

Lane Women's Health Guide to a Healthy Pregnancy



Lane Women's Health Group, P.C.

Board Certified Specialists in Obstetrics and Gynecology

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Welcome!

Whether you are a current patient at Lane Women's Health or whether you are a new patient, we are so pleased that you have selected our practice to care for you and your baby during this pregnancy! No matter whether this is your first pregnancy or fourth pregnancy, this journey will be a time of excitement, apprehension, and preparation as you and your family anticipate the arrival of a new little person into your lives. The desire of the practitioners and staff here at Lane Women's Health is to guide and direct you and your loved ones through this important time in your life and to provide compassionate care with the ultimate goal of a healthy baby and a healthy mom.

We have compiled some practice information and educational handouts to help get you off to a healthy start. Please review the information we have provided and jot any questions on the sheet provided so that we may discuss them with you at your first visit. If you experience a health issue or emergent question prior to your first visit, feel free to contact our office Monday through Friday 9 am to 4:30 pm. For emergencies after hours, we have a Doctor or Midwife on call. For severe emergencies, call 911 or go directly to the emergency room.

Again, thank you for entrusting your care to Lane Women's Health. We look forward to sharing this journey with you.

Congratulations!

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Frequently Asked Questions

1. How often will I be scheduled for office visits during the pregnancy?

Frequency of visits and testing can vary with risk factors; however, for a low risk pregnancy you will be scheduled for your first visit at 8-10 wks of pregnancy. Thereafter office visits occur every 4 weeks until 28 weeks, then every 2-3 weeks, and eventually visits occur weekly or more until you have your baby.

2. What happens at these visits?

At the first visit we are gathering all of your medical history to assess your risk factors. At that visit you will also have a physical exam possibly including an internal (aka pelvic exam), optional testing will be explained, initial pregnancy lab testing will be discussed and a lab slip and pregnancy information will be given to you. At subsequent visits we will check your weight and blood pressure and check a urine sample for glucose, protein and ketones. We will listen to the baby's heartbeat and address any issues you may be having and answer any questions. At certain visits we will discuss testing for diabetes in pregnancy, kick counts, vaccination recommendations during pregnancy, birth control options to consider after you have your baby, breast vs bottle feeding options, Group B strep testing and other recommendations. Regular cervical checks (internal exams) are not done, but the Group B Strep test is necessary for some women and this involves a Q-tip swab of the vaginal and rectal areas.

3. What happens if I go past my due date?

You will have more frequent visits, additional testing to be sure your baby is doing well and an ultrasound to measure the fluid around your baby. Continued monitoring to wait for natural labor will be discussed and you may need an internal exam if an induction is being considered.

4. When do I get an ultrasound in pregnancy?

An ultrasound is done in the first trimester to determine or confirm your due date.

An ultrasound is also done at about 20 weeks to look at the anatomy of your baby and to measure your baby's growth.

There may be a need to do additional ultrasounds in the pregnancy depending on risk factors and other issues.

Please note that the 20-week ultrasound involves the evaluation of many complex structures in development, the most complex of which is your baby's heart. This structure is in motion and often your baby is very active at the same time.

Consequently, you may be asked to return for another look so that we can be sure we are getting all of the views needed.

5. What are growing pains?

Occasionally between the third and seventh month you may notice a sharp, often quick pain in the lower abdomen or groin area. This can be severe, but usually resolves with a brief period of rest or change in position. This pain is referred to as "round ligament pain" and you may find that abdominal support devices, exercises, stretching, warm baths or Tylenol may help.

6. How long can I keep working during my pregnancy?

In a normal pregnancy work can continue throughout the pregnancy, but may need to be modified depending on type of work. Generally, a woman may begin maternity leave at 38 weeks if she desires; stopping work prior to this time requires a documented medical condition for disability benefits.

7. Can I travel during pregnancy?

We don't recommend traveling long distances after 36 weeks except for emergent situations; However, travel prior to that time is acceptable for uncomplicated pregnancies. We recommend whether traveling by car or air that you take a copy of your pregnancy records with you and that you stay well hydrated and walk for 10 minutes every 2 hours. If movement is restricted during flight try to move your legs as if walking in place periodically and avoid sitting with legs or ankles crossed for prolonged periods.

