

For any urgent issues or if you think you are in labor:

- Call our main number at **617-566-1535** and press 1 for the EMERGENCY line
- If you're having an emergency **after office hours**: call our main number at 617-566-1535 and **hold the line** until you are connected to our answering service (there may be a short wait). The answering service will be able to page the on-call doctor to contact you directly.
- In the rare event that the answering service does not answer your call, please call the service directly at 617-730-3181 to have the on-call doctor paged. *Please DO NOT call the answering service directly unless you are unable to reach them by calling our main number.*
- If these procedures fail and you're having an emergency, you may call Beth Israel Hospital Labor and Delivery at 617-667-2295. Explain that you are unable to get through to the doctor. *Please DO NOT use this method unless the previous steps have failed.*

Introduction

Congratulations on your pregnancy!

We want to do everything we can to make your pregnancy and birth experience positive, healthy and memorable. You probably have a lot of questions, especially if this is your first pregnancy. This packet is designed to give you some of the basic information about the first months of pregnancy. You will receive additional information about later months, including how to prepare for labor and the birth of your baby.

Use the information in this packet as a guide, but always remember that no two women and no two pregnancies are the same. Your obstetric provider is your best source of health information that is just right for you and your baby. Talk with your provider about anything that concerns you, and ask any questions that you may have.

Most of the changes that you will experience are normal and natural, and this packet will help you learn what to expect. It will also give you the information you need to decide if something is not going right so that you can call your provider if needed. For your convenience, a summary of the things that you should call your provider about is listed here. More information about each of these things is included in the packet.

We hope you find the information in this packet helpful. We wish you and your family a happy and health pregnancy.

When to Call Your Provider

Please call your doctor, nurse or midwife if you have any of the following.
Please call any time. Someone is always available by phone.

- Severe nausea and vomiting (not able to keep anything down for a whole day)
- Bleeding from your vagina
- Discharge from the vagina that smells bad, itches or causes pain
- Pain or burning on urination
- Pain in the lower abdomen
- Severe headache not relieved by Tylenol (acetaminophen)
- Fever of more than 100 degrees
- You think you have been exposed to a contagious disease
- Severe depression or emotional upset
- Someone in your life making you feel unsafe



My Provider: _____

Phone Number: _____ **617-566-1535** _____

Here are some of the most common questions that arise in the first half of pregnancy. Please talk with your obstetric provider about any additional questions or concerns.

How do I know what medications are safe to take during pregnancy?

There are a number of medications that are not safe to take while pregnant. Common medications that are **not** safe include ibuprofen (Motrin, Advil, Nuprin), naproxen (Aleve, Naprosyn), or any medication (including non-prescription medication) containing these substances. There are also some vitamins, herbs and natural medications that are not safe in pregnancy. We have provided a short list of “safe” medications (see box on this page) that can be taken. Please be sure to check with your provider before taking anything that is not on this list.

May I continue to have sex?

Yes. Under most circumstances, there is no reason to stop having sex. However, if you have any concerns about having sex during pregnancy, please talk with your obstetric provider. If you have vaginal bleeding after sex (or at any other time during pregnancy), please contact your provider.

As always, you should use “safer sex” practices. If you are having sex with more than one person or if the person you are having sex with is an IV drug user or may also be having sex with someone else, you must always use a condom or other barrier protection. This will help prevent diseases that could be harmful to you and your baby, like HIV and other sexually transmitted diseases. For more information about safer sex practices during pregnancy, please talk with your health care provider.

What about traveling?

In the beginning of your pregnancy, most traveling is okay. Try not to sit for long periods. Stretch your legs by taking a short walk at least every two hours and keep your legs uncrossed in the car or plane. Later in your pregnancy (after 28 weeks), you should not travel without discussing it first with your obstetric provider.

My provider has recommended a test for HIV, the virus the causes AIDS. Why is this important?

Many people are infected with the HIV virus and don’t know it. You can get infected by having sex with an infected person. You can also get infected from sharing needles or blood with an infected person.

The HIV virus can be passed to a baby during pregnancy and birth. However, research has shown that if a pregnant person who has the HIV virus takes certain medicines during pregnancy, the chances of passing the infection to the baby are greatly reduced. Therefore, the HIV test is recommended for everyone who is pregnant.

May I go to the dentist?

It is safe to continue routine dental care during pregnancy. In fact, there is a good reason to make sure you have at least one visit to the dentist during your pregnancy. Hormones can cause a more resistant form of plaque to develop on your teeth. You may be more prone than usual to cavities and gum disease.

It is okay to have Novocain. Even dental x-rays are alright as long as you wear a lead shield on your abdomen. If you have been advised to take antibiotics before dental work, you should continue this practice, but check with your obstetric provider to make sure the antibiotic is safe.

Medications that are safe during pregnancy

Please do not take any medication that is not on this list unless it has been approved by your provider. In some cases, common brand names are given in parentheses. It is okay to use generic versions or other brands of the same medication.

- **Heartburn:**
famotidine (Pepcid), Maalox, Mylanta, Tums, ranitidine (Zantac), Rolaids
- **Headache & Pain:**
acetaminophen (Tylenol) only. Ask your obstetric provider what dose you should take. Never take more than the recommended dose.
- **Constipation:**
docusate sodium (Colace), fiber laxatives (Metamucil)
- **Vitamins:**
Prenatal vitamins. Please take only the recommended dose. Do not take additional vitamins or supplements unless prescribed by your obstetric provider.
- **Colds:**
You may use any brand of cough drop or saline nasal spray. Certain cough and cold remedies are okay and some should be avoided, especially in the third trimester. Please call your provider’s office for advice about a particular product. If your provider says the medication is okay, be aware that it may contain acetaminophen (Tylenol). Check the label to find out. If so, be sure you are not taking additional acetaminophen for pain while you are on cold medicine. Liver damage could result.



What about smoking, alcohol or other drugs?

All of these things must be stopped while you are pregnant. Smoking has been clearly shown to cause lower birthweight in babies and is associated with an increased risk of miscarriage, pregnancy complications and sudden infant death syndrome (SIDS).

Alcohol can cause serious problems with your baby, including fetal alcohol syndrome. Babies with this disorder have intellectual disabilities, facial abnormalities, low birthweight and behavior problems. There is no known “safe” level of alcohol consumption during pregnancy, so it’s best to avoid alcohol completely.

Recreational drugs are harmful to you as well as your baby and must not be used during pregnancy. Babies born to those who have used drugs can have serious health problems, including drug addiction.

If you have any questions or need help to stop using these substances, please be sure to talk with your obstetrician. Many people face this challenge during pregnancy and your provider can advise you on getting the help you need.

Are there chemicals or other products I need to avoid?

Please avoid contact with harsh chemicals such as insecticides. Ask your doctor if you have specific questions about using other chemicals such as paint and paint thinners, hair dye or cleaning products.

I’m worried about getting sick while I am pregnant. Are there infections that are dangerous to my baby?

As a general rule, your baby will be okay if you get a cold, a stomach flu or most of the other minor illnesses we all get from time to time. However, there are a

few infections that could be harmful to your baby:

Food-borne Illness

Some foods commonly contain bacteria or other organisms that can be harmful to you or your baby. Some may not make you sick but could cause birth defects or other problems for your baby. Raw or undercooked meat, eggs, fish, sushi or poultry should not be eaten during pregnancy. Some soft cheeses such as brie or feta made with unpasteurized milk should be avoided. Detailed guidelines on foods to avoid are listed in the section on *Eating Well During Pregnancy* in this packet. **Please be sure to read this information.** Ask your provider any questions you may have.

Toxoplasmosis

Toxoplasmosis is a condition that you can get from eating raw meat. The organism that causes this condition is also found in soil and in cats’ litter. During your pregnancy:

- ⇒ Wear gloves when gardening or working with soil.
- ⇒ **Do not change cat litter.** If you have a cat at home, have someone else clean the cat’s box for you. Toxoplasmosis is transmitted through the cat’s feces.

Viral Infections

As noted above, most common viral illnesses will not harm your baby. Viruses that could be dangerous to either you or your baby include:

⇒ *Chickenpox (varicella)*: Contracting chickenpox in early pregnancy (before 20 weeks) can sometimes cause birth defects in the fetus. Those who get the illness close to the time of delivery risk passing it on to the newborn, which can cause serious illness. In addition, those who contract chickenpox during pregnancy are more prone to serious complications from illness, such as pneumonia.

If you have already had chickenpox or if you received the chickenpox vaccine, you are immune to the disease. If you are immune, your baby is not at risk if you come in contact with someone who has chickenpox.

Fortunately, most people are immune to chickenpox. A blood test can determine whether you are immune. If you are not immune, you must take special care to avoid coming in contact with anyone who has chickenpox. This is becoming easier to do, as chickenpox vaccine is now routinely given during childhood vaccinations. However, outbreaks still occur. If you are not immune and you accidentally become exposed to chickenpox during pregnancy, let your provider know right away. You may be treated with medication that could lessen the severity of the illness. Sometimes, children who receive the chickenpox vaccine develop a rash or a sore at the injection site. In rare cases, this can cause the chickenpox virus to be passed on to someone else. If you are not immune to chickenpox and you will be around small children who are scheduled to receive a chickenpox vaccine, please discuss this with your doctor.

⇒*Fifth's Disease*: Fifth's disease (erythema infectiosum) is a common illness caused by an organism called parvovirus B19. Many people have the infection in childhood. Infection can cause mild illness, including redness in the face, headache, joint pain and fever. But about 20% of people who are infected have no symptoms.

In most cases, if someone is infected with fifth's disease during pregnancy it will not cause any problems. However, serious problems in the fetus can occur in a small percentage of cases.

People who are most likely to come in contact with the illness are those who work with small children on a regular basis (such as teachers, day care providers or people with other small children at home). Fortunately, most of these individuals will

also be immune to the disease because of this exposure. Still, while you are pregnant you should take care to avoid being exposed to this virus. As a general rule in pregnancy, good hygiene practice can help prevent infection. Cleaning hands frequently, especially after handling soiled tissues or diapers and not sharing glasses or utensils with someone who has or was exposed to fifth's disease, can help prevent infection with the virus.

If you know you have been exposed, contact your provider right away. If the provider feels that you have been infected, your fetus will be monitored.

⇒*Cytomegalovirus (CMV)*: CMV is another viral infection that is common, especially in children. It usually causes no symptoms, though illness can occur. If you become infected while pregnant, the virus can pass to the fetus. In a small number of cases, this can cause serious problems.

The most dangerous time for infection is the first 20 weeks of pregnancy. Those who work with small children are especially prone to infection, but many were probably exposed before getting pregnant and will be immune. In some cases, a screening test can be done to determine whether someone who is pregnant is immune to CMV.

While pregnant, you should take care when handling tissues, diapers and the saliva of young children. Frequent handwashing and not sharing food or utensils can help prevent the spread of CMV.

⇒*Rubella (German measles)*: Rubella can cause serious birth defects if contracted during pregnancy. Fortunately, most people are immune because of childhood vaccinations or because they had the illness in the past. You can tell if you are immune by having a blood test. This is a routine blood test that is done as part of your prenatal care. Those who are immune must avoid contact with anyone who has this illness. Since nearly all children now receive vaccines against rubella, outbreaks are uncommon. But small outbreaks do occur.

CLEANING YOUR HANDS

Practicing good hand hygiene is always important, but especially when you are pregnant. Hand cleaning is the best way to prevent the spread of germs. Follow these steps and ask others in your household to do the same.

If using soap & water:

1. Wet hands first.
2. Apply soap.
3. Cover hands with soap; scrub for at least 15 seconds.
4. Rinse and dry thoroughly.
5. Use paper towel to turn off the faucet.

If using waterless, alcohol-based hand cleanser:

1. Use only if hands are free of visible soil.
2. Pump cleanser into palm.
3. Rub into all surfaces of your hands.
4. Continue rubbing until your hands are dry. No water or paper towels are needed.



⇒*Urinary Tract Infection (UTI)*: UTIs occur when bacteria enter the bladder or another area in the urinary tract. Symptoms include burning or pain on urination, having to urinate a lot, a strong odor to the urine and sometimes, blood in the urine. If you get a UTI while pregnant, it must be treated. If left untreated, UTI can progress to kidney infection, which is dangerous in pregnancy.

Be sure to report any problems with urination to your doctor. To help prevent UTI, drink plenty of fluids and urinate whenever you feel the urge. When you wipe, use a “front to back” motion. It’s also a good idea to urinate after having sex.

As will all other aspects of your care, please talk with your provider if you have any concerns about infections or if you think you have been exposed to an infectious disease. In most cases, you will be reassured that the illness is not likely to harm you or your baby.

May I receive immunizations or vaccinations while pregnant?

