

Pregnancy Health & Safety



Safe Over-The-Counter (OTC) Medications

ALLERGY

- Benadryl
- Chlortrimeton
- Claritin
- Zyrtec
- Afrin nasal (use no more than 3 days)

COLDS & FLU

- Tylenol (for aches & pains)
- Sudafed (for congestion only if blood pressure is normal)
- Sudafed Sinus (after 12 weeks gestation)
- Robitussin DM (for cough)
- Mucinex
- Chloraseptic/Cepacol lozenges (for sore throat)
- Cough drops
- Vicks vapor rub

Call to see a doctor if: You experience a fever over 101, you're coughing colored phlegm, or your symptoms don't improve after 2-3 days.

*Note: Avoid cold remedies that contain alcohol. Also avoid the decongestant phenylephrine.**

CONSTIPATION

- Metamucil
- Citrucel Fiber Therapy
- Milk of Magnesium
- Pericolace
- Senekot
- Colace - twice a day (takes a week to work)

DIARRHEA

- Immodium
- KaoPectate
- BRAT diet (bananas, rice, applesauce, tea or toast)
- Clear liquids (especially Gatorade)

NAUSEA & VOMITING

- Vitamin B6
- Ginger, ginger tea, ginger ale
- Emetrol/emetrol syrup (for upset stomach, if not diabetic)
- Sea Bands
- Dry foods (small frequent feedings)
- Gatorade, soda pop (not diet)
- Unisom (25mg at night)

Call to see a doctor if: You're unable to keep ANY liquid down for more than one day or if you feel weak and dizzy.

HEART BURN/GAS

- Tums or Rolaids
- Mylanta or Maalox
- Riopan
- Gaviscon any time in pregnancy
- After 13 weeks: Zantac, Pepcid, Tagamet at usual adult doses

Call to see a doctor if: You experience persistent abdominal pain.

PAIN RELIEF, HEADACHES, FEVER

- Acetaminophen (Tylenol) regular or extra strength

HEMORRHOIDS

- Konyl Easy Mix (daily to keep stools soft)
- Anusol GC 1% cream or Preparation H
- Nupercainal
- Tucks pads

NOSE OR GUM BLEEDING

- Common in pregnancy, call doctor if persistent

LEG CRAMPS

- Oscal 500 or similar calcium, twice a day
- Eat a banana each day

Call to see a doctor if: Only one leg hurts all the time.

DENTAL

- It's okay to visit the dentist. Have X-rays with abdominal shield, get Novacaine without epinephrine, take some antibiotics and some pain pills.

FIRST AID OINTMENT

- Bacitracin
- Polysporin
- Neosporin
- Cortaid

RASHES

- Hydrocortisone cream or ointment
- Caladryl lotion
- Benadryl
- Aveeno Oatmeal Bath

YEAST INFECTIONS

- Monistat 7



Nausea and vomiting of pregnancy commonly occur between 5 and 18 weeks of pregnancy. Between 50 and 90 percent of women have some degree of nausea, with or without vomiting. The severity of these symptoms can vary.

“Morning sickness” is the term often used to describe mild nausea and vomiting while “hyperemesis gravidarum” is the term used to describe a more severe condition. Hyperemesis may cause you to vomit multiple times throughout the day, lose weight, and usually requires treatment in the hospital. This article discusses treatments available for nausea and vomiting during pregnancy.

Morning Sickness vs. Hyperemesis

MORNING SICKNESS

Nausea and vomiting often develop by five to six weeks of pregnancy. The symptoms are worst around nine weeks, and typically improve by 16 to 18 weeks of pregnancy. However, symptoms continue until the third trimester in 15 to 20 percent of women and until delivery in 5 percent of women [1]. Although mild pregnancy-related nausea and vomiting is often called “morning sickness”, you may feel sick at any time of day and many women (80 percent) feel sick throughout the day.

Interestingly, women with mild nausea and vomiting during pregnancy experience fewer miscarriages and stillbirths than women without these symptoms.

HYPEREMESIS GRAVIDARUM

Hyperemesis gravidarum is the term used to describe more severe nausea and vomiting during pregnancy. Women with hyperemesis often vomit every day and may lose more than 5 percent of their pre-pregnancy body weight.

In most cases, women with hyperemesis gravidarum will have blood and urine tests that show evidence of dehydration.

CAUSE OF NAUSEA & VOMITING IN PREGNANCY

The cause of pregnancy-related nausea and vomiting is not clear. Several theories have been proposed, although none have been definitively proven. Increased hormone levels, slowed movement of the stomach contents and psychological factors are among the more common theories.

