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An Introduction and Important Information

Congratulations on your pregnancy! We welcome you to **Sparrow Medical Group Obstetrics and Gynecology Lake Lansing/St. Johns Office**. We hope to make your pregnancy as healthy and happy as possible.

The doctors at SMG OB/GYN are obstetricians and gynecologists specializing in the care of women's reproductive and gynecological health needs. Our obstetrics and gynecology team includes Physicians, Nurses, Nurse Practitioners, Medical Assistants, and medical receptionists.

Obstetrical Patients are assigned a primary obstetrician, but need to schedule with all of our obstetricians and Nurse Practitioners during the pregnancy. The Physician who is on call at the time of your labor will attend your birth. Should you need to talk to or see a member of our obstetric team during your pregnancy at a time other than during a regularly scheduled appointment, please call the office for an appointment or to talk to the triage Nurse. The Physician on call handles all Patient emergencies, if seen in the hospital or after normal business hours.

Our Physicians have staff privileges at Sparrow Hospital and Sparrow Clinton Hospital although all deliveries take place at Sparrow Hospital on Michigan Avenue. Please discuss any preferences you might have about the kind of care you seek during your pregnancy and through labor and delivery with our obstetric team.

IMPORTANT PHONE NUMBERS!

You may contact our triage Nurse during the day at 517.253.3910 Monday- Friday at our Lansing location or 989.227.3435 Wednesday- Friday at our St. Johns location. She will answer your questions or concerns.

During the nights, weekends, and holidays, Patient emergencies are handled by our Physician on call. Please call 517.483.7192 and your message will be given to the Physician on call.

When you go into labor (contractions are one minute long, five minutes apart for an hour, or your bag of water ruptures), please go to OB triage. OB Triage is on the 3rd floor at Sparrow Hospital. If you are not certain if you are in labor and it is during daytime hours, please call the office to speak to the triage Nurse. If it is after business hours, please call the physician on call at 517.483.7192.

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Office Visits and Testing

Office Visits

Unless otherwise indicated, you will be seen each month during the first 28 weeks of your pregnancy, every 2 weeks beginning at 28 weeks, and each week during the last 4 weeks of your pregnancy. These examinations will consist of assessing your blood pressure, urine, measuring your abdomen, and monitoring your baby's heartbeat. Certain indications may warrant a pelvic exam or other examination. During your first or second appointment you will have a complete physical exam with your doctor, nurse practitioner, or nurse midwife.

We suggest you write down any questions between visits to ask at your next appointment. However, any time that you have questions that you do not feel should wait until your next routine visit, do not hesitate to telephone our office.

If we have a phone number where you can be reached during the day you will be notified if one of our doctors must cancel your appointment because of an emergency.

Prenatal Tests

Orders will be placed for various laboratory tests at the time of your first prenatal visits and occasionally during subsequent prenatal visits. Other assessments, such as an ultrasound test, will be scheduled when appropriate.

At every visit a urine specimen will be collected.

You will be offered genetic testing options.

Between 15-19 weeks a blood sample to look for risk of open fetal defects is recommended.

(Note: additional information is provided in this folder regarding the various types of prenatal screening for certain specific birth defects.)

An ultrasound is generally done between 18-20 weeks of pregnancy on ALL Patients. At this ultrasound you may be able to find out the sex of your baby. If you have a complication in your pregnancy, an ultrasound may be done at other times as well.

At 26-28 weeks of pregnancy you will have a glucose tolerance test to test for Gestational diabetes (diabetes of pregnancy) and receive Rhogam injections if you have a R negative blood type.

Patient Education

Printed Resources:

This folder includes several pamphlets and handouts regarding pregnancy and prenatal care. If you are interested in additional reading, the following books are recommended. These are available in most libraries or may be purchased in paperback editions.

The Nursing Mother's companion by Kathleen Higgins, RN, MS

Your Baby and child from Birth to Age 5 by Penelope Leach

While waiting, A Prenatal Guidebook by George E. Verrilli, MD, FACOG & Anne Marie Mueser

Pregnancy, Childbirth, and the Newborn: The Complete Guide by Penny Simkin, Janet Whalley, Anne Keppler, Mueser, Ed.D.

The Birth Partner, 3rd Edition, by Penny Simkin

For Questions about Pregnancy:

pregnancy.about.com

marchofdimes.org (March of Dimes)

lila.org (LaLeche League for breastfeeding answers)

cdc.gov/ncbddd

acnm.org (American College of Nurse- Midwives)

breastfeedingonline.com

americanpregnancy.org

sparrow.org/birthing

sparrow.org/epo (Expectant Parent's Organization)

For More Information about Medicines:

mothertobaby.org

motherrisk.org

Prenatal Classes:

We encourage you to attend prenatal classes given at various locations in the area. This is especially recommended if you are expecting your first child. Information concerning classes that are offered in this area are included in this folder.

Local Help Groups:

Greater Lansing LaLeche League Hotline: 517.484.5005 (Breastfeeding Support)

Listening Ear Crisis Intervention Center: 517.337.1717

Counsel against Domestic Assault 517.372.5572

Haven House 517.377.2731

Capitol Area Mothers of Multiples micamomc.webs.com

Common Concerns

Exercise — Unless specifically restricted, exercise should be patterned after what you are used to doing prior to pregnancy. If you have any concerns about an exercise, consult our Nurses or providers. Golf, tennis, bowling, swimming, walking and hiking are all permitted during pregnancy. Regular exercise is important during pregnancy and can aid in combating constipation, fatigue and excessive weight gain. A walk outdoors does wonders for your body and mind!

