



Healthy Pregnancy

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Planning for Pregnancy

When you and your partner decide to have a baby, it can be an incredibly exciting time filled with many hopes and expectations. But it is important to first learn all you can about increasing your chances of conception and becoming pregnant. Get educated on the facts, and talk to your doctor about recommended conception techniques and the right methods for determining fertility and pregnancy.

Increasing Your Chances

If you want to increase your chances of becoming pregnant, try these suggestions:

- Discontinue all forms of birth control. Experts say that once you stop taking birth control pills, it may take a few months until you are able to conceive. If you use either Depo-Provera or Norplant, you may have to discontinue use three to six months before you plan on becoming pregnant. If you are using an IUD, it will need to be removed before you can become pregnant. Talk to your doctor before you stop using birth control.
- Get to know the time of month when you are most fertile. Ask your doctor for a special calendar chart that will help you keep track of your cycles. Your cycle chart should record exactly when your period stops and starts. Keep in mind that your chart will not be accurate until you have discontinued all forms of hormonal birth control for at least three months. For help in determining ovulation, consider buying an ovulation prediction kit, which tests your urine for a special hormone.
- In addition to charting your cycles, watch for the three main signs of fertility, which are:
 - Basal body temperature: Your temperature generally falls about a day before your egg is released and increases between 0.4 to 0.8 degrees Fahrenheit after the egg is released, staying higher until your period starts again. You are considered fertile until your temperature has remained high for three consecutive days. Ask your doctor for tips on how to take your temperature.
 - Amount of cervical fluid: Vaginal mucus fluid, which helps sperm swim easier, will vary during your cycle. A woman typically ovulates on the day when the most mucus is present, which is the same time that her basal body temperature drops. When the mucus appears sticky, thin and elastic, it is an indication that you are fertile, at least until the fourth day after peak mucus. Ask your doctor for more detailed tips on checking your mucus.
 - Cervix position: When you are fertile, the cervix (the opening to the uterus) is softer, and the vaginal area may feel full and engorged. When you are not fertile, the cervix feels harder.
- Have intercourse every 36 to 48 hours from day nine to day 18 after your last period. Following this schedule allows the sperm count to increase, boosting your chances of conception.
- Men should refrain from sex for at least a day or two before trying to conceive. The number of sperm increases (for up to seven days) if a man does not ejaculate for more than a day.

Factors to Consider in Conception

There are several factors that need to be considered when planning for conception. Learn all you can about ovulation and fertility, and become familiar with the terminology:

- A typical menstrual cycle is 28 days, but some women cycle in as short as 21 days and as long as 40 days. The first day of a period is day one of the cycle. The eggs begin to ripen in follicles within the ovaries over the first 13 days of the cycle. Up to 30 follicles begin to grow, although only one egg is usually released, which occurs on about day 14. On average, ovulation occurs 14 days before the next menstrual cycle begins. If you do not become pregnant, your menstrual cycle should begin 14 days later, or after day 28.
- The time immediately before ovulation is when a woman is most fertile. The best window of opportunity is three days before and for up to two days after ovulation - or nine to 18 days following the first day of your period.
- The egg has a 24-hour window in which it can be fertilized. But because sperm live for three days, on average, and because sperm can fertilize the egg for 24 to 48 hours after ejaculation, you actually have a three-day window in which to become pregnant.

- Women are at their peak of fertility in their mid-20s. Men are at their peak fertility in their teens. After these ages, fertility gradually declines. For instance, a man's chance of impregnating a woman at age 40 is 70 percent less than that of his ability at age 25.

Of all couples attempting to become pregnant:

- Roughly half do so in three to five months.
- One out of four do so in six months.
- Five to 10 percent do so in one year.
- Up to 15 percent will encounter fertility problems that may keep them from becoming pregnant for more than a year.

If it takes more than a year to get pregnant, or longer than six months if the woman is older than 35, the couple is technically considered to have a fertility problem. If you have failed to conceive for longer than a year, talk to your doctor about your options.

Determining Pregnancy

The most common method of determining pregnancy is a home pregnancy test kit. These kits, available over the counter, are 95 to 100 percent accurate. They measure the level of hCG (human chorionic gonadotropin, which enters the blood within eight to 10 days following conception) in the urine.

The test is best taken on the morning of the first day after the day you expect your period. However, if you test too early, you could get a false negative result indicating that you are not pregnant when you actually are. Or you may get a false positive result, which is not as common. To confirm test results, repeat the home pregnancy test, and schedule a visit with your doctor, who can perform a blood test to definitively validate the findings.

Resources

- U.S. National Library of Medicine: www.nlm.nih.gov
- American College of Nurse-Midwives: www.midwife.org
- WomensHealth.gov: www.womenshealth.gov
- The American Congress of Obstetricians and Gynecologists: www.acog.org

Expectant Parents' Checklist

You are about to welcome a new baby into the world. If you have never done this before, it is time to get prepared. This handy checklist has many important details you should consider before your baby is born.

