

Pregnancy

If you are pregnant or even just thinking about it, now is the time to begin caring for your unborn baby. Doing so involves caring for your own health both before and during pregnancy. It also involves learning about important pregnancy topics and milestones. Taking these steps will help you to have a safe pregnancy and healthy baby. Also, knowing what to expect will help to ease any worries you might have so you can enjoy this exciting time.

Your health before pregnancy

The chances of having a safe pregnancy and healthy baby are best when pregnancy is planned. This way, you can take action early on to prevent health problems that might affect you or your baby later. If you are sexually active, talk to your doctor about your preconception health. Be sure to discuss your partner's health, too. Ask your doctor about:

- Family planning and birth control.
- Taking folic acid.
- Vaccines you may need.
- Managing health problems such as diabetes, high blood pressure, thyroid disease, obesity, depression, eating disorders, and asthma. Find out how

Preconception Health

This is a woman's health before she becomes pregnant. It means knowing how health problems and risk factors could affect a woman or her baby if she becomes pregnant.



pregnancy may affect, or be affected by, health problems you have.

- Tests for hepatitis, HIV, and other sexually transmitted infections (STIs).
- Medicines you use, including over-the-counter, herbal, and prescription drugs and supplements.

Unplanned Pregnancy

If you have an unplanned pregnancy, start taking care of yourself right away. You will feel good knowing that you are doing all you can to care for your unborn baby.

- Ways to improve your overall health, such as reaching a healthy weight, making healthy food choices, being physically active, caring for your teeth and gums, quitting smoking, and avoiding alcohol.
- How to avoid illness. Some infections, like cytomegalovirus (SEYE-toh-MEG-uh-loh-VEYE-ruhss), can cause birth defects.
- Health problems that run in your family, such as phenylketonuria (fee-nuhl-

kee-toh-NUR-ee-uh) (PKU) or sickle cell anemia (uh-NEE-mee-uh). (See page 408 of the Appendix for more information about genetic testing and working with a genetic counselor.)

- Problems you have had with prior pregnancies.

Becoming pregnant

You are most likely to become pregnant if you have sex just before or just after ovulation. Most women ovulate between day 11 and day 21 of their menstrual cycle. Count day one as the first day of your last normal period. Most couples who are trying are able to conceive within 1 year. If you think you might be pregnant, you can take a home pregnancy test 1 to 2 weeks after a missed period. Your doctor can confirm pregnancy with a blood test and pelvic exam.

For at least 3 months before and throughout your pregnancy:

- **Get 400 micrograms of folic acid daily** to lower the risk of certain birth defects, including spina bifida. Folic acid pills are best. You can also take a multivitamin that contains at least 400 micrograms of folic acid or eat foods with folic acid.
- **Stop alcohol, tobacco, and drug use**, which can harm your baby. Only use medicines your doctor says are okay.
- **Eat healthy foods** like fruits, vegetables, whole grains, calcium-rich foods, and lean meats.
- **Drink extra fluids, especially water.**
- **Try to control stress and keep active.** Set limits and get plenty of sleep. Talk with your doctor about safe ways for you to stay fit during pregnancy.
- **Avoid exposure to unsafe substances**, including lead, mercury, arsenic, cadmium, pesticides, solvents, some household chemicals, and cat and rodent feces. Exposure to some toxins and substances that carry infection can harm your unborn baby or increase the risk of miscarriage, preterm birth, and other pregnancy problems. To be safe, check product labels for warnings and ask your doctor how you can protect yourself from unsafe substances found in your workplace or home.



For more information on your reproductive system, see the *Reproductive Health* chapter on page 153.

Infertility

Some women want children but either can't conceive or keep miscarrying. This is called infertility. Both women and men can have fertility problems. Many things can affect fertility, including stress, smoking, STIs, and other health problems. Also, the older a woman becomes, the harder it is for her to get pregnant. Talk to your doctor if you have not been able to conceive after 1 year of trying, or after 6 months if you are 35 or older.

Happily, doctors are able to help many infertile couples go on to have babies. Treatment can include:

- lifestyle changes, such as reducing stress
- medicine, such as those to help women ovulate
- surgery to repair reproductive organs
- assisted reproductive technology, such as in vitro fertilization

Infertility can be stressful, tiring, and expensive. Many couples find that support groups or counseling can help them to cope.

Prenatal care

Medical checkups help keep you and your baby healthy during pregnancy. At your first visit your doctor will perform a full physical exam, take your blood for lab work, and calculate your due date.

Typically, routine checkups occur:

- once each month for weeks 4 through 28
- twice a month for weeks 25 through 36
- weekly for weeks 36 to birth

At each visit, your doctor will check your blood pressure and weight. Once you begin to show, your doctor will measure your abdomen to check your baby's growth.