8. Who will deliver my baby?

Both our midwives and doctors deliver babies, and who specifically will deliver your baby depends on whom is on call. If complications arise and a physician is needed a doctor from Lane will be called. If unavailable a hospitalist will be provided. Our goal is that every Lane patient be delivered by a Lane Caregiver.

9. Do I come back to the office after I have my baby?

Yes. There are two visits after you have your baby during what is called the postpartum period. We try to do the initial visit in about 3 weeks. Many women suffer from postpartum depression and earlier contact with us helps to ensure we are aware of this condition early and able to help you get treatment and support early. This is a good time to touch base to see if you have any other concerns. The next visit occurs at about 6 weeks postpartum. We will review birth control needs and options, reevaluate for depression, update your PAP smear if necessary and address any other issues you may have.

There are circumstances where we will see you in the office even earlier than 3 weeks postpartum and more frequently than the 2 visits mentioned above.

Exercise in Pregnancy

Who can argue that carrying a baby, going through labor and delivery, or recovering from having a baby is not an athletic event! Thus, it goes without saying that exercise is beneficial in pregnancy*. Moderate exercise (please refer to separate handout on Exercise) is recommended in pregnancy for 30 minutes per day 5 days per week. Benefits of regular exercise include a lower risk of pregnancy-related diabetes and high blood pressure, lower risk of preterm birth and C-Section, lower incidence of excessive weight gain in pregnancy. It helps decrease back pain, eases constipation and promotes weight loss after giving birth. It can also help prevent postpartum depression. Women who are physically active in pregnancy generally do better in labor and have an easier recovery from C-Section if that is necessary.

*See separate handout included in Welcome Packet

Weight Gain in Pregnancy

BMI (Body Mass Index) is a calculation that takes into account your weight and height. Recommendations have been developed for weight gain in pregnancy based on a woman's BMI. Please refer to the chart on the separate handout on Weight Gain in Pregnancy as well as additional information in that handout. As you can see, the lower one's BMI, the higher the weight gain recommendation is. In countries such as the USA, with ready access to a good food supply, most women will get the nourishment they and their baby need by following these guidelines. Excessive weight gain will end up on Mom not baby! As we all know, it is very difficult to lose weight. Please also note that these guidelines are for women pregnant with one baby. There are separate recommendations for those with twins. Also remember that you are likely to gain more weight at the end of your pregnancy.

*See separate handout included in Welcome Packet

Problems Encountered in Many Pregnancies

Anemia: This is when your red blood cell count is low. There are different types of anemia, but in pregnancy we often see iron deficiency anemia due to the demands of the baby because the baby takes some of your iron to make its own red blood cells. If you become anemic in pregnancy, we may recommend taking iron supplements or even getting iron through an IV. Please see the list below of foods that contain iron. You will absorb iron better if you are also getting enough vitamin C in your diet and if you avoid taking it with foods that are high in calcium, primarily dairy products. Iron supplements are poorly absorbed and can cause side effects such as constipation. Some over-the-counter iron supplements have vitamin C in them such as Vitron C and hemagenics.

Some foods containing iron:

Cereals fortified with iron	Beef/chicken liver
Turkey, Beef, chicken	Almonds, cashews, pecans, walnuts
Raisins, oatmeal, eggs	Tofu, sardines

Spinach (boiled), beans, strawberries, tomatoes, apricots

Morning Sickness: This is a common, distressing, but usually self-limited and benign problem that often is limited to the first trimester of pregnancy. Morning sickness seems to be triggered by having an empty stomach. If you suffer from morning sickness, eating some crackers as soon as you wake up, eating small frequent meals and small protein snacks should help. Taking 2 vitamin B6 tablets before bedtime, and Emetrol one tsp every four hours may be of benefit. Wrist bands (based on an acupuncture concept for motion sickness) are available over-the-counter and are helpful in over 50% of patients. Ginger capsules 250mg by mouth 4 times per day or eating ginger snaps, drinking ginger tea or ginger ale may also help. If these measures are not effective, you should call the office as there are some safe prescription medications we can recommend and we may want you to come in for further evaluation.

