



PREGNANCY GUIDE



OKLAHOMA
State Department
of Health



TABLE OF CONTENTS

Early Signs of Pregnancy	1
How Will My Prenatal Care Work?	1
Where Will I Deliver My Baby?	1
What Should I Expect at My Visits?	1
What are the Optional Prenatal Tests?	2
Aspirin Therapy	3
Will I Have an Appointment After I Deliver?	3
Things Pregnant Women Should Know	5
How Much Weight Should I Gain?	5
What Should I Eat During My Pregnancy?	5
What Foods Are Safe During Pregnancy?	6
Prenatal Vitamins	7
What Are the Iron Requirements in Pregnancy?	7
What Should I Know About Chemical Exposures?	7

Is Smoking Really a Problem in Pregnancy?	8
What Do I Need to Know About Drug Use?	8
Other Pregnancy Recommendations	8
Sexually Transmitted Infections (STIs)	9
Unhealthy Relationships	9
Dental Health	9
I'm Sick to My Stomach. What Can I Do?	9
I Don't Feel Good. What Should I Do?	11
Postpartum Depression	15
What Problems Should I Call My Provider For?	15
Important Information to Know Towards the End of Pregnancy	16
Can You Tell Me More About Breastfeeding?	17
Safe Medication List During Pregnancy	18
Resources	19

PREGNANCY is a physical and emotional process. It is important to have a support system in place. Seek help from a parent, health department nurse, trusted friend, Community Health Worker, school counselor, minister, therapist or agency that provides these types of services.

Information contained in this packet is for educational and resource purposes. Please contact your healthcare provider for medical questions and guidance.

EARLY SIGNS OF PREGNANCY



Dizziness



Tender breasts



Fatigue & tiredness



Increased sensitivity to smell



Nausea



Mood swings



Frequent urination



Missed period

HOW WILL MY PRENATAL CARE WORK?

We are coordinating with local maternity providers to give you safe and accessible prenatal care close to home. Some of your appointments will be with the provider who will deliver your baby, and the majority of visits will be at your local county health department.

WHERE WILL I DELIVER MY BABY?

Where you deliver will often depend on what community you live in and at which clinic you normally receive care. This decision will be made with the provider who will deliver your baby.

WHAT SHOULD I EXPECT AT MY VISITS?

- **First trimester (0-13 weeks):** Visits are usually every 4 weeks.
- **Second trimester (14-27 weeks):** Visits are usually every 4 weeks.
- **Third trimester (28+ weeks):** Visits become more frequent and will usually occur every 2 weeks until 36 weeks; then weekly until delivery.

Your **first visit** may be at your local health department or with the provider who will do your delivery. Regardless of where you visit, a complete medical history will be obtained and a physical exam will be done.

If you have current insurance coverage or have been approved for SoonerCare or Soon-to-be-Sooners, you will have lab work drawn. The list of labs include:

- **Blood type, with Rh determination** - checks to see what your blood type is.
- **Antibody Screen** - checks your blood for any antibodies.
- **Complete Blood Count (CBC)** - checks for anemia and infection.
- **Hepatitis B and C** - checks to make sure you don't have hepatitis B and C.
- **HIV** - checks to make sure you don't have the human immunodeficiency virus.
- **Rubella titer** - checks to make sure you are immune to rubella (a form of measles).
- **Syphilis** - checks to see if you have syphilis, which can cause birth defects.
- **Urinalysis (UA), with culture** - checks for infection, plus kidney and hydration status.
- **Urine Drug Screen** - tests for the presence of drugs and prescription medications.
- **G/C** - checks to see if you have Gonorrhea or Chlamydia, which can cause problems in pregnancy.
- **Pap smear** - only if you are over the age of 21 and if you are due for one.
- **Additional labs may be necessary**, as determined by the provider.

Before or around 10-12 weeks pregnant, we may be able to hear your baby's heartbeat for the first time. The heartbeat can typically be heard with an ultrasound machine or a special instrument called a Doppler.

Between 15-22 weeks (ideally 15-18 weeks), you will be offered an optional blood test for a genetic screen called a Maternal Serum Alpha Fetoprotein (MSAFP), a Quad screen, or non-invasive prenatal testing (NIPT).

The Quad screening test measures four substances in the mother's blood to detect potential elevations that may need further attention. Elevations with these substances can help detect Down syndrome or a birth defect around the baby's umbilical cord or along the spinal cord. This is only a screening. A positive result does not mean your baby has one of these conditions, but simply means we need to take a closer look.

Around 20 weeks, you will be ordered a comprehensive ultrasound to check on your baby. This ultrasound is the big one that looks at all of your baby's organs and makes sure they are growing appropriately. This ultrasound will NOT be done at the health department. Location of testing will vary depending on local resources. You will be contacted about when this appointment is to occur.

Around 24 weeks, we will make arrangements for you to take a glucose tolerance test (GTT) to see if you have Gestational Diabetes. We will also check lab work to see if you are anemic. If your initial blood work showed your blood type was Rh negative, you will have blood work to check on this, as well.

At approximately 28 weeks, you will be offered the Tdap vaccination. This helps protect your baby from whooping cough, which can be deadly for young infants. Babies are not born with a robust immune system; however, mom can pass on protection to her newborn when she is given the injection at this time. If you have a negative blood type, you should expect to receive a RhoGAM injection at this visit. This is very important to prevent your baby from developing a specific type of anemia that can occur if you have a negative blood type and they have a positive blood type.

Around your 36-week mark, a Group B strep (GBS) swab will be collected. GBS is a type of bacteria that lives in the mother's gastrointestinal system. It causes no harm to the mother, but if she has overgrowth, it can enter the vaginal tract and pass onto baby during delivery. Babies who encounter these bacteria can develop Group B strep pneumonia. To prevent this, mothers who test positive on this swab are given antibiotics during delivery to help protect the baby.

