



In the beginning...

Information for women and families
about early pregnancy



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INTRODUCTION

*P*regnancy can be a wonderfully exciting time.

However, it is a time of change, and you may have questions about your body, the baby and what to expect. We have developed this booklet to answer some of the questions you may have during early pregnancy — through the 20th week.

You will learn how to have a healthy pregnancy, how your baby develops, what to avoid during pregnancy, what happens during your OB visits and when to call the doctor. You may use this booklet any time you need answers. Of course, you may also ask your health-care provider any question not covered in this book. Our best wishes for a healthy pregnancy.



HEALTHY PREGNANCY

How to have a healthy pregnancy

If you want your baby to be strong and healthy, there are many good things you can do right now to keep yourself healthy. These can help your baby grow strong and healthy, too.

- Visit your doctor at least once a month for the first seven months and more often after that.
- Eat right. Include plenty of milk, fish, meat, fruits, vegetables, whole wheat bread and cereals.
- Take your prenatal vitamins.
- Remember that alcohol and drugs can make your baby sick.
- Stop smoking.
- Take time to exercise, rest and get enough sleep.
- Learn all you can about taking care of your baby. Allegheny General Hospital offers childbirth and newborn care classes that provide valuable information during pregnancy.
- If you have questions or problems, talk to your health-care provider.

Exercise

Regular exercise in pregnancy is important. Some benefits include:

- Improved posture
- Reduced physical discomforts, such as backache, constipation, bloating and swelling
- Stress relief
- Less fatigue
- Toned muscles
- Improved cardiovascular health

In the absence of health problems, exercise should be started as early in the pregnancy as possible and resumed as soon after delivery as your doctor permits. The new ACOG* guidelines recommend that pregnant women “engage in 30 minutes or more of moderate exercise on most, if not all days of the week.” In addition, research

* ACOG (American College of Obstetricians and Gynecologists)

has shown that ten minutes of exercise three times daily provides as much benefit as one 30- minute session. Pregnant women should not scuba dive since the fetus is susceptible to decompression illness. Contact sports such as kickboxing, basketball, soccer and hockey should be avoided as these activities could result in traumatic injury to mom or baby. Horseback riding, gymnastics and skiing also place mom and fetus at risk of injury due to falling.

Women who have experienced, or are experiencing any of the following should not exercise:

- Two or more miscarriages
- Ruptured membranes (bag of water broken)
- Premature labor
- Multiple pregnancy
- Incompetent cervix
- Vaginal bleeding
- Heart disease
- Restrictive lung disease
- Pregnancy-induced hypertension

Guidelines for exercise during pregnancy

- Strenuous activities should not be performed for more than 15 minutes at a time.
- Avoid lying on your back after the fourth month of pregnancy (20 weeks).
- Avoid exercises in which you hold your breath and bear down.
- Maintain adequate calorie and fluid intake.
- Do not exercise in hot, humid weather or when you have a fever.
- Do not perform deep joint flexes or extensions.
- Plan five-minute warm-up and cool-down periods.
- Drink plenty of water before and while exercising.
- Do not exercise to the point of exhaustion.
- Rise from the floor gradually.
- **Women who were not active prior to pregnancy and women with health problems should talk to their health-care provider before starting an exercise program during pregnancy.**

- Stop exercising immediately if you experience pain, vaginal bleeding, dizziness or feeling faint, increased shortness of breath, rapid heartbeat, difficulty walking, uterine contractions, chest pain or fluid leaking from vagina.
- Recreational and competitive athletes with uncomplicated pregnancies can remain active during pregnancy. They should modify their usual routines as medically indicated. Women who engage in such activities require close medical supervision.

Source: The American College of Obstetricians and Gynecologists

Walking

Walking probably is the best overall exercise you can do. A brisk, 30-minute walk each day will make you feel refreshed, improve circulation and digestion, and is an excellent way to ease tension. Comfortable walking shoes and a well-fitted, supportive bra are desirable.

The following exercises are generally safe for all healthy pregnant women whose activity has not been restricted. The purposes of the exercises are to improve posture and muscle tone so you may carry the baby more comfortably and to prepare your body for the physically demanding work of labor and birth.

No specific number of exercises can be prescribed for everyone. Find out how many you can do comfortably and progress from there. Add one or two more repetitions every day or every other day.

Posture

Stand with your feet a few inches apart, knees relaxed, and pull yourself up from the crown of your head as if you were a marionette. Do not raise your chin. Pull in your abdomen, and flatten the curve of your back. Shoulders should be straight and knees relaxed. You will feel your buttocks and abdominal muscles tucking in if you are doing it properly. Use the “pelvic rock” exercise to help learn correct posture. Check posture hourly.





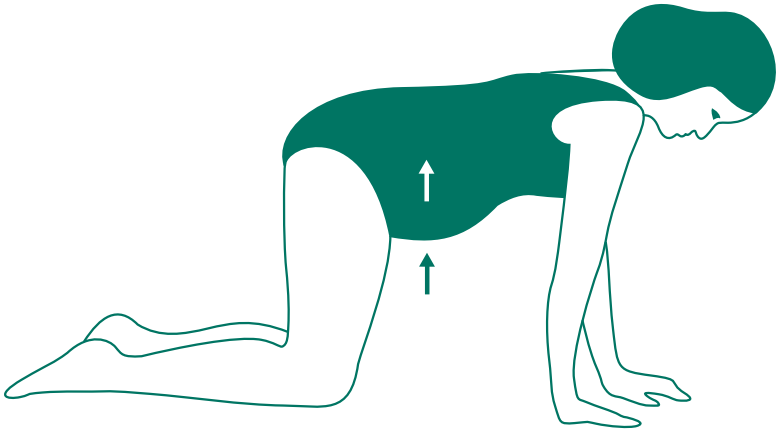
Tailor sitting

Sitting on a firm surface, bring feet in close to body and cross ankles Indian-style. Sit in this position as often as possible for as long as it is comfortable, while sewing or watching television or other activities. To relieve tension in your lower back, bend forward, letting arms rest on floor in front of crossed legs. Relax and hold for a few seconds, then return to an upright position.



