

OB

PRENATAL VISITS

Estimated Time: 30 minutes • Debriefing Time: 30 minutes



Scan to Begin



Patient Name: Olivia Brooks

SCENARIO OVERVIEW

Olivia Brooks is 28-year-old female presenting to clinic at 36 weeks gestation experiencing significant vaginal bleeding. Students must prioritize how to proceed.

This scenario can be used for or high or low-fidelity simulation. In high-fidelity simulation, the patient videos and tabbed chart content can be used to augment the reality of the simulation. In low fidelity simulation, the instructor can use role play, in association with the scenario content, to stimulate student critical thinking and discussion about prenatal care topics.

LEARNING OBJECTIVES

1. Identify the medical assistant's role in patient emergency situations
2. Prioritize emergency care for a patient experiencing significant vaginal bleeding at 36 weeks gestation

CURRICULUM MAPPING

WTCS PROGRAM OUTCOMES

- Provide patient care in accordance with regulations, policies, laws, and patient rights
- Demonstrate professionalism in a healthcare setting
- Demonstrate safety and emergency practices in a healthcare setting

SIMULATION LEARNING ENVIRONMENT & SET-UP

CLINIC ENVIRONMENT

Inside room: Vital signs equipment;

Inside or outside room: Sanitizer or sink for hand hygiene; Gloves; Phone

PATIENT PROFILE

Name: Olivia Brooks

Preterm: 0

DOB: 01/29/19XX

Number living: 0

Age: 28 years old

LMP: X/X/20XX

MR#: 12919

EDC: X/X/20XX

Gender: Female

Gestational Age: 36 w 6d

Height: 162.5 cm (5ft 5in)

Blood Type: A neg

Weight: 70.9 kg (156 lbs)

Code Status: Full

Allergies: Penicillin

Ethnicity: Caucasian

Gravida: 2

Spiritual Practice: Lutheran

Para: 0

Primary Language: English

AB: 1

Facilitator Note: Before scenario, create the LMP and EDC based on current date so that gestational age is 36 weeks 6 days. You may use the EDC calculator tab within the scenario to assist in your calculations.

EQUIPMENT/SUPPLIES/SETTINGS

Patient

- Wearing street clothes

Monitor Settings

- No monitor; vital signs equipment available

Supplies

- If available: Doppler for fetal heart tones

QR CODES

<p>START</p> 	<p>PATIENT</p> 	<p>REPORT</p> 	<p>FACILITATOR</p> 
<p>FETAL HEART TONES</p> 	<p>LEOPOLD'S</p> 		

TEACHING PLAN

PREBRIEF

The facilitator should lead this portion of the simulation. The following steps will guide you through Prebrief.

- Scan the **QR Code: “Scan to Begin”** while students are in Prebrief.
- “Meet Your Patient” (on iPad) and explain how the iPad works in the simulated learning environment including:
 - Explain how to use the iPad scanner and QR codes. Note that QR codes containing audio are best heard using ear buds.
 - Medication Hyperlinks – Medications are hyperlinked to DailyMed, which is a medication reference housed by the National Library of Medicine. Students can click on these links during the simulation for up-to-date medication content, labels, and package insert information.
 - As the facilitator, you should be aware that throughout the simulation some QR codes are necessary to the programming of the iPad content. Directions for which QR codes are required (to be scanned) in each state are listed under each state of the documentation below. The QR codes are also in **BOLD** type.
 - Level Up tab – This tab “tells” the content in the iPad to change to what is needed for the next state of a simulation.
- Discuss the simulation “Learning Objective(s)” (on iPad) as well as any other Prebrief materials
- View “Report” on iPad
 - Possible Facilitator Questions
 - What are your concerns when a pregnant patient is experiencing significant vaginal bleeding?
- View “Patient” video on iPad
 - Possible Facilitator Questions
 - What are your priorities at this time?

PATIENT PROFILE

Patient Profile information is displayed here

OB VISIT CHECKLISTS

Task List is displayed for scheduled OB visit:

36 week Visit	Completed
Weight and BMI	
VS: BP	
Medication Reconciliation	
Fundal height	
Fetal heart tones	
Patient Education: <ul style="list-style-type: none"> Labor and Delivery Plans 	

EDC CALCULATOR

LMP can be entered to calculate EDC

OB/GYN HISTORY

OB/GYN History

PAST MEDICAL HISTORY: 28-year-old healthy female with history of genital herpes and mixed anxiety depressive disorder.

