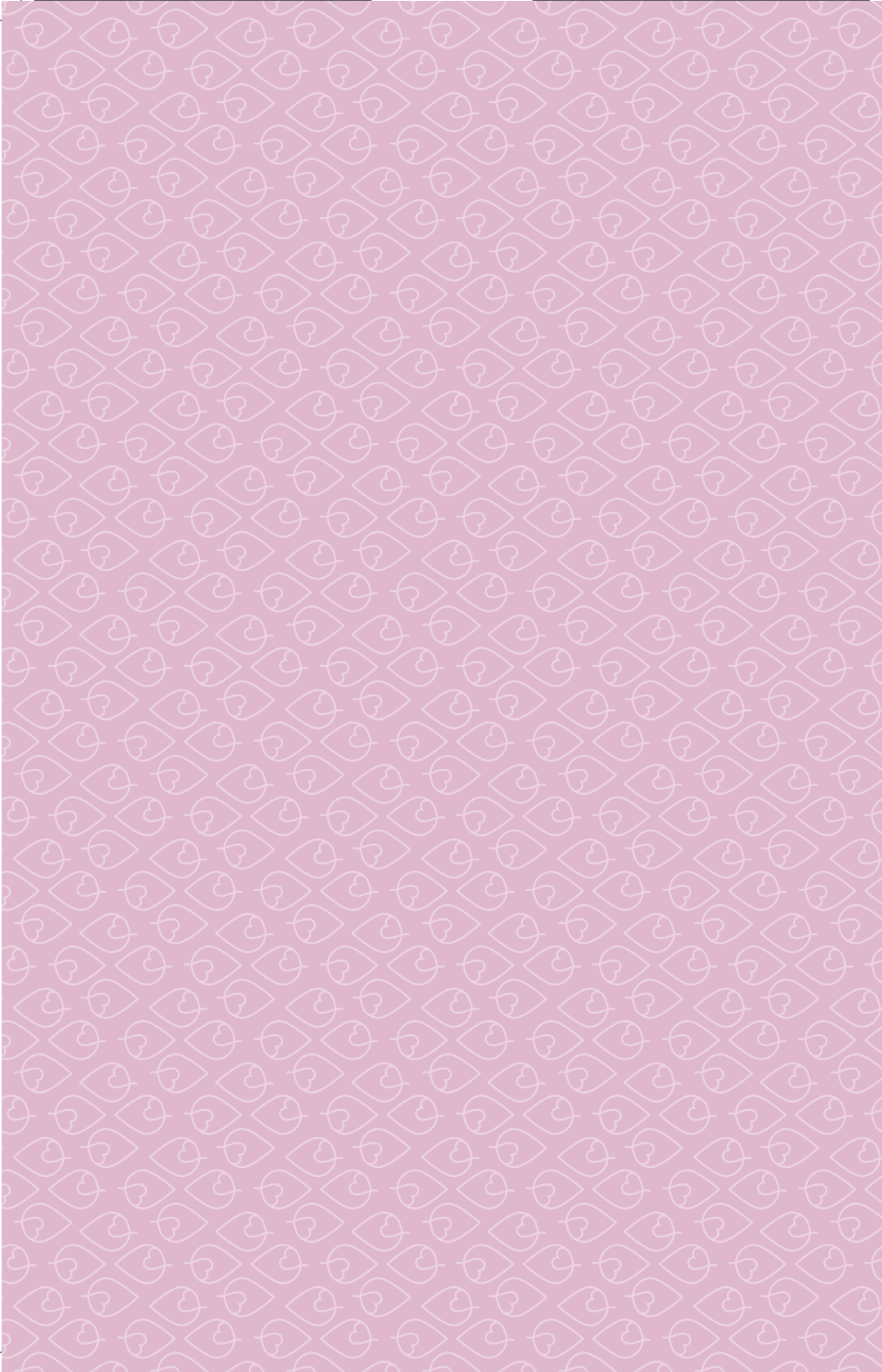


Your Pregnancy Guide

Helpful Tips for Keeping You and Your Baby Healthy



neighborhood
health





Congratulations

Congratulations on your new pregnancy!

This book will help guide you during your prenatal care. It can also be a good resource after your baby is born. We can help connect you with support and resources after you deliver. We can also help you make an appointment for your baby with a pediatric provider.

We want your pregnancy to be a happy time and for your baby to be healthy. Your team is here to provide you quality care and support. We know that pregnancy can be a wonderful time. It can also be a time of anxiety. Your whole team is here for you. We hope you will feel comfortable talking to us about any questions or concerns you have. We are excited to care for you and your family during this special time!

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Your Due Date

Overview

Be sure to ask your healthcare provider any questions you have about the information in this book. Having the right information is key to keeping you and your baby healthy throughout your pregnancy and postpartum.

- Your due date will be determined either by your last period or an ultrasound.
- The duration of the average pregnancy is 40 weeks, or 280 days. The emphasis is on the word “average,” - only about 5% of women will actually deliver on their due date.
- 90% of women will deliver within two weeks of their due date.
- If you go more than one week past your due date, other tests may be performed to make sure you and baby are doing well.



Your Due Date

How to Know Your Due Date

Depending on when you learn that you are pregnant, your due date may be determined by your last menstrual period. You may also get information about your due date from an ultrasound. It is important to have an ultrasound early in your pregnancy. An earlier ultrasound will make your baby's due date more accurate.

How Long Does Pregnancy Last

The average pregnancy lasts 40 weeks or 280 days. Only about 5% of women deliver on their actual due date. That is because 40 weeks of pregnancy is an average. In real life, one woman's pregnancy may last 37 weeks while another woman's lasts 41 weeks. That's a difference of a whole month! The good news is that over 90% of women deliver within two weeks of their due date.

If you go more than one week past your due date, your provider will order additional tests. They will check to make sure you and your baby are doing well. If you go past your due date, your provider will discuss this with you. Your provider will determine if there is a medical reason to induce labor.

Labor

Inducing labor means using medications to start labor contractions. These medications create the same type of contractions that would occur if your body went into labor on its own. When labor is induced, the goal is to have a safe and healthy vaginal birth.

Your baby may also be delivered by Cesarean section, or C-section. A C-section is a surgical delivery of a baby. A cut, or incision, is made through the belly and the uterus. Your provider may recommend a C-section if a vaginal delivery would put you or your baby's health at risk.

Gestation

Your provider may talk to you about your baby's gestational age. Gestation is the time between conception and birth. Gestational age is used to talk about how far along the pregnancy is. It is measured in weeks, starting from your last menstrual period.



Office Visits, Lab Work, and Testing

Overview

Be sure to ask your healthcare provider any questions you have about the information in this book. Having the right information is key to keeping you and your baby healthy throughout your pregnancy and postpartum.

- **1st Trimester:** From the first week of pregnancy through the end of the 12th week.
- **2nd Trimester:** From the 13th week of pregnancy through the end of the 27th week.
- **3rd Trimester:** From the 28th week of pregnancy until delivery.
- **The Postpartum Period** is 6 weeks after delivery. After delivery you will have two routine postpartum visits.
- After a vaginal delivery you will be seen either in person or by phone about 2-3 weeks postpartum, and again at 6 weeks after delivery.
- After a C-section delivery you will be seen in the office 1-2 weeks postpartum to look at your incision. You will then be seen again at 6 weeks after delivery.
- If you experienced complications during your pregnancy or delivery, you may need more postpartum visits.



About Trimesters

In this book, we explain gestational age using trimesters. As you look through this book, you can know what to expect during each trimester of your pregnancy:

1st Trimester: First week of pregnancy through the end of the 12th week

- You will have 2-3 visits about 4 weeks apart
- You will have baseline and new pregnancy labs drawn
- You will be scheduled for an ultrasound

2nd Trimester: 13th week of pregnancy through the end of the 27th week

- You will have 2-3 visits about 4 weeks apart
- You will be scheduled for an ultrasound to assess your baby's development
- You will be tested for gestational diabetes at your visit – this is a lab test

3rd Trimester: 28th week of pregnancy until delivery

- You will be seen every two weeks until your 36th week, then you will be seen every week until your delivery
- You will receive 3rd Trimester lab work and a test for Group B Strep
- You may, or may not, receive an ultrasound
- Your provider will check to see how your body is preparing for labor and delivery

Office Visits, Lab Work, and Testing

Pregnancy Confirmation Visit

At this visit, your provider will confirm your pregnancy. This will be done using a urine test. If you know when you had your last menstrual period, your provider can give you an estimated due date. Your provider may give you a letter confirming your pregnancy. You can give this to WIC, social services, or your health insurance company. You will be scheduled for an ultrasound with a radiologist. The ultrasound will check for your baby's heartbeat. It is important to have your first ultrasound early during your pregnancy. The earlier you have your first ultrasound the more accurate it will be at estimating your baby's due date.