Tailor press

Sitting on a firm surface, place the soles of your feet together, and draw them as close to your body as is comfortable. Press knees down toward floor with your muscles only, exhaling as you do. Hold for five seconds, release and inhale. Repeat. This stretches thigh muscles and improves tone to make the delivery position more comfortable. Do not bounce knees; exert steady pressure.



Pelvic rock

Lying on your back on a bed or sofa (after your fourth month, only do the pelvic rock on your hands and knees or standing against a wall), bend knees and place feet flat on bed close to buttocks. Breathe in and exhale slowly. As you exhale, tighten abdominal muscles, roll hips back and flatten lower back against the bed. Hold five seconds and release. Repeat.

As you gain control, lower knees more each day until you can flatten your back against the bed with your legs completely straight. This exercise can also be done on hands and knees or standing with your back against a wall. It promotes good pelvic alignment and posture, strengthens abdominal and back muscles to support the enlarging uterus and relieves backache.

Special Considerations

If you are practicing yoga, please inform your health-care provider and your yoga instructor so that your program can be adapted to pregnancy.



Medications

During pregnancy, women should try to avoid taking medications; however, we recognize that if you get sick and symptoms persist, you may require a mild medication to make you more comfortable. Generally, if you need to use medications, use the lowest dose that works.

Medications in the following list are generally considered safe to take during pregnancy. **Always remember to check with your health-care provider before taking any drug.**

Constipation

- Citrucel® or Metamucil®
- Colace®

Cough

- Plain cough drops
- Plain Robitussin® after first trimester
- Robitussin DM

Nasal congestion

- Saline drops/Ocean Nasal Spray®
- Sudafed®, only after third month
- Actifed®, only after third month

Allergies

- Benadryl® or Chlor-Trimeton®

Hemorrhoids

- Tucks®
- Anusol® cream
- Colace®

Sleeplessness

- Benadryl®

Headaches

- Tylenol® or Extra-Strength Tylenol®

Heartburn

- Mylanta® - try this first
- Any antacid



• • • • • • • • • •

Avoid the following medications unless your doctor prescribes them for you:

- Ibuprofen (Motrin[®], Advil[®], Nuprin[®])
- Aspirin
- Brompheniramine (Dimetane[®], Dimetapp[®])
- Phenylpropanolamine (Allerest[®], Contac[®], Coricidin[®], Dimetapp[®], Sinarest[®])
- Alcohol
- Cocaine and other street drugs

If you have questions, ask your health-care provider or call the Pregnancy Safety Hotline at 412-687-SAFE.

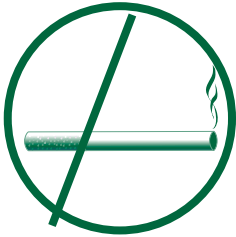
Smoking, alcohol and drugs

Smoking

Smoking during pregnancy can hurt your baby.

If you smoke:

- Your baby can be born too early, before the lungs are mature.
- Your baby may have to stay in the hospital after you go home.
- Your baby may be underweight (under 5-1/2 pounds). Babies who are underweight are often sick and have many health problems.



How does smoking hurt your baby?

When you smoke, you take in poisons. One is a drug called nicotine, and the other is carbon monoxide — the same thing that comes out of a car's exhaust pipe.

Nicotine and carbon monoxide keep babies from getting the food and oxygen they need to grow. This sounds very scary — and it is. The good news is that you can do something about it. If you stop smoking, you can help your baby to be born healthy and strong.

If you need help to stop smoking, ask your doctor, nurse or nurse practitioner.

Alcohol and drugs

While you are pregnant, don't use alcohol and other drugs. When you use drugs, so does your baby.

- Don't drink beer, wine, wine coolers or liquor.
- If you drink while you're pregnant, your baby could be born with fetal alcohol syndrome (FAS). Many



babies with FAS are mentally retarded. Some have faces that don't look normal. Others have heart problems. Babies with either FAS or fetal alcohol effects may have health problems for the rest of their lives.

- Don't smoke marijuana, use crack/cocaine, heroin, inhalants (such as gasoline or ammonia) or drugs sold on the street. Drugs aren't good for you — and they're even worse for your unborn baby.

If you use cocaine or crack:

- Your baby could have a stroke before it is born.
- Your baby could have brain damage.
- Your baby could be born too small or too soon and have trouble breathing.

If you use heroin while you are pregnant:

- Your baby could be born addicted and go through withdrawal after it is born.
- If you are currently using heroin, it is essential that you discuss a methadone treatment program with your health-care provider.

If you use any street drugs at all:

- You are placing yourself and your baby in great danger. Please discuss this with your health-care provider.

If you are drinking alcohol or using other drugs:

STOP NOW. It's not too late to quit. Don't drink any more alcohol or use any more drugs. If you stop drinking alcohol or taking drugs now, you can give your baby a better chance to be born healthy.

If you want to quit taking alcohol or other drugs:

Talk with a doctor or nurse. Either can help you or tell you how to get help. Here are some groups that can help:

- Health department or clinic
- Alcoholics Anonymous
- Narcotics Anonymous
- Church groups

Call **1-800-662-4357** if you want to talk to someone about a problem with alcohol or other drugs.

Source: Center for Substance Abuse Prevention

Sexually transmitted diseases

Sexually transmitted diseases, or STDs, are infections passed from one person to another during sex. Some STDs can make you sick. Some can even kill you. STDs can sometimes pass to the baby of a woman who is pregnant and cause problems for the baby, too.

There are many kinds of STDs. The most common are trichomonas, chlamydia, gonorrhoea, syphilis, herpes, genital warts and HIV/AIDS.

If you have sex with a person who has an STD, you may develop it. STDs may be spread through vaginal, oral or anal sex. If you think you have been exposed to an STD, go to your doctor or clinic right away. Get tested. You can't always tell when you have an STD.

