



## Frequently Asked Questions for Pregnant Patients

### ***How far along am I?***

We measure pregnancy in weeks, from the first day of your last menstrual period. There are on average 40 weeks in pregnancy. Depending on when you actually ovulated, your due date may better be established by measurements on an ultrasound. On your first visit, your due date will be established based on your last menstrual period and/or ultrasound measurements.

Pregnancy is divided into trimesters, or thirds of pregnancy. The first trimester includes up to 14 weeks, the second trimester 14 through 27 weeks, and the third trimester 28 weeks until delivery.

### ***How are my appointments scheduled?***

Your prenatal office visits are scheduled on a regular basis. The frequency of visits is determined by your needs and the progress of your pregnancy. Normal, uncomplicated pregnancies will have monthly visits from initial appointment to 28 weeks; bimonthly visits from 28 to 36 weeks; and weekly visits from 36 weeks until delivery.

Regarding ultrasounds, you will typically have three ultrasounds during pregnancy – your first visit to establish pregnancy, and 18-20 week ultrasound, and a growth/position check during the third trimester. In some pregnancies, more ultrasounds are indicated depending on the clinical situation.

### ***What are common symptoms or changes in pregnancy?***

Many normal physical changes occur during pregnancy. Learning about these changes may help relieve concerns you might have should you experience minor discomforts.

Fatigue is common in early pregnancy. The need to nap or even to sleep away the evening is not unusual. Often you may feel that you will never have the energy to accomplish even the simplest of tasks. Usually near the beginning of the second trimester, around 14 weeks gestation, the fatigue begins to fade and your energy returns.

The need to empty your bladder more frequently is evident early in pregnancy. The bladder gives up room within the bony pelvis to allow the uterus to grow. Consequently, your bladder cannot hold as much urine and you make more trips to the restroom. As long as this symptom is not accompanied by a feeling of burning or pain, it is considered normal. The frequent need to urinate will decrease between the 16th and 18th week of pregnancy, only to return again during the last three months of pregnancy when the baby has grown big enough to rest heavily on your bladder.

Another change you may notice is an increase in vaginal discharge. This is normal and not a cause for alarm. However, if you notice a local irritation, pain, abnormal color (green or red), or odor, please inform the office so that evaluation and treatment can be provided.

During pregnancy, your breasts will undergo changes whether you plan to breast feed or not. During the first three months, due to the effect of hormones, there is an increase in the number and size of milk-producing glands. This growth increases the weight of the breast by one to one and a half pounds each, accounting for the breast soreness you may experience. The nipples and areola darken and become more pronounced. By the fourth or fifth month of pregnancy, your breasts may begin to leak. Whether or not your breasts will produce milk depends on whether the nipple is stimulated by the infant's sucking after delivery. This stimulation will set off the chain of events in the breast that produces and excretes milk.

Headaches can occur throughout pregnancy, but are most common during the first and early second trimesters due to a number of possible causes. Emotional stress, low blood sugar, and fluctuating hormones may be contributing factors. A headache which is not relieved by the standard dose of Tylenol should be reported to the office. Do not take Ibuprofen or Aspirin.

Some emotional changes may occur during pregnancy and, if unexpected, could cause you unnecessary anxiety. Mood swings are a result of the many physical and psychological changes taking place within your body. Please call with any severe mood changes or depressive symptoms, or discuss with your physician at your appointment.

Nausea with or without vomiting is a common symptom in pregnancy, especially in early pregnancy. It usually subsides during the second trimester. At times it can be more severe and require prescription medications to reduce, and rarely requires hospitalization. Here are some general remedies and advice to reduce the occurrence and severity:

- Avoid warm places as heat can increase nausea.
- Take naps during the day (but not right after eating). Get enough sleep at night.
- Get out of bed slowly in the morning.
- Try eating plain crackers or dry cereal before you get out of bed in the morning.
- Avoid greasy or spicy foods.
- Have frequent protein snacks.
- Eat smaller meals, every 2 hours or so.
- Non-caffeinated teas like peppermint, spearmint, or ginger can calm nausea. Even sucking on peppermint candy or eating ginger snap cookies can be a relief.
- Drink small amounts of fluids regularly throughout the day to avoid dehydration.
- Do not skip meals.

