



# Congratulations, You're Pregnant!

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## Now What?

Thank you for trusting Genetics & IVF Institute to be part of your care team.

We want to personally **congratulate you** on how far you've come on your pregnancy journey and your pathway to parenthood. We are always here as a resource, but as you begin your care with an Obstetrician/Gynecologist (OB/GYN) or midwife, we wanted to help answer some initial questions that you may have.



*in  
collaboration  
with*



# Prepare For Your Parenting Journey



## IS WHAT I AM FEELING NORMAL?

Am I really ready to graduate?

### – YES!

We're so excited for you and also understand that transitioning (or graduating) from your infertility team to your OB/GYN may have you feeling a bit distressed and scared, and that is completely normal. Most patients' transition to their obstetrician takes place around 7-9 weeks gestation when the frequent monitoring visits you're so used to are no longer needed. This is good news! It means your pregnancy is proceeding as it should.

Is it normal to feel this tired?

Yes, it is very normal to feel extremely tired or even "jet lagged" when you're pregnant, especially in the first trimester. During early pregnancy, levels of the hormone progesterone increase, and your metabolism is running high - this can cause daytime sleepiness and fatigue. A number of normal symptoms during pregnancy might also affect or disturb your sleep, including morning sickness. During the first trimester of pregnancy, a huge amount of energy goes into building a life-support system for your baby (namely the placenta). Though very frustrating, the fatigue normally improves by 12 weeks.

## Is it normal to feel this nauseated?

Each pregnancy is unique, but an estimated 3 out of 4 expecting moms experience morning sickness or pregnancy-related nausea and vomiting in their first trimester. To help relieve nausea, avoid having an empty stomach; eat small, frequent, bland meals that are high in protein and complex carbohydrates – think whole grain toast and peanut butter, or hard cheese and crackers. Steer clear of greasy and processed fast foods, which are hard to digest and can make morning sickness worse. Try bland easy to digest foods like rice and dry crackers. The goal is to find foods that you can eat and that stay down. Alternating solid and fluid intake, eating ginger-containing food (ginger chews), acupressure wrist bands, acupuncture and Vitamin B6 (50mg up to 3 times a day) may also be helpful.

If your nausea is continuous and severe and you vomit several times a day, or if you cannot keep down food or fluids and begin to lose weight, make sure to see your provider as you may require additional treatment to protect yourself and your baby.

## Is it normal to feel this constipated?

Many people get constipated during pregnancy due to the increase in pregnancy hormones, digestive changes, and taking a prenatal vitamin with iron. Pregnancy constipation, defined as having fewer than three bowel movements a week, can be uncomfortable but it is treatable. Increasing your fluid intake, eating more fiber-rich foods, and doing more light physical activity, like walking, in your daily routine can be helpful in preventing and relieving constipation. Some prenatal vitamins also include a stool softener, or you can take a stool softener such as Colace®. Mild laxatives such as Milk of Magnesia or MiraLAX® and bulk-forming agents such as Metamucil® can be taken in moderation with a physician's approval.



# NUTRITION



## Folic Acid



Folic acid supplementation is recommended prior to and throughout your pregnancy. It is the most essential micronutrient in terms of first trimester nutrition – and prenatal nutrition in general. When you are pregnant you need 600 micrograms (mcg) of folic acid each day. Folic acid (also known as vitamin B9 or folate, when it's in food form) is a nutrient found in fortified cereal, enriched bread and pasta, peanuts, dark green leafy vegetables, orange juice, and beans. Because it's hard to get this much folic acid from food alone, you should take a daily prenatal vitamin with at least 400mcg of folic acid before and during pregnancy to help prevent congenital abnormalities of your baby's brain and spinal cord. Over-the-counter vitamins are fine to take, but if you have increased nausea or constipation, your provider may recommend other types of prenatal vitamins that may be better digested. Children's or gummy vitamins are not sufficient, and, therefore, not recommended for your pregnancy needs.

