

FREQUENTLY ASKED QUESTIONS ABOUT MEDICATIONS

WHAT MEDICATIONS ARE SAFE TO TAKE DURING PREGNANCY?

Although it is best not to take any medications during your pregnancy, there may be times when medications are necessary for the relief of certain common conditions. This is a list of “over the counter” medications that are considered safe for use in pregnancy. TAKE ALL MEDICATIONS AS DIRECTED AND DO NOT EXCEED MAXIMUM DAILY DOSES. If the condition for which you are taking medications does not improve with 1 or 2 doses, call your physician to discuss the condition.

PAIN/HEADACHE/FEVER

Acetaminophen(Tylenol). DO NOT USE ASPIRIN, IBUPROFEN, NAPROXEN UNLESS PRESCRIBED BY YOUR DOCTOR

COLD SYMPTOMS

Robitussin regular or DM, cough drops (Hall's or Vick's) for cough

Benadryl, Dimetapp, Sudafed, Actifed (after 1st trimester), Vick's Vapor Rub, saline nasal spray, humidifier for congestion

Salt water gargle, Cepacol lozenges, chloroseptic throat spray for sore throat

ALLERGY SYMPTOMS

Benadryl, Claritin, Zyrtec, Allegra, Flonase

HEARTBURN/INDIGESTION

Tums, Maalox, Mylanta, Pepcid, Rolaids, Zantac, Tagamet

CONSTIPATION

Colace, Milk of Magnesia, Surfak, fiber supplements such as Metamucil, Benefiber, Citrucel, Fibercon. Glycerine Suppositories - only as needed, avoid after 36 weeks. Increase water intake, prune juice and natural fiber in your diet.

HEMORRHOIDS

In order to prevent or improve hemorrhoid it is best to avoid constipation (see above).

Preparation H, Tucks pads, Anusol cream or suppositories, diaper wipes

GAS

Mylicon, Mylanta Gas, Tums (with Simethicone)

YEAST INFECTION

Monistat-7, Gynelotrimin, Femstat, Vagistat

DIARRHEA

Imodium, Kaopectate

NAUSEA

Vitamin B6, ginger, Emetrol.

SKIN IRRITATION

Calamine lotion, hydrocortisone cream, Neosporin ointment.

ARE DENTAL VISITS SAFE?

You can continue regular dental visits to maintain oral health. If you require extensive dental treatment, here is a list of safe medications that you can take to your dentist.

FOR DENTISTS: MEDICATIONS THAT CAN BE USED (unless patient is allergic to them):

ANTIBIOTICS

Amoxicillin, Penicillin, Ampicillin, Clindamycin, Erythromycin, Keflex

LOCAL ANESTHETICS

Lidocaine without Epinephrine

PAIN MEDICATIONS:

Darvocet, Tylenol #3, Vicodin, Demoral (for larger procedures)

LARGER PROCEDURES SHOULD BE AVOIDED IF UNNECESSARY!!!!!!

ALL X-RAYS SHOULD BE AVOIDED UNLESS NECESSARY ***USE A SHIELD*******

FREQUENTLY ASKED QUESTIONS ABOUT NUTRITION

HOW MUCH WEIGHT SHOULD I GAIN?

Ideally you should gain 25-35 pounds during pregnancy. Every woman experiences pregnancy differently, but on average you can expect to gain 0-5 pounds in the first trimester and then gain ½ to 1 pound a week after that.

HOW MUCH SHOULD I EAT?

We do not advise “eating for two” as this could lead to excessive weight gain. You only require an extra 300 calories per day during pregnancy.

ARE THERE ANY FOOD/DRINKS THAT I SHOULD AVOID?

Fish is a healthy part of your diet, however certain fish can contain high levels of mercury such as shark, tilefish, king mackerel and swordfish. The FDA recommends avoiding these fishes. Fish such as salmon, catfish and snapper and shellfish such as shrimp are lower in mercury so consuming up to 12 ounces per week is acceptable. For tuna, 6 ounces a week is permitted. You should also avoid unpasteurized cheeses and deli meats as these can carry the Listeria bacteria which can cause miscarriage and fetal infection. Although in the USA this is very rare it is recommended that you avoid consuming these products. All meats (fish and meat) should be well cooked. Raw fish and meat can carry microbes and parasites and can affect the fetus and mother so it is wise to avoid consuming raw meat and fish.

Avoid consuming alcohol during pregnancy is recommended as there are no scientific research that establishes a safe level of drinking during pregnancy. The Surgeon General recommends that pregnant women abstain from alcohol, which is known to increase the risk of miscarriage, premature birth, and fetal alcohol syndrome. Fetal alcohol syndrome is associated with mental impairment, learning disabilities and other deformities.

Caffeine consumption is safe in small quantities of about 1 cup per day (one cup of coffee or 1 can of soda). There is no evidence that regular amounts of caffeinated beverages cause birth defects.

There is no medical evidence that sugar substitutes such as aspartame(nutrasweet) or splenda are harmful in pregnancy.

WHICH VITAMINS OR SUPPLEMENTS ARE RECOMMENDED DURING PREGNANCY?

It is important to take a prenatal vitamin during pregnancy since most of us do not eat a well-balanced diet every day. The most important elements are folic acid and iron. Folic acid is required in the proper development of the spinal column. A deficiency of folic acid (folate) is associated with an increase risk of neural tube defect. To decrease this risk, it is recommended that all women of childbearing age get 0.4 mg of folic acid daily. Most prenatal vitamins have an adequate amount of folic acid. If you have a strong family history of neural tube defect, you would need 4 mg of folate so additional amounts outside of prenatal vitamins will be required. We recommend taking prenatal vitamins or at least folic acid even during the months prior to pregnancy.

Iron is very important because during pregnancy, the mother's blood volume has to expand in order to deliver adequate blood flow to the developing fetus. In addition to the increased blood volume, the numbers of red blood cells also increase. Iron helps create red blood cells that deliver oxygen to your baby and also prevent fatigue. Anemia can develop if there is an inadequate amount of iron. We strongly recommend taking additional vitamin C to help your body absorb iron.

Your baby will draw the necessary calcium from your bones as it begins to develop its bones. In order to prevent bone loss we recommend 1000-1500 mg of calcium per day. Your body can really absorb only 500mg of calcium at a time so it is advised to take 500mg two to three times per day. Vitamin D is needed to enhance the absorption rate.

DHA is a long chain Omega-3 acid. There is scientific evidence that it helps with infant brain and eye development. Most prenatal vitamins now have this added to their formula.

FREQUENTLY ASKED QUESTIONS ABOUT NAUSEA

WHAT CAN I DO TO HELP DECREASE EARLY PREGNANCY NAUSEA AND VOMITTING?

Many women suffer from morning sickness or nausea during the first three months of pregnancy. This queasiness is most often caused by the hormone changes that accompany pregnancy and is actually a favorable sign. Nausea can result when the stomach is empty, when food and liquids combine in the stomach, or in response to strong odors. Some changes in your diet can help to control this temporary problem. Typically the nausea goes away by the fourth month of pregnancy, but in the meantime, there are some things you can do to help you feel more comfortable.

- Eat 5 small meals throughout the day as oppose to 3 large meals.
- Keep crackers at your bedside to eat before you get out of bed in the morning.
- Avoid spicy, greasy food.
- Separate liquids and solids at mealtime. If you are thirsty while eating your meal, try eating chips of ice.
- Keep hydrated as much as possible with water and carbonated drinks (sprite , 7-up or ginger ale).
- Make sure you have plenty of fresh air. Household odors may upset your stomach.
- Prescription medications may be prescribed in some cases.

Please contact the office if you are unable to keep down food or liquid for more than 12 hours.

FREQUENTLY ASKED QUESTIONS ABOUT BLEEDING

SHOULD I BE WORRIED ABOUT SPOTTING DURING PREGNANCY?

There are many causes of spotting during pregnancy. Some can be harmless and some can indicate something more serious. Sometimes early pregnancy spotting or light bleeding can be as benign as implantational bleeding or infection or postcoital bleeding or as serious as an impending miscarriage. Miscarriage occurs in about 15% of diagnosed pregnancy however once we are able to see a heartbeat on ultrasound that risk of miscarriage drops to less than 5%. Once the pregnancy makes it to the 12th week then that risk is less than 1%.

Some other causes of spotting after the first trimester can include but not limited to infection, sexual intercourse, placenta previa or low lying placenta, preterm labor, placental abruption.

Your doctor should be notified of any bleeding during pregnancy so we can evaluate the cause.

