Precautions for a Healthy and Successful Pregnancy: Complete Modern and Unani Guidance Before, During and After Pregnancy

A Comprehensive Guide to Preconception Care, Antenatal Precautions, Nutrition, Lifestyle, Warning Signs, Childbirth Preparation and Postnatal Care

By Dr. Nizamuddin Qasmi
Founder & Chief Physician, Saira Health Care
Focused Practice in Sexual Disorders & Infertility

BUMS – Hamdard University, Delhi
MD, CGO
Certificate in Infertility – MGBIMS, Delhi
Certificate in Urology – London, UK
Masters in Male Infertility – MasterHealthPro (HealthPro)
Integrated Sexual and Reproductive Health – ISRH, UNFPA

Introduction

Pregnancy is one of the most important physiological journeys in a woman's life. Although pregnancy is a natural process, it involves major changes in almost every system of the mother's body while a new human being develops from a microscopic group of cells into a baby capable of independent life.

Whenever a woman consults me because she is planning pregnancy or has recently received a positive pregnancy test, my first message is simple:

A healthy pregnancy should ideally begin before conception.

Good pregnancy care is not limited to taking medicines after pregnancy has occurred. It begins with preparing the mother's health, identifying medical conditions, correcting nutritional deficiencies, reviewing medicines, reducing avoidable risks and understanding when professional care is needed.

Once pregnancy begins, regular antenatal care becomes essential. Even a woman who feels completely healthy should attend scheduled check-ups because conditions such as anaemia, gestational diabetes, hypertension and some fetal problems may initially produce few or no symptoms.

WHO continues to recommend a minimum of **eight antenatal contacts**, with the first occurring during the first 12 weeks of pregnancy. The purpose is not simply to perform tests

but to repeatedly assess maternal and fetal health, identify complications early and give women appropriate information and support.

In April 2025, ACOG also introduced updated guidance emphasizing that prenatal care should increasingly be **individualized according to medical and social needs**, rather than assuming that every woman requires exactly the same number and format of visits.

As a physician trained in the Unani system and working particularly in sexual disorders and infertility, I believe pregnancy care can benefit from the preventive philosophy of **Hifz-e-Sehat**, appropriate diet, adequate sleep, balanced physical activity and attention to emotional wellbeing.

At the same time, pregnancy is an area where safety must come first. Unani or herbal medicines should never be prescribed casually simply because they are natural. They should complement appropriate obstetric care, not replace antenatal investigations, emergency treatment or evidence-based management of pregnancy complications.

What Do We Mean by "Precautions for a Successful Pregnancy"?

The expression "successful pregnancy" is commonly used by patients to mean a pregnancy that progresses safely and results in a healthy mother and healthy baby.

No doctor, medicine or healthcare system can guarantee such an outcome. Some complications can arise even when every reasonable precaution has been followed.

The proper objective is therefore to **reduce preventable risks, identify complications early and create the best possible conditions for maternal and fetal health**.

Pregnancy precautions can be divided into three broad stages: preparation before conception, care throughout pregnancy, and appropriate postnatal care after childbirth.

All three are important.

Preconception Care: Pregnancy Planning Should Begin Before the Positive Test

Many of the baby's organs begin developing during the earliest weeks of pregnancy, sometimes before the mother realizes that she has conceived.

ACOG therefore describes a prepregnancy check-up as an opportunity to review diet, lifestyle, medical history, medications, previous pregnancies and vaccination status before conception. Chronic conditions such as diabetes, hypertension, thyroid disease and psychiatric illness should ideally be optimized before pregnancy.

In my consultations, I advise women who are planning pregnancy to think beyond the reproductive organs alone.

Good preconception health includes control of existing disease, appropriate body weight, nutritious food, correction of significant deficiencies, adequate sleep, physical activity, mental wellbeing and review of anything the woman is taking—including supplements and herbal medicines.

Folic Acid: One of the Most Important Preconception Precautions

Folic acid is one of the clearest examples of an intervention that should begin **before pregnancy whenever possible**.

WHO recommends that women attempting to conceive take **400 micrograms of folic acid daily from the time they begin trying for pregnancy through the first 12 weeks of gestation**. Folic acid reduces the risk of neural-tube defects affecting the developing brain and spinal cord.

Certain women with a previous pregnancy affected by a neural-tube defect or other specific risk factors require a higher prescribed dose. That decision should be made by the treating clinician.