Signs

Effects on woman

Trichomonas

- Frothy yellow-green vaginal discharge
- Itching and irritation
- Strong odor

- Uncomfortable
- Itching may be intense
- Increases the risk of acquiring HIV/AIDS

Chlamydia

- Abnormal vaginal discharge
- Itching or burning while urinating
- Pelvic pain, low back pain
- May have no symptoms

- May cause pelvic inflammatory disease (PID) — an infection of the Fallopian tubes and ovaries. PID may cause a tubal pregnancy or infertility
- Increases the risk of HIV/AIDS 5 times

Gonorrhoea

- Vaginal discharge
- Pain or burning while urinating and frequency of urination
- Vaginal bleeding between periods
- May have no symptoms

- May cause pelvic inflammatory disease (PID) – an infection of the Fallopian tubes and ovaries. PID may cause a tubal pregnancy or infertility, arthritis and heart disease if left untreated
- Can spread to the blood or joints
- Increases the risk of HIV/AIDS 5 times

Syphilis

- Painless sore on the vagina, penis, mouth, lips, rectal area or elsewhere
- Flu-like symptoms and skin rashes, especially on the soles and palms
- May have no symptoms

If untreated, can lead to:

- Heart disease
- Damage to the nervous system
- Paralysis
- Blindness
- Insanity
- Death
- Risk of HIV/AIDS



The best way to prevent an STD **is to use condoms every time you have sex**. Many STDs can be treated or cured; however, both the woman and her partner need to be treated. See the chart below for more information.

<i>Effects in pregnancy</i>	<i>Treatment</i>
<ul style="list-style-type: none">• Causes a higher risk of premature labor• Low birth weight	<ul style="list-style-type: none">• May be cured with antibiotics for woman and her partner
May cause: <ul style="list-style-type: none">• Premature labor• Pneumonia, ear and eye infections in the baby	<ul style="list-style-type: none">• May be cured with antibiotics for woman and her partner• All babies treated at birth with antibiotic eye ointment
May cause: <ul style="list-style-type: none">• Blindness, joint infection or a life-threatening blood infection• Premature birth	<ul style="list-style-type: none">• May be cured with antibiotics for woman and partner; however, drug resistant strains of gonorrhea are increasing and it is becoming more difficult to treat
May cause: <ul style="list-style-type: none">• Death of the baby before or after birth• Developmental delay; seizures	<ul style="list-style-type: none">• If treated early, may be cured with antibiotics for woman and her partner



Signs

Effects on woman

Genital herpes

- Itching and blisterlike sores on penis, vagina or cervix
- Vaginal discharge
- Flu-like symptoms of fever, aches, tiredness
- May have no symptoms

- First attack usually very painful
- Recurrent painful genital sores throughout lifetime
- Risk of HIV/AIDS

Genital warts

- Growths or bumps on genital area, in or around vagina or anus
- Warts may be raised or flat
- Warts may be flesh colored or whitish
- May not have any signs

- Associated with cancer of the cervix

HIV/AIDS

- May have no symptoms
- May have flu-like illness shortly after becoming infected
- As immune system breaks down and person develops AIDS, may have fever, fatigue and weight loss

May lead to:

- Cancer
- Brain damage
- Pneumonia
- Death

Hepatitis B

- Nausea and vomiting
- Flu-like symptoms
- Jaundice (yellowish discoloration of skin or eyes)
- May have no symptoms
- Tiredness, loss of appetite
- Abdominal discomfort
- Dark urine
- Joint pain
- Gray-colored bowel movements

In some cases, may cause:

- Chronic hepatitis
- Cirrhosis
- Liver cancer
- Liver Failure
- Death



Effects in pregnancy

Treatment

If woman is infected at the time of vaginal birth, genital herpes may cause:

- A potentially fatal infection of the baby

- No cure for woman or baby
- Antiviral medications can shorten and prevent outbreaks during the time the person takes the medication
- Daily suppressive therapy can reduce transmission to partner

- Very rarely, warts may grow inside baby's voice box and block the windpipe

- Can be treated with medication, freezing, burning or surgery
- Sometimes difficult to get rid of and may last a long time

- Woman can give HIV to her baby before, during and after birth and also when breast feeding
- Babies who have HIV can become sick with different kinds of infections and die

- No cure
- New antiretroviral drugs are being used to treat the symptoms of AIDS and slow its progress.
- Women with HIV are usually given a drug during pregnancy that can decrease the chance of passing the HIV virus to her baby

- May cause miscarriage or preterm labor
- May cause chronic hepatitis in the baby
- Infants born to infected mothers need to get Hepatitis B vaccine and another shot called HBIG (hepatitis B immune globulin) soon after birth to prevent infection.

- There are no medications for recently acquired (acute) HBV infections
- There are antiviral drugs available for the treatment of chronic HBV infection

More do's and don'ts

During your pregnancy, many things you do in your daily life, as well as things you don't do, may affect you and your baby.

At Allegheny General, we are committed to offering information and support to help you make healthy lifestyle choices that will benefit you and your baby.

	Don'ts	Do's
Diet	<ul style="list-style-type: none">• Don't eat junk foods.• Don't eat foods or drink beverages that contain caffeine, such as coffee, tea, soda pop or chocolate.• Don't eat raw or under-cooked meat.	<ul style="list-style-type: none">• Do eat well-balanced meals at set meal times.• Drink plenty of water (eight glasses a day) and fruit juices.• Meats should be cooked well-done.
Chemicals/ toxic substances	<ul style="list-style-type: none">• Don't expose yourself to toxic chemicals at work or home. Several toxic chemicals to avoid are glue, ammonia, oven cleaners and insecticides. Paints and household cleaners can be used in a well-ventilated area.	<ul style="list-style-type: none">• Do try to avoid using hair dyes and perms during your pregnancy. If absolutely necessary, do wait until after the first trimester.
X-ray radiation	<ul style="list-style-type: none">• Don't expose yourself to X-rays in the first trimester of pregnancy unless medically necessary.	<ul style="list-style-type: none">• Do inform the physician, dentist or technician of your pregnancy prior to receiving any necessary X-rays.• Do shield your abdomen with a lead shield if you have any X-rays.
Work-related and other hazards	<ul style="list-style-type: none">• Don't sit or stand for more than two hours at a time. Avoid high-heeled shoes. Avoid heavy lifting or strenuous physical exertion.• Don't expose yourself to toxic substances, chemicals or radiation. Avoid climbing ladders and unprotected heights.• Don't engage in any kind of work that could cause injury or trauma to the abdomen.	<ul style="list-style-type: none">• Do take frequent breaks or rest periods. Wear flat or low-heeled shoes. Wear light-support pantihose if you have varicose veins.



