

MOTHER'S CARE



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Introduction

Pregnancy can be an exciting fulfilling, delightful time. It can also be a time of uncertainty and change. Everything seems to be changing—your body, your feelings, your activities, even your clothes.

The best way to get the most out of your pregnancy is to obtain the most accurate information.

During your pregnancy you will have to make a number of choices. This booklet identifies the kinds of decisions you will have to make and will help you make the correct choices to increase your chances of having a healthy and happy baby. It will also help you and the baby's father understand the physical and emotional changes that occur during pregnancy. And it will introduce you to some of the people who will help you receive the proper prenatal care.

Prenatal care is the health care you receive before your baby is born. Women who start prenatal care early in their pregnancies tend to have fewer problems and deliver healthier babies than do women who delay or have no prenatal care. It is important to see a doctor or nurse midwife as soon as you suspect you might be pregnant because your baby's body develops rapidly, and all the major organs are formed during the first 12 weeks of pregnancy.

Prenatal care includes advice about your pregnancy and sets down a plan of care developed just for you. This plan covers health care visits, exercise, diet, and the special things you should do to assure a healthy baby and a comfortable pregnancy.

Even if this is not your first baby, remember that every pregnancy is different. Visit your doctor or nurse midwife early in the pregnancy and always return for your scheduled visits. Early care is the best way to discover and treat potential problems.

The Pregnancy

Feelings

The discovery that you are pregnant is bound to produce mixed emotions in both you and the baby's father. You may be excited, happy, worried and concerned—all at the same time. The father may feel proud or very uncertain. Everyone is different and everyone reacts differently.

Whatever your initial reaction, your feelings will change, perhaps many times, during the course of your pregnancy. This is normal. It doesn't matter whether this pregnancy is your first pregnancy, whether it is unplanned, whether one partner is not as happy as the other, or whether both of you are happy about the coming baby.

As you talk and plan and learn about pregnancy and parenting, you will be better able to deal with your concerns. That's why you should try to learn about pregnancy and the birth process as you are experiencing it. Join prenatal classes. Share your feelings with others, be with friends, and continue to do the things you enjoy.

Mood Changes

During the first three months of pregnancy, both your body and your emotions go through many changes. You will be happy one day and cry the next. Some days you may be very irritable, and some days very calm. As your body adjusts to the pregnancy, your temperament will return to normal. However, during the last weeks of pregnancy, you may feel uncomfortable, unattractive, a little nervous, and you may have trouble sleeping. Some days you may feel weepy and grouchy, while on others you'll be happy and excited. Don't worry about it. All women go through these changes in feelings.

A Note to Fathers

It is quite normal for the father-to-be to experience mood changes during the pregnancy. At times you may feel helpless and left out, worried about her pregnancy, and concerned about your own new responsibilities. The more you can learn about pregnancy and how she feels, the easier it will be for both of you. Your support is extremely important during her pregnancy.

Talk to men who are already fathers and learn how you can help your partner. Go with her on her prenatal visits and ask any questions you may have. Attending childbirth classes will help you get rid of much of the anxiety that comes from not knowing what to expect. Discuss how you feel about being with her in the delivery room and being her coach during labor.

You can help your partner with her exercises and breathing, remind her that smoking or drinking is not healthy, express your love, and assure her that she looks pretty to you. This pregnancy can help the two of you become closer than ever and make you a real partner in bringing your child into the world.

Brothers and Sisters

Children react in different ways when they find out that a new baby is coming into their home. It is very important, therefore, to talk to them about the baby and make them feel special and included. Let them help get the baby's room ready and encourage them to learn what a big brother or sister can do.

Younger children particularly need to be prepared for their mother's absence and to know who will care for them. Your library has books to help even very young children understand as much as possible about what is going on.

Problems That Won't Go Away

If you or the baby's father are feeling depressed or anxious and cannot deal with your problems, you may want to talk to someone outside the family. Talk with your health care provider. If necessary, they will refer you to the appropriate counselor.

PRENATAL CARE

The Health Care Providers

The Obstetrician-Gynecologist (OB-GYN) is a medical doctor who is specially trained to provide medical and surgical care to women. Specialists who provide mainly pregnancy care are obstetricians, while those who provide mainly female reproductive system care are gynecologists. Our physicians specialize in both areas.

The Certified Nurse-Midwife (CNM) is a registered nurse with specialized preparation to provide health care to normal women and their babies from early pregnancy through labor, delivery, and the period after birth. Nurse-midwives are especially skillful with counseling in areas as breastfeeding, maternal diet, newborn care, parenting, and family planning. Nurse-midwives also provide routine gynecologic care for women during their childbearing years.

Nurse-midwives practice in association with obstetricians, and consult with them when patients have problems.

The Family Practitioner (FP) is a medical doctor who specializes in the health care of all family members.

The Pediatrician is a medical doctor who specializes in the care of infants and children.

On your first visit to our office you received a list of pediatricians and family practice physicians, who care for newborns. Prior to the delivery of your baby you must choose one of these doctors and make arrangements with their office for the care of your new baby.

Your First Visit

On your first visit we will obtain a pregnancy test. We will also discuss you and your families' health history.

First there will be questions about you:

- About your previous pregnancies, miscarriages, or abortions
- About your periods—when they started, what they are like
- About your medical history--

- It's important for your doctor or midwife to know about any medical problems you or your family may have had, particularly such chronic conditions as diabetes, kidney disorders, thyroid problems, heart conditions, and respiratory illnesses.
- About your diet and lifestyle
- Any medications, vitamins, or herbs you may be taking

Your Second Visit

You will receive a physical examination. This will include:

- The measurement of your height, weight and blood pressure
- An examination of your heart, lungs, breasts, and abdomen
- An internal examination (pelvic examination) of the growth of your uterus and the amount of room in your pelvis for the baby to pass through
- Your 1st ultrasound will be done
- Pap smear may be done if necessary

In addition, several laboratory tests may be performed:

- A Pap smear to detect any signs of cervical cancer
- A culture of the cervix to check for infection
- Blood tests
 - to see if you are anemic
 - to learn your blood type and Rh factor
 - to check for infection
 - to check if you are immune to rubella (German measles)
 - to check for hepatitis
 - to check for diabetes, if you had diabetes with a previous pregnancy or if your parents or siblings have diabetes or if weight is greater than or equal to 200 lbs.
 - to check for HIV
 - to check for Syphilis
- Urine tests
 - for kidney function and toxemia
 - to check for the possibility of infection

It is very important that you ask the doctor or nurse midwife any questions you have about your pregnancy, your general health, or your examination and tests. If you don't ask, they may assume you understand. Remember, there is no such thing as a foolish question.

Tell your doctor if you have any physical problems, if you are under stress, or if you have any other special concerns. It is important for your

doctor to understand how your pregnancy is affecting you and your family. In some instances the doctor or nurse midwife may refer you to someone else for help with certain problems.

Vaginal Birth After Cesarean Section (VBAC)

If you have had a previous cesarean section, you may choose to have a vaginal birth or a repeat cesarean section. The doctor or nurse midwife will discuss your options with you.

Later Visits

Usually you will return about once a month during the first 6 months of your pregnancy. During the 7th and 8th months, you will make visits every 2 weeks, and after that, every week until delivery. During these visits, your weight, blood pressure, and urine will be checked. Your abdomen may be measured to see how the baby is growing. These examinations help insure that your pregnancy is progressing normally. Between 26 and 28 weeks a blood test will be drawn to test for diabetes. Gestational diabetes is a frequent complication of pregnancy. This kind of diabetes develops during pregnancy and often resolves after the baby is born. Another blood test done at 28 weeks is an antibody screen if you carry the Rh negative blood type. If the antibody test is negative, you will receive a shot of Rhogam. (See explanation of Rhogam for more details). Internal (pelvic) examinations and blood tests are not performed on every routine visit. If you have questions or concerns between visits, write them down and bring them to your next appointment.

Special Tests

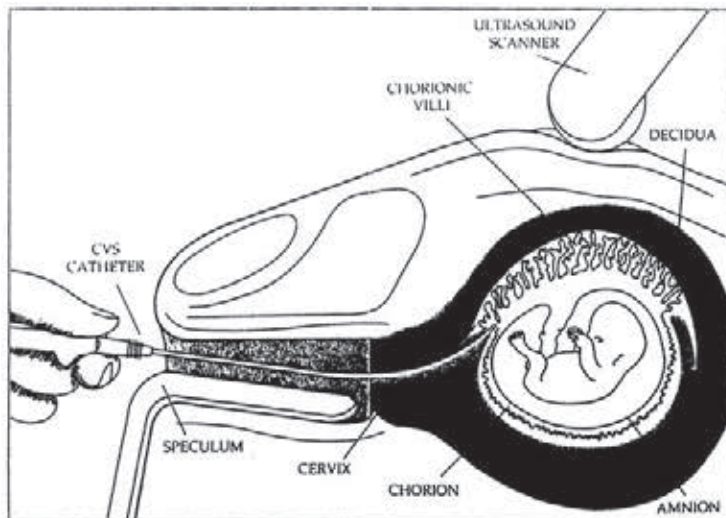
The health of her unborn child is often a pregnant woman's greatest concern. You will be offered tests to help identify if your unborn child is at risk for certain birth defects at different times in your pregnancy.

First Trimester Screening

Chorionic Villus Sampling

Chorionic Villus Sampling (CVS) is a procedure used to obtain a sample of tissue for early fetal genetic diagnostic testing. The sample can be used to determine the chromosomal (microscopic structures present in every human cell) makeup of a fetus and help identify disorders such as Down's Syndrome.

CVS can be performed between the 10th and the 13th weeks of pregnancy. Results can be obtained in a week. The chance for miscarriage is 1%.



Chorionic Villus Sampling

Ultrasound

Ultrasound can be used in the 1st trimester to look for **Nuchal translucency**, the amount of fluid in a fold at the back of the neck. This is best done between 11 – 13 weeks.

This ultrasound, along with other blood tests in the first and second trimesters, increases your chances of finding your baby's risk of having Down's syndrome, Trisomy 18, and Spina Bifida.

Second Trimester

Integrated Screen

The second set of blood work associated with the **Nuchal translucency** will be drawn between 16-20 weeks.

If you decide not to have the above ultrasound and labs, AFP alone is available at 15-22 weeks to evaluate for Spina Bifida.

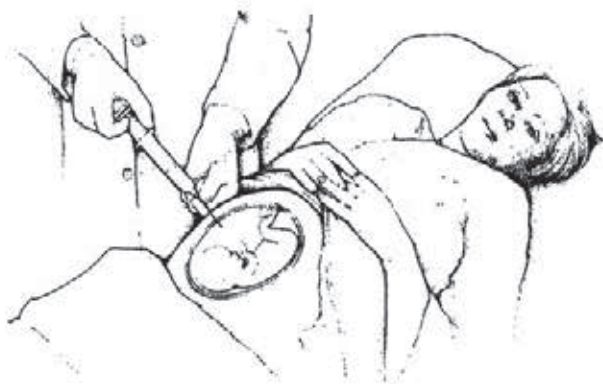
Amniocentesis

Amniocentesis is a procedure used to withdraw a small amount of amniotic fluid from the mother's uterus when 15 or more weeks

pregnant. This relatively safe procedure is sometimes done to help detect certain birth defects, such as Down syndrome, in the fetus during pregnancy.

Ultrasound is used to locate the fetus and the placenta so that the fluid can be withdrawn more easily and with less risk. A slender needle is carefully guided through the abdomen into the amniotic sac. A small sample (about 1 ounce) of fluid is withdrawn through the needle. A number of fetal cells will be present in the amniotic fluid. This amniotic fluid is sent to a laboratory where the cells are cultured—permitted to multiply in a special fluid—then analyzed. Results can take up to 3 weeks to return.

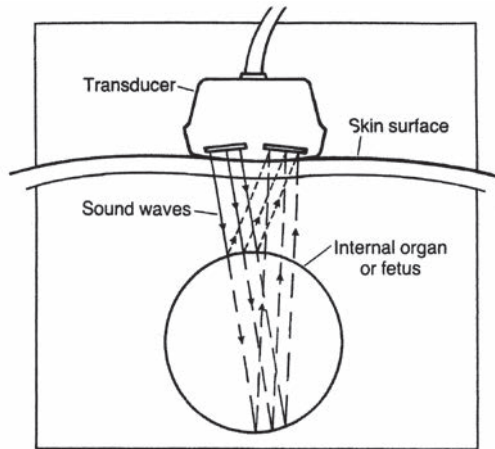
There are many birth defects, however, that cannot be detected by amniocentesis, such as cleft palate and cleft lip, most heart defects, and clubfoot. Thus normal amniocentesis results cannot guarantee that the baby will have no problems, but the odds are very much in your favor. The chance for problems such as miscarriage is less than 1%.



Amniocentesis

Ultrasound

Ultrasound is energy in the form of sound waves. The sound waves move at a frequency too high to be heard by the human ear. By reflecting off internal organs and being “read” by scanners, the sound waves create pictures of the internal organs and, during pregnancy, the fetus. Ultrasound differs from X-rays in that it uses sound instead of X-rays, making it safer for the fetus as well as the mother.



Energy in the form of sound waves is reflected off internal organs or, during pregnancy, the fetus. The reflected sound waves are transformed into an image on a TV-type monitor.

During pregnancy, ultrasound is used to examine the growing fetus inside the mother's uterus. Being able to evaluate the pregnancy in this way is especially important if the doctor suspects that the fetus is growing improperly or may have an abnormality. The doctor can then advise a course of action in an attempt to reduce the risks to you and your baby.

In a way, ultrasound serves as a type of physical exam of a fetus. It can provide valuable information about the fetus's health and well-being, for example:

- Age of the fetus
- Whether the size of the fetus is right for its age
- Rate of growth
- Location of the placenta
- Fetal position, movement, breathing motions, and heart rate
- Detection of some types of birth defects

A routine ultrasound is done around 20 weeks

Toxoplasmosis

This infection is acquired through eating infected meat that is raw or undercooked or through contact with infected cat feces (cleaning litter boxes). When you have this disease you will not usually have any signs or symptoms of this disease.

If you have an active infection during pregnancy, it can cause birth defects or even death in the baby. We can test for this disease by drawing a sample of blood.

Human Immune Deficiency Virus (HIV)

Infection and acquired immune deficiency syndrome (AIDS), the disease caused by HIV, are growing threats to women and their unborn babies.

It may take more than 5 years for symptoms to appear; meanwhile, the virus can spread, both to sexual partners and to a fetus.

The virus is passed from person to person through body fluids: blood, sperm, and possibly vaginal fluid. The most common ways these fluids are exchanged are through contact with infected blood during intravenous drug use, sexual contact, and to a fetus from its infected mother's blood. A mother who is breastfeeding may infect her infant after birth because the AIDS virus is present in the breast milk.

If you think you have been exposed to the AIDS virus or have a high risk behavior, talk with your doctor or nurse midwife about being tested.

A blood test is done to detect HIV antibodies—a sign you have been infected. A positive test does not mean that you have AIDS; it means you have been infected with HIV and that you run a high risk of getting AIDS and passing it on to others.

After exposure to the virus, several months are usually required before enough antibodies show up in the blood to produce a positive test result. A negative test can't tell you whether you are now infected; it only indicates that you didn't have antibodies when the test was done.

A negative test also doesn't mean that you are immune to AIDS. You still need to protect yourself from infection.

You are at risk of being infected with HIV and getting AIDS if you:

- Use intravenous drugs
- Have sex with multiple partners or someone who has multiple partners, uses intravenous drugs, or is bi-sexual
- Had a blood transfusion before 1983.

Cystic Fibrosis (CF)

Cystic fibrosis (CF) is an inherited disease that affects the lungs, digestive system, sweat glands, and male fertility. Its name derives from the fibrous scar tissue that develops in the pancreas, one of the principal organs affected by the disease.

Most children with CF are diagnosed by age two. Many symptoms of CF can be treated with drugs or nutritional supplements.

A simple blood test is able to inform you whether you carry the gene for CF. If you carry the gene you could possibly pass that defective gene to your child. If your partner also carries the defective gene, one out of four of your children would have CF.

