# YOU GOT A POSITIVE PREGNANCY TEST. NOW WHAT?

A guide for elite and competitive athletes navigating early pregnancy

Chimsom Oleka, MD, FACOG

## SCHEDULE YOUR FIRST PRENATAL VISIT

Your first prenatal visit should happen between 6 and 10 weeks of pregnancy. Earlier is better — it allows your provider to identify any conditions that could affect your pregnancy or training and gives you the most time to plan.

**Seek earlier evaluation if you have:**

- A history of ectopic pregnancy, pregnancy loss, or medical conditions
- Poorly controlled symptoms (severe nausea, pain, bleeding)
- Questions about medications you are currently taking
- Any desire to discuss all pregnancy options

## WHAT TO EXPECT AT YOUR FIRST VISIT

Your provider will review your full medical and reproductive history, including your menstrual cycle to establish your due date. Expect a physical exam, blood pressure check, and a pelvic exam if clinically indicated. You will also be asked about your training history, current load, and any supplements you take.

**Be prepared to discuss:**

- All medications and supplements (including protein powders, creatine, pre-workout)
- Mental health and stress levels
- Nutrition and eating patterns
- Alcohol, tobacco, or substance use — be honest, no judgment

## FIRST TRIMESTER ULTRASOUND (BEFORE 14 WEEKS)

An early ultrasound is recommended for all pregnant patients. For athletes, it provides key information that directly affects training decisions.

- **Confirms the location of the pregnancy.** Rules out ectopic pregnancy (can be a medical emergency).
- **Establishes accurate due date.** Crown-rump length measurement is more precise than period-based dating.
- **Detects cardiac activity.**
- **Identifies twins or multiples.** Multiple pregnancies require significantly modified activity guidelines.

## ROUTINE PRENATAL LABS

The following blood and urine tests are standard at the first visit for all pregnant patients:

| LAB TEST | PURPOSE |
|---|---|
| Blood Type & Rh Factor | Determines compatibility and Rh sensitization risk |
| Complete Blood Count (CBC) | Screens for anemia and infection |
| Rubella Immunity | Confirms immunity status |
| Hepatitis B Surface Antigen | Identifies active infection requiring newborn prophylaxis |
| Syphilis (RPR/VDRL) | Required by law in most states; treatable if detected early |
| HIV | Perinatal transmission can be prevented with treatment |
| Gonorrhea & Chlamydia | Common, often asymptomatic; treat to prevent complications |
| Urine Culture | Asymptomatic bacteriuria in pregnancy requires treatment |
| Pap Smear (if due) | Cervical cancer screening per guidelines |

Additional testing may be recommended based on your personal or family history (e.g., thyroid function, hemoglobin electrophoresis for sickle cell trait, tuberculosis screening).

## CHROMOSOMAL SCREENING OPTIONS

All pregnant patients are offered screening for chromosomal conditions regardless of age. This is your choice — discuss the options with your provider.

- **Cell-Free DNA (cfDNA / NIPT):** Available from 10 weeks onward. Detects >99% of Down syndrome cases with the lowest false-positive rate of any screening method. Also screens for other chromosomal conditions. Crown-rump length measurement is more precise than period-based dating.
- **Cell-Free DNA (cfDNA / NIPT):** Neck thickness measurement on ultrasound plus two blood markers. Detects 82–87% of Down syndrome cases.
- **Diagnostic Testing:** CVS (10–13 weeks) or amniocentesis (after 15 weeks) are definitive tests offered after abnormal screening results.

## PRENATAL VITAMINS: WHAT ACTUALLY MATTERS

Most commercial prenatal vitamins do not contain adequate amounts of all key nutrients. Read labels carefully — and consider that you may need separate supplements for some nutrients.

| NUTRIENT | DAILY TARGET | NOTES |
|---|---|---|
| Folic Acid | 400-800 mcg | Start before conception; 4 mg/day if prior NTD history |
| Iron | 27 mg | Up to 120 mg/day therapeutically if anemic |
| Iodine | 220 mcg | Often under-dosed in commercial prenatals — verify label |
| Vitamin D | 600 IU (min) | Higher doses common; check levels if deficiency risk |
| Calcium | 1,000 mg | Critical for bone health; often needs separate supplement |
| Choline | 450 mg | Only ~25% of prenatals list choline; frequently under-dosed |
| DHA/Omega-3 | 200-300 mg DHA | ~1,000 mg DHA+EPA/day if high preterm birth risk |

Look for the USP Verified mark on supplement labels to confirm quality and accurate dosing. Vegan and vegetarian athletes should pay special attention to B12, iodine, and DHA (plant-based sources are poorly converted).

## MEDICATIONS & SUPPLEMENTS TO REVIEW

Some medications are not safe in pregnancy and should be stopped or switched as soon as possible. Your provider will review everything you take. Common medications that require changing include:

- ACE inhibitors / ARBs (blood pressure medications)
- Certain anti-seizure medications
- Isotretinoin (Accutane) and retinoid-based products
- NSAIDs (ibuprofen, naproxen) — especially in the third trimester
- Many over-the-counter supplements and herbal products — do not assume they are safe

## EARLY PREGNANCY: WHAT TO AVOID

- **Alcohol:** No amount is established as safe during pregnancy. Avoid completely.
- **Tobacco & Vaping:** Associated with preterm birth, low birthweight, and miscarriage.
- **High-Risk Foods:** Raw fish (sushi), unpasteurized cheeses, deli meats, and raw sprouts carry listeria and toxoplasmosis risk.
- **Overheating:** Prolonged exposure to high heat (hot tubs, saunas, extreme endurance training in heat) carries risk in the first trimester. Discuss with your provider.
- **High-Impact Contact Sports:** Discuss with your provider which training activities are safe to continue given your specific pregnancy.

## IMMUNIZATIONS IN PREGNANCY

- **Influenza Vaccine:** Recommended if pregnant during flu season.
- **Tdap (tetanus, diphtheria, pertussis):** Given at 27–36 weeks in every pregnancy.
- **COVID-19:** Recommended and safe in pregnancy.

Live vaccines (MMR, varicella) are not given during pregnancy. If you are unsure of your immunity status, this will be checked at your first blood draw.

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