



Our Nurses

Care about you and your baby

CONGRATULATIONS ON YOUR PREGNANCY!

Welcome to our Obstetrics Practice at Brigham and Women's Hospital. Our goal is to work with you to make this a meaningful experience for you and your family.

We are a team of nurses, doctors, nurse practitioners, physician assistants, medical assistants, practice assistants, genetic counselors, nutritionists, and social workers.

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WELCOME TO OUR BRIGHAM AND WOMEN'S AMBULATORY OBGYN PRACTICES

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OUR NURSES CARE ABOUT YOU AND YOUR BABY

Congratulations on your pregnancy. Our team of nurses works closely with your OB provider to ensure that you have a healthy and safe pregnancy. We are committed to helping you access the best information and resources and want you to contact us with any concerns.

How do I reach my nurse?

- Phone:** Leave us a detailed message on our confidential dedicated nursing line. Messages are checked throughout the day. Please speak slowly and leave us identifying information such as the spelling of your full name and date of birth, medical record number or social security number. Once you have left a message, keep your phone with you. Usually you can expect your call to be returned in one to two hours. Please set your voicemail with information that identifies you so that we may leave you a message.
- Gateway:** Patient Gateway is a great way to contact us. The connection is secure and it links us directly into your medical record. Gateway messages sent to your doctor come to the nursing staff first and are usually answered directly by us. Please remember to use Patient Gateway for non urgent issues only. If you are having trouble with your account or password, you should go to their technical support link from their main page www.PatientGateway.org.

What if I have an urgent question?

What is urgent? Heavy bleeding, leaking of fluid, labor symptoms, severe pain or decreased fetal movement after 28 weeks. For non urgent calls, please keep the Emergency line free and available to those who are having a true emergency. When the office is closed, you can reach an on call doctor by calling the hospital page operator at 617-732-6660 and ask them to page the doctor covering for your practice.

If the on call doctor advises you to come in after hours, go to the Obstetrical Admitting office, located in the main lobby of the hospital at 75 Francis Street

WHAT TO EXPECT AT YOUR VISITS

8 - 10 weeks	You can also expect to get set of routine prenatal labs which include blood type and antibody screen, HIV, Complete blood count, Hepatitis B, Syphilis, Rubella screening and urine culture. We may also recommend a pap smear or genetic screening if indicated.
11 - 14 weeks	Initial screening for Down Syndrome including an ultrasound and blood work will be offered.
12 - 28 weeks	Visits will be scheduled with a provider every four weeks in the second trimester. At each visit, the baby's heartbeat, your weight and blood pressure will be checked. Questions can be addressed at each visit.
17- 20 weeks	Fetal survey: a detailed ultrasound is performed to assess for any abnormalities.
24-26 weeks	We will screen for gestational diabetes and anemia.
28 weeks	If your blood is RH negative, a type and screen is re-drawn and you are given a Rhophylac injection.
28 - 35 weeks	Your appointment may be every two to three weeks. You will receive the TDAP vaccine during this time. Bring any completed disability paperwork needing MD signatures. Please fill out as much information as you are able.
35-40 weeks	Appointments will be weekly until the birth. A perineal culture will be done for Group B Strep.
Immunization	Flu vaccine is recommended for all pregnant women and is available in our office throughout flu season. TDAP vaccine is given in third trimester even if you have had it in the past. The boost in antibodies will help to protect your baby from whooping cough.
6 weeks postpartum visit	This should be scheduled with a provider before you leave the hospital. You will discuss Birth Control Methods. You will have a breast exam and may have a Pap Smear if indicated.

First Trimester

WEEKS 4-12

What is my baby doing now?

A healthy first trimester is crucial to the normal development of the fetus. The mother-to-be may not be showing much on the outside, but inside your body all the major body organs and systems of the fetus are forming. The most dramatic changes and development happen during the first trimester. During the first 8 weeks, a fetus is called an embryo. The embryo develops rapidly and by the end of the first trimester it becomes a fetus that is fully formed, weighing approximately 1/2 to one ounce and measuring, on average, three to four inches in length.

What are the optional blood tests offered to me?

You will be offered screening tests to determine your individual for risk for chromosomal abnormalities and to check if you are a carrier for certain inherited conditions. All genetic screening tests are optional and require your written consent.

What Tests will I Have?

- Ultrasound 11-13 weeks
- Genetic testing if chosen
- Blood work for Rubella immunity, HIV, Hepatitis, Syphilis
- Pap smear
- Urine culture

What Can I do to Stay Healthy?

- Make an appointment with your primary care doctor
- Eat a healthy diet
- Stop smoking, alcohol, chemical use
- Start a prenatal vitamin with DHA
- Stay hydrated

How will I get my test results?

Most results are viewable in Patient Gateway. Results requiring your attention will be communicated by a phone call from our nurses. All genetic screening results will be communicated to you by phone as soon as we receive them.

What other services are available?

During your pregnancy, we want to offer you care that encompasses both physical and emotional needs. Pregnancy can be an exciting time but it's also a time of change and stress. We have a team of social workers and psychiatry available as needed. We can also schedule you to see a nutritionists or genetic counselor.

Chromosome Screening

What is chromosome screening?

Chromosomes are made up of DNA and DNA in specific patterns called genes. One example is Down syndrome, which is due to an extra chromosome number 21. Chromosome conditions usually occur by chance and are not inherited. Chromosome *screening* tests give you an estimate of your risk but not a diagnosis. Not every woman chooses chromosome screening.

Why do we screen for chromosome abnormalities?

If there are abnormalities such as Down Syndrome, Edwards Syndrome, Trisomy 18 or 21, families can be informed we can arrange for additional diagnostic testing or specialized care for the baby.

What chromosome *screening* tests are available?

Depending on your risk factors and insurance coverage you may opt for one of the following screenings. You can discuss this with your provider

- **First Trimester Screening or “First Look”**: combines an early ultrasound with maternal blood studies in the first trimester.