Travel — Travel for long distances should be undertaken only after checking with our providers. No travel should be undertaken after 36 weeks. When you are traveling, it is important to empty your bladder and walk around every two hours to avoid complications.

Sexual Activity — Unless otherwise specified, sexual intercourse is permitted throughout your pregnancy as long as it is comfortable. If you have any bleeding or cramping that lasts more than one hour after intercourse, call the office.

Fetal Movement — Write down the date when you first feel your baby move (usually 17-20 weeks after your last period) and give this information to your provider at your next prenatal visit. The frequency of fetal movement can be quite variable from day to day, however, please report any significant decrease in fetal movement (Note: see information in second folder about kick-counts).

Breastfeeding versus Bottle-Feeding — You should give careful thought about whether you wish to breastfeed or bottle-feed your baby. We strongly recommend that you breastfeed since there are a number of health benefits associated with breastfeeding. Information regarding breastfeeding is included in this folder. If you have any questions about this issue, please do not hesitate to discuss them with us. We have additional breastfeeding information available. Please ask our staff.

Choosing a Physician for your baby — You should decide on a pediatrician or a family practitioner to care for your new baby before you enter the hospital. Some providers may require a personal visit with the parent before the baby is born. You might want to check into the provider's policies regarding hospital affiliation, delivery, etc. For a list of pediatricians in our area, please request the pediatrician list.

Family Planning — Toward the end of your pregnancy and especially after delivery, you should begin thinking about birth control. Please feel free to discuss this with the Nurses or providers at any time.

Common Discomforts/Questions During Pregnancy

Colds — Rest, increase fluids, ensure good nutrition. *OK to use:* cool mist vaporizer, Tylenol (pain), Sudafed (runny nose), Afrin nasal spray for bedtime for no more than 3 days, saline nasal spray or a neti pot. Call if oral temperature is greater than 101.0 degrees F.

Diarrhea — BRAT diet (bananas, rice, applesauce and toast), plain baked potato, bland diet, decreased dairy products, increased fluids. *OK to use:* *Kaopectate*.

Cough — Hard candy, gargle, throat lozenges. *OK to use:* *Robitussin DM*.

Constipation — Bran, fresh fruits and vegetables, prunes, prune juice, eat high fiber foods, increase liquids and exercise. If no improvement, *OK to use:* *Fibercon, Metamucil, Citrucel, or Senokot (stool softener, if needed)*.

Hemorrhoids — Prevent constipation, keep stools soft (see constipation advice), warm bath (sitz baths). *OK to use:* *Tucks, Preparation H, Anusol suppositories*.

Heart Burn — Eat small meals often, decrease spicy and greasy foods, use extra pillows for comfort at night. *OK to use:* *Mylanta, Tums, Gaviscon*.

Anemia-Iron Rich Foods — Sources include liver, eggs, red meats, Total cereal, Seafood, green leafy vegetables, dried beans, prunes, and apricots.

Nausea — Eat six (6) small meals daily. Focus on a diet high in proteins and complex carbohydrates: Crackers, pretzels, rice, potatoes, toast, Jell-O, applesauce. Avoid spicy and greasy foods. Wear seabands (you can purchase at a pharmacy).

Leg Cramps — Exercise. Increase calcium and potassium intake through milk, cheese, yogurt, bananas, and oranges. Decrease soda pop.

Painting (you should avoid painting when possible) — Use water based paints and paint in a well-ventilated area.

What about Permanents & Hair Color? — Not recommended during the first trimester. Hormones may affect the results. Have it done in a well-ventilated area.

Backaches — Avoid heavy lifting (greater than 25 lbs.), wear low-heeled shoes and use extra pillows for body support while sleeping. Wear prenatal support garment (Prenatal Cradle).

Headache — Try gentle massage and stretching of the neck and upper back, ice, cool cloths to the head, lay in a dark room. Do not take other supplements without checking with your provider. Stay well hydrated by drinking fluids in smaller amount throughout the day. Try a cervical pillow to use when sleeping. You can also make one by rolling a hand towel into a roll and placing inside your pillow case. *OK to use:* *magnesium glycinate or magnesium chelate: 400 mg per day*.

Instructions for Early Pregnancy Issues

If any of the following occur during your pregnancy, please call the office. If these issues occur after office hours go to Sparrow Hospital Emergency Department unless otherwise indicated. You do not need to call the doctor first as the hospital will notify him/her.

- Early pregnancy bleeding—Stop all sexual activity, heavy lifting or exercise. Sometimes an early ultrasound or blood rest will be needed. Call our office to follow up. If you are saturating 1 pad per hour go to the Emergency Department at Sparrow Hospital.
- Severe abdominal or pelvic pain
- Burning with urination— after office hours this can be addressed at an urgent care clinic
- Severe or continued vomiting
- Motor vehicle accident—if you are not injured call the office to report. If injured go to Sparrow Emergency Department
- If you fall or experience any trauma to your abdomen
- Oral temperature greater than 101.0 degrees F— Call the on-call doctor

Diet and Vitamins

Diet — Your diet during pregnancy is very important. It should be a well-rounded diet. Ideally, you should gain a total of 25-35 lbs. for your entire pregnancy. This probably will be modified if you were under or overweight before pregnancy. A high fiber diet is highly recommended. Please include 5 fresh fruits and vegetables a day and choose whole grains regularly. Avoid drinks that are high in caffeine, sugar or artificial sweeteners. You are not eating for two. You only need an extra 300 calories/day to grow a baby!

