

Your Most Common Questions During Pregnancy Answered

ALCOHOL

There is no safe level of alcohol use during pregnancy. When a pregnant woman drinks alcohol, it quickly reaches the fetus through the placenta. A baby's liver is not fully developed and is not able to break down alcohol. Effects on the baby may include physical, mental, behavioral and learning disabilities that can last a lifetime.

BLEEDING

Report any bleeding that you experience. Get off your feet and rest. No sex within 2 weeks of bleeding. If you pass any tissue, place it in a Ziploc bag and refrigerate until you see Dr. Moore. Contact the office to schedule an appointment for evaluation.

CAFFEINE

If you consume high doses of caffeine, suddenly stopping may cause headaches. Tapering off over a period of 2-3 weeks may improve your likelihood of success. Studies show that high doses of caffeine may increase the frequency of birth defects. Limit the amount of caffeine or switch to decaffeinated products.

CIGARETTES

If you smoke during pregnancy, your baby is exposed to harmful chemicals such as tar, nicotine and carbon monoxide. Nicotine causes blood vessels to constrict, so less oxygen and nutrients reach the fetus. Carbon monoxide decreases the amount of oxygen the baby receives. The risk of miscarriage, preterm birth, still birth and the way the placenta attaches to the uterus are increased. Infants born to smokers tend to be smaller than those born to nonsmokers. They are more likely to have asthma, colic and childhood obesity. They also have an increased risk of dying from sudden infant death syndrome (SIDS). Call the national "quit line" at 1-800-Quit-Now for additional assistance.

COLDS, COUGH, FLU, OR SORE THROAT

Don't use Aspirin or Aspirin-containing products. You may use Tylenol (in limited amounts), Co-Tylenol (in limited amounts), Afrin Nasal Spray, Robitusum, Sudafed, Actifed, Throat Lozenges or Benydryl. Drink plenty of fluids. If fever is over 100.1° or if symptoms persist, contact the office to schedule an appointment for evaluation.

CONSTIPATION

Very common in pregnancy. Eat bulk producing foods. Examples: whole grain breads and cereals, fresh fruit and vegetables. Iron supplements may aggravate the situation. If this is a problem, please contact the office for an alternate iron preparation. **Do NOT simply discontinue your iron**. You may use Ducolax, Metamucil, Colace, Glycerin Suppositories or Milk of Magnesia. Please note that there is a difference between a stool softener and a stool stimulant. Purchase the correct one for your specific condition.



DENTAL CARE

Good dental health and hygiene are important during pregnancy. A local anesthetic may be used, but not gas. X-rays may be taken after the first trimester and only if a lead apron is used to shield your abdomen. General cleanings are fine.

Ampicillan, Keflex, Lortab and Enteric-Coated Erythromycin may be prescribed by your dentist, if necessary.

DIARRHEA

Clear liquids are recommended for the first 24 hours. Bananas, clear liquid soups, rice, applesauce, tea or yogurt are easier on the stomach. Gradually increase your diet. Avoid heavy, spicy & fast foods.

DOUCHING

Not recommended during pregnancy.

DRUG USE

RECREATIONAL DRUG USE

Illegal drugs include heroin, cocaine, methamphetamines, marijuana, and prescription drugs used for a nonmedical reason. Drug abuse is a widespread problem in the United States. It is estimated that up to 40% of pregnant women have used one of these substances during pregnancy. Often, more than one substance is used.

Different drugs may affect the fetus in different ways. A drug's effect on the fetus depends on many things: how much, how often, and when during pregnancy it is used. The early stage of pregnancy is the time when main body parts of the fetus form. Using drugs during this time in pregnancy can cause birth defects and miscarriage. During the remaining weeks of pregnancy, drug use can interfere with the growth of the fetus and cause preterm birth and fetal death. Drugs used after the baby is born can be passed to the baby through breast milk. Infants born to women who used illegal drugs during pregnancy may need specialized care after birth and have an increased risk of long-term medical and behavioral problems.

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PRESCRIPTION MEDICATION ABUSE

Prescription medication abuse is a growing problem. It places tremendous stress on the health of both the mother and baby. Your baby may be born addicted to these and go through serious withdrawal if suddenly discontinued without medical supervision.

CHRONIC OPIATE USE AND CONSEQUENCES FOR THE BABY

Chronic pain has long been a problem. Today many young women are receiving treatment of chronic pain with long term narcotics. While there is no denying that chronic pain may be real, you must face the question of whether or not you want to address with treatment that may create a life-long addiction.

