



**Weill Cornell
Medicine**
Primary Care

Pregnancy Guide

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Dear Expecting Mom:

Congratulations on your pregnancy! We want to thank you for choosing Weill Cornell Medicine for your complete obstetrical care. This is an exciting time for you, and whether this is your first, second, or third (or more) pregnancy, this will be a brand new experience. There are many sources of information, and often it is difficult to discern which are accurate. We have selected a variety of materials that we feel will help you understand and deal with some of the issues that may come up during this important time in your life.

Throughout your pregnancy many questions and concerns will arise for both you and your partner. No question is too simple or too silly; please call us with questions and avoid googling symptoms. In addition to our pregnancy guide we also suggest additional literature such as *What to Expect When You're Expecting*, which takes a practical approach at guiding you through the pregnancy week by week. Some helpful magazines include *Fit Pregnancy*, *American Baby*, *Lamaze* and *Healthy Pregnancy*, which is co-published by the American College of Obstetrics and Gynecology. You can also log onto the Weill Cornell Medicine website where we have a library of valuable information regarding Pregnancy and Childbirth www.cornellobgyn.org

We have multiple locations throughout New York. We are also in a coverage group with Attending Obstetricians from another Weill Cornell Medicine practice*. Our group shares coverage of labor and delivery on weekdays, weeknights, weekends and holidays. This assures that you will never have your office appointment cancelled at the last minute because your physician has been called to labor and delivery for another patient. It also means that questions, issues or concerns that arise in your pregnancy will be addressed by one of the physicians promptly. All of the physicians in our group have similar training, backgrounds and practice philosophies. We are all board certified physicians.

In case of an emergency, regardless of the day or time, you are to dial your personal physician's office number, in order to reach the physician on call. Never hesitate to call. The physician on call should get back to you within 20 minutes. If you do not receive a call back within this time, please call again, as the on call physician may be in a delivery. If you do not receive a call within a reasonable amount of time and you feel that you may need immediate medical attention, please come directly to the hospital, labor and delivery unit. The hospital is located at 525 East 68th Street (and York Avenue). Labor and Delivery is in the Greenberg Pavilion on the 7th Floor, West Wing (7 West). To get to labor and delivery enter at the main entrance on 68th street, turn right at the information desk and follow sign to the G elevators.

We look forward to working with you throughout the journey of pregnancy and beyond!

Sincerely,

Your Obstetrical Team

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Weill Cornell Medicine-Primary Care, compiled by Natalia Duffy-Kornbluth, RN

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First Trimester

Your first Trimester is defined as the first 12 weeks of pregnancy. The pregnancy starts with the first day of your last menstrual period. During your first prenatal appointment we will draw an array of blood tests including blood type, immunity to some common diseases, genetic tests, thyroid, STD's and anemia. We will check your weight, blood pressure and urine at every visit. You will also be sent for your first official ultrasound for the Nuchal Translucency (discussed in detail under *Tests in Pregnancy*)

Changes in the mother's body

- Emotional changes such as moodiness and mild anxiety
- Fatigue
- Food Craving
- Nausea
- Tender Breasts
- Urinary Frequency

Morning Sickness/Nausea

Morning sickness is extremely common in the first trimester. Although it has been coined "morning sickness" it can occur at any time of the day. Though the symptoms of morning sickness are unpleasant the good news is that morning sickness generally lessens after 12-14 weeks. The following suggestions may help:

- Try to eat five to six small meals per day. Never go for long periods of time without food. Sometimes hunger and having an empty stomach can exacerbate nausea.
- Try dry toast, crackers and other bland foods. Avoid greasy, spicy foods or foods with strong odors.
- Drink small amounts of fluid frequently, especially if you are unable to keep solids down. It is very important to keep yourself well hydrated. Don't worry if water is all you can tolerate.
- Take Vitamin B6 (also called pyridoxine), 25 mg three times per day and try taking ½ a Unisom tablet for immediate relief
- Don't be alarmed if you don't gain weight or even if you lose a little weight during your first trimester
- If you feel that you are becoming dehydrated, feel dizzy, lightheaded, faint, or have little urine output please call us.

First Trimester Bleeding

A small amount of spotting may be seen in the first trimester due to changes in the uterus. It is common to notice a small amount of brown blood on toilet tissue when you wipe or even a scant amount on your underwear. If you have bleeding that is bright red, more than 2 tablespoons and accompanied by cramping you should call us promptly to review.

Sex during pregnancy

You can have intercourse throughout your entire pregnancy unless otherwise instructed. As the pregnancy progresses, you may need to try different positions such as side to side. If you notice any bleeding after intercourse or at any other time during the pregnancy, call us.

Fetal development during the first trimester

The fetus is most vulnerable during the first 12 weeks. During this period of time, all of the major organs and body systems are forming and can be damaged if the fetus is exposed to drugs, German measles, radiation, tobacco, and chemical and toxic substances. Throughout the first trimester all major body systems continue to develop and function, including the circulatory, nervous, digestive, and urinary systems. To track your baby's development through pregnancy visit www.babymed.com

Second Trimester

The second trimester encompasses weeks 13-24 of pregnancy. During the second trimester many changes will occur as the baby and your uterus grow. During the second trimester prenatal visits we will continue to check your weight, blood pressure and urine. We will check the fetal heart and your fundal height (which indicates appropriate fetal growth). You will also have your Sequential Screen Test, Glucose Challenge Screening and your Anatomy Ultrasound (discussed in detail under *Tests in Pregnancy*)

Even though early in the second trimester you may not yet look pregnant, your hormone levels are higher than they have ever been. Your body has already gone through many changes and will continue to change as the pregnancy progresses. You may experience a sense of breathlessness, bladder pressure causing frequent urination, constipation, pelvic discomfort and back pain. There are all normal symptoms in pregnancy. Refer to *Common Discomforts of Pregnancy* for some helpful comfort measures to these common pregnancy complaints.