Constipation can be a problem during pregnancy. Your growing uterus takes up a part of your digestive system's working space and hormones may slow the action of the digestive tract. Other contributing factors include the increased amount of iron intake and decrease in physical activity with advancing pregnancy. The following suggestions may be helpful:

- Drink extra fluids.
- Eat more fiber-rich foods such as vegetables, fruits, whole grain breads and cereals.
- Eat more foods with laxative properties (prunes, prune juice, figs and bran).
- Stay as active as possible. Incorporate regular, daily exercise, such as walking, into your routine.
- Eat regularly and always eat breakfast.
- Avoid too much white flour-containing foods.

There are times that a medication may be of benefit if the above measures do not help. You may use one of the over the counter stool softeners such as Colace or laxatives such as Milk of Magnesia, Miralax, or Metamucil.

### ***How should my diet change during pregnancy?***

An average of only 300 extra calories are needed daily during pregnancy (1-2 small snacks). “Eating for two” can result in excessive weight gain and lead to complications with pregnancy and delivery. Ideal weight gain during pregnancy is 25-35 pounds for most women, 0-5 pounds in the first 12 weeks, and ½ -1 pound a weeks after that.

Eating small, frequent meals will help avoid heartburn and low blood sugar. In general, make healthy choices and limit excessive sugars, starches, and carbohydrates to prevent excessive weight gain and gestational diabetes.

Seafood can be a good source of protein and omega-3 fatty acids. However, certain fish can accumulate mercury and it is recommended you avoid those that are highest – shark, tilefish, swordfish, and king mackerel. Shellfish, shrimp, canned tuna and smaller fish such as salmon, snapper, catfish, and tilapia are all lower in mercury and can be eaten safely. In general, 12 ounces a week is safe and recommended.

Unpasteurized cheese and deli meats can carry Listeria, a harmful bacteria that can cause miscarriage and fetal infection. It is extremely uncommon in the US, but regular consumption of these products should be avoided. Listeria is killed by high temperatures, so heat deli meats until steaming before consuming.

Raw or undercooked meats or fish can carry parasites or bacteria that can cause harm to mother and fetus. It is recommended eat meat only if it is cooked well.

Caffeine during pregnancy is safe in small quantities (1-2 beverages daily). There is no determined safe level of alcohol consumption during pregnancy, and for that reason, it should be avoided. There is no scientific evidence that artificial sweeteners or sugar substitutes are harmful in pregnancy.

### ***Can I exercise?***

Exercise is healthy. Prenatal exercises are basic and can be incorporated into your daily activities. They will help strengthen the body structures that provide physical comfort, support, and good posture during pregnancy.

A daily brisk walk is a good way to be physically active during pregnancy. Many mothers are interested in an exercise program that is more strenuous than a brisk walk. Generally, most exercise can be continued throughout pregnancy, but may need to be modified as the pregnancy progresses. Please discuss specifics of exercise with your physician if you have questions.

When doing cardiovascular exercise (walking, running, biking) it is important to keep your heart rate at a safe level. A general target is a maximum of 140 beats per minute for most women, but this can vary and may not be true for all. An easier way to determine a safe heart rate during exercise is the “talk test”. You should be able to carry on a conversation during exercise, and if unable to do so, the activity is likely too intense.

You will need to modify exercises that require you to be flat on your back by around 20 weeks. Also, limit abdominal exercises, as they are not effective in pregnancy with the stretching of the abdominal wall.

Activities that should absolutely be avoided include scuba diving, sky diving, horseback riding, downhill skiing, or trampoline use.

***Do I have to lie/sleep in my left side?***

During pregnancy as the uterus grows, it can potential compress the large blood vessels that run close to our spine. Later in pregnancy, this can decrease blood flow to the baby, as well as your head, resulting in symptoms such as dizziness and lightheadedness. There is no evidence to suggest that lying on your back occasionally is harmful, however, you can maximize blood flow to baby by lying on your side or tilting to one side or the other. Either the right or left side is fine.