I advise women not to assume that taking several prenatal multivitamins provides additional protection. Excess intake of some vitamins can itself be harmful.

Review Medical Conditions Before Conception

Pregnancy changes the way the body handles many chronic illnesses.

A woman with diabetes, hypertension, thyroid disease, epilepsy, kidney disease, autoimmune illness, heart disease or a mental-health condition may require medication adjustment or closer monitoring.

The safest time to review these issues is **before conception rather than after complications appear**. ACOG specifically recommends optimizing important chronic illnesses before pregnancy whenever possible.

This does not mean that women with chronic disease cannot have healthy pregnancies. It means that their pregnancy may benefit from more deliberate planning and, in some cases, specialist care.

Never Stop an Important Medicine Suddenly Because You Become Pregnant

This is a precaution I emphasize very strongly.

Some women learn that they are pregnant and immediately stop every medication they have been taking because they fear harm to the baby.

That can sometimes be more dangerous than continuing treatment.

Other women continue over-the-counter products, herbal medicines or supplements without telling their obstetrician because they assume natural products are harmless.

Both approaches can create problems.

ACOG recommends reviewing **prescription medicines, over-the-counter products, vitamins, supplements and herbal preparations** before pregnancy. It also advises patients not to stop an important prescribed medicine until the risks and benefits have been discussed with the clinician who manages that condition.

This principle applies equally to modern and Unani medicines.

Vaccination Before Pregnancy

Vaccination history should also be reviewed before conception.

Some vaccines can be given safely during pregnancy, whereas certain live vaccines are generally avoided once a woman is pregnant and are therefore ideally given beforehand when indicated.

Current vaccination guidance emphasizes reviewing protection against conditions such as rubella, varicella, hepatitis B and influenza according to the woman's previous vaccination history, medical risk and national recommendations.

The exact vaccination schedule should follow the recommendations applicable in the woman's country and clinical situation.

Body Weight and Pregnancy

Both very low body weight and obesity can affect reproductive and pregnancy health.

The purpose of discussing weight is not cosmetic. Excess body weight may increase the risk of conditions such as gestational diabetes and hypertensive disorders, while significant undernutrition can create its own maternal and fetal problems.

ACOG recommends working toward an appropriate weight before pregnancy when feasible, particularly when weight is contributing to an existing health problem.

At Saira Health Care, I prefer gradual and sustainable lifestyle correction rather than crash diets or extreme fasting when a woman is preparing for pregnancy.

What Should Happen as Soon as Pregnancy Is Confirmed?

Once a pregnancy test is positive, the woman should arrange antenatal care rather than waiting until the abdomen begins to enlarge.

WHO recommends the first antenatal contact during the **first trimester**, ideally within the first 12 weeks.

At an early visit, the clinician may review the last menstrual period, previous pregnancy history, existing illnesses, medicines, blood pressure, body weight and possible pregnancy risk factors.

Appropriate early tests commonly include blood and urine assessments, blood-group related evaluation and screening for important infections. WHO's current maternal-care framework includes early testing for HIV, syphilis and hepatitis B, along with routine maternal assessments.

The exact investigations should be individualized according to national guidance and the woman's history.

How Often Should Antenatal Check-Ups Occur?

WHO's model recommends eight contacts at approximately **12, 20, 26, 30, 34, 36, 38 and 40 weeks**.

These contacts provide opportunities to monitor blood pressure, maternal health, fetal growth, nutrition and possible complications.

However, antenatal care is increasingly becoming risk-based. ACOG's 2025 guidance states that visit frequency may be individualized in average-risk pregnancies, while women with medical, pregnancy or social risks may require more frequent care.

Therefore, a woman should follow the schedule advised by her maternity-care team rather than comparing the number of appointments with another pregnant woman.

Ultrasound During Pregnancy

Ultrasound is an important component of antenatal care.

WHO recommends an ultrasound before 24 weeks to improve gestational-age estimation and identification of multiple pregnancy and certain fetal abnormalities.

Additional scans may be recommended depending on fetal growth, placental position, maternal disease, multiple pregnancy or other clinical findings.

Ultrasound should be used according to medical need rather than repeatedly performed simply for reassurance.

Nutrition During Pregnancy

Pregnancy does not mean that a woman should “eat for two” by consuming twice as much food.

The emphasis should be on **nutritional quality rather than excessive quantity**.

A balanced pregnancy diet should include an appropriate variety of vegetables, fruit, whole grains, protein sources, dairy or suitable alternatives and healthy fats.