Changes in the mother's body

- Dizziness, especially when moving from sitting to standing position
- Growing abdomen and possible dry itchy abdomen
- Shortness of breath
- Skin changes such as darkening of moles, freckles and melasma (mask of pregnancy)
- Sore gums
- Stretch marks
- Stuffy nose and congestion

Third Trimester

The third trimester is defined as 24 weeks until delivery. By now you probably look and feel pregnant. The frequency of office visits increases; during the last month of pregnancy from 36 weeks on, you will be seen once a week and have an internal exam to evaluate cervical dilation. During the third trimester we continue to check your weight, blood pressure and urine as well as the fetal heart and your fundal height. At 35-37 weeks you will be checked for GBS (see *tests in pregnancy* for details) and around 37 weeks a pelvic examination may be performed to determine the dilation and effacement of the cervix. **It is normal to experience spotting or a small amount of bleeding after an internal exam.**

If you are seeing one of our Internal Medicine Physicians as well, please make sure that any medical problem or symptom you are having during your third trimester or immediately postpartum is screened by one of our OB Triage Nurses before you schedule an appointment with your internist. They will help you decide whether it is best for you to see your internist or your obstetrician.

Changes in the mother's body

In addition to the continued common changes and complaints of the second trimester you may also notice the following changes

- Back pain
- Braxton Hicks
- Pelvic Pressure
- Swelling

Maternity Leave

In general it is safe for you to work throughout your pregnancy unless you have a specific health problem identified by your physician. At work you should avoid environmental hazards such as chemicals, radiation, toxins, lead etc. Avoid heavy lifting or activities that require a great deal of balance. FMLA (family and medical leave act) guarantees that all eligible employees are allowed up to 12 weeks of unpaid leave for reasons such as pregnancy and childbirth.

Fetal Movement

At 24 weeks of pregnancy you will experience some kind of irregular fetal movements each day. You should expect fairly predictable fetal movements after 28 weeks of pregnancy. You should become familiar with your baby's movements. If you notice a decrease in fetal movements you should try to perform a fetal kick count. Lie on your left side, you should feel 10 movements (squirms, rolls, kicks, jabs and hiccups all count) within two hours; most babies achieve this within 15 minutes. You can stop counting once you get to 10. If you do not feel the 10 movements within two hours drink a sweet beverage like orange juice and try kick counts again. If you still do not feel sufficient movements please call us promptly to review.

Common Discomforts of Pregnancy

Allergies

For seasonal allergies the safest medications to use in pregnancy are Claritin (loratadine), Nasalcrom, Benadryl allergy and Zyrtec. ***Do not use products that contain pseudoephedrine; they will have D on the package.***

Cold Virus

For symptoms of a cold virus try using plain Robitussin or Mucinex (guaifenesin), Tylenol, throat lozenges, Vicks vapor rub, Nasalcrom and saline nasal spray to alleviate symptoms. ***Do not use cold products that contain dextromethorphan; they will have DM on the package.*** Remember to rest and drink plenty of water. If you experience a fever above 101F that does not reduce with Tylenol than you should call us promptly.

Constipation

Constipation can occur quite early in pregnancy. It is due to the high progesterone level (which slows your bowels), and the iron present in prenatal vitamins. To battle constipation you should drink plenty of water; you may also try eating more fruits and vegetables as well as drinking a glass of prune juice daily. After you are 8 weeks pregnant you may take one to three Colace (docusate sodium) pills per day. You can also take one to three servings of Metamucil daily or try eating fortified cereal such as Fiber One. If symptoms are not alleviated with discussed comfort measures please call us to review.

Back Pain

Back pain is a common complaint especially in the third trimester. It is caused by the extra weight you are carrying, a shift in your center of gravity, hormones that cause loosening of your ligaments, and fatigue. To help alleviate back pain try some gentle daily stretching exercises, wear supportive shoes, rest, wear a pregnancy support belt such as the *Prenatal Cradle* and treat yourself to a prenatal massage (Medical Massage Group 212 472 4772). Please call if you have moderate to severe back pain that is not alleviated with the comfort measures discussed. If you experience sudden or severe back pain that comes and goes accompanied by menstrual type cramping then you should call us promptly to review.

Braxton Hicks

Braxton Hicks, also known as practice contractions, can begin as early as the second trimester and are commonly experienced through the third trimester. During a Braxton Hicks contraction the muscles of the uterus contract for a few seconds to a few minutes and then relax. Braxton Hicks are sporadic, uncomfortable abdominal discomfort/tightness that usually occurs during activity. To calm Braxton Hicks contractions try drinking 12oz of water and relaxing on your left side for a few minutes. If the discomfort is not alleviated with rest and hydration then you should call us.

Fatigue

Fatigue is most common in the first trimester and the third trimester. It is usually caused by hormonal changes, blood pressure and decrease in blood sugar. It's hard work growing a baby and you will need to make sure that you are getting adequate sleep. Try taking a short nap during the day and be sure to include a small amount of exercise and eat and drink well to boost energy levels.