Group B Streptococcus

Group B Streptococcus (GBS) is a bacteria commonly found in the vagina or rectum of pregnant women. In most cases no symptoms or problems occur. This is not a sexually transmitted disease. Some babies exposed to GBS may become infected.

We test for this infection between 36 and 37 weeks gestation. If your test is positive, you will be treated with I.V. antibiotics in labor.

Gestational stage	Test	Indication
1 st NOB visit	Cystic Fibrosis	Genetic history of CF
10-13 weeks	Chorionic villi sampling (CVS)	To examine placental tissue For chromosomal and genetic diseases (see page 5).
11-13 weeks	Nuchal Translucency	Observes the amount of fluid in fold of skin at back of neck. This increases chances of determining Down syndrome or Trisomy 18.
15-18 weeks	Amniocentesis	To test amniotic fluid for chromosomal and genetic diseases (see page 6).
15-20 weeks	Quad Screen	To check blood to determine risk for neural tube disorders or Down syndrome, Trisomy 13 and 18 (see page 6).
NOB visit 20 weeks	Ultrasound	To check the fetal growth, if a multiple pregnancy, some congenital abnormalities as well as a check for the position of the placenta (see pages 6 and 7).
NOB visit & again at 26-28 weeks	Glucose screening	To test for gestational diabetes (see page 5). Gestational Diabetes with previous pregnancy or parents & siblings with diabetes or over 200 lbs.
36-37 weeks	Group B streptococcus (GBS) screening	To test for GBS in mother who can pass it on to the baby during delivery (see page 10).

Development of Baby

When Is the Baby Due?

The baby's due date is figured from the *beginning* of your last menstrual period. Count ahead 9 months and add 7 days. For example, if the first day of your last period was July 15, count ahead 9 months, which brings you to April 15. Now add 7 days which is April 22. April 22, then, is your expected date of delivery. Remember, however, this is only a good guess. While most women deliver within 2 weeks of the due date, some women vary even more. A full term pregnancy is considered to be from 38-41 weeks gestation. Good period dates, ultrasound dating, when the baby's heartbeat is first heard, and when you feel the baby move the first time all help to determine when the baby is due.

Your baby starts out as a fertilized egg, no bigger than the period at the end of this sentence. The baby will change and grow almost every single day and your body will change and grow too. It will take 280 days or 40 weeks before the baby is fully developed and is ready to live outside your uterus (womb). This is about 9 1/3 calendar months. Pregnancy is often divided into three periods called trimesters. Each is about 3 months long.

The First Trimester

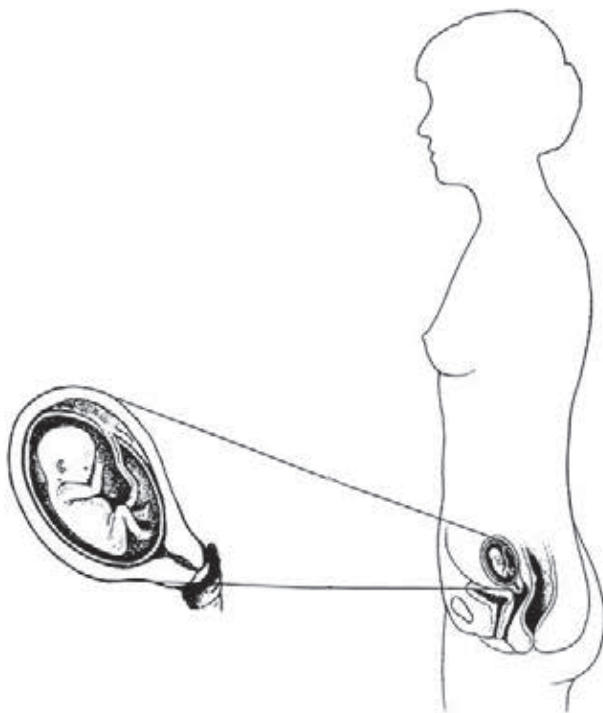
During the first trimester, you may find it difficult to believe you are pregnant. You may experience few signs of pregnancy and gain only 3 to 4 pounds. Yet, the first 3 months of pregnancy are critical to your baby's health. During this time the baby will grow to 3 inches long and will have developed all of the major organs. Untreated illness or disease, radiation, or the use of tobacco, drugs, or alcohol during this time may harm your baby for life. Make sure you eat well, rest, and don't take any medication that has not been prescribed by your doctor. Tell any doctor, nurse, or dentist you visit that you are pregnant. Prenatal care, good nutrition, and adequate rest should be started immediately.

Your First Month. For the first 6 weeks, the baby is called an embryo. The heart, lungs, and brain are beginning to develop and the tiny heart will beat by the 25th day. The embryo is enclosed in a sac of fluid to protect it from bumps and pressure. The baby will grow in this sac until birth.

Your baby's umbilical cord is also developing. The cord is made up of blood vessels which carry nourishment from your body to feed the baby and carry away the baby's waste.

During this time you may not notice a weight gain, but your breasts may be larger and may feel tender. You may also have some “morning sickness” or nausea.

Consumption of alcohol and smoking of cigarettes should be stopped as soon as you think you might be pregnant. Take only those drugs prescribed by a physician who knows you are pregnant.



Your Second Month. During this month the embryo becomes a fetus, which means “young one.” Arms with tiny hands and fingers and legs with the beginning of knees, ankles, and toes are starting to form. Organs such as the stomach and liver have also begun to develop. The head now seems very large compared to the rest of the body because the brain is growing so fast. Tiny ears and the beginnings of hair are forming on the head. You still may not have a weight gain, but may tire easily and need to urinate more frequently. Also, you still may be experiencing some nausea.

It is very important to eat the right foods, because you and your baby are changing and growing every day, and you both need proper nourishment.

Your Third Month. Your baby is now about 3 inches long, weighs about 1 ounce, and signs of the baby's sex are beginning to appear. Finger and toe nails are developing. The mouth opens and closes and the baby is now starting to move the hands, legs, and head. At this point, though, you will not feel this movement. The heartbeat may be heard around 9 weeks with a special instrument called a doptone.

You may have gained about 3 to 4 pounds and your clothes will begin to feel a little tight. You may also feel warmer than usual.

The Second Trimester

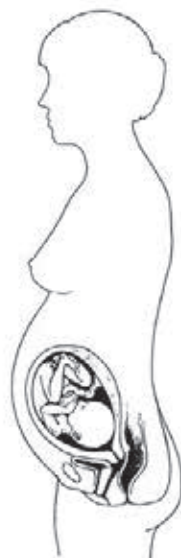
The second trimester begins with your 13th week of pregnancy. Many of the minor discomforts of the first trimester will disappear and you will begin to feel especially good. You can feel the baby move and you will start to look pregnant. Your baby starts to gain weight and is clearly a boy or a girl. Good nutrition will help you and your baby gain at the right rate. Your doctor will now begin listening to your abdomen for your baby's heartbeat with a special instrument called a doppler.



The Second Trimester

Your Fourth Month. Your baby, now weighing about 6 ounces is growing very fast and is about 8-10 inches long by the end of the month. The umbilical cord continues to grow and thicken in order to carry enough blood and nourishment.

During the fourth month you will gain 3-4 pounds and start to "show." Maternity clothes and a maternity bra may now be more comfortable. You may start to feel a slight sensation of movement in your lower abdomen. This feeling is like "bubbles" or fluttering.



Your Fifth Month. By the end of this month, your baby will weigh about 1 pound and be about 12 inches long. You will begin to feel more definite movements.

This month you may gain 3 to 4 pounds and begin to breathe deeper and more frequently. The area around your nipples may look darker and wider as your breasts prepare to make milk.

Your Sixth Month. You are now carrying a fully formed miniature baby except that the skin is wrinkled and red and there is practically no fat under the skin. The baby still needs to grow, being now only about 14 inches long and weighing only about 1 ½ pounds. The baby cries and sucks on the thumb and you regularly feel the baby's movement.

You may gain 3 or 4 more pounds. You may experience some backache, but wearing low heeled shoes will give you a better sense of balance and comfort. You may also experience a pain down one or both sides of your abdomen as the round ligaments stretch.

The Third Trimester

You have now completed 27 weeks of pregnancy. During these last 3 months, your baby will continue to grow and gain weight. As the baby grows larger, you may experience some discomfort from the pressure on your stomach or bladder. You will feel the baby's stronger and more frequent movements. Now is the time to start preparing yourself and your home for the baby's arrival.



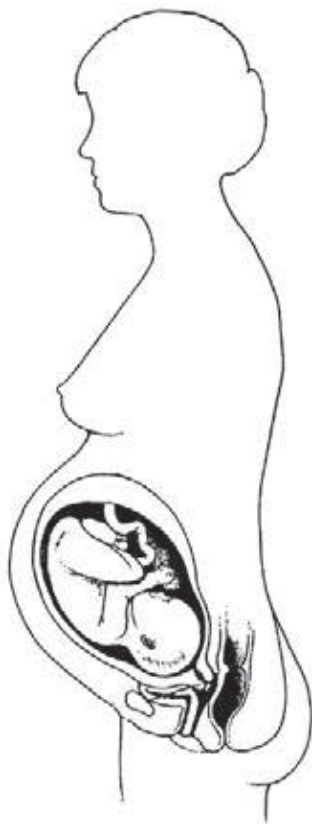
Third Trimester

Your Seventh Month. Your baby is now about 15 inches long and weighs about 2 to 2 ½ pounds. The baby exercises by kicking and stretching, and changing position from side to side. You might even be able to see the movement when one of the tiny heels pokes you. You may gain another 3 to 4 pounds this month and may also notice some swelling in your ankles. A slight amount of swelling is normal. Resting on your side, increasing your fluid intake, and elevating your feet may help the swelling to go down. For some women stretch marks may appear, and occasional contractions may be felt. (Braxton-Hicks)

Your Eighth Month. Your baby has grown to about 16 inches long and weighs about 4 pounds. During this month, you may gain 3-5 pounds. Aches and pains due to increased weight may now occur more frequently. Continue your daily activities but stop doing any heavy lifting or work that causes strain.

Monitor the baby's movement daily. The baby needs to move at least 10 times within a two hour period of time. If your baby does not move that often, please let the doctor or nurse midwife know.

Your Ninth Month. At 36 weeks your baby is about 19 inches long and weighs about 6 pounds. The baby's weight gain is about ½ pound per week. At 40 weeks, the baby is "full-term" and weighs from 6 to 9 pounds. Your baby settles further down into your pelvis and people will say that your baby has "dropped." You may feel more comfortable and your breathing will be easier, although you may need to urinate more frequently. You will be visiting your doctor every week until your baby is born. Your baby could arrive anywhere from your 37th week to the 41st week of pregnancy.



Pregnant Lifestyle

Pregnancy is a perfectly natural state and should be a happy, healthy, and exciting period in your life. But it does represent a major change, and you have to adapt your lifestyle to meet the needs of the baby developing inside you.

This section discusses some of the things you can do to take care of yourself and your baby. It includes things like exercise, rest, personal hygiene, clothing, sexual relations, work, and travel. Some will require an extra effort on your part, but they are all designed to improve your chances of having a healthy baby.

Your baby is completely dependent on you for everything, so your diet must include foods that supply what your baby needs to build a healthy body. But remember, just as your baby gets its food from you,

- if you smoke – so does your baby
- if you drink alcoholic beverages – so does your baby
- if you use drugs or medicines – so does your baby

All these things can harm your developing baby and may cause health and developmental problems later. If you do any of these potentially harmful things, this is a good time to “kick the habit.” Talk to your doctor or nurse midwife. They will be able to advise and help you.

Exercise

Exercise is very important to you and your baby. If you stay active you will feel better. Outdoor exercise and recreation give you a chance to get sunshine and fresh air. Walking is particularly good because it strengthens some of the muscles you will use in labor.

If you normally are active in sports, continue to enjoy them. However, it's wise to stop when you get tired. Also, try team activities instead of individual games and avoid strenuous workouts. Do things with your friends and family—swim in a pool, dance, go on a picnic, and participate in light sports that pose no danger of falling or being bumped. If you are thinking of trying a new sport or exercise, or have been using a specific exercise routine, talk it over with your doctor or nurse midwife.

Avoid lifting heavy objects and moving furniture while you are pregnant. Stretching will not harm you or your baby, but don't reach for things from a chair or ladder because you might lose your balance and fall. During the latter part of your pregnancy, you will probably begin to feel awkward because your balance is affected by your increasing size. At this point you may want to substitute walking for more active sports.

The guidelines of the American College of Obstetricians and Gynecologists include the following:

- Do not exercise in hot, humid weather, or if you are ill with a fever.
- Do not allow your heart rate to exceed 140 beats per minute.
- Discontinue strenuous exercise after 15 minutes
- Avoid jerky, bouncy, or jumping movements.
- Drink plenty of fluids to prevent dehydration.
- Do not stretch to the limit; hormone changes in pregnancy increase the looseness of the joints, so stretching to the limit may lead to injury.
- Avoid exercise requiring you to be flat on your back for more than a few minutes after your first trimester.

The American College of Obstetricians and Gynecologists now encourage healthy pregnant women to engage in a minimum of 30 minutes of moderate exercise daily or almost daily. Stretch your muscles as you warm-up and cool-down to help avoid soreness or stiffness.

Here are some exercises that are useful for strengthening muscles used in labor and delivery. They are quite simple to do and can be practiced whenever you have an opportunity to sit for a few minutes.

Tailor Sitting

While seated on the floor, bring your feet close to your body, and cross your ankles. Maintain this position as long as it is comfortable to do so.



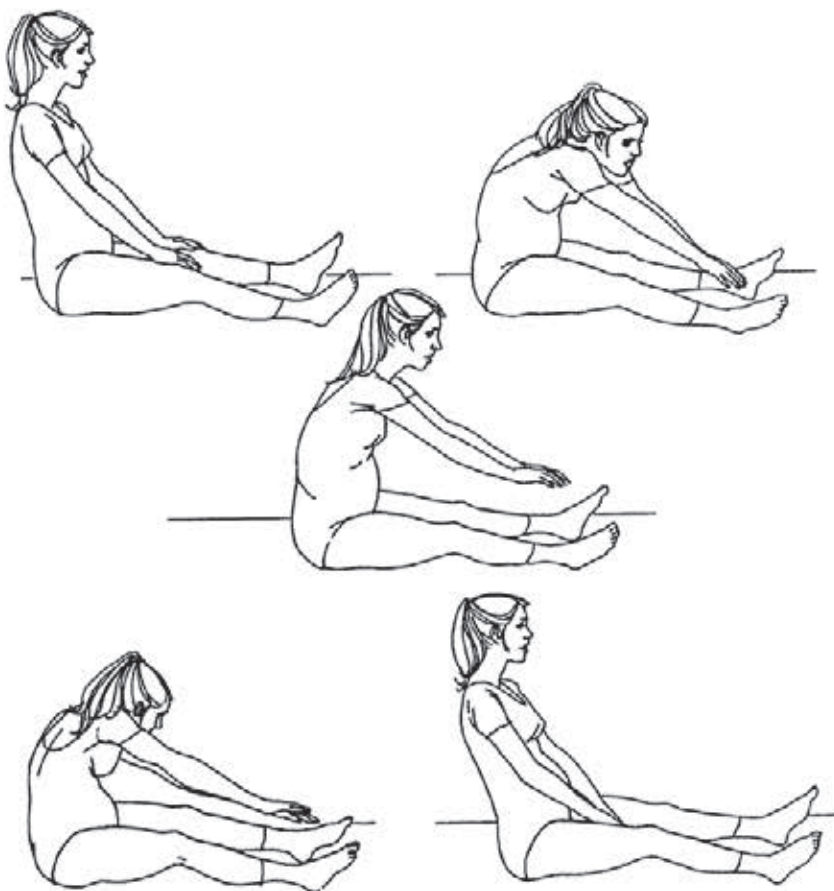
Tailor Press

While seated on the floor, bring the soles of your feet together as close to your body as is comfortable. Place your hands under your knees and press down with your knees while resisting the pressure with your hands. Count slowly to three, then relax. Gradually increase the number of presses until you are doing them ten times, twice each day.



