

The Aches & Pains of Pregnancy

Understanding the Cause & Pain Control

What is SI Joint Pain?

Sacroiliac Joint Pain occurs on one side of your low back where the dimples are. This is where the sacrum and the ilium (bone of the pelvis) meet. During pregnancy your body produces a hormone called *relaxin*. It softens ligaments so that your birth canal will widen for delivery. Often, the ligaments become too loose and overstretched. This leads to an unstable pelvis which may feel “wobbly”. The joint surfaces can become “out of line” with movement as minor as twisting. The tissues often become pinched in the joint which can create sharp or deep pain. The joint may throb for hours due to swollen, irritated tissues.

Sciatica

Sciatica is leg pain caused by pressure on the sciatic nerve from a tense buttock muscle. It often occurs in conjunction with sacroiliac joint dysfunction.

Treatment

Treatment for SI Joint Pain and Sciatica usually requires physical therapy. Try the suggestions below to reduce pain:

1. Apply ice to joint frequently to reduce swelling.
2. Try a stabilization belt to prevent excessive joint slipping. Only put a belt on when you are “in line” and only after proper instruction.
3. Avoid movements with feet planted and trunk twisting (loading dishwasher, clothes dryer, etc.).
4. Avoid wide separation of your legs during exercise, getting into car/bed, climbing two steps at a time, etc.
5. Instead of crossing one leg over the other to put shoes and socks on, keep feet on the floor and bend trunk forward to reach your feet.

Pubic Joint Pain

This may occur during pregnancy due to overstretched ligaments resulting in joint slippage or separation. The pain is over the pubic bone and can be sharp or deep. Muscle spasms of the attached inner thigh muscles may cause inner thigh or groin pain on one or both sides.

The problem usually resolves after delivery, but may take several weeks to subside completely. Relief can be achieved with ice (for central pubic joint pain) or heat (for inner thigh muscle spasm). Avoid widely spreading your legs and try a stabilization belt (after proper instruction) to reduce joint movement.

Varicose Veins & Swelling

This can cause significant discomfort and limit your activities during pregnancy. To reduce discomfort, try the suggestions below:

1. Avoid prolonged sitting with feet on the floor by elevating feet and taking walks intermittently.
2. While sitting, repeat ankle circles to stimulate circulation.
3. With your physician’s recommendation, a physical therapist or pharmacist can assist you in choosing an appropriate maternity support garment.

Easing Back Pain During Pregnancy

Back pain is one of the most common discomforts during pregnancy. As your baby grows during pregnancy, your uterus expands to as much as 1,000 times its original size. This amount of growth – centered in one area – affects the balance of your body and may cause discomfort. This explains the causes of backache during pregnancy and offers tips for what you can do to ease the pain.

What Causes Back Pain

Back pain in pregnancy has many possible causes. It usually is caused by strain on the back muscles. In midpregnancy, when your uterus becomes heavier, it changes your center of gravity. You then slowly begin to change your posture and the ways that you move. Most women begin to lean backward in the later months of pregnancy – making their back muscles work harder.

Weakness of the abdominal muscles can also cause back pain. The abdominal muscles normally support the spine and play an important role in the health of the back. The hormones of pregnancy cause the muscles to relax and become loose. This may cause some back pain. It can also make you more prone to injury when you exercise.

What Can You Do

To help prevent or ease back pain, try to be aware of how you stand, sit, and move. Here are some tips that may help:

- Wear low-heeled (but not flat) shoes with good arch support.
- Ask for help when lifting heavy objects.
- When standing for long periods, place one foot on a stool or box.
- If your bed is too soft, have someone help you place a board between the mattress and box spring.
- Don't bend over from the waist to pick things up – squat down, bend your knees, and keep your back straight.
- Sit in chairs with good back support, or use a small pillow behind the low part of your back.
- Try to sleep on your side with one or two pillows between your legs for support.
- Apply heat or cold to the painful area or massage it.

Doing special exercises for the back can also help lessen backache. They can help strengthen and stretch muscles that support the back and legs and promote good posture – keeping the muscles of the back, the abdomen, the hips, and the upper body strong. These exercises not only will help ease back pain but also will help prepare you for labor and delivery.

If back pain continues to be a problem, your doctor may suggest that you wear a maternity girdle, special elastic sling, or back brace. These devices help support the weight of your abdomen and ease the tension on your back. On rare occasions, mild pain medications, bed rest, or physical therapy may be suggested by your doctor. Don't try to treat yourself. Back pain can also be caused by other problems. Back pain is one of the main symptoms of preterm labor. If it continues or gets worse, call your doctor. You should also call your doctor if you are having fever, burning urination, or vaginal bleeding.

Exercises for a Healthy Back:

Diagonal Curl

This exercise strengthens the muscles of your back, hips, and abdomen. If you have not already been exercising regularly skip this exercise. Sit on the floor with your knees bent. Twist your upper torso to the left until your hands touch the floor. Do the same movement to the right. Repeat on both sides 5 times.



Upper Body Bends

This exercise strengthens the muscles of your back and torso. Stand with your legs apart, knees bent slightly, with your hands on your hips. Bend forward slowly, keeping your upper back straight. You should feel a slight pull along your upper thigh. Repeat 10 times.



Forward Bend

This exercise stretches and strengthens the muscles of your back. Sit in a chair in a comfortable position. Keep your arms relaxed. Bend forward slowly, with your arms in front and hanging down. If you feel any discomfort or pressure on your abdomen, do not push any further. Hold this position for a count of 5, then get up slowly without arching your back. Repeat 5 times.



Backward Stretch

This exercise stretches and strengthens the muscles of your back, pelvis, and thighs. Kneel on hands and knees with your knees 8-10 inches apart and your arms straight (hands under your shoulders). Curl backward slowly, tucking your head toward your knees and keeping your arms extended. Hold this position for a count of 5, then come back up to all fours slowly. Repeat 5 times.



Back Press

This exercise strengthens the muscles of your back, torso, and upper body and promotes good posture. Stand with your feet 10-12 inches away from a wall and your back against it. Press the lower part of your back against the wall. Hold this position for a count of 10, then release. Repeat 10 times.



Leg Lift Crawl

This exercise strengthens the muscles of your back and abdomen. Kneel on hands and knees, with your weight distributed evenly and your arms straight (hands under your shoulders). Lift your left knee and bring it toward your elbow. Straighten your leg without locking your knee. Extend your leg up and back. Do this exercise to a count of 5, Move slowly; don't fling your leg back or arch your back. Repeat on both sides 5-10 times.



Trunk Twist

This exercise stretches the muscles of your back, spine, and upper torso. Sit on the floor with your legs crossed, with your left hand holding your left foot and your right hand on the floor at your side for support. Slowly twist your upper torso to the right. Do the same movement to the left, after switching your hands (right hand holding right foot and left hand supporting you). Repeat on both sides 5-10 times.



Rocking Back Arch

This exercise stretches and strengthens the muscles of your back, hips, and abdomen. Kneel on hands and knees, with your weight distributed evenly and your back straight. Rock back and forth, to a count of 5. Return to the original position and curl your back upward as much as you can. Repeat 5-10 times.



Positioning + Body Mechanics During + After Pregnancy

Good Posture

This is one of the most important factors in preventing back pain during pregnancy. As the size of your abdomen increases, your weight will shift forward. To adjust their balance, many women mistakenly arch their lower back and throw their shoulders back. This creates a “swayback”. The woman’s pelvis is tilted forward as if she is spilling the baby out of the front. The abdominal muscles become overstretched and weak, and the lower back muscles become short and tight, leading to painful muscles spasms. You can reverse this by slightly contacting the lower abdominal and buttock muscles.

Other common posture imbalances include forward head or chin position, slumped and rounded shoulders, locked knees and standing with one hip slouched. To assure proper postural alignment, check your side view. Your ear, shoulder, hip joint, and ankle bone should all be in a straight line. Increasing body awareness is the key to correcting problems and preventing pain.

Supportive Positioning

Supportive positioning is important whether you are sitting or in a horizontal position. The additional body weight you are carrying can strain muscles, ligaments and tendons attached to your spine. Take the extra few moments to assure your position is comfortable.

1. Avoid slumping in your seat by placing a small pillow or rolled towel in the small of your back.
2. You might find it supportive to put a foot up on a stool while sitting.
3. If your job requires long periods of sitting, you can reverse the “slumped” posture by occasionally sitting on the edge of your seat or on a stool.
4. When lying on your side, place a towel roll under your waist and at the base of your pillow inside the pillowcase. This will support the natural curves of the neck and low back. Lying on your left side is better for blood flow, and it’s a good idea to place a pillow between your knees and ankles.
5. When breastfeeding, use one or two pillows under the baby and under your arms while feeding.

