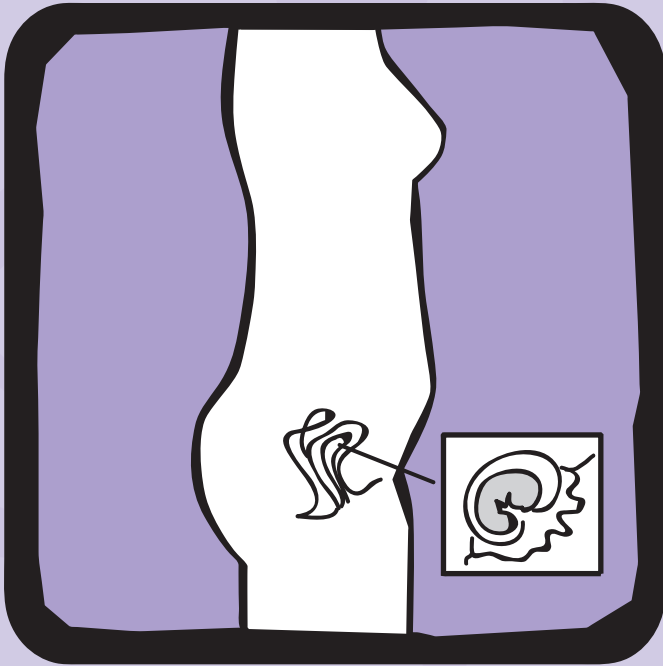


6-8 Week Visit Prenatal Information Sheet

6-8 Week Visit



Goal: Exchange information and identify existing risk factors that may impact the pregnancy

Prenatal Information Sheet: 6–8 Week Visit

Goal: Exchange information and identify existing risk factors that may impact the pregnancy

Your baby's growth

- Your baby (embryo) is probably an inch long and likely weighs 1/30 of an ounce.
- Your baby's face and body are fairly well formed.
- Your baby's bones have appeared. Internal organs are beginning to work and the baby's heart has been beating since the third week.
- The placenta is attached to the uterine (womb) wall on the mother's side and the umbilical cord going to the baby on the other. The placenta acts as an "almost" perfect filtering system between mother's blood and baby's blood. The placenta has a fetal (baby) circulation side and a maternal circulation side. A membrane barrier separates these sides. The placenta and umbilical cord provide the way for nutrients (food and oxygen) to get to your baby and for waste products to be removed. Unfortunately, it also allows some harmful substances, such as alcohol and drugs, if in the mother's blood, to get to the baby.



Your baby's growth

Your body's changes

- Your uterus has grown from the size of a pear to the size of a large orange.
- You are probably beginning to notice changes in your body as a result of your pregnancy.
- Your breasts may become larger and tender.
- The area around your nipples may darken.
- You may have to go to the bathroom more frequently to urinate.
- You may have morning sickness that lasts beyond morning.
- Your bowel habits may change. You may be more constipated.



Your body's changes

Your family's changes

- The hormone changes that affect your body may also affect your emotions, causing mood swings.
- Your partner may have concerns about your health, the baby, and your family's financial state.
- Coping with the discomforts of pregnancy may change household and work routines.
- You and your partner both need time to adjust and accept your upcoming role as new or repeat parents.
- It is important to share these feelings with someone you trust.
- Talk with your spouse/partner regarding any feelings about the pregnancy.



Your family's changes



Thoughts
&
Feelings

Thoughts
&
feelings

Your thoughts and feelings

- You may have some new feelings - maybe you stopped doing things you enjoy or felt sad some days in the past couple weeks.
- Accept how you are feeling, even if it is that you are very tired, and remember that these changes are temporary.
- Discuss your feelings with someone you trust and your healthcare provider, especially if you have been very sad or depressed.
- If you have experienced depression at another point in your life, you are at much higher risk for pregnancy-related depression. In fact, one in three mothers with a history of Major Depressive Disorder will experience depression during or after pregnancy. Please discuss any history of depression or any mental health concerns with your provider as soon as possible.
- In early pregnancy you may find that your desire for sexual intercourse changes especially if you have nausea, vomiting, fatigue and/or breast tenderness. Since the amniotic sac protects and cushions the fetus, intercourse normally does not hurt the developing baby or cause a miscarriage. Ask your healthcare provider if you have concerns.
- Hormone changes and weight gain can make it easy to become frustrated with yourself and others. Physical discomforts, like not sleeping well, nausea and fatigue, can make it hard to deal with the demands of life even when you are not pregnant! If you are already a parent, your challenge may be even greater.
- Pregnancy is both exciting and scary. Pregnancy is different for a military spouse in that military life is demanding for the active duty member, as well as for the family. Adapting to a new pregnancy as a Veteran transitioning to civilian life, as an Active Duty member or as a military spouse can be challenging. For pregnant spouses of deployed military members there may be anxiety about the timing of the pregnancy and birth. Planning an upcoming PCS/move can be especially challenging when you are pregnant. A strong support system helps decrease anxiety that may come with pregnancy and military/veteran transitions.

