provider.

- **15-18 weeks** **Amniocentesis**

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Amniocentesis is an OPTIONAL diagnostic test (tells us if a fetus ACTUALLY HAS a specific condition). It tests for Down syndrome, neural tube defects, and other chromosomal abnormalities. It is an invasive test so there is a small risk of miscarriage (1:300-1:500 of all pregnancies). With ultrasound guidance, a needle is placed through your abdomen into the sac of fluid surrounding the fetus. A small amount of fluid is withdrawn from the sac. The test is more than 99 percent accurate. Amniocentesis is OPTIONAL and should be decided upon by you and your provider.

- **18-22 weeks** **Ultrasound**

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An ultrasound will be given during your second trimester. This is a screening test and will be done at about 20 weeks. The ultrasound uses high frequency sound waves to produce a picture of your baby. You may receive a picture of your ultrasound, but videotaping is not allowed. We cannot guarantee that the sex of your baby will be identifiable. If you request another ultrasound to check for that baby's gender, there will be a charge which is not billable to insurance.

▪ **Additional information about your Ultrasound:**

- An ultrasound will be done prior to your visit at approximately 20 weeks. This ultrasound is a necessary diagnostic tool for your health and the health of your baby.
- Please keep the following in mind when you come in for your ultrasound:
  - Only 3 visitors total are allowed at the ultrasound.
  - If any of these visitors are children, they must be under the continual supervision of an adult, other than the patient herself.
  - No filming or picture taking is allowed at your ultrasound.

- **26-28 weeks** **One Hour Glucose Test**

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The one-hour glucose test is given between 26-28 weeks to screen for gestational diabetes. Gestational diabetes occurs in up to 12 percent of all pregnancies in the United States and can be a concern for the health of both the mother and the baby. If it's diagnosed early, complications during the pregnancy can be prevented. You'll be asked to drink a sugar solution, and afterwards, the amount of glucose in your blood will be measured. The one-hour glucose test may be done at an earlier point in your pregnancy if you have certain risk factors, and then may be repeated again at 26-28 weeks.

- **28 weeks** **Rhophylac Injection (If Rh negative)**  
If your blood is Rh negative, around the beginning of the seventh month of pregnancy, or 28 weeks, your health care provider will recommend that you have an injection of Rhophylac. This will prevent your body from building up antibodies against your baby, in case your baby's blood is Rh-positive.
- **28 weeks** **Tdap Vaccine**  
Tdap is a vaccine against tetanus, diphtheria, and pertussis (aka whooping cough). It is recommended to receive this vaccine at 28 weeks for EACH pregnancy to help protect your infant from whooping cough.
- **35-37 weeks** **Group B Strep Vaginal Culture**  
Group B Streptococcus (GBS) is a type of bacteria that can be found in approximately 30% of pregnant women. In women, it is most commonly found in the vagina or rectum. A woman with GBS can pass it on to her fetus when she is pregnant or to her baby during delivery or after birth. Most babies who get GBS from their mothers do not have any problems. Only 1-2 % of all babies who are exposed to GBS during pregnancy become infected. This can cause major health problems or even threaten their lives. A vaginal/rectal culture is done between 35-37 weeks in all women to screen for GBS. If your GBS test is positive, you will receive antibiotics during labor.

### **Nutrition & Exercise in Pregnancy**

A healthy diet is important throughout all stages of life but is even more essential during pregnancy. A well-balanced diet is important to ensure that your baby is getting adequate nutrition to grow and develop. So what does a healthy, well-balanced diet actually entail?

### **Weight Gain**

Normal weight gain during pregnancy is 20-30 pounds. Individuals who are underweight should gain closer to 30 pounds and those who are overweight should gain closer to 20 pounds. You will gain approximately 3-6 pounds in the first trimester and then a ½ pound – 1 pound per week throughout the rest of pregnancy. This means that you will likely gain 8-10 pounds in the third trimester which is a large portion of your weight gain.

### **Diet**

A healthy, well-balanced diet is essential to provide your growing fetus with adequate nutrition. A non-pregnant individual needs 2000 calories/day. During pregnancy, you will only need an additional 100-300 calories/day which equals a small snack. Aim for about 500 extra calories a day if you are pregnant with twins. It is recommended that you eat small frequent meals and snack throughout the day to get your calories for the day. Your calories should come from a variety of healthy choices including protein, vegetables, fruits, grains, and dairy products. See the table below for recommended daily allowances. Many people get too many grains in their diet and not enough calories from the other food groups. It is important to only eat 6 ounces of grains a day, no more. In general, you can continue to follow your previous diet.

**Table 1: Recommended Daily Allowances**

Protein	5-5 ½ oz.	1 oz. = 1 egg, 2 T peanut butter, ½ c. nuts, or 1 oz. of meat, fish, poultry
Vegetables	2 ½ cups	1 cup = 1 cup raw or cooked vegetables or vegetable juice
Fruit	1 ½ - 2 cups	1 cup = 1 c. fruit, ½ c. dried fruit, 1 c. 100% fruit juice
Grains	6 oz.	1 oz. = ½ c. cooked rice or pasta, 1 slice of bread
Dairy	3 cups	1 cup = 1 cup milk or yogurt, 2 oz. of cheese

- **Special Dietary Concerns**

▪ **Vegetarian Diet**

It is safe to continue a vegetarian diet during pregnancy as long as you continue to get all of the recommended food groups discussed in the table above. Most vegetarians do not get the recommended amount of protein. If you are following a strict vegetarian diet make sure you are getting 5-5 ½ ounces of protein daily from other sources. Many vegetarian diets include an increased amount of grains. It is important to get no more than 6 ounces of grains a day.

▪ **Caffeine/ Soda/Tea**

It is safe to drink these beverages in pregnancy however they contain a lot of unneeded sugar. If you choose to consume caffeine try to limit it to only 1-2 servings a day or about 200 mg caffeine daily. There is data to suggest that large amounts of caffeine can lead to an increased rate of miscarriage if consumed early in pregnancy. If you are concerned, please avoid caffeine consumption.

▪ **Mercury Consumption**

Fish can be an important part of a healthy diet, but, some fish have harmful amounts of mercury. Mercury consumed by a pregnant or nursing women, or a young child, can harm the developing brain and nervous system. You can get the benefits of fish and avoid the risks of mercury by following fish advisories. Contact your Health Department for advice about the fish caught and sold in your area. If there is no special advice for your area, follow the federal advice given here.

○ Freshwater Fish Caught by Family and Friends:

- Limit your consumption of freshwater fish caught by family or friends to one meal per week.
  - For Adults- one meal is about 6 ounces of fish (cooked weight)
  - For Children- one meal is 2 ounces.
- For ocean fish caught by family and friends, use the advice for fish purchased in stores and restaurants.

○ Fish Purchased in Stores and Restaurants:

- The U.S. Food and Drug Administration (FDA) advises pregnant women, women who may become pregnant, nursing mothers, and young children to avoid high mercury containing foods like Tilefish, Swordfish, Shark, and King Mackerel.
- Five of the most commonly eaten fish that are low in mercury are shrimp, canned light tuna, salmon, pollock, and catfish.
  - Women who are pregnant or plan to become pregnant can safely eat an average of 12 ounces per week (cooked weight).
- Albacore (“white tuna”) contains more mercury than canned tuna so you can consume up to 6 ounces per week.
- It is safe to consume shellfish.
- Fish purchased in stores and restaurants usually have less mercury than freshwater fish caught by family and friends, so you can safely eat more.

○ Please visit the FDA website if you need more information.

<http://www.fda.gov/Food/FoodSafety/Product-SpecificInformation/Seafood/FoodbornePathogensContaminants/Methylmercury/ucm115662.htm>

▪ **Alcohol Use**

Alcohol use is not advised during pregnancy. You should stop any alcohol use once you have determined that you are pregnant.

▪ **Listeriosis**

Listeriosis is a harmful bacteria that can be found in refrigerated, ready to eat foods. Here are some suggestions to protect yourself and your baby from listeriosis.