If you do become pregnant while taking narcotics, you run the risk that your newborn may be addicted to these medications and after birth endure a prolonged and painful with drawl or more dangerously face uncontrolled and unmonitored stress of intrauterine withdrawal if you stop these medications without medical supervision.

If you can address the issue of chronic pain and its management, including alternatives to narcotics, before you become pregnant, this is ideal.

If you are pregnant, it is important to not stop suddenly without medical supervision, to avoid getting drugs off the street and to be honest with Dr. Moore about all drugs/medications that you are taking during pregnancy.

EXERCISE

In moderation, it is helpful during pregnancy. No horse back riding, diving, skiing or motorcycle riding. Walking is good throughout the entire pregnancy.

FISH

Nearly all fish contain trace amounts of methyl mercury. However, long-lived, larger fish accumulate the highest levels. You can protect your unborn child by not eating the following fish: Shark, Swordfish, King Mackerel and Tilefish. You can safely eat 12 oz. of cooked fish each week.

HAIR PERMANENTS / DYE

O.K. to get during pregnancy. You may find they do not take as well.

HEADACHES

It is important for you and Dr. Moore to determine why you are experiencing headaches. Types of headaches include tension, eye strain, sinus and migraine. You may take Tylenol (in limited quantities). No Aspirin containing products. If you are experiencing blurred vision, double vision or dizziness, especially in the third trimester, contact our office to schedule an appointment for evaluation.

HEARTBURN

Very common. Eat smaller meals. Avoid lying flat. Milk may help. You may use Maalox, Pepcid, Prilosec OTC, Tums, or Tagamet.

HEMORRHOIDS

More common during pregnancy due to increased pressure from the pregnancy. Increase fluid intake. Eat fruits, vegetables and fiber containing foods to prevent constipation. For relief, try hot tub baths, ice pack, Tucks, over-the-counter stool softeners, Preparation H, or Anusol. If these do not help, please contact the office.

HOME CHEMICALS

Do not use chlorinated hydrocarbon, cleaning fluids, pesticides, photographic solvents with bromides, degreasers or paint strippers with methyl chloride. Ceramics may contain excessive lead and arsenic. Please check out the chemical contents of the materials you are using and for any pregnancy precautions noted on the label.

IMMUNIZATIONS RECOMMENDED

Appropriate vaccination is encouraged even during pregnancy. Flu Vaccine: Offered to patients between 18-20 weeks gestation.

Tdap Vaccine (Whooping Cough): Offered to patients between 28-30 weeks gestation. Especially important for anyone in close contact with a baby younger than 12 months. Both of these vaccines are safe to receive during pregnancy.

INTERCOURSE (sex)

Safe unless bleeding, leaking fluids, cramping or placenta previa.

LABOR

Labor may start with mild, regular contractions that increase in intensity and shorten in intervals and/or cramps in the lower back or abdomen. Time the contractions from the start of the first one to the start of the next contraction. If this is your first baby, generally we advise that you stay home until contractions are 5 minutes apart for more than 2 hours. If you've had a previous baby, wait until contractions are 5 minutes apart for more than 1 hour. If your water breaks, are bleeding, or have had a previous C-Section, contact our office right away. Eat light. Clear liquids are best. If special concerns, contact the office or Labor & Delivery.

PRE-TERM LABOR

Preterm labor (before 36 weeks of pregnancy) may feel different than labor. Please pay special attention to significant low back pain, significant cramping and significant persistent contractions. Please contact Dr. Moore or Labor & Delivery. If you have a history of pre-term labor or pre-term delivery, you may be at a higher risk of developing preterm labor and/or pre-term delivery.

MEDICATIONS: PRESCRIBED & OVER THE COUNTER MEDICATIONS, INCLUDING HERBS & VITAMINS

Never take any medication especially during the first 3 months without first checking with our office. This is important because babies are more susceptible to developing serious birth defects. After the first 12 weeks of pregnancy, in the absence of special circumstances, if you are experiencing any of the symptoms listed in this booklet - you may refer to the approved medication list. All medications should be authorized by Dr. Moore.

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MUCOUS PLUG/BLOODY SHOW

In the last weeks of pregnancy, the cervical mucous changes in consistency and becomes more liquid. Some may pass out of the vagina. The body continues to produce mucous until delivery. The mucous plug may contain blood (bloody show). This is a signal that you are in the later stages of pregnancy but not necessarily that labor is imminent. Inform Dr. Moore of this at your next visit.