Many immunizations or vaccinations given to prevent disease are okay to have during pregnancy. But a few are not safe. The rubella vaccine (German measles) and the varicella (chickenpox) vaccine are not given during pregnancy. (Rubella is often given as an MMR vaccine, which combines rubella with the measles and mumps vaccination.) Talk with your obstetrician about any immunization shots you may be having because of travel or routine care.

When you are pregnant, you are more prone to complications from the flu. Flu vaccines are recommended for those who are pregnant. Talk with your provider about when you should receive the flu shot. A TDAP booster is recommended in the third trimester to help protect the baby from pertussis (whooping cough).

How often should I see my obstetric provider?

The chart below outlines the approximate schedule of visits. In general, you will come for a check-up once a month for 32 weeks, then once every 2 weeks until you are close to delivery. In the last month, you will come for a check-up about once a week.

It is very important that you keep all your appointments. If you are not able to come to an appointment, please call to set up another time.

During each visit, we will take your blood pressure, weigh you and may ask you to leave a urine specimen. We will talk with you about how you are feeling, listen to the baby’s heartbeat and answer any questions you may have. Please feel free to bring your partner or any other support person with you to your prenatal appointments.

Schedule of visits to your obstetrician:

This is a “typical” schedule. Your provider may advise a different schedule for you.

Weeks of pregnancy	Frequency of appointments
Up to 32 weeks	Every 4 weeks (monthly)
32-36 weeks	Every 2 weeks
36 weeks-delivery	Once a week

Although many weeks may pass before there are outward signs of pregnancy. Tremendous changes are taking place in your body. You may feel a wide range of physical and emotional reactions. Even if you've been pregnant before, you may well find that no two pregnancies are the same and that you have a different set of reactions and feelings to this particular pregnancy.

Here are some of the things that commonly occur and some ideas on how to manage so you feel your best. Please ask your obstetric provider about any concerns you may have related to the changes in your body, your emotions and your life during this special time.

Feeling tired

You may feel more tired than usual in the first weeks of pregnancy. This is normal as your body adjusts to meeting the needs of your growing baby. Try these tips to help balance your body's need for rest and exercise:

⇒ Try to plan extra rest periods if you can! In an important way, being tired is a signal from your body (and your baby!) that rest is needed. It will be important for you to learn to listen to these signals and take action if you can. Plan power naps at lunch or after work. Settle into bed early with a good book if your schedule permits.

⇒ You may find that doing mild exercise on a regular basis helps you feel less tired.

⇒ Take your prenatal vitamins and try to eat a well-balanced diet. Good nutrition will help ensure that you have enough energy for you and your baby.

Nausea, vomiting or heartburn

Pregnancy hormones affect the way your stomach works. They also affect your sense of smell and appetite. In some cases, this leads to nausea. You may find that strong odors or spicy foods make nausea worse.

Hormones can also affect the acid in your stomach, leading to classic symptoms of heartburn or indigestion.

⇒ Even though it may sound strange, one of the best ways to fight nausea in pregnancy is to keep food in your stomach. This means eating small amounts of food throughout the day.

⇒ Eat as soon as you feel hungry.

⇒ If morning nausea is a problem, keep some high-carbohydrate foods, such as crackers or bread, next to your bed and eat something as soon as you wake up.

⇒ Take antacids as needed for heartburn. These are safe in pregnancy.

⇒ Ginger has been shown to help relieve nausea. Try ginger ale, ginger tea or cook with ginger.

⇒ Please call your obstetrician if you are not able to hold anything down for 24 hours.

Food cravings, food aversions and hunger

It is common to experience food cravings during pregnancy. In general, this does not pose a problem. If you crave sweets such as ice cream or candy, it is okay to indulge occasionally. But try to limit your intake of foods high in fats and sugars. Cravings for more nutritious foods can almost always be satisfied without worry.

You may also suddenly find that you can't stand the thought of a food you once adored. Food aversions are also common and should not worry you as long as you continue to eat a variety of healthy foods. (See more tips on healthy eating in the *Eating Well* section of this packet.)

Some are less bothered by nausea or cravings, but instead develop an



unusually strong appetite, wanting to eat up to every two hours, sometimes around the clock. Once again, use common sense as you listen to your body's signals. If you find you need to eat frequently through the day (or night), stock up on nutritious, filling foods. It's usually best not to ignore intense hunger, as doing so can lead to nausea.

There is one caution about cravings; Some people have a strong desire to eat non-food items during pregnancy. This phenomenon, called pica, can cause someone to want to eat things like dirt, ice, freezer frost, clay or paint. It is not known why this sometimes happens. Please talk with your provider if this happens to you. Together you can plan ways to help you avoid eating substances that are not good for you or your baby.

Headaches

Pregnancy hormones can sometimes trigger headaches. This may be especially true if you were prone to headaches before you got pregnant. Some people have headaches related to vision changes during pregnancy. It's a good idea to have your eyes examined during pregnancy. If you wear glasses or contacts, your prescription may change. Have your eyes checked even if you've never worn glasses.

⇒If headaches are severe, be sure to call you obstetric provider.

⇒Try taking acetaminophen (Tylenol) for headache. Never take more than the recommended dose of any product containing acetaminophen. Do not take other pain relievers such as aspirin, ibuprofen (Motrin, Advil), or naproxen (Aleve) unless approved by your obstetrician.

Be sure to tell your provider if you've been asked by another doctor

or nurse to take aspirin or another medicine each day to prevent blood clots.

Frequent urination, leaking urine when you laugh or cough

Early in pregnancy, hormones can cause you to urinate more frequently than usual. They also relax the muscles in your genital area, which can lead to leakage of urine. Later, your baby's weight puts pressure on the bladder, which can also cause frequency and leakage.

⇒Don't be concerned about going to the bathroom a lot, unless there is pain or burning when you urinate. If this happens, be sure to call for advice—you could have an infection.

⇒If you are getting up a lot at night to use the bathroom, try to stop drinking fluids a few hours before bedtime.


⇒If leakage is an issue, try learning Kegel exercises, which strengthen the muscles in your genital area. These are described in the *Staying Fit During Pregnancy* section of this packet.

⇒Empty your bladder frequently to avoid problems.

⇒Some people use a panty-liner or pad throughout pregnancy to help with leakage when they laugh or cough.

⇒The moisture from leakage of urine, combined with an increase in vaginal discharge during pregnancy, can sometimes cause irritation in the genital area. Keep the area as dry as you can. If you wear a pad, be sure to change it frequently. Allowing the area to air-dry is also helpful. You can do this for part of each day by sleeping without underwear.

⇒If urine leakage becomes a severe or ongoing problem, now or in the future, please be sure to tell your provider. Treatments are available that may help.



IF YOU FIND YOU NEED TO EAT
FREQUENTLY THROUGH THE
DAY OR NIGHT, STOCK UP ON
NUTRITIOUS, FILLING FOODS.

Breast tenderness or leaking fluid from the breasts

Hormones cause your breasts to get larger during pregnancy and can also sometimes cause fluid to leak from your breasts even before delivery.

- ⇒Wear a supportive bra in the right size: Make sure the bra fits well.
- ⇒You may go up two or three sizes during your pregnancy. If the cost of bras is a concern, don't buy too many of one size until you get a sense of how large your breasts will get.
- ⇒You may find sports bras comfortable during pregnancy. They provide support while also allowing room for your breasts to grow.
- ⇒Underwires may increase discomfort and constrict your breasts as they grow. But for some, the added support of the underwire may be important. Let comfort be your guide.

Vaginal discharge

Your body naturally increases the secretions in your vagina during pregnancy. The secretions help prevent bacteria from entering the uterus.

- The secretions should be white or very pale yellow. They should not be bloody, smell bad or cause pain or itching.
- ⇒Remember, more wetness in your genital area is normal now. Practice good hygiene and wear cotton-crotch underpants to help to feel fresh.
- ⇒Do not douche.
- ⇒Sleeping without underwear helps promote drying of your genital area.
- ⇒Tell your provider if your discharge is bloody, smells bad or causes itching or pain.

Gas and constipation

Early in pregnancy, hormone changes affect your stomach and bowels, causing more gas and sometimes, constipation. Later, the pressure of the baby on your

intestines can interfere with moving the bowels.

- ⇒All the usual diet and exercise remedies for these problems also help when you are pregnant. Drink plenty of fluids, get enough exercise and make sure you have fiber in your diet.
- ⇒If needed, you may take a stool softener, such as Colace (docusate sodium) or a fiber supplement like Metamucil or Fibercon.
- ⇒Please talk with your provider about whether taking a laxative is right for you.
- ⇒Kegel exercises (described in the *Staying Fit During Pregnancy* section of this packet) can sometimes help if you have problems with gas.
- ⇒Gentle heat to the abdomen may help with gas.

Hemorrhoids

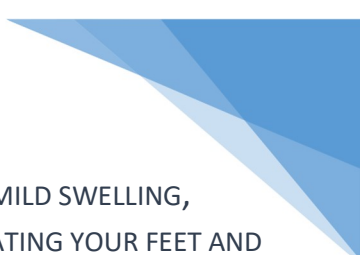
Hormones cause the walls of the blood vessels in your rectum to relax, which can lead to hemorrhoids. Later, the pressure of the baby can make the problem worse. Constipation can also worsen hemorrhoids.

- ⇒Follow the advice given above on avoiding constipation.
- ⇒Use witch hazel pads (Tucks), which you can buy at a drug store.
- ⇒Hemorrhoid creams such as Preparation H are okay to use as well.

Changes in your legs

The weight of your baby can have an effect on the blood vessels in your legs. For some, varicose veins become an issue during pregnancy. For others, swelling of the ankles and feet is a problem.

For mild swelling, elevating your feet and legs whenever you can is the best treatment. Try not to sit or stand without moving for long periods of time and don't cross your legs or ankles when you sit. If you're traveling and need to be in a car or plane for an extended period, make sure to fit in a short walk at least every two hours.



FOR MILD SWELLING,
ELEVATING YOUR FEET AND
LEGS WHENEVER YOU CAN IS
THE BEST TREATMENT.

For more severe swelling or to treat swollen veins in your legs (varicose veins), you may want to try compression stockings. These are specially made support stockings that help more fluid and blood out of your legs and back into your circulation. The stockings come in various weights depending on the amount of support they provide. The lightest weight can be bought without a prescription. Look for JOBST or other varieties of support stockings at your local pharmacy. In more severe cases, your obstetrician can give you a prescription for the heavier stockings that provide maximum support. Be sure to talk with your provider if leg swelling is a serious issue for you.

Emotional changes

The hormone changes of pregnancy will probably have some effect on how you feel. In addition, just being pregnant is bound to cause strong emotions, which vary depending on whether the pregnancy was planned, whether you have people around you to provide support and how much stress you feel in your daily life.

While “mood swings” are normal to a certain extent, some people are prone to develop problems such as depression during this time. This is especially true for those who have been depressed or have had other mental problems in the past. Those who have close relative who have had mental health problems may be at increased risk to develop these conditions as well.

⇒ Be sure to talk with your obstetrician about any feelings that are causing you concern.

⇒ If you were taking antidepressants before becoming pregnant, talk with your obstetric provider about the medicine you have been taking. Try to have this conversation as early as possible during the course of your pregnancy care. In general, it is not a good idea to stop taking antidepressants without supervision.


⇒ If you have seen a therapist or counselor in the past, think about scheduling an appointment to talk over how you are feeling as your pregnancy develops.

Changes in relationships

Pregnancy is a time when relationships shift and change in new ways. Some partners pull together as they prepare for the birth of their baby – spending more time together, going to appointments, looking for baby clothes and equipment. However, pregnancy can also increase the stress or tension in a relationship. Being pregnant may come with feeling tired, which can make you unable to attend to family duties or to the needs of your partner in the same way you have in the past. Sometimes, partners can feel resentful, even jealous, of the attention focused on the baby and the upcoming birth. If there has been violence or controlling behavior in the relationship, this may get worse during pregnancy.

It is always important that you make sure you feel safe at home. For more information or to talk with someone further about these issues, please call the Center for Violence Prevention and Recovery at Beth Israel Deaconess Medical Center.

The phone number is 617-667-8141.



PREGNANCY IS A TIME
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NEW WAYS.

Throughout your pregnancy, you may have tests performed to screen for certain medical conditions that can affect either you or your baby. The following is a list of the tests with an explanation.

PRECONCEPTUALLY or 1ST PREGNANCY VISIT

Complete Blood Count (CBC)

A blood test to provide a count of red and white blood cells and platelets.

- Red blood cells are responsible for carrying oxygen to your organs and to your baby. If you do not have enough red cells (a condition called anemia), you may become excessively tired and your baby may not be getting the oxygen she/he needs. Sometime further testing is needed. Treatment for anemia is generally iron supplements.
- White blood cells fight infection and disease. An increased or decreased number alerts us to the need for further testing.
- Platelets are responsible for blood clotting. Certain abnormalities in platelets may never cause symptoms but can lead to problems during delivery. An abnormal value may indicate the need for further testing.

