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I. NUTRITION IN PREGNANCY

A. Diet:

The best diet for you and your baby includes lots of fresh fruits, vegetables, and whole grains, some low-fat dairy products, and a few sources of protein, such as meat, fish, eggs, or dried peas or beans. If you do not eat dairy foods, you will need to get calcium from other sources. Try to limit refined sugars and white flour products. Whole grain cereals and whole wheat breads, pastas, and brown rice have more vitamins and fiber.

A diet high in protein is especially important during pregnancy. These foods make up the building blocks for growth of the baby and for repair of your body. In order to meet these needs, it is essential that you eat at least six ounces of meat, one egg, and three glasses of milk per day, or the equivalent. If you do not drink milk or cannot get the equivalent in milk products, such as cheese, cottage cheese, yogurt, you may need additional calcium supplements. The included list is provided to assist you in selecting alternate foods, which are high in protein. Your total protein intake per day should be approximately 80 grams.

Vitamins and Minerals:

Information adapted from "American College of Obstetrics and Gynecology: Nutrition in pregnancy"

Vitamins and minerals play important roles in all of your body functions. During pregnancy, you need more folic acid and iron than a woman who is not pregnant.

Folic Acid:

Folic acid, also known as folate, is a B vitamin that is important for pregnant women. Before pregnancy and during pregnancy, you need 400 micrograms of folic acid daily to help prevent major birth defects of the baby's brain and spine called neural tube defects. Current dietary

guidelines recommend that pregnant women get at least 600-800 micrograms of folic acid daily from all sources. It may be hard to get the recommended amount of folic acid from food alone. For this reason, all pregnant women and all women who may become pregnant should take a daily vitamin supplement that contains folic acid. Most prenatal vitamins contain folic acid, but check the label to make sure.

Iron:

Iron is used by your body to make a substance in red blood cells that carries oxygen to your organs and tissues. During pregnancy, you need extra iron—about double the amount that a nonpregnant woman needs. This extra iron helps your body make more blood to supply oxygen to your baby. The daily recommended dose of iron during pregnancy is 27 mg, which is found in most prenatal vitamin supplements. You also can eat iron-rich foods, including lean red meat, poultry, fish, dried beans and peas, iron-fortified cereals, and prune juice. Iron also can be absorbed more easily if iron-rich foods are eaten with vitamin C-rich foods, such as citrus fruits and tomatoes.

Calcium:

Calcium is used to build your baby's bones and teeth. All women, including pregnant women, aged 19 years and older should get 1,000 mg of calcium daily; those aged 14–18 years should get 1,300 mg daily. Milk and other dairy products, such as cheese and yogurt, are the best sources of calcium. If you have trouble digesting milk products, you can get calcium from other sources, such as broccoli; dark, leafy greens; sardines; or a calcium supplement.

Vitamin D:

Vitamin D works with calcium to help the baby's bones and teeth develop. It also is essential for healthy skin and eyesight. All women, including those who are pregnant, need 600 international units of vitamin D daily. Good sources are milk fortified with vitamin D and fatty fish such as salmon. Exposure to sunlight also converts a chemical in the skin to vitamin D.

Weight Gain in Pregnancy:

Reasonable weight gain is important. If your BMI (body mass index) was within normal range (20 to 25) when you became pregnant, you should gain between 25 and 30 pounds. If underweight, you may gain slightly more. If you are overweight, weight gain should be individually determined. While weight control is important, this must not be achieved by sacrificing ingestion of healthy foods

Sample Diet

The following groups of foods list the approximate number of calories and protein content per serving. Every food listed within each group has essentially the same protein and calorie content. Once a week, add up the protein values of the foods you have eaten that day. If you are consistently eating less than 80 grams of protein per day, this can be detrimental to your health and the health of the baby.

Starred (*) items refer to foods high in salt. Generally, these foods cause water retention during the last two to three months of pregnancy, and therefore, should be avoided if fluid retention is a problem.

Iron rich foods are liver, red meat, eggs, green leafy vegetables, whole grains, raisins and dried apricots. Try to include these in your weekly menus and concentrate on them if you are anemic.

Vitamin supplements are designed to fill in gaps that may be missing in your diet because of improper diet or food preparation. However, **IT IS IMPORTANT TO EAT RIGHT!**

Eating well during pregnancy helps give your baby the best possible start. Depending on your level of physical activity, you will need to eat 300 to 500 more calories every day. Be sure to get these calories from healthy foods and not from fried or fatty foods or sugary treats.

