

Taz E. Varkey, M.D.

Obstetrics, Gynecology and Infertility

6310 San Vicente Blvd Suite # 290

Los Angeles, Ca 90048

Phone: (323) 933-2930 Fax: (323) 933-2948

ADVICE FOR OUR OBSTETRICAL PATIENTS

Congratulations on your pregnancy! We are so excited that you have chosen our practice to share this journey with you. After over fifteen years of experience in this field, Dr. Varkey has compiled a list of answers to commonly asked questions and concerns. We have also included some medications that we feel are safe in pregnancy based on the current literature and our many years of experience. Please always feel free to call us if your questions are not answered in this short guide. It is only meant to be a guide and not all inclusive.

PAIN

You may take Tylenol Extra Strength – one tablet or one capsule as needed, every three to four hours. Please try not to take anymore than is absolutely needed.

Do not take Aspirin, Ibuprofen, Naprosyn, Aleve or any other pain relievers without consulting your doctor. Should you need a stronger medication for pain, please call us.

COLDS

Please keep in mind that most upper respiratory infections are caused by viruses and not bacteria. Therefore, there is not usually a “cure” for your cold, but only medications that provide symptomatic relief. The best “cure” for your cold is to get plenty of rest/sleep and remain hydrated.

Runny nose/Postnasal Drip:

Benadryl 25 mg: one to two tabs by mouth every six hours as needed.

OR

Chlor-Trimeton 4mg : one tablet every four to six hours as needed

Decongestants:

Normal Saline nose sprays (ie: Ocean Mist Nasal Spray)

Nettie Pot nasal saline rinses
Warm or Cool mist humidifiers at night

Cough Suppressants:

Robitussin D.M. – one teaspoonful every four to six hours.

Any throat lozenges for sore throat are fine: Ricolla, Halls, etc.

Fevers:

Tylenol is ok for low grade fevers (under 100 degrees).

Please telephone your primary care doctor if:

1. Your cold lasts more than five days without improvement.
2. Your cough produces yellow or green sputum.
3. You have a temperature or 101 degrees or more.
4. Your upper respiratory symptoms are accompanied by nausea/vomiting and body aches; this could be the flu and you may benefit from starting antiviral medications such as Tamiflu.

NAUSEA/VOMITTING:

1. First make some dietary changes. For example, avoid spicy or acidic foods. Very bland foods are better tolerated.
2. Eat something as soon as you BEGIN to feel hungry – the acid build up associated with hunger can often trigger vomiting.
3. Small frequent meals are more tolerable than three bigger meals.
4. In the event of gastroenteritis (stomach bug), soup for day or two are particularly beneficial in quieting your stomach.
5. Seabands: acupuncture wrist bands.
6. Ginger 250mg capsules by mouth four times a day (or any other ginger products: ginger ale, ginger popsicles, etc).
7. When dietary changes no longer produce desired effects, the following medications may be safely taken:
 - Benadryl 25 mg. One tablet every six hours as needed.
 - Vitamin B6 10-25mg. Orally every 8hrs as needed.
 - Vitamin B6/Unisom. Vitamin B6 orally with Unisom 12.5mg every six hours as needed.

8. Diclegis - This is an FDA approved "Class A" medication for nausea + vomiting in pregnancy. If none of the above mentioned remedies are helping, please call our office to discuss a prescription.

There are other prescription medications that are available so please telephone our office if you are unable to eat or drink for more than 24 hours.

CONSTIPATION

First, it is important to understand that the hormone changes of pregnancy alone are enough to cause constipation. In addition, too many supplements (vitamins, calcium, etc) can cause constipation, so please discuss your supplement intake with your doctor if you are constipated.

1. Avoid the "BRAT" diet (bananas, rice, applesauce and toast)
2. Increase your intake of water and foods high in fiber: prunes, prune juice (easier to take if you dilute with water), pears, complex vegetables such as broccoli, green beans, asparagus.
3. If dietary changes do not help, the following over the counter medications may help:

Milk of Magnesia: 30-60ml by mouth once a day.

Metamucil: one tablespoon in eight ounces of water/juice every night.

Citrucel: one teaspoonful, one to three times a day

Colace: 100mg one capsule twice a day.

Please do not use any enemas unless approved by your doctor.

HEMORRHOIDS

Hemorrhoids can be caused by hormones changes to pregnancy and also by constipation. If you are constipated, it is important to follow the guidelines above to relieve your constipation and in this way, ease the hemorrhoids. It is also important to remember that unless your hemorrhoids are causing you any pain, itching, or bleeding they do not have to be treated.

Preparation H Ointment or suppositories: apply four times a day

Tucks Pads: Apply as needed.

Sitz Baths: Take half a carton of sitz baths and add to a standard size bathtub that is one third full. Dissolve the salts with hot water but make it a lukewarm bath in the end. Then soak your bottom in the bath for approximately 30 minutes a day. (You may repeat twice a day if you find this helpful.)

INSOMNIA

Turn off electronics – television, laptop, iPads. The light produced by these devices is stimulatory and can contribute to insomnia. Do not consume any caffeine containing products such as chocolate in the evenings. Try a nighttime bath with lavender salts, which is believed to have sedative properties. Lastly, try not to go to bed too early. If you go to bed at 9pm and wake to use the restroom at 2 or 3 am, this may leave you wide awake for the rest of the night.

