

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 basic information about the first months of pregnancy. You will receive additional information about the later months farther along in your pregnancy.

Use the information in this packet as a guide, but always remember that no two individuals, 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 healthy pregnancy.



WHEN TO CALL YOUR PROVIDER

Please call your provider 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

decreased fetal movement

leaking fluid

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

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 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

Many pregnant individuals 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. Many find that doing mild exercise on a regular basis helps them feel less tired.

Take your prenatal vitamins and 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. Some 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 obstetric provider if you are not able to hold anything down for 24 hours.

FOOD CRAVINGS, FOOD AVERSIONS, AND HUNGER

Many people experience food cravings during pregnancy. In general, this does not pose a problem. If you crave sweets, such as ice cream, it's okay to indulge occasionally. 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 wide 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. Although it may sound strange, some pregnant women have a strong desire to eat non-food items during pregnancy.

This phenomenon, called pica, can cause an individual 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 trigger headaches in some people. This may be especially true if you were prone to headaches before you got pregnant. Some 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 your 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 OB provider. 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.

GAS AND CONSTIPATION

Early in pregnancy, hormone changes affect your stomach and bowels, causing more gas and, in some cases, 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 also.

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 use the bathroom. 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 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, causes some to develop 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 can help.

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 that is the right size. Make sure the bra fits well.

You may go up two or three bra sizes during your pregnancy. If the cost of bras is a concern, don't buy too many in one size until you get a sense of how large your breasts will get.

Many 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; however, for some individuals, 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 routine hygiene and wear cotton underpants to help 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.

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 intensify the problem. Constipation can also worsen hemorrhoids. Follow the advice given above on avoiding constipation.

Use witch hazel pads (Tucks), which you can buy at the drug store.

Hemorrhoid creams such as Preparation H are okay 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 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 move 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 weights can be bought without a prescription. Look for JOBST or other varieties of support stockings at your local pharmacy. In more severe cases, your obstetric provider 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

Most people are aware of how hormones can affect mood and emotions. 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 health problems in the past. Those who have close relatives who have had mental health problems may be at increased risk to develop these conditions as well.

Be sure to talk with your obstetric provider 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. 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. Pregnancy can also increase the stress or tension in a relationship. The pregnant partner may be very tired and unable to attend to other family duties. The pregnant individual may not be available in the same way during the pregnancy. The other partner may 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.

Now more than ever, it is 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 National Domestic Violence Hotline at 1-800-799-7233. You may also call Clackamas County Women's Services at 1-888-654-2288. Both are available 24/7 with multiple languages.



Eating habits 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 8 and 9 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?

Every pregnancy and everybody is different. Check with your 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.

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 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 foods or drinks 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. 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 and/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 cheese made with unpasteurized milk. Be especially careful of the following types and check the label to see if unpasteurized or raw milk was used: brie, Camembert, blue-veined cheese such as Roquefort, Mexican-style cheese such as 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.

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.

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

Do not eat refrigerated smoked seafood (most often labeled "novastyle," "lox," "kippered," "smoked," or "jerky").

Please limit the amount of caffeine in your diet to 250 mg/day. Most people get caffeine from coffee or cola drinks. Caffeine is also found in chocolate, tea, and some over-the-counter medicines.

Although fish is an excellent source of protein that is low in fat, pregnant individuals 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, blue fish, 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 limit your intake to two servings a month.

Pregnant women should not eat freshwater fish.

The Oregon Health Authority 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 1-855-503-SAFE. 1-855-503-7233.

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 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.

People sometimes find that eating dry carbohydrates, like toast, crackers, or rice, helps decrease nausea. You may want to try an acupressure 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. You may want to try ginger ale, ginger hard candy, or ginger tea. Keeping a small amount of food in the stomach at all times works well for some. Try to eat something any time you feel hungry. **Listen to your body, and don't be overly concerned about gaining weight.**

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 breast-feeding mothers and their children get the nutrition they need. There are income guidelines for WIC enrollment.

overly concerned about gaining weight. Taking in small, 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 subsides 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.

If you are interested in this program, text CCWIC to 61222 or email WIC@clackamas.us with your name and contact information, and we'll get back to you with next steps. To find out where there is a W.I.C. office near you visit clackamas.us/publichealth/wic.

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. They come in tablets, chewable tablets, liquids, or “gummy” preparations. Some prefer not to take prenatal vitamins, or find that certain types of vitamins (such as those with iron) cause unpleasant side effects.