<u>Vegetables That Contain Protein</u>	<u>Fruits (Fresh or Canned)</u>	<u>Meats</u>
Calories = 36 per ½ Cup	Calories = 80-100	Calories = 63 Per Oz Average
Protein = 2 grams	Protein = 0 grams	Protein = 7 grams
*Carrots Rutabagas	Apple 1 Medium	Meat and poultry (beef, lamb, pork, liver, Chicken, etc.)
*Winter Squash Beets	Applesauce ½ Cup	*Cold Cuts 1 Slice (2 x 2 x 1)
Onions Turnips	*Apricots 1 Medium	*Frankfurter 1
Green Peas *Pumpkin	Apricots, dried 4 Halves	Fish (cod, mackerel, etc.) 1 Slice
	Banana ½ Small	*Oysters,*Shrimp
	Berries(*Strawberries) 1 Cup	Clams 5 Small
Fats	**Cantaloupe ½	*Sardines 3 Medium
Calories = 45	**Grapefruit ½ Medium	Salmon,*Tuna, Crab ¼ Cup
Protein = 0	Grapefruit Juice ½ Cup	Cheese, cheddar 1 Slice
	Honeydew Mellon ¼	Cheese, american 1 Slice
Butter or margarine 1 teaspoon	Orange 1 Medium	Cheese, cottage ¼ Cup
	**Orange Juice ½ Cup	Egg 1
Cream, light 1 tbsp	Peach 1 Medium	*Peanut Butter 2 tbsp
Cream, heavy 1 tbsp	Pear 1 Medium	Beans (lima, navy, etc.)
Cream Cheese 1 tbsp	Pineapple ½ Cup	cooked ½ Cup
Mayonnaise 1 teaspoon	Pineapple Juice 1/3 Cup	Peas (split, cooked) ½ Cup
Salad or cooking oil 1 teaspoon	Plum 2 Medium	
Avocado (4" diameter) 1/8	Raisins 2 tablespoons	
Prepared Salad Dressing 1 tbsp	**Tangerine 1 Large	
	*Watermelon 1 Cup	Average serving of meat is around 23 grams or 3 oz-bun size hamburger patty, chicken leg, or thigh, or ½ chicken breast.
*Vitamin A	Milk	Grains
**Vitamin C	Good source of Vitamin A&D	Calories = 80-120
	Protein = 9 grams per Cup	Protein = 5 grams
	Whole = 160 Calories	
	2 Percent = 135 Calories	Whole Wheat Pasta ½ Cup Dry
	Skim = 80 Calories	Whole Wheat Bread 1 Slice
	Yogurt = 170 Calories	Brown Rice ¾ Cup Cooked

B. FOOD SAFETY TIPS

Food safety and preparation are important for your health as well as the health of your unborn child. There are many bacteria that can cause food borne illness, such as E. coli O157:H7 and Salmonella. Here are 4 simple steps you should follow to keep yourself and your baby healthy during pregnancy and beyond:

1. Clean
 - Wash hands thoroughly with warm water and soap
 - Wash hands before and after handling food, and after using the bathroom, changing diapers, or handling pets.
 - Wash cutting boards, dishes, utensils, and countertops with hot water and soap.
 - Rinse raw fruits and vegetables under running water.
2. Separate
 - Separate raw meat, poultry, and seafood from ready-to-eat foods.
 - If possible, use one cutting board for raw meat, poultry, and seafood, and another one for fresh fruits and vegetables.
 - Place cooked food on a clean plate. If cooked food is placed on an unwashed plate that held raw meat, poultry, or seafood, bacteria from the raw food could contaminate the cooked food.
3. Cook
 - Cook foods thoroughly. Use a food thermometer to check the temperature
 - Keep foods out of the “danger zone” - the range of temperatures at which bacteria can grow –usually between 40 F and 140 F (4 and 60 C).
 - 2-Hour Rule: Discard foods left out at room temperature for more than two hours.
 - Avoid all raw and undercooked seafood, eggs, and meat. This includes sushi. Food such as beef, pork, or poultry should be cooked to a safe internal temperature."
4. Chill
 - Your refrigerator should register at 40 F (4 C) or below and the freezer at 0 f (-18 C). Place an appliance thermometer in the refrigerator, and check the temperature periodically.
 - Refrigerate or freeze perishables (foods that can spoil or become contaminated by bacteria if left unrefrigerated).
 - Use ready-to-eat, perishable foods (dairy, meat, poultry, and seafood) as soon as possible.