- Keep perishable items refrigerated and use them as soon as possible.
- DO NOT EAT LIST from the FDA:
  - Hot dogs and luncheon meats - *unless they're reheated until steaming hot.*
  - Soft cheeses like Feta, Brie, and Camembert, "blue-veined cheeses," or "queso blanco," "queso fresco," or Panela - *unless they're made with pasteurized milk.*
    - Make sure the label says, "made with pasteurized milk."
  - Refrigerated pâtés or meat spreads.
  - Refrigerated smoked seafood - *unless it's in a cooked dish*, such as a casserole.
    - Refrigerated smoked seafood, such as salmon, trout, whitefish, cod, tuna, or mackerel is most often labeled as "nova-style," "lox," "kippered," "smoked," or "jerky." These types of fish are found in the refrigerator section or sold at deli counters of grocery stores and delicatessens.
  - Raw (unpasteurized) milk or foods that contain unpasteurized milk.
- FDA website is a good resource to find more information on dietary restrictions in pregnancy.
  - <http://www.fda.gov/Food/ResourcesForYou/HealthEducators/ucm083308.htm>

▪ **Other Dietary Concerns**

You should not consume raw seafood or raw sushi while pregnant.

**Vitamins**

It is also important to get key nutrients in your diet to promote a healthy growing fetus. Taking a prenatal vitamin is a good way to get some of the required nutrients.

- **Calcium**

1000 mg of calcium is important to support healthy bone development. Most prenatal vitamins have about 250 mg. If you are not getting enough calcium from your diet and prenatal vitamin, you will need to add an additional calcium supplement.

- **Folic Acid**

Folic Acid is another important nutrient during pregnancy. It is recommended that you get between 400-800 micrograms (mcg) of folic acid per day. You should start this one month before conception and continue for at least 2-3 months into the pregnancy. Folic acid helps prevent neural tube defects. If a patient is at risk for neural tube defects they should get 4 milligrams/day.

- **DHA**

[Docosahexaenoic acid](#) (DHA) is an omega-3 fatty acid found in fish oil. DHA promotes attention and visual acuity in infants. It is important to get DHA either in your diet or from a supplement, especially in the third trimester and during lactation. Fish is a great source of DHA however you have to watch your mercury consumption during pregnancy. Please reference the above section on mercury consumption for more information.

**Table 2: Example of a Prenatal Vitamin**

Calcium	250mg
Iron	30 mg
Zinc	15mg
Copper	2 mg
Vitamin B6	2 mg

Vitamin C	50 mg
Vitamin D	200 IU
Vitamin A	4000 IU
Folic Acid	800 mcg

- **Prenatal Vitamins**

Prenatal vitamins can be hard to tolerate, especially early in pregnancy when you are having more nausea and vomiting. If you have a hard time swallowing your prenatal vitamin or if you prefer to use a vitamin recommended by the physicians at OBGYN West, you may purchase a liquid prenatal vitamin in our lobby. Or you could try a women’s multivitamin or gummy vitamin and add extra folic acid if your vitamin does not contain at least 400 micrograms already.

**Exercise**

Besides eating a healthy, well-balanced diet, it is important to get exercise during pregnancy. Exercise is one of the best ways to help increase your energy level. The more you exercise the more energy you seem to have to continue exercising, as well as to perform your daily tasks. Moderate intensity exercise for 30-60 minutes, four-six days out of the week is recommended. You can continue any exercise that you were doing prior to getting pregnant. There are no exercises that need to be avoided during pregnancy. It is okay to continue with core exercises like sit-ups etc. unless you are getting uncomfortable doing these exercises. There is no maximum heart rate guidelines that you need to follow. In general, if you are feeling okay exercising, baby is also doing well. There are no specific lifting precautions early in pregnancy; you can always discuss specific concerns with your provider at your next visit.

**Physical Changes in Pregnancy**

**Nausea and Vomiting** – The term “morning sickness” can be deceptive because for some women, it can come at any time of day. Typically, it starts 4 to 6 weeks after conception and usually resolves spontaneously by the 16<sup>th</sup> week. Some women may have symptoms beyond the first trimester, and a few may have symptoms throughout their entire pregnancy. Nausea and vomiting in pregnancy is a real physical problem. Women experience this problem in varying degrees. The same woman may also have different experiences in succeeding pregnancies. Some experience “morning sickness”, but it is not uncommon to experience nausea only in the evening or all day long.

What causes morning sickness? At this time, we still are not sure. Nausea does seem to follow the rise and fall of a hormone called HCG, which is the hormone tested for in pregnancy tests. It helps to maintain the early pregnancy. As it decreases at the end of the first trimester, nausea improves.

What can be done to relieve nausea and prevent vomiting? We have compiled a list of suggestions we have found helpful in the past. Remember, each woman is an individual – what works for one may not be the answer for another. Listen to your body and eat the kinds of foods that make you feel best.

**Suggestions to help your nausea:**

1. The most important rule is to eat small amounts often, even if you are not hungry. Try not to go more than three hours without eating during the day or ten hours at night. An empty stomach triggers nausea.
2. Eat slowly and avoid foods that are spicy or high in fat. These are difficult to digest. Do not overfill your stomach.
3. Drink fruit juices, water, and milk between meals.

4. Eat a few crackers, dry toast, or vanilla wafers before rising in the morning. Stay in bed 15-20 minutes after eating and then get up slowly. Give yourself extra time in the morning.
5. Do not brush your teeth until you have been up for awhile.
6. Do not skip breakfast.
7. Have a snack at bedtime that includes both carbohydrates and protein, i.e. peanut butter toast.
8. A specific food or drink may trigger nausea in one woman and alleviate it in another. Milk is a good example of this. Find out what works best for you and eliminate those foods that cause nausea.
9. Most women tolerate ice cold drinks and foods best. Sherbet, Popsicles, Jell-O, and fruit juices are good examples.
10. Avoid coffee and products containing caffeine; it increases stomach acid.
11. Never smoke; it also increases stomach acid.
12. Rest – Your body requires more sleep in early pregnancy. Try to get plenty of sleep at night and a short nap during the day. Being tired does often trigger nausea. If you find nausea is worse in the evening, try taking a nap before dinner.
13. Exercise – Energy levels are normally low in early pregnancy and exercise may be the last thing you would think of to relieve nausea, but getting out and walking briskly for 30 minutes each day will increase metabolism, relieve stress, and psychologically improve your outlook.

**Vitamins and Over the Counter Medications to help your nausea:**

Vitamin B6 and Vitamin C may improve nausea. There have been no definite studies to prove this is effective, but some women do note improvement. There is also over the counter medications that may help your nausea.

1. To prevent nausea take 50mg of Vitamin B6 a day.
2. If experiencing nausea take 50 mg of Vitamin B6 three times a day.
3. Take 500 mg Vitamin C daily.
4. If taking your prenatal vitamin increases or causes nausea, stop for 7-10 days, and then try again. Many women will tolerate a children's gummy vitamin more than their prenatal vitamin initially. We also have a powder prenatal vitamin that we sell at our clinic. If you are interested, please discuss with your provider. It is OKAY to omit the first three months of your prenatal vitamin or until the nausea passes entirely, however you must make sure that you are still taking enough folic acid.
5. Unisom is an over the counter sleep aid that may help your nausea
  - a. Take a ½ tablet to 1 tablet every 6 hours.
  - b. Unisom can be taken with Vitamin B6 and Vitamin C.
6. Do not take any other medication without consulting your provider.

**INFORM YOUR DOCTOR IF:**

**You cannot keep liquids down.**

**You cannot keep any solid food down for 24 hours.**

**You are losing weight.**

**If your temperature is over 100.4 degrees, two times, 6 hours apart.**

Remember, nausea will improve as the pregnancy progresses. By 12-14 weeks, you will begin noticing more good days than bad. Generally, in the middle months, the majority of women report more energy and no nausea.



**Backache** – Backaches are very common in pregnancy due to the rise and shift of the uterus and to the extra weight gained. This also alters your center of gravity. Some women will also have sciatic discomfort which may produce pain down an extremity. To ease discomfort, try warm packs on your back, soaking in the bathtub, massage, and Tylenol. A pregnancy belt can give extra support to the gravid uterus.

**Bleeding Nose and Gums** – This is normal in pregnancy. Like the other mucous membranes in your body, your nasal passages and gums are receiving more blood flow during pregnancy. As a result, they can become swollen and inflamed and tend to bleed when you blow your nose, bend over, or brush/floss your teeth. There is no reason to be concerned unless the pain and redness of an infection develop.

**Breast Changes**– The increased production of the hormones estrogen and progesterone are the primary reason for the changes in a pregnant woman’s breasts. By a few weeks of gestation, you may notice tingling sensations in your breasts, and they may feel heavy, tender, and sore. You may also notice a blue, vein-streaked appearance.

**Cramps** – Cramps are very normal, as hormones haven’t kicked into the smooth muscles yet. If cramps are accompanied with bleeding, contact your provider.