Type and Screen

A blood test to determine your blood type and the presence of any unusual antigens (proteins on the red blood cells). The RH Factor is the most common antigen that is either present (Rh+) to absent (Rh-).

If a mother is Rh- and the father is Rh+, there is a chance the baby will be Rh+. This can cause problems if there is a crossover of the baby's Rh+ cells into the mother's blood stream. These "foreign" cells may lead to the production of a substance in the mothers blood (antibody) which actually attacks fetal red cells and may cause many problems in the baby; including heart failure, anemia, enlarged liver and spleen, jaundice (yellowing of the skin), and even still births.

If you are Rh-, you will need to have an injection of Rhogam automatically at 28 weeks or anytime you bleed during your pregnancy; and possibly after giving birth. This injection will prevent your body from making any of the potentially harmful antibodies.

You are also tested for other antibodies similar to those produced against the Rh factor, whose presence can also affect the baby.

Rubella

A blood test to determine whether you have immunity to Rubella (German Measles). If a woman has not been immunized by the Rubella vaccine or contracted Rubella herself, she is at risk for getting the disease if exposed. Exposure during pregnancy is associated with numerous birth defects including mental retardation, deafness, cataracts and heart defects. If you are not immune, you will need to avoid contact with persons who have the disease. You will be offered vaccination after you baby is born.

Syphilis

A blood test to determine whether you have immunity to Rubella (German Measles). If a woman has not been immunized by the Rubella vaccine or contracted Rubella herself, she is at risk for getting the disease if exposed. Exposure during pregnancy is associated with numerous birth defects including mental retardation, deafness, cataracts and heart defects. If you are not immune, you will need to avoid contact with persons who have the disease. You will be offered vaccination after you baby is born.

Hepatitis B

A blood test for the viral liver infection, Hepatitis B. This condition poses a problem for the baby after delivery. If you test positive for this virus, your baby will receive immunization and special handling after birth.

Chlamydia

A test of your urine which indicates exposure to the sexually transmitted disease Chlamydia. This disease can cause pneumonia and eye infections in babies. Treatment for Chlamydia is antibiotics.

Urine Culture

A test of your urine to determine if it is infected with bacteria that could cause urinary tract infection (UTI). Urinary tract infections are more common in pregnancy due to anatomical changes of the urinary tract and may cause no recognizable symptoms. Treatment for bacteria in the urine is antibiotics.

Genetic Testing

Such as Cystic Fibrosis or Tay-Sachs disease. Your risk of carrying the gene for some diseases depends on your inherited ethnicity. Your risks will be reviewed and recommendations for testing made. These tests will require you to sign a consent form informing you of the limitations and uses of testing.

HIV

Such as Cystic Fibrosis or Tay-Sachs disease. Your risk of carrying the gene for some diseases depends on your inherited ethnicity. Your risks will be reviewed and recommendations for testing made. These tests will require you to sign a consent form informing you of the limitations and uses of testing.

Toxoplasmosis

A blood test for the presence of active or past infection with the parasite Toxoplasmosis. Infection with this parasite can cause mild to severe congenital defects, and is contracted by exposure to undercooked red meats, garden soils, and cat feces. If you have exposure to these risk factors you will be tested for Toxoplasmosis. If not, we will discuss ways to avoid exposure during pregnancy.

Parvovirus

A blood test for the presence of active or past viral infection with the organism that causes Fifth's disease. This disease is contracted by exposure to persons (most commonly young children) who have Fifth's disease. Exposure to this virus during pregnancy can cause fetal anemia or heart failure and even miscarriage. If you have extensive contact with groups of young children, you will be tested for the presence of this virus. We will discuss ways to avoid exposure during pregnancy.

Varicella

A blood test for the presence of past infection with, or immunization to, the virus that causes chickenpox. If you have had chickenpox in the past you are immune to the disease and need not be tested. If you are unaware of past disease and have not been vaccinated, you will receive this test. Varicella infection during pregnancy can cause numerous birth defects and may increase the risk of miscarriage. You may be vaccinated against varicella after your baby is born.

SECOND VISIT

During this visit you may have a complete physical examination, including a pelvic exam, and the following tests:

Pap Smear

A gentle scraping of the cervix which yields cells that are screened for cervical cancer. During pregnancy, a soft brush is used which rarely causes bleeding, although a small amount of spotting is normal. If an abnormality is found, an additional test called colposcopy will need to be performed.

Gonorrhea

A test of cervical fluid for the bacteria, which causes the sexually transmitted disease Gonorrhea. Transmission of Gonorrhea can occur to the baby and cause blindness. Treatment for this infection is antibiotics.

24-28 WEEKS

Glucose Test

This blood test screens you for the risk of gestational diabetes. You will be asked to drink a sweet tasting beverage called Glucola, and have your blood drawn one-hour later. An abnormal result on this test does not necessarily mean that you have diabetes. For confirmation another test called a Glucose Tolerance Test may need to be performed. This involves fasting overnight, having your blood drawn, drinking more Glucola and then having your blood drawn at 1, 2, 3-hour intervals. Gestational diabetes may lead to complications in pregnancy and with the baby. If you have diabetes, you will be evaluated by a specialist and begin a diet, exercise, and testing program developed for you.

36 WEEKS

Group B Strep

Vaginal and rectal cultures that test for the presence of Group B Strep, a common non-sexually transmitted bacterium found in 30 percent of women. Babies exposed to this bacterium during birth may develop life-threatening illness unless the mother is treated. If you are positive for this bacterium you will be given IV antibiotics while you are in labor or as soon as your membranes rupture.

MEDICATION USE DURING PREGNANCY

During pregnancy, it is common to experience heartburn, constipation, colds and other types of infections (yeast, urinary tract, gingivitis) as well as day to day symptoms like hay fever or seasonal allergies.

Listed below are some common medications approved for use in pregnancy, mostly over the counter drugs. *This list is only a start.* You can call us if you have any questions about medication use in pregnancy.

There is no need to buy brand names- look for the store brand and save money!

ALLERGY

Benadryl
Claritin
Zyrtec
Allegra

SLEEP

Benadryl
Tylenol PM

COLD/SORE THROAT SYMPTOMS

Robitussin
Robitussin DM
Sudafed
Tylenol Cold
Cloraseptic spray

DIARRHEA

Immodium (limited use)

PAIN RELIEVER

Acetaminophen (Tylenol)

NAUSEA & VOMITING

Vitamin B-6 25 mg 3x/day
Unisom 25 mg 3x/day
(doxylamine)
Dramamine
(dimenhydrinate)
Antevert (meclizine)

YEAST TREATMENT

Miconazole (Monistat)
Clotrimazole (Gyne-
lotrimin)
Terconazole (Terazol)

ANTACIDS

Tums/Roloids
Mylanta/Maalox
Zantac
Pepcid AC
Nexium
Prilosec

CONSTIPATION/ HEMORRHOIDS

Docusate sodium 50-100
mg (Colace)
Metamucil/Fibercon etc.
Mira-Lax
Milk of magnesia
Preparation H
Witch hazel pads (Tucks)

ANTIBIOTICS

Amoxicillin
Penicillin
Erythromycin
Azithromycin (Z pack)
Nitrofurantoin (Macrobid)
Ampicillin
Cephalexin

SINUS NEEDS

Saline nasal spray/rinse
Flonase/fluticasone
Netipot

Medication you should not take:

Pepto-Bismol

Aspirin

Ibuprofen/Advil/Motrin

Naproxyn (Aleve)

Bactrim (antibiotic)

Retin-A (for acne)

Narcotics (without checking with provider)

Vick's vapor rub or icy hot

Good eating habit during pregnancy will help make sure both you and your baby are as healthy as possible. Here are some common questions about eating and drinking during pregnancy. The chart on pages 2 and 3 tells you what foods you need for healthy eating and how much of each food is recommended each day. If you have special concerns or needs regarding nutrition, ask about a referral to a dietitian.

How much weight should I gain?

Most sources recommend that a woman gain between 25 and 35 pounds during pregnancy. Women who were underweight before becoming pregnant may gain more, women who started out overweight may be able to safely gain less. Check with your obstetric provider about the amount of weight gain that is right for you. In general, it's not the number of pounds you gain that is important – it's whether you are eating well and whether your baby is growing as it should. Most women gain 3-5 pounds during the first 12 weeks, and a little less than a pound a week after that. Remember, you should not diet to lose weight during pregnancy. If you are concerned that you are gaining too much weight, or not gaining enough, please talk with your obstetric provider. Your pattern of weight gain may be normal for you. Let your provider help you decide what to do.

What precautions must I follow regarding foods or drinks?

There are some precautions you must take regarding what you eat and drink. Some foods may contain bacteria or other organisms that could be harmful to you or your baby. Other have toxic materials

that could have harmful effects on your baby's growth and development. Please follow the guidelines below regarding food and fluids. Ask your doctor if you have any questions.

⇒Do not drink **alcohol** at all. It is not known how much alcohol is safe for the unborn baby. So we recommend that you do not drink. If you are having trouble not drinking, please discuss this with your obstetric provider.

⇒Do not eat **raw or undercooked meat, eggs, poultry, or fish**. Do not eat **raw clams, oysters, or any other uncooked fish or sushi**. These may contain bacteria or other organisms that could be harmful to your baby. Please wash hands, cooking surfaces, and utensils well if they have been exposed to raw meat, eggs, poultry, or fish.

⇒Please **wash all fruits and vegetables** before eating. Wash the skin of all fruits and vegetables, including bananas or melons, even if you will be peeling off the skin before eating.

⇒Do not eat **soft cheeses** such as feta (goat cheese), brie or Camembert; do not eat **blue-veined cheese** such as Roquefort. Mexican-style soft cheeses should also not be eaten including queso blanco, queso fresco, queso de hoja, queso de crema, and asadero. Semi-soft and hard cheese, such as mozzarella, parmesan, Swiss, and cheddar, are okay. Processed cheeses and cottage cheese are also safe.

⇒Do not **drink unpasteurized milk or fruit juices**.

⇒Do not eat **raw honey**.

⇒You must **heat until steaming hot all hot dogs, luncheon meats, or deli meats** (such as bologna) as these can also contain bacteria that can be harmful.



What is W.I.C.?

If you find that buying enough nutritious food is difficult on your budget, the W.I.C. program may be able to help. W.I.C. stands for “Women, Infants, and Children.” It is a nationally funded program that helps ensure that pregnant or breastfeeding mothers and their children get the nutrition they need. To qualify for W.I.C., you have to show that your income is below a certain level. If you are interested in this program, your obstetric provider can fill out a form for you. Call 800-WIC-1007 (800-942-1007) to find out where there is a W.I.C. office near you or visit www.mass.gov/wic. You will need to make an appointment at the W.I.C. office to be enrolled in the program.

⇒Do not eat **non-cooked, processed (smoked), or refrigerated pate or meat spreads.**

⇒Do not eat **refrigerated smoked seafood** (most often labeled “nova-style,” “lox,” “kippered,” “smoked,” or “jerky”).

⇒Please **limit the amount of caffeine** in your diet. Most people get caffeine from coffee or cola drinks. Caffeine is also found in chocolate, tea, and some over-the-counter medicines.

⇒Please limit your use of **Aspartame, or Nutrasweet.** This is a sweetener found in most low-calorie foods and drinks.

⇒Although **fish** is an excellent source of protein that is low in fat, pregnant women need to be **cautious about the types and amounts of fish** they eat because of mercury and PCB contamination. Nearly all fish contain some amount of mercury. Long-lived, larger fish have the highest levels and should not be eaten during pregnancy. These include: **shark, swordfish, king mackerel, tuna steak, and tilefish. Lobster tomalley** – the soft green substance found in the tail and body section of a lobster – should not be eaten by anyone.

⇒**Canned tuna** may be eaten, but please use the “light” variety (not “chunk” or “albacore”) and limit your intake to two servings a week.

⇒Pregnant women should not eat **freshwater fish or bluefish.**

⇒The Massachusetts Department of Public Health (DPH) publishes additional cautions and guidelines for pregnant women on the consumption of **lobster, bivalves (such as mussels, oysters, scallops, and clams), flounder, shellfish, and other species.** For more information, please call 617-624-5757.

⇒Please ask your doctor if you have questions about fish consumption. Please note that your **total intake of any safe fish should be limited to two servings a week.**

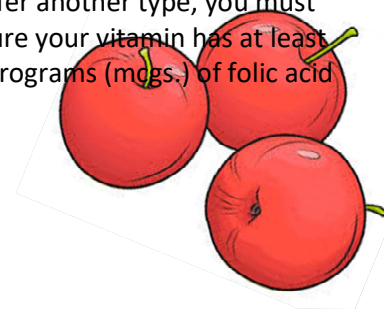
I have a lot of nausea and vomiting. What should I do?