For more information on food safety and prevention of food borne illness you can contact:

Centers for Disease Control and Prevention
Food-borne illness line: 1-888-232-3228
Website: <http://www.cdc.gov/foodsafety>

or

U.S. Food and Drug Administration
Center for Food Safety and Applied Nutrition
1-888-SAFEFOOD
Website: <http://www.cfsan.fda.gov>

C. Fish Consumption During Pregnancy

The US Food and Drug Administration (FDA) issued a consumer advisory about the dangers of eating fish for nursing mothers and women who are or may become pregnant. The risk of eating fish for these women is due to methyl mercury, a naturally occurring element in the environment, as well as a byproduct of industrial pollution. Mercury poses a danger to the developing fetus, nursing infant and young child. Nearly all fish contain trace amounts of mercury, but only the long-lived, larger fish such as shark, swordfish, king mackerel, and tilefish that eat other fish accumulate the highest levels of mercury. The FDA therefore advises that pregnant women or nursing women can safely eat up to 12 ounces of cooked fish per week if they select smaller fish and eat a variety of fish. In addition, the Environmental Protection Agency (EPA) also recommends that pregnant women and young children limit their consumption of freshwater fish caught by family and friends to no more than one meal per week. The EPA specifies no more than 8 ounces of uncooked fish per week for adults and 3 ounces for young children.

Contact your health department for other questions or connect to www.epa.gov/ost/fish.

The Natural Resources Defense Council has released a list of fish and their mercury levels so that people can be informed about what they are consuming. If you want to get more detailed information about mercury and how much you personally are consuming, contact your health care provider.

Highest Mercury <i>Avoid Eating during pregnancy</i>	High Mercury <i>No more than three 6-oz servings per month</i>	Lower Mercury <i>No more than six 6-oz servings per month</i>	Lowest Mercury <i>Enjoy two 6-oz servings per week</i>
Grouper	Bass Saltwater	Carp	Anchovies
Marlin	Croaker	Mahi Mahi	Butterfish
Orange roughy	Halibut	Crab (Dungeness)	Calamari (squid)
Tilefish	Tuna(canned, white albacore)	Snapper	Caviar (farmed)
Swordfish	Tuna(fresh bluefin,ahi)	Herring	Crab (King)
Shark	Sea Trout	Crab (blue)	Pollock
Mackerel (king)	Bluefish	Crab (snow)	Catfish
	Lobster	Monkfish	Whitefish
		Perch (freshwater)	Perch (ocean)
		Skate	Salmon
		Cod	Scallops
		Tuna (Canned, chunk light)	Haddock
		Tuna (Fresh Pacific Albacore)	Herring/Hake

D. Listeriosis

Listeria monocytogenes is a type of bacteria that is found in water and soil. Vegetables can become contaminated from the soil, and animals can also be carriers. Listeria has been found in uncooked meats, uncooked vegetables, unpasteurized milk, foods from unpasteurized milk, and processed foods.

Listeria is killed by pasteurization and cooking. There is a chance that contamination may occur in ready-to-eat foods such as hot dogs and deli meats because contamination may occur after cooking and before packaging.

Although Listeriosis, the illness from ingesting Listeria, is rare, pregnant women are more susceptible to it than non-pregnant healthy adults. If you are pregnant and are infected with listeriosis, you could experience miscarriage, premature delivery, infection to the newborn, or infant death. However, only 22% of cases with perinatal listeriosis result in stillbirth or neonatal death.

To prevent listeriosis, pregnant woman should do as follows:

- Do not eat unpasteurized cheese.
The CDC has recommended that pregnant women avoid soft cheeses such as feta, brie, camembert, blue-veined cheeses; and Mexican style cheeses such as queso fresco, queso blanco and Panela. Hard cheeses such as cheddar and semi-soft cheeses such as mozzarella are safe to consume. Pasteurized processed cheese slices and spreads such as cream cheese and cottage cheese can also be safely consumed. The most important thing to do is read the labels.
- Do not eat hot dogs, lunch meats, or deli meats unless they are properly reheated to steaming – 160 degrees Fahrenheit (F).
- Do not eat refrigerated pates or meat spreads.
- Do not eat refrigerated smoked seafood unless it is contained in a cooked dish, such as a casserole.
- Practice safe food handling such as: washing all fruits and vegetables; keep everything clean, including your hands and preparation surfaces; keep your refrigerator thermometer at 40 degrees or below; clean your refrigerator often; avoid cross contamination between raw and uncooked foods, including hot dog juices; cook foods at proper temperatures (see below); and reheat all foods until they are steaming hot, 160 F. It is not recommended to eat any meat cooked rare.
 - **Proper temperature for cooking foods:**
 - Chicken 165-180 F
 - Egg dishes 160 F
 - Ground meat 160-165 F
 - Beef Medium Well 160 F
 - Beef Well Done 170 F
 - Pork 160-170 F
 - Ham (raw) 160 F
 - Ham (precooked) 140 F

