



*Prenatal Care,
Approved Medications,
& What to Expect
with Your Pregnancy.*

Bellevue • Issaquah



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Overview of Your First OB Visit

- Your doctor delivers babies at Overlake Medical Center. This is where you will deliver your baby.
- We have 9 doctors in our clinic. We have 6 female doctors and 3 male doctors. Please review and sign the consent form provided before your next appointment.
- Weight Gain
 - Plan to gain about 25 lbs throughout your entire pregnancy
 - 2-5 lbs the first 13 weeks
 - 2-5 lbs the second 13 weeks
 - 10-15 lbs the last 13 weeks

Too much weight gain predisposes baby to grow up as an obese adult and give you increased chances of having a cesarean section.

Too little weight gain and baby may not get the needed nourishment.

- No aspirin, Aleve, Motrin or Ibuprofen. **Tylenol is okay (650mg).**
- If you have a cold you can use saline (salt water) nasal drops or spray. Cough drops are okay, as well as cough syrup containing no more than 1.4 % alcohol (Robitussin DM).
- No more than a total of 6 oz of fish in one week. Absolutely no king mackerel, tile fish, sword fish, red snapper, ahi tuna, albacore tuna, or shark because mercury is a toxin and may harm the baby.
- Because of the concern of listeria you should avoid deli meats, hot dogs, and soft non-pasteurized chesses i.e. goat cheese. If you do eat these foods make sure that they are cooked for at least 10 minutes.

- You should exercise five times every week for thirty minutes. This includes walking approximately 2 miles, jogging, aerobics, and gym workouts. Keep your heart rate under 140 and don't get short of breath.
- Always wear your seat belt.
- Floss every day. See your dentist every 6 months. This can decrease your risk for preterm labor, premature rupture of membranes, and heart disease.

Overview of Your First OB Visit continued....

- If your water breaks or you have more than 5-6 contractions in 1 hour before your 36th week of pregnancy, you should call our clinic. If after hours, call labor and delivery. If your water breaks at any time, call our office 425-454-3366 or labor and delivery 425-688-5351.
- You need to be taking in 1200mg of calcium every day. This can include dietary intake (4 servings of dairy) and/or a calcium supplement. Your prenatal vitamin only contains 200mg of calcium.
- You may want to consider cord blood donation. Private donation is available, as well as banking through the Puget Sound Blood Center.

What Do I Do Next?-

1. Take your lab sheet with the **Paclab** symbol to **Paclab** for a routine obstetric blood test within the next couple days. Two most commonly used locations are **Paclab** on Gilman Blvd. in the Issaquah Medical Center on the 2nd floor. There is also a Paclab in Bellevue located at 1200 116th AVE NE Suite B Bellevue, WA 98004. Maps for Bellevue and Issaquah locations can be provided. You may also visit www.paclab.com for the most up to date hours and locations. Your results are sent to us and we will notify of any abnormal results or discuss results with you at your next visit.
2. Genetic Screening is optional. If you choose to do so, schedule your "**Combined Screen**" between 11-13 weeks with Eastside Maternal-Fetal Medicine. They have an office in Bellevue (see business card for address) phone number (425) 688-8111 or at Swedish/Obstetrix in Issaquah (see business card for address) (425) 425-394-5021 Tell them your due date and they will help to schedule you. Your results will be sent to us by Eastside Maternal Fetal Medicine. They may also be doing your 20 week ultrasound.

3. Decide whether you would like the **optional** blood screening test for ***Cystic Fibrosis, SMA (Spinal Muscular Atrophy), Fragile X Syndrome and additional 99 other carrier tests***. Call our office, or let us know at your next appointment with the doctor, so we can get you set up as there are special instructions. This test is it drawn at **Paclab** and then sent to the **Counsyl** labs.

See pamphlet entitled ***“Is Your Baby At Risk?”*** for details on this testing. You can also go online to <https://www.counsyl.com/>

4. Please review and sign our consent confirming your understanding of our combined female/male physician practice.
5. Review Overlake or Swedish’s packet of information regarding your birth and your stay at the hospital. See information on childbirth classes.

TURN IN HOSPITAL REGISTRATION BY YOUR 20th WEEK OF PREGNANCY TO THE HOSPITAL WHERE YOU PLAN TO HAVE YOUR BABY! For Swedish you can hand-carry the form into your next appointment we will then fax it to Swedish and keep it in your chart. For Overlake you can mail the form to Overlake, register by phone at (425) 688-5444, or register online at **overlakehospital.org**. Then click on “patient registration.”