Choosing a Doctor

Select a doctor with whom you feel comfortable; he or she will be monitoring your health and the baby's condition during the pregnancy, as well as supervising labor and delivery. You usually can find a good doctor by word of mouth: ask friends and family for recommendations. Make sure your doctor is on the list of physicians approved by your health-insurance company. When you interview a potential doctor, ask these questions:

1. How long have you been in practice, and how long have you been delivering babies? How many babies have you delivered?
2. What is your educational background?
3. Do you participate in my insurance plan?
4. What costs will my insurance cover?
5. What will be my out-of-pocket cost?
6. Are you affiliated with a hospital that participates in my insurance plan?
7. Can I deliver the baby at this hospital?
8. Do you support home births?
9. Will you be delivering my baby, or will it be someone else in your practice?
10. How do you handle prenatal visits?
11. Where do you practice? Who is on your staff?
12. What are your office hours?
13. How do we contact you in an emergency?
14. How often will I need to see you?
15. What will occur during prenatal visits?
16. Have you had any malpractice or licensure problems?

Tips for Both Parents

Visit your doctor regularly. Trust your instincts: if you feel something is wrong, call your doctor immediately.

- **Talk to your doctor about what is safe.** He or she can recommend appropriate exercises, foods and medications that are safe for you and your baby.
- **Adopt a healthy lifestyle.** While pregnant, secondhand smoke is especially unhealthy for mothers and unborn children. Avoid smoking or being around people who smoke, and abstain from drinking alcohol and taking drugs your doctor has not approved.
- **Educate yourself on pregnancy, delivery and parenting.** Take a Lamaze or other birthing class, read books on baby care and parenting and ask your doctor for patient literature.
- **Consider talking to a genetic counselor.** If either parent has a family history of genetic problems or an inherited disease, find out about possible risks to your baby and options to reduce those risks.
- **Budget and save your money wisely.** The average first-year expenditure for a newborn child is estimated at roughly \$10,000, not including the costs of labor, delivery and child care. It is never too early to start college savings; take advantage of opportunities offered through long-term investing.

Preparing Your Home for Baby

You will need new items and supplies to prepare for your baby's first few months.

The basic items you will need

- Nursing bras
- Several four and eight ounce bottles with nipples, rings and nipple caps
- A breast pump (electric, battery or hand-operated) if you plan on breastfeeding
- A diaper bag
- A high chair
- A front carrying pack (with support for the infant's head)
- A stroller or carriage
- An infant seat
- A baby car seat, which should be placed in the back seat with the infant facing the rear of the car; never place it in the front seat, especially when an air bag is in use

You will need the following diaper, grooming and medicine items

- A week's supply of diapers (infants can soil 10 to 13 a day!)
- Baby wipes
- Diaper ointment
- Baby powder and oil
- "No tears" liquid baby soap and shampoo
- A baby thermometer
- Petroleum jelly and rubbing alcohol (to lubricate and clean the thermometer)
- Sterile cotton balls
- Baby nail clippers
- A baby brush and comb
- A baby tub
- An ear and nose syringe
- Hydrogen peroxide
- Baby liquid pain reliever and decongestant
- A first-aid kit, including ipecac syrup to induce vomiting if poison is ingested

Prepare a wardrobe of the following baby clothes

- Outfits
- Undershirts
- Sleepers and drawstring bottom nightgowns
- Washable bibs
- Socks, booties and baby shoes
- Summer and winter hats
- A jacket and snowsuit

Outfit your nursery with these items:

- A bassinet
- A baby crib and mattress
- Felt-backed waterproof mattress pads
- Crib sheets and blankets
- Cotton receiving blankets
- A baby monitor
- A changing station
- An infant swing
- Toys designated as safe for newborns (e.g., soft blocks, large plastic rings and rattles)

Because infants grow so quickly, it is easy to find clothes, toys and other items at garage sales and secondhand stores. Make sure any used items meet current safety requirements: for instance, the space between slats in older baby cribs is often too wide to be considered safe. For information on safety recalls of baby and other products, contact the Consumer Product Safety Commission at www.cpsc.gov.

Ten Issues to Discuss Before the Birth

1. Where do you want to deliver your baby: in a hospital, birthing center or at home?
2. If it is a boy, should he be circumcised?
3. Will you breastfeed or bottle-feed your baby?
4. How much parental leave does each parent plan on taking from work?
5. Will you need to hire a child-care provider or nanny?
6. How will you divide the new responsibilities?
7. In what faith will you raise your child?

8. How will you discipline your child?
9. Should you increase your life-insurance coverage?
10. Should you create a special fund or college savings/investment plan for your child?

Many pregnancy care items and procedures are fully covered under health insurance plans. Visit HealthCare.gov for a comprehensive list: <https://www.healthcare.gov/preventive-care-women/>.

Contact us anytime for confidential assistance.

What five things can a woman do before pregnancy to improve her and her baby's health?

Every woman should prepare for pregnancy at least three months before conception. Women should begin some of the recommendations even sooner such as quitting smoking, reaching healthy weight and adjusting medications.

