



Preconception

Get Ready for a Healthy Pregnancy

Pregnancy Is a 22-Month Process

It takes 40 weeks to bring a new life into the world. But, the complete experience of pregnancy takes much more time. Pregnancy is a 22-month process: It starts with at least six months of preconception care and ends with up to six months of postnatal adjustments. All along the way, Professionals for Women's Health is ready with the personal support and detailed information you need to make every moment a experience to treasure.

A Time of Careful Preparation

A healthy pregnancy begins before you conceive. Since critical stages of your baby's development occur in the weeks between conception and the day you learn that you are pregnant, we urge you to prepare before conception to offer your baby the best possible start. Taking steps to minimize the risk of harm from certain diseases, alcohol, drugs, nutritional deficiencies and environmental hazards will improve your chance of giving birth to a healthy baby.

*Professionals for
Women's Health*



Preparing for Conception

Nutritional Supplements About two months before you begin trying to conceive, start taking prenatal vitamins with folic acid. Not only do these supplements ensure that your baby gets the necessary vitamins and minerals in the early days of development, they also could lower your baby's risk of having a neural tube defect as much as 50 percent. These defects include spina bifida (an open spine) and anencephaly (a deadly defect of the brain and skull).

It is difficult to get the recommended amount of folic acid through diet alone. Your supplement should contain 1 mg. of folic acid. If you have had a infant with a neural tube defect, an increased amount of folic acid will be prescribed.

At the same time, we recommend that you stop taking other nutritional supplements. In particular, limit your intake of Vitamin A because an excess of this vitamin may be associated with some birth defects.

“A well-planned exercise program helps you to control your weight and increase your energy.”



Exercise and Fitness

Getting into good physical condition should be a part of every women's preconception planning. A well-planned exercise program helps you to:

- Improve cardiovascular fitness, muscle strength and flexibility.
- Control weight.
- Decrease backache.
- Decrease postpartum belly.
- Improve self-esteem.
- Increase energy.
- Sleep better at night.
- Decrease daily tension.
- Improve appearance, especially posture.
- Cope better with the stress of pregnancy.
- Have better urinary control postpartum.
- Decrease constipation.
- Get back into shape after the birth.

Starting an Exercise Program: If you do not have a regular program, begin one about six months before you become pregnant. Exercising at least three times per week is better than becoming a weekend athlete.

Drink plenty of fluids, and never exercise on an empty stomach. If you like to exercise in early morning, first eat a light, carbohydrate snack, such as a piece of citrus fruit.

If you have been inactive, begin gradually. You may start with gentle walking or stationary cycling. Fit women can continue most of their usual activities, making modifications once they become pregnant.

A Typical Workout: A five-minute warm-up, which is your chosen exercise at a lower intensity, should precede any vigorous exercise. Learn to monitor your exercise intensity using either heart rates, “talk test,” or perceived exertion. Never exercise vigorously in hot, humid weather, especially once you are pregnant.

Exercise of moderate intensity may be performed for a period of up to 30 minutes. Lower intensity activities may be performed for a longer period of time. End each session with a cool down and a moderate amount of gentle stretching. Careful stretching to the point of mild resistance is important to prevent muscle soreness and for postural balance.

Smooth, fluid movements are better than bouncy movements to prevent injury. Always exercise over a well-cushioned surface.

Just Before You Conceive: About one month before you try to conceive, begin to restrict your exercise movements to avoid jumping, leaping or any activity where loss of balance is probable. Start training yourself to change your positions gradually during exercise so you can prevent dizziness.



Genetic and Health Concerns

We recommend that you schedule an appointment with us five months before you try to conceive. We will review your medical history and discuss any special issues that may occur.

Rubella Testing: You need a blood test to determine if you are immune to rubella, also called German or three-day measles. This is a mild, short-lived infection that can have a devastating impact on a fetus during the first trimester.

Rubella symptoms, which occur two to three weeks after exposure, include a slight fever, enlarged and sensitive lymph nodes in your neck, slight sore throat and a cough, followed by a rash a day or two later.

If your test shows that you are not immune to rubella, you need a immunization and then must wait three months to become pregnant.

Although your chances of getting this disease in the United States are slight, one out of seven pregnant women is not immune. If you do get rubella in the first three months of pregnancy, your baby has a 50 percent chance of having severe abnormalities. After the third month, the risk to the baby is slight.

