



# Guide for pregnant women

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What you need to know about your pregnancy



# What to Expect during your Visits

This is a summary of routine prenatal care for an uncomplicated pregnancy. Please keep in mind that each pregnancy is different and events may vary accordingly.

At AkermanMED we provide a team approach to our OB patients. We recommend that you schedule appointments with as many different providers as possible as our physicians perform deliveries at the hospital on a rotating basis.

During each visit the nurse will check your blood pressure, weight, and urine sample. Your provider will check fetal heart tones, measure your abdomen, and review your vital signs and test results.

Please write down any questions you have and bring them to your appointment. All lab and imaging results are reviewed by your provider. If you have an abnormal test or imaging result that needs immediate attention, the nurse or physician will notify you. Otherwise, the lab/imaging results will be reviewed with you at your next visit. You may also visit our Healow Patient Portal to view lab results, appointments, and other useful information

Gestational Age	Studies
Initial Prenatal Visit 8-10 weeks	History and Physical: includes a pelvic exam Bloodwork: Complete Blood Count, blood type and antibody screen, HIV, Rubella, syphilis, Hepatitis B and C. Other tests: Gonorrhea and Chlamydia, pap smear (if due), cystic fibrosis (Carrier Screening), hemoglobin electrophoresis, urine culture.
11-20 weeks	1st Trimester genetic screen (between 11-14 weeks): A non-invasive prenatal test (NIPT) to screen for genetic conditions such as Down Syndrome. NT ultrasound (11-14 weeks) Anatomy ultrasound (20-22 weeks): Performed to evaluate the baby's anatomy and growth. You may be able to find out the sex of the baby at this time. 2nd Trimester Genetic Screen (between 15-21 weeks): Bloodwork screening for open neural tube defects.
24-28 weeks	Diabetes screen: (glucose screen) Complete Blood Count Rhogam (if RH negative) RPR
28-36 weeks	Tdap Vaccine/RSV Vaccine (after 32 weeks)
35-37 weeks	Group Beta Strep -Vaginal swab
6 weeks after delivery	Postpartum Visit: to assess your recovery from pregnancy and delivery and to discuss contraception needs.

# Tips to help Prevent Nausea during Pregnancy

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The following tips are very helpful, but may not work for every individual.

- Before getting out of bed in the morning, eat a few crackers, a handful of dry cereal, or a piece of toast or dry bread.
- Sit up slowly in the morning before standing up. Avoid any sudden movements.
- Brush your teeth later in the day when you are not as nauseous.
- Eat 6–8 small meals during the day. It helps to eat small amounts of food frequently throughout the day.
- Drink fluids, including soups, between rather than with meals.
- Avoid greasy, highly seasoned, and fried foods. These include butter, margarine, bacon, gravies, piecrusts, pastries, fried meat, and French fries.
- Avoid spicy food.
- Eat foods that are high in long-acting proteins such as milk, yogurt, cheese, peanut butter, and nuts.
- Always eat a snack high in protein before bedtime.
- Be sure to have plenty of fresh air/good ventilation in the bedroom while sleeping.
- If the nausea is severe, avoid drinking citrus juice, coffee, and tea.
- Try eating popsicles or ice chips if you are having difficulty keeping down liquids.
- Vitamin B6 taken three times a day (every 8 hours), and ½ tablet of Unisom (sleep aid) at bedtime may reduce underlying chronic nausea.
- ‘Preggie Pops’ or sour candies
- Switching to Prenatal Gummy may help
- ‘Sea Bands’ or ‘Relief band’ can provide acupressure to decrease nausea and vomiting

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If you have not been able to keep fluids down for 8 hours, or have not urinated in 6–8 hours, your mouth feels dry, and you feel dizzy and faint – call our office at:

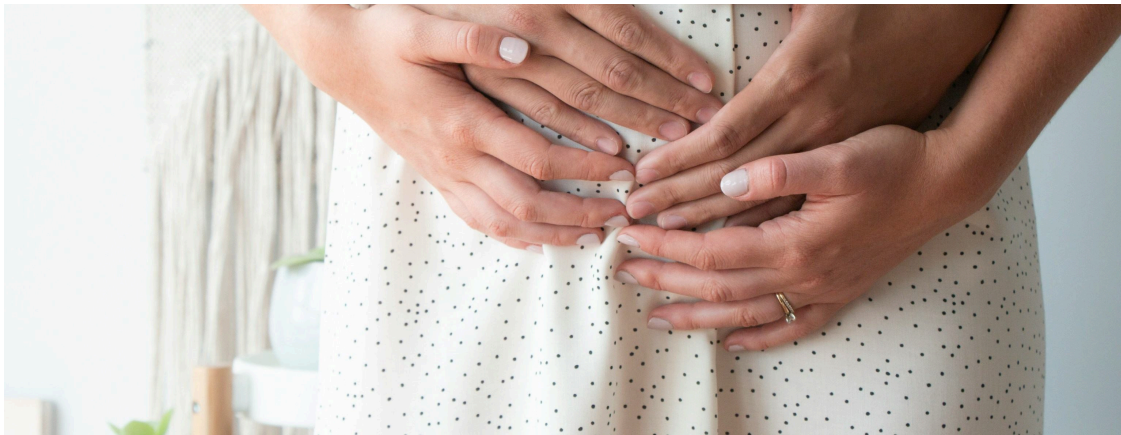
Orange: 714-633-0886; Santa Ana: 714-966-9795; Irvine: 949-253-7626



# Normal Changes/ Occurrences in Pregnancy

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- Breast fullness / Nipple color changes
- Constipation
- Mild Cramps (not severe abdominal pain)
- Dizziness
- Fatigue
- Edema (swelling)
- Increased vaginal discharge
- Mood Swings
- Nasal Congestion
- Nausea and Vomiting
- Backache
- Frequent urination
- Varicose Veins
- Weight Gain (25–35 pounds if baseline weight is normal)





# Common Over-the-Counter Medications that are Safe to take during Pregnancy

Cause	Safe Medications	Safe Dosage
Allergies	Benadryl Calritin Zyrtec Saline Nasal Spray	Use as directed on the label
Hemorrhoids	Anusol HC (hydrocortisone cream) Over-the-counter Anusol, Tucks pads, Preparation H	2-4 times a day topically
Inflammation	Hydrocortisone cream after 16 weeks	Use as directed on the label
Constipation	Colace (Docusate Sodium) Fibercon Gax X Metamucil Milk of Magnesia –as directed Miralax Bran Prunes Fruit Juices	Use as directed on the label
Diarrhea	BRAT Diet (Bananas, Rice, Applesauce, Toast) Kaopectate Bland Diet Jell-O 8 glasses of water/day	Use as directed on the label
Heartburn	Pepcid or Prevacid Rolaids Turns Zantac	30 minutes after meals (antacids)
Cold/Cough	Robitussin DM Mucinex (including Mucinex DM) Throat Lozenges (diabetics: sugar free only) Chloroseptic Spray Cepacol Salt water gargle is recommended Pineapple Juice Tea with Honey	10mL every 4 hours as needed (cough)

# Common Over-the-Counter Medications that are Safe to take during Pregnancy

Cause	Safe Medications	Safe Dosage
General Aches/Pains	Tylenol (Acetaminophen) Icy Hot Ice/Hot packs	Every 6 hours as needed (headache, pain, or fever) Total dose not to exceed 4000 mg every 24 hours
Vaginal Concerns	Monistat 3 or 7 day cream Terconazole Cream OTC (after 12 weeks)	Use as directed on the label
Insomnia	Benadryl Tylenol PM Unisom Sleep Tabs	Use as directed on the label
Nausea/Vomiting	Unisom (Doxylamine) Vitamin B6 (Pyridoxine) Dramamine	½ Tab at bedtime 3 times a day
Leg Cramps	Chewable Calcium, Tums (up to 10 per day) Natural Calm Magnesium Drink 3 Liters of water a day	As directed

DO NOT TAKE: Motrin, Advil, Naproxen, Aspirin(except Baby Aspirin) or any product containing these drugs during pregnancy, unless specifically directed by your doctors.



