

**Shaindy Reich Birthlite Manager**  
**Solutions and self - help techniques,**  
**for the easy management of pregnancy**

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**Educating for multiple pregnancies.**

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**Your shop for 9 months & beyond**

Rechov Amos 1, corner Malchei Yisral

1st Floor (elevator)

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## Dear Reader,

With thanks to Hashem, BirthLite is pleased to present this booklet, covering the experience of the prenatal stages, with an additional focus on navigating this in Israel.

In my capacity as manager of BirthLite, the store established to provide expectant and nursing mothers with the most updated, effective products, I have invested time and effort to speak to professionals in the relevant fields. This, together with the feedback I hear from customers, has enabled me to gather a wealth of knowledge and tools in the area of pregnancy, birth and nursing, which I am happy to pass on to you, the reader.

In the first section I am pleased to share with you information that both educates and offer techniques to relieve regular pains and discomforts experienced during pregnancy.

We invite you to share with us any feedback and comments you may have as a result of reading this booklet and from using our products.

**I truly hope you will Bez''h enjoy this blessed stage  
in maximum health and comfort.**

Sincerely,

**Shaindy Reich**

Birthlite manager Jerusalem



## **Pains and Discomforts**

**Pains and Discomforts often experienced during Pregnancy;**

- **Understanding the Problem**
- **Self Help Tools & Guidance**

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**By: Shaindy Reich  
Manager, BirthLite Jerusalem.**

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**DISCLAIMER:** This publication does not replace the necessity of seeking medical advice. It should be viewed as a guide only.

### Nausea

*Many women suffer from nausea particularly during the first trimester (approx 8 out of 10 women.) Although often called morning sickness, nausea is in no way limited to the morning. Many women do however feel worse, first thing in the day. Most women find that the nausea stops or at least significantly lessens by the end of the third month though some still suffer into their fourth, fifth or even six month!*

### What causes nausea?

Firstly, nausea is actually a good sign that your pregnancy hormone levels are high enough to allow your baby to develop and grow, (f you don't get nauseous, don't worry, you may just be one of the lucky ones!)

In pregnancy the body produces hCG hormones in large quantities, which causes nausea. Around 12-14 weeks into the pregnancy the placenta takes over nourishing the baby, causing the hormone levels to drop, easing the nausea. However, since other hormones may also play a part in causing your sickness, some women find their nausea continues further into the pregnancy. If you're tired, hungry, stressed, anxious or expecting twins or triplets, you may vomit more often.

**NB:Nausea and vomiting is not harmful to the baby provided you remain well hydrated.**

### > What you can do to help prevent nausea

Although, as mentioned, nausea is a normal, healthy part of pregnancy, small diet and lifestyle changes could help minimise the feelings of nausea or vomiting.

In the morning:

- Don't rush out of bed
- Try to have a small snack at your bedside such as a dry wholewheat cracker or cookie, to have as soon as you wake up.

### Throughout the day:

- Eat smaller meals, more often, around every two or three hours.
- Drink plenty throughout the day, preferably 10-12 glasses of water or fruit juice, you can suck on ice cubes if drinking is difficult.
- Avoid alcohol, caffeine, spicy or fatty foods. (Some say one cup of coffee a day is okay!)
- Rest as much as possible.
- Dry foods such as toast, cookies or crackers are usually easiest on the stomach.
- Avoid brushing your teeth soon after eating as this can make you vomit.
- Fresh air and gentle exercise such as going for a walk can help prevent nausea.

### At Night:

- Before going to bed you may find having a small snack helps, try not to have a heavy meal immediately before going to sleep.
- Sleeping with the windows open to get some fresh air may help. Try to sleep for at least 8 hours per night and rest whenever you feel tired. When your body is weakened due to exhaustion you are more likely to feel nauseous.

### > **What you can do to relieve nausea**

If nausea has already struck you, you may find all or some of these suggestions helpful. I have seen that most women Who suffer from regular levels of nausea are able to figure out some pattern of what triggers their nausea most and are able to work out which foods/situations/smells etc to try avoid.

We at BirthLite we carry a number of natural aids to relieve/reduce nausea and vomiting, all of which have been found very helpful for most women.



**Ginger:** Ginger helps relieve nausea in many women. Ginger drops are easy

to take and contain a high potency level of ginger. (If you are taking prescribed anti-coagulant drugs, aspirin or other similar medicines, you should not take ginger.)



**Acupressure Band:** Pressing an acupuncture point on your wrist has shown to relieve nausea. A special wristband with pressure point buttons attached is the best way to provide this pressure throughout the day.

When wearing the wrist bands, it is vital that that the button in the band be placed on the correct acupuncture point. You should also put both bands on first thing in the morning before getting out of bed. If you experience a wave of nausea, press on the button on each wrist about 20 to 30 times at one second intervals. If you forget your wristbands, you can simply press on these two points, or ask someone to do it for you on both wrists at the same time.

**Although nausea is not generally dangerous, you should consult your doctor if;**

- you become dehydrated. (symptoms to look out for are thirst, passing smaller volumes of darker urine and feeling dizzy or faint.)
- you vomit more than three to four times a day.
- your vomit contains blood or you have concerns about its appearance.
- you lose weight.
- None of the remedies seem to work and you are not able to manage the symptoms.

**What will the doctor do?**

The doctor will examine you for signs of dehydration. They will also test the urine for ketones, which is a way of assessing how dehydrated you are. If your doctor feels you are dehydrated, you may be entered into hospital to receive fluids (and anti-sickness medication) through a drip.

Your doctor may prescribe anti-sickness tablets for you to help with your symptoms.

### Back Pain

*50 to 70% of all pregnant women suffer from back pain during pregnancy. There are many possible reasons for this;*

#### What causes Back Pain?

- **Weight gain** . During a healthy pregnancy, women typically gain between 25 and 35 pounds. The spine has to support this weight, which can cause lower back pain. The weight of the growing baby and uterus also puts pressure on the blood vessels and nerves in the pelvis and back, which can also be a cause.
- **Posture changes.** Pregnancy shifts your center of gravity. As a result, you may gradually -- even without noticing -- begin to compensate by adjusting your posture and the way you move. This may result in back pain or strain.
- **Hormone changes.** During pregnancy, your body makes a hormone called relaxin that allows ligaments in the pelvic area to relax and the joints to become looser in preparation for the birth. The same hormone can cause ligaments that support the spine to loosen, leading to instability and pain.
- **Stress** – stress usually finds the weak spot in the body, and because of the changes in your pelvic area, you may experience an increase in back pain during stressful periods of your pregnancy. Chronic back pain sufferers often find their pain is aggravated in pregnancy.

#### > What you can do to help prevent or alleviate back pain:

- **Exercise** Regular exercise strengthens muscles and boosts flexibility, this can ease the stress on your spine. Safe exercises for most pregnant women include walking, swimming, and stationary cycling. A doctor or physical therapist can recommend more specific exercises to strengthen your back and abdomen. Squat to pick up something versus bending over

## Back Pain

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- Avoid high heels and other shoes that do not provide adequate support. 2-inches is the recommended heel height, to keep your body in proper alignment. You might also consider orthopedic shoe inserts designed for muscle support.



### **Wear a girdle**

At BirthLite, we carry a range of support belts, braces and girdles which help to take the strain off your back and improve posture. It is important to be fitted with a good belt that will give you the maximum support and is comfortable for daily use. From my experience fitting support garments for back pain, I have seen that choosing the right support must take into consideration; your personal lifestyle, (i.e. Do you sit at a computer for many hours/ stand many hours on your feet etc.) the source of your pain, when you feel it most, (morning/ evening, standing/lying etc.) and what aggravates it. The more attention you pay to the pain its positions, patterns and triggers, before being fitted the better we will be equipped to fit you with the most suitable support.

**Heat and Cold** . Applying heat and cold to your back may help. If your doctor gives the go-ahead, start by putting cold compresses (such as a bag of ice or frozen vegetables wrapped in a towel) on the painful area for up to 20 minutes several times a day. After two or three days, switch to heat -- put a heating pad or hot water bottle on the painful area. (Be careful not to apply heat to your abdomen during pregnancy.)



**Improve your posture.** Slouching strains your spine. Ensuring correct posture when working, sitting, or sleeping is important. For example, sleeping on your side with a pregnancy pillow wrapped between your knees and under your stomach, will take stress off your back. When sitting at a desk, place a 'half-log' shaped pillow behind your lower back for support; rest your feet on a stack of books or stool and sit up straight, with your shoulders back, do not cross your legs when sitting.

- **Change positions:** Avoid either sitting or standing for very long periods, get up and move around periodically.



**Gym Ball** Many of our customers have reported that sitting on a Gym Ball when doing sitting chores (like using the computer) has helped prevent or relieve back pain as you are forced to use your core to hold yourself in good posture (so as not to slip off the ball!)

- **Get plenty of rest.** Elevating your feet (not too high) is also good for your back

If pain is significant, it may be a good idea to seek a physical therapists, alternative medicine specialists (such as acupuncturists), or chiropractors who works with pregnant women. A prenatal massage may help reduce the pain for a period of time.

See Customer Feedback PG 35

## Sciatica

*Many women suffer from Sciatica pain during pregnancy. The Sciatic nerve is the longest nerve in the body, providing sensation from the back of the thigh down the leg, through to the sole of the foot. Sciatica pain can be shooting pain, tingling or numbness that starts in the thigh and radiates down the back of the legs, most commonly, in the third trimester.*

### What causes Sciatica pain

The pain is thought to be caused by the baby resting directly on the nerve, causing pain right through the nerve. The pain can be constant or intermittent depending on whether you baby decides to stay put! Or moves around.

#### > What you can do to relieve or prevent Sciatica pain

- Whenever you can, take a break. Getting off your feet can ease some of your leg and lower back pain during pregnancy.

## Varicose Veins

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Wear a Support belt I have found that a belt which fastens around the thigh area and below the stomach at the front, works best. The support around the thigh area, can provide counter-pressure relief at the point that the sciatica pain begins, the front support below the abdomen lifts the weight of the baby helping to take the pressure off the sciatic nerve.

- **Take a warm bath** or put a hot water bottle on the point of the pain.
- To relieve the pressure on the nerve, do some pelvic tilts. Stretches or swimming can also take off some of the pressure.
- **Lie on your side**, opposite of the pain. This may help relieve the pressure on the nerve.
- **Avoid heavy lifting** and minimize standing for long periods of time. If you experience pressure while standing, try elevating one foot and resting it on something.