Body Mechanics

Proper body mechanics are essential in preventing injury and pain during and after pregnancy. Whether lifting a heavy load or just reaching to tie your shoes, you should follow the guidelines below:

1. Bend your knees, keep your back straight, and use your leg muscles to raise and lower your body.
2. Stand close to the load and carry it close to your body.
3. After pregnancy, be sure to carry things off the SI joint (refer to section: What is SI joint pain?)
4. Avoid twisting when lifting; point your feet toward the object you will lift (Move your feet- “Turn vs. Twist”).
5. Separate your feet slightly to assure a solid base of support. Brace abdominal muscles before lifting.
6. Always size up your load before lifting. If the weight is greater than what you lift in a typical day, ask for help (usually no more than 1/3 your body weight).

Labor Analgesia & Anesthesia

- Labor is defined as the time and processes that occur during childbirth from the beginning of cervical dilation to the delivery of the placenta. Each woman will experience the discomfort and pain of labor differently. Some women are certain they will want pain relief, others would prefer to give birth without any pain relief, and there are those who are unsure of their pain relief options (and their affect on labor and delivery). Childbirth is “natural” with or without medication, and more mothers are choosing to have pain relief during labor and delivery to help them experience a more comfortable childbirth.
- Labor pain-relieving drugs fall into two categories-analgesia and anesthesia.
- Analgesia is the relief of pain without total loss of feeling or loss of consciousness. Analgesics do not always stop pain completely, but they do lessen it.
- Anesthesia refers to a greater loss of feeling, including at times, symptoms of loss of muscle movement. Some forms of anesthesia cause you to lose consciousness, while others remove all feeling of pain from parts of the body while you stay conscious.
- Education and preparation regarding pain relief options begin during prenatal care. Selection of the appropriate technique is on an individual basis. If medications are to be used, learn the risks and benefits to you and your baby. Your preferences, guided by medical judgment, will help make the best personal choice for pain control during labor. Also, it is best to keep your options open. Your pain relief choices may be changed by certain circumstances during labor and delivery. Be flexible in your planning. If you change your mind during labor, ask for some pain relief if you feel you need it. Discuss any concerns you may have about pain relief with your obstetrical provider.
- Some factors associated with decreased pain during labor include regular aerobic exercise performed during pregnancy, and attendance at childbirth classes.
- It’s important to have the support of your partner or a loved one during labor and delivery.

Analgesics

- Systemic analgesics are often given as injections into a muscle or vein to lessen pain while not causing you to lose consciousness. They act on the whole nervous system, rather than on one exact area. A variety of these drugs are available. In addition, other drugs may be given with systemic analgesics to relieve tension or nausea.
- Used mainly in early labor, analgesics such as narcotics or sedative – tranquilizers help you rest and conserve energy. They help reduce the pain of labor, but not eliminate the pain entirely. They also ease anxiety.
- This type of pain medicine can have side effects. Most are minor, such as feeling drowsy or having trouble concentrating. Analgesics are not given right before delivery because they may slow the baby’s reflexes and breathing at birth.

Anesthetics

- Anesthetics are medicines that cause a loss of feeling or sensation, especially pain. With some anesthetics you lose consciousness.

Epidural Block

- An epidural block is a regional anesthetic that causes some loss of feeling in the lower half of the body. The extent of the numbness depends on the drug and dosage. A needle is inserted into the epidural space (the region surrounding the spinal canal). A small tube (catheter) is inserted through it, and the needle is withdrawn. Small doses of the drug can be given continuously, or as needed, through the catheter. Low doses are used because they are less likely to cause side effects for you and the baby. The epidural helps ease the pain of contractions and the pain in the vagina as the baby comes out. In larger doses, epidural blocks are used to ease the pain during cesarean birth. You can move once the epidural is given, but you may not be allowed to walk around.
- Most women deliver normally with an epidural. If the mother cannot feel the baby's head, bearing down to help the baby move through the birth canal may be difficult and can slow labor. Side effects of an epidural may include a temporary drop of the mother's blood pressure, which in turn may slow the baby's heartbeat. Rarely, serious problems may occur. If the covering of the spinal canal is pierced, a severe headache may result. Without treatment, it can last for days or weeks. If a significant amount of anesthetic enters the spinal fluid, the muscles in your chest can be temporarily affected, making it hard to breathe. If the drug enters a vein, you could get dizzy or, rarely, have a seizure.

Pudendal Block

- A pudendal block is injected shortly before delivery to block pain in the perineum (the area between the thighs that lies behind the genital organs and in front of the anus). It is especially helpful for numbing the perineum before birth. It relieves pain you may have around the vagina and rectum as the baby moves through the birth canal. Pudendal block is one of the safest forms of anesthesia. Serious side effects are rare. A pudendal block should not cause changes in your baby's heart rate.

Spinal Block

- A spinal anesthetic is an injection into the lower back. It is administered with a needle into the spinal canal. It takes effect faster than epidural, brings good relief from pain, and last an hour or two. Patients may feel numb and need assistance in moving during delivery. Spinal anesthetics are sometimes used for delivery by cesarean section or when forceps or vacuum extractions are needed. A spinal block is usually given only once during labor, so it is best suited for pain relief during delivery.
- Spinal block can sometimes cause the same side effects as an epidural block.

Combined Spinal – Epidural Analgesia

- A technique called "walking epidural" is a combined spinal-epidural analgesia: It works fast, blocking pain in the abdominal nerves (not the whole lower body) and usually allows the patient to move around the room if desired. The first step is an injection of narcotic or anesthetic. A catheter is then placed in the epidural space for a regular epidural, should additional pain medication be needed later. This technique can cause the same side effects as mentioned in epidural and spinal blocks.

Saddle Block

- A saddle block is a form of a spinal block, but the medicine is allowed to drop to the lower part of the spine. The part of your body that loses feeling is the part that sits in a saddle (your buttocks, perineum and vagina).

Local Anesthesia

- A local anesthetic does not reduce discomfort during labor. It may be used during delivery to numb a painful area or after delivery if stitches are necessary. Once the anesthetic wears off, there are usually no side effects. Local anesthesia rarely causes any problem for the baby.

General Anesthesia

- These are drugs that put you to sleep. General anesthesia is administered by giving anesthetic drugs intravenously and breathing anesthetic gases. You are not awake during delivery and you feel no pain. General anesthesia is not used to relieve the pain of labor. It can make the baby sleepy and slow its reflexes and breathing. This type of anesthesia is used for cesarean birth and, at times, emergency vaginal delivery. A rare but serious problem with general anesthesia occurs when food or acid from the stomach enters the windpipe and lungs and causes injury. Because of this, you may be told not to eat once labor has started. Antacids may be given to help prevent stomach acids from getting into your lungs.

Psychological Methods of Pain Relief

- Psychological anesthesia (or psychoanesthesia) is a mental, as opposed to a medicinal, method of controlling pain. You may want to talk to your obstetric provider about these options. Included in this category are:
 - Lamaze, Bradley, and Grantly-Dick Reed (all three teach breathing and relaxation, the role of the labor support person, the process of labor, and skills to cope with the discomfort of labor).
 - Hypnosis
 - Acupuncture
 - LeBoyer technique (“gentle birth” using dim lighting, soft voices, and a warm water bath for the newborn).
 - Biofeedback
 - TENS (transcutaneous electrical nerve stimulation which utilizes small amount of electric current applied to the skin to achieve pain relief)

Making a Decision

- Some hospitals or educational programs offer childbirth classes. There are also classes for parents who have experienced a birth but would like to review and practice breathing and relaxation techniques; special classes for women who anticipate a vaginal birth after cesarean section; and a series designed for parents expecting multiple births. Other classes you might find helpful include pregnancy fitness/exercise, infant care, CPR, and breast-feeding.
- There are many choices for managing the discomfort of labor and delivery. There is no right or wrong approach because every childbirth experience is different. Start gathering the opinions of those you trust—health care provider, spouse, significant other, family and friends. Read and do research for further information if needed. You can then take an informed approach to developing a plan to manage your labor and delivery. Being prepared can help make childbirth a truly enjoyable experience.
- There are numerous web sites with additional information about labor and childbirth. Use one of the web’s search sites to begin your quest.