Vaginal Bleeding: Vaginal bleeding is never considered “normal” in pregnancy. There are reasons for small amounts of vaginal bleeding that may be of no consequence such as when the embryo implants in the uterus or after sex. We recommend that you notify us of any vaginal bleeding so that we may advise you as to the need for further evaluation. If you are bleeding heavily you should go directly to the hospital for evaluation.

Shortness of Breath, Palpitations, Chest Pain: This occurs in mild form in pregnancy in most women primarily due to the changes in your blood volume and the extra work of your heart. If, however, any of these symptoms should become severe we recommend that you go directly to the emergency room.

Swelling (edema): Pressure exerted in the pelvis on the large blood vessels and kidneys may cause swelling in the legs. This is common as the pregnancy progresses and is usually not worrisome. However, it can be a sign of other conditions including preeclampsia which is a condition some women develop in pregnancy that can be quite severe. Please notify us if the swelling is worsening or if you are having headaches, visual changes, or generally not feeling well. It would also be important to notify us if you see swelling in only 1 leg.

Yeast Infections: If you’ve had a yeast infection in the past you know that it can be aggravating with symptoms of itching and irritation in or near the vagina and an increase in discharge which is usually white and clumpy. Women have discharge in pregnancy normally and yeast is a normal organism that lives in the vagina, but if you notice this type of discharge and are having symptoms and have used over-the-counter yeast creams in the past you may do so. Some examples of yeast treatments are miconazole, clotrimazole, Monistat. It is most useful to apply the cream using your fingertips to the lower vagina and outside area a few times a day for about a week. This will settle the symptoms down.

Beta Strep (Group B Strep aka GBS): This is a normal bacteria that inhabits our digestive tract and vagina. It can be transient or persistently present in those parts of the body and it is not an infection. If it is in the urine, it is an infection (bladder infection aka UTI) and will require treatment. We check the urine early in pregnancy and if it is positive for GBS in a specific quantity you will be given antibiotics. You will also be given antibiotics in labor to prevent infection in your baby. If it is not found in your urine then you will be retested with a vaginal exam at approximately 37 weeks. This is done to determine if you need antibiotics in labor. The antibiotics in labor will reduce the chance of the baby getting the GBS and developing a severe infection.

Other Common Conditions that Occur in Pregnancy

We strongly recommend that as few medications as possible, prescription or over-the-counter, be taken during the pregnancy; however, occasionally treatment will be required. Listed below are conservative treatments generally considered safe for both mother and baby. If conservative treatment is ineffective after 48 hours, we recommend contacting the office to make sure no serious problem is present.

Resources for medication questions:

Pregnancy Risk Network Information: 1 800-724-2454 or www.pregnancyrisknetwork.org

We have very good local pharmacists who are also happy to answer your questions.

Additionally, should you go to Urgicare or the ER for any problem that does not seem to be directly related to the pregnancy we ask that you advise us of this.

Upper Respiratory Infection: Usually the “common cold”. You should rest, increase fluids and follow good hand-washing regimens. You may use salt water gargles, Vicks vapor rub, vaporizer or humidifier as well as saline nasal spray or drops. You can take Tylenol, Robitussin for cough/sore throat, Sudafed for stuffy nose or sinus congestion as long as you do not have high blood pressure, and you may use cough drops.

Seasonal Allergies: Benadryl, Claritin, Zyrtec, Allegra

Headaches: Drink plenty of fluids, try neck and shoulder massage. You may take Tylenol (acetaminophen). Do not use ibuprofen or other NSAIDs (i.e. advil, motrin, aleve) or aspirin. *Note: aspirin is given to many high-risk pregnant women in low doses, but we avoid it for a simple headache.