You also will have some routine tests. Some tests are suggested for all women, such as blood work to check for anemia, your blood type, HIV, and other factors. Most women have a glucose challenge screening at 26 to 28 weeks or earlier to check risk of gestational (jess-TAY-shuhn-uhl) diabetes. (See page 180 for more information.) Before delivery, your

Ectopic (ek-TOP-ihk) Pregnancy

This happens when a fertilized egg implants outside the uterus, usually in the fallopian tube. It is a medical emergency. Get medical care right away if you have these signs:

- abdominal pain
- shoulder pain
- vaginal bleeding
- feeling dizzy or faint

With ectopic pregnancy, the egg cannot develop. Drugs or surgery are used to remove the ectopic tissue so that your organs are not damaged. Many women who have had ectopic pregnancies go on to have healthy pregnancies later.



- your age
- your personal or family health history
- your ethnic background
- the results of routine tests you have had

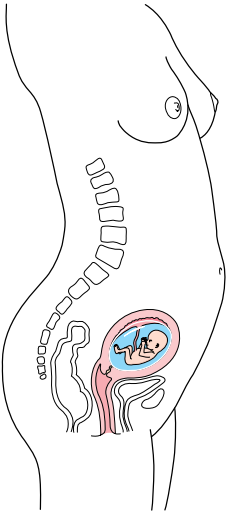
Some tests are screening tests. These detect risks for or signs of *possible* health problems in you or your baby. One common example is an ultrasound. This tool allows your doctor to view your baby's organ and body systems through the use of sound waves. Based on screening test results, your doctor might suggest diagnostic tests. Diagnostic tests confirm or rule out health problems in you or your baby. Genetic disorders and certain birth

doctor also will test you for group B strep, harmful bacteria that your doctor can treat to prevent passing them to your baby during labor.

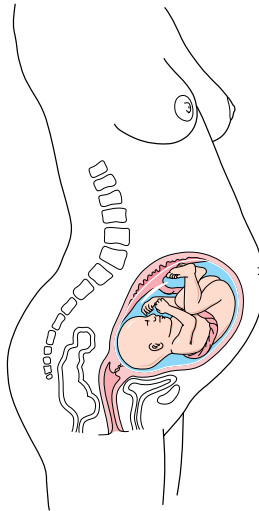
Other tests might be offered based on:

Stages of Pregnancy

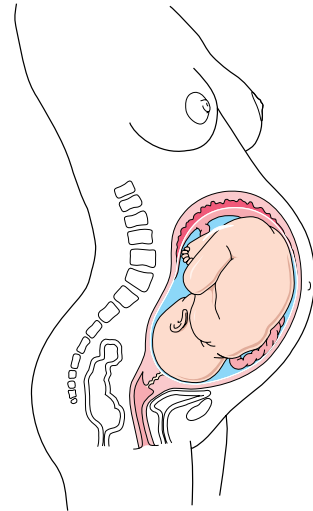
Pregnancy lasts about 40 weeks, counting from the first day of your last normal period. The weeks are grouped into three “trimesters” (TREYE-mess-turs).*



First trimester (week 1–week 12)—All the major organs are formed. The eyes and ears are in position. If you push on your abdomen, your baby moves. At week 12 your baby is about 3 inches long and weighs less than an ounce.



Second trimester (week 13–week 28)—Essential organs begin to function. Fingers, toes, eyelashes, and eyebrows develop. Your baby can suck his or her thumb. At week 24, your baby is about 1½ pounds and 12 inches long.



Third trimester (week 29–week 40)—Kicks become more frequent. Your baby gains about half a pound per week. You might notice the baby “dropping,” or moving lower in your abdomen.

*According to the American College of Obstetricians and Gynecologists.

defects are examples of health problems that might be confirmed or ruled out with diagnostic tests while you are pregnant. An amniocentesis (AM-nee-oh-sen-TEE-suhss) is an example of a diagnostic test.

Talk to your doctor if you don't understand or are concerned about any tests suggested for you. Your doctor also can explain what your test results mean and possible next steps if a problem is found. Keep in mind that women who get early and regular prenatal care have healthier pregnancies and babies.

High-risk pregnancies

Pregnancies with greater chance of complications are called “high-risk.” But this doesn't mean there will be problems. The following factors may increase the risk of problems during pregnancy:

- being very young or older than 35
- overweight or underweight
- problems in previous pregnancy
- health conditions (high blood pressure, diabetes, or HIV)
- being pregnant with twins or other multiples

Health problems also may develop during a pregnancy, which make it high-risk. Women with high-risk pregnancies need prenatal care more often and sometimes from a specially trained doctor.