Most individuals are able to take in nearly everything they need during pregnancy 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 such as 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 800 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.

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. 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.

Facts about folic acid

You need at least 800 micrograms per day.

Most prenatal vitamins have 800 micrograms; some have 1 milligram, which is 1,000 micrograms. You do not need to take 1,000 micrograms unless directed to do so by your provider.

Food sources of iron

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

Eating well during pregnancy



PROTEIN

Where to find it

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

Why you need it

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

How much 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



GRAIN

Where to find it

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

Why you need it

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.

How much you need

6 TO 9 SERVINGS PER DAY

One serving is:

1 slice of bread

1 cup of ready-to-eat cereal

1/2 cup cooked cereal, rice, or pasta

FLUIDS



Where to find it

Water, milk, herbal teas

Why you need it

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

8-10 GLASSES A DAY

8 ounces each glass



MILK PRODUCTS

Where to find it

Milk, buttermilk, yogurt, cheese (no cheese made with unpasteurized milk)

Why you need it

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.

How much you need

4 SERVINGS PER DAY

One serving is:

1 cup of milk or yogurt

1 1/2 ounces of cheese

SOURCES OF VITAMIN C

Where to find it



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

Why you need it

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

How much you need

AT LEAST 1 SERVING PER DAY
of a high-Vitamin C fruit or vegetable



LEAFY GREEN OR DARK ORANGE VEGETABLES

Where to find it

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

Why you need it

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.

How much you need

AT LEAST 1 SERVING PER DAY
of a leafy green or dark orange vegetable.



OTHER VEGETABLES AND FRUIT

Where to find it

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

Why you need it

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

How much you need

AT LEAST 5 SERVINGS PER DAY
One serving is:

1 cup raw vegetables

1/2 cup cooked vegetables

3/4 cup fruit or vegetable juice

1/2 cup cooked or canned chopped fruit

1 medium-sized piece of fruit



Here are some of the most common questions women have 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?

We can give you a short list of “safe” medicines (see box to the right), but always check with your obstetric provider before taking any medication, including over-the-counter medicines, herbal or “natural” medicines, vitamins, supplements, and any prescriptions.

Some vitamins, herbs, and natural medicines are not safe during pregnancy. Please be sure to ask your provider before taking these substances.

MAY I CONTINUE TO HAVE SEX?

Yes. Under most circumstances, there is no reason to stop having sex. 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 “safe 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 others, you must always use a condom. This will help prevent infections 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.

Zika

Avoid traveling to areas with Zika virus. If travel is necessary, use insect repellent, wear long sleeves and pants, and stay in places with air conditioning or screened windows/doors. Consult your healthcare provider before traveling to Zika-affected areas.

MEDICATIONS THAT ARE SAFE TO USE DURING PREGNANCY

Please don't 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.

Please refer to the checklist included in your packet for more detailed information.

Heartburn

Pepcid, Maalox, Mylanta, Tums, Roloids

Headache and pain remedies

Acetaminophen (Tylenol) only. Ask your obstetric provider what dose you should take. Never take more than the recommended dose.

Constipation

Colace, Metamucil

Vitamins

Prenatal vitamins. Please take only the recommended dose. Do not take additional vitamins or supplements unless prescribed by your OB provider.

Colds

You may use any brand of cough drop or saline nasal spray. Certain cough and cold remedies are okay; 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 a cold medicine 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 the cold medicine. Liver damage could result.



CLEANING YOUR HANDS

Practicing good hand hygiene is important any time, 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 and 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 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.

MY PROVIDER HAS RECOMMENDED A TEST FOR HIV, THE VIRUS THAT CAUSES AIDS. WHY IS THIS IMPORTANT?

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

The HIV virus can be passed on to the baby during pregnancy and birth, however, research has shown that if an individual who has the HIV virus takes certain medicines during pregnancy, the chance of passing the virus to the baby is greatly decreased. This is why the HIV test is now recommended for pregnant individuals.

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 Novacaine if you need it for a filling or another reason. Even dental x-rays are alright during pregnancy as long as you wear a lead shield on your abdomen. If you have been advised to take antibiotics before any dental work, you should continue this practice during pregnancy as well.

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 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.

Cannabis (also known as Marijuana) use in pregnancy has been associated with a higher risk of childhood mental health issues like Autism and ADHD. Please abstain from using Cannabis during pregnancy.