New OB Visit

Your first pregnancy visit is called a New OB visit. During a New OB visit, your provider will talk to you about your family and medical history. You will get a full physical exam. If you are due for a Pap



smear, you may get one during this exam.

Your provider will order routine blood tests. These tests are used to establish a baseline for you. Your provider will compare these tests to the ones taken later during your pregnancy. These tests also check for any infections that could cause problems. Urinary tract infections can be common.

Your provider will start talking about your birthing plan. They will also go over your first ultrasound. This visit is a great opportunity to ask questions.

Your provider will make sure you understand your due date and next steps. During your 1st trimester, you will see your provider every 4 weeks. Depending how far along you were at your pregnancy confirmation visit, this will be about 2-3 visits.

2nd Trimester Prenatal Visits

The 2nd trimester starts as you enter your 13th week of pregnancy. You will see your provider every 4 weeks. At the start of each visit, your provider will check your vital signs (like your blood pressure, weight, and temperature). Be sure to drink plenty of water before your visits. Your provider may ask you for a urine sample.

Starting around the 16th week, your provider will listen to the baby's heartbeat at each visit. Starting around the 24th week of pregnancy, your provider will measure your fundal height. This is a measurement from your belly button to your pelvic area. A fundal height measurement tells your provider about the size of your uterus.

You will be scheduled for an ultrasound called an anatomy scan. This scan checks to make sure your baby is growing and developing normally. The anatomy scan will check for signs of chromosomal abnormalities or other abnormal developments. This scan may also reveal the sex of your baby. **Make sure to tell your provider if you do not want to know!**

Between 24-28 weeks, your provider will test you for gestational diabetes. Gestational diabetes is a type of diabetes that only happens during pregnancy. Hormone changes during pregnancy can cause your blood sugar levels to become high.





The test your provider will give you is called a 1-hour glucose test. You will drink a sugary drink called Glucola. You will need to stay at the clinic for an hour and then your provider will give you a test. The results of this test will let your provider know if they need to run a longer test.

If your 1-hour glucose test is abnormal, your provider will give you a 3-hour glucose test. Your provider will have you drink Glucola again. This time they will have you stay at the clinic for 3 hours and take more tests. If the 3-hour glucose test is abnormal, your provider will diagnose you with gestational diabetes. Your provider will still care for you during your pregnancy. They will also bring in local specialists to help manage your pregnancy.

This does not mean that you will have diabetes after your pregnancy. Being diagnosed with gestational diabetes does increase your risk of developing Type 2 diabetes. You will need to be screened again 6-8 weeks after birth. You will also need to be screened every 2 years after that.

3rd Trimester Prenatal Visits

Your provider will want to see you more often as you start the 28th week of your pregnancy. Your visits will be scheduled every 2 weeks until your 36th week. These visits will have the same tests and exams as your 1st and 2nd trimesters. They may also include cervical exams.



As you get closer to delivery, these exams are often necessary. Your provider will check to see if your cervix has softened and dilated. Dilation refers to your cervix opening. Dilation happens gradually as your body gets ready to deliver your baby. Cervical exams during late pregnancy can be uncomfortable; however, they give your provider important information to help guide your care.

At 36 weeks your provider will give you a Group B strep test. This test checks to see if you are infected with group B *Streptococcus* bacteria. Group B strep is common and usually harmless, but it can cause serious infections in newborns. Group B strep bacteria can come and go naturally in the body; it is not sexually transmitted.

Your provider will collect a sample with a vaginal and rectal swab and send it to a lab for testing. They will discuss your results at your next visit.

After 36 weeks (and until delivery), you will need to have a visit every week. Your provider may need to see you more frequently during this time depending on your pregnancy.

Postpartum Visits

After delivery, you will typically have two* routine follow-up visits.

If you delivered vaginally you will have:

- An in-clinic or phone visit after 2-3 weeks
- An in-clinic visit after about 6 weeks

If you delivered by C-section you will have:

- An in-clinic visit 1-2 weeks after birth (to make sure your incision is healing correctly)
- An in-clinic visit after about 6 weeks

The postpartum period is a great time to ask questions and get connected with resources. Your provider will want to check in and see how you are feeling. They can also help you schedule your baby for their first visit with a pediatric provider.

*If you had complications during your pregnancy you may need to have more postpartum visits.





Common Discomforts During Pregnancy

Overview

Be sure to ask your healthcare provider any questions you have about the information in this book. Having the right information is key to keeping you and your baby healthy throughout your pregnancy and postpartum.

- Throughout your pregnancy your body will go through changes that may cause discomfort. These discomforts can be caused by physical or hormonal changes.
- Talk to your provider about any discomforts you are having. Don't be afraid to reach out if you are concerned.
- We recommend avoiding medication during pregnancy, if possible. However, sometimes it is necessary to relieve discomforts.
- During your office visits, talk to your provider about any discomforts, prescriptions, or non-prescription medications you are taking. Call your provider if your symptoms get worse or won't go away.



Common Discomforts

Morning Sickness

Nausea and vomiting are common during pregnancy. Usually this happens between 6-12 weeks. Morning sickness usually goes away after your 1st trimester but could last longer.

Sometimes women have nausea when they start taking prenatal vitamins. You may be tempted to stop taking them if you feel that they are making you nauseous. It is important to keep taking your prenatal vitamins. Many women take their prenatal vitamins before bed. This may help you reduce nausea. You should try to find a time of the day when your nausea is lowest.

There are many other things you can do to help with morning sickness. You should avoid foods and drinks that are high in carbohydrates and sugars, like breads, sweets, and sodas. You may find some relief with ginger or peppermint. Eating smaller and more frequent meals can also help. It can also help to eat more high-protein meals.

These are some over-the-counter medicines that are safe and effective for morning sickness

Directions:
Vitamin B6, and
either Unisom
or Benadryl.

Vitamin B6
50 mg: Take 1 tablet
by mouth, 3 times
per day.

Unisom (doxylamine):
Take a ½ tablet by mouth at
bedtime with your 3rd dose
of Vitamin B6.

_____ or _____

Benadryl (diphenhydramine):
Take 1 tablet by mouth at
bedtime with your 3rd dose
of Vitamin B6.



CAUTION: DO NOT take both Unisom and Benadryl at the same time.
Take one or the other along with your 3rd dose of Vitamin B6.



Safe Over the Counter Medications & Other Remedies

Cold, Congestion, Cough

- Cough drops
- Humidifier
- Tylenol Cold & Sinus
- Mucinex
- Robitussin
- Triaminic

After the 1st trimester, and for no more than 3 days in a row:

- Sudafed (phenylephrine)

Allergies

- Saline nasal spray
- Benadryl
- Claritin (loratidine)
- Zyrtec (cetirizine)

Heartburn

Avoid triggering foods

- Milk
- Tums
- Maalox/Mylanta
- Zantac
- Pepcid
- Prilosec (omeprazole)

Constipation

- Water: 60 oz. or more per day
- Prunes
- Prune juice
- Apple juice
- Oatmeal
- Metamucil
- Fiber One
- Fibercon
- Benefiber
- Miralax (glycolax)
- Colace (docusate) stool softener: 100 mg tablets, take 1-3 tablets daily
- Magnesium: 250 mg tablets, take 1/2-1 tablet daily

Diarrhea

- Imodium
- **DO NOT take Pepto Bismol**

Insomnia

- Unisom
- Benadryl

Morning Sickness

- Eat small, frequent meals
- Ginger
- Peppermint
- Sea bands
- Vitamin B6: 50 mg tablet, take 1 tablet 3 times per day
- Unisom (doxylamine): take 1/2 tablet at bedtime

Hemorrhoids

- Manage constipation
- Tucks (Witch Hazel)

After the 1st trimester:

- Preparation H

Pain

- Increase water intake and rest
- Tylenol

! CAUTION:

These over-the-counter medications should not be taken during pregnancy:

- Aspirin*
- Ibuprofen (Advil, Motrin)
- Naproxen (Aleve)
- Pepto Bismol

*Unless otherwise directed by your provider



Signs of Dehydration

It is important that you drink plenty of water to avoid getting dehydrated. The symptoms listed below are signs of severe dehydration and require immediate medical attention.

Call your provider if:

- You can't keep food or fluids down for 24 hours
- You have severe weakness
- You become dizzy or feel faint when standing
- You have pain in your belly
- You have or develop an oral (by mouth) temperature of 100.4 or higher

Headaches, Colds, Congestion, Allergies and Coughs

You may have headaches throughout your pregnancy. Headaches can happen because of hormonal changes. You should be able to relieve headaches using comfort measures or approved over-the-counter medications. Talk to your provider if your headaches are causing vision problems or interrupting your quality of life.

Congestion, sinus pain, and nasal pressure is common during the 1st and 3rd trimesters. These symptoms may be worse late in your pregnancy or get worse when you lie down.