ACOG emphasizes diverse whole foods and adequate intake of nutrients necessary for maternal and fetal development.

I advise patients to eat according to appetite and nutritional needs rather than forcing excessive food because relatives say that a pregnant woman must eat continuously.

Iron and Folic Acid During Pregnancy

Anaemia remains a major concern during pregnancy.

WHO recommends daily oral supplementation containing **30–60 mg elemental iron and 400 micrograms folic acid during pregnancy**, beginning as early as possible, to reduce maternal anaemia and several adverse pregnancy outcomes.

Individual doses may differ when anaemia has already been diagnosed or another medical condition is present.

Iron can cause nausea, constipation or abdominal discomfort in some women. Rather than stopping it without advice, the woman should discuss these side effects with her clinician so that the formulation or schedule can be adjusted appropriately.

Calcium During Pregnancy

Calcium requirements are also important.

WHO recommends calcium supplementation during pregnancy in populations where dietary calcium intake is low, particularly because it can reduce the risk of pre-eclampsia. The recommendation has historically used **1.5–2 g elemental calcium daily** in low-intake populations.

WHO was actively reviewing the calcium evidence again in 2026, which illustrates that recommendations continue to evolve.

Women should therefore follow current local antenatal guidance rather than independently taking very high-dose calcium.

Food Safety Is Especially Important During Pregnancy

Pregnancy changes susceptibility to certain foodborne infections.

CDC notes that pregnant women are at substantially increased risk of **Listeria infection**, and foods such as undercooked meat or eggs, unpasteurized milk products and unwashed produce can carry harmful organisms.

Safe food preparation therefore matters.

Meat, poultry, fish and eggs should be properly cooked. Fruit and vegetables should be washed thoroughly. Unpasteurized dairy products and other high-risk foods should be avoided according to local food-safety recommendations.

This is an area where a simple daily precaution can have meaningful benefits.

Fish Is Healthy—but Choose Low-Mercury Options

Pregnant women do not usually need to avoid all fish.

Fish provides protein and important nutrients, including omega-3 fatty acids.

However, certain large predatory fish can contain high levels of mercury. ACOG encourages consumption of appropriate low-mercury seafood while avoiding high-mercury varieties.

Because locally available fish differ between countries, women should use applicable national food advisories rather than relying only on lists created for another region.

Raw or undercooked fish should also be avoided because of infectious risk.

Caffeine During Pregnancy

A woman does not necessarily need to stop tea or coffee completely.

Current ACOG advice is to keep total caffeine intake **below approximately 200 mg per day**.

Caffeine is present not only in coffee but also in tea, chocolate, cola, energy drinks and some medicines.

Women who consume several strong cups of tea or coffee daily should therefore consider their total intake rather than counting only coffee.

Alcohol: There Is No Known Safe Amount During Pregnancy

CDC updated its alcohol-and-pregnancy guidance in August 2026 and continues to state that **there is no known safe amount of alcohol during pregnancy and no known safe time to drink it**.

Alcohol crosses the placenta and can interfere with fetal development.

Therefore, the safest recommendation during pregnancy is avoidance.

A woman who consumed alcohol before realizing she was pregnant should not panic, but she should stop further alcohol use and discuss her concerns during antenatal care.

Smoking, Vaping and Other Substances

Smoking during pregnancy exposes the fetus to harmful substances and is associated with important pregnancy and fetal risks.

Vaping should not be considered a safe alternative simply because tobacco is not burned.

Women who smoke or use nicotine should seek cessation support rather than feeling that they must solve the problem alone.

Other recreational drugs should similarly be discussed openly with the healthcare team so that withdrawal, dependence or treatment can be managed safely.

Physical Activity During Pregnancy

For most women with uncomplicated pregnancies, physical activity is beneficial rather than dangerous.

ACOG recommends at least **150 minutes of moderate-intensity aerobic activity each week** for healthy pregnant women when there is no obstetric contraindication.

Walking, appropriately modified exercise and other moderate activities are suitable for many women.

The amount and type of exercise should be individualized in women with bleeding, placental complications, significant heart or lung disease, preterm-labour risk or other medical problems.

Pregnancy is generally not a reason to remain in bed throughout the day unless a clinician has identified a specific medical indication.

Adequate Rest and Sleep

Unani medicine has long considered **Naum-o-Yaqza**, or the balance of sleep and wakefulness, an important component of health.

Modern pregnancy care similarly recognizes adequate sleep and recovery as important for maternal wellbeing.