Insurance Coverage for Optional Obstetric Testing

To ensure if you’re insurance covers these tests, you MUST double check with your insurance company. The following are procedures codes that you provide to your insurance and they will be able to tell you if your particular plan is covered or NOT covered.

Combined Screen

US: 76801, 76813

BLOOD: 84163, 84702, 80500

DIAGNOSIS: If under 35 years old: 655.13 and V28.8, If 35 years old or older and first child: 659.53, If 35 years old and more than one child: 659.63

Counsyl Testing

With Insurance, your maximum out of pocket expense will be \$99 for the Universal Panel. Some Insurances may cover more and you will owe less than \$99 dollars.

Harmony Test- The Harmony test is \$815 without insurance coverage. Some insurances will cover a part of the test if you are high risk (over the age of 35 or have a history of an abnormal pregnancy

CPT 81507 – Chromosome Analysis without XY chromosomes
 CPT 81507 , 81599 – Chromosome Analysis and Y chromosome
 CPT 81507, 81599 – Prenatal Screening and XY chromosomes

DIAGNOSIS:

If under 35 years old: 655.13 and V28.8
 If 35 years old or older and first child: 659.53
 If 35 years old and more than one child: 659.63

CALCIUM

RDA for calcium during pregnancy is 1200 mg to 1500mg per day.
 Here is a list of foods that are good dietary sources of calcium.

Food	Serving Size	Calcium
Milk, Yogurt & Cheese	1c	
Non fat or low-fat plain yogurt	1/2c	468
Ricotta cheese, part skim	1c	335
Skim or low-fat milk	1c	300
Swiss cheese	1oz	272
Provolone cheese	1oz	207
Mozzarella cheese	1oz	207
Cheddar Cheese	1oz	148
Parmesan Cheese	2tbs	138
Cottage Cheese	1/2c	63
Fish, Meat, Poultry, Dried Beans, Nuts, and Eggs		
Sardines with bones, canned	3oz	324
Almonds	3/4c	300
Salmon with bones, canned	3oz	181
Tofu (firm)	3oz	177
Black beans (cooked)	1c	128
Ocean perch (broiled)	3oz	117
Blue Crab	3oz	89
Chickpeas, canned	1c	80
Vegetables (cooked unless otherwise specified)		
Kale (fresh)	1c	102
Mustard greens	½ c	99
Turnip greens	1c	75
Bok Choy	1c	74
Broccoli (fresh)	1c	42
Rutabega	1/2c	41
Fruits		
Orange, grapefruit, or apple Juice	8oz	300

(calcium fortified)		
Figs, dried	5 medium	155
Orange	1 medium	58
Raisins	½ c	38
Apricots, Dried	½ c	29
Bread, Cereal, Rice & Pasta		
Tortillas, flour	2	106
English muffin, plain	1	99
Corn muffin	1 large	95

CALCIUM-RICH FOODS

(Listed in order of highest to lowest calcium content)

NON-DAIRY

Fortified Cereals
 Soy Beverages
 Sardines
 Tofu
 Pink Salmon with Bone
 Collards
 Blackstrap Molasses
 Spinach
 Soybeans
 Turnip Greens
 Oatmeal
 Cowpeas
 White Beans
 Kale
 Okra
 Bak-choi
 Clams

DAIRY

Plain Yogurt
 Romano Cheese
 Pasteurized Processed Swiss
 Fruit Yogurt
 Swiss Cheese
 Ricotta
 Pasteurized Processed American
 Provolone
 Mozzarella
 Cheddar
 Fat-Free Milk
 Meunster Cheese
 1% Low-Fat Milk
 2% Reduced-fat Milk
 Reduced-fat Chocolate Milk
 Buttermilk
 Chocolate Milk
 Whole Milk

Colds and Flu in Pregnancy

It is important to get a lot of rest and fluids during your pregnancy, but even more so when you have a cold or flu. To help with symptoms, the following may be used:

1. For a headache, fever, or body aches/pains: Tylenol (Acetaminophen) two tablets every 4-6 hours (regular or extra strength) can be used throughout your whole pregnancy. Do not exceed more than 8 tablets (4,000 mg) of Tylenol in a day!
2. For sore throat: Halls lozenges, Chloraseptic spray, gargling with warm salt water, or Cepacol lozenges.
3. For a cough: Robitussin DM cough syrup may be taken as directed.
4. For congestion (after the 8th week of pregnancy): Sudafed, original formula, or Bendadryl – one at bedtime, and one during the day if needed. Saline nasal spray is also fine.