Seasonal allergies and coughs may be worse. Hormone changes during your pregnancy can change your immune system. Some women have a dry cough during pregnancy. Some women have a heightened sensitivity to pet dander, chemical fumes, smoking, and cold air. There are many tips and medications you can use to manage these symptoms while pregnant.

Here are some measures to try:

- Drink plenty of water — try to drink 8-12 glasses of water every day
- Regularly change your home air filters and use an air purifier, if possible
- Use a humidifier
- Use Breathe Right strips to help open your nose
- Vacuum frequently if you have pets in your home
- Take warm steamy showers
- Get plenty of good quality sleep, at least 8 hours per night
- Use saline nasal spray or gargle warm salt water
- Apply a towel soaked with warm water to your face, nose, and eyes
- Decrease stress — Practice relaxation and breathing techniques
- Avoid foods high in sugar and caffeine
- Use cough drops
- Drink warm herbal teas (without caffeine) such as ginger root, chamomile, or hibiscus





Complications

Vaginal Discharge, Bleeding, and Cramping

During the 1st trimester it is normal to have some bleeding. It does not mean there is a problem with your pregnancy. There are many possible causes for bleeding. Bleeding can be caused by infections. It can happen after sex. It could also be related to normal increases of blood flow to your vagina and hormones during your pregnancy.

While slight bleeding or spotting usually stops on its own, you should always let your provider know if you have any bleeding. As you get closer to delivery in your 3rd trimester, you may have some light spotting. This can happen after you use the bathroom or after you have sex. This is normal and should stop on its own.

If you have heavy bleeding (like a menstrual period) you should go immediately to Labor and Delivery at Saint Thomas Midtown Hospital. This could be a sign that you are in labor. It could also mean there is a problem that requires medical attention.



CAUTION: If you are having to change your pad every hour or experiencing heavy bleeding with clots – IMMEDIATELY go to the Saint Thomas Midtown Emergency Room.



Cramping in the areas near your vagina and groin is normal during early pregnancy. Your uterus, and the tissues attached to it are stretching to make room for your baby. This stretching can cause contractions and a cramping sensation. These symptoms usually go away by your 2nd trimester.

Here are some tips to help with cramping:

- Drink plenty of water – try to drink 8-12 glasses of water every day
- Rest with your legs elevated
- Take a warm bath
- Use a heating pad
- When you have pain on one side, lay on that side to reduce tension
- Get plenty of rest. Use pillows to position yourself comfortably

If the tips above don't work, you can use Tylenol (acetaminophen) for pain relief.



CAUTION: Unless your provider tells you otherwise, you **SHOULD NOT** take medications that contain:


- Aspirin
- Ibuprofen (such as Advil or Motrin)
- Naproxen (such as Aleve)

During your pregnancy, the amount and consistency of your vaginal discharge will change. This is caused by changes in your hormones and is a normal part of pregnancy. Vaginal discharge during pregnancy is thin, white, milky, and mild smelling. You may notice this discharge when you use the bathroom, or in your underwear. This is completely normal and should not worry you.



CAUTION: Tell your provider **IMMEDIATELY** if you have vaginal discharge:

- that smells bad
- contains visible blood
- with itching, pain, redness, or swelling

Always talk to your provider before treating a yeast infection.  They can make sure it is not a more serious infection. Yeast infections can be treated with an over-the-counter cream like Monistat. Be sure to use either the 3-day or 7-day Monistat cream. **DO NOT** use the Monistat 1-day treatment.



Back Pain

Back Pain

Back pain is a common problem throughout all trimesters. It may be more intense during the early or late stages of your pregnancy.

Back pain can have many different causes like:

- Changes in your posture (the way you sit, stand, and walk)
- Changes in your hormone levels
- Changes to your weight
- Changes to your muscles

You can prevent some of these discomforts by exercising and stretching regularly. Walking and swimming are good examples of low-impact exercise that can help. See *Staying Healthy and Active* on page 25 for more information about exercising safely during your pregnancy.

It is important to pay attention to your posture. Throughout your pregnancy, your balance and your center of gravity will shift. Without realizing it, you may adjust your posture in a way that puts extra stress on your body.

Shoes and Back Pain

It is important to wear low heeled (but not flat) shoes that have good arch support and fit you well. If you are standing for a long time, switch which foot you put your weight on. You can do this by putting one foot up on a box or stool every so often.

Lifting Things While Pregnant

You should always check to see if you need help before picking up things. You may want to ask for help if it looks heavy or bulky.

If you need to lift something, you should use safe lifting techniques. Safe lifting means that you should bend at your knees (not your waist) to pick up an object. It is important to keep your back straight while bending at the knees.



Use the strength of your legs to push up, not your back. **DO NOT** make any jerking or sudden movements while lifting objects.

If you use the safe lifting techniques above, you should be able to safely lift 15-26 lbs. For reference, lifting 15 lbs. is like lifting a bowling ball or a gallon of paint. Lifting 25 lbs. feels more like lifting a 2-year-old child, or a 3-gallon jug of water. If you are regularly lifting more than that, let your provider know.

Support During Sleep

During sleep, your body is resting and healing itself. It is a great time to provide comfort and support for your back pain. You can use pillows to help reduce pressure and stress on your body. Placing pillows under/between your knees or behind your back and neck, can relieve pressure placed on your lower back and pelvic area. Applying heat or ice to your back can relieve pain.

Remain Active

Remaining active throughout your pregnancy can help lessen and prevent back pain as well. Low-impact exercise like yoga, swimming, and walking can help prevent and treat back pain. See Staying Healthy and Active on page 25 and Yoga and Massage on page 35 for more information about staying active.

If you try these comfort measures, but still have back pain, you can take acetaminophen (such as Tylenol). Talk to your provider about techniques or medications you are using for pain.



CAUTION: Unless your provider tells you otherwise, you **SHOULD NOT** take medications that contain:

- Aspirin
- Ibuprofen (such as Advil or Motrin)
- Naproxen (such as Aleve)

Other Discomforts

Hemorrhoids, Constipation, and Diarrhea

Digestive problems are common throughout pregnancy. Constipation and diarrhea may be worse in your 1st trimester. This can be caused by changes in your hormones, increased mental and physical stress, or changes to your sleep and eating habits. You may be taking an iron supplement during your pregnancy. Iron supplements can sometimes cause constipation, so be sure to drink plenty of water. Eating a high-fiber diet can also help with constipation. Fresh fruits and vegetables



are a great way to add fiber to your diet. See the list on the next page for a list of fiber-rich foods.

There are also some over-the-counter supplements and medications you can try for constipation if hydration and diet changes aren't helping:

- Prunes, Prune Juice or Apple Juice
- Metamucil, Fiberone, Fibercon, or Benefiber
- Colace (docusate) Stool Softener
- Miralax (glycolax)
- Magnesium 250mg tablet: Take ½ -1 tablet once a day

If you are experiencing persistent diarrhea (3 or more watery bowel movements in one day):

- Drink plenty of fluids. Diarrhea can make you dehydrated.
- Try the B.R.A.T.S. Diet (Bananas, Rice, Applesauce, Toast, and Sweet Potatoes). These foods are easy to digest. They may help to make your stool more solid.
- Avoid caffeine and sugar.
- Drink beverages that contain electrolytes (like Pedialyte or Gatorade).
- You can take over-the-counter Imodium if other measures do not help.



CAUTION: DO NOT take Pepto Bismol during your pregnancy

Hemorrhoids are common in pregnancy. Hemorrhoids are swollen veins around your anus or the lower part of your rectum. Hemorrhoids can be caused by many different issues. These include constipation, and increased blood flow to your pelvic area. You may feel an intense itching at your rectum. You may notice a lump or have light bleeding after using the bathroom. Hemorrhoids are common irritations and can be painful.

One of the best ways to avoid getting hemorrhoids is to prevent constipation. You can do this by drinking lots of fluids, and eating plenty of fruits and vegetables. Prunes or prune juice are great options for relieving constipation and can help you have regular bowel movements. Having a daily bowel movement, walking, and doing yoga can help keep pressure off of these blood vessels. Doing exercises that strengthen your pelvic floor can improve circulation. Your provider can talk to you about these exercises.

Sleep on your side (not your back), especially after your 1st Trimester. Doing this anytime you lie down can help to relieve pressure and prevent hemorrhoids. Exercise and movement can also help prevent hemorrhoids.



