Welcome to Western OB/GYN

CONGRATULATIONS! Whether you are a first-time mom or having another child, pregnancy is an important journey. We encourage each patient (established and new) to read through this information booklet about Western OB/GYN. It is intended to guide you and inform you about ourselves, our practice and the routines for your pregnancy. Information in this booklet is intended solely as a general educational tool. It is not a substitute for medical or other professional advice. We look forward to joining you on your pregnancy journey.

OUR PROVIDERS

For more than 40 years, the Western OB/GYN physicians, midwives, nurse practitioner and physician assistants have been leaders in quality obstetric and gynecologic care in the western suburbs of the Twin Cities. We strive to provide individualized care and attention in a gentle and compassionate manner.

HOSPITAL

Ridgeview Medical Center
500 S. Maple Street
Waconia, MN 55387
952-442-2191
Birthing Center:
952-777-4646
Nursing staff available to help day or night.

NURSE HELP LINE

Our triage nurses are available to you for information, education, and to answer questions. Our office numbers are 952-442-2137 (Waconia) and 952-556-0071 (Chaska). After hours, **emergency** phone calls can be directed to the **same** phone numbers, as they will be deferred to the answering service to contact the on-call provider.

FIRST OFFICE VISIT

You can call our office to schedule a first prenatal visit anytime during your first 12 weeks of pregnancy. At your first appointment, an OB/GYN physician, nurse practitioner, certified nurse midwife or physician assistant will visit with you to collect your health history information, perform lab tests relative to your pregnancy and your general health, and review educational material. This appointment is approximately 60 minutes in length. This appointment may include a complete physical examination and discussion of any problems or questions. An ultrasound may also be ordered at this visit.

FOLLOW-UP VISITS

Follow-up visits are much shorter in duration than your initial visit. The closer you get to your due date the more frequently we will need to see you. The first 28 weeks of pregnancy we see you monthly. For weeks 28–36, we see you every two weeks. The last month of pregnancy we see you weekly.

Western OB/GYN
A Division of Ridgeview Clinics

PROVIDERS

- Rebecca L. Baudoin, MD
- Sarah A. Freitas, MD
- Andraya J Huldeen, MD
- Dennis R. Mohling, MD
- Louise E. Ou-Yang, MD
- Michael T. Valley, MD
- Barbara S. Van Eeckhout, MD
- Lynn Artibee, CNM
- Shawn Johnson, CNM
- Renee McNeill, CNP, CNM
- Leah Schroeder, CNM
- Sarah Bot, PA-C
- Gina Edison, FNP

OUR LOCATIONS

Waconia
Ridgeview Professional Building
560 S. Maple Street, Suite 130

Chaska
111 Hundertmark Road., Suite 200

Ridgeview Arlington Clinic
601 W. Chandler

Ridgeview Belle Plaine Clinic
165 Commerce Drive West

Ridgeview Chanhassen Clinic
7907 Powers Boulevard

Ridgeview Delano Clinic
916 St. Peter Avenue

Ridgeview Excelsior Clinic
675 Water Street

LAB TESTING

Please note that the following tests are performed as part of your routine prenatal care and are coordinated with an OB visit.

Initial Testing (done at 1st OB visit)

- Pap smear
- Blood type and Rh factor
- Antibody screen
- Rubella titre (German Measles)
- Hepatitis B
- Hepatits C (water births)
- HIV screen (AIDS test) - Positive results are reported to MDH
- Urine culture
- GC and chlamydia cultures - Positive results are reported to MDH
- Hemoglobin
- Cistic fibrosis screening* (see additional information)
- Possible other screenings
- Spinal muscular atrophy (SMA)

15-20 weeks

- Maternal Serum Quad Test (optional) (see additional information)

25-28 weeks

- Gestational diabetes screening
- Antibody titre (if indicated)
- Rhogam (if indicated

36 weeks

- Group B strep culture

Ultrasound Study

- Typically offered about 20 weeks

**You may want to check your insurance coverage.*

MEDICATIONS: Prenatal vitamins that provide adequate iron and a minimum of 400 mcg of folic acid are recommended. You may use generic over-the-counter prenatal vitamins also. Flintstone's chewables or Centrum Junior is okay to take as well. See table below for over-the-counter medications.

