

CONGRATULATIONS ON YOUR PREGNANCY!!

We are honored that you have chosen to share this journey with us. Our goal is to provide you with exceptional care during this exciting time. We will be seeing you often throughout your pregnancy to ensure a successful outcome: healthy mom and healthy baby.

This packet has information about what to expect during pregnancy and birth, and will serve as a guide to some frequently asked questions. We understand that this can be a uniquely challenging time and are here to support you however we can.

HOW TO REACH US

One of the physicians is always on-call for emergencies. Outside of regular office hours, there is an answering service that will be able to direct you to the on-call physician. There should never be a problem getting in touch with us. However, we do ask that you call during business hours for non-emergent issues.

We expect that you will have a lot of questions during your pregnancy. You can jot your questions down and bring them in to discuss at upcoming visits. The patient portal is another way to reach out to your doctor for non-urgent questions. The portal is not monitored in real time, so if you send a message, it may be several days before you get a response.

WHEN TO CALL THE DOCTOR

Before 20 weeks:

Some intermittent mild cramping or a small amount of spotting can be normal. If you have heavy bleeding like a period, or severe pain that does not resolve with rest, hydration, and Tylenol (acetaminophen), please call us. Other reasons to call include a fever (above 100.4) that does not resolve with medications, and excessive vomiting with inability to tolerate liquids.

After 20 weeks:

As the pregnancy grows, it is normal to have generalized musculoskeletal discomforts (primarily lower back, pelvis, and ribs) and mild swelling. Contractions are 1-2-minute-long episodes of wave-like pain. Sometimes you may notice abdominal firmness without pain, this is normal. Before 37 weeks, call us if you are having painful contractions more than every 10-15 minutes for an hour. After 37 weeks, call us when contractions are every 5 minutes, lasting 1 minute, for 1 hour (5-1-1 rule).

Call if you note a gush or steady leaking of fluid from the vagina, heavy vaginal bleeding requiring a pad, or if you are not feeling your baby move normally.

Call if you have severe headache not relieved with fluids and medication, visual disturbances, severe nausea/vomiting, severe chest pain, or shortness of breath that does not improve with rest.



PRENATAL VISITS

We take a team-based approach to obstetric care, meaning you will interact with many different clinicians during your pregnancy. The goal is for you to meet all of our physicians during your prenatal visits, so that when the time comes for the birth of your child, you will have met the delivering doctor.

In the first (before 14 weeks) and second trimester (14-28 weeks) we will see you approximately once every four weeks, and these visits are typically (though not always) with your primary doctor. The third trimester has more frequent visits – typically every 2 weeks until 36 weeks then weekly thereafter. Your visits may be more frequent if you have certain high-risk conditions. Your due date is at 40 weeks. Most people deliver between 39-41 weeks.

Part of prenatal care is routine health maintenance, so we will make sure that you are up to date on routine health screenings (like pap smears) and talk to you about how to optimize your overall health. Your partner is welcome to join you in the office for any and all prenatal visits.

ULTRASOUNDS

Our ultrasound center is located on the 1st floor of the 275 building, across the hall from our office. You will typically get a routine ultrasound at your first pregnancy visit (7-9 weeks), and another at 12-14 weeks. At 18-20 weeks, we will send you for a full anatomic assessment at Georgia Perinatal Consultants, where you will meet one of our perinatology colleagues. For most low-risk women, this will be your last ultrasound. With certain higher risk conditions (hypertension, diabetes, lupus, etc), you may be scheduled for additional ultrasounds or additional testing like non-stress tests (NSTs). Your doctor will discuss these details with you, if needed.

BLOOD TESTS IN PREGNANCY

Routine blood work:

This will be done at one of your early prenatal visits, and includes routine infectious disease screening like HIV, hepatitis, and syphilis. We also check your blood type and blood count. Georgia law requires that we offer HIV and syphilis screening again in the third trimester and at delivery

Aneuploidy screening:

This test is optional but recommended for women over 35. It is a blood test that measures baby's circulating genetic material (cell-free DNA) to look for abnormalities including Trisomy 13, 18, or 21 (Down Syndrome). You can also find out the baby's sex from this test. It can be done any time after 10 weeks.