Upset Stomach: Gelusil is recommended along with a bland diet (BRAT diet -Bananas, rice, applesauce, toast/tea).

Heartburn: Frequent small meals are better than 3 large meals/day as the stomach and intestines work very slowly in pregnancy. Additionally try to remain upright or sitting for an hour or 2 after eating. You may try Riopan, Tums (unless you have a history of kidney stones), Pepcid, Gaviscon, Maalox, Mylanta

Diarrhea: Imodium is recommended, but call if the diarrhea persists more than 1-2 days or if you have been on antibiotics recently. Kaopectate may also be used. Do not use Pepto Bismol. Avoid dairy products until diarrhea has resolved.

Constipation: High fiber foods, water, vegetables, flax seeds can help. Citrucel, Colace, Metamucil, Fibercon may be used. Daily probiotics can be very helpful.

Hemorrhoids: Preparation H or generic, Witch Hazel, Anusol. Treat constipation.

Rashes: If otherwise feeling well you may use Benadryl cream, hydrocortisone cream/ointment, oatmeal baths. If these are ineffective after a few days please call.

Sleep – Good sleep habits including no late meals, keeping a routine. Tylenol PM or Unisom may help.

Dental issues/care: Maintain good dental hygiene and continue to see your dentist as you would if not pregnant. It is safe to have regular teeth cleaning. X Rays may be done if needed using abdominal shielding. Novocaine may be given without epinephrine. If antibiotics are needed penicillins can be given safely. There are other antibiotic options if you are allergic to penicillin.

Smoking, Vaping, Alcohol, Drugs: All have detrimental effects on the developing baby and mother. There is no known safe amount of any of these substances in pregnancy. Please talk to us openly regarding any use prior to and/or during the pregnancy. There are more and more resources locally to help you quit and maximize your physical, mental and pregnancy health and achieve the best possible outcome for you and your baby. And that's what it's all about.

Call the **New York State Smokers' Quitline** at 1-866-NY-QUITS (1-866-697-8487) or visit www.nysmokefree.com. The **Quitline** also provides free starter kits of nicotine replacement therapy (NRT) to eligible New Yorkers.

Here are some more resources available to patients in our area.

PREVENTION WORKS

Educate • Collaborate • Motivate

CASAC is the only New York State Office of Alcoholism and Substance Abuse Services approved and supported prevention agency in Chautauqua County.

Emailing info@casacweb.org

Office Locations Jamestown Phone (716) 664-3608 Fax (716) 664-3661

501 W. Third Street Suites 3 & 4 Sprinchorn Building Jamestown, NY 14701



Our Family Caring For Your Family

Jamestown Primary Care, Behavioral Health & Dental

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<https://spinningbabies.com/> - is an excellent website for positioning & exercises to help with common discomforts of pregnancy. It is also intended to help you have an easier childbirth experience.



<https://geneticsupportfoundation.org/> videos for anyone with further questions about genetic testing options in pregnancy.

For FREE online Childbirth Education classes, please go to:

https://myyomingo.com/UPMCMageeWomensHospital/UPMCMageeWomensHospitalPregnancyChildbirthEClass_6589_189 There is a sign-up process in which you enter your name and email address. You will then get a temporary password and a link in your email.



Weight Gain During Pregnancy

How much weight should I gain during my pregnancy?

The healthiest weight gain for you during pregnancy depends on your body mass index (BMI) before you were pregnant. Your BMI is based on your height and weight. Your BMI number will tell you if you are underweight, normal, overweight, or obese. You can use the chart at the top of the next page to find your BMI number. If you have a BMI of 25 or more before you start pregnancy, it is healthiest if you gain less weight during pregnancy.

Prepregnancy Weight	Healthy Weight Gain During Pregnancy
Underweight (BMI less than 18.5)	28 to 40 pounds
Normal (BMI between 18.5 and 24.9)	25 to 35 pounds
Overweight (BMI between 25 and 29.9)	15 to 25 pounds
Obese (BMI 30 or more)	11 to 20 pounds

How much should I eat during pregnancy?