- **Sequential Screening** – combines an early ultrasound with maternal blood studies in the first AND second trimester.

- **Cell-free DNA (cfDNA)** – detects pieces of the genetic code, or DNA, from the placenta in the mother’s blood after 10 weeks of pregnancy.

What chromosome diagnostic tests are available?

- **Chorionic villus sampling (CVS)** - a small piece of the placenta (chorionic villi) is removed and sent for testing.

- **Amniocentesis** - a small sample of the fluid around the baby (amniotic fluid) is removed and sent for testing.

What if my chromosome screening test is positive? None of the screening tests can tell for sure that a chromosome condition is present. If a screen is positive, a genetic counselor can review the results and discuss options for more testing.

What if my chromosome screening test is negative? A negative result lowers, but does not remove the chance to have a child with a chromosome condition.

Prior to testing, we suggest a short, but helpful video explaining genetic testing.

<https://www.counsyl.com/services/informed-pregnancy-screen/>

Genetic Carrier Testing

What is genetic carrier testing?

Genetic carrier testing identifies couples at risk for passing specific genetic conditions to their children. Genes are the instructions to make our bodies work. We have two copies of each gene in every cell of our body. Tay-Sachs and Cystic Fibrosis are two screenings you may have.

How are these conditions inherited?

Genes are the instructions to make our bodies work. We have two copies of each gene in every cell of our body.

What do the results mean?

A negative test result lowers, but does not eliminate, the chance of being a carrier and having a child with the genetic condition.

A person is a “carrier” of a recessive genetic condition when there is one working and one changed copy of the same gene. When each parent passes on the changed copy to their child, the child will have the genetic condition. Most carriers do not have symptoms of the genetic condition.

What if I am a carrier?

If you are a carrier for one of these genetic conditions, your doctor or healthcare provider will contact you to go over your results. Genetic counseling is available to discuss your test results, provide information about the condition and arrange carrier testing for your partner, if desired.

Which genetic conditions are commonly screened?

You and your doctor or healthcare provider will decide on the genetic carrier testing that is right for you. Testing is offered based on your race, personal and family history and desire for testing.

Who should be tested for other genetic disorders? People of African, Caribbean, Mediterranean Asian, Ashkenazi Jewish ancestry, French Canadian people should be tested for region specific genetic disorders. If you or someone in your families has a history of birth defects or intellectual disabilities or you and your partner are related by blood, you should be seen by a genetic counselor.

How much do these tests cost?

In many instances, the cost of genetic carrier testing is reimbursed by insurance. We suggest you confirm your individual www.counsyl.com/price.

Second Trimester

WEEKS 13-27

What is my baby doing now?

The second trimester is an important developmental time for your baby. The baby begins to suck their thumb and be more active. You may feel movement between 18-22 weeks. The brain will be growing quickly and the eyes begin to open and close.

What Tests will I have?

Fetal Survey- This 18 week ultrasound is a comprehensive look at the body of the baby including heart, stomach, kidneys, brain, bones and spine.

Glucose Test- One hour after drinking a sugary drink, we will test your glucose level to check for gestational diabetes. You do not have to eat differently or fast prior to this test.

CBC- Complete blood count to check for anemia

When should I call the Doctor?

Headache- Not relieved with Tylenol, rest and hydration

Visual changes

Chest pain

Contractions: regular and lasting more than an hour

Bleeding or leaking of fluid from your vagina

Abdominal Pain not relieved with repositioning or Tylenol.

What can I do to stay Healthy?

Kegel exercises: tone your pelvic muscles

Nutrition: Eat a balanced diet with good fluid and protein intake. Continue prenatal vitamins.

Hydration: Drink 10-12 glasses each day

Get your flu shot and wash your hands

Sign up for Prenatal Classes

Be prepared to breastfeed

What should I do about my:

Stretch Marks: It is common to have stretch marks on your abdomen and breasts. You can use cream although it is not usually helpful

Darkening Skin: It is common to have darker skin on your abdomen, nipples and cheeks in pregnancy.

Hemorrhoids: Avoid constipation, increase fluids, use witch hazel hemorrhoid pads and Preparation H.

Varicose Veins: Supportive stockings, avoid prolonged standing.

Leg Cramps: Increase fluids, stretching, avoid pointing toes.

Constipation: Increase fluids, fiber and exercise.

Sensitive or Bleeding Gums: Continue regular dental cleaning and tooth care.

Back Ache: Supportive shoes, avoid excessive sitting, baby band/maternity belt.

Increased Vaginal Secretions: are normal in pregnancy. Call if foul odor, itching, or discolored discharge.

Third Trimester

WEEKS 28-40

What is my baby doing now?

Third trimester marks the home stretch. The baby gains weight quickly. The baby may get hiccups when it practices breathing and swallowing. Between 33-36 weeks the lungs are maturing and becoming ready to function outside of the uterus. From 37-40 weeks the baby may gain ½ pound each week

How often will I have appointments?

You will see your provider every 1- 2 weeks in the last month. This schedule may change depending on you and the baby.

When Should I call the Doctor?

Decreased movement: after 28 weeks

Headache: Not relieved with Tylenol

Visual changes, chest pain, shortness of breath

Contractions; regular, increasing in strength & frequency.

Bleeding or leaking of vaginal fluid

Severe abdominal pain: unrelieved with repositioning or Tylenol

What Tests will I have?

GBS Swab-This is a culture of your perineum to test for Group B Strep at 35-36 weeks. Positive results are nothing to worry about. We will give you antibiotics when you arrive for delivery.

NST: Non Stress Tests monitor the fetal heart

BPP: Biophysical Profile is an ultrasound that looks at Breathing, Tone, Movement and Fluid of the baby

What are kick counts? Kick counts track your

baby's movements. Count all the kicks, movements, twists and turns. Even small movements count. If it takes longer than 2 hours to feel 10 kicks, you should call right away.

