Here are some of the most common questions women have in the first half of pregnancy. Please talk with your obstetric provider about any additional questions or concerns.

**How do I know what medications are safe to take during pregnancy?**

We can give you a short list of “safe” medicines (see box to the right). But always check with your obstetric provider before taking any medication. This includes over-the-counter medicines, herbal or “natural” medicines, vitamins, supplements, and any prescriptions. There are some vitamins, herbs, and natural medicines that are not okay during pregnancy, so please be sure to ask your provider before taking these substances.

**May I continue to have sex?**

Yes. Under most circumstances, there is no reason to stop having sex. However, if you have any concerns about having sex during pregnancy, please talk with your obstetric provider. If you have vaginal bleeding after sex (or at any other time during pregnancy), please contact your provider.

As always, you should use “safer sex” practices. If you are having sex with more than one person, or if the person you are having sex with is an IV drug user or may also be having sex with someone else, you must always use a condom. This will help prevent diseases that could be harmful to you and your baby, like HIV and other sexually transmitted diseases. For more information about safer sex practices during pregnancy, please talk with your health care provider.

**What about traveling?**

In the beginning of your pregnancy, most traveling is okay. Try not to sit for long periods. Stretch your legs by taking a short walk at least every two hours, and keep your legs uncrossed in the car or plane. Later in your pregnancy (after 28 weeks), you should not travel without discussing it first with your obstetric provider.

**My provider has recommended a test for HIV, the virus that causes AIDS. Why is this important?**

Many people are infected with the HIV virus and don’t know it. You can get infected by having sex with an infected person. You can also get infected from sharing needles or blood with an infected person.

The HIV virus can be passed on from mother to baby during pregnancy and birth. However, research has shown that if a woman who has the HIV virus takes certain medicines during pregnancy, she can greatly decrease the risk of passing the HIV virus to her baby. This is why the HIV test is now recommended for pregnant women.

**May I go to the dentist?**

It is safe to continue routine dental care during pregnancy. In fact, there is a good reason to make sure you have at least one visit to the dentist during your pregnancy. Hormones can cause a more resistant form of plaque to develop on your teeth. You may be more prone than usual to cavities and gum disease.

It is okay to have Novacaine if you need it for a filling or another reason. Even dental x-rays are alright during pregnancy as long as you wear a lead shield on your abdomen. If you have been advised to take antibiotics before any dental work, you should continue this practice during pregnancy as well.

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**Questions You May Have**

Please don’t take any medication that is not on this list unless it has been approved by your provider. In some cases, common brand names are given in parentheses. It is okay to use generic versions or other brands of the same medication.

- **Heartburn:**
  - famotidine (Pepcid), Maalox, Mylanta, Tums, ranitidine (Zantac), Rolaid

- **Headache and pain remedies:**
  - Acetaminophen (Tylenol) only. Ask your obstetric provider what dose you should take. Never take more than the recommended dose.

- **Constipation:**
  - docuaste sodium (Colace), fiber laxatives (Metamucil)

- **Vitamins:**
  - Prenatal vitamins. Please take only the recommended dose. Do not take additional vitamins or supplements unless prescribed by your obstetric provider.

- **Colds:**
  - You may use any brand of cough drop or saline nasal spray. Certain cough and cold remedies are okay; some should be avoided, especially in the third trimester. Please call your provider’s office for advice about a particular product.
What about smoking, alcohol, or other drugs?
All of these things must be stopped while you are pregnant. Smoking has been clearly shown to cause lower-birthweight babies, and is associated with an increased risk of miscarriage, pregnancy complications, and sudden infant death syndrome (SIDS).

Alcohol can cause serious problems with your baby, including fetal alcohol syndrome. Babies with this disorder have intellectual disabilities, facial abnormalities, low birthweight, and behavior problems. There is no known “safe” level of alcohol consumption during pregnancy, so it’s best to avoid alcohol completely.

Recreational drugs are harmful to you as well as your baby and must not be used during pregnancy. Babies born to mothers who have used drugs can have serious health problems, including drug addiction.

