Pregnancy Precautions
The Current Thinking On Dos And Don'ts

he nude picture of Demi Moore on the cover of the August issue of Vanity Fair has taken pregnancy to new heights, or new widths, as the case may be. The very au nature shot of the very pregnant Moore has created quite a stir among many who feel that the portrayal is distasteful, outrageous and grotesque.

Others think that it depicts a natural and beautiful state, even evoking a sensual reaction from some. “I think a pregnant body is pretty,” says Dr. Bill Pelletier, an obstetrics and gynecology specialist.

The condition itself is as old as Eve, and just as misunderstood, but pregnancy has finally come out of the closet. The days of treating expectant mothers as invalids are long gone. The stereotype of the pampered and pregnant damsel munching bonbons while lounging on the couch is no longer accurate, if it ever was. But there are still limitations that must be heeded to ensure that mother and child remain healthy.

While the condition of pregnancy is perfectly normal and has been occurring for millennia, it is not a simple proposition for any body. “You’re not just carrying a baby in the uterus. Your whole body changes,” says OB/GYN Dr. Patricia Burch. “Even though pregnancy is not an illness, it is a stress on your body.”

Women must be aware of these changes and make allowances, when necessary. “You really need to rest, especially in the latter part of pregnancy,” says Burch.

During gestation, there is more blood in the system, the heart works harder, ligaments are stretched, metabolism and blood pressure are different, and extra hormones are running amok throughout the body. “All of these changes are to give the baby the best chance to grow properly” says Burch.

A hairdresser, for instance, might want to consider modifying or terminating employment shortly before delivery. “I really recommend that they not work in the last month. They’re standing up all day,” says Burch. “Your body is using all that energy to grow a baby.”

She also advises getting extra help at home, as do other specialists. “The full-time working mother, as far as I’m concerned, does need to have two full-time jobs,” says Dr. Donald Mickel, who also practices obstetrics and gynecology.

The expectant mom who puts in eight hours at the office, then comes home to cook supper, clean house and do laundry until 1 a.m., is not doing the baby any favors, says Mickel. “That’s not good. I don’t care if she thinks she can do it or not.”

Pregnancy does dictate some modifications in a person’s lifestyle. “I think it does, to some degree,” he says. This is not to imply, however, that the limitations should be severe.

“Moderation is the key to anything I will tell you,” says Mickel. “We want you active.”

We want you happy. You’re not an invalid, but don’t work the limits.” Regarding employment, he advises, “If they can do it, then do it. If they can’t, then it’s legitimate to stop toward the end.”

Guidelines vary according to each woman. “Working is perfectly acceptable, but it has to be individualized and adjusted according to her history and job,” Mickel says.

This trend of thought differs somewhat from the view that was in vogue only several years ago. At that time, there were few restrictions, if any, on women who were with child. This superwoman image has given way to more realistic expectations. “We seem to have run the whole gamut,” says Mickel.

The mothers of baby-boomers were undoubtedly treated with kid gloves in post-World War II society, when pregnancy was still regarded as a risky and complicated business. The other extreme, though, is equally unrealistic. “We do recommend, to some degree, a little moderation when an individual becomes pregnant,” says Dr. Richard Bass, an OB/GYN.

“The pendulum has swung all the way to the extreme and now it has come to a real nice moderate point.”

He advises that women in very physical occupations temper these activities at about the 36-week stage. “Metabolically, it’s the [body] under a strain.” However, he does encourage those who feel able to continue to work until delivery time to do so. “Just try to find time periods when they can take a break.”

OB/GYN Dr. Robert Johns says he would probably not recommend that a skydiver continue such an activity during pregnancy. High-risk, or very physical activities, may cause a great deal of discomfort, and Johns also discourages working under such conditions.

“We have some close to term who will have a lot of leg pain and back pain. Usually, with that, I ask them to cut back or take leave early,” says Johns. “Most authorities think rest is important.”

Although activities that involve some discomfort not likely to be detrimental to the baby, it’s best to provide every possible advantage, says Johns, since a healthy mother generally means a healthier baby.

Pam Maurin continues teaching aerobics classes at Red Lerille’s Health & Racquet Club through her entire second pregnancy. She taught a course one morning and went into labor the same afternoon.

By Marcelle Tessier
Photo by Robin May

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"The only thing I didn't do was jump," she says. "I just went with how I felt, and it didn't hurt, so I just kept on." The classes were not geared toward pregnant women, but Maurin did limit her in-struction to low-impact courses and decreased her classes from five to three per week as the pregnancy progressed.

Maurin was released from her doctor's care two-and-a-half weeks after a Caesarean section, and although her daughter Michelle was born six weeks early, both mother and infant are still reported to be in good health, says Maurin. "She doesn't think that Michelle's early arrival on June 22 had anything to do with her exercise regime.

Maurin was also physically active before the birth of her first child, Hilary, two years ago. "That's just what I was used to," she says. "I couldn't see sitting home at the house and feeling bad. I think it makes a healthy baby and a better recovery." From the feedback that Maurin received after her classes, it's obvious that many physicians are still hesitant about allowing such levels of activity.

There are still a lot of doctors cautious about exercise," she says.

Indeed, this is a trend where preconceived notions are rapidly changing, and opinions continue to be in a state of flux. Recommendations vary widely from one doctor to another. "There's a lot of variation when it comes to recreational activity," says one physician. "I think OB/GYNs will recommend a variety of things," Bass says.

In general, though, most will advise patients to continue at pre-pregnancy levels, with some modifications toward the end. Even some introduction of low-impact exercise may be advisable, providing that it is done in moderation. Bass says that a good physical activity program maintains muscle strength for the pregnancy and the delivery. He has a gen-

THE VANITY FAIR PHOTO SPREAD ON DEMI MOORE PUT PREGNANCY IN THE NEWS.

eral rule of thumb, though, "Don't exercise past the point where you can carry a good conversation." Anything beyond this level may strain the mother's system to the point that it is detrimental to the fetus.

The increased placenta flow that is brought about by exercise is good in the mother's womb by delivering necessary oxygen and nutrients. However, an excessive amount could compromise the placenta in favor of other muscles that require more circulation.

"If you're stressing your body, it tends to shut off blood to unnecessary organs."

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"It's not an illness, but it's a stress on your system. You can't expect to do all the routine things and not be tired."

—Dr. Patricia Burch

use is never permitted. Its ill effects have been well documented through the years.

Caffeine. "I think caffeine should be kept to a minimum," says Mickal. "All of this goes to the baby. We just don't know what it's doing to the baby." Bass says that although the U.S. Food and Drug Administration does not consider caffeine a problem during pregnancy, he advocates some restrictions. "We usually recommend moderate amounts," he says.

Alcohol. The effects of alcohol during pregnancy have been intensively scrutinized over the last decade, and most doctors now advise patients to avoid it if possible. Bass says an occasional glass of wine probably won't hurt, but no one is sure where to draw the line. Consequently, he suggests that his patients abstain.

The bottom line is that alcohol is a no-no. Probably people can drink a little alcohol while they are pregnant, but we have not been able to figure out who can drink how much," he says. "The real bottom line is try not to have any.

Tobacco. Tobacco use is never permitted. Its ill effects have been well documented through the years.

Drugs. For obvious reasons, most drugs are to be avoided, although some are allowed for pre-existing conditions. "There are a number of medications safely used in pregnancy," says Bass.

Any prescription or over-the-counter medicine should be discussed with a physician before use. Some anithymimetics are allowed, and Tylenol is also permitted. On the other hand, if you're addicted to aspirin, a good consultation with a doctor is crucial to determine which are acceptable.

Other taboos that were strictly enforced in past years have now fallen by the wayside. Sodium is no longer the demon it was thought to be in the early '70s. "It's not as big a thing as people make it to be. It should be kept to a reasonable limit, but not strictly limiting," says Mickal. "Just because you swell doesn't mean something is wrong." He recommends getting your feet for a time and drinking plenty of fluid to reduce swelling. The extra fluid actually helps to flush umorous liquid from the body and is a much more natural process. In fact, some doctors now believe that salt restriction has drawbacks.

"You can really cause problems with salt restriction," Bass says. He thinks that salt in the diet should be limited only with isolated cases of high blood pressure or other complications.

Another area where previous guidelines have changed is the amount of weight that an expectant mother can safely gain. Present studies indicate that an additional 25-30 pounds is most often associated with healthy babies, but lower amounts, another amounts were advised by most doctors.

Dieting is also passe. Mickal says, "Pregnancy should never be the time to diet, per se. It's as good a time as any to learn to eat right. It's not the time to lose weight.

Pregnancy is also perfectly acceptable for the overweight person. Mickal says many women postpone the decision to have a baby until they reach their desired weight, but oftentimes, this never occurs. While obese women do face some additional risks, these are minimal, according to Mickal. "I don't think the overweight patient should be made to feel they shouldn't get pregnant," he says. "In no way should it discourage anyone from getting pregnant."

Nor should a heavier women diet. "An overweight woman should not try to restrict her diet," says Burch, who explains that doing so takes calories away from the baby.

Pregnancy is a universal condition, but it's also a very personal experience, and consequently advice varies from one person to another. "It's a very individual thing," Burch says.

In general, though, if basic health guidelines are followed before pregnancy, then the mother shouldn't really need to drasti-cally modify her routine.

Proper diet and exercise are always recommended, and the patient's health should ideally be discussed with the physician beforehand. "The bottom line should be to prepare before you get pregnant," says Mickal.