

MY  
pregnancy  
HANDBOOK



The Woman's Clinic

We are happy you have trusted us with your pregnancy and delivery. This is an exciting time and we are here to help you at every step along the way. You may have many questions over the next several months; and, this handbook is designed to cover the most frequently asked questions we have encountered from our patients through the years. In addition to the handbook, your physician will be happy to address any questions or concerns during one of your frequent prenatal office visits.

*Important information should you encounter a problem during your pregnancy:*

**Office Number – 601-354-0869**

*During regular office hours* you will speak to one of our triage nurses who will assess your needs and determine the best course of action. *After normal office hours* you will be placed in contact with one of our nurses or with the physician who is on call.

*If you have an emergency* or go into labor at night or on the weekend, your physician may not be the one to provide your care; but you can be confident that one of our board eligible/certified physicians will be there for you.

Healthy Me at TWC

In addition to seeing your physician, The Woman's Clinic is proud to offer all of our OB patients a nutrition consultation with our Registered Dietician. She can answer your questions about weight gain and smart food choices that will help both you and your growing baby. This service is part of our commitment to you and is included in your standard fees. Ask at the reception desk to schedule your consultation.

# Illness and Pregnancy

Below is a list of common “illnesses” encountered during pregnancy and the corresponding approved and safe medications. If you have a question about a medication that is not listed please call the office before you begin using the medication. Take all medications according to package directions. If, after using the appropriate remedy, you still do not feel any better – please call the office. Any fever of 101.0 or higher should be reported to us. Your doctor may need to see you.

## NAUSEA & VOMITING

### NON-MEDICATIONS

*\*Please try one of these remedies before trying medications.*

- Avoid greasy and spicy foods
- Eat crackers and other starchy foods
- Eat several small meals per day
- Eat a couple of crackers before raising your head from the pillow in the morning
- Ginger tablets by mouth
- Relief bans for wrists
- Vitamin B6

### MEDICATIONS

- Emetrol (OTC)
- Dramamine (OTC)

*\*If none of the above steps helps with your nausea or if you are vomiting excessively please call the office.*

**INDIGESTION** *\*See listing in Minor Discomforts During Pregnancy*

## HEADACHES

### NON-MEDICATIONS

- Rest in a dim, quiet room
- Try a damp cloth on your forehead

### MEDICATIONS

- Tylenol
- Extra Strength Tylenol
- Excedrin without aspirin

*\*Continuous, severe headaches that do not respond to treatments should be reported to our office.*

## COLD/COUGH/SINUS

### MEDICATIONS

- Benadryl
- Sudafed
- Robitussin or Robitussin DM for coughs
- Throat lozenges or sprays for sore throat without zinc
- Claritin
- AYR Saline Nasal Spray
- Claritin D
- Mucinex
- ZYRTEC

**CONSTIPATION** *\*See listing in Minor Discomforts During Pregnancy*

## DIARRHEA

### NON-MEDICATIONS

- Diet of clear liquids for 24 hours

### MEDICATIONS

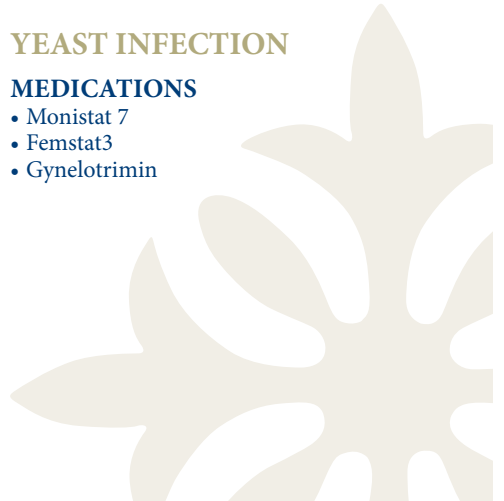
- Donnagel
- Imodium

*\*If diarrhea persists for more than 2 days, call the office*

## YEAST INFECTION

### MEDICATIONS

- Monistat 7
- Femstat3
- Gynelotrimin



# Minor Discomforts During Pregnancy

Because of the many changes your body will undergo during pregnancy, it is common to experience some minor aches and pains. Many of these are common and can be relieved with rest, some simple changes, or medications. If you are unable to find an answer or explanation below, please call the office.