Pregnancy commonly causes tiredness, particularly in the first and third trimesters.

Women should listen to their bodies and avoid unnecessary physical exhaustion while remaining appropriately active.

The objective is balance—not complete inactivity and not excessive exertion.

Emotional and Mental Health During Pregnancy

Pregnancy affects emotions as well as the body.

Some degree of worry is natural, especially in women who previously experienced infertility, miscarriage or pregnancy complications.

However, persistent depression or anxiety deserves professional attention.

ACOG recommends screening for depression and anxiety during prepregnancy, prenatal and postpartum care using validated methods and ensuring appropriate assessment and treatment when problems are identified.

Women should seek help if sadness, anxiety, hopelessness, loss of interest, sleep problems or disturbing thoughts become persistent.

Mental-health care during pregnancy is healthcare—not a sign of weakness.

Managing Stress Without Blaming the Mother

Pregnant women are frequently told:

“Do not take stress or something will happen to the baby.”

Such statements can create even more anxiety.

Instead, women should be supported to manage stress through sleep, family support, suitable physical activity, counselling, breathing or relaxation techniques, and treatment of anxiety or depression when needed.

Unani medicine also places considerable importance on **Harakat-o-Sukoon Nafsani**, the balance of psychological activity and repose.

This traditional concept can fit well into modern maternity care when used to encourage emotional stability and supportive relationships rather than making unsupported claims that stress alone causes pregnancy loss.

Preventing and Detecting High Blood Pressure and Pre-Eclampsia

Blood pressure should be monitored throughout pregnancy.

Pre-eclampsia is a pregnancy-specific hypertensive disorder that can threaten both maternal and fetal health.

Symptoms may include persistent severe headache, visual disturbances, upper abdominal pain, sudden swelling of the face or hands, nausea or vomiting later in pregnancy and difficulty breathing. Some women, however, initially have no obvious symptoms.

Women at increased risk may be advised to use preventive measures such as clinician-prescribed low-dose aspirin or calcium in appropriate circumstances. These should **not** be started independently.

Gestational Diabetes

Some women develop diabetes for the first time during pregnancy.

WHO's maternal-care framework includes blood-glucose testing for gestational diabetes around **24–28 weeks**, although exact national screening approaches can vary.

Gestational diabetes often produces no obvious symptoms.

This is precisely why routine antenatal testing matters even when the mother feels completely well.

When diagnosed, it can often be managed successfully with nutritional modification, physical activity, glucose monitoring and medication when necessary.

Avoid Unnecessary Medicines During Pregnancy

Many everyday medicines cross the placenta.

Pregnant women should therefore avoid taking antibiotics, painkillers, hormonal medicines, traditional formulations or supplements solely on the advice of friends, relatives or social media.

At the same time, “no medicine during pregnancy” is also incorrect.

Sometimes medicines are essential for maternal and fetal health.

The correct principle is:

Use medicines when medically indicated, in appropriate doses, under professional supervision.

Herbal and Unani Medicines Require Special Caution in Pregnancy

This point is especially important because I practise Unani medicine.

Pregnant women sometimes assume that an herbal medicine is automatically safer than a pharmaceutical medicine.

That assumption is not scientifically justified.

Some herbs can influence uterine contractions, blood pressure, blood sugar, liver enzymes or the metabolism of conventional medicines. For many traditional ingredients, high-quality pregnancy safety data are limited.

ACOG specifically recommends that herbal products and supplements be reviewed during prepregnancy care because they may affect reproduction or pregnancy.

For this reason, I do not advise pregnant women to begin strong herbal formulations, purgatives, unknown mixtures or self-prescribed Unani medicines simply because they are described as natural.

The Unani Concept of Pregnancy Care

Unani medicine is a traditional Greco-Arabic medical system in which preservation of health—**Hifz-e-Sehat**—occupies an important position.

The system considers the individual's **Mizaj**, or temperament, and places emphasis on regulating everyday factors that influence health.

One of the most useful Unani frameworks during pregnancy is the concept of **Asbab-e-Sitta Daruriyya**, or the Six Essential Factors.

These traditionally include air and environment; food and drink; physical activity and rest; psychological activity and rest; sleep and wakefulness; and appropriate retention and elimination.

The value of this model during pregnancy lies mainly in its emphasis on **healthy routine, appropriate nutrition, balanced activity, adequate sleep and emotional wellbeing**.

These are areas in which classical preventive concepts and modern antenatal care can complement one another.

Ilaj-bil-Ghiza: The Importance of Diet in Unani Pregnancy Care

Unani medicine gives considerable importance to **Ilaj-bil-Ghiza**, or diet-based care.

Diet is adjusted according to constitution, season, digestive tolerance and the individual's health.

During pregnancy, I consider this useful primarily as a framework for encouraging nutritious, easily tolerated and balanced food.

CCRUM has itself undertaken public-health activities addressing nutrition during antenatal and postnatal care and has emphasized balanced nutrition according to individual needs.

However, a traditional food should not be promoted as though it can prevent miscarriage, guarantee fetal growth or replace iron, folate or medical treatment.

Unani nutrition should work **with evidence-based antenatal nutrition rather than against it**.

Harakat-o-Sukoon Badani: Exercise and Rest in Unani Medicine

The balance between movement and rest is also central to Unani preventive thinking.

This principle fits well with modern pregnancy recommendations.

Appropriate walking and exercise can help maintain cardiovascular fitness, muscle strength and general wellbeing, while adequate rest prevents unnecessary exhaustion.

Historical CCRUM work has included attention to exercise and massage within antenatal and postnatal health discussions, demonstrating that maternal lifestyle has long been an area of interest within formal Unani research.

However, the intensity of exercise must still be guided by the woman's obstetric condition.

Hifz-e-Sehat: Prevention Rather Than Waiting for Disease

One of the strongest aspects of Unani medicine is its preventive philosophy.

Pregnancy care provides an excellent example of where prevention is often more valuable than treating complications after they occur.

Proper nutrition may prevent or reduce nutritional deficiencies. Blood-pressure monitoring can identify hypertensive disorders. Screening can detect gestational diabetes or infection. Good hygiene reduces infection risk. Appropriate physical activity supports overall health.

This is where I believe **modern antenatal medicine and Unani Hifz-e-Sehat can be meaningfully integrated**.

How I Use Unani Principles During Pregnancy

At Saira Health Care, my approach is conservative and safety-oriented.

I use Unani principles mainly to support appropriate diet, digestion, sleep, lifestyle, emotional wellbeing and constitution.

If a pregnant patient has nausea, constipation, digestive discomfort, weakness or another common complaint, I first consider whether it represents a normal pregnancy symptom or a sign of something requiring obstetric investigation.

Only after that distinction is made should supportive treatment be considered.

I do not believe that every pregnancy symptom requires a medicine.

And I do not believe that every historical Unani preparation is automatically suitable for a modern pregnant patient.

Quality Control of Unani Medicines Matters

When traditional medicines are used, quality is extremely important.

The Pharmacopoeia Commission for Indian Medicine & Homoeopathy, Ministry of Ayush, maintains official Unani pharmacopoeial standards covering identity, purity and strength, with testing parameters that include contaminants such as heavy metals, pesticide residues, aflatoxins and microbial contamination.

Pregnancy is certainly not the time to use unidentified powders or preparations from unverified sources.

Any formulation should have clear ingredients, appropriate quality standards and a genuine clinical reason for use.

A Modern and Unani Comparative View of Pregnancy Care

Aspect	Modern maternity care	Responsible Unani contribution
Preconception	Medical review, folic acid, vaccination, medication review, disease control	Hifz-e-Sehat, constitution-focused lifestyle and diet
Nutrition	Evidence-based nutrient requirements and supplementation	Ilaj-bil-Ghiza and individualized dietary planning
Exercise	Moderate physical activity when pregnancy is uncomplicated	Harakat-o-Sukoon Badani—balanced movement and rest
Mental health	Screening, counselling and treatment of anxiety/depression	Harakat-o-Sukoon Nafsani and supportive emotional care
Sleep	Adequate restorative sleep and management of sleep problems	Naum-o-Yaqza
Medical complications	Laboratory testing, imaging, medication and hospital care when required	Supportive care only; should not replace obstetric treatment
Medication	Benefit-risk assessment and pregnancy safety evidence	Selected quality-controlled Unani medicine only when appropriate
Birth preparation	Evidence-based planning and emergency readiness	Supportive lifestyle and psychological preparation
Postnatal period	Maternal and newborn assessment, breastfeeding and mental-health care	Nutrition, convalescence and general supportive care

The purpose of integration is **not to combine medicines unnecessarily**. It is to use the strengths of each approach without compromising safety.

First-Trimester Precautions

The first trimester is a period of rapid fetal development.

