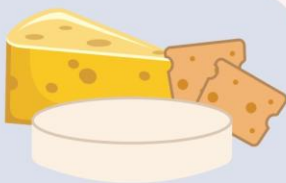


Guide to food and drink during pregnancy



Cheese



✓ Yes

- Cheddar
- Parmesan
- Stilton
- Cottage cheese (pasteurised)
- Mozzarella (pasteurised)
- Cream cheese (pasteurised)
- Paneer (pasteurised)
- Halloumi (pasteurised)
- Goat's cheese (pasteurised)
- Processed cheese

✗ No

- Brie
- Camembert
- Feta
- Ricotta
- Blue cheese
- Gorgonzola
- Chevre
- Any unpasteurised cheese
- Imported cheeses

Dairy and eggs



✓ Yes

- Pasteurised milk
- Yoghurt (pasteurised)
- Cooked eggs
- Fried eggs
- Scrambled eggs
- Quiche
- Commercial mayonnaise and aoli

✗ No

- Unpasteurised milk and milk product
- Soft serve ice cream
- Uncooked eggs
- Homemade mayonnaise, aioli or caesar dressing
- Homemade chocolate mousse
- Cake batter
- Pancake batter

Meat and poultry



✓ Yes

- Beef
- Chicken
- Lamb
- Pork
- Sausages
- Mince
- Deli cuts (such as ham, chorizo, salami)
 - only if cooked fresh and eaten hot
- Hot take-away chicken
 - purchase fresh and eaten hot

✗ No

- Cold cut meats (such as ham, salami) from deli, salad bar, takeaway
- Cold chicken or turkey (from salad or sandwich shop)
- Stuffing
- Liver and liver products
- Pate and meat spreads

Fruits, vegetables and nuts



✓ Yes

- Whole fresh fruit, vegetables and herbs (thoroughly washed to remove all traces of dirt)
- Legumes (such as beans, peas and lentils)
- Nuts (unless already allergic)

✗ No

- Raw sprouts (alfalfa, radish, mung beans, soybeans)
- Rockmelon
- Prepackaged salads and fruit salads
- Ready-made salads (buffets and salad bars)

Fish and seafood



✓ Yes

- Cooked fish and seafood
- Shark/flake, marlin or broadbill/swordfish*
- Deep sea perch or catfish**

* no more than 100g (cooked) per fortnight, with no other fish that fortnight
** no more than 100g (cooked) per week, with no other fish that week

✗ No

- Raw fish
- Raw seafood
- Chilled peeled prawns
- Sushi - raw fish and seafood
- Oysters

Drink



✓ Yes

- Coffee (limit intake)
- Tea (contains caffeine, limit intake)
- Soft drink (limit sugar intake)
- Juice
- Milk pasteurised
- Mineral water

✗ No

- Alcohol
- Unpasteurised milk
- Unpasteurised juice
- Energy drinks
- Herbal teas (caution)





Pregnancy Guidelines

DO NOT EAT THESE FOODS	WHY	WHAT TO DO
Soft cheeses made from unpasteurized milk (Brie, feta, camembert, Roquefort, queso Blanco or queso fresco)	May contain E. coli or Listeria	Eat hard cheeses (Swiss or cheddar) ALWAYS check the label and make sure the cheese is made from pasteurized milk.
Raw cookie dough or batter	May contain salmonella	Bake the cookies!
Certain kinds of fish (shark, swordfish, king mackerel and snapper.	Contains high levels of mercury	Eat up to 12 ounces per week of fish lower in mercury (salmon, pollock, catfish) Limit tuna to 6 ounces a week.
Raw or undercooked fish (sushi)	May contain parasites or bacteria	Cook fish to 145 degrees.
Unpasteurized juice or cider (including fresh squeezed)	May contain E. coli	Drink pasteurized juice.
Salads made in a store (chicken salad or seafood salad)	May contain listeria	Make salads at home following basic food safety.
Raw shellfish (clams, oysters)	May contain bacteria	Cook shellfish to 145 degrees.
Raw sprouts (alfalfa, clover, mung bean, radish)	May contain E. coli or salmonella	Cook sprouts thoroughly.