	Don'ts	Do's
Seat belts	<ul style="list-style-type: none">• Don't drive or travel in a car without fastening your seat belt.• Don't wear the lap belt across or above your abdomen.	<ul style="list-style-type: none">• Do use both shoulder and lap belts. Position the lap belt low across the hips.
Overheating or extreme temperatures	<ul style="list-style-type: none">• Don't engage in any type of exercise that may cause overheating. Avoid saunas, hot tubs and tanning booths.	<ul style="list-style-type: none">• Do take showers and baths that are comfortably warm.• Do use a heating pad for minor aches and pains.
Exposure to infections	<ul style="list-style-type: none">• Don't come in close contact with anyone who has a cold, the flu, a virus, measles or chicken pox.• Don't use the washcloth, towel or linens of a family member who has an infection, cold or flu.	<ul style="list-style-type: none">• Do wash hands frequently and thoroughly when handling anything that has come in contact with someone who has an infection, cold or flu.• Do let your doctor or nurse know if you have not had the chicken pox. If you have come in contact with anyone who has the chicken pox, let your doctor or nurse know immediately.• Do wash hands thoroughly after handling any uncooked meat.• Do get TB test if exposed or recommended
Cat or other animal litter	<ul style="list-style-type: none">• Don't handle cat or animal litter during your pregnancy	<ul style="list-style-type: none">• Do wash hands thoroughly after handling cats or other animals.
Dentist	<ul style="list-style-type: none">• Don't permit a dentist to use gas, including nitrous oxide, when performing any dental work.	<ul style="list-style-type: none">• Do maintain good mouth care by visiting your dentist regularly, brushing your teeth and eating a well-balanced diet. Penicillin and Novocaine-type drugs without epinephrine may be used by your dentist if you are not allergic to either of them.



When to call the doctor

Although most women have normal, healthy pregnancies, complications may still occur. If you experience any of the following warning signs, please call your doctor or nurse immediately:

- Vaginal bleeding
- Cramping that doesn't go away with moving your bowels or resting
- Painful or bloody urination
- Leakage of fluid from the vagina
- Persistent vomiting
- Fever over 100° Fahrenheit
- Persistent abdominal pain
- Severe headache not relieved by Tylenol® and rest
- Swelling of hands or face that is noticeable to others
- Blurry or dim vision

Signs of preterm labor

Preterm or premature labor is the onset of labor that may occur as early as 24 weeks of pregnancy and up to 36 weeks. Preterm labor may lead to the delivery of a premature baby.

Premature babies are smaller than normal and have immature organs. They may have difficulty breathing if their lungs are immature. Babies born early usually need to be cared for in an intensive care nursery in the hospital after the mother goes home.

It may be possible to treat preterm labor if it is recognized early. So, it is important that you know the signs of preterm labor, which occur before the 36th week of pregnancy.

- Cramps that feel like menstrual cramps — constant or come and go, above the pubic bone
- Low, dull backache — constant or come and go, and different from what you normally experience

- Increase or new onset of pressure — feels like the baby is pushing down and feels heavy in your lower abdomen, back or thighs
- Abdominal cramps — with or without diarrhea
- Increase or change in vaginal discharge — watery, light bloody discharge with mucus
- Fluid leaking from vagina
- Uterine contractions that occur four or more times in one hour — may be painless and feel like the baby is “balling-up” inside you; usually occur regularly

If you suspect you are in premature labor, or have bleeding or fluid leaking from your vagina, call your doctor right away.

The Women, Infants and Children (WIC) program

The major purpose of the Women, Infants and Children (WIC) program is to provide supplemental foods to pregnant and breast feeding women, infants and children up to five years old who meet medical and financial guidelines. Along with supplemental foods, nutrition education is provided to each participant.

Who is eligible for the WIC program?

Pregnant or breast feeding women, infants and children up to age five who have:

- Abnormal growth patterns
- Inadequate nutritional patterns
- Nutritional anemia
- Chronic or metabolic disease

How can I become a WIC participant?

If you are a resident of Allegheny County, an application must be completed by a health-care provider such as:

- Prenatal clinic or doctor’s office
- Child health conference or pediatric clinic
- Local health-care center

If you meet the medical criteria, a letter of eligibility, including income guidelines, will be sent to you. Upon receiving the letter, call the WIC program to discuss your financial eligibility for WIC benefits. Once financial eligibility is determined, an appointment will be made for you to attend a “Welcome to WIC” session. At this session, you will receive nutrition education and instructions on how to use the WIC voucher.

This program will in no way affect any other financial help you may be receiving — such as DPA or food stamps.

What supplemental foods can I receive with my WIC voucher?

For women and children:

- Milk
- Cheese
- Eggs
- Peanut butter OR dried beans or peas
- Iron-fortified cereal
- Juice fortified with Vitamin C



For infants:

- Iron-fortified infant formula
- Iron-fortified infant cereals
- Infant juice fortified with Vitamin C

These foods will add protein, iron, calcium and vitamins necessary for good health.

How does the WIC voucher system work?

- You will pick up your vouchers every two months at a convenient WIC clinic.
- Vouchers must be used within 30 days after the date printed.
- Vouchers can only be used at a WIC-approved store.
- Use your WIC food list at the store.
- WIC-approved foods can only be purchased in the amounts specified on the voucher.
- Vouchers are NOT exchangeable for other products in the store.
- Vouchers are NOT redeemable for cash.
- Present your signed identification card to the cashier.
- Once your WIC foods are purchased, sign your voucher in front of the cashier.
- If you lose your WIC vouchers, call your WIC office immediately.