WHAT ARE THE OPTIONAL PRENATAL TESTS? ---

Early in your pregnancy we will obtain a family history from you to assess risk factors for specific genetic disorders and will discuss these findings and their implications for your pregnancy.

All pregnant women, regardless of age, can be tested for certain genetic disorders which are caused by chromosomal abnormalities.

You have three options:

1. No testing for genetic disorders (routine ultrasounds and lab tests are still performed).

2. Non-invasive Prenatal Testing (NIPT), also known as cell-free DNA, which uses the mother's blood instead of fetal tissue. There are three options that include:
 - NIPT: Particles of your baby's DNA from the placenta are circulating in your blood. These can be separated and analyzed for extra or missing chromosomes. Results are reported as either "low-risk" or "high-risk". Since this test looks at your baby's DNA, it is possible to determine your baby's gender.
 - Carrier testing: Some families have a genetic condition that is passed through the generations. Let us know if you are aware of any genetic conditions in your family. Carrier testing checks if the mother has a gene for a condition that can be passed on to the baby. A mother is a "carrier" when she has a gene, but is not personally affected. If testing shows you are a carrier, the next step is to test the father to see if he is also a carrier. You can be tested for the most common conditions that are often passed on, even if there is no family history. These include Cystic Fibrosis, Spinal Muscular Atrophy, Duchenne Muscular Dystrophy, and/or Fragile X Syndrome.
3. Diagnostic testing done by specialist and involves taking tissue from the placenta (chorionic villi sampling; may be an option to follow up on initial findings) or fluid around the baby (amniocentesis). These tests cannot find structural defects. This is the most accurate but has a slight risk of miscarriage.

These tests are optional and if a result comes back as "high-risk", it does not mean your baby has a birth defect. If the result is "high-risk", we will offer a referral to a specialist for counseling about more extensive testing. In addition, "low-risk" results cannot offer complete reassurance that your baby will not have problems.

ASPIRIN THERAPY

Low-dose aspirin therapy has been shown to decrease the chances of developing a condition called preeclampsia and lowers the risk of having your baby born too early. Preeclampsia is a sudden rise in blood pressure during pregnancy or right after delivery that can affect multiple organ systems in your body. In severe cases, it can lead to seizures. Studies have shown low-dose aspirin can reduce the risk of developing preeclampsia and having your baby too early (before 37 weeks) by as much as 25%.

If a provider tells you to begin taking low-dose aspirin, it's because you have risk factors that increase your likelihood of developing preeclampsia. Low-dose aspirin works best if started between 12 - 28 weeks of pregnancy. You will take one low-dose aspirin (81mg) once a day, up until the day you have your baby. Aspirin is safe in pregnancy when taken as directed.

Your insurance may cover the cost of the aspirin so you may be given a prescription. It is also available over-the-counter.

WILL I HAVE AN APPOINTMENT AFTER I DELIVER?

Depending on the delivery provider, they may see you in their office or you may be seen at your local health department. If you are seen at the health department, we would like to see you 1-2 weeks after you deliver and again at 6 weeks. The 1-2-week appointment ensures you are not having problems and are handling the transition of a new baby well. We will discuss different options for birth control at this visit and will solidify these plans at your 6-week visit.

At your 6-week appointment, we will check that you are not having any signs of postpartum depression, that you have healed from any incisions/tears from delivery and decide plans for birth control.



THINGS PREGNANT WOMEN SHOULD KNOW

Even if you have had a baby before, you can always learn something new; each pregnancy is different. The remainder of this booklet lists information to provide peace of mind and help keep you and your baby safe throughout your pregnancy.

HOW MUCH WEIGHT SHOULD I GAIN?

This will vary from person to person. Women who weigh less need to gain more. Women who weigh more need to gain less. The amount of weight you need to gain ranges from 11-40 pounds, depending on your pre-pregnancy weight and body mass index (BMI). We will assess your weight at each visit and discuss any concerns that you might have.

BMI	Total weight to gain
Less than 18.5	Gain 28 - 40 pounds
18.5 - 24.9	Gain 25 - 35 pounds
25 - 29.9	Gain 15 - 25 pounds
Greater than 30	Gain 11 - 20 pounds

For more information about weight gain in pregnancy and to calculate your BMI, please visit: <https://www.marchofdimes.org/pregnancy/weight-gain-during-pregnancy.aspx>.

My pre-pregnancy BMI is: _____

How many pounds should I gain? _____

WHAT SHOULD I EAT DURING MY PREGNANCY?

You do not necessarily have to eat more during pregnancy. It is recommended to add approximately 200-300 extra calories per day; however, it is important to eat the right food. Here are some recommended servings per day:

- 6-8 large glasses of water.
- 1 serving of a food rich in folic acid, like dark green, leafy vegetables (1 half cup is a serving).
- 1 serving of vitamin C-rich foods, like oranges, sweet peppers, or tomatoes (1 half cup is a serving).
- 2-3 servings of lean meat, fish, eggs, or nuts. (A piece of meat the size of a deck of cards is 1 serving).
- 2-3 servings of iron-rich foods, like black-eyed peas, sweet potatoes, greens, dried fruit, or meat.
- 3-4 servings of fruit. Fresh, raw fruit is best (1 small apple or a half cup of chopped fruit is a serving).
- 4-5 servings of vegetables. (1 medium carrot or half a cup of chopped vegetables is a serving).
- 6-9 servings of whole grain foods like bread or pasta. By reading the label, you will know that you are getting "whole" grain and not just brown-colored bread or pasta (1 slice of bread or a half cup of cooked pasta is a serving).