Notify Our Office If

You have questions or want more information about the pain relief options available for your labor and delivery.

Appointment Policies

Thank you for choosing Heartland Women's Healthcare for your OB/GYN needs. As a patient of our office, your health needs are our top priority. The information that follows is designed to answer questions many patients have. We want you to know about our policies and methods of practice. The more you know, the more we can be of service to you. If you have any additional questions, please do not hesitate to ask.

Appointments

Office hours are by appointment. In scheduling appointments, it is our intent to see you as soon as possible. Our staff and physicians will make every effort to accommodate urgent add on requests. Please call our office as early in the day as possible to ensure availability for an appointment. Individuals arriving early for their appointments may not be taken until the scheduled time, to avoid delaying other patients unnecessarily. We will make every effort to see you on time at your scheduled visit. Since we are an OB/GYN office and do have emergencies taking our providers out of the office at any given time, there may be unavoidable delays in regards to your appointment times. We may offer you alternatives during the times our practitioners are called away from the office or are delayed for emergencies. Those options may be re-scheduling, seeing another provider, or waiting on your scheduled provider to return from the hospital.

Cancellations

We reserve your appointment exclusively for you. If you cannot keep an appointment, please notify us immediately. We would request 24 hours' notice for rescheduling and/or cancellation of an appointment if possible. Another patient may be able to utilize your appointment slot. We do our best to remind you of your appointment. Heartland Women's Healthcare makes confirmation calls one to two days prior to your appointment to remind you of your appointment date and time and any other important information you may need to know. (Bring your insurance card, co-payment, etc.) If we do not have a current phone number, a reminder call cannot be made. If you arrive more than 15 minutes late for your appointment without calling, you may be asked to reschedule.

Insurance Cards

You must bring a copy of your insurance card to every appointment. This includes Illinois medical cards. Please present your card to the receptionist upon arrival. We will need to make a copy of your current card.

Patient Identification

For your protection and security, a photo identification of each patient will be requested at the time of service.

Co-Pays

Your insurance co-payment is due at the time of service unless prior arrangements have been made. Please pay your co-pay to the receptionist prior to being seen by the provider. (Those patients with Illinois Medicaid are exempt from their co-pay only if under the age of 18 or pregnant).

Patient Information

It is important we maintain current and accurate records on your behalf. Upon registration for each visit at our office, you will be asked if there have been any changes in your address, telephone number, and insurance coverage. It is your responsibility to insure updates are provided.

Medical Records

It may be important for us to obtain a copy of your medical records or you may request a copy of our records be sent to another physician. In all cases, a medical records release will need to be signed. All records requiring us to forward your chart or parts of your chart to another physician will be provided within a 30 day period. We reserve the right to charge for multiple copies and personal copies of your records. We will send medical records to outside physicians at no cost to you for the first set of copies.

Courteousness

Our office staff will always treat you with respect and courtesy. Rudeness to our office staff will not be tolerated and will result in discharge from the practice. If you have issues with any of our office staff, please contact the office manager.

Fees And Payments

We will file your medical insurance forms free of charge. Please take the time to review your policy coverage. You are responsible for your account, whether or not your insurance pays benefits or not, so review your policy.

Accounts must be paid in full within 30 days of the receipt of your statement. If you need to make payment arrangements on an outstanding balance, arrangements must be made within 30 days of the receipt of your statement. If arrangements are not made and kept current, your account will be referred for collections.

Do's and Don'ts

Eat this. Don't eat that. Do this. Don't do that. Pregnant women are bombarded with Do's and Don'ts. It's tough to keep it all straight. Pregnancy Do's are listed below. The next page has a list of pregnancy Don'ts.

Pregnancy Do's

- See your doctor regularly. Prenatal care can help keep you and your baby healthy and spot problems if they occur.
- Continue taking folic acid throughout your pregnancy. All women capable of pregnancy should get 400 to 800 micrograms (400 to 800 mcg or 0.4 to 0.8 mg) of folic acid every day. Getting enough folic acid lowers the risk of some birth defects. Taking a vitamin with folic acid will help you to be sure you are getting enough.
- Eat a variety of healthy foods. Include fruits, vegetables, whole grains, calcium- rich foods, lean meats, and a variety of cooked seafood.
- Get all essential nutrients, including iron, every day. Getting enough iron prevents anemia, which is linked to preterm birth and low-birth weight babies. Ask your doctor about taking a daily prenatal vitamin or iron supplement.
- Drink extra fluids, especially water.
- Get moving! Unless your doctor tells you otherwise, physical activity is good for you and your baby.
- Gain a healthy amount of weight. Gaining more than the recommended amount during pregnancy increases a woman's risk for pregnancy complications. It also makes it harder to lose the extra pounds after childbirth. Check with your doctor to find out how much weight you should gain during pregnancy.
- Wash hands, especially after handling raw meat or using the bathroom.
- Get enough sleep. Aim for 7 to 9 hours every night. Resting on your left side helps blood flow to you and your baby and prevents swelling. Using pillows between your legs and under your belly will help you get comfortable.
- Set limits. If you can, control the stress in your life and set limits. Don't be afraid to say "no" to requests for your time and energy. Ask for help from others.
- Make sure health problems are treated and kept under control. If you have diabetes, control your blood sugar levels. If you have high blood pressure, monitor it closely.
- Ask your doctor before stopping any medicines you take or taking any new medicines. Prescription, over-the-counter, and herbal medicine all can harm your baby.
- Get a flu shot. Pregnant women can get very sick from the flu and may need hospital care. Ask your doctor about the flu vaccine.
- Always wear a seatbelt. The lap strap should go under your belly, across your hips. The shoulder strap should go between your breasts and to the side of your belly. Make sure it fits snugly.
- Join a childbirth or parenting class.

Pregnancy Don'ts

- Don't smoke tobacco. Quitting is hard, but you can do it! Ask your doctor for help. Smoking during pregnancy passes nicotine and cancer-causing drugs to your baby. Smoking also keeps your baby from getting needed nourishment and raises the risk of miscarriage, preterm birth, and infant death.
- Avoid exposure to toxic substances and chemicals, such as cleaning solvents, lead and mercury, some insecticides, and paint. Pregnant women should avoid exposure to paint fumes.
- Protect yourself and your baby from food-borne illness, which can cause serious health problems and even death. Handle, clean, cook, eat, and store food properly.
- Don't drink alcohol. There is no known safe amount of alcohol a woman can drink while pregnant. Both drinking every day and drinking a lot of alcohol once in a while during pregnancy can harm the baby.
- Don't use illegal drugs. Tell your doctor if you are using drugs. Marijuana, cocaine, heroin, speed (amphetamines), barbiturates, and LSD are very dangerous for you and your baby.
- Don't clean or change a cat's litter box. This could put you at risk for toxoplasmosis, an infection that can be very harmful to the fetus.
- Don't eat swordfish, king mackerel, shark, and tilefish, which are high in mercury.
- Avoid contact with rodents and with their urine, droppings, or nesting material. This includes household pests and pet rodents, such as guinea pigs and hamsters. Rodents can carry a virus that can be harmful or even deadly to your unborn baby.
- Don't take very hot baths or use hot tubs or saunas. High temperatures can be harmful to the fetus, or cause you to faint.
- Don't use scented feminine hygiene products. Pregnant women should avoid scented sprays, sanitary napkins, and bubble bath. These products might irritate your vaginal area, and increase your risk of a urinary tract infection or yeast infection.
- Don't douche. Douching can irritate the vagina, force air into the birth canal and increase the increase the risk of infection.
- Avoid x-rays. If you must have dental work or diagnostic tests, tell your dentist or physician that you are pregnant so that extra care can be taken.

Exercise + Pregnancy

Exercises During and After Pregnancy

Low back muscle strain is characterized by central low back ache and tension caused by muscle spasm or strain. It is often caused by abnormal posture. The common pregnancy “swayback” creates stress on the soft tissues (muscles, ligaments) surrounding the spine. As a result of this stress, the muscles may begin to spasm. The pain often becomes worse as the day goes on and worse with prolonged standing.

Treatment begins with correcting the abnormal posture (see Positioning & Body Mechanics sheet). Then, low back stretches can relieve the muscle spasm by lengthening short, tense muscle fibers. Even just sitting in a chair and raising your arms over your head can help stretch your back muscles. Your therapist can instruct you on other stretches. For best results, combine the stretches with applications of ice or heat to sore muscles.