***Can I travel?***

Travel of any kind (car, plane, train) does not need to be restricted until a month or two before your due date, providing that your pregnancy has progressed normally. Flying is safe in pregnancy, but may increase your risk of blood clots. With any extended travel, wear support hose and move around once an hour to maintain adequate circulation. In general, most airlines will not allow a pregnant woman to fly after 36 weeks unless cleared by physician.

When traveling in the car, long or short distances, always wear your seatbelt. The proper positioning is with the lap belt below the uterus and the shoulder belt above the uterus.

***What about sex?***

Sexual intercourse is safe in pregnancy unless you have complications such as bleeding, preterm contractions, or low lying placenta or previa. While sex may cause mild contractions and light bleeding, it will not cause labor or harm to the pregnancy. Unless you are told otherwise by your physician, you may continue your normal sexual practices.

***Can I see my dentist?***

Pregnancy is a time when you want to be as healthy as possible and good health includes the care of your teeth and gums. It is recommended that your dental health be maintained during pregnancy. Cleanings may be performed throughout the pregnancy, but any procedures that require anesthetic agents, x-rays, and pain medication need to be postponed until after the first trimester if possible. Be sure to let your dentist know you are pregnant, as most dentists will require a note from your physician.

***Who do I call if I have questions or concerns?***

During normal business hours, all calls are handled by our nursing staff. In the event of an after-hour need (possible labor or other emergency that cannot wait until normal business hours), please call the main office number (214-377-1699) and an answering service will assist you in reaching the doctor on call.

If you have questions regarding medical benefits, fees, or payment plans, please contact Martha Rodriguez, extension 306. She will discuss this information with you on your second obstetric appointment so that you can become familiar with the office and hospital policies.

For assistance completing maternity leave or disability forms, please contact Kelsie Webster, extension 317. She will discuss and assist completing these documents, as well as family medical leave.

***Where will I deliver?***

We deliver only at Baylor University Medical Center at Dallas. The hospital has private labor and delivery rooms, as well as postpartum rooms with wonderful amenities. Anesthesia and neonatology services are in hour 24 hours a day. The hospital encourages “rooming in” after delivery with your newborn. Additionally, nurses are trained to help with breastfeeding and a specialized lactation team is available if needed.

***How do I register at the hospital?***

You can register online at [BaylorHealth.com/DallasChildbirth](http://BaylorHealth.com/DallasChildbirth). Look for the link to “Pre-Register for Your Delivery”. You can also register in person through the 1<sup>st</sup> floor of Jonsson Hospital, Patient Registration, or you can register by mail. Please visit the website for specific instructions. The hospital’s insurance department will contact you 3-4 weeks before your expected delivery date regarding any financial obligation. If you would like this information prior to this time, you may contact the Baylor Maternity Registration Department at 214-820-2413 and they can assist you in any questions regarding your hospital fees.

***Should I take a childbirth class or hospital tour?***

If this is your first baby, you may want to take a childbirth class. While this is not required, it may help you and your partner be more comfortable with what to expect. Most classes are scheduled in the last 2-3 months of pregnancy. You can also tour the hospital including labor and delivery and postpartum floors with or without a class. Please visit [BaylorHealth.com/DallasChildbirth](http://BaylorHealth.com/DallasChildbirth) or call 1-800-4BAYLOR.

***Who will my baby’s doctor be?***

It is important that you choose a pediatrician for your baby before delivery. Some pediatricians have privileges at the hospital and will see babies after delivery. When you are admitted to the hospital for delivery, your pediatrician will be notified if he or she has privileges at Baylor Dallas. If you have chosen a pediatrician that does not have privileges, a staff pediatrician in the hospital will see your baby after delivery. Our office can recommend some excellent pediatricians. Please see or ask for our “referral list”. After discharge from the hospital, your pediatrician will want to see your baby at or before 2 weeks of life and this appointment can be made after delivery.