Eating for two

Eat a variety of healthy foods and drink plenty of water during pregnancy. Pregnant women need more protein, iron, calcium, folic acid, and fluids than at other times. Ask your doctor about:



- How much weight you need to gain and your calorie needs. This will depend on your pre-pregnancy weight.
- Taking prenatal vitamins.
- Whether drinking caffeine is okay for you. Small amounts of caffeine (about one 12-ounce cup of coffee) appear to be safe during pregnancy. But the effects of too much caffeine are unclear.

Also, talk with your doctor about special diet needs:

- **Diabetes**—Review your meal plan and insulin needs with your doctor. High blood glucose can be harmful to your baby. (See page 69 of the *Diabetes* chapter for information on diabetes.)
- **Lactose intolerance**—Find out about low-lactose or reduced-lactose products and calcium supplements.
- **Vegetarian**—Ensure that you are eating enough protein, iron, vitamin B¹², and vitamin D.
- **PKU**—Keep good control of phenylalanine levels in your diet.

You can learn more about what kinds and how much food you should eat while pregnant at the MyPyramid for Pregnancy and Breastfeeding Web site listed in the resource section on page 185.

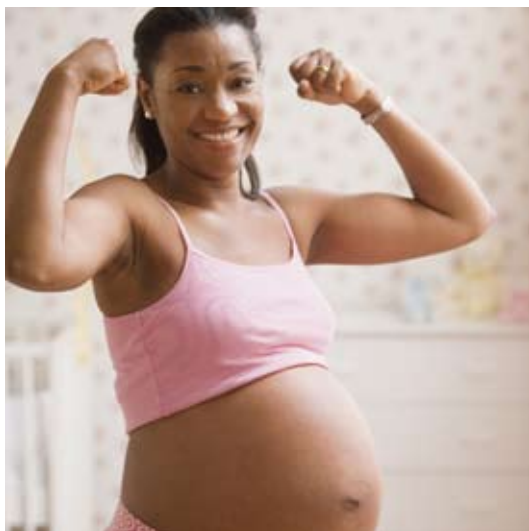
Keep You and Your Baby Safe From Food-Borne Illness

Health concern	How to lower risk
<p>Listeria (lih-STEER-ee-uh)</p> <p>This harmful bacteria found in some refrigerated and ready-to-eat foods can cause early delivery or miscarriage.</p>	<p>Do not eat:</p> <ul style="list-style-type: none"> • Hot dogs or deli meats unless steaming hot • Refrigerated meat spreads • Unpasteurized milk • Store-made salads, such as chicken, egg, or tuna salad • Unpasteurized soft cheeses, such as unpasteurized feta, Brie, queso blanco, queso fresco, and blue cheeses
<p>Toxoplasmosis (TOK-soh-plaz-MOH-suhss)</p> <p>Caused by a parasite, this infection can be passed to your unborn baby and cause hearing loss, blindness, or mental retardation.</p>	<ul style="list-style-type: none"> • Wash hands with soap after touching soil or raw meat. • Cook meat completely. • Wash cooking utensils with hot soapy water. • Wash produce before eating. • Don't clean cats' litter boxes.
<p>Mercury</p> <p>Too much of this metal found in some fish can harm your baby's nervous system.</p>	<ul style="list-style-type: none"> • Do not eat shark, swordfish, king mackerel, or tilefish. • Eat only 6 ounces per week of white (albacore) tuna.

Being active

For most pregnant women, physical activity is safe. However, first check with your doctor and avoid:

- being hit in the abdomen—NO kick-boxing, soccer, or basketball
- falling—NO horseback riding, downhill skiing, or other sports



that risk falling or require good balance

- scuba diving

Is it safe to wear a seatbelt while pregnant?

Yes—you should always wear a seatbelt. The lap strap should go under your belly, across your hips. The shoulder strap should go between your breasts and to the side of your belly. Make sure it fits snugly.

Having sex

Unless your doctor tells you otherwise, sex is safe. Call your doctor if sex causes pain, vaginal bleeding, or fluid leakage. You may find that your interest in sex changes during pregnancy. Talk to your partner about other positions if the way you usually have sex is awkward or no longer feels good.

Understanding body changes

Body changes differ for each woman and may differ for each pregnancy. Many physical and emotional changes

are normal. Still, tell your doctor about any changes you have—they may signal problems.

