

Pregnancy

Taking care of you and your baby

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Is prenatal care important?

Yes! You can help make sure that you and your baby will be healthy by following some simple guidelines and by checking in with your doctor throughout your pregnancy.

What will happen during prenatal visits?

After you find out you are pregnant, you should make an appointment with your doctor.

On your first visit, your doctor will start by talking to you about your medical history and how you've been feeling. You'll be weighed and have your blood pressure taken at every visit.

On your first visit you'll also probably have a pelvic exam to check the size and shape of your uterus (womb), and if needed, a Pap smear to check for signs of cancer of the cervix (the opening of the uterus) and cultures to check for infections. Urine and blood tests may be done on the first visit and again later.

Urine tests are done to check for bacteria in your urine, high sugar levels (a sign of diabetes), and high protein levels (which can be a sign that you are at risk for preeclampsia, a type of high blood pressure in pregnancy).

Blood tests are done to determine your blood type and to check for:

- Low iron levels (iron deficiency anemia)
- Certain infections, including HIV, hepatitis, and syphilis
- Your immunity to varicella (chicken pox) and rubella (German measles)

You may be offered screening tests called IPS (integrated prenatal screening) or MSS (maternal serum screening). This screening is to assess the risk that your baby may

have for neural tube defect, Trisomy 18, or Down Syndrome. If you will be over the age of 35 at the time of delivery of your baby, or if you have some specific risk factors or a positive MSS test, you may also be offered an amniocentesis or CVS (chorionic villus sampling).

Often an ultrasound may be done around 18 weeks to help figure out when your baby is due, or to check on your baby's organs and health and the position of the placenta in your uterus. Sometimes ultrasounds are used to follow the baby's growth. Other tests may be needed if you or your baby are at risk for any problems.

Warnings — “Don't do this, don't do that”

You've probably heard all the old wives' tales, but here are some warnings worth heeding:

- Don't smoke. Smoking raises your risk for miscarriage, premature birth, low birth weight, and many other problems.
- Don't use drugs. Cocaine, heroin, and marijuana increase your risk of miscarriage, premature birth, and birth defects. If you use drugs, your baby could be born addicted to the drug you've been taking.
- Don't drink alcohol. Drinking alcohol during pregnancy is the major cause of birth defects that could be prevented, including fetal alcohol syndrome and mental slowness.
- Don't clean your cat's litter box, or eat raw or undercooked red meat. You could get toxoplasmosis, a disease that can cause birth defects.
- Don't sit in the sauna or hot tub. This raises your risk of miscarriage and birth defects by raising your body temperature.
- Don't douche; it can cause risks while you're pregnant.

- Be careful how much Vitamin A and Vitamin D you take daily:
 - Vitamin A – **don't take more than 3000 IU**
 - Vitamin D – **take at least 600 IU**

How much weight should I gain during pregnancy?

About 11 to 14 kilograms (25 to 30 pounds). If you don't weigh enough when you get pregnant, you may need to gain more. If you're very heavy when you get pregnant, you may need to gain only 7 to 11 kilograms (15 to 25 pounds).

Pregnancy isn't the time to diet! It's best to gain about two to three pounds during the first 12 weeks and about a pound a week after that. Talk to your doctor about how much weight to gain.

What should I eat?

What you eat feeds your baby, so choose healthy foods and skip the junk. You need about 300 extra calories each day. Be sure to include the following in your daily diet:

- Four or more servings of milk or dairy products, to give you and your baby enough calcium to help keep your bones strong
- Five to ten servings of vegetables and fruit
- Five to twelve servings of breads, cereals, rice or pasta
- Two to three servings of meat, fish, poultry, dried beans, eggs, or nuts
- At least six to eight glasses of liquids

You can find more information from [Canada's Food Guide](#) from Health Canada.

There are a few foods that you should be more careful about eating while you are pregnant.

