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Essential thrombocythemia pregnancy guidelines

Skip to Content Experts offer strategies to get all the vitamins and nutrients that you need from the foods you eat. If you are like many pregnant women, you promised to eat organic, load up on vegetables, and drink plenty of milk. Then reality set in and you realized it's tougher than you thought it would be to eat well with a child on the road. You can be so nauseous that you can't handle more than a few bites of plain bread at a time, or so hungry that you polish off the pints of ice cream in one sitting. You don't have to stress – you can overcome these challenges with our tips from the pros. Some pregnant moms literally eat for two, doubling portion sizes and stocking up on high-cal foods. In fact, you only need to consume an additional 300 to 500 extra calories per day, which equates to one or two well-balanced snacks. You should gain weight gradually – a few pounds in your first trimester and then about a pound per week for the rest of your pregnancy. If your weight is normal, plan to gain 25 to 35 pounds. Underweight women should put on 28 to 40 pounds, and obese women should add 15 to 25 pounds, according to the latest guidelines from the Institute of Medicine. Getting your vitamins and minerals Your prenatal supplement delivers nutrients to your baby, but you also need the right balance of vitamins and minerals from your food, says Kimberly A. Tessler, RD, author of *Tell Me What to Eat If I Try to Get Pregnant*. With at least 600mcg of folic acid (most prescribed prenatal vitamins contain at least 800mcg) early, and getting it from foods like peas, beans and leafy vegetables like kale, helps prevent spina bifida and other serious neural tube defects. Filling your diet with iron-rich foods such as lean meat, spinach, and fortified wholegrain cereals can prevent anemia, which is a common problem during pregnancy because your body produces extra blood to support your baby. (An iron supplement is not necessary unless you have been diagnosed with anemia.) Getting enough calcium is also important. As your child's bones develop, she will take calcium from you, which can leave you depleted and at risk of osteoporosis later in life. You should get about 1,000mg of calcium per day from the foods you eat (think low-fat milk, cheese, and yogurt); you can ask your doctor to take a supplement, if necessary. Avoid processed foods such as microwave meals and canned pasta, which lack essential nutrients. Lean proteins, low-fat dairy, whole grains, fruits and vegetables are better for you and your child, and they will fill you up longer, says Jennifer Wider, M.D., author of *The New Mom's Survival Guide*. Choose leaner cuts of beef and pork, as well as chicken, turkey, and fish, over beef burgers. Eat wild salmon and canned light tuna for DHA, an omega-3 fatty acid that is crucial to the development of your child's brain, eyes and nervous system. you are a vegetarian, get protein from beans, lentils and tofu. Instead, instead simple carbohydrates like bagels and regular pasta, choose wholemeal bread and pasta and brown rice. Fill your plate with colorful foods (think bright red apples, dark green spinach and yellow squash) to ensure you get all the antioxidants your child needs to build healthy bones and organs, suggests Melinda Johnson, RD, spokesperson for the Academy of Nutrition and Dietetics. You should skip raw eggs and fish, unpasteurized cheeses, cold cuts (unless they are cooked to steam), fish with high mercury levels (tuna steaks, swordfish, orange roughy), and alcohol. Enjoy that piece of cake, the side of french fries, or ice cream ice cream – just don't do it every day. Pregnancy isn't a time to deprive yourself, but it's not an excuse to splurge that crazy either, said Dr. Chescheir. Before turning to rich foods, try healthier options first. If you're in the mood for a chocolate bar or a doughnut, drink a low-fat chocolate milk or have a fat-free Popsicle. For a salt fix, enjoy a handful of nuts or wholegrain scissors. Still not satisfied? Treat yourself to the bag of peanut M&M's, but instead of eating it all, figure out half and stick the rest in the fridge for another day. Then go ahead and enjoy your treat guilt-free. You deserve it! All content on this website, including medical opinion and any other health-related information, is for informational purposes only and should not be considered a specific diagnosis or treatment plan for each individual situation. Use of this site and the information contained herein does not create a doctor-patient relationship. Always seek direct advice from your own doctor in connection with any questions or questions you may have regarding your own health or the health of others. © Copyright . All rights reserved. Prints this link is to an external web site that may or may not meet the accessibility guidelines. Think pregnancy shopping just means cute onesies and diapers? Think about it. Much of what you will be shopping for at the beginning of pregnancy is for Y-O-U! Credit: Fancy Photography/Veer Eventually you'll need a car seat, stroller, and lots of cute little clothes – but these things can wait a couple of trimesters. For now, focus on some simple supplies and services that will make your life easier and healthier. Put these things in your cart for a healthy and happy early pregnancy. Ad Ad Credit: Marty Baldwin Your gums may feel puffy and sensitive from pregnancy hormones, but brushing and flossing regularly during pregnancy is doubly important, because gum disease has been linked to premature childbirth. Crest's Glide Pro-Health tape-style floss is flat and softer than the traditional waxy string, so they can be milder on your sensitive mouth. Credit: Veer There's something about the sweet and sour taste of a fruitly treat that seems to struggle with nausea – if only for the few minutes you eat it. I usually having sour candy or ginger at hand all times and with the help of these at the first sign of nausea. Acidity helps soothe nausea and can help reduce vomiting episodes as well, said Shilpi Agarwal, M.D., a family doctor in Los Angeles. Ad Credit: Courtesy of Psi Band's Acupressure bracelets can help calm morning sickness for many women. But if traditional stretchy cotton ones are too tight, or leave you wanting more style, try Psi Bands (\$15, psibands.com for stores). The adjustable straps come in blue, red or black plastic with cute patterns. Credit: Bryan McCay There is no hard evidence that cocoa butter will stop stretch marks for every pregnant woman, but lots of moms swear by it. (And it smells good.) I massaged pure cocoa butter on my stomach after every shower as soon as I found out I was pregnant. It gave my skin elasticity and I have zero stretch marks on my stomach, said Tangela Walker-Craft, a mother and blogger. I wish I had known to put it on my hips, butt, and upper thighs too! A fun cocoa butter product that is completely natural (and smells like dessert) are massage bars by Lush. Credit: Michael Kraus Ginger is a well-known nauseating pacifier, and if nibbling on crystallized or candied things is a little too spicy for you, try ginger flavored mints. I loved ginger Altoids when I was pregnant, but mints of all kinds also worked for me, said Natalie Wahl, a mom and health coach in North Las Vegas. Ad Ad Credit: Veer You may think that your days of needing panty liners or pillows are over, but many women have increased discharge during pregnancy, and on particularly heavy days, a panty liner can help keep you feeling dry and fresh. Credit: Scott Little Cold food and drink can help dissolve your stomach when a wave of nausea hits. Iced water can be very helpful with lemon or lime in it. Or a bowl of cold fruit, said Anne Rust, a birth doula and founder of online mom-to-be MamaSeeds.com. We don't know what science is behind why cold things help, but when we get nauseous, we tend to feel warm and disgusting so maybe it just cools that wave. Copyright © 2014 Meredith Corporation. All content on this website, including medical opinion and any other health related information, is for informational purposes only and should not be considered a specific diagnosis or treatment plan for any particular situation. Use of this site and the information contained herein does not create a doctor-patient relationship. Always seek direct advice from your own doctor in connection with any questions or questions you may have regarding your own health or the health of others. Essential platelet mouse (ET) is a rare disease in which the bone marrow produces too many platelets. ET is part of a category of diseases called myeloproliferative diseases, a group of diseases characterized by increased production of a certain type of blood cell. Platelets are the cells responsible for blood clots that literally get stuck at the site of a laceration or injury to stop the bleeding. In people with ET, the presence of excessive platelets can be problematic, causing abnormal formation of blood clots inside a blood vessel (a condition called thrombosis). While the specific cause of ET is unknown, around 40 to 50 percent of people with the disease have a genetic mutation called JAK2 kinase. Other clonal mutations are sometimes seen involving calreticulin and MPL genes. ET is an extremely rare disease, affecting fewer than three in every 100,000 people a year. It affects women and men of all ethnic backgrounds, but tends to be seen more in adults over 60. People with essential plateletemia are often diagnosed after developing specific symptoms related to a blood clot, which can be venous or arterial. Depending on where the clot is located, symptoms may include: HeadacheDizziness or lightheadednessWeaknessLivedo reticularis (a characteristic skin rash)Fainting painsChanges in synNumbness, redness, tingling, or a burning sensation in the hands and feetHigh risk of bleeding Uncommon, abnormal bleeding may develop as a result of ET. While low platelet counts can cause bleeding due to the lack of clotting, excessive platelets may have the same effect as the proteins needed to hold them together (called the von Willebrand factor) may spread too thinly to be effective. When this happens, abnormal bruising, nosebleeds, bleeding from the mouth or gums, or blood in the stool may occur. The formation of blood clots can sometimes be serious and potentially lead to heart attack, stroke, transient ischemic attack (a mini-stroke), or digital ischemia (loss of blood flow to a finger or toe). An enlarged spleen is also seen in about 28 to 48% of cases due to obstruction of blood circulation. Additional complications include an increased risk of pregnancy loss and other complications of pregnancy in people with ET. In addition, people with ET have an increased risk of developing myelodysplastic syndrome (MDS) or acute myeloid leukemia (AML). Essential thrombocytic thrombocytosis is often spotted during a routine blood test in people who either have no symptoms or vague, nonspecific symptoms (such as fatigue or headache). Any blood count of over 450,000 platelets per microliter is considered a red flag. Those over a million per microliter are associated with a higher risk of abnormal bruising or bleeding. A physical exam may reveal a spleen enlargement characterized by pain or fullness in the left upper abdomen that can spread to the left shoulder. Genetic testing can also be performed to detect JAK2, calreticulin and MPL mutations. The diagnosis of ET is largely exclusionary, which means that any other cause of the high platelet count must first be excluded in order to make a definitive diagnosis. Other conditions associated with a high platelet count include: chronic myeloid leukaemia and myelofibrosis. The treatment of essential material largely depends on how elevated the number of platelets is as well as the likelihood of complications. Not all people with ET require treatment. Some simply need to be monitored to ensure that the condition does not worsen. If necessary, treatment may involve a daily low dose of aspirin for those considered to be at higher risk of bleeding (based on older age, medical history, or lifestyle factors such as smoking or obesity), or for lower-risk patients who have vasomotor symptoms (signs of blood vessel disengagement and narrowing). Drugs such as hydroxyurea are often used for platelet counts above 1 million to help reduce platelet levels. Other drugs that may be prescribed include anagrelide and interferon-alpha. In an emergency, platelet (a process in which blood is separated in its individual components) can be performed to rapidly reduce platelet counts. However, this is a short-term solution usually followed by the use of drugs to lower platelets to less than 400,000. Thank you for your feedback! What are your worries? Is it valid?