Body Changes During Pregnancy		
Change		What might help
Body aches	<ul style="list-style-type: none"> • Back, abdomen, groin, and thigh pain 	<ul style="list-style-type: none"> • Lie down. • Rest. • Apply heat.
Breast changes	<ul style="list-style-type: none"> • Heavy and tender breasts • Leaking breast “pre-milk” 	<ul style="list-style-type: none"> • Wear a maternity bra with good support. • Put pads in bra to absorb leakage.
Constipation	<ul style="list-style-type: none"> • Hard, dry stool • Fewer than 3 bowel movements per week • Painful bowel movements 	<ul style="list-style-type: none"> • Drink 8 to 10 glasses of water daily. • Don’t drink caffeine. • Eat fiber-rich foods. • Try mild physical activity.
Digestive problems	<ul style="list-style-type: none"> • Nausea and vomiting, called “morning sickness,” but often occurring at other times of day • Bloating • Indigestion • Heartburn 	<ul style="list-style-type: none"> • Eat 6 to 8 small meals—eat slowly. • Don’t eat greasy or fried foods. • Eat dry toast, saltines, or dry cereals. • Drink club soda between, but not with, meals. • Take small sips of milk or eat ice chips. <p><i>Call your doctor if you have flu-like symptoms, which may signal a more serious condition.</i></p>
Dizziness	<ul style="list-style-type: none"> • Feeling faint or dizzy 	<ul style="list-style-type: none"> • Stand up slowly. • Avoid standing for too long. • Don’t skip meals. • Lie on your left side. • Wear loose clothing. <p><i>Call your doctor if you feel faint and have vaginal bleeding or abdominal pain.</i></p>
Fatigue, sleep problems	<ul style="list-style-type: none"> • Tiredness, fatigue • Restless sleep • Trouble falling or staying asleep 	<ul style="list-style-type: none"> • Lie on your left side. • Use pillows for support, such as behind your back, tucked between your knees, and under your tummy. • Practice good sleep habits. (See pages 27–28 for more information.) • Go to bed a little earlier. • Nap if you are not able to get enough sleep at night. • Drink needed fluids earlier in the day, so you can drink less in the hours before bed.

Body Changes During Pregnancy

Change		What might help
Hemorrhoids (HEM-roids)	<ul style="list-style-type: none"> • Itchiness around anus • Swelling of veins around anus 	<ul style="list-style-type: none"> • Drink lots of fluids. • Eat fiber-rich foods. • Try not to strain with bowel movements.
Itching	<ul style="list-style-type: none"> • Itchiness in abdomen, palms, and soles 	<ul style="list-style-type: none"> • Use gentle soaps and moisturizing creams. If symptoms don't improve after a week, talk to your doctor. • Avoid hot showers and baths. • Avoid itchy fabrics.
Leg cramps	<ul style="list-style-type: none"> • Sudden spasms in legs or feet 	<ul style="list-style-type: none"> • Gently stretch muscles. • Try mild physical activity. • For sudden cramps, flex your foot forward. • Ask your doctor about calcium supplements.
Nasal problems	<ul style="list-style-type: none"> • Nosebleeds • Stuffiness 	<ul style="list-style-type: none"> • Blow your nose gently. • Drink fluids and use a cool mist humidifier. <p><i>Call your doctor if bleeds are frequent and do not stop in a few minutes.</i></p>
Numb or tingling hands	<ul style="list-style-type: none"> • Feeling of swelling, tingling, and numbness in fingers and hands, called carpal tunnel syndrome 	<ul style="list-style-type: none"> • Take frequent breaks to rest hands. • Ask your doctor about fitting you for a splint to keep wrists straight.
Stretch marks, skin changes	<ul style="list-style-type: none"> • Pink, red, or brown streaks on thighs, buttocks, abdomen, and breasts • Darker colored nipples • Line on skin running from belly button to pubic hairline • Patches of darker skin, usually over the cheeks, forehead, nose, or upper lip. Patches often match on both sides of face. 	<ul style="list-style-type: none"> • Be patient—stretch marks and other changes usually fade after delivery.
Swelling (edema)	<ul style="list-style-type: none"> • Puffiness in face, hands, or ankles 	<ul style="list-style-type: none"> • Drink 8 to 10 glasses of fluids daily. • Don't drink caffeine or eat salty foods. • Rest and elevate your feet. • Ask your doctor about support hose. <p><i>Call your doctor if your hands or feet swell suddenly or you rapidly gain weight—it may be preeclampsia. (See page 179 for more information on preeclampsia.)</i></p>

Body Changes During Pregnancy		
Change		What might help
Urinary frequency and leaking	<ul style="list-style-type: none"> • More frequent need to urinate • Leaking of urine when sneezing, coughing, or laughing 	<ul style="list-style-type: none"> • Take frequent bathroom breaks. • Drink plenty of fluids to avoid dehydration. • Do Kegel exercises to tone pelvic muscles. (See page 256 of the <i>Urologic and Kidney Health</i> chapter for information on how to do Kegel exercises.) <p><i>Call your doctor if you experience burning along with frequency of urination—it may be an infection.</i></p>
Varicose veins	<ul style="list-style-type: none"> • Twisted or bulging veins raised above the skin's surface, usually on the legs 	<ul style="list-style-type: none"> • Avoid tight knee-highs. • Sit with your legs and feet raised.