WHAT FOODS ARE SAFE DURING PREGNANCY? ---

Please use the following guidelines to know what is recommended:

- **Milk and cheese:** Eat and drink only dairy products that have been pasteurized. Soft cheeses such as feta, Brie, Camembert, blue-veined cheeses and Mexican-style cheeses such as queso blanco, queso fresco and Penela are particularly prone to contamination and must be pasteurized.
- **Fish and seafood:** Most fish/seafood can be consumed in moderation when limited to 12 ounces per week. White albacore tuna should be limited to 6 ounces per week. Some fish contain high levels of mercury and should be **avoided** during pregnancy. They include:
 - Swordfish
 - Shark
 - King Mackerel
 - Tilefish
 - Sushi with raw fish
- **Prepared foods:** Any food that is spoiled or not cooked well can make you sick.
 - Do not eat any meat or fish that has not been cooked all the way through.
 - Do not eat cooked food that has not been kept hot or chilled.
 - Do not eat hot dogs, luncheon meats, deli meats and poultry, cold cuts, or fermented or dry sausage unless reheated to steaming hot or 165°F before eating, even though the label says precooked.
 - Wash knives, cutting boards, and your hands between handling raw meats and any other food like fresh fruits and vegetables when you plan to eat them raw.
 - Wash all fruits and vegetables with 1 tablespoon of raw vinegar in a pan of water to kill germs before you eat them.
 - Avoid raw or unpasteurized milk or juices.
 - Pregnant women should not eat pâtés, or meat spreads from a deli/meat counter or from the refrigerated section of a store, or smoked seafood unless it is canned, shelf-stable or is in a cooked dish, such as a casserole.
- **Alcohol:** It is safest to avoid all alcohol. If you think it will be difficult to stop drinking or if you think you may have a problem, please feel free to discuss it with us.
- **Caffeine:** Consumption of caffeine has not been shown to cause birth defects, low birth weight, or stillbirth. However it is generally recommended that caffeine consumption be limited to 2 cups of caffeinated drink per day during pregnancy. This means 2 small cups of coffee or tea or 1 can of caffeinated soda per day.
- **Artificial sweeteners:** There is no evidence that NutraSweet, Splenda, Sweet N' Low, or Stevia while pregnant increases birth defects.

PRENATAL VITAMINS

We recommend that you take a prenatal vitamin daily. Prenatal vitamins may be supplied to you when your pregnancy is confirmed, and are also available over-the-counter. If your provider deems it necessary, a prescription can be provided. Prenatal vitamins can increase nausea in some women. This can be reduced by taking a prenatal vitamin at bedtime, with a small snack.

WHAT ARE THE IRON REQUIREMENTS IN PREGNANCY?

During pregnancy, the need for additional dietary iron is increased to support a 20-30% increase in the blood volume and the needs of the growing baby.

The recommended daily amount (RDA) for pregnant women is 30 mg. Due to the difficulty in meeting the increased needs in pregnancy, iron supplementation is recommended. This supplementation is often included in your prenatal vitamin; however, if you are diagnosed with anemia, or are unable to tolerate your prenatal vitamins, other supplements may be recommended.

To improve absorption of dietary and supplemental iron, take iron or iron-rich foods with a source of Vitamin C. The following is a list of dietary sources of iron:

- Liver
- Beef
- Pork
- Baked beans, soybeans, lima beans, dried beans, or peas
- Apricots
- Enriched breads and cereals
- Figs
- Raisins
- Egg yolks (the whites are a good source of protein)
- Peanuts and peanut butter
- Leafy green vegetables
- Potatoes
- Prunes (also good to help with constipation)

WHAT SHOULD I KNOW ABOUT CHEMICAL EXPOSURES?

Common chemical exposures include pesticides, cleaning solvents, and heavy metals like lead. Exposure to these chemicals should be limited during pregnancy. Using appropriate protective gear can limit risks.

Additionally, cleaning products, nail polish, and nail polish remover should be used in a well-ventilated area. If you are having the interior of your home painted, you should choose a water-based latex paint and/or paint with low volatile hydrocarbons.

IS SMOKING REALLY A PROBLEM IN PREGNANCY?

Smoking during pregnancy can lead to pregnancy loss, preterm delivery, low birth weight, respiratory failure at birth, and even sudden infant death syndrome (SIDS). The smoke from other people's cigarettes or other tobacco products can also be dangerous. This includes the use of electronic cigarettes. You should avoid places where people smoke and not allow people to smoke in your home.

If you smoke, please discuss this with your healthcare provider. If you decide to stop smoking, but need help, the Oklahoma Tobacco Hotline has great resources. Call 1-800-QUIT-NOW.

WHAT DO I NEED TO KNOW ABOUT DRUG USE?

The use of both illegal drugs and legal drugs, not prescribed for you, are not safe for your pregnancy. Please discuss any drug use with us. We are not here to judge, but want to help you have the safest pregnancy possible.

Use of certain drugs can increase the risk of bleeding during pregnancy, preterm birth, poor fetal growth, stillbirth, and withdrawal syndrome in your baby. Marijuana is not safe to use during pregnancy. If you have any questions, please discuss this with your healthcare provider.

OTHER PREGNANCY RECOMMENDATIONS

Exercise: Daily exercise will help you stay fit, control your weight, and be prepared for labor.

- Try to get at least 30 minutes of moderate exercise, such as walking or swimming, per day.
- Perform 5 minutes of warm-up and cool-down stretching to lessen the risk of injury to joints.
- Avoid exercising in the heat and avoid exercises that could cause direct blows to your stomach.
- Avoid scuba diving and contact sports.

If you haven't been exercising regularly before pregnancy, start with light exertion and work up to a moderate program. Walking, swimming, and weight training are convenient ways to start an exercise program.

Whether you were exercising before pregnancy or just started, make sure to stop if you experience lightheadedness, fatigue, and/or shortness of breath.

Vaccinations during pregnancy: Many vaccinations are safe during pregnancy. The flu vaccine is highly recommended for all pregnant women and may be given at any point during your pregnancy. The whooping cough (Tdap) vaccine is recommended for all adults who will be spending time with your baby. New moms are encouraged to get the vaccine during the last 2 months of their pregnancy. For this reason, we offer this vaccine at, or around, your 28-week visit. Additionally, the American College of Gynecologist (ACOG) suggests that all pregnant women receive the COVID-19 vaccination, if applicable.