Precaution

After your fourth month of pregnancy, avoid laying flat on your back.

Kegel's

These exercises strengthen your “pelvic floor”. The pelvic floor muscles support the pelvic organs and help prevent urinary incontinence. They are located inside your pelvis about one inch inside your vagina.

Pull the muscles inside the vagina up and in as if you are preventing urine leakage. Hold for three to five seconds, relax, and repeat five to ten times. Increase to 30-40 reps/day. Contract the muscles again and this time hold as long as possible (be sure to keep breathing). Then relax. Repeat this three to five times. Always end exercise sessions in the “relax” phase.

Upper Back Strengthening

Combine the two exercises below for better posture and a stronger upper back. Sit upright with your back well supported. Hold each exercise five seconds and repeat five times.

Chin Tucks

Tuck chin in towards chest as if you are trying to make a double chin. You should feel the muscles in the back of your neck lengthening.

Shoulder Blade Squeeze

Squeeze shoulder blades together by pressing shoulders backward and downward. Your arms will automatically rotate outward.

Exercising During Pregnancy:

Safe and careful exercise during pregnancy can help prevent backaches, improve posture, reduce fatigue, improve body image, and help you remain strong and active through your third trimester. If you were exercising before pregnancy, it is usually safe to continue a similar regimen with due consideration of the precautions listed. Most sports can be continued with the exception of horseback riding and water skiing. If you departed from a regular exercise routine during the first trimester due to nausea or fatigue, you should be cautious and begin a new program slowly. Three times a week of a mild-to-moderate exercise routine is suggested.

It is **NOT** safe to assume your body will respond as it did before pregnancy. The hormones of pregnancy soften ligaments, making joints much more susceptible to injury. To prevent injury, avoid overstretching especially if you have always been very “flexible”. Changes in your center of gravity will also affect your balance and possibly your exercise performance.

***Consult your obstetrician before beginning a new exercise program during your pregnancy.**

You should **NOT** exercise if you have:

- Pregnancy induced hypertension
- Premature rupture of membranes or contraction
- Incompetent cervix
- Intrauterine growth retardation

Highly recommended forms of exercise during pregnancy include yoga, swimming, low impact aerobics, and walking. Many home exercise equipment units are available which offer safe, low impact exercise options. Stationary bikes, treadmills, stairclimbers, healthriders, and rowing machines are all good options for home exercise programs (with physician’s approval). Be sure your posture and positioning are proper. As your pregnancy progresses, your endurance may decline; don’t let this cause frustration because it is perfectly **NORMAL**.

Exercise Precautions:

1. Avoid rapid, repetitive or uncontrolled movements, especially if you are a beginner.
2. Avoid overheating; drink plenty of water before and after exercise.
3. Avoid positions which increase the low back curve (“swayback”).
4. Be sure to perform adequate stretching, warm-up, and cool-down.
5. Wear good supportive footwear.
6. Be careful not to overstretch joints; hormones can increase the joint laxity and risk of injury.
7. For beginning and intermediate exercisers, the heart rate should not exceed 140 beats per minute.
8. Modify abdominal exercises in the presence of diastasis recti (weakness, separation of abdominal muscles).
9. After the fourth month; avoid exercising flat on your back for more than three consecutive minutes. The weight of the fetus can interfere with blood flow to you and your baby.
10. Discontinue exercise and contact your physician if any of the following occur:
 - Pain in your chest, back, abdomen, or pelvic pressure
 - Menstrual like cramps
 - Vaginal bleeding
 - Palpitations
 - Shortness of breath
 - Dizziness

Pregnancy

First Trimester

Your First month – During the first 6 weeks the heart, lungs, and brain are beginning to develop. The tiny heart will beat on the 25th day.

Your Second Month – During the second month, your baby has arms with tiny hands and fingers. Legs, knees, ankles, and toes are beginning to form. The stomach, liver, and simple brain, spine and central nervous system have also begun to develop. The eyes and ears begin as small pits.

Your Third month – At the end of three months, your baby will be about 3 inches long and weigh about 1 ounce. Signs of your baby's sex are starting to appear. Finger and toe nails are forming. The eyes and eyelids are fully formed. The baby's chin, forehead, and nose are becoming well defined.

Second Trimester

Your Fourth Month – The baby is growing very fast and is about 8-10 inches long and about 6 ounces. You may begin to feel the baby move.

Your Fifth Month – The baby should weigh about 1 pound and be about 12 inches long. The doctor should be able to hear the baby's heart beat. Eyes, eyelids, and ears are fully formed and a fine hair covers your baby's body. The baby will respond to music and speech.

Your Sixth Month – The baby is about 14 inches long and weighs about 1 ½ pounds. Brain tissue is increasing. If your baby has hair on his/her head, it may be growing.

Third Trimester

Your Seventh Month – Your baby is about 15 inches and 2 – 2 ½ pounds. The baby is kicking, stretching, and changing positions from side to side.

Your Eighth Month – Your baby has grown to about 16 inches long and weighs about 4 pounds. At 32 weeks, your baby's face is smooth and resembles that of a newborn. They have put on fat and are becoming a tight fit inside the uterus.

Your Ninth Month – At 36 weeks your baby is about 19 inches long and weighs about 6 pounds. The baby gains about ½ pound per week. Your baby is still growing, but with less room to move. Braxton – Hicks contractions are probably occurring preparing the uterus for the real thing.

During pregnancy your body will go through several changes; all of which are quite normal. Some of those changes begin as a slight nuisance and continue to change and grow as the baby grows.

Some of these changes are as follows:

- Nausea, Morning Sickness
- Fatigue
- Enlarged Breasts, Tenderness
- Shortness of Breath
- Swelling, Edema
- Nasal Congestion
- Skin changes: Blemishes
- Heartburn
- Stretch Marks
- Backache
- Constipation
- Hemorrhoids
- Leg Cramps
- Frequent Urination
- Change in Balance

Nausea, Morning Sickness

- Eat dry toast or crackers before rising
- Take vitamins and iron after meals
- Avoid greasy, spicy foods
- Eat 5-6 small meals

Fatigue

- Get plenty of rest, take short naps
- Eat a well-balanced diet
- Do not over exert

Breast Tenderness

- Wear a good support bra, maternity or full figured bra

Shortness of Breath

- Sit up straight, breath deeply
- Prop head up on pillows when sleeping

Heartburn

- Avoid greasy, spicy foods
- Eat 5-6 small meals
- Drink a glass of milk before eating
- Eat slowly, avoid rushing

Backache

- Avoid overexertion and fatigue
- Use good posture
- Elevate legs on pillows
- Use warm moist heat

Constipation

- Increase dietary fiber, bran, fresh fruit, and vegetables
- Increase fluid intake

Hemorrhoids

- Avoid standing or sitting for long periods
- Do not strain with bowel movements
- Use warm bathes

Leg Cramps

- Increase milk and milk products
- Avoid crossing legs and sitting on legs

Edema

- Elevate legs when sitting
- Avoid standing for long periods of time
- Wear loose clothing, especially at wrist and ankles
- Reduce intake of fat and salty foods:
 - Bacon
 - Lunchmeats
 - Potato Chips

Fish Facts

Fish Facts for Women Who Are Pregnant or Breastfeeding

Fish and Shellfish can be an important part of a healthy diet. They are a great source of protein and heart-healthy omega-3 fatty acids for people of all ages. The nutrients in seafood are important for unborn babies, as well as for infants and young children. Research shows that omega-3 fatty acids eaten by pregnant women may aid in babies' brain and eye development. Also, some researchers believe depression in women during and after pregnancy may be related to not eating enough fish.

Women who are pregnant or breastfeeding should eat at least 8 ounces and up to 12 ounces of a variety of seafood per week to get the health benefits. Unfortunately, some pregnant and nursing women do not eat any fish because they worry about mercury in seafood. Mercury is a metal that, at high levels, can harm the brain of your unborn baby even before he or she is conceived. Yet many types of seafood have little or no mercury at all. So your risk of mercury exposure depends on the amount and type of seafood you eat.

Women who are pregnant or breastfeeding can safely eat a large variety of cooked seafood, but should not eat a few kinds of fish that contain high levels of mercury. Keep in mind that removing all fish from your diet will rob both you and your baby of all the nutritional benefits that seafood provides, including important omega-3 fatty acids. To reach the recommended amount of 8 to 12 ounces per week while limiting exposure to mercury, follow these tips:

Eat a variety of cooked seafood that contains little or no mercury, such as these types that are higher in omega-3 fatty acids:

- Salmon
- Anchovies
- Herring
- Atlantic and Pacific mackerel (not king mackerel)
- Sardines
- Pacific oysters
- Trout
- Limit white (albacore) tuna to 6 ounces (about 1 serving) per week.

