

Welcome to Amoskeag Health

Compassionate Care for Your Pregnancy



Our midwives work in the office and at the hospital. Sometimes they are at the hospital caring for a woman in labor and, on short notice, we may have to move or cancel your appointment. We apologize for this in advance. Please keep your phone number current in our system so we can notify you as soon as we know your appointment is affected.

Prenatal Nurse:

Monday through Friday 8:00 AM to 5:00 PM

Our providers are available by phone 24 hours a day 7 days a week by calling:

Amoskeag Health main number: 603-626-9500

After Hours, Evenings and Weekends, 24 hours

Follow the prompts to leave a message for the on-call Provider to call you. If the doctor has not called back in 30 minutes, call again.

PRENATAL CARE OFFICES

145 Hollis Street, Manchester, NH 03101 • 184 Tarrytown Road, Manchester, NH 03103 • AmoskeagHealth.org

WELCOME TO PRENATAL CARE

Thank you for choosing and trusting Amoskeag Health for the care of your growing family. At Amoskeag Health we are dedicated to providing you and your family with exceptional compassionate care.

Our providers and staff are looking forward to getting to know you and your family over the coming months and working together to ensure your pregnancy experience is safe, happy, and healthy.

At Amoskeag Health, Prenatal Care is a group effort that involves initial screenings by a team that includes social workers, counselors, nutritionists, and prenatal nurses. (All prenatal

patients are seen primarily by a Nurse Midwife but have the opportunity to meet with all of the medical providers on the prenatal care team.)

Patients who are considered high risk are seen at our Tarrytown location by an Obstetrician from the Bedford Commons OB/GYN group. If a patient delivers vaginally, then one of our family practice physicians or our nurse-midwife attends the delivery at Elliot Hospital. If a patient requires a C-section, a Bedford Commons Obstetrician performs that surgery at Elliot Hospital.

Amoskeag Health provides comprehensive, team-based primary care focused on quality and safety. We use the Patient-Centered Medical Home (PCMH) model which means that we provide care in partnership with the patient and their families to ensure decisions respect patients' wants, needs, and preferences. We provide extensive education and support so that patients can make decisions and participate in their own care.



WHAT TO EXPECT

This booklet is meant to provide you with information and answers to common questions you may experience throughout your pregnancy. We look forward to taking this amazing journey with you!

DUE DATE

Pregnancy means that a baby is growing inside of your uterus (womb). A normal pregnancy lasts about 40 weeks from your last menstrual period. Pregnancy is divided into three blocks of time called trimesters.

First Trimester	first 13 weeks (from last menstrual period through 13 weeks)
Second Trimester	14th week through 28th week
Third Trimester	29th week until baby is born

Your provider can estimate (guess) when you may have your baby. This can be done using the start (first day) of your last menstrual period. It can also be done if you know the date that you became pregnant. This estimate is called your due date. Your due date may change later in your pregnancy, based on certain tests. You may give birth to your baby any time from two weeks before your due date, to two weeks after your due date.



Prenatal Care What to Expect:

Prenatal care is the regular visits that you have with your health care provider throughout your pregnancy. It is important to start prenatal care as early in your pregnancy as possible. Prenatal care can help prevent problems during pregnancy and childbirth. It can also help find certain problems early, so they can be treated. Your provider may want to see you every month or so during your early months of pregnancy. Your provider will need to see if you develop complications with pregnancy.

APPOINTMENT SCHEDULING

Generally, pregnant women follow an appointment schedule like this:

Weeks 4 to 28 of pregnancy, one checkup every 4 weeks (once a month)

Weeks 28 to 36 of pregnancy, one checkup every 2 weeks (twice a month)

Weeks 36 to 41 of pregnancy, one checkup every week (once a week)

Postpartum (after giving birth), checkup with health provider at 1-2 weeks and 5-6 weeks, then as needed.

At your first appointment, you will meet with one of our Prenatal Nurses. They will review your overall health history and review some general pregnancy education topics. At this appointment, we will schedule laboratory tests. Please complete this testing so we can review them at your first provider visit.

Though family members are welcome during visits, especially to hear the baby's heartbeat, we will ask everyone to leave the room to ask you some additional questions in private. Everything you tell your provider is confidential. This means it cannot be shared with anyone without your permission. So please don't be afraid to tell them things that may be uncomfortable or embarrassing, like if your partner hurts or scares you, or if you smoke, drink alcohol, or use recreational drugs. It is important to be open so we know how to best help you and your baby.



At each visit, we will take your weight and your blood pressure. We may test your urine. We will measure your baby's growth. Your provider will listen to your baby's heartbeat. Your provider will talk to you about ways to keep yourself and your baby as healthy as possible. If any pregnancy risk factors or medical concerns are identified, we will discuss plans for management in your pregnancy.

ROUTINE TESTS

There are various routine tests and exams that you can expect during your pregnancy.

Before your first provider visit, we will order routine lab testing.

- A blood count - to determine if you have anemia (low iron), platelet count, syphilis, rubella, hepatitis B, HIV antibodies, blood type, and Rh factor.
- A urine sample - to look for bladder infection and sexually transmitted infections.

Blood Tests: Blood tests will be done several times throughout your pregnancy to check many things about your health.

Blood type and Rh factor: Your blood type (A, B, or O) is checked and is also tested for its Rh factor. An Rh factor describes a type of protein you have in your blood. Most people have the Rh factor so they are called "Rh positive." People who do not have the Rh factor are called "Rh negative." Your Rh factor does not change. If you are Rh negative we will give you an injection of a medicine called Rhogam. It is usually given 28 weeks into the pregnancy. An injection of this medicine: • Stops your body from making antibodies against your baby's blood cells. • Protects your baby against Rh-induced hemolytic disease. • Helps protect you during any future pregnancy from making antibodies against your baby's blood cells after your baby is born. If your baby has Rh-positive blood, you will need a second injection.

Glucose Test: We will order a glucose test between 24-28 weeks. For this test, we will give you a sugary drink and then have the lab draw your blood 1 hour later to see how well your body is processing sugar in pregnancy. We will also ask the lab to test you for anemia (low iron). If you are Rh negative, we will retest your antibodies prior to your RhoGAM shot.