Heartburn

Heartburn is a result of the high progesterone level in pregnancy, which causes slowing of the intestinal tract, and the growing size of the uterus, which causes compression of the stomach. If you do suffer from heartburn, avoid caffeine, citrus juices, tomatoes, garlic, onions and greasy foods. Eat smaller meals and avoid reclining immediately after eating. You can take Roloids or Tums for symptomatic relief. If symptoms persist you can take one to two Zantac tablets daily. If symptoms are not alleviated with discussed comfort measures please call us to review.

Hemorrhoids

Increased abdominal pressure and constipation are the usual cause of hemorrhoids in pregnant women. You can apply Tucks pads or Preparation H twice daily directly to the hemorrhoid. Additionally, please review treatment for constipation. If symptoms are not alleviated with discussed comfort measures please call us to review.

Morning Sickness

For relief from morning sickness take a vitamin b6 supplement 25mg three times a day, drink a cup or two of mint or ginger tea, graze on dry crackers or nuts and dried berries, drink a bottle of Gatorade, drink at least 60oz of water throughout the day, and try taking ½ Unisom tablet for immediate relief. If you experience a rapid heart rate, feel dizzy, have a low urine output or faint please call us promptly to review.

Pruritic Urticarial Papules and Plaques of Pregnancy (PUPPP)

Pruritic urticarial papules and plaques of pregnancy is characterized by itchy, red raised patches on the skin most commonly occurring on the abdomen, arms and legs. It is likely caused by a surge of hormones in pregnancy. PUPPP will resolve within 2 weeks of delivery. For treatment you can use oatmeal baths and topical application of Benadryl cream. It may also be helpful to cut your nails short to avoid scratching of the skin. If you do not find relief with these comfort measures then you should call us to review.

Round Ligament Pain

The round ligament is a ligament that supports the uterus and stretches during pregnancy. Most frequently experienced in the second and third trimester, round ligament pain is triggered by movement, walking, sitting and even laughing. Round ligament pain is described as a sudden sharp stabbing pain that usually occurs in the groin area but may extend all the way to the hip. Although uncomfortable, round ligament is a normal part of pregnancy. To calm round ligament pain try daily stretching exercises such as pelvic rocking. If you experience a sudden sharp pain that does not go away or is accompanied by bleeding or change in vaginal discharge then you should call us to review.

Stomach Illness

During pregnancy you are more susceptible to contracting foodborne illness. Symptoms include nausea, vomiting, diarrhea and stomach cramps. These illnesses rarely cross the placenta so our main concern when you contract a stomach virus or food poisoning is dehydration. To prevent dehydration, plan on drinking 60oz of fluids daily. If you are unable to drink water try sports drinks such Gatorade. Some women find it easier to eat ice chips or icy pops such as Pedialyte Freezer Pops. When you are ready, eat simple bland foods such as crackers, toast or soups. Symptoms generally resolve within 24-48 hours. Please call us if you experience symptoms longer than 48 hours, temperature over 101 or symptoms of dehydration such as rapid heart rate, dizziness, low urine output or fainting.

Swelling

A small amount of swelling is considered normal in pregnancy. Your expanding uterus tends to apply pressure to the veins that return blood to your hands, feet, and legs causing those areas to swell slightly. To alleviate symptoms drink plenty of water (60oz daily), limit your salt consumption, elevate your legs and rest frequently. If you experience sudden swelling in your hands and face, a headache that does not go away, shortness of breath and/or vision changes you should call us promptly to review.

Varicose Veins

Varicose veins are bulky bluish veins that usually appear on the legs during pregnancy. The veins bulge, compensating for the extra blood flow that is going to your baby. Varicose veins may make your legs feel achy and heavy especially towards the end of the day. To alleviate the discomfort try comfort measures such as daily exercise (brisk walk), elevate legs whenever possible, avoiding sitting or standing for a long period of time, avoid crossing your legs, use alternating warm and cool compresses, and sleep on your left side at night. If you experience unilateral leg swelling, pain and increased warmth or redness in the limb please call us promptly to review.

Tests During Pregnancy

There are a number of tests and screenings that you will have throughout your pregnancy.

Results

After you complete a test, normal test results will be reviewed with your physician at your following appointment. We will always call you to discuss abnormal or unusual tests results promptly. We also encourage you to sign up for **Weill Cornell Connect**; you can review your results, request appointments, request prescription refills, review your health history and more <https://mychart.med.cornell.edu/mychart/>

Anatomy Ultrasound

Performed between 19 weeks and 22 weeks, the anatomy scan assesses the development of major organs, limbs, and fetal structures and the location of the placenta. As long as your fetus cooperates your ultrasound technician should also be able to tell you the sex of the baby (as long as you want to know). Your anatomy scan will be performed at the antepartum testing unit in the hospital. Your physician will provide a referral for your anatomy ultrasound.

CVS and Amniocentesis

CVS and Amniocentesis are both optional testing during your pregnancy. You will discuss with your physician the risks, benefits, and whether or not you are at greater risk for having a child with a genetic abnormality. An amniocentesis may also be recommended if results from the nuchal translucency or sequential screen show elevated risk for Downs syndrome, trisomy 18 and 13.

CVS is usually performed between 10 and 13 weeks of pregnancy. Amniocentesis is usually performed between 15 and 20 weeks of pregnancy. Because these test look directly at the baby's genes they are nearly 100% accurate.

