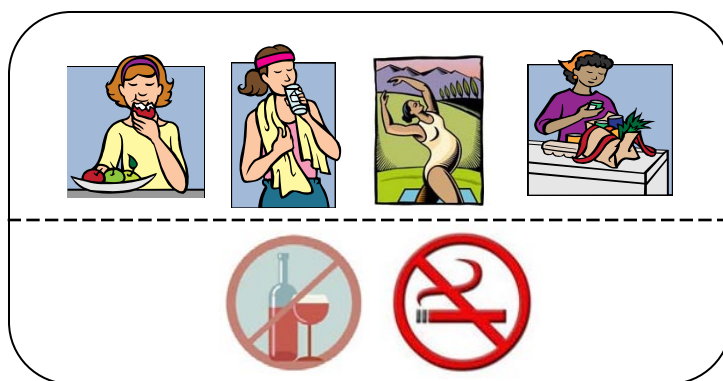




# Guide to a Healthy Pregnancy



**TML Intergovernmental  
Employee Benefits Pool**  
[www.tmliebp.org](http://www.tmliebp.org)



## Planning for a Healthy Pregnancy

If you are planning to become pregnant, prepare for a healthy pregnancy by taking care of medical and dental concerns beforehand.



### Finding a Provider

Please refer to the [www.tmliebp.org](http://www.tmliebp.org) provider network website or request a provider from your family practitioner, family and/or friends. Once a provider is preferred you may review network status at [www.tmliebp.org](http://www.tmliebp.org). Once you have chosen your provider a list of healthcare factors should be developed.

### Dental Provider Visit

1. Annual Check-Up
2. Gum Disease Check-Up
3. Discuss pregnancy

### Medical Provider Visit: Sample list of what to share

1. Current/Previous Birth Control/Contraceptives
  - a. If you have been using the Pill for birth control (oral contraceptive), try to wait till you have had one regular menstrual period before conceiving. Fertility after stopping birth control can sometimes be delayed but is not permanently affected.
2. Typical length of time between periods
3. First day of last period
4. Previous Pregnancies and any complications
5. Current and Past Health Status
  - a. Allergies
  - b. Asthma
  - c. Past Surgery
  - d. Family/Personal History of Cancer
  - e. High Blood Pressure
  - f. Mental Health Status
  - g. Chemical Dependency
  - h. Diabetic History
  - i. Gallstones
  - j. Heart Disease
  - k. Hepatitis B
  - l. Herpes
  - m. HIV/AIDS
  - n. Hyperthyroidism
  - o. Hypothyroidism
  - p. Inflammatory Bowel Disease-inflammation of the digestive tract: crohn's disease
  - q. Lupus
  - r. Phenylketonuria: how body processes protein
  - s. Rheumatoid Arthritis
  - t. Sexually transmitted disease
  - u. Sickle Cell Disease
  - v. Uterine Fibroids
  - w. Immune thrombocytopenic purpura-abnormal low number of platelets in the blood
  - x. Prescriptions and/or Over the Counter Drugs
6. Work Environment
7. Risk Factors for sexually transmitted diseases
8. Details of safety in the home environment
9. Immunities
10. Exercise Program
11. Lifestyle Update:
  - a. Personal Lifestyle: Alcohol, caffeine, illegal drug, tobacco, dietary products, fertility medications and current medication use
12. Review immunization history with your health professional
13. Review any genetic disorders within you and your husband's family history. Some genetic disorders include:
  - a. Sickle cell disease which is most common in people of African descent
  - b. Tay-Sachs disease which is most common in people with an Ashkenazi Jewish, Cajun or French Canadian background
  - c. Cystic fibrosis which is most common in people with a Caucasian, European, or Ashkenazi Jewish background
14. Discuss prenatal Vitamin use
15. Sleep Patterns/Disturbances
16. Hot tubs and sauna use
17. Hazardous chemicals/Cosmetic Product Exposure
  - a. Pesticides
  - b. Heavy metals, such as lead and mercury
  - c. Ionizing Radiation (x-rays)
  - d. Some viruses, bacteria and protozoa
  - e. Hair Dye
18. Steps to improve Food Safety
19. Weight Check
20. Urine and Blood Tests



## Healthy Lifestyle Promotions

### 1. Nutrition

- a. Approximate caloric intake:
  - i. 1,800 - 2,800 a day single baby
  - ii. 3,500 for twins
  - iii. 4,500 for triplets
- b. Salt needs increase during pregnancy, but still wise to watch the salt intake especially if you have high blood pressure.
- c. Limit intake of artificial sweeteners
- d. Nutritional website [www.fns.usda.gov/wic](http://www.fns.usda.gov/wic) (Federal Women, Infants, and Children information)



### 2. Important Nutrients

- a. **Folic Acid** is a B Vitamin-taking folic acid before and during early pregnancy reduces the change of having a baby with a neural tube defect or other birth defects
  - i. Women of childbearing age should get 0.4 mg (400 mcg) of folic acid from fortified food, supplements, or a mix of food plus supplements. This amount is found in most once-a-day multivitamins.
  - ii. Women who are pregnant with twins or more should take 1 mg (1000 mcg) of folic acid



- iii. Women who have a family history of neural tube defects, who have had a baby with a neural tube defect, or who are on medicines for seizures should take additional folic acid; a daily dosage of 4 mg (4000 mcg) of folic acid is recommended. Do not try to reach this amount of folic acid by taking more multivitamins because you could get too much of the other substances that are in multivitamins.
- iv. Sample dietary sources of folic acid
  - Fortified breakfast cereals
  - Fortified whole-grain breads
  - Leafy green vegetables
  - Citrus fruits and juices, such as oranges and grapefruits
  - Bananas
  - Cantaloupe
  - Tomatoes