Caution with these foods	Why	What to Do
Hot dogs, deli meats or cold cuts	May contain listeria	Even if the label says the meat is precooked, reheat them.
Eggs, eggnog, and egg products	May contain salmonella	Cook eggs until yolks are firm. Cook casseroles to 160 F
Meat: beef, veal, lamb, pork, ground meat	Undercooked meat may contain E. coli	Cook meat to 160 F



Caffeine in Pregnancy

Caffeine can increase your blood pressure and heart rate and the amount of urine your body makes. Limit caffeine intake to 200 milligrams per day.

Food/Drink	Avg amount of caffeine (mg)
Brewed coffee 8oz	137 mg
Instant coffee 8oz	76 mg
Coffee ice cream/yogurt 4oz	2 mg
Brewed tea 8oz	48 mg
Instant tea 8oz	26-36 mg
Soft drinks 12oz	37 mg
Energy drinks 8oz	100 mg
Hot cocoa mix 1 packet	8 mg
Dark chocolate 1.45oz bar	30 mg
Milk chocolate 1.55oz bar	11 mg

Recommended diet during pregnancy

- Fruits & veggies
- Whole grains, oatmeal, whole wheat bread and brown rice
- Fat free or low-fat milk
- Protein from healthy sources like, beans, peas, eggs, lean meats, seafood, unsalted nuts and seeds
- Folate, a B vitamin known as folic acid

Warnings

- Don't smoke or use drugs. Smoking increases your risk of miscarriage, premature birth, low birth weight and other problems.
- Don't drink alcohol. Alcohol can contribute to birth defects, including fetal alcohol syndrome.
- Don't clean your cats litter box. You could contain toxoplasmosis, a disease that can cause birth defects.
- Don't sit in a sauna or hot tub. This raises your risk of miscarriage by raising your body temperature.



- Don't douche. This can cause risks while you're pregnant.
- Do not take aspirin, ibuprofen, or other otc meds that have not been recommended by your provider.
- Do not dye your hair until you have reached your second Trimester, after 14 weeks gestation.
- Do Not TRAVEL after 35 weeks gestation.

Childbirth & Breastfeeding Classes

Whether this is your first pregnancy or your third, it is highly recommended that you and your partner consider taking a childbirth and breastfeeding course. As much as we provide education during your prenatal visits, there is a wealth of information that cannot be covered in that time frame.

Attending a good breastfeeding class can help you better understand how breastfeeding works; how to establish a healthy supply of breast milk; how to help baby latch; how to know if baby is getting enough milk; different breastfeeding positions; and who to call if you need help.

It's best to take a breastfeeding class in your third trimester (28 weeks and beyond), and ideally after you have taken another class on childbirth to better understand how labor and birth can affect breastfeeding.

Where do I find a childbirth education class?

Childbirth education classes are usually offered at hospitals, birth centers, physicians' offices, and private homes.

Or you can find information about childbirth education classes through:

- Your physician or hospital
- Pregnancy centers
- Specific childbirth education organizations
- Community resource centers



How can I stay active while pregnant?

Even if you haven't been active before, you can be active during your pregnancy. Here are some tips.

- Go for a walk where you live, in a local park, or in a shopping mall with a family member or friend. If you already have children, take them with you and make it a family outing.
- Get up and move around at least once an hour if you sit most of the day. When watching TV or sitting at your computer, get up and move around. Even a simple activity like walking in place can help.
- Make a plan to be active while pregnant. List the activities you'd like to do, such as walking or taking a prenatal yoga class. Think of the days and times you could do each activity on your list, such as first thing in the morning, during your lunch break from work, after dinner, or on Saturday afternoon. Look at your calendar or phone or other device to find the days and times that work best and
- commit to those plans.