In the first trimester of pregnancy, many women feel nauseous (sick to your stomach) or cannot stand some food smells. This can make it hard to eat a regular meal. When you are pregnant, you need to eat about 400 more calories per day than when you are not pregnant. You will feel better if you eat something every few hours. Eating small meals 5 or 6 times each day rather than larger meals less often will help you feel better and make sure your baby has a steady supply of food.

What should I eat during pregnancy?

Your baby's growth depends on what you eat, so you need to eat healthy foods. Eat at least 5 servings of fruit and vegetables a day. Eat whole grain foods such as brown rice or whole wheat bread. Include some protein, such as meat or peanut butter, whenever you eat. Cut down on fats by eating less fried foods, whole milk, and fatty meats. Limit foods with a lot of sugar, such as desserts and soft drinks.

What happens if I do not gain enough weight?

If you do not gain enough weight or if you lose weight during pregnancy, your baby has a chance of being born prematurely (early) or not weighing enough at birth. Babies born early or too small can have trouble breathing and eating in the first days after birth. A small number of babies who are premature or too small at birth have trouble learning when they are older and in school. Talk with your health care provider about how much weight gain during your pregnancy is the healthiest for you and your baby.

What happens if I gain too much weight?

If you gain more weight than is recommended, you have a higher chance of getting gestational diabetes or high blood pressure during pregnancy. Your baby has a chance of weighing more than usual, and you are more likely to need a cesarean birth. Women who gain too much weight in pregnancy have a harder time losing the weight after giving birth. Their babies have a higher chance of being overweight as children. Exercise during pregnancy and eating a healthy diet can help you keep your pregnancy weight gain normal. It is not safe to diet during pregnancy.



What is my body mass index?

You can use this chart to find your BMI number. Be sure to use your weight before pregnancy.

		Body Mass Index Table																																																
		Normal									Overweight									Obese									Extreme Obesity																					
BMI		19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49																		
Height (inches)		Body Weight (pounds)																																																
58		91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186	191	196	201	205	210	215	220	224	229	234																		
59		94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198	203	208	212	217	222	227	232	237	242																		
60		97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204	209	215	220	225	230	235	240	245	250																		
61		100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211	217	222	227	232	238	243	248	254	259																		
62		104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218	224	229	235	240	246	251	256	262	267																		
63		107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220	225	231	237	242	248	254	259	265	270	278																		
64		110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	232	238	244	250	256	262	267	273	279	285																		
65		114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240	246	252	258	264	270	276	282	288	294																		
66		118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247	253	260	266	272	278	284	291	297	303																		
67		121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255	261	268	274	280	287	293	299	306	312																		
68		125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	262	269	276	282	289	295	302	308	315	322																		
69		128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	263	270	277	284	291	297	304	311	318	324	331																		
70		132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	278	285	292	299	306	313	320	327	334	341																		

Source: National Heart, Lung, and Blood Institute; National Institutes of Health; U.S. Department of Health and Human Services.

For More Information

Choose My Plate: Moms and Moms-to-be

<https://www.choosemyplate.gov/moms-pregnancy-breastfeeding>

CDC: Weight Gain During Pregnancy

<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-weight-gain.htm>

Health Tips for Pregnant Women

<https://www.niddk.nih.gov/health-information/weight-management/health-tips-pregnant-women>

March of Dimes: Tracking Your Weight Gain

<https://www.marchofdimes.org/pregnancy/tracking-your-weight-gain.aspx>

Flesch-Kincaid Grade Level: 5.5

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Exercise in Pregnancy

Is it safe for me to exercise while I'm pregnant?

Most exercise is safe for pregnant women. In fact, daily exercise during your pregnancy can help you and your baby be healthier and might decrease your chance of having some problems during pregnancy. If you had a medical problem before you became pregnant or have had complications during your pregnancy, you should talk about the safety of exercise with your health care provider before you start any activity.

How can exercising while I'm pregnant help me?