Mothers of Multiples

Moms of twins and other multiples have more severe body changes:

- rapid weight gain in first trimester
- intense nausea and vomiting
- extreme breast tenderness

There also is a greater risk of early delivery, low birth weight, and pre-eclampsia. More frequent prenatal visits help to monitor the health of mother and babies.

Complications of pregnancy

Complications of pregnancy are health problems that occur during pregnancy. They can involve the mother's health, the baby's health, or both. Whether a complication is common or rare, there are ways to manage problems that come up during pregnancy. Talk to your doctor if you have symptoms described in the following chart or if you're not feeling like yourself. Seek medical attention if you suspect the baby is moving less or you have:

- severe headaches or abdominal cramps
- bleeding or fluid leaking from your vagina
- severe and sudden swelling
- nausea or vomiting that doesn't ease
- blurred vision or dizziness
- fever



Pregnancy Complications

Problem	Symptoms	Treatments
<p>Anemia</p> <p>Lower than normal number of healthy red blood cells</p>	<ul style="list-style-type: none"> • Feel tired or weak • Look pale • Feel faint • Shortness of breath 	<ul style="list-style-type: none"> • Take iron and folic acid supplements. • Monitor iron levels.
<p>Depression</p> <p>Extreme sadness during pregnancy or after birth (postpartum)</p> <p>(See page 215 for more information.)</p>	<ul style="list-style-type: none"> • Intense sadness • Helplessness and irritability • Appetite changes • Thoughts of harming self or baby <p><i>Tell your doctor about any symptoms of depression. Seek medical attention right away if you have thoughts of harming yourself or your baby.</i></p>	<ul style="list-style-type: none"> • Therapy • Support groups • Medication
<p>Fetal problems</p> <p>Unborn baby has health issue, such as poor growth or heart problems.</p>	<ul style="list-style-type: none"> • Baby moving less • Baby is smaller than normal for gestational age • Fewer than 10 kicks per day after 26 weeks • Some problems have no symptoms, but are found with prenatal tests 	<ul style="list-style-type: none"> • Monitor baby's health more closely until delivered. • Special care until the baby is delivered. • Early delivery may be required.
<p>Gestational diabetes</p> <p>Too high blood sugar levels during pregnancy</p> <p>(See page 180 for more information.)</p>	<ul style="list-style-type: none"> • Usually, there are no symptoms. Sometimes, extreme thirst, hunger, or fatigue • Tests show high blood sugar levels 	<p>Control blood sugar levels through:</p> <ul style="list-style-type: none"> • Healthy meal plan from your doctor • Medication (if needed)
<p>Hepatitis B</p> <p>Viral infection that can be passed to baby</p>	<p>There may be no symptoms. Symptoms can include:</p> <ul style="list-style-type: none"> • Nausea, vomiting, and diarrhea • Dark urine and pale bowel movements • Whites of eyes or skin look yellow 	<p>Lab tests can find out if a mother is a carrier of hepatitis B.</p> <ul style="list-style-type: none"> • First dose of hepatitis B vaccine plus HBIG shot given to baby at birth • Second dose of hepatitis B vaccine given to baby at 1–2 months old • Third dose of hepatitis B vaccine given to baby at 6 months old (but not before)
<p>High blood pressure (pregnancy related)</p> <p>High blood pressure that starts after 20 weeks of pregnancy and goes away after birth</p>	<ul style="list-style-type: none"> • High blood pressure without other signs and symptoms of preeclampsia 	<ul style="list-style-type: none"> • Closely monitor health of mother and baby to make sure high blood pressure is not preeclampsia. (See below to learn more about preeclampsia.)

Pregnancy Complications

Problem	Symptoms	Treatments
<p>Hyperemesis gravidarum (HEYE-pur-EM-ih-suhss grav-uh-DAR-uhm)</p> <p>Severe, persistent nausea and vomiting during pregnancy—more extreme than “morning sickness”</p>	<ul style="list-style-type: none"> • Nausea that does not go away • Vomiting several times every day • Weight loss • Reduced appetite • Dehydration • Feeling faint or fainting 	<ul style="list-style-type: none"> • Dry foods and fluids if can keep down • Sometimes, medication to ease nausea • In extreme cases, hospitalization for IV fluids and medicines
<p>Miscarriage</p> <p>Pregnancy loss from natural causes before 20 weeks. As many as 20 percent of pregnancies end in miscarriage. Often, miscarriage occurs before a woman even knows she is pregnant.</p>	<p>Signs of a miscarriage can include:</p> <ul style="list-style-type: none"> • Vaginal spotting or bleeding* • Cramping or abdominal pain • Fluid or tissue passing from the vagina <p><i>*Spotting early in pregnancy doesn't mean miscarriage is certain. Still, contact your doctor right away if you have any bleeding.</i></p>	<ul style="list-style-type: none"> • In most cases, miscarriage cannot be prevented. • Sometimes, treatment is needed to remove any remaining pregnancy tissue in the uterus. • Counseling can help with emotional healing.
<p>Parvovirus B19 (fifth disease)</p> <p>Viral infection that can harm baby</p>	<ul style="list-style-type: none"> • Low-grade fever • Tiredness • Rash on face, trunk, and limbs • Painful and swollen joints 	<ul style="list-style-type: none"> • Rest • Special care, as needed
<p>Placental abruption</p> <p>Placenta separated from uterine wall</p>	<ul style="list-style-type: none"> • Vaginal bleeding • Cramping, abdominal pain, and uterine tenderness 	<ul style="list-style-type: none"> • Bed rest • Special care
<p>Placenta previa</p> <p>Placenta covers part or entire opening of cervix inside of the uterus</p>	<ul style="list-style-type: none"> • Painless vaginal bleeding during second or third trimester • For some, no symptoms 	<ul style="list-style-type: none"> • Bed rest • May require hospital care and c-section
<p>Preeclampsia (pree-ee-CLAMP-see-uh)</p> <p>A condition starting after 20 weeks of pregnancy that causes high blood pressure and problems with the kidneys and other organs. Also called toxemia.</p>	<ul style="list-style-type: none"> • High blood pressure • Swelling of hands and face • Too much protein in urine • Stomach pain • Blurred vision • Dizziness • Headaches 	<ul style="list-style-type: none"> • Deliver baby if near term. • If too early to deliver baby, medications and bed rest to lower blood pressure; sometimes must stay in hospital until safe to deliver baby. • Monitor health of mother and unborn baby. • Medicine to prevent mother from having seizures.
<p>Preterm labor</p> <p>Going into labor before 37 weeks of pregnancy.</p>	<ul style="list-style-type: none"> • Increased vaginal discharge • Pelvic pressure and cramping • Back pain radiating to the abdomen • Contractions 	<ul style="list-style-type: none"> • Stopping labor with medicine • Bed rest • Early delivery (Giving birth before 37 weeks is called “pre-term birth.”)

Pregnancy Complications

Problem	Symptoms	Treatments
Urinary tract infection (UTI) Bacterial infection in urinary tract	<ul style="list-style-type: none"> • Pain or burning when urinating • Frequent urination • Pelvis, back, stomach, or side pain • Shaking, chills, fever, sweats 	<ul style="list-style-type: none"> • Antibiotics
Uterine fibroids Noncancerous tumors that grow within the wall of the uterus	Some women have no symptoms. But uterine fibroids can cause: <ul style="list-style-type: none"> • Pain • Bleeding • Feeling “full” in lower abdomen 	<ul style="list-style-type: none"> • Rest. • Monitor for miscarriage and premature or breech birth. • C-section delivery, if blocking birth canal.

Gestational Diabetes

If you have gestational diabetes, pregnancy is causing your blood sugar level to be too high. With your doctor’s help, you can keep your blood sugar well controlled. Poorly controlled diabetes can increase the risk of:

- preeclampsia
- early delivery
- c-section
- having a big baby, which can complicate delivery
- baby born with low blood sugar, breathing problems, and jaundice

Gestational diabetes usually goes away after delivery. But you are at higher risk of developing type 2 diabetes later in life. A healthy lifestyle can lower this risk. If you want to get pregnant again, have a blood sugar test up to 3 months before becoming pregnant to make sure your blood sugar levels are normal. High blood sugar early in pregnancy increases the risk of birth defects.

Getting ready for your newborn

Becoming a parent is both a joy and a responsibility. Look for a baby book that tells how to prepare and care for a newborn. Your doctor’s office might also have free patient booklets with this information. Also, take these steps to prepare:

- Make sure smoke and carbon monoxide detectors are working.
- Take childbirth, parenting, and CPR classes.

- Select a doctor for your baby.
- Buy a car seat and crib with mattress.
- Childproof your home.

In the United States, the preterm birth rate has been on the rise since 1990. About 1 in 8 babies is born early. Researchers are trying to find out why and how to prevent preterm birth.

Kegel Exercises

Doing Kegel exercises while pregnant can help control bladder leakage and lowers your chance of getting hemorrhoids. Toning pelvic muscles also will help you to push during delivery and recover from childbirth. For information on learning to do Kegel exercises, see page 256.