If you have an abnormal screening test, there are diagnostic tests available to confirm the abnormality including amniocentesis and chorionic villus sampling. These diagnostic tests are more invasive and involve taking a sample of cells for the developing fetus or amniotic fluid.

Carrier screening:

This test is optional and can be done at any time, including pre-pregnancy. This looks for abnormal genes

that you may have that could be passed down to your baby. A carrier has one normal gene and one mutated gene. Both partners must be carriers of a gene mutation in order to have an increased risk of passing the actual disease on to their offspring. We start by screening the mother, and if anything is positive on her screen, then we would test the father. Common genetic diseases for which we screen include Cystic Fibrosis, Spinal Muscular Atrophy, and Sickle Cell Disease.

Alpha-Fetoprotein (AFP)

This is typically done at 16 weeks, although can be done any time between 15-22 weeks. This tests for open neural tube defects (ONTD) such as spina bifida and anencephaly, as well as abdominal wall defects.

Gestational diabetes screening:

This is routinely done at 28 weeks and involves a glucose bolus followed by a blood test an hour later. There are certain conditions or risk factors where we may recommend performing this test earlier. If the screening test is abnormal, there is a three-hour confirmatory test to determine whether you have gestational diabetes.

VACCINATIONS IN PREGNANCY

Influenza

We recommend getting the flu vaccine at any time in pregnancy when it is available, unless you are allergic to it or its components. Pregnant women are much more susceptible to the flu and have a higher risk of severe illness, hospitalization, and death from flu-related complications.

COVID-19

We recommend that pregnant women be vaccinated against COVID-19. This can be done safely in any trimester and at the same time as other vaccines. COVID-19 infection in pregnancy is associated with a higher risk of severe illness, ICU admission, and death. This risk is more significant in women with pre-existing medical conditions (diabetes, obesity, and cardiovascular disease).

TDAP

This vaccine should be given in every pregnancy between 27-36 weeks to protect baby against pertussis or "whooping cough". This vaccine is also recommended for all people who are expected to come in close contact with the newborn.

RSV

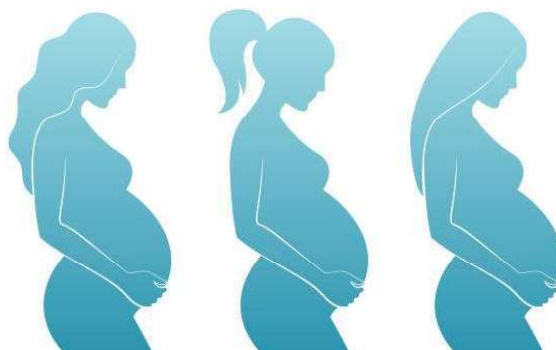
This is recommended for eligible women, which includes those who are between 32-36 weeks during respiratory illness season (September - January), and who are not expected to deliver in the next 2 weeks. If you have gotten this vaccine previously, you do not need another dose. There are several RSV vaccines, but only Abrysvo is approved for use in pregnancy. If you do not get the vaccine in pregnancy, there is a monoclonal antibody (nirsevimab) which can be given to baby after birth by a pediatrician.

PRENATAL CARE SCHEDULE SUMMARY

All visits include monitoring of blood pressure, weight, and assessment of maternal and fetal well-being. The following chart outlines other specific tests or treatments based on gestational age.