Planning for pregnancy is also a good time to talk about other concerns. Although men and women can do much on their own, a health care provider is necessary for finding and treating existing health problems. They can also provide ideas to help women improve their health before pregnancy. The five most important things a woman can do for preconception health are:

1. Take 400 mcg of folic acid a day for at least three months before becoming pregnant to reduce the risk of birth defects.
2. Stop smoking, drinking alcohol and using drugs.
3. If you currently have a medical condition, be sure these conditions are under control. Conditions include but are not limited to asthma, diabetes, oral health, obesity or epilepsy. Be sure that your vaccinations are up to date.
4. Talk to your doctor and pharmacist about any over the counter and prescription medicines (including vitamins and dietary or herbal supplements) you are taking.
5. Avoid exposure to toxic substances or potentially infectious materials at work or at home including chemicals and cat or rodent feces.

Some content on this page is from documents found on the website for the National Center on Birth Defects and Developmental Disabilities (NCBDDD). The NCBDDD is one of the Centers for Disease Control and Prevention, which is operated by the United States Department of Health and Human Services. The website is located at www.cdc.gov/ncbddd.

Contact us anytime for confidential assistance.

Prenatal Check-ups and Tests

Regular visits to a doctor or midwife, paired with several common procedures and tests, can help ensure an expectant mother and her baby are progressing normally through a pregnancy. The following document explains the importance of prenatal care and examines several tests and procedures medical personnel commonly perform on pregnant women and their babies.

Check-ups

During pregnancy, it is important for women to regularly visit their doctor to have their health, and that of the baby, monitored. These regular check-ups are collectively known as prenatal care. The goal of prenatal care is to keep the mother and baby healthy, to spot problems if they occur and to try to prevent conditions that would lead to difficulties during delivery.

An average pregnancy lasts about 40 weeks. Women can expect to see their doctor more often as they approach their due date. A typical schedule includes visiting a doctor or midwife:

- About once each month during the first six months of pregnancy
- Every two weeks during the seventh and eighth months of pregnancy
- Every week during the ninth month of pregnancy

Doctors will request to see some women more often during their pregnancies. This includes women over the age of 35, and women whose pregnancies have been identified as being high risk because of certain health problems like diabetes or high blood pressure.

Pregnant women should be sure to keep their appointments and ask questions if they do not understand something. They should tell their doctor if they feel or detect anything strange or different during the pregnancy.

Prenatal Tests and Procedures

Most women undergo a wide variety of prenatal tests. Women often undergo the following exams after pregnancy has been established:

- A pelvic exam to check the uterus or womb
- A Pap test, or Pap smear, to check for changes in the cervical cells
- Blood pressure and weight gain will be monitored
- Urine may be tested for signs of diabetes
- The baby's heart rate will be monitored

Many of these tests take place multiple times during medical exams throughout the pregnancy.

Screening Tests

Doctors and midwives may recommend a number of laboratory tests, ultrasound exams or other screening tests for expectant mothers.

Screening tests measure the risk of having a baby with some genetic birth defects. Birth defects are caused by problems with a baby's genes, inherited factors passed down from the mother and the father. Birth defects can also occur randomly in people with no family history of a particular disorder. Women over the age of 35 are at an increased risk of having a child born with certain birth defects.

The benefit of screening tests is that they do not pose any risk to the fetus or mother. However, screening tests cannot tell for sure if a baby has a birth defect; they do not give a "yes" or "no" answer.

Instead, screening tests provide the odds that a baby will have a birth defect based on the age of the mother. Women under the age of 35 will find out if their risk is as high as that of a 35 year old woman. For women over age 35, screening tests will determine if their risk is higher or lower than average. The following are some common screening tests performed during pregnancy:

- **Targeted ultrasound.** Ultrasound imaging produces pictures of what is inside a body using high-frequency sound waves. Doctors use it during pregnancy to non-intrusively monitor the development of the fetus. The best time for women to have an ultrasound is between the 18th and 20th weeks of a pregnancy. Most major developmental problems with babies can be seen at this time. Some problems like clubbed feet and heart defects are not easily detected using ultrasound. Doctor can also often see if a baby has any neural tube defects such as spina bifida, and in most cases doctors can determine the sex of a baby by using ultrasound.
- **Maternal serum marker screening test.** This blood test is called by many different names including the multiple marker screening test, the triple test and the quad screen. It is usually given between the 15th and 20th weeks of pregnancy. The test checks for birth defects such as Down syndrome, trisomy 18 and open neural tube defects. Doctors take a sample of the mother's blood and check for the presence of chemicals and hormones linked to defects and conditions.
- **Nuchal translucency screening (NTS).** NTS is a new type of screening that can be done between the 11th and 14th weeks of pregnancy. It uses an ultrasound and blood test to calculate the risk of some birth defects. Doctors use the ultrasound exam to check the thickness of the back of the fetus' neck. They also test the mother's blood for levels of a protein called pregnancy-associated plasma protein and a hormone called human chorionic gonadotropin (hCG). Doctors use this information when determining if a fetus has a normal or greater than normal chance of having some birth defects.

Diagnostic Tests

Diagnostic tests can provide definite "yes" or "no" answers about whether a baby has a birth defect. But, unlike screening tests, they are invasive or come with a risk of miscarriage. Amniocentesis and chorionic villus sampling (CVS) are the two most commonly used diagnostic tests. Both are accurate more than 99 percent of the time. It often takes about two weeks to receive the results of diagnostic tests.