Tailor Stretch

While seated on the floor and keeping your back straight, stretch your legs in front of you with your feet about a foot apart. Allow your feet to flop outward. Stretch your hands forward toward the right foot, then back. Next stretch to the middle and back, then to the left. Gradually increase the sets of stretches until you are doing ten of them twice a day.



Kegel Exercise

This is sometimes called the Pelvic Floor Exercise because it is designed to strengthen the muscles in your pelvis. After you have practiced it, you will be able to relax your pelvic muscles for delivery. First, sit down. Then contract the lowest muscles of the pelvis as tightly as you can. Tighten muscles higher in the pelvis until you are contracting the muscles at the top. Counting slowly to 10 helps, tightening additional muscles at each number. Release slowly, as you count back from 10 to 1. You are developing control of the muscles so that you can stop at any point.

These muscles are the same ones you use to stop the flow of urine. To see if you are doing the Kegel exercise correctly, try stopping the flow of urine while you are urinating. Practice the exercise for several minutes two or three times a day.

An alternate method of doing the Kegel exercise is to tighten first the pelvic muscles then the anal muscle. Hold a few seconds, then release slowly in a reverse order.

Breathing Techniques

There are breathing techniques that you can practice while you are pregnant to help you relax during labor. They also help reduce muscle tension that works against the contractions and causes pain. If you are able to relax, you will be able to use the rest periods between labor contractions to reduce fatigue and build up your energy.

Relaxation – Lie down with your knees bent and feet on the floor. Breathe in once as deeply as possible, then hiss or blow the air out slowly through your mouth. Let yourself completely relax.

Practice Contraction – Pretend that you are having a contraction that lasts about 30 to 45 seconds. At the beginning of the contraction, take a complete breath and blow it out. Then breathe deeply, slowly, and rhythmically, in through your nose and out through your mouth, through the remainder of the contraction. When the contraction is over, take another deep breath and let it out slowly and relax. The breath before and after a contraction is called a cleansing breath. Have your partner or coach go through this technique with you. You can learn about other breathing techniques in prenatal classes. The nurse midwives teach a series of four childbirth classes on Thursday evenings. You will sign up for them at 20 weeks gestation.

Rest

Rest is just as important as exercise during pregnancy. Be sure to get plenty of sleep at night. Most pregnant women need about 8 hours of sleep, but your needs may be different. You may also need to rest during the day.

There are some things you can do to keep from getting too tired. If your work requires you to be on your feet most of the day, try to sit down, put your feet up, and close your eyes whenever it is convenient. But if you spend most of your time sitting, get up and walk around for a few minutes every hour. When you are at home, take a nap during the day, especially if you have children who take naps. Plan a short rest period and really relax about the same time every day. When resting, you may find it more comfortable to use an extra pillow as shown in the illustration.



Try to find easier ways to do things. And ask other members of the family to share the workload. Perhaps someone else can help with the grocery shopping, laundry, and housework.

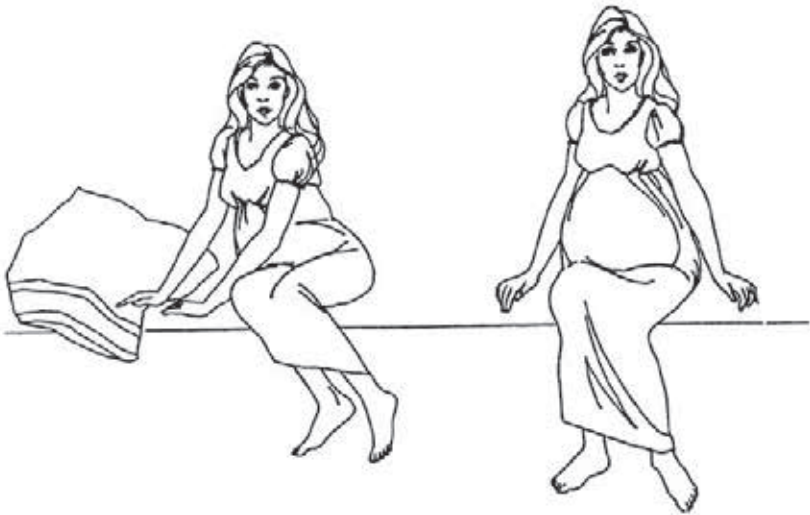
You should also know the best way to get out of bed:



- a. Turn onto your side



b. While bending your knees, use your arms to raise yourself up.



c. Lower your feet to the floor.

d. Sit upright for a few moments and hold onto the side of the bed.



e. Lean forward.



f. Use the muscles in your legs to rise.

Bathing

During pregnancy you will probably perspire more and have an increased vaginal discharge because your body is going through many hormonal changes. Your usual daily bathing or showering will not only refresh and relax you, but also help prevent infection. Special creams are available to soothe and soften dry, scaly skin should it occur. Never douche during pregnancy unless your doctor specifically tells you to.

It is always a good idea to put a rubber mat in the tub or shower to prevent slipping. Keep the water temperature warm but not hot, particularly in early and late pregnancy because hot water may make you feel dizzy or light-headed. Tub baths may become more difficult near the end of pregnancy when your center of balance shifts. You may want to switch to showers or have someone help you in and out of the tub.

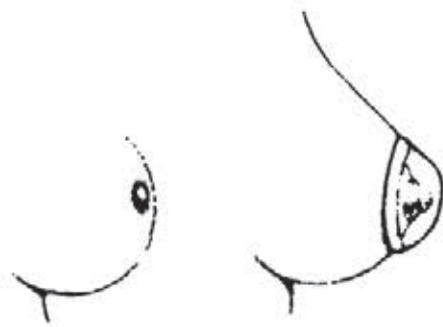
Breast Care

Wearing a bra that provides firm support during your pregnancy may make your breasts more comfortable. About the third or fourth month, you may need to get a larger bra (such as a maternity bra) that fits well without pressing, binding, or rubbing against your nipples. If your breasts are large, you may be more comfortable wearing a bra at night as well as during the day.

About the middle of pregnancy, your nipples may drip a small amount of clear or yellowish fluid called colostrum. This is a sign that

your body is preparing for breast feeding. Colostrum can dry into a crust around your nipples and should be washed off with only warm water since soap and alcohol dry out the skin and make your breasts sore. If colostrum leakage is a problem, wear a cotton or absorbent pad in your bra. To avoid irritation or infection, the pad should be replaced when wet.

If you plan to breast feed and your nipples are flat or inverted, you may want to use breast shells during the day for the last 2-3 months of your pregnancy. You may also desire to get involved in LaLeche League (support group for breastfeeding moms).



A woman with inverted nipples can prepare for breast-feeding by wearing breast shells.

Care of Teeth

Oral health is an important part of your total health and physical well-being. As early as possible in your pregnancy, see your dentist to be checked for tooth decay, gum disease, and other dental problems and get the necessary treatment. Because you require special care and attention at this time, be sure to tell your dentist that you are pregnant—or suspect that you might be pregnant. Discuss with your dentist the use of local X-rays, anesthetic agents, pain medications, and other drugs. Your dentist is trained to weigh the benefits and risks of your particular situation and recommend alternative procedures and treatments.

Brush and floss your teeth at least once a day. This disrupts plaque and bacteria that cause tooth decay and also will help you maintain healthy gums.

An early dental examination followed by necessary treatment, good oral hygiene practices, and a well-balanced diet will help you maintain bright and healthy teeth. A well-balanced diet will insure that your baby develops and cuts healthy, sound teeth.

Avoid sweets such as caramels, hard candies, sticky foods, and soft drinks. If you have some of these occasionally, eat or drink them at one time instead of several times throughout the day – and then brush your teeth or at least rinse with water. Sugar build-up in your mouth, even for a few hours, can contribute to tooth decay.

Sexual Relations

For the healthy woman, there are few restrictions on sexual intercourse during pregnancy. However, it is perfectly normal for your feelings about sex to change during this time. You may go through temporary periods when your desire for sexual intercourse increases or decreases. As the pregnancy progresses and your abdomen becomes large, intercourse may be uncomfortable and you and your partner may want to experiment with more comfortable positions.

Usually there is no problem with having intercourse throughout your pregnancy unless you experience pain or bleeding or if your water is broken. If you have questions ask your doctor or nurse midwife. There may be times when your doctor suggests that you do not have intercourse because it might interfere with the normal course of your pregnancy. Intercourse is likely to be restricted in early pregnancy if you have had a history of miscarriages, or later if you have had premature births.

See your doctor as soon as possible if intercourse is painful, if you have bleeding or infection, or if your water breaks prematurely. When any of these signs occur, discontinue intercourse.

Clothing

During the fourth month of pregnancy you may notice your clothes are tight and your bras are uncomfortable. Maternity clothes are really not necessary at this time, but loose clothing may be more comfortable. Some women feel much warmer during pregnancy and find lighter weight fabrics are more pleasant. Avoid tight belts, bras, girdles, slacks, and knee socks. Clothes that cut circulation around the legs lead to varicose or enlarged veins.

A bra that fits and provides good support to your breasts is important. If you plan to breast feed your baby, it may be more economical to buy a nursing bra to wear during pregnancy, too. Nursing bras are designed with flaps that unhook to allow easy access for breast feeding.

Your shoes should have a medium or low heel and provide firm support. Wearing high heels may result in an accident or an aching back.

Work

More women than ever are continuing to work during pregnancy. It is best to discuss this matter with your doctor or nurse midwife, however, because each woman should be evaluated individually. If your pregnancy is complicated by medical, obstetrical, or other problems, you and your doctor must decide how long it is advisable for you to continue working. In general, a normal, healthy woman who has no complications may work throughout pregnancy if her job presents no greater potential hazards than those she faces in normal daily life. Special consideration should be given to occupational hazards such as heavy lifting, moving, other strenuous physical activities, or exposure to chemicals (gases, dusts, fumes), radiation, and infection. Tell your supervisor and the nurse or doctor at your place of work as soon as you know you are pregnant. You may need to be reassigned temporarily to another type of work that does not pose any danger to your pregnancy. It is even better to discuss the problem of occupational hazards when planning your baby. It is also important that you discuss any occupational hazards with the doctor or nurse midwife who sees you for your prenatal care.

Travel

Traveling during your pregnancy is fine. Airplane, train, and bus travel are less tiring for long distances because you can get up and move around. When you travel in a car, it is very important to wear both a shoulder harness and a lap belt to protect you and the baby in case of an accident. Just fasten the belt as low as possible below the baby.

Sitting for long periods of time may cause leg cramps, discomfort, and tiredness, particularly late in the pregnancy. To keep from getting too tired during a car trip, stop about every 2 hours to stretch, walk about, and go to the bathroom. Any woman with uncomplicated pregnancy can safely travel by air until 36 weeks.

Late in your pregnancy, it is a good idea to avoid long trips. By staying close to home, your baby can be born where you planned and where your medical history is known. If you must travel at this time, ask your doctor to refer you to a doctor in the area you will be visiting and ask for a copy of your medical chart to take with you.

Smoking

Not smoking is one of the best gifts you can give your unborn child. Women who do not smoke are more likely to deliver a healthy baby of normal birth weight than women who do smoke. Smoking cigarettes during pregnancy is directly associated with low birth weight, premature births, miscarriage, and other complications.

While there are no safe levels of smoking, the fewer cigarettes the better. The risk of delivering a low birth weight baby may be reduced if a woman gives up smoking before the fourth month of pregnancy. Smoking during the time of breast feeding is also not advisable since the nicotine will be passed on to the baby through your breast milk.

Children whose mothers smoked during pregnancy are more susceptible to respiratory problems in early childhood and may be slightly behind their age group in physical growth. If either parent continues to smoke after the baby is born, the child may have a greater risk of developing bronchitis, asthma, ear infections or have an increased risk of sudden infant death syndrome (crib death).

Alcohol

Alcohol in any form can be harmful to a developing baby. The Surgeon General of the United States has recommended that all women of childbearing age take the following precautions:

- Do not drink alcoholic beverages when you are pregnant or are considering pregnancy. In the crucial early period of a baby's development – often before pregnancy is recognized – maternal consumption of alcohol increases the risk of abnormalities.
- Be aware of the alcoholic content of food and drugs.

Researchers have found increased miscarriages and decreased birth weight associated with consumption of even *1 ounce or less* of absolute (pure) alcohol per day. This is the amount of alcohol found in 2 standard drinks. Women who drink 3 ounces (the amount in 6 standard drinks) or more of absolute alcohol per day are at very high risk of delivering a child with fetal alcohol syndrome (FAS).

Babies affected with FAS have severe physical and mental problems, including life-long mental retardation, slow growth and development, small heads, and abnormal eye features.

One typical drink contains ½ ounce of absolute alcohol which is found in any of the following:

- A 1 ½ -ounce shot of liquor – (80 proof whiskey or vodka containing 40 percent alcohol)
- A 3-ounce glass of fortified wine (sweet sherry, port, etc., containing up to 20 percent alcohol)
- A 5-ounce glass of table wine (dry chablis, rose, burgundy, etc., containing up to 12 percent alcohol)
- A can or bottle of beer (12 ounces of 4 ½ percent alcohol)

You should also be aware that many cough medicines and night-time cold remedies contain large amounts of alcohol. FAS can be entirely prevented if a pregnant woman does not take alcohol-- in the form of alcoholic beverages or an unprescribed medicine.

The alcohol in beverages such as wine, beer, and liquor is a rich source of calories, but these calories do not contribute to good nutrition. Alcohol can depress your appetite, causing you to replace nutritious food in your diet with empty calories.

Caution should be exercised even after your baby is born if you plan to breast feed. Alcohol passes to your baby through your breast milk in the same concentration as it is in your blood.

Medicines and Drugs

You should take only those medicines prescribed by your doctor. This is particularly important during the first 12 weeks of pregnancy. Medicines have different effects, some major, some minor, so be careful even if you think you might be pregnant.

Make a list of all the medicines and drugs you are taking-- prescription drugs, over-the-counter drugs, street drugs. Show it to your doctor or nurse midwife on your first prenatal visit. Your doctor or nurse midwife will determine whether you can continue taking these medications or whether you will need substitutes. Over-the-counter medicines, cold remedies, laxatives, nose sprays, aspirin, and aspirin substitutes should only be used under a doctor's supervision.

Remember, *whatever you take affects your baby*. This includes tranquilizers, sleeping pills, barbiturates (downers), amphetamines (uppers), cocaine, narcotics, marijuana, hallucinogens, or other products.

If you are using *any* of these substances, tell your doctor so you can get help. Babies can be born addicted to drugs. If the doctor does not know that the baby is going through a withdrawal period, the condition can be very serious or even fatal.

Caffeine

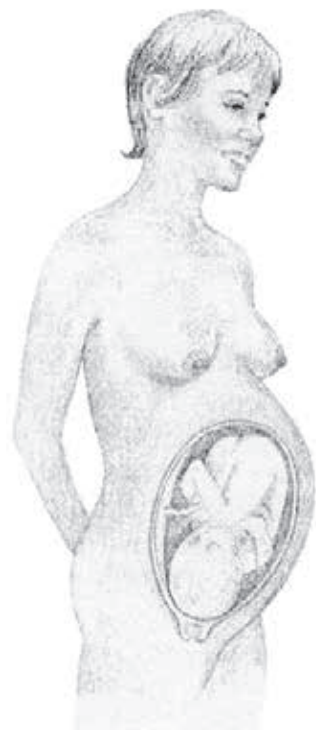
There are differences of opinion about the dangers of caffeine during pregnancy. Nevertheless, it's a good idea to use as little as possible at this time. Many soft drinks, coffee, tea, cocoa, and chocolate contain caffeine. You can find out if a food or drink contains caffeine by checking the label or bottle cap. Ask your druggist or doctor if there is caffeine in any over-the-counter or prescription drugs you are taking. Choose milk and fruit juices as beverages and caffeine-free (decaffeinated) coffee, tea, or soft drinks. If you are still getting a lot of

caffeine (over six cups of coffee daily), ask about other ways to eliminate it from your diet.

Nutrition and Your Weight

In our weight-conscious society one of the most frequently asked questions is, "How much weight should be gained?"

To answer that question intelligently, you should understand the weight required to create a new baby.