50 Fiber-Rich Foods

Fruits

Prunes	7.7 g per cup
Raspberries	8 g per cup
Pear	5.1 g
Cherries	5 g per cup
Blackberries	3.8 g per 1/2 cup
Strawberries	3.3 g per cup
Apple	3.3 g
Mango	3.3 g
Banana	3 g

Vegetables

Artichokes	10.3 g
Soy Beans	10.3 g per cup
Brussel Sprouts	6.4 g per cup
Yams	6 g per cup
Winter Squash	5.7 g per cup
Broccoli	5.5 g per cup
Carrots	4.8 g per cup
Potato (with skin)	4.4 g
Peas (shelled)	4.4 g per cup
Sweet Corn	4.2 g per cup
Spinach (raw)	3.5 g per cup
Celery	1.6 g per cup
Spaghetti Squash	1.5 g per cup
Bell Pepper	1.25 g per 1/2 cup

Legumes

Navy Beans	9.5 g per 1/2 cup
Split Peas	8.1 g per 1/2 cup
Lentils	7.8 g per 1/2 cup
Pinto Beans	7.7 g per 1/2 cup
Black Beans	7.5 g per 1/2 cup
Kidney Beans	6.5 g per 1/2 cup
Lima Beans	6.6 g per 1/2 cup
Chickpeas	5.5 g per 1/2 cup
Baked Beans	5.2 g per 1/2 cup

Nuts & Seeds

Chia Seeds	10 g per oz.
Flax Seeds	9 g per oz.
Pumpkin Seeds	5 g per oz.
Almonds	3.5 g per oz.
Pistachios	3 g per oz.

Pecans	2.7 g per oz.
Peanuts	2.3 g per oz.
Walnuts	2 g per oz.
Sunflower Seeds	2 g per oz.

Grains

Whole Wheat Flour	6.5 g per 1/2 cup
Whole Wheat Pasta	6 g per cup
Quinoa	5 g per cup
Steel-cut Oats	5 g per 1/4 cup
Shredded Wheat	5.7 g per cup
Brown Rice	4 g per cup
Oatmeal (cooked)	4 g per cup
Wild Rice	3 g per cup
Popcorn	1 g per cup

Your goal should be to eat between 25-30 grams of fiber daily, along with drinking plenty of water to help move the fiber through your system.



If you are experiencing hemorrhoids, do not try to force a bowel movement. Sitting on the toilet for too long can make hemorrhoids worse. Be gentle with this area. Wash with warm soap and water or use wipes instead of toilet paper.

Here are some ways to help with hemorrhoids:

- Warm baths or soaking in the bathtub. This will help you keep this area clean and can reduce discomfort.
- Apply a Witch Hazel compress or an ice pack.
- Alternate pressure when sitting for long periods.
- After the 1st trimester you may use Preparation H.
- Use Tucks medicated wipes when going to the bathroom.
- Inhale deeply. Relax your jaw and exhale slowly. Repeat this process 3 times to relax the rectal muscles to help with the passage of stool.

Even if you are managing well on your own, tell your provider if you have constipation, diarrhea, or hemorrhoids.

Heartburn

Heartburn is a burning feeling in your chest that occurs after eating. Heartburn happens when the valve that keeps stomach acid from going backwards isn't doing its job. During pregnancy, hormones can cause this valve to relax and make you have heartburn more often.

Heartburn can last a few minutes or a few hours. The symptoms may get worse when you bend over or lie down. Eating more food can also make heartburn worse. Eating smaller and more frequent meals may help to prevent heartburn. Make sure to eat slowly, and take time to chew each bite. Sometimes drinking too much while you are eating can make your stomach too full. This makes you more likely to have heartburn. Try to drink a glass of water before you eat and then only take small sips to wash down your food.

Try not to eat foods that have given you heartburn in the past. Avoid foods that are fried, spicy, or high in fat. Try not to lay down right after you eat. If you do lay down, use pillows to position your head and shoulders higher than your stomach. This can help prevent stomach acids from going up your throat and causing heartburn.

Here are some ways to relieve heartburn:

- | | | |
|--------|----------|----------------|
| • Milk | • Zantac | • Maalox/Mynta |
| • Tums | • Pepcid | • Prilosec |

Tell your provider if you have heartburn and how you are managing it.



Insomnia

Insomnia is when you have trouble falling or staying asleep. Insomnia can happen at any time throughout your pregnancy. It is more common in the 1st and 3rd trimesters. Many factors may contribute to insomnia. Some of the discomforts we've just discussed, like heartburn, nausea and vomiting, or frequent need to use the bathroom, can make it difficult for you to stay asleep.

You may have new emotional or mental stress during your pregnancy. This can make it hard to fall asleep at night. Insomnia can make you feel tired during the day. It can also make you more sensitive to stress. The good news is that insomnia isn't harmful to your baby.

There are many things you can do to help relieve insomnia and get a good night of sleep. Having good sleep hygiene is one of the best ways to get better sleep. Sleep hygiene means creating a bedroom environment and daily routine that promotes consistent and uninterrupted sleep.

Some ways to practice good sleep hygiene:

- Get ready for bed at the same time every night.
- Identify something that relaxes you like listening to music, taking a bath, reading a book, meditating, or practicing yoga.
- Try to avoid screens like phones, computers, or TV for at least 1 hour before you go to bed.
- Avoid drinking beverages after 7pm.



- Avoid caffeine, especially after noon.
- Exercise every day.
- Make sure your bedroom is cool, dark, and quiet.
- Use pillows to position yourself comfortably.

Tell your provider if you are dealing with insomnia. If the techniques above aren't helping, they may tell you to use an over-the-counter medication.



CAUTION: Always talk to your provider before taking sleep medications or supplements. Many of these are NOT safe during pregnancy.

Breast Pain and Tenderness

During pregnancy your breasts are getting ready to make milk for your baby. Your milk glands enlarge and veins may become more visible. Your nipples and areolas (the area around your nipples) can darken or grow in size. As your breasts grow, you may have pain, itching, or a feeling of heaviness. You may also have a milky or clear discharge from your nipples. This is normal.

It is important to wear a bra that fits you comfortably and is not too tight. Underwire in bras can cause discomfort. They may be too firm and not allow your bra to adapt to changes in your breasts.

It can be helpful to wear a loose-fitting sports bra during your 1st trimester. Towards the end of your 2nd trimester you can move to nursing bras. Applying compresses to tender and painful breasts can be helpful. Use a towel or cloth soaked in hot water for soreness or itching. Use a towel soaked in cold water for tenderness and swelling.

It is best to avoid food and drinks high in caffeine and salt. They tend to cause water retention. Water retention happens when fluids build up inside your body and cause swelling. Be sure to look at the nutrition facts on the prepared or canned foods you eat. Some of them may contain high amounts of salt.



Try to drink plenty of water each day. Start early in the morning. Dehydration can make many discomforts of pregnancy worse. Take time to do activities that lower stress and make you feel relaxed. A warm shower, a massage, or yoga are great activities for this.

You can take Tylenol (acetaminophen) as directed for pain relief.



CAUTION: Unless your provider tells you otherwise, you **SHOULD NOT** take medications that contain:

- Aspirin
- Ibuprofen (such as Advil or Motrin)
- Naproxen (such as Aleve)

Your Baby's Movement

What to Expect

The feeling of your baby's movements will change during your pregnancy. You can expect to feel movement between 18-22 weeks if this is your first baby. It will be earlier if this isn't your first baby. At first, this will happen on and off. You may not feel the baby move every



day. As your baby grows, you will start to feel stronger and more frequent movements. Later in your pregnancy, the baby's movements may feel smaller. This is normal. As your baby grows, they have less space to make big movements.

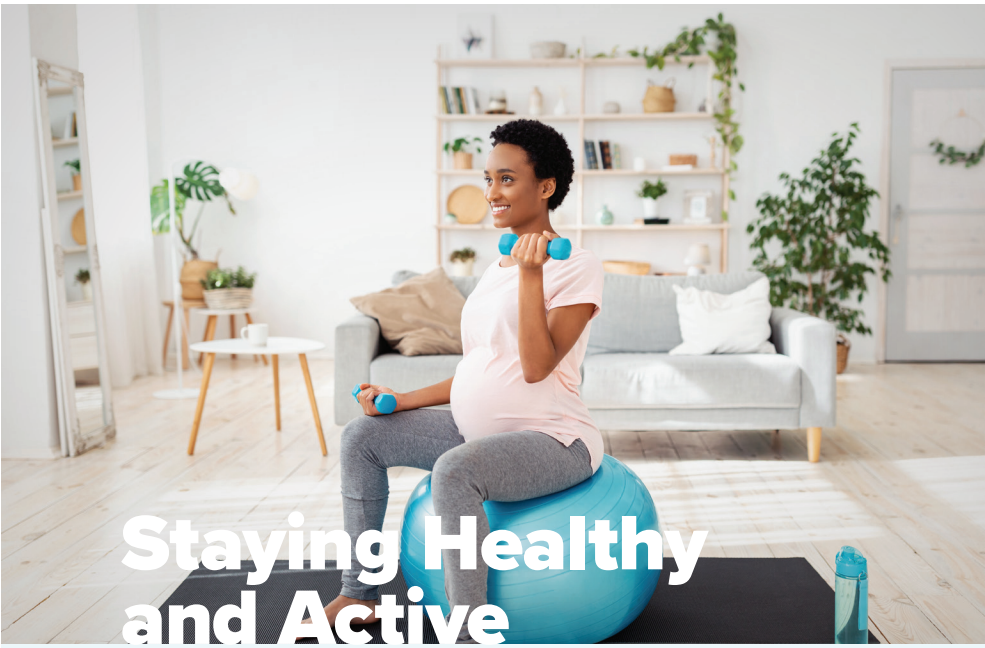
During your 3rd trimester – after 28 weeks – you should feel your baby moving every day. Your baby may move more or less than others. Over time you will get a sense for your baby's movements and patterns. If your baby's movement changes drastically you should contact your provider.