Some women are more likely to develop nausea and vomiting of pregnancy, including women who:

- Developed these symptoms in a previous pregnancy
- Experience nausea and vomiting while taking estrogen (for example, in birth control pills) or have menstrual migraines
- Experience motion sickness
- Have a history of gastrointestinal problems (i.e., reflux, ulcers)

WHEN TO SEEK HELP

Many women, especially those with mild to moderate nausea and/or vomiting, do not need to see a healthcare provider for treatment of nausea and vomiting. The suggestions below may help to reduce symptoms and prevent dehydration.

Women with more severe nausea and vomiting sometimes need to be evaluated by their primary care or obstetrical doctor or nurse.

Seek help if you have one or more of the following:

Signs of dehydration, including infrequent urination, dark-colored urine, or dizziness with standing

- Vomiting repeatedly throughout the day, especially if you see blood in the vomit
- Abdominal or pelvic pain or cramping
- If you are unable to keep down any food or drinks for more than 12 hours
- You lose more than 5 pounds (2.3 kg)

One or more tests may be recommended to investigate the cause and determine the severity of the nausea and vomiting, including blood tests, urine tests, or an ultrasound.

Treatment of Nausea & Vomiting During Pregnancy

The treatment of pregnancy-related nausea and vomiting aims to help you feel better and allow you to eat and drink enough so that you do not lose weight.

Treatment may not totally eliminate your nausea and vomiting. You may need to try several types of treatment over a period of weeks before finding what works best for you. Fortunately, symptoms generally resolve by mid-pregnancy, even if you do not use any treatment.

DIETARY CHANGES

Avoiding food or not eating may actually make nausea worse. Try eating before or as soon as you feel hungry to avoid an empty stomach, which may aggravate nausea. Eat snacks frequently and have small meals (ex, six small meals a day) that are high in protein or carbohydrates and low in fat. Drink cold, clear, and carbonated or sour fluids (ex, ginger ale, lemonade) and drink these in small amounts between meals. Smelling fresh lemon, mint, or orange or using an oil diffuser with these scents may also be useful.

AVOID TRIGGERS

One of the most important treatments for pregnancy-related nausea and vomiting is to avoid odors, taste, and other activities that trigger nausea. Eliminating spicy foods helps some women.

Other examples of triggers include:

- Stuffy rooms
- Odors (ex, perfume, chemicals, coffee, food, smoke)
- Heat and humidity
- Noise
- Visual or physical motion
- Excessive exercise
- Being tired
- Consuming large amounts of high-sugar foods/snacks
- Consuming spicy foods and high-fat foods

Brushing teeth after eating may help prevent symptoms. Avoid lying down immediately after eating and avoid quickly changing positions.

If you take a prenatal vitamin with iron and this worsens your symptoms, try taking them at bedtime. If symptoms persist, stop the vitamins temporarily. If you stop taking your prenatal vitamin, take a supplement that contains 400 to 800 micrograms of folic acid until you are at least 14 weeks pregnant to reduce the risk of birth defects.

Anti-Nausea Medications

Medications that reduce nausea and vomiting are effective in some women and are safe to take during pregnancy. None of the medications discussed below are known to be harmful. Make sure you talk with your healthcare provider before taking any new over the counter or prescription medications, including nutritional and herbal supplements.

OVER-THE-COUNTER MEDICATIONS

Vitamin B6 & Doxylamine

Vitamin B6 supplements can reduce symptoms of mild to moderate nausea, but do not usually help with vomiting. Doxylamine is a medication that can reduce vomiting, and may be combined with vitamin B6. Doxylamine is available in the United States in some non-prescription sleep aids (ex, Unisom, Good Sense Sleep Aid) and as a prescription antihistamine chewable tablet (Aldex AN). Combinations of vitamin B6 and doxylamine formulations are available for the initial treatment of nausea (ex, Diclectin in Canada and Diclegis in the United States).

ANTIHISTAMINES & OTHER MEDICATIONS

Antihistamines and other anti-nausea medications are safe and effective treatments for pregnancy-related nausea and vomiting. The following medications may be recommended:

Diphenhydramine (Benadryl) May cause drowsiness.

Meclizine (Bonine) May cause drowsiness.

PRESCRIPTION MEDICATIONS

If over-the-counter medications do not improve your symptoms, discuss with your physician which prescription medications are safe for you and your baby.



Fluids & Nutrition

If you are unable to hold down foods or liquids, you may be treated with intravenous (IV) fluids. If you continue to lose weight despite treatment, your doctor may consider other forms of feeding, such as the use of a nasogastric tube (a tube that is inserted through your nose into the stomach) or supplemental nutrition through an IV line.