• How can I stay safe while being active?

- For your health and safety, and for your baby's, you should not do certain physical activities while pregnant. Some of these are listed below. Talk to your health care professional about other physical activities you should not do.
- Prenatal yoga can be part of your activity plan and may reduce backaches.

Safety dos and don'ts: Follow these safety tips while being active.

Do...	Don't...
Choose moderate activities that aren't likely to hurt you, such as walking or water or chair aerobics.	Don't engage in sports where you could fall or injure your abdomen, such as soccer or basketball.
Drink fluids before, during, and after being physically active. Don't overdo it.	Avoid brisk exercise outside during very hot weather.
Wear comfortable clothing that fits well and supports and protects your breasts.	Don't use steam rooms, hot tubs, and saunas.
Stop exercising if you feel dizzy, short of breath, tired, or sick to your stomach.	Avoid exercises that call for you to lie flat on your back after week 12 in your pregnancy.



A guide on what to expect while you're expecting from Sunset OBGYN

Congratulations on your pregnancy, and Welcome to our practice!

Our goal is to provide you with excellent obstetric care during this exciting time in your life. Our staff can fondly recall the spectrum of emotional and physical changes you will experience as we have experienced them ourselves. We hope to reassure you by providing guidance as we ensure the health of our two patients: you and baby!

On our first visit, you may be slightly anxious and excited to learn about this new journey you're about to embark on. During this visit, we will determine your due date (EDC) from your last menstrual period. If you are unsure about when your last menstrual period was or have irregular periods, an ultrasound will be used to estimate the gestational age of your baby. Dates can also vary from your last menstrual period to the actual size of your baby, and that's ok! Once a due date has been established, we will have you return for a follow-up visit in 2 weeks.

8-10 weeks visit

This visit will provide a wealth of information to both you and your partner as we will review general pregnancy "Dos and Don'ts" and order initial obstetrical labs, cultures, genetic testing, aneuploidy screening tests, and perinatology consultations. You will be asked to return in 4 weeks for your next follow-up visit.

Topics to keep in mind:

- Flu vaccine
- Prenatal vitamins

16 -18 weeks visit

All test results will be reviewed at this visit as well as any questions you or your partner may have. A referral to a perinatologist will be ordered for your detailed anatomy ultrasound, as well as a blood test called the AFP, which test for spinal defects.

Topics to keep in mind:

- TDAP vaccine

26 – 28 weeks visit

Entering your third trimester, you may notice that you are becoming a little busier, but you're almost there! This visit, you will be given the glucose tolerance test, which screens for gestational diabetes. This



test is done in the morning, after you have FASTED for at least 8 hours. If you have a history of a prior cesarean section, your surgery will be scheduled during this visit. Your visits will now occur every 2-3 week until 36 weeks.

Topics to keep in mind:

- Fetal kick counts – is baby moving at least 10 times every 2 hours? If not, ensure that you are adequately hydrated, in a quiet room where you can focus, and consume a drink or food with sugar content. If you're still getting less than 10 movements, report to the hospital triage for further evaluation.
- Is your blood type RH negative? If so, you'll need a RhoGam injection at 28 weeks.
- Preregister with Baptist Hospital (registration instructions on page 5)
- Cord Blood Banking
- Prenatal Classes

35-36 weeks visit

At this visit, a final routine set of labs will be ordered, as well as a culture for GBS, a bacteria that is normally present in the vagina, but can overgrow requiring prophylactic treatment with antibiotics during labor. Weekly ultrasound will be performed in our office to ensure that your baby is growing, moving, and breathing adequately. Vaginal exams will be performed to check for dilatation.