If symptoms last longer than a normal cold, you have a fever of 101.0 degrees or higher which is not relieved by Tylenol, severe sore throat, or chest congestion, you may need a prescription. You may call our office during regular business hours or contact your primary care physician.

Remember! Most colds are viral and have to run their course and are NOT harmful to the baby.

We recommend for all pregnant women to get the seasonal flu vaccine, which is available at your primary care office or local pharmacy. If possible, please receive the mercury-free (thimerisol-free) flu vaccine option. H1N1 vaccine will be available per the CDC as early as me October. H1N1 vaccine is recommended for pregnant women, and more information will be provided as it becomes available.

Constipation in Pregnancy

Constipation is one of the most common side effects of pregnancy. When you're pregnant, an increase in the hormone progesterone causes digestion to slow, so food passes more slowly through the gastrointestinal tract. Other factors can contribute to constipation including irregular eating habits, stress, changes in environment and added calcium and iron in your diet.

Prevention of Constipation

1. Eat High fiber foods (see list)
2. Eat small, frequent meals and chew your food thoroughly
3. Drink plenty of fluids, especially water. Aim for 8-12 glasses of water daily.
4. Get more exercise. Adding activity to your day will help ease constipation.

In addition to increasing fiber rich foods in your diet and increasing fluid intake there are over the counter supplements and medications which are **safe to take**. These include

- Metamucil (1tsp in 8oz of water daily)
- Citrucel (Capsule:2-4 capsules daily, Powder: 1tsp in 8 oz water daily)
- Milk of Magnesia (30-60ML once)
- Colace Capsules (100mg 1-2 times daily)
- Miralax (use as directed)

List of High Fiber Foods

Navy Beans	Prunes
Bran Cereal	Figs
Kidney Beans	Dates
Split Peas	Pumpkin
Lentils	Spinach
Black Beans	Almonds
Pinto Beans	Brussel Sprouts
Lima Beans	Whole Wheat Pasta
Artichoke	Banana
White Beans	Orange
Chickpeas	Orange
Cowpeas	Guava
Soybeans	Barley
Rye Crackers	Sauerkraut
Sweet potato with peel	Broccoli
Pear	Parsnips
Whole Wheat Breads	Turnip Greens
Bulgur	Collards
Raspberries	Okra
Blackberries	Peas
Potato with skin	

Fish Consumption in Pregnancy

Deciding which fish and how much fish is safe to eat while pregnant or trying to conceive is important because some contaminants can accumulate in the human body over time and may affect the developing fetus. The following information on fish consumption comes from The Institute for Agriculture and Trade Policy, Environmental Working Group, and the Environmental Protection Agency.

The following fish should be ***avoided*** by pregnant women:

Shark, orange roughy, swordfish, king mackerel, red snapper, canned white albacore tuna, ahi tuna, and tile fish (sometimes sold as “white snapper” or “golden snapper”)

The following fish are ***OK to eat 2-3 meals per week*** (8 ounces per serving):

Farmed catfish, farmed trout (rainbow), anchovies, clams, Mid Atlantic blue crab, fish sticks (Pacific Pollock), flounder (Pacific and Atlantic), and wild Pacific salmon, wild Alaskan salmon, canned Alaskan salmon.

The following fish are ***OK to eat 1 meal per week*** (one 8 ounce serving):

Pacific cod, Atlantic cod, crab (Dungeness, blue, stone), King crab, imitation crab, haddock, hake (Pacific and Atlantic), herring, mahi mahi, mussels, oysters, Pacific Pollock, pompano, sardines, scallops, tilapia (farmed in US), canned chunk light tuna (canned tuna to no more than 5 ounces per week)

The following fish are ***OK to eat 1 meal per month*** (one 8 ounce serving):

Bluefish, crab (gulf coast blue), grouper, Pacific and Atlantic halibut, lobster, Atlantic Pollock, rockfish, tuna steaks

OTHER: shrimp, the most popularly consumed seafood in the US, are generally low in mercury, but data on other contaminants are lacking.

