

 Dr. Diagne’s Tips for the Pregnant Woman

**Congratulations!**

We have prepared this information sheet to answer some of the questions that might arise during the course of your pregnancy. For questions and concerns not addressed by this booklet, we encourage you to talk with Dr. Diagne.

We hope your health care experience during your pregnancy, labor, and delivery will be a positive one.

**Importance of Prenatal Care**

Early prenatal care, including regularly scheduled health care visits, help promote the delivery of a healthy baby. Prenatal care is also the best way to discover and treat problems that may arise in pregnancy. At your prenatal clinic appointments, your health care provider will give you advice about your pregnancy and discuss a plan of care

**Duration of Pregnancy**

The average duration of pregnancy is about **280 days or 40 weeks** counting from the first day of the last menstrual period? It is important to remember that due dates are not exact. It is common for women to deliver from two weeks before to two weeks after their due day.

**Prenatal Care Visits**

Early in your pregnancy, you will have a complete history and physical examination. It is important to inform your health care provider of all details of your health history. Routine laboratory tests will be obtained, looking for specific issues that could influence the pregnancy.

After the initial visit, you will be seen about every 4 weeks until your 7th month (28weeks). Then, you will be seen every other week until the last month, when you will be seen weekly.

At each visit, your weight, blood pressure, and urine (IF NEEDED) will be checked. Your health care provider will measure the size of your uterus, and after 12 weeks, listen to your baby’s heartbeat.

**Special Tests during Pregnancy**

Certain tests may be recommended during your pregnancy to evaluate your progress and that of your baby. Although not all of the tests are standard procedure, your health care provider may recommend some of the following:

* Genetic Screening tests- these are screening tests for certain birth defects in the fetus. Since they are not foolproof, a mother with an abnormally high or low AFP level will require further evaluation.
* Amniocentesis-A procedure which may be performed to obtain fluid from the sac surrounding the baby. Between the 15th and 20th week, this test can be done for genetic purposes. Later in pregnancy, it may be suggested to you, based on the presence of certain risk factors.
* Fetal Movement –A very good way to check the heath of your baby is to be aware of its movements. At about the 20th week of pregnancy, most mothers will be feeling their babies moving each day at first, the movements are slight, but they grow into very powerful sensations. Your health care provider will be asking at every visit if your baby is moving or if there has been any change in its movements.

Some providers recommend that after the 28th week of pregnancy, you can perform a **“kick count”.** Each day, starting first in the morning, you count each fetal kick or movement. Once you reach 10 kick or movements, you can stop counting for the rest of the day. If it gets to be 12noon and you haven’t felt 10 movements, than you should count your health care provider immediately. Any sudden loss of fetal movements should also be reported immediately.

* Non-Stress Test (NST)-This painless and harmless test is sometimes done later in pregnancy to evaluate the health of the baby, particularly if there are any concerns. An electronic fetal monitor is used to see how the baby’s heartbeat responds to its own movements. The test takes about 20-40 minutes to complete and is done in office or in labor and delivery.
* Ultrasound-Ultrasound can be very helpful in determining the baby’s gender, position, and due date. It also can locate the placenta and determine the amount of amniotic fluid present. In some circumstances, it can evaluate fetal structure. Some providers recommend at least one routine ultrasound scan during each pregnancy. Others feel it should be used only for a specific medical reason.
* 28 week Laboratory Tests- At approximately the 28th week of pregnancy, more laboratory tests are commonly done, including a blood test for diabetes. This test involves drinking a sweet liquid (like soda-pop) and then having a small amount of blood drawn one hour later.

**When to Seek Immediate Medical Advice**

 Most women do not experience problems during pregnancy. It is important to know how and when to get immediate medical advice if you suspect a problem. The following are reasons to seek immediate medical advice during pregnancy:

1. Any fluid leaking from the vagina.
2. Vaginal bleeding of any kind.
3. Sudden swelling of your hands or face.
4. Bad headaches or headaches that don’t go away with simple remedies.
5. Changes in vision (blurred, flashes of lights or spots before your eye).
6. Dizziness or fainting
7. Sudden weight gain (more than 2 pounds in a week)
8. Severe or continual abdominal pain, not relieved by a bowel movement
9. Fever (temperature of 101 degrees or more)
10. Burning sensation while urinating
11. Contractions or pelvic pressure, if you are less than 37 week pregnant
12. Vomiting lasting 24 hours or more
13. Decrease in fetal movement after the 28th week

