

Pregnancy Information Packet

FIRST TRIMESTER

Making people whole

BELLA HEALTH + WELLNESS



B E L L A
health + wellness

Bella Health + Wellness

180 E. Hampden Ave,
Englewood, CO 80113
303-789-4968

bellawellness.org
info@bellawellness.org

Congratulations on your pregnancy!

We are with you every step of the way.

You've started out well, seeking out the finest prenatal care during your pregnancy. Our staff has nearly 100 years of combined experience caring for women! We are excited to do everything we can to make your experience with us as pleasant as possible, utilizing a combination of state-of-the-art equipment, modern techniques, natural approaches and old-fashioned concern for your well-being. Please let us know how we can best care for you!

This packet outlines everything you need in order to what to expect during your pregnancy. If you have remaining questions, our team is happy to help.

Let's get started!

OFFICE HOURS

Monday-Friday 7:30 a.m.–5 p.m.

We are closed for lunch from 12:30–1:30 p.m. during the week.

EMERGENCIES AND URGENT PROBLEMS

For urgent needs after hours, an on-call Nurse Practitioner is available. Call us at 303-789-4968 and follow the prompts.

If you have a true emergency, go directly to the Emergency Room or call 911.

HOSPITALS

Our primary delivery hospital is Swedish Medical Center—a HealthOne facility in Englewood, Colorado.

For those women whose insurance **requires** a Centura facility, we also have privileges at Littleton Adventist Hospital in Littleton.

Meet the Providers at Bella

OUR DELIVERING PROVIDERS

Sarah Hodack MD, Family Physician, Chief Medical Officer

Kathleen Sander MD, OB/GYN

Michael Hall MD, OB/GYN

Drew Lawler, Certified Nurse Midwife, FNP

Maria Domingue, Certified Nurse Midwife

Lauren Hamilton, Certified Nurse Midwife

OTHER PROVIDERS

Kristina Danovich, Women's Health Nurse Practitioner

Stephanie Langford, Family Nurse Practitioner

Nicky Attkisson, Family Nurse Practitioner

Theresa Sullivan, Women's Health Nurse Practitioner

Additionally, we have a full team of nurses, medical assistants, ultrasonographers and administrative staff here to support and care for you during your pregnancy! Please don't hesitate to let us know how we can best journey with you!

Prenatal Visits

What to Expect

Every pregnancy is different! While this is a general guide, additional ultrasounds or visits may be recommended.

CONFIRMATION OF PREGNANCY

- Usually around 6-8 weeks.
- At this visit we will review pregnancy information, prenatal care, hospitals and delivering providers and answer any questions you have.
- We will also discuss your medical history, surgical history, medications and any information relevant to your pregnancy.
- We will perform an ultrasound to look at your baby and give you a due date.

12 WEEKS

- At this visit we will draw prenatal blood work and perform a complete physical exam, including updating your pap smear if needed.
- If you would like genetic testing, we will draw that with your prenatal labs.
- Visits after this usually occur as follows:
 - every 4 weeks until 28 weeks of pregnancy
 - every 2 weeks until 36 weeks of pregnancy
 - finally, every week until delivery (depending on your particular history and pregnancy)
- At every visit we will check your blood pressure, weight, and urine, and listen to your baby's heartbeat. We also want to make sure to answer any questions you have.

16 WEEKS

- We will review the results of your prenatal labs and review any first trimester concerns.

20 WEEKS

- We will do a special ultrasound to look at the baby's organs, called an "Anatomy Scan" and review it with you.

- After 20 weeks, you should no longer be sleeping on your back.
- Cervical length check to screen for cervical insufficiency that would put you at risk for preterm birth.

24 WEEKS

- Take home a glucola bottle for the glucose tolerance test at the 28-week visit.

28 WEEKS

- The one-hour glucose tolerance test is done to screen for gestational diabetes.
- A complete blood count is checked to screen for anemia.
- If your blood is RH negative, you will receive a RHOGAM shot.
- We will review kick counts, signs and symptoms of preeclampsia, and signs of preterm labor.
- This is a good time to sign up for birthing classes and pre-register at the hospital.
- If you have any maternity or FMLA paperwork through your job, please give that to us to fill out for you.
- Begin thinking about your desires for labor, breastfeeding needs, your pediatrician, plans for circumcision and your future family after delivery.