Weight Distribution

The average baby weighs	7 ½ lbs.
The placenta	1 ½ lbs.
Increased fluid volume	4 lbs.
Increased weight of uterus	2 lbs.
Increased weight of breast tissue	2 lbs.
Increased blood volume	4 lbs.
Maternal stores of nutrients	7 lbs.
Amniotic fluids	2 lbs.

Total 30 lbs.

Naturally, as an individual, you will deviate from this average. A weight gain of 25 to 35 pounds is recommended by the American College of Obstetricians and Gynecologists for a woman of normal weight at onset of her pregnancy. Women who are under-weight should gain a little more, approximately 34 pounds, while women who are markedly overweight should gain about 20 pounds, being careful to eat nutritious foods so as to insure adequate nutrients for mother and fetus.

Gaining an adequate amount of weight during pregnancy helps to insure an adequate birth weight for the baby. An infant whose birth

weight is 7 to 8 pounds is generally much healthier than one whose weight is 5 ½ pounds or less.

Because your baby's birth weight is affected by the amount of weight you gain, you should never try to lose weight during your pregnancy. Get advice from your doctor or nurse-midwife if you have questions about how much you should gain.

With proper eating and exercise most women return to their pre-pregnancy weight within 3 to 6 months after delivery. If you breast feed your baby, you will usually lose weight more quickly.

Food plays an important part all through life in promoting a healthier you. But when you are pregnant, nutrition has an even greater importance to your health and your baby's health. Eating wisely means choosing foods that give you and your baby the protein, vitamins, minerals, and other essential nutrients you both need. Adequate amounts of calories and essential nutrients are necessary for growth of the baby, beginning the moment you become pregnant. Your body must increase blood, fluids, and tissue to develop your uterus and to prepare your breasts for breast feeding.

Protein, carbohydrate, fat, minerals, vitamins, water, and fiber are needed in the diet each day. The suggested food plan in this section was developed especially for pregnant women. It suggests the number of servings you should eat from the five food groups to obtain the essential nutrients you need.

The Five Food Groups	Suggested Number of Servings
• Fruits	2-4 servings
• Vegetables	3-5 servings
• Milk and milk products	4 servings
• Meat, fish, poultry, eggs, dried beans and peas, nuts	2-3 servings
• Whole grain or enriched breads, cereals, rice and pasta	6-11 servings
• Fats and sweets	Used sparingly

During the last 2 to 3 months of pregnancy you will probably be more comfortable if you do not eat large amounts at any one time. Try eating smaller meals and save some food to snack on a couple of hours later. Raw vegetables and fruits, juices, milk, breads, and cereals also make good between meal snacks.

How to control your diet

Controlling your diet during pregnancy means vigilance over the quality of the foods you eat. A well-rounded diet with a regulated caloric intake must be maintained to provide sufficient nourishment for you and your fetus.

Studies show that many first time mothers-to-be have fallen into deplorable eating habits established during their high school years. Hamburgers, soft drinks, and french fries, all-American teenage diet, is creating chaos for the next generation. If you are existing on this “starvation” diet, pregnancy is the time to alter your eating habits. There are several good reasons:

1. Adequate nourishment is required to build new tissues in the fetus and replenish cells in your body that are being drained by the new life growing within you.
2. Vitamins and minerals are essential to supply energy to you and aid in the healthy development of your fetus.
3. Kidneys and intestines, overworked during pregnancy, must be fed certain foods to function efficiently and keep you well.

What does eating properly mean? It means a balanced daily diet consisting of foods from each of the basic food groups. It means consuming foods that have adequate but not abundant quantities of calories.

Fruits and Vegetables

Choose four or more servings every day. Fruits and vegetables contain vitamins, minerals, and fiber, a natural laxative. The dark green leafy vegetables and deep yellow vegetables are rich in vitamin A. The dark green leafy vegetables are also valuable for iron, vitamin C, magnesium, folacin, and riboflavin. Oranges, grapefruit, tomatoes, melons, strawberries, and some tropical fruits such as mangoes and papaya are rich sources of vitamin C.

Eat at least one serving of a good source of vitamin A every other day:

4 fresh apricots	$\frac{3}{4}$ cup cooked pumpkin
$\frac{3}{4}$ cup broccoli	$\frac{3}{4}$ cup sweet potatoes
$\frac{1}{2}$ cantaloupe	$\frac{3}{4}$ cup winter squash
1 cup carrots	
$\frac{3}{4}$ cup dark green leafy vegetables— beet greens, chard, collards, kale, mustard greens, spinach, turnip greens	

Eat at least one serving of a good source of vitamin C every day

$\frac{3}{4}$ cup broccoli	2 Tomatoes
$\frac{3}{4}$ cup brussel sprouts	$\frac{3}{4}$ cup dark green leafy vegetables—chard, collards, kale, mustard greens, spinach, turnip greens
$\frac{1}{2}$ cantaloupe	
$\frac{3}{4}$ cup cauliflower	
$\frac{3}{4}$ cup green or sweet red pepper	
$\frac{1}{2}$ large grapefruit or $\frac{3}{4}$ cup grapefruit juice	$\frac{3}{4}$ cup raw cabbage
1 large orange or $\frac{3}{4}$ cup orange juice	1 cup strawberries
Watermelon	

Select two servings of other vegetables and fruit every day.

$\frac{3}{4}$ cup beets	1 large apple
$\frac{3}{4}$ cup corn	1-1/2 bananas
$\frac{3}{4}$ cup eggplant	$\frac{3}{4}$ cup cherries
$\frac{3}{4}$ cup green and wax beans	$\frac{3}{4}$ cup grapes
$\frac{3}{4}$ cup lettuce	1 large pear
$\frac{3}{4}$ cup peas	$\frac{3}{4}$ cup pineapple
$\frac{3}{4}$ cup potatoes	3 plums
$\frac{3}{4}$ cup squash	

Milk and Milk Products

You need four 8-ounce glasses of milk or milk products daily to give you and your baby the calcium and other nutrients needed for strong bones and teeth. Choose milks that have vitamin D added. You may select whole milk, buttermilk, low-fat milk, or dry or fluid skim milk. Low-fat milk and skim milk have fewer calories than whole milk. Milk or cheese used in making soup, pudding, sauces, and other foods count toward the total amount of milk you use.

These amounts equal the calcium in one 8-ounce glass of milk:

- 1 cup liquid skim milk, low-fat milk, or buttermilk;
- $\frac{1}{2}$ cup evaporated milk (undiluted);
- 2 one-inch cubes or 2 slices cheese;
- $\frac{1}{3}$ cup instant powdered milk;
- 1 cup plain yogurt, custard, or milk pudding.

These amounts equal the calcium in $\frac{1}{3}$ cup of milk;

- $\frac{2}{3}$ cup cottage cheese;
- $\frac{1}{2}$ cup ice cream.

If you do not like or cannot drink milk, take a calcium supplement equal to 1200 mg. daily, with added vitamin D. Avoid calcium supplements based on bone meal, dolomite, or oyster shell because of risk of lead contamination.

Meat, Fish, Poultry, Eggs, Dried Beans and Peas, Nuts.

Meat, fish, poultry, eggs, dried beans and peas, seeds, nuts, and peanut butter supply protein as well as vitamins and minerals. Protein is needed to help build new tissues for you and your baby, and to maintain the health of body cells. Three servings of these foods daily will supply you with enough protein during pregnancy. When you use dried beans or dried peas or cereals as main dishes, combine them with a small amount of cheese, milk, or meat to increase the protein value of the meal. Some examples include chile con carne, blackeyed peas and ham, chicken and rice, pizza, macaroni and cheese, and spaghetti and meatballs. Also, by combining grains and beans and nuts, you will increase the amounts of protein your body can use. Some examples would be beans and rice or peanut butter on whole wheat bread.

Count as One Serving:

2 or 3 ounces lean meat. (Remove the extra fat when possible). Some examples: 1 hamburger, 2 thin slices of beef, pork, lamb or veal, 1 lean pork chop, 2 slices luncheon meat, 2 hot dogs.

2 or 3 ounces fish.

Some examples: 1 whole small fish, 1 small fish fillet, 1/3 of a 6-1/2 ounce can of tuna fish or salmon.

2 or 3 ounces chicken, turkey, or other poultry.

Some examples: 2 slices light or dark meat turkey, 1 chicken leg, 1/2 chicken breast.

Count as One-half Serving:

3/4 cup cooked dried beans, peas, or lentils, garbanzos (chick peas)

2 to 3 tablespoons peanut butter

1 or 2 slices cheese

1 egg

1 cup tofu

4 to 6 tablespoons nuts or seeds

Whole Grain or enriched Breads and Cereals

Breads and cereal foods provide minerals and vitamins, particularly the B vitamins and iron, as well as protein. Whole grain breads and cereals provide essential trace elements such as zinc, and also fiber, a natural laxative. Check the labels on breads and cereals to make sure that they are made with whole wheat or whole grain flour or are enriched with minerals and vitamins.

Eat four or five servings of whole grain or enriched breads, cereals, and cereal products every day.

Count as One Serving:

1 slice bread

1 muffin

1 roll or biscuit

1 tortilla or taco shell

1/2 to 3/4 cup cooked or ready-to-eat cereal, such as oatmeal, farina, grits, raisin bran, shredded wheat

1 cup popcorn (1-1/2 tablespoons, unpopped)

1/2 to 3/4 cup noodles, spaghetti, rice, bulgur, macaroni

2 small pancakes

1 section waffle

2 graham crackers or

4 to 6 small crackers

Count as Two Servings:

1 English muffin

1 hamburger bun or hot dog roll

Food Alert

During pregnancy, the use of caffeine, found in coffee, many soft drinks and even bottled water, has also been questioned in miscarriage and fetal growth abnormalities. Health care professionals recommend restricting caffeine intake to one or two cups a day. Unfortunately, herbal teas are not always a safe alternative either, as many contain traces of other drugs or medicinal substances that can be dangerous during pregnancy. Read labels and ask your midwife or doctor for recommendations.

Due to increased incidence of viral bacterial and parasite contamination, certain foods can also pose a risk to your developing baby. The center for Science in the Public Interest advises pregnant women to avoid soft cheeses (Brie, Blue cheese, and Feta cheese), undercooked meat and poultry. Raw fruits and vegetables should be thoroughly washed with hot, soapy water. Other foods to avoid include raw shellfish, unpasteurized juices, foods containing uncooked or partially cooked eggs, luncheon meats and hot dogs. Fish such as swordfish, shark, tuna, king mackerel and tile fish contain higher levels of mercury, which can be damaging to your developing baby. It is recommended that you not eat this selection of fish more than two times in a week. Check local advisory regarding locally caught fish. If no advice is available, eat up to 6 ounces (one average meal) per week. Do not consume any other fish during that week.

To help keep you and your baby healthy, balance your diet with protein, fruit, vegetables, grains and milk and avoid high risk foods, alcohol and caffeine.

Fight Bacteria

- **Clean:** Wash hands often with soap and warm water. Use clean dishes, spoons, knives, and forks. Wash countertops with hot soapy water and clean up spills right away.

- **Separate:** Keep raw meat, fish, and poultry away from other food that will not be cooked.

- **Cook:** Cook food to a safe internal temperature, Check with a food thermometer. Ground beef 160° F; Chicken Breast 170° F; Whole turkey 180° F; Pork 160° F.

- **Chill:** Refrigerate or freeze within 2 hours—refrigerate or freeze within 1 hour in hot weather (above 90° F). Don't leave meat, fish, poultry, or cooked food sitting out.

Fats and Sweets

This group of other foods includes margarine, butter, candy, jellies, sugars, syrups, desserts, soft drinks, snack foods, salad dressings, vegetable oils, and other fats used in cooking. Most of these foods are high in fat, sugar, or salt. Use them to meet additional caloric needs after basic nutritional needs have been met. Eating too much fat and too many sweets may crowd out other necessary nutrients.

Vitamin and Mineral Supplements

It is best to get vitamins and minerals from the foods you eat. When you select an adequate diet, you usually won't need other vitamin and mineral supplements. However, iron and folacin are exceptions. Because of increased needs during pregnancy, it is difficult to obtain adequate iron and folacin from food alone. Your doctor may prescribe iron and folacin supplements. Be sure to follow directions in taking the supplements prescribed for you. Remember, these pills do not supply all the essential nutrients such as protein, carbohydrate, fat, and some vitamins and minerals, so eating well is still important.

Salt

In the past it was thought that salt consumption should be restricted during pregnancy. Research has now shown that this is not necessary. A moderate amount of salt (you probably get more than enough in a normal diet) helps to maintain the proper levels of sodium in your body as the baby develops. Generally, you should use iodized salt both for cooking and at the table.

Vegetarian Diet

For various reasons, many people prefer to omit meat, poultry, and fish from their diets and become vegetarians. Such a diet can be continued through pregnancy, but the vegetarian who is pregnant must be absolutely certain that all her nutritional needs are met. Careful planning is the key to insuring adequate nutrition for those who adhere to a vegetarian diet. A major concern is the quantity and quality of protein, but the total dietary intake, including vitamins and minerals, must also be considered. Vegetarians can be well nourished if a variety of plant foods are eaten; foods rich in calcium, vitamin A, and riboflavin are included; and sources of vitamin B2 and vitamin D are added. Milk and eggs are especially recommended for pregnant and breastfeeding women; they help meet requirements for vitamins A and D (if fortified milk is used) vitamin B2, calcium, and riboflavin, all of which are needed in greater quantities by both the growing fetus and the mother.

A few guidelines for developing a nutritious diet: if meat, poultry, and fish are omitted observe the following:

- Be careful to compliment incomplete plant proteins with each other and with dairy foods. Plant protein is often deficient in one or more amino acids, the building blocks of protein. Thus, plant proteins may be called “incomplete.” Fortunately, various types of plant proteins are deficient in different amino acids, so that they may be combined to complement each other. That is, the deficiencies of one food are complemented by the strengths of another (see table on following page).
- Increase intake of legumes, dried seeds, and nuts for protein and iron.
- Increase intake of dairy foods for calcium, protein, and vitamin B12. Insufficient vitamin B12, an inherent problem in strict vegetarian diets during pregnancy and breast feeding, has been reported to result in some cases, in failure to thrive and developmental delay in infants and young children.
- Decrease “empty” calories (sugars, concentrated sweets, and visible fats) at least by half.
- Increase intake of whole grain breads and cereals for B vitamins, protein, and iron.
- Increase intake of fruits and vegetables for vitamins A and C and for minerals.

If you are on a vegetarian diet or any other special diet, discuss your nutritional needs and how you can meet them with your clinician.

Water and Other Fluids

You need 6 to 8 – 8 ounce glasses of water or other liquids each day during your pregnancy. Fruit and vegetable juice and milk, as well as water, count as fluids. Beverages and foods containing caffeine would be used sparingly.

Cravings and Markings

You may have heard pregnant women say that they crave particular foods, such as strawberries, pickles, or ice cream. It's fine to use foods you crave as treats occasionally, but remember—a pregnant woman needs nutrients from different kinds of foods to be a healthy mother and to have a healthy baby. If you like to eat clay, laundry starch, or other things that are not really foods, tell your doctor or nurse midwife. Eating a lot of ice can cause your iron to drop. Drink the ice water, but limit the amount of ice you eat. Some people say that eating strawberries can mark your baby. This is simply not true. No food is the cause of a birthmark.

Complementary protein sources

<i>Protein Pair</i>	<i>Example</i>
Legumes	Black beans and rice, Kidney beans, Tacos, tofu and rice
Legumes plus seeds	Split pea soup with sesame crackers, Garbanzo and sesame seed spread
Legumes plus nuts	Dry roasted soybeans and almonds, Chili garbanzos and mixed nuts
Grains plus milk	Oatmeal and milk, Macaroni and cheese, Bulgur wheat and yogurt, grilled cheese sandwich
Legumes plus seeds plus milk	Garbanzo beans and sesame seeds in cheese sauce
Legumes plus nuts plus milk	Mixed beans and slivered almonds with yogurt dressing
Legumes plus milk	Lentil soup made with milk, Peanuts and cheese cubes
Seeds or nuts plus milk*	Sesame seeds mixed with cottage cheese, Chopped walnuts rolled in semi-hard cheese
Legumes plus egg	Cooked black eye peas with egg salad
Grains plus egg	Buckwheat (kasha) made with egg
Grains plus egg plus milk	Potato kugel, Rice and raisin custard, Cheese muffin
Seeds plus egg plus milk	Cheese omelette with sesame seeds
* Protein quality may not be as good as the other milk “pairs.”	