See customer feedback pg 35

### Varicose Veins:

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#### What are varicose veins?

Varicose veins are swollen veins that may bulge near the surface of the skin. These blue or purple, sometimes squiggly veins are most likely to show up in your legs, though you may also get them in your vulva or elsewhere.

You may have little or no discomfort from them, or they may make your legs feel heavy and achy. The skin around a varicose vein may also itch, throb, or feel like it's burning. The symptoms tend to be worse at the end of the day, especially if you've been on your feet a lot.

Many women first develop varicose veins – or find that they get worse – during pregnancy. As your uterus grows, it puts pressure on the large vein on the right side of your body (the inferior vena cava), which in turn increases pressure in the leg veins.

Veins are the blood vessels that return blood from your extremities to your heart, so the blood in your leg veins is already working against gravity. When you are pregnant, the amount of blood in your body increases, adding to the burden on your veins. Also, your progesterone levels rise, causing the walls of your blood vessels to relax.

You are more likely to get varicose veins if other members of your family have had them (note they can come from your father's family even if your father doesn't actually have any symptoms, ask your grandmother or aunts...) and they often get worse with each successive pregnancy and as you get older. Being overweight, carrying twins or higher multiples, and standing for long periods can also make you more susceptible.

Varicose veins tend to improve after you give birth, particularly if you didn't have any before you got pregnant. And if they don't get better, there are a variety of ways to treat them. (Regarding beginning treatment on the veins during the??? stage of life, I have heard many reports in both directions, both of customers who saw no improvement or worse after treatment between pregnancies and of those who found the treatments to have a tremendously positive impact on successive pregnancies. It is worthwhile to research your options and success rates before making any decision.)

You may have also noticed tiny blood vessels near the surface of the skin, especially on your ankles, legs, or face. These are called spider veins because they often appear in a spider- or sunburst-like pattern with little branches radiating out from the centre. These don't cause discomfort, and they typically disappear after delivery.

NB: Depending on the location of the vein and other factors some women may feel pain before they actually see any swelling whereas others may have blue swollen veins but hardly feel any pain.

### **Are varicose veins ever serious?**

Varicose veins may itch or hurt, and they can be unsightly, but they're generally harmless in the short term. A small percentage of people who have varicose veins develop small blood clots near the skin's surface (a condition called superficial venous thrombosis). When this kind of clot develops, the vein may feel hard and rope-like, and the area around it may become red, hot, tender, or painful.

## Varicose Veins

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These clots usually aren't serious, but be sure to contact your doctor immediately, if you think you have one. Occasionally the area surrounding a clot becomes infected (in which case you may have fever or chills), and you'll need to be treated promptly with antibiotics. Also call your practitioner right away if either of your legs becomes significantly swollen or has sores, or the skin near the veins changes color.

Don't confuse superficial venous thrombosis with a serious condition called deep venous thrombosis (DVT), in which clots develop in the deep veins, usually in the legs. Pregnancy makes you more susceptible to DVT whether or not you have varicose veins, but it's not common. Your chance of getting it either during pregnancy or in the weeks after you give birth is about 1 in 1,000. (Women with blood clotting disorders or on prolonged bed rest are at higher risk.)

If you develop DVT, you may have no symptoms, or you may have sudden, painful swelling in your ankle, leg, and thigh. It may hurt more when your foot is flexed or when you're standing, and you may have a slight fever as well. If you notice any of these symptoms, call your doctor immediately!

### > What can I do to prevent varicose veins?

You may be able to prevent them or at least minimize them. Here are some tips:

#### Exercise:

- Exercise daily. Even just a brisk walk around the block can help your circulation. Regular exercise will reduce a build-up of fat, while maintaining good circulation and toning your blood vessels. Try gentle walking, swimming or pregnancy exercise classes. However, excessive aerobic exercise, such as cycling and jogging, increases pressure in your leg veins, and may make the problem worse.
- Deep breathing will aid your circulation, which is important in the prevention of varicose veins, it will also help you to relax. Spend about 10 minutes each day in a position in which your feet are raised above your hips. Inhale and then exhale deeply and slowly.

#### Weight:

- Strive to keep within the recommended weight range for your stage of pregnancy.

### Positions:

- Elevate your feet and legs whenever possible. Use a stool or box to rest your legs on when you're sitting, and keep your feet elevated on a pillow or leg elevation wedge (which is built to raise your feet higher than your heart without straining the back,) when lying down. When standing, raise one foot on a stool and switch legs regularly.
- Don't cross your legs or ankles when sitting.
- Don't sit or stand for long periods without taking breaks to move around.
- Sleep on your left side. Wedge a pillow behind your back to keep yourself tilted to the left and elevate your feet with a pillow. A full length pregnancy pillow will hold you snugly in the correct position all night through. Since the inferior vena cava is on the right side, lying on your left side relieves the vein of the weight of the uterus, thus decreasing pressure on the veins in your legs and feet.
- Don't strain or lift heavy items.

### Support Wear:



Wear medical compression support hose.

At BirthLite we carry a range of medical grade graduated compression support hosiery in a range of compressions and weights. Graduated-compression stockings, are tightest at the ankle and lesser compression as they go up the leg, making it easier for blood to flow back up towards your heart. Support hosiery prevents swelling and slows down deterioration of your varicose veins. Depending on where your varicose veins are, you can wear knee, thigh or full maternity pantyhose. Make sure the pantyhose has a maternity top that will fit you comfortably as you grow.

NB: To prevent blood from pooling in your legs, it is imperative to put the stockings on before getting out of bed in the morning, while you're still lying down, and keep them on all day. (unless otherwise advised by your doctor.) Ideally, you should raise your legs all night\*, when you wake up, put on support hosiery and only then get out of bed. Surgical weight support hose may be bothersome, especially in hot

## Varicose Veins

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weather, but untreated varicose veins can be much more painful, uncomfortable and unsightly. We carry lighter weight/sheer hosiery which offer less support but are also effective – especially if you find you just can't wear the surgical weight hose.

NOTE: It is very important that your support hosiery fits you well as any extra fabric can bunch up behind the knees and cause great discomfort. Around 4/5% of women I have fitted required custom support Hosiery, which is a lot more pricey but imperative for those who do not fit into standard sizing. At BirthLite, all our staff are trained to fit the hosiery and advise you if you need to order custom (usually through your Kupat Cholim.)

\*(If you don't intend on investing in a leg elevation wedge or a bed that can be raised, here are some creative ideas our customers have come up with for raising legs at night. – Put a few tins, pieces of kapla or tiles under the back two legs of the bed. -Roll up a duvet or two and put it under the back half of your mattress. – Take a small child's car and wedge it sideways under your mattress.)

### Diet & Supplements



Maintaining a healthy balanced diet also effects your veins. A deficiency of vitamin E is linked to varicose veins. Sunflower seeds and wheat germ are rich in vitamin E, so try adding these to your morning cereal or yoghurt. You can also take VitaminE capsules or rub Vitamin E oil directly onto the varicose veins. Vitamin E appears to have more effect when the varicose veins is still milder. Whichever form you use, check with your practitioner what your maximum daily intake should be.(make sure to reckon in the amount you are getting from your prenatal.)



Citrus Bioflavonoid Supplement - Vitamin C with bioflavonoids (the bioflavonoid rutin, in particular) is an antioxidant that can strengthen vein walls and help with circulation and bruising. This is important since varicose veins start appearing when the collagen in vein walls begins breaking down.

- Try to drink **at least** eight glasses of water every day! Taking a good quality pregnancy multivitamin may also help to improve varicose veins

### General

- As you expand, don't be tempted to wear your usual clothes. Tight clothes or tights around your groin area, may make your varicose veins worse. Avoid wearing shoes which are too tight, high or completely flat. Comfortable supportive shoes with a small heel are ideal.

### **Is there any way to get rid of varicose veins?**

Varicose veins often improve within three to four months after giving birth, or once the baby has weaned. Sometimes it takes longer, and sometimes they don't improve much at all. (This is more likely if you've had multiple pregnancies.)

During this time, it's a good idea to continue to wear support hose, exercise regularly, avoid prolonged sitting or standing, and elevate your legs whenever possible. If your varicose veins persist and become too uncomfortable to live with, or even if you're just unhappy with how they look, you have a variety of treatment options. A Vein specialist can guide you as to what options are available.

See Customer feedback Pg 34

## **Vulva Varicosity**

*Vulva varicose veins occur in 10% of pregnant women, often beginning but in no way exclusively during month 5 of a second pregnancy. Vulva veins can appear with or without accompanying varicose veins on the legs. Although progression of the vulva veins varies, most cases get worse as the pregnancy progresses and increases with successive pregnancies. Vulva veins often go undiagnosed or misdiagnosed. If you feel pain/pressure/swelling or the feeling that 'everything is going to fall out' in the vulva area, it is important to discuss this with a vein doctor or, if you feel confident that it is veins, deal with it immediately. Many customers have described suffering for years simply because their OB/GYN misdiagnosed the problem or informed them that there is nothing to do about it! Standing in one position and walking for a length of time can also cause the pain to increase. A very small percent of women have found that the veins just disappeared at the beginning of the third trimester – you might just be lucky!*

### > What Can I do to help Vulva Veins



The good news is that a support girdle, can dramatically alleviate the pain. At BirthLite we offer a few types of girdles for you to choose from. When fitting for a girdle, we will take into consideration the exact location of the veins, the degree of pressure and pain as well as your personal lifestyle. Most women feel some to very significant relief from the first moment that they try it on. Vulva veins which are located more internal are usually also treated with a girdle however, the effect is obviously not quite as strong or immediate.

### What exactly does a girdle do?

The main job every girdle does, is to support the area, lifting the veins, thus alleviating pain and pressure. Some of the girdles also provide support below the stomach to alleviate some of the weight from the vulva area. There is also an option of a girdle with straps going up to the shoulders which helps the entire body equally carry the weight and provide even stronger support.

### When should I buy a girdle

The answer to this depends on your personal circumstances. Bear in mind a strong supportive girdle is not just 'another garment' if you find it hard to wear any extra 'layers' you are best off only getting a girdle once you really feel some level of pain/pressure. On the other side of the scale, you should also take into consideration that dealing with the vulva veins at as early a stage as possible will prevent the situation from deteriorating. The girdle should be worn every single day and ideally should be put on (as with support hosiery) first thing in the morning, before getting out of bed. However unlike the support hosiery it MAY be put on at a later point in the day.

### What can I expect after delivery

Most often, vulva varices disappear around a month after delivery. Some women have pain as long as they are nursing and a small number of women have some level of pain all the time, or at times of the month when there is an increased hormonal level. Wear your girdle as long as you feel you need it.

For women who suffer from both vulva and varicose veins on the leg, a girdle can be worn at the same time as support hosiery.

### Other Self Help tips;

- Raise your legs at night and as much and as often as possible during the day.
- Do Kegel Exercise to strengthen the muscle.



Gently massage the area with Calnium oil (a combination of Vitamin E and Calendula) which calms and relieves the pain and strengthens the vein walls.

- Keep hydrated

If you feel worried about your veins it is always a good idea to show them to a vein Dr (Rofei Klei Dam)

See Customer Feedback pg 33

## Pubic Bone Symphosis (PSD)

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### What is Pubic Bone Symphosis

Pubic Bone Symphosis means the ligaments that normally keep your pelvic bone aligned during pregnancy become too relaxed and stretchy. The hormone relaxin is responsible to make the ligaments stretch so your baby can ease his or her way into the world. But sometimes relaxin does its job too well, making the ligaments around your pelvic bone during pregnancy to loose too soon and that causes instability and unfortunately, pain in the pelvic joint. Pubic symphysis diastasis generally occurs later in pregnancy, usually during the third trimester; however, it is not uncommon for some women to experience this condition much earlier (sometimes as early as 12-15 weeks).

Pain in the pubic area and groin are the most common symptoms. You may also suffer from back pain, Pelvic Girdle Pain (PGP) or hip pain. It is common to feel a grinding or clicking in your pubic area and the pain may travel down the inside of the thighs or

## Pubic Bone Symphosis (PSD)

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between your legs. The pain is usually made worse by separating your legs, walking, going up or down stairs or moving around in bed. It is often much worse at night and can stop you getting much sleep.

Pubic symphosis can only be **definitively** diagnosed with the aid of an X-ray or MRI scan of the pelvic region. Because X-rays and MRIs can be harmful to a developing fetus, your health care provider may diagnose the condition based on specific symptoms you are experiencing.

### > What you can do to relieve PSD during pregnancy



A Support belt will help to stabilize the ligaments, making you feel more in sync and helping to relieve the pressure and thereby the pain. The Support belt I have found to be most popular amongst women suffering from PSD includes a belt around the low waist/hip to stabilize the pubic area and shoulder straps to help lift the weight of the baby off the area. Some customers have found the girdle which offers the above as well as an additional piece that closes over the vulva area to be even more helpful.

- **Kegel exercises** and pelvic tilts, both of which strengthen the muscles of the pelvis, are also important.
- **Avoid situation that cause pain.** Specifically positions where the legs separate, swing both legs together at the knee to get into a bathtub or out of the car, and making sure to keep both knees together when rolling over in bed, sit down to get dressed, avoid heavy lifting and pushing. Take smaller steps, avoiding stairs where possible, walking sideways can help if the pain is especially bad.
- **Gentle stretching** (especially the hamstrings and lower back) may feel good.
- **Avoid swimming breaststroke** and take care with other strokes. Swimming can often feel like it is helping whilst you are in the water but cause an increase in pain when you get out.
- Performing regular pelvic floor exercises and lower abdominal exercises can help to reduce the strain of the pregnancy on your pelvis. To perform a safe and easy

lower abdominal exercise, get down onto your hands and knees and level your back so that it is roughly flat. Breathe in and then as you breathe out, perform a pelvic floor exercise and at the same time pull your belly button in and up. Hold this contraction for 5-10 seconds without holding your breath and without moving your back. Relax the muscles slowly at the end of the exercise

If the pain is severe, ask your doctor about pain killers

**Very rarely**, PSD can make a vaginal delivery impossible and your practitioner may opt for a C-section instead. And in even rarer cases, PSD can worsen after delivery, requiring medical intervention.

### **After Delivery**

Most women find that their symptoms improve after the birth of their baby although a small percentage still have pain when their babies are a year old. You should go for physiotherapy after the birth and get help with looking after your baby during the early weeks, if you can. Some ex-sufferers find they experience pain every month just before their period is due, this is caused by hormones which have a similar effect to the pregnancy hormone relaxin.

Be aware, although pubic bone pain in pregnancy is quite common, there are many doctors who do not have much experience with treating and/or managing pubic symphysis diastasis and will dismiss complaints of severe pain as regular pregnancy complaint.

See Customer Feedback Pg 33

## **Leg Cramps**

*Many women suffer from leg cramps, specifically in the calf area, during pregnancy. Leg cramps often begin during the second trimester and may get worse as the pregnancy progresses. Although there are a number of theories, the exact cause of leg cramps during pregnancy is unclear. There are however a number of things you can do to prevent or relieve cramps.*

### > How can I prevent leg cramps?

- Avoid standing or sitting with your legs crossed for long periods of time.
- Stretch your calf muscles regularly during the day and several times before you go to bed.\*
- Rotate your ankles and wiggle your toes as often as possible.
- Take a walk every day, unless your midwife or doctor has advised you not to exercise.
- Avoid getting too tired. Lie down on your left side to improve circulation to and from your legs.
- Put your feet up as often as you can, alternate periods of activity with periods of rest
- Stay hydrated during the day by drinking water regularly.
- Try a warm bath before bed to relax your muscles.
- a magnesium supplement in addition to a prenatal vitamin has been shown to help prevent leg cramps

\*stand about two feet away from a wall and put your palms flat against it. Lean forward, keeping your heels on the floor. Hold the stretch for ten seconds, then relax for five. Try this three times

### **What's the best way to relieve a cramp when I get one?**

If you do get a cramp, immediately stretch your calf muscles: Either straighten your leg upwards, ideally against a wall for support, or straighten your leg and then gently flex your ankle and toes back toward your shins several times. Alternatively, you can try to relax the cramp by massaging the muscle or warming it with a hot water bottle. Walking around for a few minutes may help too.

### What if the pain persists?

Call your doctor if your muscle pain is constant and not just an occasional cramp or if you notice swelling, redness, or tenderness in your leg, or the area feels warm to your touch. These may be signs of a blood clot, which requires immediate medical attention. Blood clots are relatively rare, but they're more common during pregnancy.

- To ease general leg pain during pregnancy you can also put your feet up as often as you can, alternate periods of activity with periods of rest, and wear support hose during the day.
- Make sure you're drinking enough fluids — at least eight glasses a day.

## Fatigue

*Fatigue is particularly common during the first trimester and tends to return in late pregnancy. Some women feel tired throughout pregnancy, however, and some hardly seem to slow down at all.*

### What causes fatigue in pregnancy?

Medical experts are still debating what causes exhaustion early in pregnancy. The factors involved, which all help towards are; "increased oxygen consumption, cardiovascular and respiratory changes, metabolic needs related to fetal development, nutritional and hormonal level changes.

Fatigue can also be a symptom of iron-deficiency anaemia, which is common in pregnancy. (You may not have any symptoms, however, if you're only mildly anaemic.) Your iron levels will be checked when you have a blood test

#### > What can I do to help combat Fatigue?

Firstly; Listen to your body's messages: Start by going to bed earlier than usual. And make a habit of taking a nap during the day. Even a 15-minute rest can make a difference. Pace yourself, keeping your body's message in mind

## Edema

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- Make sure you're eating right. A healthy diet made up of vegetables, fruits, whole grains, skim milk, and lean meats can be energizing. Junk food, by contrast, actually saps you of energy. Avoid the energy boost of sugary food or caffeine, it lasts just a short while and then knocks you out completely! Snack on healthy foods like fruit and yogurt. Many also find removing white flour and sugar from their diet to be very helpful.
- Eat often, keeping your blood sugar on an even keel will help keep your energy steady, too — so resist meal skipping, and opt for frequent mini-meals and healthy low sugar snacks.
- Keep well hydrated. Cut back on caffeine and make sure you're drinking plenty of water. If frequent trips to the bathroom is keeping you up at night, try cutting back your fluid intake a few hours before bedtime and make up for it during the day.
- Get some moderate exercise every day. You may feel like you barely have the energy to make it through the day, let alone exercise. But moderate activity, such as a short walk, can actually make you feel better, unless your doctor has specifically advised you otherwise, make exercise part of your daily routine. Also, try to take frequent breaks throughout your day to stretch and breathe deeply.

If your fatigue is severe, persistent, or lasts throughout your entire pregnancy, talk to your doctor. If you exhibit other symptoms too, such as weakness, breathlessness, or even fainting spells, you may have iron-deficiency anaemia, so be sure to call to your doctor.

Note that if you're feeling sad or hopeless, depression may be partly to blame for your fatigue or sleeplessness. If you feel unable to handle your daily responsibilities or are G-d forbid having thoughts of harming yourself, call your doctor immediately for a referral to a counsellor.

## Edema

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### What is Edema?

Most women experience a certain amount of swelling in their hands and legs during

pregnancy, when excess fluid collects in the tissues. This is caused by changes in the blood chemistry as well as from the pressure of the growing uterus on the pelvic veins and vena cava (the large vein on the right side of the body that carries blood from your lower limbs back to the heart). The pressure slows the return of blood from the legs, causing it to pool, which forces fluid from the veins into the tissues of the feet and ankles.

Edema is most likely to develop during the third trimester. It may be particularly severe for women with excessive amniotic fluid or those carrying multiples. Edema also tends to be worse at the end of the day and during the summer.

After birth, the swelling usually disappears fairly quickly as the body eliminates the excess fluids. The elimination process may cause a lot of sweating and frequent urination during the first few days after childbirth.

### **When should I be concerned about swelling?**

A certain amount of edema is normal in the ankles and feet during pregnancy. There may also be some mild swelling in the hands.

Contact a midwife or doctor if you notice swelling in your face or puffiness around your eyes, more than slight swelling of your hands, or excessive or sudden swelling of your feet or ankles.

Also call your caregiver promptly if you notice that one leg is significantly more swollen than the other, especially if you have any pain or tenderness in your calf or thigh, as this could signal a blood clot.

### **> What can I do to minimize Edema?**

- You can help relieve the increased pressure on your veins by lying on your side. Since the vena cava is on the right side of your body, resting on your left side is best.
- Avoid standing for long periods of time, put your feet up whenever possible. A tall kitchen stool may be helpful when working in the kitchen.

## Edema

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- Don't cross your legs or ankles while sitting.
- Stretch your legs frequently while sitting: Stretch your leg out, heel first, and gently flex your foot to stretch your calf muscles. Rotate your ankles and wiggle your toes.
- Take regular breaks from sitting or standing. A short walk every so often will help keep your blood from pooling in your lower extremities.



**Wear support Hosiery.** A very effective way to prevent or reduce the swelling of the ankles or legs is by elevating your feet at night and then applying support hosiery before getting out of bed. The support will improve the blood flow and prevent the fluids from pooling in the legs.

- **Wear comfortable shoes** that stretch to accommodate any swelling in your feet, avoid high heels!
- Don't wear socks or stockings that end with a tight band around the ankles or calves.
- **Drink plenty of water.** Surprisingly, this helps your body retain less water.
- **Exercise regularly**, especially by walking, swimming, or riding an exercise bike. Or try a water aerobics class – immersion in water may temporarily help reduce swelling, particularly if the water level is up near your shoulders.
- **Eat well**, and avoid junk food, lower your salt and caffeine intake, eat high potassium foods such as bananas.
- **Stay cool.** It might be soothing to apply cold-water compresses to swollen areas. In addition, regular foot massages might help decrease foot and ankle swelling during pregnancy.

### Round Ligament Pain

*Round ligament pain is a sharp pain or jabbing feeling often felt in the lower abdomen or groin area on one or both sides. It is one of the most common complaints during pregnancy and is considered a normal part of pregnancy. It is most often felt during the second trimester. The pain could be a short jabbing sensation or a sharp, stabbing pain in the abdomen often on the right side. You may feel it as a dull ache after a particularly active day – when you've been walking a lot or doing some other physical activity. If you suddenly change positions, you may feel the pain starting from deep inside your groin, moving upward and outward on either side to the top of your hips. The pain usually only lasts a few seconds.*

#### What Causes Round Ligament Pain?

The round ligaments surround your uterus in your pelvis. As your uterus grows during pregnancy, the ligaments stretch and thicken to accommodate and support it. The round ligament normally tightens and relaxes slowly. As your baby and womb grow, the round ligament stretches. That makes it more likely to be strained. Sudden movements can cause the ligament to tighten quickly, like a rubber band snapping. These changes may occasionally cause pain on one or both sides of your abdomen, typically first noticed during the second trimester.

You may feel round ligament pain as a position, such as when you're getting out of bed or out of a chair or when you cough, roll over in bed, or get out of the bathtub.

The sharp, jabbing sensation of round ligament pain shouldn't last longer than the few seconds in which you're changing position or getting up. While round ligament pain is a common discomfort of pregnancy, abdominal pain can be a sign of something more serious. If the pain continues for longer periods discuss it with your doctor.

#### > What you can do to relieve the pain

- **Exercise.** Get plenty of gentle exercise to keep your stomach (core) muscles strong. Doing stretching exercises or prenatal yoga can be helpful. Ask your doctor which exercises are safe for you and your baby.
- A helpful exercise involves putting your hands and knees on the floor, lowering

## Sleep Insomnia

your head, and pushing your thighs into the air.



A Pregnancy support band or belt can be of great help. . The band/belt we carry for relief of round ligament pain, is designed to help lift the growing uterus off of the bladder, hips and ligaments and support the back greatly relieving the pain. These support devices are easily worn and disguised under clothing.

- **Avoid sudden movements.** Change positions slowly (such as standing up or sitting down) to avoid sudden movements that may cause stretching and pain.
- **Flex your hips.** Bend and flex your hips before you cough, sneeze, or laugh to avoid pulling on the ligaments.
- **Rest** Sit down and try to relax when the pain strikes. Lying on your side with a pregnancy pillow below your stomach and between your legs may also help.
- **Apply warmth.** A hot water bottle or warm bath may be helpful.
- You should try to modify your daily activity level and avoid positions that may worsen the condition

See feedback pg 32

## Sleep Insomnia

During pregnancy, especially during the third trimester, many women find falling or staying asleep extremely difficult.

### What Causes Insomnia?

A combination of factors can cause insomnia, including; hormones, frequent need to use the bathroom\*, heartburn, leg cramps, inability to lie in a comfortable position as well as pre-birth anxiety, can all cause difficulty sleeping during pregnancy.

\*If you have to use the bathroom excessively, it may be a sign of Urinary Tract Infection (UTI) and is worthwhile checking up with your doctor.

### > What you Can Do About It

Firstly, Insomnia can't hurt you or your baby. Plus, sometimes just letting go of the worry is all it takes to help you sleep.

- Clear the emotional decks. If you have persistent worries that are keeping you up at night, talk about them and try to sort them out during daylight hours — or try writing them. Taking a night time remedy like Bach Night has been shown to be very helpful in calming the mind and inducing sleep.
- Eat your evening meal slowly and not too close to bedtime. (a full stomach can make you too energized — or too uncomfortable to sleep).
- Go to bed drowsy. Sometimes the issue is that you are going to bed wound up and not able to sleep because you are not physically or mentally ready to sleep. By entering your bed, only when truly ready to sleep, you increase the likelihood of actually succeeding. To help with this avoid caffeine after early afternoon, don't exercise vigorously past late afternoon, and don't have heavy discussion before bed or in bed.
- Fill your daily requirement of fluids during the early parts of the day to cut down on night time bathroom trips.
- Get some daily pregnancy exercise, but not too close to bedtime.
- Make a bedtime routine. Try to go to sleep and get up at the same time every day. Every night, read a book, listen to soothing music etc.
- Try lulling yourself into a sleepy state with a warm (not hot) bath and a warm drink.
- Use a pregnancy body pillow. If you're uncomfortable, you won't sleep. At BirthLite, we carry a variety of full-length pregnancy body pillows which will cradle your aching body and give you support no matter what strange sleeping position you curl up into. Remember that you need to be sleeping on your left side past the first trimester, as this is the safest position for your baby. Make sure to choose one that will fully support you, our pillows come in a range of lengths



## Sleep Insomnia

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and fillings, which type you need depends on your height, size and personal sleep preferences. When going to sleep, lie down on your left side place the pillow below your face and run it under your stomach between your legs and up your back.

- **Correct room Temperature** Make sure your bedroom is not too warm as your body's temperature increases during pregnancy. A hot and stuffy room will definitely not be helpful in falling or remaining asleep. Fresh air is also important, open a window to keep the room from getting stuffy.
- Although daytime fatigue may tempt you in to taking a long nap, avoid the temptation and keep day naps short to avoid getting into a negative sleep cycle.
- Never use sleep aids to help you sleep. These are dangerous during pregnancy.
- If you're not sleeping, get up. Complete a small, not physically engaging task — then try to go to sleep again. You may just be tired enough by that point to get the rest you need.
- Don't count the hours — though most people do best on eight hours of sleep, some do fine on less and some need more. So instead of aiming for a particular number of sleep hours — ask yourself how you're feeling on the hours you're sleeping during pregnancy. If you're not chronically tired, you may be getting enough rest.

See feedback pg 34

## Maternity Lingerie

*Well fitted comfortable Lingerie is always important, in pregnancy its importance is vital as an ill fitted bra can be the cause of discomfort, rashes nausea and back pain!*

### Why does one need a maternity bra?

Hormonal shifts, weight gain, an expanding rib cage, and, later in pregnancy, mammary glands that are preparing to make milk for the baby will usually cause one to expand in both cup and band size.

If one only changes in band size (sometimes the case earlier in pregnancy) a small extender will allow for comfort without having to buy new bras. Every woman is different, every pregnancy is different, and everyone will change in a way that's unique to them. One may find that the cup size continues to increase throughout the pregnancy, or one may grow during the first trimester and then not increase in size again until the last few months. Depending on how one grows, one may need to get refitted several times during the pregnancy.

At BirthLite, we stock specialised Maternity bra (such as the 'seam-free bra') which is built to allow for increase in both cup and band size, whilst still ensuring complete support throughout, saving you from having to re-buy a number of times.

A maternity bra is built differently to a regular bra, it often has wider shoulder straps and a fuller back to provide for the increased support, which is usually needed.

### Can one buy a maternity bra which will double as a nursing bra?

It is a good idea to buy a maternity bra which comes with nursing clips. Although all women differ in how much and when they change size, when nursing, once the milk supply has settled (around 6 weeks after birth) many women go back to the size they were in the middle of pregnancy, having a nursing clip on the maternity bra will allow for use during nursing, once it fits. A maternity bra that is built to adjust to changes in size, will in most cases, fit right through pregnancy and nursing.

### **What to bear in mind when buying a maternity/nursing bra?**

- Ensure the bra has 4 hook and eye fastenings so there's space to grow.
- At an earlier stage of the pregnancy, one should be able to close the bra on the innermost hook to ensure there's space for expansion as the pregnancy progresses. Ask for an extender in case the band will become too tight.
- In the last month of pregnancy, the size is most similar to what it will be when nursing, though it can still get bigger.
- The bra needs to be flexible in the upper cup area, allowing extra room for fullness (i.e. Before a feed). At BirthLite, we carry a line of bras that are built with a stiff lower and more flexible upper will allow space for fullness, without compromising support and aesthetics.
- The cups should open and close easily. One should be able to release a cup with one hand. The opening should allow plenty of room for the baby to feed.
- The bra, whether open or closed, should never constrict or squeeze. A tight bra can make it easier for the ducts to become blocked often leading to mastitis (breast infection.) Should one choose to use an under-wire bra (which is not ideal,) make sure to use one that is built especially for maternity/nursing i.e. the bend of the wire is wide enough to fall where there are no milk ducts. A flexible wire is definitely preferable.

NB:If you get a mastitis infection (breast infection) the first thing to check is your bra. Not everyone who wears an underwire bra will suffer, some people are more sensitive. It is therefore worthwhile to wait until around 6 weeks after birth by when the milk production has usually settled and there's less size fluctuations before trying out.

In any event, avoid using an under-wire until at least 6 weeks after birth, alternate it with a soft cup bra and never sleep in it.

- A maternity/nursing bra does not have to compromise aesthetics. There are some very good specialised bras that are built to provide complete support. We even carry wire-free cotton minimisers which will provide excellent minimising support without any of the negative effects of a regular minimiser bra.
- When one cup is open for feeding, the other cup should continue to provide comfortable support.
- Generally, a comfortable cotton sleep bra is needed, to keep nursing pads in

place and offer support. It is extremely important that these should be very comfortable and in no, way constrict especially if one has a longer stretch between feeds at night.

- Cotton is always the best for mother and baby. Look for a bra that has a synthetic band for support and cotton cups for maximum breath-ability.

**At BirthLite, our trained maternity/nursing fitters are always available to help you find the most suitable choice for your very personal needs.**



## CUSTOMER FEEDBACK

BirthLite thanks customers who took the time to write and call in with their feedback about particular products they tried. We have also included suggestions which customers have shared helped them during pregnancy and after birth. We are happy to share this information with you.

**Disclaimer: All feedback is specific to the personal situation of the writer, BirthLite take no responsibility for any suggestions shared.**



I suffered from terrible **round ligament pain** when walking, from the middle of my second trimester, to the point where I avoided going out unless absolutely necessary! I knew a girdle might help but I'm the type who never likes to wear a girdle and just love the feeling of being free, so kept pushing it off.

At the beginning of my ninth month I had terrible **sciatica** pain and literally 'couldn't move' with all the different pains both front and back! I bought a maternity belt which closes below the stomach and right across my low back. I felt the relief immediately! The front closure lifted the weight of the baby and the counter pressure on my back was awesome! Now I am only kicking myself why I waited so long and didn't just deal with the issue earlier!"

**L.H. Gush 80**



I had a lot of back pain and also pain under my stomach. I bought a girdle with elastic and Velcro and it was amazing! Thank you also for the most comfortable memory foam cushion."

**Chaya Soroh R, Har Nof**



To any other women suffering from haemorrhoids, there's an amazing natural cream called Traumeel, which you can buy in most pharmacies, the results are really amazing! Hatzlacha!"

**R.G. Ezras Torah**



I thought that pregnancy meant I just couldn't stand on my feet anymore, due to the terrible pressure I had from vulva veins. The girdle literally saved me! Don't be put off from the way it looks, it's a nuisance putting it on each morning but I might as well not get up without it on."

**T.K. mother of 10, Geula**



For anyone suffering from Pubic Bone Symphosis, firstly get a girdle it really helps get through the pregnancy. After birth, go for physical therapy. I did and became pregnant when my baby was 8 months old. B"h I did not have the problem again. It was a schlep doing the therapy especially with a tiny baby but was worth everything to be completely pain free next time round!"

**T. B. Sanhedria**



I suffered from crazy pain in my lower pelvic area, it just felt like everything was

out of place. I described my symptoms to my doctor in the US and he said it sound like PSD, which made sense to me as it really felt like everything was loose and 'wobbly!' I researched on line and saw a girdle could help. I sent someone to pick one up from BirthLite as I couldn't get out from pain! The girdle really helped me feel stabilised! I still felt pain from time to time but it was totally different! If you can wear it over a T-shirt it'll save you from having to wash it the whole time!

(ED: Unless you absolutely can't get out we advise coming in store to get personally fitted as for each issue there are a few types of girdles and a range of sizes.)

"Thank You BirthLite for your patience in helping me find the girdle that supported me best. Even after I bought it, I was sceptical whether it would really help, my pain was so strong around my thigh and lower pelvic area. The doctors couldn't diagnose it and my physical therapist told me to try see if you have something that could help. I really can't believe that I am still in the middle of the same pregnancy, I had already resigned to just suffering till the birth. I really can't thank you enough!"

**G. T. RBS.**



The pregnancy pillow is totally awesome! Until I tried it, I thought pregnancy and sleepless uncomfortable nights have to go together!

**C. H Ramot Eshkol**



If you suffer from nausea I would highly recommend the nausea band. Didn't make my nausea disappear completely but I could go on a bus, take care of my kids etc..

**S G Sanhedria Hamurchevet**



I suffered from varicose veins in my second and third pregnancy but didn't wear support hose as the thought of wearing bullet proof tights in Israeli heat was

beyond!! My fourth pregnancy b" h! grudgingly brought me to BirthLite, perhaps there was something that could help me that would take away the pain without causing making my feet sweaty and itchy! I bought a pair of sheer support hosiery and my feet feel amazing and they even look almost like my regular sheer tights.

**B. S. Gush 80**



I tried on a girdle to help with my sciatica. I didn't really think it would help as I suffer from chronic sciatica which is much worse during pregnancy and very few things really help me. I bought the simple maternity belt that lifts the baby and gives counter pressure on the thighs and I couldn't believe how much it really took away the pain."

**R.B. R. Eshkol**



My last pregnancy I suffered from terrible sciatica. Someone suggested I try get Birkenstock slippers as they have a very high arch and are built to hold the foot in the best way possible. So far this pregnancy I have had no sciatica pain at all. (It's worth trying to get it online you can often find some good discounts – they are not cheap but a very worthwhile investment.)"

**B.C Belz**



If you suffer from back pain in the lower back, a small maternity belt can really make a difference. I was pregnant through the summer so bought the lightest one and it still helped. If your pregnancy is in the winter I would try a bigger one as I still did have pain at the end of busy days!"

**B.H. Neve Yakov**



If you feel extremely tired and its difficult for you to 'schlep' around. If your iron etc is under control try a stomach support. I know it sounds strange but for me it really made a difference. it literally feels like I have a carriage for my baby and don't have to 'schlep' myself."

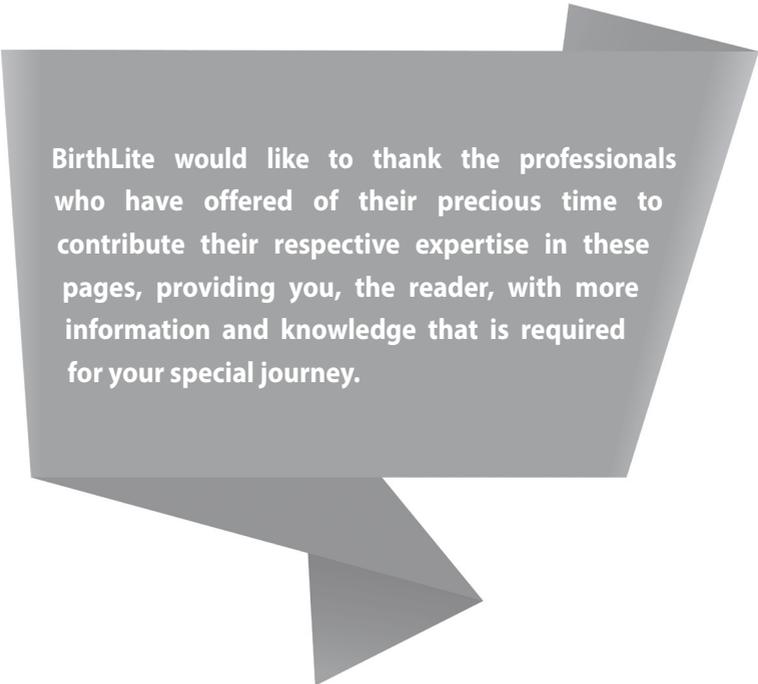
**F.G. mother of 12, Geula**



I suffered from really strong throbbing pains in my legs from the very beginning of my pregnancy. I ran around to loads of doctors and took lots of tests but no one could diagnose it. As a last resort I tried support socks and felt immediate relief. I still don't know what the problem is but I'm now expecting my second and the first thing I did when I realised I'm pregnant is put on support hosiery and the pain just goes away."

**F.S. Rechavia**

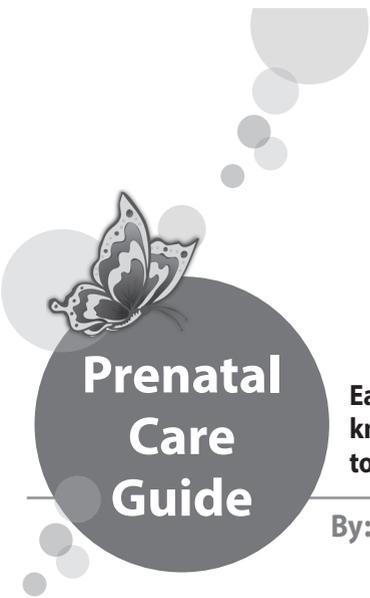




BirthLite would like to thank the professionals who have offered of their precious time to contribute their respective expertise in these pages, providing you, the reader, with more information and knowledge that is required for your special journey.

**Disclaimer:**

All information provided is general and does not replace the necessity of seeking medical advice. It should be viewed as a guide only.



## Prenatal Care Guide

**Early Pregnancy through to birth, what you need to know including how to choose, when to visit and what to expect from your OBG.**

**By: Michal Finkelstein RN CNM**

***B'Sha'ah Tovah!*** You're expecting! When a couple first discovers this exciting news, it can be exciting, scary, and overwhelming at the same time. Whether it is a first or a fifth pregnancy, each time is special; each baby is a unique individual. Especially daunting for couples may be the fact of being far from family or a familiar setting where they had people to rely on and a clear understanding of the medical bureaucracy. First of all, don't worry. Israel has a very good medical system; you just have to know how to work it. We will try to sort some of that out for you.

Shortly after a missed period, a woman usually does a home pregnancy test, which when done properly, is 99% accurate. One does not need to use the first urine of the morning and results are just minutes away! Most women will not even be feeling anything out of sorts until two to three weeks after a missed period, but I often suggest to a newly pregnant woman to follow a few basic guidelines, even before a potential bout of *morning sickness* sets in, to keep feeling well and ward off nausea.

- Eat small, frequent snacks that are carbohydrate-based and salty. Pretzels, crackers, dry cereals are often the staples of a 1<sup>st</sup> trimester diet.
- Don't allow your stomach to ever be empty even if you are nauseas and don't have an appetite. This will only make you feel worse.
- Try popsicles, soda, anything that keeps you hydrated. If you have vomited for

more than 18-24 hours straight, without eating or drinking, go to the emergency room.

- Cut open a lemon and deeply breathe in the scent. Open your windows or go outside – even in the winter. Fresh air is really helpful.
- This will pass! Look at a calendar; 12-14 weeks from the 1<sup>st</sup> day of your last period should be a relief.
- Everyone feels something different and each pregnancy is different. It does not reflect on the health of the pregnancy or the viability of the baby.
- Continue taking your folic acid (400meq.) every day, until week 12.

## **Prenatal Care:**

### **> Choosing a doctor**

Choosing an obstetrician will depend on which health fund you are in and of course where you live. Unlike the United States, a woman does not take into account where she plans to deliver as she will rarely take a private doctor or the doctor who is caring for her prenatally. Most women are delivered by competent midwives staffed by the hospitals with in-house medical backup. Taking a private doctor for a delivery is costly but recommended in certain complicated cases. However there may be times during a pregnancy or in any question of medical crises, that an expert second opinion is recommended. Upgraded insurance to the standard HMO policy, what is referred to as *mashlim*, makes this affordable.

Word of mouth is the best reference. If you are not happy with your choice for whatever reason, then you can and should switch. However, you usually have to wait for the three-month insurance period to expire before switching. If you are very displeased with your doctor, a phone call to the office of the district head doctor's office will usually net you permission to override this provision.

Remember, the system in Israel is basically socialized medicine. Your doctor will usually not make himself available by phone for questions or emergency situations. If you have a medical emergency during the daytime hours, call your HMO hotline, the

*Moked*, and ask where to go for care. If it is nighttime, or Shabbat, go to the emergency room. If you just want to ask a question, you can call the clinic where your doctor is scheduled to be, and leave a message with the nurse or secretary.

#### > **Doctor/Clinic visits:**

Ideally, you should be seeing your doctor or health care provider every 4 weeks. Realistically, either because of scheduling conflicts on the part of the couple or the medical side or because of over-booking, the space between appointments can often stretch out to every 6 weeks. But when viewed within the context of doctor's visits + prenatal testing, a pregnant woman does not usually go longer than 4 weeks without being in touch with a medical professional.

For instance, while you are having your blood drawn or at an ultrasound appointment and you realize that you haven't had your blood pressure checked or urine checked by "dip-stick" for protein, sugar, and acetone; ask the nurse on staff to do this and write it in your prenatal records. You will be given a card or booklet to carry with you which lists lab results and other pertinent details of your care.

In the 9<sup>th</sup> month, in the US, women are invited weekly to their doctor for internal exams and monitoring. Here in Israel, internal exams (pelvic exams) are not routinely performed throughout the pregnancy unless there is a medical need.

#### > **Prenatal Tests:**

We will basically divide the pregnancy into three trimesters and outline the standard clinic visits as well as ultrasounds and blood tests. In addition, there are other more advanced tests\* that may be advised by your doctor. These advanced tests are not as routine, a couple needs to know they exist, but are not necessarily part of the standard prenatal care for a low-risk, healthy pregnancy.

#### > **First Trimester (0-12 weeks):**

- Ultrasound [abdominal] between the weeks 7-10 from the first day of the last period. This will be the most accurate measurement of your baby's size and gestational age and reduce unwarranted medical intervention later on because of unclear dates or doubts if the baby is overdue. This will also give a view, G-d willing, of a fetus in utero with a heartbeat! You do not need to drink a large

amount of water to fill the bladder before the exam. An internal ultrasound (vaginal) is not dangerous, but usually not necessary, except in instances of vaginal bleeding before 6 weeks gestation.

- Blood tests and urinalysis will be done after a positive ultrasound up until week 12. The standard tests consist of:
  - Blood type & Rh factor \*\*
  - CBC – complete blood count which will check for anemia
  - Rubella titer – immunity to German Measles\*\*
  - Fasting blood Glucose
  - Viral Infections such as: CMV, Hepatitis B, VDRL(transmitted diseases,) Varicella (chicken pox)
  - Urinalysis – a sterile culture and general analysis

These tests will be carried out in a branch of your HMO that offers laboratory services. You usually do not have to make an appointment, but you do need to arrive between the hours of 07:45 and 09:15 with your referral and magnetic card. This first trimester blood test requires you to be fasting from midnight, though you may drink water. (\*\* Only in the first pregnancy these blood tests are done).

#### > **Second Trimester (13-27 weeks):**

- Ultrasound will be done between weeks 20 -24. This second trimester ultrasound is referred to as a *detailed ultrasound* as it is more in-depth than a standard ultrasound in that the fetus is viewed from head to toe and all of his or her major organ systems are viewed and measured. Sometimes if an anomaly is discovered, a woman will be followed more closely for potential complications, while sometimes life-saving interventions can be carried out during the pregnancy (*in-utero* in some cases), or immediate special care will be provided following delivery. Most of the time, a couple leaves the ultrasound room with great 3-D pictures and smiles on their faces! It is recommended to book this appointment

at least 6 weeks in advance.

- The second set of blood tests and urinalysis will be done around week 24. You do not need to fast. On the contrary, you need to eat breakfast, then go to the clinic and drink a concoction of 50grams of sugar solution. You will then wait an hour and have your blood drawn. This is called a *glucose tolerance test*, and measures a pregnant woman's ability to process sugar and to test for gestational diabetes. Additionally the blood tests will check her hemoglobin level (iron) which usually goes down as the pregnancy progresses and if she is Rh negative, her anti-D antibodies (*coombs*) will be tested as well. [If you are Rh negative and your husband's blood type is positive, then at week 28 you will receive an anti-D shot to prevent an accumulation of anti-D antibodies which could harm your unborn baby] A repeat urine culture will also be done.

#### > **Third Trimester 28 weeks-delivery:**

- Ultrasound at 34-36 weeks gives an estimated weight leading into the 9<sup>th</sup> month. Additionally, the amniotic fluid level and the baby's position is also viewed. Occasionally if there is concern that the placenta is aging too rapidly and not providing enough nutrients or blood flow to the fetus, or there is concern that the placenta is not producing adequate amounts of amniotic fluid, a woman may be asked to repeat ultrasounds at more frequent intervals.
- Vaginal culture for GBS at week 36 is done to rule out carrier status of *Group Beta-Streptococcus*. Only 15% of pregnant women test positive for GBS, which does not cause symptoms during pregnancy, but if a woman does not receive antibiotics after her water breaks or before the baby passes through the birth canal, if untreated can sometimes result in serious illness or even death in newborns. If the GBS bacteria showed up in one of the two urine cultures that were previously done, then there is no need to do this culture, as she would already be considered GBS+. No treatment is given during pregnancy, only intravenous antibiotics during active labor. (Each pregnancy a woman is tested anew).

#### > **Postdate Care -from due date to 42 weeks:**

If a woman goes past her estimated due date, she does not return to her doctor, she goes after a day or two to a clinic in her HMO for *postdate care*. She is usually given

a referral for this eventuality (50% of all deliveries) by her doctor at her last prenatal visit in the 9<sup>th</sup> month. Postdate checkups are done every 2-3 days and include the following:

- Ultrasound to measure the amniotic fluid level and umbilical cord flow. This is an assessment of placental function which sometimes decreases as the pregnancies advances. The baby's position and estimated weight will also be noted.
- Fetal monitoring will be done to measure the baby's heart rate for 15-20 minutes. This is to reassure the medical team and expectant parents that the baby is fine and we can all be a bit more patient until delivery. Since fetal movements are also monitored, you are encouraged to eat and drink before your monitor. If contractions are measured on the monitor, a baby's well-being will be assessed as well. Monitoring can be done while a woman is sitting, standing, or lying on her side. Lying flat on her back is not recommended. Fetal monitoring may be done during pregnancy on a regular basis if more comprehensive care is needed or on an emergency basis.

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## NUTRITION IN PREGNANCY

**How to ensure all your nutritional needs are met,  
whilst keeping your weight gain minimal**

**By: Chantsie Heller, Certified Nutritionist**

When it comes to pregnancy, weight loss is definitely not the first thing that comes to mind. This is basically because, well, how skinny can you pretend to be in a seventh month maternity outfit? Besides, maternity clothes are made to be forgiving, and they do a fine job overlooking your weakness for chocolate cake and the additional weight that sneaks up here and there.

After delivery and the initial postpartum period, a woman should quickly be on her way to her pre-pregnant self. If the weight accumulated during pregnancy was a bit excessive, this might prove to be challenging indeed. This issue too, I find, takes a back burner position in the maternally occupied mind. Who can think of the distant future when you have current aches and pains to deal with? When you can't figure out how to get off the couch, how are you supposed to be concerned about what you'll look like three months down the road?

The good news, however, is that being conscious about proper nutritional habits during pregnancy can address both these issues together. The same proper diet planning that cuts out all those unnecessary calories will also address your body's nutritional needs in a way that will leave you feeling revitalised, fresh, and healthy. Not only will you be able to forget about the couch, you'll actually find yourself bouncing around your daily routine with the zest and energy of your pre-pregnant self.

### > **Craving and crunching**

Let's face the facts. Pregnancy is a hormonally controlled zone; cravings and mood swings call the shots when it comes to eating. Even when not under attack by an actual craving, the feelings of fatigue and weakness, which are so common throughout pregnancy, will lead you to either eat excessively, in the subconscious belief that more food will add strength, or to eat in an energy boosting way, which includes eating items full of sugar, caffeine, and empty calories.

### > **Getting to the root of the problem**

Cutting out these demanding feelings will leave you in control of how and what (and why) you eat. It is therefore important to understand why pregnancy leaves you feeling so drained. Where has your might gone?

Throughout the different stages of pregnancy, a woman's body is supporting an unbelievable amount of activity inside of her. Besides for the changes happening to her own body, the baby itself is developing at an unbelievable rate, with entire complex systems being completed in a matter of a few weeks each. All this requires a fully stocked storehouse of nutrients. Protein, for example, is primarily used by the body for development of the brain and nervous system. Iron makes up the hemoglobin part of the red blood cells to carry the oxygen throughout the body. Zinc is necessary for the functioning of more than 300 different enzymes, playing a role in a great number of bodily activities.

Because your baby stands at such vulnerability, your body operates on a 'baby first' policy. If too few nutrients are present, your body will suck those nutrients out of you to make them available for your baby. For example, if a shortage of calcium is present, your body will go as far as extracting calcium right out of your teeth to supply baby. Your body doesn't feel guilty doing this since you can always go to the dentist for a fix, but your baby, on the other hand, is in really bad shape (literally) if his skeleton and bones are low on calcium.

This rule is true for many of the essential nutrients and minerals. If not supplied adequately, your own body will be sapped of the supplies you have, leaving you fatigued, head-achy, dealing with plenty of cramps, and perhaps with other more severe side effects.

Many of the cravings pregnant women experience are created by this shortage in the first place. If your body desperately needs a specific nutrient, it will cause an urge within you, driving you to fill that gap. Now, although it is true that what you crave are rarely things you imagine your body is truly after, this doesn't mean your body didn't mean well. It just means that you didn't understand well. If, for example, your body suddenly needs a boost in sugar levels, it will unleash an emergency call for "sweet". What it's really demanding is a healthy serving of natural sugars, such as those contained in fruits and berries. It's too bad that when you hear 'sweet' you turn to the ever faithful chocolate bar for salvation.

#### > **Double the value, not the amount**

Your body doesn't need a lot of extra food during pregnancy (only 300 calories need to be added in your last two trimesters). What it needs is the right additional food. Being aware of which extra nutrients are required during pregnancy, and their proper sources, will enable you to properly fill your body's needs without having to ask for doubles. Once you have accurately addressed your body's needs, you will feel satiated, healthy, and fresh. You're happy, your baby's happy, everyone's happy.

In the following paragraphs we will outline the major additions needed in a prenatal diet, and provide ideas and examples of foods rich in these nutrients. This will make it easier for you to get them in a compacted, wholesome way, which will spare you the want and the need to consume extra foods and extra calories unrelated to the true needs of a pregnant woman.

**Protein** - Protein is the building block of a human cell. A developing baby, whose cells are multiplying at a dizzying speed, depends heavily on a large amount of protein being available. It is also essential for your baby's brain and muscle growth, and assists with muscle tissue repair. The average woman needs 46 grams of protein every day, with an additional 25 grams during pregnancy.

Protein is usually obtained from animal sources such as meat, chicken, milk, cottage cheese, and eggs. For those looking to compress as much protein as possible into a serving so as to get a high protein per calorie yield, turkey is an excellent idea. It is denser in protein than chicken and has less fat than red meat. Ground turkey tastes great in meatballs, and I can assure you nobody will know the difference. Always be

sure when cooking your respective proteins, that you grill, bake, and broil, rather than fry, to avoid those extra calories that frying brings on. Another good option is canned tuna. One can (165g / 6oz) gives 42 grams of protein and is only 191 calories! Tuna is also something that is readily available and doesn't take very long to prepare. The only downside is that it is not recommended for pregnant women to have tuna more than twice a week, due to its high mercury levels.

Nuts are a popular solution for those seeking their protein outside the animal kingdom. Although it is true that some nuts are quite rich in protein (peanuts, walnuts, pecans, and almonds), I recommend eating them in small quantities as a snack, dessert, or 'healthy fat' serving. It only takes a few tablespoons to pack in a couple hundred calories, so they should really be kept in moderation. Another terrific solution to plant protein is soy. Soy provides an excellent source of protein and is quite low in calories. To further minimize the calorie content per gram of protein, I recommend something called 'soy protein' (called סויה חלבון in Hebrew, and sold in several health stores around here). It is meant to be prepared in a way that mimics ground meat or chicken, and can easily substitute half your ground chicken in recipes. (Note: Soy protein seems to reduce the body's ability to take in non-heme iron (plant based iron), so iron deficient women should avoid eating soy products with high iron foods, or iron supplements.) N.B. Do not confuse soy protein with ready processed soya foods such as 'shnitzal and hot dogs.' These products are full of artificial ingredients and Misrad Habriut has come out with a warning to pregnant women and children not to consume these more than twice weekly.

Of the many other products rich in protein, care should be taken to make sure that whatever it is that you chose has a good protein to calorie ratio. A good rule of the thumb: if the food provides you with 1 gram of protein per 15 calories (or less) per serving, then go for it!

**Carbohydrates:** Carbohydrates are broken down by the body into glucose to provide energy and serve as a backbone to make proteins and fats. Without enough carbs, your baby is lacking primary tools to start building any system or organ. Around 55 % of your daily food intake should be carbs. Use this simple method to figure out how many carbs in grams you need each day: subtract 55% from the amount of calories you need each day and divide by 4. So if, for example, you are on a 2,000

calorie diet intake, you should be eating 275 grams of carbs every day. (2,000 minus 55% = 1100. 1100 divided by 4 = 275 grams)

There are 2 types of carbohydrates: simple and complex. Simple carbs are made from one or two sugar molecules linked together. Basic examples are refined sugar and syrups. This group includes all those yummy foods such as chocolate, cake, sweets, and soda. Simple carbs get absorbed quickly into the blood stream and provide **empty** calories, void of nutrients and dietary fiber.

Complex carbohydrates, on the other hand, are made from three or more sugar molecules linked together, making them more difficult to absorb. The benefit of that is that the food stays in your body for an extended amount of time, making you feel fuller for longer. Another advantage is that these carbohydrates release the sugar into your blood stream very steadily, keeping your sugar levels stable, thereby making you feel your best. When your sugar spikes suddenly after consuming simple carbohydrates, you get a sudden boost of energy, but when it drops, you feel tired and weak. This starts a vicious cycle of you reaching for some more of that 'energy boosting' foods - more simple carbohydrates and more unnecessary calories. Complex carbohydrates, with their slow and steady supply of sugar, will not only make you feel good, but will also prevent you from craving those quick sugar foods for energy. Between keeping your sugar stable and feeling full for longer, you're sure to eat fewer calories and less food altogether. Many of these carbs are also beneficial for your prenatal diet, supplying your baby with nutrients such as foliate and other B vitamins, iron, and dietary fiber.

When it comes to carbohydrates, the idea is pretty easy and straight-forward. Keep the refined sugars (such as soda, bakery goods, ice cream, and candies) out of the picture as much as possible, and replace them with complex sugars (such as grains, oats, fruits, and vegetables). Keep in mind the foods worth keeping high on the list that will provide you with lots of carbs in few calories. Potatoes, corn, carrots, and sweet potatoes are good vegetable sources. Apples, Bananas, Grapes, Oranges, Prunes, Raisins, and Watermelon are good choices for fruits. For approximately 100 calories worth of these fruits, you get around 30 grams of carbs into your diet. Regarding grain products, try to make at least half your grains whole. Check ingredients on the food labels. The lower an ingredient is listed, the less it exists. White flour shouldn't be

the first ingredient of your bread, and sugar shouldn't be the second ingredient listed on most of your foods.

**Calcium-** We all know that calcium is important for bones and teeth. Well, our bodies actually need calcium for many more functions, such as muscle, heart, and nerve development. It's important to get 1200mg each day to provide enough for you and your fetus. Good calcium sources are: dairy products (make sure they're always pasteurized, and low fat - always choose white or cottage cheese over highly processed yellow cheese), salmon with bones, sardines, sesame seeds (techina), almonds, garlic, orange juice, and green leafy vegetables. Celery, green beans, and tofu specifically give lots of calcium and are low in calories. Interestingly, some spices are very high in calcium, while being extremely low in calories. It's like getting your calcium free of charge. Try spicing your foods with these spices: basil (2 Tbsp= 8 calories, 63 mg calcium), Cinnamon (2 Tbsp= 12 calories, 56 mg calcium), Rosemary (2 Tbsp= 7 calories, 28 mg calcium).

**Iron:** iron is a mineral that is essential for the production of hemoglobin found in red blood cells. Hemoglobin carries oxygen throughout the body, where it then is used for energy. This explains why iron deficiency causes fatigue, dizziness, and headaches. During pregnancy you need iron for your expanding blood volume, and to help your fetus build its own blood. You need to add 9 mg of iron to your diet - a total of 27mg daily. Since it's difficult to get all your iron from foods alone, starting from your second trimester you should be taking a supplement. Iron should be taken with a light snack, as a big meal disturbs proper absorption. There should be a two hour stretch between your iron supplement and any sources of calcium, since calcium competes with iron for absorption in the intestines. To improve iron absorption (even in a supplement), take with vitamin C, as this enhances absorption fourfold. A good idea would be to take your iron with a fruit or a cup of juice.

Because your body has an easier time absorbing iron from real food than from a supplement, you should still be looking out for foods rich in iron, even if you are taking supplements. Here are some rich-in-iron foods that present few calories: turkey, lentils, tofu, kidney beans, spinach, molasses, and olives.

It seems a bit daunting to have to constantly be in touch with what you're eating,

but the truth is, anyone eating a variety of wholesome foods within a balanced diet is on the right track to getting in those important calories and avoiding the unnecessary ones. And besides, usually these nutritious foods provide you with more than just one type of essential nutrient. For example, almonds can be counted as a healthy fat, a protein, and a calcium serving. That's three for the price of one round of calories! So stay tuned in to making healthy choices, and you'll be keeping those cravings at a minimum, your weight gain in check, and granting you little one, the very best beginning possible.

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## EXERCISE IN PREGNANCY

By: Rachel Broncher

Everyone wants to be and feel healthy, but not everyone knows how to achieve it. There are several fundamental elements which together, contribute to developing and maintaining health. These are diet, exercise, stress release and quality sleep. Exercise should be a part of a healthy life for everyone, especially as over the generations, our lives have tended to become more and more sedentary, and stress levels are constantly increasing. However in pregnancy, the stress load on a woman's body increases dramatically, with more complex hormones, greater demands on the cardio-vascular system, weight gain and pressure to the lower back, pelvis and legs, so the need for exercise is even greater. Many women are afraid to exercise, however, fearing it might negatively affect the pregnancy, and others simply feel too heavy or uncomfortable to move much. Of course there are many who want to, but lack the motivation to get going, or don't know what form is appropriate. The importance of exercising, especially in pregnancy, cannot be emphasized enough, promoting a tremendously improved quality of life. The essential benefits are:

### > **Physical:**

Strengthens and develops the cardiovascular system, which increases the transportation of oxygen through the whole system, including the muscles, organ, nerves and the brain. This greatly improves the overall vitality and energy, and feeling of well-being.

Organ function is improved, especially digestion and metabolism, which in pregnancy

are often less efficient.

Muscle toning and deep stretching give the muscles more strength, elasticity and flexibility, supporting the increasing body weight, and reducing muscle, back and joint pain.

For weight loss, or maintaining the desired weight, exercise, together with a balanced and very healthy diet, is essential.

Techniques for improving posture should be a very fundamental aspect of an exercise program, as body alignment and good posture are essential for eliminating pelvic, back, neck and shoulder pain. In pregnancy, with the extra weight of the growing baby, this is more important than ever.

#### > **Mental/Emotional:**

Exercise is renowned for being one of the simplest ways to relieve tension and stress. Brisk walking or swimming produce the release of endorphins, the calming chemical which reduces stress, and induces the sense of well-being. In yoga, the muscle stretching and deep breathing calm the nerves and promote a significant level of calm and relaxation.

#### > **Pain Relief:**

For a variety of reasons which need to be understood, many people experience a lot of pain in their bodies, from the feet and legs, all the way up to the neck, shoulders and head. Yoga and other forms of stretching exercise, which must include work on correcting posture, have become famous for eliminating joint and muscle pain.

**Yoga** has become increasingly recognized for its wide ranging benefits, even in the frum communities, and many doctors and advisers frequently recommend it. Yoga is essentially a system of mind/body health, which is achieved through the practice of various physical exercises, deep breathing and focusing and relaxation techniques. The performance of these exercises, can greatly improve the mind and body health in a variety of ways.

The main features are stretching and strengthening all the muscles, loosening and mobilizing all the joints, massaging and stimulating the internal organs and nerves throughout the whole body, and by balancing the endocrine system which governs a multitude of hormonal functions. Without stressing or exhausting the practitioner, or endangering pregnancy because it is practiced slowly and at the individual's own pace, the nervous system, internal organs and muscle/joints are encouraged to function properly, and vital energy is increased through the whole system. The breathing and relaxation techniques teach a person to be deeply focused and relaxed and release tension, which of course forms and integral part of achieving a calm and positive birth experience.

Women who practice yoga during their pregnancy generally feel stronger, lighter and more energetic, and together with the breathing, focusing and relaxation aspects of yoga, help prepare women for a calmer and more relaxed birth. It is quite safe to practice all through the pregnancy, and may be gradually resumed almost immediately after birth.

As the baby grows in the pelvic zone of the body, this is where most pressure and pain are experienced, in the lower back, hips and legs, and therefore many exercises are used to increase the strength of the lower abdominal muscles, thighs and back, and relieve leg pain. The pelvic floor muscles form a muscular base to the pelvis forming a support base for the pelvic organs, which are the bladder, bowels and uterus. Women must learn exercises to tone these pelvic floor muscles, so that they will be strong enough to support the ever increasing weight of the uterus, and to maintain bladder control.



***Rachel Broncher has been teaching yoga and childbirth classes for many years, both in Australia and in Israel. The yoga classes cater to regular women at various levels, as well as special groups specifically for pregnant women.***

***She may be contacted for information about classes at 02-5002706.***



## Twins triplets and more



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### **Double the fun... twice the worry?**

#### **Actually a bit of both.**

*The percentage of multiple pregnancies is on the rise for the last 30 years, due in majority to the extensive use of fertility drugs, but also to the delaying of motherhood: the chances of twinning and multiple ovulation increases with maternal age. The incidence varies according to the type of pregnancy: Fraternal twins are found around 3 % of all pregnancies (with variations according to ethnicity, being more common by Blacks, and less by Asiatic ladies), while identical twins rates do not vary with age or fertility treatment and are found in 1/250 pregnancies worldwide, triplets occur in 1/8000 of all conceptions., quadruplets are even rarer (0.0078%) and quintuplets or more exceptional (0.00092%).*

After you have found out that you are carrying twins (or more) your emotions will oscillate between excitement and anxiety, getting informed will give you the best chances to cope and have a happy ending story.

First you will need a proper diagnosis:

It seems that multiple pregnancies are more common than previously thought: it turns out that up to 20% would not have been discovered if not for early sonogram

(Ultra-Sound Scan= U/S), the total asymptomatic disappearance of one embryo is called "the vanishing twin" syndrome, and it might also happen when triplets or more are diagnosed at an early stage: one stops developing and gets progressively "absorbed" into the body without any problem, not even bleeding.

An U/S done between 8 and 10 weeks should help to diagnose whether you are expecting identical twins (sharing the same placenta, resulting of the cleavage of one egg, they can be inside one pocket (monochorial monoamniotic) or separated by a thin membrane (monochorial biamniotic), or fraternal twins (with 2 separate placentas, resulting of multiple ovulation of different eggs), the latter being more common and less fraught with complications.

The pregnancy is considered to be high risk, therefore requires follow-up by an experienced doctor and more frequent visits.

The first trimester is marked by a higher incidence of morning sickness, nausea and vomiting, bloating, tiredness, palpitations and sometimes shortness of breath. Light spotting is also more common, most often of no significance, but of course requiring an immediate U/S to make sure of the pregnancy's viability, since the risk of miscarriage is also slightly elevated. There is no consensus about the exact dosage required, but it seems that there is a need for more Folic Acid supplements: instead of the regular 400mcg/day, women expecting twins should take at least 1mg/day and triplets' mothers should take the 5mg pill every day.

The second trimester is marked by the revelation of the fetal movements, felt around 18 to 20weeks, just like in singleton pregnancies (the difference being whether this is a first one -then you might feel it later, or a second or more, where you already know what you are supposed to feel) but it will always be difficult to differentiate between each baby, and even before U/S women did not self-diagnosed themselves with twins until later in pregnancy.

The frequency of the U/S scans and the visits will go up to every 2 weeks as you progress towards the 6<sup>th</sup> month, to follow the fetal growth and detect the occurrence of potential complications -like TTTS Twin To Twin Transfusion Syndrome, where one twin takes all the blood supply and gets fat and swollen, with excess of amniotic

fluid, and the other one is shrinking, all small and stuck in a corner with almost no amniotic fluid; both of them are at risk and there are some interventions to limit the consequences of this Syndrome, and prevent the potential harmful outcome.

The traditional blood test done at 26 weeks checking the presence of gestational diabetes, GCT 50gr (Glucose Challenge Test after 50gr of Glucola powder) is a must here, as multiple pregnancies are linked with an increased risk of diabetes; if the test comes back elevated (above 140md/dl) there is a need to have the GTT 100gr done (Glucose Tolerance Test= the “big” test done fasting and then checked for each hour for 3 consecutive hours) to determine the final diagnosis and classification (there are several degrees of this diabetes) and the appropriate treatment.

The third trimester is dominated by the risk of prematurity: Close to 60% of twins and all triplets deliver prematurely, meaning before 37 weeks. The length of the pregnancy decreases with each additional baby. On average, most singleton pregnancies last 39-40weeks, twins 35-36weeks and triplets’ mean time for delivery is 32weeks. The premature delivery is most often the consequence of premature contractions, sometimes hardly felt by the woman, therefore requires a close follow-up (mostly by serial U/S measuring the cervix length). Unfortunately, there are almost no proven way to stop the process and delay the delivery, neither cerclage (stitching the cervix to prevent its premature opening), nor any drug has been shown to be helpful in prolonging the pregnancy in the case of multiple pregnancies. Nevertheless, drugs to accelerate lung maturity could be given ahead of time, reducing the respiratory complications.

Regardless of prematurity, the babies of multiple pregnancies are smaller, even if carried full term. The mean weight for twins is 5pounds or 2200gr. This “fetal growth restriction” is more pronounced by higher degree of multiples.

There is also a higher percentage of toxemia, a drastic rise in maternal blood pressure of unknown origin, which could be dangerous for both mother and babies, especially in the case of a first pregnancy. Once diagnosed –if severe, the only solution is prompt delivery.

The benign symptoms of pregnancy, like heartburn, constipation, back pain, sleep

disturbance, and varicose veins are more common in multiple pregnancies. Anemia is also more frequent, requiring more active iron, Vitamin B12 and Multivitamin supplementation.

How much weight should you put on? It is not only normal, but even recommended to put on more weight than in a singleton pregnancy. There is no consensus, but the recommendations vary between 30 and 40 pounds (some modulate it according to basic weight: the overweight ladies being asked to put on less).

### > **What about the birth?**

- 1) What is the term for twins? It is usually accepted that twins are basically "overdue" at 38 weeks, and fetal complications become more common after 39 weeks, prompting some centers to recommend induction (or termination by Cesarean) at 38 weeks. Some do wait for 40 weeks, which are considered here "as if" 42 weeks.
- 2) As for the mode of delivery, it is obvious that the percentage of Cesarean section is higher for twins than in singleton (with great variations between Medical Centers, some giving a C section in 100% of twins, some delivering vaginally even if the second twin is breech. As an example, national statistics in Israel showed that only 7% of all twins were delivered vaginally, while in Bikur Cholim Hospital this proportion varies between 46 and 53%! ), and in all cases of triplets and higher degrees of multiples. The favourable criteria for a vaginal delivery for twins are: term 36 weeks and after, babies' size proportional and appropriate for age, first head presentation, second or more delivery, in the absence of a uterine scar (the rule is "twins+ something else= Cesarean!" so the TOLAC (Trial Of Labor After Cesarean) are not usually accepted for twins. The average time between 1<sup>st</sup> and second twin is 17 minutes, the interval cited to be the safest is less than 30 minutes, but this may vary considerably. Even if all looks favourable for a vaginal birth, you will be recommended to take an epidural (in case there is a need for manoeuvres for the delivery of the second twin) and the birth taking place in the Operating Room (Theatre) in the presence of the anaesthesiologist, the paediatrician and a double (or triple!) team of midwives. There is always a possibility of needing an emergency C section in the second twin (for example

in the case of cord prolapse or the second twin presents itself transversely or by the shoulder) after a normal vaginal delivery for the first! It is important that you discuss your options ahead, and even get second opinions: multiple pregnancies are indeed a case where you need a skilled obstetrician, since there is also a higher risk of post-partum haemorrhage.

This whole list looks scary, as I had to quote all the potential risks, but all and all they are low and do not accumulate by a single woman. And cheer up! there are some positive aspects to having twins: first of all labour is usually easy and faster than with singletons, since dilatation has often started before time, you often will not need an episiotomy as the babies are smaller, even in the presence of gestational diabetes the complications are much less common (again because of the naturally smaller size of the babies) and somehow getting 2 or more cute babies for only one shorter pregnancy is definitely worth it!

After the birth, yes you may feed your twins as your milk supply works on a supply and demand basis, but do not feel pressured: even a bit partial nursing (your milk completed by a bottle) for the first month or so is already very helpful for the babies' immunity. Here too the advices from experienced Moms who have been through this could be pivotal, from giving useful tips to lending a twin nursing pillow. You might also benefit from looking up for a site like TAMBA (Support Group for Twins and Multiple Births Association).



Dr Schreiber made Aliya in 1992 and worked successively in several hospitals in Jerusalem, whilst developing a thriving private practise. From 1997 until 2010 she was the medical director of Zir Chemed Medical Center, which catered to the religious population, who has special needs regarding gynecologic procedures in general and Fertility issues in particular.

She is currently working in Shaarei Tsedek Hospital (Bikur Cholim Branch.) She has delivered hundreds of babies –including VBACs, breech and twin vaginal deliveries!

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