Many women have nausea and vomiting early in pregnancy. In most cases, this is easily managed with some changes in diet and, in severe cases, the use of anti-nausea medicine (if prescribed by your provider). Nausea and vomiting usually pass after about 12 weeks. Women sometimes find that eating dry carbohydrates, like toast, crackers, or rice, helps decrease nausea. You may want to try an acupuncture wristband (available at many pharmacies), which is designed to treat nausea and is often used to prevent motion sickness. Some providers recommend the use of Vitamin B-6 as a treatment for nausea. Ginger in the diet may help. Talk with your provider about whether this is recommended for you, and, if so, what the appropriate dose of ginger should be. Keeping a small amount of food in the stomach at all times works well for some women. Try to eat something any time you feel hungry. Listen to your body, and don't be overly concerned about gaining weight. Taking in small, healthy snacks every few hours throughout the day may help you avoid nausea. Try to stay away from strong odors, and spicy, greasy, or acidic foods. In rare cases, these measures are not effective, and nausea and vomiting are severe. If you are not able to hold anything down for 24 hours, please call your obstetric provider. You could become dehydrated, which is not

good for you or your baby. Your provider may prescribe medicine to help control vomiting and may want you to visit the hospital for intravenous (IV) fluids to prevent dehydration. Try to remember that the nausea and vomiting of pregnancy nearly always subside after the first few months. Stay in touch with your obstetric provider for additional advice about how to manage until this phase of pregnancy passes.

Do I need to take prenatal vitamins?

Almost all providers recommend that pregnant women take prenatal vitamins. Research has shown that, even with a healthy diet, some important nutrients are difficult to get through diet alone. An important example is folic acid, which is needed in large quantities during pregnancy in order to prevent birth defects involving the brain and spinal column. Iron is also a substance that is difficult for some women to get in the right amounts through diet alone. Prenatal vitamins come in many different forms, including tablets, chewable tablets, and liquid. You can buy them without a prescription, though prescription brands are also available. In some cases, insurance covers most of the cost of the prescription brand; in other cases, buying the non-prescription strength is less expensive. Either type is equally good for you and your baby. But you must be sure to take vitamins labeled “prenatal,” or, if you prefer another type, you must make sure your vitamin has at least 600 micrograms (mcgs.) of folic acid (folate).



Eating Well During Pregnancy

What you need

Where to find it

Protein

Meat, chicken, fish, liver, eggs, soybeans, peanut butter, dried beans and peas, tofu



Milk products

Milk, buttermilk, yogurt, cheese (no soft or blue-veined cheese)



Fruits and vegetables

Sources of Vitamin C

Citrus fruits (oranges, grapefruit), strawberries, tomatoes, peppers, cantaloupe

Leafy green or dark orange vegetables

Spinach, broccoli, carrots, sweet potatoes, dark lettuce, kale, cabbage, collard greens, yams

Other vegetables and fruit

All other vegetables, (cooked or raw), and all other fruit (fresh, canned, or frozen)



Grain

Bread, cereal, crackers, pasta, rice, cornbread, pancakes, tortillas, wheat germ, grits



Fluids

Water, milk, herbal teas

Why you need it

Protein is the building material for the body. It supplies energy and promotes healthy growth and development.

Milk is an excellent source of vitamins, minerals, and protein. It also has calcium, which builds healthy bones and teeth. It is important for the baby's bone development.

Vitamin C is needed to build strong body cells, blood, and healthy gums and teeth.

These vegetables are an important source of Vitamin A. This is needed for healthy development of bones, hair, skin, glands, and vision for your baby.

Also good sources of Vitamin A and other vitamins and minerals.



Whole grain products, such as whole wheat bread, bran cereal, and whole wheat crackers, contain B vitamins. They help your baby to grow and help your body use energy well. Try not to use highly processed grains, like white bread and white rolls. These have lost much of their nutrition.

There are fluids in every cell of your body, and a lot of fluid in your growing baby as well. You must be sure to drink enough during your pregnancy.

How much you need

☛ You need 2 or more servings per day.

One serving is:
2–3 ounces of cooked meat, fish, or poultry
(limit fish to 2 servings per week)
1 cup of cooked dried beans or peas
2 eggs
1 cup of tofu
4 tablespoons of peanut butter

☛ You need 4 servings a day

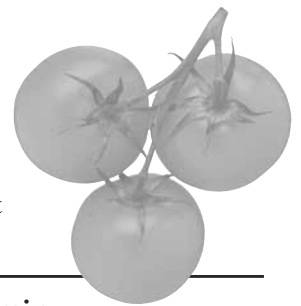
One serving is:
1 cup of milk or yogurt
1 ½ ounces of cheese

☛ You need at least 1 serving a day of a high-Vitamin C fruit or vegetable.

☛ You need at least 1 serving a day of a leafy green or dark orange vegetable.

☛ You need a total of at least 5 servings a day of all vegetables and fruits.

One serving is:
1 cup raw vegetables
½ cup cooked vegetables
¾ cup fruit or vegetable juice
½ cup cooked or canned chopped fruit
1 medium-sized piece of fruit



☛ You need 6-9 servings a day of grain.

One serving is:
1 slice of bread
1 cup of ready-to-eat cereal
½ cup cooked cereal, rice, or pasta

☛ You need 8-10 glasses a day, 8 ounces each glass.

A Special Note About Vitamin Supplements, Iron, and Folic Acid (Folate)

Prenatal vitamins are recommended by almost all obstetric providers as a way of making sure you get the nutritional support that both you and your baby need. But some women prefer not to take prenatal vitamins, or find that certain types of vitamins (such as those with iron) cause unpleasant side effects.

Most women are able to take in nearly everything they need for a healthy pregnancy by following a healthy, well-balanced diet, as described in the attached chart. However, there are two important exceptions.

Folic acid

Folic acid, or folate, has been found to be important in preventing the development of a group of birth defects called neural tube defects. Examples of neural tube defects are spina bifida and anencephaly. Folic acid is also needed by both you and your baby to form red blood cells.

While you are pregnant, your need for folic acid is at least 600 micrograms (mcgs.) per day. It can be difficult to take in this much folic acid through diet alone. This is one important reason why prenatal vitamins, which contain the full requirement of folic acid (or more), are almost always recommended in pregnancy.

Folic acid

- You need at least 600 micrograms.
- Most prenatal vitamins have between 600 and 800 micrograms; some have 1 milligram, which is 1000 micrograms.

Iron

Your need for iron begins in the first trimester, and continues through childbirth. Iron is an important part of the body's blood cells. It is needed during pregnancy to form red blood cells in both you and your baby. However, because of loss of iron with the monthly periods, many women enter pregnancy low on iron. This can lead to low red blood cell counts, which is not good for you or your baby.

Your provider may recommend that you take an iron supplement or a prenatal vitamin that includes a certain amount of iron. If you are not taking iron supplements, please make sure that foods high in iron are a regular part of your diet. Some foods rich in iron are listed in the chart to the right. Your obstetric provider will routinely check your red blood cell counts to make sure you are getting enough iron.

Food sources of iron

- beef, chicken, turkey
- tuna
- shrimp
- beans – black, navy, kidney, pinto beans, and chick peas
- tofu
- apricots
- spinach
- swiss chard
- collard greens
- broccoli
- enriched breads and cereals
- egg yolk
- blackstrap molasses
- pumpkin seeds
- prunes
- kale
- wheat germ
- whole grains



Food Safety Information

Protect Your Baby and Yourself from Listeriosis

Pregnant women are at higher risk of getting sick from *Listeria monocytogenes*, a harmful bacterium found in many foods. *Listeria* can cause a disease called Listeriosis that can result in miscarriage, premature delivery, serious sickness, or the death of a newborn baby. If you are pregnant, you need to know what foods are safe to eat.



Clean

- Clean up spills in your refrigerator right away, especially juices from raw meat and poultry.
- Clean the inside walls and shelves of your refrigerator with hot water and liquid soap.
- Wash your hands for 20 seconds with soap and water after touching hot dogs, raw meat, poultry or seafood.



Separate

Keep raw meat, fish and poultry away from ready-to-eat foods.



Cook

Cook food to a safe minimum internal temperature. Check with a food thermometer and heat lunch meats until steaming.



Chill

Listeria can grow in the refrigerator. The refrigerator should be set to 40°F or lower and the freezer to

0°F or lower. Use a refrigerator thermometer to check the inside temperature.

How do I know if I have Listeriosis?

- Symptoms can include fever, fatigue, chills, headache, backache, general aches, upset stomach, abdominal pain and diarrhea.
- Gastrointestinal symptoms may appear within a few hours to two to three days, and disease may appear two to six weeks after ingestion. The duration is variable.
- Pregnant women are at higher risk and may develop problems with pregnancy that include miscarriage, fetal death or severe illness or death in newborns.
- Every year an estimated 1,600 Americans become sick and 260 people die from Listeriosis.

What should I do if I think I have Listeriosis?

Call your doctor, nurse or health clinic if you have any of these

signs. If you have Listeriosis, your doctor can treat you.

What foods are associated with Listeriosis?

- Hot dogs, luncheon meats, bologna, or other deli meats unless they are reheated until steaming hot.
- Refrigerated pâté, meat spreads from a meat counter, or smoked seafood found in the refrigerated section of the store. Foods that do not need refrigeration, like canned meat spreads, are okay to eat. Remember to refrigerate after opening.
- Raw (unpasteurized) milk and foods that have unpasteurized milk in them.
- Salads made in the store such as ham salad, chicken salad, egg salad, tuna salad or seafood salad.
- Soft cheeses such as Feta, queso blanco, queso fresco, Brie, Camembert, blue-veined cheeses, and Panela unless it is labeled as "MADE WITH PASTEURIZED MILK."

Food Safety Questions?

Call the **USDA Meat & Poultry Hotline** toll free at

1-888-MPHotline (1-888-674-6854)

The hotline is open year-round and can be reached from 10 a.m. to 4 p.m. (Eastern Time) Monday through Friday. Available in English and Spanish.



Send E-mail questions to MPHotline@usda.gov

Consumers with food safety questions can also "Ask Karen," the FSIS virtual representative. Available 24/7 at AskKaren.gov.



@USDAFoodSafety



@FoodSafety.gov



Check Your Steps



Caffeine During Pregnancy & Lactation



It is important to limit caffeine intake during pregnancy and lactation. Small amounts of caffeine, less than 200mg per day, appear to be safe. The amount of caffeine in a cup of coffee or tea depends on the type of beans or leaves used, the method of preparation, and the size of the serving. An average 8oz cup of coffee contains about 150mg of caffeine.

Caffeine is not just found in coffee. It is also found in tea, chocolate, hot chocolate, coffee-flavored ice cream, soda, and some over-the-counter medications. These products usually contain significantly less caffeine than others.

Table 1. Caffeine Content of Foods and Beverages

Food and Beverages	Milligrams of Caffeine (Average)
Coffee (8 oz)	
Brewed, drip	137
Instant	76
Tea (8 oz)	
Brewed	48
Instant	26–36
Caffeinated soft drinks (12 oz)	37
Hot cocoa (12 oz)	8–12
Chocolate milk (8 oz)	5–8
Candy	
Dark chocolate (1.45 oz)	30
Milk chocolate (1.55 oz)	11
Semi-sweet chocolate (1/4 cup)	26–28
Chocolate syrup (1 tbsp)	3
Coffee ice cream or frozen yogurt (1/2 cup)	2

Advice About Eating Fish

What Pregnant Women & Parents Should Know

Fish and other protein-rich foods have nutrients that can help your child's growth and development.

For women of childbearing age (about 16-49 years old), especially pregnant and breastfeeding women, and for parents and caregivers of young children.

- Eat 2 to 3 servings of fish a week from the "Best Choices" list OR 1 serving from the "Good Choices" list.
- Eat a variety of fish.
- Serve 1 to 2 servings of fish a week to children, starting at age 2.
- If you eat fish caught by family or friends, check for fish advisories. If there is no advisory, eat only one serving and no other fish that week.*

Use this chart!

You can use this chart to help you choose which fish to eat, and how often to eat them, based on their mercury levels. The "Best Choices" have the lowest levels of mercury.

What is a serving?



For an adult
4 ounces



For children,
ages 4 to 7
2 ounces

To find out, use the palm of your hand!