SURGICAL HISTORY: Tonsillectomy age 12; Wisdom teeth extraction age 18; D&C after miscarriage

FAMILY HISTORY: Father with hypertension; mother with diabetes mellitus, maternal grandmother with breast cancer

SOCIAL HISTORY: Lives in Anytown, WI with her husband and 2 cats.

TOBACCO USE: Smoked 1 ppd until discovered was pregnant.

ALCOHOL USE: Binge drinking on weekends (6 drinks or more/night) until discovered she was pregnant.

DRUG USE: Denies.

EDUCATION: High school graduate.

EMPLOYMENT HISTORY: Works as a C.N.A. at local skilled nursing facility where helps transfer patients from bed to wheelchair.

MENSTRUAL HISTORY:

ONSET: age: 12 yrs

CYCLE: 30 days

DURATION: 5 days

LMP: XX/XX/20XX

PAST PREGNANCY HISTORY:

Date	Weeks Gest.	Length Labor	Type Delivery	Anesth.	Weight	Remarks
2016	12 wks	--	--	--	--	Spontaneous AB

MEDICAL PROBLEM LIST

Currently Known Medical Problem(s)

1. Pregnancy with Group B Strep +
2. Genital Herpes
3. Miscarriage
4. Mixed Anxiety Depressive Disorder
5. Chronic Back Pain
6. Gastroesophageal Reflux
7. Allergies, seasonal
8. Insomnia

CURRENT MEDICATIONS LIST

This is an enterable form for students to reconcile the patient's current medications. Students should verify current and discontinued medications.

Medication <input type="text"/>	Notes <input type="text"/>	<input type="button" value="Submit"/>
---------------------------------	----------------------------	---------------------------------------

Current Medication	DailyMed Link	Notes	Edit
--------------------	---------------	-------	------

IMMUNIZATIONS

The patient's immunization record displays, with a link provided to the CDC Guidelines for Vaccinating Pregnant Women.

Immunization Record	Date Received
Hepatitis A	Never
Hepatitis B	1/30/1990, 3/2/1990, 7/5/1990
Haemophilus influenzae type b4 (Hib)	3/2/1990, 5/7/1990, 2/1/1991
HPV	Never
Influenza	12/14/2016
Measles, mumps, rubella (MMR)	2/1/1991
Pneumococcal	Never
IPV – Inactivated Polio	3/2/1990, 5/7/1990, 2/1/1991
Diphtheria, tetanus, & acellular pertussis (DTaP)	3/2/1990, 5/7/1990, 7/5/1990
Td booster	11/14/2000, 9/9/2010
Varicella Vaccine or had Chicken Pox	Reported chicken pox 8/1995
Rhogam	xx/xx/20xx (20 weeks gestations)

OB VISIT PROGRESS NOTES

Date	8 wks	16 wk	20 wk	24 wk	28 wk	32 wk	36 wk	Today
Weeks Gestation	8w3d	16w5d	20w2d	24w5d	281d	32w6d	36w1d	
Weight	156 lb	158 lb	161 lb	166 lb	169	173	178	
BP	110/64	112/68	118/72	114/70	116/76	120/72	122/74	

Fundal height	---	16 cm	20 cm	24 cm	28 cm	33	37	
Position/ Presentation	---	---	---	vertex	vertex	vertex	vertex	
Station	---	---	---	---	---	---	-3	
FHT	---	150	168	132	150	156	132	
Edema	neg	neg	neg	neg	1+	1+	2+	
Urine glucose and protein	---	neg	neg	neg	neg	neg	neg	
Contractions	---	---	---	---	---	---	---	
Fetal Activity	---	---	---	Pos	Pos	Pos	Pos	
Non-stress test	---	---	---	---	---	---	---	
Provider	BB	BB	BB	BB	BB	BB	BB	

Progress Notes

Date/Time	Note
8 wks	First prenatal visit; no complaints, excited regarding pregnancy. --- BB
12 wks	Missed appointment; called and stated had mandatory call at work. --- BB
16 wks	Doing well, denies any complaints. Reviewed 2 nd semester changes and to schedule 20 week ultrasound. --- BB
20 wks	Ultrasound prior to appointment confirmed due date. Has backache, will try occasional Tylenol and stretching exercises. --- BB
24 wks	Backache improving, feeling quickening. Discussed prep for GCT at next appointment. --- BB
28 wks	1+ edema, worse after shift standing at work. Discussed L&D prep classes. GCT and Rhogam today. --- BB
32 wks	Edema same, trying to keep legs elevated after work. Discussed pain management option for L&D, prefers IM, IV meds. Possible epidural OK. Group B strep culture at next appointment. No herpes breakouts during pregnancy. --- BB
36 wks	Discussed signs of preterm labor and when to go to L&D. --- BB