If you have any questions or need help to stop using these substances, please be sure to talk with your obstetric provider. Many women face this challenge during pregnancy, and your providers can advise you on getting the help you need.

Are there chemicals or other products I need to avoid?
Please avoid contact with harsh chemicals such as insecticides. Ask your doctor if you have specific question about using other chemicals such as paint and paint thinners, hair dye, or cleaning products.

I’m worried about getting sick while I am pregnant. Are there infections that are dangerous to my baby?
As a general rule, your baby will be okay if you get a cold, a stomach flu, or most of the other minor illnesses we all get from time to time. However, there are a few infections that could be harmful to you or your baby.

Food-borne illnesses
Some foods commonly contain bacteria or other organisms that can be harmful to you or your baby. Some may not make you sick, but could cause birth defects or other problems for your baby. Raw or undercooked meat, fish, sushi, or poultry should not be eaten during pregnancy. Most soft cheeses such as brie or feta cheese are prohibited as well. Detailed guidelines on foods to avoid are listed in the section on Eating Well During Pregnancy that is part of this packet. Please be sure to read this information. Ask your provider any questions you may have.

Toxoplasmosis
Toxoplasmosis is a condition you can get from eating raw meat. The organism that causes this condition is also found in soil and in cats’ litter. During your pregnancy:

- Wear gloves when gardening or working with soil.
- Do not change cat litter.
If you have a cat at home, have someone else clean the cat’s box for you. Toxoplasmosis is transmitted through the cat’s feces (bowel movements).

Viral infections
As noted above, most common viral illnesses will not harm your baby. Viruses that could be dangerous to either you or your baby include:

- Chickenpox – Contracting chickenpox in early pregnancy (before 20 weeks) can sometimes cause birth defects in the fetus. Mothers who get the illness close to the time of delivery risk passing it on to the newborn, which can cause serious illness. In addition, pregnant women who get chickenpox are more prone to serious complications from the illness, such as pneumonia.

If you have already had chickenpox, or if you received the chickenpox vaccine,
you are immune to the disease. If you are
immune, your baby is not at risk if you
come in contact with someone who has
chickenpox.

Fortunately, most women (between 85
and 95%) are immune to chickenpox.
A blood test can determine whether or not
you are immune. If you are not immune,
you must take special care to avoid
coming in contact with anyone who has
chickenpox. This is becoming easier to do,
as chickenpox vaccine is now routinely
given during childhood vaccinations.
However, outbreaks still occur. If you are
not immune and you accidentally become
exposed to chickenpox during pregnancy,
let your provider know right away. You
may be treated with medication that could
lessen the severity of the illness.

Sometimes, children who receive the
chickenpox vaccine develop a rash or a
sore at the vaccination site. In rare cases,
this can cause the chickenpox virus to be
passed on to someone else. You may be
treated with medication that could
lessen the severity of the illness.

Fifth’s disease – Fifth’s disease
(erythema infectiosum) is a common
illness caused by an organism called
parovirus B19. Many people have the
infection in childhood. Infection can
cause mild illness, including redness in
the face, headache, joint pain, and fever.
But about 20% of people who are infected
have no symptoms.

In most cases, if a mother is infected
with fifth's disease during pregnancy it
will not cause any problems. However,
serious problems in the fetus can occur in
a small percentage of cases.

Women who are most likely to come
in contact with the illness are those who
work with small children on a regular
basis (such as teachers, day care providers,
or women with other small children at
home). Fortunately, most of these women
are also immune to the disease because
of this exposure. Still, pregnant women
should take care to avoid being exposed to
this virus. As a general rule in pregnancy,
good hygiene practices can help prevent
infection. Cleaning hands frequently,
especially after handling soiled tissues or
diapers, and not sharing glasses or utensils
with someone who has or was exposed to
fifth's disease, can help prevent infection
with this virus.

A woman who knows she was exposed
should contact her provider right away.
If the provider feels the woman has been
infected, her fetus will be monitored.

Cytomegalovirus (CMV) – CMV is
another viral infection that is common,
especially in children. It usually causes
no symptoms, though illness can occur.
Pregnant women who become infected
can pass the virus on to the fetus. In a
small number of cases, this can cause
serious problems.