Recreational drugs are harmful to you as well as your baby and must not be used during pregnancy. Babies born to mothers 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 obstetric provider. Many face this challenge during pregnancy, and your providers 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 you or your baby.

Food-borne illnesses

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 cheese made with unpasteurized milk, should be avoided as well. Detailed guidelines on foods to avoid are listed in the section on "Eating Well During Pregnancy" that is part of this packet. Please be sure to read this information. Ask your provider any questions you may have.

Toxoplasmosis

Toxoplasmosis is a condition you can get from eating raw meat. The organism that causes this condition is also found in soil and in cat's 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 (bowel movements).

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

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, pregnant individuals who get chickenpox are more prone to serious complications from the 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 women (between 85 and 95%) are immune to chickenpox. A blood test can determine whether or not 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 the chickenpox vaccine is now routinely given during childhood vaccinations. Yet, 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 vaccination 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. About 20% of people who are infected have no symptoms. In most cases, if a pregnant individual is infected with Fifth's disease, it will not cause any problems; however, serious problems in the fetus can occur in a small percentage of cases. Those 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 are also immune to the disease because of this exposure. Still, those who are pregnant should take care to avoid being exposed to this virus. As a general rule in pregnancy, good hygiene practices 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 this virus. Individuals who know that they were exposed should contact their provider right away. If the provider feels the person has been infected, the 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. Pregnant individuals who become infected can pass the virus on 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 or not a pregnant person is immune to CMV. Pregnant individuals should take care when handling tissues, diapers, and the saliva of young children. Frequent hand-washing, and not sharing food or utensils, can help prevent the spread of CMV.

Rubella

Rubella, or German measles, can cause serious birth defects if contracted during pregnancy. Fortunately, most 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 not immune must avoid contact with anyone who has this illness. Since nearly all children now receive vaccines against rubella, outbreaks are uncommon. However, a small number of outbreaks do still occur.

Urinary tract infection

Urinary tract infections (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, occasionally blood in the urine. Pregnant individuals with a UTI must be treated. If left untreated, a UTI can progress to a 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 with 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; however, a few are not safe. The rubella vaccine (German measles) and the varicella vaccine (chickenpox) 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 obstetric provider about any immunization shots you may be having because of travel or routine care.

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

The COVID-19 vaccine is also recommended during pregnancy to protect both mother and baby. Additionally, the recently approved RSV vaccine can help protect newborns from respiratory syncytial virus. Consult your healthcare provider for timing and options for these vaccines.

HOW OFTEN SHOULD I SEE MY OBSTETRIC PROVIDER?

The chart on this page outlines the approximate schedule of visits. In general, you will come for a check-up once a month for 32 weeks, then once every two 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 us to set up another time.

During each visit, we will take your blood pressure, weight, and 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 OBSTETRIC PROVIDER

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
32 - 36 weeks	Every 2 weeks
36 weeks to delivery	Once a week



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 of your spine back, 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 flatten your lower back against the wall, you are doing a pelvic tilt.

As pregnancy progresses, some people use special supports for the growing abdomen, such as an "abdominal sling" or "pregnancy cradle." Your obstetric provider 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, however, 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. (Some worry about

exposure to chlorine in swimming pools. 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. These practices help avoid abrupt changes in your heart rate and help you avoid injury. Also, be sure to drink plenty of water during and after your workout session.

Please stay out of saunas and hot tubs at your health club or at 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 MILESTONES AND THE WEEKS-GESTATION

Although outward signs may take time, significant changes happen weekly in your body. Understanding this helps you appreciate your pregnancy's incredible progress.

In pregnancy, we refer to time in weeks, not months. The average pregnancy lasts about 40 weeks from your last menstrual period (LMP). We label each week once it is completed; for example, you will be "24 weeks" when you finish the 24th week. This approach provides a more precise timeline for monitoring pregnancy and development milestones.