GENETICS SCREENING

Genetic Screening

Genetic Screening	Response (Yes/No)	Family Member
Patient Age > 35 years?	No	
Italian, Greek, Mediterranean, Oriental Background (if MCV<80)	Yes	
Jewish background (Tay Sachs)	No	
History of Neural Tube Defect?	No	
History of Down's Syndrome?	Yes	Paternal uncle's baby
History of Sickle Cell Disease or Trait?	No	
History of Hemophilia?	No	
History of Cystic Fibrosis?	No	
History of Congenital Heart Disease?	Yes	Sister's baby
History of Muscular Dystrophy?	No	
History of Huntington Chorea?	No	
Patient had child with birth defect not listed above, >3 first trimester abortions, or stillbirths?	No	
Baby's father had child with birth defect not listed above, >3 first trimester abortions, or stillbirths?	No	
Medications or street drugs since LMP?	Yes	

LABS

Laboratory Results

Group B Strep					
	36 week visit				Normal Reference Range
Group B Strep	positive				negative

CBC					
	8 week visit	28 week visit	36 week visit	Units	Reference Range
WBC	5.4	6.1		x10 ³ uL	F: 4.7-10.3/M: 4.5-10.5
RBC	4.3	4.8		x10 ⁶ uL	F: 4.0-4.9/M: 4.0-4.9
Hgb	11.4	12.7	13.0	g/dL	F:10.9-13.3/M:11.0-13.3
HCT	34	33	33.4	%	F: 33.0-39.6/M: 32.7-39.3
MCV	79.3	80.1		fL	F: 78.5-90.4/M: 76.5-90.6
Platelet	234	242		x10 ⁹ uL	F: 183-368/M: 194-364

Glucose Tests					
		28 week visit		Units	Normal Reference Range
GCT	1 hour	144		mg/dl	< 140
GTT	fasting	90		mg/dl	< 95
	1 hour	160		mg/dl	<180
	2 hour	110		mg/dl	< 155
	3 hour	100		mg/dl	< 140

Prenatal Panel					
	8 week visit	28 week visit			Normal Reference Range
ABO Group	A				A,B, AB, O
Rh Typing	neg				Pos or Neg
Rh Antibody screen	neg	neg			neg
HBsAg (Hepatitis B)	neg				neg
HIV	neg				neg

HSV 1 & 2 by PCR	pos				neg
RPR	neg				neg
Rubella	immune				immune
PAP	normal				normal
Chlamydia	neg				neg
Gonorrhea	neg				neg

Urine					
	8 wks				Reference Range
Urine culture	No growth				No growth
Urine pregnancy	Positive				

DIAGNOSTICS

Ultrasound Report #1

DESCRIPTION: First trimester ultrasound for dates. EDC by LMP: xx/xx/20xx.

DISCUSSION:

Vaginal scan carried out with consent. Chaperone declined.

Intrauterine pregnancy.

Single live embryo. CRL = 18mm.

Gestational age = 8 weeks + 3 days.

USED = XX.YY.20ZZ

Ultrasound Report #2

DESCRIPTION: Second trimester ultrasound at 20 weeks gestation by LMP

DISCUSSION:

Single live pregnancy.

HC = 130mm

AC = 105mm

FL = 22mm

Anterior placenta, not low.

Gestational age, based on dating parameters of HC and FL = 20 weeks and 4 days.
 USEDD = XX.YY.20ZZ

Measurement notes: crown rump length (CRL), femur length (FL), head circumference (HC), abdominal circumference (AC), and humerus length (HL)

PATIENT EDUCATION

A “Having a Healthy Pregnancy” handout is available under this tab and in Appendix A

EMERGENCY CONTACT INFORMATION

Contact	Contact Information
Husband: Joe Brooks	Phone: 555-555-0166 Address: 303 North Main Street Anytown, WI

LEVEL

The State Level 1 is displayed

SCANNER

Use this tab to scan QR codes

EXIT

The message, “Are you sure you want to exit? All data will be lost? Yes/No” is displayed until the **QR Code: Facilitator** is scanned, indicating expected student behaviors have been met.