- **Amniocentesis.** Amniocentesis is most often performed when the pregnancy has reached at least 16 weeks. This involves the doctor inserting a thin needle through the abdomen and into the woman's uterus. The needle enters the amniotic sac and a small amount of amniotic fluid is withdrawn for testing. Cells from the fluid are grown in a lab to look for problems with chromosomes. The fluid also can be tested for signs of neural tube defects and Down syndrome. About one in 200 women who have amniocentesis suffer a miscarriage as a result of the test.
- **Chorionic villus sampling (CVS).** The CVS test is performed between the 10th and 12th weeks of pregnancy. The doctor inserts a needle through the abdomen (or inserts a catheter through the cervix) in order to reach the placenta. The doctor then takes a sample of cells from the placenta. These cells are used in a lab to look for problems with chromosomes. About one in 400 to one in 200 women have a miscarriage as a result of the CVS test.

Many pregnancy care procedures are fully covered under health insurance plans. Visit [HealthCare.gov](https://www.healthcare.gov/preventive-care-women/) for a comprehensive list: <https://www.healthcare.gov/preventive-care-women/>.

Resources

- American College of Nurse-Midwives: www.midwife.org
- American College of Obstetricians and Gynecologists: www.acog.org
- U.S. Department of Health and Human Services National Institutes of Health: www.nlm.nih.gov

Some information on this page was gathered from documents found on the National Women's Health Information Center, part of the United States Department of Health and Human Services: www.womenshealth.gov.

Diet and Pregnancy

Getting the proper prenatal care can give your unborn baby a healthy start in life. Be sure to get your proper rest and receive regular prenatal checkups from your obstetrician. Do not overexert yourself physically. Remember to eat right, too.

The Right Habits

It is true what they say: when you are pregnant, you are eating for two. Yet that does not mean eating twice as much. Though you will be gaining some pregnancy weight, dieting to shed pounds is a bad idea. Instead, experts recommend a sensible prenatal diet rich in vitamins, minerals, proteins, fibers and other key nutrients.

At no other time of life is it more critical to choose good nutrition over empty calories. A baby who does not receive proper nourishment from his or her mother is at increased risk for a number of birth defects and may be born with a low birth weight. A woman of average height (5'4") and weight (120 to 130 pounds) should eat about 2,400 calories a day (more for multiple births) and gain between 20 and 30 pounds during the course of her pregnancy. Your doctor can help you monitor proper weight gain.

During the first trimester, you may experience a kind of nausea called morning sickness that could quell your appetite. In fact, you may even lose a few pounds during this first trimester. Generally, the morning sickness passes after three months or so, when you will notice gradual pregnancy weight gain. Talk to your doctor about remedies for morning sickness. Some women find that eating small portions of simple food like crackers in between breakfast and lunch can ease nausea.

The Wrong Habits

It is important to remember that every drug and controlled substance you ingest also goes to your growing baby. Smoking is known to increase your chances of miscarriage or of delivering a baby with low birth weight and other health problems.

Alcohol consumption is linked to a combination of birth defects and intellectual disability known as fetal alcohol syndrome. Caffeine increases your elimination of fluids and contributes to your discomfort; it also can make you and your baby anxious, but experts are still researching whether it has other harmful effects.

Even over-the-counter medicines and painkillers can affect the baby. Discuss any prescriptions or other items you consume (including herbs, vitamins and supplements) with your doctor to see if they are safe. When in doubt, take a pass.

Though you will have cravings to indulge in salty, sweet and fatty junk foods and drinks, try to limit these temptations during pregnancy. French fries, sodas and candy bars offer empty calories. It is wise to limit salty foods. Too much salt encourages your body to retain water and causes the bloated face, puffy hands and swollen feet of late pregnancy.

So, what should a pregnant woman eat? Here is what most doctors recommend:

- **Fruits and vegetables.** Two to four servings of fruit and three to five servings of vegetables daily. Nature grows the best foods for pregnancy in the form of vitamin-packed fruits and veggies. Experts strongly recommend apples, bananas, pears, cantaloupes, mangos and all citrus fruits. Eat plenty of greens like spinach, kale, broccoli, Brussel sprouts and squashes. For salads, the greener the leaf the better. Choose romaine, endive, or loose leaf lettuces. The standard iceberg lettuce offered in so many restaurants actually has the least nutritional value.
- **Protein.** Three to four lean, quality servings daily. Protein builds your baby's brain cells. You should eat twice as much protein now as you normally consume. This means lean red meats, low-fat cheeses, fish, eggs and skinless chicken or turkey.
- **Complex carbohydrates.** Four or more servings daily. These are your body's basic fuels. They are high in minerals as well as healthy fiber. This group includes whole grain or wheat bread, bran muffins, grains like rice and oatmeal, peas, corn, dried beans, lentils and potatoes.
- **Dairy products.** Two to three servings daily. Your greatest source of bone-building calcium comes from dairy foods like milk, cottage cheese, yogurt, cheese and ice cream, but choose the low-fat varieties. Other sources include salmon, tofu, alfalfa sprouts and broccoli.