Topics to keep in mind:

- Are Hospital bags packed?
- Selecting a pediatrician
- Options on pain management during delivery
- Circumcision for male infant

Post Partum Visit:

Following the delivery of your newborn, you will need to follow up with the office to make sure everything is healing well. For a vaginal delivery, you will return to the office 3 weeks after your delivery, and for cesarean section you will return 1 week after delivery. Your next follow-up will be at 6 weeks postpartum for contraceptive counseling. At this point in time, Pelvic floor therapy sessions will be scheduled if needed to strengthen and rehabilitate the pelvic floor and muscles to prevent future issues like urinary incontinence and organ prolapse.



Should my baby boy be circumcised?

If you are having a boy, you'll need to decide whether to have him circumcised. Unless you are certain you're having a girl, it's a good idea to start thinking about making a decision on whether or not you want to have your baby circumcised ahead of time, so you don't have to struggle with it amid the fatigue and excitement following delivery.

Circumcision has been practiced as a religious rite for thousands of years. In the United States, most boys are circumcised for religious or social reasons. At present, there is discussion over whether circumcision is advisable from a medical standpoint. There are potential medical benefits to circumcision as well as risks. A recent analysis by the American Academy of pediatrics concluded that the medical benefits of circumcision outweigh the risks. Studies have concluded that circumcised infants have a slightly lower risk of urinary tract infections, although these are not common in boys and occur less often in circumcised boys mostly in the first year of life. Neonatal circumcision also provides some protection from penile cancer, a very rare condition.

Some research also suggests a reduced likelihood of developing sexually transmitted diseases and HIV infections in circumcised men, and possibly a reduced risk for cervical cancer in female partners of circumcised men. However, while there are potential medical benefits, data available is not sufficient to recommend routine neonatal circumcision of all boys. We recommend that the decision to circumcise is one best made by parents in consultation with their pediatrician, taking into account what is in the best interest of the child, including medical, religious, and ethnic traditions and personal beliefs.

Circumcision does, however, pose certain risks, such as bleeding and swelling. While they may occur, however, bleeding and swelling are rare.

Although the evidence is clear that infants experience pain, there are several safe and effective ways to reduce the pain. If the baby is born prematurely, has an illness at birth, or has congenital abnormalities or blood problems, he should not be circumcised immediately. For example, if a condition called hypospadias is present, in which the infant's urinary opening has not formed normally, your doctor will probably recommend that your baby boy not be circumcised at birth. In fact, circumcision should be performed only on stable, healthy infants.

At birth, most boys have skin that completely covers, or almost covers, the end of the penis. Circumcision removes some of the foreskin so that the tip of the penis (Glans) and the opening of the urethra, through which the baby urinates, are exposed to air. Routine circumcisions are performed in the hospital within a few days of birth. When done by an experienced physician, circumcision takes only a few minutes and is rarely complicated. Local anesthesia can be used to reduce the pain the baby experiences during the procedure.



Postpartum Pelvic Floor Therapy

The natural changes of both pregnancy and delivery (either vaginal or C-section) impact the pelvic floor muscles and connective tissue, often causing discomfort and pain for women either during pregnancy (antepartum) or after delivery (postpartum). Research surrounding the impact of pregnancy and delivery on the pelvic floor provides a snapshot of the issue:

During pregnancy...

- 45% of pregnant women experience pelvic girdle pain (PGP, in 25% of these women it is severe and for an estimated 7% to 8%, it results in disability).
- Incidences of stress urinary incontinence during pregnancy have been reported to range from 19.9% to 70%

After delivery...

- 35% of new moms experienced stress urinary incontinence in the postpartum period.
- More than 50% of women have a diastasis rectus abdominis after pregnancy. (A diastasis rectus abdominis is the separation of the abs from their central tendon and is a leading cause of low back pain, stress urinary incontinence and pelvic organ prolapse.)
- 20% of first-time moms show severe pelvic floor muscle injury after a normal pregnancy/ delivery.
- 25% of women with pregnancy-related pelvic girdle pain during pregnancy remain in pain after delivery.