Do not eat these fish, which are high in mercury:

- Swordfish
- Tilefish
- King mackerel
- Shark

Check before eating fish caught in local waters. State health departments have guidelines on fish from local waters or get local fish advisories from the U.S. Environmental Protection Agency. Do not eat fish from local waters unless your state health department says that doing so is safe. If you are unsure about the safety of a fish that you have already eaten, don't eat any other fish that week. Eat a variety of cooked seafood rather than just a few types.

Foods supplemented with DHA/EPA (such as "omega-3 eggs") and prenatal vitamins supplemented with DHA are other sources of the type of omega-3 fatty acids found in seafood.

** Don't eat uncooked fish or shellfish (such as clams, oysters, scallops), which includes refrigerated uncooked seafood labeled nova-style, lox, kippered, smoked, or jerky. Uncooked seafood may contain bacteria that are harmful during pregnancy.*

Food Don'ts

There are 3 main dangers lurking in the food pregnant women eat. They are:

- **Listeria** – a dangerous bacterium that can grow even in cold refrigerators.
- **Mercury** – a harmful metal found in high levels in some fish.
- **Toxoplasma** – a risky parasite found in undercooked meat and unwashed fruits and vegetables.

These things can cause serious illness or even death to you or your unborn baby.

Follow these food facts to help keep you and your baby healthy:

- **DON'T eat raw or undercooked meat, poultry, fish or shellfish** (sushi or sashimi).
- **DON'T eat** swordfish, tilefish, king mackerel, and shark.
- **DON'T eat refrigerated smoked seafood** like whitefish, salmon, and mackerel. These are usually labeled nova- style, lox, kippered, smoked, or jerky.
- **DON'T eat** refrigerated pâtés or meat spreads.
- **DON'T eat hot dogs and luncheon meats** — unless they're reheated until steaming hot.
- **DON'T eat soft cheeses** like feta, brie, camembert, "blue-veined cheeses," "queso blanco," "queso fresco," and Panela unless the label says they are pasteurized or made from pasteurized milk.
- **DON'T drink raw or unpasteurized milk or juice** or eat foods that contain unpasteurized milk.
- **DON'T eat** unwashed fruits and vegetables.
- **DON'T eat raw sprouts of any kind** (including alfalfa, clover, radish, and mung bean).

Source: U.S. Food and Drug Administration; Center for Food Safety and Applied Nutrition

Heartburn During Pregnancy

Heartburn is the term used to describe a burning pain in the chest and upper abdomen. It is common for pregnant women to experience the symptoms of heartburn, which usually come and go until delivery. While it can be uncomfortable or painful, heartburn will not hurt your baby.

Frequent Signs and Symptoms

- Burning pain in the center of the chest and upper abdomen, frequently accompanied by an unpleasant taste in the mouth.
- Belching (Burping).

Causes

- Heartburn is not associated with a heart disorder. It is caused by a backflow of acid from the stomach into the esophagus. The muscles that close off the upper stomach become lax, allowing stomach juices to enter the esophagus and irritate its lining.
- Changes caused by pregnancy in gastrointestinal functions (e.g., increased stomach acid production and slower emptying time of the stomach contents).
- The hormonal changes of pregnancy relax the muscle at the top of the stomach that usually stops the acid from splashing up.
- During late pregnancy, the enlarged womb presses on the stomach and may intensify the symptoms.

Risk Increases With

- Overeating or eating and then lying down.
- Smoking
- Excess alcohol consumption.

Preventive Measures

Avoid risk factors listed above.

Expected Outcome

This is an uncomfortable condition, but usually does not lead to complications. The heartburn usually disappears after the baby is born unless the cause is not related to pregnancy.

Possible Complications

- Heartburn affects your ability to eat a healthy diet. Low food and fluid intake can jeopardize maternal and fetal health.
- At times, these symptoms can be severe enough to require additional evaluation to ensure that a more serious condition doesn't exist, like ulcers of the stomach.

Treatment

General Measures

- Heartburn is usually self diagnosed. Your obstetric provider may make the diagnosis from the symptoms you describe, and rarely, may recommend additional tests:
 - General treatment suggestions:
 - Avoid bending over, especially after eating.
 - Don't wear tight girdles or belts.
 - Place books or blocks under the head of your bed to raise it about 4 inches, or sleep propped up with several pillows.
 - Don't smoke

Medication

While medicine is usually not necessary for this disorder, in some cases it may be of benefit. Simple antacid mixtures or tablets such as magnesium trisilicate may be helpful. These drugs should be used only with your obstetric provider's approval. Other medications may be prescribed if simple measures don't help the symptoms. Don't take any herbal supplements without asking your obstetric provider. As long as you can live with the symptoms, endure the discomfort without drugs or medicines.

Activity

Stay active. Avoid abdominal exercises that require bending. Avoid eating while lying down.

Diet

- Eat small, frequent meals.
- Don't rush through your meals, eat slowly.
- Avoid drinking large quantities of fluids during meals.
- Don't eat before bedtime.
- Avoid highly seasoned food.
- Don't drink alcohol.
- Avoid very hot or very cold beverages.
- Chewing gum may be helpful for some women

Notify Our Office If

- You or a family member has symptoms of heartburn during pregnancy. This should be diagnosed.
- The following occur after diagnosis:
 - Simple measures don't bring relief.
 - You begin vomiting late in pregnancy.
 - You vomit material that has blood in it or looks like coffee grounds.
 - You have black or tarry stools.



Who do I call after office hours for assistance?

If you live in the Mt. Vernon area or are planning to deliver at

Good Samaritan Regional Health Center

Please call Labor & Delivery at **(618)899-4160**

If you live in the Centralia area or are planning to deliver at

St. Mary's Hospital

Please call Labor & Delivery at **(618)436-6690**

If you live in the Marion area or are planning to deliver at

Heartland Regional Medical Center

Please call Labor & Delivery at **(618)998-7803**

If you live in the Belleville area or are planning to deliver at

St. Elizabeth's Hospital

Please call Labor & Delivery at **(618)234-2120 Ext. 1254**

If you live in the Belleville area or are planning to deliver at

Memorial Hospital

Please call Labor & Delivery at **(618)257-5850**



Approved Medications for Pregnant Patients

<u>Complaint</u>	<u>Medications</u>
> Cold & Flu Symptoms	
Fever (call if over 101°)	Tylenol (regular or extra strength)
Headache	
Nasal Drainage	Chlor-Trimeton, Sudafed, Tavist, Tylenol Sinus
Head Congestion	
Cough	Robitussin, Delsym, Mucinex
Sore Throat	Chloraseptic, Cepacol lozenges
> Allergy Symptoms	Benadryl, Zyrtec, Zyrtec D, Claritin, Claritin D
> Nausea	Emetrol, Vitamin B6 Tablets, Ginger, Ginger Tea, Peggie Pops, B-Natal Suckers
> Constipation	Milk of Magnesia, Metamucil, Fiberall, Konsyl, Colace (Docusate Sodium)
> Diarrhea	Imodium, Kaopectate, Follow BRAT diet: bananas, rice, applesauce, tea / toast
> Heartburn	Maalox, Mylanta, TUMS, Prilosec OTC, Zantac, Tagamet, Prevacid, Pepcid
> Hemorrhoids	Tucks Pads, Anusol, Preparation H, warm sitz baths



Approved Medications for Pregnant Patients

<u>Complaint</u>	<u>Medications</u>
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Fever (call if over 101°)	Tylenol (regular or extra strength)
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> Hemorrhoids	Tucks Pads, Anusol, Preparation H, warm sitz baths

OB Appointments

VISITS SCHEDULED EVERY 4 WEEKS

1st VISIT (If After 8 WKS) – Visit + Pap + Labs + U/S

12 WK–Exam Only

16 WK–Exam + Penta Screen (Optional)

20 WK–Exam + U/S (Anatomy Scan-Gender ID is a bonus)

24 WK –Exam Only

28 WK – Exam + Labs/1-hr Glucose (Non-fasting but NO sugary foods before lab)

VISITS SCHEDULED EVERY 2 WEEKS

30 WK – Exam Only

32 WK – Exam + U/S (Free 4D IF pt had 20 wk u/s in our office)

34 WK – Exam Only

VISITS SCHEDULED EVERY WEEK

36 WK to delivery – GBS (Done during visit) & Pre-register at the hospital

38 WK – Vaginal check if have contractions

39 SCHEDULE INDUCTION

Positioning + Body Mechanics During + After Pregnancy

Good Posture

This is one of the most important factors in preventing back pain during pregnancy. As the size of your abdomen increases, your weight will shift forward. To adjust their balance, many women mistakenly arch their lower back and throw their shoulders back. This creates a “swayback”. The woman’s pelvis is tilted forward as if she is spilling the baby out the front. The abdominal muscles become overstretched and weak, and the lower back muscles become short and tight, leading to painful muscle spasms. You can reverse this by slightly contracting the lower abdominal and buttock muscles.