Further information on fish consumption may be found on the following websites:

www.ewg.org/issues/mercury

www.epa.gov/ost/f

Ideas for Minimizing Nausea

Remember, all of these are just ideas that have worked for some people. There are *no* guarantees! Not all of these suggestions will work for you, and sometimes nothing works. All you can do in that case is enduring while trying to minimize the impact on your pregnancy, and seek help if needed.

1. Be sure to get enough fluids.

Dehydration is a danger to those with nausea, so it is important to stay hydrated. Some women find they tolerate fluids best with meals; others find it better to take them only between meals. Small sips, taken frequently, may also help. Remember, fruit juices are a simple carb and may cause a quick surge and then crash in some women, so try to use water instead (or at least take a protein with your fruit juice). If fluids give you a lot of trouble, try fruits and vegetables with high water content. Other sources of fluids include soup, Popsicles, ice chips, and jell-o. Gatorade is also a good choice. Also, avoid hot or cold fluids/food. Luke warm or room temperature fluids tend sit better in the stomach. You should contact your health provider if you are unable to keep fluids down.

2. Keep your blood sugar levels even by eating small, frequent meals high in protein and complex carbohydrates.

Simple carbohydrates (foods high in sugar and even unsweetened fruit juice) are turned quickly into blood sugar in your system. Complex carbohydrates take longer to turn into blood sugar, so they will keep your blood sugars from spiking quickly and then dropping, and will provide longer-term energy. High fiber foods, fats, and proteins also slow down the carbohydrate conversion, which will keep your blood sugar more even. Never eat carbohydrates without an accompanying fat or protein food. Frequent small snacks work better for nausea than big meals. Try eating 5-6 small meals or snacks a day, and be sure to eat before bedtime. Also, carry with you a portable snack such as nuts and fruit or cheese and crackers for use if you start feeling nauseous---even though it's very hard to try and eat when you feel queasy, you may be able to prevent a worse nausea episode if you do get something down.

3. Eat before you are hungry.

If you wait until your body tells you it is hungry, you may already have lowered your blood sugar too much and the acid production in your stomach may also worsen nausea. Strike first by eating frequent small snacks (a carbohydrate and a protein are best) before your blood sugar has a chance to dip. Also, eating while you are still feeling relatively good will help food go down and perhaps stay down, and may prevent a nausea attack. Try not to let more than 3-4 hours go by between eating something.

4. Eat a substantial bedtime snack, including protein.

It's a long time between your last meal of the day and your breakfast the next morning, so it's very easy for blood sugar to become too low during this time, causing nausea upon rising. Shortly before bedtime, try eating a fairly significant snack of complex carbohydrates and protein. The protein will help slow down the release of the complex carbohydrates, enabling you to have steadier blood sugar levels through the night. Sometimes, some women even need to get up in the middle of the night and get a little extra snack, like a glass of milk, in order to help their morning nausea. It's worth a try!

5. Try eating before getting out of bed in the morning, and then take it slowly.

Before getting out of bed in the morning (like 20-30 minutes ahead of time), have a high-carbohydrate snack. Common suggestions are crackers, but some women find other foods work better. Experiment till you find your best choice (some like salty foods, others do not). Once you are up, ease yourself into the day as gradually as your schedule allows; rushing and quick movements at first tend to aggravate nausea. Give the morning snack a chance to take effect and raise your blood sugar.

6. Try the BRAT diet.

Try eating bland or mild foods. Good examples are **b**ananas, **r**ice, **a**pplesauce, and **t**oast. Avoid using spices or additional seasonings.

7. Avoid trigger foods and substitute alternatives as needed; get enough protein.

Some foods seem to act as triggers to nausea. If carrots bother you, avoid them for a while. However, it IS important to substitute something else for the important vitamin A to be found in carrots. An alternative might be dried apricots, squash, cantaloupe, or even--if desperate-- pumpkin pie or muffins (in conservative amounts!). Try to keep a variety of foods as much as possible, and be creative in your choices so that the essential nutrients are covered. Don't forget the importance of significant amounts of protein in your diet as well--Brewer recommends 80-100 g of protein per day (but remember that foods like milk, yogurt, and even spinach do have protein in them and counts towards this total).

8. Try ginger.

Studies have shown that ginger can reduce nausea. Ginger ale and ginger tea are excellent choices. Ginger candies are also available. Avoid ginger extract or ginger pills because these are concentrated supplements and are not known to be safe.

9. Try peppermint.

Peppermint can be very soothing and reduce nausea. Peppermint tea or peppermint candies are often helpful.

