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Congratulations, you're pregnant! ***Now what?***

You recently found out you were pregnant, but your first appointment is not with us until you are about 8 weeks pregnant (or 6 weeks from your last menstrual period). The following information answers many common questions, and we look forward to seeing you for care soon!

Exercise: Now is not the time to begin an exercise regimen, but if you are already exercising regularly, keep it up! The "talk test" is a good indicator of a safe level of exertion during exercise while pregnant. In other words, if you can carry on a conversation or sing a tune while exercising, you are in the **aerobic phase** of exercise and should stay there. Breathlessness means you need to slow down or reduce your effort.

Caffeine: Modest coffee or other caffeinated beverage consumption is fine in pregnancy. We recommend you limit yourself to 1-2 cups of coffee daily.

Travel: Travel in the first trimester, although typically safe, can be a challenge because of morning sickness, fatigue and many food and odor intolerances. Any bleeding or abdominal cramping should result in immediate evaluation before beginning your trip. A flu shot is especially recommended if you will be travelling during peak flu season.

Medications: Many over-the-counter medications are safe to take during pregnancy, but only if truly necessary. Any questions or concerns about a medication or its dosing should be addressed by one of us at the office. Please do not hesitate to call!

Pain medication: Headaches and backaches are common in pregnancy. You cannot take ibuprofen (Motrin, Advil, Aleve, etc.) or aspirin products. If you must take a pain reliever, acetaminophen (Tylenol) is recommended. Judicious use, however, is advised. Severe pain warrants a phone call please.

Allergy medication: non-drowsy antihistamines (Claritin, Zyrtec, and Allegra) are acceptable. Benedryl may be used at night if it proves beneficial to you. It may make you sleepy.

Cold medication: If you have nasal congestion, as is common with a cold, avoid systemic decongestants like Sudafed. Most Pulmonologists now recommend steroid-based nasal sprays to decrease the swelling within the nasal passages and allow you to breathe easier, faster. Nasacort Aqueous is a steroid-based nasal spray now available over-the-counter. Use only until you find you are congested. Saline nasal sprays are helpful but avoid Afrin nasal sprays, which cause rebound congestion. We should see you if you find your cold symptoms are associated with fever, shortness of breath or if your symptoms persist for greater than a week.

Cough medication: Most over-the-counter cough syrups are acceptable, but so many are on the market. If you have questions, you should ask the pharmacist or contact our office. Do not use cough medicines that contain alcohol (Nyquil). Cough drops and throat sprays may be used. Zinc throat lozenges may cause nausea, especially in pregnancy, and should be avoided. If your cough is keeping you up at night, is associated with fever, shortness of breath or is not improving, please call us to be seen.

Heartburn medication: Using antacids like TUMS or Rolaids for occasional heartburn is fine. Too much increases your chances for kidney stones secondary to high calcium levels in your blood. Spicy foods, acidic foods (OJ or tomato-based sauces), caffeine, chocolate and mint are notorious promoters of heartburn, but sometime even a glass of water can cause symptoms when you are pregnant. If antacids are no longer helping you, consider over-the-counter medications like Zantac or Prilosec OTC to inhibit stomach acid production and lessen your heartburn symptoms. These medications, however, need to be taken daily in order to work, and not just when you experience symptoms.

Constipation medication: Pregnancy hormones slow bowel motility and therefore constipation is almost a universal problem for pregnant women. Stool softeners like Colace, and stool-bulking agents like Metamucil, Citrucel and Miralax draw water into the colon and make bowel movements easier. No therapies will help, however, if you are not drinking enough water. We recommend 64-80 fluid ounces of water daily. Foods high in fiber, such as fresh vegetables and fresh/ dried fruits also help. We do not recommend Milk of Magnesia, suppositories, or enemas.

Diarrhea medication: Avoid Pepto-Bismol, which contains salicylic acid (aspirin). Eating a bland B.R.A.T diet (bananas, rice, apple sauce and toast), making an effort to stay hydrated and taking Imodium may help. If your diarrhea is associated with fever, bloody stools or is unresolved after 24 hours despite the above recommendations, please call us to be seen.

Nausea medication: Morning sickness presents early in the first trimester often soon after you have missed your first period and had a positive home pregnancy test. Avoid aromatic foods, drink small sips of room temperature liquids and nibble on bland crackers, such as saltines. Sometimes a prenatal vitamin can make nausea worse. Stop it for a few days to see if you feel better. Lemon (in your water or lemon drop candy) and ginger (teas, ginger snaps, or “real” ginger ale) may quell some of the nausea. Unisom and simple B6 supplement may also help. Sometimes nothing seems to work. If that is the situation, please call us to be seen. A prescription medication, like Zofran or Phenergan can sometimes provide significant relief.

Spotting/Cramping: If you experience spotting in addition to abdominal cramping, please contact us. It is *normal* to have some cramping and mild pelvic discomfort now and throughout your pregnancy. Vaginal spotting raises the concern for possible miscarriage or other early pregnancy concerns.

Foods: A healthy, nutritional diet is the goal for your entire pregnancy. Remember, you are NOT eating for two. Foods to AVOID include: raw, uncooked fish/seafood, processed meats, refrigerated meat trays or cheese trays, hotdogs (unless cooked until steaming hot), refrigerated smoked seafood (unless it has been cooked), unpasteurized cheeses, raw sprouts of any kind. Limit large steak-like fish e.g., swordfish, tuna, king mackerel or tilefish to one serving per month due to high levels of mercury and other potential toxins within the fish. You can have up to 12 oz. a week of fish that is low in mercury (shrimp, blue gill, walleye, pollock and catfish are examples).

As always, if you have questions, please do not hesitate to give us a call. We are happy to help you over the phone or see you in the office that same day!