Your Doctor Knows Best

Eating the right foods in proper amounts can not only safeguard against problems and discomforts during pregnancy, but also can give you the energy you need to feel fresh and energetic.

While experts generally recommend the suggested servings in these four food groups, it is important to get dietary guidelines from your own doctor. He or she will be able to advise the best menu for your body and your pregnancy. If you are vegetarian or have a food allergy or lactose intolerance (inability to eat dairy products), be sure to tell your doctor right away. He or she can offer alternative eating plans to keep you and your baby healthy and happy.

Your physician also may prescribe daily prenatal vitamin supplements. These tablets includes additional iron to protect you against anemia, in which the blood circulates less oxygen than it should, resulting in a low red-blood-cell count. They also include additional folic acid, which can prevent birth defects.

Foods to Fight Nausea and Aid Digestion

During your pregnancy you may experience morning sickness and digestive problems like heartburn, indigestion and bloating. Here are some foods to fight these discomforts.

To fight morning sickness and nausea

- Drink plenty of water, juices and milk. Cut back on or eliminate caffeine found in coffee, tea, chocolate and colas. Keep a sports water bottle by your bedside at night.
- Eat smaller meals throughout the day. This also helps prevent heartburn and excessive weight gain and is a good postpartum habit to follow, too.
- Munch on bedside pretzels, rice cakes or crackers.

To fight heartburn

- Eat slowly, and consume smaller meals throughout the day.
- Try yogurt, or ask your doctor if you can take an antacid.
- Stay away from greasy foods, and sit upright after meals.

To fight indigestion, constipation, gas and bloating

- Eat plenty of fiber found in grains, fruits and vegetables.
- Drink plenty of liquids.
- Take a walk every day to help relieve discomfort.

Resources

- American College of Obstetricians and Gynecologists: <http://www.acog.org>
- March of Dimes: <http://www.marchofdimes.com>
- National Institutes of Health: <http://www.nlm.nih.gov/medlineplus/pregnancy.html>

Many pregnancy care items and procedures are fully covered under health insurance plans. Visit HealthCare.gov for a comprehensive list: <https://www.healthcare.gov/preventive-care-women/>.

Pregnancy and Exercise

Exercising during pregnancy can provide many benefits when combined with a healthy diet. The American College of Obstetrics and Gynecology (ACOG) recommends that pregnant women exercise at a moderate level for 20 to 30 minutes, three times a week.

Many local health clubs and park districts offer exercise programs designed specifically for pregnant women. These programs can be a great way to stay in shape during pregnancy while building a social support network.

It is important to consult with your doctor before starting any exercise program, especially if you are pregnant. If you followed an exercise program before getting pregnant, check with your doctor to determine if it is safe to continue your program or if you need to make changes to your routine.

Benefits of Exercise During Pregnancy

Some of the benefits of exercise are that it:

- Relieves discomfort by increasing circulation
- Increases energy and endurance levels, which can be helpful during labor
- Prepares the body for delivery
- Improves mood and increases self esteem
- Helps with the challenge of post-delivery weight loss
- Promotes better sleep

Guidelines for Pregnant Women

The ACOG offers the following guidelines for pregnant women:

- Start slowly, especially if you did not exercise before pregnancy. Always talk to your doctor about starting an exercise program and listen to your body for signals that you are pushing it too hard.
- Avoid exercises that require lying on your back after 20 weeks since this position can decrease the blood flow to your uterus.
- Avoid contact or high-risk sports and activities. Stick to low-risk exercises such as walking, water aerobics, biking, swimming or low-impact aerobics. Look for classes designed for pregnant women to help ensure that you will not be doing exercises that place too much strain on your body.
- Be sure to include a five minute aerobic warm-up and a 10 to 15 minute aerobic cool down period during each exercise session. Also include some gentle stretching exercises as a part of your cool down routine.
- Keep your body hydrated and avoid exercising in hot or humid conditions.
- Avoid bouncy or jerky movements.
- Never exercise to the point of exhaustion.
- Take extra care during the third trimester, since your balance may be affected by the changes in your body.
- Talk to your doctor about increasing your caloric intake, especially if you are exercising regularly. Pregnant women need approximately 300 extra calories per day.

Warning Signs

If you experience any of the following while exercising, stop and immediately call your doctor:

Pain, especially in your back or pelvic region

- Excessive fatigue
- Dizziness
- Shortness of breath
- Feeling faint
- Vaginal bleeding
- Difficulty walking
- Contractions
- Unusual absence of fetal movements

Exercises for Pregnant Women

The following are safe and easy exercises that you can incorporate into your pregnancy exercise routine:

- **Walking.** This is the safest and easiest way to incorporate exercise into your pregnancy. Walking is especially recommended for women who did not exercise before getting pregnant. Even a short walk around the neighborhood one to two times a day can provide you with health benefits.
- **Low-impact aerobics.** There are many aerobics classes designed for pregnant women; these classes will help to ensure that you are exercising in a way that will not have adverse effects on your pregnancy.
- **Swimming.** One of the best exercises for pregnant women is swimming, since it uses many different muscle groups without putting additional strain on the joints.
- **Kegel exercises.** Tightening the muscles that help control the flow of urine can help you learn how to control the muscle that aids in giving birth. These exercises can decrease the need for an episiotomy and ease some of the pain of childbirth. Try tightening these muscles many times a day, holding the muscles tight for five to 10 seconds before releasing.
- **Tailor sit.** This exercise can help to stretch your inner thighs while relaxing your pelvic muscles, which can help during delivery. To do the tailor sit, begin by sitting on a firm surface. Bring your feet in close to your body and cross your ankles. Sit in this position as often as possible for as long as it is comfortable. To relieve tension in your lower back, bend forward, and let your arms rest on the floor in front of your legs.
- **Tailor press.** This exercise can help to stretch and tone your thigh muscles. To do the tailor press, begin by sitting on a firm surface. Place the soles of your feet together and draw them as close to your body as comfortable. Press your knees down toward the floor with your muscles. Hold for five seconds.
- **Squats.** Learning how to squat properly can be helpful particularly if you have other children who need you to help them take baths or pick up toys. It stretches the inner thighs and helps prepare your lower body for birth. While holding onto a partner or a chair back, slowly go down into a squat, stopping as low as you can go but before your heels come up off the floor. Practice this several minutes a day. This position can even be used while giving birth.
- **Pelvic rock.** This exercise promotes good pelvic alignment and posture, strengthens abdominal and back muscles, relieves backache and reduces stress. It can be done lying down (only up until the fourth month), on your hands and knees or standing with your back against a wall. Stand against the wall with your knees slightly bent and, as you inhale, gently press the small of your back against the wall. Exhale and release. Repeat this exercise 10 times.

Resources

- Office on Women's Health, U.S. Department of Health and Human Services: www.womenshealth.gov
- Health Resources and Services Administration: www.mchb.hrsa.gov
- National Healthy Mothers, Healthy Babies Coalition: www.hmhb.org

Contact us anytime for confidential assistance.

Weight Gain During Pregnancy

Weight gain is an important aspect of all pregnancies. An appropriate amount of weight gain signals that the pregnant person is receiving enough food and that they are supplying the fetus with the sustenance needed for healthy development. However, gaining too little or too much weight during pregnancy can cause problems for both the pregnant person and fetus.

The word “pregnancy” always suggests growth, but how much growth is healthy?

Researchers say infants had more health risks if their mothers gained too much weight – or gained too little – during pregnancy. The researchers say mothers who gain too much weight risk complications during birth. Others who do not gain enough weight risk having babies that may be premature or developmentally delayed.

How much weight gain is normal?

The amount of weight a person needs to gain during pregnancy depends upon how much they weighed before they became pregnant. The American College of Obstetricians and Gynecologists (ACOG) recommends the following weight gain ranges for pregnant individuals:

- Individuals at a normal weight before getting pregnant should gain 25 to 35 pounds.
- Individuals who are underweight before getting pregnant should gain 28 to 40 pounds.
- Individuals who are overweight before getting pregnant should gain 15 to 25 pounds.
- Obese Individuals should limit their weight gain to 11 to 20 pounds.

Individuals carrying multiple babies can expect to gain more weight than pregnant women expecting a single birth, but the amount will not be double what they would gain if they were just having one baby. Typically, Individuals who are pregnant with twins can expect to gain approximately 10 pounds more than they would if they were carrying just one fetus.

Research shows that individuals who gain more than the recommended amount during pregnancy have a higher chance of being obese 10 years later. Consult your doctor to find out how much weight gain during pregnancy is healthy for you.

How quickly should pregnant individuals gain weight?

The rate at which a person gains weight during pregnancy depends on the weight they were at before becoming pregnant. All individuals should try to gain weight at a steady rate:

- A person who is at a healthy weight before pregnancy can expect to gain three to five pounds during the first trimester, then approximately one to two pounds each week during the second and third trimesters.
- A person who is underweight before pregnancy can expect to gain five to six pounds during the first trimester, then approximately one to two pounds each week during the second and third trimesters.
- A person who is overweight before pregnancy can expect to gain one to two pounds during the first trimester, and then about a pound each week during the last six months of the pregnancy.

Everybody’s weight fluctuates to some degree, but if a pregnant individual’s weight goes up or down suddenly they should contact a physician or medical specialist.

What accounts for the weight gain?

The weight people gain during pregnancy is distributed throughout their bodies. Here is a general accounting of the weight an average person will gain during a typical pregnancy:

- Amniotic fluid: 2 to 3 pounds
- Fetus: 9 pounds
- Breast tissue: 2 to 3 pounds
- Blood supply: 4 pounds
- Fat and nutrient reserves: 5 to 9 pounds
- Placenta: 2 to 3 pounds
- Uterus increase: 2 to 5 pounds

Can a pregnant person gain too much weight?

People who gain too much weight during pregnancy put themselves and the fetus at risk for a number of difficulties, complications and disorders. The following complications can be the result of a person gaining too much weight during pregnancy:

- High blood pressure
- Gestational diabetes
- Difficulty shedding post-pregnancy weight
- Fatigue
- Varicose veins
- Greater risk of having a Caesarean section

If you are pregnant and feel you are gaining too much weight talk to your doctor or health care provider.

