

# Planning a Pregnancy: What You Need To Know



Allina Health



## Planning a Pregnancy

You are making a very important decision in your life. This can be a very exciting and rewarding time, but it can also be frustrating and challenging.

The following information will help you plan for a pregnancy. If you have any questions, please talk with your health care provider.

You may also find it helpful to schedule an appointment with your health care provider to talk about this information before you begin trying to become pregnant.

## Health History

Talk to your health care provider if you:

- have a chronic (long-lasting) illness that you need to take medicine to treat or are being monitored by a health care provider. This may include multiple sclerosis, lupus, a thyroid disorder, epilepsy, asthma, or heart, kidney or liver diseases.
- have diabetes
- have had weight loss surgery
- have an eating disorder or have had one in the past
- have anxiety or depression
- have a personal or family history of birth (genetic) defects
- are taking any medicines on a regular basis (prescription or over-the-counter)
- may not be immune to German measles (rubella). You may need to be given a rubella immunization and need to use birth control for 1 calendar month.

## **Gynecological History**

Talk to your health care provider if you:

- have irregular menstrual cycles (less than 25 days or more than 35 days)
- currently do not have a menstrual period
- have irregular menstrual cycles or no menstrual periods and have an increase in body hair, weight gain or acne
- have irregular menstrual cycles or no menstrual periods and have breast discharge
- have had uterine or ovarian surgery, malformation or infection
- have had any female cancers (ovarian, uterine, cervical)
- have had two to three miscarriages in a row, a stillbirth or any other pregnancy complications (problems)
- have now or have been at risk for sexually transmitted diseases (AIDS, hepatitis B, chlamydia, gonorrhea, syphilis). You may be tested for these before pregnancy.

## **Family History (Heredity)**

Talk to your health care provider if you:

- have a family history of alpha thalassemia, beta thalassemia, sickle cell anemia or Tay-Sachs disease.
- have a child or a close relative (parent, sister or brother) with a genetic defect such as Down syndrome, cystic fibrosis, hemophilia, muscular dystrophy or Huntington's disease
- have had a pregnancy with a neural tube birth defect (spina bifida or anencephaly).

## Work and Environment History

Talk to your health care provider if you:

- have exposure to toxins at work.
  - For example, organic solvents used in the manufacturing of plastics and pesticides, or heavy metals such as lead and mercury.
  - Please check with your environmental expert at work or get Material Safety Data Sheets (MSDS) from your employer.
- work in a daycare, school or dialysis unit. You are at a higher risk of getting tuberculosis (TB) or cytomegalovirus (CMV). You can be tested for these viruses.
- have been exposed to hepatitis B at work. You should be tested and receive a vaccine to prevent the virus.
- work with animals or raw meat (cooks, butchers, veterinarians). You could be at risk for toxoplasmosis (infection caused by a parasite) and should be tested.

## Nutrition

- Eat a well-balanced diet that includes grains, fruits, vegetables, proteins and dairy. Limit high-fat foods and sweets.
  - For complete information, go to [choosemyplate.gov](http://choosemyplate.gov).
  - This website has tips, resources and guidelines. There is also a special section for women who are pregnant and breastfeeding.
- Fish is a good source of protein, contains fatty acids and is low in saturated fat. However, any fish (store-bought or fresh-caught) could contain contaminants such as mercury or PCBs that can harm a developing baby.

It is best to vary the kind of fish you eat and limit the amount of fish you eat to 1 to 2 meals a week.

— The Minnesota Department of Health has guides to choosing and eating fish. For complete information, go to [health.state.mn.us/fish](http://health.state.mn.us/fish). Click on Statewide Safe Eating Guidelines.