Best Choices EAT 2 TO 3 SERVINGS A WEEK

Anchovy	Herring	Scallop
Atlantic croaker	Lobster, American and spiny	Shad
Atlantic mackerel	Mullet	Shrimp
Black sea bass	Oyster	Skate
Butterfish	Pacific chub mackerel	Smelt
Catfish	Perch, freshwater and ocean	Sole
Clam	Pickering	Squid
Cod	Plaice	Tilapia
Crab	Pollock	Trout, freshwater
Crawfish	Salmon	Tuna, canned light (includes skipjack)
Flounder	Sardine	Whitefish
Haddock		Whiting
Hake		

OR

Good Choices EAT 1 SERVING A WEEK

Bluefish	Monkfish	Tilefish (Atlantic Ocean)
Buffalofish	Rockfish	Tuna, albacore/white tuna, canned and fresh/frozen
Carp	Sablefish	Tuna, yellowfin
Chilean sea bass/Patagonian toothfish	Sheepshead	Weakfish/seatrout
Grouper	Snapper	White croaker/Pacific croaker
Halibut	Spanish mackerel	
Mahi mahi/dolphinfish	Striped bass (ocean)	

Choices to Avoid HIGHEST MERCURY LEVELS

King mackerel	Shark	Tilefish (Gulf of Mexico)
Marlin	Swordfish	Tuna, bigeye
Orange roughy		

*Some fish caught by family and friends, such as larger carp, catfish, trout and perch, are more likely to have fish advisories due to mercury or other contaminants. State advisories will tell you how often you can safely eat those fish.

www.FDA.gov/fishadvice

www.EPA.gov/fishadvice



Calcium Content of Some Common Food

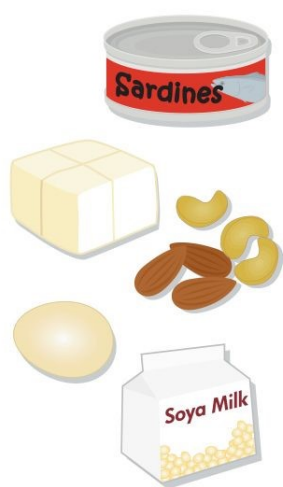
SOURCE	SERVING SIZE	CALCIUM (mg) per Serving
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Milk & Milk Products



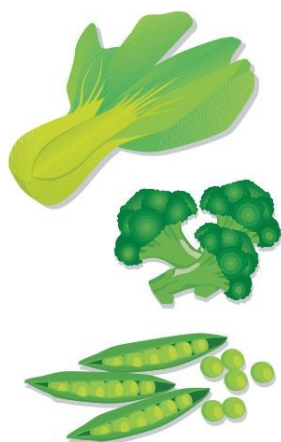
Low-fat yoghurt	1 carton (200g)	420
Low-fat milk	1 glass (250ml)	300
Cheese	1 slice (20g)	130

Fish/ Meat/ Beans/ Nuts



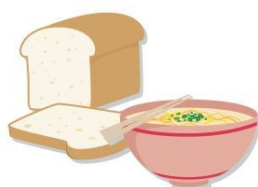
Dried ikan bilis (with bones)	2 tablespoons (40g)	270
Soya beans (cooked)	1 mug (180g)	205
Canned sardines (with bones)	1 fish (50g)	190
Beancurd, firm (tau kwa)	1 small cake (90g)	150
Almonds	1/4 mug (40g)	100
Dhal (raw)	1/4 mug (50g)	85
Soya beancurd with syrup (tau huay)	1 bowl (540g)	80
Beancurd, silken (tofu)	2 squares (170g)	55
Roasted peanuts, without shell	1/4 mug (60g)	30
Egg	1 (50g)	30
Soya bean drink	1 glass (250ml)	25

Fruit/ Vegetables



Dried figs	5 whole (95g)	240
Kailan (cooked)	3/4 mug (100g)	195
Spinach (cooked)	3/4 mug (100g)	140
Chye Sim (cooked)	3/4 mug (100g)	140
French beans (cooked)	3/4 mug (100g)	55
Broccoli (cooked)	3/4 mug (100g)	50
Apricot, dried	1/4 mug (60g)	40
Papaya	1 wedge (130g)	40
Raisins	1/4 mug (60g)	30
Green peas (cooked)	3/4 mug (100g)	30

Calcium-Fortified Products



High-calcium milk powder	4 scoops (25g)	450
High-calcium soya bean milk	1 glass (250ml)	450
Egg noodles	1 portion (100g)	210
Bread	2 slices (60g)	100



Monitoring fetal activity

Instructions for patients

Any significant change in your baby's movement should be reported to your health care provider. As a general rule, try to pay attention to your baby's movements so you can tell your doctor or nurse when something different is happening.

The following guidelines will help you keep track of your baby's activity pattern.

Counting your baby's movements

Call your provider with any concerns about your baby's movement.

- Use a notebook, a piece of paper, or any other method you'd like to record your baby's movement.
- Begin in the morning after you have eaten breakfast. Note the time in your notebook.
- Pay attention to your baby's movements for the next 2 hours. Each time you feel a movement, write it down in the notebook. Be sure to write down the time. A movement could be a kick, a swish, a turn, or a flip of the baby.

Keep counting until you feel the 10th movement. Ideally you want 10 movements in 2 hours.

- Note how much time passed between when you began counting and when you felt the 10th movement.

Call your provider if:

- You do not feel the 10th movement in about 2 hours OR
- It is taking longer each day to get to the 10th movement, OR
- You have not felt your baby move all day.

Remember, call your doctor or nurse if your baby has not moved 10 times in 2 hours.



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Flu Shot for Pregnant Patients: Frequently Asked Questions

I am pregnant. Is it recommended to receive the inactivated influenza vaccine (flu shot)?

Yes. Flu shots are an effective and safe way to protect you and your baby from serious illness and complications of the flu. The flu shot is given during pregnancy helps protect infants younger than 6 months who are too young to be vaccinated and have no other way of receiving influenza antibodies. The flu shot has been given to millions of pregnant women over many years, and flu shots have been shown to be safe for pregnant women and their babies.

During which trimester is it safe to have a flu shot?

The flu shot is recommended for pregnant women and can be given at any time during pregnancy. Pregnant women are advised to get vaccinated as soon as possible and to speak to their health care providers about being immunized.

Which flu vaccine should pregnant women receive?

Pregnant women should receive the flu shot, which is given with a needle, usually in the arm. The Advisory Committee on Immunization Practices and the American College of Obstetricians and Gynecologists (the College) recommend that pregnant women should receive this vaccine.

Will the flu shot give me the flu?

No, you cannot get the flu from receiving the flu vaccine.

Is there a flu vaccine that pregnant women should not receive?

Yes. Pregnant women should not receive the nasal spray vaccine which is made with the live flu virus. The nasal spray vaccine is safe for women after they have given birth, even if they are breastfeeding, and for family members.

Are preservatives in influenza vaccines safe for my baby?

Yes. The type of preservative (eg, thimerosal) used in trace amounts in some vaccines has not been shown to be harmful to a pregnant woman or her baby. Some women may be concerned about exposure to preservatives during pregnancy. Single-dose influenza vaccines that contain a mercury-free preservative are available through some manufacturers. The Centers for Disease Control and Prevention and the College recommend that pregnant women may receive the inactivated influenza vaccine with or without thimerosal.

(see reverse)



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

What else can I do to protect my baby against the flu?

Getting your flu shot is the most important step in protecting yourself and your baby against the flu. In addition, breastfeeding your baby and making sure other family members and caregivers receive the flu vaccine will further protect your baby.

I am breast feeding my baby. Is it safe to get vaccinated?

Yes. Influenza vaccines can be given to breastfeeding mothers if they were not immunized when they were pregnant. Breastfeeding women can receive either the flu shot or the nasal spray. Breastfeeding mothers pass antibodies through breast milk, which may also reduce the infant's chances of getting sick with the flu.

RESOURCES

American College of Obstetricians and Gynecologists. Immunization for women: seasonal influenza (flu) for ob-gyns. Retrieved November 9, 2011.

Centers for Disease Control and Prevention. Season influenza: pregnant women and influenza (flu). Retrieved November 9, 2011.

Department of Health and Human Services. What pregnant women should know about flu. Retrieved November 9, 2011.

Your COVID-19 Vaccination Choice while Pregnant

The American College of Obstetricians and Gynecologists recommends that pregnant individuals be vaccinated against COVID-19.

Vaccination helps protect you and may help protect your newborn against COVID-19 infection.

If you have questions, talk with your obstetrician-gynecologist about COVID-19 vaccination. Pregnant people across the country have chosen to get vaccinated, and the evidence so far shows the vaccines are safe during pregnancy. If you choose to get vaccinated, your risk of becoming severely ill with COVID-19 is likely very low. Pregnancy increases the risk of severe complications associated with COVID-19, including the need for intensive care, ventilation to help with breathing, and death.



“It’s natural to have questions about the COVID-19 vaccines. I know I did. So turn to a trusted source: your health care team. I knew that if I didn’t get a vaccine and then got sick with COVID-19, I would regret it. I felt so lucky to have this protection for the final weeks of my pregnancy—and beyond.”

— **Jacqueline Parchem, MD, FACOG**, obstetrician-gynecologist and maternal-fetal medicine specialist (Texas)

THINKING ABOUT HAVING A BABY?

You can get a COVID-19 vaccine. COVID-19 vaccines do not affect your fertility. You do not need to delay getting pregnant after you get a vaccine.

TALK WITH YOUR OBSTETRICIAN-GYNECOLOGIST IF YOU HAVE QUESTIONS ABOUT COVID-19 VACCINATION.

Vaccination is a personal choice. We will listen and respond so that you can make an informed decision. This conversation is not required to get a vaccine, though it may be helpful.

GET YOUR FREE COVID-19 VACCINE

There are many places near you where you can get vaccinated. Visit [vaccines.gov](https://www.vaccines.gov) or [vacunas.gov](https://www.vacunass.gov) to find them.

RSV (Respiratory Syncytial Virus) Vaccine: *What You Need to Know*

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

RSV vaccine can prevent lower respiratory tract disease caused by **respiratory syncytial virus (RSV)**. RSV is a common respiratory virus that usually causes mild, cold-like symptoms.

RSV can cause illness in people of all ages but may be especially serious for infants and older adults.

- Infants up to 12 months of age (especially those 6 months and younger) and children who were born prematurely, or who have chronic lung or heart disease or a weakened immune system, are at increased risk of severe RSV disease.
- Adults at highest risk for severe RSV disease include older adults, adults with chronic medical conditions such as heart or lung disease, weakened immune systems, or certain other underlying medical conditions, or who live in nursing homes or long-term care facilities.

RSV spreads through direct contact with the virus, such as droplets from another person's cough or sneeze contacting your eyes, nose, or mouth. It can also be spread by touching a surface that has the virus on it, like a doorknob, and then touching your face before washing your hands.

Symptoms of RSV infection may include runny nose, decrease in appetite, coughing, sneezing, fever, or wheezing. In very young infants, symptoms of RSV may also include irritability (fussiness), decreased activity, or apnea (pauses in breathing for more than 10 seconds).

Most people recover in a week or two, but RSV can be serious, resulting in shortness of breath and low oxygen levels. RSV can cause bronchiolitis (inflammation of the small airways in the lung) and pneumonia (infection of the lungs). RSV can sometimes lead to worsening of other medical conditions such as asthma, chronic obstructive

pulmonary disease (a chronic disease of the lungs that makes it hard to breathe), or congestive heart failure (when the heart can't pump enough blood and oxygen throughout the body).

Older adults and infants who get very sick from RSV may need to be hospitalized. Some may even die.

2. RSV vaccine

CDC recommends **adults 60 years of age and older** have the option to receive a single dose of RSV vaccine, based on discussions between the patient and their health care provider.

There are two options for protection of infants against RSV: maternal vaccine for the pregnant person and preventive antibodies given to the baby. Only one of these options is needed for most babies to be protected. CDC recommends a single dose of RSV vaccine for **pregnant people from week 32 through week 36 of pregnancy** for the prevention of RSV disease in infants under 6 months of age. This vaccine is recommended to be given from September through January for most of the United States. However, in some locations (the territories, Hawaii, Alaska, and parts of Florida), the timing of vaccination may vary as RSV circulating in these locations differs from the timing of the RSV season in the rest of the U.S.

RSV vaccine may be given at the same time as other vaccines.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of RSV vaccine**, or has any **severe, life-threatening allergies**

In some cases, your health care provider may decide to postpone RSV vaccination until a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting RSV vaccine.

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- Pain, redness, and swelling where the shot is given, fatigue (feeling tired), fever, headache, nausea, diarrhea, and muscle or joint pain can happen after RSV vaccination.

Serious neurologic conditions, including Guillain-Barré syndrome (GBS), have been reported after RSV vaccination in clinical trials of older adults. It is unclear whether the vaccine caused these events.

Preterm birth and high blood pressure during pregnancy, including pre-eclampsia, have been reported among pregnant people who received RSV vaccine during clinical trials. It is unclear whether these events were caused by the vaccine.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at www.cdc.gov/vaccines.