Eating throughout the day is better than eating separated, heavy meals. Heavy meals should be specifically avoided in the evening.

Vitamins — You will be prescribed prenatal vitamins at your first visit or you may choose an over the counter prenatal vitamin. These should be taken every day with food throughout your pregnancy. If your prenatal vitamin upsets your stomach and you cannot take them, please let us know.

Lake Lansing Clinic Office Hours Monday- Friday 8 a.m. to 4:30 p.m.

St. Johns Clinic Office Hours Wednesday, Thursday, Friday 8 a.m. to 4:30 p.m.

Answering Service for Nights, Weekends, and Holidays | 517.483.7192

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Dear Dental Provider,

Our mutual Patient is pregnant and undergoing a dental procedure under your care. Below are general dental/surgery guidelines to follow during pregnancy.

- If possible, avoid unnecessary procedures during the first trimester of pregnancy (First 12 weeks)
- Local anesthetics are generally safe to use
- When performing x-rays, use a double shield to the abdomen
- Category B antibiotics (Penicillin, Ampicillin, Amoxicillin) may be used following the procedure.
- Pain medicine, such as acetaminophen with codeine, may be used on a limited basis.

Please call if you have specific issues that need to be addressed.

Sincerely,
SMG OB/GYN Lake Lansing and St. Johns healthcare team

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Medication that can be taken in Pregnancy

Always take medications according to the manufacturer's directions listed on the bottle unless otherwise directed by your Physician. If you are taking a prescribed medication please consult with our office prior to discontinuing that medication. We have compiled this list of medications that have shown not to cause birth defects.

Medication you should never take during pregnancy include: Accutane, lithium, Tetracycline, Doxycycline, Vibramycin, and Valproic Acid.

Do not use Aspirin/Aspirin products without and OK from our office!

Minor pain — aches, pains, headaches or fever (Tylenol, regular or extra strength).

Major pain — to severe (Codeine, Vicodin- by prescription only).

Stomach problems — Heartburn/upset stomach- Antacids (Mylanta, Maalox, Pepcid AC, Tums, Roloids, Zantac).

Sickness/vomiting — Anti nausea (Emetrol, Reglan, Phenergan, Zofran, Scopolamine patch).

Cold problems — Take Vitamin C, Airborne, Zinc, and Echinacea.

Stuffy sinuses — Decongestants (Chlor-Trimeton, Actifed, Sudafed, Claritin, Entex).

Cough — Lozenges/ Syrups (Sucrets, Cepacol, Herbal bought drops, Robitussin, Vicks).

Sore throat — Chloraseptic throat spray, Lozenges, hard Candy.

Stuffy nose — Nasal Congestion (Daline, Afrin, Neosynephrine-no more than 3 days, Vicks, Beclovent, Flonase, Nasonex, and Ventolin). Steam helps to clear the stuffiness.

Bowel problems — Drink lots of water and juices, eat fresh fruits and vegetables.

Constipation/hard bowel movements — Stool softeners (Metamucil, FiberCon, Senokot, Colace).

Constipation remedy — 1 cup applesauce, 1 cup unprocessed bran flakes, 3/4 cup prune juice- Mix together and refrigerate. Take 2 tablespoons of this mixture nightly along with 8 ounces of water. If this is ineffective, you may add 2 more tablespoons bran to the refrigerated mixture nightly until it is effective.

Loose bowels/upset stomach — Drink lots of water (Kaopectate, Imodium AD).

Allergies — Itching, rash or reaction to pollens, dust and mites- Antihistamines (Benadryl, Claritin, Chlor-Trimeton, Dimetapp, Travist, Zyrtec). Cream for skin or tablet for systemic.

Vaginal Infection — Yeast (Monistat, Gyne-Lotrimin, Femstat, Terazol).

Alcohol — There is no known safe amount of alcohol to use during pregnancy.

Continued....

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Caffeine should be avoided — There is no contraindication to use NutraSweet during pregnancy; we recommend use in moderation.

Smoking and using recreational drugs — are dangerous to the pregnancy. They can cause growth retardation of the fetus, premature maturation of the placenta which can cause fetal distress during labor, and abnormal separation of the placenta which can cause fetal death or maternal hemorrhaging during labor.

Nausea — Capsulized ginger may also help your nausea and vomiting during pregnancy. You may try 250mg in capsules to take 4x/day with food. Remember that the quality of all supplements is not regulated by the FDA. Most of the time the cost of a good quality supplement is a bit higher. You can find this quality supplement at health food stores or supplement stores.

Vitamin B-6 (pyridoxine) — Begin with 25mg on day 1- if it works, stay at this dose daily. If not working double to 50mg on day 2 and stay at that dose if it works. If not, double to 100mg on day 3. On day 4 may double again to 200mg. If it is not working for you at this dose, then stop using this supplement as it will likely not help your nausea.

Doxylamine — is available in some over-the-counter sleeping pills (ex, Unisom Sleep Tabs) One-half of the 25 mg over-the-counter tablet or two chewable 5 mg tablets can be used to help with nausea. Make sure to take at night.

*****Can take Vitamin B-6 and Doxylamine together.*****

Other medications may be safe or have minimal risk, but should be discussed with your provider prior to taking. Most fall into the “unknown category.” This means that there is no documentation of its safety during pregnancy.