**Premature Labor**

 Premature labor is labor that starts between the 20th and 37th week of pregnancy. Prematurity can be a very serious problem. If you know what to look for, you may be able to prevent your baby from being born too early, or give your provider enough time to improve the situation. Know these warning signs:

1. Uterine contractions, which happen every 10 minutes or more often.
2. Menstrual-like cramps in the lower abdomen may come and go or be constant.
3. Low, dull backache felt below the waistline may come and go or be constant.
4. Pelvic pressure, which feels like the baby is pushing down. Pressure that comes and goes.
5. Abdominal cramping with or without diarrhea.
6. Vaginal discharge may suddenly increase in amount, become mucous, watery or slightly bloody.

**How to get Immediate Medical Advice**

 For questions and concerns of non-emergency nature, call (956)381-5190

 For emergencies, call (956)381-5190 and go to your nearest emergency department.

**Frequently Asked Questions**

**Reducing the Risks**

When you are pregnant, you need to be concerned about your own health and the health of your baby. Whatever you eat, inhale, or rub on you skin may affect the baby. Before coming in contact with any material, stop and think about whether it will have any effects.

**Alcohol**

Alcohol is a toxic substance. Babies of mothers who drink alcoholic beverages regularly during their pregnancy may have symptoms of fetal alcohol syndrome, characterized by tremors, sleep disturbances, mental retardation and physical changes in their appearance. There is no clear dividing line between what is definitely safe and what level of drinking is definitely harmful to the baby. It is therefore wise to avoid alcohol entirely during your pregnancy.

**Cold Remedies**

Most women will experience a miner respiratory infection during pregnancy. An illness marked by a sore throat, runny nose, headaches, and sneezing, cough and general malaise is usually the “common cold “and **does not** require an antibiotic.

Some simple over-the-counter remedies can effectively reduce discomfort. We suggest avoiding he uses of unnecessary medication during pregnancy, especially during the first trimester when fetal organs are developing. The following is a list of some acceptable cold stuffiness.

1. Vicks Vapor Rub applied to the chest will reduce congestion and stuffiness.
2. A humidifier or stem vaporizer can thin nasal secretions.
3. Tylenol is effective for fever, pain and headaches. Take two regular strength Tylenol every three to four hours.
4. A saline (salt water) nose spray can be used for nasal congestion.
5. Sudafed used according to package instructions can dry up the runny nose and post-nasal drip. Do not take if you have high blood pressure.

**Diet**

A well rounded diet must be maintained to provide sufficient nourishment for you and your baby. As your baby grows, you will need more of most nutrients. A total weight gain of 25 to 35 pounds has been proven to be optimal for adequate fetal growth and maternal health. This target range is best achieved with a 2100 to 2200 calories diet. Your nutritional program should emphasize protein and complex carbohydrates. Limit fat intake to no more than 26%of the calories you consume.

**Dental Exams**

Necessary dental care is not contraindicated during pregnancy, but be sure to tell your dentist that you are pregnant. You may receive a dental x-ray with a shield provided for your abdomen. Local anesthetics (e.g. Novocaine) are acceptable for dental procedure. Your dentist may need to provide antibiotics; in general, penicillin is safe unless you have allergies.

**Drugs**

Do not take any drugs, stress drugs, pills or medicines, prescribed or purchased “over-the-counter”, without checking first with your health care provider. Some medications are safe and others are not.

**Edema and Swelling**

In the last trimester of your pregnancy, you may experience some swelling of the feet and hands. The swelling is often worse in hot weather. To minimize this problem, it is important for you t drink 8-10 8oz glasses of water each day and gets some rest reclining on your side. You might also try wearing pregnancy support panty hose when standing up.

**Exercise**

Exercising during pregnancy is healthy and important to your physical and mental well-being. Exercise help your energy level, improves your stamina and keeps your joint limber. If you have been sedentary, we recommend you begin a properly supervised prenatal exercise class or an exercise e program that starts slowly. Try walking briskly, swimming laps, and stationary bicycling or low-impact aerobics for 20 minutes three to four times per week. We discourage participation in unusually strenuous sports in which you do not currently engage. Such activities may include horseback riding, skiing, high impact aerobics, weight lifting, running, racquetball and other competitive sports. We absolutely prohibit scuba diving, mountain or rock climbing, sky diving and white water rafting. Please discuss your activity questions with us.

