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PRECONCEPTION AND FIRST TRIMESTER

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THE NAGPUR OBSTETRIC & GYNAECOLOGICAL SOCIETY
2020-21



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THE TEAM



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From the President's Desk . . .



Dear Members,

It gives me immense pleasure to hand over the first volume of Patient's Information handouts which is going to be a monthly feature. The first volume focuses on "Preconception and First Trimester issues".

In recent years, patients have increasingly requested the opportunity to participate fully in their medical care. An important part of responding to this request is providing educational handouts that inform patients about health problems, describe medical treatments, and promote healthy behaviors. They are useful extensions of spoken communication and are also an extension of medical care. Spoken messages are forgotten quickly and so they need to be reinforced with informative handouts. Educational handouts are an important part of the communication patients receive from health care providers.

This is our small effort to provide our members with these ready handouts for better communication with their patients. The members can print and use them for their patients' benefit. We hope that you will find them useful!

Thanks so much Dr. Sushma Deshmukh, Past Secretary NOGS who has also authored many patient education books for taking the time to help us with this project. We deeply appreciate it. Wishing you all a very healthy patient interaction.

Sincerely,

Dr. Vaidehi Marathe

President

NOGS 2020-21



PRECONCEPTION COUNSELING



1) **What is Preconception counseling?**

It is the counseling of the couple who wants to plan pregnancy.

2) **Why Preconception counseling is important?**

The goal of preconception care is to improve pregnancy outcome and woman's health. It also includes prevention of diseases and management of risk factors that affect the woman and her next generation.

3) **What information is necessary?**

Detailed history of any menstrual problems, family history of diabetes, hypertension, any genetic disorder in the family, any past illness or surgery, occupation and life style of the couple, diet and exercise, addictions like tobacco alcohol, age of the couple .

4) **Which are the tests to be done?**

a) Laboratory tests like Hemoglobin to evaluate anemia , Blood group, Urine, Blood sugar, Thyroid, Vit. D etc. If history of family disorder then the special test needed. e.g. electrophoresis in sickle cell anemia.

b) Sonography if the age of the female more or when she is having any problem like polycystic ovarian syndrome, severe dysmenorrhoea.

5) **When should the couple seek advice for preconception counseling?**

Actually after marriage as early as possible

6) **Whether there is need of any vaccination?**

Rubella vaccination is necessary. If not received MMR then Rubella vaccination is needed and pregnancy to be planned after 3 months.

7) **How the preconception health maintained?**

Proper nutritious diet, maintain healthy weight and good hemoglobin, folic acid supplementation, avoid fatty high glycemic index food. No smoking and alcohol, Dental evaluation is must.

Be Healthy, plan Healthy and Give birth to A healthy baby.



RUBELLA VACCINATION



1) **What is the importance of Rubella Vaccination?**

Rubella vaccine will protect from Rubella infection to the mother and the newborn baby. Rubella infection during pregnancy can cause serious birth defects. Rubella is always given in combination with mumps and measles called as MMR. So it will protect the mother from three troublesome diseases. WHO (World Health Organization) recommends Rubella vaccine be included in routine vaccinations. At least women of childbearing age should be immunized.

2) **How it is given and how many doses?**

Actually three doses of MMR vaccination given at childhood - 9months, 15 months and 5 yrs. If patient has kept the record of three vaccinations then there is no need to give it again. If the patient has received single dose after one year of age then she will require only one single dose. If patient has not received any dose then two doses of MMR given one month apart.

3) **Who are the candidates for Rubella vaccination?**

Rubella vaccination should be given to all young girls and also to the lady who is planning for pregnancy.

4) **When the Lady Add plan a pregnancy vaccination?**

After vaccination she can plan pregnancy after 3 months preferably 6.

5) **What are the effects of Rubella in a pregnant lady?**

Infection during pregnancy, especially in 1st trimester (1st 3months), can result in miscarriage, fetal death, stillbirth or infant with congenital malformations, known as 'Congenital Rubella Syndrome' (CRS)

6) **What are the side effects of rubella vaccination?**

Injection site reactions (pain, redness, swelling), fever, rash, sore throat, cough, running nose, vomiting, diarrhea, tiredness.



