

# A to Z Pregnancy Guide

## A THING OR TWO YOUR DOCTOR MIGHT NOT HAVE WARNED YOU ABOUT

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WHETHER YOUR PREGNANCY was perfectly planned, a happy accident or a hard-won victory, it will be a time of discovery and surprises.

Surprises? Between your doctor, your family, your friends, books, the Internet and magazines, you can't be surprised, can you? Sure you can. Dr. Barbara Held, an OB/GYN at The Methodist Hospital, is an expert on women's bodies and pregnancy, but even she got a few surprises when she had her two children.

"I felt pretty silly after advising all my patients that it can be anything from a trickle to a gush, but when my water broke with my first baby, I wasn't really sure if it had or not," she says. "I was surprised how difficult it was to tell."

Our A-to-Z list of things that might surprise you covers those things everyone forgot to mention. Surprises are good sometimes, but not when it comes to your body and your baby.

### AFTERNOON SICKNESS

Morning sickness's less-talked-about cousin, afternoon sickness, can hit as a nausea and vomiting double whammy just when you think the worst has passed. Or you may feel fine in the morning then find your stomach rebelling midafternoon. Either way, it's enough to ruin your whole day.

To ease afternoon symptoms, try eating five or six small meals throughout the day. Sipping ginger tea or ginger ale also may help.

Regardless of what time of day the symptoms hit, if nausea and vomiting are so severe that you become dehydrated or lose weight, you may be suffering from hyperemesis gravidarum. This extreme version of pregnancy stomach upset can result in hospitalization if left untreated, so talk to your doctor if your symptoms are debilitating.

### BED REST

Up to 25 percent of women are put on bed rest at some point during their pregnancy, Held says. Don't panic if you join that number. Often women who hear the words "bed rest" fear their doctor will leave them languishing until they deliver. But your doctor is as anxious as you are to get you up and around again as soon as it's safe for you and your baby.

"We don't want a woman on bed rest unless it's really necessary," Held says. "Pregnancy is already a hypercoagulative state, which means the woman is already at risk for blood clots, particularly in her legs. When prescribed bed rest, it's important that the patient also receive instruction on exercises she can do while she's in bed, such as leg flexes and leg raises."

### CARPAL TUNNEL SYNDROME

Your fingers are numb, tingling and burning like you've been working at a keyboard for 50 years. That can't be related to being pregnant, can it? You bet it can. The simple fact is that when you're pregnant, things swell, even things you can't see and don't think about. That swelling is behind some pregnancy "side effects" that just don't seem to make sense.

The nerves to your fingers run through a tunnel in the wrist – the carpal tunnel. Pregnancy swelling can narrow that tunnel and put pressure on your nerves. Voila! Instant carpal

tunnel syndrome. While you're pregnant, wrist supports can give you relief. After pregnancy, your symptoms should go away right along with the swelling that caused them.

### DIZZINESS

According to the American Pregnancy Association (APA), dizziness and feeling faint are normal, particularly during the first trimester. One or more pregnancy hormones – estrogen, progesterone and relaxin – are responsible for most physical phenomena of pregnancy, and this is no exception.

Pregnancy hormones cause your blood vessels to relax and widen, which is good because it increases the blood flow to your baby. The down side is that the blood in your widened veins is slower to get back to you, causing your blood pressure to drop. Just take your time and hold on to something when getting up from a sitting or lying position.

### EPISIOTOMY

Of all the things women talk about relating to pregnancy, episiotomy is perhaps the one with the highest cringe factor. Let's face it, a procedure in which your doctor uses scissors to cut the tissue (perineum) between the vaginal opening and anus to provide more room for the baby's head has very little to recommend it from the mother's point of view. Recent findings published in the *Journal of the American Medical Association* show that it has very little to recommend it from a medical point of view, either. The study shows that routine episiotomy does not provide immediate or long-term benefits for the mother, and women who don't have episiotomies are more likely to give birth without perineal damage, less likely to need suturing and more likely to resume intercourse earlier.

So what can you do to ensure you don't have an episiotomy you don't need? First and foremost, talk to your doctor long before you enter the delivery room. You and your doctor should agree that she will perform an episiotomy only if you or your child would be endangered if she didn't. Then trust her to make the call when the time comes.