10. Try hard candies.

Sucking on hard candies can often reduce nausea. Peppermint or ginger candies are particularly good, but any kind will do. Sugar-free is also a good choice.

11. Be sure to take your prenatal vitamin, but try switching brands or times.

Some women note sensitivity to certain prenatal vitamin brands, especially the prescription type. Try switching for a week to an over-the-counter brand (be sure it has enough folic acid), or try asking your doctor for a different prescription type. Sometimes changing the time of day that you take the vitamin can help---try taking it at the time of day when you have the least nausea (if there is such a time!). Bedtime may be a good choice. You can also stop your vitamin for a week and if this decreases your nausea, try taking one Flintstones Vitamin twice a day. Once you are feeling better your prenatal vitamin can be restarted.

12. Ask your healthcare provider about trying extra vitamin B-6.

Some women find relief if they add extra vitamin B-6 to their diet. 50 mg is usually the dosages tried, but remember to clear it first with your health provider (very important!).

13. Ask your healthcare provider about trying Unisom.

One half of a tablet of Unisom at night has shown to help improve nausea. Be sure to check with your healthcare provider first.

14. Rinse or brush after throwing up.

Having the smell or taste of vomit in your mouth after one bout can lead to another. Try brushing your teeth afterwards, but if you are one of the people for whom brushing can induce nausea, try a gentle rinsing instead. Over time you will find your physical triggers (such as brushing, strong smells, or moving too fast) and you will learn to avoid them or adapt to them. But finding a way to refresh yourself after a bout of nausea is important--do whatever works for you.

15. Try Sea Bands.

These small bands worn on each wrist put pressure on the inner wrist and often help nausea. They have no side effects and can be found at many pharmacies or marine shops.

IRON RICH FOODS

EXCELLENT SOURCES:

Kidney
Liver
Prune Juice
Oysters
Mussels

Cereals such as:
Cream of Wheat
Malt-O-Meal
Total
Bran Flakes
Quinoa

Raisin Bran
Product 19
Fortified Oat Flakes
Fortified Oatmeal

VERY GOOD SOURCES:

Canned mackerel
Heart
Liverwurst
Dark turkey meat
Lean beef (flank steak)
Clams
Baked potato
Wheat germ
Pinto beans
Spaghetti
Pork
Trout

Cereals such as:
Maypo
Wheat Chex
Special K
Kix
Cheerios
Wheaties

GOOD SOURCES:

Dried beans (kidney, lima)

Asparagus

Dried prunes

Bagel

Chicken

tuna

FAIR SOURCES:

Dried apricots

Banana

Brussel sprouts

Peas

Canned plums

Enriched white bread

Nuts

Cocoa

Peanut Butter

Raisins

Dates

Figs

Spinach

Green Beans

Beets

Mustard

Turnips

Chard

Corn Tortilla

Egg Yokes

Dark Molasses

Garbanzo Beans

Pickles

Tomato Juice

Berries

Group B streptococcus (GBS)

What is GBS?

GBS is one of the man bacteria that usually do not cause serious illness. In women, it is often found in the vagina and rectum. GBS is different from group A streptococcus, the bacteria that causes “strep throat”.

Effects on Baby

If the bacteria is passed from a woman to her baby, the baby may develop GBS infection. This happens to only 1 or 2 of every 100 babies whose mothers have GBS. Infections can cause inflammation of the baby’s blood, lungs, brain or spinal cord.

Testing for GBS

A culture is the most accurate way to test for GBS. This is a simple procedure and should not be painful. With cultures, a swab is placed in the woman’s vagina and rectum to obtain a sample. The samples are then sent to the lab where they are grown in a special substance. It takes 2 days to get the results. The results are most useful between 35-37 weeks of pregnancy. If the results are positive, showing GBS is present; you will receive antibiotics during labor to help prevent GBS from being passed to your baby.

Treatment

To reduce the risk of GBS infection in newborns, all women who test positive for GBS must be treated with antibiotics during labor. Babies of women who are carriers of GBS and do not get treatment have more than 20 times the risk of getting infected than those who do receive treatment.

Antibiotics help get rid of some of the bacteria that can harm the baby during birth. The antibiotics work only if taken during labor. If you had a previous baby with GBS infection or you had a urinary tract infection caused by GBS during pregnancy, you do not need to be tested. You will need o get antibiotics during labor. Antibiotics are given through a vein.

Penicillin is the antibiotic that is most often given to prevent GBS in newborns. Another antibiotic may be given if you are allergic to penicillin.