Group B Strep (GBS): At approximately 36 weeks, we will perform a vaginal and perineal swab to look for Group B (beta-hemolytic) streptococcus (GBS). If you have GBS bacteria, you will receive IV antibiotics (through a tube directly into your blood stream) during labor which help prevent an infection in the baby.

While maternal and infant infections during birth and the post-partum period are rare, they can be serious. GBS bacteria is identified as being the main cause of these rare infections. GBS is NOT a sexually transmitted disease; it is a bacteria that is normally present in the vagina and rectum in about one of every three women. In non-pregnant women, GBS rarely causes any problems. During pregnancy and birth, however, the bacteria can cause an infection in the mother's uterus or in the baby.

Pelvic Exam: During a pelvic exam, your provider checks your female organs for certain problems. Your provider can also tell a lot about your pregnancy during a pelvic exam. For example, the size and shape of your uterus is checked to help see how your baby is growing. This is usually performed at your first provider visit. If you are due for a PAP smear we will offer at that time.

ROUTINE TESTS

Ultrasounds: At 18-20 weeks, we recommend that all women have a routine anatomy ultrasound. This ultrasound is to check the baby's growth and development, the fluid around the baby, and the placenta location. An ultrasound can tell whether or not abnormalities are suspected and if further testing is recommended. You can ask the ultrasound worker if your baby is a boy or a girl at this visit!

Optional Additional Ultrasounds and Genetic Testing:

We refer all patients to Elliot Maternal Fetal Medicine based on your pregnancy and risk factors. We will discuss these risks with you based on your family and your partner's family history. Some ethnic groups have a higher risk of certain genetic conditions. We will discuss these with you at your prenatal visits.

Screening for Down Syndrome and Trisomy 18: The First Trimester Screen is performed between 11 and 14 weeks of pregnancy to screen for Down syndrome. It combines information from an ultrasound examination of your baby with maternal blood analysis. It is suitable for women of all ages. It is a screening test and cannot determine definitely whether or not a baby has Down syndrome. A screening test identifies those women who have an increased risk of Down syndrome pregnancy so that they can be offered a diagnostic test (such as chorionic villus sampling). The diagnostic test identifies women who actually have an affected pregnancy. You will discuss the test with your health care provider and you can decide whether you would like to be screened.



NST: Sometimes during your pregnancy your provider may ask the nurse to preform a Non-Stress Test or NST. An NST is a simple, painless procedure. We will monitor your baby's heartbeat, which is a way of evaluating your fetus's well-being. We will listen to and record the baby's heartbeat while the baby is resting and while the baby is moving. It usually takes 20 to 40 minutes to complete an NST. If you have certain conditions such as high blood pressure or diabetes you may need this test 2 times per week towards the end of your pregnancy.

COMMON SYMPTOMS DURING PREGNANCY

Refer to our safe medications in pregnancy list for over the counter medications that may help.

Please call the office if you have not been able to hold down food or fluid for 12 hours or more.

Backache *This is caused by a change in your posture. Hormones cause the joints and ligaments in your pelvis to relax. These changes may cause backache and joint pain. These tips may be helpful.*

- Wear a supportive bra, low-heeled shoes and/or pregnancy support belt
- Use proper body movements – when lifting or moving
- Change your position often, do not stay in any one position for more than 30 minutes
- Use pillows to support your lower back
- Put pillows between your legs when you sleep on your side
- Take a warm tub bath with or without Epsom salt

- Get a massage
- Do pelvic rocking exercises or try doing prenatal yoga
- Start or maintain an exercise routine 3-4 times a week. There are classes and home-based programs geared for pregnant women
- Eat healthy foods and a well-balanced diet
- Consider chiropractic or physical therapy treatments. Amoskeag Health offers Osteopathic Manipulative Treatment, or OMT, to ease a patient's muscles and joints using techniques that include stretching, gentle pressure, and resistance

Breast changes Your breasts will get larger, heavier, and they may be painful. A good support bra may help you feel better. A support bra helps prevent the breakdown of the elastic tissue in the breast. You may need to wear a support bra 24 hours a day, even while sleeping. If you are planning to breast feed your baby, buy nursing bras. Your breasts may change in size after your milk comes in. The size of your breasts does not affect your ability to breast feed.

It is normal for a thin, yellowish fluid called colostrum to come out of your nipples. This can happen as early as the 10th week of pregnancy. This colostrum changes to milk about three days after you have your baby. You may want to put pads inside your bra to soak up this fluid and help keep your nipples dry.

Your nipples may be sore. Wash them with water only. Do not use soap because it can dry out your nipples. You may want to put some lanolin on them to help the soreness. Do not use petroleum jelly.

Colds, Flu, and Allergies When the first symptoms of a cold or flu appear, try to:

- Increase fluids including warm fluids that can help relieve a sore throat
- Take a warm shower
- Use a humidifier or vaporizer and Vicks (follow directions on the bottle)
- Gargle with salt water to relieve sore throat: 1/2 teaspoon salt to 1 cup of warm water
- Balance active and rest periods
- Avoid spreading the virus to others with good hand washing
- If you have asthma, make sure you are using your medicines. Breathing well is important for you and your baby
- Refer to our safe medications in pregnancy list for over the counter medications that may help

Constipation Pregnancy can cause constipation, which is when you have hard, dry stools which are difficult to pass. Do not strain to push out stool if it is too hard. Straining can cause hemorrhoids. Walking is the best way to decrease problems with constipation. Drinking more water can help too. Eat foods high in fiber. Good examples are high fiber cereals, beans, fresh fruits and vegetables, and whole grain breads. Prune juice may help make the stool softer. Your provider may also suggest fiber medicine to help make your bowel movements softer and more regular. Refer to our safe medications in pregnancy list for over the counter medications that may help.