30 WEEKS

- We will administer the Tdap (tetanus, diphtheria, pertussis) vaccine to protect your baby from pertussis (whooping cough).
- We will also discuss breastfeeding and can help you order a breast pump.
- Visits begin to occur every two weeks.

32 WEEKS

- We will review pain management options in labor and different labor positions.

34 WEEKS

- We will discuss expectations on labor and delivery, signs of labor, and when to go to the hospital.
- Now is a good time to start thinking about what to pack for the hospital.

36 WEEKS

- A culture is done to determine whether you have GBS (group B strep), a common vaginal bacterium. If you are positive, you will receive IV antibiotics during labor.
- We will perform an ultrasound to check the fluid, growth, and presentation of your baby.
- The ultrasound ensures that if there are any concerns we can add routine BPP ultrasounds and doppler checks to your appointment.
- We will also review postpartum and newborn care.

37 WEEKS

- We will review your birth plan or any birth wishes.
- Make sure hospital bags are packed!
- Weekly visits begin.

38-41 WEEKS

- We can start checking for cervical dilation if desired. We will answer any questions you have and get you ready to have a baby!

What are we doing at these visits?

Pregnancy is beautiful, normal, and natural! Our job is to journey with you and to be on the lookout for things that may be going off track. Our goal is always a healthy mom and a healthy baby. Prenatal appointments are important! At each appointment we will observe the following measurements to detect any early signs or symptoms of complications:

How's mom?

CHECK YOUR BLOOD PRESSURE

- High blood pressure could be a sign of pre-eclampsia.

DIP YOUR URINE

- Elevated protein and glucose are possible signs of pre-eclampsia or diabetes.

MEASURE YOUR WEIGHT

- This helps monitor nutrition as well as abnormal edema or swelling.

OTHER

- Sometimes we may add additional blood tests to look for any other abnormalities.

How's baby?

CHECK THE BABY'S HEART RATE

- A baby inside the uterus will usually have a heart rate between 110-160. We will check the baby's heart rate at every visit!

CHECK THE BABY'S GROWTH

- Once a pregnancy reaches 20 weeks, the uterus will measure similarly in centimeters! Even with all of the technology in the world, this remains a great way to monitor the growth of your baby and is done at each visit if an ultrasound is not done.

Questions?

Don't forget to bring your questions. Google is great, but we are here to answer your questions during this time!

Financial Considerations

& Understanding Your Responsibilities

Patients often have a lot of questions about finances in planning for payment of a pregnancy and delivery. We hope this serves as an explanation of how charges are incurred and paid for during the course of your care. Our billing team is here to serve you! If you have any questions or concerns, please call us at 303-789-4968.

GLOBAL MATERNITY SERVICES

After your confirmation of pregnancy visit, you will begin your global maternity care. Your global maternity care includes your prenatal appointments, your actual delivery by the provider, and your postpartum visits. This global charge is billed to your insurance at the time of delivery. Insurance usually processes this fee within 30 days of delivery, and you will receive an invoice from Bella Health + Wellness with your patient responsibility based on the benefits of your insurance plan.

- Recommendation: Call the member services number on your insurance card and inquire about your maternity coverage to get a cost estimate for your pregnancy

NON-GLOBAL SERVICES

Additional charges incurred throughout your pregnancy are billed separately from the global maternity care fee. These services include, but are not limited to ultrasounds, laboratory tests, injections, and fetal non-stress tests. These additional charges are not included in the global maternity fee, and they will be billed out at the time of service.

PRE-PAYMENT PLANS

If you have more than a \$2,000 deductible and/or co-insurance that has not been met at the beginning of your pregnancy, we will collect anticipated obstetrics fees throughout your pregnancy. Any additional fees will be collected immediately following delivery. Please reach out to the billing team with any questions, we are here to help!

*Please note, Bella does **NOT** offer payment plans after delivery.

INSURANCE COVERAGE

You are responsible for providing us with accurate insurance information and for informing us immediately of any changes in your coverage. Charges incurred for services rendered are your responsibility, regardless of your insurance plan's policy coverage limits. Your insurance coverage is a contract between you and your insurance carrier. As a courtesy, we will file with your primary and secondary insurance carriers on your behalf.