Symptoms of listeriosis may show up 2-3 days after exposure. Symptoms in pregnant women include mild flu-like symptoms, such as headaches, muscle aches, fever, nausea and vomiting. If the infection spreads to the nervous system it can cause stiff neck, disorientation, or convulsions. Infection can occur at any time during pregnancy, but it is most common during the third trimester when your immune system is somewhat suppressed. Be sure to contact your health care provider if you experience any of these symptoms. Listeriosis is treated with antibiotics during pregnancy. These antibiotics, in most cases, will prevent infection to the fetus and newborn.

II. Exercise During Pregnancy

Views on exercise during pregnancy have swung like a pendulum from one extreme to the other. Until the latter half of the 20th century, most doctors thought that any type of physical activity during pregnancy could harm both mother and fetus. Over the past 50 years, however, doctors have recognized not only that exercise poses no great threat to pregnant women, but that it may actually be helpful, leading some authorities to make exaggerated claims about its benefits for pregnancy, labor, and delivery. Today, most experts agree that although no particular exercise regimen can guarantee a problem-free pregnancy and a fast, painless delivery, the overall benefits of exercise apply to pregnancy, too.

When considering exercising during pregnancy, check with your doctor first. Provided you are in reasonable good health and have no problems with your pregnancy, you should be able to exercise. However, no evidence to date suggests that you must exercise during pregnancy.

It is best to institute a regular exercise program before you conceive. However, if your doctor agrees, you should be able to begin a reasonable exercise routine during pregnancy. If you've been sedentary, choose an activity such as walking.

Pregnancy may affect how you exercise. Normal physical changes associated with pregnancy have a definite impact on movement and balance. For example, weight gain can make any activity more difficult to perform. During pregnancy, the ligaments are looser-especially in the hips and pelvis. Your center of gravity moves forward, which can impair your balance. Your lower spine "bows" inward, predisposing you to low back pain. Shortness of breath on exertion is also common. All of these changes become more pronounced as pregnancy progresses, forcing you to reduce your activity level.

Overall positive effects of exercise include burning excess calories, helping digestion, preventing constipation, decreasing backache, reducing stress, enhancing body image, increasing energy levels, improving sleep, and promoting emotional well-being. Benefits related directly to pregnancy include improving circulation, thus helping to prevent fluid retention and varicose veins; maintaining muscle tone to aid in delivery and recovery after birth; shortening the duration of labor; lowering the risk of preterm delivery; and possibly decreasing the need for cesarean section.

What are the risks?

Although moderate exercise usually doesn't harm the fetus, engaging in strenuous exercise or endurance-type sports can reduce fetal blood supply and cause oxygen deprivation. For this reason, babies or mothers who exercise excessively may be somewhat smaller and have a little less body fat at birth. In extreme cases, vigorous exercise may even lead to preterm delivery. Thus, if your doctor detects that fetal growth is lagging, it may be advisable to curtail your activities. Please note that some studies have suggested that women who exercise have larger babies.

WHAT YOU SHOULD KNOW ABOUT EXERCISE DURING PREGNANCY

Is exercise ever forbidden?

If you have a serious illness, exercise may be too dangerous for you and you should check with your doctor. Also, exercise is ill-advised for pregnant women with any of these conditions: second-or third trimester vaginal bleeding, failure to gain enough weight, history of preterm labor or delivery,

pregnancy-related high blood pressure(pre-eclampsia), premature labor or rupture of the membranes in the current pregnancy, incompetent(weak) cervix, and multifetal pregnancy(twins or more).

What are the basic guidelines?