Preparing for delivery

Labor and delivery will be less stressful if you plan ahead. To get ready:

- Decide where you will deliver. Most women deliver in a hospital or birthing center. Contact your health plan to learn your options. Visit the facility beforehand—note directions, parking, and where to check in.
- Find out how to reach the doctor when you are in labor.
- Ask your doctor about what to expect during labor. If you are worried about pain, ask about ways to manage pain during labor. Some women do fine with natural childbirth. Others are helped by epidural or pain medicines.

How do I know if contractions are real labor?

It is common to have Braxton Hicks, or “practice,” contractions in the last weeks of pregnancy or earlier. The tightening of your uterus might startle you. But these contractions are not in a regular pattern, and they taper off and go away. If you are unsure whether contractions are real labor, time them. If they become regular, stronger, or more frequent, call your doctor.



- Discuss how to care for your newborn, including deciding about breastfeeding or bottle-feeding, and circumcision if you have a boy. (See page 187 for more information.)
- Pack a bag with your health insurance card, bras and nursing pads, nursing pillows, sleeping clothes, toiletries, and going-home outfits for you and your baby.

Signs of labor

Call your doctor right away if you have any of these signs of labor:

- contractions becoming stronger at regular and increasingly shorter intervals
- lower back pain and constant cramping
- water breaking
- bloody mucus discharge

Labor occurs in three stages. How labor progresses and how long it lasts are different for every woman. The first stage begins with the onset of labor and ends when the cervix is fully opened (dilated).

Many women spend the early part of labor at home. Your doctor will tell you when to go to the hospital or birthing center. The second stage involves pushing and delivery of your baby. Pushing is hard work, and a support person can really help keep you focused. The third stage involves delivery of the placenta (after-birth). Once the placenta is delivered, you can rest and enjoy your newborn.

Types of deliveries

The baby's position and your and your baby's health will determine how you will deliver your baby. You and your doctor will discuss the best options for you. Some terms used during labor and delivery include:

- **Vaginal birth**—as the head appears, the doctor guides the baby through the birth canal. Your doctor may make a small cut, called episiotomy (uh-pee-zee-OT-oh-mee), near the canal.
- **Cesarean section** (c-section)—surgery to deliver the baby. The doctor removes the baby by making a cut in the abdomen and uterus. The surgery is relatively safe for mother and baby. Still, it is major surgery and carries risks. It also takes longer to recover from a c-section than from vaginal birth.
- **Induced labor**—medicines, or other methods, are used to jump-start the birth process.
- **Assisted birth**—your doctor uses forceps or suction to deliver the baby.
- **Breech presentation**—the baby's feet or buttocks are in position to deliver first. The doctor may try to turn the baby or suggest a c-section.

Did my water break?

It's not always easy to know. If your water breaks, it could be a gush or a slow trickle of amniotic (AM-nee-OT-ihk) fluid. Let your doctor know the time your water breaks and any color or odor. Also, call your doctor if you think your water broke, but are not sure. Often a woman will go into labor soon after her water breaks. When this doesn't happen, her doctor may want to induce (bring about) labor. This is because once your water breaks, your risk of getting an infection goes up as labor is delayed.

Your newborn

Most newborns weigh between 5 pounds 8 ounces and 9 pounds 2 ounces. Doctors will examine your baby right away, checking temperature, weight, length, and head size. Your baby will have several other health tests before leaving the hospital.

Before you go home, ask your baby's doctor how to spot problems with your baby's health. Also, pick up your doctor's records or discharge summary, as well as your baby's health records to give to your baby's doctor. Schedule your baby's first doctor's visit. During this visit, discuss vaccines.

Recovering from birth

It takes time for your body to go back to the way it was before pregnancy. During your recovery, you may have:

- Vaginal discharge called lochia (LOH-kee-uh). It is the tissue and blood that lined your uterus during pregnancy. It is heavy and bright red at first, becom-

ing lighter in flow and color until it goes away after a few weeks.

- Cramping and constipation.
- Swelling in legs and feet.
- Tender breasts that may leak milk.

Your doctor will check your recovery at your postpartum visit, about 6 weeks after birth. Ask about resuming normal activities, as well as eating and fitness plans



At Home: When to Call the Doctor

Once home, look out for signs of problems that might need a doctor's care. Call your doctor if you have:

- unexplained fever
- more vaginal bleeding or you soak more than one pad an hour
- more redness and swelling or pus from a c-section or episiotomy
- new pain or swelling in legs
- hot-to-the-touch, very red, and sore breasts or nipples that are cracked and bleeding
- vaginal discharge that smells bad
- pain with urinating or sudden urge to urinate
- more pain in the vaginal area
- flu-like symptoms, chest pain, or vomiting
- feelings of depression
- thoughts of harming yourself or your baby

to return to a healthy weight. Also ask your doctor about having sex and birth control. Your period could return in 6 to 8 weeks, or sooner if you do not breastfeed. If you breastfeed, your period might not resume for many months. Still, using reliable birth control is the best way to prevent pregnancy until you want to have another baby.