If you notice your baby is moving less (or you are not sure), you can try counting your baby's kicks. Try counting your baby's kicks over two hours. Do this at a time when your baby is usually active.

For example, if your baby usually starts kicking after you eat, have a snack, lie down for a few hours and count the number of times you feel a kick. Make a mark on a piece of paper every time you feel a movement. Stop when you feel 10 movements.



CAUTION: If it has been over 2 hours and you have not felt at least 10 movements you should go to Saint Thomas Midtown. Ask to be evaluated by OB Triage.



Staying Healthy and Active

Overview

Be sure to ask your healthcare provider any questions you have about the information in this book. Having the right information is key to keeping you and your baby healthy throughout your pregnancy and postpartum.

- During your pregnancy you will see changes in your energy levels, your weight, and your sense of taste and smell. This chapter focuses on habits to keep you as energetic and healthy as possible throughout your entire pregnancy.
- If you are close to your ideal weight, healthy weight gain during a pregnancy is 25-35 pounds. If you are slightly overweight before pregnancy, the goal is to gain 15-25 pounds.
- While pregnant, you will only need an additional 300 calories added to your diet. You should either eat 3 well-balanced meals OR 5 smaller, well-balanced meals, per day.
- Try to get regular exercise, 3 times per week, throughout your pregnancy.
- When exercising make sure to drink plenty of water. Listen to your body and change your exercise routine depending on how you feel. Stop exercising if you have vaginal bleeding, contractions, chest pain, dizziness, shortness of breath, or intense pain



Weight Gain

Some weight gain during pregnancy is normal and healthy. The average weight gain during pregnancy is about 25-35 pounds.

Your provider may recommend a different amount of weight gain depending on your body mass index. The body mass index, or BMI, is a measurement that uses your height and weight to determine if your weight is healthy. If your BMI is high before your pregnancy, your provider may talk with you about your healthy weight gain goals.

Gaining too much weight during your pregnancy can increase your baby's risk of health problems. This can also cause your baby to be born early or have difficulties during delivery. Gaining too much weight during pregnancy can make some discomforts worse (like back pain or insomnia.)

Not gaining enough weight can also increase the chance that your baby is born too small. This can affect how well they are able to breastfeed. It can also increase your baby's risk for certain illnesses. Babies who are too small at birth may miss normal development stages for their age.

Your medical assistant will measure your weight at each visit. Talk to your provider if you have any questions about weight gain during your pregnancy. Weight gain can be affected by food, exercise, stress, and sleep habits.

Diet & Exercise

Foods to Eat and Foods to Avoid

At full term, your baby weighs approximately 7 ½ lbs., your placenta is 1 lb., amniotic fluid is 2 lbs., and your uterus is 2 ½ lbs. This is a total of 12 lbs.

You are not actually “eating for two.” While you are pregnant, you only need to add an extra 300 calories to your diet, which is a small snack, like a banana and a glass of milk. You should eat 3 well-balanced meals each day and 2 snacks. Or you can eat 5 small and well-balanced meals each day.



Healthy Items for Your Grocery List

Meat

- ☐ Chicken
- ☐ Lean Beef
- ☐ Lean Lamb
- ☐ Turkey

Fish & Seafood

- ☐ Cod
- ☐ Crab
- ☐ Salmon
- ☐ Sardines
- ☐ Trout

Grains

- ☐ Brown Rice
- ☐ Buckwheat
- ☐ Millet
- ☐ Multi-Grain Cereal
- ☐ Oatmeal
- ☐ Quinoa
- ☐ Spelt
- ☐ Sweet Potatoes
- ☐ Whole Wheat Bread
- ☐ Whole Wheat Pasta

Snacks

- ☐ Almonds
- ☐ Baked Chips
- ☐ Cashews
- ☐ Edamame
- ☐ Granola
- ☐ Flax Seeds
- ☐ Hazelnuts
- ☐ Multi-Grain Crackers
- ☐ Peanuts
- ☐ Popcorn
- ☐ Pumpkin Seeds
- ☐ Safflower Oil
- ☐ Sunflower Seeds
- ☐ Walnuts

Vegetables

- ☐ Alfalfa
- ☐ Arugula
- ☐ Artichoke
- ☐ Asparagus
- ☐ Avocado
- ☐ Beets
- ☐ Broccoli
- ☐ Brussel Sprouts
- ☐ Cabbage
- ☐ Carrots
- ☐ Cauliflower
- ☐ Celery
- ☐ Chard
- ☐ Cilantro
- ☐ Collard Greens
- ☐ Cucumber
- ☐ Eggplant
- ☐ Garlic
- ☐ Green Beans
- ☐ Kale
- ☐ Leeks
- ☐ Lemon Grass
- ☐ Lentils
- ☐ Lettuce
- ☐ Okra
- ☐ Onions
- ☐ Parsley
- ☐ Parsnips
- ☐ Peppers
- ☐ Potatoes
- ☐ Pumpkins
- ☐ Radishes
- ☐ Raisins
- ☐ Rhubarb
- ☐ Rutabaga
- ☐ Shallots
- ☐ Snow Peas
- ☐ Spinach
- ☐ Squash
- ☐ Soybeans

Dairy

- ☐ Cheese (Hard)
- ☐ Cottage Cheese
- ☐ Pudding (Low-Fat)
- ☐ Skim Milk
- ☐ Soy Milk
- ☐ Yogurt (Plain, Unsweet)

Fruit

- ☐ Apples
- ☐ Berries
- ☐ Cherries
- ☐ Cranberries
- ☐ Grapefruit
- ☐ Grapes
- ☐ Kiwi
- ☐ Lemons
- ☐ Limes
- ☐ Mango
- ☐ Melons
- ☐ Nectarines
- ☐ Oranges
- ☐ Papaya
- ☐ Pears
- ☐ Pineapple
- ☐ Plums
- ☐ Pomegranate
- ☐ Tangerines

Condiments/Oils

- ☐ Almond Butter
- ☐ Apple Butter
- ☐ Balsamic Vinegar
- ☐ Honey
- ☐ Lemon Juice
- ☐ Lime Juice
- ☐ Mustard
- ☐ Peanut Butter
- ☐ Olive Oil (Lite)
- ☐ Rice Vinegar
- ☐ Saffola Oil
- ☐ Salsa
- ☐ Tomato Sauce



You should try to eat foods that are low in fat and sugar, and high in protein. The best foods for this are fresh fruits and vegetables. Raw fruits and vegetables are high in important vitamins that you need throughout your pregnancy. Make sure to wash fresh produce before eating it.

Folic acid is a vitamin that is important in pregnancy. This vitamin cannot be stored by the body so it's important to make sure you receive enough by mouth. It is typically found in prenatal vitamins but can be found in many foods too. Green leafy vegetables and whole grain products are rich in folic acid.

There are also important minerals you will need throughout your pregnancy, like iron and calcium. Later in pregnancy your body needs more iron than you can get from food alone. Iron is important for your body to make red blood cells. These cells carry oxygen for you and your baby. Your provider may recommend an iron supplement in addition to the amount found in your prenatal vitamin. Calcium can be obtained by eating 3-4 low-fat dairy servings daily, or by taking a daily calcium supplement. Green leafy vegetables, citrus fruits, strawberries, and broccoli are also good sources of calcium and iron.

Fish is another excellent source of iron. It is important to limit your consumption of some fish and avoid the consumption altogether of others during pregnancy. The FDA recommends that you avoid eating large fish. Large fish may contain mercury. The EPA recommends that you only eat 1 serving of freshwater fish per week.



CAUTION: These are fish that you **SHOULD NEVER** eat while pregnant:

- Shark
- Tilefish
- Swordfish
- King Mackerel



CAUTION: While pregnant you **SHOULD NEVER** eat any raw or rare meats, including sushi.

You should avoid deli meats. Deli meats can have a bacteria called *Listeria*. Pregnant women are 10 times more likely to get *Listeria* and get sick. These have a high risk of bacteria. If you do eat deli meat, microwave it for at least 30 seconds. You should avoid unpasteurized cheeses like brie, blue cheese, and queso blanco.