The most dangerous time for infection
is the first 20 weeks of pregnancy.
Women who work with small children are
especially prone to infection, but many
were probably exposed before getting
pregnant and will be immune. In some
cases, a screening test can be done to
determine whether or not a pregnant
woman is immune to CMV.

Pregnant women should take care
when handling tissues, diapers, and the
saliva of young children. Frequent hand-
washing, and not sharing food or utensils,
can help prevent the spread of CMV.

Rubella – Rubella, or German
measles, can cause serious birth defects
if contracted by the mother during
pregnancy. Fortunately, most women
are immune because of childhood
vaccinations, or because they had the
illness in the past. You can tell if you are
immune by having a blood test. This is
a routine blood test that is done as part
of your prenatal care. Women who are
not immune must avoid contact with
anyone who has this illness. Since nearly
all children now receive vaccines against
rubella, outbreaks are uncommon. But
small outbreaks do occur.

Cleaning your hands
Practicing good hand hy-
giene is important any time,
but especially when you are
pregnant. Hand cleaning is
the best way to prevent
the spread of germs. Follow
these steps, and ask others
in your household to do the
same.

If using soap and water:
1. Wet hands first.
2. Apply soap.
3. Cover hands with soap;
   scrub for at least 15
   seconds.
4. Rinse and dry thoroughly.
5. Use paper towel to turn
   off faucet.

If using waterless,
alcohol-based hand
cleanser:
1. Use only if hands are free
   of visible soil.
2. Pump cleanser into palm.
3. Rub into all surfaces of
   your hands.
4. Continue rubbing until
   your hands are dry.
   No water or paper towels
   are needed.
Urinary tract infection – Urinary tract infections (UTIs) occur when bacteria enter the bladder or another area in the urinary tract. Symptoms include burning or pain on urination, having to urinate a lot, a strong odor to the urine, and, sometimes, blood in the urine. Pregnant women with UTI must be treated. If left untreated, UTI can progress to kidney infection, which is dangerous in pregnancy.

Be sure to report any problems with urination to your doctor. To help prevent UTI, drink plenty of fluids and urinate whenever you feel the urge. When you wipe, use a “front to back” motion. It's also a good idea to urinate after having sex.

As with all other aspects of your care, please talk with your provider if you have any concerns about infections, or if you think you have been exposed to an infectious disease. In most cases, you will be reassured that the illness is not likely to harm you or your baby.

May I receive immunizations or vaccinations while pregnant?
Many immunizations or vaccinations given to prevent disease are okay to have during pregnancy. But a few are not safe. The rubella vaccine (German measles) and the varicella (chickenpox) vaccine are not given during pregnancy. (Rubella is often given as an MMR vaccine, which combines rubella with the measles and mumps vaccination.) Talk with your obstetric provider about any immunization shots you may be having because of travel or routine care.

Pregnant women are more prone to complications from the flu. Flu vaccines are recommended for pregnant women. Talk with your provider about when you should receive a flu shot.

How often should I see my obstetric provider?
The chart below outlines the approximate schedule of visits. In general, you will come for a check-up once a month for 28 weeks, then once every two weeks until you are close to delivery. In the last month, you will come for a check-up about once a week.

It is very important that you keep all your appointments. If you are not able to come to an appointment, please call us to set up another time.

During each visit, we will take your blood pressure, weigh you, and ask you to leave a urine specimen. We will talk with you about how you are feeling, listen to the baby’s heartbeat, and answer any questions you may have. Please feel free to bring your partner or any other support person with you to your prenatal appointments.

Schedule of visits to your obstetric provider
This is a “typical” schedule. Your provider may advise a different schedule for you.

<table>
<thead>
<tr>
<th>Weeks of pregnancy</th>
<th>Frequency of appointments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 28 weeks</td>
<td>Every 4 weeks</td>
</tr>
<tr>
<td>28-36 weeks</td>
<td>Every 2 weeks</td>
</tr>
<tr>
<td>36 weeks to delivery</td>
<td>Once a week</td>
</tr>
</tbody>
</table>