WEEKS	CARE PROVIDED
6-10 weeks	Ultrasound to confirm due date Flu shot (in season) *
11-14 weeks	Ultrasound Routine and optional blood tests Pap, if needed
15-18 weeks	AFP test
18-22 weeks	Anatomy ultrasound at Georgia Perinatal Consultants
22-26 weeks	Routine check-in Review plan for third trimester
27-29 weeks	Gestational diabetes test Complete blood count HIV and Syphilis testing (optional) Tdap Rhogam (if indicated)
30-35 weeks	Visits every 2 weeks RSV vaccine (if delivering in RSV season) Monitor fetal growth
36 weeks	Group B strep vaginal swab Presentation check
37 weeks through delivery	Weekly visits Monitoring for labor symptoms

* Flu shot can be given at any prenatal visit



NUTRITION / DIETARY INFORMATION

Weight gain

Your weight gain recommendations may be more or less depending on your starting weight (see chart). Caloric requirements will increase throughout pregnancy, and the majority of weight gain will be in the late second and third trimesters.

Pre-pregnancy weight category (BMI)	Recommended weight gain	Recommended weight gain for twins
Underweight (less than 18.5)	28-40 lbs	-
Normal weight (18.5-24.9)	25-35 lbs	37-54 lbs
Overweight (25-29.9)	15-25 lbs	31-50 lbs
Obese (above 30)	11-20 lbs	25-42 lbs

Foods to avoid

Raw and undercooked meat, eggs and fish (sushi) *
 Unpasteurized milk and cheese *
 Hot dogs and deli meats (unless heated to steaming) *
 Refrigerated smoked seafood, pate, meat spreads *
 Fish high in mercury (see attached chart)

*These foods may contain the bacteria *Listeria*, which can cause Listeriosis. This can cause miscarriage, stillbirth, or preterm labor. Symptoms may include fever/chills, aches, GI upset, stiff neck, headache or confusion. It is best to avoid foods that may be contaminated with listeria. If you are concerned about exposure and worrisome symptoms, please contact your doctor.

Alcohol

There is no known safe amount of alcohol in pregnancy, and therefore it is recommended to abstain. Moderate alcohol use has been associated with learning and behavioral problems in your baby, and heavy use can be associated with fetal alcohol syndrome. Serious harm is unlikely if you drank before you knew you were pregnant.

Tobacco

Exposure to tobacco in pregnancy can lead to birth defects, preterm birth, and low birth weight. It is also associated with pregnancy complications like pre-eclampsia and placental abruption. If you do smoke, we are happy to work with you to develop a quitting strategy that is right for you. Less is known about vaping specifically, but it is considered to be equally as harmful as cigarette smoke, and therefore is not recommended.

Marijuana

It is recommended to discontinue marijuana use prior to pregnancy, as it has been associated with low birth weight, preterm birth, stillbirth, and behavioral problems later in life for your baby.

Caffeine

Limited caffeine use (less than 200mg per day) is acceptable in pregnancy.

MEDICATION SAFETY IN PREGNANCY

We are cautious about recommending medications in pregnancy, especially in the first few months when fetal organs are developing. However, there are certain prescription and over the counter medications that are commonly used in pregnancy where the benefits may outweigh the risks.

OVER THE COUNTER MEDICATIONS

For fever, headache, abdominal pain:

You can take 1000mg of Tylenol (acetaminophen) up to every 8 hours as needed. Make sure to stay well hydrated. NSAIDs like Advil/Motrin (ibuprofen) and Aleve (naproxen) should also be avoided.

For constipation:

First, make sure to drink 8-10 glasses of water daily and increase dietary fiber. You can use Colace (docusate), Miralax (polyethylene glycol), Metamucil, or milk of magnesia.

For hemorrhoids:

Make sure to treat constipation! Preparation H or Anusol suppositories are OK to use. Sitz baths can also be helpful.

For cough:

Any cough drop is OK. You can also use Robitussin (dextromethorphan).

For congestion:

Decongestants such as Sudafed (pseudoephedrine) may be used sparingly if you are over 14 weeks and do not have high blood pressure. Mucinex (guaifenesin) is OK to use as well.

For allergies:

Daily Zyrtec (cetirizine), Claritin (loratadine), Allegra (fexofenadine), or Benadryl (diphenhydramine). Flonase (fluticasone) is also OK to use.