Problem	Safe to Take	Avoid Unless Advised by Physician
Headache	Acetaminophen for pain or fever (Tylenol, Panadol, Datril) Ibuprofen may be taken up to 28 weeks *(dosage 400 mg every 4–6 hours as needed)*	Aspirin
Respiratory infections, "colds" and coughs	Tamiflu, Sudafed, Children's Dimetapp, Chlor-Trimeton (The short-acting allergy type is best) Mucinex, Zicam, Robitussin DM for coughs Check with your provider regarding using these during 1st trimester	
Allergies	Benadryl, Claritan, Tavist, Zyrtec	
Nausea	Vitamin B6 (100 mg) up to 2 times day Ginger tabs, Unisom (Doxylamine) 25 mg, 3 times a day/or at night Sea sickness wristbands Meclizine (Dramamine) 12.5 mg 3 times day Mint or ginger teas	
Diarrhea	Kaopectate, Imodium	
Heartburn	Antacids such as Rolaids, Tums, Riopan, Mylanta, Maalox, Zantac	Alka-Seltzer, Pepto-Bismol
Constipation	Drinking fluids and eating fiber (All Bran, Raisin Bran cereal). You can also use Docusate/Colace (stool softener), Miralax, Metamucil or Benefiber	Any laxative
Hemorrhoids	Preparation H cream (applicator okay), Tucks Anusol HC (Prescription only)	
Insomia	Benedryl, Unisom	

Whenever medications are prescribed during your pregnancy, please be certain that the doctor prescribing the medication knows that you are pregnant. Flu vaccination is recommended. Tdap (Tetanus, Diptheria and Pertussis) is recommended after 20 weeks, and a booster is recommended with each pregnancy and offered at 28 weeks gestation. TB testing is okay.

SCREENING TESTS FOR GENETIC PROBLEMS (OPTIONAL)

We recommend you check on your insurance coverage for these tests as it may vary.

First-trimester screening

- This test screens for some chromosome problems, such as Down's syndrom, and trisomy 18 and 13.
- This involves having your blood drawn as well as having an ultrasound on the baby at 11–13+6 weeks. The ultrasound looks at the thickness at the back of the nexk of the developing baby (Nuchal translucency).
- With this test, no risks are involved and it has an accuracy of 91 percent with a false positive rate of 5 percent.
- A positive result does not mean that you have a baby with a chromosome problem; you may want to evaluate it further with a targeted ultrasound or an amniocentesis.

Second-trimester screening

- This test screens for some chromosomal problems such as Down's syndrome, trisomy 18 and neural tube defects, such as spinal bifida.
- The test involves having your blood drawn and measured for substances in your blood. This test is done between 15-20 weeks of pregnancy.
- There is no risk involved in this test and detects 81 percent of Down's syndrome and trisomy 18 and neural tube defects, with a false positive rate of 5 percent.
- As with the above test, a positive result does not mean that your baby has a problem; a targeted ultrasound or amniocentesis may help clarify if a problem exists.

Harmony (35 and older)

- DNA blood test for Down Syndrom.
- Performed as early at 10 weeks in pregnancy, but can be ordered anytime in pregnancy.
- A positive result does not mean that you have a baby with Down Syndrome, but further testing and counseling is discussed.
- Can identify 99 percent of Down Syndrome cases, with a false positive rate of less than .1 percent.

Cystic Fibrosis

- Cystic fibrosis is a genetic disease; this lifelong illness affects breathing and digestion, not appearance or mental ability. Life span may be shortened, and the severity varies.
- It is most common in European Caucasian and Ashkenazi Jewish families; the chance of being a carrier is 1 in 25–29. Carriers of this gene have no symptoms themselves.
- To see if you have a copy of this gene (are a carrier) a blood test can be done anytime before or during pregnancy. The blood tests for 25 of the most common 1,000 mutations, which detects 90 percent of the cases of cystic fibrosis.
- If both parents are carriers, then the chance their baby will have cystic fibrosis is 1 in 4.

Spinal muscular atrophy (SMA)

- Spinal muscular atrophy (type 1) is the most common genetic cause of infant death under two years of age. Babies with SMA can't use their muscles for rolling over, crawling, sitting up, and eventually breathing or swallowing. When both parents are carriers, the risk to have an affected child is 1 in 4 (25 percent).

