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(COMMON DISCOMFORTS OF PREGNANCY)

NAUSEA AND VOMITING:

Nausea and vomiting are usually worse in the first trimester. In most women these symptoms are mild and tend to subside by 14 to 16 weeks. Eating small, frequent meals rather than three large meals daily may relieve it. Avoid greasy or fried foods. If you are unable to tolerate solid foods be sure to drink plenty of fluids to reduce your chances of dehydration. Drink fluids such as Gatorade, vitamin water, ginger tea, and sips of water. You can also try ice chips and popsicles. Eating bland or dry food, high-protein snacks (i.e. milk or yogurt) and crackers in the morning may help. It is usually best to stop taking your prenatal vitamins and iron if nausea and vomiting is severe and resume them when you are feeling better. Persistent vomiting with the inability to keep anything down should be reported to our office.

HEADACHES:

Headaches are very common, particularly in the first three to four months of pregnancy. Regular Or Extra Strength Tylenol can be taken as directed. Avoid aspirin and ibuprofen (Motrin or Advil®). Severe headaches or headaches associated with visual changes (spots, blurry vision), mostly in the late second or third trimester, should be reported to our office.

NASAL CONGESTION AND NOSEBLEEDS:

Elevated hormone levels can cause swelling of the nasal mucosa. This can result in a feeling of nasal stuffiness and congestion. It can also cause a full or blocked sensation in the ear canal or bleeding of the gums while brushing your teeth. Nosebleeds are common. Cool humidifiers and saline nose drops may be helpful. DO NOT use nasal sprays such as Afrin®.

COLD AND FLU SYMPTOMS:

All pregnant women should receive the influenza vaccine. Pregnant women are at increased risk of serious illness and mortality due to influenza. In addition, maternal vaccination is the most effective strategy to protect newborns since they cannot be vaccinated until after 6 months. You may develop a cold or the flu during your pregnancy, this will not affect your baby. Rest and increased fluid intake are the key to treating these viral infections. Contact the office for fever above 102 or persistent symptoms longer than two weeks. Be sure to use good hand washing, this is the best way to prevent transmission. You may use Tylenol (Regular or Extra Strength) for fever or sore throat. You may also use Robitussin DM for cough, Ocean Saline Nasal Spray, throat lozenges, Vick VapoRub, or eucalyptus oil in your bath or shower. Cool mist humidifiers may also be used.

HEARTBURN AND INDIGESTION:

These are aggravated by overeating, eating fried/fatty foods and by lying down immediately after eating. Smaller, more frequent meals may decrease these symptoms. Antacids such as Maalox, Mylanta, Tums, and Pepcid® may be used as directed.

CONSTIPATION AND DIARRHEA:

To help avoid constipation, your diet should include fruits, vegetables, and fiber. Increasing your water intake to 8-10 glasses a day is also helpful. Daily exercise helps to maintain regular bowel habits. Stool softeners such as Peri Colace, Colace or Surfak® may be used as directed. Milk of Magnesia may also be used. Let us know if constipation is a big problem as we can change your prenatal vitamin. For diarrhea, you can take Imodium or Kaopectate®. Make sure you get plenty of hydration (2L Gatorade, Vitamin Water, or water).

HEMORRHOIDS:

Avoiding constipation is important in preventing hemorrhoids. Relief of symptoms may include ice packs, warm sitz baths, Tucks medicated cooling pads, Preparation H, Anisol and stool softeners as above, all can be purchased over the counter.

BACK PAIN:

Increasing pressure from the enlarging uterus, as well as change in posture during pregnancy may cause you to experience back pain. Wear low-heeled (but not flat) shoes with good arch support. Sit in chairs with good back support, or use a small pillow behind the lower part of your back. Tylenol, heat, and rest may help in alleviating this discomfort. Severe back pain, back pain radiating to the abdomen, or back pain accompanied by tightening of the abdomen, burning during urination, fever, leakage of fluid or vaginal bleeding should be reported to our office.

LIGAMENT PAIN

On either side of the lower portion of the abdomen are ligaments known as round ligaments. As the uterus enlarges and rises into the abdomen these ligaments are stretched. Pain may be experienced in the lower left or right side of the abdomen and is often described as grabbing or sharp. This may be felt particularly when walking or changing positions. Tylenol and rest may help lessen this sensation. Severe abdominal pain, cramping or tightening of the abdomen should be reported to our office.

ABDOMINAL TRAUMA:

Motor vehicle accidents are responsible for many injuries. Proper seat belt use is always crucial. For proper seat belt use, the lap belt should be placed under your belly and fit snug over the thighs, with the shoulder harness off to the side of the uterus and between the breasts. Airbags should not be disabled during pregnancy. Please call us immediately if you are over 20 weeks and get into a car accident or fall and hit your abdomen, this could be a medical emergency for you and your baby.

VAGINAL DISCHARGE:

An increase in vaginal discharge is common in pregnancy. This discharge is usually whitish to yellow in color and without odor. Douching is not recommended. Yeast infections (itching, burning and irritation) are also common and can be treated with Monistat vaginal cream/suppositories. Any discharge with a foul odor or leakage of clear, watery fluid should be reported to our office.

LEG CRAMPS:

The exact cause of leg cramps is unknown. Contributing factors include fatigue and the increased weight of the uterus on the nerves supplying the legs. Relief can be achieved by ensuring adequate calcium and potassium intake, rest, applying heat to the affected area and use of comfortable shoes.