- 1) Regular exercise sessions (at least 3 times per week) are better than sporadic activity.
- 2) Avoid outdoor exercise when it is hot and humid. Wear loose-fitting, lightweight clothes that allow heat and moisture to escape.
- 3) Include warm-up and cool-down routines. Stop when you're mildly fatigued-don't exercise to the point of overheating and exhaustion.
- 4) Listen to your body. Your energy levels can fluctuate from day to day during pregnancy, so tailor your activities to how you feel.
- 5) Drink lots of water (it's better than sports drinks) while exercising, as dehydration is a serious danger for both you and your fetus.

What are the best types of exercises?

If you're already a trained athlete, you can probably continue your preferred activity throughout pregnancy, but check with your doctor. You may need to decrease the intensity during the latter half of the third trimester. For non-athletes, brisk walking is fine. Swimming is especially beneficial: The water makes you feel 90% lighter. Also, the risk of injury is small, and the resistance of the water helps to improve muscle strength and tone. Yoga is also great for strength and flexibility, and familiarity with the deep breathing exercises will help during labor.

What are the worst types of exercise?

Avoid activities that involve jarring or bouncing, that depend on precise balance, or that can cause abdominal trauma or falling. Be careful not to over-flex or over-extend your knees, and don't do exercises that require you to lie flat on your back after your first trimester. Specific activities that are ill-advised during pregnancy include sit-ups, toe-touches, squats or heavy lifting and push-ups; contact sports such as basketball, field hockey, ice hockey, and soccer; gymnastics; horseback riding; in-line skating; downhill skiing or water skiing; snowboarding; ice skating; scuba diving; and surfing.

How can I tell if I'm exercising properly?

Fitness experts recommend that you exercise at 50% to 60% of your maximum heart rate (MHR) for 20 to 30 minutes, 3 times per week. To calculate your target heart rate, first figure out your MHR (subtract your age from 220) and then divide the result by 2. For example, if you're 30 years old, the formula would be $220-30=190$, and then $190 \div 2 = 95$ beats per minute, your target heart rate. To measure your heart rate, take your pulse for 10 seconds while you're exercising, and then multiply the result by 6 to determine the number of heart beats per minute. Let your body guide you to an appropriate activity level. This means exercising until you begin to tire-not until you're exhausted.

What are the danger signs?

A persistent lag in your weight gain-or in fetal growth-may mean that you're exercising too strenuously. Although it's normal to find your exercise routine more tiring and difficult as pregnancy progresses, ask your doctor to test you for anemia if you're always feeling tired. **Stop exercising immediately if you have chest pains, vaginal bleeding, or uterine contractions, or if your water breaks.**

Any final words?

You might consider joining an exercise class for pregnant women. Along with ensuring that you exercise regularly and safely, attending that class will enable you to socialize and exchange information with other pregnant women.

III. Immunizations

Immunizations during pregnancy are typically safe, however, there are a few to avoid. Please see chart.

SAFE IMMUNIZATIONS	UNSAFE IMMUNIZATIONS
Inactivated Influenza	Live Influenza
Hepatitis B	Measles, Mumps, and Rubella
Tetanus, Diphtheria, and Pertussis	Varicella (Chicken Pox)
	Human Papilloma Virus
	Polio

Should you have further concerns regarding specific immunizations not listed on this chart, please consult with your physician.

IV. BLEEDING

Bleeding during pregnancy is a disturbing but common experience. One out of five pregnant women will have some degree of bleeding and although this does not always indicate serious problem, it can be a warning sign of possible pregnancy loss or miscarriage.

Most bleeding occurs in the first three months of pregnancy and may be nothing more than the embryo attaching itself to the uterine wall and accessing the generous blood supply provided by the mother.

Although intercourse and exercise are not contraindicated in pregnancy, they may produce minimal bleeding because the small blood vessels in the cervix are more fragile and bleed easily.

Bleeding later in pregnancy (after the 12th week) is much less common and may indicate problems. The placenta, which nourishes the rapidly growing fetus may prematurely separate (tear away from the wall of the uterus) or be implanted low in the uterus covering all or part of the cervix. Both of these conditions occur infrequently and may produce various degrees of bleeding. These types of bleeding do not necessarily imply pregnancy loss. Other causes of bleeding later in pregnancy can be a result of high blood pressure, smoking, heavy drinking, or cocaine use. Ultrasound may be used to diagnose these conditions more accurately and identify the source of the bleeding.