For reflux:

Antacids like Tums, Rolaids, or Gaviscon are safe to use for mild intermittent heartburn. For more persistent symptoms, you can try Pepcid (famotidine).

For diarrhea:

Imodium (loperamide) is OK to use.

For morning sickness:

Vitamin B6 (pyridoxine) and Unisom (doxylamine) are first line treatments for nausea/vomiting of pregnancy. You can also try dietary adjustments (small, frequent meals) and ginger chews, as well as acupressure ("sea bands").

For yeast infection:

We are happy to see you and confirm the diagnosis before treating, but over the counter medications like Monistat (miconazole) are safe to use.

Aspirin:

We recommend one baby aspirin per day (81mg), starting around 12 weeks, for certain people at high risk of developing pre-eclampsia. Your doctor will discuss if this applies to you.

PRESCRIPTION MEDICATIONS

Antibiotics:

Penicillins (amoxicillin, augmentin, dicloxacillin), cephalosporins (cephalexin, ceftriaxone, cefazolin), azithromycin ("Z-pack") and clindamycin are safe in pregnancy. Avoid fluoroquinolones (ciprofloxacin, levofloxacin) and tetracyclines (doxycycline, minocycline). Antibiotics used for urinary infections such as Macrobid (nitrofurantoin) and Bactrim (trimethoprim / sulfamethoxazole) are safe at certain times in pregnancy.

Antidepressants:

Selective serotonin reuptake inhibitors or SSRIs, including Zoloft (sertraline), Lexapro (escitalopram), and Prozac (fluoxetine) are safe and recommended for the treatment of anxiety and depression in pregnancy. Risks are minimal, and untreated anxiety and depression can be associated with adverse pregnancy outcomes.

Stimulants / ADHD medications:

We recommend avoiding these medications in pregnancy. If you are not able to stop completely, we recommend trying to minimize the dose and frequency as much as possible.

Anti-nausea medications:

Medications like Zofran (ondansetron) and Reglan (metoclopramide) may be used in pregnancy, but Zofran is typically limited to use after 10 weeks.

PHYSICAL ACTIVITY

Exercise

We recommend trying to maintain your current level of fitness throughout pregnancy. It is safe to continue activities including walking, jogging, stationary bike, yoga/pilates (with pregnancy modifications), and regular weight lifting. Contact sports or any activities that could be associated with significant impacts or falls should be avoided (horseback riding, downhill skiing).

Overheating

Hot yoga should be avoided, as should saunas and hot tubs. This has been associated with birth defects in the first trimester, and increased likelihood of passing out in any trimester.

Sex

If you have a placenta previa or active bleeding, it is recommended to abstain from sex. Otherwise, sex is safe throughout pregnancy. We recommend refraining from intercourse for six weeks postpartum.



TRAVEL DURING PREGNANCY

It is generally safe to travel until about 32-34 weeks. For international travel, it is recommend to stop at 24-28 weeks. If you are taking a long car or plane trip, make sure you are getting up to walk frequently, and consider wearing compression stockings. Always plan ahead to know where you would go if there was a pregnancy-related emergency. If you are planning a trip to a Zika-infected area, you should use DEET-containing insect repellent.

DENTAL CARE DURING PREGNANCY

Frequent dental exams and cleanings are an important part of overall healthcare, and should be continued during pregnancy. Dental X-rays are safe as long as the abdomen is shielded. Lidocaine is safe in pregnancy, as are antibiotics like amoxicillin and clindamycin. Let your dental care team know about your pregnancy, and let us know if they need a release note from your obstetrician before providing services.

MENTAL HEALTH IN PREGNANCY AND POSTPARTUM

Depression affects up to 1 in 10 pregnant women, and anxiety can affect up to 1 in 5. For anyone with a history of anxiety and/or depression, it may recur or worsen in pregnancy or postpartum, or it may occur for the first time during this vulnerable period. Untreated mental health disorders are associated with adverse outcomes for you and your baby, so if you are feeling anxious or depressed to the point where it is causing a disruption in your life, we recommend that you discuss it with your doctor as soon as possible. Treatment options are available, including psychotherapy or medications.

TOXOPLASMOSIS

This is an infection that can be caused by a parasite called *Toxoplasma gondii*. If acquired during pregnancy, it can cross the placenta and lead to birth defects including blindness, deafness, neurodevelopmental delay, and seizures. This parasite can be carried by outdoor cats and shed in their feces, or can be found in contaminated soil. It is recommended to avoid contact with cat litter boxes, wash all produce thoroughly, and wear gloves when gardening.

PIEDMONT HOSPITAL AND BIRTH CLASSES

We deliver exclusively at Piedmont Atlanta Hospital. Tours of the L&D and postpartum unit are readily available. There are also in person and virtual options for birth preparation classes through the hospital. You can find more information on the Piedmont website:
<https://www.piedmont.org/maternity-services/piedmont-atlanta>



BREASTFEEDING

The choice of how to feed your newborn is your own, and we are here to support you. Breastfeeding has been associated with numerous benefits for both the newborn and mother, but can be very challenging. For moms who would like to breastfeed, lactation consultants in the hospital are available to help. If you need a breast pump, reach out to your insurance company and let us know of any paperwork or prescription required.

CORD BLOOD BANKING

Piedmont partners with Cleveland Cord Blood Bank. A representative on L&D may talk with you about the option to donate your cord blood, which goes into a public bank. If your baby's cord blood is a match, may be used in a stem cell transplant, or be used for research purposes.

You may choose to privately bank your baby's cord blood. There are several companies that provide this service, and we do not endorse a specific company.

INFANT CARE IN THE HOSPITAL

Your baby will be seen by a pediatrician while admitted. They will let you know how soon after discharge you will need a follow up appointment. After birth, babies are routinely given Vitamin K (to help prevent bleeding), Hepatitis B vaccine, and erythromycin eye ointment.

If you have a boy, you can opt for a circumcision. This is generally performed on the day after birth. This is an optional procedure that is not associated with long-term health benefits for most healthy boys, and is done primarily for cultural and cosmetic reasons.

LEGAL PROTECTIONS FOR PREGNANCY AND BREASTFEEDING

Employers are required to make reasonable accommodations for pregnant and breastfeeding employees. The Pregnant Workers Fairness Act (PWFA) and Providing Urgent Maternal Protections for Nursing Mothers Act (PUMP Act) outline your legal right to reasonable accommodations for limitations related to pregnancy, and protections for time and space for nursing mothers. This does NOT require disability or FMLA paperwork. You can find more information here:

PWFA: <https://www.eeoc.gov/statutes/pregnant-workers-fairness-act>

PUMP Act: <https://www.dol.gov/agencies/whd/pump-at-work>

FREQUENTLY ASKED QUESTIONS

Do I need a birth plan?

Absolutely not! Our goal is a healthy mom and baby, and there are many ways to achieve this. It is natural to have preferences about your labor and birth experience, and we are happy to discuss your priorities with you and answer any questions. Labor is an unpredictable process and we will always do our best to honor your wishes while keeping you and baby safe.

If you prefer to have something written, there is a birth plan template at: <https://www.acog.org/womens-health/health-tools/sample-birth-plan>

Do I need a doula?

You do not, but some of our patients choose to work with a doula. A doula is a non-medical support person who provides support during your labor.

Do I have to sleep in a certain position?

No! After the first trimester, it is usually no longer comfortable to lie directly on your abdomen. Generally, sleeping on your back becomes uncomfortable by the third trimester, and then you can sleep on either side.

What prenatal vitamin should I take?

Make sure you choose a prenatal vitamin with at least 400mcg of folic acid, and 27mg iron per day. Calcium, vitamin D, vitamin C and B vitamins are also important. Omega-3 fatty acids are important for your baby's brain development.

Are there any other supplements I should be taking?

You should also get 450mg of choline per day. This is important for baby's brain development, and is found in chicken, beef, soy, eggs, milk and peanuts. If you do not eat many of these foods, consider taking a supplement since this is often not found in prenatal vitamins.