Waconia: 952-442-2137
Chaska: 952-556-0071

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GENERAL INFORMATION & ADVICE FOR PREGNANT PATIENTS

DIET: Please note attached brochure labeled "Nutrition During Pregnancy" (ACOG brochure).

EXERCISE: Exercise is very important for you and your baby. You need to exercise during your pregnancy. The only limits are no contact sports or other activities that put a pregnant woman at risk for an injury. Remember the importance of staying hydrated with exercise.

You are tired. You are gaining weight and may not feel your best. Although most of the time these symptoms are normal during pregnancy, exercise may help provide some relief. Becoming active and exercising at least 30 minutes on most, if not all, days of the week can benefit your health in the following ways:

- Helps reduce backaches, constipation, bloating and swelling.
- May help prevent or treat gestational diabetes.
- Increases your energy.
- Improves your mood.
- Improves your posture.
- Promotes muscle tone, strength and endurance.
- Helps you sleep better.

Regular activity also helps keep you fit during pregnancy and may improve your ability to cope with the pain of labor. This will make it easier for you to get back in shape after your baby is born. You should not, however, exercise to lose weight while you are pregnant.

ENVIRONMENTAL EXPOSURES IN PREGNANCY

There are certain environmental exposures that can be harmful in pregnancy. Below is an explanation of some common environmental exposures.

Studies looking at paint exposure in pregnancy have not had consistent results. Household painting is likely of low risk, and a single study did show no evidence of preterm birth or low birth weight in women with paint exposure in their homes. Basic precautions are: working in a well-ventilated area, wearing protective clothing to cover your skin, and avoiding eating or drinking while painting are recommended. Lead paints and paint strippers should be avoided. Household solvents are usually not a major risk since use is episodic and air levels are low. Women with industrial exposure to solvents, however, may be at an increased risk. They should request information regarding the solvent from their employer, work in well-ventilated areas, and wear protective gear such as masks, gloves and long-sleeve clothing while working with these solvents.

There is no published information that self-tanners during pregnancy cause birth defects. When self-tanners are used, only very small amounts of the active ingredients are absorbed into the bloodstream. There's no information whether this very small amount is able to cross the placenta and get into the baby's circulation. Unfortunately, however, there's no information to prove the safety of self-tanners while pregnant. Tanning booths are safe in pregnancy, but great care must be taken to avoid overheating, which can cause risk to the baby. It is recommended that you spend only 10–15 minutes at a time while tanning in pregnancy. There are very few studies of hair dye use and hair permanents during pregnancy. We know that only a very small amount of any product applied to the scalp is actually absorbed into your system. The current information available, in conjunction with the minimal absorption through the scalp, makes hair treatment in pregnancy unlikely to be of concern.

Exposure to pesticides should be avoided in pregnancy.

TRAVEL DURING PREGNANCY

It is safe to travel during pregnancy, but there are some precautions to take. During long trips, stretch your legs and move around every couple of hours. Be sure you are drinking plenty of fluids during travel. **Traveling after 36 weeks is not recommended.**

SEAT BELTS

The use of seat belts including a shoulder harness and lap belt is strongly encouraged in pregnancy. When your abdomen is large, wear it under your abdomen.

SMOKING, ALCOHOL AND DRUG USE

Smoking – Not smoking is one of the best gifts you can give your unborn child. Women who do not smoke are more likely to deliver a healthy baby of normal weight. Smoking cigarettes during pregnancy is directly associated with low birth weight, premature births, miscarriage and other complications.

Babies born to mothers who smoke while pregnant and after delivery have a higher incidence of sudden infant death syndrome (crib death). Children whose mothers smoke during pregnancy are more susceptible to respiratory problems in early childhood and may be slightly behind their age group in physical growth. If either parent continues to smoke after the baby is born, the child may have a greater risk of developing bronchitis or pneumonia.

While there are no safe levels of smoking, the fewer cigarettes smoked the better. Smoking during the time of breastfeeding is also not advisable since the nicotine will be passed onto the baby through your breast milk. Your provider can assist you with information about smoking cessation methods and programs.

- Minnesota Quit Line: 1-877-270-STOP.

Alcohol – Alcohol consumed during pregnancy can be harmful to your developing baby. The risk of abnormalities is increased with alcohol consumption during the crucial early period of your baby's development—even before pregnancy is recognized. An increased risk of miscarriage and lower birth weight is also associated with drinking alcohol. Babies born with fetal alcohol syndrome have varying degrees of mental retardation, behavior problems, growth retardation and abnormalities in facial features.

