



A New Life Begins

The positive changes you make during pregnancy, such as eating right and keeping fit, help you stay strong and healthy for your baby and for you. This will help you when you take your baby home and begin your new life together.

Numbers to Keep

Fill in the phone numbers below. Keep them handy:

	Phone Number
Hospital:	
Healthcare Provider:	
Pediatrician:	
Partner/Support Person:	
Other:	
Other:	
Other:	

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Pregnancy

KRAMES
PATIENT EDUCATION

Pregnancy

From Conception Through Birth



Exercise and Nutrition

Labor and Delivery

Congratulations, You're Pregnant!

You're probably feeling excited and a little anxious. This is normal. Many changes are happening in your life and your body. This booklet explains those changes and what to expect through your pregnancy, the birth, and afterward. Be sure to discuss any questions you have with your healthcare provider.

Being a Mother Starts Now

The best way to prepare for motherhood is to start taking care of yourself during pregnancy. How you treat your body and live your life directly affect your growing baby. For instance, eating right and being fit give you and your baby the best chances of being healthy. Receiving prenatal care also helps. (Prenatal means "before birth.") So talk with your provider about ways you can start caring for yourself today.

Developing a healthy lifestyle is one of the first things you can do for your child.



Taking Care of Your Baby

Before going home, you'll be given tips about feeding and caring for your newborn. There are also many books and videos available to help you. But remember to trust your instincts. The basic tips below may also help.

Helping Your Baby Sleep Safely

Your newborn may sleep for a total of 18 hours a day. To help your baby sleep safely, follow the steps below:

- Place your newborn on his or her back to sleep. Only place the baby on his or her stomach for short, supervised periods.
- **Never** lay your baby down on a pillow, cushion, quilt, waterbed, or sheepskin.
- Dress your baby in loose clothing.
- Replace loose or missing crib bars immediately.
- Make sure the space between the crib bars is no more than 2³/₈ inches.

Bathing Your Newborn

Until your baby's umbilical cord falls off, give sponge baths every 2 or 3 days. Use water that's warm, not hot. Wash the baby's face with water only. Use mild soap for the baby's body. Pat your baby dry.

Taking Care of Baby's Umbilical Cord

To help prevent infections and keep the cord dry:

- Keep diapers from rubbing against the cord.
- Avoid clothing that constricts the cord.
- **Don't** place the baby in a tub of bathwater until the cord falls off.
- **Don't** manually pull off the cord.

If Your Baby Boy Is Circumcised

When changing diapers, coat the tip of the penis with a petroleum- or water-based jelly. This keeps the diaper from rubbing against the circumcision. If there is a dressing, it will fall off in a couple of days. After this occurs, gently wash the penis with warm water each day. Let the skin air-dry.



When to Call the Pediatrician

Call your baby's doctor (pediatrician) if you notice any of the following:

- A fever of 100.4°F (38°C) or higher
- Dark or very strong-smelling urine
- Yellowing of the baby's skin or the whites of the eyes
- No yellowish stool by day 5 if you're breastfeeding
- Redness, discharge, or odor around the umbilical cord or stump
- Watery stool or no stool for 48 hours
- A bleeding or swollen circumcision site
- Diaper rash that continues or gets worse
- Fewer than 6 wet diapers a day

This booklet is not intended as a substitute for professional medical care. Only your doctor can diagnose and treat a medical problem.

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Taking Care of Yourself

As a new mother, you're probably feeling very excited, but also quite tired. Give yourself time to get used to the changes in your life. To help you adjust, get as much sleep as possible and ask for help when you need it.

Expect Some Bleeding

You will have some vaginal bleeding, even if you had a cesarean birth. At first, the bleeding will be like that of a heavy period. You may have more bleeding in the morning and after breastfeeding. Within a few weeks, the bleeding will fade to spotting or a light discharge. Avoid using tampons until your healthcare provider says it's okay.

Balancing the Blues

The shift in hormones, stress due to recent changes in your life, and lack of sleep can take a real toll on your mood. Be aware of how you're feeling. Allow yourself to have sad feelings and cry if you need to. But get support, too. Talk with your partner, other moms, and your healthcare provider. Also, join a support group for new moms.

As Parents and Lovers

The demands on your relationship have just increased. Do your best to strengthen your partnership. Set aside time to talk each day. Also, try to spend time alone as a couple—take a walk, have a picnic, or see a movie. Return to sex when it feels right and once your healthcare provider says it's okay. Your provider can also recommend a birth control method that's right for you at this time in your life. Don't rely on breastfeeding to prevent pregnancy. And keep in mind that it is possible to become pregnant even if you aren't menstruating at this time.

Getting Enough Rest

Sleep when your baby sleeps. It's tempting to make use of this quiet time. But being too active too soon can increase bleeding and wear you out fast. Rest is the key to your recovery. When you can, sit with your feet raised above your heart. This reduces ankle swelling caused by excess body fluid. Also, try to limit visitors.



Set aside time alone as a couple.



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Healthy Mother, Healthy Baby

Being a healthy mom gives your baby the best chance of being healthy. So if you've been practicing good health habits, keep it up. But if you haven't, you can start now. The first step is to meet with your healthcare provider as soon as you think you're pregnant.



Your healthcare provider will guide you and your partner through pregnancy.

Why You Need Prenatal Care You're Part of a Team

- Prenatal care helps you have a healthy baby.
- Your healthcare provider assesses the health of your pregnancy. Your estimated due date is determined.
- Throughout your pregnancy, the baby's growth, changes in your weight, and your overall health will be checked at prenatal visits. Your comfort will also be discussed.
- Your healthcare provider will manage any new or existing concerns to prevent problems from occurring.

When you're pregnant, you're part of a team that includes you, your baby, and your healthcare provider. Your team may also include a partner or a main support person. He or she could be a loved one, such as a spouse, a family member, or a friend. As you work toward giving your baby a healthy start, rely on your team members for support.

It's Not Too Late to Start Good Habits

From this moment on, what matters most is protecting your baby. If you smoke, drink alcohol, or use recreational drugs, now is the time to stop. If you need help quitting, talk with your healthcare provider.

- Smoking increases the risk of miscarriage or having a low-birth-weight baby. If you smoke, quit now.
- Alcohol and drugs have been linked with miscarriage, birth defects, intellectual disability, and low birth weight. Avoid alcohol and drugs.

Feeding Your Baby

Whether to breastfeed or use formula is your choice. Consider the following:

- Breast milk contains antibodies that help your baby resist disease. It gives your baby the best nutritional balance, and rarely causes allergies. For you, it produces hormones that help your uterus return to its pre-pregnant size. And breastfeeding brings no added costs.
- Formulas today offer your baby good nutrition. Some are made for babies with allergies or who need extra iron.

