



Embryo Donation
INTERNATIONAL
Building Families

Early Pregnancy Instructions

Embryo Donation International, P.L.

Please Note:

While many **Embryo Recipients** are couples, these materials use the singular “I” to mean all single and couple Embryo Recipients, making it easier to read.

Congratulations on Your Pregnancy!

I am excited to learn that my pregnancy test is positive- such an important and significant milestone!

Early pregnancy after embryo transfer requires careful monitoring. My fertility team will guide me through the next several weeks until my pregnancy is well established and I transition to my obstetric provider.

I should read these instructions carefully and contact the office if I have questions.

Common Symptoms:

Many women experience symptoms of pregnancy. These can include:

- Mild cramping
- Breast tenderness
- Fatigue
- Constipation/Bloating
- Nausea

Suggestions follow to help me manage these common symptoms.

Laboratory Testing:

My human chorionic gonadotropin (hCG) pregnancy hormone levels will be checked about three times during the pregnancy. A progesterone level is often checked once.

The levels are used to help EDI predict if I will have a brief biochemical/pregnancy of unknown location, a spontaneous loss, an ectopic pregnancy, or a healthy normal pregnancy.

My Medications:

If I have been prescribed **estrogen** and/or **progesterone** to achieve pregnancy, it is very important that I **continue the medications as prescribed** and that I do not stop them unless instructed. I will continue to take my **prenatal vitamins**. If other medications have been cleared by EDI, I can continue those during the pregnancy. If I have questions regarding a prescribed medication or another over-the-counter product, I will discuss with EDI before taking it.

Obstetrical Ultrasounds:

If possible, my first OB ultrasound will be performed between **6 and 7 weeks** of gestation. EDI may request an earlier scan if they are concerned about the pregnancy. If the first ultrasound is encouraging, a second is commonly scheduled between **8 and 9 weeks** of gestational age. After the second ultrasound, if I have not already connected with my general OB/GYN provider, I will do so. A copy of my EDI medical records will be forwarded to my provider upon request.

I may tell close family members that I am pregnant, but EDI suggests waiting to tell others until the second ultrasound shows encouraging news.

Breast Tenderness:

Breast tenderness is often a welcome symptom of pregnancy. To reduce discomfort, I may try:

- Wear a supportive bra.
- Take **Extra-Strength Tylenol** according to package instructions.

Activity/Exercise/Sex:

I may continue the exercise programs I had before pregnancy. While **sex and exercise do not cause miscarriages**, EDI suggests that I **not perform activities that will make me feel guilty** should I lose the pregnancy. I should probably avoid sports that increase my risk of injury.

Bleeding or Spotting:

Minimal bleeding/spotting, likely from the cervix and not the uterus, may occur following the embryo transfer. Implantation spotting may be later and appear as a red, pink, or slightly darker discharge.

The following are signs and symptoms that I should make EDI aware of:

- Bright red bleeding with or without blood clots.
- Bleeding with cramping
- Abdominal pain that does not diminish with acetaminophen.

I will try not to assume the pregnancy is lost if I start significant bleeding, since one-half are likely to survive and be delivered. I will also remember that there is little my clinicians can do if I am destined to miscarry, other than keep me safe and help me feel supported.

If I have active bleeding, then **pelvic rest** will be recommended, including no heavy pushing, no lifting beyond 20 lbs, and no penetrative sexual activity. A darker discharge is common for about 1 week after an episode of bright-red bleeding.

If I do pass tissue (i.e., not a blood clot), I will try to recover it, place it in a container with a lid, and pour **saline** (purchased at the drug store) to cover the tissue. The specimen should be stored covered in a refrigerator and **sent for analysis within 24-48 hours of collection**. EDI may recommend that the tissue be sent for genetic studies and general pathology to determine what went wrong.

If I am **Rh-negative** and the pregnancy might be **Rh positive**, Rhogam may be recommended if I bleed **after 10 weeks of gestational age**. Rhogam prevents me from developing antibodies that could harm a future pregnancy. As recommendations continue to evolve, Rhogam is being given less often in pregnancies with a gestational age of less than 10 weeks.

Diet Limitations:

There are some general recommendations regarding some foods and pregnancy:

- It is recommended that I consume no more than **1 cup of coffee per day** (12 oz.). I can substitute two cups of tea or two caffeinated sodas for the coffee.
- It is generally recommended that I do not eat **raw meat, raw eggs, or raw fish** during pregnancy since there is an increased risk of parasites.
- Fish is healthy during pregnancy, but some large fish contain higher levels of mercury. For example, I avoid **shark, swordfish, king mackerel, orange roughy, and tilefish** during my pregnancy. Canned light tuna has less mercury than albacore and should be limited to 6 oz per week. I will have to do my research regarding any local fish and should probably limit it to 6 oz per week. I can check online to see what the latest recommendations are.
- I may eat up to 12 ounces, or two average servings per week, of low-mercury fish, such as **salmon, shrimp, pollock, and catfish**.
- Because of the small but serious risk of **listeriosis**, a bacterium that can cause miscarriage and stillbirth, EDI recommends avoiding **uncooked hot dogs or uncooked luncheon meats**. I should also avoid **soft cheeses, pates, and unpasteurized milk**.

Mild Nausea

Nausea and some vomiting during the first trimester are quite common. If I have these problems, I will consider some of the remedies below:

- **Ginger** might help.
- **Motion sickness wristbands** might help me control my nausea.
- **Unisom SleepTabs** (Doxylamine) ½ tablet taken with **25 mg of Vitamin B6**, up to three times per day. I might get sleepy on this combination.

- Eating a small snack as soon as I awake may reduce morning nausea.
- I should try eating smaller frequent meals.
- Avoiding spicy, greasy, fatty, heavy, or rich foods might help.
- I should avoid smells that might trigger nausea.
- Hydrating throughout the day with small sips of fluids may reduce nausea.
- I can take my prenatal vitamin with a snack. If I can't manage my prenatal vitamins, I will try chewable vitamins. I will make sure I am consuming at least 400 mcg. (0.4 mg) of Folate (also called folic acid) each day.

Significant Nausea & Vomiting:

Significant nausea and vomiting occur when I can't keep fluids down for a 24-hour stretch.

- If I am nauseated with solid food or having frequent emesis, I will shift to liquids. If I can't tolerate thicker liquids, I will try clear liquids (fluids I can see light through the full glass). Only after I can drink clear liquids and eventually thicker liquids, should I then add crackers or unbuttered toast to my diet. If that is tolerated, I can then shift back to regular foods, eaten in smaller and more frequent meals.
- EDI can prescribe **oral, sublingual, and rectal suppositories** to treat nausea and emesis when the basic recommendations simply don't work. If nausea is significant, EDI leans towards the suppository treatment. These medications tend to work well, and I will not hesitate to request them.

Diet: Indigestion

If I have indigestion, I can try:

- **Tums, Riopan, Riopan Plus, or Mylanta.**
- Indigestion may also be improved by chewing gum for 30 minutes after meals.

Diet: Constipation

Constipation may occur during my pregnancy. EDI then recommends the following:

- Eat a **high fiber diet**. Some women suggest **prune juice** (easier to tolerate taste if warmed), **green apples, or fruit juices**.
- Over-the-counter fiber remedies may be used when the above do not help. These include oral capsules of **Colace** 100 mg, taken up to 3 times daily, **Metamucil, or Citrucil**.

Pain Medications & Cold Symptoms:

For pain relief, it is safe for me to take **Extra-Strength Tylenol** as directed on the package.

For mild cold symptoms, **Tylenol**, plain **Robitussin**, **Chlor-Trimeton**, or **Benadryl** may be taken. **Chloraseptic Spray/Lozenges**, **Cepastat Lozenges**, and cough drops are also allowed.

Miscellaneous Other Recommendations:

- I should not sit in hot tubs or saunas. Increasing my core body temperature $\geq 102^{\circ}$ Farenheight has been associated with embryonic/fetal malformations. It is perfectly okay to take my normal baths and showers.
- If I own or care for an outdoor cat, I should **not change the litter box**. Outdoor cats may carry **toxoplasmosis**. EDI can check an antibody titer to see if I am already immune.
- I will try to avoid smoky environments, as they have been associated with miscarriages.
- Hair dye and nail products appear safe during pregnancy, but the area should be well-ventilated when I am there.

I agree to curtail all smoking, vaping, alcohol, and recreational drugs during my pregnancy.

Travel:

Travel away from my clinicians is discouraged during:

- During the first trimester (before 14 weeks)
- During the third trimester (after 28 weeks)

I should avoid traveling away from my OB/GYN provider or EDI during these times unless my clinician approves.

Vaccinations:

Vaccinations may be recommended by my clinicians. I will review them carefully with my OB/GYN provider before obtaining them. Many vaccinations during pregnancy are not only indicated, but can also protect both me and my pregnancy from illness. My clinicians will guide me.

Warning Signs, When to Call:

I should contact EDI when any of the following occur:

- Severe abdominal or pelvic pain.
- Heavy bleeding like a period.
- Fever above 100.4° F.
- Severe Nausea & vomiting (e.g., I can't keep liquids down x 24 hours)
- Dizziness or fainting

It may be necessary to go to Urgent Care or the Emergency Room if these issues occur during off-hours or on weekends. If I live close to EDI, they will likely take care of me.

Enjoy Your Pregnancy!

Updated: 3-24-2026

C:\docs\EDI\EDI forms\Early Pregnancy Instructions.docx

Copyright © 2026, Embryo Donation International, P.L., All Rights Reserved, www.EmbryoDonation.com

ADVICE ABOUT EATING FISH

For Those Who Might Become or Are Pregnant or Breastfeeding and Children Ages 1 – 11 Years

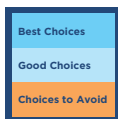


Fish‡ provide key nutrients that support a child’s brain development.

Fish are part of a [healthy eating pattern](#) and provide key nutrients during pregnancy, breastfeeding, and/or early childhood to support a **child’s brain development**:

- Omega-3 (called DHA and EPA) and omega-6 fats
- Iron
- Iodine (during pregnancy)
- Choline

Choline also supports development of the **baby’s spinal cord**. Fish provide iron and zinc to support **children’s immune systems**. Fish are a source of other nutrients like protein, vitamin B12, vitamin D, and selenium too.



Choose a variety of fish that are lower in mercury.

While it is important to limit mercury in the diets of those who are pregnant or breastfeeding and children, many types of fish are both nutritious and lower in mercury.

This chart can help you choose which fish to eat, and how often to eat them, based on their mercury levels.

What is a serving? As a guide, use the palm of your hand.



Pregnancy and breastfeeding:
1 serving is 4 ounces

Eat 2 to 3 servings a week from the “Best Choices” list
(OR 1 serving from the “Good Choices” list).



Childhood:

On average, a serving is about:

- 1 ounce at age 1 to 3
- 2 ounces at age 4 to 7
- 3 ounces at age 8 to 10
- 4 ounces at age 11

Eat 2 servings a week from the “Best Choices” list.

Best Choices

Anchovy	Herring	Scallop
Atlantic croaker	Lobster,	Shad
Atlantic mackerel	American and spiny	Shrimp
Black sea bass	Mullet	Skate
Butterfish	Oyster	Smelt
Catfish	Pacific chub mackerel	Sole
Clam	Perch, freshwater and ocean	Squid
Cod	Pickering	Tilapia
Crab	Plaice	Trout, freshwater
Crawfish	Pollock	Tuna, canned light (includes skipjack)
Flounder	Salmon	Whitefish
Haddock	Sardine	Whiting

Good Choices

Bluefish	Monkfish	Tilefish (Atlantic Ocean)
Buffalofish	Rockfish	Tuna, albacore/white tuna, canned and fresh/frozen
Carp	Sablefish	Tuna, yellowfin
Chilean sea bass/Patagonian toothfish	Sheepshead	Weakfish/seatrout
Grouper	Snapper	White croaker/Pacific croaker
Halibut	Spanish mackerel	
Mahi mahi/dolphinfish	Striped bass (ocean)	

Choices to Avoid HIGHEST MERCURY LEVELS

King mackerel	Shark	Tilefish (Gulf of Mexico)
Marlin	Swordfish	Tuna, bigeye
Orange roughy		

What about fish caught by family or friends? Check for [fish and shellfish advisories](#) to tell you how often you can safely eat those fish. If there is no advisory, eat only one serving and no other fish that week. Some fish caught by family and friends, such as larger carp, catfish, trout and perch, are more likely to have fish advisories due to mercury or other contaminants.

www.FDA.gov/fishadvice
www.EPA.gov/fishadvice