Inherited Diseases: Your visit should include a discussion of any inherited diseases that may occur in your families. Carrier screening before conception may reassure you that your baby is not at risk. We can also offer you cystic fibrosis screening prior to conception. Please talk with your provider in regards to these options. This will also give you the time you need as a couple to discuss your options.





Chronic Diseases: If you have a chronic disease, such as diabetes, hypertension, lupus or epilepsy, that poses risks to both you and the baby, we will work together with you and your primary care physician to develop a care plan to help lower these risks.

For example, pregnant women with poorly controlled insulin-dependent diabetes have up to six times the risk of having a baby with birth defects and a higher risk of miscarriage. Controlling the blood sugar before and during pregnancy gives the woman an excellent chance of a healthy outcome.

History of Pregnancy Problems: If you have a history of pre-term labor, we may recommend a preconception evaluation to determine if there is a treatable cause, such as an infection or abnormality of the uterus.

If you have had two miscarriages in the first trimester or one in the second trimester, we can do a medical evaluation to look for a cause. For example, one cause of repeated miscarriages is a treatable immune system disturbance, antiphospholipid syndrome, that often has no outward symptoms. The resulting treatment often leads to a successful pregnancy.

Medications: During the appointment, be certain to tell us what medicine, including over-the-counter medications for headaches or colds, that you take on even an occasional basis. We can tell you what medication to stop taking and when. Tylenol, Robitussin, and Sudafed products are safe while trying to conceive.

Workplace Hazards

If your work involves the fields of medicine, dentistry, farming, landscaping, art, photography, transportation, construction, dry cleaning or factory work, you need to take special care about your exposure to hazardous chemicals or radiation.

Although in most cases the risk is slight, it's best to be as exposure-free as possible. You can contact the Occupational Safety and Health Administration for the latest suggestions on job safety and pregnancy for your profession.

Women Age 35 and Older

Preconception care is especially important if you will be 35 or older during delivery. If you are healthy, you are likely to have a healthy baby. Nevertheless, your age does increase the risk of Down's syndrome, hypertension, preterm delivery, gestational diabetes, a cesarean section, miscarriage and twins. The process of conception also may take longer for you.

Since the most important determinant of a good outcome is good health at the beginning of pregnancy, not your age, we encourage you to take special care to establish good health habits before you conceive.

Once you are pregnant, we can help you arrange for tests through CVS, Nuchal Translucency and amniocentesis to determine if your baby has any chromosomal abnormalities, if you wish.

Preconception Care For Dad

The impact of a father-to-be's activities on the chance of having a healthy baby is now under study. The initial research show that the father's exposure to workplace hazards, smoking and drinking can affect the ability to conceive and to have a successful outcome.

It's best for the father to join the mother in lifestyle changes. He should stop smoking, limit drinking and improve his nutrition before the conception. If he is exposed to radiation or chemicals at work or in hobbies, he should discuss this with us or his own health care provider.

He may also want a complete physical so he can deal with any health problems before the baby is born. When both parents adopt a healthy lifestyle, the baby benefits now and in the future.

Becoming Pregnant

The Menstrual Cycle

Understanding your body's menstrual cycle and the reproductive process can help you to know when you are the most fertile. You should begin to note the first day of your menstrual cycle on a calendar so you can determine the best times for you to become pregnant.

Most women produce an egg each month, while the uterus develops a thick lining to give a fertilized egg a place to grow. If the egg is not fertilized, the lining is released in menstruation, which is counted as Day 1 to Day 5 of your cycle.

When the egg is not fertilized, your levels of the hormones, estrogen and progesterone, decrease. This signals the pituitary to send the follicle-stimulating hormone (FSH) to the ovaries. While this happens, in Day 1 to Day 13, the mucus from the cervix becomes thinner and clearer.

Your pituitary gland then causes a surge in the level of luteinizing hormone (LH) in your body. The FSH and LH cause the egg to mature and be released.

Ovulation

Ovulation occurs 14 days before the onset of the next menses. In a 28-day cycle, ovulation occurs on Day 14. In a 32-day cycle, it occurs on Day 18.

Once the egg is released, it can be fertilized for 12 to 24 hours. Chances of conception are greater if intercourse occurs just before, rather than after ovulation.

Using pillows under the hips during and after intercourse does not enhance fertility. The sperm are in the cervical mucus and travel from the cervix to the fallopian tubes for the next 48 to 72 hours.

To increase your chances of detecting your ovulation, you can monitor your basal body temperature, observe changes in the cervical mucus or buy an ovulation detection kit, which indicates when you have your LH surge, at a drug store.