An occasional Benadryl 25mg – 50mg at night is acceptable but if you take it on a regular basis, it will no longer be as effective.

HEARTBURN

Heartburn is common in pregnancy. It is usually limited to pregnancy but will usually not resolve until after delivery.

It is important to first try lifestyle changes such as elevating the head of the bed 45 degrees; eating small frequent meals; avoiding spicy or caffeinated foods or beverages; and to avoid eating 3 hours prior to bedtime.

If the above mentioned lifestyle changes do not help, the following medications are safe. We prefer you try the Antacids prior to trying the H-2 Blockers (block acid production).

Antacids

Carafate: 1g tablet dissolved in water, 4 times per day (the solution is safe too).

TUMS: 200-500mg tablets, chewable, 4 times per day

H-2 Blockers

Zantac: 75mg -150mg one tablet twice a day

Tagamet: 200mg one tablet twice a day

Please notify us if these treatments do not work.

FOODS TO AVOID WHILE PREGNANT

Seafood: Certain types of seafood are high in mercury. Mercury can be harmful to the developing fetus. Pregnant and breast feeding women should avoid eating shark, swordfish, king mackerel or tilefish. Common types of fish that are low in mercury are shrimp, catfish, salmon, canned light tuna (not albacore), and pollock. You can safely eat up to 12 ounces (about two to three meals) of these fish per week. Albacore (white tuna) and tuna steaks have higher mercury levels than most fish, so you should eat only up to 6 ounces of these fish per week.

Unpasteurized Dairy Products: Milk or soft cheeses that are unpasteurized can be contaminated by bacteria called Listeria.

Listeria can infect the placenta and cause miscarriage or stillbirth. Most dairy products in the United States are made with pasteurized dairy product so check the labels. If it states that the product is made with pasteurized dairy products then it is safe to eat.

Deli Meats, Hot Dogs: These prepared meats can also be contaminated with Listeria, so do not eat unless cooked until steaming hot.

Raw or Undercooked Meat, Poultry, or Shellfish: These food items can be contaminated with both Listeria (as mentioned above) and/or Toxoplasmosis. The latter is a parasite that is found in certain types of meat/fish but can be killed if the fish or meat is cooked properly. Toxoplasmosis can cause birth defects in the developing fetus.

- Toxoplasmosis and Listeria can also be transmitted via fruits and vegetables that are improperly washed.

Caffeine: Consuming less than 200mg of caffeine a day (two eight ounce cups of brewed coffee) has not been shown to increase the risk of miscarriage. It is advisable to keep your caffeine intake to less than one cup of coffee or other caffeinated beverage per day.

Alcohol: Pregnant women should avoid consuming alcohol while pregnant. Alcohol has been proven to cause birth defects in the developing fetus.

TRAVEL

The ideal time to travel during pregnancy is between 14-28 weeks because that is when the risk of pregnancy related complications is lowest. After 28 weeks, it is best to stay within the continental United States. After 35 weeks, we recommend that you stay in town to avoid the possibility of going in to labor in another city.

When on long airplane flights (greater than 2 hours), we recommend that you get an aisle seat so that you can get up and walk around once an hour if possible. If on a long car ride, then please stop the car once an hour to get out and walk around. This will reduce the risk of blood clots - a condition for which pregnant women are at increased risk.

HAIR TREATMENTS

Coal and tar products must be avoided during the first trimester of pregnancy (that is, during the first twelve weeks). So, postpone any hair coloring until after this time. Permanents, hair lightening or weaving are permissible at any time during your pregnancy.

You may also use vegetable dyes or hennas.

DENTAL WORK

Local anesthetics are acceptable but ask your dentist to avoid using “epinephrine” if at all possible.

Antibiotics such as penicillins, ampicillins, or cephalosporins (eg: Keflex) are all safe in pregnancy. Please ask your dentist to feel free to call us if he/she is uncertain as to the safety of a medication he/she needs to prescribe.

Dental X-Rays are discouraged during pregnancy. If your dentist feels that an X-Ray is absolutely necessary, please ask their office to contact us first.

EXERCISE

It is strongly recommended that you try to exercise for 30minutes a day, 5 days a week. Regular exercise in pregnancy has many benefits including increased endurance to help cope with labor; improved mood; decreased back and joint pains; and improved energy. It can also decrease your risk of gestational diabetes, constipation, bloating or swelling.

In general, we advise that you avoid any high impact exercises that jar the body – such as brisk running. We also recommend that you avoid any exercises that require a strong center of balance such as outdoor bicycling. Please also avoid scuba diving or contact sports.

Examples of safe exercises would be swimming, brisk walking, prenatal yoga or prenatal pilates. It is important to make sure that you are not laying flat on your back for more than 5minutes. Low impact aerobic exercise of any kind is encouraged but if you are new to exercising, it is important to build up you stamina by starting 5-10 minutes a day and adding 5 minutes each week until you are comfortable.

If at anytime you experience dizziness, chest pain, uterine tightening, vaginal bleeding or vaginal leaking of fluid, please stop and call our office or go to the nearest emergency room.

Additional Resources

Here are a few pregnancy guides that may be helpful to answer any further questions that you may have:

Your Pregnancy and Childbirth: Month to Month. By the American College of Ob/Gyn, 6th Edition.

Expecting 411 by Michelle Hakakha and Ari Brown

What to Expect When You are Expecting by Heidi Murkoff and Sharon Mazel