Other common posture imbalances include forward head or chin position, slumped and rounded shoulders, locked knees and standing with one hip slouched. To assure proper postural alignment, check your side view. Your ear, shoulder, hip joint, and ankle bone should all be in a straight line. Increasing body awareness is the key to correcting problems and preventing pain.

Supportive Positioning

Supportive positioning is important whether you are sitting or in a horizontal position. The additional body weight you are carrying can strain muscles, ligaments and tendons attached to your spine. Take the extra few moments to assure your position is comfortable.

1. Avoid slumping in your seat by placing a small pillow or rolled towel in the small of your back.
2. You might find it supportive to put a foot up on a stool while sitting.
3. If your job requires long periods of sitting, you can reverse the “slumped” posture by occasionally sitting on the edge of your seat or on a stool.
4. When lying on your side, place a towel roll under your waist and at the base of your pillow inside the pillowcase. This will support the natural curves of the neck and low back. Lying on your left side is better for blood flow, and it’s a good idea to place a pillow between your knees and ankles.
5. When breastfeeding, use one or two pillows under the baby and under your arms while feeding.

Body Mechanics

Proper body mechanics are essential in preventing injury and pain during and after pregnancy. Whether lifting a heavy load or just reaching to tie your shoes, you should follow the guidelines below:

1. Bend your knees, keep your back straight, and use your leg muscles to raise and lower your body.
2. Stand close to the load and carry it close to your body.
3. After pregnancy, be sure to carry things off the SI joint (refer to section: What is SI joint pain?)
4. Avoid twisting when lifting; point your feet toward the object you will lift (Move your feet- “Turn vs. Twist”).
5. Separate your feet slightly to assure a solid base of support. Brace abdominal muscles before lifting.
6. Always size up your load before lifting. If the weight is greater than what you lift in a typical day, ask for help (usually no more than 1/3 your body weight).

The Aches & Pains of Pregnancy

Understanding the Cause & Pain Control

What is SI Joint Pain?

Sacroiliac Joint Pain occurs on one side of your low back where the dimples are. This is where the sacrum and the ilium (bone of the pelvis) meet. During pregnancy your body produces a hormone called *relaxin*. It softens ligaments so that your birth canal will widen for delivery. Often, the ligaments become too loose and overstretched. This leads to an unstable pelvis which may feel “wobbly”. The joint surfaces can become “out of line” with movement as minor as twisting. The tissues often become pinched in the joint which can create sharp or deep pain. The joint may throb for hours due to swollen, irritated tissues.

Sciatica

Sciatica is leg pain caused by pressure on the sciatic nerve from a tense buttock muscle. It often occurs in conjunction with sacroiliac joint dysfunction.

Treatment

Treatment for SI Joint Pain and Sciatica usually requires physical therapy. Try the suggestions below to reduce pain:

1. Apply ice to joint frequently to reduce swelling.
2. Try a stabilization belt to prevent excessive joint slipping. Only put a belt on when you are “in line” and only after proper instruction.
3. Avoid movements with feet planted and trunk twisting (loading dishwasher, clothes dryer, etc.).
4. Avoid wide separation of your legs during exercise, getting into car/bed, climbing two steps at a time, etc.
5. Instead of crossing one leg over the other to put shoes and socks on, keep feet on the floor and bend trunk forward to reach your feet.

Pubic Joint Pain

This may occur during pregnancy due to overstretched ligaments resulting in joint slippage or separation. The pain is over the pubic bone and can be sharp or deep. Muscle spasms of the attached inner thigh muscles may cause inner thigh or groin pain on one or both sides.

The problem usually resolves after delivery, but may take several weeks to subside completely. Relief can be achieved with ice (for central pubic joint pain) or heat (for inner thigh muscle spasm). Avoid widely spreading your legs and try a stabilization belt (after proper instruction) to reduce joint movement.

Varicose Veins & Swelling

This can cause significant discomfort and limit your activities during pregnancy. To reduce discomfort, try the suggestions below:

1. Avoid prolonged sitting with feet on the floor by elevating feet and taking walks intermittently.
2. While sitting, repeat ankle circles to stimulate circulation.
3. With your physician’s recommendation, a physical therapist or pharmacist can assist you in choosing an appropriate maternity support garment.

Exercise + Pregnancy

Exercises During and After Pregnancy

Low back muscle strain is characterized by central low back ache and tension caused by muscle spasm or strain. It is often caused by abnormal posture. The common pregnancy “swayback” creates stress on the soft tissues (muscles, ligaments) surrounding the spine. As a result of this stress, the muscles may begin to spasm. The pain often becomes worse as the day goes on and worse with prolonged standing. Treatment begins with correcting the abnormal posture (see Positioning & Body Mechanics sheet). Then, low back stretches can relieve the muscle spasm by lengthening short, tense muscle fibers. Even just sitting in a chair and raising your arms over your head can help stretch your back muscles. Your therapist can instruct you on other stretches. For best results, combine the stretches with applications of ice or heat to sore muscles.

Precaution

After your fourth month of pregnancy, avoid laying flat on your back.

Kegel's

These exercises strengthen your “pelvic floor”. The pelvic floor muscles support the pelvic organs and help prevent urinary incontinence. They are located inside your pelvis about one inch inside your vagina. Pull the muscles inside the vagina up and in as if you are preventing urine leakage. Hold for three to five seconds, relax, and repeat five to ten times. Increase to 30-40 reps/day. Contract the muscles again and this time hold as long as possible (be sure to keep breathing). Then relax. Repeat this three to five times. Always end exercise sessions in the “relax” phase.

Upper Back Strengthening

Combine the two exercises below for better posture and a stronger upper back. Sit upright with your back well supported. Hold each exercise five seconds and repeat five times.

Chin Tucks

Tuck chin in towards chest as if you are trying to make a double chin. You should feel the muscles in the back of your neck lengthening.

Shoulder Blade Squeeze

Squeeze shoulder blades together by pressing shoulders backward and downward. Your arms will automatically rotate outward.

Exercising During Pregnancy:

Safe and careful exercise during pregnancy can help prevent backaches, improve posture, reduce fatigue, improve body image, and help you remain strong and active through your third trimester. If you were exercising before pregnancy, it is usually safe to continue a similar regimen with due consideration of the precautions listed. Most sports can be continued with the exception of horseback riding and water skiing. If you departed from a regular exercise routine during the first trimester due to nausea or fatigue, you should be cautious and begin a new program slowly. Three times a week of a mild-to-moderate exercise routine is suggested.

It is **NOT** safe to assume your body will respond as it did before pregnancy. The hormones of pregnancy soften ligaments, making joints much more susceptible to injury. To prevent injury, avoid overstretching especially if you have always been very “flexible”. Changes in your center of gravity will also affect your balance and possibly your exercise performance.