Resources

- American Pregnancy Association: www.americanpregnancy.org/pregnancyhealth/aboutpregweightgain.html
- March of Dimes: www.marchofdimes.com/pregnancy/yourbody_weightgain.html

Some information on this page was gathered from documents found on the website for the National Women's Health Information Center: www.womenshealth.gov. The center is run by the Office of Women's Health, which is part of the United States Department of Health and Human Services.

Contact us anytime for confidential assistance.

Preparing for Multiple Births

If you are anticipating delivering twins, triplets or higher order multiples, it is important to get all the facts. Learning about what happens in the womb, the possible complications involved and the needs of newborn multiples will help prepare you.

A Growing Family, a Growing World

As an expectant parent of multiple babies, you are in elite but growing company. The number of living multiples worldwide is more than 125 million. Over the last few years, the number of twin births has increased by 1/3, and the number of triplets, quadruplets or higher order multiples has increased by an amazing 178 percent. Much of this increase is attributed to the wider use of fertility drugs, which can boost a woman's chances of multiple conception. Also, more women are delaying pregnancy until their thirties or later, which increases their chances of having a multiple pregnancy (the rate for a 40-year old woman is 1 in 55, compared to 1 in 167 for a teenager). Studies show the more children you have, the greater your chance of conceiving twins.

Despite their rising numbers, multiple pregnancies occur in slightly fewer than 2 percent of all pregnancies. Twins occur naturally in one out of every 90 pregnancies, while triplets occur naturally in one out of every 8,000 pregnancies. African Americans have a greater likelihood of delivering multiples, while Asians have the least likelihood.

The Miracle of Multiple Pregnancy

A multiple pregnancy happens when:

1. Two or more sperm separately fertilize two or more different eggs. This produces fraternal (dizygotic and non-identical) multiples, which results in two or more completely distinct pregnancies occurring in the womb simultaneously. The majority of multiples are fraternal, and fraternal twins tend to run in families. Though they came from different eggs, fraternal multiples are often as similar in appearance, behavior and personality as identical multiples. Sometimes a DNA test is needed to determine fraternal versus identical multiples.
2. One egg is fertilized and then splits into two or more around the time the egg is becoming implanted in the uterus (typically between the fourth and 12th day after conception). This produces identical (monozygotic) multiples.

About 30 percent of multiple pregnancies go undetected before labor. Symptoms that may indicate a multiple pregnancy include an excessive amount of fetal movement, severe morning sickness and a mother's abnormal weight gain. Your physician may be able to detect two or more heartbeats and observe a high reading on your alpha-feto protein blood test, but for a more reliable diagnosis, ultrasound must be used. Ultrasound can help identify more than 95 percent of multiple pregnancies by the start of the second trimester.

The average multiple pregnancy lasts 37 weeks (about three weeks less than the average single pregnancy), which is the length of time doctors generally consider optimal. Twins can be delivered vaginally about half the time, usually only if the fetal position is ideal. However, more than one baby in the womb can lead to one or more of the babies settling in a breech (bottom first) or transverse (sideways) position. If this is the case, and especially if you are pregnant with triplets, quadruplets or more multiples, a caesarian section will be necessary.

Proper Prenatal Care

Multiple pregnancies are considered high-risk pregnancies, especially for triplets, quadruplets and higher order multiples. When a multiple pregnancy is diagnosed, your doctor may recommend the following:

- More frequent checkups. Toward the end of your pregnancy, your doctor may also run special tests on the babies every week to monitor health and safety.
- Less physical activity.
- More rest.
- A well-balanced diet higher in calories (2,700 or more a day; expect to gain between 35 and 45 pounds).
- Prenatal vitamins that include iron.

The earlier multiples are detected, the better the possibility of controlling potential problems. Talk to your doctor about some of the risks that may be involved, including:

- Mother complications
- Baby complications

When your multiples are born, they may need special care that will require a longer stay in the hospital. Most multiples weigh less at birth than single infants. Triplets and higher order multiples have a higher incidence of one or more of the aforementioned complications. Your doctor and the hospital staff will monitor their conditions carefully and ensure their bodies are functioning properly before discharging you from the hospital. Be sure to follow their home care recommendations closely, and ask questions about anything you do not understand.

Preparing for Life at Home

While multiple babies are a multiple blessing, they can also increase your parenting responsibilities exponentially. Get organized and make plans for your postnatal life now, before your multiples are born.

Here are some tips:

- **Enlist regular help.** Ask family members, friends and trusted neighbors if they would be available on a regular or occasional basis to provide assistance.
- **Create a schedule.** Everyday duties like feeding will require you to keep track of things such as which baby has received what care and when, especially if outside caregivers are pitching in with baby care. Consider posting a schedule for each baby with fill-in-the-blank rows in different column categories (e.g., feeding, burping, diaper changes, bathing, necessary medications, etc.)
- **Get your house in order.** Have all the necessary supplies, clothes and baby furniture in place long before your due date.
- **Choose a baby doctor.** You may prefer the doctor who will deliver your babies, or he may be able to refer you to a reputable pediatrician or family physician who specializes in pediatric care.
- **Budget wisely.** The average first year expenditure for each newborn child is estimated at roughly \$12,000, not including the costs of labor and delivery.