**Constipation** – There are many reasons and causes for constipation during pregnancy. It can be related to hormonal changes, the iron in your vitamins, a lack of bulk or roughage in your diet, or inadequate fluid intake. Try to increase the bulk and roughage in your diet (bran cereal, whole-wheat crackers and bread, leafy green vegetable, fresh or dried fruit, and drink at least 72 ounces water.) If these suggestions do not seem to improve the situation, it is safe to use a bulk forming substance such as Metamucil or Effersyllium, or Colace every day. You might use a laxative such as Milk of Magnesia occasionally. Please reference our list of safe medications in pregnancy for more suggestions.

**Faintness** – Dizziness and fainting can occur at any time during pregnancy, but they are most common in the first trimester and the final months. Dizziness and fainting can be caused by sudden drop in blood pressure, which occurs when blood pools briefly and rapidly in one segment of the vein. Dizziness can also result from low blood sugar.

Standing up too quickly, excessively warm environments, and long spans between meals can all cause dizziness.

Here are tips to avoid feeling dizzy or fainting:

- Never stand up quickly. If you are lying down, move to sitting for several moments before standing.
- Avoid warm or stuffy rooms or prolonged standing in the sun or warm rooms.
- Do not skip meals. Eat multiple small meals or snacks between meals to prevent low blood sugar.
- Fainting is a self-correcting body response to a sudden drop in blood pressure. However, it is best to avoid this bodily response. If you feel like you are going to faint you should lie down, and if possible, elevate your legs on a pillow. If there is no place to lie down, sit down and lower your head. Fresh air and a cool compress on your forehead or back of your neck are helpful. If you have not eaten recently, have a carbohydrate snack.

**Fatigue** – Rest. Try to get the rest you need. “Give in” and take a nap. One of the best ways to increase your energy level is to exercise. The more you exercise the more energy you seem to have to continue exercising, as well as to perform your daily tasks. Even moderate exercise, such as walking for 30 minutes each day, can really help you feel energized. Eating a balanced diet is even more important when you’re pregnant than it was before. The fatigue that is natural in early pregnancy can be aggravated if you’re not getting enough iron or protein.

**Headache** – As you might know, headaches are caused by a number of reasons such as stress, being overworked, being overtired, or changes in hormonal levels occurring during pregnancy. Be sure to get enough sleep and take a break during daily activities. We do not suggest that aspirin or aspirin containing compounds (such as Advil) be used. Tylenol is preferred. Napping, darkness, increasing fluids, and cool compresses to your head are often most helpful. You can try a small amount of caffeine to see if that helps. If you do not have any improvement following these suggestions, please call the clinic to schedule an appointment for evaluation.

**Heartburn/Indigestion** – Heartburn is a burning sensation that often extends from the lower throat to the bottom of the breastbone. It is caused by both hormonal and physical changes in your body. During pregnancy, the placenta produces the hormone progesterone, which relaxes the smooth muscles of the uterus. This hormone also relaxes the valve that

separates the esophagus from the stomach, allowing gastric acids to seep back up the pipe, which causes that uncomfortable sensation of heartburn. Progesterone also slows down the wavelike contractions of the stomach, making digestion sluggish. Many of the over-the-counter medication for heartburn are safe in pregnancy. Please reference our list of safe medications in pregnancy for suggestions.

**Heart Palpitations**- Heart palpitations are normal during pregnancy. They can be caused by the large volume of blood that a pregnant woman has circulating in her body, the increase in progesterone, and stress. A woman's blood volume is increased by almost 50% so her heart has to work much harder to keep all of that blood pumping throughout the body. Since the heart has to work so much harder, it can lead to errors in pumping that you feel as heart palpitations.

**Hemorrhoids** – Constipation or pregnancy itself can lead to hemorrhoids. Hemorrhoids are enlarged veins at the rectal opening. Most often burning, itching, and irritation occur with hemorrhoids. The best treatment for hemorrhoids is to keep bowel movements soft and regular. (Please try the suggestions described above for constipation.) Avoid straining. Avoid standing for long periods of time. You may try taking warm tub baths two or three times daily and using witch hazel, Tucks pads, or Preparation H after bowel movements. Should you have rectal bleeding, please let us know.

**Increased Vaginal Discharge** – Increased vaginal discharge is normal. If your vaginal discharge is malodorous (a bad odor), causing irritation, itching, or colored, please contact your provider.

**Insomnia** – As you get closer to delivery, you may be finding it increasingly difficult to sleep through the night. There could be several reasons for this. One is the size of your abdomen, which may make it seem impossible for you to find a comfortable position. Another is the natural anticipation, or even anxiety, you may be feeling about the baby's arrival. Insomnia can be troublesome for you, but there's no need to worry about it harming your baby. The best position for sleeping in late pregnancy is on your left or right side, with your legs and knees bent. Lying on your side is better than on your back because it takes pressure off the large vein that carries blood from your legs and feet back to your heart. This is important so that you're adequately oxygenating your baby as well as yourself. The side position is also good for taking pressure off your lower back. Try using a pillow to support your abdomen and another one to support your upper leg. Also, try leaning against a bunched-up pillow or rolled-up blanket placed at the small of your back. This can help take some of the pressure off the hip you're lying on. Some other tips:

- Warm milk or a good source of protein at bedtime
- Chamomile tea – avoid caffeine after 3:00 PM
- Warm water bath
- Massage
- You may find it more comfortable to sleep in a recliner or couch.
- Exercising a few hours before bedtime

**Leg Cramps** – Cramps in the lower leg muscles are fairly common in the second and third trimesters. They often occur at night and may disrupt your sleep. The exact cause of leg cramps is uncertain, but they may be due to an inadequate amount of calcium in your diet, fatigue, blood volume changes, or pressure of the uterus on nerves in your legs. If you're bothered by leg cramps, try doing exercises to stretch your calf muscles. Other measures to ease or prevent leg cramps include wearing support hose, especially if you stand a lot during the day. Take frequent breaks from sitting or standing for long periods. If you do get a cramp, you might be able to relieve it by straightening your knee and gently flexing your foot upward. Applying local heat may also help.

**Round Ligaments** – A common cause of abdominal or groin pain in pregnancy is stretching of the round ligament. Actually made of muscle cells, the round ligament is a cord-like structure that supports the uterus. Before pregnancy, the round ligament is less than a quarter of an inch thick. By the end of pregnancy, it has become longer, thicker, and more taut. A sudden movement or reach can stretch the round ligament, causing a pulling or stabbing pang in your lower pelvic area or groin or a sharp cramp down your side. The discomfort usually lasts several minutes and then goes away. Round ligament pain can be helped by changing positions slowly, using Tylenol, and using a pregnancy belt to help support the gravid uterus.

**Shortness of Breath** – This is normal in pregnancy. This is because your diaphragm—the broad, flat muscle that lies under your lungs is being pushed up out of its normal place by the expanding uterus. The diaphragm rises about 1 ½ inches (about 4 centimeters) from its usual position during pregnancy. That may seem like a small amount, but it’s enough to decrease your lung capacity (the amount of air your lungs are able to take in), which results in shortness of breath.

**Stretch Marks** – There is no proven treatment for stretch marks. They develop from deep within the connective tissue underneath the skin, so they cannot be prevented by anything applied externally. Contrary to some beliefs, there are no “miracle” creams or ointments that will make them magically vanish. They will, however, tend to fade slowly after delivery. Lotions may help alleviate itching.

**Swelling** – A certain amount of swelling can be normal during pregnancy. It occurs most often in the legs and hands. Swelling can begin during the last few months of pregnancy, and it may occur more often in the summer. You can help to decrease the swelling by raising your legs when possible, avoiding long periods of standing, and resting on your left side. Do not wear anything that binds such as tight garters, bands at the tops of stocking or socks, or rings if your fingers are swollen. You may want to try exercising more regularly. Do not limit the amount of fluids you drink. Increasing the amount you drink helps reduce swelling. In addition, you may benefit from being in a pool or bathtub filled as high as possible.

**Urinary Frequency** – Urinary frequency varies throughout your pregnancy. It is normal to go to the bathroom more often during pregnancy and you may even be waking up at night to go to the bathroom. If your urinary frequency is accompanied by burning, low back pain, blood, or foul smelling urine please call the clinic to schedule an appointment for evaluation.

**Varicose Veins** – Varicose veins are more common in women than in men, and they often tend to run in families. Caused by a weakness in the small veins that carry blood back to the heart, they show up as fine bluish, reddish, or purplish lines under the skin, most often on the legs and ankles. The circulatory changes of pregnancy that are designed to support the growing fetus can produce this unfortunate but common side effect. Varicose veins may surface for the first time or may worsen during late pregnancy, when the uterus exerts greater pressure on the veins in the legs.

