

Chapter Four: Do's and Don'ts of Pregnancy

What to Strive For During Pregnancy

DO:

- **Develop a positive attitude.** Pregnancy is for most women a happy, healthy time in which their bodies function the way they were designed to do. It is a time of looking forward not only to having an adorable baby, but also to starting an exciting, and challenging phase of life. Even though it can be a little scary because it is a new experience, most fears can be overcome, by thinking of it as a great adventure with a great reward at the end. Maintaining a realistic but optimistic attitude goes a long way in helping you through the pregnancy and birth even when everything does not go exactly as you expect. Please trust your body and your intuition. We hope you will also grow to trust your health-care providers so that we can work with you to make your pregnancy, birth and early parenting experiences the best that they can be. Learn all you can about pregnancy, birth, and parenting. Read, take classes and watch videos. Your CNMs want to help you become a well-informed consumer so let us know what you need to know during your visits.
- **Eat well.** Good nutrition is important for a healthy mom and baby. Eat a well balanced diet with adequate protein, fruits, vegetables, whole grains, and calcium. Most need extra calcium and magnesium supplements for bone health. In addition to a balanced diet women should take a prenatal vitamin or daily multivitamin throughout the pregnancy. Some women may also need additional iron (see iron rich foods in appendix). We will check your iron levels throughout. Optimal weight gain varies depending on your starting weight. A weight gain of about 15 pounds is recommended for those who are overweight at the beginning of pregnancy. The average weight for height woman should plan to gain 25-35 pounds. Those who are underweight need to gain approximately 28-40 pounds during pregnancy to ensure optimal nutrition for the fetus as well as building their own reserves.
- **Exercise.** Along with eating well, regular exercise is an important part of being healthy. With a normal pregnancy it is safe and helpful to exercise throughout your pregnancy, though some forms of exercise might not be appropriate during late pregnancy (i.e., kickboxing). Check with the midwife especially if beginning an exercise program. You need to pay special attention to hydration, heart rate and body temperature, but, if done appropriately, exercise can help you have an easier pregnancy and labor!

Women who exercise will have:

- less interventions during birth
- fewer Cesarean births
- shorter labors
- less risk for gestational diabetes
- lower rates of depression

General Guidelines:

- Thirty minutes of moderate exercise almost every day is appropriate for a normal

pregnancy. (If you were inactive pre-pregnancy, you will need to start at a much slower level).

- Make sure you balance exercise with periods of rest and relaxation.
 - Listen to your body; it is possible to hurt yourself, even with gentle exercise. As your belly grows, your center of gravity changes, joints soften, and positions or exercises that were easy become challenging. Listen to your body if it says “I need a break”.
 - Avoid long periods in the supine position (lying directly on your back).
 - Pay special attention to hydration, heart rate and body temperature. If you start to feel overheated, you should slow down and stop.
 - ***No directed abdominal exercises after 20 weeks of pregnancy.*** As your baby and belly grow, abdominal muscles separate and focused strong abdominal exercise will exacerbate the separation.
- **Enjoy sex during pregnancy.** Enjoyment of sex during pregnancy is a healthy, satisfying part of a couple's total relationship. Female orgasm during late pregnancy will cause uterine contractions, which are harmless to the baby and will not cause premature labor. (If orgasm did cause labor, induction of labor would be a simple, fun procedure!) Different positions for intercourse will need to be used as the woman's abdomen enlarges. Any position which is comfortable is safe. Increased or decreased desire in women is normal both during pregnancy and the postpartum period.