A safe level of alcohol consumption has not been determined, so it is wise to take the following precautions:

- Do not drink alcoholic beverages when you are pregnant or considering pregnancy.
- If you have a drinking problem, seek professional help as early as possible.
- Be aware of the alcoholic content of food and drugs (cough medicines and nighttime cold remedies may contain significant amounts of alcohol).

Caution should be taken even after your baby is born if you plan to breastfeed. Alcohol passes to your baby through your breast milk.

Medicines and Drugs – You should take only those medicines prescribed by your provider. This is particularly important during the first 12 weeks of pregnancy. Medicines have different effects, some major, some minor, so be careful even if you think you might be pregnant.

Inform your provider of all medications, herbal supplements and drugs you are taking: prescription drugs, street drugs, over-the-counter drugs.

Babies can be born addicted to drugs. If your provider does not know that your baby is going through a withdrawal period, either during your pregnancy or after birth, the condition can be very serious or even fatal.

TOXOPLASMOSIS, CHICKEN POX, FIFTH'S DISEASE

If you have a cat, we would advise you not to change the litter box. Toxoplasmosis, a parasite carried by some cats, can cause miscarriage, birth defects and mental retardation in the baby you are carrying. Holding and petting the cat presents no risk. Also ensure that all meats are cooked thoroughly.

If you have had chicken pox in the past, there should be no risk of developing that virus during pregnancy. If you are not sure, please check with your nurse or doctor.

Another virus that may be a concern to you and your baby is called Fifth's disease. Fifth's disease is common in young children and presents as high fever and a rash on the cheeks. If you should become exposed to this, please call the office for advice.

BATHING

Consider a rubber mat in the tub or shower to prevent slipping. Tub baths may become more difficult near the end of pregnancy when your center of balance shifts. Keep the water temperature warm, because hot water may make you feel dizzy or light headed.

Avoid hyperthermia (high body temperature). There's some evidence that hyperthermia in early pregnancy may cause damage to the fetus. You may be able to tolerate short stretches in a hot tub, but temperature should not exceed 102 degrees Fahrenheit and your exposure should not exceed 10 minutes.

CARE OF TEETH

Brush and floss your teeth at least once a day. This disrupts plaque and bacteria that cause tooth decay and helps you maintain healthy gums. Your gums may bleed more easily during pregnancy.

Oral health is an important part of your total health. Untreated dental disease can increase the risk of certain pregnancy complications. Discuss with your dentist the use of X-rays, anesthetic agents, pain medications and other drugs.

SLEEPING POSITIONS DURING PREGNANCY

As you get closer to delivery, you may find it increasingly difficult to sleep through the night. Insomnia can be troublesome for you, but there's no need to worry about it harming your baby. The best position for sleeping in **late** pregnancy is on your **left** or **right** side, with your legs and knees bent. Lying on your side may be more comfortable than on your back because it takes pressure off the large vein that carries blood from your legs and feet back to your heart. The side position is also good for taking pressure off your lower back. Try using extra pillows for more comfort.

Some other tips:

- Warm milk or a good source of protein at bedtime
- Chamomile tea; avoid caffeine after 3 p.m.
- Warm, plain water bath
- Massage
- Exercising a few hours before bedtime
- Over-the-counter medication may be OK (see medication chart on page 2)

SEXUAL RELATIONS

For the healthy woman, there are few restrictions on sexual intimacy during pregnancy. However, it is normal for your feelings about sex to change during this time. You may go through temporary periods when your desire for sexual intercourse increases or decreases.

Usually there is no problem with having intercourse into the ninth month. Intercourse might be restricted if certain problems develop during your pregnancy.

It is common for intercourse to cause a few contractions. These contractions may be uncomfortable for you, but they are not harmful to the pregnancy or the baby.

DOMESTIC VIOLENCE

One in five women report intimate partner violence during pregnancy, a fact that can endanger the life of a pregnant woman and her unborn baby. Even when partner abuse is not life threatening, it greatly increases your risk of serious pregnancy complications.