Varicose veins may cause no symptoms or may be accompanied by mild to severe pain. Measures to help prevent them, keep them from getting worse, or ease their discomforts include the following:

- Avoid standing for long periods.
- Don’t sit with your legs crossed. This position can aggravate circulatory problems.
- Elevate your legs whenever you can. When sitting, rest them on another chair or a stool. When lying down, raise your legs and feet on a pillow.
- Exercise regularly to improve your overall circulation.
- Use compression stockings to help improve the circulation in your legs.
  - Ask your healthcare provider to recommend a good brand.

Although varicose veins don’t go away by themselves, they generally improve greatly after delivery. In severe cases, they can be removed surgically, but this procedure is not normally done during pregnancy, and is recommended only after you’ve finished your childbearing years.

### **Clinical Concerns in Pregnancy**

**Bleeding in Pregnancy:** There are many reasons that pregnant women can bleed during their pregnancy.

- **Implantation spotting:** It is common for women to have a small amount of pinkish/red blood during implantation which typically occurs around your missed period (4-5 weeks gestation).
- **Bleeding early in pregnancy:** It is common for women to have a small amount of bleeding following an internal exam by your provider, a vaginal ultrasound, intercourse, heavy lifting, or intense exercise. If you are noticing a

small amount of pinkish/brown spotting following any of these activities you can monitor your bleeding. If it lasts more than 24-48 hours, you are having pain, it is getting heavier, or you are concerned, please call the clinic to speak with our triage nurse. If it is reoccurring, we recommend that you call the clinic to speak with our triage nurse. If you are having heavy, bright red blood like a period, we recommend that you call the clinic to schedule an appointment for evaluation.

- **Bleeding in the Second or Third Trimester:** Again it is common to have a small amount of bleeding after a cervical exam, intercourse, heavy lifting, or intense exercise. If it lasts more than 24-48 hours, you are having pain, it is getting heavier, or you are concerned, please call the clinic to speak with our triage nurse. If you are having any bleeding that occurs sporadically in the second or third trimester, please call the clinic to speak with our triage nurse.

**Decreased Fetal Movement:** Most women will start to feel movement by 20-22 weeks gestation with their first pregnancy. In subsequent pregnancies, women may start feeling movement slightly earlier. There are many factors that play into how you will feel movement including placental position and fetal position. It is common for fetal movement to vary from one pregnancy to the next. Some babies are just more active than others. Movement will often become more consistent and predictable starting at 28 weeks. You may find that you notice a pattern in your baby's movements which is common. Many babies tend to move more when you are at rest especially at night when you are trying to sleep. If you have a day that seems atypical to you, we recommend lying on your left side, having a cold glass of juice or water, and then counting baby's kicks. We expect 5-10 kicks in a 1-2 hour period from 28 weeks gestation and on. If you do not get 5-10 kicks in this time frame we recommend that you call the clinic to schedule an appointment for evaluation. At any time if you are concerned, please call the clinic to speak with our triage nurse.

**Mucous Plug:** The cervix is sealed by a small amount of mucous, often called the mucous plug. You will lose your mucous plug as your cervix starts to dilate and thin out (effacement). Losing your mucous plug is often accompanied by a small amount of pink blood, often called the bloody show. You may lose your mucous plug weeks prior to delivery; it does not mean that you are in labor. Not all women will notice when they lose their mucous plug. If you believe you have lost your mucous plug, you can wait to tell us at your next visit.

**Placenta Previa or Low-Lying Placenta:** A placenta previa is when the placenta has implanted over your cervix. A low-lying placenta is when your placenta is sitting close to the cervix but is not covering it. We will evaluate your placenta and its position at your 20 week ultrasound. If you are told you have a placenta previa or low-lying placenta, we will plan to repeat your ultrasound later in your pregnancy to monitor your placenta. Often, later in pregnancy your placenta will be further away from the cervix. The concern with placenta previa or a low-lying placenta is bleeding. If you are told you have either of these conditions and are having bleeding, please call the clinic to schedule an appointment for evaluation. If you are having heavy bleeding and do not feel well, either call an ambulance or have someone drive you to the hospital as soon as possible. If you were told you have a placenta previa, we recommend pelvic rest which includes no intercourse, intense exercise, or heavy lifting.

**Possible Rupture of Membranes:** Rupturing your membranes may involve a large gush of fluid or less often a small amount of leaking fluid. When you rupture your membranes, you are actually leaking amniotic fluid. Amniotic fluid is often a clear, watery substance. It can be a greenish, watery substance if there is meconium (stool from baby) present in the amniotic fluid. If you have a large gush of fluid and are confident that you have ruptured your membranes, please head to the hospital with your bags. If you are unsure, please call the clinic to schedule an appointment for evaluation.

**Preeclampsia:** Preeclampsia is a common obstetrical complication. It involves elevated blood pressure and protein in your urine. Common physical symptoms of this disorder are headache (the worst headache of your life and Tylenol does not help it), visual changes including flashing white lights (black floaters are normal and common in pregnancy), and pain in your upper right abdomen that is severe and persistent. If you are noticing any of these symptoms please call the clinic to schedule an appointment for evaluation.

**Vaginal Discharge, Itching, or Irritation:** It is common for women to get vaginal infections during pregnancy. Bacterial vaginosis and yeast infections are the two most common vaginal infections. If you are having an increase in vaginal discharge that is associated with increased itching or irritation please call the clinic to schedule an appointment for evaluation. If you believe it is a yeast infection, we recommend a 7 day Monistat treatment which is safe to use in pregnancy. If you do not see an improvement in your symptoms following the treatment, please call the clinic to schedule an appointment for evaluation. Remember that it is common to have an increase in vaginal discharge in pregnancy but if you are concerned or are having any additional symptoms we need to see you for evaluation.

### **Infections and Exposures to Illness in Pregnancy**

As a general rule, if you have been exposed to an illness during your pregnancy but you are not having any symptoms, you can assume that your pregnancy is not affected.

**Chicken pox:** If you are not sure that you have had chicken pox in the past or have been vaccinated please call the clinic because we can do a blood test to check your titer levels.

- If you are not immune to Chicken Pox, you must avoid contact with any individual who has Chicken Pox.
- If you are immune to Chicken Pox or have had it in the past, there is no concern to the pregnancy.

**Cold and influenza during pregnancy:** A cold is an acute inflammation of the upper respiratory tract involving the nose and throat. Symptoms usually come on suddenly. The throat is frequently irritated, the nose runs, there is some sneezing, and a feeling of discomfort. You may also experience a headache, loss of smell or tastes, vague aches, and occasionally a cough occurs. Later the nose becomes obstructed, necessitating constant blowing.

Influenza is a viral respiratory infection that usually occurs in the winter months. Symptoms appear suddenly and include chills, fever, headache, and aches in the back, muscles, and joints. Weakness, excessive fatigue, and sweating are common. There may be mild cold symptoms such as runny nose, sneezing, sore throat, and dry or hacking cough. The acute phase of the illness runs 4-5 days, but fatigue can persist for weeks.

Since we have no medications to destroy a virus, treatment involves controlling the symptoms and keeping yourself comfortable during the illness.

Because many medications pass through the placenta during pregnancy, we generally suggest you avoid using any drugs. However, during illness it may be necessary to use some medications to control fever and other symptoms. Those mentioned below are used frequently during pregnancy and are believed to be safe for you and your baby if used in moderation and for short periods. Never take more medication than is directed on the package. Antibiotics are not usually helpful because colds and flu are viral. They are prescribed only if a secondary bacterial infection occurs. If antibiotics are needed, we will prescribe one that is safe for use during pregnancy.

### **Treatment of cold and flu**

1. Increase rest. Bed rest makes sense if the cold or flu is severe. Fatigue always worsens the disease.
2. Increase fluid intake. Greater than 2 quarts per day is recommended.
3. Fever: Try to keep your temperature below 100.4°.
  - Light, loose clothing allows heat to escape from your body. Wrapping up in a blanket or sweater retains your body heat.
  - A tepid bath may help lower your body temperature.

- An antipyretic such as acetaminophen (Tylenol) can be used according to the package instructions.
4. Congestion:
    - Extra humidity can relieve nasal stuffiness.
    - Decongestants may help dry up nasal secretions and relieve pressure in the ears. Sudafed is fine to use after 13 weeks gestation.
  5. Cough:
    - It is safe to use Robitussin cough medication, but it is important to follow the package instructions.
  6. Sore Throat:
    - Extra humidity can relieve nasal stuffiness.
    - Cepacol or Chloraseptic spray is safe to use in pregnancy.
    - Throat lozenges are also safe in pregnancy.
  7. Body Aches:
    - Acetaminophen (Tylenol) as directed may help.