HOSPITAL CHARGES

Our providers deliver at Swedish Medical Center and Littleton Adventist Hospital. Patients who belong to contracted health care plans or who work for a specific health system must deliver at a specific hospital. You are responsible for checking with your insurance company or your human resources department to verify that the hospital you have chosen is in your network. You are also responsible for checking with your insurance company for coverage information pertaining to the baby.

- Note: Services rendered at the hospital are separate from the global maternity fee discussed above. These include, but are not limited to lab charges, hospital fees, anesthesia and surgical assistant (for C-section deliveries).

HOSPITAL CONTACT INFO

Please call the hospital with any questions regarding hospital charges.

- Swedish Medical Center: 303-788-5000
- Littleton Adventist Hospital: 303-730-5853

Warning Signs

In order to receive the best care, you should be able to recognize an emergency and know what to do about it. Any of the following should be considered emergencies, and you should seek medical help *immediately*.

- **Any vaginal bleeding**
- **Sharp or persistent abdominal pain or cramps**
- **Hard or regular contractions prior to 36 weeks**
- **Loss of fluid from the vagina**
- **Abnormal, foul-smelling vaginal discharge (please note that increased vaginal secretions are normal in pregnancy)**
- **Any concerns about fetal movement**
- **Persistent headaches**
- **Blurred vision or seeing spots**
- **Unusual swelling of hands, feet, or face**
- **Sudden weight gain (a gain of 1 lb. per day over 3 or more days in the 7th to 9th month)**
- **Extreme nausea and/or vomiting**
- **Infection, fever (temperature of 100.4°F or higher), chills or flu like symptoms**
- **Fainting**
- **Pain, burning or difficulty with urination**
- **Severe depression or anxiety symptoms**
- **Decreased fetal movement after you have begun to feel your baby**

Vaginal Bleeding

- 25% of all pregnant women have bleeding problems during the first three months of pregnancy. Many things can cause this.
- It may be harmless, but it may also signal a miscarriage.

- Bleeding during the later months is unusual and serious.
- If you have ANY bleeding, call for assistance.
- If possible, save any clots so that they may be examined.

Morning Sickness

...or All-Day Sickness

Nausea and vomiting usually begin by about five to six weeks of pregnancy. Nausea is usually worse around nine weeks and improves by 16 to 18 weeks. Some women experience morning sickness until the third trimester or even until delivery. Although nausea and vomiting are often called "morning sickness," you may feel sick at any time of day. 80% of pregnant women feel sick throughout the day. The goal with morning sickness is to avoid large amount of weight loss and help with symptoms. Here are a few things to try:

DIETARY CHANGES

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

AVOID TRIGGERS

One of the most important treatments for pregnancy-related nausea and vomiting is to avoid odors, tastes, and other activities that trigger nausea. Eliminating spicy foods helps some women. Brushing teeth after eating may help prevent symptoms. Avoid lying down immediately after eating and avoid quickly changing positions.

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

SUPPLEMENTS

- 12.5 mg Unisom sleep tablet (doxylamine succinate) at bedtime
 - Try for 3 days and if symptoms are not managed, you can increase to 25 mg Unisom at bedtime
- Vit B6 (50 mg at breakfast and lunch for a total of 100 mg/day)

WHEN TO SEEK HELP

Women with more severe nausea and vomiting sometimes need to be evaluated. Please call our office if you experience one or more of the following:

- **Signs of dehydration: infrequent urination, dark-colored urine, or dizziness**
- **Vomiting repeatedly throughout the day, especially if you see blood in the vomit**
- **Abdominal or pelvic pain or cramping**
- **If you are unable to keep down any food or drinks for more than 12 hours**
- **You lose more than 5 pounds (2.3 kg)**

Common Discomforts and Medications in Pregnancy

Over-the-Counter Medications

In general, we recommend avoiding medications in pregnancy. However, we recognize there are times when medications may be needed to alleviate some common issues in pregnancy. Please refer to this guide for medications that are okay to use during your pregnancy. If you have any questions, please ask your provider.

