

Early pregnancy quick reference guide

Ascension Medical Group
Seton Women's Health



**Ascension
Seton**



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Basic schedule of visits

We are so glad that you have chosen us for your prenatal care. Our all-female obstetrics team includes eight board-certified OB-GYNs and two certified nurse practitioners.

During your first visit, your doctor will ask about your periods and perform an ultrasound to confirm pregnancy and determine your due date. Routine pregnancy lab tests will also be performed.

Follow-up visits are usually scheduled:

- 3-4 weeks until 28 weeks
- Every 2 weeks from 28-36 weeks
- Weekly from 36 weeks until you have the baby

If you have a history of miscarriage or other high-risk conditions, your doctor may request that you schedule more frequent visits.

Follow-up visits will include:

- Taking your blood pressure
- Checking the baby's heart rate
- Measuring your belly to track the baby's growth

Routine ultrasounds will be performed at 20 weeks to check the baby's anatomy and 36 weeks to check the baby's weight and position. Additional ultrasounds may be scheduled if you are high risk or desire genetic testing.

What can I expect during my next visit?

Your next pregnancy visit will occur in the next 2-4 weeks depending on your pregnancy history. It will be a longer appointment (up to 2 hours), and will include a full physical exam (if not done this visit), an ultrasound, possible additional blood draws, and a one-on-one virtual counseling session with one of our RNs. If you have risk factors for gestational diabetes (body mass index >30, personal history of gestational diabetes), our RN will give you instructions for early gestational diabetes testing at the next appointment.

If you opt for genetic screening tests, these may also be done at the next visit. To help make that decision, visit [acog.org/womens-health/faqs/prenatal-genetic-screening-tests](https://www.acog.org/womens-health/faqs/prenatal-genetic-screening-tests).

Your early pregnancy, week by week

The first day of your last menstrual period is used to determine your estimated due date (EDD). In general, your due date will be calculated 40 weeks from the first day of your last menstrual period. So what has been going on in your body up until now?

Week 1	This is the week that is used to start the countdown of your pregnancy, but you are not yet pregnant.
Week 2	Your body is gearing up for ovulation, and the lining of your uterus is thickening. At the end of this week, your ovary releases a mature egg, which then begins to make its way down the fallopian tube.
Week 3	The egg is fertilized by the sperm while it is making its journey through the fallopian tubes. This fertilization results in a single cell called a zygote. The zygote starts dividing, forming two cells; then these two cells start dividing, forming four cells ... and so on. While this cell division is happening, the ball of cells continues to make its way down the fallopian tube toward the uterus.
Week 4	The group of rapidly dividing cells is now called a blastocyst, and it enters the uterus about 8-9 days after ovulation. The uterine lining is prepared for pregnancy. The blastocyst starts secreting the pregnancy hormone HCG (human chorionic gonadotropin). Implantation occurs (the blastocyst burrows into the welcoming endometrium).
Week 5	This is when the embryo stage of development starts. The brain, spine and cardiac muscle have started to form. The embryo is about the size of a sesame seed.
Week 6	The neural tube (from which the brain, spinal cord and spine will form) is completing its development. Parts of the face are starting to take shape. Cardiac activity can sometimes be seen on ultrasound. The embryo is about the size of a single pea.
Week 7	The mouth and face continue to develop. Arm and leg buds start to be visible. The long tube that will become the digestive tract has taken shape. The embryo is about the size of a blueberry.
Week 8	Webbed fingers and toes are now starting to stick out from the developing hands and feet. The inner ear and muscles of the eyes, nose, and mouth are developing. The embryo is now the size of a raspberry.
Week 9	Cartilage is forming, but won't harden into bone for a few weeks. Eyelids form, but are closed. The embryo is now the size of a grape.
Week 10	The head has developed into more of a rounded shape. Bone starts to replace cartilage, and the elbows are able to bend. The embryo is now the size of a kumquat.
Week 11	This week (the 9th week after fertilization), the embryo is now officially called a fetus. The fetus starts making breathing-like movements and swallowing amniotic fluid. The liver is forming blood cells, and at the end of this week the external genitals start to develop. The fetus is now the size of a fig.
Week 12	The kidneys of the fetus are making urine. The pancreas is making insulin. The fetus moves on its own now, but it is still too early for you to feel it. Its fingernails have formed. The fetus is now about the size of a key lime.

Early pregnancy symptoms

Early pregnancy brings many interesting symptoms. For some, they may be very mild, but for many, they can be severe. Some of the most common symptoms include nausea and fatigue. Do not fear, there are some easy things you can try at home if you start to feel these symptoms!