How do I enroll in childbirth and breastfeeding classes? Visit our website

www.brighamandwomens.org/baby and follow the link to childbirth education and to health events. Registration is available on line.

How will I know if I'm in labor? Labor gradually increases in intensity. Labor will likely present with regular strong contractions, at least every 10-15 minutes for more than one hour.

What should I do to stay healthy?

- Take childbirth classes
- Understand the benefits of breastfeeding
- Stay hydrated
- TDAP immunization- to pass on immunity against Pertussis to the baby.

Multiples: What makes my pregnancy Different?

What type of twins do I have?

Mono-Mono: Identical twins who share the same amniotic sac and placenta within their mother's uterus.

Mono-Di: Identical twins that each have their own sac but share a placenta and sometimes do not share it equally.

Di-Di/Fraternal: These are the most common type of twins and the lowest risk. Each has their own sac and placenta.

How often do I have to come?

Lower risk twins have monthly appointments, higher risk twins may need to be seen every two weeks starting at 14 weeks.

Do I have to have a C-Section?

No. Type of delivery depends upon the positions of the babies at the time of birth. Triplets and high order multiples are delivered by Cesarean Section.

Will I be delivered early?

Depending on your risk factors most twins are delivered at 38 weeks.

Am I at higher risk?

Multiple pregnancies increase a mother's risk of pre-eclampsia, preterm delivery, gestational diabetes and post partum depression but we will monitor you closely.

Can I Breastfeed Twins?

Yes! Breastfeeding twins may be challenging in the beginning due to early gestation and coordination however once you and the babies get into a routine it can become time saving.

What Tests will I Have?

- Ultrasound
- Genetic testing
- Diabetes screening
- Routine blood work

What Can I do to Stay Healthy?

- Increase protein intake to 100g/Day
- Calcium supplementation
- Meet with nutritionist
- Meet with social services
- Take your prenatal vitamin

What other resources are available in the area?

- The Mass. Mother of Twins Founding Chapter (MMOTA-Founding Chapter) (781) 989-3222; [info @ mmota-founding.org](mailto:info@mmota-founding.org); mmota-founding.org
- North Shore Mothers of Multiples, 978-646-9406. nsmom.org.
- The Seaside Mothers of Multiples <http://www.seasidemoms.org>
- South Shore Mothers of Multiples ssmom.membership@gmail.com
- The West Suburban Chapter of the Massachusetts Mothers of Twins wscmmota.org

Breastmilk, infant's optimal nutrition

At Brigham and Women's Hospital, we strive to be both baby and family friendly.

Baby Friendly® literature overwhelmingly indicates that breast milk is the optimal nutrition for infants. In addition, breastfeeding provides many other benefits for both mother and baby. We'll be talking to you more about this as your pregnancy progresses, but please don't hesitate to bring us your breastfeeding questions.

Are there breastfeeding resources available?

All of our nurses are experts in breastfeeding. We also have a team of lactation consultants that may visit you while you are in the hospital. When you get home Zipmilk.org and babycafeusa.org can be great resources for you.

Do I need a breast pump? We discourage use of the breast pump during the first 6 weeks as your baby is best at establishing milk supply. Hand expression is a more effective method to improve milk supply. Your health insurance will likely cover a breast pump. A medical supplier will visit you while you are in the hospital and provide you with a pump to take home.

Can I room in with my baby? Yes!

Babies who stay in the room with their mother cry less often, sleep more, breastfeed better and longer, gain more weight each day, and are less likely to become jaundiced.

Baby Friendly® USA Benefits to Baby

- Breast milk is the optimal nutrition for infants
- Decreased risk of allergies, pneumonia, diarrhea and asthma
- Reduces risk of SIDS
- Lower rates of obesity and diabetes

Benefits to Mother

- Burns 600 Calories a day which helps with weight loss
- Lower risk of diabetes, ovarian and breast cancer
- Less risk for post partum depression
- Reduces stress

How long should I breast Feed

Our goal is to have you breastfeed exclusively for six months and continue to breastfeed once your child is taking solid foods until at least one year.

How do I know how much my baby is getting?

At birth, your baby's stomach is still very small. It takes only one teaspoon to feed them. It is difficult quantify the exact amount of milk your baby is getting. Your baby should feed at least 8 times a day. It is more important that your baby is passing urine and stool. By 5 days old should have 6 or more wet diapers in 24 hours.

What if breastfeeding is contraindicated for me?

Some medical conditions may inhibit breastfeeding. We can get you information on donor milk for your baby.

What if my baby is in the NICU?

Our nurses and lactation support will be available to help you establish a milk supply.

Breastfeeding tips

Breastfeeding exclusively for the first six months of life is recommended by the American Academy of Pediatrics

Skin to skin: Your baby will be placed on your or your partner's bare chest directly after delivery. Benefits of skin to skin are improved breastfeeding, decreased crying, as well as regulation of heart rate and temperature for the baby.

Breastfeed during the first hour after delivery, even if you had a C-Section.

Breast milk only: do not give bottles or pacifiers. Feeding directly from the breast increases your milk supply.

Rooming In: Keeping your baby with you at all times while in hospital allows you to feed on demand and for you to get to know your baby. Look for "feeding cues" such as alertness, rooting, or hands to mouth.

Learn your baby's feeding cues: lip smacking, sucking, whimpering, fist to mouth, nuzzling against your breast.

On demand feeding: to ensure at least 8-12 feedings per day on the breast during the first six weeks.

Sleepy periods: The baby may need to be woken up. They should not go more than four hours without feeding in the first few weeks.

Position yourself for comfort: The most important position is the one that allows you and your baby to feed comfortably. Some positions to try are: laid back hold, cross-cradle hold, football hold and side lying.