1) **When should I have my first antenatal visit?**

As soon as you miss your periods

Doctor will confirm your pregnancy and suggest you battery of tests.

2) **What tests I am supposed to do?**

- a) Laboratory tests like Haemoglobin, Blood group, Urine, Blood sugar, Thyroid, Hepatitis, HIV etc.
- b) Sonography
 - i) For Confirmation of Diagnosis
 - ii) NT (Nuchal fold translucence) scan- It is very important test done around 11-14 weeks. With the help of sonography the distance is measured at the nape of the neck and spine. If that measurement is more than the standard then the baby can have Down's syndrome (Baby is mentally retarded)
- c) Double marker - specific hormonal tests, support the NT scan

3) **What symptoms are there in first three months?**

Frequent fatigue and sleepiness, frequent urination, nausea with or without vomiting, heartburn, indigestion, food aversions and cravings etc.

4) **What type of diet is needed in first three months?**

Frequent and small feeds, plenty of green vegetables, salads, fruits, sprouts, avoid oily, spicy, outside food. Have folic acid tablets regularly.

5) **Doctor what precautions should I take?**

Regular follow up, listen to your doctor, not to exert unnecessarily & avoid Intercourse .

6) **What emergencies can be there?**

Bleeding, sudden pain in abdomen

Report your doctor immediately in any problem and Be positive.



DOS - DON'TS IN PREGNANCY



- 1 **For nausea, vomiting, heartburn, constipation-** Plan your diet like frequent and small feeds. Plenty of green vegetables, fruits, salads
- 2 **Diet** should be nutritious containing **Proteins, Iron, Calcium**
- 3 **Do Breathing Exercises** regularly
- 4 **Yoga-Pranayam and light exercises-** after consultation with your doctor
- 5 **Get up early in the morning-**Have warm sunlight on your body.
- 6 **Daily/ Twice a day bathing-** remain clean, wear clean
- 7 **For giddiness -** Avoid sudden getting up, avoid crowded places& travelling
- 8 **Backache** is a normal ailment in pregnancy. Avoid Faulty posture, Use comfortable shoes, Not to stand for a long time ,adequate rest
- 9 **Leg cramps-** Plenty of water with homemade beverages like lemon, kokum, proper diet, Exercise, Movement of fingers / toes in long sitting
- 10 **Sudden snoring -** Could be due to obstruction in nasal pathway due to edema, or due to blood pressure. Sleep in left lateral position
- 11 **Breathing difficulties -** Common in last months-Do breathing exercises
- 12 **Edema -** It is due to increase in fluid / blood in pregnancy. So drink plenty of water, Rest in left lateral position
- 13 Don't be under stress and tension. Don't use laptop for longer time
- 14 Don't lift heavy Luggage, bags
- 15 Not to get up with from bed jerk
- 16 Don't use high heel foot wear
- 17 Avoid tight clothes, use light, loose cotton clothes
- 18 Avoid long journey, avoid bus traveling
- 19 Don't drive, Don't bend suddenly
- 20 Don't take high or long steps on ladder.

Be Positive and Happy



The pregnant lady needs well balanced diet and extra nutrition .The principle is frequent and small feed with Early to bed and early to rise.

1 What is well balanced diet in Pregnancy?

The pregnant lady requires Protein, Iron and Calcium, folic acid in ample amount with vitamins and carbohydrates and fat in adequate amount for energy

2) What is the role of proteins and the food which contain protein?

Proteins are the building blocks of the body. Present in each and every cell. The protein present in non-vegetarian diet, pulses, eggs, paneer, soya,beans.

3) What is the role of iron and the food rich in Iron?

Iron is very important to supply oxygen to each and every cell. It is important part of blood. Deficiency of it causes Anaemia. We measure anemia by Hemoglobin. Iron rich food – Green vegetables, dry fruits, apple, beet, Jaggery, Non-veg.

4) What is the role of Calcium and the Calcium rich food?

Calcium is needed for bone on which the main body strength depends. Calcium is present in milk, sunlight, ragi, seafood, sesame, fenugreek, poppy seeds.

5) What are various types of Vitamins and nutritious food of vitamins?