***Consult your obstetrician before beginning a new exercise program during your pregnancy.**

You should **NOT** exercise if you have:

- Pregnancy induced hypertension
- Premature rupture of membranes or contraction
- Incompetent cervix
- Intrauterine growth retardation

Highly recommended forms of exercise during pregnancy include yoga, swimming, low impact aerobics, and walking. Many home exercise equipment units are available which offer safe, low impact exercise options. Stationary bikes, treadmills, stairclimbers, healthriders, and rowing machines are all good options for home exercise programs (with physician’s approval). Be sure your posture and positioning are proper. As your pregnancy progresses, your endurance may decline; don’t let this cause frustration because it is perfectly **NORMAL.**

Exercise Precautions:

1. Avoid rapid, repetitive or uncontrolled movements, especially if you are a beginner.
2. Avoid overheating; drink plenty of water before and after exercise.
3. Avoid positions which increase the low back curve (“swayback”).
4. Be sure to perform adequate stretching, warm-up, and cool-down.
5. Wear good supportive footwear.
6. Be careful not to overstretch joints; hormones can increase the joint laxity and risk of injury.
7. For beginning and intermediate exercisers, the heart rate should not exceed 140 beats per minute.
8. Modify abdominal exercises in the presence of diastasis recti (weakness, separation of abdominal muscles).
9. After the fourth month; avoid exercising flat on your back for more than three consecutive minutes. The weight of the fetus can interfere with blood flow to you and your baby.
10. Discontinue exercise and contact your physician if any of the following occur:
 - Pain in your chest, back, abdomen, or pelvic pressure
 - Menstrual like cramps
 - Vaginal bleeding
 - Palpitations
 - Shortness of breath
 - Dizziness

Coping With Morning Sickness

- Ginger Root Tea and Cinnamon Tea – As much as you like and as often.
- Pressy Pops – (Suckers that contain ginger and other herbs that help with nausea).
- Saltine Crackers – First thing in the morning before sitting up in bed – lie in bed 20 minutes after eating and before sitting up.
- Inhale the scent of fresh lemon as nausea hits.
- Do not mix fluids and solids at meals; for example, eat solids and 30 minutes after that drink your beverage.
- Eat small, frequent meals, “Graze” all day long.
- Take your prenatal vitamin at night.
- Avoid spicy, greasy foods.
- Eat protein snacks before going to bed (protein takes longer to digest and will help maintain your blood sugar at a more stable level until you awaken).
- Vitamin B-6, 10-25 mg three times a day or 50 mg two times a day, not to exceed 200 mg every day; (excess will cause unusual dreams).
- Unisom – 25 mg tablets, ½ tablet 3 times daily and at bedtime.
- Sea Bands – sold at most pharmacies and worn on both wrists; they put pressure over nerve points known to decrease nausea – Acupressure.
- Cola Syrup – Available at pharmacies.

Things to Avoid

Avoid High Fat Foods

- Gravies
- Cream Sauce
- Mayonnaise
- High Fat Cheese
- Butter or Margarine
- Whole Milk Products
- Regular Salad Dressings
- Fried or Greasy Food

Avoid Gas Causing Foods

- Cabbage
- Broccoli
- Onions
- Turnips
- Radishes
- Dried Beans
- Brussel Sprouts
- Collard Greens

Avoid Highly Seasoned Foods

- Garlic
- Onion
- Pepper
- Chili Powder

Avoid Liquids at meal times

- Limit liquids or soups to one cup with meal or have ice chips available while eating

Avoid Large Meals

Avoid Unpleasant Odors

Smoking

Cigarette smoking is an addiction disorder and the cause of many serious health problems. Among the thousands of chemicals in cigarette smoke are three known substances which are dangerous to the person smoking and to those who breathe in the second-hand smoke. The three are tar, nicotine and carbon monoxide (a poisonous gas). Tar condenses into a sticky substance in the lungs; nicotine is the addictive component of tobacco smoke; and carbon monoxide decreases the oxygen carried by the red blood cells throughout the body. There is overwhelming evidence that anyone who smokes should make every attempt to quit.

Frequent Signs and Symptoms

Any amount of cigarette smoking. The more one smokes, the greater the health risks. There is no safe level of exposure; someone who smokes occasionally (1 to 4 cigarettes a day) is still at greater risk for health problems than nonsmokers. An average smoker smokes 15 to 20 cigarettes a day.

Causes

Tobacco use usually begins as a social behavior and results in significant physical consequences in the body.

Risk Increases In/With

- Addictive personality traits such as impulsiveness, difficulty in delaying gratification, sensation-seeking, rebelliousness, weak commitment to social goals, sense of alienation, or low tolerance for stress. Other characteristics are low self-esteem, anxiety and depression, conflicting parental expectations.
- Less education (high school dropouts are more likely to smoke than college graduates).
- Lower socioeconomic group.
- Ages 25 to 44 have highest smoking rates.
- Blue collar occupation group.

Preventive Measures

- Education about health risks.
- Smoking restrictions in the workplace and other public facilities.

Expected Outcome

For discontinuing smoking:

- It is never too late to quit. Discontinuing smoking can reverse the majority of health risks, some within one year, others within 10 to 15 years.
- Smoking cessation will bring improved quality of life: Food tastes better, fresher breath, less coughing, more money, increased stamina, happier family and friends, improved mental health.

Possible Complications

For continued smoking:

- Cancer of the lung, esophagus, pancreas, bladder, mouth, larynx or cervix.
- Heart and cardiovascular disease including heart attacks and sudden death; coronary artery disease; hypertension; stroke. Oral contraceptive use compounds risk of cardiovascular disease.
- Chronic obstructive pulmonary disease (COPD).
- More prominent skin wrinkling.

- Problems with infertility; numerous risks of complications in pregnancy, and possible threats to the health of a newborn.
- Earlier menopause and possible osteoporosis.
- Second hand smoke is harmful to anyone around the smoker.
- Residential fire deaths (majority are caused by smoking).

Treatment

General Measures

- The majority of smokers who quit do it on their own; others are helped by a variety of methods. No one way works for everyone.
- Self-help steps in quitting:
 1. Analyze your smoking habits by determining when and why you smoke.
 2. Make up your mind to quit.
 3. Choose the day and quit on that day.
 4. Use any kind of substitute (gum, hard candy). Give up those activities temporarily that you associate with smoking.
 5. Reward yourself for not smoking (buy something special).
 6. During the first few weeks, eat plenty of low-calorie snacks; drink lots of water.
- For help in quitting, check with the local office of the American Cancer Society or The American Lung Association. Website help: American Lung Association www.lungusa.org; American Heart Association www.americanheart.org; American Cancer Society www.cancer.org; National Cancer Institute cis.nci.nih.gov.
- Join a support group or a formal smoking cessation program.
- Try out other ideas such as hypnosis or acupuncture.
- Concerns about quitting:
 1. Weight gain-average amount is 5 to 8 pounds over 5 years (for some, there is no weight gain); the extra weight is not a health threat.
 2. Stress-know in advance it may occur; get counseling or help with stress management.
 3. Withdrawal-physical symptoms subside in a bout 10 to 14 days; psychological symptoms may persist for months or longer.
 4. Fear of failure-relapse is common; if it happens, try again immediately. Many people have had to try more than once and by more than one method.

Medication

- Stop-smoking aids include nicotine gum, transdermal nicotine patches, lung inhaler and a nasal spray. The idea of this therapy is to provide nicotine in a form other than a cigarette so as to minimize the symptoms of withdrawal. There are side effects associated with these aids, so be sure you discuss the risks and benefits with the doctor. These aids are to be used in conjunction with counseling or a smoking-cessation program.
- Bupropion (Zyban), an antidepressant may be prescribed.

Activity Establish a regular exercise routine. It will help control weight, combat restlessness, help break up old routines, and make you feel better mentally and physically. Lung capacity improves when smoking is discontinued, so there is less shortness of breath.

Diet Metabolism rate tends to slow after quitting and a weight gain may occur. Low calorie snacks are recommended to replace the oral sensation of smoking.

Travel During Pregnancy

Can I travel while I'm pregnant? Are there any special things I should do? Are some ways of travel better than others? Is timing important? Are seat belts safe during pregnancy?

The answers to these questions depend on whether your pregnancy is high risk (with problems needing special care), how far along you are in your pregnancy, and your comfort. Most women can travel safely until close to their due date. You just need to follow a few simple guidelines. Of course, it's always best to discuss your plans with your doctor. This will provide tips for safe and pleasant travel while you are pregnant.

When to Travel

Most pregnant women travel in the greatest comfort during the second trimester (14-28 weeks of pregnancy). By this time your body has adjusted to pregnancy. You may be feeling less tired. Morning sickness often is no longer a problem. The number of problems you are having is at its lowest. Toward the end of your pregnancy, it may be harder for you to move around and sit for a long time.

The best thing to do is follow your body's signals. How you feel is one of the best guides to your well-being and safety. This is true on the road and at home.

Travel during pregnancy is safe in most cases. It is not advised though, for women who have health problems that need special medical care. If you are unsure if travel is safe for you, ask your doctor.