Local Resources

- Southern Valley: 952-873-4214
- CADA (Committee Against Domestic Abuse): 507-237-5977

CAFFEINE

Most experts agree that moderation and common sense are the keys to consuming caffeinated items during pregnancy. "Moderate" caffeine consumption is approximately 200–300 mg a day, which is similar to 1–3 cups of coffee. Researchers have had difficulty determining whether there is a relationship between caffeine and miscarriage since miscarriage is a very common event. A few studies have shown that there may be increased risk of miscarriage with high caffeine consumption. Even high amounts of caffeine, however, have not been shown to cause an increased chance of birth defects.

FISH

Fish and shellfish are an important part of a healthy diet. They contain a high quantity of protein and other essential nutrients and are lower in saturated fat and contain Omega-3 fatty acids, which have been associated with increased fetal brain development. A well-balanced diet that includes a variety of fish and shellfish can contribute to heart health and children's proper growth and development, so women and young children in particular should include fish or shellfish in their diets due to many nutritional benefits.

Due to concerns of mercury exposure, the FDA and Minnesota Department of Health make the following recommendations: Avoid shark, swordfish, tile fish and king mackerel. Specifically to Minnesota: Avoid walleye longer than 20 inches, Northern pike longer than 30 inches and muskellunge.

NUTRITION FOR YOUR PREGNANCY

Please review ACOG "Nutrition During Pregnancy" handout included in the folder given to you at Western OB/GYN.

Nutrition is important in promoting a healthier you. When you are pregnant, the food you eat will influence not only your health, but also the health of your unborn child.

Weight Gain: Gaining the recommended amount of weight at an appropriate rate is another reassurance that your baby is growing well and that you are remaining healthy. If your body mass index is within the desirable range at the beginning of your pregnancy, you will be expected to gain 25–35 pounds. (Please see previous page for explanation of body mass index.)

Prepregnancy BMI	Total Weight Gain Range (lb.)
Underweight (less than 18.5)	28–40
Normal weight (18.5–24.9)	25–35
Overweight (25–29.9)	15–25
Obese (30 or higher)	11–20

In general, the more overweight you are the less weight you are required to gain. Despite the fact that weight gain may be limited when you are overweight, it is never recommended that you lose weight on purpose during your pregnancy. Intentional weight loss can be harmful to your unborn baby.

Some women experience a small amount of harmless weight loss with nausea and vomiting during early pregnancy or during illness. Your weight should return to normal and you should begin to gain weight when your appetite returns to normal, usually around 12–14 weeks, averaging three-quarters to one pound each week

Fluids: Beverages and semi-solid foods provide you with the water you need daily. In addition to the foods you eat, you should drink a minimum of eight cups of fluid each day. Many women need more fluid to prevent constipation, headaches and swelling.

Safe Food Preparation: Certain guidelines can help prevent maternal and fetal illness from food-related diseases.

- Cook all foods from animal sources thoroughly (beef, pork, poultry).
- Wash fruits and vegetables before eating.
- Separate all uncooked meats (including poultry and smoked seafood), from ready-to-eat fruits, breads, vegetables and cooked foods.
- Avoid unpasteurized milk or foods from unpasteurized milk.
- Use all perishable, pre-cooked or ready-to-eat foods as soon as possible.
- Wash hands, dishes, utensils, cutting boards and refrigerator spills after contact with uncooked foods. Clean with hot, soapy water for at least 20 seconds.
- Refrigerate unused foods promptly.
- Avoid unpasteurized soft cheeses (Feta, Brie, Camembert, blue-veined, Mexican-style cheese) to avoid listeriosis. If soft cheese are pasteurized they are safe to eat. You can eat yogurt and hard processed cheese such as cheddar, mozzarella, cream cheese and cottage cheese.
- Cook leftover foods or ready-to-eat foods thoroughly before eating.
- Avoid or thoroughly re-heat cold cuts, hot dogs and deli meats before eating to avoid listeriosis.
- Do not eat smoked seafood unless it is in a cooked dish such as a casserole.
- Clean refrigerator on a regular basis.
- Keep refrigerator temperature at 40 degrees or lower.
- Check expiration dates on perishables.