## BACK PAIN

### CAUSES

- Poor posture
- Relaxed joints interfere with proper skeletal support
- Increased breast size
- Increasing fetal weight

### INTERVENTION

- Support bra, low-heeled shoes, good posture, pelvic rock exercises, maternity support garments, low heat to back

## PELVIC PRESSURE

### CAUSES

- Growing baby and amniotic fluids

### INTERVENTION

- Lay on your side, knee-to-chest position
- Frequent rest periods with elevated feet

## SORE FEET

### CAUSES

- Increased weight

### INTERVENTION

- Shoes with good arch support
- Frequent rest, with legs elevated

## DIFFICULTY BREATHING/ SHORTNESS OF BREATH

### CAUSES

- Pressure against the lungs and diaphragm

### INTERVENTION

- Stand tall, use pillows to elevate head and shoulders when sleeping

## LEG FATIGUE

### CAUSES

- Pressure

### INTERVENTION

- Support hose
- Walk at least 10 minutes out of every hour
- Avoid sitting or standing for long periods of time
- When resting, elevate feet

## ROUND LIGAMENT PAIN

### CAUSES

- Pain localized in your lower abdomen or both sides, generally a dull ache
- Sudden stretch or spasm of the round ligaments; may be related to Braxton-Hicks contractions

### INTERVENTION

- No sudden turns, rise slowly from a seated position
- Support abdomen during coughs or laughter
- Warm baths, pelvic rocking exercises, lying on your side, heating pad

## DIZZINESS/FAINTING

### CAUSES

- Hypoglycemia (low blood sugar)
- Circulation changes related to relaxed vascular condition
- Pressure on the large abdominal vein from the pregnant uterus

### INTERVENTION

- Avoid sudden changes in position and strenuous activities
- Lying down on your left side
- Eat 6 small meals per day and increase fluids
- Rise slowly from a seated or resting position; if you feel faint, sit or lie down to prevent a fall and/or injury

## LEG CRAMPING PAIN/ “CHARLIE HORSE”

### CAUSES

- Incorrect calcium/potassium levels
- Hormonal changes

### INTERVENTION

- Increase fluids
- Add calcium/potassium rich foods to diet
- Stretch legs with ankles flexed

## NASAL CONGESTION

### CAUSES

- If mucus is yellow or green - it is possibly viral
- If mucus is clear - it is normal

### INTERVENTION

- Use a vaporizer and/or saline nose spray
- Increase water intake
- See approved medication list on previous page, especially if discharge changes color

## VARICOSE VEINS

### CAUSES

- Hormone changes; vasodilation
- Relaxation of vessel walls

### INTERVENTIONS

- Support hose – no knee highs or thigh highs
- Avoid prolonged sitting or standing

## LEG EDEMA (SWELLING)

### CAUSES

- Pressure; increased vascular permeability during pregnancy

### INTERVENTIONS

- Elevate feet, lay on left side
- Support hose
- Increase water intake and decrease sodium intake (salt)

## SKIN PIGMENTATION CHANGES

### CAUSES

- Hormonal changes

### INTERVENTIONS

- Soda baths
- Lotions, keep skin well lubricated

## NOSE BLEEDS OR BLEEDING GUMS

### CAUSES

- Hormone changes, elevated levels of estrogen and progesterone
- Increased swelling of the mucous membranes

### INTERVENTIONS

- Use a humidifier, lubricate nostrils with Neosporin or saline nasal spray; avoid forceful nose-blowing
- Soft tooth brush
- Increase vitamin C

## HEARTBURN/INDIGESTION

### CAUSES

- Decreased digestive motility
- Inadequate emptying of the stomach

### INTERVENTIONS

- Small, frequent meals; avoid greasy, spicy, or fatty foods
- Avoid lying down immediately after eating
- Use Tums, Roloids, Zantac 75, Mylanta, Maalox or Riopan Plus – tastes better than liquid but not as effective