Next, you can take matters into your own hands – literally – with perineal massage. Massaging and manually stretching your perineum in the final weeks of pregnancy can drastically reduce

the chance that you'll require an episiotomy or experience perineal tearing, according to a study reported in *Obstetrics and Gynecology*. An excellent how-to guide to perineal massage can be found at [www.childbirth.org/articles/massage.html](http://www.childbirth.org/articles/massage.html).

## FALLING

No matter how catlike you were prepregnancy, if you're not careful, you may find yourself landing on the ground as your body changes.

"I was an athlete in college, so I didn't think I'd have any problems, but I fell down several times during my first pregnancy," Held says. "It's not unusual for pregnant women to lose their balance and be clumsy; even before they're big, their center of gravity starts changing and their balance is off."

## GALLSTONES

Both during and after pregnancy, women are more likely to experience gallbladder trouble. Excess estrogen from pregnancy appears to increase cholesterol levels in bile and cause gallbladder stasis (sluggish contraction), both of which can lead to gallstones. But Dr. Denise R. Nebgen with University OB/GYN of Texas says that it's still far from common. She estimates she sees only one patient a year with this problem.

Your gallbladder could be to blame if you experience steady pain in your upper abdomen that increases rapidly and lasts from 30 minutes to several hours, pain in your back between your shoulder blades or pain under your right shoulder, particularly if you have nausea or vomiting at the same time. The pain may occur after eating fatty foods.

"Unless the pain is unbearable," Nebgen says, "the primary treatment during pregnancy is diet modification."

## HEMORRHOIDS, CONSTIPATION

Progesterone does part of its pregnancy job by relaxing smooth muscle to help keep the uterus from contracting as the baby grows. Unfortunately, smooth muscle in the intestinal tract needs to contract in order to keep things moving along, and progesterone is an equal-opportunity relaxer. When your intestinal tract is too relaxed, constipation can result.

Then, adding injury to insult, when constipation forces you to strain during bowel movements, you can cause or worsen hemorrhoids – the painful, inflamed veins that can appear on and around the anus as your growing baby presses downward.

Staying well-hydrated and eating plenty of high-fiber fruits, vegetables and whole grains can keep constipation from becoming severe. According to the APA, 25 to 30 grams of dietary fiber and 10 to 12 cups of fluids each day are ideal. Exercising at least three times a week for 20 to 30 minutes each also helps.

## INCREASED FOOT SIZE

Pregnant women get swollen feet. Everybody knows that, right? But you might not know that your feet aren't just swelling, they're getting bigger because the same hormone that allows your pelvis to stretch and enlarge for birth also works on the bones and ligaments in your feet. Even when the swelling goes away post-pregnancy, your feet may stay up to a size larger than they used to be. Look at the bright side – this is the perfect excuse to go on a major shoe-shopping binge.

## JAUNDICE

Jaundice – a yellowing of the skin and eyes – is common in newborns, and new mothers are often reassured in advance that it's nothing to worry about. But for

the mother to experience jaundice during pregnancy is another thing entirely.

You should take it seriously and tell your doctor if you are jaundiced. In addition to viral hepatitis, jaundice can be a symptom of cholestasis of pregnancy (usually marked by severe itching), pre-eclampsia (also called toxemia) and acute fatty liver of pregnancy, a serious complication that occurs late in pregnancy and often requires early delivery.

## KEGEL EXERCISES

Having small "accidents" when you laugh or sneeze isn't uncommon during and after pregnancy. You can lessen the likelihood of urine leakage by doing Kegel exercises. Just tighten the muscles of your vagina as though you were stopping a flow of urine, hold for a count of eight, then repeat. Try to do sets of 10 several times throughout the day.

Kegel exercises tighten the muscles of the pelvic floor, which helps with urinary incontinence during and after pregnancy and can prevent uterine prolapse. As an added bonus, many women report that Kegels contribute to longer and more intense orgasms. Talk about a good motivation for exercise!

## LABIAL VARICOSITIES

You knew about hemorrhoids, but nobody told you that you could get them here. Surprise! Labial and vulvar varicosities are just what they sound like, veins on your labia or vulva that become distended, inflamed and painful.