NAUSEA AND VOMITING

May be a sign of acid reflux (GERD). Dr. Moore may supplement your treatment with an acid reducer. Nausea and vomiting is more common during the first 3-4 months of pregnancy. Eat often in small amounts. Crackers, toast and 7-up are easier on the stomach. Don't let your stomach get too empty. Eat a bedtime snack and a snack before you get out of bed in the morning. Avoid spicy foods (Mexican, Italian), fatty or fried foods and citrus fruits. If you are unable to keep anything down for more than 24 hours, we will need to see you as it may be a sign of a more significant condition.

NOSEBLEEDS

Common in pregnancy due to more dilated blood vessels in response to pregnancy. Place a cold compress over the bridge of the nose or back of the neck. If it doesn't respond, contact the office.

NUTRASWEET

Its effects are still unknown. Use in moderation.

PAINTS AND SOLVENTS

You may paint during pregnancy, but only in a well-ventilated area. Do not use lead-based paints, turpentine, or liquid paint stripping agents that contain methylene chloride.

PRENATAL VITAMINS AND IRON

They are an important part of nutritional support for you and your baby during pregnancy. Prenatal Vitamins do not generally contain enough Iron therefore we recommend additional Iron supplementation. Iron may cause constipation. If this occurs, do not simply stop taking your Iron. Dr. Moore may prescribe an alternative that may be easier on your system. If you are unable to swallow prenatal vitamins and substitute them with Children's Vitamins, please take 2 per day and also take a Folic Acid supplement. Folic Acid helps reduce the risk of certain birth defects.

SAUNAS AND HOT TUBS

Not recommended due to increase in core body temperature with subsequent over-heating of your baby.

SUNBATHING

Use a sunscreen. Do not stay out more than 1 hour. Sunbathing may be a danger to the baby if it causes an increase in core body temperature. It may also deepen the "mask of pregnancy", which is naturally darkened areas on the face.

SWELLING

Is generally not a sign of a significant medical problem and may be greatly aggravated by sodium, summer heat and prolonged time on your feet. Decrease salt intake and increase fluids. Getting off your feet frequently throughout the day is very helpful. Rest on your left side with both feet elevated at least two times per day. The salt shaker may not be the main source of excess salt in your diet. High salt foods include: Fast Food, French Fries, Pizza, Potato Chips, Nacho Chips, Salsa, Deli Meat, Canned Soup and Microwavable Meals. When pregnancy, your body may not tolerate the same amount of sodium without bothersome fluid retention.

TANNING BEDS

Its effects on the unborn fetus are unknown. If you use a tanning bed, use with caution and moderation.

TEETH WHITENING PRODUCTS

According to ACOG, there is not any evidence that bleaching your teeth during pregnancy poses any risks to you or your baby. However, there is not enough data to tell us for sure whether they are safe or not. Because of this, we recommend that you wait until after you have given birth to bleach your teeth. We also advise waiting until after you are done breast feeding.

TRAVEL

Extensive travel is not encouraged during pregnancy after 34 weeks. Long car rides (more than 4 hours) are discouraged. Do not wear tight clothes and stop and move about every 2 hours. Use seat belts by placing the lap belt across upper thighs. Never place the belt across the abdomen. Please inform our office if you are planning to travel outside the area. Ask for a copy of your prenatal record to take with you, if you must travel outside our area.

VAGINAL DISCHARGE

Increases during pregnancy. If it itches, burns, has an odor or causes special concern, contact our office for evaluation.

YEAST INFECTION

If you are certain it is a yeast infection, over the counter Monistat is approved for use in pregnancy. If symptoms persist, contact the office to schedule an appointment for evaluation.



PLEASE NOTIFY OUR OFFICE If YOU HAVE:

- * Rupture of Membranes (water breaks)
- * Any heavy bleeding or bright red spotting
- * Having "blackouts" or seeing spots in your eyes
- * Marked decrease or lack of fetal movement
- * Persistent temperature above 101.0

During your pregnancy we are available to assist you with care for your non-obstetric needs.

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Our office number is 765-662-4666 In the event of an emergency, after hours, you may call 765-660-6000 and the hospital operator will page Dr. Moore or the physician on call for you.

We strongly recommend and encourage you to participate in prenatal classes offered at Marion General Hospital.



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