Exercise in pregnancy can help you in many ways. It can help you feel better and have less back pain, constipation, and tiredness. Exercise can also help you sleep better and improve your mood. Your body will be better prepared for labor. You may have a shorter labor with less chance of having a cesarean birth. You will gain less weight in pregnancy, which will help you get back to your prepregnancy weight more quickly after the baby comes. Exercise in pregnancy may also lower your chance of getting gestational diabetes or high blood pressure during pregnancy. Your baby is more likely to be born with a healthy birth weight. Exercise can also lower the chance of having postpartum depression.

How much exercise should I do while I'm pregnant?

You should try to do moderate exercise for at least 30 minutes most days of the week. Moderate exercise means you should start to sweat and your heart rate increases a bit, but you are still able to talk while you are exercising. If you exercised before pregnancy, you can probably continue the same physical activities. If you are not currently exercising, pregnancy is a good time to start. You want to start slow and gradually increase your exercise.

What exercises are safe for me to do while I'm pregnant?

Walking is a good exercise to start with. You will get moving and have less strain on your joints. Swimming, biking, yoga, and low-impact aerobics are also good choices. Light weight training is okay too. Being creative with your exercise will help you stay motivated. Hiking, dancing, and rowing can be fun activities to try. You do not need to pay money for an exercise class or activity. Walking up and down stairs or doing exercises at home are all good, free activities.

Are there other things I should consider when I'm exercising while I'm pregnant?

Be sure to stretch your muscles first and warm up and cool down each time you exercise. Drink water throughout your exercise so you can stay well hydrated. Make sure you do not get too hot, and do not overdo your exercise, especially on a hot day. During pregnancy, your balance changes as the baby grows, so it is important to move carefully and always make sure you are not in danger of falling. Avoid lying flat on your back. You can put a pillow or towel underneath one hip so that you can still participate in exercises that may require this position. Listen to your body for warning signs. See the following list for specific warning signs that tell you to stop your exercise.

What exercises are not recommended while I'm pregnant?

You should not do exercises that put you at risk for getting hit or kicked in the stomach or falling. Do not do exercises that involve contact with other persons or heavy lifting. Exercises to avoid are:

- Hockey
- Soccer
- Basketball
- Skiing
- Gymnastics
- Horseback riding



- High-intensity racquet sports
- Heavy weight lifting (over 50 pounds)
- Scuba diving
- Exercise at high altitudes

Use common sense. If you are not sure about an exercise, you should talk to your health care provider first.

Are there reasons I should not exercise while I'm pregnant?

You should talk to your health care provider before you exercise if you:

- Have a serious heart or lung disease
- Have high blood pressure before or during pregnancy
- Have premature labor or have had a threatened miscarriage during this pregnancy
- Have cervical incompetence (weakness) or have a cerclage in place
- Have placenta previa (your placenta is low or covering the opening to your cervix)
- Are carrying more than one baby
- Have had or are currently having any vaginal bleeding
- Think your membranes are ruptured (water is broken)

When should I stop my exercise?

Stop exercising if you:

- Have bleeding or are leaking fluid from your vagina
- Have trouble breathing
- Feel dizzy or lightheaded
- Have pain in your chest
- Have pain or swelling in your calf
- Have contractions before you are 37 weeks pregnant
- Are feeling the baby move less than normal

For More Information

Kid's Health

General information on exercise in pregnancy.

<http://kidshealth.org/parent/nutrition`center/staying`fit/exercising`pregnancy.html#>

<http://www.cdc.gov/physicalactivity/everyone/guidelines/pregnancy.html>

March of Dimes

Video and written information on exercise in pregnancy.

<http://www.marchofdimes.com/pregnancy/exercise-during-pregnancy.aspx#>

Mayo Clinic

Exercises you can do at home that strengthen your muscles and get your body ready for labor.

<http://www.mayoclinic.org/healthy-living/pregnancy-week-by-week/multimedia/pregnancy-exercises/sls-20076779?s=1>

Parents Magazine

Low-impact yoga exercises you can do at home to prepare for labor and stay healthy.

<http://www.parents.com/pregnancy/my-body/fitness/prenatal-yoga-workout/#page=18>

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