- Drink 8 to 10 glasses of liquids (at least 64 ounces) each day.
- Limit the amount of caffeine you have each day to 200 milligrams (mg) which is typically two 8-ounce cups of coffee, 3 cups of tea, or 2 cans of caffeinated soda.
- Taking high amounts of vitamins may be harmful to your body before and during pregnancy. While you are trying to get pregnant, your health care provider may recommend that you take a prenatal vitamin. This will help make sure that you are getting the nutrients that you need. However, you still need to eat healthful foods such as fruits and vegetables. Your husband or partner should take a multivitamin as well.
  - **Calcium** is needed to make your bones healthy. You need to get 1,200 mg of calcium each day. Calcium is found in dairy products, juices, cereal, soy milk, tofu, sardines, dried peas and beans.
  - **Vitamin D** is needed to absorb calcium. It can also help prevent pregnancy complications.
    - During pregnancy, getting enough vitamin D is needed for fetal growth and the development of the brain, nerves, lungs and immune system.
    - To be sure you are getting enough vitamin D, talk with your health care provider about taking a supplement.

- **Iron** is needed to make red blood cells. Try to get 30 mg each day. Taking a prenatal vitamin and eating foods with iron (red meat, poultry, dark greens, dried fruits, dried peas and beans, iron-fortified cereals, enriched flour) will help provide enough iron.
- **Vitamin A** helps maintain healthy bones and cells. It also promotes good vision. Do not take more than 4,000 to 5,000 international units (IU) of vitamin A each day. Taking a prenatal vitamin and eating foods with vitamin A (mangoes, carrots, sweet potatoes, spinach) will help provide enough vitamin A.
- **Vitamin C** helps with iron absorption and is important for a healthy immune system. You should have up to 1,000 mg of vitamin C each day. Taking a prenatal vitamin and eating plenty of fruits and vegetables (citrus fruits, cantaloupe, strawberries, kiwi, mangoes, broccoli, cabbage, tomatoes, peppers, potatoes) will help provide enough vitamin C.
- **Folic acid** is important for cell growth, strong blood and reducing your risk of cardiovascular (heart) disease and neural tube defects. It is found in dark green leafy vegetables, asparagus, broccoli, orange juice, and fortified cereal and bread products.
  - To be sure you are getting enough of this vitamin, talk with your health care provider about taking a supplement.
  - If you have had a pregnancy with a neural tube defect, you may need to take 4 mg of folic acid before and during pregnancy.

## Medicines

- Do not take ibuprofen (such as Advil®) or aspirin after ovulation.
- You may take acetaminophen (such as Tylenol®) and plain cough syrup during your menstrual cycle.
- You may need to stop using some acne treatments (such as Accutane®) before conception. Talk with your health care provider.
- Do not stop taking any medicines for chronic (long-lasting) illnesses. Talk to your health care provider before trying to get pregnant.

## Your Lifestyle

- **Do not use drugs.** Using street drugs (marijuana, cocaine, methamphetamines and heroin) is not safe. They can harm you and a developing baby. If you cannot stop using drugs, talk to your health care provider. There are resources that can help you.
- **Do not drink alcohol.** Do not have alcohol after ovulation has happened. Alcohol can harm a growing baby and cause birth defects and life-long learning problems.
- **Do not smoke.** There are no health benefits from smoking. Cigarette smoke contains more than 60 chemicals that are known to cause cancer in humans. If you need help to stop smoking, talk to your health care provider. There are resources that can help you.
- **Try to get to a healthy weight.** Being underweight or overweight can make it harder to get pregnant and cause pregnancy complications. Talk to your health care provider about any concerns you may have or if you do not know what healthy weight is right for you.



- **Get exercise.** It is important to get regular exercise. It can help improve your chance for a healthy pregnancy and delivery. Here are some tips:
  - If you already exercise regularly, exercise to the level and length of times that you are used to. Do not go past this level.
  - If you do not exercise regularly, begin to exercise 30 minutes at least 3 days a week. Exercise at a moderate level. You should be able to talk normally during exercise.
  - Drink plenty of water before, during and after exercise.
  - Walking is a great type of exercise. It helps improve circulation and fitness. Walking is also inexpensive and can be done with a friend. You can walk inside or outdoors.
- **Avoid exposure to toxoplasmosis.** Toxoplasmosis is an infection caused by a parasite that may be found in cat feces, outdoor soil and raw meat, especially pork. Although the symptoms are mild in adults, the infection can cause problems in a developing baby. If you have any concerns, you can be tested for toxoplasmosis before pregnancy.
- **Avoid getting overheated.** Overheating your body can cause dehydration and early pregnancy complications. Most health care providers suggest avoiding hot tubs, saunas and sunbathing after ovulation.
- **Seek help for domestic abuse and violence.** The stresses, changes and challenges of becoming pregnant can trigger or increase domestic abuse. If you and/or your partner feel out of control or act violently, seek the help that is available for you. Talk with your health care provider about any concerns you may have.

- **Limit stress.** Stress can affect your ability to get pregnant. Try to find ways to reduce your stress, such as maintaining healthful habits, getting plenty of rest and using relaxation techniques. Talk to your health care provider if you have any questions.

## **Your Finances**

Planning for financial costs before getting pregnant can help lower stress during a pregnancy. Before you become pregnant you may want to consider the following:

- What are your insurance benefits? Does your insurance cover prenatal care, extra visits, delivery, prescriptions and ultrasound?
- What is your dependent health coverage? How do you enroll your baby?
- What are your employee pregnancy benefits? If you have work restrictions during pregnancy, can your employer accommodate those restrictions? Do you have disability benefits? Do you have paid leave?
- What are your projected costs for daycare, child medical care, food, diapers and clothing? Are those costs manageable within your income?

## **Your Relationship**

Having a baby can change your life. Most of these changes will be wonderful and exciting, but a baby can challenge your time, attention and resources.

Many couples find that after the baby is born they have little time for one another. They often become tired by being awakened during the night and the constant needs of a newborn.

These challenges are more manageable if your relationship is supportive, such as both parents helping with housework and baby care. It is also helpful if family and friends are available to give couples some time alone without baby and to support in other ways.

Now is a good time to evaluate your relationship and support that is available from family and friends. Talk to your health care provider or a counselor if needed.

## **When to Stop Taking Birth Control**

- Stop taking your birth control pills at the end of your pill pack. You will have your menstrual period at this time. Wait until you have one more menstrual period and then begin trying to get pregnant. This will make it easier to estimate your due date when you do become pregnant.
- If you are receiving Depo-Provera® injections, it will take longer to have a normal menstrual cycle. Wait until you have at least two normal cycles before trying to get pregnant.

## **Other Tips**

- When you stop taking birth control, consider yourself pregnant each month and take the steps needed to decrease risks to the baby.
- Have sexual intercourse at least one or two times each week during the entire month. This will help keep sperm fresh and mobile.
- Have sexual intercourse every other day around ovulation. For example have intercourse on days 12, 14, and 16 or on days 13, 15 and 17 of a 28-day menstrual cycle.

- Do not use lubrication on the ovulation days, such as Vaseline®, K-Y® gel or saliva. Astroglide is OK to use during other times of the month.
- You do not need to be in any special positions during or after sexual intercourse. Stay in bed for 15 minutes after intercourse.
- If you have tried to get pregnant for more than 6 months and you are age 35 or older, talk to your health care provider for advice.
- If you have tried to get pregnant for more than 12 months and you are age 34 or younger, talk to your health care provider for advice.

## Key Words

- **Conception:** this is when the sperm fertilizes the egg and you become pregnant.
- **Menses:** menstrual bleeding at the beginning of every cycle.
- **Ovulation:** the egg is released and you can become pregnant. This happens about 14 days before you start your menstrual cycle.
- **Preconception:** time it takes to become pregnant.









Allina Health

[allinahealth.org](http://allinahealth.org)

© 2018 ALLINA HEALTH SYSTEM. TM – A TRADEMARK OF ALLINA HEALTH SYSTEM.  
OTHER TRADEMARKS USED ARE OWNED BY THEIR RESPECTIVE OWNERS  
THIS BOOKLET DOES NOT REPLACE MEDICAL OR PROFESSIONAL ADVICE, IT IS ONLY A GUIDE.

ob-ah-24578 (10/18)