This is why early antenatal booking, folic acid, medication review and avoidance of alcohol and other harmful exposures are so important.

Nausea and vomiting are common, but severe vomiting associated with inability to maintain fluids, marked weakness or weight loss deserves medical attention.

Bleeding may occur for various reasons during early pregnancy. Some causes are minor, while others—including miscarriage and ectopic pregnancy—can be serious.

Heavy bleeding, fainting, severe one-sided abdominal pain or severe persistent pain requires prompt assessment.

Second-Trimester Precautions

Many women feel physically better during the second trimester.

However, this should not lead to reduced antenatal attendance.

Anatomy assessment, blood-pressure monitoring, fetal growth and appropriate testing continue during this period.

WHO's framework includes gestational-diabetes assessment around 24–28 weeks and continuing monitoring for pre-eclampsia and fetal growth.

Fetal movements usually become noticeable during this stage, although timing varies.

Third-Trimester Precautions

The third trimester requires increasing attention to fetal growth, blood pressure, fetal movements, preparation for labour and delivery planning.

WHO emphasizes counselling about **birth preparedness and complication readiness** during antenatal contacts.

Women should know where they intend to deliver, how they will reach the facility, whom to contact in an emergency and which symptoms require immediate attention.

Waiting until labour begins to think about these questions can create unnecessary risk.

Fetal Movements Matter

Most women begin feeling fetal movement between approximately 16 and 24 weeks.

Once a mother's usual pattern has become established, a noticeable reduction or cessation of movement deserves prompt assessment.

WHO advises women to seek urgent care if fetal movements decrease, stop or change significantly.

Home heartbeat devices should not be used to reassure oneself when fetal movement has reduced because hearing a heartbeat at home does not reliably exclude a problem.

Warning Signs During Pregnancy That Should Not Be Ignored

Women should seek urgent medical assessment for significant vaginal bleeding or fluid leakage, severe or persistent abdominal pain, convulsions, severe headache with visual disturbance, difficulty breathing, high fever or severe illness, sudden marked swelling or symptoms suggesting pre-eclampsia, or an important reduction in fetal movement. WHO and ACOG both identify these as important maternal warning signs.

If a woman feels that something is seriously wrong, it is better to obtain medical assessment than to wait because a relative has said that the symptom is “normal in pregnancy.”

Birth Planning

A birth plan can be useful, but it should remain flexible.

It may include preferences concerning birth companions, pain relief, movement during labour and communication with the healthcare team.

WHO's recent work on respectful maternity care emphasizes dignity, informed decision-making, clear communication and protection from mistreatment.

A birth plan should therefore help a woman communicate her preferences—not create the impression that labour must follow a predetermined script.

Maternal or fetal complications may require the plan to change.

Normal Delivery Versus Caesarean Birth

The objective of childbirth should not be to achieve vaginal birth at any cost or caesarean delivery for convenience without appropriate consideration.

The appropriate method of delivery depends on the mother's condition, fetal condition, placental factors, labour progress, previous obstetric history and other clinical circumstances.

Women should receive enough information to understand why an intervention is being advised.

An emergency caesarean performed for a genuine medical reason should never be considered a personal failure.

Post-Pregnancy Care Is Part of a Successful Pregnancy

Many families focus intensely on the pregnancy and baby but almost forget the mother's health after delivery.

The postpartum period deserves equal attention.

WHO emphasizes that women and newborns require careful monitoring during the **first six weeks after childbirth**, a period in which many serious maternal and newborn complications occur.

Postnatal care includes monitoring maternal recovery, bleeding, blood pressure, infection, wound healing, breastfeeding, emotional wellbeing and newborn health.

Breastfeeding and Early Newborn Care

WHO recommends early skin-to-skin contact and support for initiation of breastfeeding **within the first hour after birth when mother and baby are clinically able**.

Essential newborn care also includes keeping the baby warm, infection prevention, appropriate cord care, recognition of danger signs and timely immunization according to national schedules.

Breastfeeding difficulties are common, particularly in the first few days, and mothers should receive practical support rather than being criticized.

Postpartum Mental Health

Postpartum depression and anxiety deserve much greater public awareness.

A mother may love her baby and still develop significant depression.

WHO notes that up to around **one in five women may experience postnatal depression or anxiety**, and rare postpartum psychosis is a psychiatric emergency.

Persistent sadness, hopelessness, severe anxiety, inability to cope, frightening thoughts or thoughts of harming oneself or the baby require professional attention.