IMPORTANT WARNING SIGNS

Any of the following signs may be a warning that you need medical help. Call your health care provider right away if you experience any of the following:

- **Severe headaches or continuous headaches**
- **Blurring of vision or spots before your eyes**
- **Stomach pain or cramps**
- **Fever of 100 degrees or more**
- **Painful urination**
- **Marked swelling in your upper body, face or hands**
- **Sudden weight gain in just a few days**
- **Vaginal bleeding**
- **Gush or flow of watery fluid from your vagina**
- **Regular contractions getting stronger as time progresses**
- **Marked decreased or stopping of fetal movement (from 24 weeks throughout the rest of your pregnancy)**

DISCOMFORTS OF PREGNANCY

While pregnancy should be a very healthy time in your life, there are some common discomforts that you may experience. These symptoms usually are not cause for alarm, and there are measures you can take to relieve them.

1) **Nausea and vomiting** A common side effect of pregnancy is nausea and vomiting. The discomfort may occur at any time during the day, even though it is referred to as "morning sickness." It seldom persists beyond the end of the third or fourth month (12–16 weeks). Avoid letting your stomach become empty (5–6 small "meals" spread throughout the day may decrease the nausea and vomiting, as well as preventing low blood sugar. A 3–4 pound weight gain during the first three months is recommended. Choose healthy foods when planning meals and snacks. If you have an unpleasant taste in your mouth, use hard candy, mints or chewing gum. Aroma of certain foods can be enough to stimulate nausea. Activity and motion may also be contributing factors.

Suggestions to help prevent and relieve nausea and vomiting include:

- Eat dry food before getting out of bed in the morning (crackers, popcorn or toast).
- Drink liquids between meals rather than with meals. Avoid extreme hot or cold beverages. Limit caffeine intake.
- Avoid fatty (greasy) and spicy foods and choose more bland foods.
- Increase intake of carbohydrates (fruits, vegetables, breads and pasta).
- Eat a protein snack before going to bed.
- Avoid unpleasant food odors. Accept help with food preparation.
- Eat slowly and chew food well.
- Get adequate rest. Get out of bed slowly.
- Take your prenatal vitamins with food, at the time of the day when you are feeling the best.
- Use antacids during pregnancy only as directed on labels.
- Vitamin B6 50 mg twice a day may be helpful and is available without a prescription.
- Foods with ginger may settle the stomach (gingersnaps, ginger ale and ginger tea).
- Fluid intake is important to prevent dehydration. Sips of fruit juices or protein beverages will give added calories if needed. If you are unable to keep fluids down for more than 24 hours, notify your provider.

2) **Frequent urination** The need to empty your bladder more frequently occurs during pregnancy as a result of the pressure being put on your bladder by the growing uterus and baby. Unless accompanied by symptoms of a urinary tract infection, the increased frequency of urination is normal in pregnancy. Some women may notice a decrease in frequency around the fourth month of pregnancy, but then an increase again as the baby drops into the pelvis toward the end of pregnancy. Because you are at greater risk of developing bladder or kidney infections during pregnancy, drink plenty of liquids, try to empty your bladder completely and don't "hold" your urine when your bladder feels full. If you develop a fever, chills, backache or burning with urination, notify your provider.

3) **Vaginal discharge** Normally during pregnancy women's vaginal discharge changes. It may increase in amount, become thicker and white in color. However if the discharge is bloody, yellowish, greenish, has a bad odor, is heavy and frothy, or causes burning and itching you should check with your provider. To prevent vaginal infections or irritations, take a daily shower or bath, avoid the use of bubble baths and feminine sprays, wear cotton undergarments, avoid tight pants, and avoid use of colored or scented toilet tissue and sanitary pads. Tampons should not be used for any reason during pregnancy. Avoid douching.

4) **Constipation** Hormonal changes occur during pregnancy, which may cause constipation. Late in pregnancy constipation may become even more of a problem due to the enlarged uterus pressing on the lower intestine. Prenatal iron and vitamins may also be constipating for some women. Diet plays an important part in avoiding constipation. Drink at least eight cups of water or other liquids a day. Eat foods that are high in fiber such as fresh fruits and vegetables, bran and whole grain cereals, and breads. Daily exercise is also helpful. Fiber supplements are helpful. These should be used as directed on the label. If these measures fail, check with your provider. Do not take laxatives, enemas or other home remedies unless you are prescribed.