Your physician will provide a referral for genetic counseling. Genetic counseling is mandatory before a CVS or amniocentesis. At this time the genetic counselor will discuss in detail the testing and assist you in scheduling the procedure.

Group B Strep

Group B strep is a type of bacteria that can be found in a pregnant woman's vagina or rectum. GBS is not an STD and usually does not have symptoms; it is found in perfectly healthy individuals. As GBS is transmittable to a baby during a vaginal delivery pregnant women with positive GBS are given IV antibiotics to prevent transmission to the newborn.

Genetic Screening

All patients are screened for the most common genetic disorders: Cystic Fibrosis, SMA and Fragile X. Additionally, certain ethnic groups are at risk for various genetic disorders. Carrier screening in the form of a simple blood draw is available for many common inherited diseases providing you with useful information regarding your risk of having an affected pregnancy. At your first appointment you will discuss with your physician and the recommended testing can be drawn in our office.

Glucose Challenge Screening

Between 24-28 weeks of pregnancy all women are screened for gestational diabetes. No preparation is required for the 1 hour glucose challenge screening. Eat a normal diet leading up to your appointment. You will be given a bottle of glucola to take home with you at your appointment before the test. Drink the glucola 1 hour before your appointment. Drink the entire bottle within 5 minutes. Your blood should be drawn exactly 1 hour after you complete the beverage. Do not eat or drink anything in-between drinking the glucola and having your blood drawn. If your results are higher than 130 then a second test known as the 3 hour glucose tolerance test may be performed to provide a definitive diagnosis of gestational diabetes.

Nuchal Translucency

The Nuchal Translucency, also known as the first trimester screen, reliably assesses a mother's risk for having a baby with Down syndrome, trisomy 18 and 13. It is performed between 11 weeks, 4 days and 13 weeks, 6 days gestation. The test is composed of both maternal blood sample and ultrasound to gather the risk assessment. The ultrasound looks specifically at the measurement of the skin on the back of the baby's neck. This test is not definitive and may result in some false positive results. A false positive means that the test shows that your baby is at increased risk for Downs syndrome, but actually your baby is normal. Your nuchal translucency will be performed at the antepartum testing unit in the hospital. Your physician will provide a referral for your Nuchal Translucency

Rh Factor

Rh factor is tested during the early weeks of pregnancy. A mother and fetus may have incompatible blood types; the most common is Rh incompatibility. Rh incompatibility occurs when the mother's blood is Rh-negative and the father's blood is Rh-positive and the fetus' blood is Rh-positive. The mother may produce antibodies against the Rh-positive fetus which may lead to anemia in the fetus. To prevent the mother from making antibodies that may attack the baby we give all Rh negative mothers Rhogam. Rhogam is given around 28 weeks of pregnancy and after the birth of the baby (if the baby is Rh positive). Rhogam is also given during invasive procedures such as CVS or amniocentesis or after a traumatic event such as bleeding or a motor vehicle accident.

Sequential Screen, Quad Screen, AFP Test

The sequential screen, also known as the second trimester screen, is a blood test that is drawn at your regular obstetrical appointment between 15 weeks and 21 weeks, 6 days gestation. The maternal blood sample analyzes biophysical markers that assess a mother's risk for having a baby with Downs syndrome, trisomy 18 and 13 as well as open neural tube defects such as spina bifida. Just like the Nuchal Translucency this has a small chance of a false positive result.

Weight, Blood Pressure, Fundal Height and Urine

During every obstetrical appointment throughout your pregnancy we check your weight. We also will check your blood pressure to make sure you are not developing preeclampsia. Your abdomen will be measured to assure adequate growth of the baby and the fetal heart will be listened to with a Doppler or ultrasound. Your urine is also checked for glucose and albumin (a protein) which may also indicate preeclampsia or toxemia.

Nutrition During Pregnancy

What you eat during pregnancy is very important. A pregnant woman usually needs an additional 300 extra calories a day to maintain a healthy pregnancy. These calories should come from a balanced diet of fruits, vegetables, legumes, lean meats, whole grains, with sweets and fats kept to a minimum. Avoid eating processed foods, packaged snacks and sugar loaded deserts.

During pregnancy it is important to eat and drink plenty of dairy products in order to get an adequate amount of calcium in your diet. A healthy, well balanced diet during pregnancy can also help to minimize some pregnancy symptoms such as nausea and constipation.

Weight gain is a positive sign of a healthy pregnancy. If you begin pregnancy at a desirable weight you should aim to put on between 25 to 35 pounds gradually throughout your pregnancy. If you begin pregnancy underweight, overweight, or are carrying more than one child your physician will discuss with you the amount of weigh you should gain. Do not plan on dieting during pregnancy; dieting is potentially hazardous to you and your developing baby.

Prenatal Vitamin

You should take a prenatal vitamin each day; prenatal vitamins are available over the counter and do not require a prescription. You can take any prenatal vitamin however we advise that you take a prenatal vitamin that contains at least 800 micrograms of folic acid and DHA. Keep your vitamin intake to the recommended level. Large amounts of certain vitamins can be harmful. For additional information regarding key components of a healthy diet while pregnant and breastfeeding visit www.choosemyplate.gov/pregnancy-breastfeeding.html

Fluids

Fluid intake is an important part of a healthy pregnancy. Women can take enough fluids by drinking approximately eight 8oz glasses of water throughout the day. Additional water should be consumed in hot weather and during exercise. Caffeine, 200mg or less is okay; about 1 cup of coffee or two cups of tea. You should avoid large quantities of caffeine as it can make you jittery, worsen nausea, and decrease the absorption of vitamins and iron. Avoid large quantities of fruit juices, as these have large amounts of calories with very little nutritional value. NutraSweet in moderation is okay but do not use saccharin.