## Calcium



You and your baby need about 1,000 milligrams (mg) of calcium for strong bones and teeth; calcium also helps your circulatory, muscular and nervous systems run normally. Too little calcium in your diet can result in brittle bones (osteoporosis) later on. Dairy products are the best absorbed sources of calcium. Nondairy sources include dark, leafy greens (broccoli and kale), nuts and seeds, and more. Many fruit juices and breakfast cereals are fortified with calcium, and you can get calcium from calcium supplements.

## Iron



Iron supplements may be recommended in addition to your prenatal vitamin, and should be taken separately from your calcium. Iron is used by your body to make more blood to supply oxygen to your baby. Pregnant women need 27mg per day. In addition to taking a prenatal vitamin that contains iron, you should also eat iron-rich foods such as beans, lentils, enriched breakfast cereals, beef, turkey, liver, and shrimp. It is important to also eat foods that help your body absorb iron, including vitamin C-rich non-calcium fortified orange juice, grapefruit, strawberries, broccoli, and peppers.

## Water



It is important to stay hydrated. Drink throughout the day, not just when you are thirsty. In addition to the fluids you consume from fruits, juices and soups aim to drink at least 6+ glasses of water a day.

## AVOID THE FOLLOWING DURING PREGNANCY



Raw, rare, or undercooked meat, poultry, fish, seafood, and eggs



All bigeye tuna, king mackerel, marlin, orange roughly, shark, swordfish, or tilefish due to their high mercury content; and limit white (albacore) tuna to only 6oz a week



Refrigerated pâté and meat spreads, refrigerated smoked seafood



Unpasteurized milk and all foods made with unpasteurized milk; all soft cheeses, including feta, brie, queso-fresco, goat, and blue cheeses – unless labeled “made with pasteurized milk”; and unpasteurized juices like apple cider or fresh-squeezed OJ.



Sushi prepared in a clean environment is unlikely to pose a risk to the pregnancy, but generally pregnant women are advised to avoid sushi



Hot dogs and other processed luncheon meats (unless they are heated until steaming hot before serving)

## LIMIT YOUR INTAKE



Caffeine to less than 300mg per day



Artificial sweeteners, over the counter herbs, and herbal teas



Alcohol



Excessive heat: saunas, hot tubs, hot yoga

## LIFESTYLE



Can I have sex?  
Do I need to use a condom?

Most sexual activity is safe for people having healthy pregnancies. This includes sexual intercourse or penetration with fingers or sex toys. Your developing baby is protected by the amniotic fluid in your uterus, as well as by the strong muscles of the uterus itself.

It is normal to have cramping or a small amount of spotting after sex with penetration or an orgasm. If you have pregnancy complications or questions about what may be safe sexual activity for you, talk with your OB/GYN.

Of course, it's up to you whether you feel like having sex and it's also normal for desire to wax and wane throughout your pregnancy. There's more to intimacy than sex so whatever your mood, talk with your partner and share how you're feeling. If sex is unappealing or difficult, try cuddling, kissing or massage.

Having a sexually transmitted infection (STI) during pregnancy can cause serious health problems for you and your baby. Avoid all forms of sex – vaginal, oral and anal – if your partner has an active or recently diagnosed STI. Use a condom if you're not in a mutually monogamous relationship or if you choose to have sex with a new partner during pregnancy.



### What's up with this Heartburn?

Many people develop heartburn during pregnancy even if they rarely or never experienced it pre-pregnancy. Pregnancy hormones relaxing the valve between your stomach and esophagus can allow stomach acid to leak into your esophagus, causing heartburn. To prevent heartburn, eat small, frequent meals and avoid fried foods, citrus fruits, chocolate, and spicy or fried foods.

### What over-the-counter medications can I take? What about other drugs?

Although some medicines are considered safe during pregnancy, the effects of other medicines on your unborn baby are unknown. As a general rule of thumb, it is best to avoid any nonessential medication, especially in the first trimester when certain medicines can be most harmful to a developing baby. After discussing your medications with your provider, please see our website for approved medications during pregnancy as situations arise. It is important to note that you should avoid taking aspirin and NSAID pain relievers such as ibuprofen.