Hot tubs and saunas: It is not safe to become overheated in a bath, sauna, or hot tub while you are pregnant as these may raise your body temperature to an unsafe level. Hot showers are safe and warm baths are both safe and relaxing during pregnancy.

Toxoplasmosis: Cats, especially cats that roam outdoors, can carry a disease called toxoplasmosis. Exposure to toxoplasmosis during pregnancy can lead to birth defects. You can get this disease by ingesting particles from cat litter. Pregnant women should avoid having anything to do with cat litter boxes and from gardening in areas where cats are likely to have buried their stool. It is advised to wear waterproof gloves while gardening and wash your hands thoroughly afterward to prevent exposure. There is no danger in playing with, holding, or petting a cat.

Seatbelt use: It is important to always wear a seatbelt while in a moving car, even when you are pregnant. The safest type of seat belt is a shoulder/lap belt combination. The lap belt should be placed below your belly, touching your thighs, and low and snug on your hip bones. Never wear your seatbelt across your belly. Always wear the shoulder belt across your shoulder and chest and never tuck the shoulder belt under your arm or behind your back.

SEXUALLY TRANSMITTED INFECTIONS (STIs)

An STI can cause miscarriages, pre-term birth, birth defects and even death. A healthcare provider can screen for some of these infections including gonorrhea, syphilis, chlamydia and HIV. Some STIs can be cured with medication, while others cannot. However, steps can be taken to protect the baby.

UNHEALTHY RELATIONSHIPS

Abuse is never okay. And it can often get worse during pregnancy. Living in an abusive relationship can harm you and your baby. You could miscarry or have pre-term labor. If you are being hurt or abused, please seek help using these helplines which are answered 24/7. Oklahoma SAFELINE, [1-800-522-SAFE](tel:1-800-522-SAFE) (7233) and RAINN, [1-800-656-4673](tel:1-800-656-4673).

DENTAL HEALTH

Pregnancy can make some dental conditions worse or create new ones. Regular checkups and good dental health habits can help keep you and your baby healthy. Some dental health risks associated with pregnancy include pregnancy gingivitis, increased risk of tooth decay and overgrowth of tissue in the gums. It is recommended you visit your dentist for a cleaning at least once during pregnancy. Contact your dentist if you have questions about changes to your gums or teeth.

I'M SICK TO MY STOMACH. WHAT CAN I DO?

Being sick to your stomach, often referred to as nausea and vomiting (morning sickness), can occur morning, day, or night. It is a completely normal change as your body grows a new baby and is caused by changes in your hormones. Things that can trigger nausea when pregnant are getting too hungry, smelling strong fragrances or odors, and feeling stressed. It generally occurs during the first part of pregnancy, becoming worse around 8-9 weeks, and subsiding by 12-13 weeks; however, some women experience it throughout the pregnancy.

Here are some helpful tips:

- Eat dry toast or saltine crackers before getting out of bed if nausea is worse in the morning.
- Allow yourself plenty of rest. Fresh air in the sleeping area can help.
- Get up slowly, avoid sudden movements, and do not lie down right after eating.
- Eat small, frequent meals to avoid strong hunger. Being “empty” can trigger nausea.
- Plan meals/snacks for the time of day when nausea most often occurs (low fat sandwiches, cottage cheese, low fat cheese and crackers, fruits).
- Apples and pretzels can be soothing for the stomach.
- Avoid or limit greasy, high fat and fried foods (margarine, butter, mayonnaise, bacon, sausage, high fat lunch meats, gravies, pie crusts, pastries, sopapillas, chips, fries, and onion rings), and spicy foods.
- Try citrus fruits, pickles, or strong mints like Altoids for sour taste.
- Try eating salty potato chips to help settle the stomach and replace electrolytes lost during vomiting.
- Drink liquids 30 minutes after meals instead of during. Sip slowly.
- Sip ginger ale or eat other ginger-flavored candies or suckers.
- Try lemonade or fruit juice, as these can sometimes be tolerated better than water.
- Some find that peppermint, spearmint, raspberry, ginger or chamomile tea, or a glass of water with one teaspoon of apple cider vinegar helps nausea. Additionally, you may try clear sodas, mineral water, or sport drinks mixed with half-water-half sport drink.
- If drinking fluids is difficult, try eating gelatin, canned fruits, or fresh, juicy fruits.
- Avoid perfumes, gasoline fumes, and foods with strong odors.
- If brushing your teeth makes you nauseated, try to breathe only through your nose while brushing.

Please see the “Safe Medication List During Pregnancy” section for medications you can take to help with morning sickness.

WARNING SIGNS: If you have been unable to eat or drink for 24 hours despite the options above, please contact the clinic, even if it is after hours.



I DON'T FEEL GOOD. WHAT SHOULD I DO?

Just because you don't feel good doesn't mean you are truly sick. During pregnancy, your body will be going through a lot of changes. However, it is possible you have picked up a virus or bacteria.

Respiratory illnesses: Colds, sore throat, bronchitis, and sinus infections are usually caused by viruses. They can last from days to weeks and the symptoms can be managed with over-the-counter medications (see safe medications section). Additionally, you can try the following:

- Cool mist humidifier at night to keep mucous membranes moist.
- Saline nasal drops may be purchased at the pharmacy or made at home by mixing 3 teaspoons of non-iodized salt, such as kosher salt, with no additives, and 1 teaspoon of baking soda in a small airtight container. Add 1 teaspoon of this mixture to 1 cup (8 ounces) of distilled or boiled and cooled water. Store in a small clean jar. Solution is good for 3 days.
- DO NOT use any nasal sprays that contain epinephrine, like Afrin or Neo-Synephrine.
- Nasal strips that help keep the nasal passages open can help alleviate nasal congestion and snoring, and can help increase airflow.