5) **Hemorrhoids** Hemorrhoids are enlarged, "varicose" veins in the rectum that may become painful during pregnancy. The increased pressure of the enlarging uterus on the hemorrhoidal veins cause them to become distended. Signs and symptoms of hemorrhoids include rectal itching or bright red bleeding on the tissue after bowel movements. Hemorrhoids are not entirely preventable during pregnancy. Avoiding constipation is one of the best means of minimizing problems. Adequate fluids and fiber/bran in your daily diet helps provide a bulky, soft stool that will decrease the discomfort and symptoms of the hemorrhoidal veins. Hemorrhoids may also be treated using Tucks or gauze soaked in witch hazel for symptomatic relief. Local or topical ointments available over the counter may also be useful in providing relief. If hemorrhoids bleed profusely or cause intense pain, you should consult with your provider. The problem of hemorrhoids is usually relieved after delivery.

6) **Heartburn** Heartburn has nothing to do with your heart. It is a burning sensation caused by hormonal changes that slow down your digestive system and by the pressure of the growing uterus against your stomach. Food mixed with stomach acid is pushed up from your stomach and causes the burning, especially after meals. To avoid heartburn, try some of the hints suggested for nausea and vomiting. Eat five times a day and avoid greasy foods and other foods that do not agree with you. Try to avoid eating just before lying down. Changing your sleeping position may also help relieve heartburn. Try sleeping with several pillows to raise your head, or elevate the head of the bed a few inches. Do not take baking soda to relieve your heartburn. A low-sodium, low-sugar antacid may be helpful.

7) **Shortness of breath** As your baby grows larger and takes up more room, you may become more short of breath. The problem will go away shortly before your baby is born. When you feel short of breath, stop whatever you are doing and take four or five deep, slow breaths. Also moving more slowly will help conserve your breath. If your shortness of breath is accompanied by dizziness or a feeling as though your heart is racing, let your provider know.

8) **Varicose veins** Varicose or enlarged veins usually occur in your lower legs, but may extend into the pelvic area. They are caused by your enlarged uterus, which presses on the abdominal veins and interferes with the return of blood from your legs. Varicose veins usually shrink and disappear during the first few weeks after the baby is born. It is wise to help prevent varicose veins by not wearing tight garters, stockings or socks. If possible, do not stand in one place for long periods of times. If your job requires you to stand, walk around at break time to improve circulation. If you can, sit down and put your feet up for a few minutes.

9) **Leg cramps** Leg cramps are more common during the later months of your pregnancy and are generally due to pressure from the large uterus. Leg cramps frequently occur in bed. You can often get relief by using heat, massage or stretching the calf muscle. Two exercises that may help:
   - Stand about six inches away from a sturdy chair and hold onto the back of it. Stretch your calf muscle by sliding the foot of the leg that is cramping as far backward as you can while keeping your heel on the floor. Daily repetition of this exercise may prevent leg cramps.
   - If you have someone to help you, lie down on the bed or floor and straighten your cramped leg. Have your helper push down against your knee with one hand and push up against the sole of your foot with the other hand. Repeat as needed. If cramps continue, tell your provider. Some patients get relief with calcium/magnesium supplements.

10) **Backache** As your pregnancy progresses, your posture changes because your uterus is growing and pulls on your back muscles. Your pelvic joints also loosen. This may cause backache. To help prevent back strain, wear low-heeled, supportive shoes. If you are having problems with backache, try a warm bath or a warm heating pad to your lower back.

11) **Skin changes** You may notice dark or reddish streaks that are slightly indented into the skin of your abdomen, breasts or buttocks. These are commonly called stretch marks and are the result of tissue stretching. After pregnancy, these marks fade in color and decrease in size. A lanolin cream may be rubbed in the skin. This does not prevent or decrease stretch marks, but the massaging is comforting and relaxing while the cream helps relieve dry skin. Areas of darkened, "pigmented" skin on the face and neck are referred to as your "mask of pregnancy." This is caused by the high levels of pregnancy hormones and will fade after delivery. Exposure to sunlight aggravates the skin color changes. Other parts of the body already pigmented become darker, for example the area around your nipples. You may notice a darkened line down the middle of your abdomen extending from the navel to the pubic area. This is normal and will fade after delivery.

12) **Abdominal discomfort** During your pregnancy, you may experience various types of abdominal discomfort. Round ligament pain is described as a sharp, shooting or sideache-type pain on either side of the lower abdomen. Enlargement of the uterus causes stretching of the ligaments that support the uterus. Exercise or sudden movement can increase discomfort. Relief can be obtained with proper exercise, adequate rest or heat application.

Notes:

CONTACT US
Waconia: 952-442-2137
Chaska: 952-556-0071