### b. Iron

- i. You will need twice as much iron in your second and third trimester as you did before pregnancy. This extra blood in your system and helps with the growth of the placenta and the fetus. Wait until your second trimester to start taking iron. Your iron requirements are slight during the first trimester of pregnancy, and taking iron supplements in the first trimester may aggravate morning sickness.
- ii. After the first trimester, take a daily supplement containing 30 mg of iron (most prenatal vitamins include iron). A woman with a multiple pregnancy is advised to take 60 mg to 100 mg of iron daily. Iron supplements can cause an upset stomach and constipation. Taking your iron at bedtime may decrease the chance of stomach upset. Your body absorbs iron best in small amounts when you eat it with vitamin C. You may want to take your iron throughout the day.
- iii. Sample Dietary Sources for Iron:
  - Lean red meat
  - Poultry
  - Fish
  - Spinach
  - Tofu
  - Dried fruits, such as raisins and prunes
  - Nuts, such as almonds, cashews and peanuts
  - Whole-grain and fortified breads and cereals



### c. Calcium

- i. Calcium is necessary for the development of the fetus's skeleton. You can get enough calcium in your diet by eating or drinking four (4) servings from the dairy (milk) group each day.
- ii. Sample dietary sources for calcium:
  - Milk
  - Cheese
  - Yogurt
  - Salmon
  - Canned sardines with bones
  - Spinach
  - Broccoli
  - Dried beans
  - Papaya
  - Oranges
- iii. Sample dietary sources for calcium fortified foods:
  - Greens (such as mustard and turnip greens), bok choy, kale, watercress
  - Broccoli and cauliflower
  - Tofu that is "calcium-set"
  - Corn tortillas made with lime
  - Calcium-fortified orange juice

### 3. Exercise: Pace it for Pregnancy

- a. First talk with healthcare provider
- b. Remember pregnancy is physically demanding
- c. Listen to your body
- d. Medical conditions requiring caution with exercise
  - i. Anemia
  - ii. Thyroid Disease
  - iii. Diabetes
  - iv. Seizure disorder such as Epilepsy
  - v. Irregular heartbeat
  - vi. History of preterm labor
  - vii. Heart Disease
  - viii. Infectious Disease
    - Hepatitis
  - ix. Severe high blood pressure
  - x. Lung Disease
  - xi. History of multiple miscarriages
  - xii. Uterine bleeding



- xiii. Placenta Previa is a condition in which your placenta is in the wrong position, either partially or completely covering the cervix. It may cause bleeding in the last trimester of pregnancy, which could mean you will have to be hospitalized. It typically requires a Caesarean birth.

### 4. Lifestyles

- a. Avoid alcohol intake
- b. Avoid tobacco intake
- c. Avoid illicit drug intake
- d. Avoid caffeine
- e. Take precautions around the home
- f. Sex is usually safe into your third trimester as long as you are having no problems with pregnancy
- g. Medications: Communicate with attending provider regarding medication intake during pregnancy
- h. Vaccines during pregnancy: Communicate with attending provider/some vaccines are extremely beneficial during pregnancy



### When to Call your Healthcare Professional

1. Cramping
2. Blood or other fluid from vagina
3. Severe abdominal pain/belly pain
4. Aches in low back that does not go away
5. Burning or pain during urination
6. Bad headaches
7. Blurred vision
8. Fever
9. Severe swelling of feet, ankles or hands
10. Chills
11. Inability to urinate
12. Mild constipation



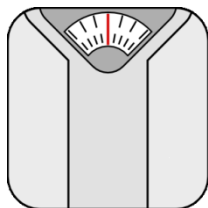
### Signs of Preterm Labor

If you are **between 20 and 37 weeks pregnant**, call your health professional immediately or go to the hospital if you have signs of **preterm labor**, including:

- Mild or menstrual-like cramping with or without diarrhea
- Regular contractions for an hour. This means about 4 or more in 20 minutes, or about 8 or more in 1 hour, even after you have had a glass of water and are resting. Unexplained low back pain or pelvic pressure
- Have **any** vaginal bleeding or an increase in your usual amount of vaginal discharge
- Have noticed that your baby has stopped moving or is moving much less than normal
- Have uterine tenderness or unexplained fever (possible symptoms of infection)

### Weight Management

Recommended weight gain is 24 lbs - 32.5 lbs.



Body Mass Index (BMI) Table								
	Healthy	Healthy	Overweight	Overweight	Obese	Obese	Obese	Obese
BMI	19	24	25	29	30	35	40	45
Height	Body Weight (pounds)							
4'9"	91	115	119	138	143	167	191	215
4'10"	94	119	124	143	148	173	198	222
4'11"	97	123	128	148	153	179	204	230
5'0"	100	127	132	153	158	185	211	238
5'1"	104	131	136	158	164	191	218	246
5'2"	107	135	141	163	169	197	225	254
5'3"	110	140	145	169	174	204	232	262
5'4"	114	144	150	174	180	210	240	270
5'5"	118	148	155	179	186	216	247	278
5'6"	121	153	159	185	191	223	255	287
5'7"	125	158	164	190	197	230	262	295
5'8"	128	162	169	196	203	236	270	304
5'9"	132	167	174	202	209	243	278	313
5'10"	136	172	179	208	215	250	286	322
5'11"	140	177	184	213	221	258	294	331
6'0"	144	182	189	219	227	265	302	340
6'1"	148	186	194	225	233	272	311	350
6'2"	152	192	200	232	240	279	319	359
6'3"	156	197	205	238	246	287	328	369