For additional information, contact:

Nutrition Services/WIC Program
Allegheny County Health Department
Investment Building
239 Fourth Ave., First Floor
Pittsburgh, PA 15222
412-350-5800

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CHANGES DURING PREGNANCY

The developing baby

After your egg is fertilized by your partner's sperm, the egg travels to the uterus. This is where it will grow for the next nine months. The fertilized egg is called an embryo.

After the embryo grows for eight weeks, it is called a fetus. Here is a look at some of the amazing changes that take place while a baby is developing.

MONTH 1



Month 1

By the end of the first month, the embryo has a head and a trunk. It also has little buds that will turn into arms and legs. The heart starts to beat on the 25th day of pregnancy. The embryo is about 1/2-inch long and weighs less than one ounce. The spine is completely formed by the end of the fourth week.

MONTH 2



Month 2

At the end of this month, the embryo is called a fetus. It has its heart and stomach and other organs and systems, but they are not well formed. It has eyelids, but they are sealed shut. Ears, ankles, wrists, fingers and toes appear. The fetus is a little more than one inch long. It still weighs less than one ounce.

MONTH 3



Month 3

Now fingers and toes have soft nails. There are 20 buds for future teeth. Hair starts to appear on the head. The kidneys develop and send urine into the bladder. By the end of this month, the fetus is completely formed. It is now four inches long and weighs a little more than one ounce.



MONTH 4



Month 4

Now the fetus has a strong heartbeat. It moves, kicks, sleeps and wakes. It swallows and can pass urine. It has eyebrows. The skin is pink and thin. It is now six to seven inches long and weighs about five ounces.

MONTH 5



Month 5

The fetus grows a lot now. Its organs mature. It sleeps and wakes in a regular pattern. It turns from side to side. It might turn head over heels. It may even suck its thumb. At the end of the fifth month, the fetus is eight to 12 inches long and weighs between 1/2 and one pound.

Source: Baby on the Way Basics

Physical changes and discomforts

Your body goes through many changes to support the growth of your baby. Some are annoying, and some are delightful. But all of the changes are part of helping your baby grow.

The first trimester — the first, second and third months

Some of the earliest signs of pregnancy are:

- Skipping your period
- Breast tenderness
- Tiredness
- Increasing frequency of urination

These symptoms tend to be mild and manageable. Frequent urination increases as your growing uterus presses on your bladder. This frequency will usually decrease toward the end of the first trimester.

“Morning sickness”

Nausea and vomiting with pregnancy are fairly common and may occur at any time of the day. They tend to occur during the sixth to 14th week after your last menstrual period. Usually, nausea is mild enough that you can still keep food and liquids down most of the day.

What to do

- Keep crackers, dry cereal or dry bread beside your bed. Eat a little bit slowly in the morning before you get up.
- Suck on crystalized ginger, drink ginger tea or ginger ale.
- Buy acupuncture bands (available in local pharmacies) and wear on both wrists according to directions.
- Avoid sudden movements. Get up slowly in the morning.
- Eat five or six small meals each day. Never go for long periods without food, and try not to overload your stomach.
- Drink fluids such as juice, milk and even homemade soup between, rather than with, meals.
- Eat lightly seasoned foods. Avoid the use of pepper, chili and garlic.



- Include more high-carbohydrate goods (potatoes, cereal, toast, pasta) as long as the nausea lasts, then resume your regular pregnancy diet.
- Avoid greasy and fried foods. These include butter or margarine, mayonnaise, bacon, gravy, potato chips, french fries, fried meats and pastries.
- When you feel nauseated between meals, sip on fruit juice or water, or eat a small snack.
- Get plenty of rest, and be sure there is fresh air in the room when you sleep.
- Talk to your doctor before taking any over-the-counter drugs or if you are unable to keep down food or fluids for 24 hours.

Lightheadedness

You may get dizzy or lightheaded if you stand up quickly. This is caused by a mild decrease in your blood pressure and an increase in the blood flow to your uterus.

What to do

- Change how you rise from sitting or kneeling; do it slowly, giving your body time to adjust.

Nosebleeds and bleeding gums

During pregnancy, the blood supply to mucous membranes increases, so bleeding occurs more easily with even minor trauma such as tooth brushing.

What to do

- Continue to brush and floss twice a day.
- Blow your nose gently.

The second trimester — the fourth, fifth and sixth months

Usually, your nausea and frequent urination are resolving. Your tummy will start to grow, and you will gain more weight. During the middle of the second trimester, you will start to feel the baby moving.

Weight gain

Many women are concerned about gaining weight during pregnancy. Weight gain is necessary for you and your baby to be healthy. An average weight gain is 25 to 35 pounds during pregnancy; 10 to 15 of these pounds usually are gained during the second trimester.

What to do

- If you were overweight before you were pregnant, your doctor may want you to gain fewer pounds.

Round ligament pain

A pain that occurs on either side of your lower abdomen and radiates down to your groin is called round ligament pain. This pain results from the stretching of ligaments that attach to your uterus. Round ligament pain usually occurs when you are moving or changing positions and goes away when you lie down.

What to do

- Lie down on the side that hurts to decrease the stretch.
- Tylenol® may help; ask your doctor before taking it.

Colostrum

Your breasts will start to become larger and may leak a small amount of fluid called colostrum. When your baby is born, colostrum is sufficient to feed your baby until your milk comes in.

Vaginal discharge

Your vaginal discharge will increase as the hormones of pregnancy affect the mucus glands in your cervix. However, an itchy or malodorous vaginal discharge is abnormal and should be evaluated. Also, call your health-care provider if the discharge is watery or blood-tinged.

Constipation

Constipation is more common in pregnancy because of an increase in the hormone progesterone and pressure of the growing baby on the intestine. Exercise, fiber and plenty of liquids in the diet help relieve this discomfort.

What to do

- Drink six to eight glasses of liquid every day. This includes water, milk, fruit juices and homemade soups.
- Eat more fruit and vegetables. Try dried fruits, prune juice and cooked dried peas and beans.
- Use whole-grain products such as whole-wheat bread, brown rice, oatmeal, oat bran and other bran cereals.
- Exercise regularly. Plan to walk each day, but do not begin vigorous exercise.