STATE 1

ASSESS PATIENT AND PRIORITIZE CARE

- **Patient Overview**
 - Patient is experiencing severe vaginal bleeding at 36 weeks and 6 days gestation.
- **Expected Student Behaviors**
 - Provide appropriate hand hygiene throughout scenario
 - Introduce themselves to the patient
 - Verify patient identity with name and date of birth
 - Utilize Standard Precautions as appropriate
 - Notify provider immediately of patient status using SBAR format
 - Obtain vital signs (Facilitator can direct the vital sign values based on the severity of the scenario desired.)
 - Contact Emergency Services and provide appropriate patient information
 - Verbalize how to contact emergency contact and/or labor support person using appropriate confidentiality measures
 - Verbalize how to clean room after patient visit
- **Technician Prompts**
 - The patient is becoming increasingly anxious and dizzy as the bleeding worsens
 - “Is my baby dying?”
 - “Am I dying?”
 - “Please call my husband.”
 - “What is happening? Where is all this blood coming from?”
- **Suggested Facilitator Questions**
 - Explain the potential pregnancy complications that could be occurring?
 - How will you use therapeutic communication to calm the patient?
 - Interpret the vital sign values: what are your concerns?

- Is this a medical emergency? Why?
- What information will you provide to emergency services?
- How will you notify the patient's emergency contact and/or labor support person of the patient's status?
- How will you use SBAR format to notify the provider of the patient's status?

EXIT

After the **QR Code: Facilitator** code is scanned, indicating that all student expected behaviors have been met, the message will read, "You have been approved to proceed." Students may then tap on Exit and view the message, "Scenario objectives have been met. Are you sure you want to exit the game? Yes/No."

DEBRIEF

Nothing needed from the iPad.

QUESTIONS

1. How did you feel this scenario went?
2. Review the learning objective: Identify the medical assistant's role in patient emergency situations
3. Review the learning objective Prioritize emergency care for a patient experiencing significant vaginal bleeding at 36 weeks gestation
4. Summarize/Take away Points: “In this scenario you cared for a patient experiencing severe vaginal bleeding at 36 weeks 6 days gestation. What is one thing you learned from participating in this scenario that you will take into your MA practice?” (Ask each student to share something unique from what the other students share.)

NOTE: Debriefing technique is based on INASCL Standard for Debriefing

SURVEY

Print this page and provide to students.

Students, please complete a brief (2-3 minute) survey regarding your experience with this ARISE simulation. There are two options:

1. Use QR Code: Survey
 - a. Note: You will need to download a QR Code reader/scanner onto your own device (smartphone or tablet). There are multiple free scanner apps available for both Android and Apple devices from the app store.
 - b. This QR Code will not work in the ARIS app.



2. Copy and paste the following survey link into your browser.
 - a. https://ircvtc.co1.qualtrics.com/SE/?SID=SV_6Mwfv98ShBfRnBX

APPENDIX A: HAVING A HEALTHY PREGNANCY PATIENT EDUCATION HANDOUT

HAVING A HEALTHY PREGNANCY

Staying healthy while pregnant is important not only for your physical and mental well-being, but also for your growing baby. Health is a combination of a number of things, including making lifestyle changes, getting proper nutrition, exercising regularly, and avoiding unhealthy/dangerous activities. By making changes to be as healthy as possible, you'll also make your baby grow to be as healthy as possible.



WHAT IS PRENATAL CARE? Prenatal care describes the medical care women get during their pregnancy. As part of your prenatal care, the doctor or midwife will:

- Figure out when your baby is due
- Talk to you about nutrition, physical activity, work, and common pregnancy complaints, such as morning sickness, heartburn, and backache
- Monitor your health to watch for problems
- Monitor your baby's health to check that he or she is growing well
- Talk with you about pregnancy, labor, and delivery, and make a plan for your labor and delivery
- Talk with you about taking care of yourself and your baby after the birth
- Do tests to check you and your baby for different health conditions

WHAT HAPPENS AT MY FIRST PRENATAL VISIT?

Your doctor or midwife will ask about your health and medical history, and figure out when your baby is due. He or she will also do a pelvic exam to can check your ovaries and the size of your uterus, as well as obtain a PAP smear and screening for STDs like gonorrhea, chlamydia, syphilis and HIV.