COMPLEMENTARY TREATMENTS

The following treatments may be useful when used with the treatments described above.

Acupuncture & Acupressure

Acupressure wristbands and acupuncture have become a popular treatment for nausea and vomiting caused by pregnancy, motion sickness, and other causes. Studies have not shown these wristbands to be more effective than sham (fake, look-alike) wristbands, although some women find them helpful. Acupuncture and acupressure have no known harmful side effects.

Hypnosis

Hypnosis has been reported to be helpful in some people. Counseling may be helpful for women with anxiety.

Ginger

Powdered ginger or ginger tea may help to relieve nausea and vomiting in some women. However, further studies are needed to confirm that this treatment is both safe and effective. Until more data is available, we suggest the use of ginger containing foods (ex, ginger lollipops, ginger ale) for mild nausea and vomiting.

Outcome

Most women with pregnancy-related nausea and vomiting recover completely without any complications. Women with mild to moderate vomiting often gain less weight during early pregnancy. This is rarely a concern for the baby unless the mother was very underweight before pregnancy (at least 10 percent under the ideal body weight).

Normal weight gain during pregnancy depends upon your pre-pregnancy weight. For women of normal weight (body mass index 18.5 to 24.9 kg kilogram/meter²), the recommended weight gain is between 25 and 35 pounds (11.5 to 16.0 kilograms) for a singleton pregnancy.

In women with severe nausea and vomiting (hyperemesis gravidarum) who are hospitalized multiple times and who do not gain weight normally during pregnancy, there is a small risk that the baby will be underweight or small.

Women who have hyperemesis gravidarum in one pregnancy are at risk of severe nausea and vomiting in future pregnancies. The risk is between 15 and 20 percent. Women who do not have severe nausea and vomiting in the first pregnancy are unlikely to have it in future pregnancies.

Information provided by www.uptodate.com.

It is important to make sure you are remaining healthy and active during your pregnancy. Physical activity during pregnancy has minimal risks and has been shown to benefit most women.

However, we understand that each woman and pregnancy is different, so please consult with your physician to make sure you are partaking in activities that are healthy and safe for you.

The Facts About Exercising During Pregnancy

- 1 Exercise is documented to be safe in pregnancy; in fact, it is advised that healthy pregnant women remain or become physically active.
- 2 Only slight modifications and monitoring of physical activity are necessary during pregnancy.
- 3 Women in uncomplicated pregnancies should be encouraged to engage in aerobic and strength-conditioning exercise before, during and after pregnancy.
- 4 Regular physical activity in pregnancy improves or maintains physical fitness, helps with weight management, reduces the risk of GDM in obese women and even promotes psychologic well-being.



Guidelines to Keep in Mind

Follow the steps below on exercising properly during pregnancy to maintain your health and safety.

- 1 If you exercised regularly prior to your pregnancy, you should continue to exercise. Modify your goals to maintain fitness and muscle tone, as opposed to trying to set new personal records.
- 2 If you did not exercise regularly prior to your pregnancy, try to start engaging in low-impact activity such as walking or swimming. You should perform these activities at low intensity and then gradually increase intensity if you can.
- 3 To monitor your activity level, you should be able to exercise and still talk between breaths. If you are feeling breathless, decrease your activity level.
- 4 If you are able, prolonged exercise is safe. However, periods of aerobic exercise over 45 minutes may be associated with hypoglycemia. You should also manage your dietary intake to avoid a drop in blood sugar.
- 5 It is important to drink plenty of fluids to remain well hydrated during and after exercise, especially when you are exercising indoors or in hot weather.
- 6 You should avoid long periods of exercising flat on your back after 20 weeks of pregnancy.
- 7 Abdominal exercises are safe during pregnancy. If possible, you should perform these upright.
- 8 Be mindful of your body's warning signs. If you start to experience symptoms such as vaginal bleeding, regular painful contractions, dizziness, headache, chest pain, calf pain or swelling, or unusual shortness of breath, you should stop exercising during your pregnancy.

Contraindications to Aerobic Exercise in Pregnancy

A contraindication refers to a condition which makes a particular exercise potentially inadvisable. If you have any chronic medical conditions or may be deemed a high risk pregnancy, discuss with your physician to decide which exercises are right and safe for you.

KEEP ACTIVE WHILE PREGNANT

If you are experiencing a healthy pregnancy, do not be hesitant to engage in safe forms of exercise. Women with uncomplicated pregnancies are encouraged to partake in physical activity before, during and after pregnancy as physical activity is an important part of maintaining a healthy lifestyle for years to come. Be sure to talk to your physician about exercising during pregnancy as they will evaluate your health and make recommendations on physical activity participation.