We realize that bleeding at any time during pregnancy can be upsetting, even though most women will continue their pregnancies to term. **Any cramping or bleeding should be reported to your physician, especially if they occur together.** If you should have spotting or bleeding do the following:

- 1) Go lie down and rest
- 2) Call your doctor immediately if your bleeding is bright red and equal to or heavier than your normal menstrual flow
- 3) Please keep in mind that not all bleeding during pregnancy indicates a serious problem or possible miscarriage and many women will have bleeding and maintain their pregnancies to full term

V. SEXUAL INTERCOURSE DURING PREGNANCY

People can and do talk about sex more easily than ever before. Nevertheless, when it comes to the subject of sex during pregnancy, a little reluctance seems to persist. Women are often hesitant to bring up the question with their obstetricians. Both husband and wives frequently keep their innermost fears and feelings to themselves regarding this issue.

Particularly if this is your first child, your pregnancy will probably be a time of erratic mood swings... for you and your husband. You may alternately feel fatigued, exhilarated, content, depressed, eager, fearful, motherly and beautiful...uncomfortable and unattractive. He, on the other hand, may range from feeling proud of having fathered a child to anxious about the new financial responsibilities, from protective toward you and the growing fetus, to jealous of your new preoccupation.

All of these mood changes will in turn have their changing effect on your attitudes and each other, and on your desire for sex. The most important thing is that you share those feelings with each other. In this way, you can make necessary adjustments and accommodations for a sexual relationship that continues to be as fulfilling as possible for both of you.

The following are answers to some questions about sex that sometimes trouble expectant mothers. If, after you and your husband have read this, you have further questions, or if at any time during your pregnancy you encounter a sexual problem or conflict that you cannot resolve, do not hesitate to ask your doctor.

1. Will my desire for sex decrease during pregnancy?

No two women react exactly the same way to pregnancy. In most women, pregnancy has no significant effect on their interest in sex. In those women for whom contraception was an interruption or psychological obstacle, pregnancy may be a period of carefree and uninhibited sexual indulgence. At certain times, some woman may feel they are "losing their figure and looks" during pregnancy. They may shy away from sexual intercourse, feeling undesirable. Or they may desire sex more often than usual as reassurance that their husbands still love them and find them attractive. Occasionally, there will be an absolute distaste for intercourse throughout the course of the pregnancy. It is thought that this may be related to a conscious or unconscious fear of hurting the fetus, and usually disappears after the baby is born.

2. Can vigorous intercourse harm the baby?

No. It is virtually impossible to harm the fetus in the uterus. The fluid it floats in, the membranes which contain it, the womb itself, the abdominal wall, and the bony pelvis all serve to protect the new life from injury.

3. Is it harmful to have an orgasm during pregnancy?

No. Orgasm is just as beneficial during pregnancy as it is at any other time and having an orgasm will make no difference to the baby.

4. How often is it safe to have intercourse during pregnancy?

There is no ideal frequency and any frequency is safe. Frequency varies remarkably from couple to couple and from month to month with the same couple. Some women are disinterested during their first three months of pregnancy partly due to the fatigue that may accompany this period. But they tend to regain their energy in the fourth month and will often experience a new surge of sexual feeling.

5. Can I have intercourse any time during pregnancy?

Generally sexual intercourse is permitted throughout a pregnancy. However, some doctors have varying opinions on this subject. Intercourse should be curtailed or stopped and your doctor consulted if: 1) your water has broken; 2) you have vaginal bleeding, itching or discharge; 3) if you feel pain in the vagina or abdomen.

6. I have a history of miscarriages. Should I abstain from intercourse?

No. There is no correlation between miscarriage and intercourse. However, it is advisable to consult with your physician regarding your specific concerns.

7. I don't have pain, but the pressure during intercourse causes me discomfort?

If you feel pressure, it may be wise to avoid deep penetration. Changing position or using pillows under you to change the angle of entry into the vagina may help. Also, additional lubrication cream or jelly made for this purpose may relieve any vaginal discomfort.

8. How do I handle the sense of rejection I feel when my husband wants to avoid sex?

Occasionally a few men physically are “turned off” during their wife’s pregnancy. It is only temporary and should not be viewed as rejection. Your husband’s seeming neglect probably has nothing to do with you or with your looks since the majority of men find their wives most beautiful during this time. He may have inner anxieties and mixed feelings about his coming fatherhood that make him seem different. When in doubt, communicate with each other.