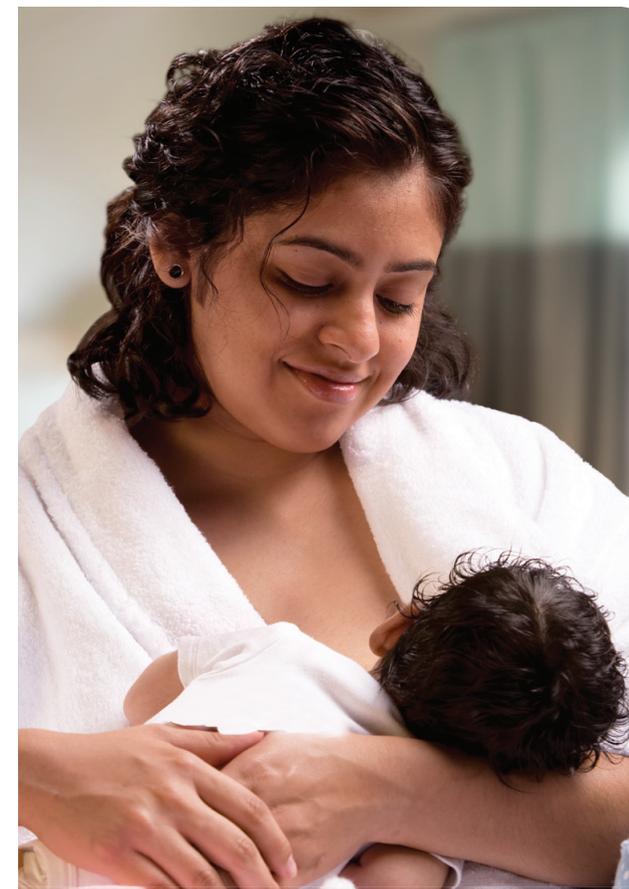
Feeding Your Baby Enough

Feed your baby 8 to 12 times a day. This includes 2 or 3 night feedings. If you're breastfeeding, try to nurse your baby for 10 to 15 minutes or more on each breast. Alternate the breast you start with for each feeding. A bottle-fed newborn may eat 2 to 3 ounces of formula per feeding. All babies lose weight after birth. But if your baby is back to birth weight 2 weeks after birth, he or she is most likely eating enough. Also, having several wet diapers a day is a good sign that your baby is eating well.

Taking Care of Your Breasts

Breast care is vital for nursing mothers. To help prevent breast soreness and irritation:

- Rinse your breasts with water and air-dry. Avoid soap, alcohol, and scented cleansers.
- A few days after delivery, your breasts may swell (**engorge**) with new milk and feel tender and heavy. Use a cloth wet with warm water on the breasts before feedings or ice packs after feedings to reduce the ache. Breastfeed often to keep milk flowing.
- Squeeze out a few drops of milk if your breasts are so full that your nipples flatten.
- Do not skip feedings. Irritation or infection (**mastitis**) often occurs when milk collects and inflames the breast's fatty tissue. Slide cotton breast pads into your bra to absorb leaks. Avoid those lined with plastic.
- Ask your healthcare provider about sources to contact regarding breastfeeding.



Ask your healthcare provider the best way to hold your newborn during feedings.

After Your Baby Is Born

The time it takes a mother to recover from a birth varies. After a vaginal birth, you may be able to go home within 2 days. With a cesarean birth, you may spend 3 or more days in the hospital. Use this time to rest and ask questions about how to care for yourself and your new baby.

The Apgar Score

To assess your baby's health, your healthcare provider or a nurse may do your baby's first exam (**Apgar score**) at 1 and 5 minutes after birth. The brief exam rates your baby's **appearance** (color), **pulse** (heart rate), **grimace** (muscle reflex), **activity**, and **respiration**.



Bonding with Your Baby

After the birth, your baby may be placed on your stomach or breast or in your arms. But if your baby needs special care and you can't be together, don't worry. Bonding occurs naturally as you spend time with your newborn.

Your Immediate Recovery

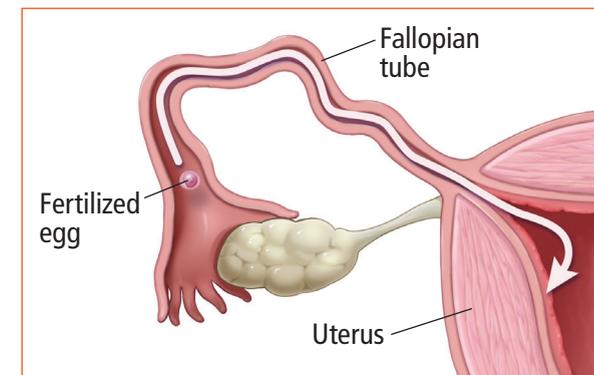
Most women get chills after delivery. Your temperature and blood pressure will be monitored until they return to normal. If you had anesthesia, you'll be watched closely until you can feel and move your toes. All new mothers need sanitary pads to absorb the discharge of the uterine lining. To ensure you aren't bleeding too much, the firmness of your uterus will be checked.

A Time of Change

From conception (fertilization) until the baby is born, you and your baby will change every day. Read on to learn about how pregnancy occurs and the changes your body may go through during pregnancy.

How Pregnancy Begins

Conception is the union of a sperm and an egg. When it occurs, your baby's genetic makeup is complete, even its sex. Fertilization takes place in the fallopian tube. The fertilized egg then travels down this tube to the **uterus** (womb). The egg attaches to the lining of the uterus about a week later. There it grows and is nourished.



The fertilized egg travels down the fallopian tube and attaches to the uterus.

Your Changing Body

Pregnancy affects your body and your emotions. You may notice some of the following changes:

- Your uterus expands as your baby grows. You will feel pressure in your abdomen and on your bladder and rectum.
- You may notice skin color changes on your forehead, nose, and cheeks. The skin color around your nipples and thighs may also change. And a dark line may form from your bellybutton down to your pubic area.
- Stretch marks may appear on your abdomen, breasts, or hips.
- Your hair may seem thicker. You lose less hair during pregnancy.
- You may feel fine one day and weepy the next. This is caused by changes in your body, such as increased hormones (chemicals that affect the function of certain organs and your moods).



When to Call Your Provider

Call your healthcare provider right away if you have any of the following:

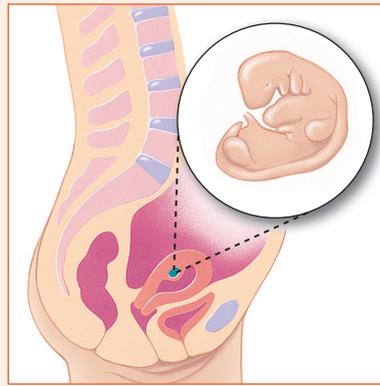
- Fever of 100.4°F (38°C) or higher
- Bleeding that requires a new sanitary pad after an hour
- Burning while urinating
- Nausea or vomiting
- Severe pain in a leg or in the chest
- Redness, discharge, or pain at an incision site that gets worse
- Red streaks or a lumpy area in a breast
- Depression and a feeling that you don't want to be with your baby
- Severe headache

Growing Together

As your baby develops, your body also changes. This booklet covers your pregnancy in **trimesters**.

Your First Trimester (0 to 13 Weeks)

You won't look very pregnant during the first trimester. But you may notice some of the common signs of early pregnancy. These are a missed period, nausea, tender nipples and breasts, bloating of the abdomen, fatigue, and frequent urination.



Week 3
The baby's brain, spinal cord, and heart begin to develop. The digestive tract is also starting to form. The baby continues to grow in length.

Your Second Trimester (14 to 27 Weeks)

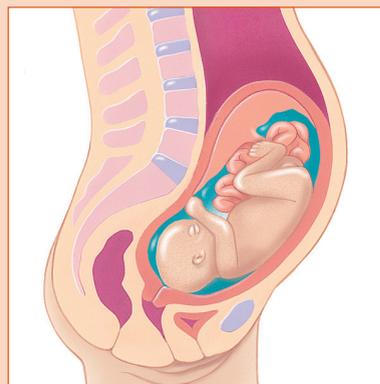
The second trimester is often called the "golden trimester." Some of the minor discomforts of the first trimester are gone. You may now start to look pregnant. Skin color changes may begin to appear.



Week 16
The bones and muscles continue to develop. The baby begins making sucking motions with the mouth. Your baby weighs about 5 ounces and nears 6 to 7 inches long.

Your Third Trimester (28 to 40 Weeks)

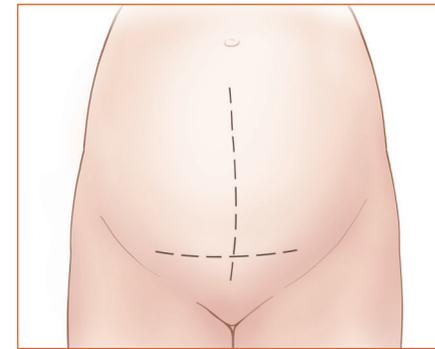
By now you may be feeling quite uncomfortable. Try to keep in mind that you won't be pregnant much longer. Stretch marks, swollen ankles, **colostrum** (yellowish early milk), a protruding navel, and shortness of breath are common. Shortly before delivery, your baby moves down into your pelvis. This may make it easier for you to breathe.



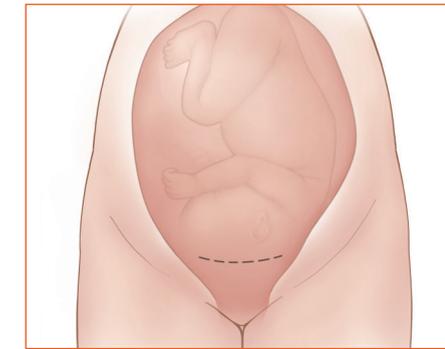
Week 28
Your baby's brain is developing quickly now. The eyes open and close. The baby weighs about 2½ pounds and nears 14 inches.

Cesarean Birth

Your doctor may perform a cesarean delivery to limit or prevent problems. The procedure may or may not be planned. Once surgery begins, it may be only a few minutes until your baby is born. But you may be in the operating room for about an hour, including the time to close your incisions.



The incision on the skin of the belly may be vertical or horizontal.



The incision on the uterus is likely horizontal (transverse). The baby is born through this incision.

Prepping for Delivery

Your partner may be able to sit with you through the procedure. When it's time to begin, the skin from your bellybutton to your groin is prepared for surgery. A thin, flexible tube called a catheter is inserted to drain urine. An IV is put into a vein in your hand or arm. It supplies you with fluids and medication. You will be given pain medication. Whether you receive regional or general anesthesia depends on how quickly the delivery must be done.

After Delivery

The incisions inside your body are closed with stitches. Your skin incision is closed with staples or stitches and a dressing is applied. The doctor presses on your uterus to move any blood clots through the vagina. IV antibiotics may be given to reduce the risk of infection. The bladder catheter will most likely be removed the next day.

Delivering Your Baby

The doctor makes incisions in your skin and uterus. The skin incision may not be in the same direction as the uterine incision. The doctor presses on the upper part of the uterus and guides your baby through the incision. If you are awake, you may feel a slight pressure or tugging. The placenta is then removed through the incision.



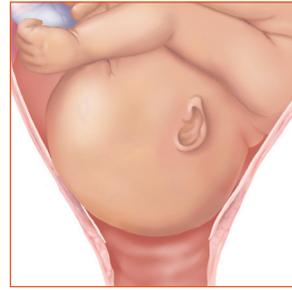
Risks of Surgery

The doctor will talk with you about the risks of a cesarean birth:

- Bleeding
- Infection
- Injury to nearby organs
- Reaction to anesthesia
- Blood clot in the leg, pelvis, or lung

Vaginal Birth

The second stage of birth is when the cervix becomes fully dilated. It is the shortest, but most intense, part of labor. When it's over and you begin pushing, you may get a burst of energy. The pushing process may last minutes to hours.



Your cervix is fully dilated at 8 to 10 centimeters.

During the Second Stage

As the cervix fully effaces and dilates, contractions become even stronger. They may occur every 2 to 3 minutes and last from 60 to 90 seconds. This is a demanding time. Help yourself by working with your labor coach.



Pushing Toward Delivery

After your baby's head enters the birth canal, the pressure on your lower back and rectum may get worse. Contractions may come less often. Pushing down with the contraction helps move the baby deeper into the birth canal.



Your baby passes through the birth canal.

Delivering Your Baby

Soon the top of your baby's head appears (**crowns**). You may be told to pant. A small cut (**episiotomy**) may be made between the vagina and the rectum to enlarge the vaginal opening. Special instruments may be used to help the baby out of the birth canal. Once your baby is born, the umbilical cord is cut. The placenta is delivered after the baby.

	<p>Week 6 Your baby's lungs begin to form. Arms, legs, hands, and feet are growing. Fingers and toes appear. At week 6, your baby is about ½ inch long.</p>		<p>Week 12 Your baby's face has formed. The fingers can close to make a fist. At this stage, your baby weighs about 1 ounce and is about 3½ inches long.</p>
	<p>Week 20 Your baby's heartbeat can be heard. You may feel the baby move (known as quickening). Your baby weighs up to 1 pound and is about 10 inches long.</p>		<p>Week 24 Your baby's eyes, eyelashes, and eyebrows have fully formed. The baby weighs about 1½ pounds and is about 12 inches long.</p>
	<p>Week 36 Your baby continues to grow and store body fat. The baby is about 6 pounds. Moving around in the womb is tougher now, but kicking can still be felt.</p>		<p>Weeks 37-40 Your baby may weigh nearly 6 to 9 pounds and be about 18 to 20 inches long. In other words, "Any day now, Mom!"</p>

Adapting to Pregnancy

As your body gets used to pregnancy, you may have to change or limit your daily activities. You'll need to rest more and use the energy you have wisely.

Work Concerns

Talk to your healthcare provider if your job requires you to stand for long periods, do heavy lifting, or if you work with hazardous tools or materials. Your workspace, workload, or schedule may need to be adjusted.



Advice for Travel

Check with your healthcare provider first, but the second trimester may be the best time to travel. Still, you may be advised to avoid certain trips, such as to developing countries, since food and water can be concerns. Travel by car is a good choice. It allows you to stop and stretch often. To secure your seat belt, pull the shoulder strap across your chest. Fasten the lap belt low over your hips, below your belly.



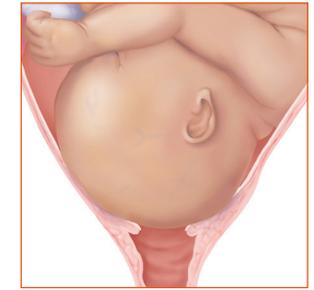
Intimacy

Unless your healthcare provider tells you to, there is no reason to stop having sex while you're pregnant. You or your partner may notice changes in desire. Desire may be less in the first trimester, due to nausea and fatigue. In the second trimester, sex may be very enjoyable. The third trimester can be a challenge comfort-wise. Try different positions to see what's best for you both.



Active Labor

With active labor, your contractions will be stronger and more rhythmic. They may occur 2 to 5 minutes apart and last about 45 seconds. This stage is often shorter than early labor. When you reach active labor, the cervix will be checked to see how it's changing. Anesthesia may be given before or at this time.



Your cervix may dilate 4 to 8 centimeters during the first part of active labor.

Evaluating You and Your Baby

An exam tells how you and your baby are responding to contractions. Your blood pressure, temperature, and pulse will be checked. A blood or urine sample may also be taken. A fetal monitor will be used to check your baby's heart rate. Sometimes an IV (intravenous) line is started to give you medication and fluids.



Focusing on Labor

Contractions may now involve the entire abdomen, not just the lower part. You may feel tired and restless. You may not want to talk much. If the amniotic sac has not broken, it may break as your cervix dilates further. Or, it may be broken for you. Help your baby descend by changing positions often. Walking or sitting in a rocking chair or recliner may help.



A fetal monitor will be used to check your baby's heart rate.

Labor

Labor is a series of uterine contractions that **dilate** (open) the cervix for birth. You are in early labor when you have contractions that don't go away. You may spend the first part of your labor at home. If there are concerns about your health, you may be asked to go to the hospital sooner.



In early labor, the cervix usually dilates 1 to 2 centimeters.

When It's Really Labor

Labor often starts slowly, with cramping or discomfort in your lower abdomen that doesn't stop when you change position. Labor can also begin quickly. Your **amniotic sac** ("water") may break or begin to leak. Over time, contractions become stronger and more regular. As the uterus contracts and pulls up, the cervix slowly thins (effaces) and dilates. This allows the baby to pass through the vagina or birth canal.

Leaving for the Hospital

Follow the instructions you've been given that tell you when to leave for the hospital. You may be told to call your healthcare provider when it becomes hard to walk or talk during contractions or if your amniotic sac breaks. If your partner makes the phone call for you, be nearby. That way, your healthcare provider can speak to you directly. Many women are told to go to the hospital after an hour of contractions that come 5 to 10 minutes apart. Leave sooner if the hospital is not nearby or is hard to get to.

✓ Notes for Your Partner

To support your partner:

- Be sensitive to her changing needs.
- Time her contractions.
- Suggest a short walk or game of cards.
- Use labor-breathing techniques with her.
- Dim the lights and try to keep things quiet.
- Call or text message friends and loved ones!



Exercising as a Mom-to-Be

While you're pregnant, an exercise routine helps both your mind and your body feel good. It tones your muscles and makes them stronger. It can also help improve your mood. But before you start exercising for two, talk to your healthcare provider about what's right for you.



Walking is a safe activity.

The Right Exercise for You

Overall conditioning is best. Try walking, swimming, or riding a stationary bike. Always warm up, cool down, and drink enough fluids. Talk to your healthcare provider about the following:

- If you already exercise, find out how to adapt your routine while you're pregnant.
- If you were not exercising before your pregnancy, find out how you can start. Do not begin a new workout on your own.
- Ask which forms of exercise you should avoid. These may include risky activities, such as horseback riding, scuba diving, and contact sports.
- Ask about local prenatal exercise classes, such as yoga. Find out which prenatal exercise DVDs are good choices.

Pelvic Floor Muscle Exercises

Pelvic floor muscle exercises (Kegels) involve tightening, holding, then relaxing the pelvic floor muscles. Doing these exercises each day helps prepare the pelvic floor muscles for delivery. It also helps strengthen the muscles that hold the bladder. To do one type of pelvic floor muscle exercise, contract as if you were stopping your urine stream, but not when you're urinating. Hold for as long as you can, then release and rest. Do this until you can hold for 10 seconds. Repeat 10 times, a few times a day.

Eating for Good Nutrition

To help your baby grow and keep your own body healthy during pregnancy, you need to eat enough nutritious foods and calories each day. For nutrition information specific to your needs, talk with your healthcare provider. You can also visit www.choosemyplate.gov to create a personalized nutrition plan. This website gives recommendations based on factors such as your age, height, weight, due date, and activity level. See the chart below for a sample food plan.

Food Group	1st Trimester	2nd Trimester	3rd Trimester	What counts as 1 cup or 1 ounce?
	Sample amounts to eat daily*			
 Fruits	2 cups	2 cups	2 cups	1 cup raw or cooked fruit ½ cup dried fruit
 Vegetables	3 cups	3 cups	3½ cups	1 cup raw or cooked vegetables 2 cups leafy salad greens
 Grains	7 ounces	8 ounces	9 ounces	1 slice whole-grain bread 1 ounce ready-to-eat cereal ½ cup cooked pasta, rice, or cereal
 Protein	6 ounces	6½ ounces	6½ ounces	1 ounce lean meat, poultry, or fish ¼ cup cooked beans or peas ½ ounce nuts or 1 egg 1 tablespoon peanut butter
 Dairy	3 cups	3 cups	3 cups	1 cup low-fat or fat-free milk 1 cup low-fat yogurt 1½ ounces natural cheese

Source: www.choosemyplate.gov, U.S. Department of Agriculture
 *This example meets the needs of a pregnant 35-year-old female, 5'6", 135 lbs, who exercises 30 to 60 minutes a day. You may need more or less than what is shown here. Check with your healthcare provider to make sure you are gaining weight as you should.