Other tests include:

- Urine test
- Blood tests – to check your general health and to check for specific conditions that could cause problems for you or your baby.

WHAT WILL HAPPEN AT EACH PRENATAL VISIT?

- Ask about your symptoms and answer any questions you have
- Check your blood pressure – Having high blood pressure can lead to problems, including a serious condition called "preeclampsia."
- Check your weight
- Measure the size of your uterus – Your uterus will get bigger as your pregnancy progresses.
- Listen for your baby's heartbeat starting at about 12 weeks of pregnancy.
- Test your urine to check for sugar or protein – Having sugar or protein in your urine might be a sign of a more serious problem.
- Ask about your baby's movements – Women start feeling their baby move at different times. Most women feel their baby move by 20 to 25 weeks of pregnancy.
- Check your baby's position in your uterus by feeling through your abdomen – In the last 3 months of pregnancy, the doctor or midwife will check your baby's position at each visit.

WHAT OTHER TESTS ARE PART OF PRENATAL CARE?

Your doctor or midwife will order other tests during your pregnancy such as:

- A test to check for diabetes (high blood sugar) – This involves having nothing to eat overnight, then drinking a sugary drink at the office and having your blood drawn.

- Blood tests to check for certain conditions or infections based on your history and health.
- An ultrasound – This test checks your placenta, the fluid around your baby, how your baby is growing, and how your baby's organs are developing.
- Tests to check for birth defects or problems babies can be born with
- Tests on your vaginal discharge (the fluid that leaks from your vagina) to check for an infection or if your “water has broken.”

HOW OFTEN WILL I SEE MY DOCTOR OR MIDWIFE DURING PREGNANCY?

Your visits to your doctor or midwife will get more frequent as your pregnancy progresses. One common schedule of visits is the following:

- Every 4 weeks until you are about 28 weeks pregnant
- Then every 2 to 3 weeks until you are about 36 weeks pregnant
- Then every week until delivery

Women with certain medical conditions (including conditions they had before they got pregnant) might need to see their doctor or midwife more often. They might also need other tests to follow their medical condition during pregnancy.

HOW TO MAINTAIN GOOD HEALTH DURING PREGNANCY

1. Take Prenatal Vitamins

Prenatal vitamins contain vitamins and a combination of high levels of folic acid and iron, both of which are responsible for early development of the baby and reducing the risk of complications and defects such as spina bifida and premature birth. Take your prenatal vitamin every day. If you are feeling nauseated, some women find it helpful to take them after their evening meal.



2. **Keep an eye on your weight.** Healthy weight gain will depend on how much you weigh to begin with. Your doctor or nurse will tell you how much weight gain is right for you. In general, a woman who is a healthy weight should gain 25 to 35 pounds during her pregnancy. A woman who is overweight or obese should gain less weight. If you start to lose weight, for example, because you have severe morning sickness, call your doctor or nurse.



3. **Eat a healthy diet**

Eating the right foods will help your baby's development. Your baby will need nutrients from these foods to form normally and grow. The best diet for you and your baby will include lots of fresh fruits, vegetables, and whole grains, some low-fat dairy products, and a few sources of protein, such as meat, fish, eggs, or dried peas or beans. If you do not eat dairy foods, you will need to get calcium from other sources.

You need to be extra careful about avoiding germs in your food. Getting an infection while you are pregnant can cause serious problems. Here's what you should do to avoid germs in your food:

- Wash your hands well with soap and water before you handle food.
- Make sure to fully cook fish, chicken, beef, eggs, and other meats.
- Rinse fresh fruits and vegetables under lots of running water before you eat them.
- When you are done preparing food, wash your hands and anything that touched raw meat or deli meats with hot soapy water. This includes countertops, cutting boards, and knives and spoons.

Which foods should I avoid? — You should avoid certain types of fish and all forms of alcohol. You should also limit the amount of caffeine in your diet, and check with your doctor before taking herbal products.

- **Fish** — You should not eat types of fish that could have a lot of mercury in them. These include shark, swordfish, king mackerel, and tilefish. Mercury is a metal that can keep the baby's brain from developing normally.

You can eat types of fish that do not have a lot of mercury, but not more than 2 times a week. The types of fish and other seafood that are safe to eat 1 or 2 times a week include shrimp, canned light tuna, salmon, pollock, and catfish. Tuna steaks are also OK to eat, but you should have that only 1 time a week.