Questions for Expecting Fathers:

1. I have a strong need for sex, but since pregnancy, my wife is not interested. What can I do?

As with other marital disagreements, some form of loving compromise is probably the healthiest solution. See if you can talk it out with your wife, and perhaps settle on some lesser frequency or alternate method that requires less complete participation on her part. Remember, too, that it is sometimes hard for women to feel interested in sex when she does not feel desirable. Frequent reassurance from you that she is still beautiful and loved may also help.

VI. MEDICATIONS

A. Over the Counter Medications

The following over-the-counter (OTC) drugs may be safely taken after 12 weeks gestation following all the directions on the container for adult dosage/use.

Problem	OTC	Precaution: Call your doctor’s office
Mild headaches/aches and pains	Acetaminophen(Tylenol)	Severe and/or persistent headache
Nasal congestion due to a cold, sinusitis, or allergies	Sudafed, Afrin Nasal Spray, Ocean Mist Nasal Spray (Not to use more than 3 days)	
Cough due to minor throat irritation/sore throat	Robitussin or non-alcohol cough syrup(not to exceed 1 weeks use) Lozenges that are alcohol-free such as Chloraseptic	Persistent cough/ Persistent or severe sore throat
Nasal congestion and cough	Triaminic DM(or other brand of alcohol/antihistamine free decongestant and antitussive	
Cold	Sudafed, Tylenol, Claritin, Benadryl, Robitussin	fever
Mild to moderate diarrhea	Donnagel chewable tablets, Kaopectate	Diarrhea that persists for more than 2 days accompanied by fever
Constipation	Metamucil, Milk of Magnesia	Severe straining
Heartburn	Maalox, Mylanta, Tums, Pepcid, Zantac, Prilosec	No relief
Gas	Gas-X, Gelusil	
Hemorrhoids	Chilled witch hazel packs, sitz bath	Bleeding or severe pain
Insomnia	Warm bath, a good book, B6:50mg, warm milk, Benedryl	
Morning sickness	Ginger products, Unisom and vitamin B6	Persistent vomiting, weight loss or inability to tolerate fluids

B. Medications to Avoid During Pregnancy

Avoid Aspirin, Aspirin-like compounds, Ibuprofen, Naproxen Sodium, and/or Naproxen

Important note: this is not a complete list. Other products may contain aspirin, aspirin-like compounds, ibuprofen, Naproxen sodium, and/or Naproxen.

Prescription products containing aspirin or aspirin-like compounds	Darvon Compound, Disalcid Capsules, Easprin Tablets, Empirin with Codeine Tablets, Equagesic Tablets, Fiorinal Capsules/Tablets, Fiorinal with Codeine Capsules, Lortab ASA Tablets, Magsal Tablets, Mono-Gesic Tablets
Prescription products containing Ibuprofen	Motrin Tablets, Children’s Advil Suspension, Children’s Motrin Suspension
Prescription products containing Naproxen/Naproxen Sodium	Naproxen Suspension Tablets, Anaprox/Anaprox DS Tablets, Norgesic & Norgesic Forte Tablets, Percodan and Percodan Demi Tablets, Robaxial Tablets, Salflex Tablets, Soma compound Tablets, Soma Compounds with Codeine Tablets, Synalgos DC Capsules, Talwin Compound Tablets, Trilisate Tablets/Liquid
Non-Prescription products containing aspirin and/or aspirin-like compounds	Alka-Seltzer Antacid/Pain Reliever Effervescent Tablets, Anacin Caplets/Tablets, Alka Seltzer Plus Cold Medicine Tablets, Arthritis Pain Formula Tablets, Arthritis Strength Bufferin Tablets, Ascriptin caplets/Tablets, Ascriptin A/D Caplets, Aspergum, Bayer Aspirin Caplets/Tablets, Bayer Plus Tablets, Bayer Children’s Chewable Tablets, Maximum Bayer Caplets/Tablets, 8 Hour Bayer extended release tablets, BC Powder, BC Cold Powder, Buffaprin Caplets/Tablets
Non-Prescription products containing Ibuprofen	Advil caplets/tablets, Advil cold/Sinus caplets, Bayer Select Ibuprofen Pain relief caplets, Dristan Sinus caplets, Ibuprohm Ibuprofen caplets/tabs, Midol IB caplets/tabs, Motrin IB caplets/tabs, Nuprin Ibuprofen caplets/tabs, Sine Aid IB
Non-prescription product containing Naproxen Sodium	Aleve, Bufferin Arthritis strength, Bufferin, Cama Arthritis pain reliever, Doan’s pills, Ecotrin, Empirin, Excedrin Extra Strength, Midol, Mobigesic Analgesic tablets, Norwich, P-A-C Analgesic, Pepto Bismol Liquid/tablets, Sine-Off Tablets Aspirin Formula, St. Joseph Adult Chewable Aspirin, Therapy Bayer, Trigesic, Ursinus Inlay-tabs, Vanquish Analgesic Caplets

Hair Dying During Pregnancy

It is believed that hair dyes are most likely safe to use during pregnancy since very little is absorbed through the skin. It is advised to be in a well-ventilated area and to inquire about the chemicals being used if you are concerned.