**When to call the office**

1. If your temperature is over 100.4 degrees, two times, 6 hours apart.
2. If nasal secretions turn green or dark yellow.
3. If you have shortness of breath, chest pain with coughing, or are coughing blood-tinged phlegm.
4. If you have a rash.
5. If you have extreme difficulty swallowing.
6. If your symptoms do not improve within 10-14 days.

**Genital herpes:** Genital herpes is a sexually transmitted infection. If it is transmitted to your baby during pregnancy or delivery, it can cause a life threatening infection. If you know that you have genital herpes, please discuss this with your provider at your first appointment. Most women are placed on a suppressive medication during the last month of their pregnancy to prevent an outbreak during delivery. If you are having a current outbreak when it is time for delivery, your provider will talk with you about likely needing a cesarean section. Genital herpes often present as painful genital lesions. If you believe you may be having an outbreak, please call the clinic to schedule an appointment for evaluation.

**Intestinal flu, diarrhea, and vomiting:** Diarrhea and/or vomiting may be caused by such things as food allergies, food poisoning, certain medications, and some diseases and infections. Intestinal flu is probably the most common cause of vomiting and diarrhea. Other flu symptoms include chills, fever, backache, and weakness. We generally do not recommend medications to stop vomiting or diarrhea, since intestinal flu is self-limiting and lasts only 24 hours. Treatment involves resting the GI tract for a short period of time. You may rest assured that both you and your baby will do fine with limited food and fluid intake for one day.

**Diet instructions for the treatment of vomiting**

1. You should have nothing by mouth for 3-4 hours after the last episode of vomiting.
2. During the following 2 hours take 1 tablespoon of ice chips or water every 15 minutes if desired.
3. If this is retained, try small amounts (1 ounce) of clear liquids for 2 hours. Allowable fluids include water, 7-Up, ginger ale, weak decaffeinated tea, bouillon, Popsicles, Jell-O, apple juice, and Gatorade. No milk or dairy products. If tolerated, gradually increase the amount of liquids until your thirst is satisfied.
4. After 24-48 hours, you may progress to a soft bland diet. This is sometimes called a “white diet” and includes such foods as white rice, white bread or toast, saltine crackers, boiled or mashed potatoes, baked or broiled chicken or turkey without skin, and pasta without sauce.

### **Diet instructions for the treatment of diarrhea**

1. Go on a BRAT diet for 24-48 hours. BRAT is bananas, rice, applesauce, and toast (dry white).
2. Lots of clear liquids- follow instructions listed above for treatment of vomiting.
3. No milk or dairy products for 72 hours.

### **When to call the office**

1. If you have severe abdominal pain
2. If you have more than 10 stools or vomit more than 10 times a day.
3. If you have blood in the stool or vomitus.
4. If you have symptoms of preterm labor. Intestinal cramps are usually relieved with the passage of stool. Contractions, on the other hand, continue and cause the uterus to “ball up” or become firm.
5. If you have been on a clear liquid diet for vomiting or a BRAT diet for diarrhea for at least 24 hours and your symptoms have not improved.
6. If your temperature is over 100.4 degrees, two times, 6 hours apart.

**Parvovirus:** Parvovirus B19 is a virus that approximately 50% of adults have been infected with, usually during childhood or adolescence. The most common illness caused by Parvovirus B19 is called Fifth Disease, and appears as a mild rash on the cheeks, trunk, and limbs. Occasionally, the rash may itch and may be accompanied by joint pain. Symptoms usually resolve within 7-10 days, though joint pain may persist longer. Once you have been infected with Parvovirus B19, you will have lifelong immunity and protection from future infection.

Usually there are no serious complications for a pregnant woman or her baby following exposure to Fifth Disease. However, Parvovirus B19 infection can cause the unborn baby to have severe anemia and the woman may have a miscarriage, which occurs with less than 5% of pregnant women who are infected with Parvovirus B19. These risks depend largely on what gestational age you came in contact with the virus.

If you think you have been exposed to Parvovirus B19, a blood test can be performed to test for infection.

- If you are not immune to Parvovirus, you should avoid contact with individuals who are infectious. Good hand-washing skills are one of the best ways to prevent the illness.
- If you are immune to Parvovirus, there are no concerns to the pregnancy.

**Salmonella:** To reduce the risk of Salmonella, wash your hands thoroughly after handling gerbils, hamsters, and rabbits.

**Shingles:** Shingles is a reactivation of the virus that causes Chicken Pox.

- If you are immune to Chicken Pox, there is no concern with contact to a person with Shingles.
- If you are not immune to Chicken Pox, you must avoid contact with a patient with Shingles.

**Toxoplasmosis:** Toxoplasmosis is an infection that is caused by a parasite that is commonly found in cat feces.

Toxoplasmosis can cause harm to your unborn child so it is important that you take certain precautions to protect you and your baby from toxoplasmosis. We recommend the following to help cat owners expecting a child to reduce their risk of contracting toxoplasmosis. Getting rid of your feline is **NOT** a necessary precaution.

- Avoid undercooked meat.
- Wash all vegetables thoroughly.
- Be certain to wash all cutting boards and utensils that may have come in contact with meat before using them to prepare other foods.

- Wear gloves when working in soil and wash your hands thoroughly afterwards. If gloves are not worn, hands need to be washed thoroughly.
- All pregnant women should avoid cleaning the litter box; ask that someone else in your household does this.
  - Try to have your cat's litter box changed daily.

### **Vaccinations During Pregnancy**

Vaccinations are an important way to stop the spread of certain diseases in the general population. They can also be beneficial to the pregnant mother to help prevent certain conditions that can be harmful during pregnancy. Unfortunately, there are few vaccines that are safe during pregnancy. While you are pregnant, you should avoid all live virus vaccines. You should discuss your vaccination history with your provider, many of these vaccines can be administered prior to conception or in the post partum period.

**Flu vaccine-** We recommend that all pregnant women get the Influenza vaccine. It is offered from September to May. It is safe to get at any point during the pregnancy. It is important that you actually get the shot and NOT the inhaled vaccine. The inhaled vaccine contains live virus and is contraindicated in pregnancy.

**MMR vaccine (Measles, Mumps, and Rubella)-** MMR vaccine is a live virus and cannot be given during pregnancy. We check every expecting mothers Rubella status at their initial lab visit. If you are not immune to rubella, we will recommend that you receive your MMR vaccine postpartum.

**Tdap vaccine (Tetanus, Diphtheria, and acellular Pertussis)-** This is a vaccine that is administered as a childhood series. There is evidence that immunity to Pertussis (Whooping Cough) can fall off in adulthood. It is now recommended that everyone who is going to be around a young child have a booster shot called a Tdap. This vaccine should be administered at 28 weeks gestation. It is recommended that everyone who is going to have close contact to baby should also be vaccinated.

**Varicella vaccine-** The Varicella vaccine is a live virus and cannot be given during pregnancy. If you are not already immune to varicella, you can get the vaccine in the post partum period.

### **What Can I Do or Not Do in Pregnancy?**

**General Medical or Dental Concerns-** In general, all medically necessary tests and radiological procedures can be done in pregnancy. If it is not medically necessary, wait until after you have delivered.

- **Dental care:** Don't neglect your dental care during pregnancy. Although routine dental x-rays are usually postponed until after birth, brushing, flossing, regular dental exams, and cleanings are important. Good dental hygiene can decrease your risk of preterm labor. Professional cleaning prevents a buildup of plaque, which left untreated, can make your bleeding gums worse. If the bleeding is profuse or accompanied by pain or inflammation, make an appointment with your dentist soon to check for infection.
  - It is okay to do dental x-rays if necessary but hold off on routine x-rays until you are no longer pregnant. If needed, make sure that your dentist is aware that you are pregnant. They will shield the uterus from the radiation exposure.
- **Giving blood:** It is not recommended to give blood in pregnancy. Your iron levels are often low in pregnancy so they won't accept the blood anyway.
- **Mantoux skin test:** This is a test done to screen for Tuberculosis. It is safe to do in pregnancy.
- **MRI:** It is safe to have an MRI during pregnancy. Only do so if medically necessary.

**Intercourse-** If your pregnancy is proceeding normally and your provider has not told you that you're at risk for premature labor, incompetent cervix, or placental problems, your lovemaking can proceed until spontaneous rupture of membranes or labor. If you're at all uncertain whether you're at risk, ask your provider.

