



## PRENATAL INSTRUCTIONS

### **DUE DATE**

Your due date is 40 weeks from the first day of your last normal menstrual period. There is nothing magical about this date; it is an average calculation and you may actually deliver a full – term infant between 37 and 42 weeks. You are not overdue until you are beyond 42 weeks. Only 1 out of 20 (5%) will deliver on their due date.

### **MEDICATIONS**

A daily prenatal vitamin is recommended. These are available both with and without a prescription (i.e. over the counter). DHA or Omega 3 can be taken over the counter as Expecta Lipil, if this is not already included in your prenatal vitamin. Please see the medication in pregnancy list for safe medications for common complaints during pregnancy.

### **DIET**

A healthy well balanced diet is recommended. During pregnancy you only need 300 additional calories daily. Twenty-five to thirty-five pound weight gain is ideal during pregnancy for women at their ideal body weight. Underweight women may gain up to 40 pounds, and overweight women should limit weight gain to 15 – 25 pounds. If you gain more than recommended, you are at increased risk of developing problems during pregnancy, which may require extra laboratory testing, prolonged bed rest and/or hospitalization. You should avoid eating large meals as your stomach cannot tolerate large quantities of food. Avoid eating any shark/swordfish, king mackerel, or tilefish because they may contain high levels of mercury.

### **CAFFEINE**

May be used in moderation, or eliminated completely if you wish.

### **NUTRASWEET/SACCHARIN**

Studies have found these to be harmful during pregnancy. As with caffeine, use in moderation.

### **SMOKING**

We strongly recommend that all pregnant women stop smoking, or cut down as much as possible. Smoking has been associated with an increased risk of miscarriage, impaired fetal growth and development, attention deficit hyperactivity disorder (ADHD), stillbirth and third trimester bleeding as a result of early placental (“afterbirth”) separation.

### **ALCOHOL**

Alcohol is well known to cause fetal malformation, as well as developmental delay and mental retardation. As we do not know what the safe limit of alcohol consumption is, we recommend that you avoid it entirely.

### **ACTIVITY**

If you exercised before pregnancy, it is safe to continue. If not, now is a great time to start. Start slow and work up to 30 minutes of moderate exercise on most if not all days of the week. This can prepare your body for labor and delivery, and facilitate weight loss after delivery. Low impact exercise is best (walking, cycling, and swimming). Do not exercise to exhaustion. As your abdomen enlarges you may lose your balance more easily so you must be careful to avoid injury.

### **INTERCOURSE**

May be continued as desired unless we advise you otherwise. Because of the enlarging uterus, a change of position during intercourse may become necessary after about 20 weeks (5 months) for your comfort.

### **TRAVEL**

Because of the potential for developing problems during the last 3 months of pregnancy in general and because of the possibility of (1) premature labor or (2) lower extremity cramps or blood clots from prolonged sitting position in an automobile, you should avoid any unnecessary traveling (greater than 100 miles one-way) during the last 3 months of pregnancy and

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definitely during the last 6 weeks. If it is absolutely necessary to travel; you should stop and walk around every 1-1 ½ hours for 5 – 10 minutes.

## **EMPLOYMENT**

Assuming you do not have problems complicating your pregnancy and that your job, in particular, is not affecting your general physical condition, you may continue to work. If you are exposed to sources of radiation, chemicals, or chemical fumes while working please let us know.

## **ULTRASOUND**

You may be asked to have an ultrasound examination. The most common reason for an ultrasound is to date the pregnancy as menstrual dates may be unreliable in 20- 40% of all pregnant women. It is extremely important to accurately know your due date. Should you develop complications, the management of your problems is highly dependent on your gestational age. Ultrasound scans may also be used to detect twins (or triplets), to detect many (but not all) types of congenital malformations, to determine the cause of vaginal bleeding, and to detect impaired fetal growth (When the baby is not growing normally). All high-risk patients are usually scanned at least once; and often several times during pregnancy. Most patients are reassured by seeing their baby move during the ultrasound. Fathers are welcome to come with you and your ultrasound as well as prenatal appointments. Obstetric ultrasound has not been associated with adverse effects on the fetus, and all available information on the subject indicates the procedure is safe in pregnancy.

## **LABORATORY TESTS**

On the day of your first obstetrical visit, we will have you go by the laboratory to have your “New OB Blood Work” drawn. The results of these tests are needed to correctly manage your pregnancy. One or more additional blood tests will be done later depending on the initial results.

## **PRENATAL CLASSES**

Classes are strongly recommended for everyone. There are many classes in the community for you to choose from, and we have some information on them if needed. Make plans early in you pregnancy (third or fourth month) and don’t wait until the last minute.

## **BREASTFEEDING**

It has been scientifically proven that human milk is nutritionally and immunologically better than formula and this has resulted in a gradual increase in the number of mother’s breastfeeding. This is not meant to imply, however, that the use of infant formulas (or bottle-feeding) is harmful. To the contrary, millions of today’s healthy children previously received formula as an infant. There are several books on breastfeeding available at most public libraries which detail the benefits and advantages as well as the few disadvantages of breastfeeding. Unfortunately, these books also strongly infer that a better mother-infant relationship and more emotionally stable infant is also nurtured by breastfeeding. Please note that this has not been scientifically proven. True breastfeeding does provide for close sensual contact between mother and infant but an equally satisfactory experience can be obtained by bottle-feeding provided the baby feels “wanted” and given adequate hands-on contact and affection by the mother – a good relationship and an emotionally stable child will follow. In short, breastfeeding, even for a short time such as six or eight weeks is beneficial and should be considered. Remember that you can get pregnant while breastfeeding. Some form of contraception should be used.

## **CARE OF THE NEWBORN**

Please note that we would like for you to make arrangements with a pediatrician, family practitioner or other physician of your choice to examine and take care of the baby in the hospital after birth. A phone call to the doctor’s office usually suffices although several will request to meet you at the office to get acquainted before you deliver. If you live out of town and plan subsequent infant care with your doctor at home, the pediatrician “on call” will care for the infant until you are discharged. Please let us know who will be caring for the baby by 32 weeks (2 months before your due date). If you desire, we can provide you with a list of pediatricians and/or family practice physicians.