Aim for a Healthy Weight

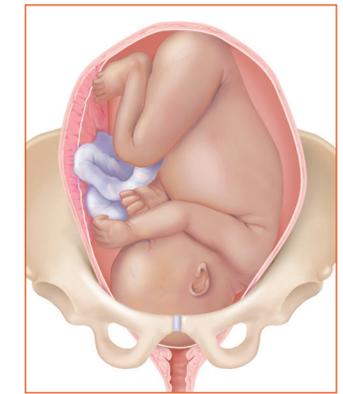
A slow, steady rate of weight gain is often best. After the first trimester, you may gain a pound a week. But each woman gains weight differently. So talk to your healthcare provider to learn how much weight you should gain during your pregnancy.

Don't Diet

Now is not the time to diet. If you do, you may not get enough of the nutrients you and your baby need. Instead, learn how to be a healthy eater. Do it for your baby and for yourself.

A Labor in Waiting

During these final weeks of pregnancy, you may begin to have irregular contractions. This is normal. Also, you may feel your baby move lower in your pelvis. These are signs that your baby is getting ready to be born. Have your overnight bag packed to be sure that you're ready too.



Your Body Prepares

Certain changes in your body signal that your baby will be born soon. You may feel irregular tightenings of the uterus called **Braxton Hicks contractions**. These may occur more often as your body prepares for the birth. You may have more and thicker vaginal discharge. The **mucous plug** sealing your uterus may break down over a few weeks or be lost all at once. This creates a clear pink, brown-tinged, or slightly bloody discharge.

Your Baby Moves into Position

As your body prepares for labor, your healthcare provider may talk about "**position and station**." Position is your baby's placement in the uterus (facing left or right, head first, or feet first). Station refers to how far your baby has moved down (**descended**) into the pelvic cavity. If this is your first pregnancy, the baby may descend ("drop") 2 to 4 weeks before birth. With later pregnancies, this may not happen until labor begins. The baby most often descends head first.

Packing for the Hospital

Here are some items you may want to take to the hospital:

- A watch or clock with a second hand
- Bathrobe and slippers or heavy socks
- Personal care items such as a toothbrush, lip balm, comb, hair ties, and shampoo
- A personal music player and headphones
- A camera with new batteries
- Coins for vending machines
- Going home outfits for you and your baby
- A car seat to take your baby home



Preparing for Your Baby's Arrival

The big day is fast approaching. Be sure to talk to your healthcare provider about any final decisions you have to make about labor and delivery. This includes your plan for managing pain during the birth. Also, you need a proper car seat to take your baby home. Now is a good time to set it up.

Planning the Delivery

Talk to your healthcare provider about your delivery goals. Consider the following:

- **Childbirth Classes**

These classes prepare you and your partner for childbirth. You will learn how to breathe and relax to help control pain during labor.

- **Where You Will Deliver**

Giving birth in a labor and delivery room at the hospital allows for close monitoring of you and your baby. Many hospitals also have birth centers or birthing rooms. These offer a homelike setting. Discuss with your provider which location is best for you and your baby.

- **Anesthesia Options**

You may prefer not to use pain medication during delivery. But it's still important to know the two main types of anesthesia used in childbirth. **Regional anesthesia** is used most often. It helps relieve pain for both vaginal and cesarean births. It numbs the body from the waist down. An **epidural** is a form of regional anesthesia. With an epidural, a thin tube is placed in the lower back and a constant flow of anesthetic is sent through the tube. **General anesthesia** lets you sleep during the birth. But it is usually reserved for emergency deliveries.



Childbirth classes can teach you how to cope with the stress of labor.

Car Seat Setup

Ask your partner or a family member or friend to install a federally approved car seat. Follow the manufacturer's instructions carefully. For information and tips about car seat safety, visit www.seatcheck.org.

Fluids

You and your baby need fluids. Fluids also help decrease constipation, limit swelling, and prevent bladder infections. Drink plenty of fluids daily. Water is best, but some other good choices are:

- Water or seltzer water with a slice of lemon or lime (these can help ease an upset stomach, too)
- Clear soups that are low in salt
- Low-fat or fat-free milk; soy or rice milk with calcium added
- Flavored ice pops or gelatin



Medications and Supplements

Talk to your healthcare provider before taking any prescribed or over-the-counter medications, vitamins, or herbal supplements. After meeting with your provider, he or she may recommend a prenatal vitamin that has the following and more:

- **Iron** makes the extra blood you need now.
- **Calcium and vitamin D** help strengthen bones.
- **Folic acid** helps prevent brain and spinal cord birth defects when taken early in pregnancy.



Things to Avoid

Some things might harm your growing baby. Don't eat or drink the following:

- Alcohol
- Unpasteurized dairy foods and juices
- Raw or undercooked meat, poultry, fish, or eggs
- Certain types of fish, such as swordfish

Things to Limit

Talk to your healthcare provider about whether it's safe to include these items in your diet:

- Caffeine
- Artificial sweeteners
- Organ meats, such as liver
- Fast food and sweets

Your First Trimester (0 to 13 Weeks)

The sooner you seek prenatal care, the better. Early care increases your chances of having a healthy pregnancy and a healthy baby. During visits, your healthcare provider will perform a physical exam and order certain lab tests. These tests show if there are any special concerns. Then your provider can create the best care plan for you and your baby.

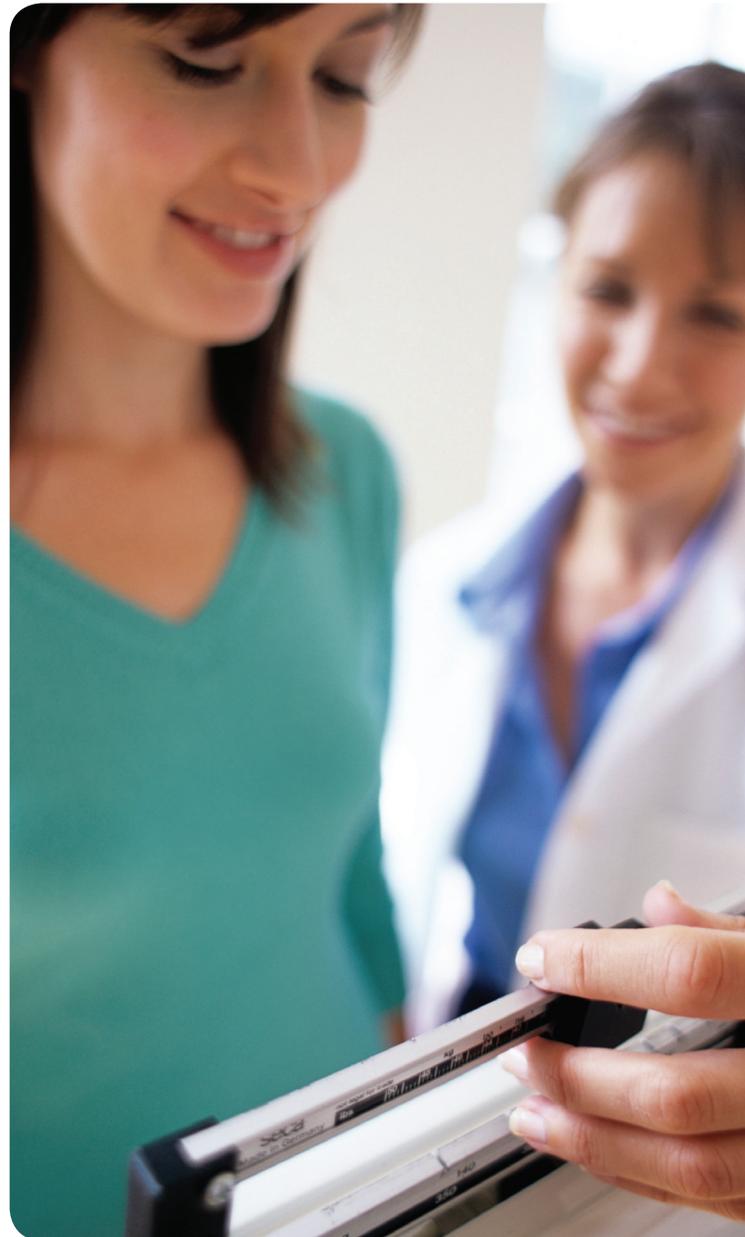
Your First Visit

The first visit will take longer than other visits. This is because your pregnancy will be confirmed and new information will be discussed with you. You'll also have a detailed exam and lab tests.

Health History

Your healthcare provider needs to know about your health history. He or she will want to know about any chronic or genetic diseases or birth defects that run in your family. You will also be asked if you:

- Have been pregnant before or have had an abortion or miscarriage.
- Have had surgery of any type.
- Have been exposed to certain diseases such as measles or herpes.
- Have had any sexually transmitted diseases, including HIV.
- Know you are allergic to anything.
- Have been taking any medications or herbal supplements.



Easing Back Pain

As the uterus enlarges, your center of gravity changes. This causes you to lean back to maintain your balance. Doing so puts pressure on your back muscles. Back pain can also result when abdominal muscles weaken, forcing the muscles in your back to work harder.

Practice Good Posture

Try to keep your ears, shoulders, and hips aligned. Pull in your abdomen to support your lower back. Tuck in your buttocks slightly to help relieve pressure on your back.

Think Before You Lift

Avoid lifting heavy objects when pregnant. For smaller objects, bend at the knees to bring the object nearer. Get a good grip and test the weight. Tighten your abdomen. Lift with your leg muscles, not with your back.

Exercise: The Pelvic Tilt

Stand with feet about 12 inches from the wall and knees slightly bent. Support your abdomen with your hands. Tighten your abdomen and press until your lower back is flat against the wall. Repeat 10 times.

Limiting Vein Problems

Swollen veins may occur in the legs or rectum because of increased pressure on these areas. Swelling of rectal veins (**hemorrhoids**) is worsened by constipation.

- Get regular exercise, such as a daily walk.
- Wear thigh-high or pregnancy support hose.
- Avoid snug shoes and tight clothes.
- Eat plenty of fiber and drink enough fluids.
- To help control hemorrhoids, sit for 20 to 30 minutes twice a day in at least a few inches of warm water.
- Try not to stand or sit for long periods.



Dealing with Frequent Urination

At first, you may need to urinate more often than usual because you have more body fluids and your kidneys are working more efficiently. Later, it's because the baby grows and moves, putting pressure on the bladder.

- When you urinate, lean forward so that your bladder empties completely.
- Try to drink most of your fluids earlier in the day to avoid getting up at night.
- Tell your healthcare provider if you have pain with urination. It could be a bladder infection.

Easing Third Trimester Discomforts

Getting comfortable in the third trimester can be a challenge. This is because your baby is growing and moving to prepare for birth. Below are some tips to help you cope with the most common discomforts. Do your best and remember that your baby will be here soon!

Reducing Heartburn

Heartburn during pregnancy can result from slowed digestion due to hormones that relax the muscles in the digestive tract. The growing baby can also press on your digestive tract and cause heartburn.

- Avoid spicy, acidic, and greasy foods.
- Eat small meals more often. Eat slowly.
- After eating, wait 2 hours before lying down. Sleep with your upper body raised 6 inches.

Treating Constipation

Constipation may occur as the digestive system slows down during pregnancy. Also, the growing uterus puts pressure on the bowels.

- Eat foods high in fiber (whole-grain foods, fruits, and vegetables).
- Drink plenty of water.
- Get regular exercise.

Caring for Your Breasts

Your breasts may increase in size and be more sensitive and tender. They may begin to leak colostrum (yellowish early milk).

- Wash your breasts with plain water. Avoid using harsh soaps or rubbing alcohol. They can cause dryness.
- Wear a nursing bra for extra support and comfort.

Getting a Good Night's Sleep

Getting restful sleep can be a challenge in late pregnancy.

- Take a warm shower before bed.
- Sleep on a firm mattress.
- Lie on your left side with the right leg crossed over the left leg.
- Place pillows under your back and between your knees for comfort.

A Complete Physical Exam

Your exam may include:

- Measurements of your height, weight, and blood pressure
- An exam of your thyroid, heart, and lungs
- A breast exam
- A pelvic exam, including a Pap test, cervical cultures for bacteria, and measurements of your pelvis and uterus
- A urine sample and blood tests

A Visit About Once a Month

During each visit, your weight is checked to make sure you are gaining the right amount. (You may not gain much until the second trimester.) Your blood pressure will be taken, and you may give another urine sample. If you have bleeding or increased discharge, you may have a pelvic exam. Your healthcare provider will talk with you about your lab test results.

Planning for Appointments

Try to plan a regular time slot for your checkups. You may have to talk with your employer. Some women who work prefer to go on their lunch hour. Others would rather go at the end of their workday. At each appointment, be sure to set up your next visit.