"They look and feel like hemorrhoids, only on the labia," Held says. "Like hemorrhoids, they're caused by the baby putting pressure downward. Unfortunately, the only real cure is delivery of the baby. In the meantime, patients can get some relief from witch hazel pads, sitz baths and Tylenol. They'll

also probably want to refrain from sex."

## MORE CELLULITE

You're looking forward to the cute little dimples on your baby's rear, but the ones developing on your own posterior aren't making you smile. You're supposed to gain weight with your pregnancy, every woman does, and that larger number on the scale often means larger fat cells. When located in the subcutaneous level of skin tissue, those larger fat cells can show up as cellulite.

Unfortunately, there's not a lot you can do about it while you're pregnant. After you've delivered and returned to your pre-baby weight, the cellulite may disappear along with the extra pounds. Wait and see. If diet and exercise don't work, one option is mesotherapy, a painless, nonsurgical procedure performed in a doctor's office. Mesotherapy improves blood flow and lymphatic drainage while reducing excess fat deposits and softening the hardened connective tissue that causes the lumpy appearance of cellulite.

## NOSE BLEEDS

Pregnant women sometimes experience nose bleeds and nasal congestion because of increased vascularity in the nasal membranes. Usually, it's nothing to worry about, but it all depends on the severity.

"If a patient has more than one or two nose bleeds, or if the bleeding is severe, she should tell her doctor so he can check on her clotting factors," Held says.

## ORGASM

It's universally agreed that having sex while pregnant is fine, as long as you're feeling frisky and as long as your doctor doesn't tell you otherwise. However, some women worry that while the act of intercourse is safe for the baby, having

orgasms might bring on early labor. Let The Mayo Clinic put your mind at ease. They report that, if you have a normal pregnancy, the uterine contractions you experience during orgasms – with or without intercourse – don't lead to premature labor. Enjoy!

## PUBIC BONE PAIN

Many pregnant women experience some form of pain in their hips, groin or lower abdomen as their body prepares for giving birth. A smaller number suffer from pain – ranging from mild to debilitating – that is sharply focused on the pubic bone. As relaxin causes the pelvic girdle to open in preparation for delivery, it also can cause pain and inflammation in the joint at the center of the pubis.

"A lot of patients complain about pubic bone pain, but it's not something that's usually covered in the books telling you what will happen when you're pregnant," Held says. "Most patients are able to manage it with an over-the-counter analgesic like Tylenol. Lying down on the side also can provide some relief. However, pubic bone pain can be severe enough that a woman will require prescription medication, a pelvic binder or bed rest."

## QUICKENING

This is the best pregnancy surprise of them all. No matter how ready you think you are, the first time you feel your baby move inside you is a moment that will take your breath away. Quickening not only describes your heart rate when it happens, it's a charming, old-fashioned term for that first sensation of movement.

## ROUND LIGAMENT PAIN

During your second trimester, you may experience sharp pains or dull aches at the sides of your lower abdomen or in

your hip area. It's a good idea to mention it to your doctor, but chances are it has nothing to do with contractions. More likely, you're experiencing round ligament pain, which comes as a result of your growing uterus pulling and stretching the bands of fibrous tissue. To minimize the pain, avoid quick changes in position; be extra careful when turning at the waist. Bending toward the pain can lessen it.

## SCIATICA

Pregnancy can be a pain in the rear end – literally. According to Nebgen, the uterus can put pressure on the sciatic nerve, resulting in sciatica. Because the sciatic nerve impacts sensation and movement from your lower spine all the way down to your feet, the symptoms are varied and unpredictable. Pain or tingling deep in your buttocks and down the back of your legs, sharp pains in your hips, sensations of numbness as far down as your foot and even muscle weakness are all on the menu with sciatica.

"Sciatica goes away after delivery when there's no longer pressure on the sciatic nerve," Nebgen says. "While you're pregnant, heat, stretching and physical therapy can help. Your obstetrician can prescribe physical therapy."

## TOXOPLASMOSIS

Sometimes old wives' tales are based in reality, and in this case, those old wives knew what they were talking about – you really can get sick and endanger your baby if you clean the cat's litter box while you're pregnant.