**Note:** All tobacco products, marijuana, vaping, illegal drugs, and prescription medications used for nonmedical reasons should be avoided

## Can I exercise?



Regular exercise during pregnancy benefits you and your baby in many ways. If you are healthy and your pregnancy is normal, it is safe to continue or start regular physical activity. However, it is important to discuss exercise with your OB/GYN or other member of your health care team during your early prenatal visits.

We recommend planning mild to moderate, low impact exercise for 20–30 minutes 3–5 times a week as tolerated. If you are new to exercise, start out slowly and gradually increase your activity. Begin with as little as 5 minutes a day. Add 5 minutes each week until you can stay active for 30 minutes a day. If you were very active before pregnancy, you can keep doing the same workouts with your OB/GYN approval.

Be sure to be well hydrated and stop if you experience cramping, bleeding, excessive fatigue, dizziness, or shortness of breath. With many things in pregnancy, it is generally considered appropriate to honor the limits of your body. In the first trimester, you may not feel up to exercising, and that's okay.

## Can I color or dye my hair?

It's up to you. Most experts think that using temporary, permanent, or semi-permanent hair color or dye during pregnancy is not toxic for your fetus. All forms of hair color/dye contain chemicals. Studies on animals show that high doses of these chemicals do not cause serious congenital abnormalities. Data is limited, but only a small amount of chemicals from hair dye is absorbed through the scalp, and, therefore, is presumed safe.

## Do I need to change my skincare regimen?

Over-the-counter products containing low-dose salicylic acid should be safe, as well as topical glycolic acid and benzoyl peroxide to treat acne. Products containing lactic acid, hyaluronic acid, and vitamin C are also okay to continue using. While ingested retinoids, high-dose vitamin A derivatives, and high-dose salicylates have been associated with fetal harm in several studies, there is no compelling data one way or the other about the safety of topical use. To be safe, if you plan to use these products in pregnancy, avoid so in the first trimester.

Sunscreen use, as always, is advised with any exposure, however, consider using mineral sunscreens containing zinc oxide and titanium dioxide instead of sprays and lotions that contain dihydroxyacetone or oxybenzone, as data are lacking as to their long-term effects.

## Can I travel?

In most cases, pregnant people can travel safely until close to their due dates. But travel may not be recommended for women who have pregnancy complications. Before making any plans to travel, talk with your OB/GYN or other health care professional. Together you can talk about whether your travel is essential or could be avoided. If it is essential that you travel, together you can make a plan to help you minimize risk.

## WHAT'S NEXT

### Do I need prenatal genetic testing?

Prenatal genetic testing gives parents-to-be information about whether their fetus has certain genetic disorders. Although there is no test that covers all genetic diseases or congenital disorders, diagnostic and screening procedures are available to evaluate your pregnancy.

Screening tests can provide a personalized risk assessment for certain medical conditions. These pregnancy screenings, such as First Trimester Screening (FTS) and Cell-Free DNA Screenings are done by blood tests and ultrasounds and carry no risk to a pregnancy.

Prenatal diagnostic tests can tell you whether your fetus actually has certain disorders. These tests are done on cells from the fetus or placenta obtained through amniocentesis or chorionic villus sampling (CVS).

GIVF offers both Prenatal Screening and Diagnostic Testing in house; keep in mind that certain tests can be done only at certain times during pregnancy. It is your choice whether to have prenatal testing. Your personal beliefs and values are important factors in the decision about prenatal testing. If you have questions or want to learn more, please visit our website, or call us and ask to speak to our licensed, genetic counselor.