If your cycle is very irregular and unpredictable, ovulation may be irregular or nonexistent. An ovulation predictor may not be helpful. We can discuss this situation at your preconception visit.

Infertility

If you have not conceived after trying for one year, a medical condition may be causing infertility. Schedule an appointment with us to begin looking for the cause.

Miscarriage

Miscarriage is fairly common. First trimester miscarriages occur in 10 percent to 20 percent of all pregnancies and are usually associated with chromosomal mismatch. The chance of having a first trimester miscarriage increases with age.

Second trimester miscarriages are rare. They may be related to a problem with the cervix.

Nurse-Midwife Care

Qualifications

- Registered Nurse
- Graduate Degree
- Advanced Educational and Clinical Training
- National Certification by Examination

Health Care Services

- Pregnancy, labor, delivery and postpartum care. The nurse midwives at PWH do not do home births. Deliveries are at Riverside, St. Ann's and OSU Hospitals.
- Infertility
- Preconception
- Annual Exams
- Premenopause
- Postmenopause
- Screening and Treatment of Infections, Menstrual Irregularities, and Pelvic Pain

Quality Care

Certified Nurse-Midwives (CNMs) have practiced in the U.S. for many years. Studies have shown that care by a CNM is safe and personalized. "Midwifery has a good track record with regard to quality of care, it represents a good value...and it rates high in client satisfaction."

A Team Approach

The CNMs at PWH provide comprehensive health care. We are fortunate to practice with a team of professional health care providers, which includes Women's Health Nurse Practitioners and Physicians. This means easy access to health care at PWH. And if a woman develops a condition that needs more specific investigation and observation, she is referred and has easy access to the physicians.

The Nurse-Midwife Difference

***Time:** One advantage of an advanced practice nurse is spending more time providing health education, listening and discussing with patients their concerns and expectations regarding their care, including labor and delivery, and providing appropriate guidance.

***Touch:** Or more specifically, a personal relationship with patients that makes them feel comfortable asking questions and discussing concerns.

***Technology:** Our patients are able to take advantage of available technology that helps assure good health, safe care and comfort.

*****A Common Misconception** is that a nurse-midwife patient in labor may not use pain medication. Pain medication and anesthesia are available for patients.

Preparing for the Changes Ahead

Physical Changes of Pregnancy

You should prepare yourself emotionally for the dramatic changes that your body will soon undergo in pregnancy.

Uterus: Before pregnancy, the uterus weighs about 2.5 ounces and can hold one to two teaspoons of fluid. At the end of pregnancy, it weighs about two pounds with a two-liter capacity.

When you are eight weeks pregnant, it's the size of a tennis ball. At 10 weeks, it's grown to the size of a naval orange. At 12 weeks, it's grapefruit-sized.

Breasts: In early pregnancy, they feel tender and full. After the second month, they increase in size and feel lumpier. The nipples and areola darken, while the Montgomery glands enlarge. You'll probably see blue veins and stretch marks.

Skin: Stretch marks may appear on your abdomen, breasts and thighs. A dark line develops from the belly button to the pubic hair. Facial brown patches, called the mask of pregnancy, may occur. You may develop bumps on your gums. You may see vascular spider veins, which are small red discolorations, on your face, neck, upper chest and arms. Redness in the palm, skin tags and changes in mole color are common.

Sebaceous gland activity increases the incidence of acne. Sweat gland activity also increases. Your hair may grow faster.



Arms and Legs: You may experience carpal tunnel syndrome (which numbs your hands), prominent leg veins, varicose veins, and swelling of the feet, ankles and legs.

Eyes, Ears and Nose: The increased circulation may temporarily hamper your hearing and give you nasal stuffiness. Swelling of your corneas and changes in your tear composition can affect your use of contact lenses. Your eyes may experience other temporary internal changes that can cause trouble reading.

Heart and Blood Vessels: Your heart rate increases 10 to 15 beats per minute, while your blood volume grows by 45 percent, which is equal to 1.5 liters. The blood vessels in your legs are dilated.

Respiratory System: Due to the influence of the hormone progesterone, you may feel an increased need to breath. Progesterone causes you to be more sensitive to changes in the carbon dioxide level in your blood.

Urinary System: You urinate more frequently in the first and third trimesters, as well as more often at night because the filtering increases when you are lying down. You simply have more urine because of the increased blood volume that filters through the kidneys. The relaxation of the urethra and the bladder increase the risk of infection. You also may leak urine when you cough or sneeze.