- Meat, eggs, and fish that are not fully cooked could put you at risk for an infection, so make sure you cook these foods all the way through.
- Some types of fish have high levels of mercury, which could hurt your baby. Do not eat more than 2 or 3 servings of fish per week (including canned fish).
- Do not eat shark, swordfish, king mackerel, or tilefish, which are most likely to have high mercury levels.
- There are two types of canned tuna: "light" (usually skipjack) and "white" (usually albacore). If you eat

canned tuna, make sure it is "light" tuna, which has less mercury. It is safe to have 350 grams (12 ounces) per week of canned light tuna, about two or three tins. Eat no more than 170 grams (6 ounces, or one tin) per week of albacore tuna or tuna steaks.

- Do not drink unpasteurized milk or eat unpasteurized milk products. Soft cheeses such as Brie, feta, Camembert, blue cheese, and Mexican-style cheeses such as queso fresco may have bacteria that can cause infections.
- If you drink coffee or other drinks with caffeine, such as pop, do not have more than 1 or 2 cups each day.
- It is okay to use artificial sweeteners such as aspartame (some brand names: Equal, NutraSweet) and sucralose (brand name: Splenda) while you are pregnant, but you should use them in moderation. If you have the genetic disease called phenylketonuria, or PKU, you shouldn't use aspartame at all.
- Wash all fruit and vegetables.
- Keep cutting boards and dishes clean.

You can get all the nutrients you need through what you eat. However, your doctor may suggest you take prenatal mineral and vitamin pills that include:

- Iron, to help protect you against anemia
- Folic acid—especially early in pregnancy, or even before you get pregnant—to help prevent your baby from having neural tube defects (serious problems with the brain and spinal cord)

There are programs to help women access financial help during pregnancy to ensure a good diet. Talk to your family doctor about what's available in your area.

Is it okay to take medicine?

Check with your doctor before taking any medicine, including ASA (an example is aspirin). Even medicine you can buy without a prescription can cause birth defects, especially during the first three months of pregnancy. Many drugs can be taken safely when you are pregnant but it is always wise to check with your doctor or pharmacist first. For specific concerns you may want to contact MotherRisk at www.motherisk.org.

Acetaminophen and many other medicines are safe. If you take prescription medications, talk to your doctor before stopping them. It's just to keep medical problems well controlled and so that you and your doctor can figure out what to keep taking and what can be stopped.

How long can I keep working?

This depends on whether you have any problems with your pregnancy, what kind of work you do, and if you're exposed to anything at work that could harm your baby. For instance, lifting heavy objects or standing for long periods can be hard on you. Radiation, lead, and other heavy metals, such as copper and mercury, could be damaging. Working in front of a computer screen is not thought to be harmful to your baby.

What about exercise?

Unless you have problems in your pregnancy, you can mostly do the exercise you did before you got pregnant. You may feel better if you're active. Some women say staying fit during pregnancy makes labour and delivery easier. Try to get at least 30 minutes of exercise each day. Walking and swimming are great choices. If you didn't exercise before pregnancy, start slowly. Avoid anything that could injure you or your baby. Avoid getting too hot and drink plenty of fluids to replace your body's losses from sweating. It's best to avoid anything that could cause you to fall, such as water skiing or rock climbing. It's also best to avoid contact sports such as basketball or soccer.

Is it okay to have sex?

Yes, unless your doctor believes you're at risk for problems. Don't be surprised if you're less, or more, interested in sex. As you get larger, you may find you need to try different positions, such as lying on your side or being on top. If you have oral sex, tell your partner not to blow air into your vagina. This could force air inside you, which could cause an air embolism. Air embolisms can cause permanent brain damage and even death to a pregnant woman and her baby.

What can I do to feel better?