### How often should I expect to have prenatal appointments?

While this can be highly individualized, there are typically 10–15 total prenatal visits for a non-high-risk pregnancy. Your prenatal visit schedule may look like this:



## What should I do to establish my care with an OB/GYN or midwife?

If you already have an established pregnancy health care provider, ask them how far in advance they recommend scheduling an appointment. Also be sure to tell your reproductive endocrinologist who your OB/GYN or midwife is so they can send over a summary of your care.

If you plan to switch offices or do not have a pregnancy health care provider, check with your health insurance and our referral list. Talking with your friends and neighbors to see if they have recommendations may also be helpful.

Once you graduate from Genetics & IVF Institute, most providers would like to see you soon; every office is different, and they may schedule an appointment for you in 7 to 12 weeks. We recommend aiming to schedule your first visit with your OB/GYN or midwife about two weeks after your final/graduation appointment, typically your gestational sonogram appointment. Be sure to bring with you to that appointment your previous blood work, sonogram reports, medication protocol and any other medications you are currently taking.



## How will I know if something is wrong? Who do I call?

Please call your OB/GYN or midwife if you experience **vaginal bleeding, abdominal pain, a severe headache, dizziness that is not relieved by eating or hydrating, severe vomiting, decreased urine output, burning with urination, or urinary urgency.** If you haven't yet established a relationship with an OB/GYN or midwife, you can call GIVF. In case you have an urgent concern, and the office is closed, the answering service will take your message and have the 24/7 physician on-call return your call. **If you believe you are having a medical emergency, you should call 9-1-1 or go to the nearest emergency room.**

## I'm bleeding, should I be concerned?

Vaginal bleeding during pregnancy is relatively common and can happen for many reasons. Light bleeding or spotting is especially common in very early pregnancies and doesn't necessarily mean there is a problem, but you should let your OB/GYN or midwife know so they can monitor and evaluate you. If you experience vaginal bleeding before you've seen your OB/GYN or midwife, please call the GIVF office.



# nested

*Preparation for Birth, Baby & Beyond  
to Build Healthy Communities*

## It's never too early to look into resources to support your pregnancy journey!

Genetics & IVF recommends Nested's comprehensive classes to our patients as they provide the highest quality education focusing on the well-being of the entire family. Nested welcomes new and experienced parents including LGBTQ families, adoptive and foster parents, as well as friends, caregivers, nannies, and grandparents.

Their instructors are licensed, practicing medical health care providers who understand the challenges of infertility and are sensitive to all types of growing families. Nested has a team-based approach, and its instructors consist of physicians, nurses, a PA, an NP, a physical therapist, and doulas through our partnership with Doulas of Capitol Hill.

### Nested's robust, award-winning, HIPAA-compliant class offerings include:



**Childbirth Education  
(CBE)**



**Newborn Care &  
Infant CPR (NB/CPR)**



**Breastfeeding &  
Lactation Preparation**



**Preconception  
Planning &  
Postpartum Resource**



**Pediatric & Adult  
CPR / Choking  
Prevention / First  
Aid / AED Education  
Certification**



**Infant CPR & Choking  
Prevention**



**Comprehensive  
Babysitters Course  
& Certification for  
CPR/First Aid/AED**

Drawing upon more than 2 decades of experience as a healthcare provider, public health advocate, educator and mom, Nidhi Reva, MPH, PA-C founded Nested LLC in 2017 to empower women & their families, both locally & abroad, by providing them with childbirth & newborn care education and invaluable medical & public health resources.

During your parenting journey it's important to prepare for both physical and emotional pregnancy issues and for their baby's arrival. Nested has successfully educated thousands of families with the highest quality of education that focuses on the entire family unit.

Nested's course curricula is offered in 3 formats – in-person, LIVE virtual & online VIDEO classes – and are continually updated to ensure it addresses the latest medical care and healthcare trends. Nested's classes are taught in a safe, casual, interactive learning environment.

**For more information about Nested and its classes, please visit: [www.nestedbaby.com](http://www.nestedbaby.com)**

[www.nestedbaby.com](http://www.nestedbaby.com)

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