Headache Some causes of headaches in pregnancy are changes in hormones, increased blood flow, changes in posture, muscle tension, eyestrain, stress, and fatigue

- Spend 15 minutes twice a day using techniques to relax, meditate, breathe, or stretch
- Make sure you are drinking plenty of water
- Eat a healthy diet and have an exercise routine
- Wear comfortable shoes, use proper body movement, and make sure your work station supports good posture
- Rest in a dark room with a cold cloth on your forehead
- Avoid perfumes, cleaning products, or hair sprays that may cause headaches in some people
- Having massages, acupuncture, or chiropractic treatments may help
- Refer to our safe medications in pregnancy list for over the counter medications that may help

Heartburn Pregnancy hormones cause food to move more slowly through your digestive system, which sometimes causes heartburn. To improve the symptoms of heartburn, avoid lying down right after eating. When you do lie down, sleep with your head slightly elevated. Eat small, frequent meals instead of three large meals. Chew well and eat slowly. Avoid greasy or highly spiced foods, coffee, colas, tea, citrus, or chocolate. Don't lie down for 2 hours after eating. Avoid drinking too much fluid with your meal. Sleep with more pillows if this is a problem at night. Refer to our safe medications in pregnancy list for over the counter medications that may help.

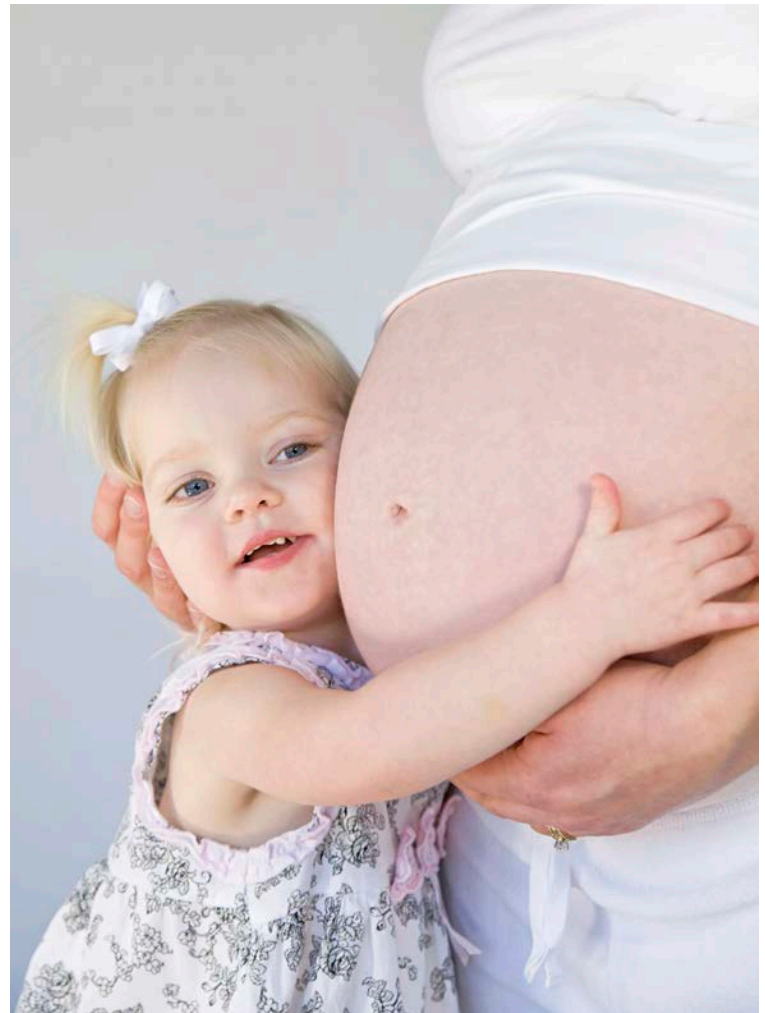
Hemorrhoids Hemorrhoids are swollen varicose veins of the rectum. They are caused by hormone changes and increased pressure from the pregnancy on the rectum.

- Avoid constipation and straining to have a bowel movement
- Take tub baths (sitz baths) 2 to 3 times a day for 10-20 minutes
- Use witch hazel pads, such as Tucks®, for comfort and cleaning after bowel movements
- Gently ease (reduce) hemorrhoid into the rectum
- Apply a skin numbing ointment with lidocaine such as Preparation H® and follow directions on the tube
- Use an over the counter cream such as Anusol or 1% hydrocortisone cream and follow directions on the tube

Leg cramps Many things may cause leg cramps during pregnancy. You may have them due to being tired, or not eating enough foods high in calcium. As your baby grows and puts pressure on your lower body, your legs may not get enough blood. Try to rest often, putting your feet up so that your legs rest higher than your heart. During a leg cramp, straighten your leg and flex your toes toward your head. Standing flat on your feet may also help ease leg cramps.

Nausea and Vomiting Morning sickness is common during the first few months of pregnancy. You might feel nauseated (sick to your stomach) or you could vomit (throw up) many times a day. To improve symptoms of morning sickness, eat small, frequent meals instead of three large meals. Foods high in carbohydrate such as crackers, dry toast, and pasta may be easier to eat for some women. Drink liquids between meals rather than with meals. Avoid foods that have a strong smell and foods that make you feel sick. Avoid having an empty stomach. STOP the prenatal vitamin if it is bothering you or try taking it at night. If you stop the prenatal vitamin, take 2 children's chewable, a multivitamin for women, or 400 mcg folic acid daily. Once you feel better in a few weeks or months, return to the prenatal vitamin because it has iron in it that is important in the second half of pregnancy

- Get enough rest. Nausea and vomiting are worse if you have not slept well.
- Aggressively treat and prevent constipation. Prolonged constipation causes nausea, fatigue, and headaches.
- The smell of oranges lessens nausea. Try smelling orange tea or orange peels or wearing orange essential oil.
- Some women find seasickness bands can help with nausea. These bands use acupressure to help prevent upset stomach and may be a good alternative to medication.

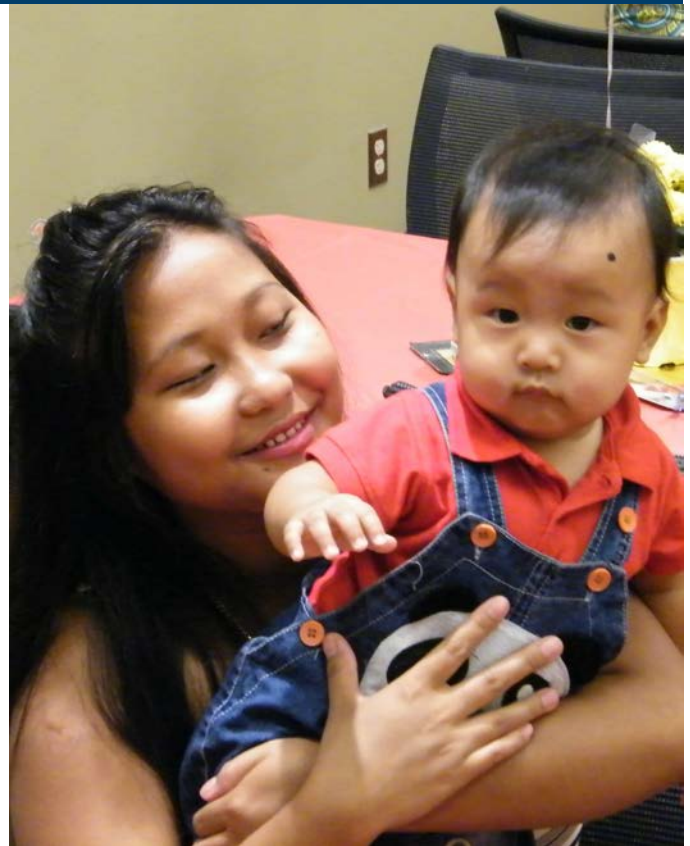


COMMON SYMPTOMS DURING PREGNANCY

Swelling (Edema) Swelling may be normal while you are pregnant. This is most common in your legs and hands towards the end of pregnancy.

- Wear loose-fitting clothes and comfortable shoes
- Elevate your legs for a period of time each day. It is best if you can lie on your side for 30 minutes 2-3x per day and/or lie down (slightly tilted to one side) with your legs and feet elevated above your heart
- Avoid sitting or standing for a long time. Walking improves circulation, so walk 20 minutes 1-2 times per day
- Drink 8–10 glasses of fluid each day to help prevent the body from holding onto excess water. Restricting fluids is not advised
- Spend 20-30 minutes a day in a swimming pool or a warm tub with Epsom salts

Tiredness You may need more sleep to feel your best. If possible, take a nap during the day. If you cannot do this, at least take a few 10 to 15-minute rest breaks. Being well rested will help you deal with the physical and emotional changes of pregnancy. If you have trouble sleeping, try taking a warm shower or drink a cup of warm milk before bed.



Trouble Sleeping Many women have trouble sleeping, which can be caused by body changes, a need to go to the bathroom at night, hormone changes, stress, or anxiety.

- Take a warm tub bath or shower before bed
- Drink a decaf tea before bed such as Sleepy time®
- Use techniques to relax—progressive relaxation or meditation is very helpful
- Talk about any fears with partner, friend, counselor or care provider
- Use pillows to support good body alignment
- Get daily exercise, but not within 4 hours of bedtime
- Eat a bedtime snack such as cheese or protein foods
- Read or write in a journal if you cannot fall asleep, do not watch TV
- Take a calcium-magnesium supplement at bedtime to lessen leg cramps and make you sleepy
- You may take Benadryl (diphenhydramine) or Unisom and follow directions on the bottle

Urination You will urinate more often early in pregnancy, and again later in pregnancy as your abdomen gets bigger. You could also pass urine by accident when you cough, sneeze, or move. Ask providers about doing kegel exercises to strengthen the muscle around your vagina and urethra (urine tube). Doing kegel exercises may help decrease urine leakage both before and after your baby is born.

Vaginal Discharge You may have thicker and heavier vaginal discharge while you are pregnant. If your vaginal discharge becomes yellow, green, curdy white, or has a bad smell, you may have an infection. Talk to your provider if you have vaginal burning or itching, pain, or are concerned about your discharge. Do not douche unless your provider tells you to do so to treat an infection.

Vomiting See 'Nausea and Vomiting' above

WHAT ELSE CAN I DO TO KEEP MY BABY AND ME HEALTHY DURING MY PREGNANCY?

Eat a healthy diet. Eating healthy is very important to feel better and to have more energy. During pregnancy, you need extra protein, vitamins, minerals, water, and calories. You need these to help you have a healthy pregnancy and a healthy baby. It is important to eat a variety of foods every day. Healthy foods include fruits, vegetables, breads, dairy products, and protein such as meat and beans. Dairy products include milk, yogurt, and cheese. Avoid raw or undercooked meat and fish. You will be scheduled a nutrition visit early in pregnancy and usually an Infant Feeding Visit later in the pregnancy to talk more about how to feed your baby.

Take prenatal vitamins as directed. Even with a healthy diet, you may not get the amount of vitamins and minerals that your baby needs. Prenatal vitamins can help you get the right amount of vitamins and minerals. Prenatal vitamins may also decrease the risk of certain birth defects. Your provider will suggest the right kind and amount of prenatal vitamin for you. Take your prenatal vitamin every day. Do not skip days because you think your diet is good enough. You should still eat a healthy diet even if you take a prenatal vitamin.

Monitor weight gain. Talk to your provider about how much weight you should gain each month. Too much or too little weight gain can be unhealthy for you and your baby.

Drink plenty of liquids. Drink at least eight (8-ounce) cups of healthy liquids each day. Healthy liquids include milk, water, or juice.



Do not smoke. You should not smoke cigarettes, or vape during pregnancy. Your baby may weigh less at birth or be born early if you use products containing nicotine during pregnancy. Low birth weight can be dangerous for your baby. **Second-hand smoke** (being around someone else who is smoking frequently) is dangerous as well. Studies have shown that the residue from vaping is just as dangerous as second-hand smoke.

Exercise. Regular exercise during pregnancy will help you feel better and keep you in good physical shape. Your labor and delivery could be easier if you exercise. Start exercising slowly if you were not active before pregnancy. Keep your heart rate below 140 while exercising. Walking and swimming are great choices. Do not do any exercise that could put you or your baby at risk for injury, like mountain climbing, surfing, or racquetball. Your exercise routine may need to change as your pregnancy progresses. Proper body mechanics (how you stand, sit, and lie) are also important to help prevent back pain and other problems.

WHAT ELSE CAN I DO TO KEEP MY BABY AND ME HEALTHY DURING MY PREGNANCY?

Get Vaccinated! Did you know a baby gets disease immunity (protection) from mom during pregnancy? This immunity can protect your baby from some diseases during the first few months of life, but immunity decreases over time. At Amoskeag Health, we recommend the following vaccines during your pregnancy:

- **Tdap:** This vaccine protects against whooping cough, known as pertussis, can be serious for anyone, but for a newborn, it can be life-threatening. About 7 in 10 deaths from whooping cough are among babies younger than 2 months old. These babies are too young to receive a Tdap vaccine. The younger the baby is when they get whooping cough, the more likely they will need to be treated in a hospital. When a pregnant person gets a whooping cough vaccine during pregnancy, her body will create protective antibodies and pass some of them to the baby before birth. These antibodies will provide the baby some short-term, early protection against whooping cough. CDC recommends getting a whooping cough vaccine during the 27th through 36th week of each pregnancy, preferably during the earlier part of this time period.
We strongly encourage your partner and other close members of your family who will spend time with your baby to also keep up-to-date on their pertussis (Tdap) vaccine.
- **Flu:** Pregnant people are more likely to have severe illness from flu, possibly due to changes in immune, heart, and lung functions during pregnancy. Make sure to receive your yearly flu vaccine; it's the best way for a pregnant woman to protect against the flu and protect the baby for several months after birth from flu-related complications. CDC recommends **getting a flu vaccine by the end of October** despite flu seasons varying in their timing from season to season. This timing helps protect a pregnant woman before flu activity begins to increase.
- **COVID-19:** Pregnant people are more likely to get severely ill with COVID-19 compared with non-pregnant people. If you are pregnant, you can receive a COVID-19 vaccine. Getting a COVID-19 vaccine during pregnancy can protect you from severe illness from COVID-19. If you have questions about getting vaccinated, talk to your provider.
- **Other vaccines:**
 - Hepatitis B: A baby whose mother has hepatitis B is at highest risk for becoming infected with hepatitis B during delivery. Talk to your provider about getting tested for hepatitis B and whether or not you should get vaccinated.
 - Hepatitis A: For pregnant women who have a history of chronic liver disease, your provider may recommend the hepatitis A vaccine.



What is a healthy diet during pregnancy?

A healthy diet during pregnancy contains a variety of foods that provide the amount of calories and nutrients you need. During pregnancy, your body needs extra calories and nutrients to support your growing baby. Some extra nutrients you need include protein and certain vitamins and minerals. Following a healthy diet can help you to gain the right amount of weight during your pregnancy. It can also decrease your baby's risk of birth defects, low birth weight, and certain health problems. The amount of weight you should gain may depend on your weight before pregnancy, and if you are carrying more than one baby. Your provider will tell you how much weight you should gain.

The number of calories you need depends on your daily activity, your weight before pregnancy, and current weight gain. Your calorie needs also depend on the stage of pregnancy you are in the first trimester, you usually do not need extra calories. In the second and third trimesters, most women should eat about 300 extra calories each day.

We will schedule a visit with our nutritionist to discuss your personal pregnancy diet needs.

WHAT SHOULD I AVOID EATING AND DRINKING WHILE I AM PREGNANT?

Alcohol: You should not drink beer, wine, liquor (such as whiskey or gin), or any other mixed drinks. Drinking alcohol can increase your risk of having a miscarriage (losing your baby). Drinking alcohol when you are pregnant is the cause of Fetal Alcohol Syndrome (FAS), a leading cause of birth defects. Your baby may also have health problems such as being born too small and having learning problems. Children born with FAS have facial deformities, are of low weight and height, have a smaller-than-normal head, and exhibit mental and physical retardation.

Drinking alcohol during pregnancy can:

- Damage the baby's central nervous system.
- Cause a miscarriage, premature separation of the placenta, and low birth weight.
- Interfere with the body's ability to absorb and use some vitamins and minerals (thiamin, folate, vitamin A, vitamin B6, zinc, phosphorus, calcium, and magnesium.)

Caffeine: Drinking excessive amounts of caffeine is linked to miscarriages, lowered birth weight, and other complications during pregnancy. Because caffeine may cause birth defects, the consumption of caffeine during pregnancy is discouraged.

The American Dietetic Association recommends that pregnant women consume no more than **300 mg caffeine per day**. This is the amount typically found in one 10 oz cup of coffee.

Limit your intake of caffeine to avoid possible health problems. Caffeine may be found in coffee, tea, cola, sports drinks, and chocolate.

Common sources of caffeine:

- Instant coffee (10 oz) Amount: 100mg
- Decaf coffee (10 oz) Amount: 4-10mg
- Caffeinated tea (10 oz) Amount: 40-90mg
- Ice Tea (12 oz) Amount: 22-36mg
- Milk Chocolate (1 oz) Amount: 1-15mg
- Mountain Dew (12 oz can) Amount: 52-55mg
- Diet Cola (12 oz can) Amount: 36-59mg
- Cola (12 oz can) Amount: 35-46mg
- Sprite (12 oz can) Amount: 0mg



Foods that contain mercury: Mercury is naturally found almost all types of fish and shellfish, and is not harmful to most people. However, some types of fish absorb higher levels of mercury that can be harmful to an unborn baby and young children. During pregnancy, it is important to carefully select the kind of fish that you eat.

Do **not** eat shark, swordfish, king mackerel, and tilefish.

You may eat up to 12 ounces of fish or shellfish that have low levels of mercury each week. These include shrimp, canned light tuna, salmon, pollock, and catfish. Because albacore tuna has more mercury than canned tuna, eat only 6 ounces of albacore (white) tuna per week.

Raw and undercooked foods: You should avoid eating undercooked or raw meat, poultry, eggs, fish, or shellfish (shrimp, crab, lobster). You should also avoid eating cooked foods that have been near raw foods. Cook leftover foods and ready-to-eat foods such as hot dogs until steaming hot.

Unpasteurized food: Unpasteurized foods are foods that have not gone through the heating process (pasteurization) that destroys bacteria. You should not drink unpasteurized milk or juice. Some cheeses contain bacteria that can harm your growing baby. Check labels on brie, feta, camembert, and blue and Mexican cheeses for "pasteurized."

Artificial Sweeteners: Artificial sweeteners are used to give food and beverages the sweet taste of sugar without all of the calories. Many different brands can be found in the supermarket. There is no nutritional need to consume artificial sweeteners. However, if you decide to include them in your diet, use the information below to choose one that is safe for your baby. Also, some people have reported sensitivities to many of the artificial sweeteners, even those deemed safe for pregnancy. If you feel that you have a reaction to an artificial sweetener, stop using it and consult your doctor or nutritionist for more information.

Aspartame (Equal, NutraSweet, Nutra-Taste): The FDA and the American Academy of Pediatrics Committee on Nutrition consider aspartame to be safe for both the pregnant woman and the developing infant. We recommend **no more than 1-2 servings/day of aspartame containing foods.**

- **Saccharin** (*Sweet'N Low*)
The use of saccharin is not recommended during pregnancy. It is a weak carcinogen that crosses the placenta.
- **Stevia** (*PureVia, Sweet Leaf, Truvia*)
Stevia is a sweetener from a plant native to South America. Stevia is safe to consume during pregnancy.
- **Sucralose** (*Splenda*)
Sucralose is a low-calorie sweetener made from normal table sugar through chemical modification. Sucralose is safe to use during pregnancy as it does not cross the placenta.

If you find that you are having cravings for nonfood items please contact our office and discuss with your provider.

COMMON MEDICATIONS SAFE IN PREGNANCY

(Follow the package directions for over-the-counter medications.)

Pain/Fever

- Acetaminophen (Tylenol, Extra strength Tylenol)
You may take up to 1,000 mg every 8 hours. Do not take over 3,000 mg in 24 hours
Avoid: Ibuprofen, Motrin, Advil, Aleve, Naprosyn (products containing Aspirin or non-steroidal anti-inflammatory drugs)

Nausea and Vomiting

Take these two medicines four times during the day by mouth (every 4-6 hours).

- Vitamin B6 50 mg (also called Pyridoxine) or a Vitamin B Complex tablet
- Doxylamine (Unisom sleep tablet verify the active ingredient) 1/2 tablet (*This may make you sleepy*)

Please call the office if you have not been able to hold down food or fluid for 12 hours or more.

Colds/Flu/Allergies

For cold and congestion, over-the-counter products can be used after the first twelve weeks of pregnancy:

- Phenol throat spray (Chloraseptic®) and most throat drops
- Pseudoephedrine (Sudafed®)– 30 to 60 mg every 4 to 6 hours (Do not take D pseudoephedrine). If you have HIGH BLOOD PRESSURE, do not take Pseudoephedrine. Please call our office for alternatives.
- Chlorpheniramine Maleate (Chlor-Trimeton®)– 4 mg every 4 to 6 hours
- Diphenhydramine (Benadryl®) and follow directions on the bottle
- Saline mist spray as needed, or Oxymetazoline (Afrin®) nasal spray – every 12 hours (avoid using Afrin® for more than 3 days).
- Guaifenesin (Robatussin® or Regular Mucinex®)– 1 to 2 tsp. every 4 hours (do not take more than 8 tsp in 24 hours)
- Acetaminophen (Tylenol®) - Do not take over 3,000 mg in 24 hours
- Neti Pot and follow directions on the box
- Flonase and follow the directions on the bottle

- Penicillin, Ampicillin, Erythromycin, Azithromycin, and Nitrofurantoin (Macrobid) are a few of the many safe antibiotics that may be safely prescribed.

Constipation

- Bulk laxatives like Psyllium Fiber supplement (Metamucil®) or a stool softener such as docusate sodium (Colace) may be used
- Magnesium Hydroxide (Milk of Magnesia®) or Polyethylene glycol powder (Miralax®) is a laxative you can try if needed. Follow the directions on the bottle.

Hemorrhoids

- Use an over the counter hemorrhoid cream like Phenylephrine rectal (Anusol, Preparation H) or 1% hydrocortisone cream and follow directions on the tube.

Heartburn/Nausea/Reflux/Indigestion

- You can try a liquid antacid Aluminum hydroxide (Maalox®) or Calcium Carbonate chew-tab (Tums®). Follow the directions on the bottle or package.
- You may take over the counter Famotidine (Pepcid), lansoprazole (Prevacid), esomeprazole (Nexium), and omeprazole magnesium (Prilosec) and follow directions on the bottle.

Trouble Sleeping

- Diphenhydramine (Benadryl®) 50mg (2 tablets) and/or Doxylamine (Unisom® sleep tablet - verify the active ingredient) 25mg (1 Tablet)

Topical Medications

Hydrocortisone, Benadryl Cream, Bengay, Tiger Balm, Therapatch.

COMMONLY ASKED QUESTIONS

Can I travel?

Traveling is safe for uncomplicated pregnancies. Please let us know if you plan to travel so we can discuss a plan to minimize risks. During long car or air travel, be sure to stand up and walk around every two hours to improve circulation in the legs.

Can I go to the salon or spa?

Hair coloring and nail treatments are safe during pregnancy, but should be well ventilated. Prenatal massages are acceptable throughout pregnancy. You should avoid sauna, steam room, or hot tub with water over 100 degrees.

Can I have sex?

Sex is safe throughout pregnancy unless certain complications occur and your provider advises against it.

Can I Work?

Most women can continue their jobs throughout their pregnancy. In fact, keeping active may help you stay healthier and help pass the time more quickly. If you have a question about your particular job, we can talk it over at your prenatal visit. If you are at risk for preterm labor or other high-risk factors, we will talk with you about any necessary changes to your work schedule.

Should I visit the dentist?

You should continue regularly scheduled dental visits during the pregnancy. Inform the dentist of your pregnancy and shield your abdomen if x-rays are necessary. If you are having a sensitive gag reflex during pregnancy, try brushing with a soft bristled children's toothbrush.

Can I care for my pets?

Cat feces can contain toxoplasmosis. When litter boxes are changed, the toxoplasmosis ova can become aerosolized, thus this chore should be avoided in pregnancy. Handling the cat itself is not a concern. Avoid touching soil that may have cat poop in it. Wear gloves when working in the garden.

Should I monitor my baby's movement?

Women begin feeling their babies move sometime between 16-25 weeks of pregnancy. Initially, movement will be infrequent and inconsistent. As the baby grows, you will feel more movement. Beginning at 32-34 weeks, it is recommended to count the baby's movements once per day at a time when your baby tends to be most active (i.e. after dinner). You should feel the baby move 10 times within a 2-hour timeframe. You can eat something sweet, lie on your side, and press on your belly to encourage the baby to move. If you have concerns about the baby's movements, and are not able to achieve the kick counts, contact the office.

Being sick with certain infections can cause problems for you and your baby during pregnancy. Here is how to protect yourself and your baby.

Chickenpox, Measles, and Rubella:

Ask your provider if you are immune to these infections. If you are immune (protected from getting the infection), you have had it before, or have been vaccinated against it.

If you are not immune, stay away from people who may have infections. Tell your provider right away if you are around someone who is infected with Chickenpox, Measles, or Rubella.

Don't get vaccinated for these infections during your pregnancy. Wait until you have your baby.

Cytomegalovirus (also called CMV): A common infection in young children that's dangerous to your baby if you get it during pregnancy.

- Wash your hands after being around children.
- Carefully throw away used diapers and tissues.
- Don't share glasses, cups, forks or other utensils with children.

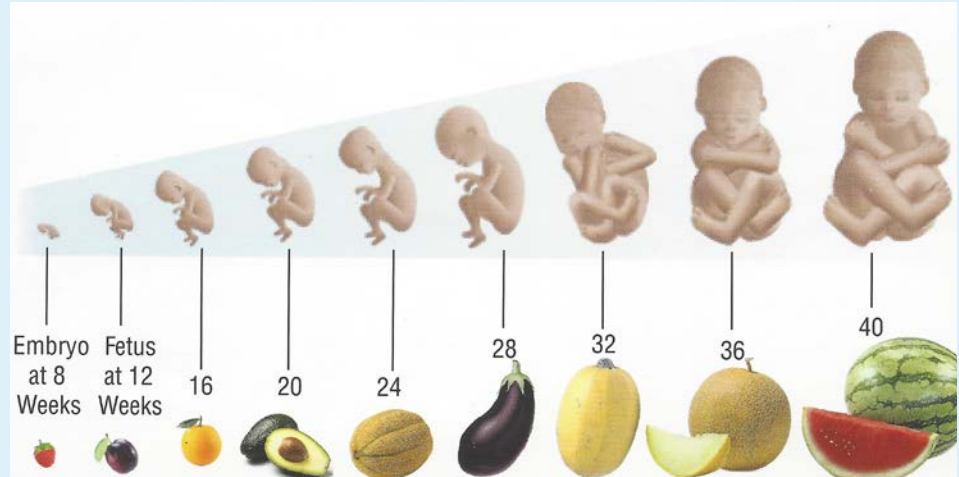
Fifth Disease: a common childhood illness that's usually pretty mild, but if you get infected during pregnancy, it may hurt your baby. It usually spreads through the air from an infected person's cough or sneeze.

- Wash your hands well after being around children.
- Carefully throw away tissues used by children.
- Don't share drinking glasses, cups, forks or other utensils with anyone who has fifth disease or who is in contact with someone who has fifth disease.

FETUS DEVELOPMENT

At **4 weeks** from the beginning of your last period – about when your next period would normally be due, you may be able to get a positive result on a home pregnancy test. Your baby is the size of a poppy seed.

Week 8 – All of your baby's essential organs have begun to form. Your baby has started moving around, though you won't feel movement yet. Nerve cells are branching out, forming primitive neural pathways. Breathing tubes now extend from their throat to their developing lungs.



Week 12 – This week your baby's reflexes kick in. Their fingers will soon begin to open and close, toes will curl, and their mouth will make sucking movements, although you won't feel their movements quite yet.

Week 16 – Your baby's eyelids are still fused shut, but they can sense light. If you shine a flashlight on your tummy, they'll move away from the beam. Ultrasounds done this week may reveal your baby's sex.

Week 20 – Your baby's senses – smell, vision, touch, taste and hearing – are developing and they may be able to hear your voice. Talk, sing or read out loud to them, if you feel like it. Your baby can swallow now and their digestive system is producing meconium, the dark, sticky goo that they'll pass in their first poop – either in their diaper or in the womb during delivery. By 21 weeks, your baby's movements have gone from flutters to full-on kicks and jabs against the walls of your womb. You may start to notice patterns as you become more familiar with their activity.

Week 24 – Your baby's ears are getting better at picking up sounds. After birth, they may recognize some noises outside the womb that they're hearing inside now. Your baby may begin practicing sucking their thumb.

Week 28 – Your baby is now inhaling and exhaling amniotic fluid which helps develop their lungs. These breathing movements are good practice for that first breath of air at birth. Your baby now sleeps and wakes on a regular schedule, and their brain is very active. Your baby's eyesight is developing, which may enable them to sense light filtering in from the outside. They can blink, and their eyelashes have grown in.

Week 32 – Your baby's muscles and lungs are busy getting ready to function in the outside world, and their head is growing to make room for their developing brain. Your baby's muscles and lungs are busy getting ready to function in the outside world.

Week 36 – It's getting snug inside your womb! Your baby's kidneys are fully developed, and their liver can process some waste products. Your baby is gaining about an ounce a day. They're also losing most of their lanugo hair that covered their body, along with the vernix caseosa, a waxy substance that was protecting their skin until now.

Week 40 – Your baby's physical development is complete, but they're still busy putting on fat and growing bigger. If you're past your due date, you may not be as late as you think, especially if you calculated it solely based on the day of your last period. Sometimes women ovulate later than expected.

PRETERM LABOR

A full-term pregnancy is 37 to 42 weeks long. The estimated due date is determined from the first day of your last menstrual period (LMP) and is averaged out to be 40 weeks. If you are unsure of your last menstrual period or have irregular periods, an ultrasound can be done in the first trimester to help determine your due date. An infant delivered prior to 37 weeks is considered preterm.

The cause of preterm labor is not completely understood. There are many factors that may increase the chances of developing this complication. Some of these factors include carrying twins or triplets, untreated urinary tract (bladder) infections, or having had a preterm delivery in the past. It is also possible to develop preterm labor for no apparent reason.

“Labor” is the condition in which the uterus contracts in a regular coordinated pattern causing the cervix to open and prepare for delivery. If these contractions occur along with changes in the cervix between 20 and 37 weeks, then the diagnosis of preterm labor is made.

Warning signs and symptoms of preterm labor:

- **Uterine contractions** are tightening of the uterine muscle. During a contraction, your uterus will tense up and feel hard. Contractions occur normally throughout pregnancy and are generally painless and irregular in sequence. Preterm labor contractions may also be painless but there is often a pattern to them. Contractions that occur every 15 minutes or more than 4 to 6 contractions per hour consecutively for more than 2 hours may cause the cervix to soften or open.
- **Menstrual-like cramps** felt in the lower abdomen area just above the pubic bone that may be consistent or come in waves.
- **Dull lower backache** located mainly in the low back or around the sides. It may be constant or intermittent. It is generally not relieved by a change in position.
- **Pelvic pressure**, a feeling of fullness or increased heaviness and pressure in the pelvic area. It is often described as a feeling that the baby is going to “fall out.”
- **Intestinal cramping** that may or may not be associated with diarrhea. It may feel like “gas pain.”
- **Change or increase in vaginal discharge.** The color may be pink or brown tinged. The discharge may change to a mucous or be thin and watery.
- **A feeling** that something may not be right. This may occur without any specific cause.

If you should detect any of the above signs or symptoms, we advise monitoring for contractions. This is accomplished by emptying your bladder and then lying down, tilted slightly on your side. Use a pillow to support your back. Place your fingertips in the top of your uterus. Feel if your uterus is getting hard or not. If you feel contractions, time the duration from the beginning of one contraction to the next. Also time the length of each contraction.

Monitor the contractions for at least one hour. Sometimes resting will stop the contractions or at least slow them down. Please call us if you have more than 4 to 6 contractions in one hour or if any of the other symptoms should occur, especially any spotting, bleeding, or other change in your vaginal discharge.

If you have had a previous pregnancy with preterm labor, your provider will monitor you more closely. You are at an increased risk to have preterm contractions if you have had them in previous pregnancies. To screen for preterm labor, your provider may perform an ultrasound to check the length of your cervix and/or place you on the fetal monitor to check for any contractions that you may be having.

Remember you are looking for any changes from your normal pattern. If you are unsure if you are contracting or any of the other warning symptoms, please do not hesitate to contact our office at any time. **Early recognition of preterm labor may prevent a preterm delivery.**

ASK YOUR DOCTOR OR MIDWIFE PREECLAMPSIA

WHAT IS IT?

Preeclampsia is a serious disease related to high blood pressure. It can happen to any pregnant woman during the second half of her pregnancy, or up to 6 weeks after delivery.

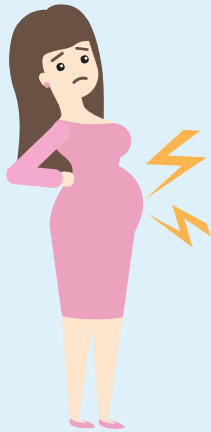
RISKS TO YOU

- ▼ Seizures
- ▼ Stroke
- ▼ Organ Damage
- ▼ Death

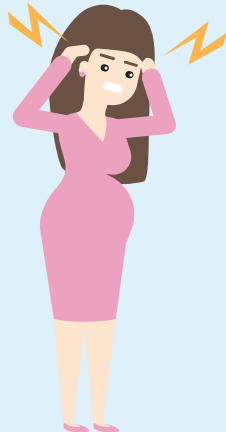
RISKS TO YOUR BABY

- ▼ Premature Birth
- ▼ Death

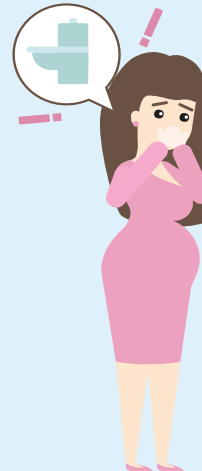
SIGNS OF PREECLAMPSIA



Stomach Pain



Headaches



Feeling Nauseous
Throwing Up

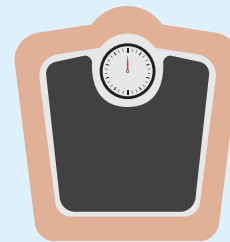


Changes in Vision



Swollen Hands

Gaining more
than 5 lbs.
(2.3kg) in a
week



WHAT SHOULD YOU DO?

Call your doctor or midwife right away. Finding Preeclampsia early is important for you and your baby.

Call if you experience new foot, ankle, finger, or face swelling; a headache that does not go away with 1,000 mg of acetaminophen and a nap; visual changes;

upper abdominal or upper back pain; nausea/vomiting.

Amoskeag Health 603-626-9500.



Prenatal Nurse:

Monday through Friday 8:00 AM to 5:00 PM

Amoskeag Health main number and after business hours:

603-626-9500 • Evenings and Weekends, 24 hours

Follow the prompts to leave a message for the on-call Provider to call you. If the doctor has not called back in 30 minutes, call again. This phone number is also answered during business hours Monday-Friday with a message sent to the Prenatal Nurse who will return your call.

Language interpretation is available at both numbers.



AMOSKEAG
HEALTH

PRENATAL CARE OFFICES

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AmoskeagHealth.org