Women should not be told simply to “be happy because you have a baby.”

Unani Postnatal Care

The postnatal period is an area where Unani principles of convalescence, diet, sleep, digestion and restoration of strength can be particularly relevant.

The mother has experienced major physiological stress and may also be breastfeeding and sleep deprived.

A supportive Unani plan can focus on adequate nutrition, hydration, digestive tolerance, gradual physical recovery and general wellbeing.

However, postpartum fever, heavy bleeding, high blood pressure, severe abdominal pain, wound infection or mental-health emergencies require modern medical assessment and should never be managed solely through home remedies.

Dr. Nizamuddin Qasmi's Approach to Pregnancy Planning and Maternal Care

As **Founder & Chief Physician of Saira Health Care**, with a focused practice in sexual disorders and infertility, I often become involved with patients before pregnancy has even begun.

Many women first come to us because they are struggling to conceive. When pregnancy eventually occurs, their emotions may include happiness as well as considerable fear.

My approach begins with an understanding of the woman's reproductive history.

I review how pregnancy was achieved, previous infertility treatment, previous miscarriages, ectopic pregnancy, menstrual and hormonal history, medical illness, medications and nutritional condition.

Once pregnancy has been confirmed, I emphasize that antenatal obstetric care must continue appropriately. Infertility treatment ending in a positive pregnancy test is **not the end of medical care—it is the beginning of pregnancy care**.

For women who wish to incorporate Unani medicine, I use a conservative approach focusing first on **Hifz-e-Sehat, nutrition, sleep, appropriate activity, digestion and emotional wellbeing**.

I do not automatically continue every preconception herbal medicine after pregnancy is confirmed.

Pregnancy changes the benefit-risk calculation of treatment.

The objective is always to protect the mother and developing baby rather than unnecessarily increase the number of medicines being used.

Special Considerations After Infertility Treatment

Pregnancy following several years of infertility can be emotionally different from an unplanned or easily achieved pregnancy.

Women may repeatedly worry whether the pregnancy is continuing normally.

Couples who conceived after ovulation induction, IUI, IVF or other fertility treatment may require additional early monitoring depending on the treatment used and their individual history.

At Saira Health Care, counselling such women includes explaining which symptoms are common, which require urgent assessment and how to avoid excessive anxiety while still attending appropriate medical follow-up.

A pregnancy achieved after infertility deserves careful care—but fear should not be allowed to dominate every day of pregnancy.

Contribution of Saira Health Care in Sexual Disorders, Infertility and Pregnancy Counselling

At **Saira Health Care**, our work in sexual disorders and infertility frequently begins long before pregnancy.

Patients may present with ovulation problems, PCOS, male infertility, semen abnormalities, sexual dysfunction, reproductive infections or difficulty consummating intercourse.

Pregnancy, when achieved, is therefore not viewed as an isolated event but as part of a wider reproductive-health journey.

Our role includes educating couples about preconception health, encouraging timely investigation of infertility, supporting healthy lifestyle changes, explaining the importance of antenatal care and helping patients understand how Unani principles can be incorporated safely without replacing essential modern medical care.

I believe the contribution of a healthcare institution should not be measured only by the medicines it prescribes.

It should also be measured by **how well patients understand their condition, how confidently they can recognize danger signs, and how effectively avoidable risks are prevented.**

Frequently Asked Questions About Pregnancy Precautions

When should I first visit a doctor after becoming pregnant?

Antenatal care should begin early. WHO recommends the first contact within the first 12 weeks, and earlier assessment may be appropriate for pain, bleeding, significant medical conditions or high-risk pregnancy.

How many check-ups are recommended during pregnancy?

WHO recommends a minimum of eight antenatal contacts, although the exact schedule may be individualized according to risk and national practice.

Is folic acid necessary?

Yes. WHO recommends 400 micrograms daily from the time a woman begins trying to conceive through 12 weeks of pregnancy for most women.

Can a pregnant woman exercise?

Most healthy women with uncomplicated pregnancies can exercise. ACOG recommends around 150 minutes of moderate aerobic activity per week unless a medical or obstetric contraindication exists.

Can I drink a small amount of alcohol?

The safest advice is no. CDC states that there is no known safe amount or safe time for alcohol consumption during pregnancy.

Can I drink tea or coffee?

Moderate caffeine intake is generally acceptable. ACOG recommends keeping intake below approximately 200 mg daily.

Is every herbal or Unani medicine safe during pregnancy?