Folic Acid

Folic acid, also called folate, is one of the B vitamins also known as B9. Folate rich foods include some green leafy vegetables, most berries, nuts, beans, citrus fruits, and fortified breakfast cereals. Folic acid is essential for proper brain development during the first 8 weeks of pregnancy and can help reduce the risk for birth defects of the brain and spinal cord (neural tube defects). The most common neural tube defect is spina bifida. The Centers for Disease Control report that women who take the recommended daily dosage of folic acid reduce their baby's risk of some types of birth defects by 50 percent. To ensure you are consuming enough folic acid take your prenatal vitamin daily and eat a diet high in folate.

Iron

The iron in red blood cells helps carry oxygen to your organs, tissues, and placenta. During pregnancy your blood volume doubles as does your need for iron. The recommended daily amount of iron for pregnant women is 28mg which is found in a healthy diet and supplemented in most prenatal vitamins. You do not need to take an extra iron supplement unless instructed to do so by your physician and we will test you during the pregnancy to see if you have developed anemia.

Food Safety

Foodborne illness (food poisoning) comes from the food you eat and is usually caused by bacteria, virus, or parasites that contaminate the food. ***The key to prevention of foodborne illness is to clean, separate cook and chill.*** Clean your hands and surfaces often; rinse fresh fruits and vegetables well. Prevent cross contamination by separating foods. Always separate raw meat, fish, poultry and eggs from other foods in your kitchen. Never place cooked foods on the same surface that previously held raw meat. Cook foods thoroughly. Internal temperature of foods should be as follows: 145°F for beef, pork, veal roasts and chops, 145°F for fish, 160°F for ground beef, pork and lamb, 160°F for egg dishes (cook eggs until yolks and whites are firm), 165°F for turkey, chicken, and duck. Chill uneaten food promptly. When ordering food out, ask whether the foods contain uncooked ingredients, ask how the foods have been cooked and refrigerate “doggy bags” as soon as possible. For additional information regarding food safety and consumer alerts visit

<http://www.fda.gov/Food/FoodborneIllnessContaminants/PeopleAtRisk/default.htm> or www.foodsafety.gov

Methylmercury; Safe Fish

Mercury occurs naturally in the environment. Mercury falls from the air and turns into methylmercury in the water. It is this type of mercury that is harmful to your unborn baby and your child. Nearly all fish and shellfish contain traces of methylmercury. However, larger fish that have lived longer have the highest levels of methylmercury because they have had more time to accumulate it. You can eat up to 12oz (2 average meals) a week of fish lower in methylmercury; some fish lower in methylmercury include:

- Shrimp
- Canned light tuna (once a week)
- Pollock
- Farm-raised Catfish
- Farm-raised Trout
- Fish sticks
- Flounder
- Haddock
- Mid-Atlantic Blue Crab
- Wild Pacific Salmon

Do not eat the following fish while pregnant and nursing:

- Shark
- Swordfish
- King Mackerel
- Marlin
- Pike
- Tilefish
- Sea Bass
- Tuna Steaks
- Halibut
- Gulf Coast Oysters
- Walleye
- White Croaker

For the most up to date information regarding the levels of methylmercury in the various types of fish you eat, see the EPA website at www.epa.gov .

Listeria

Listeria is a harmful bacterium that can be found in refrigerated, ready to eat foods (deli meats, poultry, seafood, and unpasteurized milk and cheese). Pregnant women are more likely to get listeria than other healthy adults. Symptoms of listeria can develop from a few days to weeks after eating contaminated food. Symptoms include fever, chills, muscle aches, diarrhea or upset stomach, headache, stiff neck, confusion, and loss of balance. Tell your physician right away if you experience any of these symptoms. Do not eat the following foods which may become easily contaminated with listeria:

- Hot dogs and luncheon meats (unless is reheated until steaming hot in the oven- the microwave does not destroy listeria)
- Mexican-style soft cheeses, such as queso blanco and queso fresco
- Soft Cheese, such as feta, brie, camembert; blue-veined cheeses, such as Roquefort unless made with pasteurized milk
- Refrigerated pâtés or meat spreads
- Refrigerated smoked seafood (unless is cooked until steaming hot)
- Any unpasteurized milk or milk product

Beauty Products in Pregnancy

For the most part you can continue your normal beauty regimen throughout pregnancy with few restrictions. It's okay to have an occasional hair treatment in pregnancy starting in the second trimester. You can also enjoy weekly manicures and pedicures though out pregnancy. We advise against the use of polish that contains **Formaldehyde, Toluene, DBP and phthalates/parabens**, we also advise against the use of **gel manicures, acrylic nails and UV manicures**. Currently there is no evidence that weekly manicures result in abnormal fetal development, miscarriages and other harm to reproductive health. If you are anxious regarding the safety of coloring your hair or use of polish during your pregnancy then you should delay these treatments until after pregnancy.

