

## Prenatal FAQ's: When you are early in pregnancy

The following is meant to provide answers to frequently asked questions regarding prenatal care. The doctors and staff at USC Fertility are here to help you achieve a healthy pregnancy. We welcome you to discuss the following issues or any other pregnancy-related concerns with us. However, we do not provide general preventative healthcare, nor do we provide obstetrical care *per se*. We therefore encourage you to obtain these medical services from your primary healthcare provider or obstetrician. The guidelines outlined below may be helpful to you when you are in early pregnancy, but it is important that you check with your own obstetrician to make sure that he or she is comfortable with them.

### **DIET:**

It is recommended that you eat a balanced diet of fat, protein, and carbohydrates. Pregnancy requires an extra 300 calories per day. A healthy amount of weight gain for most women is about 25-35 pounds during the pregnancy. Prenatal vitamins are recommended in the preconceptional period as well as throughout pregnancy. A variety of prenatal vitamins are available. If you have questions about which is the best-suited to you, please discuss this with one of the staff at USC Fertility or with your obstetrician.

In addition:

- Limit caffeine to two cups per day.
- Avoid alcohol.
- Avoid unpasteurized dairy products, soft cheeses, and raw meat or fish (i.e. sushi).
- Avoid shark, swordfish, mackerel, tilefish and limit canned albacore tuna to 2 cans per week. These particular types of fish contain high amounts of a form of mercury which can harm the baby's developing brain. However, other types of fish such as shellfish, sea bass and cod, are a healthy source of protein and other essential nutrients and can be safely consumed during pregnancy.

### **Morning Sickness**

About three quarters of pregnant women have nausea (and sometimes vomiting) during their first trimester. For some, it's worse in the morning and gets better over the course of the day, but "morning sickness" can strike at any time.

Commonly recommended suggestions to help alleviate symptoms of morning sickness:

- Try to avoid foods and smells that trigger your nausea.
- Keep simple snacks such as crackers by your bed. When you first wake up, have a few crackers and then rest for 20 to 30 minutes before getting out of bed.
- Eat small, frequent meals or snacks throughout the day so that your stomach is never empty.
- Sip water frequently throughout the day and aim to drink about a quart and a half altogether. If you've been vomiting a lot, try a sports drink that contains glucose, salt, and potassium to replace lost electrolytes.
- Take your prenatal vitamin with food or just before bed.

*Signature Copy*

**EXERCISE & OTHER ACTIVITIES:**

- If exercise is part of your daily or weekly routine, you may continue to do so as long as it is comfortable. However, it is important to avoid over-exhaustion, dehydration, and extreme weather conditions (hot or cold).
- Avoid hot Jacuzzis and saunas.
- Intercourse is fine throughout pregnancy as long as it is not painful or makes you bleed.
- If you have an "outdoor" cat, you should have someone else change the litter box.
- You may dye or perm your hair at any time after 12 weeks of pregnancy.
- You may treat yourself to manicures, pedicures or massages any time after 12 weeks of pregnancy.
- Wear a seatbelt below your abdomen.
- Air travel is fine. On any long trip (car or plane), you must stretch your legs every 2-3 hours.
- You can go to the dentist as needed for teeth cleaning, x-rays with lead shield, fillings, etc. Local anesthesia as well as certain antibiotics may be used. If your dentist needs a letter, we will be happy to provide this for you.

**DRUGS AND MEDICATIONS:**

As a general rule, medications should be avoided during pregnancy, if possible. However, many prescription and over-the-counter medications can be taken during pregnancy and breastfeeding. If we prescribe it for you, we believe that it is safe.

The following medications are thought to be safe and *may* be taken during pregnancy according to the directions on the bottle:

Pain relievers:	Tylenol, regular or extra strength, Tylenol with codeine, Vicodin.
Decongestants	Benadryl, Sudafed, Afrin nose spray, TheraFlu, Tylenol Cold, Claritin.
Cough Medicine:	Robitussin DM, Vicks Formula 44.
Antacids:	Tums, Maalox, Milk of Magnesia, Mylanta.
Laxatives:	Metamucil, Colace, Citracel.
Hemorrhoids:	Tucks, Anusol HC, Witch Hazel.
Antibiotics:	Penicillin, Ampicillin, Keflex, Macrobid, Flagyl.
Herbs:	Cranberry, Echinacea.
Yeast infections:	Gyne-Lotrimin, Mycolog (external use only)

The following medications *should not* be used during pregnancy:

Pain relievers:	Motrin, Advil, Aleve, aspirin
Herbs:	Black cohosh, feverfew, garlic, ginseng, St. John's Wort, goldenseal.
Migraine meds:	Imitrex, Amerge.
Antibiotics:	Cipro, Tetracycline, Doxycycline.