## CONSTIPATION/GAS

### CAUSES

- Decreased motility of the GI tract related to tone loss

### INTERVENTIONS

- Increase water intake
- Increase fiber intake, i.e., 2 Tablespoons of unprocessed wheat bran over your usual foods (available in grocery stores)  
Also, you may use Metamucil, Citrucel or Fibercon. Milk of Magnesia and Dulcolax can be used if further relief is needed
- Use stool softeners – Colace or Surfak
- Gas-X may be used for immediate relief of gas pains

## HEMORRHOIDS

### CAUSES

- Pressure on relaxed vessels; family tendency

### INTERVENTIONS

- Support hose, low heels
- Avoid constipation, may use Preparation H or Tucks pads
- Frequent rests and pelvic floor exercises

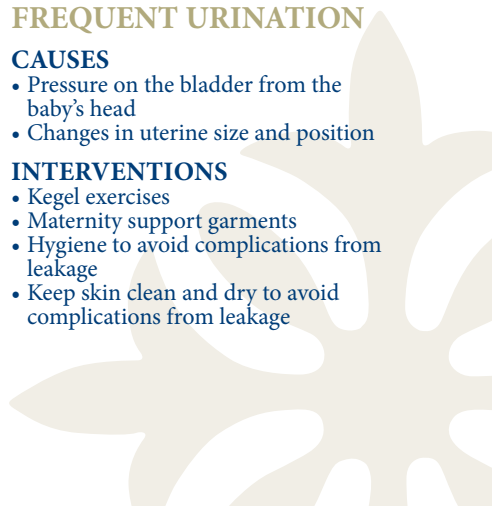
## FREQUENT URINATION

### CAUSES

- Pressure on the bladder from the baby's head
- Changes in uterine size and position

### INTERVENTIONS

- Kegel exercises
- Maternity support garments
- Hygiene to avoid complications from leakage
- Keep skin clean and dry to avoid complications from leakage



## SEXUAL DESIRE CHANGES

### CAUSES

- Physical changes, fatigue and hormonal changes

### INTERVENTIONS

- Relax and help your partner understand that both increase and decrease in desire is normal throughout your pregnancy

## STRETCH MARKS

### CAUSES

- Rapid weight gain, personal skin tendencies

### INTERVENTIONS

- Avoid uncontrolled rapid weight gain
- Keep skin soft with Vitamin E cream, Mother's Friend, or Palmer's Cocoa Butter – for some people these products don't always help

## INCREASED VAGINAL DISCHARGE

### CAUSES

- Pressure changes
- Fatigue
- Hormonal changes with pregnancy

### INTERVENTIONS

- Wear cotton panties
- Practice good hygiene; air to perineum

\*If irritation occurs or discharge becomes watery, see your physician.

## Frequently Asked Questions

It is important to remember that your body is going through tremendous changes and many hormonal fluctuations. The following are questions that we hear frequently from our patients, but, if you don't find the answers you need please call the office.

### Can I have caffeine?

No more than two servings daily. Large amounts can inhibit absorption of iron, which may lead to anemia.

### Can I use artificial sweeteners?

Current studies suggest that Splenda/Nutrasweet can be considered safe, if used in moderation. No more than 3-5 servings per day.

### What about exercise?

Exercise is safe if you have no known medical conditions that may warrant a more cautious approach to activity. You may participate in moderate aerobic exercise as long as your heart rate does not exceed 140 and you become short of breath. Avoid high impact aerobics and use your good judgment.

### May I travel?

Commercial air travel presents no special risk to a healthy pregnant woman or her fetus. Certain airlines require a release to fly, so please check with your airline in advance, a letter can be provided by your OB representative.

### May I continue with my hair treatments?

There is no clear evidence of risk associated with using hair dyes and permanents during pregnancy. However, there is no evidence of their safety either. The FDA recommends that pregnant women should proceed with caution using these types of products. Always use in a well-ventilated area.