No. Natural origin does not guarantee pregnancy safety. Herbal medicines and supplements should be reviewed individually before use.

Can Unani medicine be useful during pregnancy?

Yes, particularly as a **supportive and preventive framework** focusing on appropriate diet, lifestyle, sleep, emotional wellbeing and individualized constitutional care. Medicines should be selected conservatively and should never replace necessary obstetric investigations or treatment.

Can Unani treatment prevent every miscarriage?

No. There is no treatment system that can guarantee prevention of all miscarriages. Miscarriage has many possible causes, including chromosomal abnormalities and maternal medical or anatomical factors. Recurrent pregnancy loss requires proper investigation.

Should I avoid all medicines when pregnant?

No. Unnecessary medicines should be avoided, but essential medicines should not be stopped without medical guidance. Some treatments are safer for the pregnancy than leaving the mother's disease untreated.

What symptoms require immediate medical advice?

Significant bleeding, severe abdominal pain, severe persistent headache or visual disturbance, seizures, difficulty breathing, high fever, fluid leakage and reduced fetal movement are among symptoms that deserve urgent assessment.

My Final Message to Every Woman Planning or Experiencing Pregnancy

Whenever I counsel a woman about pregnancy, I tell her that the goal should not simply be:

"I want to become pregnant."

The broader goal should be:

"I want to prepare my health, understand my pregnancy, receive appropriate care and give myself and my baby the safest possible journey."

A healthy pregnancy begins with preparation.

Take folic acid before conception. Review medical conditions and medicines. Avoid tobacco, alcohol and recreational substances. Once pregnant, register for antenatal care early. Attend recommended visits even when you feel well. Eat nutritious food rather than simply eating more. Take prescribed supplements correctly. Remain appropriately active. Rest adequately. Protect your emotional health.

Most importantly, know when a symptom is not something to manage at home.

My training in **Unani medicine** teaches me the importance of *Hifz-e-Sehat*: preserving health before serious disease develops. Concepts such as *Mizaj*, *Ilaj-bil-Ghiza*, balanced activity and rest, emotional equilibrium and appropriate sleep can provide a valuable framework for maternal wellbeing.

Modern obstetric medicine provides equally indispensable tools: ultrasound, blood-pressure monitoring, laboratory testing, treatment of anaemia and diabetes, prevention and management of pre-eclampsia, safe delivery planning and emergency care.

I do not consider these approaches opponents.

The responsible approach is integration with clear boundaries.

Use Unani principles where they support nutrition, lifestyle, constitution and recovery. Use modern diagnostics and obstetric treatment whenever the safety of the mother or baby depends on them. Do not overload pregnancy with unnecessary medicines from either system.

At **Saira Health Care**, this is the philosophy I aim to follow in counselling women and couples—from fertility preparation to pregnancy and beyond.

Our purpose is not to promise a “100% successful pregnancy.” No ethical physician can make that promise.

Our purpose is to **reduce preventable risks, support maternal health, recognize problems at the right time and guide every woman toward a safer and more informed pregnancy experience.**

About Dr. Nizamuddin Qasmi

Dr. Nizamuddin Qasmi
Founder & Chief Physician – Saira Health Care
Focused Practice in Sexual Disorders & Infertility

BUMS – Hamdard University, Delhi
MD
CGO
Certificate in Infertility – MGBIMS, Delhi
Certificate in Urology – London, UK
Masters in Male Infertility – MasterHealthPro (HealthPro)
Integrated Sexual and Reproductive Health – ISRH, UNFPA

Dr. Nizamuddin Qasmi's clinical work at **Saira Health Care** focuses on sexual disorders, infertility and reproductive-health counselling, with an emphasis on confidential communication, appropriate investigation, evidence-informed treatment and responsible integration of Unani supportive care.

For more information:
www.sairahealthcare.com

Medical Disclaimer

This article is intended for **general health education and public awareness**. It is not a substitute for individualized antenatal care, obstetric examination, diagnosis or prescription.

Pregnancy requirements differ according to maternal age, previous pregnancy history, underlying disease, multiple pregnancy and current complications. Supplements, prescription medicines and Unani or herbal products should be reviewed with an appropriately qualified healthcare professional.

Any significant vaginal bleeding, severe abdominal pain, severe headache or visual disturbance, seizures, breathing difficulty, high fever, fluid leakage, marked reduction in fetal movements or other serious concern during pregnancy requires prompt medical assessment.