Vit A,B,C,D,E are imp. for variety of functions. Carrot, radish for Vit A, Semolina (suji), fruits, vegetables for Vit. B, Citrous fruits for Vit. C, Sunlight eggs, butter, fish for Vit. D, Green leafy vegetables for Vit. E and folic acid.

6) How to plan the diet?

Always have warm sunlight early in the morning. Then 4-5 almonds soaked in water with dates, breakfast with variety adding all nutrients, midmorning snacks- homemade beverages like lemon, kokum juice, spinach-mix veg soup, Lunch should contain pulses, roti, veg, rice, salad, flax seed mix, Fruit plate, evening snacks and dinner. Use low fat-milk, curds and healthful fats-nuts,veg ,olive oil.

Enjoy the pregnancy with well balanced diet with Fruitful outcome.



(Vomiting in 1st trimester)

1) Do all pregnant ladies get this problem of vomiting?

No. around 50% of the pregnant ladies suffer from morning sickness

2) How many months it will last?

In most of the patients it will last for 12-14 weeks. More severe in 8-10 weeks as the pregnancy hormone is at its peak in 8-10 weeks. Very few women have morning sickness throughout pregnancy.

3) What are the causes of morning sickness

Pregnancy hormone, first pregnancy, twin pregnancy, extra sensitive mothers etc.

4) What are the symptoms and signs?

Nausea and vomiting are common. Often triggered by certain odors, spicy foods, heat. Excessive salivation can occur. Sometimes no trigger at all.

Patient feels dizzy, weak. Sometimes dehydration, decreased urination

5) What type of diet and remedies are there to control morning sickness?

Frequent and small feeds is the basic principle (every 1-2 hours), plenty of green vegetables, salads, fruits, sprouts. Include jawar roti, Idli and chatni or sauce of coconut, tomato or unripe mango. Also add ginger products. Avoid oily, spicy food and tea, coffee. Get engaged in hobby, some easy work. Change the place. Not to sleep immediately after meals. No fasting

6) What emergencies can be there?

Patient can have excessive vomiting called as hyperemesis gravidarum and may have electrolyte imbalance and will require hospitalization.

7) How to prevent morning sickness

There is no way to prevent it. But you can avoid the trigger factors like strong odors, excessive work, spicy, oily outside food. Foods in high sugar may help.

Report your doctor immediately in uncontrolled vomiting.



1) What is the importance of Sonography in pregnancy?

Sonography has become indispensable investigation in pregnancy. It gives information of well being of the baby in the womb time to time. If the mother has any medical or pregnancy induced problems then it affects unborn baby also. Sonography can diagnose it earlier and we can treat it and save the baby.

2) How many times sonography is done in pregnancy?

a) Initial sonography at 6 weeks to diagnose the pregnancy, to confirm singleton pregnancy, any associated problems.

b) Then next is NT(Nuchal fold thickness) scan at 11-14 weeks. In this we can evaluate a very important genetic disease (Down's Syndrome - in which baby is mentally retarded) at earlier stage.

c) Sonography at 16-18 weeks to know the structural defects in the baby.

d) At 22 weeks fetal echocardiography to know the cardiac disorders.

e) In 26-30 weeks Doppler sonography to know the blood supply to the baby, placental condition.

f) Follow up sonography if needed.

3) Why repeated sonography in certain conditions like Hypertension(HT)?

In HT the pregnancy is always at high risk. If unattended then patient and her unborn baby are at risk. So with the help of sonography we can understand the baby at risk. Accordingly we start the additional nutritional treatment and plan earlier safe delivery.

4) Whether sonography decides mode of delivery?

In high risk cases like placenta praevia and few conditions it has a role.

5) Any side effects of repeated sonography

In last more than 30yrs, a lot of sonographies are carried all over the world. There are no any side effects. But sonography gives tons of information.

Thus Sonography is an important doctor & patient friendly instrument.



1ST TRIMESTER - PV BLEEDING



1) What are the causes of PV bleeding in first three months?

Implantation bleeding (6-12 days after conception.), miscarriage, subchorionic haemorrhage, intercourse, rarely cervical polyp, ectopic pregnancy, molar pregnancy,

2) How common it is and what are other symptoms with the bleeding ?

About 20% of patients can have bleeding in first three months. Patient can have mild cramping, low backache.