Nausea

This is sometimes called “morning sickness,” but unfortunately can happen at any time of day! It can range from queasiness (your stomach feeling unsettled), to nausea without vomiting, to vomiting with inability to tolerate food or liquids. This is most common between the 4th and 9th weeks of pregnancy, but for some women can last throughout the entire pregnancy. There are some things you can try at home to mitigate this:

- Small frequent meals: It may seem counterintuitive, but never letting your stomach get “empty” can help with the nausea of pregnancy.
- Keep a snack such as crackers by your bed; have a small amount when you first wake up in the morning before you start your day. This can help with the queasiness that happens first thing in the morning when you start moving around.
- Stick with a “BRAT” diet: Bland foods that are low in fat are less likely to cause nausea. Bananas, rice, applesauce and toast are the mainstays of the BRAT diet and a good place to start.
- Avoid strong smells: You may notice that your sense of smell seems especially heightened at the beginning of pregnancy. Have your partner take out the trash and avoid cooking foods with especially strong smells.
- Try to drink as much fluid as you can during the day. The less fluid you take in, the more dehydrated you can get, which can worsen nausea.
- Try integrating ginger into your diet. Ginger ale, ginger hard candies, and ginger teas may help settle your stomach.
- There are also over-the-counter medications you can try. Vitamin B6 (pyridoxine) can help with the nausea of pregnancy. You can start by trying 25 milligrams of vitamin B6 three times per day. In addition, doxylamine (the active ingredient in the sleep aid Unisom) combined with B6 can significantly improve the nausea of pregnancy.
- If these over-the-counter remedies do not work, ask your doctor if adding a prescription nausea medication is right for you.

***If you are unable to hold down food or fluids for 24 hours,, contact your doctor immediately. This may be a sign of a more severe condition called hyperemesis gravidarum, which sometimes requires hospitalization and intravenous fluids.*

Fatigue

Fatigue is also a very common symptom in early pregnancy and can sometimes feel debilitating. Some things you may try are:

- Try to take small naps whenever possible. Even 15 minutes can help.

- Rely on your partner and your support system to help you. Be aware that you may not work at the same pace you did prior to pregnancy, and this is OK! Your partner and your support team are there to make this easier!
- Practice good sleep hygiene. Try to go to bed earlier than usual and avoid all electronic devices in the hour before bedtime. Keep your bedroom as a calming, relaxing place with minimal distractions.

Fortunately, this seems to improve somewhat in the second trimester for many people. If you are feeling more energy, you can slowly increase your activity in the 2nd trimester.

Medications during pregnancy

Every medication has potential risks and benefits. It is important to let your doctor know ALL prescription and non-prescription medications that you are taking. This includes vitamin and mineral supplements, herbal supplements, or “natural supplements” as these may or may not be safe in pregnancy, or could potentially interact with other medications.

DO NOT discontinue any prescription medications you take for significant medical problems unless you have first spoken with the prescribing physician and your obstetrician. This includes medications for mental health conditions. Abruptly discontinuing mental health medications may cause dangerous withdrawal symptoms. We are happy to work with your prescribing physician (psychiatrist or PCP) to determine the safest most effective regimen for you during your pregnancy.

Below are some common symptoms and ailments that may occur in pregnancy, and over-the-counter medications that can be used to address them. For these over-the-counter medications, follow the package directions and do not exceed the recommended dose.

Allergies or runny nose	Benadryl (diphenhydramine) Claritin (loratidine) Zyrtec (cetirizine) Tavist (clemastine) Chlor-trimeton (chlorpheniramine) Rhinocort nasal spray (budesonide) Flonase nasal spray (fluticasone)
Cough	Robitussin DM (dextromethorphan) Delsym (dextromethorphan) Mucinex (guaifenesin)
Congestion	Sudafed (pseudoephedrine) - After 12 weeks and limit to 48-72-hour use Saline nasal spray
Constipation	Fiber: Metamucil, Fibercon Stool softener: Colace (docusate sodium) Laxatives: Miralax, Milk of Magnesia

Diarrhea	Immodium (loperamide)
Gas/flatus	Mylanta Gas-X (simethicone)
Headache	Tylenol (acetaminophen)
Heartburn/indigestion	Tums Maalox Mylanta Pepcid Cimetidine Avoid Alka-Seltzer or Pepto Bismol
Herpes outbreaks	Domeboro soaks or sitz baths Discuss a prescription medication with your doctor
Insomnia	Unisom (doxylamine) Benadryl (diphenhydramine)
Nausea	Emetrol Vitamin B6 (take 25 milligrams three times per day) Unisom (doxylamine) 25 milligrams at bedtime Sea bands (acupressure wrist bands) Avoid Alka-Seltzer or Pepto Bismol
Sore throat	Cepacol lozenges, salt-water gargles
Skin irritation/itching	Calamine lotion or caladryl Corticaine, Lanacort or hydrocortisone 1% (all topical) Neosporin

AVOID IBUPROFEN (MOTRIN/ADVIL), NAPROXEN (ALEVE), ALKA-SELTZER, PEPTO-BISMOL. Never take any form of accutane (oral acne medication). Avoid any megadose vitamins, especially those containing high concentrations of vitamin A.