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Physical Therapy Tips For Pregnant Women

1. Wear shoes with good arch supports. All your ligaments are stretching out including the ones on the bottom of your feet.
2. Pace yourself and keep hydrated! Your body temperature rises quickly during exercise now that you are carrying extra cargo.
3. Watch your posture, especially while sitting for long periods of time. Sit as tall as you can, on your “sitz bones” instead of our tailbone.
4. Breathe! Another reason to watch your posture is to allow enough room for our lungs to expand. Your baby has already taken up real estate in your belly pushing your diaphragm into the ribs.
5. Do your kegals! The pelvic floor muscles cradle your growing uterus and provide support for the bladder and bowel. If they get weak, you leak!
6. Move! Now is not a time to take up a new sport, but you can usually continue with familiar activities with modifications. Avoid high impact sports and anything that is going to put you at risk for falling on your belly. Rule of thumb: If it hurts, modify it or don’t do it.
7. Strengthen your inner abdominal muscle, the Transverse Abdominus, by pulling your belly button up and in while sitting or standing tall. This will help prevent back pain and help you get your flat stomach back.
8. Consider asking your OB for a prescription to physical therapy if you are having back, pelvic, hip or other pain that is affecting your daily life. We can Help!

The Spine Center

250 E Saginaw St.
East Lansing, MI 48823
517.337.3080 (Phone)
517.337.3082 (Fax)
miSpineCenter.com

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Tips for Coping with Nausea

- Avoid an empty stomach and consume small meals frequently
- Try bland, high carbohydrate foods like crackers, plain pasta, potatoes and rice
- Avoid high fat, spicy and fried foods
- Drink liquids between meals but make sure to get at least 6-8 cups each day
- Try ginger ale, lemon ice water, lemon or lime carbonated drinks, and seltzer
- Include a bedtime snack and/or include a midnight snack
- Keep crackers at the bedside to eat as soon as you awaken, and before you get up for the day
- Try taking vitamins at bedtime or switching to a chewable vitamin
- Fresh air may help. Go outside or try sleeping with an open window
- Get out of bed slowly and avoid sudden movement
- Avoid brushing teeth immediately after eating
- Sit upright after meals to reduce the frequency of gastric reflux
- Rest as needed with your feet up and head slightly elevated
- If nausea and vomiting are preventing you from taking a usual oral diet, speak with your Physician about treatment options

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What are Neural Tube Defects (NTDs)?

Neural tube defects (NTDs) are one of the most common birth defects, occurring in approximately one in 1,000 live births in the United States. An NTD is an opening in the spinal cord or brain that occurs very early in human development. The early spinal cord of the embryo begins as a flat region, which rolls into a tube (the neural tube) 28 days after baby is conceived. When the neural tube does not close completely, an NTD develops. NTDs develop before most women know they are even pregnant.

There are two types of NTDs. The most common type are called an open NTD. Open NTDs occur when the brain and/or spinal cord are exposed at birth through a defect in the skull or vertebrae (back bones). Rarer types of NTDs are called closed NTDs. Closed NTDs occur when the spinal defect is covered by skin.

Spina bifida occulta (SBO) is another form of an NTD in which there is a change in one or more vertebrae, but not involving the nerves within the spinal column. The incidence of SBO is not well known, however it is more common than the NTDs described above.

NTD Detection

Most NTDs can be detected during pregnancy by one of the three different prenatal tests:

1. Maternal Serum Alpha Fetoprotein (MSAFP), a screening test that is performed on a pregnant woman's blood at approximately 16-18 weeks of pregnancy.
2. High Resolution Ultrasound, which may detect an NTD visually after approximately 18 weeks of pregnancy. Some severe forms of NTDs such as anencephaly, may be detected earlier than 16 weeks.
3. Amniocentesis, a test that samples the amniotic fluid (fluid that surrounds the baby) after 15 weeks of pregnancy.

There are various risks (such as miscarriage) and benefits (such as advance preparation for any special medical care a baby with NTD will need after delivery) to each of these tests. A genetic counselor or other healthcare provider should be consulted to explain in detail each procedure, their risks and benefits, and other options available.

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<http://www.womenshealth.gov>

1-800-994-9662

TDD: 1-888-220-5446

Depression During and After Pregnancy

Q: What is depression?

A: Depression is more than just feeling “blue” or “down in the dumps” for a few days. It’s a serious illness that involves the brain. With depression, sad, anxious, or “empty” feelings don’t go away and interfere with day-to-day life and routines. These feelings can be mild to severe. The good news is that most people with depression get better with treatment.

Q: How common is depression during and after pregnancy?

A: Depression is a common problem during and after pregnancy. About 13 percent of pregnant women and new mothers have depression.

Q: How do I know if I have depression?

A: When you are pregnant or after you have a baby, you may be depressed and not know it. Some normal changes during and after pregnancy can cause symptoms similar to those of depression. But if you have any of the following symptoms of depression for more than 2 weeks, call your doctor:

- Feeling restless or moody
- Feeling sad, hopeless, and overwhelmed
- Crying a lot
- Having no energy or motivation
- Eating too little or too much
- Sleeping too little or too much
- Having trouble focusing or making decisions
- Having memory problems
- Feeling worthless and guilty
- Losing interest or pleasure in activities you used to enjoy
- Withdrawing from friends and family
- Having headaches, aches and pains, or stomach problems that don’t go away

Your doctor can figure out if your symptoms are caused by depression or something else.

Call 911 or your doctor if you have thoughts of harming yourself or your baby!

Q: What causes depression? What about postpartum depression?