COLDS AND/OR COUGHS

If you develop a cold or cough, you do not need to call the office before using the listed medications unless you develop a fever of 100.5 °F, have the cold or cough for longer than five days, or develop other symptoms that concern you. You may take the following medications to alleviate symptoms that you may experience with a cold, cough or allergies:

- Tylenol Extra Strength (Acetaminophen 500mg): 2 tablets every 4-6 hours as needed
 - Use for general aches, headaches and fever
 - *Do not use any of the ibuprofen products such as Motrin or Advil!*
- Guaifenesin: 200 to 400 mg every 4 hours as needed
 - Use for temporary relief of cough due to minor throat and bronchial irritation or sinus stuffiness when drainage is not consistently green
- Dextromethorphan (Found in Robitussin cough): 10 to 20 mg every 4 hours
 - Use for temporary relief of cough
- Cepacol Throat Lozenges
 - Use as directed. If sore throat persists longer than three days or is accompanied by a fever greater than 100.5 °F, please call the office.
- Sudafed Nasal Decongestant (Pseudoephedrine Hydrochloride 30mg): 1-2 tablets every 4-6 hours
 - May be used temporarily for severe nasal congestion and drainage
 - *Do not use in the first trimester or if you have high blood pressure!*
- Supplements help!
 - Emergen-C, Airborne, or zinc are okay in pregnancy

DIARRHEA

Call during office hours if you experience diarrhea longer than 24 hours with or without a fever. Medications for diarrhea should only be used if absolutely necessary and when directed by our office.

- Imodium AD or Kaopectate
 - Take as directed on package

HEMORRHOIDS

Hemorrhoids are a common discomfort in pregnancy. They often create a burning, itching or pain near your rectum and can occasionally have bleeding with bowel movements. Please report any heavy bleeding.

- Witchhazel, Tucks, Preparation –H, or Amusol HC-1
 - Use as directed on package

CONSTIPATION

- Colace (Ducosate Sodium 100mg)
 - Take twice daily

- Metamucil (Psyllium Husk Fiber)
 - Take 2 teaspoons at bedtime with a glass of water
- Mylicon (Simethicone 80-160mg)
 - Take 2 tablets every 6 hours for gas
- Milk of Magnesia (Magnesium Hydroxide 30ml)
 - Take 1 ounce 2-4 times per day

INDIGESTION (GERD, acid reflux)

Indigestion is very common in pregnancy and usually occurs after meals or with certain foods. You can minimize your fluids while eating, avoid irritating foods, and avoid lying down right after eating. Call the office during office hours if the following medications are not effective.

- Tums, Maalox, Mylanta
 - Take as directed on the package. Don't take within 2 hours of taking your prenatal vitamin.

BACKACHE

- Tylenol Extra Strength (Acetaminophen 500mg): 1-2 tablets every 4-6 hours as needed
- Apply ice to the area

INSOMNIA

Insomnia is a common challenge in pregnancy. Avoid reading and watching TV in bed. Try eating a protein snack at bedtime and again if you wake up in the middle of the night and cannot get back to sleep.

- Benadryl (Diphenhydramine Hydrochloride 25mg): Take 1-2 tablets at bedtime
- Tylenol PM: Take 1-2 tablets at bedtime
- Unisom: Take ½ to 1 tablet at bedtime
- Melatonin

Healthy Weight Gain

HOW MUCH WEIGHT SHOULD I GAIN?

It depends. Pregnancy weight gain depends on how tall you are and how much you weighed before becoming pregnant. The following are recommendations; however, it is more important to pay attention to how well you are eating and not how much you are gaining.

- If BMI is underweight (Less than 18.5): Gain 28-40 pounds
- If BMI is normal (Between 19-24): Gain 25-35 pounds
- If BMI is overweight (Between 25-29): Gain less than 25 pounds
- If BMI is obese (Greater than 30): Gain less than 20 pounds

WHERE DOES ALL THAT WEIGHT GO?

The following is an approximate breakdown of weight gain during pregnancy:

- Blood: 3lbs.
- Breasts: 2lbs.
- Womb: 2 lbs.
- Baby: 7.5 lbs.
- Placenta: 2lbs.
- Amniotic Fluid: 2lbs.
- Maternal Stores: 4-8 lbs.

HOW WILL GAINING WEIGHT AFFECT MY BODY?

Some of the aches and pains during pregnancy are related to weight gain. Increased clumsiness and backaches are the most common effects of weight gain.

If you have struggled with weight issues in the past, you may find it difficult to accept the needed weight gain of pregnancy. Keep in mind that the extra weight will eventually come off after you have had your baby. Minimizing junk food and doing regular exercise during your pregnancy will make a positive impact on how you feel.