The bad guy in this case is a parasite called toxoplasma gondii, which can live in cat feces and causes toxoplasmosis, a rare but serious blood infection. Exposure to this parasite just prior to or during pregnancy may cause the fetus to be infected, with serious damage most likely if the infection occurs in the first

three months of pregnancy.

So how do you prevent toxoplasmosis? First, have someone else deal with the cat droppings. Ideally, avoid all contact with anything that has touched cat feces as soon as you start trying to conceive and stay away until you deliver. This is one of those rare times when you have a doctor's note to get you out of something nasty, so take full advantage of it. In addition to avoiding kitty's droppings, keep him off any surface that might touch food.

## UNUSUAL CRAVINGS

Think you're crazy because you're craving a nice bowl of dirt? You're gnawing on wooden toothpicks like a beaver? You're not nuts, but you have ventured beyond normal pregnancy food cravings and into the world of pica.

A craving for items of no nutritional value, pica hits one pregnant woman in 100 and nobody is quite sure why it happens. Don't give in to the cravings, even though they can be so strong as to seem like compulsions. Tell your doctor about it, even if it's embarrassing. Remember, it's hard to shock an OB/GYN.

## VAGINAL BLEEDING

You see blood and a panicky voice in your mind screams: "Miscarriage!" Stop. Take a deep breath. Yes, any vaginal bleeding while you're pregnant is scary, but it doesn't necessarily mean you and your baby are in danger.

Nebgen says approximately 25 percent of pregnant women experience some type of bleeding; however, at least half of those go on to have successful pregnancies. During the first trimester, she recommends reporting slight spotting that goes away within a day at your next OB/GYN visit, calling your doctor within 24 hours if you have any spotting or bleeding that lasts more than a day and contacting your

doctor immediately if you have moderate to heavy bleeding (similar to or more than your normal period) or any amount of bleeding accompanied by pain, cramping, fever or solid tissue.

Beyond the first trimester, any spotting or vaginal bleeding is cause for a call to your doctor, with the urgency in direct proportion to the amount of blood. The most common cause of heavy vaginal bleeding in late pregnancy is a problem with the placenta, such as placenta previa or placental abruption.

## WAITING FOR AN EPIDURAL

No matter what anyone tells you, you don't have to suffer unnecessarily during your delivery. There are rules regarding when a patient should get an epidural, but rules were meant to be bent.

"I got my epidural when I was only one centimeter dilated because I didn't tolerate the pain of labor very well," Held says. "Now I tell my patients, 'Try to wait for four or five centimeters dilation, but if you feel like you're dying, we can give it to you sooner.'"

## X-RAYS

Invisible rays flowing through you and your baby is enough to give any mom-to-be the shivers. However, the level of radiation in most diagnostic X-rays is only a tiny percentage of the five rads the APA reports as the minimum exposure likely to cause significant fetal risks.

"A lot of patients worry about dental X-rays when they go in to have their teeth cleaned," says Nebgen, who initially earned a dental degree before going on to earn a Ph.D. and then M.D. "We recommend going to the dentist when you're pregnant. You should put off any unnecessary X-rays until after you've delivered, but dental and most other X-rays are safe if you need them."

## YEAST INFECTION

"The vagina is very sensitive to hormones," Held says. "Progesterone produced during pregnancy can inhibit the good bacteria that is normally present in the vagina, and then bad bacteria can overgrow and cause a yeast infection.

"Over-the-counter treatments for yeast infections are safe, but I don't recommend self-treatment. Particularly during pregnancy, it can be difficult for a patient to tell whether a vaginal discharge is just leukorrhea (a whitish vaginal discharge that is normal in pregnancy), a yeast infection or some other type of infection."

## ZITS

As hormone levels ebb and surge from conception through delivery and lactation, each change can have a different effect on your skin. Previously clear skin may develop acne; where pimples used to reign, clear skin and a pregnancy glow may take over.

Whenever and wherever breakouts occur, be very careful about what you use to treat them. Many over-the-counter and prescription acne treatments are off-limits while pregnant.

Work closely with your obstetrician and your dermatologist to get through flareups, and remember that once your hormones return to normal, so will your skin. ■