Alcohol, Drugs, and Cigarettes

Using alcohol or drugs can have severe negative impacts on you and your baby. Alcohol and drugs pass from your blood, through your placenta, and directly to your baby. This can cause long term effects



on your baby, even after they are born. Drugs and alcohol can cause changes to your baby's growing brain and cause learning disabilities. Drugs and alcohol may also contribute to low birth weight, birth defects, premature delivery, and stillborn births.



CAUTION: Drinking alcohol and using drugs during your pregnancy is unsafe and not worth the risk.

It is unsafe to use recreational drugs during your pregnancy. This includes prescription drugs or narcotics that were not prescribed by your provider. Using prescription drugs or narcotics that were not prescribed for you is illegal and unsafe. Using drugs or narcotics can cause many complications during your pregnancy, including stillbirth.

Using narcotics during your pregnancy can cause Neonatal Abstinence Syndrome. This means your baby will suffer from painful drug withdrawal right after birth. If you are struggling with addiction, you should be open and honest about this with your provider. They want to help you.

Smoking cigarettes during pregnancy has many risks. Smoking can increase your risk of miscarriage, stillbirth, low birth weight, and SIDS (Sudden Infant Death Syndrome). It also makes health problems during infancy such as ear infections and asthma more likely. Quitting smoking will give your baby a healthy start and improve your health as well. If you smoke, you should talk to your provider about quitting. They can provide you with resources and support to help you quit.

Supplements

Prenatal vitamins usually include supplements like iron, folic acid, and calcium. Your provider may also recommend vitamin D, magnesium, ginger, fish oil, or probiotics. These are all considered safe to take while pregnant. Talk to your provider about any supplements you are taking. It may be helpful to bring the bottle with you to your office visit.



CAUTION: There are some supplements you **SHOULD NOT** take while pregnant:

- | | | |
|----------------|----------------|---------------|
| • Vitamin A | • Saw Palmetto | • Blue Cohosh |
| • Vitamin E | • Tansy | • Pennyroyal |
| • Black Cohosh | • Red Clover | • Ephedra |
| • Goldenseal | • Angelica | • Mugwort |
| • Dong Quai | • Yarrow | |
| • Yohimbe | • Wormwood | |



If you have questions about supplements or herbs, talk to your provider before you take them.

Exercise

Exercise is good for your physical, mental, and emotional health. Exercise is also a great way to prepare your body for labor and delivery. It can help you maintain muscle tone and strength. Staying in shape can help give you the endurance needed to get through labor.

If you are in good shape and exercising regularly, you should be able to continue your normal workout routine during your pregnancy. If you are at risk for certain high-risk conditions, your provider may ask you to avoid exercise.

The American College of Obstetrics and Gynecology recommends the following:

- Continue mild to moderate exercise. Regular exercise is defined as occurring at least 3 times per week. Regular exercise is preferred to intermittent exercise, which occurs more randomly and in bursts of intensity.
- After you are 12 weeks along, you should avoid performing any exercises that cause you to lie directly on your back.
- When exercising, stay hydrated by drinking plenty of water. Listen to your body. You may need to change your routine based on how you feel.

Exercises generally considered safe in pregnancy	Exercises that should be avoided in pregnancy
Low-impact aerobics	Contact Sports
Pregnancy fitness classes and Prenatal Yoga	SCUBA
Jogging, Walking, and Hiking	Downhill skiing
Noncompetitive racket sports and Golf	Gymnastics
Swimming/Water aerobics	Extremely vigorous exercise
Weight training (avoid excessive straining)	Anything that causes overexertion

! **CAUTION: STOP** exercising if you are having:

Vaginal bleeding	Dizziness
Contractions	Shortness of breath
Chest pain	Intense pain



Sexual Activity

Unless your provider tells you otherwise, you can continue to have sex until you go into labor.

There are a few reasons to avoid having sex during your pregnancy. Such as:

- If you are experiencing vaginal bleeding or discharge with a foul odor.
- If your water breaks or you are being treated for preterm labor.
- If sex is uncomfortable or painful for you.

You should make sure that your partner does not blow air directly into your vagina during oral sex. In rare cases, this can cause an air embolism that can be fatal for you and your baby.

Items to Avoid

Household Items to Avoid

While pregnant you should not change a litter box or be exposed to any cat feces. Cat feces can carry a parasite that causes an infection called Toxoplasmosis. Toxoplasmosis can cause miscarriage and stillbirth. It can also damage your baby's brain and organs, particularly the eyes.

Tanning and Hair Treatments

Spray tanning and self-tanners are generally thought to be safe during pregnancy. However, you **SHOULD NOT** use a tanning bed.

Hair treatments (coloring, perms, and straightening) are generally thought to be safe during your pregnancy. However, the safest option is to wait at least until after your 1st Trimester.

Paint Fumes

Avoid paint fumes while you are pregnant. Paints can be more toxic depending on the solvents and chemicals in them. Household painting generally is a low-level exposure. However, the safest option is avoiding household painting during your pregnancy.

Cleaning Products

Avoid any cleaning products with a particularly strong smell. You should also avoid hot tubs, steam rooms, and saunas. During your 1st trimester, a sudden increase in body temperature can lead to certain birth defects.





Changes to Your Body During Pregnancy

Overview

Be sure to ask your healthcare provider any questions you have about the information in this book. Having the right information is key to keeping you and your baby healthy throughout your pregnancy and postpartum.

- There are some obvious changes that are expected during pregnancy. Your belly will grow, you may begin to see stretch marks form, and your breasts may get bigger. There are other changes that are completely normal, but not talked about as much. These changes usually happen because of hormonal changes during pregnancy.
- It is important to keep your mouth, teeth, and gums healthy. Pregnancy can increase your risk of oral health problems. Your gums may become more sensitive and bleed more easily. Continue to brush your teeth 2 times a day with a soft bristled tooth brush and have routine dental exams.



Changes to Your Body

Hair

The texture of your hair and the amount of hair can change during your pregnancy and after delivery. An increase in hormones during your pregnancy can cause your hair to enter a growth or resting period. This means your hair can appear thicker while pregnant. It could also mean that your hair grows less than usual. This can cause some hair shedding or hair loss. Hair growth or hair loss is common and normal during pregnancy.

After delivery your hormone levels should return to their pre-pregnancy levels. Hair that is in the resting phase may fall out. Hair loss may continue for 1-5 months after delivery. This can make your hair look thinner. Your hair should return to a normal growth cycle by the time your baby is 12 months old.

Here are a few tips to keep your hair healthy:

- Avoid tight hairstyles such as cornrows, weaves, or braids. These styles can pull your hair or cause tension on your scalp. This can cause hair loss or breakage.
- Use shampoos and conditioners that contain hair-supporting nutrients (like biotin, silica, and vitamin E).
- Eat a balanced diet that is high in fruits and vegetables. Fresh foods have vitamins and minerals that support healthy hair.
- If you brush your hair when it is wet, use a wide tooth comb and the cool setting on your hairdryer. The warm setting can cause excess dryness. This can make your hair more likely to break.
- Massage warm coconut or sesame oil into your scalp 2-3 times per week. This stimulates growth and can reduce hair loss.
- Hair dye and chemical processes are thought to be safe after the 1st trimester. They can contribute to hair damage. They can make hair loss or breakage worse.

Skin

During your pregnancy, your blood flow can change. This can cause your skin to look different. Increased blood flow means more blood is brought to the surface of your skin. This can increase the amount of oil produced by your skin. You may retain, or hold on, to more fluids. Changing hormones can cause hot flashes. All of these changes can contribute to what is described as a “pregnancy glow.” This can also make your skin feel more itchy or dry.

You may also see new moles, red spots, or skin tags develop. Talk to your provider if any moles turn a blue-black color.



Increased oil on your skin means that you may see more acne. Topical treatments (that do not have Retin-A or Retinol) can be used to treat acne. You may have hyperpigmentation, or blotches of lighter skin, on different parts of your body. This is caused by your hormones changing.

Moisturizers that have vitamin E can help with itchy or dry skin. Cocoa butter products are a safe choice too. Avoid products that contain Retin-A or Retinoids.

Stretch marks may appear on your belly, thighs, and breasts during your pregnancy. Stretch marks are pinkish purple lines. They are caused by hormonal changes and your skin stretching. This is a normal part of pregnancy. There are no lotions or creams that can prevent stretch marks.

Nails

Your nails may change in a similar way to your hair. Some women find that their nails grow more quickly. Other women find that their nails become more brittle. There is no way to know how your nails will respond to the hormonal changes of your pregnancy. These changes are usually temporary. Your nails should go back to normal after you've given birth.

Here are a few tips for maintaining healthy nails:

- Eat eggs, nuts, mushrooms, peas, avocado, milk, bananas, and whole grains. These are natural sources of biotin, a vitamin that supports healthy hair and nails
- Take your prenatal vitamins every day.
- Eat a balanced diet and drink plenty of water.
- Avoid solvent based nail products, like polish removers. They dry your nails out.
- Keep your nails short. Push back your cuticles instead of cutting them.
- Wear rubber gloves when you wash dishes or do housecleaning.