Remember, it took nine months to put on the weight, and it can take just as long or longer for all of it to come off.

Living Healthy

Data shows that living a healthy life and making good habits in pregnancy will spill into normal life after pregnancy. This is a great time to make some healthy life choices to be the best you can be along the journey! Here are a few reminders and answers to common questions:

- Wear a seat belt every time you are in a car.
- Continue good dental hygiene and have regular dental checkups.
- Sex is okay! Unless there are complications with your pregnancy or you have been directed otherwise, most studies have shown that intercourse does not increase risk of preterm labor/delivery or infectious complications—unless a sexually transmitted disease is acquired.
- Exposure to hair dye results in very limited systemic absorption and is likely okay. We do recommend avoiding ammonia-based products and coloring hair in a well-ventilated room.
- Use bug spray if you are exposed to mosquitos: The CDC has recommended pregnant women avoid mosquito bites through use of protective clothing and bug spray containing DEET (N,N-diethyl-3-methylbenzamide). We do recommend washing your skin after use.
- Monitor stress! Take a walk, deep breath, pray, meditate, and journal.
- Monitor sleep! Talk to us if you are struggling.
- Report any concerns with depression or anxiety.

Eating Healthy

Work towards a balanced diet! Pregnant women need about 300 extra calories a day from the following food groups to support their baby's growth:

CONSUME FREQUENTLY

- Water
- Fruits and veggies
- Whole grains
- Plant based fats (avocados, olive oil, nuts)

CONSUME MODERATELY

- Dairy
- Beans
- Poultry
- Eggs
- Naturally raised meats
- Fish*
 - It is okay to eat a limited amount of shrimp, salmon, pollock, catfish, and canned light tuna during pregnancy (No more than 12 oz./week)
 - Albacore (white) tuna okay (No more than 6 oz./week)

CONSUME MINIMALLY

- Caffeine is found in things like coffee, tea, soda, chocolate and some energy drinks and medicines. Low to moderate caffeine intake has not been found to be associated with adverse pregnancy outcomes. During pregnancy, it is recommended to limit the caffeine you get each day to 200 milligrams. This is about the amount in one 12-ounce cup of coffee.
- Salt
- Dark Chocolate
- Unrefined sugars and minimally processed treats

FOOD TO AVOID

- Hot dogs, luncheon meats, and cold cuts unless they are heated until steaming hot just before serving
- Refrigerated pate, meat spreads, and smoked seafood
- Raw and undercooked seafood, eggs, and meat
- Milk and juice products that are not pasteurized. If a food is pasteurized, it's been heated to kill bad germs. Look for the word "pasteurized" on the label of milk, yogurt, cheeses (including brie, feta, Camembert, Roquefort, blue-veined, "queso blanco," "queso fresco," and "Panela") and juices.
- Undercooked meats
- Sushi

What foods and how much should you eat each day?

FRUITS

Eat 1½ to 2 cups per day in the first trimester and 2 cups per day in the second and third trimester.

½ cup of fruit is equal to:

- ½ cup 100-percent fruit juice
- ½ cup fresh, frozen or canned fruit
- ½ a fruit (small orange, apple or banana)



GRAINS

Eat 6 ounces per day in the first trimester, 7 ounces in the second trimester and 8 ounces in the third trimester.

1 ounce of grain is equal to:

- 1 slice bread
- 1 cup ready-to-eat cereal
- ½ cup cooked rice, pasta or cereal
- 1 small pancake (4½ inches in diameter)
- 1 small tortilla (6 inches in diameter)

MILK PRODUCTS

Eat 3 cups per day all throughout pregnancy.

1 cup of milk product is equal to:

- 1 cup milk
- 1 cup yogurt
- 2 small slices of cheese or 1/3 cup shredded cheese

PROTEIN

Eat 5 ounces per day in the first trimester, 6 ounces in the second trimester and 6½ in the third trimester.

1 ounce of protein is equal to:

- 1 tablespoon peanut butter
- ¼ cup cooked dry beans
- 1 ounce lean meat, poultry or fish
- 1 egg
- ½ ounce nuts (12 almonds, 24 pistachios)

VEGETABLES

Eat 2½ cups per day in the first trimester and 3 cups per day in the second and third trimesters.