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If constipation continues, you may take Citrucel®, Metamucil® or Colace®.

Heartburn

Pressure of the growing baby on your stomach may cause your stomach to empty slower — resulting in heartburn.

What to do

- ✿ Eat five or six small meals each day, and chew your food slowly.
- ✿ Limit greasy and fried foods.
- ✿ Avoid eating foods that form gas such as broccoli, cabbage and onions.
- ✿ Wear clothes that are loose around the waist.
- ✿ Eat lightly seasoned foods, and avoid excessive use of pepper, chili and garlic.
- ✿ Don't lie down for at least an hour after eating.
- ✿ Don't take medications without first asking your doctor. Over-the-counter drugs may be harmful to your baby.
- ✿ Drink fluids between, rather than with, meals.

Skin changes

Your skin may become flushed, particularly on your face. Pigment changes are common, such as darkening of the nipples and a dark line from the navel to the pubic hair. Sometimes women get brownish spots on their faces known as the “mask of pregnancy.” Most of these changes fade after delivery.

Stretch marks

Stretch marks may start to develop toward the end of the second or beginning of the third trimester; they occur on the breasts, lower abdomen and thighs. The marks occur as a result of connective tissue that tears when your skin stretches. Some women are genetically predisposed to develop stretch marks.

What to do

- ✿ Moisturizers can decrease any discomfort.
- ✿ There is no proven prevention.



SEX DURING PREGNANCY

Your pregnancy will probably be a time of erratic mood swings for you and your husband. You may alternately feel fatigued, exhilarated, content, depressed, eager, fearful, motherly and beautiful, uncomfortable and unattractive. He, on the other hand, may range from feeling proud for having fathered a child to anxious about the financial responsibilities; from protective toward you and the growing fetus to jealous of your new preoccupation.

These mood changes will, in turn, have an effect on your attitudes toward each other — and your desire for sex. The most important thing is not what you feel, nor how silly you think it is, but that you share those feelings with each other. In this way, you can make necessary adjustments and accommodations for a sexual relationship that continues to be as fulfilling as possible for both of you.

The following are answers to questions about sex that commonly trouble expectant couples. If you have additional questions, or if at any time during your pregnancy you encounter a sexual problem or conflict that you cannot resolve yourselves, do not hesitate to ask your health-care provider.

Questions that trouble expectant mothers

Q. *Will my desire for sex decrease during my pregnancy?*

A. No two women react exactly the same way to pregnancy. In most women, pregnancy has no significant effect on their interest in sex. For some women, pregnancy may be a period of carefree and uninhibited sexual indulgence because they no longer have to worry about becoming pregnant.

At certain times, some women may feel that they are “losing their figure and looks” during pregnancy. They may shy away from lovemaking, feeling undesirable. Or they may desire sex more often than usual as reassurance that their husbands still love them and find them attractive.



Occasionally, some women feel an absolute distaste for intercourse throughout the course of pregnancy. This may be related to a conscious or unconscious fear of hurting the fetus, but the feelings usually disappear after the baby is born.

Q. Can vigorous intercourse harm the baby?

A. It is virtually impossible to harm the fetus in the uterus. The fluid it floats in, the membranes that contain it, the womb itself, the abdominal wall and the bony pelvis all serve to protect the fetus from injury. Occasionally after intercourse, slight pinkish spotting may occur. This is normal. However, if there is bright red bleeding or clots, call your doctor or nurse right away.

Q. Is it harmful to have an orgasm during pregnancy?

A. Not at all. An orgasm will have no effect on the baby.

Q. How often is it safe to have intercourse during pregnancy?

A. There is no ideal frequency, and any frequency generally is safe.

Q. Can I have intercourse any time during pregnancy?

A. Generally, sexual intercourse is permitted throughout pregnancy until the last few weeks. However, many doctors do not agree with this precaution, and you should follow your own physician's instructions.

Intercourse should be curtailed and your doctor consulted if your "bag of water" has broken, you have vaginal bleeding, itching and discharge, or you feel pain in the vagina or abdomen.

Q. I don't have pain, but the pressure during intercourse causes me great discomfort.

A. If it is simply your husband's weight that causes you discomfort, this can be remedied by changing position. For instance, he may kneel astride you, or approach you from the side or back, or you may sit astride him.

If you feel internal pressure, it is wise to avoid deep penetration. Changing position or using pillows under you to change the angle of entry into the vagina may help. Also, additional lubrication with water soluble cream or jelly made for this purpose may relieve any vaginal discomfort.

Q. *It is very difficult to talk to my husband about the way I feel. I think I look ugly and undesirable. He never tells me otherwise, and he doesn't cuddle me anymore.*

A. Occasionally, a few men are physically “turned off” during their wife’s pregnancy. It is only temporary, and it shouldn’t be viewed as a rejection. On the other hand, your husband’s seeming neglect probably has nothing to do with your looks because the majority of men find their wives most beautiful during this time. He may have inner anxieties and mixed feelings about his upcoming fatherhood that make him seem different. Or you may be unconsciously so involved with your pregnancy that you are neglecting him. Possibly you and your husband just need to talk about it.

Q. *Can I douche during pregnancy?*

A. No, douching is not recommended during pregnancy.

Q. *When I feel the baby moving while we're making love, it puts an end to my sexual interest.*

A. No doubt you are unconsciously worried that you might hurt the baby. You won't. As discussed previously, the fetus is well protected. And its kicking and turning have nothing to do with your sexual activity. However, if you are still bothered by this, try another position so you don't feel the baby.

Source: Lederle Laboratories Division, American Cyanamid Company



MEDICAL ISSUES

The office visit

At your first OB visit, your health-care provider will ask you questions about your medical and obstetrical history. It is important to be as accurate and honest as possible. Certain laboratory tests will be ordered to see if you are healthy or have any condition that could harm the baby (see page 33.)