Check with your doctor or nurse about the safety of fish caught in local rivers and lakes.

- **Caffeine** — Limit the amount of caffeine in your diet by not drinking more than 1 or 2 cups of coffee each day. Tea and cola also have caffeine, but not as much as coffee.
- **Herbal products** — Check with your doctor or nurse before using herbal products. Some herbal teas might not be safe.

- **Alcohol** – You should avoid alcohol completely. Even small amounts of alcohol could harm a baby.



- 4. Never smoke while pregnant and avoid passive smoking as far as possible.** It's generally recommended that smoking of any sort be avoided, as it is very damaging to the lungs. This is especially true for pregnant women, because whatever you smoke, your baby smokes as well. Nicotine and tobacco in the blood stream is absorbed by the child, increasing the likelihood of stillbirth, miscarriage, and a low birth weight.. Cut out all smoking in your life, including cigarettes, e-cigs, cigars, and marijuana.



- 5. Stay away from illicit drugs**

Drugs of any sort - particularly 'street' drugs - are incredibly dangerous for a developing child. Recreational drugs almost guarantee your child will suffer from a birth defect or complication. Further, mothers who are addicted to drugs and continue to use them while pregnant can actually pass on their addiction to their child. The newborn baby is then addicted to drugs and will suffer withdrawal symptoms when born, just like an adult does. If you're a user of recreational drugs or are addicted, get help from a

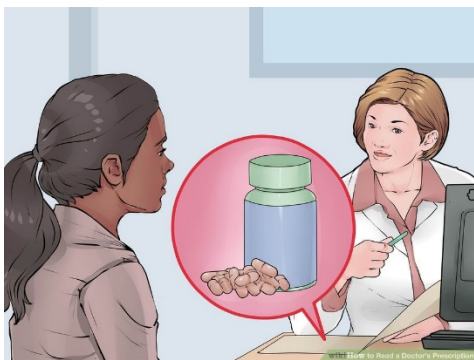
psychologist or group therapy, to protect the health of your growing baby.



- 6. Don't change a cat's litter box.** A dangerous infection known as toxoplasmosis can be found in cat litter boxes, and can quickly spread to pregnant women. The illness may have no recognizable symptoms in the mother and will pass to the baby undetected, causing serious brain and eye damage to the growing baby. If you have a litter box, steer clear of it and have a friend or relative take over control of cleaning it regularly.



- 7. Ask if the medicines you take are safe** — If you take any medicines, supplements, or herbal drugs, ask your doctor or midwife if it is safe to keep taking them while you are pregnant or trying to get pregnant. Your doctor and nurse might need to slowly get you off some medicines because it could harm you to stop them all of a sudden.



- 8. Get vaccinated during pregnancy** – Women who are pregnant should get the following vaccines. Check with your doctor or nurse about what other vaccines are recommended as some should be postponed until after pregnancy due to risk to the baby.

Influenza (flu) – Pregnant women are at especially high risk of developing complications of the flu. Vaccination against the seasonal flu is recommended for **all** women who are or will be pregnant during influenza season. Influenza vaccine injection (flu shot) during pregnancy has no known harmful effects on the unborn baby, and can help protect the baby from influenza in the first six months after birth, before the baby is eligible for the flu vaccine. The nasal spray influenza vaccine should be avoided because it is made from a live virus.

Tetanus, diphtheria, and pertussis – The tetanus, diphtheria, acellular pertussis (Tdap) vaccine is recommended for pregnant women in each pregnancy, and ideally should be given between 27 and 36 weeks of gestation, to help protect the newborn from pertussis infection.



- 9. Wear your seat belt and keep the airbags on** – Pregnant women should continue wearing three-point seat belts during pregnancy. The lap belt is placed across the hips

and below the uterus; the shoulder belt goes between the breasts and lateral to the uterus.



- 10. Avoid travel to Zika prone areas** - Pregnant women are advised to consider postponing travel to areas with ongoing mosquito transmission of Zika virus. Women who must travel are advised to take precautions against mosquito bites including wearing long-sleeved shirts and pants, staying in places with air conditioning, sleeping under a mosquito net, and using approved insect repellent. In addition, pregnant women whose male partners have travelled to affected regions should abstain from sexual activity (vaginal, anal, and oral sex) or use condoms for the duration of the pregnancy.