**Outdoor Activities:** You should avoid any contact sports or activities that could result in abdominal trauma.



- **Amusement parks:** We recommend that you follow the guidelines at the park. They often do not allow pregnant women to be on high velocity rides.
- **Bungee jumping:** Avoid during pregnancy.
- **Downhill skiing:** Avoid after the first trimester.
- **Horseback riding:** We do not recommend that you go horseback riding during pregnancy.
- **Water skiing:** Avoid during pregnancy.

#### **Miscellaneous Activities-**

- **Painting or staining:** Safe in pregnancy as long as you are doing it in a well-ventilated room or outside.
- **Teeth whitening:** Safe in pregnancy.

**Sauna/Hot Tub-** The use of hot tubs and saunas are not recommended. Hot tubs are only safe to use during pregnancy when the temperature is set at 100 degrees and below, especially during the first trimester. Most hot tubs are set between 105-120 degrees Fahrenheit, which is too high for pregnant women. If you can't control the water temperature or aren't certain how hot it is, don't use one. The high temperature of the sauna may raise your core body temperature. Most core body temperatures range from 97-98.8 degrees. There have been documented complications to pregnancy when a woman's core body temperature has been raised.

#### **Salon Services-**

- **Hair care:** It is okay to color, highlight, or perm your hair.
- **Massage:** It is okay to have a massage in pregnancy and we often recommend it for women who are struggling with different discomforts during their pregnancy. We recommend that you have a masseuse who is experienced in pregnancy massages. Make sure that you drink plenty of water following your massage. Aquamassage during pregnancy is also safe.
- **Pedicure:** It is safe to get a pedicure in pregnancy. You should not be concerned about a pedicure causing preterm labor during your pregnancy.
- **Tanning beds:** We do not recommend that you use tanning beds in pregnancy. This can worsen a skin condition called Melasma (Mask of Pregnancy). It can also raise your core body temperature which can be harmful to the baby. It is safe to have a spray tan or use self tanning lotions during pregnancy.

**Seat Belts-** Always wear your seat belt, with the bottom belt across your hips, not over your abdomen and always wear the shoulder strap as well.

**Sleep-** In general, any position is OKAY as long as it doesn't cause shortness of breath or back pain while you sleep. You do not need to sleep on your left side all of the time like many pregnancy books recommend. Find a position that is comfortable for you. Many women find it more comfortable to sleep with a lot of extra pillows for added support. One pillow between your knees and one under your belly often helps give more support. Sleeping on your back is often uncomfortable and thus is not the preferred position. Many women will start sleeping on their side around 24 weeks gestation for comfort.

**Sun Exposure-** We recommend that you avoid excess sun exposure during pregnancy. Sun exposure can worsen skin conditions in pregnancy like Melasma often known as the "mask of pregnancy". We recommend that you wear sunscreen and try to keep yourself as shaded from the sun as you can.

**Travel-** Travel during your pregnancy is fine in uncomplicated pregnancies, up to 28 weeks by whatever route chosen within the continental United States or outside of the United States. If you have travel plans later than 28 weeks, please discuss with your provider. The following steps can help to ensure your comfort and physical safety:

- Take nutritious snacks and water so you can eat and drink frequently.
- Dress in comfortable clothes and shoes that are appropriate for the trip.
- Find comfortable positions and move about as frequently as possible (at least every 2 hours).
- Carry your prenatal record from your provider (particularly in the third trimester). Ask for a copy at your last prenatal visit before your trip.

## Commonly Used Medications in Pregnancy and Lactation

<u>Medications:</u>	<u>Indication &amp; Side Notes</u>	<u>Breastfeeding Comments</u>
<b><u>Acne:</u></b>		
Over the counter acne medications are low risk.		●
Benzoyl Peroxide products		Low risk
Proactiv		Low risk
Salicylic Acid products		Low risk
<b><u>Allergies:</u></b>		
Afrin Nasal Spray		Low risk (may ↓ milk supply)
Benadryl, Diphenhydramine	Allergies & Nasal Congestion	●
Clarinetx	Allergies	Low risk (may ↓ milk supply)
Claritin, Loratadine	Allergies & Nasal Congestion	Low risk (may ↓ milk supply)
Claritin D (after 13 weeks)	Allergies & Nasal Congestion	Low risk (may ↓ milk supply)
Phenylephrine (after 13 weeks)	Allergies & Nasal Congestion	
Ocean's Nasal Spray	Allergies & Nasal Congestion	Low risk
Sudafed, Pseudoephedrine (after 13 weeks)	Allergies & Nasal Congestion	Low risk
Zyrtec	Allergies & Nasal Congestion	Low risk (may ↓ milk supply)
<b><u>Antibiotics:</u></b>		
*Amoxicillin	Infection	Low risk
*Ampicillin	Infection	Low risk
*Cephalexin, Keflex	Infection	Low risk
*Cefuroxime	Infection	Low risk
*Duricef, Cefadroxil	Infection	Low risk
*Erythromycin	Infection	Low risk
*Macrobid (not in last month of preg.)	Infection	Low risk if 3 wks postpartum or >
*Metronidazole, Flagyl	Infection	Low risk
*Penicillin	Infection	Low risk
*Zithromax, Azithromycin	Infection	Low risk
<b><u>Anti-hypertensive Medications:</u></b>		
*Hydralazine		Low risk
*Labetalol		Low risk
*Nifedipine		Low risk
*Methyldopa		Low risk
*Propranolol		Low risk
<b><u>Antivirals:</u></b>		
*Acyclovir	Cold Sores, Genital Herpes	Low risk
*Valtrex, Valacyclovir	Cold Sores, Genital Herpes	Low risk
<b><u>Asthma:</u></b>		
*Albuterol		Low risk
*Flovent		unknown
*Prednisone		Low risk
*Pulmicort		use caution
*Singulair		unknown
<b><u>Breast &amp; Nipple Infections:</u></b>		
*All Purpose Nipple Ointment		Low risk
Nystatin		Low risk
<b><u>Cough and Cold Remedies:</u></b>		

● Please Contact Your Pediatrician concerning use in breast feeding.

Afrin Nasal Spray	Nasal Congestion	Low risk
*Flonase	Rhinitis, Seasonal Allergies	•
*Nasacort	Rhinitis	•
*Nasonex	Rhinitis, Seasonal Allergies	•
Netti Pot	Nasal Congestion	Low risk
Ocean's Nasal Spray	Nasal Congestion	Low risk
*Rhinocort	Rhinitis	•
Robitussin, Gaufenesin, Mucinex	Cough	Low risk
Robitussin DM (Gaufensin + Dextromethorphan)	Cough	Low risk
Sudafed (only after 13 wks)	Nasal Congestion	Low risk
Throat Lozenges	Cough	Low risk
Vick's Vapor Rub	Cold Symptoms	Low risk

**Do not stop these medications, please talk with your OBGYN first.**

**Depression and Anxiety:**

*Citalopram, Celexa		Low risk
*Lexapro		Low risk
*Prozac		Low risk
*Sertraline, Zoloft		Low risk
*Wellbutrin		Low risk

**Diabetic Medications:**

*Glyburide		Low risk
*Insulin		•
*Metformin (usually stopped at 12 wks.)		•

**GastroIntestinal Medications:**

Achiphex	Heartburn	Low risk
Anusol	Hemorrhoids	Low risk
Colace	Constipation	Low risk
Dulcolax Suppositories	Constipation	Low risk
GasX	Gas	Low risk
Glycerin Suppositories	Constipation	Low risk
Preparation H	Hemorrhoids	Low risk
Imodium, Loperamide	Hemorrhoids	Low risk
Kaopectate (Not recommended in 3rd Trimester)	Diarrhea	Not recommended
*Nexium	Heartburn	Low risk
Maalox	Heartburn	Low risk
Metamucil, or any fiber Supplement	Constipation	Low risk
Milk of Magnesia	Constipation	Low risk
Miralax	Constipation	Low risk
Mylanta	Heartburn	Low risk
Pepsid	Heartburn	Low risk
PeptoBismol (Not recommended in 3rd	Diarrhea	Not recommended
Pericolace	Constipation	Low risk
Prevacid	Heartburn	Low risk
Prilosec, Omeprazole	Heartburn	Low risk
*Protonix	Heartburn	Low risk
*Reglan	Heartburn	Low risk
Roloids	Constipation, Diarrhea	Low risk
Senokot, Senna	Constipation	Low risk
*Tagamet	Heartburn	Low risk
Tucks pads	Hemorrhoids, Perineal Wounds	Low risk
Tums	Heartburn	Low risk
Zantac, any dose	Heartburn	Low risk

**Headache:**

• Please Contact Your Pediatrician concerning use in breast feeding.