### Is sun exposure safe?

Sun exposure is safe to the fetus as long as the mother's temperature does not reach 102.6 or above. This puts the fetus at risk of neural tube defects, especially in the first trimester. Even in hot weather, your body temp usually stays pretty close to normal. We always recommend our patients use sunscreen and drink plenty of water.

### Can I use a tanning bed?

There is little research on the direct effects of tanning beds and their use during pregnancy. Ask your physician for their personal recommendation.

### **What about self-tanning products?**

Again, there is little research on the direct effects of creams and lotions on pregnant women. There has been some preliminary research to suggest that spray on tans should only be used with nasal plugs.

### **Can I use a hot tub or Jacuzzi?**

Hot tubs, saunas and Jacuzzi tubs are very likely to raise maternal temperature to an unsafe level. At home whirlpool tubs are safe; however, try to avoid long, very hot baths.

### **What about sexual intercourse?**

Sex is safe unless you experience vaginal bleeding. Certain conditions may require pelvic rest and your doctor will advise you to refrain under these circumstances.

### **I have a pet cat; can I change the litter box?**

No – do not change the litter box during your entire pregnancy.

### **What about eating fish?**

The FDA and the EPA recommend that pregnant women limit the amount of commercial and sport fish they eat to no more than 12 oz. (cooked) per week. This is because some fish contain high levels of mercury, which can harm the fetus. Fish with high levels of mercury are shark, swordfish, king mackerel, and tilefish. Fish with lower levels of mercury are salmon, pollock, farm-raised catfish and canned light tuna. Avoid eating any raw fish (sushi).

### **Are there other foods to avoid?**

Do not eat hot dogs, luncheon meats, or deli meats unless they are reheated until steaming hot. Also, avoid getting fluid from hot dog packages on other foods, utensils and food preparation surfaces. Wash hand after handling hot dogs, luncheon and deli meats. Wash hands after handling hot dogs, luncheon or deli meats. Do not eat soft cheeses, such as Feta, Brie, Camembert, blue-veined cheeses, and soft cheeses commonly used in Mexican foods.

### **Should I continue to see my Dentist?**

Regular dental cleanings are safe. If any dental work is needed that requires x-rays, your abdomen should be double shielded. It is safe to have local anesthetics that do not contain epinephrine. It is not safe to have gas administered during pregnancy.

### **Should I get a flu shot or TB skin test?**

We recommend appropriate vaccines during pregnancy. It is important to us to answer this question in detail. Please see the information in the next section. TB skin test is safe to have done after the 1st trimester (12 weeks) The OB representative can provide you with a letter for your employer.

### **Is it dangerous to be exposed to cleaning supplies or pesticides?**

Most household cleaning agents are safe during pregnancy; however, it is best to wear gloves and use in a well ventilated room. Latex paints are generally safe as well if used in a well ventilated room. Avoid spray paints with M-Butyl Ketone (MBK). Oil or lead based paints should be avoided. Avoid all heavy fumes. It is not safe to use or be exposed to pesticides for long periods of time. Please call the Pesticide Hotline with any other questions at 1-800-858-7378.

### **What if I am exposed to a communicable disease?**

If you are exposed to chicken pox, and you have had the disease previously, you are not at risk. If you have not had chicken pox, then you should try to avoid contact with anyone who has the illness. Signs and symptoms are a low-grade fever, rash beginning on the face and scalp, spreading quickly to trunk. A low-grade fever, headache, malaise, and a “slapped cheek” rash characterize Fifth Disease. If you are exposed, please come to the clinic for lab work to check for immunity. Please notify the clinic if you are exposed to measles or rubella.



# F.A.Q. for Patients Concerning Vaccine Safety

## How does getting vaccinated during pregnancy protect my unborn baby?

Newborns cannot receive many vaccines until 2-6 months of age. Some of the protection from the vaccines that you get is transferred to your baby during pregnancy. This helps protect your baby from illness during the first months of life.