- A:** There is no single cause. Rather, depression likely results from a combination of factors:
- Depression is a mental illness that tends to run in families. Women with a family history of depression are more likely to have depression.
 - Changes in brain chemistry or structure are believed to play a big role in depression.



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- Stressful life events, such as death of a loved one, caring for an aging family member, abuse, and poverty, can trigger depression.
- Hormonal factors unique to women may contribute to depression in some women. We know that hormones directly affect the brain chemistry that controls emotions and mood. We also know that women are at greater risk of depression at certain times in their lives, such as puberty, during and after pregnancy, and during perimenopause. Some women also have depressive symptoms right before their period.

Depression after childbirth is called postpartum depression. Hormonal changes may trigger symptoms of postpartum depression. When you are pregnant, levels of the female hormones estrogen (ESS-truh-jen) and progesterone (proh-JESS-tur-ohn) increase greatly. In the first 24 hours after childbirth, hormone levels quickly return to normal. Researchers think the big change in hormone levels may lead to depression. This is much like the way smaller hormone changes can affect a woman's moods before she gets her period.

Levels of thyroid hormones may also drop after giving birth. The thyroid is a small gland in the neck that helps regulate how your body uses and stores energy from food. Low levels of thyroid hormones can cause symptoms of depression. A simple blood test can tell if this condition is causing your symptoms. If so, your doctor can prescribe thyroid medicine.

Other factors may play a role in postpartum depression. You may feel:

- Tired after delivery
- Tired from a lack of sleep or broken sleep
- Overwhelmed with a new baby
- Doubts about your ability to be a good mother
- Stress from changes in work and home routines
- An unrealistic need to be a perfect mom
- Loss of who you were before having the baby
- Less attractive
- A lack of free time

Q: Are some women more at risk for depression during and after pregnancy?

A: Certain factors may increase your risk of depression during and after pregnancy:

- A personal history of depression or another mental illness
- A family history of depression or another mental illness
- A lack of support from family and friends
- Anxiety or negative feelings about the pregnancy
- Problems with a previous pregnancy or birth
- Marriage or money problems
- Stressful life events
- Young age
- Substance abuse



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Women who are depressed during pregnancy have a greater risk of depression after giving birth.

If you take medicine for depression, stopping your medicine when you become pregnant can cause your depression to come back. Before you stop any prescribed medicines, talk with your doctor. Not using medicine that you need may be harmful to you or your baby.

Q: What is the difference between “baby blues,” postpartum depression, and postpartum psychosis?

A: Many women have the baby blues in the days after childbirth. If you have the baby blues, you may:

- Have mood swings
- Feel sad, anxious, or overwhelmed
- Have crying spells
- Lose your appetite
- Have trouble sleeping

The baby blues most often go away within a few days or a week. The symptoms are not severe and do not need treatment.

The symptoms of postpartum depression last longer and are more severe. Postpartum depression can begin anytime within the first year after childbirth. If you have postpartum depression, you may have any of the symptoms of depression listed above. Symptoms may also include:

- Thoughts of hurting the baby
- Thoughts of hurting yourself

- Not having any interest in the baby

Postpartum depression needs to be treated by a doctor.

Postpartum psychosis (seye-KOH-suhss) is rare. It occurs in about 1 to 4 out of every 1,000 births. It usually begins in the first 2 weeks after childbirth. Women who have bipolar disorder or another mental health problem called schizoaffective (SKIT-soh-uh-FEK-tiv) disorder have a higher risk for postpartum psychosis. Symptoms may include:

- Seeing things that aren't there
- Feeling confused
- Having rapid mood swings
- Trying to hurt yourself or your baby

Q: What should I do if I have symptoms of depression during or after pregnancy?

Call your doctor if:

- Your baby blues don't go away after 2 weeks
- Symptoms of depression get more and more intense
- Symptoms of depression begin any time after delivery, even many months later
- It is hard for you to perform tasks at work or at home
- You cannot care for yourself or your baby
- You have thoughts of harming yourself or your baby

Your doctor can ask you questions to test for depression. Your doctor can also refer you to a mental health professional who specializes in treating depression.



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Some women don't tell anyone about their symptoms. They feel embarrassed, ashamed, or guilty about feeling depressed when they are supposed to be happy. They worry they will be viewed as unfit parents.

Any woman may become depressed during pregnancy or after having a baby. It doesn't mean you are a bad or "not together" mom. You and your baby don't have to suffer. There is help.

Here are some other helpful tips:

- Rest as much as you can. Sleep when the baby is sleeping.
- Don't try to do too much or try to be perfect.
- Ask your partner, family, and friends for help.
- Make time to go out, visit friends, or spend time alone with your partner.
- Discuss your feelings with your partner, family, and friends.
- Talk with other mothers so you can learn from their experiences.
- Join a support group. Ask your doctor about groups in your area.
- Don't make any major life changes during pregnancy or right after giving birth. Major changes can cause unneeded stress. Sometimes big changes can't be avoided. When that happens, try to arrange support and help in your new situation ahead of time.

Q: How is depression treated?

A: The two common types of treatment for depression are:

- **Talk therapy.** This involves talking to a therapist, psychologist, or

social worker to learn to change how depression makes you think, feel, and act.

- **Medicine.** Your doctor can prescribe an antidepressant medicine. These medicines can help relieve symptoms of depression.

These treatment methods can be used alone or together. If you are depressed, your depression can affect your baby. Getting treatment is important for you and your baby. Talk with your doctor about the benefits and risks of taking medicine to treat depression when you are pregnant or breastfeeding.

Q: What can happen if depression is not treated?