If you develop a persistent fever of or above 100.4 degrees, pain that lasts more than 3 days, wheezing, or shortness of breath, please notify your healthcare provider.

Gastrointestinal virus: These viruses typically cause nausea, vomiting, and diarrhea. Symptoms usually last for a couple of days. If you are unable to keep fluids down for 24 hours, have persistent fever of or above 100.4 degrees, symptoms that last for more than 3 days, or you experience abdominal pain, please notify your healthcare provider.

Breast tenderness: Increased levels of estrogen and progesterone can cause the breast to change in preparation for breastfeeding. As a result, breast tenderness can occur very early in pregnancy. It is important to wear a good supportive bra, without underwire or seams. The straps and back should be wide so the tension your bra supplies is even.

Fatigue: Fatigue early in pregnancy is very common. It can be caused by hormonal changes, as well as stress, anxiety, depression, and decreased sleep. Getting at least 8 hours of sleep per night can help, as can decreasing stress and including exercise in your daily routine. The addition of relaxing activities, like meditation, before bedtime can help.

Bleeding gums: Estrogen can cause an increase in blood vessel formation and an increase in blood flow to vascular areas of the body. You may notice your gums bleeding more than normal. It is important to practice good oral hygiene and obtain regular dental checkups. Continue brushing and flossing teeth with a soft bristle brush two to three times a day.

Constipation: The hormones of pregnancy slow down the movement of food through your GI tract, causing some women to have trouble with constipation. To help, eat bran or high fiber cereals, lots of fruits and vegetables, and drink plenty of water. You may try prunes, prune juice, and/or hot drinks to stimulate a bowel movement. See the list of approved medications for additional remedies.

Urinary tract infections: These infections, known as UTIs or bladder infections, are common during pregnancy. Sometimes pregnant women do not have any urinary symptoms, but if they do, they include urgency to urinate, burning or pain with urination, and pain just above the pubic bone. Treatment with proper antibiotics is important as bladder infections can easily progress to kidney infections which are more serious.

- **WARNING SIGNS** (for more severe infection): fever, pain in the back (usually just below the ribs) on one or both sides of the spine, nausea or vomiting.

Headaches: Headaches can be common in early pregnancy. They may also be triggered by an abrupt decrease in caffeine. Tylenol, adequate hydration, and rest can be helpful. If you have frequent headaches, try taking a magnesium supplement daily. You may increase it to twice daily as needed. Be aware that magnesium can cause loose bowel movements.

- **WARNING SIGNS** (to notify us immediately of): pain not relieved by Tylenol and rest, if you have a past or current history of high blood pressure or preeclampsia and you develop a severe headache, or if you are in the latter part of your pregnancy and you develop new severe headaches or have a headache with nausea, vomiting, or visual changes.

Fever: If you have a fever, you may take Tylenol to decrease the fever and help you feel better. If you develop a fever of 100.4 degrees (or above), we recommend you take 625 - 1000 mg of Tylenol every 4 hours, not to exceed 4000 mg in 24 hours. Also drink plenty of cool fluids as an elevated temperature can dehydrate you. If you have a fever of 101 degrees or above that persists after taking Tylenol for more than 4 hours, please let us know.

- **Absolutely do not take Ibuprofen (Motrin, Advil, etc.)**

Ptyalism: Increased salivation in pregnancy is normal, but can contribute to nausea. Make sure to drink 8 large glasses of water each day and brush teeth frequently. Chewing gum or sour candy can help.

Back pain: A common problem during pregnancy is back pain. This is due to the weight gain and weight distribution that comes with pregnancy, as well as hormones that make the joints of your body more relaxed during pregnancy. Good posture and stretching exercises can help. You can take Tylenol and use warm heating pads to help with the discomfort. There are many credible sources online for exercises to help with back pain.

- Wear low-heeled, comfortable shoes.
- Soak in a warm bath or take a warm shower.
- Use a pillow between the legs and under the abdomen for support during sleep, as this will help lessen the strain on back muscles as pregnancy develops.
- When getting out of bed, roll to your side and use your arms to lift your upper body.
- Lavender and chamomile oils can be used for massage after the first trimester.
- Use of an abdominal binder or girdle may be necessary if loose abdominal muscles are contributing to back pain.
- Upper back pain can be alleviated by using a good, supportive bra and postural changes.

Fainting/lightheadedness: Being lightheaded or fainting can occur in pregnancy for several reasons. Some of the most common are low blood sugar, dehydration, pressure on vessels from the growing baby, and a drop in blood pressure when standing too quickly. To prevent this:

- Change positions slowly, especially from lying to standing.
- Avoid lying on your back. Lie on your side, with a pillow, blanket, or wedge under your abdomen.
- Drink 6-8 glasses of water daily.
- Make sure to eat small, frequent meals, with adequate protein, throughout the day.

Numbness and tingling of fingers: During the second and third trimesters, you may experience numbness and tingling of the fingers. This is usually caused by changes in your body that can cause nerves to be pressed on. Symptoms are usually mild and often go away on their own. If problematic, avoid activities that make it worse. Make sure to take breaks and rest your hands as needed. You may splint your wrist to improve mild to moderate symptoms. Use of cool packs can help reduce inflammation that could be causing pressure on the nerves in the wrist.

Groin pain/lower abdominal pain (round ligament pain): Rapid growth of your baby in the early second trimester leads to tension or stretching of the round ligaments. Women tend to notice the pain between 14 - 20 weeks' gestation, particularly with a quick change of position. This discomfort can often occur earlier or be more pronounced with each subsequent pregnancy. The pain is usually noted immediately above the pubic bone on the right or left lower sides and may be a sharp shooting pain sensation. Pregnancy support belts, using pillows for support, and changing positions slowly can help to provide relief of this discomfort.

Flatulence: Excess bloating and gas are common discomforts in pregnancy. Avoid foods that stimulate formation of gas, such as onions, beans and lentils, collard greens, cauliflower, brussels sprouts, cabbage, and turnips. You may want to increase natural probiotics, such as yogurt or buttermilk.

Heartburn: One of the most famous discomforts in pregnancy is heartburn. As your baby grows, it puts pressure on the stomach, causing issues with digestion. Below are some important steps to follow if heartburn is a problem for you.

- Eat small, frequent meals throughout the day instead of large meals.
- Eat slowly, so you do not overeat.
- Do not drink with meals. Wait 30 minutes after a meal to drink any liquids.
- Avoid spicy foods.
- Avoid caffeine and limit fatty or fried foods.
- Do not lie down immediately after eating. Instead, standing or sitting after meals is recommended.
- If you do get heartburn when lying down, make sure to keep your head and shoulders elevated, using several pillows or a wedge.
- Avoid antacids containing sodium bicarbonate (Alka-Seltzer) or baking soda.
- Taking high doses of antacids containing calcium carbonate (Tums) for long periods of time can cause acid rebound, which is where the stomach produces even more acid after eating or drinking.

Hemorrhoids: You may develop hemorrhoids for the first time in pregnancy or they may become worse. The most important step in prevention and treatment is to avoid straining to have a bowel movement. If you are having problems with constipation, follow the steps outlined above. If you have already developed hemorrhoids, the use of sitz baths and witch hazel compresses may help. You can also find a list of safe medications for use in the back of the handout.

Leg cramps: The most common cause of this is deficiencies or imbalances in minerals our body needs. Avoid soft drinks and processed snack foods that may contain large amounts of phosphorus and low amounts of calcium. Daily exercises, such as walking, swimming, and gentle stretching can help. If a cramp does occur, make sure to flex foot, with leg straight – avoid toe pointing.

Nosebleeds: Nosebleeds in pregnancy are quite common due to an increase in blood volume and blood vessel formation. To help prevent these, keep your nasal passages moist. This can be accomplished by using a cool mist humidifier to increase humidity and decrease nasal irritation and by using normal saline nasal drops.

Shortness of breath: Increases in metabolism, oxygen demands by baby, hormonal changes, and pressure on the diaphragm can cause a sensation of shortness of breath. Practicing prenatal yoga can help. Prenatal shortness of breath is rarely a problem; however, if your symptoms are worsening, you feel like you are breathing too fast, or you have chest pain, please let your provider know.

Skin changes: Stretch marks are notorious in pregnancy. Although it is difficult to prevent stretch marks and there is no effective treatment, keeping the abdomen moist with lotion, aloe, or Vitamin E can be tried. Changes in skin pigmentation is another skin change pregnant women may see. These include chloasma, which appears as darkened areas of discoloration, mostly to the face, and linea nigra, which is a darkened line down the center of the abdomen. Both are caused by hormonal changes in pregnancy and often fade after completion of pregnancy.

Swelling in the lower extremities: As your uterus grows, it can cause problems with swelling in your lower legs. Standing for long periods of time can often make this worse; therefore, resting, with your legs elevated, throughout the day can help. If you must be on your feet, support hose can improve circulation. If you decide to use support hose, ensure they do not have elastic bands around the thighs, as these can dig into your skin.

Getting adequate exercise helps move the fluid in your body and prevents it from “pooling” in your lower legs. This swelling is not caused from drinking too much water/fluids. If you notice an increase in swelling that is accompanied by visual changes, headaches, or upper abdominal pain, contact your provider.

Vaginal discharge: An increase in vaginal discharge can be normal in pregnancy. Normal discharge is often clear or white in color, but may appear slightly yellow when dry. It does not have an odor and does not cause itching or burning. With the additional discharge, good hygiene is important. Wearing cotton underwear can help prevent infection. If you do notice a change in your vaginal discharge accompanied by odor, itching, or burning, contact your provider.

Varicose veins: Increased levels of hormones, along with a growing uterus, can cause some pregnant women to develop varicose veins. These can occur in the legs or vulva. Wearing support hose can minimize the development of these. If this is a problem for you, elevation of your legs, while lying on your left side can help. Make sure to eat foods rich in Vitamins A, B, C, and E. Vitamin E supplements up to 600 IU per day are safe.

Feeling hot and sweating: As your hormones change and your pregnancy progresses, this may become a problem for you. Make sure to wear layered, loose-fitting clothes that absorb perspiration and take frequent baths and showers as necessary.

POSTPARTUM DEPRESSION

Postpartum depression (PPD) is a type of major depression that affects about one in 10 new mothers within the first year after childbirth. PPD has the potential to negatively impact a mother's health and her ability to care for her infant.

Up to 80% of new mothers experience the "baby blues". Baby blues are normal reactions following childbirth triggered by hormonal changes and stress. Characterized by mood swings, mild sadness, irritability, and some worry the blues usually occur around 3-5 days after delivery and tend to go away as hormone levels stabilize. The baby blues differ from PPD in that the symptoms tend not to be severe, do not need treatment and generally do not last beyond two weeks.

A woman with PPD experiences these symptoms much more strongly and can be impaired to the point where she is unable to do everyday tasks. PPD can begin at any time within the first year after giving birth and lasts longer than the blues. While PPD is a serious condition, it can be treated with medication and counseling.

National Maternal Mental Health Hotline, **1-833-TLC-MAMA** (1-833-852-6262).

WHAT PROBLEMS SHOULD I CALL MY PROVIDER FOR?