Breasts

Your breasts are changing and getting ready to make milk for your baby. Your breasts, and the milk glands inside them, will get larger. It is important to wear a bra that fits you comfortably and is not too tight. Underwire in bras can cause discomfort. They may be too firm and not allow your bra to adapt to changes in your breasts.



It can be helpful to wear a loose-fitting sports bra during your 1st trimester. Towards the end of your 2nd trimester you can move to nursing bras. Applying compresses to tender and painful breasts can be helpful. Use a towel or cloth soaked in hot water for soreness or itching. Use a towel soaked in cold water for tenderness and swelling.

Veins on your breasts may become more visible. Both your nipples and areola (the areas around your nipples) may get darker or widen. Your nipples may be itchy. You can use an unscented lotion to help with this.

Throughout your pregnancy you may notice a clear or milky discharge from your nipples. This is normal. You should let your provider know immediately if you notice discharge with pain, bleeding, or a bad smell.

Oral Health

Oral health is the health of your mouth, gums, and teeth. Being pregnant can increase your risk for oral health problems. We recommend regular dental exams during your pregnancy. You can schedule your appointment with a dental provider at any time by calling us at (615) 227-3000. You can also talk to your provider during your visits.

You should brush your teeth at least twice a day. Use a soft, bristled toothbrush and dental floss. Be careful not to brush your teeth too hard. When you brush, be gentle brushing your gums. They can become more sensitive and bleed easily during pregnancy.

Dental x-rays and the use of Novocain are safe during pregnancy. Our dentists will work with your provider before certain procedures to make sure it is safe.

Yoga and Massage

Prenatal Yoga

Prenatal yoga can be helpful for your physical and mental health. Yoga can help strengthen your body and increase your energy. It can also help with aches, pains, and some digestive issues during your pregnancy. Yoga can help with labor and delivery by strengthening your muscles and improving the mobility of your hips. Prenatal yoga will also teach you breathing exercises that can help you throughout labor and delivery.





Prenatal Massage

Prenatal massage reduces feelings of anxiety, stress, and depression. It lowers stress-causing hormones. It also increases the presence of “feel-good hormones” like serotonin and dopamine. Prenatal massage can relieve common aches and pains and improve your quality of sleep. Performing perineum massage beginning at 34 weeks can greatly reduce the likelihood of tearing your perineum (the area between your vagina and your anus) during delivery and can reduce postpartum pain.

Whether you are looking for a prenatal yoga instructor, or a massage therapist, be sure to research the background and education of these practitioners. These individuals need to have proper training and certification to safely provide prenatal services. It is important to find someone you are comfortable with. You should find someone who can provide these services to you in an environment that is calming and safe.



Traveling Safely

Overview

Be sure to ask your healthcare provider any questions you have about the information in this book. Having the right information is key to keeping you and your baby healthy throughout your pregnancy and postpartum.

- **This chapter contains helpful information about traveling during your pregnancy. If you are planning on taking a trip, be sure to look at how far along you will be in your pregnancy at that time and whether it is advisable or not.**
- **If you have specific questions or a trip planned be sure to discuss this with your healthcare provider so you can travel safely.**

Traveling by Car

When traveling by car, you should always wear a seat belt. Place the lap belt near your hip bones and under your belly. Always wear the shoulder strap across your chest. Place the strap between your breasts. Do not place the shoulder strap under your arm.

Long trips by car can be taken up to 36 weeks into your pregnancy as long as you take breaks. You should stop every 1-2 hours to move around and stretch your legs. This will prevent blood clots from forming. You should tell your provider if you plan to take a long car trip so they can give you advice and helpful information.

Traveling by Plane

The best time to travel is in your 2nd Trimester (14 to 28 weeks). This is because most problems tend to happen either early or late in pregnancy. It is usually safe to fly during pregnancy. If you have other health issues, your provider may advise you not to fly.

As you get closer to your due date, you should try to avoid long-distance travel. We recommend staying close to home after 34 to 36 weeks unless there is an important reason you need to travel.

If you are flying in the last month of pregnancy most airlines will only let you travel with a letter from your provider. You should talk to your provider if you are planning to fly so they can give you advice and helpful information.



Get Prepared for Delivery

Overview

Be sure to ask your healthcare provider any questions you have about the information in this book. Having the right information is key to keeping you and your baby healthy throughout your pregnancy and postpartum.

- **We encourage you to enroll in childbirth classes with your support partner. These classes help you learn techniques that will help you during labor. These classes are available through WIC and Saint Thomas Midtown. Resources can be found in the resource section of this handbook.**
- **Taking a tour of the hospital can help you feel prepared and reduce anxiety. Saint Thomas Midtown makes touring the facility easy. Attending a scheduled tour will help you create a plan for when you are ready to deliver. You can figure out parking, meet the staff, and see where you will deliver.**

What You Can do to Feel More Prepared

Childbirth Classes

These classes help you better understand the process of childbirth. You will learn and practice techniques for breathing, relaxation, and working through the contractions that accompany labor. They will also help others learn how they can support you during labor and delivery. These classes can be a great way to spend time with your labor partner while learning about the process of childbirth.

Childbirth classes are available through WIC. They are also available at Saint Thomas Midtown (2000 Church St, Nashville, TN 37203), where you will deliver. We would encourage you to enroll in childbirth education classes. Contact information can be found in the resources list on page 49.

Touring Your Hospital

We encourage you to tour the labor and delivery unit at Saint Thomas Midtown (2000 Church St, Nashville, TN 37203), where you will deliver your baby. Visiting the facility will help you develop a plan for when you go into labor. You can figure out parking, meet the staff, and see where you will deliver. Planning ahead can help reduce stress and anxiety about your delivery. Contact information can be found in the resources list on page 49.

Breastfeeding Resources

There are many health benefits to breastfeeding. Your provider can talk to you about them. Below are some of the benefits of breastfeeding for you and your baby:

Health benefits of breastfeeding for infants

- Stronger immune system
- Reduced risk for sudden infant death syndrome (SIDS)
- Reduced risk for gastrointestinal and severe lower respiratory tract infections
- Lower risk for developing asthma
- Protection against allergies and intolerances
- Promotion of correct development of jaw and teeth
- Association with a higher intelligence quotient (IQ) and school performance
- Lower risk of developing childhood leukemia (cancer of the blood)
- Reduced risk for later development of chronic diseases such as obesity, diabetes, heart disease, high blood pressure, and high cholesterol



Health benefits of breastfeeding for mothers

- Strong bonding with infant
- Faster shrinking of the uterus, helps to reduce blood loss after birth
- Delays the return of menstrual periods after birth
- Decreased risk for developing type 2 diabetes
- Lower risk for developing breast and ovarian cancer later in life
- Decreased risk for postpartum depression
- Enhanced self-esteem in the maternal role
- Time and money saved from not buying and mixing formula
- Easier to return to pre-pregnancy weight due to the extra 300-500 calories burned in the body's production of milk

During the first 6 months, it is recommended that your baby only have breastmilk. From 6 to 12 months, you can continue breastfeeding and add complementary foods.

Skin-to-skin contact means placing your baby directly on your chest right after birth. Your care provider will dry your baby off, cover them with a warm blanket, and place them on your chest. Usually skin-to-skin contact will be done for at least an hour or until your baby feeds. Research suggests that babies who have skin-to-skin contact breastfeed better. If you allow your baby to rest on your chest, they will usually seek the breast on their own.

For some women, breastfeeding happens easily. For other women it may be a challenge. Having trouble with breastfeeding doesn't mean you did anything wrong. Breastfeeding is a skill – one that you and your baby have to master together. The most important thing is to get support early if you are having trouble. There are many resources to help with breastfeeding, including lactation consultants. A lactation consultant is a healthcare professional who can give you advice and techniques to help. WIC and Saint Thomas Midtown have lactation consultants.

Contact information for lactation support, along with other helpful resources can be found on the resource list on page 49.

True Labor vs. False Labor

To better understand the difference between “True” and “False” labor, we want to make sure we first talk about labor in general. Your uterus is a muscle. Your cervix is the narrow lower portion of your uterus. When your body is in labor, the uterus contracts. This contraction causes the cervix to dilate or open.



These contractions will cause your belly to harden. Between contractions your uterus will relax and your belly will become soft. Labor contractions are usually stronger than menstrual cramps. Sometimes you can feel labor contractions in your lower back. The contractions usually last 30 to 70 seconds. As time passes, the contractions will become stronger and closer together, and your cervix will open more.

True labor has contractions that get stronger and more painful (more than a strong menstrual cramp) as times goes by. Even if you change position or move around, these contractions will continue. These contractions happen in a regular pattern and get closer over time. True labor contractions change your cervix and get your body ready for delivery.