# Frequently Addressed Concerns

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- Cats/Cat Litter- Exposure to cats is not a problem during pregnancy. Although pregnant women should avoid cat feces and should not change the litter box. \*Please wash your hands before eating.
- Chemical/Extermination - Vacate home for 48 hours after any chemical extermination.
- Dental Care - Regular dental check-ups are especially important during pregnancy. Please advise your dentist that you are pregnant. Novocain is OK, but you should avoid anything containing epinephrine. X-rays are ok as long as your mid-section is shielded with a lead apron, front and back (double draped)
- Diarrhea - Increase clear fluids, BRAT diet (Bananas, Rice, Applesauce, Toast). Avoid spicy, greasy, and milk products.
- Exercise - Safe as long as you can still talk normally during your workout and your heartrate does not exceed 150 bmp.
- Hair Coloring/Highlighting - Both are considered safe after 12 weeks. Make sure you are in a well-ventilated room
- Hemorrhoids - Avoid constipation. Warm tub baths and Tucks pads can help relieve discomfort. 3 Liters of water daily.
- Household cleaner exposure - Most cleaners are not harmful to pregnant women; however plastic gloves should be worn to avoid direct contact and keep the area well-ventilated.
- Hydration - Fluid intake is extremely important during pregnancy. You should have 8-10 glasses of water (3 Liters) daily, limit soda and drinks with high sugar content.
- Insect Repellant with "Deet" is safe in pregnancy.
- Labor Precautions/Instructions: At 36 weeks we will discuss the labor warning signs, precautions, and when to go to the hospital.
- Painting inside - Exposure to paint is not dangerous in a well-ventilated area.
- Sexual Intercourse - Safe up until delivery unless your membranes have ruptured or you have been instructed by your doctors for Pelvic Rest.
- Sunscreen use - Use a sunscreen with at least and SPF 30 or greater when exposed to the sun. Remember to reapply sunscreen every 30 minutes during prolonged sun exposure.
- Swimming - In pools or at beaches is a great source of exercise. Avoid any rough water, surfing, or scuba diving.
- Travel - Unless you are on bed-rest or have been instructed otherwise, it is safe to travel by car or airplane until 32 weeks. You need to get up and walk around every hour. Please remember to drink extra water while flying because you will become dehydrated faster than normal. Compression stockings to prevent swelling. Take a copy of your records along with you.
- Work - Most women can continue to work throughout their pregnancy. If you have any questions about your specific job responsibilities, please ask your physician or nurse.

# Things to Avoid

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- Activities that may cause a fall (ex: snow or water skiing, horseback riding, contact sports)
- Alcohol, Tobacco, Illegal drugs and non-prescription drugs not listed on Safe Medication List
- Douching
- Excessive caffeine (avoid more than 1 cup per day)
- Hot tubs/ Saunas
- Ibuprofen (Motrin/ Aleve)
- Limit artificial sweeteners (Splenda, Truvia, NutraSweet, Saccharin)
- Unpasteurized cheese/dairy products
- Raw meat
- Be careful of eating hot dogs, deli or luncheon meats, store bought salads, and cross contamination of other foods.
- Radiation unless absolutely necessary and make sure your mid-section is double shielded with a lead apron.



# The Importance of Iron during Pregnancy

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Iron's main job is to carry oxygen in the red blood cells to the cells of your body. Pregnancy increases a woman's need for iron. During pregnancy, iron deficiency is associated with increased risk of premature deliveries and maternal complications.

## **Why is Iron important during pregnancy?**

- The maternal blood supply increases
- Needs for the fetus increases
- Blood loss occurs during pregnancy
- If you do not receive enough iron, you may feel weak and tired.

## **How much Iron do I need?**

- 30 milligrams (mg) per day
- Eat foods high in iron along with vitamin C rich foods to increase iron absorption.

## **Do I need a supplement and when should I take it?**

- Iron supplementation is sometimes needed to prevent iron deficiency anemia. Your doctor may prescribe a supplement to you.
- Iron supplements come in two forms, ferrous and ferric. You want to take the ferrous form of iron supplement.
- Take your supplement between meals and not with milk, tea, or coffee. It may be taken with food and separate from your prenatal vitamin.

## **What about Vegetarians?**

- Vegetarians need twice as much dietary iron
- Include vitamin C rich foods for better iron absorption.

## **What is Heme Iron vs. Non-Heme Iron?**

- Heme iron is found in red meat, fish, poultry and absorbed most efficiently.
- Non-Heme iron naturally occurs in plant-based foods, such as lentils and beans. It is not as well absorbed as heme iron (flours, cereals, and grain products enriched or fortified with iron are non-heme sources).