Fiber

Some people have problems with constipation during pregnancy. Eating a diet high in fiber may help to keep you regular.

Following are some foods high in fiber you could choose:

Excellent sources of fiber

Kellog's All Bran Cereal	$\frac{1}{3}$ c.	10 gm.
Kidney beans, cooked	$\frac{1}{2}$ c.	9 gm.
Apricots, dried	$\frac{1}{2}$ c.	8 gm.
Baked beans	$\frac{1}{3}$ c.	7 gm.

Very good sources of fiber

Corn on the cob	1 medium	6 gm.
Lentils, dried	$\frac{1}{4}$ c.	6 gm.
Spinach, boiled	$\frac{1}{2}$ c.	6 gm.
Kellog's Cracklin Oat Bran cereal	$\frac{1}{2}$ c.	5 gm.
Kellog's Rasin Bran cereal	$\frac{3}{4}$ c.	5 gm.

Good source of fiber

Peas, boiled	$\frac{1}{2}$ c.	4 gm.
Potatoes, sweet, boiled	1 medium	4 gm.
Apple, not peeled	1 medium	3 gm.
Banana	1 medium	4 gm.
Potato, baked w/skin	1 medium	3 gm.
Peanut Butter	2 Tbsp.	2 gm.
Green Beans	$\frac{1}{2}$ c.	2 gm.
Carrot, raw	1 medium	2 gm.
Bread, whole wheat	1 slice	2 gm.

Some Common Discomforts

There are many common discomforts associated with pregnancy. They are generally not serious and there are things you can do to relieve the discomfort. However, should any of these conditions persist, you should discuss them with your doctor or nurse midwife.

Frequent Urination

Increased urination is one of the first signs of pregnancy. The problem decreases after the third month, but it may return during the last month because the baby is pressing against your bladder. Frequent urination is normal during pregnancy and there is nothing much you can do to prevent it. Don't try to hold it in. It will only make you more uncomfortable and it increases the risk of kidney and bladder infection.

If you have a burning or itching sensation when you urinate, tell your doctor or nurse midwife. Continue drinking plenty of liquids (preferably water, milk, and fruit juices) throughout your pregnancy.

Nausea and Vomiting

Nausea and vomiting are common complaints during the first month of pregnancy and are usually due to hormonal changes occurring in your body. About half of all pregnant women experience this problem. Nausea may start about the sixth or seventh week, but seldom continues beyond the end of the third month. Although often called morning sickness, nausea and vomiting may occur at any time of the day. If vomiting is severe and you cannot keep fluids down, report it to your doctor. Never take prescribed drugs, over-the-counter medicines, or a home remedy unless recommended by your doctor.

You may find some relief by eating dry cereal, a piece of toast, or a cracker about a half hour before getting out of bed in the morning. Move slowly when you get up. Let plenty of fresh air into the house to get rid of cooking and other household odors.

Divide your food into five small meals a day rather than three large ones, since keeping food in your stomach seems to control nausea. Avoid greasy and highly spiced foods or any food that disagrees with you. Drinking liquids between meals instead of with your food may help.

Heartburn

Heartburn has nothing to do with your heart. It is a burning sensation caused by hormonal changes that slow down your digestive system and by the pressure of the growing uterus against your stomach. Food

mixed with stomach acid is pushed up from your stomach and causes the burning, especially after meals.

To avoid heartburn, try some of the hints suggested for nausea and vomiting. Eat five times a day and avoid greasy foods and other foods that do not agree with you.

Changing your sleeping position may also help relieve heartburn. Try sleeping with several pillows to raise your head or elevate the head of the bed a few inches.

Do not take baking soda (sodium bicarbonate) to relieve your heartburn. You may take sodium-free Tums, Malox, Mylanta or Qudrox, 1 teaspoon 30 minutes after meals and at bedtime. Do not take antacid more than four times a day.

Constipation

Constipation is also due to hormonal changes that tend to relax the muscles of your digestive system. Late in pregnancy, constipation may be caused by the growing uterus pressing on the lower intestine. There are several things you can do to relieve constipation. Drink 6 to 8 glasses of liquids a day. A glass of water or juice before breakfast is often effective. Eat foods that provide fiber, such as whole grain cereals and breads, and raw fruits and vegetables. Get some exercise every day and make a habit of going to the bathroom every day at the same time. If you continue to be troubled after trying these things, tell your doctor or nurse midwife. Do not take enemas, laxatives, or home remedies unless recommended by your doctor or nurse midwife.

Shortness of Breath

As your baby grows larger and takes up more room, you may become short of breath. This problem will go away shortly before your baby is born. Moving more slowly will help conserve your breath.

Swelling

A certain amount of swelling (called edema) seems to be normal during pregnancy. It happens most often in the legs and usually appears during the last few months. It may happen more in the summer. Because swollen hands and face may mean there is another problem, let your doctor know. You can help the swelling in your legs to go down by trying these suggestions:

- Elevate your legs when possible.
- Rest in bed on your side, preferably your left side.
- Reduce the amount of salty foods that you eat.

- Never take medicine (fluid pills) for the swelling unless your doctor has prescribed then.

Leg Cramps

Leg cramps are more common during the latter months of your pregnancy and are generally due to pressure from the enlarged uterus. They frequently occur in bed. You can often get relief from leg cramps by heat, massage, or stretching the calf muscle. Here are two exercises that may help:

- Begin by standing about 6 inches away from a sturdy chair and holding on to the back of it. Slide the foot of the leg that is cramping as far backward as you can while keeping your heel on the floor. Bend the knee of your other leg as you slide the foot. Hold onto the chair and slide the foot back to the starting position. Repeat.
- If you have someone to help you, lie down on the bed or floor and straighten your cramped leg. Have your helper push down against your knee with one hand and push up against the sole of your foot with the other hand so that your foot is at a right angle to your leg. Release and repeat several times. If cramps continue, tell your doctor.

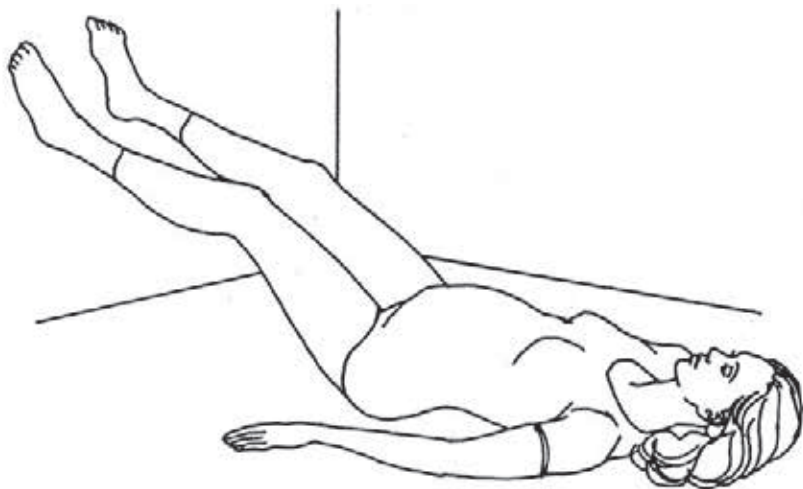
Varicose Veins

Varicose or enlarged veins usually occur in your lower legs, but may extend into the pelvic area. They are caused by your enlarged uterus which presses on your abdominal veins and interferes with the return of blood from your legs. Varicose veins usually shrink and disappear during the first few weeks after the baby is born. However, it is wiser to try to avoid varicose veins than cure them.

You can help avoid varicose veins by not wearing tight knee high stockings or socks. If at all possible, do not stand in one place for long periods of time. If your job requires you to stand, walk around at break time to improve circulation. If you can, sit down and put your feet up occasionally. Jobs in which you sit most of the day often aggravate varicose veins. Do not sit with your legs crossed or with the pressure of a chair under your knees. If traveling by car, take frequent rest stops and walk around. Support hose may also help prevent varicose veins.

The illustration shows a good position to take if you have varicose veins or swelling in your legs. Lie on a bed, couch, or floor and raise your feet and legs up in the air, resting your heels against the wall. Take this position for 2 to 5 minutes several times a day.

If you have severe varicose veins, you may be advised to wear elastic stockings during the day. Support hose are not as effective as elastic



stockings. Put elastic stockings on before you get out of bed in the morning, before your veins become swollen with blood. Take them off just before you go to bed. Wash them in mild soap after every wearing.

If you have varicose veins around your vaginal area, try to take frequent rest periods. Lie down with a pillow under your buttocks. This position elevates your hips and should give you some relief.

If a varicose vein should rupture, simple pressure will control the bleeding. Do not allow yourself to lose blood needlessly.

Vaginal Discharge

During pregnancy, you may have a thick white discharge from the vagina. This is usually nothing to be concerned about. Do not use tampons for the discharge or for any other reasons while you are pregnant.

Occasionally, however, vaginal discharge is a sign of infection. Tell your doctor if you find that the discharge is bloody, greenish, has a bad odor, is heavy and frothy, or causes burning and itching. You can help prevent vaginal infections by bathing or showering daily, by wearing cotton undergarments, and avoiding tight slacks or pantyhose.

Hemorrhoids

Hemorrhoids are enlarged (varicose) veins of the rectum that often become painful. Again, preventing is important. Try to avoid becoming constipated so you don't need to strain when you have a bowel movement. Sometimes straining may cause hemorrhoids to protrude from your rectum.

Lying down on your side with your hips on a pillow will help relieve your hemorrhoids. You may also get relief from an ice bag or from a compress of clean gauze or fabric soaked in cold witch hazel or a solution of Epsom salts. If your hemorrhoids bleed, let your doctor or nurse midwife know. Generally, the problem of hemorrhoids is relieved after pregnancy.

There is no good treatment for this extremely painful problem. Prevention of hemorrhoids is much better than an attempted cure. Never “wipe” your rectum—blot. Then use a shower or a soapy washcloth to cleanse your rectum. If you ever experience itching or burning, cleanse your rectum immediately with soapy water and use over the counter cortisone cream.

Backache

As your pregnancy progresses, your posture changes because your uterus is growing and pulls on your back muscles. Your pelvic joints also loosen. This may cause backache. To help prevent strain, wear low heeled supporting shoes. Your doctor may suggest a maternity belt that gives support without binding.

Good posture is important in preventing backache. Try not to lift heavy objects, particularly if there is someone around who can lift them for you.

Here are several exercises that should help your back. Ask the nurse midwife or doctor to help you do the exercises if you are not sure you are doing them correctly.

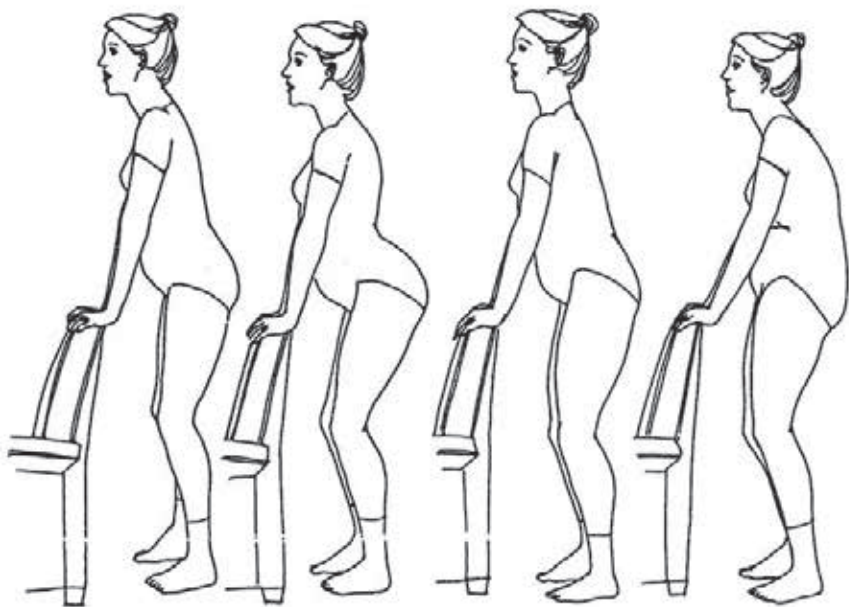
This squatting exercise helps avoid backstrain and strengthens muscles you will use in labor. This position is a good one for reaching low drawers or for lifting a child or an object weighing 15 to 30 pounds:



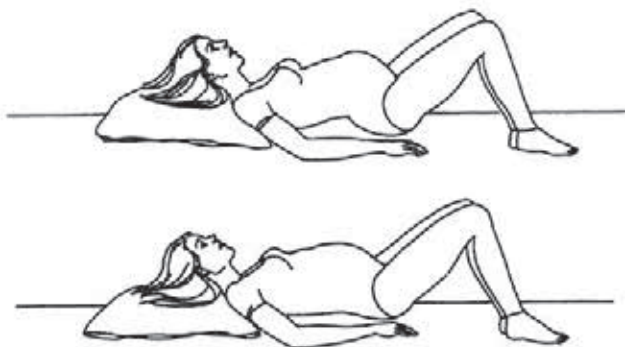
- Holding onto a heavy piece of furniture, squat down on your heels, and allow your knees to spread apart. Keep your heels flat on the floor and your toes straight ahead. You may pick up the object from the floor by squatting, holding the object close to your body, and rising slowly, using your leg muscles.

The following exercise, called the “Pelvic Rock,” increases the flexibility of your lower back and strengthens your abdominal muscles. It not only relieves backache, but will help improve your posture and appearance. Practice all the versions several times every day. Try walking and standing with your pelvis lifted forward as described below.

- When you practice the pelvic rock standing up, use a sturdy chair. Stand back 2 feet away from the back of the chair and bend slightly forward from your hips. Place your hands on the chair back and keep your elbows straight. Thrust your hips backward and relax your abdominal muscles. You now have a sway back. Bend your knees slightly, then slowly pull your hips forward. Tuck your buttocks under as if someone were pushing you from behind. Repeat.

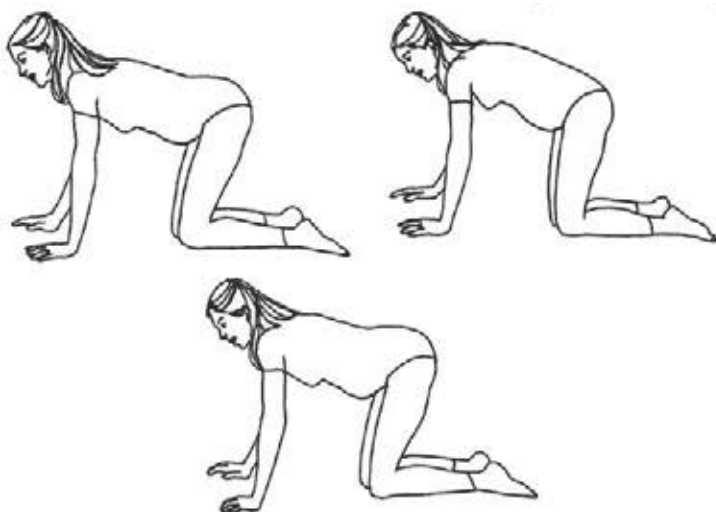


- Also practice the pelvic rock lying on your back with your knees bent and feet flat on the floor. Tighten your lower abdominal muscles and muscles of the buttocks. This elevates your tailbone and presses the small of your back to the floor. Then relax your abdominal and buttock muscles. As you do this, arch your back as high as you can. Rest for a minute, then repeat.



- In the third version of the pelvic rock, get down on all fours with your legs slightly apart and your elbows and back straight. While inhaling, arch your back using the muscles in your lower abdomen, tighten the muscles in your buttocks and rock hips forward. As you exhale, slowly relax, returning to the original position. Then repeat.

If you have a problem or pain doing these exercises, stop doing them. These exercises will also be reviewed in the childbirth preparation classes.



Skin Changes

You may notice dark or reddish streaks on your abdomen and breasts due to the stretching of your skin.

Some women develop splotches or brownish spots on the face, but skin changes do not occur in all women. These skin changes usually fade or disappear after the birth of the baby. Do not waste money on preparations that claim to prevent or cure these skin changes. They don't work.