Can I dye my hair?

Yes, after the first trimester.

Can I use sunscreen?

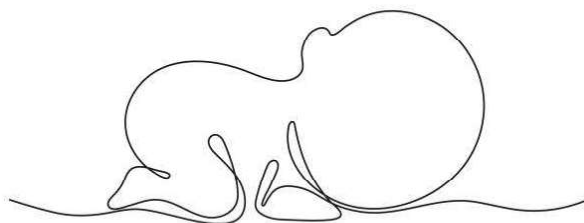
Yes – please do!

Can I use deodorant?

Yes – please do!

Can I spray tan?

Yes, but wait until the second trimester and r



Can I drink herbal tea? What about other supplements?

Most of these products are not well studied during pregnancy. Non-medicinal tea is fine in moderation, and for supplements you can consider whether the benefit outweighs the unknown risk of possible harm.

Do I need to change my skincare routine?

You should avoid retinol-containing products but otherwise can continue using topical products. We do not recommend systemic medications for skincare in pregnancy.

When will I feel my baby move?

Most people start to feel their baby move around 20-24 weeks. This can vary depending on the location of your placenta, and if it is your first baby. At first, movement is more intermittent before you start feeling anything consistently.

Why would I get a c-section?

The most common reasons for c-section are fetal malpresentation (breech, transverse) or labor dystocia – which is arrest of progress during dilation or pushing. If baby is showing signs of distress during labor, a c-section may be recommended. There are certain other conditions, such as a placenta previa, where a c-section would be needed. If you have had a previous c-section, you can choose to have a repeat rather than trying to labor.

What is an induction? Do I need one?

An induction is the use of medications and techniques to cause contractions and dilate your cervix. There are certain conditions that lead us to recommend induction at a certain gestational age, and your doctor will discuss this with you if it applies to you. If not, you can choose to have an induction between 39-41 weeks, or wait for labor to happen naturally. The ARRIVE trial compared inductions at 39 weeks vs 41 weeks in healthy women having their first baby, and found that 39 week induction may reduce the risk of c-section and pregnancy-induced high blood pressure, without increasing the risk of maternal or fetal morbidity such as infection, bleeding, NICU admissions, etc. This does not mean a 39 week induction is right for everyone, but it is a safe option.

How can I help labor naturally?

There is so much we don't know about why labor happens to some people and not others. Starting at 36 weeks, you can try eating 6 dates a day, drinking raspberry leaf tea, and nipple stimulation / colostrum expression – these strategies MAY help with cervical ripening. Walking can also help with cervical ripening, as can sex! We offer membrane sweeps after 39 weeks as a way to try encourage labor and avoid induction.



ADDITIONAL RESOURCES

General information

ACOG FAQ Articles

<https://www.acog.org/womens-health/pregnancy/during-pregnancy>

Your Pregnancy and Childbirth: Month to Month

<https://www.acog.org/womens-health/your-pregnancy-and-childbirth>

CDC Resources:

<https://www.cdc.gov/pregnancy/during/index.html>

TheBump.com / The Bump App

Fitness / Activity Apps

BumptUp

Expecting and Empowered



Mental Health

Crisis line (available 24/7): 9-8-8, or 1-800-715-4225

Postpartum Support International

<https://postpartum.net> ; 1-800-944-4773

Emory Women's Mental Health Center

wmhp@emory.edu ; 404-778-5526



Domestic Violence

Georgia Coalition Against Domestic Violence
1-800-33HAVEN (1-800-334-2836)

Partnership Against Domestic Violence
404-873-1766



Fish in pregnancy

What is a serving? As a guide, use the palm of your hand.

Pregnancy and breastfeeding:
1 serving is 4 ounces

Eat 2 to 3 servings a week from the "Best Choices" list
(OR 1 serving from the "Good Choices" list).