Post Partum physical therapy

It is beneficial for all new moms to have their pelvic floor evaluated by a physical therapist after they've been cleared to resume sex and exercise. This kind of early intervention can help address any concerns, and ultimately enable new moms to resume functional and active lives while possibly preventing future pelvic floor dysfunction.

Common Postpartum complaints:

- Urinary difficulties – Women with urinary incontinence leak urine when they sneeze, cough, or run. Some women feel frequent or sudden, urge to urinate, even when their bladder isn't full. Others are unable to start the flow of urine at will or empty their bladder completely when urinating.
- Anal incontinence – Many postpartum women have difficulty controlling gas or bowel movements.



- **Perineal pain** – This symptom is common in postpartum women, especially those who tore during childbirth or are recovering from an episiotomy (The perineum is the area of skin between the vagina and anus.) In addition, tight pelvic floor muscles cause some to experience persistent perineal pain, even after their wound heals.
- **Pelvic Pain** – Some women have pain during sex for many months or even years after childbirth. And some have chronic vulvar pain, burning or itching. Others have pain during bowel movements. These symptoms are often caused by tight pelvic floor muscles, which can lead to inflamed tissue and nerves.
- **Pelvic organ prolapse** – When pregnancy and childbirth weaken the pelvic floor muscles the uterus, bladder, and/or bowel can slip out of place. Rehabilitating these muscles can help prevent or improve this condition.

Frequently Asked Questions

- ***Are Hemorrhoids common during pregnancy?***
-Yes. Constipation is common during pregnancy and it can aggravate, or even cause, hemorrhoids (when stool is hard, the extra straining you'll need to eliminate it can put pressure on the veins in your rectal area and cause them to swell and bulge). They may also develop postpartum as a result of pushing during labor.
- ***How can I reduce or prevent heartburn?***
-Avoid trigger foods, avoid eating 2-3 hours prior to sleeping, and elevate the head of your bed while you sleep. Tums and Pepcid are safe over the counter remedies.
- ***Is it safe to continue to have sexual intercourse during pregnancy?***
-Unless your healthcare provider has instructed you otherwise, it is safe to resume sexual intercourse. You may be instructed to avoid sex if you have unexplained vaginal bleeding or a condition like placenta previa.
- ***Is it safe to paint during pregnancy?***
-it is best to limit your exposure to paint and paint fumes while you're pregnant. Most paint contain solvents (Petroleum-based chemicals) that can cause health problem when inhaled. There is little evidence on the safety of paint fumes during pregnancy, so it's best to avoid being around them if possible.



- ***Are leg cramps normal?***

-Leg cramps – Painful involuntary muscle contractions that typically affect the calf, foot or both – are common during pregnancy, often striking at night during the second and third trimesters. While the exact cause of leg cramps during pregnancy isn't clear, you can take steps to prevent them. Consuming a balanced diet and even a banana per day can ensure your potassium levels are normal. Perform simple stretching exercises twice per day.

- ***Is it normal for my gums to bleed during pregnancy?***

-About half of pregnant women have swollen, red, tender gums that bleed when flossed or brushed. This gum inflammation is pregnancy gingivitis, a mild form of gum, disease. Pregnancy gingivitis is partly caused by hormonal changes that make your gums more sensitive to the bacteria in plaque. It is important to maintain routine dental visits even while pregnant.

- ***What can I do to relieve constipation?***

-Pregnant women should drink at least eight 12-ounce glasses of water a day. This will help keep your bowels soft and moving smoothly through your digestive tract. Try breaking up your daily food intake into five or six smaller meals to help with constipation relief.

- ***Can I keep exercising?***

-If you're already active, we encourage you to continue exercising. We recommend 30 minutes of moderate exercise most days of the week, for 150 minutes total each week. Walking, and yoga are some of the safest exercises you can do while pregnant. If you haven't been active, talk about your plan with your ob-gyn. Start out slow, with 10 to 15 minutes of exercise, and add 5 minutes a week. Walking may be the easiest thing to do. When you work up to 30 minutes, walking can do wonders for your health.