Pregnant? Top 3 Reasons Why You Need the **Tdap Vaccine**

1 The Tdap vaccine prevents whooping cough. This is a very serious, often life-threatening disease for babies.

2 Getting the Tdap vaccine during pregnancy helps protect your newborn from whooping cough until the baby is old enough for his or her own vaccine.

3 The Tdap vaccine is safe for both you and your fetus.



For the health of your baby:

Get the Tdap vaccine during **every pregnancy** between 27 and 36 weeks, as early in that window as possible.

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This information is designed as an educational aid for the public. It offers current information and opinions related to women's health. It is not intended as a statement of the standard of care. It does not explain all of the proper treatments or methods of care. It is not a substitute for the advice of a physician. For ACOG's complete disclaimer, visit www.acog.org/WomensHealth-Disclaimer.

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Learn more at
acog.org/Vaccine-Resources

PREGNANT?

READ THIS BEFORE YOU TRAVEL

What we know about Zika

- Zika can be passed from a pregnant woman to her fetus.
- Zika infection during pregnancy can cause certain birth defects.
- Zika is spread mostly by the bite of an infected *Aedes aegypti* or *Aedes albopictus* mosquito.
 - » These mosquitoes bite during the day and night.
- There is no vaccine to prevent or medicine to treat Zika.
- Zika can be passed through sex from a person who has Zika to his or her sex partners.



What we don't know about Zika

- If there's a safe time during your pregnancy to travel to an area with risk of Zika.
- If you do travel and are infected, how likely it is that the virus will infect your fetus and if your baby will have birth defects from the infection.

Travel Notice

CDC has issued a travel notice (Level 2-Practice Enhanced Precautions) for people traveling to areas with a Zika outbreak (red areas on the Zika map).

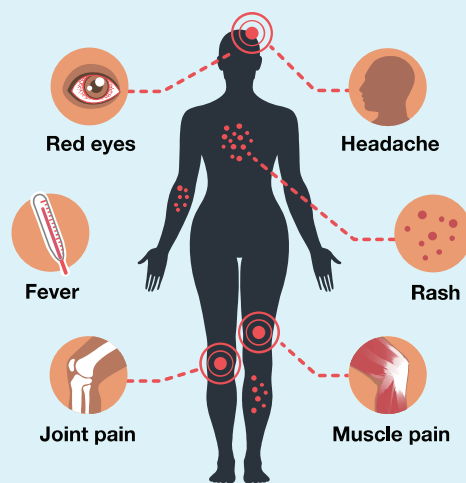
- For a current list of places with Zika outbreaks, see CDC's Travel Health website: <http://wwwnc.cdc.gov/travel/page/zika-travel-information>

Symptoms of Zika

Most people with Zika won't even know they have it. The illness is usually mild with symptoms lasting for several days to a week.

The most common symptoms of Zika are

- Fever
- Rash
- Headache
- Joint pain
- Red eyes
- Muscle pain



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

CDC recommends special precautions for pregnant women and women trying to become pregnant

Pregnant?

Pregnant women should not travel to areas with a Zika outbreak (red areas on Zika map).

Before travel to other areas with risk of Zika (purple areas on the Zika map), pregnant women should talk with their doctors and carefully consider risks and possible consequences of travel.

Pregnant women and their sex partners should strictly follow steps to prevent mosquito bites.

If you have a sex partner who lives in or travels to an area with Zika, you should use condoms from start to finish every time you have sex, or do not have sex during the pregnancy.

If you develop the symptoms of Zika, see a healthcare provider right away for testing.

Trying to become pregnant?

Before travel to areas with a Zika outbreak (red areas on the Zika map) or other areas with risk of Zika (purple areas on the Zika map), couples trying to become pregnant should talk with their doctors and carefully consider risks and possible consequences of travel.

Strictly follow steps to prevent mosquito bites and sexual transmission during your trip.

Talk to your healthcare provider about plans to become pregnant.



Your Best Protection: Prevent Mosquito Bites

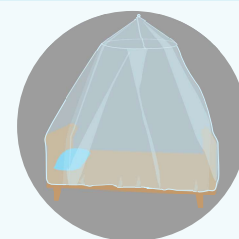
Clothing

- Wear long-sleeved shirts and long pants.
- Treat clothing and gear with permethrin or purchase permethrin-treated items.
 - » Treated clothing remains protective after multiple washings. See product information to learn how long the protection will last.
 - » If treating items yourself, follow the product instructions carefully.
- Do NOT use permethrin products directly on skin. They are intended to treat clothing.



Indoor Protection

- Stay in places with air conditioning or that use window and door screens to keep mosquitoes outside.
- Sleep under a mosquito bed net if air conditioned or screened rooms are not available or if sleeping outdoors.



Repellent

Use Environmental Protection Agency (EPA)-registered insect repellents. When used as directed, these insect repellents are safe and effective for pregnant and breastfeeding women.

- Always follow the product label instructions.
- Reapply as directed.
- Do not spray repellent on the skin under clothing.
- If you are also using sunscreen, apply sunscreen before applying insect repellent.
- Use a repellent with one of the following active ingredients: DEET, picaridin, IR3535, oil of lemon eucalyptus or para-menthane-diol, or 2-undecanone.



Your body will go through a great deal of change as your baby grows. Here are some things you can do to make sure you feel your best and to avoid some of the discomforts that sometimes occur.

Pay attention to posture

As the weight in the front of your body increases, it will be important to pay attention to your posture. This will help prevent backaches and fatigue. Remind yourself as often as possible to sit or stand correctly.

⇒Don't sit slumped with legs crossed.

⇒Sit in a firm chair for support.

⇒When you are standing, make sure your weight is even on both feet.

⇒If you need to stand for a period of time, try to put one foot on a small stool or put one foot slightly forward.

⇒Change your position often.

⇒Stand with shoulders back, chest lifted, chin tucked, knees slightly bent, and feet apart.

You can also use a “pelvic tilt” to help support your back as your baby grows. Doing a pelvic tilt means pushing the lower curve for your spine back and away from your growing abdomen. To see what a good pelvic tilt feels like, stand with your back against a flat wall with your knees slightly bent. Imagine there is a string pulling your belly button toward the wall. As you flatted your lower back against the wall, you are doing a pelvic tilt.

Some people use special supports for the growing abdomen as pregnancy progresses, such as an “abdominal sling” or “pregnancy cradle.” You obstetrician can give you more information about these devices.

Be aware of changes in balance

You also may find that the changes in weight make you feel awkward or even clumsy. If so, you are not alone.

Accidents such as slips, and falls are common in pregnancy.

This is because the new weight in your belly changes your body's center of gravity. Although you will naturally make adjustments in how you move in order to stay balanced, be aware that your sense of balance is changing. Be careful going up and down stairs or walking on slippery surfaces. And be sure to wear only low-heeled shoes.

Get regular exercise

If you've been working out regularly for a long while, there is usually no need to stop during pregnancy. Talk with your obstetric provider about the kind of exercise you may do, and about what level of exertion is okay for you. You should not exercise to the point where you become exhausted.

If you haven't been active before pregnancy, now is not the time to begin a vigorous exercise program. But there are safe, easy exercises you can do to help you feel better and maintain your health and stamina.

Walking and swimming, for example, can be done throughout most of your pregnancy, even if you are not used to exercising. Start slowly and work at a pace that is comfortable for you. (If you are worried about chlorine in swimming pools, please know that there is no evidence that the chlorine causes any harm to you or your baby.)

As you exercise, please remember the importance of the “warm-up” and “cool-down” phases of your session. A good idea at any time, these practice help avoid abrupt changes in your heart rate and help you avoid injury. Also, e sure to drink plenty of water during and after your workout session.

Please stay out of the saunas and hot tubs at your health club or home. These are not safe to use during pregnancy. The hot temperatures are not good for you or your developing baby. It's okay to take a warm bath at home. Just make sure the water isn't steaming hot.



Strengthen your pelvic floor

The pelvic floor refers to the muscles in your genital area. It includes the muscles around your vagina, urethra (urinary opening), and anus (bowel opening). Doing exercises, called Kegels, to strengthen these muscles helps support the area under the weight of your baby. Doing Kegels may help you keep control of your bladder during and after pregnancy and can also help prepare you for labor.

To do Kegels, follow these steps:

- ⇒ First, you need to become aware of the muscles you need to strengthen. To “find” these muscles, imagine you are trying to stop the flow of urine or trying to stop yourself from passing gas. The muscles you contract to perform these actions are your pelvic floor muscles.
- ⇒ Now you need to practice contracting these muscles. Contract slowly for a count of 10 or 15 if you can. Then, as you release the contraction, again count slowly to 10 or 15. That is one exercise.
- ⇒ Repeat the exercise 10 times.
- ⇒ Do a set of 10 Kegels several times a day. Try to work up to 3-4 sets of Kegels each day.
- ⇒ Don't be discouraged if you have problems with urine leakage as your pregnancy progresses. Kegels may help to decrease, but not eliminate, urine leakage during pregnancy. If urine leakage is severe, please tell your provider.



PREGNANCY EXERCISES FOR YOUR BACK

The following exercises are designed to help relieve the discomfort you may feel as your back tries to support your expanding belly. They help to strengthen and stretch the muscles of the back, hips and abdomen.

Pelvic Tilt:

- Start on your hands and knees, with your hands directly under your shoulders and knees under your hips. Your back should be straight, not arched. Align your head and neck with your straight back.
- Press up with your lower back (like an angry cat) and hold for a few seconds, then relax to the straight back position.
- Do this five times.
- The same exercise may be performed in the standing position. Bend your knees, thrust your hips slightly forward, and hold your arms out front for balance. Then round your back in the angry-cat position. Return to neutral.

Reverse Curl:

- Kneel on your hands and knees 8-10 inches apart. Arms should be straight.
- Come backward slowly tucking your head towards your knees. Keep your hands and arms in the same position. They will now be extended.
- Hold to the count of five, and then come back to the neutral position.

Pelvic Lifts:

- Lie on your back, with your knees bent, your feet on the floor, and your arms at your sides.
- Slowly raise your hips off the floor
- Slowly lower your hips back to the floor
- Do this 5-10 times
- Lying on your back is okay for short periods of time. Do not stay on your back for more than 5-10 minutes

Frontward Stretch:

- Sit in a chair with your back straight. Relax your arms.
- Bend forward slowly so your chest is as close to your knees as possible. Keep your arms dangling forward. If you feel pressure or pain in your abdomen, discontinue this exercise.
- Hold this position to the count of five
- Lift your torso up, keeping your back straight
- Do this five times

Table-Top Bends:

- Stand with your legs apart, knees slightly bent and your hands on your hips
- Bend forward slowly. Do not arch your back.
- Do this 10 times

Lower Back Stretch

- Stand with your feet 10-12 inches apart with your back against the wall
- Press your lower back into the wall and hold for the count of 10
- Release
- Do this 10 times

As with any exercise program, be sure to check with your practitioner before initiating these exercises.



Skin - to - Skin & Rooming-In



The benefits of close contact between
you and your baby start today!

Benefits of Skin-to-Skin

- Baby stays warm from mother's skin
- Baby has more stable temperature, breathing and heart rates
- Baby breastfeeds better
- Baby is calmer and cries less
- Improved parent/infant bonding

Benefits of Rooming-in

- Baby sleeps better
- Mother sleeps better
- Parents recognize early feeding cues
- Breastfeeding babies feed more often, so:
 - Mother's milk comes in sooner
 - Baby gains weight faster
- Mothers exclusively breastfeed longer
- Baby develops less jaundice
- Parents are more prepared to care for their baby





Cord Blood Banking: Is It for Me?

Massachusetts Department of Public Health Information for Families

What are cord blood banks?

Cord blood banks freeze and store blood and blood products from the placenta and/or the umbilical cord.

Why do some families bank their babies' cord blood?

Stem cells can be obtained from stored cord blood and used in stem cell transplants to treat some diseases, including certain genetic diseases, cancers and disorders of the blood and immune system. Researchers are trying to learn how to use stem cells to treat other conditions in the future.

Some families donate cord blood to support treatment and medical research. Others save it in case a family member needs a stem cell transplant.

Do I need to plan for cord blood banking before my baby is born?

Yes, if you want to save the cord blood. To save it, you must sign a consent form and other agreements with a cord blood bank, usually several weeks before the baby is born.

How is the cord blood collected? Does the collection always work?

Cord blood is collected after the baby is born and the umbilical cord is cut. The delivery room medical staff or a technician collects the blood from the cord and the placenta. Sometimes, the collection does not produce enough stem cells or the cord blood is otherwise unsuitable for transplant. When this happens, the stem cells are not transplant quality and may not be useful for treatment, but may be used for research.