Overlake Obstetricians & Gynecologists, PC

LABOR INSTRUCTIONS AFTER 36 WEEKS

CALL OR GO TO LABOR AND DELIVERY IF YOU HAVE:

1. Regular contraction, 5-minutes apart or less, lasting 60 seconds consistently for at least one hour and are getting longer, stronger and closer together.

True Labor Versus False Labor

True Labor Contractions	False Labor Contractions
Contractions occur at regular intervals	Contractions occur at irregular intervals
Intensity of contractions increases	Intensity relatively unchanged
Interval between contractions shortens	Interval between contractions shorter
Discomfort in back and lower abdomen	Discomfort primarily in lower abdomen
Discomfort increase with walking	Discomfort frequently relieved with walking
Cervix dilates	Cervix does not dilate

2. The bag of water breaks; which may be felt as a gush or continuous leak of fluid.
3. Bright red bleeding like a period or concerns about any other spotting or bleeding.
4. Noticeable decrease in fetal activity.

THINGS YOU CAN DO:

1. Continue to stay well hydrated with clear liquids and eat lightly.
2. Make sure you get enough rest! Take a nap if possible.

PLEASE CALL YOUR PROVIDER OR LABOR & DELIVERY IF YOU HAVE QUESTIONS OR CONCERNS

OVERLAKE OB/GYN 425-454-3366

LABOR & DELIVERY OVERLAKE 425-688-5351

LABOR & DELIVERY SWEDISH 425-313-4242

Prenatal Fitness Program

1. Shoe Selection

Foot instability represents the single greatest source of unnecessary strain on the body in pregnancy. Therefore, providing good support for the feet is essential to minimizing this persistent source of aggravating strain on the body. In most women, inward collapse (hyper-pronation) of the feet/ankles occurs whenever body weight shifts over the foot during movement activities. This hyper-pronation places unnecessary strain on the legs, pelvis, back, and neck as the body attempts to cope with the challenge of a developing pregnancy.

Wear shoes that provide a flat, wide, and stable platform of support for the foot (with good arch support). You are encouraged to wear supportive shoes with all weight bearing activities. Tending to household chores barefoot or wearing poorly supported “house slippers” is often the primary contributor to developing pain/discomfort in pregnancy.

2. Prenatal Fitness Activities

Prenatal fitness is another key element in achieving a comfortable and healthy pregnancy. The focus of your prenatal fitness program should include both aerobic conditioning activities and stretching/strengthening exercises that minimize the effects of gravity strain on the body. Many options are available to you when developing a prenatal fitness program. Your present physical condition and other health related issues must be taken in consideration when selecting appropriate prenatal fitness activities. Following is a list of basic prenatal fitness activities that provides the foundation for an effective prenatal exercise program. Do not limit yourself to these activities if you are interested in pursuing other prenatal fitness options!

NOTE: DUE IN PREGNANCY INDUCED CHANGES IN YOUR BODY’S PHYSIOLOGY, IT IS RECOMMENDED THAT YOU CONSULT WITH YOUR PHYSICIANS FOR SPECIFIC GUIDELINES PRIOR TO INITIATING YOUR PRENATAL FITNESS ACTIVITIES.

Light Stretches All of the stretches in this section should be done at least two times per day, once in the morning and evening.

Pelvic Tilt Stretches:

Done to release the compression strain on the low back and pelvis.

- In this stretch, the leg is used as a lever to tilt the pelvis backwards (flattens the curve in the low back).
- Rotate your foot slightly inward and with the support of your (or your partners) hands bring your bent leg up and to the side of your stomach until you reach a point of resistance.
- Once this point of resistance is found, you can gradually increase this stretch by pushing lightly with your leg into the resistance of you/ your partners hands (against firm resistance for 5 seconds) and then relaxing the leg allowing the pelvis to tilt even farther back.
- Repeat 3 to 5 push/relax intervals to achieve a good stretch and then repeat the stretch with the opposite leg
- For the 2 person stretch, lie on your side as shown in fig. 4 and follow the steps above with your partners support.

Note: Never force the stretch, you should always work within your pain free tolerance when stretching.