Here are the most common discomforts of pregnancy and some tips for handling them:

Morning sickness. Nausea or vomiting may strike anytime during the day (or night). Try eating small, frequent meals, and avoid greasy foods. Keep crackers by your bed to eat before getting up. Other tips include eating cold foods or to avoid smelling foods as they are cooked. Talk to your doctor if morning sickness lasts past the first three months of pregnancy or causes you to lose weight. On the positive side, women with lots of morning sickness rarely miscarry.

Tiredness. Sometimes being tired in pregnancy is due to anemia, so tell your doctor. Get enough rest. Take a daytime nap if possible.

Leg cramps. Gently stretch the calf of your leg by pointing your toes upward, toward your knee.

Constipation. Drink plenty of fluids. Eat foods with lots of fibre, such as prunes and bran cereal. Don't take laxatives without talking to your doctor first. Stool softeners are safe. Use only fibre laxatives such as Metamucil and Prodiem.

Hemorrhoids. Don't strain during bowel movements. Try to avoid becoming constipated. Take several warm soaks (sitz baths) a day and use hemorrhoid ointment if needed.

Urinating more. You may need to void ("pee") more often as your baby grows because he or she will put pressure on your bladder. This can't be helped and is normal. If it burns when you void, see your doctor.

Varicose veins. Avoid clothing that fits tightly around your legs or waist. Rest and put your feet up as much as you can. Move around if you must stand for long periods. Ask your doctor about support or compression hose.

Moodiness. Your hormones are on a roller coaster ride for nine months. Plus, your life is going through a big change. Don't be too hard on yourself. If you feel very sad or think about suicide, talk to your doctor.

Skin changes. Stretch marks appear as red lines on your skin. Lotion can help keep your skin moist and may help reduce the itchiness of dry skin. Stretch marks really can't be prevented but they often fade after giving birth. Other skin changes may include darkening of the skin on your face and around your nipples, and a dark line below your belly button. Staying out of the sun or using a sunscreen may help lessen these marks. They'll probably fade after you have your baby.

Heartburn. Eat small meals often. Avoid spicy or greasy foods. Don't lie down right after eating. Ask your doctor about taking other treatments.

Yeast infections. The amount of discharge from the vagina increases during pregnancy. But yeast infections, which can also cause discharge and itching, are more common during pregnancy, so it's a good idea to talk with your doctor about any discharge that doesn't get better after treatment.

Other infections: Your doctor may offer to test you for germs called group B streptococcus (GBS) when you are about 36 weeks. A sample is taken from your vagina and

rectal area for the test. Babies can catch GBS from the birth canal and get very sick, although it is quite rare. If you test positive, you will be given antibiotics during labour.

If you or your partner has genital herpes, talk to your doctor. The risk of passing herpes to your baby is small. If you do not have herpes but your partner does, do not have sex when your partner has a herpes sore. Use a condom during sex while you are pregnant. Talk to your partner about taking medicine for herpes. Abstain from oral sex if your partner has cold sores.

Bleeding gums. Brush and floss regularly, and see your dentist for cleanings. Don't put off dental visits because you're pregnant and be sure to tell your dentist you're pregnant.

Stuffy nose. This is related to changes in the levels of the female hormone estrogen. You may also have nosebleeds. Avoid decongestants.

Edema (retaining fluid). Rest with your legs up. Lie on your left side while sleeping so blood flows from your legs back to your heart better. Don't use diuretics (water pills).

See your doctor if you have:

- Blood or fluid coming from your vagina
- Sudden or extreme swelling of your face or fingers
- Headaches that are severe or won't go away
- Nausea and vomiting that won't go away

- Dizziness
- Dim or blurry vision
- Pain or cramps in your abdomen
- Chills or fever
- A decrease in frequency of your baby's movements
- Burning or less urine when you void
- Any illness or infection that doesn't go away
- Been experiencing abuse
- Anything that bothers you

Tracking my baby's development

You may follow your baby's development by using the Maternity Care Calendar. It is available for purchase at <http://maternitycarecalendar.med.ubc.ca/>.

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