Aches and Pains in the Lower Abdomen

During your pregnancy you may experience various aches and pains in your abdominal region. Sharp, shooting pains on either side of your abdomen may be due to pressure of the growing uterus on the ligaments which support it. Changing position will often relieve the pain. In the later months of pregnancy you may feel vague pains in the lower abdomen as your pelvic joints loosen to prepare your body for delivery. Other causes of minor pain may be constipation or bladder infection. Let your doctor know if you are uncomfortable or if the pain persists.

Numbness and Tingling

As the uterus increases in size and rests on certain nerves, numbness and tingling in the legs, toes, and sometimes in the arms, may occur. This is usually not serious and will go away after the baby is born. However, severe numbness or loss of function of fingers can be serious. Report this to the doctor or nurse midwife.

Problems of Pregnancy

The vast majority of pregnancies are uncomplicated and end with the birth of a normal, healthy baby. Even when complications do occur, early diagnosis and treatment will often prevent serious problems. Early and regular prenatal care is the best insurance against problems in pregnancy.

Regular care enables the doctor to watch for abnormal changes in blood pressure, blood, urine, or weight. Such changes may be warnings of potential problems. Regular care also helps you learn to recognize the difference between the normal changes your body is going through and those which may represent early warning signs.

It is important that you recognize these early warning signs so that you can notify your doctor immediately.

- Bleeding from the vagina, rectum, nipple, or lungs (coughing blood)
- Swelling or puffiness of the face or hands
- A sudden large weight gain
- Persistent severe swelling of the legs that does not resolve overnight
- Severe or repeated headaches
- Dimness, blurred vision, flashes of light, or spots before your eyes
- Sharp or prolonged pain in your abdomen
- Severe or continued vomiting
- Chills and/or fever
- Sudden escape of fluid from the vagina

If you notice any of these signs, do not wait for your next check-up. Contact your doctor immediately, so the cause of the problem can be identified and treatment begun.

Following are some of the problems that can occur during pregnancy:

Miscarriage

A miscarriage occurs when the fetus is born before it has developed enough to live outside the mother's body. Early signs of miscarriage are bleeding and cramps, and if you notice bleeding from your vagina, you should call your physician immediately. Save the pads you wear to catch the blood, clots, and tissue, because the doctor may want to inspect them.

In some cases, miscarriage is nature's way of preventing the birth of fetuses that for various reasons could not have survived. Miscarriage can be caused by certain health problems, but usually there is no apparent reason. Usually, such miscarriages cannot be prevented.

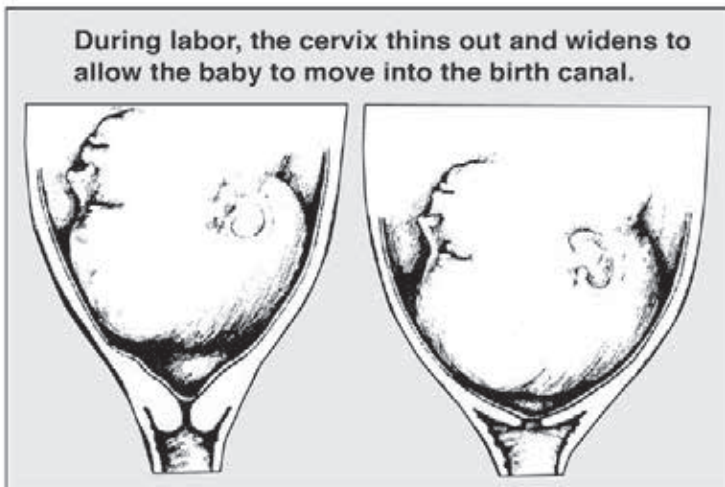
Preterm Labor

Preterm labor is labor that begins before the end of 36 weeks of pregnancy. Preterm labor is of special concern because it often leads to the birth of a premature baby.

Being born too early—before a baby is fully ready for life on its own—is a major cause of illness and death in infants. Although only 8-10% of babies born in the United States are preterm, preterm birth accounts for more than 60% of newborn deaths, not counting those related to birth defects. That's why preventing preterm birth is so important.

Preterm labor can be diagnosed only after it is determined that the cervix has begun to change.

Babies born too early often have organs that are not developed enough to function properly. For instance, the lungs of a preterm infant are often not fully developed, and the newborn may have trouble getting enough air. This condition is called *respiratory distress syndrome* (RDS). Apnea, or interrupted breathing, often occurs in preterm and low-birth-weight babies in the first days or weeks of life. A preterm baby may also have problems with swallowing, making it necessary for him or her to be fed through a tube. Also, since preterm babies often don't have enough body fat, they may have trouble maintaining body temperature.



Signs of Preterm Labor

The first signs of preterm labor are often subtle and painless and may begin slowly. If preterm labor is discovered early enough, preterm delivery can often be prevented or postponed, giving your baby extra time to grow and mature.

Sometimes the signs that preterm labor may be starting are fairly easy to detect. For example, when the membranes rupture (your “water breaks”), you will feel a continuous trickle or gush of fluid from the vagina. Other times, though, the signs of preterm labor are very mild and may be very hard to detect. The box shown here lists the early signs of preterm labor. If you experience any of these signs, don’t wait. Call your doctor right away.

Warning Signs of Preterm Labor

Early diagnosis provides the best chance to treat preterm labor effectively. Call your doctor or nurse midwife right away if you notice any of these signs:

- Vaginal discharge
 - Change in type (watery, mucous, or bloody)
 - Increase in amount
- Pelvic or lower abdominal pressure that does not improve when lying down.
- Low, dull backache
- Abdominal cramps, with or without diarrhea
- Regular contractions or uterine tightening, four or more contractions in one hour.

Severe Vomiting

Nausea and vomiting affect some women in early pregnancy. However, if vomiting continues or is so severe you cannot keep anything down, it should be reported. You need nourishment and so does your baby. If you keep vomiting, neither of you is getting the foods and liquids you need.

Anemia

The most common form of anemia occurs when your body does not have enough iron to build the extra red blood cells you need while you are pregnant. This form of anemia can usually be prevented by eating foods that are high in iron. Foods high in iron include liver, red meats, dried beans, leafy green vegetables, and iron-fortified cereals.

Many doctors prescribe iron supplements during pregnancy because the need for iron is greater than is usually contained in the average diet. When you are taking an iron supplement, your bowel movements will be darker and harder so you should increase the amounts of fluids and roughage in your diet. Be sure to keep iron supplement tablets, like all medicine, in a safe place so children cannot accidentally eat them.

There are other, more serious forms of anemia, and if any of them are found during the early laboratory tests, your pregnancy will be followed more closely. Be sure to tell your doctor if you or any relatives are anemic or have blood diseases.

Bladder and Kidney Infections

The risk of bladder or kidney infection increases during pregnancy due to changes and increased pressure in the urinary tract. Warning signs include abdominal pain, chills, fever, frequent urination in mid-pregnancy, burning on urination, and blood in the urine. If you have any of these problems, seek treatment immediately. If you do get a urinary infection, it is especially important that you increase the amount of fluid you drink every day.

Preeclampsia

Preeclampsia is a serious complication of pregnancy. Although the cause is unknown, it can be successfully treated if diagnosed early. Signs of preeclampsia include a sudden weight gain, swelling of the feet and hands, severe headaches, dizziness, blurred vision, or spots before the eyes. These may be accompanied by changes in the urine and an increase in blood pressure.

Notify your doctor at once if you have any of these signs. Untreated preeclampsia is dangerous to both a pregnant woman and her unborn baby because it sometimes progresses to convulsions. Preeclampsia can usually be controlled at home if it is found early and the doctor's instructions are followed. However, some women are hospitalized to prevent complications.

Rubella

Rubella, or German measles, is usually a mild disease in children and adults. But, if a woman is infected just before or during pregnancy, particularly early pregnancy, rubella can cause heart disease, blindness, hearing loss, and other serious health problems for the baby.

Avoid contact with anyone who has German measles, or other infections. If you or someone in your family has been exposed to rubella, tell your doctor at once. The progress of your developing baby will be carefully monitored.

Although a vaccine for rubella is available, it should not be given to a woman who is pregnant or a woman planning to become pregnant within 3 months. Remember, most women are immune and therefore the baby is not at risk.

Rh Factor

There are four major blood types: A, B, AB, and O. The type of blood is determined by the types of antigens in the blood cells. An antigen is a protein on the surface of blood cells, capable of inducing a specific immune response. There are also minor antigens—the most common one being the Rh factor.

Part of your initial physical exam and blood test will include a test to determine your blood type and whether you are Rh positive or Rh negative. If the Rh factor is present, you are Rh positive; if it is absent, you are Rh negative. Approximately 85% of Caucasians and a slightly higher percentage among African Americans and Asians, are Rh positive.

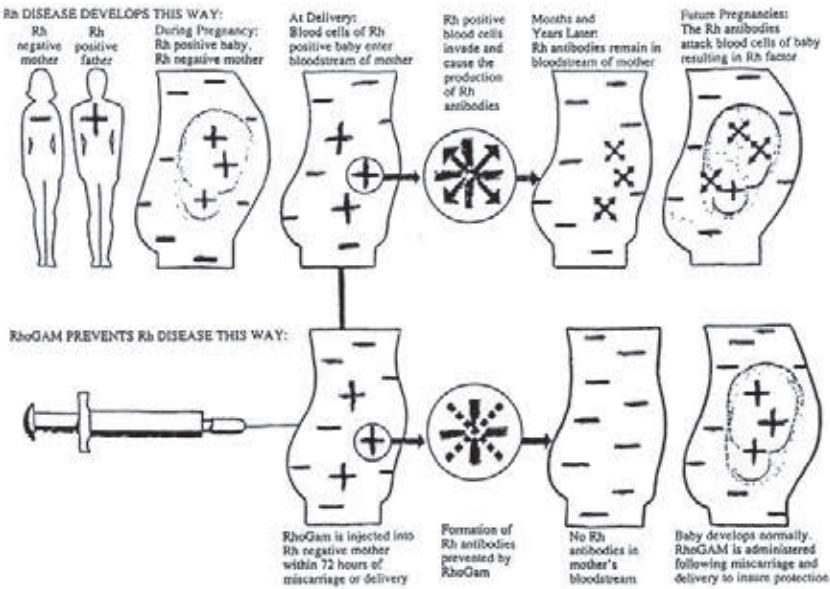
During pregnancy, it is normal for a small amount of the fetus' blood to mix with the mother's blood. If the mother is Rh negative and the father is Rh positive (as a large majority of people are), the fetus can acquire the positive factor from the father. When this occurs, the fetus' blood differs from the mother's and the mother's blood can respond as if it were allergic to the fetus' blood, making antibodies against the fetus' blood.

This is called sensitization. If these antibodies from the mother's blood crosses the placenta into the fetus' blood, these antibodies attack the fetus' blood, breaking down the red blood cells, resulting in anemia. This is a very serious condition known as erythroblastosis fetalis or hemolytic or Rh disease. This can cause serious illness or even death to the fetus or newborn.

Fortunately, the main cause of this disease, sensitization to the Rh factor, can usually be prevented. Because once antibodies are formed, they never go away; the best course is to prevent the mother from becoming sensitized in the first place. If you have not been sensitized,

you may be given Rh immunoglobulin (Rhlg) near the 28th week of your pregnancy to prevent you from producing antibodies for the balance of your pregnancy. If the baby is Rh-positive, you will be given another dose shortly after delivery. This treatment is undertaken to prevent you from developing antibodies to the Rh-positive cells from your baby that could have occurred during labor and/or delivery. This would avoid the risk to the fetus in future pregnancies. Repeat doses of Rhlg are given with each pregnancy and birth of an Rh-positive baby.

According to the American College of Obstetricians and Gynecologists, Rhlg is safe for a pregnant woman. The only known side effect has been a temporary soreness where the drug was injected or a slight fever.



Sexually Transmitted Diseases

Sexually transmitted diseases (STDs) are infections spread by sexual contact. Many people call them venereal diseases or VD. The most serious in pregnancy are gonorrhea, chlamydia, syphilis, and genital herpes. Prompt medical care can protect both you and your baby.

Usually, gonorrhea produces no symptoms at all in women. However, it may cause vaginal discharge or burning on urination. If untreated, gonorrhea spreads through the blood to other parts of the body. It poses a real danger for mothers and babies in pregnancy. This form of gonorrhea may cause fever, joint pains, or skin rash.

Chlamydia and gonorrhea may also spread to your baby's eyes during birth. This is why nearly all states require that medicine be put in the eyes of all newborns. The prompt detection and treatment of gonorrhea will prevent complications for infected mothers and their babies.

Syphilis is a very serious infection that can infect the baby before birth. All mothers receive a blood test for this infection early in their prenatal care. In adults, the infection usually starts as a firm, reddish sore on the genital area or in the vagina. It does not hurt. Even without treatment, the sore heals and other symptoms such as a skin rash may follow. After several weeks, these signs also disappear with or without treatment. You should tell your doctor about any unusual lumps, sores, or rashes on your body. Unless you are treated with antibiotics, the syphilis germs are still in the body, even though the sores and rashes go away. Infection in the baby is usually prevented when the mother is fully treated in pregnancy.

Herpes, a virus infection that causes painful blisters on the genitals, is becoming more common. Symptoms can be relieved with medicine, but there is no cure. The infection may reappear on its own. If you or your sexual partner have a history of or any signs of herpes infection, you should tell your doctor or nurse midwife about them, because this disease may influence the way your pregnancy is managed.

Any time you are exposed to an STD, or think you might have one, it is very important that both you and your partner receive prompt medical attention.

Postdate Pregnancy: A Difficult Diagnosis

The average length of pregnancy (*gestation*) is 280 days, or 40 weeks, from the last menstrual period. When a pregnancy exceeds 294 days, or 42 weeks, it is considered postdate.

Knowing the gestational age of the fetus is the most important factor in diagnosing post-date pregnancy. It is very difficult, though, to pinpoint the age of the fetus. Inaccurate menstrual histories, irregular menstrual periods, and other causes may make it difficult to predict the exact due date. For this reason, doctors often use more than one method to cross-check the gestational age of the fetus. The methods used most often include:

- **Ovulation:** If it is known, the time of ovulation is the most reliable method to determine the age of the fetus.
- **Menstrual Period:** The due date is calculated from the first day of bleeding of the last menstrual period.
- **Clinical Exam:** Throughout pregnancy, but especially early in pregnancy, the size of the uterus can provide useful information for determining gestational age.
- **“Quickening”:** Pregnant women usually first feel the fetus move, or “quicken,” by 16-20 weeks.
- **Fetal Heart Tones:** In a normal pregnancy, fetal heart tones usually can be heard by the doctor or nurse midwife, using a Doppler by 10-12 weeks.
- **Ultrasound:** This test, in which sound waves are used to create pictures of the fetus, is another useful method. Ultrasound can be used to estimate the age of a fetus within 7-10 days if it is done in the first half of pregnancy. Later in pregnancy, this method is not as accurate.

The due date should be set as early in pregnancy as possible. It becomes much more difficult to accurately determine the due date later in pregnancy. This is one reason why you should seek prenatal care early in pregnancy.

Tests for Fetal Well-Being

If a postdate pregnancy is suspected, there are a number of tests that can help the doctor monitor the well-being of the fetus and the environment inside the uterus. Generally, tests are begun around 40-41 weeks of pregnancy. Some of these tests can be done by you; some are done in the doctor's office, and others are done in the hospital.

- A *kick count* is simply a record of how often you feel your baby move. Healthy babies tend to move about the same amount each day. A sudden decrease in movement should be reported to your doctor right away, because it could mean fetal distress. Your doctor may want to do more tests to determine if the baby needs to be delivered soon. After 30 weeks pregnant you should count 10 fetal movements twice a day.
- In *electronic fetal monitoring*, electronic instruments are placed on the mother's abdomen to record the fetus's heart rate in response to its own movements or to contractions of the mother's uterus. Two types of tests can provide reliable information on the fetus's health and can give early warning if the fetus is in trouble:
 - Nonstress Test*: This test measures the way a fetus responds to its own body movements. Normally, the fetal heart rate increases when the fetus moves. Each fetal movement felt by the mother or noted by the doctor or nurse midwife is marked on a paper recording of the fetal heart rate.
- ***Ultrasound*** uses sound waves to create a two-dimensional picture of the fetus on a screen. This picture can show the position and size of the fetus and placenta, as well as the fetal heartbeat, breathing motion, and body movements. Ultrasound can also be used to measure the amount of amniotic fluid and to reveal important information about the placenta. A combination of these measurements to evaluate the fetus is called the Biophysical Profile (BPP).