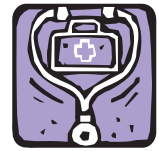


Signs to report
immediately

Signs to report immediately

- When in doubt, call the clinic or your healthcare provider or go to the Emergency Department!
- Bright red vaginal bleeding or painful cramping
- Persistent severe headaches, severe nausea, and vomiting
- Fever at or over 100.4° F or 38° C
- Inability to keep liquids down (due to nausea and/or vomiting) resulting in a reduced amount of urine

Today's visit



Today's visit

- Fill out the questionnaire, if received prior to this visit, about any history that is relevant to this pregnancy.
- The nurse will screen for potential risk factors such as:
 - Social risks: alcohol/drug/tobacco/domestic abuse
 - Medical risks: immunization status, exposure to sexually transmitted infections, current health status, and family history of specific diseases
 - Nutritional risks: weight and dietary intake
 - Obstetrical risks: problems in previous pregnancies and risks for preterm labor
- If you are struggling with nausea and vomiting, refer to Common Discomforts & Annoyances of Pregnancy in the Resource Section for things you can do. Now is the time to think about avoiding too much weight gain. For tips about weight gain, refer to Nutrition in Pregnancy in the Resource Section.
- Receive and discuss information on exercise, benefits of breastfeeding, and other health related behaviors.
- Discuss initial information regarding options for screening for birth defects including chromosomal abnormalities. More detailed counseling will be arranged at later visits. See Genetic Screening in Resource Section.
- Receive needed immunizations and information on ways to decrease chance of getting various diseases.
- Have recommended blood work and urine screen completed.
- Discuss your anticipated due date which may change when more information is known and further testing is done. Knowing your last menstrual cycle date will help determine your due date.

Normal is same as pre-pregnant BP or slightly less than pre-pregnant BP

My BP:

Your blood pressure

- We will measure blood pressure (BP) at every prenatal visit. Rapidly increasing or abnormally high blood pressure can be a sign of Gestational Hypertension.
- High blood pressure can cause serious complications such as a decrease in the blood and oxygen supply to the baby and mother.

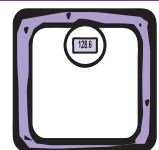


Your blood pressure

My weight:

Your weight

- You are likely to gain two to four pounds in the first three months. Record any weight gain in the space provided in the Resource Section.
- Total weight gain should be about 25 pounds unless you are over or underweight. Your weight gain is not all fat. It is mostly water in your body and the weight of the growing baby.



Your weight



Your weight

Your weight

- Normal pregnancy weight gain:
(if pre-pregnant BMI is normal)

breast	1.0 - 1.5 lbs.
blood.	3.0 - 4.5 lbs.
extra water.	4.0 - 6.0 lbs.
uterus.	2.5 - 3.0 lbs.
placenta/amniotic fluid	3.5 lbs.
baby	7.0 - 8.0 lbs.
fat stores	4.0 - 6.5 lbs.

TOTAL 25 - 35 lbs.

- Gaining the right amount of weight by eating the right type of food is an extremely important part of a healthy pregnancy.



Your exercise routine

Your exercise routine

- Regular exercise helps you to keep fit during your pregnancy and to feel better during a time when your body is changing.
- Before beginning a new type of exercise, check with your healthcare provider.

Reference:
Prenatal
Fitness and
Exercise



Consider breastfeeding

Breastfeeding - a great start

- Now is the time to think about how you want to feed your baby.
- The American Academy of Pediatrics, the American College of Nurse-Midwives, the American College of OB/GYN, and the American Dietetic Association all strongly recommend breastfeeding for at least your baby's first 12 months of life.
- Breastfeeding is not only best for the baby, it is also best for your health. Breastfeeding can improve your health by helping you lose pregnancy weight and lower the level of bad cholesterol. On average, women who breastfeed live longer and healthier lives compared to women who do not breastfeed.
- See Breastfeeding in Resource Section for further information.