1 cup of vegetables is equal to:

- 1 cup raw or cooked vegetables
- 1 cup vegetable juice
- 2 cups raw, leafy greens
- 1 medium baked potato (2½ to 3 inches in diameter).

Other Things to Avoid in Pregnancy

FOR A HEALTHY PREGNANCY, WE RECOMMEND AVOIDING ANYTHING THAT COULD BE HARMFUL, INCLUDING THE FOLLOWING:

- Alcohol, cigarettes, and drugs including marijuana
- Time in hot tubs, saunas, and steam rooms—especially in the first trimester to limit your baby's heat exposure. Avoid temperature greater than 100.4 °F.
- Infections. Wash your hands frequently and avoid friends and family members who are sick. If you think you are exposed to an infection, let us know.
- Artificial sweeteners
- Lots of refined carbohydrates such as breads, pastas and sugary breakfast cereals, chips, cookies and candies

Listeriosis is a type of food-borne illness caused by bacteria. Pregnant women are 13 times more likely to get listeriosis than the general population. Listeriosis can cause mild, flu-like symptoms such as fever, muscle aches, and diarrhea. But it also may not cause any symptoms. Listeriosis can lead to miscarriage, stillbirth, and premature delivery. Antibiotics can be given to treat the infection and to protect your unborn baby. To help prevent listeriosis, avoid eating the following foods during pregnancy:

- Processed/delicatessen meats, hot dogs, soft cheeses, refrigerated smoked seafood, store-made salads, raw or lightly cooked sprouts

Toxoplasmosis is an infection which comes from a parasite. Some people may experience flu-like symptoms, but most never know they have it. For infants born to pregnant women, however, the infection can have severe complications such as miscarriage, stillbirth, seizures, enlarged liver and serious eye problems. In pregnancy it is recommended to avoid:

- Cat feces and kitty litter
- Dirt/soil (wear gloves when gardening and wash your hands well)

Mercury is a metal that can harm your baby and lead to birth defects. Fish get mercury from the water they swim in and from eating other fish that have mercury in them. In pregnancy it is recommended to avoid:

- Fish like shark, swordfish, king mackerel and tile fish

Folic Acid, Omega-3 Fatty Acids, and DHA

FOLIC ACID

Healthy eating that includes the right amount of the vitamin folic acid may help reduce your risk of having a baby with a birth defect of the brain and spine called a neural tube defect (also called NTD). Some studies show that taking folic acid also may help prevent heart defects and birth defects in your baby's mouth called cleft lip and palate.

Folic acid is especially important before pregnancy and in the first few weeks of pregnancy. All women, even if they're not trying to get pregnant, should take a multivitamin with 400 micrograms of folic acid in it every day.

During pregnancy, take a prenatal vitamin each day that has 400 micrograms of folic acid in it.

Your health care provider can prescribe a prenatal vitamin for you.

You can get folic acid from food. Some flour, breads, cereals and pasta have folic acid added to them. Look for "fortified" or "enriched" on the package to know if the product has folic acid in it.

You also can get folic acid from some fruits and vegetables. When folic acid is naturally in a food, it's called folate. Foods that are good sources of folate are beans, leafy green vegetables and orange juice.

It's hard to get all the folic acid you need from food. So even if you eat foods that have folic acid in them, take your prenatal vitamin each day, too. Most women don't need more than 1,000 micrograms of folic acid each day. Talk to your provider to make sure you get the right amount.

OMEGA-3 FATTY ACIDS AND DHA

Some fats are important for growth and development. One important kind of fat is omega-3 fatty acids. There are three key omega-3 fatty acids. Their names are really long, so it's okay to use just the letters:

1. Alpha-linolenic acid (also called ALA)
2. Docosahexaenoic acid (also called DHA)
3. Eicosapentaenoic acid (also called EPA)

Your baby needs omega-3 fatty acids.

During pregnancy and breastfeeding, DHA can help your baby's brain and eyes develop. If you're pregnant or breastfeeding, you need 200 milligrams of DHA each day. You can get omega-3 fatty acids, including DHA, from certain foods, including:

- Fish, like salmon, herring, sardines and fresh-water trout. It's okay to eat these kinds of fish because they don't contain a lot of mercury.
- Nuts
- Vegetable oils, like canola, soybean and olive oil
- Foods that have DHA added to them, like orange juice, milk and eggs. Check the package label to see if DHA has been added.

You also can get omega-3 fatty acids from multivitamins, supplements and some prenatal vitamins. Or you can take a supplement that is just DHA. Ask your provider before taking any supplement to be sure it's safe during pregnancy.

March of Dimes Foundation 2020.

March of Dimes materials are for information purposes only and are not to be used as medical advice. Always seek medical advice from your health care provider. Our materials reflect current scientific recommendations at time of publication. Check marchofdimes.org for updated information.

Exercise in Pregnancy

Exercise is an awesome way to improve health for women of all ages during every stage of life! Some women begin their pregnancy exercising and want to continue, while other women are interested in starting exercise after becoming pregnant. In most cases, we recommend regular exercise for women during their pregnancy.

IS IT SAFE TO EXERCISE DURING MY PREGNANCY?

All pregnancies are unique, but for most women, it is safe to exercise during pregnancy. Discuss your situation with our team to determine what is best for you. Please remember the following tips when exercising:

- Exercise regularly (at least three times per week instead of once in a while).
- Drink plenty of water when exercising.
- Wear clothes that are loose and comfortable.
- Don't exercise in bad weather (heat, humid, cold or icy days).
- After your first trimester, don't exercise while lying on your back.
- Listen to your body. If you feel tired, stop and rest.
- Avoid any new or unfamiliar exercises.
- Your joints are loose during pregnancy in preparation for delivery. Don't put too much stress on your joints—especially your hips. Swimming and cycling are great on joints!
- Eat 300 calories extra per day during pregnancy when exercising to ensure a healthy weight gain. This is equivalent to a small sandwich, a cup of fruit with yogurt, or an apple with cheese.

BE AWARE . . .

Although exercising in pregnancy is safe for most women, some may find that they experience problems. If you experience any of the following signs, please stop exercising and notify your health team or call 911.

- Pain
- Bleeding
- Shortness of breath
- Fluttering of your heart
- Pubic or hip pain
- Weakness
- Difficulty walking
- Swelling
- Dizziness
- Numbness in any part of your body
- Blurry vision
- Decreased baby movement
- Contractions
- Leaking fluid
- Nausea or vomiting
- Back pain

IS IT SAFE TO EXERCISE AFTER I DELIVER AND WHILE BREASTFEEDING?

Many women want to get back to exercising after delivery. Listening to your body and easing back into exercise is very important. Exercising at an even pace is best in order to keep your breast milk stable for your baby. Be sure to drink plenty of fluids and continue eating 300 calories extra per day during breastfeeding and exercise. And wear a snug bra while exercising to support your breasts.

Travel Considerations

Many women travel during pregnancy. If you are planning to travel during your pregnancy, let's chat! Please let us know when you will be traveling and how long you will be staying. We recommend taking a copy of your prenatal records with you and having a plan in case of emergency.

- Traveling is safe during pregnancy for most women. The best time to travel is between weeks 14-26 as most common emergencies usually happen in the first and third trimester.
- If you are planning a trip out of the country, discuss this with our staff and check with the CDC to see if any specific precautions or vaccines are needed (www.cdc.gov/travel). For flights or cruises, find out whether your airline or cruise-line has any travel restrictions during pregnancy.
- If you will be traveling and staying at altitude for a long period of time, please chat with your provider.
- When traveling, drink plenty of water and walk every hour! This can reduce the risk of developing blood clots in your legs.

Stay close to home after 36 weeks because you could go into labor, and we want to be there to welcome your sweet baby into the world!

Baby Movement

Most women begin to notice their baby moving around 20 weeks. At about 24 weeks, a baby will begin to have more regular and consistent movements. By 26 weeks, a woman should be able to do “Kick Counts.”

- **When:** When your baby is active during day (after eating or drinking something cold, after a walk, while you are feeling contractions), you should keep track of Kick Counts. You should do Kick Counts every day and especially if you are concerned that you have not felt your baby move.
- **How:** Sit down, put your feet up, or lie down on your left side. Place your hands on your belly and begin counting each time your baby gives you a nudge, kick or movement. Record the number of times your baby moves in a 60-minute period of time.
- **Why:** Baby movement gives insight into life on the inside. A baby should move 5-10 times in 1-2 hours. If your baby is not moving this much or if it is moving less than normal for you, this may indicate something is going on.

Please call if you are ever concerned about how much the baby is moving or if your baby is not moving.