Part II

The Birth

During the last trimester, you should start to make the final preparations for your new baby's arrival. Babies don't need very much—a place to sleep, blankets, and diapers, undershirts, sweaters, and caps for at least the first weeks.

Your other children, particularly young children, need to be reminded of the coming birth. Young children may worry about mother's absence and older children may be anxious about their place in her affection when the new baby arrives. You may want to spend more time with your children. Explain what will happen when you go to deliver the baby and who will care for them. Assure them of your love, and talk with them about their new role as older brother or sister. Make sure also that they know about arrangements made for their care if you should need to leave for the hospital in the middle of the night or when they are in school.

Look ahead and make arrangements for the days when you bring the baby home. Having to worry about car pools, groceries, laundry, and household chores during your first few weeks at home with a new baby can be stressful. If your partner cannot take time off to help, perhaps a relative or neighbor may be able to take over some of these responsibilities.

Getting Ready

Approximately 2 weeks before your delivery date, pack a bag with the personal things you will want to take with you. You will probably want to include:

- Bathrobe

- 2 Nightgowns (opening in front if you plan to breast feed)

- Slippers

- 2 Bras (nursing bras if you plan to breast feed)

- Underpants

- Toothbrush, toothpaste

- Comb, brush

- Books or magazines

- Something to wear home (remember to choose something a little loose fitting; you won't quite have your figure back!)

- Pack clothes you will want to take the baby home in.

Labor and Delivery

During the last weeks of pregnancy, new changes will signal the approaching birth. For example, you may feel that the baby is lower in your abdomen, and people may tell you that it looks as though your baby has “dropped.” This is called “lightening” and it means that the baby’s head has settle down into the bony part of your pelvis. Sometimes this happens quickly and you find it suddenly easier to breathe. Sometimes “lightening” does not occur until after labor begins.

False Labor

Contractions of the uterus late in pregnancy are normal. They are called “false labor” because they do not open the cervix as does true labor. There are some signs to help you distinguish between false labor and the real thing:

- The contractions of false labor are usually not regular.
- The contractions of false labor often go away when you walk around—in real labor, they’ll feel stronger.
- The contractions in real labor get stronger, more painful, and closer together with time.

You may notice some tightening in your lower abdomen or even occasional contractions of the uterus late in pregnancy. These contractions will go away when you walk around or practice your breathing techniques. If they do not go away, contact your doctor.

Signs of Labor

The beginning of labor is a very individual thing. Some women don’t even realize they are in the first stage of labor, mistaking it for gas, heartburn, backache, or indigestion.

There are three signs that labor has begun. They do not necessarily occur in any particular order, and they may occur in a different order with each pregnancy. They are:

- **Regular contractions, which usually begin in your lower back and then travel to the front of your abdomen.**

Contractions occur because your uterus is tightening and relaxing to help open the cervix and push the baby out through your birth canal. During the early part of labor this may feel like menstrual cramps. Some women feel only abdominal contractions or only a backache. Contractions of true labor occur regularly. They usually start about 15 to 20 minutes apart and last 30 to 45 seconds. As your

labor proceeds, the contractions become more frequent and last about 60 seconds. Time your contractions from the beginning of one to the beginning of the next. If you call the doctor or nurse midwife, the first question they will ask is “how often are the contractions coming”? If you walk around or lie down, they will not go away as they did in false labor. You should not eat a large meal once contractions have begun. You may eat and drink clear liquids—juice, jello, popsicles, water, broth, etc.

A pink “show” or plug of mucus

As your baby pushes against the cervix or neck of the uterus, the cervix opens and a pink colored “show” or plug of mucus comes loose. Also, there is generally a small amount of blood.

A gush or trickle of water from your vagina

A flow of water from your vagina may indicate the breaking of the membrane or “bag of waters” that surrounded the baby during pregnancy. There is no pain; it just feels like a flow of warm water. You can lose about a quart of water, but the amount depends on where the sac breaks. You may continue to lose fluid as your body continues making it. Sometimes the “bag of waters” breaks at the beginning of labor and sometimes it happens late in the first stage of labor. If you think your water has broken, go to the office or hospital to be checked.

At the beginning of the last month of your pregnancy you will receive a booklet that will go into more detail about labor and when to go to the hospital.

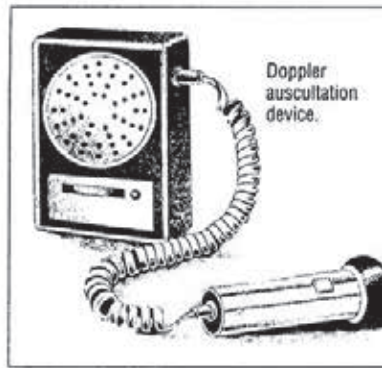
At the Hospital

When you arrive at the hospital you will need to enter in the Turner Maternal Infant and Childcare Center. You will then be taken into the “Testing Room.” We usually observe you for one hour in the testing room to determine if you are in labor. You may be sent home from the testing room with pain medicine or a sleeping pill if you are not progressing.

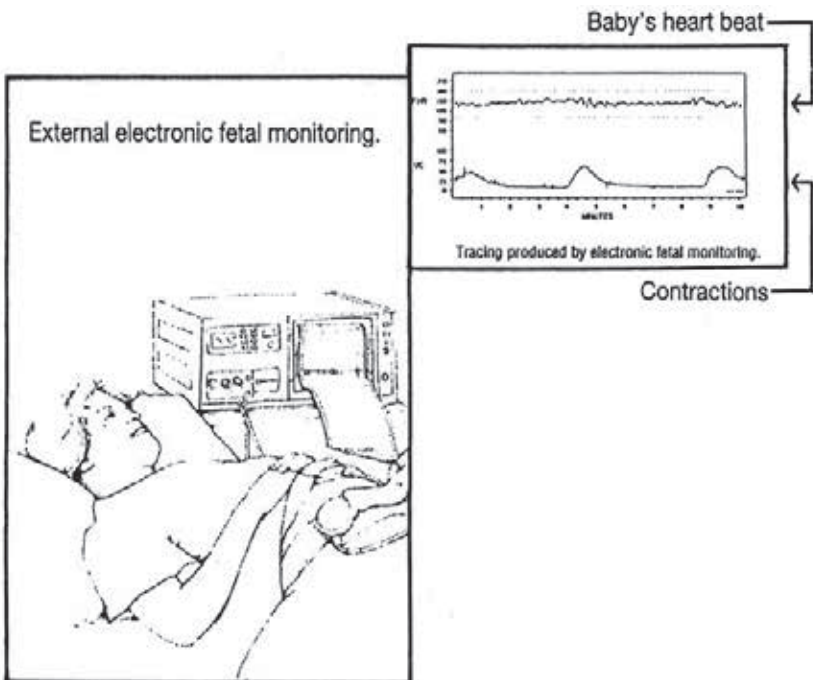
If you are admitted you will be moved to a labor and delivery room, where you will labor, deliver, and recover all in the same room.

Sometimes you may receive an enema to clean out your lower bowel and rectum.

As long as you and the baby are stable, we encourage you to walk, use the whirlpool, or sit in the rocking chair. While you are out of bed we will monitor the baby’s heart beat at regular intervals with a doppler.



Once you decide you do not want to be up and around anymore, you will be placed on a continuous fetal monitor.



The continuous electronic monitoring allows us to determine how well the baby is tolerating labor.

Sometimes it is difficult to monitor the baby's heartbeat from the belt strapped to your abdomen. If this occurs, an internal monitor may be



applied to the baby's scalp allowing the baby to be continuously monitored. If your water has not broken, it will be necessary to break it in order to apply an internal monitor.

While you are in labor, an intravenous solution (IV) is usually started in the event you desire pain medication, or have bleeding problems after the baby is delivered. It also allows us to give you fluids in order to prevent dehydration.

The Support Person

We encourage your partner to take an active part in your labor support. Many women also like to have other family members present while they labor and deliver. There is a small family waiting room off each labor room where your family can wait or come in and out as you desire.

A Note to the Father

Throughout the childbirth classes you and your partner have been studying the birth process, learning breathing exercises and the ways you can make her more comfortable during delivery. Nothing, however, can fully prepare you for participating in your first labor and delivery.

Remember, this is a very special time for both of you. Even if you have not attended childbirth classes you may want to be present at the birth of your child.

Do not be surprised at your partner's behavior or at anything she says. Help her through the labor and delivery and don't give up. She needs your support and caring. Remember, this is also your chance to be present at your child's first breath.

Stages of Labor

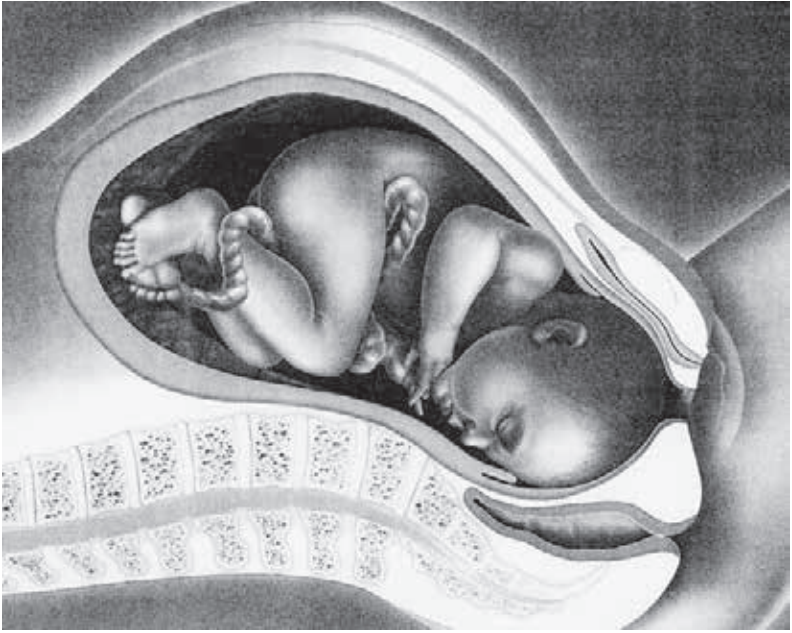
Labor means work. During this time, you have to work to help the baby move from your uterus into the world. It may be some of the hardest work you will ever do. Your cervix, which is made up of firm tissue shaped like a small doughnut with a tiny hole in the center, has been closed throughout the pregnancy. Now it must stretch wide enough for the baby to pass through. The uterus tightens or contracts and forces the opening wide, little by little, over a period of several hours. Contractions feel different to different women. Some describe them like a wave that builds to a peak and then recedes.

Labor is divided into stages. During the first stage of labor your cervix will dilate (opening to the fullest), so that the baby can pass through. The second stage of labor begins when you push the baby out of the uterus into the birth canal and ends when the baby is born. The third stage is when the placenta (afterbirth) is expelled. The whole process of labor lasts about 12-14 hours for a first baby and about 7 hours for subsequent babies.

During the first stage of labor, you will be examined regularly to see how fast your cervix is opening (dilating). This is done by a vaginal examination measuring the cervical opening in centimeters. When the cervix is open to its fullest, 10 centimeters, the opening is large enough for the baby to pass through.



Cervix dilating

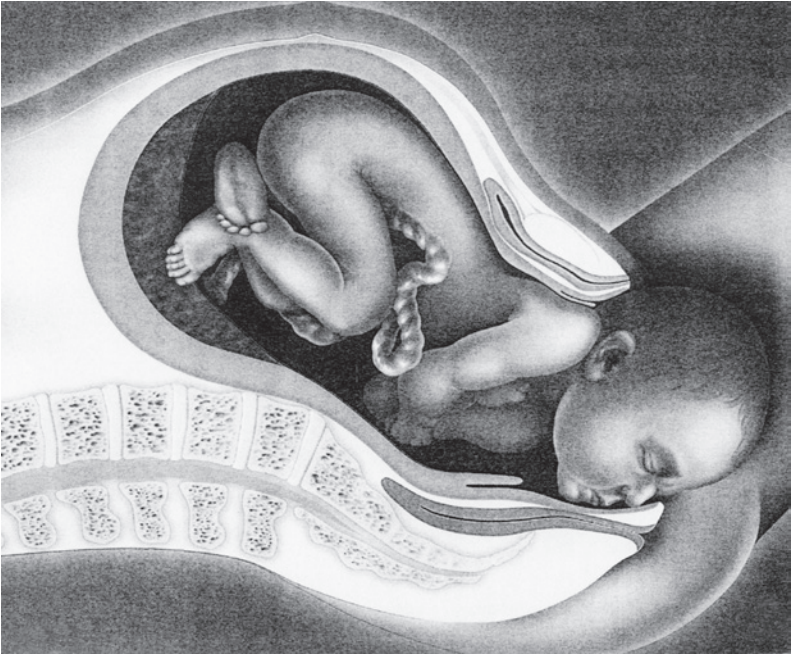


Cervix fully dilated

A nurse or nurse-midwife will probably be with you most of the time you are in labor. The father of the baby and or other support persons will be allowed to stay with you, if you want.

To make sure the baby is in good condition during labor, the nurse or nurse-midwife will check the baby's heartbeat, either by listening with a doppler or by electronic fetal monitoring through wires strapped to your abdomen.

When the cervix has opened wide enough, the baby's head will begin to pass through. If the bag of waters has not already broken, it will be broken at this time, causing a gush of fluid from the vagina.



Head emerging

In the second stage of labor, the baby is pushed through the open cervix, through the birth canal (vagina), and is born. This stage is much shorter than the first, about 2 hours for first babies, and 30 minutes or less with later children. Contractions during this part of labor are about 2 to 3 minutes apart and last about a minute.

As the baby moves, little by little, through the birth canal, it puts pressure on the rectum and causes an urge to “bear down” as though having a bowel movement. The doctors and nurses may ask you to use special breathing techniques while bearing down. Pushing usually relieves some discomfort and shortens labor. However, it is important not to start this pushing until the doctor or nurse-midwife says to do so.

At the time of your delivery your legs may be put in leg supports or you may choose to let your legs relax to the side. You will stay in the same bed and room for delivery. Your vaginal area will be washed. Drapes may be placed over your legs and abdomen and under your bottom. A mirror may be turned so you can watch your baby being born.



Head free

After Delivery

Immediately after birth, your baby is held with the head lowered to assist in the drainage of amniotic fluid, mucus, and blood. A small bulb syringe may be used to suction the mouth and nose. The cord is then clamped, the baby is dried, and warmth is insured with blankets, heat lamps, or a heated bassinet. Oftentimes the baby is placed on your chest immediately after birth to establish skin-to-skin contact.

In the third stage of labor, the placenta and membranes pass out of the vaginal opening. This generally happens within 5-30 minutes after the baby is born.

Someone from the nursery will come and assess your baby soon after delivery. Footprints will be taken and identification bands will be placed on the baby. After being assessed, if the baby is stable, you will be able to be together as a family. This is also a good time to try to breastfeed.

If you desire, your waiting family can also come in to meet the new family member. You will stay in the same room for about one hour after delivery for recovery. During recovery a nurse will assess the amount of bleeding you do and monitor your blood pressure. After your recovery, you will be taken to postpartum for the rest of your hospital stay.

All postpartum rooms are private. Your baby will stay with you in your room at all times. No longer is there a nursery for normal newborn babies. Your postpartum nurse will take care of both you and your baby. You will likely stay in the hospital 2 days after delivery. There is a neonatal intensive care unit at HMC in the event that your baby needs special care.

Medications for Pain and Anesthesia

During labor your contractions may cause you much discomfort. You may request medicines to help relieve the pain. The doctor or nurse-midwife will select the most appropriate medicines taking into account how you and your baby are doing.