**Hemorrhoids**

Hemorrhoids are enlarged varicose veins in the rectum. Hemorrhoids are often itchy and painful. Try to avoid straining with bowel movements since straining may worsen hemorrhoids. High fiber diets and drinking plenty of fluid (8-10 8 ounces glasses per day) will help minimize straining. Stool softeners such as Colace can be used to reduce straining. Bulking agents such as Citrucel, Fiber Con, or Metamucil may help prevent constipation. All of these products may help prevent constipation. Mild laxatives such as Senokot can relieve constipation. All of these products may be purchased at your local drug store without a prescription. Proctofoam, Anusol, and preparation H may be used to reduce itching and pain. Tucks pads are particularly soothing when used directly from the refrigerator.

**House Paint**

Anticipating an addition to the family often creates a desire to house paint. This is okay provided a water-based (latex) paint is used in a well-ventilated area.

**Indigestion**

If you suffering with indigestion or heartburn; you may try Tums, Maalox or Mylanta. If not improved talk to Dr. Diagne

**Nausea**

The precise cause of “morning sickness’ is not known, but it appears to be related to the hormones of pregnancy. These spells of nausea may occur anytime, not just in the day, not just in the morning. Here are some strategies that you may use to reduce this discomfort:

* Keep crackers at the bedside and have one or two before rising in the morning
* Eat small and frequent non-greasy and non-spicy meals
* Avoid large, spicy and fatty meals

**Prenatal Classes**

We recommend that all patients attend prenatal classes. Prenatal classes will help you and your partner prepare for pregnancy and the delivery. You should register for classes at about 2 weeks into your pregnancy. Please call the

**Safe Medication in Pregnancy**

Some drugs should not be taken during pregnancy. The following list contains medications that are considered safe for use during pregnancy. Since any drug is potentially unsafe, (depending on the circumstance) always let your health care provider know about any medications you are taking.

During the first 4 months of your pregnancy, you should try to avoid any medication unless it is prescribed or approved by a health care provider who knows you are pregnant.

You should continue to take essential medication such as thyroid medication, anticonvulsants, and insulin, if you have been taking these prior to your becoming pregnant. Discuss this with your health care provider at your first appointment.

Be sure to take all medications as directed. If problems persist after 48 hours, call your health care provider.

Common Problems

|  |  |
| --- | --- |
| Problem  | Recommended Medication |
| Headache | Tylenol(Acetaminophen) |
| Colds | First, rest and drink plenty of fluids. Use a vaporizer. If your need medication in addition, you may use Tylenol for aches and fever, Robitussin DM for cough and Sudafed for nasal congestion. Do not use Sudafed if you have or are suspected of having a blood pressure problem. |
| Constipation | Metamucil (plain, unflavored), Fiber all, Bran or Milk of Magnesia |
| Diarrhea  | Kaopectate |
| Indigestion | Mylanta, Maalox, and Tums |

Sex during Pregnancy

For normal pregnancy, sexual relations may be safely continued throughout pregnancy. Intercourse and orgasms will not harm the baby nor predispose toward premature labor. For women, there is a wide range of changes in sexual interest during pregnancy. During the first trimester, particularly if there is nausea, bloating and breast tenderness, interest in sex often drops. As she enter the second trimester, interest in sexual relations often interest. By the third trimester, interest in sex often lags, and finding a comfortable position may prove difficult. Feel free to experiment with different positions to maximize comfort

Smoking

Smoking cigarettes while pregnant poses a significant risk to the pregnancy. Please don’t smoke during pregnancy. If you were smoking before you realized you were pregnant, it is not late to stop, avoiding most of the problems associated with smoking during pregnancy

Toxoplasmosis

Toxoplasmosis is an infection that may cause serious birth defects to the unborn baby. A pregnant woman may become infected with the toxoplasmosis organism if she eats raw meat or if she comes into contact with feces of cats infected with the disease. To avoid infection with toxoplasmosis, a pregnancy woman should always cook meat thoroughly and avoid contact with cat litter boxes or outdoor areas where cats go to the bathroom.

Vacation and Travel

The mere act of traveling is not harmful to a pregnancy. However, an obstetrical problem can occur at any time without warning, and you pursue travel plans entirely at your own risk. It is wise to have a visit with us prior t departure and to be aware of medical facilities and obstetrician in the area to which you are traveling. You may want a copy of your prenatal record to take with you in case of an emergency.