A: Untreated depression can hurt you and your baby. Some women with depression have a hard time caring for themselves during pregnancy. They may:

- Eat poorly
- Not gain enough weight
- Have trouble sleeping
- Miss prenatal visits
- Not follow medical instructions
- Use harmful substances, like tobacco, alcohol, or illegal drugs

Depression during pregnancy can raise the risk of:

- Problems during pregnancy or delivery
- Having a low-birth-weight baby
- Premature birth

Untreated postpartum depression can affect your ability to parent. You may:

- Lack energy
- Have trouble focusing



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- Feel moody
- Not be able to meet your child's needs

As a result, you may feel guilty and lose confidence in yourself as a mother. These feelings can make your depression worse.

Researchers believe postpartum depression in a mother can affect her baby. It can cause the baby to have:

- Delays in language development
- Problems with mother-child bonding
- Behavior problems
- Increased crying

It helps if your partner or another caregiver can help meet the baby's needs while you are depressed.

All children deserve the chance to have a healthy mom. And all moms deserve the chance to enjoy their life and their children. If you are feeling depressed during pregnancy or after having a baby, don't suffer alone. Please tell a loved one and call your doctor right away.

For more information

For more information on depression during and after pregnancy, call [womenshealth.gov](http://www.womenshealth.gov) at 1-800-994-9662 or contact the following organizations.

National Institute of Mental Health, NIH, HHS

Phone: (301) 496-9576
Internet Address: <http://www.nimh.nih.gov>

National Mental Health Information Center, SAMHSA, HHS

Phone: (800) 789-2647
Internet Address: <http://www.mental-health.org>

American Psychological Association

Phone: (800) 374-2721
Internet Address: <http://www.apa.org>

National Mental Health Association

Phone: (800) 969-NMHA
Internet Address: <http://www.nmha.org>

Postpartum Education for Parents

Phone: (805) 564-3888
Internet Address: <http://www.sbpep.org>

Postpartum Support International

Phone: (800) 944-4PPD, (800) 944-4773
Internet Address: <http://www.postpartum.net>

Content last updated March 6, 2009.

This FAQ was expert reviewed by:

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Fish Facts

PRINT-AND-GO GUIDE

Fish Facts for Women Who Are Pregnant or Breastfeeding

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

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

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

- **Eat a variety of cooked* seafood that contains little or no mercury, such as these types that are higher in omega-3 fatty acids:**
 - Salmon
 - Anchovies
 - Herring
 - Sardines
 - Pacific oysters
 - Trout
 - Atlantic and Pacific mackerel (not King mackerel)

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



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- **Limit white (albacore) tuna to 6 ounces (about 1 serving) per week.**
- **Do not eat these fish, which are high in mercury:**
 - Swordfish
 - Tilefish
 - King mackerel
 - Shark
- **Check before eating fish caught in local waters.** State health departments have guidelines on fish from local waters. Or get local fish advisories from the U.S. Environmental Protection Agency. Do not eat fish from local waters unless your state health department says that doing so is safe. If you are unsure about the safety of a fish that you have already eaten, don't eat any other fish that week.
- **Eat a variety of cooked seafood rather than just a few types.**

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

Fish Facts was reviewed by:

Rafael Perez-Escamilla, Ph.D.

Professor of Epidemiology & Public Health Director, Office of Community Health
Yale School of Public Health

Content last updated August 22, 2011.

Pregnant? You Need a **Flu Shot!**



Information for pregnant women



Because you are pregnant, CDC and your ob-gyn or midwife recommend you get the flu shot to protect yourself and your baby from the flu.

You should get vaccinated by the end of October. This timing helps ensure that you are protected before flu activity begins to increase. Talk to your ob-gyn or midwife about getting a flu shot.

The flu is a serious illness, especially when you are pregnant.

Getting the flu can cause serious problems when you are pregnant. Even if you are generally healthy, changes in immune, heart, and lung functions during pregnancy make you more likely to get severely ill from the flu. Pregnant women who get the flu are at higher risk of hospitalization, and even death, than non-pregnant women. Severe illness during your pregnancy can also be dangerous to your developing baby because it increases the chance for significant problems, such as premature labor and delivery.

The flu shot is the best protection for you—and your baby.

When you get your flu shot, your body starts to make antibodies that help protect you against the flu. Antibodies can be passed on to your developing baby, and help protect the baby several months after he or she is born. This is important because babies younger than 6 months of age are too young to get a flu vaccine. If you breastfeed your infant, antibodies may also be passed through breast milk. It takes about two weeks to make antibodies after getting a flu vaccine. Talk to your doctor, nurse, or clinic about getting vaccinated by October of each season, if possible.

The flu shot is safe for pregnant and breastfeeding women and their infants.

You can get the flu shot at any time, during any trimester, while you are pregnant. Millions of pregnant women have gotten a flu shot. Flu shots have not been shown to cause harm to pregnant women or their developing babies.

If you have your baby before getting your flu shot, you still need to get vaccinated. The flu is spread from person to person. You, or others who care for your baby, may get the flu, and pass it to the baby. Because babies younger than 6 months are too young to receive the vaccine, it is important that everyone who cares for your baby get a flu vaccine, including other household members, relatives, and babysitters.

The side effects of a flu vaccine are mild.

After getting your flu shot, you may experience some mild side effects. The most common side effects include soreness, tenderness, redness and/or swelling where the shot was given. Sometimes you might have a headache, muscle aches, fever, and nausea or feel tired.



If you have symptoms of the flu, call your doctor immediately.