Hitch Hiking Stretch: done to release compression strain on the shoulders, upper back, and neck

- Position yourself close to the edge of the bed (so that your arm can stretch off the side of the bed).
- Lie on your back and slide your heels up toward your buttocks. Then, place a pillow between your knees and allow your legs to rotate to one side.
- Now take your arm (opposite side of the body relative to your leg rotation) and stretch it over-head while rolling your thumb outward. (Your other arm is passive at your side)
- First stretch your arm by reaching over-head (lengthening stretch), then stretch your arm towards the floor and hold in position for 1-2 minutes.
- Repeat the same steps on the opposite side of your body.
- This stretch should be felt through your chest, torso, and shoulder.

Reverse Shoulder Rolls

Done to release compression strain on the upper back/shoulder

- Can be done sitting, standing, or lying down simply lift the shoulders up and then rotate them upwards, then backwards then downwards in a counterclockwise direction.
- Do 20-50 repetitions as needed

Key Muscular Strengthening Exercises: Each of the following exercises should be done at last once per day.

Wall Slides

A great posture exercise which works leg, pelvic, and trunk muscles That supports the body against the forces of gravity.

- You should be wearing shoes when doing this weight bearing exercise.
- Place your feet hips width apart and 1-2 feet away from wall.
- To assume the correct postural position, start by doing an active pelvic tilt (flattening the curve in the low-back) and then place the back of the head and shoulders against the wall.
- Allow your body to slowly slide down the wall slightly (be conservative) to lightly challenge your leg muscles.
- Hold this semi-squatting position until you begin to feel fatigue then return to an upright position.
- Repeat this exercise 3-5 times depending on your fitness level.

Basic Abdominal Exercise: Can be done safely executed regardless of your fitness level.

- Start by doing an active pelvic tilt (flattening out low back) and using your hands (crossed over the stomach) to apply a light inward pressure on your stomach muscles (protects the muscles from overstrain).
- Now actively tighten your stomach muscles as you lift your head up from the support surface, keeping your shoulder blades in contact with the floor to avoid overloading the muscles.
- Hold this lifting position for 3-5 seconds and then return slowly to your starting position.
- Repeat this exercise until you begin to feel mild fatigue and then stop.

Pelvic Floor Exercises:

Also referred to as “*The Kegal Exercises*”. The pelvic floor muscles provide critical support for the organs in the pelvis and are challenged by a developing pregnancy.

- Visualize the muscle activity required to start/stop the flow of urine. This contraction pattern is what activates the pelvic floor muscles.
- You want to focus on selectively tightening your pelvic floor muscles while relaxing all other muscles in the trunk, pelvis, and legs.
- Tighten your pelvic floor muscles and hold for 5 seconds. Repeat this activity until mild fatigue is felt.

Light Aerobic Fitness Activities:

Execution of low intensity aerobic activities done throughout your pregnancy will improve the efficiency of your body’s circulation, digestion, and respiration.

- Walking and/or other activities which increase your heart rate over a prolonged period of time are required to improve your level of aerobic fitness.

3. INSTRUCTION IN BODY MECHANICS AND POSITIONING

The key here is the ability to maintain a vertical postural position (minimize the curves in your spine) while executing your various daily tasks and when resting. This involves a combined effort of using appropriate shoe support (discussed previously) along with an active and conscious effort made on your part to maintain a vertical postural position of your neck, back, and pelvis with activity. When weight bearing, you need to consciously tilt your pelvis backwards (flatten the curve in your low back) and actively adjust your head position back over your shoulders (flattens the curve in your neck) to achieve this vertical postural position. Active muscular activation of your stomach and buttock muscles will allow you to hold the “pelvic tilt” position described above. Subtle muscular activity on the front side of your neck allows you to assume the “chin tuck” position which produces a stretch feeling in the muscles on the back side of your neck which attach to the base of your skull when this postural position is held correctly. Another key to reducing gravity strain on your body in pregnancy is to avoid forward bending of your trunk/pelvis when executing daily tasks (keep your upper body upright and “squat” with your legs to get to the lower surfaces). This will allow you to further reduce gravity strain on your body by keeping your center of gravity shifted farther back when challenging your structure with functional activities.

4. APPROPRIATE USE OF WARMTH AND COLD

- Use cold pack over an area of discomfort if you experience a “flare-up” of pain. Application of cold is preferred over heat when an active inflammatory reaction is involved. The amount of time in which the cold is applied should be limited to 10-15 minutes per application and can be repeated several times/day if the “flare-up is acute.
- The application of warmth to the body is more appropriate in the morning if/when you feel “stiff” upon awakening. Do not utilize heat as a therapeutic agent if you are attempting to relieve discomfort.