Intercourse should be avoided under the following conditions:

- After the membranes (bag of water) have ruptured - there is danger of infection.
 - When bleeding or premature labor occurs, or if you have been told that there is a medical reason to avoid sex (such as with Placenta Previa)
 - Women who have had repeated miscarriages (more than 2) should avoid intercourse during the time they usually miscarry.
 - The only sexual activity reported as dangerous is blowing air into the vagina of a pregnant woman. This can detach the placenta from the uterine wall and/or cause an air embolism. If you have questions about sex, please feel free to discuss them with the nurse-midwives.
- **Travel if you wish.** All types of travel are permitted during a normal low risk pregnancy. In pregnancies after 36 weeks, you should consider the fact that you may end up giving birth in an unfamiliar place with an unfamiliar provider. Air travel is permitted as long as the airplane cabin is pressurized. Travel to high altitude locations is also permitted up to approximately 6000 feet. Be sure to drink plenty of water and walk around intermittently during the trip.
 - **Prepare your birth plan.** The CNM will give you a birth preferences worksheet around 34-36 weeks of pregnancy. You may also develop a birth plan during your childbirth education class. We usually review and discuss your birth plan with you at 36 weeks. Decide who you want to be with you and what each person will do to help. Be sure to tell the nurse-midwife

of any special procedures that you would like. We ask that you place a copy of your birth plan in your bag to take with you to the hospital in order to place a copy on your chart when you are admitted in labor..

- **Purchase and properly install an infant car seat.** Maryland, Virginia and DC all have child seat safety laws. Please obtain an infant car seat by 36 weeks so you may safely transport your newborn to and from home.
- **Choose a pediatrician or family practice doctor.** The following are some sample questions to ask:
 - Where is the office located in relation to your home? The ease of travel to the office at anytime and especially in an emergency is important.
 - If the doctor is a family practice physician, ask him/her what arrangements he has made in case of an admission to a hospital. Does he/she routinely see newborns?
 - Where does the doctor have hospital privileges? What are the special practices, if any, of that hospital's pediatric unit, i.e., open visiting or rooming-in?
 - Does the doctor have staff privileges at the hospital where you might go for delivery? If not, who will see your baby?
 - What is the size of the practice? How long do you have to wait to obtain an appointment? How much time is designated for each appointment?
 - Who are the other persons who may be associated with the physician, another physician you might see, and/or a pediatric nurse associate who can answer many of the daily parental concerns? Is there a telephone hour?
 - What are the arrangements for covering emergency calls, including nights and weekends?
 - What are the various costs for care: office visit, immunization, telephone consultation, emergency visits?
 - What are the doctor's views on infant feeding? (Bottle and breast feeding as well as how to start the intake of solid food.)
 - What is the doctor's management for newborn jaundice?
 - How many times does the physician expect to see the baby for normal health maintenance?
 - What are the doctor's responses to your questions? If invited into the office, take the opportunity to observe doctor-child interaction. Did you feel comfortable talking with the physician?
 - Discuss Vitamin K and circumcision. Ask for her/his views on these as well as immunizations.
 - Ask your friends who they use and what they think of their relationship with their pediatrician or family practice doctor.

Since these are suggested guidelines, you may have some other criteria upon which you are making your decision. Midwifery Care Associates has a list of pediatricians/family practice doctors who have been recommended by other clients.

What to Avoid During Pregnancy

DON'T:

- **Take any medications** (prescription or over-the-counter) without consulting with the CNM.
- **Consume excessive amounts of caffeine.** Recent studies have shown small amounts of caffeine are not harmful.
- **Drink alcohol.** The current recommendation is that no amount of alcohol is proven safe during pregnancy.
- **Smoke.** In addition to the risks of tobacco related disease for the mother:
 - Babies born to mothers who smoke average 6 ounces less at birth than babies of non-smoking women (a lot when only considering 7 or 8 lbs.!).
 - Nicotine restricts the blood vessels and oxygen circulation of the mother.
 - Increased carbon monoxide in the mother reduces oxygen levels in the fetus' blood.
 - Vitamin metabolism is disturbed in both mother and fetus.
 - Incidence of low birth weight babies greatly increases for those who smoke one pack or more per day.
 - There is a direct correlation that exists between smoking during pregnancy and the increased incidence of premature rupture of membranes, preterm labor, placenta abruption and stillbirth.
 - Behavioral effects on infants of smoking mothers, determined by developmental testing, are noted as long as 8 months after birth.

We urge you and your partner, if they smoke, to register with one of the following Smoking Cessation Programs:

American Cancer Society	202-483-2600
Shady Grove Adventist Hospital	800-542-5096
Holy Cross Hospital	301-754-7158