At each follow-up visit, the health provider will check your weight. This is to be sure that you are gaining enough and that the baby is growing. Your blood pressure and urine will be checked each visit to watch for a condition in pregnancy called pregnancy-induced hypertension, or high blood pressure in pregnancy (formerly called toxemia). The urine will also be checked for sugar. An early blood sugar test may be ordered around the sixth month of pregnancy if you are at risk for diabetes.

After your first trimester, the health provider will measure your abdomen to see if the baby is growing properly and listen to the baby's heartbeat with a special instrument called a Doppler. You also will be asked if you have any questions or concerns. It is good to get in the habit of writing down any questions that you have and bringing them in for your office visit. It is very important to keep all office visits; these regular check-ups help ensure that you and your baby will be healthy.

Tests your doctor may order

Laboratory tests

The chart below lists several routine laboratory tests you will undergo and the condition that each may detect.

Test	Condition
CBC (complete blood count)	Anemia (low blood count)
Hepatitis B screen	Hepatitis B
Rubella	German measles
RPR	Syphilis
HIV: with consent	HIV virus
Sickle cell: if necessary	Sickle cell anemia
Type and screen	Blood type
GC culture	Gonorrhea
Chlamydiazyme	Chlamydia
Pregnancy test: if necessary	To confirm your pregnancy
Urine drug screen: if necessary	Drug use

Ultrasound/Sonogram

Ultrasound, or sonogram, testing uses sound waves to obtain images of internal body structures. The sound waves pose no risk to you or your baby and there are no after effects following the procedure. Sonograms in pregnancy are used to help determine your due date; to check on the baby's position, growth and development; to determine the location of the placenta and amount of fluid around the baby. Abnormalities can also be identified.

Since the sex of your baby can also usually be determined, you should indicate whether you wish to receive this information.

The Ultrasound Department is on the Fifth Floor of Allegheny General's South Tower.

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The usual time for an ultrasound is between 18-20 weeks of pregnancy. At this time the baby is large enough to permit imaging of his arms and legs and internal baby structures and organs, such as the heart, brain, spinal cord and bladder.

Preparation

- A full bladder is needed for this test. Begin drinking a large amount (at least three to four glasses) of liquid (water, tea, pop, etc.) one hour before the test.
- Please arrive on time. If you cannot keep your appointment, please call 412-359-3437 to reschedule.
- If you have a sonogram on a day when you do not have a doctor's appointment, you must stop at Outpatient Registration before proceeding to the Fifth Floor.
- Do not go to the bathroom until the test is completed.

Procedure

- You will be asked to lie on your back or side on an examination table.
- A gel is applied to the abdomen.
- A small instrument called a transducer (similar to a microphone) is gently rubbed over the skin. You may feel a slight pressure but no pain.
- In very early pregnancy, a vaginal transducer may be used to obtain images of the baby. You will be asked to insert the transducer. This is similar to inserting a tampon. It is not painful, and it will not harm you or your baby.
- The entire sonogram takes about one hour.

First trimester screen

This screening procedure is offered between the 11th and 13th weeks of pregnancy. It is done to determine if the baby is at an increased risk of having Down Syndrome. These are genetic disorders which result in mental retardation birth defects.

This test can identify 85 percent of babies at an increased risk but is less accurate in twin pregnancies.

The testing involves a blood sample from the mother and an ultrasound of the baby. The ultrasound allows measurement of the amount of fluid in the back of the baby's neck (NT). The blood sample measures the

amount of two chemicals normally found in the mother's blood stream. The NT measurement and the levels of the two chemicals are combined with information about the mother such as age, weight and diabetic status to determine if increased risk of Down Syndrome.

If this screening signals an increased risk, the parents will be offered additional testing, such as an amniocentesis, to determine if the baby truly has a chromosome problem. If the screening indicates no increased risk, it means that the risk of Down Syndrome is low but not zero. First trimester screening cannot rule out the possibility that the baby may have one of these problems.

Maternal serum multiple marker screen

The maternal serum multiple marker screen measures the amount of three substances in a pregnant woman's blood. These substances are produced by the baby or the placenta and enter the mother's bloodstream through the placenta. The blood test is offered between the 15th and 20th weeks of pregnancy.

The test determines if the baby is at risk for having an open neural tube defect or if the placenta may be at risk for causing problems in late pregnancy. Neural tube defects are birth defects that involve the brain or the spinal cord. The two types of open neural tube defects are anencephaly and spina bifida. The maternal serum multiple marker screen also checks for the possibility of an increased risk for having a baby with Down syndrome. Babies born with Down syndrome have a distinct appearance, some degree of mental retardation and other birth defects that may include heart and digestive tract problems.

The multiple marker is a screening — not a diagnostic test. **An abnormal result does not mean your baby has a problem.** It does, however, mean that further testing, such as amniocentesis, may be needed to see if the baby is affected.



Amniocentesis

Amniocentesis involves withdrawing a small amount of amniotic fluid from the amniotic sac, the membrane that surrounds the fetus in the uterus. The test is usually performed at approximately the 16th week of pregnancy to detect genetic problems in the baby. These may include Down syndrome, sex-linked disorders such as hemophilia, metabolic diseases such as Tay-Sachs disease or developmental disorders such as spina bifida. Amniocentesis also determines the sex of the baby; you should indicate whether you wish to receive this information.

Preparation

The amniocentesis will be performed in the Ultrasound Department on the Fifth Floor of Allegheny General's South Tower.

- A full bladder is needed for this test. Begin drinking a large amount (at least three to four glasses) of liquid (water, tea, pop, etc.) one hour before the test.
- Please arrive on time. If you cannot keep your appointment, please call 412-359-3437 to reschedule.
- If you have the amniocentesis on a day when you do not have a doctor's appointment, you must stop at Outpatient Registration before proceeding to the Fifth Floor. Pre-registration may also take place by telephone on the day prior to your appointment.
- Do not go to the bathroom until the test is completed.

Procedure

- You will lie flat on an examination table.
- The doctor uses ultrasound to locate the amniotic fluid in the sac surrounding the baby.
- The doctor inserts a needle to withdraw a small amount of amniotic fluid for testing.