When to Call Your Provider

Call your healthcare provider right away if you have any of the following:

- Vaginal bleeding or spotting or changes in discharge
- Cramping or pelvic pressure
- Severe nausea and vomiting
- Sudden, severe abdominal pain
- Fainting
- Fever of 100.4°F (38°C) or higher



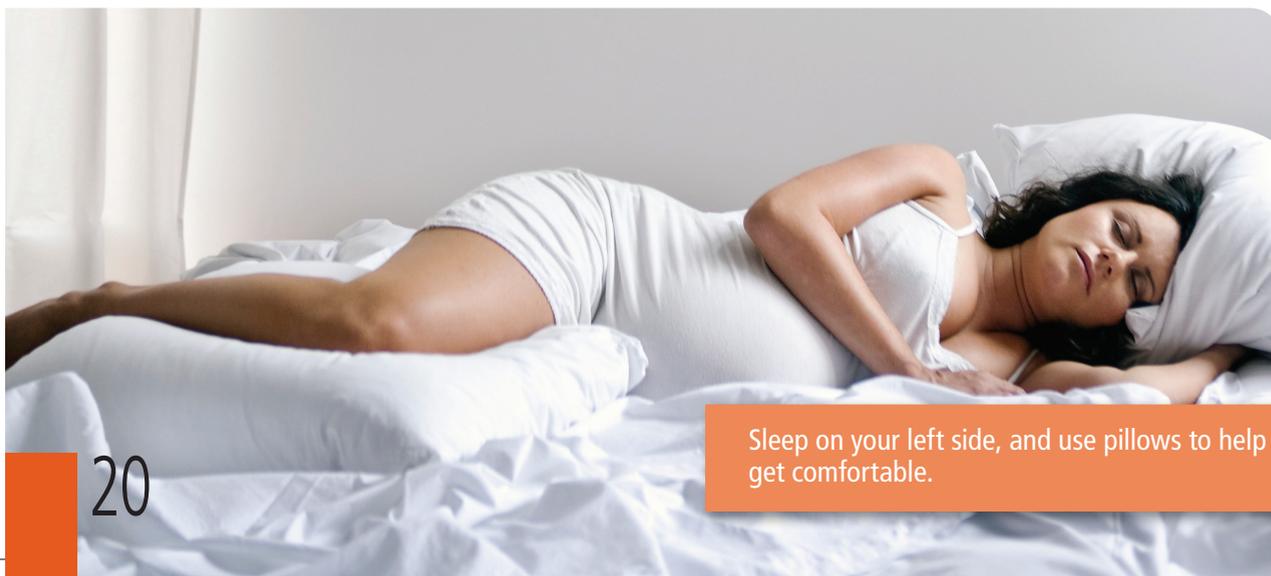
Questions You May Have

Now that you are sure you are pregnant, you may have questions for your healthcare provider. Keep a list of them and carry the list with you.

- How can I make sure that my healthcare provider knows my choices for delivery (such as where and how I'll deliver, as well as my choices for anesthesia)?
- Who do I call for medical care after hours?
- Are any over-the-counter or prescription medications safe to use during pregnancy?
- Will I breastfeed my baby?
- If my baby is a boy and I want to have him circumcised, how do I plan for it?

Other questions:





Sleep on your left side, and use pillows to help get comfortable.

More About Your First Trimester

Your healthcare provider may want you to have certain tests to better understand your health. This is normal. He or she will also want to discuss how you're feeling as your body adjusts to pregnancy. Talk with your provider about any discomforts you have and follow the tips on page 15.



Blood Tests

Your healthcare provider will order blood tests. You may only need to have blood drawn once for a group of these tests. They help find problems that can affect your pregnancy if left untreated. This includes whether your and your baby's blood types are compatible and if you have any sexually transmitted diseases.

Testing for Rh Negative Blood

Your blood will be tested to see if it is Rh negative. If you are Rh negative and your baby's blood is Rh positive, you may form antibodies. These antibodies may attack the baby's blood. This is called Rh disease. It can cause your baby to lose blood cells or to have health problems. If you are Rh negative, you will be given medication to keep Rh antibodies from forming. You will also have more blood tests during your pregnancy.

Further Testing

If there are special concerns with your pregnancy, your healthcare provider may suggest you have further testing.

- **CVS** (chorionic villi sampling) tests for certain genetic problems. A sample of cells ("chorionic villi") is removed from the tissue that later becomes the placenta. The genetic material in the cells is then studied. This test may be substituted for amniocentesis (see page 17).
- Other tests, depending on your ethnic background or family history. These may include testing for sickle cell anemia, thalassemia, Tay-Sachs disease, or cystic fibrosis.

Watching for Preeclampsia

Preeclampsia is high blood pressure during pregnancy. It is most common in first-time mothers or women having a baby with a new partner. Signs of preeclampsia include swollen face and hands, sudden weight gain, blurred vision, headache, and upper abdominal pain. Protein is also present when the urine is tested. If you have any of these signs, your healthcare provider will watch you closely until you deliver. The risks to a mother and baby can be serious. In severe cases, early delivery may be recommended.

Knowing the Signs of Preterm Labor

Labor before 37 weeks of pregnancy is called **preterm labor**. The signs of preterm labor include regular, rhythmic contractions, mucous discharge, bleeding, and back and pelvic pain. Call your healthcare provider right away if you have any of these signs.

✓ Notes for Your Partner

Here are some ways you can feel closer to your partner in the last few months of her pregnancy:

- Spend time just being close with your partner. Massage her back and feet.
- Talk or sing to the growing baby. Feel her belly as the baby kicks.
- Go to childbirth classes with her. Being informed will help you understand what your partner is feeling as the birth nears.
- Allow yourself to feel excited about the birth of your child. Share this excitement with your partner.



When to Call Your Provider

Call your healthcare provider right away if you have any of the following:

- Fever of 100.4°F (38°C) or higher
- Vaginal spotting or bleeding
- Fluid leaking from the vagina
- Abdominal pain or contractions
- Severe or constant headaches
- Sudden swelling of the face and hands
- Rapid weight gain
- Vision changes or dizziness
- Decrease in the baby's movement



Your Third Trimester (28 to 40 Weeks)

At first, you will likely visit your healthcare provider every 2 weeks. In the last month, visits will increase to once a week. Be sure to get any labor and delivery questions you still have answered. Also, learn the warning signs of preterm delivery, and know when to call your healthcare provider.