When your contractions are occurring 3-5 minutes apart for 1 hour, it is time to go to the labor and delivery unit at the hospital. Make sure you have your Neighborhood Health Pregnancy Pass with you so the hospital knows how to reach your provider. The labor and delivery team will tell the on-call physician when you arrive. You don't need to call your provider when you are going to Saint Thomas. We would love to hear from you or your support person when it is convenient for you.

False labor usually has contractions that are much weaker and do not get stronger over time. These are called Braxton Hicks contractions. Braxton Hicks contractions are generally felt in the front. They may go away with walking, resting, or changing your position. They are typically irregular and do not get closer with time. False labor contractions do not change your cervix.

Getting in Touch with Your Provider

If it is not an emergency, the best way to contact your provider is to call us at (615) 227-3000. You can speak to a representative. They will send a message to your provider, and your provider will call you back. You can also call (615) 227-3000 to schedule a telehealth visit or in-clinic visit with your provider.

During normal hours you can call (615) 227-3000 and speak to a triage nurse. They can talk with you about your concerns. They can recommend what steps you should take or if you should go to the hospital.



CAUTION: IMMEDIATELY go to the OB Emergency Room if you have:

- Heavy vaginal bleeding
- Intense pain
- Uncontrollable vomiting for 12 hours (or if you are unable to hold down fluids or use the bathroom)
- Serious injury to your body

If you are in true labor or more than 16 weeks pregnant with a pregnancy related emergency, you should go to the OB Emergency Room on the 3rd floor of Saint Thomas Midtown hospital (2000 Church St, Nashville, TN 37203). The on-call provider will be contacted.

Outside of normal business hours you can call us at (615) 227-3000. An answering service will connect you to the on-call provider. The on-call provider may not be the same provider you see in the clinic. They will have access to your health records. They will talk with your provider to coordinate your care.

After your baby is born you may call us at (615) 227-3000 to schedule your postpartum appointment and your baby's first visit. If you have your Pregnancy Pass, you can ask your nurse to help you schedule these visits before you leave the hospital.

Maternity Leave

The first couple of months after your baby is born are a really important time for bonding. It is also a time for you to recover physically while caring for your baby. It is better for you to do this without the added stress of going directly back to work. The Family Medical Leave Act (FMLA) makes sure you can take time after your pregnancy and keep your job. The first year after a child is born or adopted, FMLA allows you to take up to 12 weeks of unpaid leave.

If you want to use FMLA to take leave, you need to request it at least 30 days ahead of time. You will need to talk to your employer and get the paperwork to take FMLA leave.

Once you have the paperwork you need, you can bring it with you to your prenatal appointment. This paperwork can be long, and your provider may not have time to fill it out during your visit. Please leave the FMLA paperwork with your provider. They will call you when it is completed and ready for you to pick up. **We cannot** submit, fax, email, or send this paperwork to your employer for you.





Meeting your Pediatric Provider

Meeting your baby's provider before delivery can help you feel more comfortable. Neighborhood Health's providers can care for everyone in your family. We even have dental care. We encourage mothers to be to meet our pediatric providers during their 3rd trimester. Your prenatal care team can help you schedule an introductory appointment at a convenient location for you. When you're ready, we'll add your baby's provider to your Pregnancy Pass.

It is important that we see your baby for their first visit, and any follow-up visits. Your provider will check to see that your baby is healthy and developing normally. They will also make sure your child gets all of their shots. As a patient of Neighborhood Health, your provider can also help you find community resources for your family.

After your baby is born, call us at (615) 227-3000 to schedule your baby's first visit. If you have your Pregnancy Pass, you can ask your nurse to help you schedule follow-up visits before you leave the hospital.

Your Hospital Bag - What to Pack

By the time you've reached 36 weeks in your pregnancy, you should have your hospital bag ready and in a place that is easy to grab. This will make it easy to go to the hospital when you are ready to deliver. The checklist on the next page will help you prepare your bag.





After Delivery

Overview

Be sure to ask your healthcare provider any questions you have about the information in this book. Having the right information is key to keeping you and your baby healthy throughout your pregnancy and postpartum.

- **After you give birth, you and your baby will need to have follow-up visits. This chapter walks through the different types of appointments to expect, as well as other important follow-up care following your delivery.**
- **You will need to be seen for a postpartum visit after delivery. Depending on how your baby was delivered, you may need to be seen sooner.**
- **For a vaginal delivery (without complications) you will be scheduled to come in 3-6 weeks after delivery. For a C-section you will be scheduled to come in 10-14 days after delivery.**
- **If you had complications during your pregnancy or delivery, your provider may want to follow up with you sooner**
- **You can call 615-227-3000 to schedule your postpartum visit or use your “Pregnancy Pass” to ask hospital personnel to assist you with this.**



Postpartum Care and Resources

Scheduling Appointments

After your baby is born, call us at (615) 227-3000. We will schedule your follow-up appointments and your baby's first visit. If you have your Pregnancy Pass, you can ask your nurse to help you schedule follow-up visits before you leave the hospital.

If you delivered your baby by C-section, you will be scheduled to come to the clinic in 10-14 days to make sure you are healing properly. If you had any difficulties during your pregnancy or delivery, your provider may want to see you for more visits. If you have a vaginal delivery without difficulty you will have a follow-up visit 3-6 weeks after your baby is born.

Your Baby's First Visit

Your baby's first check-up will happen at the hospital after delivery. If your baby does not have complications, you will need to bring them in for a second check-up in 1-2 weeks after they are born. If you have trouble scheduling follow-up visits for you or your baby, call us at (615) 227-3000. You can use the information on your Pregnancy Pass to help schedule an appointment.

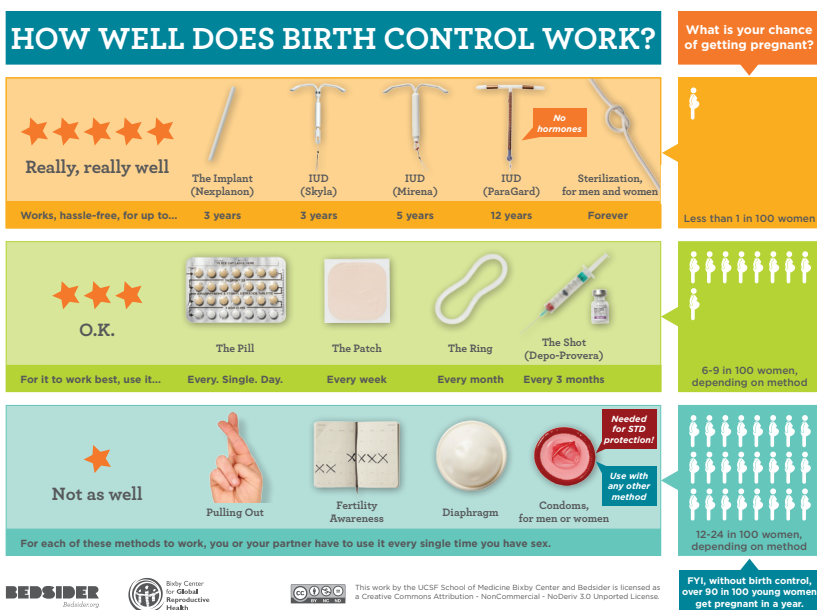
Breastfeeding Support

As we mentioned in the breastfeeding guidance, you may need support after your baby is born. During your postpartum visit your provider will talk to you about how breastfeeding is going. If you haven't already been connected to a lactation consultant, we will help you do this. There are many excellent resources available to you and your baby. Contact information for lactation support, along with other helpful breastfeeding resources can be found on page 49.



Birth Control Options

Throughout your prenatal care your provider will talk to you about birth control options. If you know that you do not want to have another child, your provider can make sure birth control is available after you deliver. Your provider will talk to you about your birth control options again during the postpartum period. Your provider can talk through long-acting reversible contraception options like IUDs or other implanted devices. If you have questions about these options at any time, reach out to your provider. Here's a quick overview of all contraception options:



Except for condoms, the methods on this chart do not protect against sexually transmitted infections or STIs. After your baby is born, you should wait to have sex until you talk to your provider at your postpartum visit.



Resources

Saint Thomas Midtown Hospital

- Childbirth Education: (615) 284-BABY (2229)
- OB Admitting: (615) 284-2284
- Breast Feeding Support: (615) 284-3381
- Lactation Boutique: (615) 284-MILK (6455)
- Financial Planning: (615) 284-4874
- Insurance Verification: (615) 222-7624 or (615) 222-7610
- Guest Relations: (615) 284-4438



Our Mission:

Neighborhood Health is dedicated to improving the health of our community by eliminating barriers to care and serving as a healthcare home without regard to ability to pay.

Information & Appointments

(615) 227-3000

Administrative Offices

2711 Foster Avenue
Nashville, TN 37210
(615) 227-3000

neighborhoodhealthtn.org