3) How much bleeding is normal in early pregnancy?

Implantation bleeding can be as a spotting for few hours. But miscarriage bleeding can be scanty initially but can progress to heavy bleeding which is abnormal.

4) How can we know that the bleeding is normal or abnormal?

Any amount of bleeding in pregnancy should be evaluated. Patient should seek doctor's advice. Sonography is necessary to confirm the diagnosis.

5) Whether age is the risk criteria for miscarriage?

Yes. Women more than 35 yrs have higher risk of miscarriage.

6) What are the causes of miscarriage?

Commonest cause of miscarriage is chromosomal abnormality in the embryo. Secondly patient can have progesterone hormonal deficiency. Also there are many more causes.

7) What preventive measures should be taken?

If pregnancy is planned then start folic acid two months before conception, reduce the weight. Eat healthy food, manage stress. Avoid excessive exertion in pregnancy. No travelling, avoid intercourse, No smoking. Listen to your doctor.

Report your doctor immediately in bleeding, pain in abdomen.



DOWN'S SYNDROME



1) What is Down Syndrome?

Down syndrome is a genetic disorder caused when abnormal cell division results in an extra full or partial copy of chromosomes 21. This extra genetic material causes the developmental changes and physical features of down syndrome. The baby is subnormal. (Baby is mentally challenged).

2) How to diagnose Down syndrome in pregnancy?

A - NT (Nuchal fold translucence) scan- It is very important sonography done around 11-14 weeks. With the help of sonography the distance is measured at the nape of the neck and spine. If that measurement is more than the standard then the baby can have Down Syndrome.

B - Double marker- These are specific hormonal blood tests ,which support the NT scan.

C- High risk mothers and mothers who missed the NT scan and double marker, should be offered maternal serum screening for quadruple markers at 16 to 18 weeks of gestation. The maternal serum markers are alpha fetoprotein, estriol and human chorionic gonadotropin, inhibin All these are noninvasive tests.

D- Amniocentesis- This is invasive test. If we are having any doubt then we can test the amniotic fluid drawn under USG guidance with the help of needle to check cells.

3) What are the features of Down syndrome?

At birth baby will have certain features like short neck, bulging tongue, slanting upward eyes, atypical shape of ears, poor muscle tone

4) Can the Down Syndrome prevented?

Down Syndrome can't be prevented. But proper age of marriage and parenting can prevent its occurrence. Mother should have her baby before 35 yrs. Ideal age is before 30yrs.

The pregnant mother should follow the instructions of her gynecologists.



ECTOPIC PREGNANCY



1) What is an ectopic pregnancy?

Normally pregnancy is in the uterine cavity(womb). When there is pregnancy outside the womb, we call it as an ectopic pregnancy.

2) What are the sites of ectopic pregnancy?

Fallopian tube is the commonest site of ectopic pregnancy. Other sites are ovary, abdomen, broad ligament.

3) What are the symptoms of ectopic pregnancy?

If patient misses period and comes with pain in lower abdomen, vaginal bleeding, tummy upset, severe pallor, sometimes collapse, you can suspect.

20% of ectopic pregnancies may not have missed periods.

4) Who are at risk of ectopic pregnancy?

If patient having previous ectopic pregnancy, damaged tubes due to infection, surgery, if patient using CuT contraceptive device.

5) Is it serious condition?

Yes. It is like a bomb in the abdomen. When ectopic pregnancy is in tube then pregnancy cannot grow there as tube has not capacity to bear it. Then in a short period the tube will burst with torrential bleeding and patient can collapse due to internal bleeding if not treated.

6) How can we diagnose ectopic pregnancy?

Nowadays with the help of transvaginal sonography and pregnancy hormone beta hCG we can diagnose it earlier and avoid the complications.

When there is no pregnancy in the womb on sonography but pregnancy test is positive.

7) What are the treatment options in ectopic pregnancy?

a - Medical method-If diagnosed earlier we can dissolve it by medicines

b - Laparoscopy- We can remove the pregnancy sac or tube if it is damaged

c - Laparotomy- Open method surgery if laparoscope or laparoscopic surgeon not available.

So Be Alert and Consult Your Gynecologist Earlier