Although being uncomfortable can be a part of pregnancy, there are some warning signs you shouldn't ignore. If you experience any of the following, contact your provider immediately:

- Severe and/or lasting pain in any body part and no relief with bed rest and/or Tylenol.
- Sudden onset of blurred vision with or without headache.
- Severe headache, unrelieved by Tylenol or rest in the 2nd or 3rd trimester.
- Any large gush of fluid or continual vaginal leaking of fluid.
- Any bleeding from the vagina. Spotting is not uncommon, but please call for any vaginal bleeding like a period with or without pain or cramping.
- If the baby stops moving or has a significant decrease in movement of less than 6-10 times in one hour after performing fetal kick counts.
- A hot, reddened, painful area on your calf or behind your knee.
- A fever of 100.4 degrees or higher.
- Sudden swelling or puffiness in your face, or sudden swelling all over.
- Pain or burning with urination.
- More than 6 painful contractions in one hour before 35 weeks pregnancy.
- Sudden weight gain (more than 5 pounds in one week).
- Any forceful injury to the abdomen, or if you trip or fall and hit your abdomen.
- Persistent vomiting with inability to keep food and fluids down for greater than 24 hours or persistent diarrhea for greater than 24 hours that are not relieved with the over-the-counter medications listed on the approved medication list in this booklet.

IMPORTANT INFORMATION TO KNOW TOWARDS THE END OF PREGNANCY

Kick counts: You should start kick counts during the 28th week of your pregnancy and continue until your baby is born. Pick a time during the day when your baby is typically active. Go into a quiet room without distractions and lie on your back or sit. Put your hands on your belly and count each movement your baby makes (these are NOT just limited to kicks; you can count any movement your baby makes). You should be able to count 10 movements in one hour. If you reach 10 movements before the one hour is up, you can stop counting. If you do not reach 10 movements, get up, drink something sugary (like fruit juice) or a cold liquid and try again for one hour (start counting from 1). If your baby does not respond at this point, go to the hospital where you plan to deliver to make sure your baby is okay.

- **Important:** If you notice you have not felt your baby move at a random time during the day, we want you to follow the steps above first before going to the hospital.

Preterm labor: Preterm labor occurs when labor starts before 37 weeks. If preterm labor is diagnosed, we can offer medications to delay the birth of the baby. Even a few extra days can be beneficial to the baby. Call us during business hours prior to 32 weeks. After 32 weeks and after business hours, call your delivery provider. Go to the hospital where you plan to deliver if you have not reached 36 weeks and have any of these signs.

- **Call first:**
 - Change in vaginal discharge (becomes watery or bloody).
 - Increase in the amount of vaginal discharge.
 - Pelvic or lower-abdominal pressure.
 - Abdominal cramps, with or without diarrhea.
- **Go to the hospital where you plan to deliver:**
 - Regular or frequent contractions or uterine tightening, which are often painless and every 5 minutes for more than an hour.
 - Ruptured membranes (your water breaks, whether a gush or a trickle).

Term labor: Since you will be delivering at another facility and should have already met with the provider who will be doing your delivery, we want you to contact that provider or go to that facility if you think you might be in labor. This information is just included for your benefit.

Labor usually begins with mild or infrequent contractions. They gradually get closer together until they are less than 5 minutes apart. During this time, you can go for a walk, or try taking a shower or bath. Try to rest and relax and please try to sleep if you can. Practice relaxation exercises or meditation. As you go into “active-labor”, your contractions may become painful, often coming 3 minutes apart and lasting from 45-60 seconds. Your water may break, or you may bleed a little as your cervix begins to open. When contractions have been coming frequently for over an hour, you may be in labor.



CAN YOU TELL ME MORE ABOUT BREASTFEEDING? ---

Breastfeeding is one of the most important things you can do for both you and your baby. Did you know that women who breastfeed have lower chances of breast, uterine, ovarian, and endometrial cancer, throughout their lifetime? Did you know that your breasts are able to sense infection and make antibodies to either prevent your baby from getting sick or help them get better if they are already sick? There are many other benefits, as well. Below are some tips to help with breastfeeding should you choose this method.

Nurse early and often: “Nurse early and often” is a tip that the La Leche League, who is considered the world’s foremost authority on breastfeeding, has long advocated. Why? Breastfeeding soon after birth and frequently thereafter helps to establish milk supply and helps your uterus contract, reducing postpartum bleeding and other complications.

Babies are typically born ready to nurse within about 20 minutes of birth and the experience of many has shown that this is the ideal time to introduce the breast. Not limiting baby’s time at the breast, but rather nursing when baby indicates the desire, means mom will develop a healthy milk supply and avoid issues with plugged ducts or mastitis.

Build a support network: Even though mom and baby are the ones breastfeeding, building a network of supportive people is key. This would include taking steps such as: making sure your baby’s father strongly supports breastfeeding; educating family members close to you about breastfeeding; finding health care practitioners who are breastfeeding knowledgeable/breastfeeding advocates; and making friends with other moms who can be a source of information and support.

Give it six weeks: For some, nursing is smooth sailing. For others, it’s one challenge after another. Most of the time breastfeeding gets easier after the 6-week mark. Take it one day at a time, but don’t give up too quickly. It is surprising how often things magically improve once the baby matures a bit. Get help from a Lactation Consultant, La Leche League, or another breastfeeding mom if you need it. If you were not provided with the contact information for a Lactation Consultant after delivery, please contact our clinic for information, call the breastfeeding hotline available 24/7 at 877-271-MILK (6455), or text OK2BF to 61222.

SAFE MEDICATION LIST DURING PREGNANCY

All meds are available over-the-counter. Unless stated otherwise, take as directed on box or bottle. Consult your healthcare provider for questions or concerns.

CONDITION	MEDICATION	ALTERNATIVE OPTIONS
Allergies	<ul style="list-style-type: none"> Claritin (loratadine) 10 mg daily Zyrtec (cetirizine) 10 mg daily Benadryl (diphenhydramine) 25-50 mg every 6 hours 	<ul style="list-style-type: none"> Saline nasal washes
Cold and Flu	<ul style="list-style-type: none"> Tylenol (acetaminophen) Robitussin (guaifenesin/dextromethorphan) Mucinex (gaifenesin) Halls cough drops 	<ul style="list-style-type: none"> Warm salt and water gargle Saline nasal drops/spray
Headache	<ul style="list-style-type: none"> Tylenol (acetaminophen) Magnesium oxide 400-500 mg twice daily Vitamin B2 (Riboflavin) 400 mg daily 	<ul style="list-style-type: none"> Increase water intake Eat regular meals Cool compress to head and neck
Nausea and Vomiting	<ul style="list-style-type: none"> Vitamin B6 (pyridoxine) 25 mg every 6-8 hours (maximum 200 mg/day) Unisom (doxylamine succinate) 25 mg daily at bedtime Acid-reducing agents (see "Heartburn") 	<ul style="list-style-type: none"> Ginger ale, saltine crackers, peppermint tea, hard candy Avoid greasy or spicy foods Eat 5-6 small meals throughout the day Avoid strong smells Sea band bracelet
Heartburn and Reflux	<ul style="list-style-type: none"> Tums, Maalox, or Mylanta Pepcid (famotidine) Prilosec (omeprazole) 	<ul style="list-style-type: none"> Elevate head of bed Eat smaller, bland meals Avoid spicy or fried foods Sit upright for at least an hour following meals
Constipation	<ul style="list-style-type: none"> Metamucil, Benefiber or Citrucel Colace (docusate sodium) Miralax (polyethylene glycol) Senokot or Dulcolax 	<ul style="list-style-type: none"> Increase fluids Prune juice Eat whole grains, fruits and vegetables
Diarrhea	<ul style="list-style-type: none"> Imodium AD (loperamide) — only after 12 weeks gestation and if no blood in stool 	<ul style="list-style-type: none"> BRATT diet (bananas/broth, rice, applesauce, tea and toast) Bland diet Increase fluid intake Avoid dairy products Call if not improved in 24 hours
Bloating and Gas	<ul style="list-style-type: none"> Gas X (simethicone) 	
Hemorrhoids	<ul style="list-style-type: none"> Preparation H Anusol Tucks witch hazel pads 	<ul style="list-style-type: none"> Increase water intake Prevent constipation Avoid straining

CONDITION	MEDICATION	ALTERNATIVE OPTIONS
Yeast Infection	<ul style="list-style-type: none"> • Monistat (miconazole) • Gyne-Lotrimin (clotrimazole) 	<ul style="list-style-type: none"> • Avoid irritating soaps/lotions • Shower daily, avoiding submerging baths • Decrease simple sugar intake • Wear cotton underwear • Eat live culture yogurt
Insomnia	<ul style="list-style-type: none"> • Benadryl • Unisom • Tylenol PM 	<ul style="list-style-type: none"> • Sleep during regular night hours • Avoid caffeine • Decrease fluids 2 hours prior to bedtime
Rashes	<ul style="list-style-type: none"> • Hydrocortisone cream • Calamine lotion • Benadryl cream or pills 	<ul style="list-style-type: none"> • Non-irritating soaps, lotions and detergents

IMPORTANT: Do not use aspirin, products containing aspirin, ibuprofen, or naproxen unless instructed by your healthcare provider.

RESOURCES

We want to make sure that you get started on the right foot. Below you will find a list of websites and resources that you may find helpful. If you do not have internet access, you can use the internet at your local library.

For general information regarding pregnancy and women's health, visit:

- American College of Obstetricians and Gynecologists (ACOG)
https://www.acog.org/womens-health?utm_source=vanity&utm_medium=web&utm_campaign=forpatients
- American College of Nurse-Midwives (ACNM)
<https://onlinelibrary.wiley.com/page/journal/15422011/homepage/share-with-women>

If you are a victim of domestic violence and need someone to talk to, please contact:

- The Domestic Violence Hotline | **1-800-799-SAFE** (multilingual)

For more information on the physical changes a new mom experiences, visit:

- <https://medlineplus.gov/postpartumcare.html>

For more information about pregnancy and postpartum nutrition, visit:

- United States Department of Agriculture
<https://www.myplate.gov/life-stages/pregnancy-and-breastfeeding>
- March of Dimes
<https://www.marchofdimes.org/pregnancy/weight-gain-during-pregnancy.aspx>

For more information about vaccines that are recommended during childhood, visit:

- Centers for Disease Control and Prevention
<https://www.cdc.gov/vaccines/schedules/easy-to-read/child-easyread.html>

For more information on breastfeeding, formula feeding, or questions on healthy baby habits, visit:

- American Academy of Pediatrics
<https://www.healthychildren.org/english/healthy-living/growing-healthy/pages/default.aspx>

For more information about perinatal mood and anxiety orders:

- Postpartum Support International
<https://www.postpartum.net/> or **1-800-944-4773**

For more information on sibling adjustment, please check out the following books:

- *Baby on the Way* (2001) by Sears, Sears, Watts, & Kelly.
- *The Berenstain Bears' New Baby* (1974) by Berenstain & Berenstain.
- *My Baby Brother* (1992) by Hains.
- *Mommy's Lap* (1993) by Horowitz & Sorensen.

For more information on contraception use and the different methods available, visit:

- Centers for Disease Control and Prevention
<https://www.cdc.gov/reproductivehealth/contraception/index.htm>

For more information on breastfeeding, please visit one of the following:

- La Leche League International: <https://www.llli.org/>
- Women, Infants and Children (WIC) Program, U.S. Department of Agriculture, Food and Nutrition Service: <https://wicbreastfeeding.fns.usda.gov/>
- Low Milk Supply: <https://www.lowmilksupply.org/>
- Stanford School of Medicine: <https://med.stanford.edu/newborns>
- Centers for Disease Control and Prevention: <https://www.cdc.gov/breastfeeding/>
- Breastfeeding positions: <https://www.acog.org/womens-health/infographics/breastfeeding-your-baby-breastfeeding-positions>
- Kelly Mom Breastfeeding Help: <https://kellymom.com>



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OKLAHOMA
State Department
of Health

Maternal & Child Health Service

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