



First Trimester

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Nausea and Vomiting

Only about 15% of pregnant people DON'T suffer from nausea at some time during their pregnancy. Since each person is different and each pregnancy is different, the severity will vary – however, nausea does tend to get worse with subsequent pregnancies. More than half of people experiencing nausea will also have vomiting. Even without ongoing vomiting, nausea can still be quite debilitating.

What causes nausea?

No one knows exactly what the cause is. It is believed that the cause is a combination of the many physical changes taking place in the body, especially by the higher levels of hormones during early pregnancy.

How long will it last?

Nausea usually starts between 5 and 6 weeks of pregnancy, and is at its worst by 7 weeks. Although common in the morning, “morning sickness” can actually last all day, or be worse in the evening. For 80% of people, nausea gradually lessens, with more frequent nausea-free days until it ceases completely sometime after 12 weeks. However, physical or emotional stresses can cause temporary relapses. For the other 20% of people, nausea will continue for a longer period of time—and for some, through the end of pregnancy.

Is it dangerous to me or my baby?

Nausea, especially if severe, can be emotionally draining. Many find that it interferes with regular daily activities, making it necessary to find ways to cope. The majority of the time, it isn't physically harmful to the pregnant person or baby. If you were healthy before pregnancy, your body and your baby will draw on your nutritional reserves. There is even a theory that minimal nutrition in the first trimester of pregnancy (i.e., when the placenta is growing), essentially tricks the body to grow a larger, more efficient placenta.

What if I can't keep anything down?

About 1% of pregnant people suffer from an incredibly overwhelming form of nausea and/or excessive vomiting in pregnancy. This condition is called hyperemesis gravidarum. If left untreated, the lack of food, fluids, and nutrients may pose a risk to their health, and eventually to the well-being of their baby. Initial treatment usually includes IV fluids, as dehydration makes the condition worse. Longer term treatment usually involves various prescription drugs.

Nausea Survival Strategies

Avoid low blood sugar

- Having low blood sugar can cause or worsen nausea, so eating small, frequent meals can help with this.
- Carry snacks with you, such as raw almonds, so your stomach is never empty. This can also help to minimize heartburn.
- When you first wake up, eat a snack, and then rest for 15 minutes before getting out of bed.
- Keep a few crackers or bowl of nuts in the bathroom, or next to your bed. This can help to keep your blood sugar up by having snacks available if you wake up in the night, or for one of those middle-of-the-night bathroom trips.
- Until your nausea decreases, eat according to your cravings – better to eat something, than nothing at all.

Carbs & Proteins

- Eat protein for sustained energy. Try some just before bed to avoid morning nausea.
- Go for complex carbs if possible. Refined carbs can quickly cause blood sugar lows.

- Some people find carbs (such as, crackers, dry toast, popcorn, and granola bars) more relieving; others prefer proteins (such as, nuts, cheese, and peanut butter).

Flavors, Smells, Textures

- Some pregnant people may crave certain flavors: salty, sweet, or sour. Find what works for you.
- Smelling citrus fruit – such as, oranges and lemons – can help. Eating citrus, which is high in vitamin C, also helps your body to efficiently absorb iron.
- Keeping the saliva flowing by sucking on something sour can help.
- Avoid spicy, fatty and fried foods.
- Try eating food cold, as it may not smell as strong as when hot. Try popsicles.
- Minimize cooking smells by cooking with the vent fan on or window open.
- The smell of coffee and red meat are often triggers.

Fluids

- Don't let dehydration make your nausea worse: try to drink 2 litres of fluids each day.
- Add a dash of sea salt, plus a dash of lemon or cranberry juice to your water. All of these can help to speed up digestion.
- Drinks that reduce nausea can also count towards your 2 litres: ginger tea, ginger ale, or anything bubbly, like sparkling water or seltzer.
- Caffeine counts against your 2 litres, as it is a diuretic and causes more dehydration. Aim to drink an extra cup of water for every caffeinated drink or ounce of chocolate that you have.
- Avoid sugary pop or sodas— the high sugar content will likely make your nausea worse.
- Commercial sports drinks, such as Gatorade, are often full of sugar. Check ingredients before consuming.