Does collecting cord blood pose any risks to me or my baby?

There are no physical risks. The delivery of the baby is the same, whether you save the cord blood or not.

Many banks require the mother's blood to be tested for infectious diseases and genetic conditions. As a result, you may learn about a disease or condition that you did not know about previously. The bank may be required by law to report your test results to public health officials. Read the consent form carefully and talk with your physician about any concerns you have.

What kinds of banks collect cord blood from infants born in Massachusetts?

There are two kinds of banks: private and public. Public banks, which may be operated by private corporations, accept donations for research and treatment for anyone in need. Families pay private banks to store the blood for exclusive use by their child or family members. Several public and private banks store cord blood for Massachusetts families. Turn this page over to compare costs, benefits, and risks of each kind of bank.

Who can help me learn more about cord blood banking?

- Talk with your primary care doctor, obstetrician, pediatrician and other medical providers. You may want to discuss your family's medical history, risk for diseases, treatment options, and the likelihood of finding a stem cell match from a stranger, if a stem cell transplant were ever needed.
- Contact banks about their procedures and about the agreements you will sign with them. Public and private banks advertise on the internet and answer questions by phone. Ask them who can use the cord blood after collection, where it is stored, how it is stored, and how your privacy is protected.
- The National Marrow Donor Program's Center for Cord Blood has a website (www.marrow.org) with cord blood information for parents. The National Cord Blood Program also has a web site (www.nationalcordbloodprogram.org).

Remember: Information is changing quickly. Only time will tell which additional diseases stem cell transplants will be able to treat and how long cord blood can be stored. Carefully review materials from many different sources. Use these materials when you prepare to talk with your doctor about cord blood banking.

(see reverse)

Cord Blood Banks: Public vs Private

	Public Cord Blood Banks	Private Cord Blood Banks
Costs	<p>The family pays no fee to the public bank.</p> <p>Massachusetts law says that the family may not be charged for cord blood collection, including by the physician or hospital that delivers the baby, or for storage when donations are for research.</p>	<p>The family pays fees to private banks. Compare the fees:</p> <ul style="list-style-type: none"> ○ Are fees fixed or allowed to increase over time? ○ Is there any refund if the collection is not transplant quality? <p>Ask if your doctor or hospital charges fees for collection and who pays those fees.</p>
Benefits	<p>Your donation may help others. Anyone in need who is a good match may use it. It is not reserved for you or your family.</p> <p>Your donation will help ensure that people of diverse ethnic and racial backgrounds who need transplants will get them and that research will benefit everyone.</p> <p>Cells that are not transplant quality can be used instead for research that may help your family and others in the future.</p> <p>If donors need a transplant, some banks may provide stem cells free of charge if a good match is available.</p>	<p>Cells you bank are held for you, so if your child or a family member requires a transplant later and your stored cells are transplant quality, you can use them.</p> <p>If a sibling has a treatable condition, it may be possible to treat the condition with the newborn's stem cells.</p> <p>In the future, if research succeeds in finding ways to treat other conditions, cord blood you stored at the time of birth may be available to your family for the newest types of treatment.</p>
Risks	<p>If the donor child or other family member needs the donated stem cells, they may not be available. If a good match is available elsewhere, you may have to pay for those cells.</p> <p>Your donation is "owned" by the bank. The bank controls what happens with it, within the limits of your consent.</p> <ul style="list-style-type: none"> ○ Review the consent forms carefully. ○ You may want to get information about the bank's history. <ul style="list-style-type: none"> ▪ What types of stem cell research or treatment does the bank support? ▪ Does the bank sell some of its cord blood to other companies or researchers? ▪ Does the bank use the cord blood to create products for sale? 	<p>You may pay for something you do not use, for at least three reasons:</p> <ol style="list-style-type: none"> 1. Very few families will ever have a need for stored cord blood. Most families that have used cord blood stem cells in the past already had an older child who needed treatment when they chose to save the cord blood. 2. Some stored blood does not yield transplant quality cells. <ul style="list-style-type: none"> • Compare how the banks ensure the quality of the cord blood. • Find out if there is quality testing before the blood is stored. 3. In some cases, it may be better to use stem cells from someone else. For example, some children with leukemia may have leukemic cells in their own cord blood. <p>Find out what happens to your stored stem cells if the company goes out of the cord blood business or if you are unable to pay storage fees.</p>



PRENATAL AND POSTPARTUM EDUCATION & SERVICES



BIDMC Education & Tours

BIDMC offers classes taught by nurses who are certified childbirth educators and lactation consultants. Classes are recommended to be taken in the 5th and 6th months of pregnancy. Some class topics include:

- ♥ Childbirth & Infant Care
- ♥ Infant CPR & Safety
- ♥ Breastfeeding +Pumping
- ♥ Returning to Work While Breastfeeding
- ♥ Sibling Class
- ♥ Prenatal Yoga

For more information on all of BIDMC's pre & postnatal education, visit www.BIDMC.org/childbirth

Nurture by NAPS

Nurture by NAPS guides families through pregnancy and parenting with classes, support groups and its membership service. NAPS is run by a highly qualified team of medical professionals, led by registered nurses with labor & delivery experience, who are also moms!:

- ♥ Prenatal Classes
- ♥ Support Groups
- ♥ Day & Overnight Care
- ♥ Podcast & Blogs
- ♥ Infant / Child First Aid & CPR
- ♥ L&D Prep
- ♥ Pre-Baby Bootcamp (use code BOSTONOBYN100 to save \$100)

For more information about Nurture by NAPS, it's founders, services, classes and locations, Email: hello@nurturebynaps.com - Phone: 857-496-5095 - Web: www.NurturebyNAPS.com

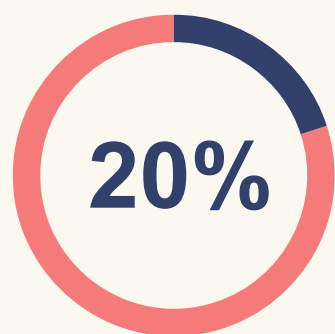
Visit our Website for more!

www.bostonobgyn.org



Perinatal Mental Health

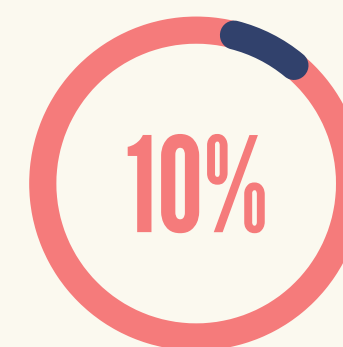
The perinatal period is defined as the time from **conception** through the **first year** after birth. A perinatal mood disorder is **not just depression** – it can also include anxiety, OCD, PTSD, bipolar, and/or psychosis.



of women will experience a postpartum mood disorder
75% of which will go untreated.



Individuals who face racial or economic inequities are more likely to experience a PPMD and less likely to seek help.



of partners will experience a postpartum mood disorder, most of whom go untreated.

Emergency Resources

If you or someone you know is experiencing an emergency and needs immediate help, please go the nearest **emergency room** or **call 911**.

NATIONAL MATERNAL MENTAL HEALTH HOTLINE

24/7 Free Confidential Hotline for Pregnant and New Moms



Call or text
1 (833) 943-5746

SUICIDE & CRISIS LIFELINE

24/7 Free Confidential hotline if you are in crisis or are having thoughts of harming yourself or others



Call 988

POSTPARTUM SUPPORT INTERNATIONAL (PSI)

Free 24/7 hotline and support groups & resources for parents and families



Call or text
1 (800) 944-4773

Other Resources & Providers

For a list of national and local (MA, NH, RI) resources, providers, and services that support perinatal health, visit [this link](#).

Steps to Help Yourself

For Parents Experiencing Mood Changes:

1. **Tell Someone:** Call a family member, friend, and/or healthcare provider (ex: OB, Pediatrician, PCP, NAPS)
2. **Find Professional Support:** Utilize resources like Postpartum Support International (PSI), the Canopie App or contact your insurance company, OB, midwife, or pediatrician for local referrals to therapists, social workers, hospital programs, and help lines. Get started [here](#).
3. **Find Peer Support:** Sign up for a virtual or in person support group. Ask family or friends in your community, or a community Facebook group for recommendations. PSI & NAPS have free support groups options.

PSI

Access to free support groups, 24/7 helpline, educational resources, database of providers and more to help raise awareness of and treat postpartum mood disorders.

"Hi (insert name), I have been struggling with this transition. Right now it's just moments, but I don't want it to get worse. Can you check in with me regularly? How does twice a week sound?"

4. **Outsource:** Ask others to help with anything you don't NEED to do. Things like: laundry, dishes, grocery shopping, meal prep, and/or caring for pets.
5. **Plan Check-ins:** Reach out to a few family members and/or friends and ask them to check on you regularly by text, phone call or drop-in visits.

Tips for Finding a Therapist:

STEP 1

Decide if you want to go through insurance, out of network, or private pay*

STEP 2

Do you want virtual or in person? (think convenience!)

STEP 3

Find someone with the right specialty** and with whom you connect

- *Many providers who take insurance have long wait lists. You can ask your insurance company about out of network options, or if they will reimburse for private pay. If you do private pay, you can ask providers if they have a sliding scale, or group therapy options to help with cost.
- **The specialty you are looking for is in postpartum mood disorders and/or a perinatal specialist. Don't worry about the credentials (LMHC, LICW, psychologist); it's more about their specialty and experience, as well as the connection you feel to them.
- You can search for therapists by insurance and specialty at [Zencare.co](https://www.zencare.co), [Psychology Today](https://www.psychologytoday.com), or on the [PSI database](#). You can also ask your insurance providers for referrals.

Steps to Helping Others

For Family, Friends and other Community Members:

1. **Know the symptoms:** PSI has a list of signs and symptoms for all postpartum mood disorders [here](#).
2. **Share resources and services:** If you are aware of any virtual, local, or community based programs or professional services that help expecting, new and experienced parents, share them! If you are not aware of any, learn more [here](#).

Canopie App

A personalized 12 day program that uses evidence-based therapeutic techniques proven to help new and expecting parents feel better.

3. **Offer to help find a program or service:** Sometimes the hardest part for a person experiencing mood changes is getting started. Offer to be the person to reach out to their insurance company, health care provider, therapists, community or hospital based programs. Or, even offer to sign them up for a program like Canopie.

4. **Check-in regularly:** Have set times to check in with your expecting and new parent family and friends, so it's never too long without a check in.
5. **Be a helper:** Know the difference between [a visitor](#) and [a helper](#), and be specific with how you can help.

"Hi (insert name), I'm thinking about you today. I can take your dog for a walk or I can drop off dinner (or both)! What would be most helpful for you today?"

Support Perinatal Mental Health Initiatives

There are many organizations addressing the perinatal mental health crisis. Learn more about ways you can help through organizations like:

[2020MOMS](#) | [The March of Dimes](#) | [The Blue Dot Project](#)

Questions? Reach Out to Us!