*Fioricet		•
*Imitrex (& other Triptans)- after first trimester	Cat C, could use if needed, ok with MD.	•
Tylenol, Acetaminophen		Low risk

**Miscellaneous Medications:**

Dramamine	Motion Sickness	•
Bonine	Motion Sickness	

**Pain Medications/Treatments:**

Aspirin (81 mg only)		Low risk
Heating Pads		Low risk
Icy Hot/Bengay	Muscular Pain	•
*Lidocaine	Pain control	•
*Narcotics	Pain- in moderation	Low risk
*Novacaine	Dental Work, Pain Control	•
Tylenol, Acetaminophen		Low risk
Tylenol with Codeine		

**Rash/Skin Conditions:**

1% Hydrocortisone Cream		Low risk in small amts
Benadryl Cream		Low risk
Nix	Lice Treatment	•
Permethrin	Scabies, Lice Treatment	•

**Sleep Issues:**

*Ambien	Don't Use Everynight	•
		Low risk (may ↓ milk supply)
Benadryl, Diphenhydramine		Low risk
Tylenol PM (Tylenol & Diphenhydramine)		Low risk
Unisom		•

**Vaginal Infections:**

*Cleocin		Low risk
*Diflucan		Low risk
*Metrogel		Low risk
Monistat		Low risk
*Terconazole, Terazol		•

**Vitamins:**

Calcium		Low risk
Fish Oil		Low risk
Folic Acid		Low risk
Multivitamin		Low risk
Prenatal Vitamin		Low risk
Vitamin D		Low risk

## Medications Not Recommended In Pregnancy

<u>Medications:</u>	<u>Breastfeeding</u>	<u>Comments</u>
- ACE inhibitors		Low risk
o Captopril (Capoten)		Low risk
o Enalapril (Vasotec)		Low risk
o Lisinopril (Prinivil, Zestril)		Low risk
- Aspirin		Full Strength is contraindicated, 81 mg Baby Aspirin is low risk to use. Category C medication- there are better options
- Allegra		
- Amiodarone		

• Please Contact Your Pediatrician concerning use in breast feeding.

- Angiotension II Receptor Antagonists
  - o Cozaar
  - o Diovan
- Carbamazepine (Tegretol, Atretol, Convuline, Epitol) Tetragenic
- Danazol
- Diazepam (Valium) Not recommended
- Epinephrine
- Isotretinoin (Accutane) Not recommended
- Lamotrigine (Lamictal) Causes deformities
- Lindane
- Lithium
- Methotrexate
- Misoprostol
- NSAIDS (Ibuprofen, Naproxen)
- Nyquil
- Paroxetine (Paxil)
- Phenytoin (Dilantin, Aladdin, Dantoin) Tetragenic
  - Not recommended (avoid breast feeding for 120 days after treatment)
- Radioactive iodine Avoid pregnancy for 4-6 months after treatment.
- Quinolones Causes bone deformities
  - o Ciprofloxacin Low risk
  - o Levofloxacin Low risk
  - o Ofloxacin Low risk
- Streptomycin
- Tetracycline Causes staining of teeth
  - o Doxycycline Low risk
- Valium Not recommended
- Valproic acid Tetragenic
- Warfarin (Coumadin) Low Risk
- Xanax Not recommended

**If you are currently taking one of these medications and plan to get pregnant, do not stop the medication until you discuss it further with your prescribing physician. If you are currently pregnant, please discuss with your prescribing physician and make an appointment to see your OBGYN.**

\*\*\*Many herbal medications have not been FDA approved so no safety data is present. Please use with caution with these medications and if you are concerned do not use the medication!

## **Some Special Considerations for Air Travel**

- Avoid air travel in the last few weeks of pregnancy; some airlines have policies that forbid travel during the last few weeks of pregnancy
- Take pillows to keep yourself comfortable during travel.
- Do not travel to any third world countries.

## **Getting Ready for Baby to Come**

There are so many things to plan and prepare before baby arrives, at times it can get overwhelming. Here are a few things we want to make sure that you have thought about prior to the arrival of your baby.

### **- Breastfeeding**

- You should consider whether you are planning on breastfeeding or if you plan on using formula.
- Make sure that you utilize the lactation specialist at the hospital during your stay. They will offer advice and tips to help make you and your baby become successful.

### **- Circumcision**

- If you are having a boy, you will need to decide whether or not you want your son to have a circumcision.
- Circumcision is an elective procedure. It is not medically necessary.
- We can perform the circumcision for your son at the hospital if your pediatrician does not do them themselves. This is an added service that will be billed to your insurance. You should check with your insurance if they cover the procedure if it is done in the office, hospital, or both.

### **- Cord Blood Collection**

- Umbilical cord blood can be collected after the cord is cut and is a rich source of stem cells that are unique to your baby. Stem cells can be saved for use in future medical treatments for many diseases. There are several companies that offer umbilical cord blood banking services. More information is available upon request.
- We are happy to provide cord blood collection services for our patients. However, because this is an elective service, we will bill you directly for \$325. You will then receive a receipt to submit to your insurance provider.
- Please let your provider know prior to delivery about your desire for cord blood collection as additional paperwork is required. Please note cord blood collection may not be covered by insurance.
- If you decide to go ahead with cord blood collection, you will need to research which company you want to use. You will then contact the company to obtain information on the collection process. Please allow adequate time to receive the cord blood collection kit prior to your delivery.

### **- FMLA Paperwork**

If you have FMLA paperwork that needs to be filled out by OBGYN West, please bring this to one of your appointments prior to or at 36 weeks. Please allow at least 1 week for us to get your FMLA paperwork filled out. We do not want the paperwork given to your provider at the hospital since it can get lost in the transition.

### **- Packing for the Hospital**

It is important to pack anything that you think you may want during your hospital stay. Here are a few common items that women bring to the hospital:

- Insurance card and driver's license.
- Clothes for you and baby to wear home.
- A car seat.
- A robe or pajamas that are loose fitting and comfortable.
- Toiletries.
- Camera and charger.
- Cash for parking or snacks.

- Pillow.
- Magazines, books, music, or a laptop for entertainment.
- A receiving blanket for baby.

- **Pediatrician**

If this is your first child, you will need to decide on a pediatrician to care for your child. Once you get to the hospital, the hospital staff will ask you who your pediatrician is. The pediatrician will be the provider that takes care of your baby after delivery and will be the one to discharge your baby from the hospital. Please ask your provider if you need a referral to a pediatric clinic. There are pediatric offices located in the same building as each of our offices that you may consider.

- **Registering at the Hospital**

You must preregister at the hospital prior to your delivery. You can do this by going to the hospital website and finding their preregistration link or you can fill out a form and mail or fax it to the hospital. This form is included in your OB prenatal packet.

**Labor and Delivery**

**Is this really Labor?**

First babies are notoriously slow about being born, so plan to monitor early labor for up to several hours in the comfort of your home. You should prepare to leave for the hospital when your membranes rupture or when your contractions are from three to five minutes apart consistently and are not relieved by rest, hydration with water, walking, or a warm bath or shower. Prepare to leave earlier if you live quite a distance from the hospital. We recommend that you do not eat or drink anything if you think you are in real labor. An empty stomach is much safer for you since many women get nauseated and vomit during labor. Also, on occasion, a general anesthetic is needed for specific medical situations, which can only be given on an empty stomach.

**Preterm Labor**

Preterm labor is labor that starts before the end of 37 weeks of pregnancy. Preterm labor may not be painful and may lead to preterm birth. Early diagnosis provides the best chance to treat preterm labor effectively. Below are some warning signs of preterm labor:

- Changes in vaginal discharge- If watery or bloody, call the clinic right away.
- Six or more uterine contractions (tightening) in one hour.
- Menstrual-like cramps
- Pelvic pressure
- Abdominal cramping, with or without diarrhea.

If you experience any of the above symptoms, you should:

- Empty your bladder. Drink THREE glasses of water (24 ounces).
- Have something to eat if you have not eaten in 2-3 hours.
- Lie down on your left side for one hour.
- Often taking a warm bath or shower will help relieve symptoms.

**Call your PROVIDER at (952) 249-2000 if the symptoms do not resolve in one to two hours.**

**Term Labor**

When to go to the hospital:

- If this is your first baby, it's time to go to the Maternal Assessment unit at the hospital if your contractions last for 30-60 seconds in length and have been 3-5 minutes apart for 1-2 hours and are getting more painful and they are not relieved by rest, hydration with water, walking, or a warm bath or shower.
- If you have already had a child, it's time to go to the Labor and Delivery unit at the hospital if your contractions last for 30-60 seconds in length and have been 5-10 minutes apart for 1-2 hours.
- If your bag of water has broken (you are leaking fluid).
- You may call the hospital to tell them you are on the way but this is not necessary. You DO NOT have to call the clinic or your provider. The hospital will contact your provider after they have evaluated you.
  - Fairview Southdale Hospital (952) 924-5202
  - Ridgeview Medical Center (952) 442-2191

### **Post Partum Questions and Concerns**

We typically see our postpartum patients back at 6 weeks postpartum. At this visit, you will have a full pelvic exam. We will discuss returning to normal activities and will discuss birth control options. If you had a cesarean section, we may see you back for a post operative visit to check your incision at 2 weeks post partum. We need to see you sooner if you are having any of the following issues:

- If your temperature is over 101°, two times, 6 hours apart.
  - It is common to have a slight increase in your temperature when you milk is letting down. You do not have to call if it is a low-grade temperature.
- You are bleeding through a large pad every hour for at least 4 hours.
- If you are having homicidal or suicidal thoughts.
- If you are noticing signs of infection at your wound like greenish discharge, redness, or increased pain.

### **Breast Feeding Concerns**

If you are having breastfeeding issues, your pediatrician is a great resource. Most pediatric clinics in the area have someone on staff who specializes in lactation (lactation consultant). If you are having concerns about your latch, milk supply, or any other breast feeding concerns, please contact your pediatrician.

- **Mastitis** is a breast infection that is often caused by not fully emptying your breasts after breastfeeding.
  - Symptoms include: redness, pain, fullness, fever, chills, and body aches.
  - If you are experiencing these symptoms here are some supportive measures:
    - Ibuprofen 800 mg three times a day for the discomfort and fever.
    - Massage the breast tissue.
    - Warm compresses over the tender area.
    - It is very important that you continue to breast feed and completely empty your breasts.
  - If you are not seeing any improvement please call the clinic to schedule an appointment.
- **Decreased milk supply**
  - Your lactation consultant or pediatrician is going to have a lot of suggestions for you to help increase your milk supply.
  - It is important that you are staying hydrated and are getting enough calories.
  - Increasing the amount that you are breastfeeding or pumping can help increase your milk supply.
  - Fenugreek is an over-the-counter supplement that helps to increase milk supply.
  - If you are still having issues with decreased milk supply, we recommend that you see your lactation consultant or pediatrician.
- **Breast or nipple infection**
  - If you believe that you have a breast or nipple infection, please call the clinic to schedule an appointment for evaluation.
- **I am breastfeeding and just found out I am pregnant, do I continue?**



- If you just found out that you are pregnant but are still breast feeding, we recommend that you start to wean your child from the breast. It is hard to feed two babies at once.
- **Vaccinations while breastfeeding**
  - It is safe to be vaccinated while breastfeeding. There are no vaccines that need to be avoided while you are breastfeeding.
- **Can I have a mantoux test while I breastfeed?**
  - Yes, it is safe to have a mantoux test while you are breast feeding.
- **Medications while breastfeeding**
  - Please reference our list of safe medications in pregnancy for suggestion. There are quite a few medications that pass through your breast milk and you will have to discuss these medications with your pediatrician.

### **Perineal Discomfort after Vaginal Delivery**

- It is common to have some discomfort for 2-3 weeks after delivery.
- Alternating Tylenol and Ibuprofen will often be sufficient to control the discomfort. If you are not having any relief with these medications or you are concerned, please call the clinic to schedule an appointment.
- We recommend that you continue to use stool softeners to loosen your stool until your bottom has healed.
- Soaking in a warm bath 1-2 times per day for about 10-15 minutes will help your bottom to heal and will help soothe your bottom.

### **Post Partum Bleeding**

- Bleeding can continue for 6+ weeks postpartum following both a vaginal delivery and a cesarean section.
- The typical postpartum bleeding pattern will include passing some small clots and blood for a few weeks. Bleeding will often taper down around 1 ½ to 2 weeks postpartum. It is very normal for it to slow down but then it often picks back up again. You are likely to see an increase in your bleeding when you are more active.
- We need to see you if you are soaking through a large pad every hour for 4 hours or if you feel lightheaded or dizzy from the bleeding. Please call the clinic to schedule an appointment for evaluation.

### **Post Partum Depression**

Many women feel overwhelmed by the changes that occur with having a baby. While most women get past the “baby blues” within two weeks, some struggle for longer and may have postpartum depression. Symptoms of postpartum depression include:

- Feeling sad, anxious, or “empty”.
- Lack of energy or feeling very tired.
- Lack of interest in normal activities.
- Changes in sleeping or eating patterns.
- Feeling helpless, hopeless, guilty, or worthless.
- Feeling moody and irritable.
- Problems concentrating or making simple decisions.
- Thoughts about hurting yourself or your baby, even if you will not act on them.

If symptoms interfere with your life or last for more than two weeks, you may have postpartum depression. Get help from your provider and seek support from your family and friends. With help, you can feel like yourself again.

### **Returning to Normal Activities after a Vaginal Delivery**

- **Abdominal binders:** If it safe to use an abdominal binder after delivery however there is not known medical benefit to using them and it is not required.

- **Diet:** You can resume a normal diet after your vaginal delivery. If you are breastfeeding, you should only consume minimal amounts of alcohol because it can go through the breast milk. You need to make sure you are still consuming adequate calories to support both you and your baby. Please consult your lactation specialist or your pediatrician if you have other questions about diet with breastfeeding.
- **Driving restrictions:** There are no driving restrictions after a vaginal delivery as long as you are not taking any narcotics for pain control. If you are, you need to avoid driving while on narcotics.
- **Exercise:** It is okay to start exercising 2-3 weeks after an uncomplicated delivery. Use your discomfort as a gauge to whether you are okay to exercise. If your stitches are still bothering you, hold off on exercise until it feels better. We recommend that you start out slow with exercise and ease back into your normal routines. It is fine to ride a bike once you are feeling comfortable with it.
- **Intercourse:** You should wait until 6 weeks postpartum before you have intercourse. At your postpartum visit you will have a full pelvic exam and your provider will discuss whether it is okay for you to become sexually active again. We will also discuss birth control options at your postpartum visit.
- **Horseback riding:** It is fine to go horseback riding once you are feeling up to it.
- **Lifting restrictions:** There are no lifting restrictions after a vaginal delivery as long as you are not having any issues with perineal discomfort.
- **Swimming:** You should wait to go swimming until your bleeding has stopped.

#### **Returning to Normal Activities After a Cesarean Section**

- **Abdominal binders:** It is safe to use an abdominal binder after delivery however there is not known medical benefit to using them and it is not required.
- **Diet:** After a cesarean section, you can eat when you are feeling up to it after your surgery. If you are breastfeeding, you should only consume minimal amounts of alcohol because it can go through the breast milk. You need to make sure you are still consuming adequate calories to support both you and your baby. Please consult your lactation specialist or your pediatrician if you have other questions about diet with breastfeeding.
- **Driving restrictions:** You cannot drive while you are taking narcotics. Once you are done with your narcotics you can drive. It is a good idea to try driving around your block and try to brake. If braking causes pain on your incision, it may be worth waiting a few more days. Braking hard while driving can cause an increase in abdominal pressure and cause more discomfort on your wound.
- **Exercise:** It is okay to start walking 2-3 weeks after delivery as long as you did not have any complications. You may start to slowly increase your exercise as tolerated after this. Use your discomfort as a gauge to whether you are okay to exercise. If you are getting more discomfort with your incision, hold off on exercise until it feels better. We recommend that you start out slow with exercise and ease back into our normal routines. It is fine to ride a bike once you are feeling comfortable with it.
- **Intercourse:** You should wait until 6 weeks postpartum before you have intercourse. At your postpartum visit you will have a full pelvic exam and your provider will discuss whether it is okay for you to become sexually active again. We will also discuss birth control options at your postpartum visit.
- **Horseback riding:** It is fine to go horseback riding once you are feeling up to it.
- **Lifting restrictions:** It is okay to ease back into lifting at 2-3 weeks postpartum. We recommend starting with only 10-15 pounds initially. You should do what you can tolerate. If you are having an increase in pain and discomfort when you are lifting, then you need to slow down and wait longer before you continue to lift.
- **Swimming:** You should wait to swim until your bleeding has stopped and you are at least 2 weeks postpartum to allow time for your incision to heal.