Proper latch and positioning are important to prevent nipple damage and stimulate milk production.

Alternative pain relief: anesthesia and narcotics taken during labor and during recovery can decrease the baby's alertness and make breastfeeding more difficult. When possible, choose alternate methods of pain relief. Post partum, ibuprofen, heat and positioning can help with discomfort.

Breastfeeding Resources

[BWH Lactation Support](#)

[BWH Breastfeeding Classes](#)

www.zipmilk.org

www.babycafeusa.org

[BWH Breastfeeding Guide](#)

[Stanford Breastfeeding Videos](#)

Is it safe to travel?

Travel is safe in an uncomplicated pregnancy. If you have had any complications, you should check with your provider before planning a trip.

Is it safe to wear a seatbelt?

Absolutely! You should wear your seatbelt low in your abdomen in automobiles and on airplanes.

When is the best time to travel?

Weeks 14-28. This is both the safest and most comfortable time to travel

Is airline travel safe in pregnancy?

Yes. It is safe to travel by plane provided it is in a pressurized cabin. You should check with your airline before flying. Many airlines restrict air travel after 35 weeks. Your physician may also discourage you from travel if you are at risk of delivering early.

Should I be concerned about high altitudes?

You should avoid destinations 8000 feet above sea level and higher.

Are there places I should not go to?

Yes! As a rule of thumb, you should not travel to countries where additional vaccinations are required. You should also avoid regions where you may be infected with insect borne illness such as Malaria and Zika. Check CDC.gov and Travel.state.gov for safety warnings before booking your trip. It is also important to be aware of clean water condition, travel advisories and availability of medical care.

What if I get sick while I am away?

www.iamat.org is an organization to provide assistance in finding a provider while traveling. You should know the location of the nearest hospital.

When is travel not safe for me?

Travel is not safe if you have placental abruption, placenta previa, preeclampsia, incompetent cervix, risk of miscarriage or preterm delivery. Please check with your provider if you are not sure about your ability to travel.

What can I do to stay healthy while traveling?

- Drink plenty of fluids
- Get up and move around every 2 hours.
- Compression stockings promote good circulation
- Choose an aisle seat
- Know the location of the nearest hospital
- Plan for rest stops, bathroom breaks, stretching and snacks

What if I am going abroad?

- Drink bottled water
- Ensure food is cooked through
- Avoid fresh fruits and vegetables
- Check CDC.gov and travel.state.gov before booking travel
- Bring your prenatal record with you
- Make sure your immunizations are up to date
- Consider purchasing travel insurance

What if I get a cold or flu?

What should I do if I get a cold?

Nasal stuffiness is a side effect of pregnancy however, if you are finding yourself with a cold, you should first use saline nasal sprays and gargles before using medication. Cool mist humidifier, Vicks Vapor Rub, Cough Drops, Lozenges, and saline nasal sprays are helpful.

What medications are safe in pregnancy?

While we would prefer you not take medications, sometimes there are circumstances where you may need to take something. Safe choices are Extra Strength Tylenol (less than 4000mg/day), cough drops, Sudafed/Actifed, Benadryl, Robitussin DM, and Breathing Strips. Use only medications specific to your symptoms.

What should I do to stay healthy?

- **Get the flu shot**
- **Eat a healthy diet**
- **Drink extra fluids**
- **Good hand hygiene**

When should I call my PCP?

- **Fever that does not respond to Tylenol**
- **Dehydration, decreased urine output**
- **Sore throat with fever**
- **Illness or injury not related to your pregnancy**

What should I call my OB Provider?

- **Decreased fetal movement**
- **Abdominal pain**
- **Any leaking of fluid or bleeding**

Can I take anything for my allergies?

Yes! Zyrtec, Allegra and Benadryl have been found to be safe in pregnancy. If you require an EpiPen for food or environmental allergies, be sure to carry it.

Why should I get the flu shot?

The flu shot is recommended in pregnancy. It is provided by our office from September through March. Caregivers of the baby should also be vaccinated.

How do I find a new Primary Care Provider (PCP)?

Call 1-800-294-9999 Partners Referral Line

Can I Exercise?

Yes, we encourage you to stay active throughout your pregnancy. Physical activity does not cause miscarriage, low birth weight or premature delivery. There are many benefits for you and your baby even if exercise was not a part of your daily routine before pregnancy. Make sure to discuss exercise with your provider.

Why Exercise?

- Reduces anxiety and depression
- Eases back pain
- Decreases constipation
- Reduces risk of diabetes
- Reduces risk of hypertension
- Promotes healthy weight gain
- Reduces risk of cesarean delivery
- Strengthens heart and blood vessels

How much exercise should I get?

American Congress of Obstetricians and Gynecologists recommend 2-3 hours of moderate exercise per week. This could mean 30 minutes per day or 3-10 minute sessions each day. If you are already exercising that's great! Remember this is not a time to set new fitness goals or undergo rigorous new training but most of your current activities can continue.

What are the best types of exercise in pregnancy?

Get moving! Walking, gardening, swimming, stationary biking, elliptical training, prenatal yoga are some of the safest exercises.

What should I avoid?

You should avoid activities that put you at risk of falling or abdominal trauma such as contact sports, horseback riding, skydiving and gymnastics. We also advise against activities that may cause you to overheat such as hot yoga.

Why is exercise different now that I am pregnant?

Your body is changing, hormones cause your ligaments to relax, your center of gravity is shifting and your body's need for oxygen is changing. Listen to your body and if you are in pain, becoming short of breath or distressed, you need to stop.

Are there conditions that will prevent me from exercising? Yes, certain heart and lung conditions, preterm labor, placenta previa, preeclampsia and severe anemia may restrict your activity. Talk to your provider about your risks of exercising.