hello@nurturebynaps.com



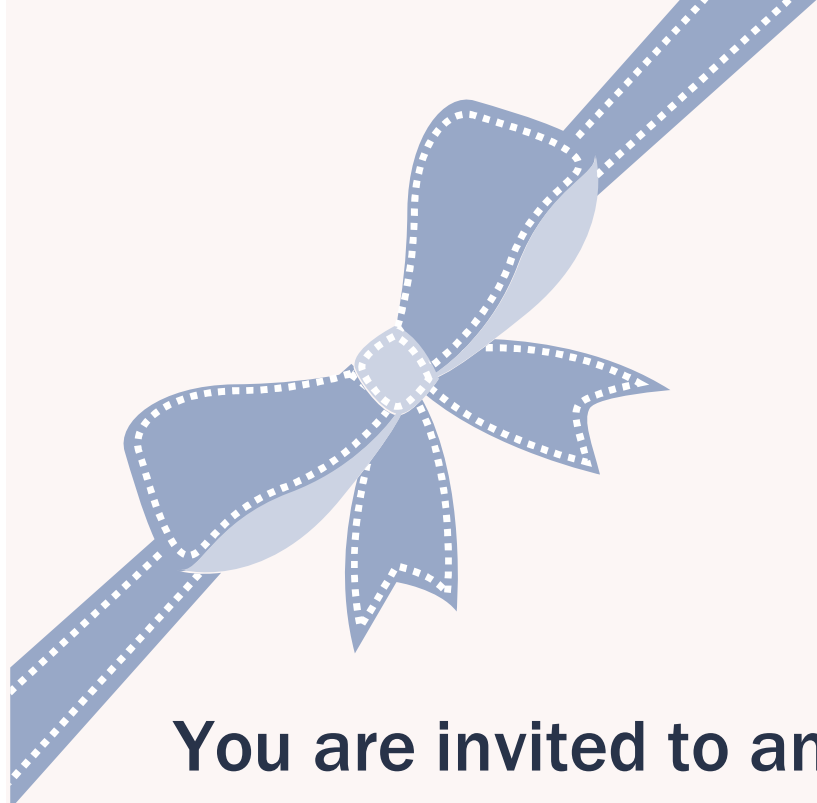
www.nurturebynaps.com



(857) 496-5095



@nurturebynaps



You are invited to an informal Q & A
with a BIDMC Anesthesiologist

Anesthesia for Childbirth

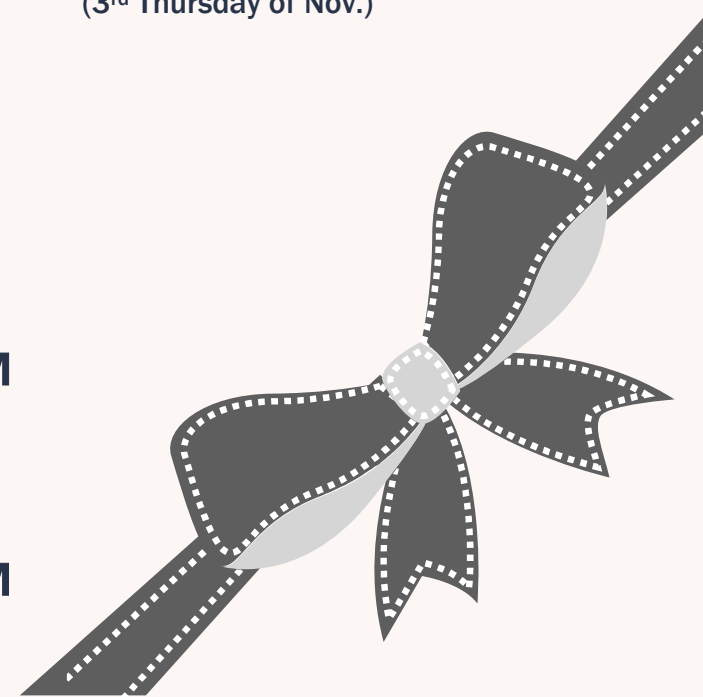
 The last Thursday of
February, May August & November

(3rd Thursday of Nov.)

FREE ZOOM
Meeting

6:30 PM

TO
7:30 PM





Pediatrics



Centre Pediatrics

1 Brookline Pl., Suite 327
Brookline, MA 02445
617-735-8585

Drs. Roth, Rotter, Laster, Ivanova

637 Washington St. #202
Brookline, MA 02446
617-232-2811

Brookline Pediatrics

Meredith Saillant, M.D.
Pamela Zuckerman, M.D.
1180 Beacon St., Suite 7A
Brookline, MA 02446
617-232-2915

Easy Care Pediatrics

Claudia Lavin, M.D.
1371 Beacon St., Suite 302
Brookline, MA 02446
617-860-3883

Upham's Corner Health Center

Jennifer Denton, M.D.
415 Columbia Rd.
Dorchester, MA 02125
617-396-8262

Needham Pediatrics

Alan Stern, M.D.
145 Rosemary St., Entry K
Needham, MA 02492
781-444-7186

Chestnut Hill Pediatrics

Andrea Sachs, M.D.
25 Boylston St., Suite 112
Chestnut Hill, MA 02467
617-277-2541

Newton Pediatrics

Krisztina Bukur-Doczy, M.D.
Shirley Gonzalez, M.D.
32 Union St. Newton Centre
80 Walnut St. Wellesley
20 Hope Ave. Waltham
617-564-0123

Pediatrics @ Newton-Wellesley

Susan Reuter, M.D.
2000 Washington St., Suite 466
Newton, MA 02462
617-969-8989

Benjamin, Spingarn, Rottenberg, LLC

1400 Centre St, Suite 203
Newton Centre, MA 02459
617-244-9929

Richard J. Kerbel, M.D.

548 Mount Auburn St.
Watertown, MA 02116
617-923-1040

Outer Cape Health Services

Theresa Corcoran, M.D.
710 Route 28
Harwich Port, MA 02646
508-432-1400

Roslindale Pediatrics

2020 Centre Street
West Roxbury, MA 02132
617-522-3100

Hyde Park Pediatrics

Elisabeth DiPietro, M.D.
695 Truman Pkwy, Hyde Park
100 Highland St., Milton
617-631-1470



Pediatrics



Milton Pediatrics

10 Hawthorne Place, Boston
340 Wood Rd., Braintree
781-356-6200

Quincy Pediatric Associates

191 Independence Ave.
Quincy, MA 02169
617-773-5070

Atrius Health-Medford

Theresa Zabik, M.D.
26 City Hall Mall
Medford, MA 02155
781-306-5437

Pediatric Associates of Norwood & Franklin

Evan Finkelstein, M.D.
115 Norwood Park South, Norwood
781-769-4090
122 Gove St., Franklin
508-528-5404

Westwood-Mansfield Pediatrics

541 High St., Westwood
781-326-7700
89 Forbes Blvd., Mansfield
508-339-9944
115 Main St., Easton
508-535-5535

Commonwealth Pediatrics

92 Montvale Avenue, Suite 4200
Stoneham, MA 02180
781-451-0072

Dr. Alexander J. Asch

178 Park St.
North Reading, MA 01864
978-664-6868

781-665-8600

Weston Pediatric Physicians

Katherine Bui, M.D.
486 Boston Post Rd.
Weston, MA 02493
781-899-4456

Patriot Pediatrics

Mitchell Feldman, M.D.
Jacqueline Chambers, M.D.
Francine Hennessey, M.D.
74 Loomis St.
Bedford, MA 01730
781-674-2900

Andover Pediatrics

203 Turnpike St.
North Andover, MA 01810
978-475-4522

Children's Medical Office

Jacky Psinos, MSN, CPNP
36 High St.
North Andover, MA 01845
978-975-3355

Marblehead Pediatrics

70 Atlantic Ave.
Marblehead, MA 01945
781-631-7800

Pediatric Healthcare Associates

10 Centennial Dr., Peabody
978-535-1110
600 Loring Ave., Salem
978-741-8366
225 Boston Rd., Lynn
781-599-1134
467 Rear Main St., Melrose
781-665-5131
92 Montvale Ave., Stoneham
781-832-2530



Beth Israel Deaconess
Medical Center

330 Brookline Avenue, Boston, MA 02215
bidmc.org/obgyn



HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

DEPARTMENT OF
OBSTETRICS AND GYNECOLOGY

You've Got Mail!

Let us guide you through your pregnancy
and beyond with weekly emails.

When you sign up, you'll receive weekly emails that answer your care questions and help you know what to expect now, during your pregnancy, and later, as the parent of a newborn. These emails will keep you connected with us through your child's 1st birthday, with evidence-based health information directly from your care providers.

Sign me up now!

You

Name _____

E-mail _____

Practice Location _____

Due Date ____ / ____ / ____

Signature _____

Spouse/Family Member/Supporter

Name _____

E-mail _____

"So encouraging. It's above and beyond what I expected from our hospital!"



Healthy Baby Essentials Breast Pump Order Form



Breast pumps are now usually covered with no copay or deductible. As a result, Healthy Baby Essentials is working together with **Birth Matters Midwifery** to provide you with a new pump. To order your breast pump, please fill out the form below and email a pic to referrals@healthybabyessentials.com or fax to 508-404-1761. For further assistance or help choosing a pump, you can call us at 888-495-7491. You can also submit your info and order online at Healthybabyessentials.com.

Mother's Information (all fields required):

Full Name: _____ Mother's DOB: _____ **Expected Delivery Date:** _____
Street: _____ Apt #: _____ City/State: _____
Zip: _____ Phone: _____ E-mail: _____

Insurance Type and ID# (If you do not see your insurance, check "Other" and we will contact you):

- | | | | |
|--|---|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Blue Cross | <input type="checkbox"/> Neighborhood Health Plan | <input type="checkbox"/> Huskycare | } 2 nd row pump options |
| <input type="checkbox"/> BMC | <input type="checkbox"/> Minute Man | <input type="checkbox"/> Cigna | |
| <input type="checkbox"/> Harvard Pilgrim | <input type="checkbox"/> Aetna | <input type="checkbox"/> Connecticare | |
| <input type="checkbox"/> Medicaid of _____ (State) | <input type="checkbox"/> Tufts | <input type="checkbox"/> United | |
| <input type="checkbox"/> Other: | Insurance ID#: _____ | | |

You are covered for one pump per birth from below based on your insurance, or one pump per 36 months with Aetna. If you order additional pumps you will be billed:











 Lansinoh Smart Pump <input type="checkbox"/>	 Ardo Calypso Essentials <input type="checkbox"/>	 Ameda Finesse Dottie <input type="checkbox"/>	 Spectra S9 <input type="checkbox"/>	 Freemie Freedom <input type="checkbox"/>	 Medela Advanced Starter <input type="checkbox"/>	 Spectra S2 <input type="checkbox"/>																															
<table border="0"> <tr> <td rowspan="5">}</td> <td> Medela Advanced Starter <input type="checkbox"/></td> <td> Finesse Basic <input type="checkbox"/></td> <td> Spectra Dew <input type="checkbox"/></td> <td> Ardo Calypso Essentials <input type="checkbox"/></td> <td> Lansinoh Smart PUMP <input type="checkbox"/></td> <td rowspan="5">}</td> <td>Huskycare</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Cigna</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Connecticare</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>United</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						}	 Medela Advanced Starter <input type="checkbox"/>	 Finesse Basic <input type="checkbox"/>	 Spectra Dew <input type="checkbox"/>	 Ardo Calypso Essentials <input type="checkbox"/>	 Lansinoh Smart PUMP <input type="checkbox"/>	}	Huskycare						Cigna						Connecticare						United						
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								Cigna																													
								Connecticare																													
								United																													

I request that payment of authorized insurance and other benefits be made on my behalf to Healthy Baby Essentials (HBE) for the products and services that they have provided for me. I authorize HBE to bill by insurance company for the equipment listed above and I agree to pay any copays or other charges not covered by my insurance. HBE will notify me prior to shipping of any listed copays. If, for any reason, my insurer denies the claims through no fault of HBE, I will be billed, and will pay HBE, for this pump. I further authorize a copy of this agreement to be used in place of the original and authorize any holder of medical information about me to release to HBE any information needed to determine these benefits or compliance with current healthcare standards including HIPAA. By signing below I acknowledge I have read and understand this notice. HBE is not the specific manufacturer of the breast pump options herein and therefore is not liable for the unanticipated malfunction of any pump. If, in the unlikely instance a breast pump does not function for its intended use for any reason, you can contact the manufacturer of your chosen pump and request a replacement pursuant to the specific warrant of that pump, as applicable.

Mother's signature: _____ Date: _____

Breast Pump Prescription/Physician's Order

Date: _____ Center Name: _____ Phone #: _____
RX Equipment Order: Electric Breast Pump (E0603) Hospital Grade Pump (E0604)
Diagnosis: Post-Partum Lactation (ICD-10Z39.1) Separation (O92.2)
Physician, NP or CNM name (printed): _____
MD/NP/CNM Signature: _____ NPI#: _____

 888-495-7491	Stimulation Phase	Independent Adjustment for Speed and Suction	Hands Free	Hospital Grade Filter	Carry Bag	Cooler Pack	Flange Sizes	Strength	Smart Tech Integrated*
 Lansinoh Smart Pump	✓	✓		✓			25mm	250 mmHg	✓ I-Phone and Android Compatible *
 Finesse W/Tote		✓		✓	✓	✓	25mm, 28.5mm (insert), 30.5mm	250 mmHg	
 Ardor Calypso Essentials		✓		✓			26mm	250 mmHg	
 Spectra S9	✓			✓			24mm	320 mmHg	
 Freemie Freedom			✓				25mm and 28mm	250 mmHg	
 Spectra S2	✓	✓		✓			24mm and 28mm	300 mmHg	
 Medela Advanced Starter	✓						24mm	220 mmHg	
 Finesse Basic		✓		✓			25mm	250 mmHg	
 Spectra Dew				✓			24mm and 28mm	350 mmHg	

* Lansinoh Smart Pump connects with your phone or tablet via Bluetooth to automatically create a dated/time-stamped log of each pumping session. The log saves when you enter the amount of milk pumped from each breast. You can also track breastfeeding sessions, bottle-feedings, wet/dry diapers and baby's growth. All data can be exported for easy review by your healthcare professional. Also available through the app is a nominal fee subscription that includes 24/7 video call help w/IBCLCs.

You also have the option to upgrade your pump for an additional charge or find extra accessories to make your breastfeeding experience easier. Call our office at 888-495-7491 or e-mail referrals@healthybabyessentials.com to order.

Please call for full list of upgrade options and pricing:

