Pregnancy briefing leaflet

These notes pregnancy is a guide to your choices during pregnancy, which is intended to help you make informed choices about your care during pregnancy. The explanations in these notes are a general guide only and are not always relevant to you. Please feel free to ask if you have any questions. Additional information is also available at http://www.rcog.org.uk/womens-health/patient-information http://www.iaso.gr/gr/laso/ or brochures that you may be given.

NUTRITION

Make sure you eat a variety of different foods to get the right balance of nutrients. It is important to prepare the food carefully to prevent food poisoning. Foods such as ready meals, meat, poultry, shellfish and eggs should be cooked thoroughly. Avoid pate, soft cheeses, unpasteurised cheeses (mozzarella, parmezan) and unpasteurised dairy. You can eat oily fish (salmon, swordfish)twice per week.It is recommended to take folic acid supplements, which helps prevent abnormalities in the baby, eg anencephaly, spina bifida. The recommended dose is 0.4 mg per day for at least 8 weeks before pregnancy and up to 12 weeks in pregnancy. If you have diabetes or are taking anti-epileptic or have a family history of fetal abnormality, the recommended dose is 5 mg per day.Supplements of vitamin A should not be taken during pregnancy and any other dietary supplements should be taken only after consultation with the obstetrician. The average weight gain in pregnancy is 11 kgr. The more weight you gain in pregnancy the more likely you are to face complications such as dystocia and cesarean section and the weight is more likely to stay after childbirth.Supplements of vitamin A should not be taken during pregnancy and any other dietary supplements should be taken only after consultation with the obstetrician. The average weight gain in pregnancy is 11 kgr. Alcohol increases the risk of miscarriage or could lead to a syndrome, which results in severe abnormalities. There is no safe limit of alcohol consumption during pregnancy. If you choose to drink alcoholic beverages during pregnancy, you should drink no more than 1-2 units once or twice a week. A unit of alcohol = half a pint of beer / lager or 15 cc (cc) of spirits or a small glass of wine. Drunkenness can harm your unborn baby. Drugs can seriously harm you and your baby. Any medication or discontinuation of medication during pregnancy should be discussed with your obstetrician.When smoking tobacco smoke, carbon monoxide, nicotine and other toxic chemicals pass through the placenta directly into the bloodstream of the baby so the baby smokes with you. This will reduce the oxygen and food, and put the baby at risk of residual growth, prematurity and other problems.

Travel

If you plan to travel abroad, you should discuss vaccinations and medical insurance to your destination. Long haul flights may increase the risk of thrombosis. You should always wear a belt with a diagonal strap between your breasts and the lap belt over the thighs. The straps thus placed above and below the waist, not up to it

Relations.

Some women find pregnancy is a time of increased anxiety and discomfort. To a large extent can influence your emotional state, and your relationships. Pregnancy evolve naturally if there is a reason for reducing your physical and sexual activity

THE TESTS IN PREGNANCY

Symptomatic bacteriuria is a bladder infection that has no symptoms. The detection and treatment can reduce the risk of kidney infection. It can be detected by testing a urine sample (urine, leaving the first run and collect the rest of the container).

Anemia caused by lack of hemoglobin (Hb) in red blood cells. Haemoglobin carries oxygen and nutrients throughout the body and baby. Anemia can make you feel very tired. If you are anemic, you will recommend iron supplements and advice on nutrition.

Blood group antibodies. This test tells us your blood group. If your blood is Rhesus positive (Rh + ve) or negative (Rh-ve) and if you have antibodies (foreign proteins in blood). If you are Rhesus negative, you will need blood tests to check for antibodies. If your baby has inherited the gene from Rhesus positive father may develop antibodies in your body that can cause anemia to the next baby. To avoid this, you will need an injection AntiD on 28 and 34 weeks and whenever there is a chance to get in contact with the blood of the fetus (amniocentesis, bleeding, abdominal trauma, etc.)
Red will check if you have immunity to rubella virus because if you get stuck in the first quarter, the chances of harm to the fetus are considerable. Tell if you develop a rash during pregnancy.
Hepatitis B is a virus that infects the liver. If you are a carrier of the virus or have become infected during pregnancy, you will be offered to vaccinate your baby at birth to prevent infection.
Syphilis is a sexually transmitted disease that can seriously harm your baby if left without prompt antibiotic treatment.
HIV (human immunodeficiency virus) affects the body's ability to fight infections. This test is important because the infection can be passed to your baby during pregnancy, during birth or through breastfeeding. Treatment in pregnancy contributes significantly to reducing the risk of infection from mother to child. :
Chickenpox can cause problems in the developing baby if taken before 20 weeks of pregnancy. It can also be passed to the newborn baby if it occurs within 10 days before birth.
Cytomegalovirus (CMV), prevention requires careful hygiene especially thorough hand washing.
Parvovirus (slapped cheek syndrome) often causes a red rash on the face and primarily occurs in children. It can cause anemia in the fetus.

Toxoplasmosis is caused by an organism found in cat faeces. Always wear gloves when gardening or changing cat litter. Also, make sure that all foods are washed and cooked thoroughly before consumption.
Chlamydia is a sexually transmitted disease that can lead to pelvic inflammatory disease and infertility. If you are under 25, you are offered a simple test or vaginal swab or urine. If positive, you will need antibiotics you and your partner.
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ULTRASOUND
Before 11 weeks you will be offered ultrasound to determine the number of embryos and their viability.
Nuchal translucency and biochemical tests. This examination will give us a statistical risk for the baby suffers from Down syndrome and other chromosomal abnormalities.
If the risk is high (over 1 / 300 is greater than the risk of age) is most likely that your baby's syndrome Down. We will discuss a further examination, such as CVS or amniocentesis. These examinations can cause miscarriage in up to 1%.
If the risk is low it is important to know that none of these tests are not 100% accurate sensing between 70-90% of all cases.
At 20-24 weeks you will be offered an ultrasound to make sure the baby is anatomically sound. If there are anatomical abnormalities can you recommend CVS amniocentesis. If no evidence can you recommend a special ultrasound of the heart of the fetus.
From 28 weeks to measure the baby's development, function and location of the placenta by ultrasound according to the course of pregnancy.

WHEN TO INFORM the obstetrician
Abdominal pain;
-Blood or fluid from the vagina
-Headaches
Blurred vision;
-Itching
-Less than 10 fetal movements / 24 hours

Typical monitoring pregnancy program

Monitoring Pregnancy

Chance of sporadic (random) elimination of 15-20% 6-9 weeks obstetrical history and design of the monitoring plan accordingly.
Ultrasound for determining the expected date of birth, number of embryos and the status of embryos.
Schedule blood tests and vaginal culture according to the history.
12-13 weeks NT and vhCG & PAPP-A.
Programming chorionic villus biopsy, depending on the result, the historical and the personal beliefs of the couple.
The fetus is fully formed. 1-3% chance of miscarriage 16 weeks Intermediate and retesting of all ultrasound examinations.
Repeat tests for Toxoplasma & CMV antibodies in the absence of memory (IgG) in the initial tests.
22 -24
weeks Ultrasound Anatomy of the fetus. In patients with a history of diabetes, epilepsy etc specific fetal cardiac ultrasound examination by a specialist cardiologist.
Amniocentesis if there is evidence of the desire of parents

The baby is 28 weeks viable blood test, indirect Coombs (only if the blood group is Rhesus negative), and glucose curve for the exclusion of gestational diabetes mellitus.
Prophylactic administration of anti-D (Rhesogamma) in women who are Rhesus negative.
Neurological fetal maturity from 1930 to 1932
Routine Examination of weeks now. Schedule blood tests.
34 weeks ultrasound fetal growth and umbilical artery Doppler.
Prophylactic administration of anti-D (Rhesogamma) in women who are Rhesus negative.
Respiratory maturity 36 weeks of growth and Doppler ultrasound umbilical artery.
Clinical examination rates.
Clinical examination 38 weeks now. Vaginal examination to determine cervical ripening. Programming tract and cause birth years depending on the history and evolution of pregnancy.
Cardiotocographic
Cervical ripening to reduce the likelihood of birth
41 to 42 weeks of challenges confinement.

Briefing leaflet for abnormal pap test

What is a Pap test?

The Pap test (Pap test) is a quick and simple test cells from the cervix that is no longer normal. If these changes are detected and treated early, up 90% of the most common type of cancer of the cervix can be prevented.

What does an inadequate test
Smear?

An unsatisfactory Pap smear cytology means that he could not see the cells well enough .. In this case you may be asked to do a repeat Pap test after you use a cream. There is no reason for concern. Sometimes, a Pap smear will show signs of inflammation. If the Pap test was otherwise good you proposing to make the next test a little earlier and maybe you need to crops or to use a vaginal cream.

What does an abnormal pap smear?

This result means that some of the cells of the cervix differ in some way from normal cells. This occurs in about 1 in 15 Pap test. Such a result implies a very rare cancer of the cervix, and may be abnormal for a variety of reasons.

Types of anomalies
These anomalies can be either low grade or high grade.

Low-grade abnormalities (CIN1, LGSIL)

These are minor changes that usually disappear over time.
Most of the low-grade abnormalities are due to a virus infection Human Warts (Human Papilloma Virus - HPV). HPV is very common: 4 out of 5 women will be exposed to HPV at some time in their lives. Most women with HPV will not develop cancer of the cervix. HPV is passed on through sexual contact or skin from the genomic region. The body usually clears
an active infection within 1-2 years. When certain types of HPV persist for a number of times, the cells may gradually change to become precancerous and so there is an increased risk of cervical cancer mitras.Ean previous pap smear was normal that you, your doctor will ask you to return for a repeat Pap test in 1 year. This allows the body to clear the HPV infection and abnormalities to normalize itself.

Diagnosis and treatment

If you had an abnormally low level of testing will be offered to suffer a colposcopy. This means that we used an instrument called a colposcope. The colposcope does not enter the bay but a microscope that distance provides a magnified view of the cervix to examine the extent and nature of any abnormalities. Some women with a low anomaly
grade may be referred immediately for colposcopy without the need for a
repeat Pap test.

High-grade abnormalities (CIN2 & CIN3, HGSIL)

The high-grade abnormalities are more severe changes in the cells of the cervix which, if left untreated, have a greater likelihood of progression to cancer of the cervix. It usually takes up to ten years ago the high-grade abnormalities develop into cancer of the cervix.

Treatment for Abnormal High Grade

If you have an abnormally high degree during colposcopy, a small tissue sample (biopsy) will be captured and sent to a laboratory for examination. There are a number of options for treatment depending on the severity
anomaly. Various methods are used to remove the abnormal cells from the cervix, and most do not require a hospital stay.

Preventive gynaecological check (Screening)

Typical Plan Preventive gynecological Control (Screening)

The following plan is individualized. For example, a patient with polycystic ovaries should regularly monitor blood pressure and annual sugar and lipids.

Bone density: first count to 45 unless there are risk factors (premature menopause, use of cortisone). Count if 2 to 3 years unless treatment is monitored.
Mammography: In 35 years, once by 40 each year.
If you have a family history of control can be started earlier.
Pap test: Each year after the 21 or the onset of sexual activity.
Frequently or in combination with colposcopy if not normal
After 68 years if all tests were normal can stop the check or to make any 3 to 5 years.