If you have flu-like symptoms (e.g., fever, cough, body aches headache, etc.) – even if you have already had a flu shot – call your doctor, nurse, or clinic right away. Doctors can prescribe antiviral medicine to treat the flu and lessen the chance of serious illness. Because pregnant women are at high risk of serious flu complications, CDC recommends that they be treated quickly with antiviral drugs if they get flu symptoms. Tamiflu® (oral oseltamivir) is the preferred treatment for pregnant women because it has the most studies available to suggest that it is safe and beneficial. These medicines work best when started early.

Fever is often a symptom of flu. Having a fever early in pregnancy increases the chances of having a baby with birth defects or other problems. Tylenol® (acetaminophen) can reduce a fever, but you should still call your doctor or nurse and tell them about your illness.

If you have any of the following signs, call 911 and seek emergency medical care right away:

- Problems breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness or confusion
- Severe or constant vomiting
- Decreased or no movement of your baby
- High fever that is not responding to Tylenol® or other acetaminophen

For more information about the flu or the vaccine, call:

1-800-CDC-INFO

or visit:

www.cdc.gov/flu/



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

What You Should Know About Sexuality In Pregnancy

Women experience a variety of physical and mental changes during pregnancy, and it can be frustrating as you and your partner try to make adjustments. These changes continue from the moment you become pregnant until after the baby is delivered and they affect every aspect of your life, including your sexuality.

The First Trimester

Early pregnancy often reveals the major strengths and flaws of your partnership that were present prior to the pregnancy—sexual, emotional, marital, financial, and cultural. The transition to parenthood is a time of physical and emotional crisis, and any problems in a relationship are often made worse by stress. This leads to anxiety and frustration, and sometimes to marital problems and sexual dissatisfaction. Your doctor can explain the physical reasons for these stresses and help you to find a level of intimacy you can both enjoy.

Sexual desire and satisfaction decline throughout pregnancy for women but are still near normal levels during the first trimester. This is the best time to establish a strong sense of intimacy. Men and women experience different changes during pregnancy. While most women have less sexual satisfaction, only a few men feel this way during the first trimester—probably because women may have symptoms like morning sickness. To promote sexual intimacy, your partner can fulfill your needs through caressing, massage, and accompanying you to OB/GYN visits and to classes in childbirth and parenting.

The Second Trimester

The second trimester may be a time of increased sexual activity, desire, and satisfaction for women.

Because of the increased blood supply through the pelvis many women have more intense sexual pleasure and orgasms. However, a number of factors contribute to an ongoing decline in sexual functioning in this trimester as well. There is significant weight gain and you also begin to feel the baby's movements. These first signs of life sometimes make you feel like there's a "third person" present during lovemaking, and you may have fears of injuring the unborn baby as well.

Numerous myths and religious and social taboos may further decrease sexual desire and satisfaction, such as:

- "Contractions during orgasm will cause a miscarriage or pre-term labor"
- "Any kind of sex during pregnancy—especially oral or anal sex—are against my beliefs"
- "Oral sex can cause air to get into my uterus."

The transition to parenthood is a time of physical and emotional crisis, and any problems in a relationship are often made worse by stress.



Family and friends may give you all kinds of advice about harmful sexual practices during pregnancy and you may also have a condition that puts you at high risk for miscarriage.

Your OB/GYN is your best source of accurate information, and can answer all of your questions regarding which sexual activities are safe for you. If you cannot have vaginal intercourse, other options include fantasizing, masturbation, experimenting with different sexual positions, and anal or oral intercourse (with appropriate safety and hygiene precautions).

Remember that these changes have physical causes, and understanding these causes can prevent feelings of rejection and resentment....

Third Trimester

There is a dramatic decline in sexual activity, interest, and satisfaction among women and men alike during the third trimester. You may feel awkward and uncomfortable, and you're immersed in preparing for the baby's arrival. You may also fear that sex will trigger labor, bleeding, pain, and injury to the unborn baby. Again, your

OB/GYN is your source for information and reassurance about these concerns.

After Delivery

Changes in sexuality continue after delivery. Levels of sex hormones plunge temporarily leading to a state that is almost like menopause. You may have vaginal dryness and irritability, with thinning of the vaginal walls. This results in decreased vaginal lubrication and flexibility, making sex uncomfortable and less desirable. These symptoms may be aggravated by breastfeeding. However, new mothers often experience sensual pleasure during breastfeeding, which is thought to be an essential part of the bonding process.

Resources

- The American College of Obstetricians and Gynecologists
<http://www.acog.org>
- The American Academy of Family Physicians
<http://www.aafp.org>
- The US National Library of Medicine and the National Institutes of Health
<http://www.nlm.nih.gov>
- The Mayo Clinic—Women's Health
<http://www.mayoclinic.com>

Common responses include nipple erection and uterine contractions while nursing, and milk leakage during sexual arousal—all normal reactions at this time.

Other factors that may decrease your sexual desire in the postpartum period include:

- Exhaustion from nighttime feeding and infant care
- Spells of depression or “baby blues”
- Pain during sex from injuries during delivery
- Poor body image
- Adjusting to your role as a mother
- Fear of awakening the baby or inability to hear the baby crying.

The important thing is for you and your partner to recognize these new stresses and make allowances for them. If any problems persist for a long time (such as pain during intercourse or prolonged feelings of depression) you should report them to your OB/GYN.