More Frequent Visits

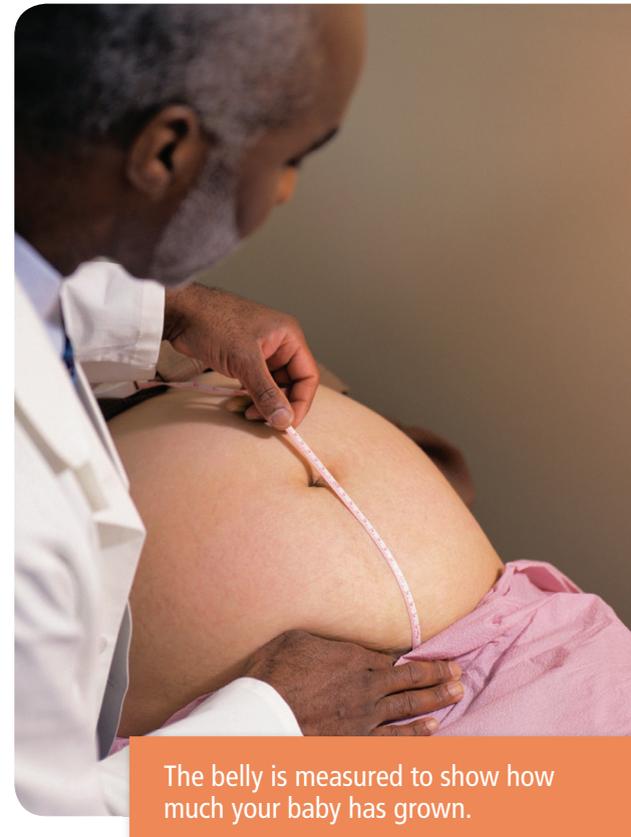
Your blood pressure, urine, weight, and the baby's heartbeat will continue to be checked. Your fundal height may also be measured. As your due date nears, pelvic exams may be done. This is to check the baby's position. You may need to schedule extra visits if your healthcare provider wants to monitor you more closely. Also, ask your healthcare provider who will deliver your baby if he or she is not available when you go into labor.

Third Trimester Tests

You may have one or both of the tests listed below. Or, your healthcare provider may ask you to have others. You may also have tests discussed earlier, such as ultrasound or amniocentesis.

Group B Strep Test

Group B strep testing is done about a month before your due date. This test checks for a common type of bacteria found in the vagina and rectum. Group B strep is usually harmless to adults, but may cause health problems in newborn babies. If group B strep is found, you will receive antibiotics during labor. This helps protect your newborn from the bacteria during birth.



The belly is measured to show how much your baby has grown.

Antenatal Testing

Your healthcare provider may suggest tests to find out if your baby needs special care. **Antenatal (prenatal) testing** may include:

- A nonstress test that monitors the baby's heartbeat as he or she kicks and stretches.
- A contraction stress test that shows how the baby's heartbeat reacts to mild contractions.
- A biophysical profile that checks the baby's heartbeat, movements, and amniotic fluid.

Tips to Ease Discomforts

Some discomforts may arise during the first trimester. Here are a few common complaints and tips for relieving them:

Nausea

Nausea is called "morning sickness," but it can happen at any time of the day.

- Get up slowly in the morning. Put a plate of unsalted crackers by your bed. Eat a few before standing up.
- Eat small, light meals often.
- Drink water with lemon slices.
- Talk with your healthcare provider if you take vitamins that upset your stomach.

Fatigue

It is normal to be tired at this time. Your body is working hard to build the placenta that will feed the baby. Expect to have more energy in the second trimester.

- Take short naps when you can.
- Get regular exercise.
- Accept help from others.

Mood Swings

Expect mood swings. They may be caused by changes in hormones and the variety of feelings pregnancy can bring.

- Talk to your partner about your feelings. And talk to other moms-to-be and moms.
- Limit sugar, chocolate, and caffeine.
- Eat nutritious foods. Don't skip meals.
- Get plenty of exercise.

Headaches

Headaches most often result from changes in hormones. Fatigue, hunger, stress, or dehydration can also cause headaches.

- Don't skip meals, and drink lots of water.
- Get fresh air and exercise.
- Relax and get enough rest.
- Check with your healthcare provider before taking any pain medication.

✓ Notes for Your Partner

Do your best to help the mom-to-be cope as she adjusts to pregnancy:

- Help her get rest. This may mean taking on more household responsibilities, such as cooking dinner and running errands.
- Offer to attend prenatal visits when you can.
- Allow your partner to share her concerns and feelings with you. You do the same.
- Support her healthy lifestyle by also eating right, exercising, and avoiding smoking, drinking, and doing drugs.



Your Second Trimester (14 to 27 Weeks)

You may begin feeling better during your second trimester. This is because your body is getting used to pregnancy. During this time, your healthcare provider may order more prenatal tests. As always, these tests are done to ensure you and your baby are healthy.

Monthly Visits Continue

At each visit, your blood pressure, urine, and weight will be checked. Your healthcare provider may also:

- Listen to your baby's heartbeat using a Doppler device or a special stethoscope.
- Measure your **fundal height** (the height of your uterus). This will show how much your baby has grown.
- Look for problems if you are Rh negative. You'll have a second blood test near your 28th week. If you have not formed Rh antibodies, you will be given medication to prevent them from forming. It may be given again after delivery if your baby is Rh positive.

Second Trimester Tips

These tips may help relieve some common discomforts in the second trimester:

- To limit ankle swelling, sit with your feet raised whenever possible.
- For leg cramps, wear support hose and shoes with flexible soles. Also, be sure to get enough exercise.
- To avoid sore feet, try not to stand in one position for too long. Wear comfortable, low-heeled shoes.
- For pain in the groin and abdomen (**round ligament pain**), avoid sudden twisting movements. Ask your provider if an abdomen support device might help.

Sit with your feet raised to help prevent swollen ankles.



Ultrasound can show how your baby is forming.

Second Trimester Tests

The most common second trimester tests are discussed below. You may have some or all of them, depending on your needs.

Ultrasound

Ultrasound is a safe test that allows you to see an image of your baby in the womb. It bounces sound waves off your baby's body, creating an image of the growing child. Ultrasound can confirm your due date, show how your baby is forming, and find certain problems. It can also show if you are having more than one baby. The baby's sex may also be determined with the test.

AFP and Multiple Marker Tests

You may have an **AFP** (alpha-fetoprotein) or a **multiple marker test**. They screen your growing baby for substances or "markers" that may indicate an increased risk of problems. If the results are abnormal, other tests, such as ultrasound or amniocentesis, may be recommended.

Amniocentesis

Amniocentesis tests for genetic problems and certain birth defects. A sample of **amniotic fluid** (the fluid that surrounds and protects your baby) is removed and tested. Your healthcare provider will talk with you about the risks of this test.

Blood Glucose Screening

A **blood glucose screening** tests for gestational diabetes (diabetes that occurs in pregnancy). When pregnant, changes in the body can produce too much sugar in the blood. This can be controlled with diet and exercise and, if needed, medication. For the screening, you drink a sugary liquid. One hour later, a blood sample is taken and your blood sugar level is measured. If you have a high blood sugar level, a **glucose tolerance test** may be done. This test measures the amount of time it takes for sugar to leave your blood.



When to Call Your Provider

Call your healthcare provider right away if you have any of the following:

- Fever of 100.4°F (38°C) or higher
- Blood or fluid leaking from the vagina
- Abdominal pain or contractions
- Severe or constant headaches
- Sudden swelling of the face and hands
- Rapid weight gain
- Vision changes or dizziness
- Decrease in the baby's movement