Gastrointestinal System: Nausea, vomiting and heartburn are common, as are excessive salivation, taste alterations, gas, constipation and hemorrhoids. You may feel fluids come up from you stomach because the muscle at the top of your stomach tends to relax. You also may experience food cravings, food aversions and an enhanced sense of smell.





Aches and Pains: The pressure on the nerves and obstruction of blood return can cause muscle cramps. Backache is very common due to your relaxing joints and enlarging breasts and uterus. You may experience decreased sensation, numbness and even decreased movement due to compressed nerves.

Immune System: Your immune system also is altered so your overall risk of infection is higher.

Weight Gain: Sensible and safe weight gain for the average woman is between 25-35 pounds. The breakdown of your weight gain is as follows:

Baby - 7 1/2 lbs.

Placenta - 1 1/2 lbs.

Amniotic Fluid - 1 3/4 lbs.

Uterus - 2 lbs.

Breast - 1 lb.

Blood Volume - 2 3/4 lbs.

Extra Fluids in Maternal Tissue - 3 lbs.

Maternal Fat - 7 lbs.

The Emotions Of Pregnancy

First Trimester: Your emotions are often unstable in early pregnancy, similar to the feelings of PMS. You'll experience a wide array of emotions: irritability, mood swings, weepiness, fear, joy, elation, misgiving and absent-mindedness. Around your third month, a new calm sets in, with mood swings decreasing around the 20th week.

Second and Third Trimester: At six months, you may experience anxiety about the future, motherhood, the baby's health, and labor and delivery. We can advise you at that time on some healthy ways to deal with your anxiety. You also may begin to be bored with your pregnancy.

By seven months, you are eager for the pregnancy to be over. You often dream and fantasize about your baby.

Postpartum: Once the baby is born, you may be surprised by the diversity and the intensity of your emotions. No doubt about it, your life changes drastically. While you feel intense love, pride and even awe toward you baby, you also may experience sadness and even depression. Many mothers are surprised at how overwhelmed and inadequate they feel.

Are You Ready To Have a Baby:

We know that these changes sound intimidating. They are also very real. Now is the time when you should consider how prepared you feel to handle these changes and how capable you are of coping with a baby. Ask yourself these questions:

- Am I ready to focus my attention on a new baby and put my own needs aside when I should?
- Am I ready to care for another person's total well-being?
- Am I responsible in other areas of my life?
- Is my life in order, including my work, my relationships, my financial condition and my education?
- What traits or skills do I have that will make me a good parent?
- Do I have the skills I need to cope when difficulties come?
- What should I learn before I have a child?
- Does this seem like the right time in my life to become a parent?
- How will parenthood affect us as a couple? Can our relationship handle this stress?

Before you conceive, we urge you to review any emotional difficulties that you've had in the past or are experiencing today. If you have trouble with responsibility, depression, anxiety or abuse, you should get help now. (Call us, and we will be happy to direct you to the appropriate kind of help.) This action could spare you, your partner and your baby a great deal of emotional pain.

Preparing to Breastfeed

The American Academy of Pediatrics advises mothers to feed their babies breast milk for the first six to 12 months of life because it helps keep babies healthier.

Mothers who breastfeed usually have less bleeding after delivery, tend to lose weight gained during pregnancy more quickly, bond closely with their baby, and delay the onset of regular periods while nursing.

Getting started may be a bit challenging but, with practice, you and your baby will soon become experts. You can expect to feed the baby at least eight times a day, nursing 10 to 20 minutes on each breast at each feeding, to meet your baby's needs for calories and fluids.

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Because we encourage all new mothers to breastfeed, we offer Lactation Services from a Certified Lactation Consultant, Chris Harter.

You can schedule an appointment with her for personalized prenatal assessment and counseling by calling 614/268-8800. She is also available for follow-up help after delivery. For your convenience, Chris Harter also offers breast pump rental and sales.

Preconception Countdown

Six Months Before Conception

- **Consider your physical, emotional and financial readiness.**
Seriously discuss the impact of a baby on your life. Do you have the maturity, money and time to handle it?
- **Stop smoking now.**
Smoking increases the incidence of infertility, miscarriage, poor fetal growth, fetal distress, preterm labor, placental abruption, placenta previa and Sudden Infant Death Syndrome.
- **Limit alcohol consumption.**
Limit it to zero if there's any chance that you could conceive. Otherwise, limit alcohol intake to no more than one drink per day.
- **Try to achieve normal weight in a sensible manner.**
Underweight women often have small babies who have problems during labor and after delivery. Women who are overweight run a higher risk of developing diabetes or hypertension during pregnancy. Eat reasonably to achieve your weight goal. If you have anorexia or bulimia, we suggest that you delay your pregnancy until you are able to practice good nutrition.
- **Begin a fitness program.**
Establish a consistent routine that can be continued into pregnancy to build your strength and increase your energy level.

- **Start eliminating junk food and refined sugar, while increasing whole grains, in both parents' diets.**
Your husband's diet should mirror your own as good nutrition helps maintain healthy sperm.

- **Avoid street drugs, toxic substances, chemicals and any radiation.**
If you take street drugs, stop immediately. They may cause birth defects or contain toxic substances that can hurt the baby. If your workplace or hobbies expose you to any potential hazards, you may need to modify your situation.

Five Months Before Conception

- **Ask your family about any history of problem pregnancies, birth defects or inherited diseases.**
Some preconception testing may be in order if the history includes muscular dystrophy, cystic fibrosis, Tay-Sachs disease, sickle-cell disease, thalassemia or other genetic diseases.
- **Visit your health care provider.**
You need to review your medical history, genetic concerns, current birth control and current medication.
- **Take a rubella test.**
If you are not immune, you need a rubella vaccine at least three months before you conceive.
- **Correct any gynecological or health problems.**
Take care of minor elective surgery, allergy shots or anything else about which you've procrastinated. If you have diabetes, asthma, a heart condition or any other chronic illness, be sure that your primary physician has approved your efforts to become pregnant.

Four Months Before Conception

- **Learn about ovulation and conception.**
Ovulation occurs 14 days before the onset of menses.
- **Keep track of periods.**
Note the first day of the menstrual cycle on a calendar. This allows you to know the length of your cycle, so you can determine when ovulation occurs.

Three Months Before Conception

- **See your dentist.**
If the dentist sees a need for X-rays, fillings or surgery, do it immediately.
- **Update your immunizations.**
Get a tetanus shot, if you haven't had on in 10 years.
- **Avoid known sources of toxoplasmosis.**
Such as eating undercooked meat and handling cat litter.
- **Switch to an interim birth control method, as recommended by your health care provider.**
If you stop use of birth control pills, follow our directions on how long to wait to conceive. (Good news: We now know that birth control pills do not cause defects even if taken during early pregnancy.) If you use an IUD, we can remove it now. Many couples use condoms without spermicides as an interim birth control method.

Two Months Before Conception

- **Begin using prenatal vitamins with folic acid.**
Stop taking all other nutritional supplements.
- **Cut back on caffeine.**
Research on the health effects of caffeine shows that moderate consumption (1-2 cups of a caffeinated beverage per day) is safe.
- **Limit use of over-the-counter drugs.**
Do not take any after you start trying to conceive unless you have called us first.

One Month Before Conception

- **Stop dieting to lose weight.**
Never try to lose weight while you are pregnant or trying to conceive.
- **Stop drinking alcohol.**
Women who drink heavily have a strong risk of having a baby with fetal alcohol syndrome, which includes mental and physical defects. But even light drinking can be risky. It's best to stop before conception and avoid any drinking in pregnancy.
- **Avoid overheating.**
Elevated body temperatures in early pregnancy may increase the risk of neural tube defects. Avoid excessive exercise, hot tubs and saunas.
- **Start trying to conceive.**
Relax. Remember: It takes time. A 20% conception rate each month is normal. (Unless the father-to-be has been diagnosed with a low or borderline sperm count, intercourse every other day is probably adequate.)



Scheduling Your First Prenatal Appointment

If an over-the-counter pregnancy test says that you are pregnant, congratulations! These tests are generally reliable. Call our office to schedule your first prenatal appointment. At the time, you need to bring your insurance information, copayment, and know the date of the first day of your last period.

Three Offices To Serve You

To schedule your appointment at Professionals for Women's Health, call **614/268-8800** today. A team of health care professionals including physicians, nurse practitioners, certified nurse-midwives and a lactation consultant is ready to provide the information, medical care and support you need for peace of mind before and during your pregnancy. You can schedule an appointment at any of our three offices that is most convenient to you.

*Professionals for
Women's Health*



To reach us at any location at any time
call **614/268-8800**
www.pwhealth.com