Indigestion

- Avoid letting your stomach get totally empty.

- Don't take supplements on an empty stomach.
- Try digestive teas if you have indigestion, constipation, or diarrhea associated with your nausea: fennel, mint, chamomile, etc.
- Eat foods with natural enzymes and probiotics, like yogurt with live cultures. Or take a probiotic supplement.
- Take digestive enzymes at mealtime, such as papain (or papaya enzyme) and bromelain.
- Try activated charcoal for a "sour" or upset stomach: 2 capsules when nauseous, up to twice a day.

Stress

- Physical stress can make nausea worse.
 - Avoid warm places, as feeling too hot can worsen nausea.
 - Being tired also makes nausea worse. Focus on getting more sleep, including napping.
- Emotional stress can make nausea worse. This can be cyclical, as nausea can definitely cause emotional distress!
 - If your work is stressful, consider taking some time away from work if possible; or adjust your work hours if you can.
 - Consider seeing a counselor; especially someone who is familiar with pregnancy, and may be best poised to helping you navigate the psychological and emotional challenges of serious nausea.

Exercise

- Carbon dioxide buildup in the blood contributes to nausea. This can be reduced with cardiovascular activity like walking and swimming.
- Exercise in fresh air seems to be especially helpful.

Vitamins

- Try 25mg of Vitamin B6, up to 6 per day (max dose of 150mg per day).

- The pyridoxal-5'-phosphate form of Vitamin B6 is found to be the most absorbable form. You can find this at most health food stores.
- The iron in daily prenatal vitamins can make nausea worse. Take vitamins with food or just before bed if possible. If this doesn't help, then decrease the amount that you take, or talk to your midwife about pausing taking daily prenatal vitamins until your nausea is gone.
- Vitamins are supposed to fill the nutrient gaps in your diet – if you eat worse because of increased nausea, then they are not helping.
- Some people find taking folic acid on a daily basis instead of a prenatal vitamin lessens their nausea.

Ginger

- Take 250 mg ginger capsules up to four times a day, or 5-6 cups of ginger fluids per day. Try ginger ale, ginger beer, ginger tea, ginger-lemonade, or eating candied ginger.

Aromatherapy

- Many essential oils are off-limits in pregnancy. However, smelling lavender and/or citrus essential oils may help with nausea. Try putting some in a bath.

Seeking Professional Help

Acupuncture

- Research has shown acupuncture to be effective for treating nausea. Look for a practitioner experienced with prenatal acupuncture.

Counselling

- Serious nausea has been shown to trigger anxiety/depression in pregnancy. Speaking to a counsellor familiar with pregnancy may help. If you're unsure where to start, reach out to your midwife.

Medications

- Diclectin is a medication considered safe for treating nausea in pregnancy. It is a combination of Vitamin B6 and an antihistamine, called doxylamine.
- It can have uncomfortable side effects such as dry mouth and sleepiness, so it's usually reserved for more serious nausea. Ask your midwife for more info, and/or for a prescription if you think this would benefit you.
- There are further medications that may be suitable if Diclectin doesn't work well enough to control your nausea. Speak to your midwife about these options.

Supplements

1. There is good evidence to support the benefits of folate for preventing open neural tube defects.
2. Omega-3 supplements have been shown to contribute to healthy brain development in babies.
3. Probiotics are useful for preventing a bacteria called Group B Strep, that is relevant later in pregnancy. Probiotics can help to optimize your microbiome. This can have benefits for the baby because your microbiome helps to establish the baby's microbiome.
4. Vitamin B6 is useful for maintaining energy levels and reducing nausea.
5. If you are vegan or do not eat many animal products, you may want to take a Vitamin B12 supplement. You can also ask to have B12 levels added to your bloodwork if you think yours may be low.
6. Iron is tested in early pregnancy and then again in late second trimester. Your midwives will tell you if you need to take a therapeutic dose of iron (150mg every other day). If you do not have much iron in your diet and are feeling tired, you

could increase dietary sources of iron, such as cooked, green, leafy vegetables; lentils; red meat; broccoli; and almonds. Cooking with cast iron can also aid in infusing your food with iron.

7. Calcium is another important mineral in pregnancy. You should aim for 1000mg of calcium each day—either from your diet, or from a supplement.

Bleeding

First-trimester vaginal bleeding is common and occurs in up to 25% of pregnancies. While many cases result in ongoing viable pregnancies, bleeding may also indicate miscarriage, ectopic pregnancy, or other complications, and requires systematic evaluation. If you are experiencing bleeding at any stage of pregnancy, please page your midwife.

Paging the Midwife

Please call the urgent line/pager for anything you would consider going to the hospital for. The number is 250-410-3391. If you have a non-urgent question or concern (that could wait 24-72 hours for a response), please email the clinic at info@earthsidebirth.ca.

Headaches

Headaches can occur with the hormonal changes of pregnancy. It is safe to take acetaminophen (Tylenol) to treat headaches, however, please avoid NSAIDs (like Ibuprofen or Advil, naproxen or Aleve, or Motrin, amongst others). The exception to this is if you have been advised to take aspirin throughout your pregnancy by a

medical professional. If you're unsure whether a medication is safe to take in pregnancy, please ask your midwife or a pharmacist before taking.

Prenatal genetic screening

Serum/Integrated Prenatal Screening ("SIPS or IPS")

This screening is offered to all pregnant people with MSP coverage to assess the risk of common chromosomal conditions, including:

- Down syndrome (trisomy 21)
- Trisomy 18
- Trisomy 13
- Open neural tube defects (e.g., spina bifida)

The SIPS screening includes:

- 2 blood tests:
 - The first blood test is done between 9 weeks – 13 weeks+6 days of pregnancy.
 - The second blood test is done between 14 weeks – 20 weeks+6 days of pregnancy.

The IPS screening includes the 2 blood tests above, plus:

- Optional nuchal translucency ultrasound:
 - This is offered to those who are 35 years old or older at the time of the baby's birth. The ultrasound measures the fluid at the back of the fetal neck. This is done between 11 weeks – 13 weeks+6 days.

Key points about MSP-funded screening:

- Screening provides risk estimates, which are shown as a ratio. Such as, a 1/400, or 1/1000 chance of your baby being affected by a condition.
- This screening is NOT diagnostic of conditions.
- If screening result is 'positive' or indicates a higher risk of your baby being affected by a condition, you will be offered further testing, such as the Non-Invasive Prenatal Test (NIPT), or diagnostic testing (such as an amniocentesis).

Cell-Free DNA Screening — NIPT (Non-Invasive Prenatal Testing)

What is it?

- The NIPT is a form of prenatal genetic screening that analyzes cell-free, fetal DNA in the pregnant person's blood.
- This can typically be done from 9–10 weeks of pregnancy onwards.
- It screens with higher sensitivity and specificity (and therefore, higher accuracy) for:
 - Down syndrome (Trisomy 21)
 - Trisomy 18
 - Trisomy 13
- While the NIPT has increased screening accuracy for these conditions, it is NOT diagnostic.
- NIPT can also include optional reporting of fetal sex and some sex chromosome or microdeletion syndromes, depending on the panel you choose.
 - NOTE: These extended panels can add cost, and can affect the accuracy of the screening.
 - Reporting of the fetal sex cannot be done with the addition of certain panels.

Coverage in BC

- A publicly-funded NIPT may be offered by health care providers when a routine screen (e.g., SIPS/IPS) result is positive, or when certain clinical risk factors exist.

Private pay option

- For others, NIPT is paid for privately, or may be covered by some supplemental insurance providers. Private pay for NIPT is between \$300-\$600 and can be requested after the dating ultrasound is complete. If you would like to do private pay NIPT please reach out to your midwives.
- We will need your updated due date from your dating ultrasound in order to complete the requisition for you.
- We can send you this requisition to complete the NIPT any time after 10 weeks.

Diagnostic Testing (Invasive)

If prenatal genetic screening (such as the standard SIPS/IPS, or NIPT) indicates a positive, or high-risk result for a condition, you can be referred for diagnostic testing.

Diagnostic testing in pregnancy includes:

- Chorionic Villus Sampling (CVS) (typically done around 11-14+ weeks)
- Amniocentesis (generally done after ~15 weeks)

These tests definitively diagnose chromosomal conditions, but carry a small procedure-related risk (e.g., miscarriage, or other pregnancy complications).

Other Optional or Private Screening

- Some people choose NIPT expanded panels (such as those that include microdeletions or sex chromosome aneuploidies), or combination screening packages offered by private clinics.
- Some private pay options for NIPT may be available earlier, and without prerequisites. These may include broader reporting, and costs vary.

Ultrasounds

First-Trimester Dating / Viability Ultrasound

Timing: ~10 weeks (sometimes up to 12 weeks)

Purpose:

- Confirms pregnancy location in the uterus
- Confirms viability (fetal heartbeat)
- Determines gestational age and due date
- Identifies multiple pregnancy (e.g., twins or triplets, etc)

Second-Trimester Anatomy Ultrasound (Detailed Fetal Survey)

Timing: 18–22 weeks (most commonly around 20 weeks)

Purpose:

- Comprehensive assessment of fetal anatomy
- Confirms location of the placenta and where the umbilical cord inserts into the placenta
- Assesses amount of amniotic fluid
- Evaluates the length of the cervix
- Confirms fetal growth is appropriate

*The second trimester detailed scan is the one universally recommended ultrasound in an uncomplicated pregnancy.

Ultrasounds Not Routine (but commonly indicated)

These are performed only if there is a clinical indication:

Third-Trimester Growth Ultrasound

Indications may include:

- Fundal height discrepancy
 - As your belly grows in pregnancy, it roughly corresponds to your number of weeks pregnant. If your belly is measuring +/-3cm different than your weeks' of pregnancy, an ultrasound may be indicated.
- High blood pressure, diabetes, or other medical conditions
- Suspected growth restriction (if it is suspected the baby isn't growing as expected) or macrosomia (if the baby is growing too big)
- Abnormal placental findings

Key Principles about Ultrasounds

- Ultrasounds are used selectively, not routinely every trimester.
- More ultrasounds do not necessarily improve outcomes in low-risk pregnancies.
- All ultrasounds are optional, and your informed consent is essential.
- Ultrasounds for non-medical reasons (such as to find out the fetal sex) are not funded in Canada.

Travel

Timing of Travel & Generally safe periods

- Routine travel is safest during the second trimester (about 14–28 weeks), when nausea has improved and the risk of preterm labor is lower.

First trimester

- Travel in the first trimester is not 100% contraindicated if the pregnancy is uncomplicated. However, symptoms (nausea, fatigue) may make travel less comfortable.

- You should always consider where you would receive emergency care and whether your insurance would cover it.

Clinical Contraindications to Travel

Travel may be discouraged or contraindicated if there are specific pregnancy complications. Examples include:

- Active or threatened miscarriage
- Preterm labor or your water breaking
- Cervical insufficiency (meaning a shortening cervix; this can be a risk factor for preterm labour)
- Pre-eclampsia or other high blood pressure in pregnancy
- Placental problems (e.g., placental abruption, placenta previa—when the placenta starts to separate from uterus, or when the placenta covers the cervix)
- Multiple pregnancy with complications

Destination-Specific Risks

Infection exposures

- Avoid travel to areas with Zika virus risk due to potential congenital effects.
- Malaria poses significant maternal and fetal risk; travel to areas with malaria should be avoided when possible or only undertaken with specialist consultation regarding prevention and treatment.

Travel Mode and Safety Tips

Air travel

- Wear your seatbelt low across the pelvis when seated.
- Hydrate well and walk or stretch frequently to reduce the risk of blood clots.
- Compression stockings may be recommended for long flights.

Car travel

- Take frequent breaks to walk and stretch.
- Always wear a seatbelt with the lap belt under the abdomen.

Cruises/ships

- Check cruise line policies; many restrict travel after about 24–28 weeks.

Travel Preparation

Documentation

- Carry a copy of prenatal records, especially after mid-pregnancy— about 20 weeks onwards.

Insurance

- Ensure travel insurance includes pregnancy-related care and care for the baby (coverage for complications, evacuation, or early delivery may be limited otherwise).

Practical Considerations

- Be aware of any warning signs or symptoms that require urgent care (e.g., vaginal bleeding, severe pain, or reduced fetal movement).
- Avoid strenuous or high-risk activities (e.g., scuba diving; data suggests possible fetal injury risk) during pregnancy.
- Be conscious of local medical care availability at your destination, particularly in remote areas.

You can find further information on traveling while pregnant here:

<https://travel.gc.ca/travelling/health-safety/travelling-pregnant>

Nutrition

Overall Principles

- Aim for a balanced, varied diet that supports maternal health and fetal growth.
- Most people do not need a large increase in calories, especially in the first trimester.
 - Approximate guidance:
 - 1st trimester: no additional calorie intake
 - 2nd trimester: additional 340 kcal/day
 - 3rd trimester: additional 450 kcal/day
- Focus on nutrient density rather than volume.

Key Nutrients

Folic Acid

- Essential for neural tube defect prevention.
- Recommended: 400–1000 mcg daily, starting pre-conception and continuing through early pregnancy (often continued throughout pregnancy).
- Higher doses may be recommended in specific risk groups.
- Iron
- Needed to support increased maternal blood volume and fetal development.
- Try to add iron-rich foods to your diet (e.g., red meat, legumes, cooked leafy greens); supplementation may be required if anemia develops.

Calcium & Vitamin D

- Support fetal bone development.
- Calcium: ~1000 mg/day is recommended, through a combination of diet + supplements.
- Vitamin D: 400–2000 IU/day (higher doses may be advised in some individuals).
- Protein

- Pregnancy has increased requirements in order to support fetal growth.
- Aim for lean meats, dairy, legumes, eggs, nuts, and seeds.

Iodine

- Important for fetal neurodevelopment.
- Usually met through iodized salt and prenatal vitamins.
- Omega-3 Fatty Acids (DHA)
- Support fetal brain and eye development.
- 2 servings of low-mercury fish per week are recommended, or supplementation if intake is low.

Foods to Avoid or Limit in Pregnancy

Avoid

- Unpasteurized milk, cheese, and juices (listeriosis risk)
- Raw or undercooked meat, poultry, eggs, and seafood
- Refrigerated pâtés and deli meats unless heated
- Raw sprouts
- Anything that poses a risk of causing food poisoning

Limit

- High-mercury fish (e.g. swordfish, king mackerel, marlin, tuna)
- Caffeine: limit to less than or equal to 200 mg/day (this is about 1–2 small cups of coffee)
- Highly processed foods that are high in sugar and salt

Alcohol

- There is no safe level in pregnancy, so complete avoidance is recommended.

Food Safety & Hygiene

- Wash fruits and vegetables thoroughly.

- Cook foods to safe internal temperatures.
- Refrigerate perishable foods promptly.

Weight Gain in Pregnancy

- Recommended weight gain depends on pre-pregnancy BMI.
- Weight gain should be gradual but not linear, with most occurring in the second and third trimesters.
- Weight is not routinely recorded in pregnancy—we generally only ask for it once each trimester, and this is in order to guide anaesthesia dosing for medications that may be needed in pregnancy and labour.
- Focus less on weight and more on nutrition.

Special Diets

- Vegetarian or vegan diets can be safe but require attention to iron, B12, calcium, iodine, and protein.
- Cultural or restrictive diets should be reviewed to ensure adequate nutrition is maintained throughout pregnancy.

Prenatal Vitamins

- A daily prenatal vitamin is recommended for most pregnant people.
- Supplements complement—but do not replace—a healthy diet.

Key Points

- Eating “for two” refers to nutrient needs, not quantity. Focus on nutrition, not weight.
- Individual needs vary; nutrition advice should be tailored based on medical conditions, BMI, and dietary preferences.
- We can refer you to nutritional counselling if you are interested in this area.