Childhood:
On average, a serving is about:

- 1 ounce at age 1 to 3
- 2 ounces at age 4 to 7
- 3 ounces at age 8 to 10
- 4 ounces at age 11

Eat 2 servings a week from the "Best Choices" list.

Best Choices			Good Choices		
Anchovy	Herring	Scallop	Bluefish	Monkfish	Tilefish (Atlantic Ocean)
Atlantic croaker	Lobster	Shad	Buffalofish	Rockfish	Tuna, albacore/white tuna, canned and fresh/frozen
Atlantic mackerel	American and spiny	Shrimp	Carp	Sablefish	Tuna, yellowfin
Black sea bass	Mullet	Skate	Chilean sea bass/Patagonian toothfish	Sheepshead	Weakfish/seatrout
Butterfish	Oyster	Smelt	Grouper	Snapper	White croaker/Pacific croaker
Catfish	Pacific chub mackerel	Sole	Halibut	Spanish mackerel	
Clam	Perch, freshwater and ocean	Squid	Mahi mahi/dolphinfish	Striped bass (ocean)	
Cod	Pickering	Tilapia			
Crab	Plaice	Trout, freshwater			
Crawfish	Pollock	Tuna, canned light (includes skipjack)			
Flounder	Salmon	Whitefish			
Haddock	Sardine	Whiting			
Hake					

Choices to Avoid HIGHEST MERCURY LEVELS

King mackerel	Shark	Tilefish (Gulf of Mexico)
Marlin	Swordfish	Tuna, bigeye
Orange roughy		

What about fish caught by family or friends? Check for [fish and shellfish advisories](#) to tell you how often you can safely eat those fish. If there is no advisory, eat only one serving and no other fish that week. Some fish caught by family and friends, such as larger carp, catfish, trout and perch, are more likely to have fish advisories due to mercury or other contaminants.

www.FDA.gov/fishadvice
www.EPA.gov/fishadvice

U.S. FOOD & DRUG ADMINISTRATION

EPA United States Environmental Protection Agency

Micronutrients in Pregnancy

Nutrient (Daily Recommended Amount)	Why You and Your Fetus Need It	Best Sources
Calcium (1,300 milligrams for ages 14 to 18; 1,000 milligrams for ages 19 to 50)	Builds strong bones and teeth	Milk, cheese, yogurt, sardines, dark green leafy vegetables
Iron (27 milligrams)	Helps red blood cells deliver oxygen to your fetus	Lean red meat, poultry, fish, dried beans and peas, iron-fortified cereals, prune juice
Iodine (220 micrograms)	Essential for healthy brain development	Iodized table salt, dairy products, seafood, meat, some breads, eggs
Choline (450 milligrams)	Important for development of your fetus's brain and spinal cord	Milk, beef liver, eggs, peanuts, soy products
Vitamin A (750 micrograms for ages 14 to 18; 770 micrograms for ages 19 to 50)	Forms healthy skin and eyesight Helps with bone growth	Carrots, green leafy vegetables, sweet potatoes
Vitamin C (80 milligrams for ages 14 to 18; 85 milligrams for ages 19 to 50)	Promotes healthy gums, teeth, and bones	Citrus fruit, broccoli, tomatoes, strawberries
Vitamin D (600 international units)	Builds your fetus's bones and teeth Helps promote healthy eyesight and skin	Sunlight, fortified milk, fatty fish such as salmon and sardines
Vitamin B6 (1.9 milligrams)	Helps form red blood cells Helps body use protein, fat, and carbohydrates	Beef, liver, pork, ham, whole-grain cereals, bananas
Vitamin B12 (2.6 micrograms)	Maintains nervous system Helps form red blood cells	Meat, fish, poultry, milk (vegetarians should take a supplement)
Folic acid (600 micrograms)	Helps prevent birth defects of the brain and spine Supports the general growth and development of the fetus and placenta	Fortified cereal, enriched bread and pasta, peanuts, dark green leafy vegetables, orange juice, beans. Also, take a daily prenatal vitamin with 400 micrograms of folic acid.