Understanding Is the Key

Pregnancy generally has an increasingly negative effect on sexual activity and satisfaction as you get closer to delivery. You can prevent this from happening by talking things over with your partner and your OB/GYN week by week throughout pregnancy. Remember that these changes have physical causes, and understanding these causes can prevent feelings of rejection and resentment from festering. Keep the lines of communication open, and don't let misunderstanding ruin this time of joy.

Points to Discuss With Your OB/GYN

- Ask about other means of sexual stimulation during pregnancy.
- Ask about alternative sexual positions, such as side-lying (“spooning”), female superior, rear entry, and use of pillows to assist.
- Ask whether sexual activity and orgasm pose any risk to the baby.
- Ask about prenatal classes and education—you can benefit from sharing your concerns and experiences with other couples.

This handout was prepared by Michael L. McDaniel, MD, private practitioner, Obstetrics and Gynecology, Peachtree Women's Clinic, Northside Hospital, Atlanta, GA, using materials from McDaniel, ML. Sexuality in pregnancy. The Female Patient. 2007;32(8):35-40.



Genetic Carrier Screening

What is carrier screening?

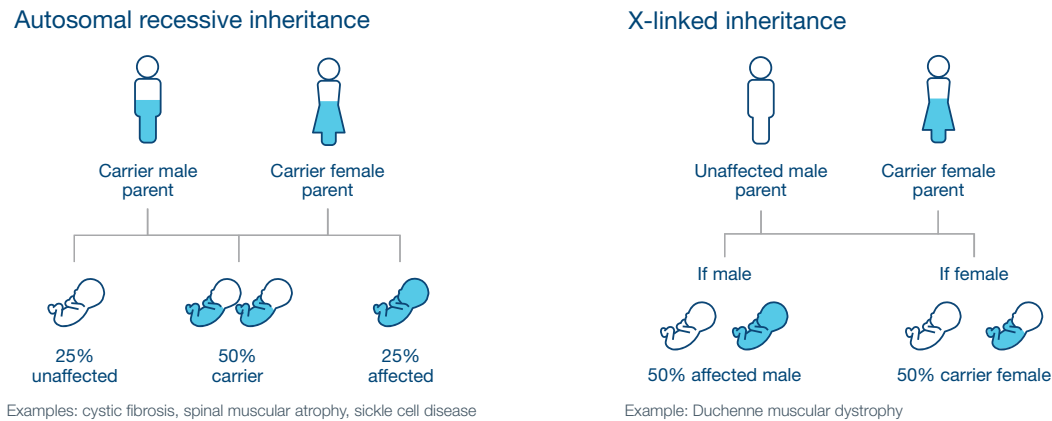
Carrier screening is a genetic test that determines your chances of passing on a genetic condition to your baby. Carrier screening...



- Is available to everyone either before or during pregnancy
- Typically only requires a routine blood draw
- Is done for your partner if your results show you are a carrier

What does it mean to be a carrier?

Carriers are typically healthy, but they could have a baby with the genetic condition they carry.



Why do carrier screening?

Many genetic conditions benefit from early medical treatment. Knowing your baby could have a condition can help you...

Identify a specialized care team to plan for delivery and early treatment options

Connect with families of children with the same condition

Plan for medical expenses and supplemental insurance

Understand risks and options for the future

Scan to hear a mother's personal experience

What happens after carrier screening?

If results show you **are a carrier**, speak with your provider to determine **next steps**, such as genetic counseling, partner testing, and/or testing during or after pregnancy.

If results show you **are not a carrier**, having a baby with one of the genetic conditions screened for is **highly unlikely, although still possible**.



Non-Invasive Prenatal Testing

What is Non-Invasive Prenatal Testing?

Non-Invasive Prenatal Testing, or NIPT, is a blood test performed during pregnancy that...

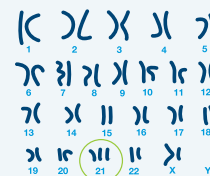


- Tells whether your baby has a high or low chance of having certain chromosomal conditions, along with providing your baby's sex.
- Can screen for Trisomy 21 (Down syndrome), along with other chromosomal conditions that involve intellectual disability and health complications that could require medical intervention and shorten lifespan.

What is a chromosomal condition?

DNA contains the genetic information that tells our bodies how to function. Chromosomes are the packages that store DNA in our cells. A person usually has 46 chromosomes grouped into 23 pairs. One chromosome in each pair comes from each parent.

- Chromosomal conditions occur when there is an extra or missing chromosome
- Chromosomal conditions are not usually inherited and occur by chance at conception



Trisomy 21, or Down syndrome, is caused by an extra copy of chromosome 21

Why choose NIPT?

NIPT is an accurate, non-invasive way to determine your baby's chance of having common chromosomal conditions.

If results are **high risk**, speak with your provider to determine **next steps**, such as genetic counseling, detailed ultrasound, and the option of diagnostic testing. No irreversible decisions should be made based on the results of any screening test.



If results are **low risk**, having a baby with a chromosomal condition is **highly unlikely, but still possible**.



How does NIPT compare with other prenatal chromosome tests?

NIPT

- Blood test evaluating DNA, **no risk to baby**
- Performed as early as **9 weeks of pregnancy**
- **Most accurate and comprehensive** screening test

Maternal Serum Screening

- Blood test measuring hormones, no risk to baby
- Performed only at specific times in 1st or 2nd trimester
- High false positive rate, misses more at-risk pregnancies

Diagnostic Testing (CVS or Amniocentesis)

- Invasive procedure, small risk of miscarriage
- Performed typically between 12-20 weeks of pregnancy
- Definitive and comprehensive results