Many women also feel sadness called “baby blues” after having a baby. These feelings usually go away quickly. But if sadness lasts more than 2 weeks, go see your doctor. Don't wait until your postpartum visit to do so.

Keep in mind that adjusting to a new baby takes time, and your daily routines will change. Talk to your partner about sharing household and family duties. Ask for and accept help from family and friends. Caring for yourself—both physically and emotionally—will help you more fully enjoy your new baby and the rewards of motherhood. ■

One Woman's Story

At the start of my last trimester, my glucose screening test indicated that I might have gestational diabetes. Shortly thereafter, a glucose tolerance test showed definitively that I had it. I wasn't too surprised, as my mother had gestational diabetes during all four of her pregnancies. Nevertheless, I felt comforted by my nurse-midwife's explanation that my gestational diabetes could be controlled and it did not mean that I currently had type 2 diabetes. But I am at risk for type 2 diabetes in the future, so eating right and keeping fit will be especially important as I get older.

Soon, I made plans to meet with a dietitian at a local medical center who explained the personal eating plan to which I should adhere in order to control the gestational diabetes without medication. If the eating plan alone didn't work, I would have medication prescribed to me. I was given a monitor to test my blood sugar level.

After the first week, my blood sugar level was not being maintained as needed with the eating plan alone, so I was prescribed a dosage of insulin that would keep my blood sugar at a safe level while not harming the baby. Even with the insulin, I needed to follow the same personal eating plan and see my nurse-midwife weekly to monitor my health. Together, these steps meant a healthy pregnancy after all. I was able to maintain a healthy weight gain. And my son was born after a relatively easy labor and delivery at just under 8 pounds—a nice, healthy weight.

At times it was challenging to stick to my eating plan—especially when I wanted to down a whole quart of ice cream—but I am extremely pleased with how everything turned out! I even learned a lot about disciplining myself to eat healthier!

Ji

Gaithersburg, Maryland

**...my mother had
gestational diabetes
during all four of her
pregnancies.**

For More Information...

Office on Women's Health, HHS

200 Independence Ave SW, Room 712E
Washington, DC 20201

Web site: www.womenshealth.gov/pregnancy

Phone number: (800) 994-9662,
(888) 220-5446 TDD

U.S. Department of Agriculture

3101 Park Center Dr, Room 1034
Alexandria, VA 22302-1594

Web site: www.mypyramid.gov/mypyramidmoms

Phone number: (888) 779-7264

National Center on Birth Defects and Developmental Disabilities, CDC

1600 Clifton Rd
Atlanta, GA 30333

Web site: www.cdc.gov/ncbddd

Phone number: (800) 232-4636,
(888) 232-6348 TTY

Eunice Kennedy Shriver National Institute of Child Health and Human Development, NIH

PO Box 3006

Rockville, MD 20847

Web site: www.nichd.nih.gov

Phone number: (800) 370-2943,
(888) 320-6942 TTY

Office of Women's Health, FDA

5600 Fishers Ln

Rockville, MD 20857

Web site: www.fda.gov/womens

Phone number: (888) 463-6332

American College of Nurse Midwives

8403 Colesville Rd, Suite 1550

Silver Spring, MD 20910

Web site: www.mymidwife.org

American College of Obstetricians and Gynecologists

409 12th St SW, PO Box 96920

Washington, DC 20090-6920

Web site: www.acog.org

Phone number: (202) 863-2518 Resource
Center

American Pregnancy Association

1425 Greenway Dr, Suite 440

Irving, TX 75038

Web site: www.americanpregnancy.org

Phone number: (800) 672-2296

American Society for Reproductive Medicine

1209 Montgomery Highway

Birmingham, AL 35216-2809

Web site: www.asrm.org

Lamaze International

2025 M St NW, Suite 800

Washington, DC 20036-3309

Web site: www.lamaze.org

Phone number: (800) 368-4404

March of Dimes

1275 Mamaroneck Ave

White Plains, NY 10605

Web site: www.marchofdimes.com

Postpartum Support International

Web site: www.postpartum.net

Phone number: (800) 944-4773

RESOLVE: The National Infertility Association

8405 Greensboro Dr, Suite 800

McLean, VA 22102-5120

Web site: www.resolve.org