Worsening of acne is common in pregnancy. Wash your face with a gentle skin cleanser twice daily (such as Cetaphil). You should not use products that contain **salicylic acid or retinol**. Make sure you are drinking 60oz of water daily, don't pick at your skin and keep your hair away from your face. Waxing is safe in pregnancy but can sometimes cause more pain due to increased sensitivity of skin during pregnancy. For itchy dry skin use products containing oatmeal; some of our favorite products include Aveeno oatmeal bath and Eucerin shower oil. If you experience worsening of acne, itchy skin or rashes that do not improve with these suggested treatments then you should call us for a referral to dermatology.

Exercise During Pregnancy

Exercise is good for you especially during pregnancy. Do not begin any new vigorous exercise programs during pregnancy. Swimming, prenatal yoga, light, low impact aerobics and walking are acceptable forms of exercise in pregnancy. Keep yourself well hydrated. Avoid exercises that test your balance after the 4th month and avoid exercises that require you to lie flat on your back after your 5th month. As a general rule you should not take part in contact sports, hang gliding, scuba diving, skiing, surfboarding, rollerblading, mountain biking etc. at any time during your pregnancy. For cardiovascular exercise, if you can carry on a conversation while exercising then you can assume that the placenta is getting enough oxygen. If you are unsure about your exercise habits ask your physician.

Travel During Pregnancy

Provided that your pregnancy has been uncomplicated and your physician has not placed any restrictions on your activity, it is okay to fly. During pregnancy you are at increased risk for dehydration and getting blood clots in your legs. If you drink water frequently throughout travel then you will also need to use the restroom frequently and stretch your legs. Make sure you know where the nearest hospital is located at your destination in case of an emergency. If you are traveling to a tropical or warm location make sure to stay well hydrated and stay out of the sun; always keep a bottle of water with you. If you are traveling after 24 weeks, make sure that you are going to a place that has a level II nursery in the hospital. If you are traveling to an area where you will need certain immunizations, antibiotics or malaria medications you should discuss with your Physician and arrange to see a travel specialist physician. Before you leave on your trip be sure to check the CDC website for travel advisories.

- 4-28 weeks: unrestricted traveling and flying
- 28-32 weeks: Restrict flying to the continental USA and well equipped resorts in the Caribbean
- 32-36 weeks: please call to discuss your travel with your provider
- 36 weeks and beyond: no long car rides; do not travel further than 2 hours from the hospital

Medications During Pregnancy

Very few medications are actually approved for use during pregnancy; however many are used and are safe. In general if you do not need to take a medication then don't. If you are unsure you should always verify the safety of a medication in pregnancy with a physician. ***Do Not Take: Motrin, Ibuprofen, NSAIDS, Aspirin, Ciprofloxacin, any Quinolones, Oral Hypoglycemics or Tetracyclines***

The following medications can be used:

- Benadryl Allergy
- Cepacol
- Claritin (no Claritin D)
- Cloraseptic
- Colace
- Menthol Lozenges
- Mylanta
- Pepcid
- Preparation H
- Robitussin (no Robitussin DM)
- Roloids
- Saline Nasal Spray
- Tums
- Tylenol
- Valtrex
- Zantac

Additional information regarding safety of medication in pregnancy can be found at www.safefetus.com.

Labor and Delivery

Your baby will be delivered at The New York Presbyterian Hospital-Weill Cornell Medical Center by the Attending Obstetrician who is on-call that night for our coverage group. Our L&D coverage group includes Dr. Melissa Waterstone, Dr. Jacquelyn McConville, Dr. Erica Weinstein, Dr. Allison Boester, Dr. Wenhui Jin, and Dr. Jamie Kramer. You will be giving birth in a private labor room. You will labor and deliver your baby in the same comfortable setting. Your labor coach can stay with you at all times. In general mothers are encouraged to keep the number of people assisting them with labor at two or fewer. There are private as well as semi-private postpartum rooms. Most insurance companies will only pay for a semi-private room. Private rooms are available upon request. Your baby can "room in" with you in any postpartum room. For a Virtual Tour visit www.cornellobgyn.org

To prepare for childbirth we recommend taking a childbirth education class. Please contact the below for information regarding childbirth education, Baby CPR, lactation information and more.

Fern Drillings www.ferndrillings.com 212-744-6649
Childbirth Education at our East Side office; Infant CPR at our East and West Side offices

Carolyn Migliore 212-772-3893
Childbirth Education at our West Side office

Stork and Cradle www.storkandcradle.com 646-334-3830

Labor usually begins with mild nonspecific menstrual like cramping. Sometimes these early contractions can continue for a few days. When you enter the first phase of labor, these cramps will progressively become stronger and last longer. You may notice increased mucus discharge with some blood in it. This is normal and called *bloody show*.

Active Labor

Our goal is to have you come to the hospital when you are in the active phase of labor- **when your contractions are strong, painful, lasting 60 seconds long and are coming every 5 minutes**. If you experience a decrease in fetal movements, heavy bleeding, or have broken your waters you should call us. When you are admitted to Labor and Delivery we will begin to monitor fetal heart and your contractions with external monitors, we will also start an IV line and draw routine bloodwork. The IV will keep you well hydrated, you will also be permitted to take small amounts of clear liquids such as water, Gatorade and apple juice. You may also bring ice pops, hard sucking candy and mints with you to enjoy during the labor process.

Pain management

Whether or not you get an epidural is entirely up to you. Approximately 95% of our patients have an epidural in labor. Our anesthesiologists specialize in Obstetrical anesthesia, they will keep you comfortable and calm during the quick procedure. You will receive your epidural promptly on request.