5. COMMON SENSE

We know that pregnancy produces progressively higher levels of gravity strain on your body as your pregnancy develops. Subsequently, higher levels of discomfort and reduced activity tolerance are common occurrence in the last trimester of pregnancy. However, it is still essential that you gradually reduce your activity levels as you approach your due date. Listen to your body! If you experience a flare-up, you make the assumption that you have overloaded your structure with gravity strain. Then, adjust your activity levels as necessary to stay comfortable

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This fitness information is being provided compliments of:

Kevin Hansen, P.T.

Obstetric and General Physical Therapy

About Cord Blood Banking

Increasingly, parents who want to do “everything possible” for their children’s healthcare are contracting with companies to have their child’s umbilical cord blood, which is rich in stem cells, to be stored in freezers. Cord blood is the blood that remains in your newborn's umbilical cord after birth. It contains valuable stem cells that can be used in a variety of medical treatments, such as regenerating healthy blood and immune cells after chemotherapy.

Stem cells are the body's building blocks for organ tissue, blood, and the immune system. Doctors started using cord blood stem cells more than 20 years ago to treat diseases that previously had been treated with bone marrow. Today, the primary type of stem cells in cord blood – called hematopoietic - help treat many serious illnesses and disorders. The use of cord blood has increased significantly in the past 15 years. Saving them gives your family access to a medical resource that has been used in more than 30,000 transplants. As uses expand, so does the likelihood that the stem cells may be needed by a member of your family. Based on the most recent data, the likelihood of needing a stem cell transplant from any source is: 1 in 217 – for an individual (by age 70), using his or her own stem cells or someone else's. However, this data does not reflect potential therapies using stem cells that may be developed in the future. Currently, there are more than 200 FDA-regulated clinical trials researching medical uses for cord blood stem cells, including studies for autism, cerebral palsy, brain injury, juvenile diabetes, and hearing loss and over 80 cures or indications. Cord tissue is another source of stem cells. These cells, called mesenchymal stem cells, may help repair and heal the body in different ways than cord blood. These cells create structural and connective tissue and are currently being evaluated in 30+ clinical trials to treat heart disease, stroke, and spinal cord damage, among other conditions. The cost of private cord blood banking ranges from company to company. There is an initial processing fee, and then a yearly storage fee, as well. Payment plans are available.

If you wish to pursue cord blood preservation, to aid you, we have listed below two of the major private storage companies and their telephone numbers.

CBR (cord Blood Registry) 1-800-588-6377

Or

Via Cord- 1-866-835-0968

Our providers will be happy to assist in the collection process at delivery. Beyond that, all responsibilities for carrying out the storage process will lie with you, the parents, and the storage service to elect to use. If you are interested in cord blood banking, we would urge you to contact the service of your choice well in advance of your delivery. The companies can provide additional information as well as make arrangements for obtaining and transferring the collection materials. Please notify our clinic of your intent at the earliest possible point in your prenatal course, rather than voicing your request when you present in labor.

Any of our providers will be more than happy to discuss any of the above information with you upon request. Please let us know if you have any questions.

YOUR CORD BLOOD DECISION

Overlake Hospital Medical center works with the Puget Sound blood center in regional cord blood collection. Cord blood is blood taken from the umbilical cord and placenta after the birth of a baby. Cord blood can be used to treat many life threatening diseases. You have the opportunity to choose to provide your cord blood to the public bank or reserve it for your family's use. Either way, your decision will be respected.

If you have not thought about this issue yet, there is still time to consider your options:

- 1.) You may choose to have your cord blood reserved for your own family's use by a private blood bank (costs vary, but the initial cost is usually around \$1,000 to \$2,000 with annual fees for continued storage.)
- 2.) You may choose to have your cord blood collected for the public blood bank at no charge to you, through Puget Sound Blood Center.
- 3.) You may simply choose to have the cord blood discarded.

Upon arrival at the hospital, please advise your nurse of your cord blood decision. After you have checked in at Overlake's/Swedish Childbirth Center in labor, or on your scheduled day and time, you may be approached by a Cord Blood Donation Coordinator from the Puget Sound Blood Center to ask you what you would like to do with your cord blood. The coordinator is there to assist you, regardless of your decision.

If you would like to talk to someone about your cord blood decision, please feel free to call the Puget Sound Blood Center at (206) 292-1896 or 1-800-366-2831, ext 1896. In addition, there are online resources where you can learn more.