***WHEN TO CALL THE DOCTOR:***

If you're not sure whether a symptom is serious, you don't feel like yourself, or you're uneasy, you should not hesitate to call your healthcare provider. In addition, you should call your doctor if you experience any of the following:

- Severe abdominal or pelvic pain
- Vaginal bleeding
- Fever of 100.4 degrees Fahrenheit or higher
- Severe or persistent vomiting or any vomiting accompanied by pain or fever.
- Persistent or severe calf pain or one leg being significantly more swollen than the other.
- Trauma to the abdomen.
- Fainting, frequent dizziness, or heart palpitations.
- Difficulty breathing or chest pain.
- Severe constipation accompanied by abdominal pain or severe diarrhea that lasts more than 24 hours.

***IS MY BABY NORMAL?***

This is one of the most frequently asked questions during prenatal visits. Unfortunately, there is no way to guarantee the health of a child. Birth defects occur in approximately 3% of pregnancies. The following information is provided to help guide your decisions on prenatal testing:

- 1) **Structural birth defects:** When some part of the baby's body did not form correctly or completely, this is a structural birth defect. For example, neural tube defects (e.g. spina bifida, anencephaly) result when the coverings over the spinal cord or brain do not close properly. The folic acid in your prenatal vitamins can help prevent neural tube defects, but must be taken before pregnancy and in early pregnancy to be effective. There is no single cause of structural defects, but certain medical conditions such as diabetes can be associated with a higher risk.
- 2) **Birth defects due to infection:** If certain infections are acquired by the mother during pregnancy, they can cause abnormalities in the baby. Rubella (German measles) and varicella (chickenpox) are two examples. If you do not know whether you have had these diseases or been vaccinated, there are blood tests that can be done to check your immune status. You are likely to have had these tests prior to fertility treatment. If you are not immune (that is, you have never had the disease or the vaccine), it is important that you try to avoid becoming infected during your pregnancy. If you feel that you may have been exposed while you are pregnant, you should alert your obstetrician immediately and he or she can perform the appropriate testing.
- 3) **Prenatal Screening for Genetic Disorders:** It is possible that you are unknowingly a carrier of a genetic disorder that could be passed on to your offspring. Some inheritable diseases are more common among individuals of certain ethnicities. For example:
  - African-American: Sickle cell
  - Caucasian: Cystic Fibrosis
  - Ashkenazi Jewish: Tay-Sachs, Canavan disease, Cystic Fibrosis, Familial Dysautonomia
  - Asian: Thalassemia

Prenatal screening can be performed to find out whether either parent is a carrier of certain genetic defects that could affect the health of the baby. Attached is a very informative booklet, provided by the state of California, which outlines recommended testing for detection of various birth defects.

***TESTING DURING EARLY PREGNANCY:***

The following are some tests performed during early pregnancy and should be performed through your obstetrician's office. We encourage you to discuss the choice of these tests, in addition to testing outlined in the attached booklet, with your obstetrician in the early stages of your pregnancy.

***FOR WOMEN UNDER 35:***

- 1) Triple Screen – This is a blood test that is done between 15 – 20 weeks. The test screens for Down's syndrome and Spina Bifida, two common birth defects. The test is usually covered by insurance. The results usually return two weeks after the blood draw.
- 2) Level II Ultrasound – This test takes pictures of your baby through the abdomen. It is done by a specialist at 18 – 22 weeks. An ultrasound can be used to detect anatomic problems with the baby, to see, for example, if the heart and brain are formed normally. It does not detect all birth defects. Insurance may cover this test; if not, it costs about \$150.
- 3) First Trimester Screening – This test combines an ultrasound to look at the area of the baby's neck (nuchal translucency) with a blood test to detect Down's syndrome and Trisomy 18 (it is done at 12 weeks). It detects 90% of the cases of Down's syndrome. This test is done by a perinatologist. It is not yet considered the standard of care and therefore, may not be covered by insurance. It costs about \$500.

***FOR WOMEN OVER 35:***

Because genetic birth defects are more common in women over 35, other testing is available. Woman may receive the triple screen, ultrasound, or first trimester screening as above but are also eligible for other testing.

- 1) Amniocentesis – In this test, a specialist uses a needle through your abdomen to remove fluid around the baby. The fluid is sent to a lab, where the genetic material of the baby is analyzed. This test is 99% accurate in detecting Down's syndrome. It carries a risk of miscarriage of 0.4%. The test is done between 16 – 20 weeks and the results are given in 2 weeks.
- 2) Chorionic Villus Sampling (CVS) – A specialist uses a tube through the vagina and cervix to remove cells from the baby's placenta. The tissue is sent to the lab. This test detects 99% of babies with Down's syndrome. It carries a risk of miscarriage of 0.8%. The test is done between 10-13 weeks and results are available in 3 days.

*Your signature below indicates that you have read and understand these guidelines and that you have received a copy of this handout and the California state booklet for your records.*

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PATIENT NAME  
(Print)

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PATIENT SIGNATURE

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DATE