ADDITIONAL QUESTIONS

If you have any additional questions about engaging in exercise during pregnancy, please contact one of our Duly obstetrician-gynecologists.



SAFE ACTIVITIES

Assuming no health problems, engaging in regular aerobic exercise during pregnancy improves and maintains physical fitness. So, whether you want to continue your exercise plan or start initiating physical activity, consider engaging in the following safe activities:

- Walking
- Swimming
- Stationary and recreational cycling
- Low impact aerobics
- Yoga
- Pilates
- Running or jogging
- Racquet sports
- Strength training

UNSAFE ACTIVITIES

While safe exercise can provide positive health benefits for pregnant women, certain activities are unsafe and should be avoided during your pregnancy.

These activities include:

- Contact sports (such as hockey, soccer, basketball, etc.)
- Activities that put you at a high risk of falling (such as skiing, surfing, gymnastics, etc.)
- Scuba diving
- Sky diving
- Hot yoga
- Hot pilates



COVID-19 Vaccine

Experts recommend that pregnant, those trying to get pregnant and breastfeeding individuals receive the COVID-19 vaccine. The approved vaccines increase antibodies towards the disease, as a result, reducing risk of infection and COVID-19 complications and hospitalizations for both mom and baby. If you are pregnant, consult with your medical provider to make the most informed decision for yourself and your baby.

If you experience side effects from the COVID-19 vaccine such as a headache or low-grade fever, it is safe to consume acetaminophen (Tylenol) while pregnant unless otherwise noted by your medical provider.

ANTIBODIES AND BABIES

Some studies found that individuals who received the vaccine while pregnant, passed COVID-19 fighting antibodies to their babies. The same result was found in those who received the vaccine while breastfeeding.

COVID-19 AND PRENATAL CHECKUPS

It is still important to attend routine prenatal checks up during the COVID-19 pandemic. If you have been exposed to COVID-19, exhibit symptoms or have tested positive for the virus, please contact your provider ahead of your appointment. Prenatal checkups ensure both mom and baby are healthy and developing on track.

COVID-19 AND LABOR & DELIVERY

Each hospital has its own policy regarding labor and delivery and visitors. Please direct any specific questions to the hospital you plan to deliver at.

INTRODUCING BABY TO LOVED ONES

Consider establishing the following guidelines if you choose to introduce your baby to friends and family:

- Limiting the number of visitors
- Keeping visits short
- Asking your guests to:
 - *Avoid kissing or touching the baby's face*
 - *Wear a mask*
 - *Wash their hands*



CDC's Response to **Zika**

PREGNANT? READ THIS BEFORE YOU TRAVEL



What we know about Zika

- Zika can be passed from a pregnant woman to her fetus.
- Zika infection during pregnancy can cause certain birth defects.
- Zika is spread mostly by the bite of an infected *Aedes aegypti* or *Aedes albopictus* mosquito.
 - » These mosquitoes bite during the day and night.
- There is no vaccine to prevent or medicine to treat Zika.
- Zika can be passed through sex from a person who has Zika to his or her sex partners.



What we don't know about Zika

- If there's a safe time during your pregnancy to travel to an area with Zika.
- If you do travel and are infected, how likely it is that the virus will infect your fetus and if your baby will have birth defects from the infection.

Travel Notice

CDC has issued a travel notice (Level 2-Practice Enhanced Precautions) for people traveling to areas where Zika virus is spreading.

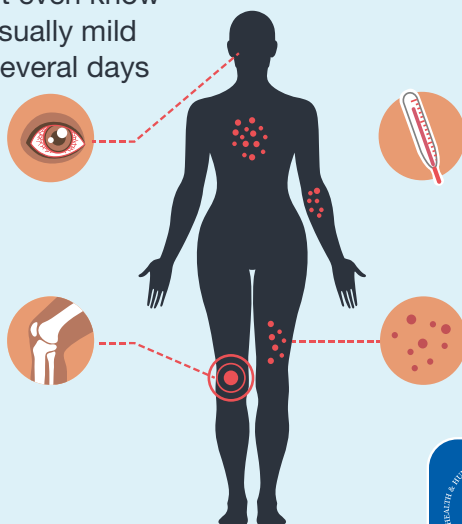
- For a current list of places with Zika outbreaks, see CDC's Travel Health Notices: <http://wwwnc.cdc.gov/travel/page/zika-travel-information>
- This notice follows reports in Brazil of microcephaly in babies of mothers who were infected with Zika virus while pregnant.

Symptoms of Zika

Most people with Zika won't even know they have it. The illness is usually mild with symptoms lasting for several days to a week.

The most common symptoms of Zika are

- Fever
- Rash
- Joint pain
- Red eyes



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CDC's Response to **Zika**

CDC recommends special precautions for pregnant women and women trying to become pregnant

Pregnant?

Pregnant women should not travel to areas with Zika.

Pregnant women and their sex partners should strictly follow steps to prevent mosquito bites.

If you have a sex partner who lives in or travels to an area with Zika, you should use condoms from start to finish every time you have sex, or do not have sex during the pregnancy.

If you develop the symptoms of Zika, see a healthcare provider right away for testing.

Trying to become pregnant?

Women trying to become pregnant and their male partners should consider avoiding nonessential travel to areas with Zika.

Strictly follow steps to prevent mosquito bites.

Talk to your healthcare provider about plans to become pregnant.



Your Best Protection: Prevent Mosquito Bites

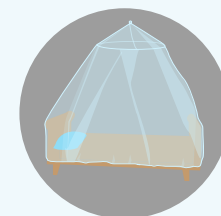
Clothing

- Wear long-sleeved shirts and long pants.
- Treat clothing and gear with permethrin or purchase permethrin-treated items.
 - » Treated clothing remains protective after multiple washings. See product information to learn how long the protection will last.
 - » If treating items yourself, follow the product instructions carefully.
- Do NOT use permethrin products directly on skin. They are intended to treat clothing.



Indoor Protection

- Stay in places with air conditioning or that use window and door screens to keep mosquitoes outside.
- Sleep under a mosquito bed net if air conditioned or screened rooms are not available or if sleeping outdoors.



Repellent

Use Environmental Protection Agency (EPA)-registered insect repellents. When used as directed, these insect repellents are safe and effective for pregnant and breastfeeding women.

- Always follow the product label instructions.
- Reapply as directed.
- Do not spray repellent on the skin under clothing.
- If you are also using sunscreen, apply sunscreen before applying insect repellent.
- Use a repellent with one of the following active ingredients: DEET, picaridin, IR3535, oil of lemon eucalyptus or para-menthane-diol, or 2-undecanone.



FOOD SAFETY for Baby and Me

Learn the food safety steps that will keep expecting moms safe from foodborne illness.

FOODS TO AVOID WHILE PREGNANT

Foods to Avoid	Here's Why	Foods to Eat
Raw seafood	May contain parasites or bacteria	Fish cooked to 145 °F
Unpasteurized juice, cider and milk	May contain <i>E. coli</i> or <i>Listeria</i>	Pasteurized versions are safer alternatives.
Soft cheese and cheese made from unpasteurized milk	May contain <i>E. coli</i> or <i>Listeria</i>	Hard cheese & cheese made with pasteurized milk
Undercooked eggs	May contain <i>Salmonella</i>	Eggs with firm yolks
Premade deli salads (egg, pasta, chicken, etc.)	May contain <i>Listeria</i>	Make these dishes at home
Raw sprouts	May contain <i>E. coli</i> or <i>Salmonella</i>	Cook thoroughly
Cold hot dogs and luncheon meats	May contain <i>Listeria</i>	Reheat to steaming hot or 165 °F
Undercooked meat and poultry	May contain <i>E. coli</i> , <i>Salmonella</i> , <i>Campylobacter</i> , <i>Toxoplasma gondii</i>	Meat and poultry at or above the USDA recommended internal temperature

SAFE INTERNAL COOKING TEMPERATURES

145 °F Beef, pork, veal and lamb steaks, roasts and chops with a 3 min rest time
Fish

160 °F Egg dishes
Ground beef, pork, veal and lamb

165 °F Whole, ground, or pieces of chicken, turkey and duck

DANGERS OF LISTERIA AND TOXOPLASMA GONDII

Listeria monocytogenes



Pregnant women are **10 times more likely** to get Listeriosis.



50% of Toxoplasmosis infections in the U.S. are acquired from food.

Toxoplasma gondii



These foodborne illnesses can infect your baby even if you do not feel sick.

Listeriosis can cause:

- Miscarriages
- Premature labor
- Low-birth weight
- Infant death

Toxoplasmosis can cause babies to develop:

- Hearing loss
- Blindness
- Intellectual disability
- Brain or eye problems later in life

REMEMBER

CLEAN



Clean: Wash hands and surfaces often.

SEPARATE



Separate: Keep raw meat and poultry separate from ready-to-eat foods.

COOK



Cook: Cook foods to the proper internal temperature.

CHILL



Chill: Get leftovers to the fridge within 2 hours of being cooked.



For more food safety tips, go to FoodSafety.gov

ADDITIONAL SOURCE: CDC