Preterm Labor

WHAT IS PRETERM?

Preterm birth is delivery that occurs before the 37th week of pregnancy.

WHAT IS PRETERM LABOR?

Labor is a process where the uterus contracts or tightens in a regular pattern and causes the cervix (or the opening of the uterus) to open. Labor is diagnosed when both uterine contractions AND cervical change occurs. Preterm labor occurs before the 37th week of pregnancy.

WHAT CAUSES PRETERM LABOR?

The cause is not completely understood. Some situations are associated with preterm labor and may increase your risk for early delivery. Common factors are carrying twins or triplets or having a history of delivering a baby preterm in the past.

WHAT ARE THE WARNING SIGNS OF PRETERM LABOR?

- **Uterine contractions:** Four or more in one hour. The abdomen feels tight, but they may be painless or just uncomfortable.
- **Menstrual-like cramps:** Felt low in the abdomen, near the pubic bone. They may be constant or come and go.
- **Low, dull backache:** Lower back pain that may radiate to the sides or the front. This might be constant or rhythmic. It may or may not be relieved with position change.
- **Pelvic pressure:** Pressure or heaviness in the lower abdomen, back or thighs. It may feel like the baby is pushing down or “falling out.”
- **Intestinal cramps:** These may feel like “gas pains” and may or may not come with diarrhea.
- **Increase or change in vaginal discharge:** May become pink- or brown-tinged, and it may be mucous-y or watery.
- **A general feeling that something is “not right.”**

WHAT DO YOU DO IF YOU THINK YOU HAVE PRETERM LABOR?

- Go to the bathroom and empty your bladder.
- Lie on your side and drink 3-4 cups of water.
- While you are lying down, feel for contractions.
- If contractions are less than 10 minutes apart, call the doctor right away!
- If the contractions space out but are 15 minutes apart or closer after one hour of rest and fluids, call the doctor.

CALL THE DOCTOR RIGHT AWAY IF YOU HAVE:

- **A leak or gush of fluid from your vagina**
- **Any bleeding from your vagina**
- **Decreased or absent movements of the baby**
- **A hard abdomen that never gets soft**
- **Severe stomach pain that does not go away even with position change**

High Blood Pressure in Pregnancy

“Pregnancy Induced Hypertension” (PIH)

“Pre-eclampsia”

“Toxemia”

All of these refer to the same medical complication that can occur during some pregnancies. When this does happen, it can become very serious and even life-threatening to both you and your baby.

The exact cause of this disease is still not known. We do know that drinking plenty of water and eating plenty of protein-rich foods every day can help.

Pre-eclampsia increases your blood pressure, it can cause you to have protein in your urine, and it can cause your hands, face and feet to swell. In some cases, it can cause a baby to not grow as well as it should during your pregnancy. It usually occurs in the last trimester of pregnancy—after 28 weeks. If pre-eclampsia or high blood pressure is found in its early stages, it is possible to intervene early as well. For this reason, it is important to watch for signs and symptoms and let us know if you are experiencing any of the following symptoms:

- **Sudden weight gain:** Experiencing a five-pound weight gain overnight or in 1-2 days. Swelling of your hands or face; you may notice that rings no longer fit. Remember that some swelling—especially of your ankles—is normal in many pregnancies.
- **Changes in your vision:** Vision changes include blurry vision, seeing spots before your eyes, or flashes of light that do not clear quickly with rest.
- **Headaches:** Headaches are often normal in pregnancy. However, pain in the area of your forehead may be concerning if it does not go away after one hour with rest, fluids, and Tylenol.
- **Pain in your right side:** May occur under your ribs or between your breasts (like heartburn but does not go away with antacids). Sometimes it can wrap around your right side and into your upper back.
- **Decreased fetal movement:** Your baby is moving less than it usually does, even after a snack and drinking some water or juice.

IMPORTANT CONTACT INFO

B E L L A health + wellness

WOMEN • MEN • CHILDREN

OFFICE HOURS

Monday-Friday: 7:30 am-5 pm.

We are closed for lunch from 12:30 pm-1:30 pm during the week.

OFFICE ADDRESS

180 East Hampden Avenue,
Englewood, Colorado 80113

P: 303-789-4968

F: 303-789-6018

W: bellawellness.org

E: info@bellawellness.org