Nutrition and exercise in pregnancy

Making smart food choices makes for a healthy pregnancy and a healthy baby. During pregnancy, following a healthy eating pattern with a variety of nutritious foods is of utmost importance. Healthy food choices combined with taking a daily prenatal vitamin with folic acid help to make sure that you get all of the nutrients that you and your growing baby need.

Here are some basics you should focus on:

- Eat a variety of vegetables, fruits, whole grains, protein foods, and calcium-containing foods.

- Choose foods and drinks with less added sugars, saturated fats, and sodium.
- Limit refined grains and starches (in foods such as cookies, white bread, some snack foods).

Pregnancy is a time to focus on choosing foods packed with nutrients. Despite the old saying that you are “eating for two,” your caloric requirement actually does not increase in the first trimester. In the second trimester, most women only need about an extra 340 calories per day, and in the third trimester, an extra 450 calories per day. Do you need help making a healthy pregnancy eating plan? Visit [myplate.gov/myplate-plan](https://www.myplate.gov/myplate-plan). Based on your age, height, pre-pregnancy weight and activity level, you can create a personalized plan, complete with options from each food group and recommended serving sizes!

Healthy eating also means avoiding foods that could contain bacteria or parasites that could harm your developing baby.

Some basic things to avoid include:

- Raw or rare fish or shellfish (like sushi or oysters)
- Soft cheeses (like feta, brie and goat cheese) unless they are pasteurized
- Raw or rare meat, poultry or eggs
- Unpasteurized juices or milk
- Lunch or deli meats, smoked seafood and hot dogs – unless they are heated until steaming hot
- Prepared salads like ham salad, chicken salad, seafood salad
- Raw sprouts such as alfalfa, clover, radish and mung bean sprouts

Physical activity during pregnancy is important to maintaining a healthy weight gain, reducing risks of pregnancy complications (such as gestational diabetes), as well as helping with mood and sleep. If you were already active prior to pregnancy, it is safe to continue! If not, now is a great time to start moving your body!

Some tips include:

- If you didn’t exercise before, start small and work up. Even small workouts have health benefits. Start with 5 minutes of activity and work your way up.
- Choose aerobic activities that get your heart rate up – walking fast, dancing, swimming, or an elliptical or stationary bike.
- Drink more water before, during and after your exercise. If you feel uncomfortable or short of breath, take a break. Discontinue exercise if you have any pelvic or abdominal pain, vaginal bleeding or loss of fluid from the vagina.
- Avoid high-risk activities where you have a risk of falling (skiing, horseback riding) or being struck in the abdomen (basketball, soccer).

Warning signs and concerning symptoms

It is extremely important to notify the office or the on-call physician immediately for any of the following symptoms:

- Temperature of 100.5 F or above
- Vaginal bleeding
- Gush of fluid from the vagina
- Irritating or persistent abdominal pain and/or firmness of the abdomen
- Sudden and severe swelling of hands, feet, ankles, or face
- Urgency, difficulty, pain or burning when urinating, or inability to urinate
- Persistent vomiting or diarrhea, or inability to tolerate any fluid intake for 24 hours
- Sudden or continuous headaches not relieved by acetaminophen or rest
- Blurred vision or other visual disturbances
- Sudden or persistent upper abdominal pain, epigastric pain
- Fainting
- Upper respiratory illness lasting more than 5-7 days
- Productive cough with green or foul-smelling sputum
- Inability to tolerate liquids for more than 12 hours due to nausea, vomiting and/or diarrhea
- Persistent ear pain

If you have been in a serious fall, motor vehicle accident, or any trauma to your abdomen, call immediately and be prepared to go to the emergency room to be evaluated.

When should we share our news with others?

This is a very personal decision with no right or wrong answer. The highest risk of miscarriage is in the first 3 months of pregnancy. Many people prefer to avoid sharing the news during this time, until they have passed the window of increased risk. If you have experienced pregnancy losses in the past, it may be helpful to you to share with your loved ones early on, to support you through the anxiety-inducing first trimester. Again, it is a personal decision, and you and your partner are the only ones who can decide what is right for you.