- 11. Keep active by exercising regularly.** Carrying around extra mid-body weight, morning sickness, and aching muscles can all combine to make exercise sound incredibly unappealing. However, keeping active while you are pregnant will ensure not only your health, but your baby's as well. Regular exercise can make delivery less difficult, make losing your baby weight easier, aid in post-birth physical recovery, and encourage healthy fetal growth. Aim to do thirty minutes of low-impact exercise such as swimming, riding a bicycle, lifting weights, or yoga a day. Walking is a good option too

- Don't participate in any high-impact exercises (workout classes, long runs) or contact sports (soccer, rugby, football), as these put you at a high risk for injury.
- Always stretch before you exercise while pregnant; a hormone called 'relaxin' is released to prepare your body for labor, but this can weaken your muscles and joints. Without stretching, you increase your risk for muscle or joint injury.
- Avoid activities or stretches that require you to lie down on your back, because this puts pressure on a major vein that reduces blood flow to the uterus, which may make you feel dizzy and lightheaded.
- Overheating can be dangerous to your baby, so make sure you always keep cool by having a fan and cold water at the ready



By making these efforts to be as healthy as possible during your pregnancy, you'll also help your baby to grow to be as healthy as possible. If you have any questions, be sure to ask your doctor or nurse.

Credits:

Lockwood, C and Magriples, U. Initial Prenatal Assessment and First Trimester Prenatal Care. In: UptoDate, Ramen SM (Ed), UptoDate, Waltham, MA (Accessed on January 19, 2017.)

Images from How to Have a Healthy Pregnancy, downloaded from <http://www.wikihow.com/Have-a-Healthy-Pregnancy> and other assorted WikiHow topics. See credit on each individual picture.

ARISE Patient education handouts are for educational purposes only. They are not intended nor recommended as a substitute for medical advice, diagnosis, or treatment. Always seek the advice of your own physician or other qualified health care professional regarding any medical questions or conditions.

CREDITS

Content in “Having a Healthy Pregnancy” handout is adapted from Lockwood, C and Magriples, U. Initial Prenatal Assessment and First Trimester Prenatal Care. In: UptoDate, Ramen SM (Ed), UptoDate, Waltham, MA (Accessed on January 19, 2017.)

Images in “Having a Healthy Pregnancy” handout are from www.wikihow.com

Medication information from National Library of Medicine: Daily Med at <http://dailymed.nlm.nih.gov/dailymed/>

REFERENCES

Centers for Disease Control and Prevention (2016). Guidelines for Vaccinating Pregnant

Women. Downloaded from:

<https://www.cdc.gov/vaccines/pregnancy/hcp/guidelines.html>

Lockwood, C and Magriples, U. Initial Prenatal Assessment and First Trimester Prenatal Care.

In: UptoDate, Ramen SM (Ed), UptoDate, Waltham, MA (Accessed on January 19, 2017.)

National Association of School Nurses (2013). Care Plan: Pregnancy. From Hootman, J.

(2004). Quality nursing intervention in the school setting. Castle Rock, CO: National

Association of School Nurses Inc. Downloaded from

http://portal.nasn.org/text/6905_W35_2_001-003.pdf

Norwitz, ER and Shin, JS (2017). Overview and etiology of vaginal bleeding in pregnant women.

In: UptoDate, Lockwood, CJ (Ed), UptoDate, Waltham, MA (Accessed on July 24, 2017.)

World Health Organization (2002). Essential Antenatal, Perinatal and Postpartum Care.

Downloaded from

http://www.euro.who.int/_data/assets/pdf_file/0013/131521/E79235.pdf



This work by the Wisconsin Technical College System TAACCCT IV Consortium is licensed under a Creative Commons Attribution 4.0 International license.

Third party marks and brands are the property of their respective holders. Please respect the copyright and terms of use on any webpage links that may be included in this document.

This workforce product was funded by a grant awarded by the U.S. Department of Labor's Employment and Training Administration. The product was created by the grantee and does not necessarily reflect the official position of the U.S. Department of Labor. The U.S. Department of Labor makes no guarantees, warranties, or assurances of any kind, express or implied, with respect to such information, including any information on linked sites and including, but not limited to, accuracy of the information or its completeness, timeliness, usefulness, adequacy, continued availability, or ownership. This is an equal opportunity program. Assistive technologies are available upon request and include Voice/TTY (771 or 800-947-6644).