Cesarean Delivery

Whether you have an elective, scheduled, or emergency c-section the attending physician will discuss with you, support you and perform the procedure to provide you with a positive birth experience.

Cord Blood

Cord blood is the blood that remains in the umbilical cord and placenta following birth of a baby. Cord blood can be donated or stored privately. After the baby is born, umbilical cord blood can be collected by a health care provider. The collection takes a few minutes and is safe. There is no discomfort associated with cord blood collection and neither the mother nor her baby is endangered by the collection. Cord blood can be donated for public use through a public cord blood bank. In this case the costs of collection, transport, donor screening and storage of the unit is covered by the bank. There are no costs to the donor. Cord blood can also be stored in private cord blood banks and reserved for future use by the infant or close family members. All costs for collection, transport, testing and storage of cord blood units placed in private cord blood banks are paid by the donor family. Health insurance does not cover the cost of private banking. The decision whether or not to store cord blood; publicly or private is your own decision. Furthermore, we do not have a preference to which private cord blood bank company to choose. For more information regarding cord blood banking in New York state please visit www.health.ny.gov

Hospital Bag

When the big day arrives you want to be well prepared. Remember to have your bag ready well in advance of your due date. Here are some basics you should pack.

- a comfortable but old pillow (it will get dirty)
- iPod, or music dock or radio
- camera (and charger)
- robe, PJ's and slippers (for when guests visit you)
- toiletries
- nursing bra
- loose going home outfit
- sanitary napkins
- snacks for dad during labor and for after the baby is born
- receiving blanket and 2 outfits and hat for the baby's discharge
- car seat properly installed (have your car seat installed or inspected at a local fire station before baby arrives)

Postpartum

The typical hospital stay after a vaginal delivery is 2 days and for cesarean delivery 3-4 days. You should contact our office after the delivery of your baby to schedule your 6-8 week postpartum appointment. For cesarean delivery you should also schedule an appointment 1-2 weeks after your surgery for an incision check. You should also call your insurance company within 48 hours of delivery to let them know you have delivered, this will avoid billing problems.

Perineal Care

Your perineum will take a few weeks to heal after a vaginal delivery. For comfort and care we encourage you to frequently use the peri bottle that will be given to you in the hospital. Also use sitz baths and apply frozen Tucks pads to your perineum. Take ibuprofen or Tylenol and rest. Use preparation H for any hemorrhoids you may have. You will be very busy as a new mother but it is important to rest and allow your body to heal.

C-Section

The typical hospital stay after a cesarean delivery is 3-4 days. You will receive pain medication which you should take to stay comfortable, especially as anesthesia wears off and for the first few days as the incision begins to heal. Once home, shower as usual and pat the incision dry with a clean towel; do not pick or scratch. Wear comfortable loose clothing that does not rub. Placing a light dressing over the incision will help minimize irritation. Shortly after your surgery you will be encouraged to walk. Avoid heavy lifting or other activity that could put a strain on your healing. C-sections are major abdominal surgery; you should rest frequently, ask for help and give your body time to heal. If you notice oozing from your incision, bleeding, swelling, opening of the incision, an odor or experience a fever you should call us promptly to review.

Lochia

You may continue to bleed for 6 weeks and occasional spotting up to 10 weeks postpartum. You will likely notice heavier bleeding upon waking in the morning, after strenuous activity, or a nursing session. Please call the office immediately if you have lochia that has a foul odor, if you come down with a fever, chills or are soaking 2 pads in 1 hour.

Kegel Exercise

Kegel exercise will strengthen your pelvic floor muscles after pregnancy. Frequent Kegel exercise will help prevent urinary stress incontinence as well as improve the muscle tone of your vagina. The technique for Kegel exercise is fairly easy; contract your pelvic muscles for three seconds and then relax for three seconds, continue this for about 1 minute. You use the same muscles you would to stop a stream of urine. To get into a good habit try doing Kegel exercises during the first minute of every breastfeeding session.

Postpartum Blues and Depression

Within a few days of delivery many mothers experience mild anxiety, sadness, irritability, tearfulness, headaches, and exhaustion. These symptoms are usually self-limiting but if these symptoms last longer than 2 weeks you may have developed postpartum depression. Do not be embarrassed, postpartum depression is a treatable medical condition. Call us to review and get the support and treatment that you need. ***If you have thoughts of harming yourself or others, dial 911 immediately.*** For additional support with your adjustment to parenthood in a private or group setting, you may contact parenting specialist

Lynn Stoller, LMSW at (917) 763-2712 or listoller@aol.com

Swelling

Many women that did not experience much swelling throughout their pregnancy come home to experience a moderate amount of swelling. All of extra blood volume that you accumulated during your pregnancy and the additional IV fluids you received in labor will cause fluid shifts into your tissues. The swelling will resolve within 2-3 weeks postpartum. To alleviate symptoms drink plenty of water (60oz daily), limit your salt consumption, elevate your legs, and rest frequently. If you experience sudden swelling in her hands and face, a headache that does not go away, shortness of breath and/or vision changes you should call us promptly to review.