- WEEK 1 - begins with the first day of your last period
- WEEK 2 - meeting of sperm and egg
- WEEK 4-5 - a missed period; maybe the beginning of some nausea and breast changes
- WEEK 5 - able to see a black dot (the gestational sac) on ultrasound
- WEEK 6 - able to see a yolk sac in the gestational sac
- WEEK 6-7 - able to see some cardiac motion (beating heart) on ultrasound
- WEEK 8-9 - able to make out arm and legs buds on the embryo
- WEEK 12 - usually can hear the heart beat with a Doppler machine
- WEEK 14-16- nausea and fatigue begin to improve
- WEEK 16-18- the earliest that experienced mothers first feel their baby's movements
- WEEK 18-20 - the earliest that first-time mothers first feel their baby's movements
- WEEK 24- the beginning of the 10-week "prematurity" period
- WEEK 34- still too early to be born, but baby is now rapidly maturing
- WEEK 38- the beginning of "term"
- WEEK 40- the average gestational age for a human baby at birth
- WEEK 41- at the beginning of this week, you are one week "overdue"

Delivery and Postpartum Plan

Welcome to our Delivery and Postpartum Plan section. Here, you'll find answers to common questions about what to expect during delivery and the postpartum period. From creating a birth plan to understanding postpartum care, this section is designed to help you navigate this important time with confidence and ease.

ASIDE FROM YOUR "SPECIAL DELIVERY," ANY OTHER REQUESTS?

Consider birthing classes, do you want a Doula? If so, here are some local resources:

- Heartstrings Doula services: 503-740-6791
- Doulas Latinas: 503-841-3167

Are you planning to have an epidural or do you prefer an unmedicated delivery? Ever thought about a water birth? Do you have special requests for your placenta? Make sure these wishes are known when you meet with the delivery experts.

Who will be your support person during labor and delivery?

If you have children at home, do you have someone on call to care for them when you go into labor?

WILL YOU BREASTFEED?

If you are planning to breastfeed, consider reading up on how to do it. Sometimes it doesn't come as naturally as you think. A website to reference is www.kellymom.com. A helpful book is, "So That's What They're For! The Definitive Breastfeeding Guide" by Janet Tamaro.

ONCE THE BABY IS BORN THERE ARE MEDICINES, VACCINES, AND PROCEDURES THAT ARE OFFERED INCLUDING:

- Erythromycin eye ointment (to prevent transmission of Chlamydia).
- Vitamin K (to help baby's blood clot. It takes a few days for them to be able to quickly clot blood and Vitamin K prevents severe hemorrhage in the early days).
- The Hepatitis B vaccine and maybe the RSV vaccine (depending on the season).
- The first "Newborn Metabolic Screen" is obtained in the hospital. This screens for inborn errors of metabolism (congenital problems that sometimes aren't detected until they have affected a baby's growth and development). The second screen (to double check) occurs two weeks later during the baby's two week pediatric visit).
- Critical Congenital Heart Disease Screening: This is a painless test that happens when the baby is about 24 hours old. It tests the baby's oxygen level to make sure their heart is okay and is done in the hospital.
- Newborn Hearing Screen: This is another painless test that makes sure the baby can hear. If they can't hear your voice, they can't learn to speak.
- Circumcision: If you have a boy, do you plan to circumcise? They can do this for you in the hospital and it should be done as early as possible. Orchid clinicians do not perform circumcisions.

DELIVERY AND POSTPARTUM PLAN

HOW LONG WILL YOU BE TAKING OFF OF WORK?

Make sure your provider completes and FMLA or OFLA paperwork. Providers at Orchid health request five business days to complete any paperwork.

BABY'S PEDIATRICIAN

We hope you keep your baby with us at Orchid! If you have other plans, consider asking to meet your pediatrician before the baby is born to discuss your philosophy and learn about the pediatric practice.

DO YOU HAVE AN INFANT CAR SEAT YET?

If you need help, consider reaching out to the local fire department. Sometimes they can provide low cost or free car seats for infants. The hospital will not let you leave with your baby unless you have a carseat.



Contact Information

Orchid Health Wade Creek Clinic (503) 630-8550

After Hours Nurse On-Call (503) 630-8550

Office Hours

Monday 8:30 AM–12:00 PM 1:00 PM–7:00 PM

Tuesday 8:30 AM–12:00 PM 1:00 PM–7:00 PM

Wednesday 8:30 AM–12:00 PM 1:00 PM–5:00 PM

Thursday 8:30 AM–12:00 PM 1:00 PM–5:00 PM

Friday 8:30 AM–12:00 PM 1:00 PM–5:00 PM

orchidhealth.org/estacada.html

These materials adapted from Beth
Israel Deaconess Medical Center and
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Beth Israel Deaconess
Medical Center

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