A **Cystic fibrosis screening** is optional and is offered to any couple seeking prenatal care. Cystic fibrosis is a genetic disease that causes the production of a sticky mucus that clogs ducts in the lungs and in the digestive tract. CF leads to serious breathing and possible digestive problems. Approximately one in every 3,300 individuals of Caucasian ancestry are affected by Cystic fibrosis. If both parents are carriers of the CF gene, further prenatal

testing would be necessary to determine if your baby would have the disease.

ABUSE DURING PREGNANCY

Women who are abused, or who are at risk for being abused, may discover that their situation worsens when they become pregnant. Abuse is caused by the batterer's desire to control another person, experts say. The beatings may escalate because the abuser has yet another person — the baby — to deal with.

If you are being attacked verbally, emotionally or physically, **you must seek help**. You are now responsible for your baby as well as yourself and must begin protecting that child even before birth. The fact that you're being abused **is not your fault**, the experts stress. You have done nothing wrong. But to escape your situation, you must reach out.

Where to get help

There are many people trained to help you, including nurses, nurse practitioners, nurse-midwives and physicians. Don't be surprised if you are asked about your relationship with your partner. For example, you may be asked, "What happens when you and your partner fight?" Answer honestly, even if it isn't easy for you.

If you're being abused, bring up the issue yourself. Your health-care provider can send you to an organization that can help you. You also can ask for a copy of the American College of Obstetricians and Gynecologists booklet "The Abused Woman."

To obtain additional advice, contact the Family Violence Prevention Hotline (1-800-777-1960), your local police department, a hospital or a YWCA. Almost every state has a hotline to answer questions about physical, verbal and emotional abuse against women; many towns and cities offer shelters for battered women. **In the Pittsburgh area, call the numbers listed in the "Resources" section on page 39.**

Set up a safety net — identify a friend or family member you can turn to in case of emergency, keep car keys and extra money if you need them, and start talking to someone who can help you with your situation. **Remember, you are not at fault. Abuse is never right.**

Source: American College of Obstetricians and Gynecologists



Find us on the Web **wpahs.org/womenshealth**

- Information about women's health, obstetrical and gynecological topics, a schedule of women's health education programs offered at Allegheny General Hospital and in the community, including prenatal classes
- Information about women's health services at Allegheny General including OB/GYN offices and physicians, obstetrical and gynecological services and specialized OB/GYN programs
- Information about women's health research efforts at Allegheny General and research issues of interest to women
- Access to Allegheny General's Cybernursery
- Additional Web Resources



RESOURCES

Breast feeding

- Allegheny General Hospital lactation consultants 412-359-6775
- Breast feeding Hotline (Healthy Start) 412-247-1000
- La Leche League 412-276-5630

Parenting

- Mothers of Multiples 412-676-4341
- Allegheny Behavioral and Child Development Services 412-359-3160
- Children and Youth Services 412-473-2000
- Parenting Warmline Western PA 412-641-4546 or 1-800-641-4546
- March of Dimes Pregnancy and Newborn
 - Health Education Center (toll-free) 1-888-663-4637
- Parents Without Partners 412-321-0198
- Postpartum questions
 - (Family Resources of Western PA) 412-641-4546 or 1-800-641-4546

Parenting classes

- Mommy and Me 412-232-8227
- Neighborhood Centers 412-322-7400
- Positive Parenting Program 412-771-6460, ext. 232

Prenatal classes

- Allegheny General prenatal classes 1-877-284-2000



Domestic violence

- Crisis Center North (24 hour service) 412-364-5556
- Womansplace (24 hour service) 412-678-4616
- Woman’s Place East (24 hour service) 412-765-2661
- Women’s Center and Shelter (24 hour service) 412-687-8005

Rape


- Center for Victims of Violent Crime (24 hour service) 412-392-8582
- Pittsburgh Action Against Rape (24 hour service). 1-866-END-RAPE
1-866-363-7272

Please contact Allegheny General’s OB/GYN Outpatient Social Worker at 412-359-3055, with issues regarding:

- Pregnancy option counseling
- Drug and alcohol counseling and resources

Internet Web sites

- www.wpahs.org/womenshealth
- www.wpahs.org/agh/services
- www.acog.org
- www.aap.org
- www.childbirth.org
- www.cdc.gov



Allegheny General Hospital is a 724-bed academic medical center serving Pittsburgh and the surrounding five-state area.

Founded in 1885 on Pittsburgh's historic North Side, the hospital has earned an international reputation for excellence and innovation in the care of patients, medical education and research. Allegheny General has been recognized by *U.S. News & World Report* magazine as one of "America's Best Hospitals" for nine clinical specialties. The hospital has also been lauded as one of America's top 25 medical centers by the AARP's *Modern Maturity* magazine.

Allegheny General Hospital—and its Suburban Campus in nearby Bellevue—annually admits 31,500 patients and logs about 60,000 emergency visits and more than 26,000 surgical procedures. Nearly 1,000 physicians and approximately 4,500 employees share the hospital's commitment to excellence.

A member of the West Penn Allegheny Health System, Allegheny General Hospital is a western Pennsylvania campus for the Philadelphia-based Drexel University College of Medicine; third- and fourth-year medical students receive clinical training at the hospital.

Allegheny complies with applicable local, state and federal laws, including the Civil Rights Act of 1964, Title VI and Title VII, The Rehabilitation Act of 1973, The Americans with Disabilities Act, Title I and Title III, Title IX of the Education Amendments of 1972, the Age Discrimination Act of 1975, and the Pennsylvania Human Relations Act, October 27, 1955, Public Law 744 as amended and/or further adopted, to the end that no person shall, on the grounds of race, sex, age, color, national origin, disability, veteran status, sexual orientation, religion, creed or familial status, be excluded from participation in, be denied benefits of or otherwise be subjected to discrimination in the provision of any care or service.



THE GILMORE WOMEN
AND INFANTS CENTER
AT ALLEGHENY GENERAL HOSPITAL



ALLEGHENY GENERAL HOSPITAL

WEST PENN ALLEGHENY HEALTH SYSTEM

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