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# 16 Crucial Questions Every Woman Needs to Ask Her OB-GYN During Pregnancy



by **Maressa Brown**  
Updated: August 6, 2018

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Pregnancy is a totally new and exciting experience — one that will probably bring up a lot of questions for you. But are there any discussions you should definitely be sure to bring up with your doctor when you're expecting? We talked to two OB-GYNs about the crucial

questions they always want their patients to discuss in the nine months leading up to labor.

**1. What over the counter (OTC) medications are safe for me to use?** You'll likely need some sort of non-prescription medication during your pregnancy, whether it's to ease a headache or a bad case of heartburn — and your practitioner should provide you a list of recommended [OTC meds that are safe to take in pregnancy](#). While it's important to check with your doctor about the medications you can use before popping any pill, [Dr. Kristina Mixer](#), M.D., OB-GYN with Spectrum Health United Hospital in Greenville, MI, says the following are typically recommended:

- Acetaminophen (Tylenol) for headache/pain/fever
- Vitamin B6 & doxylamine (Unisom) or Diclegis for nausea/vomiting
- [Chlorpheniramine and tripeleennamine](#) for cold and allergy symptoms
- Fiber supplement for constipation
- Saline nasal spray for allergies

**2. Is it okay that I'm feeling cramping or have some bleeding?** Some cramping or [spotting](#)

is normal in the first trimester, as a fertilized egg implants and begins to grow inside the uterus, says Dr. Mixer. However "if you are experiencing persistent cramping and/or bleeding you should contact your doctor," she adds, since it can be a sign of a vaginal or uterine infection or, more [rarely], something more serious like an [ectopic pregnancy](#).

**3. How much weight should I gain in pregnancy?** [How much weight](#) you should gain during pregnancy is usually determined using your pre-pregnancy [body mass index \(BMI\), which is calculated](#) by weight and height. Your doctor should give you a range to gain by trimester and will check at each appointment that you're on track, but here's the breakdown of weight gain by BMI:

- <18.5: 28 to 40 pounds
- 18.5 to 24.9: 25 to 35 pounds
- 25.0 to 29.9: 15 to 25 pounds
- $\geq 30$ : 11 to 20 pounds

Carrying twins? In that case, your weight gain target will likely change. Currently, the [Institute of Medicine](#) recommends the following weight gain for moms of multiples based on BMI:

- 18.5 to 24.9 : 37 to 54 pounds

- 26 and 30: 31 to 50 pounds
- $\geq 30$ : gain 25 to 42 pounds

That said, everyone's pregnancy will look different and that includes pregnancy weight gain. If you have questions, don't hesitate to talk to your practitioner, who will help you come up with a plan to make sure that you're gaining a healthy amount of weight.

#### **4. What exercise is okay for me during pregnancy?** [Staying active](#)

[during pregnancy](#) keeps both you and your baby healthy and helps ease pregnancy symptoms from [water retention](#) to [anxiety](#). What's more, many fitness activities are safe in pregnancy, notes Dr. Mixer, including walking, swimming, yoga and strength training. If you were a regular at any particular class before you got pregnant, it's likely okay to continue that exercise during pregnancy, though you should make sure to check with your doctor first. In general, you'll need to be [a little extra careful](#) — avoid rough exercises where you're more likely to fall (your sense of balance is a bit off when you're expecting), strenuous ab exercises and prolonged periods of time flat on your back, especially in the second half of pregnancy. It's also best to avoid exercises that are likely to lead to dehydration and overheating (like

Bikram yoga).

**5. What vaccinations should I get and when?** [Two vaccines](#) are must-haves during pregnancy, says Dr. Mixer:

- **Adult Tdap** is recommended for *every* pregnant mother in the third trimester, anytime between weeks 27 and 36. That's because very young babies are vulnerable to whooping cough, a contagious respiratory illness that can lead to pneumonia and even death — and babies can only receive [their own first dose](#) of the vaccine at 2 months. But by getting vaccinated during pregnancy, you help pass some immunity on to your child.
- **Influenza vaccine** for common seasonal viruses and H1N1, since your immune system is weaker and particularly vulnerable to these illnesses during pregnancy.