For more information on what to do if you experience bleeding or spotting please see the next page.

BLEEDING IN PREGNANCY

If you have bleeding from the vagina, ***DON'T PANIC***. Follow these instructions.

1. Notify your physician who will ask you the following questions. Have this information ready.

- Is the bleeding bright red or brown?
- Did the bleeding start after having sexual relations?
- Do you have any cramping or backache associated with it?
- Approximately how much blood have you lost?

2. Go home, go to bed and put your feet up. Stay in bed until the bleeding stops, and then for 24-48 hours after it stops. (your physician will advise you about this)

3. Avoid the following:

- Sexual relations, including breast stimulation
- Douching (douching should be avoided at all times during pregnancy)
- Enemas or laxatives
- Tampons
- Heavy lifting (in excess of 20 pounds)
- Going up and down stairs

If the bleeding stops, you may, after the second day, slowly begin to resume your normal activities. Avoid doing anything that you find tiring, and get plenty of rest. Postpone sexual relations for two weeks after the bleeding stops, as this could cause the bleeding to start again.

IF YOU EXPERIENCE ANY OF THE FOLLOWING, CALL YOUR DOCTOR IMMEDIATELY:

- Severe abdominal pain or cramping
- Passing tissue-like substance (if you do pass tissue, save it in a container and take it with you for the doctor to examine)
- Fever of 100.4° F, especially when accompanied by chills
- Increased bleeding
- ABSENCE OF FETAL MOVEMENT. (after they have been felt regularly).

FREQUENTLY ASKED QUESTIONS ABOUT SEX DURING PREGNANCY

CAN I CONTINUE TO HAVE SEX DURING PREGNANCY?

Yes! You can continue having sexual intercourse if you have an uncomplicated pregnancy. Check with your doctor if your pregnancy is considered high risk or if you have any concerns.

Pregnancy is a time when communication between partners is essential. This is a time when patience and tenderness are greatly appreciated by each partner. One of the best means of communication in relationships is sex. Making love is a unique way couples have of expressing commitment and caring. It is not uncommon, however, for pregnant women to have frequent mood changes and, the couple may notice a change in sexual needs. Some women may notice an increase. It will vary throughout the pregnancy. It is important for each partner to be sensitive to the other and to the needs of each.

In most cases, sex can be enjoyed throughout the pregnancy. Some couples fear that intercourse will harm the baby or cause a miscarriage. In fact, the baby is very well protected by the uterus and the amniotic sac (bag of water). Intercourse will not cause the bag to break or hurt the baby. It is always best to consult your health care provider for specific information, but, in general, comfort should be the determining factor with regard to sexual activity.

Intercourse is not the only form of sexual expression. Other expressions of tenderness and caring may be quite satisfying, and, gentle experimentation may be helpful in achieving a comfortable and intimate relationship during pregnancy.

PLEASE OBSERVE THE FOLLOWING PRECAUTIONS:

- Do not blow air into the vagina. It is possible for air to transfer into the blood stream and cause death for both the mother and baby.
- Do not introduce hard plastic devices into the vagina. It is possible to damage the cervix.
- Take care that bacteria does not enter the vagina. If anal intercourse is practiced, make sure the penis is cleaned before inserting into the vagina.
- Avoid full body weight on the woman's abdomen. Intercourse with both partners lying on their side is frequently more comfortable.
- Do not have sexual relations if you are bleeding, leaking fluid from the vagina, or having pre-term labor.
- Do not have sexual relations if you know your membranes are ruptured.
- Nipple stimulation can cause the uterus to contract and may initiate preterm labor.

Whatever form of sexual expression is practiced, it is best to stay with one sexual partner. Sexually transmitted diseases are particularly dangerous during pregnancy and having more than one partner greatly increases the chances of contracting a sexually transmitted disease.

AFTER THE BABY:

Intercourse is best postponed until after your postpartum visit with the physician. This will give the vaginal wall time to heal and regain strength, and, allow the episiotomy site to heal. In most cases, it is safe to resume intercourse after 4-6 weeks. Again, let your physician and your own comfort be your guide.

Typically the vaginal tissues and episiotomy site will be tender for 4-6 weeks after delivery. You may notice a need for extra lubrication and perhaps extra caution. Remember, unless you are using birth control, it is possible to become pregnant, even after the birth of your baby. It is a good idea to have a plan for birth control before the need arises.