Take only medications approved by your healthcare provider

- Discuss any prescription medication with your provider.
- Over-the-counter drugs considered safe for common discomforts include:
 - Headaches: Tylenol®, Tylenol PM®, Datril®
 - Cold: Tylenol®, saline nose spray/rinses, Robitussin® (no alcohol), Benadryl®
 - Allergies: Claritin®, Zyrtec®, Allegra®
 - Constipation: Metamucil®, Fiber-All®, Miralax®, Milk of Magnesia®
 - Indigestion: Tums®, Rolaids®, Maalox®, Mylanta II®, Simethicone
 - Heartburn: Zantac®, Pepcid®, Prilosec®
 - Hemorrhoids: Preparation H®, Anusol®
 - Nausea/Vomiting: Vitamin B6, Emetrol®, Unisom®, ginger, sea sickness bands



Take only medications approved by your provider

Drugs to avoid

- Aspirin®, Motrin®/Ibuprofen, Tetracycline, Accutane®
- Caffeine - see Nutrition in Resource Section.
- Alcohol, tobacco, and any illicit drugs are harmful to your baby, avoidance helps decrease risks.

NOTE: If you are using any drugs or substances that may be harmful to your baby, ask about strategies to quit and approaches to lifestyle behavior changes.



Drugs to avoid

Work and household activities

- AVOID:
 - Cat litter
 - X-rays (may be necessary after discussion with your OB healthcare provider)
 - NOTE: Dental x-rays with proper shielding are safe.
 - Use of dry cleaning solutions
 - Children's sandboxes (cats may use as a litter box)
 - Working around radiation or radioisotopes
 - Working with lead or mercury
 - Gardening without gloves
- If in doubt about your potential exposures, ask your health care provider.



Work and household activities



Contact with
certain diseases
or
infections

Avoiding infections

- Practice behaviors that prevent infection: Wash your hands often, especially after using the toilet or changing a diaper, before food preparation, and before and after you eat.
- Cover your cough and encourage your family members to do the same.
- Avoid contact with people who have known infectious conditions, such as a cold, the flu or a childhood disease such as chicken pox.
- It is important that you be open with your healthcare provider regarding exposure to any Sexually Transmitted Infections (STIs). Sexually Transmitted Infections (STIs) are viruses, bacteria, or parasites that pose risks of injury or death to your baby. These STIs include:
 - HIV(AIDS)
 - Gonorrhea
 - Syphilis
 - Chlamydia
 - Genital Herpes
 - Genital warts



Immunization
status

Immunization status

- Your immunizations should be up-to-date. We will review your immunization and/or past exposure history for the following:
 - Varicella (Chicken Pox)
 - Rubella (German Measles)
 - Hepatitis B
 - Tetanus (Lockjaw)
 - Pertussis (Whooping Cough)
 - Diphtheria
 - Influenza (Flu) (seasonal-related)
- No live virus vaccines are recommended during pregnancy.
- Please make sure your flu vaccines are up-to-date during your pregnancy and after delivery.
- Receive immunizations as needed.
- If you are pregnant during the flu season, influenza vaccinations are recommended (but not the flu mist because it is a live vaccine).
- You can avoid many infections by following good hand washing practices.

Domestic abuse

- Domestic abuse often increases during pregnancy. Please do not hesitate to seek help from your healthcare provider, counselor, or a close friend if you are experiencing physical, sexual, or emotional abuse from anyone.
- Let your healthcare provider know if within the last year, or since you have been pregnant, you have been hit, slapped, kicked, otherwise physically hurt, forced to have sexual activities or verbally abused by anyone.
- National Domestic Abuse Hotline:
1-800-799-7233



Domestic abuse screen

Summary of visit

Due date: _____ Date of next visit: _____
Date for lab work/other medical tests: _____
Date for any other scheduled appointments: _____



Summary of visit

Your next visit

At your 10-12 week visit we will:

- Measure your uterine growth, blood pressure, and weight, and listen to the fetal heart tone (may not be heard this early in pregnancy) and discuss any concerns/questions you may have.
- Complete a head-to-toe physical and pelvic exam, Sexually Transmitted Infection (STI) screening and possibly a Pap smear.
- Discuss lab test results from first visit and have additional labs, if needed.
- Discuss lifestyle changes if needed.
- Provide further education on Cystic Fibrosis Carrier risk and discuss your options to be screened with a blood test if not done at first visit.
- You should plan on at least 30 minutes for this visit.
- You should bring: any copies of your outpatient medical record and your immunization record for your provider to review and complete your medical history.



Your next visit

ALWAYS BRING
YOUR
PURPLE BOOK
AND
PREGNANCY
PASSPORT
TO
EVERY VISIT

My reaction when I learned I was pregnant:

My partners reaction to my pregnancy:

Goals for my pregnancy:

Questions for my next visit:
