
8
PROVEN SHORTCUTS TO A HEALTHY PREGNANCY
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Hi! I'm Dr. Jocelyn Land-Murphy.

There are loads of lists online telling you "what to do now that you are pregnant" – ranging from the vague and self-evident ("eat well and sleep a lot") to the woefully unhelpful ("Must-Have Celebrity Baby Items!").

So let's assume that you already know not to drink or smoke, and that you need to take a prenatal vitamin with folic acid in it – and let's skip ahead to the good stuff no one else is talking about.

As a Naturopathic Physician, Doula, and two-time mom, I know you want quality evidence-based information you can trust to put you back in the driver's seat in your pregnancy. So here's my list of top, proven shortcuts to a healthy, stress-free pregnancy – enjoy!

JOCELYN HAS BEEN FEATURED IN:

Canadian Living THE HUFFINGTON POST CHATELAINE TORONTO STAR

1 TEST YOUR TSH

- Pregnancy is essentially a stress-test for your thyroid
- Even a mild increase in TSH (the hormone tested to assess thyroid function) above 2.5 in the first trimester *doubles your risk of miscarriage*, increases the risk of preterm delivery, postpartum hemorrhage, and intellectual and motor delays in children
- Despite the American College of Obstetrics and Gynecologists' *clear upper limit of 2.5 in the first trimester*, universal screening for thyroid disease in pregnancy has not been adopted
- Thyroid dysfunction can occur without symptoms or obvious risk factors, but only high-risk cases are generally tested. It is estimated that more than *55% of pregnant women with thyroid dysfunction are missed*.
- Testing is cheap (about $20 if you have to pay out-of-pocket), and the treatment is basic (typically Levothyroxine/Synthroid). NOTE that women already on Synthroid will typically need to increase their dose by 25% or more to meet the increased demands in pregnancy.

2 CHECK YOUR FERRITIN

- Lab tests will only flag low iron if ferritin (the lab measure for your body's level of stored iron) drops below 15 ("diagnostic of iron-deficiency anemia"), but *ferritin levels between 15 and 50 are considered "probable iron deficiency"* and still benefit from treatment.
- Anemia may be to blame for fatigue, frequent infections, poor concentration and sleep, and dizziness. – all common complaints in pregnancy. It also *raises risk for low birth weight and pre-term labour*.
- *Not all iron supplements are created equal* - too much iron can put the pregnancy at risk, and a lack of co-factors like Vitamin C and B-vitamins leads to inadequate absorption and integration. Knowing your ferritin level will allow you and your care provider to choose the right dose.

3 KNOW YOUR MEDS

- Making informed choices in pregnancy means accessing information you can trust, especially when it comes to prescription meds – and *Dr. Google doesn't filter out bad advice*
- www.motherisk.org, from Toronto's Sick Kids Hospital, is my favourite resource for patients seeking *up-to-date research on using prescription drugs in pregnancy* – you can dive deep into the studies, or simply read the Q & A at the top of each page

TWO LINKS I PASS ON OFTEN

Pain medications in pregnancy:
http://www.motherisk.org/prof/updatesDetail.jsp?content_id=922

Corticosteroid use in pregnancy:
http://www.motherisk.org/prof/updatesDetail.jsp?content_id=693

4 STICK TO "CATEGORY A" HERBS

- *Category A herbs are considered the safest herbs for pregnancy*, and can be prescribed by care providers not trained in herbal medicine
- Any other herbs should be used in consultation with a Herbalist or Naturopathic Doctor

THREE "CATEGORY A" HERBS I LOVE

Chamomile – for digestion and calming the nervous system

Echinacea – for immune support during infections

Ginger – for relief of nausea and vomiting of pregnancy

5 HAVE A SUGAR-FREE PREGNANCY

- It sounds tough, but *with the right coaching, having a sugar-free/low-glycemic pregnancy will be the smartest dietary decision you will make in your pregnancy*
- Not only will going sugar-free/low-glycemic improve your energy levels and mood, it will also:

  - ☑ Decrease the risk of gestational diabetes, and having to go on insulin during your pregnancy
  - ☑ Decrease the risk of being GBS positive, and requiring IV antibiotics throughout your labour
  - ☑ Decrease the risk of excess maternal weight gain and "large for gestational age" babies

6 PROTECT YOUR ABS!

- In many women's eagerness to stay fit during pregnancy (and bounce back to pre-baby body right away), they end up damaging their abdominal muscles with a condition called *diactasis recti*
- This nasty separation of *rectus abdominus* muscles (occurring in as many as 60% of postpartum moms) is often responsible for "mommy tummy"
- To protect your abdominal muscles during your pregnancy and afterward:

  - ☑ Don't do crunches (really!) – not until you have done the diastasis post-partum test with a gap less than two finger-widths apart
  - ☑ Roll to your side get out of bed
  - ☑ Focus on kegels, pelvic lifts and engaging your *transverse abdominus* muscles throughout the day to build your core strength from the bottom up

7 PASS THE GBS TEST

- Group B Streptococcus (GBS) is part of your normal flora, but can cause an infection in your infant leading to pneumonia, meningitis and death
- If you test positive on *any* GBS test, CDC guidelines state that you need IV antibiotics every 4-8 hours during your labour
- *To pass your 35-week GBS swab, do this for two weeks before your test*:
  - ☑ Cut out all sugar (if you haven't already)
  - ☑ Begin daily oral probiotics (10 Billion per day) - consider vaginal probiotics as well
  - ☑ Consider echinacea daily to boost the immune system
  - ☑ If you are really committed: consider garlic or herbal vaginal suppositories

8 AVOID INDUCTION

- Many women are pressured to medically induce starting in Week 41 – but augmentation of labour for low-risk women increases rates of episiotomy and caesarean section (known as the "cascade of interventions")
- Given the pressure to give birth on a timeline, I regularly recommend a proactive approach, including:
  - ☑ Membrane sweeps by your midwife, MD or OB
  - ☑ Acupuncture: weekly "cervical ripening" protocol has been shown to safely shorten the time between the "due date" and the actual delivery
  - ☑ "Labour teas": the most basic being Red Raspberry leaf (a safe Category A herb) to nourish the uterus and prepare for labour

You're on your way!

This brief guide is a first step on your journey to a healthy pregnancy.

It is meant to be super-quick information (possibly a review for some of you, and lots of new stuff for others), and a reference point.

If any of it sounds confusing, and you want to hear more so you can make the most informed choices in your pregnancy… don't worry!

I will be back soon with more great information to answer any questions and help you have the healthiest pregnancy possible!

In health,

Dr. Jocelyn

References

Allen, L. H. (2000). Anemia and Iron Deficiency: Effects on Pregnancy Outcome. *American Journal of Clinical Nutrition, 71* (5), 1280-1284.

Association of Ontario Midwives. (2010). Group B Streptococcus. *Association of Ontario Midwives*. Retrieved from http://www.ontariomidwives.ca/images/uploads/guidelines/No11CPG_GBS_May_2012FINAL.pdf

Casanueva, E., & Viteri, F. (2003). Iron and Oxidative Stress in Pregnancy. *The Journal of Nutrition, 133* (5), 1700S-1708S.

Casey, B.M. (2015). Thyroid Disease in Pregnancy. *ACOG Practice Bulletin, 2015* (148).

CDC. (n.d.). Questions and Answers About Implementing the 2010 Guidelines for Obstetric Providers. *Centers for Disease Control and Prevention*. Retrieved from http://www.cdc.gov/groupbstrep/clinicians/qas-obstetric.html

Cohain, J.S. (2004). GBS, Pregnancy and Garlic: Be a Part of the Solution. *Midwifery today with international midwife, 2004* (72), 24-25.

De Groot, L., et al. (2012). Management of Thyroid Dysfunction During Pregnancy and Postpartum: an Endocrine Society Clinical Practice Guideline. *The Journal of Clinical Endocrinology & Metabolism, 97* (8), 2543-2565.

Endocrine Society (2012, June 22). Mild Thyroid Dysfunction in Early Pregnancy Linked to Serious Complications. *News Wise*. Retrieved from http://www.newswise.com/articles/mild-thyroid-dysfunction-in-early-pregnancy-linked-to-serious-complications.

Fitzgerald, M.P., & Kotainos, R. (2003). Rehabilitation of the Short Pelvic Floor II: Treatment of the Patient With the Short Pelvic Floor. *International Urogynecology J*ournal, 14 (4), 269-275.

Hanson, L., et al. (2014). Feasability of Oral Prenatal Probiotics Against Maternal Group B Streptococcus Vaginal and Rectal Colonization. *J Obstet Genecol Neonatal Nurs, 43* (2), 294-304.

Horacek, J., et al. (2010). Universal Screening Detects Two-Times More Thyroid Disorders in Early Pregnancy Than Targeted High-Risk Case Finding. *European Journal of Endocrinology, 163* (4), 645-650.

Mills, S., & Bone, K. (2005). *The Essential Guide to Herbal Safety*. St Louis: Churchill Livingstone.

Moses, R. G. (2006). Effect of Low-Glycemic-Index Diet During Pregnancy on Obstetric Outcomes. *American Journal of Clinical Nutrition, 84* (4), 807-812.

Moses, R. G. (2009). Can a Low-Glycemic Index Diet Reduce the Need for Insulin in Gestational Diabetes Mellitus. *Diabetes Care, 32* (6), 996-1000.

References cont.

Rabl, M., et al. (2001). Acupuncture for Cervical Ripening and Induction of Labor at Term - a Randomized Controlled Trial. *Wiener Klinische Wochenschrift, 113* (23-24), 942-946.

Romm, A. (2009). *Botanical Medicine for Women's Health*. St Louis: Churchill Livingstone.

Romm, A. (n.d.). *Group B Strep (GBS) in Pregnancy: What's a Mom To Do?* Retrieved from http://avivaromm.com/group-b-strep-gbs-in-pregnancy-whats-a-mom-to-do

Ronnqvist, P.D. (2006). Lactobacilli in the Female Genital Tract in Relation to Other Genital Microbes and Vaginal pH. *Acta Obstet Gynecol Scand, 85* (6), 726-35.

Spitznagle T., et al. (2006). Prevalence of Diastasis Recti Abdominis in a Urogynecological Patient Population. *International Urogynecology Journal. 2006; 18*(3): 321-328.

Stagnoro-Green, A., et al. (2011). Guidelines of the American Thyroid Association for the Diagnosis and Management of Thyroid Disease During Pregnancy and Postpartum. *Thyroid, 21* (10), 1081-1125.

Tracy, S., & Tracy, M. (2003). Costing the Cascade: Estimating the Cost of Increased Obstetric Intervention in Childbirth Using Population Data. BJOG: *An international Journal of Obstetrics and Gynecology, August 2003.*