Breastfeeding

It's never too early to start thinking and learning about breastfeeding. We strongly encourage you to breastfeed your baby. The benefits are enormous. Buy books, take childbirth classes, research online at La Leche League (www.llli.org) and connect with lactation consultants. We suggest such books as *New Mother's Guide to Breastfeeding* written by the American Academy of Pediatrics. Learn as much as you can about breastfeeding in advance so that you will be able to breastfeed your child when the time comes. Your body has been preparing naturally to breastfeed throughout your pregnancy. During pregnancy, you do not have to care for your nipples or breasts in any special way. Try to have your baby feed at your breast within the first few minutes after birth. Your baby nursing at your breast will trigger your body to start making more milk. Breastfeeding sessions will vary however you can expect the baby to feed for approximately 15 minutes on each side. In the first few weeks after birth your baby will need to feed 8-12 times or approximately every two hours and should not go longer than 4 hours. At first you may experience some menstrual type cramping during breastfeeding sessions, this is caused by the hormones contracting your uterus to its pre-pregnancy size. You can take ibuprofen or Tylenol for pain. As the weeks progress, your baby will become more efficient at nursing so the length and frequency of nursing sessions will vary. Breastfeeding can be quite challenging, don't give up. Take advantage of the nursing staff and lactation consultants at the hospital. If you are home and struggling with breastfeeding contact a lactation consultant immediately for help; many will come to your home the same day. Lactation consultants are very supportive and will help you establish a happy and successful breastfeeding relationship. **For a complete list of lactation consultants, breastfeeding groups, and more visit www.nylca.org. International Lactation Consultant Association (ILCA) – to find a board-certified lactation consultant near your home: 919-861-5577.**

Engorgement

A little engorgement is normal as your milk supply adjusts to the demands of your baby. Engorgement occurs when the breasts become too full with milk. For relief apply warm compresses or try having a warm shower before breastfeeding, vary nursing positions, gently massage the breasts from under the arm towards the nipple. A cool compress applied to the breasts for a few minutes after breastfeeding will also make you more comfortable.

Plugged Ducts

Plugged ducts frequently occur while breastfeeding. A plugged duct feels like a hard, painful lump in the breast that is more painful before feeding and with letdown. To clear a plugged duct you need to nurse frequently, vary positions, you should massage the area from the armpit towards the nipple and apply warm compresses. You should call us if these suggestions do not work or if you develop flu like symptoms.

Mastitis

Mastitis is a bacterial infection of the breast. Symptoms generally begin with unilateral breast pain, redness, fever and flu like symptoms. If you develop these symptoms you should call us promptly to review.

Cracked/Bleeding Nipples

If your nipples become cracked or bleed it is likely that you have a latch problem. Please call the office for treatment and contact a lactation consultant as soon as possible to correct the latch.

Choosing a Pediatrician

Choosing a pediatrician is an important decision. You should research and choose your pediatrician ahead of time. For the best continuity of care, you may wish to choose a pediatrician at one of our Weill Cornell Medical Associates locations. Our pediatricians are members of the faculty of Weill Cornell Medical College and New York Presbyterian Hospital, whose resources permit us to offer the most advanced diagnostic and treatment options for your child. Our goals are to:

- Help you to promote your child's health -- physically, mentally, and emotionally
- Identify risks to your child's health and well-being and help minimize those risks
- Help you to avoid identified risks

We have a special interest in promoting and advising women on breastfeeding. We also believe that vaccination is the single most important opportunity to prevent serious illness in your child. We follow the vaccination schedule determined by the US Centers for Disease Control and Prevention. The Hepatitis B vaccine may be given at birth. Subsequently, routine vaccines start at the 2-month well visit. While at the hospital, your baby will be examined by the covering Hospitalist and cleared for discharge. Once cleared for discharge, you can call to schedule an appointment for your baby to be seen at the office, usually 2-3 days after discharge unless you are advised to come in sooner. Please be sure to call your insurance carrier right away to inform them of the birth of your baby in order to avoid any lapse in coverage.

Our Pediatricians-

215 East 85th Street: Gargi Gandhi, MD; Eric Ogden-Wolgemuth, MD; Audrey Olivera Schwabe, MD; Chloe Rowe, MD; Monica Pozzuoli, MD; Cory Kercher, MD. *For appointments call (646) 962-7300.*

12 West 72nd Street: May Chu, MD; Carolyn Hildebeitel, MD; Eric Rosenberg, MD; Marie Sanford, MD; Mia Svensson, MD. *For appointments call (646) 962-7800.*

2315 Broadway (at 84th Street): Asaf Cohen, MD; Benjamin Ledewitz, MD; Jane Rosini, MD; Marie Sanford, MD. *For appointments call (646) 962-2110.*

40 Worth Street: Michael Defeo, MD; Corey Wasserman, MD; Nicole Sandover, MD. *For appointments call (646) 962-3400.*

Contacting Us

Hopefully the information found in this booklet will help you get on your way to learning all you will need to know for a happy and healthy pregnancy. You should keep it in a safe place and refer to it throughout your pregnancy and beyond. If you are uncertain, unsure or even scared please call us with questions or concerns. During office hours you should call the office and leave a message for the nurse or your physician; the nurse or physician will call you back within a few minutes to 24 hours later depending on the severity of your call. In the evening and on weekends you can contact the on-call physician for emergencies by calling the office and speaking with the answering service operator. The operator from the answering service will contact the on-call physician and the physician should get back to you within 20 minutes. If you do not receive a call back within this time, please call again, as the on call physician may be in a delivery. If you do not receive a call within a reasonable amount of time and you feel that you may need immediate medical attention, please come directly to the hospital. If you are 20 weeks or more you should head to the labor and delivery unit. If you are less than 20 weeks you will need to be seen in the emergency room. The hospital is located at 525 East 68th Street (and York Avenue).

East Side 646 962 7300
West Side 646 962 7800