C. HERBAL TIPS

The use of herbs has grown, and some people feel these are helpful. One reason for herbal popularity is the belief that these are completely safe because they are natural. Though some patients taking herbs do not have any problems, all herbs can have side effects. There is often little information about these side effects because, unlike drugs, the Food & Drug Administration (FDA) does not study herbs to see if

they work and are safe. This makes it important to buy products from companies respected by patients and healthcare providers, and to use all herbs carefully. Some herbs have been used often and important information known about these is listed below. Please remember this is a short list, and an herb not listed here may still have side effects or pose risk to your unborn fetus.

Potentially harmful herbs

A few herbs have been found to be harmful. Some herbs contain chemicals called carcinogens, which may cause cancer. These herbs are (plant names in parentheses) borage (*Borago officinalis*), calamus (Acorn calamus), coltsfoot (*Tussilago farfar*), comfrey (*Symphytum* species), life root (*Senecio aureus*), and sassafras (*Sassafras albidum*). A few other herbs have caused liver problems in some patients. These include chaparral (*Larrea tridentate*), germander (*Teucrium chamaedrys*), and life root. Licorice (*Glycyrrhiza glabra*) should not be used in pregnancy patients or in people with liver, kidney, or heart disease. Also, patients who take licorice should use it for no more than six weeks. Ma huang (*Ephedra sinica*) contains a substance called ephedrine that can be harmful for patients with heart problems, high blood pressure, diabetes, or thyroid trouble.

Patients who are pregnant or may become pregnant should check with their doctor before using ANY herb.

Cautions with commonly used herbs:

Some herbs have been used enough that they are generally considered safe. However, in addition to pregnancy, there are some precautions to take with these herbs.

Black cohosh: Has hormone properties and should not be used during pregnancy.

Echinacea: May not work if used every day; should be avoided by patients with immune system problems including those with allergies (especially people allergic to daisies).

Feverfew: Should be avoided in people allergic to plants in the daisy family. Feverfew may increase bleeding and should be avoided in those using blood-thinning drugs such as aspirin and warfarin. It is recommended to use Feverfew for no more than 4 months without medical advice.

Garlic: May increase the risk of bleeding if used with anticoagulants.

Ginger: It is advised to use caution in patients with diabetes, cardiac problems, or those on anticoagulants.

Gingko: Has caused some patients to bleed easily.

Ginseng: Recommended to avoid in children and those with high blood pressure, headaches, heart problems, asthma, inflammation, and infections with high fever. May decrease effects of warfarin.

Kava-Kava: Heavy use reported to cause poor health; should not be used with alcohol.

Saw Palmetto: No specific drug interactions or major side effects are known, but please remember that no treatment is completely free of problems, especially in high doses.

St John's Wort: May have potentially serious interactions with some antidepressant medications; also be very cautious with foods high in tyramine (such as aged cheeses and meats, yeast beer, wine, pickled herring, avocados, and bananas) which may cause toxicity with St John's Wort.

Valerian Root: May cause daytime drowsiness, so use caution when doing hazardous tasks such as driving a car, and avoid using with alcohol or other drugs causing drowsiness.

Should you have further concerns or questions regarding this material, please consult with your physician.

VII. CORD BLOOD STORAGE

Cord Blood Storage

The American College of Obstetrics and Gynecology believes that there are many questions about this technology that remain unanswered. Parents should not be sold this service without realistic assessment of their likely return on their investment. The odds of needing a stem cell transplant are low (estimated at between 1 in 1,000 and 1 in 200,000 by age 18). Commercial cord blood services should not represent themselves as “doing everything possible” to ensure the health of children, nor should parents be made to feel guilty if they are not eager to invest considerable sums in such a highly speculative venture. Should you have further interest regarding this topic, or want to acquire resources about donating cord blood, please consult with your physician.