How to Exercise Safely

- Avoid lying flat on your back
- Use a supportive sports bra
- Start a prenatal vitamin with DHA
- Stay hydrated
- Exercise 30 min 5x per week
- Avoid overheating
- Keep heart rate under 140
- Stop if uncomfortable, short of breath dizzy, weak or chest pain
- Stop if having painful contractions of the uterus
- Call if fluid or blood leaks from your vagina

Nausea & Vomiting in early pregnancy

Why am I so Nauseous?

Morning Sickness is nausea or vomiting in pregnancy that occurs from the changes in your hormones and blood sugar.

What makes it worse? Avoid foods with strong odors.

Can I become dehydrated? It is important to drink 8-10 cups of fluid every day. Avoid caffeine as this dehydrates you

What else can help?

An empty stomach makes nausea worse. Eat something before getting out of bed in the morning.

Stress and anxiety worsen nausea.

Avoid lying flat 2 hours after a meal.

Eat frequently throughout the day.

Keep portions small. Eat slowly and chew your food well.

Take your vitamins during the time of day when you are least nauseous.

Fresh air can help you feel better. Take a short walk.

Cooler rooms reduce nausea.

Avoid cigarettes and smoke and strong odors.

Avoid foods that make you nauseated.

I can't tolerate my prenatal vitamin, what can I do?

Prenatal vitamins can be hard to digest when you have nausea. Try alternative types of prenatal vitamins such as gummy vitamins. At the minimum be sure to take folic acid supplements.

When should I call the doctor?

You should call if you have signs of dehydration including low urine output, fever, significant weight loss or lethargy.

Are some foods easier than others to tolerate when I am nauseous?

- Dry foods like pretzels, crackers, plain popcorn and dry cereal
- Cold food
- Bland food such as mashed potato, plain pasta, bananas and rice
- Ginger and Lemon
- Watermelon, grapes, oranges, popsicles, fruit juice

Caution: What is not safe for the baby?

Alcohol: Even one drink/day can have an effect on the fetus. Babies with Fetal Alcohol Syndrome may have subtle facial changes, mental retardation and learning disabilities.

Smoking: Nicotine passes through the placenta and can influence the infant's weight and brain development. Second hand smoke should also be avoided.

Street Drugs and Narcotics: Legal or illegal, these are dangerous for the baby. In addition to being born drug addicted, babies exposed to these have been shown to have trouble breathing and are at an increased risk of Sudden Infant Death Syndrome (SIDS)

Marijuana: Marijuana crosses the placenta and may impact the baby's development.

X-Rays and radiation: Unless medically necessary. Dental X-Rays are considered safe in pregnancy provided your abdomen is shielded.

Mercury: affects fetal brain development. Found in older paints, old thermometers, shark, swordfish, king mackerel and tilefish. (Most other fish are safe in pregnancy)

Lead: found in paints, glazes and on woodwork.

Glues and solvents: It is important to avoid unnecessary exposure to industrial chemicals. Wearing gloves and staying in well ventilated areas is very important when using household products.

Prolonged sitting: Be sure to get up every hour or two and stretch your legs especially when traveling or working at a desk. Compression stockings can also be helpful.

Overheating: It is not safe for pregnant women to use saunas, hot tubs, heated yoga or to apply heat to their abdomen, raising the temperature of the fetus. If you have a fever, be sure to take Tylenol and call your provider if your fever does not go down.

Gardening without gloves: Gardening is safe but you should wear garden gloves as there can be chemicals or animal droppings in the soil.

Kitty litter and other animal droppings: contain parasites and bacteria that can cause infections that put your pregnancy at risk.

Hand hygiene: Wash your hands with soap and water before eating, after using the bathroom, before touching your face or eyes and especially when caring for younger children to prevent exposure to illness.

If you have concerns about something you were exposed to, www.thepeil.org is a pregnancy exposure hotline you can access by phone or online.

Why am I so uncomfortable?

Why does my back hurt?

The weight of your pregnancy changes both your balance and center of gravity. Your pelvic joints also begin to loosen. This puts added strain on your back. You may also feel pain radiating into your legs. Be sure to use proper bending and lifting techniques as well as good posture to reduce strain on your back.

What can I do for my Varicose Veins?

With the added weight of pregnancy, varicose veins often appear. Some appear unnoticed while others are painful. Avoiding standing for long times and wear compression stockings to improve your circulation

Why do I have headaches?

Hormonal changes and dehydration are the two leading causes of headaches in pregnancy. If your headache is severe and does not go away with Fluids, Tylenol or rest you should contact your provider right away.

Why am I constipated?

In addition to the added pressure on your pelvic organs your digestion slows in pregnancy. It is important to eat a diet high in fiber and drink plenty of fluids. If you notice blood in your stool you should contact your provider.

What can help me get comfortable?

- Drink plenty of fluids
- Eat a healthy diet
- Avoid heavy lifting
- Use good body mechanics
- Get a maternity support belt
- Wear comfortable supportive shoes
- Wear Compression Stockings

When should I call?

- Vaginal Bleeding
- Decreased fetal movement
- New onset of shortness of breath
- Headache not relieved with Tylenol
- Leaking of vaginal fluid
- Pain or fever, Not relieved with Tylenol
- Hard, hot or painful spot in your legs.

What can I do for my hemorrhoids??

Avoiding constipation is the primary help for hemorrhoids however once you have them there are several things you can do. Sitz baths, Tucks medicated wipes, Preparation H and stool softeners are the most helpful.

Can I use heat or creams?

No. Heat should never be applied near your uterus. Many muscle creams contain aspirin which should not be taken in pregnancy. Tylenol can be taken four times per day for discomfort but you should ask your doctor before using any other medications or creams.

Where can I find more information?

<http://healthlibrary.brighamandwomens.org>
www.brighamandwomens.org/baby

Is there anything else I should know?

Dental care: It is important to have good dental care during your pregnancy. Novocain may be used for dental procedures and Dental X-Rays are safe in pregnancy. Your gums swell and bleed during your pregnancy so it is important to report any signs of infection to your dentist.

Sexual activity: It is safe to have intercourse during your pregnancy unless contraindicated by your provider.

Sexually Transmitted Diseases: you will be tested for hepatitis, syphilis and HIV. Please let your provider know if you have a new partner during your pregnancy or if you believe you may have been exposed to an STD.

Home Safety: Pregnancy is a good time to make sure your house is safe for the baby. Be sure to check your Smoke and Carbon Monoxide Detectors and change the battery as needed.

Weight Gain: The total amount you gain is best geared towards your starting weight. We can help you plan for optimal weight gain. Nutritionists are also available for further assistance if indicated.

Pelvic Floor Muscles: It is important to avoid constipation and keep your vaginal muscles well toned to avoid leaking of urine and other difficulties with your pelvic floor. Kegel exercises can be repeated ten times at least three times each day.

High blood pressure: We monitor your blood pressure closely in pregnancy. If you have chronic hypertension or are found to have gestational hypertension or preeclampsia you will need additional monitoring. Please let us know if you have any signs of preeclampsia.

Urinary Tract Infections: We test your urine at the beginning of your pregnancy to look for existing bacteria. UTIs are common in pregnancy. Be sure to drink plenty of fluids and empty your bladder frequently. If you have signs of a UTI, please let us know and we can order a urine culture

Signs of Pre-Eclampsia

- Headache not relieved with Tylenol
- Sudden onset of swelling and weight gain
- Epigastric pain: under your breasts especially on the right side
- Visual changes
- Decreased fetal movement

RH: Why is my blood type important?

What is Rh Disease?

Rh disease is a lowering of the baby's red blood cell count that occurs when your blood type is Rh negative and your baby is Rh positive. Rh disease can cause serious problems for your baby. With Rhophylac injections the occurrence has decreased but has not been eliminated.

How do I know if I have Rh negative blood?

As part of your first prenatal visit a blood test is taken from you to check your Rh status. You will be either Rh negative or Rh positive. You will also be checked to see if you have red blood cell antibodies.

Which babies are at risk for Rh Disease?

Babies born to mothers who are Rh negative are at risk.

How does this affect the baby?

Although you and your baby don't share the same blood, some of the baby's positive blood cells can cross over and mix with your blood cells. Your body recognizes that they are not the same and therefore don't mix and you build up something called antibodies. These antibodies can then pass back to the baby and destroy the red blood cells in the baby's blood stream.

How do you prevent Rh Disease and protect your baby?

Rh disease is preventable. If you are Rh negative and the father of the baby is Rh positive and you have not developed antibodies your provider will order an injection of Rhophylac, also known as Rhogam, to be given at approximately 28 weeks of pregnancy. Rhophylac will prevent your body from producing Rh antibodies so your baby and any future pregnancies won't get Rh Disease.

Rhophylac is also given after delivery and prior to discharge. It may also be given at any time during the pregnancy, if there is an instance where your blood and the baby's blood might have mixed such as after a procedure like Amniocentesis, Chorionic Villus Sampling, or a fall or motor vehicle accident. If a pregnancy ends in miscarriage, ectopic or termination it is also routinely given.

NST: Why do I need one?

A non stress test uses a fetal monitor to measure the baby's heart beat and contractions. The monitor is similar to the one you may have in place during labor. A reactive NST will reassure your provider of your baby's well being. A nurse will be available to answer any questions or concerns you may have.

How often will I need an NST?

The need for NST depends upon your condition. If you have a condition that complicates your pregnancy such as high blood pressure or diabetes you may need to have one every week.

How do I prepare?

Eating a meal or snack 20 minutes before your test may help to ensure the baby is active. Do not smoke any substance before the test.

How long does the test take?

An NST takes 20-40 minutes.

What results should I expect?

We expect to see two accelerations (increases in the baby's heart rate) in 20 continuous minutes. This would be a reactive NST. A nurse or doctor will be available to read the results. You will find out right away if you have a reactive or non reactive NST.

What if my baby is not active?

It is normal for the baby to have sleep/activity cycles. If your baby is in a sleep cycle during the NST, the nurse may stimulate the baby with touch or with acoustic vibration.

What if my NST is non reactive?

A non reactive NST does not mean there is a problem. It shows the need for further evaluation. Usually you will be sent for a Biophysical Profile Ultrasound (BPP).

What is a BPP?

A Biophysical Profile (BPP) is an ultrasound exam that looks at your baby's movement, tone, breathing and amniotic fluid.

What can I do at home to make sure my baby is ok?

Stay well hydrated and eat healthy. During the last three months, monitoring kick counts is one way to assess that the baby is doing well. Empty your bladder, have a snack, sit or lie quietly and you should have 10 movements in approximately 2 hours. A movement is a distinct kick, roll or soft touch.

Gestational Diabetes: What can I do?

Gestational diabetes is diabetes that is diagnosed during the second or third trimester in pregnancy and occurs in about 5-10% of pregnancies. Diabetes affects the way the body uses food for energy. In some pregnancies, women become resistant to insulin which increases the blood glucose. The good news is that if your blood sugars are well controlled the risks to your baby are significantly decreased.

Is Gestational Diabetes Dangerous for my Baby?

If your blood sugar is high, the extra sugar goes through the placenta to the baby. This increases the size of the baby. It can also increase the risk of the baby have low blood sugar after delivery. **Uncontrolled** gestational diabetes can increase the risk of the baby being overweight or obese in childhood which is a risk factor for the development of Type 2 diabetes later in life.

What does this mean for me?

Finding out that you have gestational diabetes is stressful. It means that you will have more medical appointments and have to pay more attention to your eating and activity. However healthy meal planning and exercise will help in the management of your blood sugars. Many women actually report that they feel better once they have started to make some of these healthy changes!