# Warning signs

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Please call the office if you experience any of the following:

- Abdominal pain other than mild cramping.
- Upper abdominal (epigastric) pain.
- Fever over 101 degrees F that is not reduced with Tylenol.
- Bright red vaginal bleeding or passing clots.
- Deceased or absent fetal movement, if greater than 24 weeks
- Visual disturbances, such as blurry vision or seeing spots.
- Inability to keep fluids down for more than 8 hours.
- Urinary burning, frequency, or pain (maybe a sign of a urinary tract infection)
- Vaginal fluid with color or odor (discharge should be clear or white with no smell).
- Labor Symptoms (contractions every 5 minutes for 1 hour)
- Preterm labor (5 contractions in 1 hour, if less than 36 weeks)
- Rupture of membranes (commonly known as "breaking water")



# Preparing for Labor

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**Prenatal Classes** Prenatal classes may be offered by the hospital you choose for delivery. Please visit the Circle/Providence App, Hoag online, or MOMs website (<https://www.momsorangecounty.org/>).

It is recommended that you and your partner participate in these types of classes at approximately 32 weeks. The classes should include information about the Stages of labor, breathing and relaxation techniques, labor positions, non-medicated comfort measures during labor, and pain management options.

## **Prior to Arriving at the Hospital**

- Have your infant's rear facing car seat installed and inspected. Your local fire house provides this service to you. Please contact them before arriving to make sure that is a service at that specific facility.
- Choose your baby's pediatrician/physician.
- Know where to enter on "delivery day", during peak – and off hours.
- Pre-register at your delivery hospital (Hoag Newport, Hoag Irvine, and Orange County Global Medical Center require pre-registration, St Joseph does not)

## **Signs and Symptoms of active labor:**

- Intense, regular contractions every 5 minutes for an hour or more (time the contractions from the beginning of one contraction to the beginning of the next contraction.)
- Contractions worsen with activity and do not lessen with rest.
- Rupture of membranes ('water breaking'). This could be a gush or a trickle.
- Vaginal bleeding

## **During labor you may experience:**

- Comfort measures for labor/pain management (non-medicated)
- Medicated pain management including epidural
- Fetal monitoring (NST probes on belly)
- IV Fluids and possible IV antibiotics



# Labor Instructions

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## **What to do if you think you are in labor OR your water breaks?**

If the office is open (Monday–Friday 9:00a – 5:00p), please call one of our offices at: Orange: 714–633–0886; Santa Ana: 714–966–9795; Irvine: 949–253–7626. We may have you come into the office to be examined or send you directly to labor and delivery based on the information you share with our staff.

If the office is closed (lunch hour 12–1:30pm, weekends, holidays, and evenings), please call our office. You will be connected with our answering service who will take a message and the doctor “on call” will return your call.

## **When to go to the Hospital/ER**

- Contractions – Labor contractions often start 15–20 minutes apart and become progressively closer and increase in strength. Call if you are having regular contractions every 5 minutes for one hour lasting about 1 minute long. It is common to have false labor. It is better to be seen by a physician or nurse than to be fearful of being told you are not in active labor.
- Ruptured or Leaking Water – Although your membranes usually break or are broken during labor, this may occur prior to the onset of labor. Usually when the water breaks, it is a gush; however, it may be just a trickle. You should call or go in regardless of whether or not you are having contractions if you think that your water may have broken.
- Bleeding – Slight spotting or staining may occur during the last few weeks of your pregnancy, especially if you had a pelvic exam. This should not be alarming. Heavy bleeding or a gush of bright red blood may be significant. If you have heavy bleeding, you should call your physician immediately.
- Severe Abdominal Pain – This may indicate other conditions of concern. Please call your physician’s office.
- Decreased Fetal Movement – Go to the hospital/ ER if you experience less than 6 movements in 1 hour or less than 10 in 2 hours. Do this only after you have eaten food, drank something cold and sweet or milk if you’re diabetic.

If at anytime you are unsure of any symptoms you are having, please feel free to call for advice. You may call the office numbers day or night. If the office is closed, you will be connected to our answering service to talk to the physician on call. All cases are not the same, this is just a GUIDE to assist you.

## **Arrival at the Hospital**

You will initially be evaluated by an experienced Labor and Delivery Nurse or the doctor on call at the hospital. After the exam, they will contact your physician to inform them of your specific condition.