Having discomfort, or getting relief for it, should never be thought of as a sign of failure or a cause for guilt. Each person's perception of discomfort is unique. Just as each woman's labor will be different, so too will be her experience of pain. That's why it is important that the decision you make about relief of discomfort be the right one for you.

Childbirth Preparation

Many women take childbirth preparation classes in order to learn what to expect during labor and delivery, as well as breathing methods, relaxation techniques combined with some medications is helpful in relieving the discomfort of labor and birth. Throughout delivery, your nurse, or nurse-midwife will be available to you to provide reassurance and suggestions for relief of pain.

Childbirth preparation techniques can help a woman manage pain during labor and birth, but they usually don't completely remove it. If, while using these techniques, you still have a level of pain that you are unwilling or unable to tolerate, pain relief medication is available.

Pain-relieving medications fall into two general categories:

Analgesia (IV pain medicine) is the relief of pain without total loss of sensation. A person receiving an analgesic medication usually remains conscious. While analgesics don't completely stop pain, they do lessen it.

Anesthesia (epidural or being "put to sleep") refers to the loss of sensation. With some forms of anesthesia, you will lose consciousness, while with others you won't.

Systemic Analgesia (IV pain medication)

Systemic analgesics provide relief of discomfort over the entire body without causing loss of consciousness.

They are usually given as a shot into your vein or muscle.

Systemic analgesia may cause drowsiness and may make it hard to concentrate. Because these drugs can slow the baby's reflexes and breathing at birth, they are usually avoided just before delivery.



Epidural Block

Epidural block, another form of local anesthesia, affects a much larger area than the one described above. It numbs the lower half of the body to a varying extent. This kind of anesthesia is helpful for easing the discomfort of labor and delivery. While the drug is working, you may lose some muscle control in these areas, making it harder to push during delivery, move your legs or empty your bladder. Epidural blocks are also effective in blocking the pain during a cesarean birth.

An epidural block is injected into a small space around the spinal cord through a small tube that is placed in your back. The little tube allows for repeated doses of medication as needed throughout your labor.





General Anesthesia (being “put to sleep”)

General anesthetics are medications that make you lose consciousness. These drugs are given in one of two ways: through a face mask or injected through an IV line. General anesthesia is only used for cesarean delivery or urgent situations. The mother will not be awake or feel any pain although this is not used to relieve the pain of labor.

After general anesthesia wears off, you will feel woozy and tired for several hours after waking up. You may also feel sick to your stomach; this feeling usually fades within a day. Also, your throat may be sore from the tube that was inserted to provide oxygen.

Finally ...

Many women worry that receiving anesthesia during labor or childbirth will somehow make the experience less “natural.” The fact is, no two labors or deliveries are the same, and no two people have exactly the same ability to tolerate pain. Some women require little or no pain medication, while many others find that pain relief gives them a better sense of control over their labor and delivery.

Be prepared to be flexible. Some of the techniques described may appeal to you more than others, but your health and the health of your baby must be considered when it comes to decide if a pain medication is needed and, if so, which one will be best.

Episiotomy

An episiotomy is a small cut made between your vagina and anus to allow more room for the baby to be delivered. Making this cut prevents possible tearing of your tissue and is done only when necessary. A few stitches are used to close it. These stitches dissolve during the postpartum period and do not need to be removed. The decision to do or not to do an episiotomy is made as the baby’s head is crowning.

Instruments Used in Delivery

Forceps are instruments that snugly fit around the baby’s head to aid in delivery. The vacuum extractor has a small suction cup that fits on top of the baby’s head and applied with suction.

Both of these instruments can be used only if you have pushed the baby’s head deep into your pelvis but are unable to push the baby completely out or if the baby is not tolerating the pushing. Occasionally minor bruising may occur as a result of using these instruments.

Cesarean Section

A cesarean delivery or C-Section is an operation in which the baby is delivered through an incision in your abdomen rather than through the vagina. Even though a cesarean delivery is considered major surgery, the risk is relatively small.

The cesarean delivery is performed only when the risks of vaginal delivery outweigh the benefits. The cesarean is used when vaginal delivery would threaten the life or safety of the mother or infant, when a previous child has been delivered by cesarean, in the presence of certain diseases or conditions, or if the baby is in a position other than head first. If you have had a previous cesarean section (C/S), your options for a vaginal birth will be discussed.

Hospital Stay and Recovery

Length of Stay

The normal length of stay for a vaginal delivery is 48 hours or 72 hours for a cesarean section. Complications may increase these times.

Visitors

Visiting hours are 9 A.M. to 8:30 P.M. There are no restrictions on age of the visitor.

After Pains

You may have “afterpains” for a few days because your uterus keeps contracting to return to its normal size. These pains may feel a little like menstrual cramps. If you are breast feeding you may experience more cramping while you are feeding. There will be pain medicine ordered and available which you must request as you need it.

If you have had an episiotomy, you will receive special care for the stitches. A nurse will show you how to wash yourself properly around the stitches. While in the hospital and at home you will take sitz baths four times daily or as often as you like. These baths consist of just sitting in plain warm water. The sitz bath aids in the healing of the episiotomy.

Diet

You will probably be hungry after the work of labor. You can usually eat a regular diet in the hospital and at home. Keep up the good food habits that you established during your pregnancy. If you are breast feeding your baby, you will need more calories and more of certain nutrients than a woman who is not breast feeding. You should get these calories and nutrients by drinking another two glasses of milk and by eating an additional serving of meat or dried beans and whole grains and another fruit or vegetable each day.

Problems with Urinating

You may have difficulty urinating. This may be due to the anesthetic you received, pressure on your bladder during labor, discomfort from stitches, or for other reasons. It is important, however, to empty your bladder within 4 to 6 hours after you have your baby. The nurse will suggest ways to help. If you have a great deal of difficulty, a catheter or tube may be used to drain your bladder.

Feeling “Blue”

Sometimes, for no apparent reason, you may feel let down and “blue” a few days after your baby is born. It may occur while you are still in the hospital or after you go home. This feeling is due to hormonal changes and will usually go away in a few days. Lack of rest or interrupted sleep may continue to make you feel tired, irritable, and depressed. Most often all that’s needed is a little time for you and your family to get used to your new schedule, a chance for your body to heal, and some extra rest.

Some women continue to feel depressed at times for no special reason. This is called postpartum depression or “baby blues.” If extra rest and being with friends doesn’t help, and if you feel worse each day, talk with your doctor. He can refer you to someone for special help.

Postpartum Check-Up

To complete your medical care for your pregnancy, visit your doctor or nurse midwife in 4 weeks. You will receive the same checks at the postpartum examination that you received during pregnancy—including weight, blood pressure, a blood test for anemia. An internal exam will be done to make sure your uterus has returned to normal and your stitches healed. A pap smear will only be done if it has been a year since your last one.

The Baby

The First Minutes

Most mothers are awake during delivery and work hard to help the baby come into the world. You hear the first cries, see the baby’s first breath, and hold your son or daughter in your arms and at your breast. These first few minutes when you feel the warmth of your baby’s body, and when the baby hears your heartbeat, feels your touch, and hears your voice are some of the most important in both your lives.

Long before birth many mothers and fathers think about what the baby will look like. Will the infant have her curly hair? His nose? Light or dark complexion? A boy or a girl? Parents form pictures in their minds of the beautiful babies in advertisements and on TV. Many have never seen a newborn baby and are unprepared for this little red, wrinkled baby with a big head and a body covered with a white creamy substance.

Parents must keep in mind that the baby has lived in a bag of water for 9 months, has just made a long, difficult trip through the birth canal, and is probably yelling as hard as possible to get air in and out of the

lungs. Soon, when the baby is cleaned and fed, and begins to relax, some of the wrinkles will disappear.

The baby's head is very flexible. Spaces between the bones called "soft spots" or fontanelles allow the baby's head to squeeze through the birth canal without damage. The head may not look quite right to you, but it will take on the correct shape within a week or so. Soon you will see the beautiful baby you had pictured in your mind.

Feeding your Baby

One of the many decisions parents must make is whether to breast feed or formula feed their baby. This choice should be based on an understanding of both kinds of feeding.

Breast Feeding – When you breast feed, your milk is the only food your baby needs for the first 5 to 6 months of life.

- Your milk has just the right amount of nutrients to help your baby grow and is never "too rich" or "too thin."
- Your milk is easy for your baby's immature digestive system to digest.
- Your milk contains substances which help protect your baby from infections caused by viruses and bacteria.
- Your milk reduces the possibility that your baby will have allergic reactions.
- Your milk is always clean and at the right temperature.
- Your milk is ready to serve when your baby is hungry.

Breast feeding also helps you.

- Breast feeding costs less than formula feeding.
- Breast feeding uses the extra fat your body stored for this purpose during pregnancy and helps you lose weight.
- Breast feeding may help your uterus return to a normal size more quickly.
- Breast feeding brings you and your baby together emotionally as well as physically.

If you decide to breast feed you'll be joining a growing number of parents who have also made that decision. About half the babies born in the U.S. are now breast fed. No mother knows automatically how to breast feed. Although breast feeding is the "natural" way, it must be learned. A mother who has recently breast fed her own baby successfully can offer helpful advice.

It helps you and the baby learn how to breast feed if you begin in the first hours after birth when the baby is alert. Breast fed babies normally want to eat every 2-3 hours.

To produce an adequate amount of milk, you must eat a good diet. During breast feeding you need more essential nutrients—vitamin A, vitamin C, thiamin, riboflavin, and niacin—than you did during pregnancy. Two extra servings of whole grains or one additional serving of meat, fish, chicken, or dried beans will supply the extra niacin. The increased amounts of vitamin C and vitamin A can be supplied by an extra serving of raw or slightly cooked dark green leafy vegetables or a serving of broccoli, tomatoes, cantaloupe or watermelon. See the list of good sources of vitamin C and vitamin A in the nutrition section of this book. You need to drink more liquids when you are breast feeding, so increase your fluids to 8-12 glasses daily.

Daily Food Guide During Breast Feeding	Suggested Number of Servings
Fruits and vegetables	5 or more servings
Milk and milk products	4 servings
Meat, fish, poultry, dried beans, peas, nuts	3 servings
Whole wheat or enriched breads and cereals	4 to 6 servings
Fats and sweets	Vary according to calories needed

There are no special foods that will insure successful breast feeding. Likewise, there is no basis for avoiding garlic, curry, strong-flavored vegetables, or any other nourishing food. Remember, it takes several hours for a food flavor to appear in your milk. **If a particular food seems to cause you or your baby discomfort, omit that food to see if it is the cause.**

If you are breast feeding and need to be away from your baby at feeding time, you can express your milk by hand into a sterile container and freeze or refrigerate it for bottle feeding later. If your baby is confined to a special care nursery after birth, and you need to express milk for a period of days or weeks, you may want to consider a breast pump.

If you have decided to breast feed your baby, wear a nursing bra both for convenience and support. Your breasts are larger and heavier when they are filled with milk. The first few days a liquid called colostrum will come from your nipples.

True breast milk comes about 3 days after your baby is born. It is blue-white in color and does not look like cow's milk.

You may experience some discomfort on the second or third day when colostrum changes to milk and there is more fluid in your breasts. You can relieve the discomfort by nursing your baby frequently or expressing your milk by hand.

Wash your breasts with plain water when you shower or bathe. Do not use alcohol, as this will dry out the nipple area. Too strong a soap will also remove protective skin oils.

Formula Feeding -- Commercially prepared infant formulas are satisfactory alternatives to breast milk. These formulas are made from cow's milk or soy protein to approximate the nutritional composition of breast milk. They do not include the protective properties of breast milk, however.

You can purchase ready-to-feed formulas and concentrated liquid and powder forms that need to be diluted and are generally less expensive than ready-to-feed. You must use care when preparing and storing the formulas in order to control the growth of germs that cause diarrhea and stomach and bowel infections.

Formula-fed babies generally eat every 3-4 hours. Be sure the temperature of the formula is comfortably warm by testing a few drops on your wrist or the back of your hand. Tilt the bottle so that its neck is always filled. This will prevent the baby from swallowing air. Remove the bottle occasionally to let the baby rest. If you hold and cuddle your infant during bottle feeding, you will feel a greater physical and emotional closeness to your baby.

Circumcision

Parents often have many questions about circumcision. Circumcision is cutting away the skin, called the foreskin, that covers the end of the penis.

This surgery is usually done before the baby leaves the hospital. It is elective surgery—this means that it is the parents' choice whether to have their son circumcised. The decision is usually based on religious, cultural, or traditional factors. There is seldom a medical need for the surgery.

There is controversy about the need for circumcision. It is a personal decision.

If you have decided to have your son circumcised, you will be asked to sign a consent form. This form generally states that you understand the surgery and its possible outcome, including the risk of complications, and that you give your permission for it to take place.

Complications -- As with any surgery, there are possible complications. But when the circumcision is performed by a doctor in a hospital, complications are rare. When complications do occur, the most frequent are hemorrhage, infection, and trauma (injury to the penis).

The circumcision should heal in about 7-10 days.

Birth Certificate Information

Before you go home, you will be asked for information for the birth certificate. It is better if you have chosen the baby's name so it can be included. The information is sent to the registrar of births and you can always get a copy of the birth certificate from the Bureau of Vital Statistics either in your community or State capital. Your baby will need the birth certificate to enter school, so be sure and keep it in a safe, secure place.

First Car Trip

When you ride in the family car, buckle your new baby into an approved, crash-tested car seat on the trip home and on every trip in a car. There are no safe substitutes. Even a strong adult cannot hold a baby safely in an automobile crash. Adult seat belts and baby car beds do not give enough protection in a crash or sudden stop. You should choose a model that meets Federal safety standards. The safest place for an infant safety seat is the middle of the back seat of the car, securely fastened as the manufacturer recommends. Infant models allow the baby to ride backward in a semi-reclining position. For your new born baby, roll up a baby blanket and tuck it in for extra support. Georgia law mandates that a child be restrained in a safety seat.

What Your Baby Needs Most

Love

Babies that get a lot of love are healthier, happier babies. They need love from mothers, fathers, brothers and sisters, grandparents, and friends. Very soon they will show their love by turning their heads at the sound of your voice, following you with their eyes, cooing, and kicking when they see you.

Love is not just keeping the baby fed and warm. It means touching, holding, and talking—and it means patience. There will be times when the crying and lack of sleep get the best of you. There will be times when you've done everything possible and the baby still cries. This does not mean that you are not good parents or that you have a bad baby. Babies don't cry to get even or just to be bad. They are too little to know how to do that and too little to be able to tell you what's wrong.

Babies can never be spoiled by love. There is no such thing as loving a baby too much.

We would like to acknowledge The American College of Obstetrics and Gynecology and Audra Geras and thank them for the use of information and pictures from their publications.

“OVER-THE-COUNTER DRUGS” THAT CAN BE TAKEN DURING PREGNANCY

COLDS

BENADRYL
SUDAFED
ROBITUSSIN
SALINE NASAL SPRAY
HALLS' COUGH DROPS
CHLORASEPTIC SPRAY OR
GARGLE
SUCRETS
CEPACOL
SUDAFED PLUS
(After 12 weeks' gestation)
CEPASTAT LOZENGES
TYLENOL SINUS
BENADRYL SINUS
CLARITIN
CLARITIN D

(After 12 weeks' gestation)
CEPASTAT LOZENGES
TYLENOL SINUS
BENADRYL SINUS
CLARITIN
CLARITIN D

NAUSEA

EMETROL
VITAMIN B6 (10-25 mg
3 x per day)
DRAMAMINE – (50 mg
every 6 hours)
UNISOM (1/2 tablet at night)
SEA BANDS
B-NATALS

DIARRHEA

KAOPECTATE
IMODIUM
INCREASE FIBER
CONSTIPATION

COLACE
SURFAK
METAMUCIL
CITRACIL
FIBERCON
KONSYL

PAIN

TYLENOL
EXTRA-STRENGTH
TYLENOL

SLEEP

TYLENOL PM
BENADRYL

INDIGESTION

ANY LOW-SODIUM ANTACID
LIQUID MAALOX
MYLANTA
TAGAMET
PEPCID AC
ZANTAC

HEMORRHOIDS

TUCKS
ANUSOL
PREPARATION H

INSECT BITES, STINGS, RASHES

HYDROCORTISONE CREAM
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