Some of the risks associated with gestational diabetes for the Mom include an increased chance of having a cesarean delivery, particularly if your baby is getting very big. It can increase the risk of high blood pressure in pregnancy (also called preeclampsia). Gestational diabetes increases the risk to develop Type 2 diabetes later in life. However there are measures that can be taken to decrease these risks and these will be discussed with you when you come for your visit with your health care provider.

What can I do to keep my baby healthy?

- Meet with a Nutritionist
- Keep all of your prenatal appointments
- Maintain a healthy diet. Do not starve yourself. Do not stop eating carbohydrates.
- Keep a diary of your meals and blood sugars.
- Eat small meals and snacks throughout the day. Eating less at one time may help prevent higher blood sugars after eating.
- Eat healthy carbohydrates such as whole grain breads or pastas, or whole fruit rather than fruit juice.
- Combine healthy carbohydrates with healthy protein. Adding protein helps to limit the carbohydrates that you eat without causing you to be hungry as quickly.
- Avoid concentrated sweets such as juice, soda, or desserts.
- Be Active. 30 minutes of exercise daily can be broken up into 2x15 min

Nutrition: What should I eat?

Half of your meal plate should contain fruits and vegetables.

Water: Hydration is extremely important in pregnancy. Women should drink at least 10 eight ounce glasses of water every day.

Protein: fish, meat, poultry, or eggs cooked to safe temperatures are great sources of protein. Others are soy, edamame, lentils, black/kidney/pinto beans, peas, nuts, tofu, tempeh, yogurt and cheese

Fish: Pregnant women should eat between 8 to 12 ounces each week of fish such as salmon, shrimp, pollock, light tuna, tilapia, catfish and cod. Avoid white tuna, shark, tilefish and uncooked fish.

Vegetables: Excellent choices are amaranth, chinese spinach, artichoke, baby corn bamboo shoots, beans (green, wax, Italian), bean sprouts, beets, brussels sprouts, broccoli, cabbage (green, bok choy, Chinese), carrots, cauliflower, celery, chayote, \ cucumber, eggplant, greens (collard, kale, mustard, turnip), leeks, mushrooms, okra, onions, pea pods, peppers, radishes, rutabaga, salad greens, sprouts, squash, snap peas, Swiss chard, Tomato, turnips, and water chestnuts

Fruits: Some good choices are apples, apricots, avocado, banana, blackberries, blueberries, cantaloupe, cherries, dates, figs, grapefruit, grapes, melon, kiwi, mango, nectarine, orange, papaya, peaches, pears, pineapple, plums, raspberries, strawberries, tangerines and watermelon. Avoid fruits that have added sugar.

Dairy: Look for sources fortified with vitamin D such as milk, cheese and yogurt. Avoid unpasteurized dairy products.

Iron: Iron intake can help improve circulation as well as energy. Good sources of iron are meats, seafood, enriched breads, cereals, raisins, beans, molasses, maple syrup, spinach, sweet potato, collards, kale, beans, lentil and tofu.

Fiber: Fiber improves your glycemic index and can help avoid constipation. Fruits, vegetables, beans, whole grains and cereals can improve your fiber intake.

Whole Grains: Bulgur (cracked wheat), wheat flour, oats/oatmeal, whole grain corn/corn meal, popcorn, brown rice, whole rye, grain barley, faro, wild rice, buckwheat flour, triticale, millet, quinoa and sorghum.

Artificial Sweeteners: Most artificial sweeteners such as Stevia, Splenda, Equal and NutraSweet are preferred in small doses. However Saccharin (Sweet and Low) is one you should avoid due to its negative effects on the kidneys.

Caffeine: Limit to 200 mg/day. This is the equivalent of 12 ounces of coffee. Caffeine is found in chocolate, cola, some sports drinks, coffee and tea.

OB-GYN Nutrition Services

Our Services:

We provide nutrition counseling for a variety of concerns, including:

- Gestational diabetes
- Healthy eating during pregnancy
- Weight management during pregnancy
- Pregnancy after gastric bypass
- Supplementation during pregnancy (vitamins/minerals)
- Nausea and vomiting
- Vegetarian/vegan eating patterns

How to Schedule:

Let your provider know if you would like to see a nutritionist. The front office staff in our clinics can make you an appointment with the nutritionist.

You can also call (617) 732-6054 and schedule an appointment with the Practice Secretary in nutrition.

Our Location:

We are located on the 3rd floor of Center for Women's and Newborns (CWN). Our office is to the left of Financial Services, and next to the large waiting room on the 3rd floor.

Where to Wait:

Please have a seat in the large waiting area right outside of the elevators on the 3rd floor of CWN. We will come get you at your appointment time.

Our Dietitians:

Linda Antinoro, RD, CDE (Certified Diabetes Educator)

Jill Pluhar, MS, RD

Kate Sweeney, MS, RD

Post Partum: What should I expect?

The post partum period is six to eight weeks after birth. This is a very exciting time and it is a very important time of recovery. Remember your body has gone through an amazing transformation in bringing a new baby to your family. You must give yourself time to recover from birth. This is the time to get to know and care for your baby. Do not confuse maternity leave with a vacation. You will not feel “normal” for the full 6-8 weeks following birth. Therefore, you need to rest, eat well and stay hydrated as much as possible.

When to call your doctor:

- Temperature of 100.5 degrees or above
- Heavy bleeding (soaking a pad in less than an hour)
- Persistent increased pain or swelling
- Foul smelling vaginal discharge
- Cesarean birth call if incisional drainage, red streaks or tenderness

When do I schedule my pp appt?

1-2 weeks if you’ve had a C Section or at 6 weeks for vaginal delivery.

Why is it important to keep this appt?

To check on your recovery, how you are emotionally feeling and your plans for going forward including family planning

What are “baby blues”

It can be normal to feel weepy and moody for 2-3 weeks but you need to call us if you don’t feel better or more concerning symptoms of anxiety, overwhelmed, fearful, insomnia, poor appetite

When can I drive?