## How do I know what vaccines I need?

Discuss the vaccines that you have had with your health care provider. Your health care provider will recommend the vaccines you need based on your medical history and lifestyle. If you do not receive recommended vaccines during pregnancy, you should get them immediately after your baby is born.

## Are vaccines safe for me?

Are vaccines safe for my baby? Vaccination is one of the most important things that you can do for yourself and your baby. Vaccines help protect you and your baby from diseases that you both are at risk of and can make you both seriously ill.

Vaccination is safe for you and your baby. For example, flu vaccines have been given safely to millions of pregnant women for more than 50 years.

## I have heard that some vaccines contain mercury. Is getting these vaccines during pregnancy safe for my baby?

Thimerosal, a type of mercury, has not been shown to be harmful to pregnant women or unborn babies, and it does not cause autism. The benefits of preventing life-threatening illnesses in a mother and child far outweigh any potential risks of the vaccine.

## Where can I find more information about vaccines for my family and me?

To find accurate, trusted information, visit [www.immunizationforwomen.org](http://www.immunizationforwomen.org), [www.cdc.gov](http://www.cdc.gov) and [www.flu.gov](http://www.flu.gov).

We recommend that all pregnant women receive the TDAP vaccine and the flu vaccine for women whose pregnancy will last into flu season.

# F.A.Q. about the TDAP Vaccine

## What is pertussis (whooping cough)?

Pertussis (also called whooping cough) is a highly contagious disease that causes severe coughing. People with pertussis may make a “whooping” sound when they try to breathe and are gasping for air. In newborns (birth to 1 month), pertussis can be a life-threatening illness. Multiple recent outbreaks have demonstrated that infants who are younger than 3 months are at a very high risk of severe infection.

## What is Tdap?

Tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) vaccine is used to prevent three infections: tetanus, diphtheria, and pertussis.



# F.A.Q. about the TDAP Vaccine (continued)

## **I am pregnant. Should I get a Tdap shot?**

Yes. All pregnant women should receive a Tdap vaccine preferably between 27 weeks and 36 weeks of gestation. The Tdap vaccine is an effective and safe way to protect you and your baby from serious illness and complications of pertussis. The Tdap vaccine should be administered during each pregnancy.

## **Is it safe to receive the Tdap shot during pregnancy?**

Yes. There are no theoretical or proven concerns about the safety of the Tdap vaccine (or other inactivated vaccines like Tdap) during pregnancy. The available data demonstrates that the vaccine is safe when given to pregnant women or women in the postpartum period.

## **During which trimester is it safe to receive a Tdap shot?**

It is safe to get the Tdap vaccine during all trimesters of pregnancy. Experts recommend that Tdap be administered to you during the third trimester of your pregnancy (ideally between 27 weeks and 36 weeks of gestation) to maximize the protection of your newborn. The newborn protection occurs because the protective antibodies you make after being vaccinated are transferred to the fetus and protect your newborn until he or she begins to receive the vaccines against pertussis (at 2 months of age).

## **Can newborns be vaccinated against pertussis?**

No. Newborns cannot begin their vaccine series against pertussis until 2 months of age because the vaccine does not work in the first few weeks of life. That is partly why infants are at a higher risk of getting pertussis and getting very ill early in life.

## **What else can I do to protect my baby against pertussis?**

Getting your Tdap shot is the most important step in protecting yourself and your baby against pertussis. It is also important to make sure all family members and caregivers are up to date with their vaccines and, if necessary, that they receive the Tdap vaccination at least 2 weeks before having contact with your baby. This creates a safety “cocoon” of vaccinated caregivers around your baby.

## **I am breastfeeding my baby. Is it safe to get vaccinated with Tdap?**

Yes. The Tdap vaccine can safely be given to breastfeeding mothers if they have not been previously vaccinated with Tdap.