NUTRITION:

A well-balanced and healthy diet should include proteins, carbohydrates, vitamins, minerals, and fat. If you are a normal weight before your pregnancy, you only need an average of 300 extra calories per day to fuel your baby's growth and keep you healthy during pregnancy. During pregnancy, the recommended amounts of certain nutrients, vitamins and minerals are higher; therefore, a prenatal vitamin is prescribed. The recommendations for iron, folic acid, calcium, vitamin B complex, vitamin A,E, D, K, phosphorus, zinc and iodine are included in your prenatal vitamin. Please be aware Vitamin A, when taken over 10,000IU/day, can cause birth defects and must be avoided. If you are a vegetarian, you need to plan your meals with care to ensure you get enough protein. You also may need extra supplements to meet your requirements of iron, vitamin B12, and vitamin D.

What about fish? Avoid eating any shark, swordfish, king mackerel, or tilefish. Mercury levels in these fish are concerning. Also, fish caught in lakes and rivers must be avoided. Shrimp, canned light tuna (not albacore), salmon, Pollock and catfish are safe. You can safely eat up to 12 ounces (about 2 meals) of these fish per week.

What about Sushi? Eat only cooked fish to avoid potential harmful organisms.

What about cheese? Listeria, a bacterium that causes illness, may be present in raw and uncooked meats, poultry, and shellfish and in unpasteurized milk and cheeses. Therefore, all the above should be avoided. Wash all fresh fruits and vegetables well before using them. Also, be sure to heat deli meats until steaming hot.

WEIGHT GAIN:

A weight gain of 25-35 pounds by the end of the pregnancy is ideal for most patients. If you are underweight or overweight prior to the pregnancy, or if you are carrying a multiple pregnancy, we may suggest a different weight gain range.

EXERCISE:

Regular exercise has been shown to reduce the incidence of gestational diabetes, particularly in obese women. For pregnant women The American College of Sports Medicine recommends 30 minutes of daily moderate exercise at least five times a week. However, certain types of physical activity - contact sports and sports associated with a higher incidence of falls (i.e. gymnastics, horseback riding, downhill skiing) could pose a risk to pregnant women and should be avoided. Exposure to the extremes of air pressure, such as in SCUBA diving and high-altitude exercise should be avoided. Unless your doctor otherwise indicates, it is recommended to maintain a moderate level of exercise, while avoiding vigorous, sustained exercise.

SEXUAL ACTIVITY:

You can continue to have a healthy sex life during pregnancy. If you are not experiencing any complications such as preterm labor, vaginal bleeding, or spotting, you can engage in sexual activity. Remember, if you or your partner are not monogamous, condoms are very important in protecting you and your baby from the spread of sexually transmitted diseases.

ARTIFICIAL SWEETENERS:

Multiple safety studies have shown no adverse health effects or increase in fetal anomalies secondary to the use of artificial sweeteners. Moderate consumption of artificial sweeteners (aspartame, sucralose, and stevia) appears to be safe in pregnancy and when attempting conception, while avoidance of saccharin is recommended.

WORK:

A woman with an uncomplicated pregnancy who is employed where there are no greater potential hazards than is encountered in routine daily life may continue to work without interruption until the onset of labor.

TRAVEL:

If you must travel, the best time to do it is probably the middle of your pregnancy –between 14 and 28 weeks. Most airlines allow travel until 36 weeks of pregnancy, although individual policies may vary. While on a plane, car, train, etc., walk around every 1-2 hours and do some gentle stretching of your leg muscles. If traveling abroad, stay away from poorly cooked food and tap water that has not been boiled to avoid parasites and hepatitis.

CAFFEINE INTAKE:

Moderate amounts of caffeine intake appear to be safe. Consumption should be limited to 200 mg of caffeine daily. Consumption of more than 500mg of daily caffeine has been associated with an increased risk of miscarriage.

Type of Coffee	Size*	Caffeine mg**
Espresso, restaurant-style	1 oz. (30 mL)	40-75
Espresso, restaurant-style, decaffeinated	1 oz. (30 mL)	0-15
Generic brewed	8 oz. (240 mL)	95-200
Generic brewed, decaffeinated	8 oz. (240 mL)	2-12
Generic instant	8 oz. (240 mL)	27-173
Generic instant, decaffeinated	8 oz. (240 mL)	2-12
McDonald's brewed	16 oz. (480 mL)	100
McDonald's Mocha Frappe	16 oz. (480 mL)	125
Starbucks Latte	16 oz. (480 mL)	150
Starbucks Pike Place brewed	16 oz. (480 mL)	330
Starbucks Pike Place brewed, decaffeinated	16 oz. (480 mL)	25
Tea	5 oz (150 mL)	40-80
Dr Pepper	5 oz (150 mL)	61
Mountain Dew	12 oz. (350 mL)	55
Diet coke	12 oz. (350 mL)	45
Pepsi	12 oz. (350 mL)	43
Coca Cola Classic	12 oz. (350 mL)	23

From US Food and Drug Administration*

READING:

There are many sources of good information, and bad information. Avoid 'Google-ing' information, as this may just confuse you. There are excellent and reputable medical and official websites that provide excellent and accurate information for patients. Some of them are the American College of Obstetrics and Gynecology (ACOG), FDA and the CDC websites. For some lighter reading, What to Expect When you're Expecting is very informative. The more educated you are about the pregnancy and the birthing process, the more you will enjoy this beautiful journey!

www.acog.org/For_Patients

www.fda.gov

www.cdc.gov

www.immunizationforwomen.org