No driving until you are pain free, able to move freely and no longer taking narcotics.

When is it ok to resume sexual relations?

In about 4-6 wks vaginal bleeding and discharge resolve

Learning to parent does not come automatically after the birth of a baby. It is a learning process that takes time, patience and a sense of humor. Talk with other parents or join parenting support groups because Parents need the support of each other during this time. Most importantly, remember that infancy passes quickly, so enjoy the adventure and discovery of each day as your family develops.

Post Partum Resource:

Guide for New Parents

Members of your care team

ATTENDING	Supervising Doctor
FELLOW	Doctor who has graduated residency and is continuing specialty training in Maternal Fetal Medicine.
RESIDENT:	Doctor who is undergoing specialty medical training in OB/GYN.
PA	Physician's Assistant
NP	Nurse Practitioner
NURSE	Registered Nurse (RN)
MEDICAL ASSISTANT	Assists with helping you get in the room, collect samples and take your vital signs. They will ask about changes in your medical history
PRACTICE ASSISTANT	Checks you in, helps you set up appointments. May inform you if there are changes in the provider's schedule. Also helps set up appointments with genetic counseling, nutrition and other consults.
SOCIAL WORKER	Assists you with resources available for housing, safety and emotional needs
NUTRITIONIST	Assists you with your nutritional needs.
GENETIC COUNSELOR	Reviews family history, genetic testing, results, risks and procedures related to your pregnancy
ENDOCRINOLOGY	Physicians and nurse practitioners manage diabetes and thyroid diseases in pregnancy in conjunction with your OB team.
NEUROLOGY	Neurologists assess headaches and seizure disorders
NEONATOLOGY	Neonatologists from our NICU are available if indicated
PSYCHIATRY	Psychiatrists are available to help with your mental health needs

Where should I get my Pregnancy Information?

The internet can be a overwhelming place for pregnancy information. Avoid doing blind searches because we cannot guarantee the information is accurate.

WEBSITE:

<http://brighamandwomens.org/baby>: Links to our pregnancy health library.

TEXT:

Sign up for our week specific text alerts: Text4Baby.org

EMAIL:

Sign up for week specific emails which continue throughout the baby's first year:
[Weekly Email Education](#)

VIDEO LIBRARY:

[Brigham and Women's Video Library](#)

MATERNITY TOUR:

[Maternity tour](#) is available for you to get a feel for the environment you will be in at delivery.

PRENATAL CLASSES:

[Prenatal Classes](#) are offered for a nominal fee and available for sign up on our website.

Can't find the answer to your question? Talk to us! We are available via patient gateway and phone.

There is a list of additional resources including links to the above sites at the end of this booklet.

Pregnancy Resources

ACOG: <http://www.acog.org/Patients> American Congress of Obstetricians and Gynecologists

Office of Women's Health : <https://www.womenshealth.gov/>

CDC: <https://www.cdc.gov/>

American Diabetes Association: <http://diabetes.org/>

March of Dimes: Marchofdimes.org

Pregnancy Exposure Hotline 1-800-322-5014 or www.thepeil.org
Exposure to toxins, medications, chemicals:

Choosemyplate.gov: <https://www.choosemyplate.gov/moms-pregnancy-breastfeeding>

Boston Mamas: parenting and family groups, networks, and support services
<http://www.bostonmamas.com/local-resources/>

Jewish Family and Children's Services, Visiting Moms program
<http://www.jfcsboston.org>
Provides home visiting programs and drop-in groups for new moms

Families First: 99 Bishop Allen Drive, Cambridge MA 02139. 617-868-7687
www.families-first.org
Helping parents build positive relationships with their children; may charge a fee

Postpartum Depression

Massachusetts Depression After Delivery 1-800-944-4PPD www.postpartum.net Offers support groups, education and individual referral for women experiencing postpartum mood changes and depression.

Pregnancy loss

Hopeful Connections
<http://www.hopefulconnections.com/index.php/support-groups/>
Support for those parents who have suffered a loss of a child at anytime during their pregnancy. Includes resources at Brigham and Women's Hospital

Pregnancy Resources

Brigham and Women's Hospital Childbirth and Breastfeeding Classes

www.brighamandwomens.org/baby

Info re flexible spending reimbursement for classes:

<https://fsastore.com/FSA-Eligibility-List/B/Birthing-Classes-E81.aspx>

Breastfeeding Support

Zi milk www.zipmilk.org Searchable list of lactation consultants in your area

LaLeche League of Massachusetts: www.llli.org

Provides phone counseling and information about breastfeeding support groups

Nursing Mothers Council of Greater Boston: 617-244-5102

<http://bace-nmc.org/nmc-local-gatherings>

Supporting mothers, babies and families

Stanford Breastfeeding Videos: <https://med.stanford.edu/newborns/professional-education/breastfeeding.html>

Baby Cafe: Locations with walk in breast feeding support.

Codman Square Health Center (617) 414-4370
637 Washington Street, Dorchester, MA, 02124 USA
Mondays 5:00-6:30PM, Wednesdays 2:00 - 4:00PM

Boston Medical Center

Dept. of Family Medicine, Yawkey Building, 5th floor, Boston Medical Center, Boston, MA, 02118. 617-414-2080
Email: sheilajane.lewis@bmc.org
Tuesdays 9:30am to 12:30pm

South End Community Health Center,

1601 Washington Street, Boston, MA, 02118 USA 617-425-2090
Fridays From 10am to 12 noon

Additional locations can be found at:

<http://www.babycafeusa.org/your-nearest-baby-cafe/us-baby-cafes-2.html>

Locations in Worcester, Lynn, Malden, Everett, Melrose, Springfield, Fitchburg, New Bedford, Fall River