Getting There

When choosing how to travel, think about how long the trip will take. The quickest way may be the best. You may choose a car, bus, train, plane, or ship. Motorcycles are not advised. No matter how you travel, take extra steps to ensure your comfort and safety. Here are some hints that apply to any type you choose:

- Walk around often – every hour or so. This will keep swelling down and help make you more comfortable.
- Wear comfortable shoes, support stockings, and clothing that doesn't bind. Choose natural fabrics like cotton or wool that absorb sweat.
- Take some crackers, juice, or other light snacks to prevent nausea.
- Do not take any medication not prescribed to you before checking with your doctor. This includes prescription and over-the-counter drugs, such as motion-sickness pills and laxatives.

You may want to have a checkup before you leave. If you plan to be away for more than a few weeks, ask your doctor for the name of a doctor in the area where you will be staying in case of an emergency. Take a copy of your medical record with you if you are going far from home.

If you plan to travel late in your pregnancy, check with your doctor. Going into labor away from home can pose problems.

Keep your travel plans as easy to change as you can. Problems can come up before you leave that could cause you to cancel your trip.

By Land

A car can be a good way to travel, especially if you are not going far. Make each day's drive short enough to be fun. Ten hours on the road is tiring even when you aren't pregnant. No more than 5 or 6 hours of driving each day is a good target.

Always wear a seat belt. Some women worry that a seat belt will hurt the fetus if the car stops quickly or if there is an impact. Unless the mother has a serious injury, the fetus is not likely to be harmed. The fetus is cushioned in a fluid-filled sac inside the uterus, which is protected by muscles, organs, and bones. If you are in an accident, though, you should see your doctor to make sure that you and your fetus are okay.

If your car has an air bag, you should still wear your seat belt. If the air bag does open, the gas in the bag is harmless.

You may choose to travel by bus or train. Buses have narrow aisles and small bathrooms. Trains have more space for walking around. They are wobbly, though, so balance might be a problem. Bumpy rides do not induce labor.

How To Wear A Seat Belt

For safety, wear a lap-shoulder belt every time you travel in a car during your pregnancy. If only a lap belt is available, use it.

Place the lap belt under your abdomen and across your upper thighs so that it fits as snugly and comfortably as possible. Put the shoulder belt between your breasts and across your shoulder. Adjust your seat so that the belt doesn't rub your neck.

Never slip the shoulder belt off your shoulder. Seat belts worn too loosely or too high on the abdomen can cause broken ribs or injure your abdomen.

By Air

As a rule, flying is safe during pregnancy. Most airlines in the United States allow pregnant women to fly up to 36 weeks of pregnancy. Metal detectors used for airport security checks are not harmful to the fetus. Here are some tips for a comfortable flight:

- Try to get an aisle seat so that you can walk around and get to the bathroom easily. The front of the plane often has a smoother ride. A seat just behind the wall that divides first class and coach has extra leg room.
- The cabin can be both hot and cold even on a short flight. Wear a few layers of light clothing that will allow you to bundle up or remove a layer or two. Eat lightly to avoid being sick. On many flights you can get special meals if you order in advance. Because the air in the cabins is dry, drink plenty of fluids.

By Sea

Ship cruises can be a relaxing way to travel. Sea travel may upset your stomach, though. If you've never been on a ship before, this is not a good time to try it. If you think your stomach can stand the ship's motion, check on cruise rules for pregnant women. Your doctor can tell you about medication you can take if you get seasick. Also find out what to do about medical care while the cruise is on the open sea.

Feeling Your Best

Walking is one of the best ways for pregnant women to keep fit. Sightseeing often involves an ample amount of walking. Walk as much as you wish until you tire. Swelling, often a problem, can be reduced by walking. Other ways to control swelling are to put your feet up and avoid salty foods. Travel can disrupt your daily routine. If you follow a sensible routine and stay alert to your body's signals, problems should be few. You should:

- Sleep on a firm mattress. Sit in chairs with strong back support, and stretch your back muscles from time to time.
- Eat three balanced meals a day. You'll have more energy and feel better.
- Add fiber to your diet to ease constipation. This can be a problem during pregnancy, and even more so during travel.
- Try to get more sleep, and rest often so you won't feel tired and fussy. Allow for extra rest after long flights to get over jet lag.

Foreign Travel

If you are thinking about a trip out of the country, discuss your plans with your doctor. This will help you decide if foreign travel would be safe for you. The doctor can also advise you on steps you should take in advance. Plan ahead to allow time for any shots you may need. Be prepared to take a copy of your medical record with you.

The Centers for Disease Control and Prevention (CDC) has an International Travelers Hotline on disease and world travel. The number is (888) 232-3228. Facts on world travel and disease are on the CDC web site (www.cdc.gov). There may be other foreign medical travel services near you that can help you prepare for your medical needs during a trip.

Here are some points to think about:

Unsafe Food and Water

Travel in other countries brings you in contact with diseases that are not common in the United States. Natives of a country are used to the organisms found in the food and water, but the same organisms can make a visitor ill. This is true of travel to cities or rural areas.

Traveler's diarrhea may be a minor nuisance to someone who is not pregnant. It is a greater concern for pregnant women, though. Talk with your doctor about using medication to prevent diarrhea. The best way for you to avoid getting diarrhea is to avoid unsafe food and water. Be sure to:

- Drink only pure bottled water, bottled or canned soft drinks, hot tea, or both. Iodine used to purify water may not be safe for pregnant women.
- Don't use ice in your drinks and don't use glasses that could have been washed in impure water. Drink out of the bottle or use paper cups.
- Avoid fresh fruits and vegetables unless they have been cooked or can be peeled.
- Stay away from raw or lightly cooked meat. It can contain organisms that cause toxoplasmosis. This disease may injure the fetus.
- Make sure the milk you drink has been pasteurized.

If you do get diarrhea, drink plenty of fluids. Do not take any medication without checking with a doctor first. A doctor can arrange for medication that is safe for use during pregnancy.

Malaria

Malaria is a tropical infection passed on by mosquito bites. It produces anemia and flu-like symptoms. It can result in miscarriage, stillbirth, small babies, and other problems. To avoid mosquito bites in areas where malaria may be a problem, wear long-sleeved clothing and use mosquito netting and bug sprays or lotion.

No drug fully protects you from getting malaria. A drug called chloroquine can help prevent and treat malaria, though. It is safe for use during pregnancy. You must start taking it before you travel and keep taking it for a few weeks after the trip is over. You should not travel to areas where there are mosquitoes that carry types of malaria that don't respond to chloroquine. There is no other safe drug that prevents malaria.

Immunizations

Some countries require that people be vaccinated so they will be immune to certain diseases before they travel there. The kinds of immunizations needs vary. Find out which are needed for the countries you plan to visit. Also check on those that are required to get back into the United States.

It's best for vaccines to be given before you become pregnant. Some can be given during pregnancy, if needed. You and your doctor must decide if the risks of a disease are greater than the risks of its vaccine. In some cases it may be best to delay a trip until after you have had the baby.

Foreign Medical Care

Find out where medical facilities and doctors are in the countries you plan to visit. You may have to see a doctor who doesn't speak English. It may be helpful to have a foreign language dictionary with you.

Sign in with an American embassy or consulate when you arrive. This will help if you need to leave the country because of an emergency. The safety of blood transfusions varies from country to country.

There are groups that can help find a doctor or hospital. One is the International Association for Medical Assistance to Travelers (Lewiston, NY). Another is International SOS Assistance (Philadelphia, PA). It requires you to be a member. Contact the groups before your trip for more details.

Finally...

When making travel plans while you are pregnant, use common sense. Plan so you can take care of yourself. Let your doctor know about your travel plans. He or she can help you with concerns and offer advice on the safest time and ways of travel for you.

Heartland Women's Healthcare

Our gift to you...



4D Ultrasound

For all of our Heartland Women's Healthcare patients who receive their initial OB ultrasound and their 20 week ultrasound at our Marion, Mt. Vernon, Belleville, O'Fallon, or Centralia offices, we offer a free 4D recording of your unborn child for your keepsake. This ultrasound is a 2 ½ minute recording of your baby at 8 months gestation.

We hope your baby is very animated and facing the ultrasound probe to provide the best possible memories for your new family. Unfortunately, this is not always the case. Sometimes the little tykes want to sleep or insist on having their hands or arms in front of their cute little faces, or they may be turned so as not to see their faces at all. These circumstances are unfortunate, but they do occur. Since this is a "fun" ultrasound and not a medically necessary scan, it is a one chance souvenir. We do not reschedule or repeat the scans due to the above mentioned unfortunate occurrences.

We hope you understand and accept our gift with our best wishes.

Congratulations!