**6. How long can I work when I'm pregnant?** Depending on the nature of your work, you'll likely be able to keep at it up until you deliver — though if you have a particularly physically strenuous job or pregnancy complications your practitioner may recommend some restrictions for your safety and your baby's. Dr. Mixer says it's also important to discuss any emotional stressors you

experience at work with your doctor, who can help you determine if you

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should avoid them or find other

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will require both you and your health care provider to fill out forms that may take some time to process, plus you'll want to plan financially depending on your company's maternity leave policies.

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**7. Can we discuss/review my birth plan?** While a [birth plan](#) isn't necessary (and, when the big day arrives, you may not end up following some or even a lot of it), many women make one to familiarize themselves with the labor and delivery process and to make sure everyone involved is aware of their personal preferences, says Dr. Mixer. Reviewing your birth plan with your doctor prior to labor provides an opportunity to discuss expectations (especially if you have a high-risk pregnancy, where you may have more restrictions during birth to stay safe) and review concerns you and your doctor may have regarding your experience.

**8. What should I expect during my labor and delivery?** Your labor and

delivery can vary a lot depending on where you deliver — whether that's [at a hospital](#), [birthing center](#) or [home](#). A nurse or provider will perform cervical exams intermittently to determine cervical dilation and effacement. He or she may also recommend interventions for your well-being and/or baby's, including [IV](#) and [electronic fetal monitoring](#), which should be explained to you as the need arises. Discussing ahead of time also allows you to review pain management options (like the [epidural](#)) so you'll be aware of and can plan for the options available to you through various stages of labor.

**9. Who will deliver my baby?** Who ultimately brings your baby into the world depends on your physician's practice. Some have a number of OB-GYNs on-call, and you'll get whoever that person is when you go into labor. In other practices, you'll always be with your own doctor. So be sure to ask how it works for your delivery so you're okay with what goes down on D-day.

**10. What's the likelihood I'll need a C-section?** Since currently about one in three women delivers by [C-section](#), it's an important question to ask your doctor — especially if you're hoping for an [unmedicated birth](#). Reviewing your personal risks with your provider prior

to labor helps guide your expectations. While the answer is unique in each case, Dr. Mixer notes the common risk factors for C-sections include:

- Maternal obesity
- [Gestational diabetes](#)
- Suspected [macrosomia](#) (larger than average baby)
- Post-term pregnancy (going past your due date)
- Previous cesarean delivery
- Advanced maternal age (i.e., if you're 35 years old or older)

## **11. What support can I get if I want**

**to breastfeed?** Breastfeeding isn't always easy, making this an essential question for all women who are considering it. "A number of practices encourage and support breastfeeding moms and babies: Skin-to-skin contact immediately after delivery, rooming in with baby 24 hours a day and avoiding any pacifiers or artificial nipples has been shown to improve breastfeeding success," says Dr. Mixer. Discuss [lactation consultants](#) and breast pumps with your doctor too, both of which are now [guaranteed to new moms under the Affordable Care Act](#) (though who/when/when/where you have access to may vary), along with other support services both during your



hospital stay and after you go home.

## **12. What should I know if I want to**

**VBAC?** If you delivered a baby via C-section, you may have heard that it can be challenging to have a vaginal birth after cesarean (VBAC) with a subsequent labor and delivery. But many women are candidates; research on women who attempt a trial of labor after cesarean (TOLAC) has found that [60 to 80 percent](#) have a successful vaginal delivery.

“Your doctor will want to know some things about you to help you decide if a VBAC is appropriate,” explains Karen Deighan, M.D., associate professor department obstetrics and gynecology, Loyola University, Chicago. “These include the type of C-section you had...current medical conditions, and an estimate of the size of the baby. They will also want to know why you had the first C-section to help you calculate your chances of a successful vaginal delivery.”

Furthermore, Dr. Deighan says it’s important to make sure the hospital has measures in place to make VBAC safe.

“These include a 24-hour, in-house obstetrics and anesthesia teams, as well as the ability to perform an emergency C-section, if necessary, very quickly,” she notes.

Not everyone is a good candidate for a VBAC. If the reason you had a previous C-section hasn't changed — for example, your pelvis is too small — it's likely you'll need another, but if you've got your heart set on a VBAC, definitely talk to your practitioner about it and see if it could be right for you.

### **13. What about prescription meds that I might take (such as**

**antidepressants)?** This is definitely a subject you'll want to go over with your OB-GYN, says Dr. Deighan. It's also imperative to note that you should never stop taking any of your meds without talking to your doctor first.

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Dr. Deighan says the best plan is to see your doctor before pregnancy to review all your current medical conditions and medications and decide whether it makes sense to continue your current meds, switch to a different medication, or try a different treatment plan altogether. Depending on your case, you may be referred to a [maternal-fetal medicine specialist](#).

**14. Do I need to change my beauty routine? What should I know about skincare/beauty products during pregnancy?** It depends. If your beauty routine includes prescription products,

especially those with retinol, or vitamin A — like isotretinoin (Accutane) or Retin A — you'll want to talk to your doctor about changing your routine while expecting. "Excessive amounts of [Vitamin A](#), sometimes found in beauty products, should be avoided," explains Dr. Gyamfi-Bannerman, because it can increase the risk of birth defects.

You'll also do well to avoid experimentation. "Your skin could be more sensitive during pregnancy so this is probably not a good time to try new products," Dr. Deighan says.

One beauty habit that's A-OK to keep? [Dyeing your hair](#), though many [experts recommend waiting until the second trimester](#) to do so.

**15. What should I eat/avoid eating?** A [nutritious, whole foods diet](#) — think lots of vegetables, fruit, lean protein— is ideal, says Dr. Deighan. "Your doctor will likely prescribe a prenatal vitamin," she says. "You should aim to get 1500 mg of calcium between diet and supplement." As for what to steer clear of? Avoid raw fish, soft cheeses, unpasteurized milk or juice, and some [fish that may be high in mercury](#), she notes.

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## Best Foods to Eat While Pregnant

### **16. What pregnancy symptoms are normal, and what's an emergency?**

The answer to this question can vary, depending on how far along you are. "In the first trimester, some nausea and occasional vomiting are normal," explains Dr. Deighan. "Extreme fatigue is normal and breast tenderness is common. Women may also have a small amount of vaginal spotting that can be normal." That said, red-flag symptoms you should watch out for include: an inability to keep any food or liquids down, heavy vaginal bleeding or cramping, or severe abdominal pain. If you experience any of those symptoms, call your doctor immediately.

Once you've moved onto the second trimester, you may begin to have some pelvic pressure or lower abdominal stretching. "This can be normal, but

must be differentiated from pre-term labor," Dr. Deighan shares. "In general, women report increased energy in the second trimester." However, if you suddenly experience severe pelvic pressure or pain, vaginal bleeding or increased vaginal discharge, call your practitioner.

Finally, in the third trimester, it is very common to have occasional uterine contractions and pelvic pressure, Dr. Deighan notes. "Fatigue may return," she adds.

As you near your due date, you'll want to watch out for [signs of labor](#), which includes contractions, your water breaking, and your "bloody show" (the loss of your mucous plug, which is often a good indicator that labor is imminent).

Your practitioner should prep you on what to do if you think you're going into labor (he or she will probably advise you to call when contractions are five minutes apart, for example), but you should always call your doc if:

- You're experiencing severe pain
- Your water breaks, especially if the fluid looks greenish or brown — this can be a sign that stool, also known as meconium, is present in the amniotic sac (this can be dangerous

for baby to ingest)

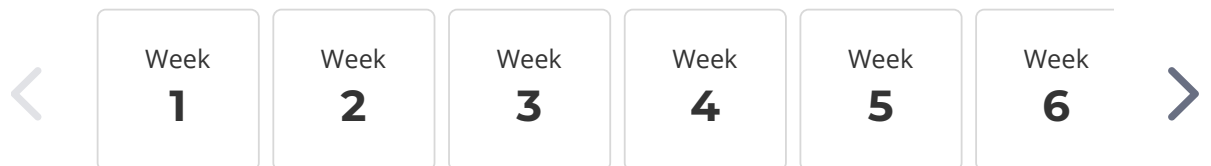
- You're experiencing sudden swelling, blurred vision or a severe headache, all of which can be signs of [preeclampsia](#) (a sudden onset of high blood pressure)

The bottom line: Don't be afraid to call your doctor or practitioner if you're unsure about *anything*. He or she knows this is likely a new experience for you, and he or she can help you figure out what's normal and what's not. And congratulations, Mom: Your baby's almost here!

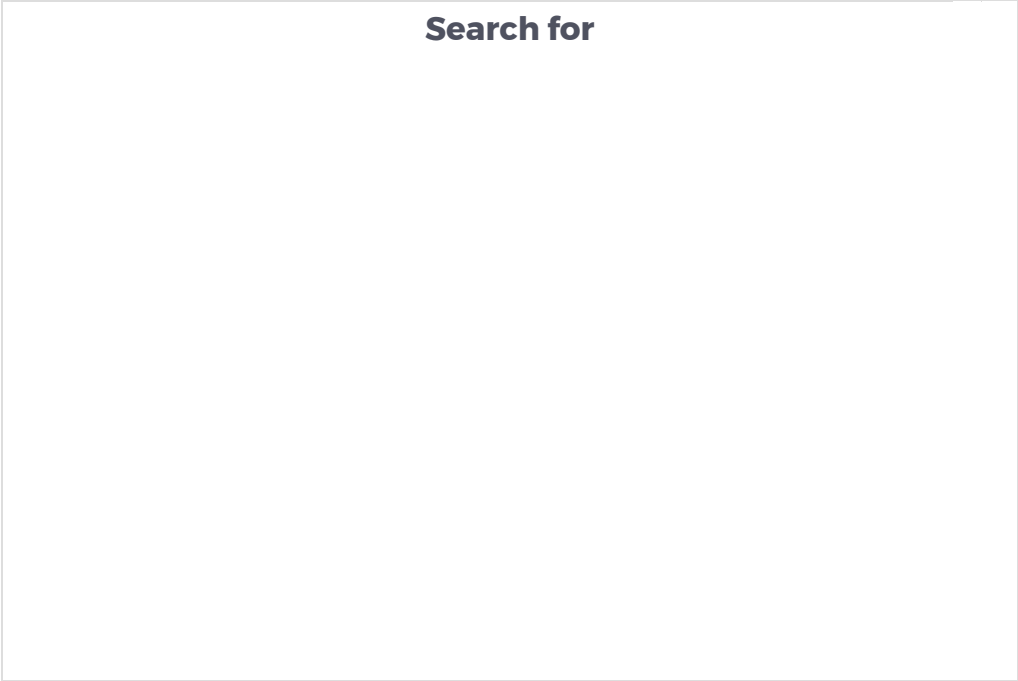
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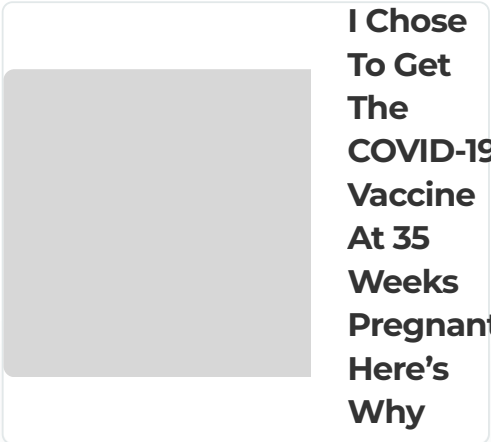
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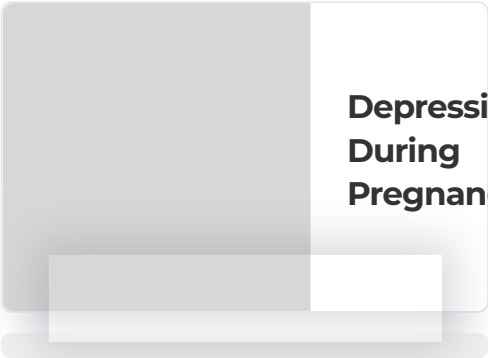
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