## **I didn't receive my Tdap shot during pregnancy. Do I still need to be vaccinated?**

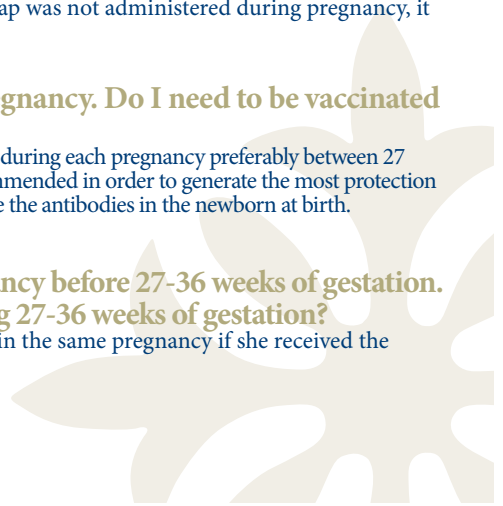
For women not previously vaccinated with Tdap, if Tdap was not administered during pregnancy, it should be administered immediately postpartum.

## **I got my Tdap shot with my previous pregnancy. Do I need to be vaccinated with Tdap again in this pregnancy?**

Yes. All pregnant women should be vaccinated with Tdap during each pregnancy preferably between 27 weeks and 36 weeks of gestation. This time frame is recommended in order to generate the most protection for the mother and fetus because this appears to maximize the antibodies in the newborn at birth.

## **I received a Tdap shot early in this pregnancy before 27-36 weeks of gestation. Do I need to get another Tdap shot during 27-36 weeks of gestation?**

A pregnant woman should not be re-vaccinated later in the same pregnancy if she received the vaccine in the first or second trimester.



# F.A.Q. about the Flu Vaccine

## **I am pregnant. Is it recommended to receive the inactivated influenza vaccine (flu shot)?**

Yes, flu shots are an effective and safe way to protect you and your baby from serious illness and complications of the flu. The flu shot given during pregnancy helps protect infants younger than 6 months who are too young to be vaccinated and have no other way of receiving influenza antibodies. The flu shot has been given to millions of pregnant women over many years, and flu shots have been shown to be safe for pregnant women and their babies.

## **During which trimester is it safe to have a flu shot?**

The flu shot is recommended for pregnant women and can be given at any time during pregnancy. Pregnant women are advised to get vaccinated as soon as possible and to speak to their health care providers about being immunized.

## **Which flu vaccine should pregnant women receive?**

Pregnant women should receive the flu shot, which is given with a needle, usually in the arm. The Advisory Committee on Immunization Practices and the American College of Obstetricians and Gynecologists (the College) recommend that pregnant women should receive this vaccine.

## **Will the flu shot give me the flu?**

No, you cannot get the flu from receiving the flu vaccine.

## **Is there a flu vaccine that pregnant women should not receive?**

Yes, pregnant women should not receive the nasal spray vaccine, which is made with the live flu virus. The nasal spray vaccine is safe for women after they have given birth, even if they are breast-feeding, and for family members.

## **Are preservatives in influenza vaccines safe for my baby?**

Yes. The type of preservative (e.g. Thimerosal) used in trace amounts in some vaccines has not been shown to be harmful to a pregnant woman or her baby. Some women may be concerned about exposure to preservatives during pregnancy. Single-dose influenza vaccines that contain a mercury-free preservative are available through some manufacturers. The Centers for Disease Control and Prevention and the College recommend that pregnant women may receive the inactivated influenza vaccine with or without Thimerosal.

## **What else can I do to protect my baby against the flu?**

Getting your flu shot is the most important step in protecting yourself and your baby against the flu. In addition, breast-feeding your baby and making sure other family members and caregivers receive the flu vaccine will further protect your baby.

## **I am breast-feeding my baby. Is it safe to get vaccinated?**

Yes. Influenza vaccines can be given to breast-feeding mothers if they were not immunized when they were pregnant. Breast-feeding women can receive either the flu shot or the nasal spray. Breast-feeding mothers pass antibodies through breast milk, which may also reduce the infants' chances of getting sick with the flu.

### Resources:

American College of Obstetricians and Gynecologists  
Centers for Disease Control and Prevention  
Department of Health and Human Services

Notes

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