Remember to make time for you, your partner and older children during the busy months ahead. Consider joining a local support group for parents of multiples.

Resources

- Women's Health: www.womenshealth.gov
- KidsHealth: http://kidshealth.org/parent/pregnancy_center/preparing_parenthood/multiple_births.html

Premature Births

Each year, roughly one in 10 babies are born prematurely in the United States. At birth, a baby is classified as one of the following: premature (less than 37 weeks gestation), full term (37 to 42 weeks gestation) or post-term (born after 42 weeks gestation). If a woman goes into labor before 37 weeks, it is called preterm labor.

Cause

Preterm labor and delivery can happen to any pregnant woman, but it happens more often to some women than to others. Researchers continue to study preterm labor and birth. They have identified some risk factors but still cannot predict which women will give birth too early. Having a risk factor does not mean a woman will have preterm labor or preterm birth.

If a woman has any of these risk factors, it is especially important for her to know the signs and symptoms of preterm labor and what to do if they occur:

- Diabetes
- Heart disease
- Infection
- Kidney disease
- Lack of prenatal care
- Poor nutrition
- Preeclampsia (the development of high blood pressure and protein in the urine after the 20th week of pregnancy)
- Substance abuse
- Young age (a mother younger than 18 years of age)

A woman who has had any of the following is at an increased risk of preterm labor:

- Premature rupture of the membranes or placenta previa
- Previous preterm delivery
- Problems with the uterus or cervix
- Unexplained high alpha-fetoprotein level in the second trimester
- Untreated disease or infection (such as a urinary tract infection or infection of the amniotic membranes)

Frequency of Occurrence

Doctors know that certain women are at high risk of premature delivery, including women who have had a previous premature birth, those with multiple gestations (twins, triplets or more), and women with certain uterine or cervical abnormalities.

Tests are not accurate in determining which women will actually deliver early. Available tests are even less helpful in identifying low-risk women who will have a premature delivery and are generally not recommended.

The two tests described below are useful in determining which high-risk women or women having contractions are unlikely to deliver within a two-week period. These tests can relieve worries and spare women unnecessary treatments.

- **Cervical length.** The length of a woman's cervix is measured using vaginal ultrasound. Women with a shorter-than-average cervix and those whose cervix shortens on subsequent exams are at increased risk of premature delivery. This test is fairly accurate in determining which women are at lower risk of premature delivery.
- **Fetal fibronectin.** Fibronectin is a biological "glue" that helps attach the fetal sac to the uterine lining. It is normally seen in vaginal secretions up to 22 weeks of pregnancy, then not until one to three weeks before delivery. A swab is used to take a sample of vaginal secretions between 22 and 34 weeks of pregnancy. If fibronectin is seen, a woman appears to be at increased risk of premature labor. This test shows moderate success in predicting who will not deliver prematurely. In some cases, this test may be combined with a measurement of cervical length to increase accuracy.

Signs and Symptoms

Premature infants have organs that are not fully developed. The infant needs special care in a nursery until the organ systems develop enough to sustain life without medical support. Common symptoms in a premature infant include:

- Low birth weight
- Episodes of absent breathing
- Lung problems, such as neonatal respiratory distress syndrome
- Inactivity; however, may be unusually active immediately after birth
- Poor feeding
- Small scrotum and smooth without ridges (male infant)
- Enlarged clitoris (female infant)
- Soft, flexible ear cartilage
- Thin, smooth, shiny skin
- Transparent skin (can see veins under skin)
- Weak cry
- Wrinkled features
- Body hair

Possible complications in the newborn include:

- Anemia
- Bleeding into the brain (intraventricular hemorrhage of the newborn)
- Bronchopulmonary dysplasia (BPD)
- Cognitive or motor disability or delay
- Delayed growth and development
- Infection or neonatal sepsis
- Heart disease
- Low blood sugar (hypoglycemia)
- Neonatal respiratory distress syndrome
- Newborn jaundice
- Retinopathy and vision loss or blindness
- Severe intestinal inflammation (necrotizing enterocolitis)

Diagnosing the Disease

Common tests performed on a premature infant include:

- Blood gas analysis
- Blood tests to check glucose, calcium and bilirubin levels
- Chest X-ray

Researchers continue to develop new tests for identifying women who will deliver prematurely. Many of the new tests measure biological markers associated with the various routes that lead to premature delivery, such as the stress-related hormone CRH or various immune and clotting factors. To date, tests that measure only one of these biological markers have not proven successful, but tests that measure a number of markers are showing some promise.

Medical experts are also looking for variant forms of genes that may increase the risk of preterm labor. This research may lead to improved screening tests.

Prevention

One of the most important steps to preventing prematurity is to receive prenatal care as early as possible in the pregnancy and continue such care until the baby is born. Statistics show that early and good prenatal care reduces the chance of premature birth. Many pregnancy care procedures and items are fully covered under health insurance plans. Visit HealthCare.gov for a comprehensive list: www.healthcare.gov/preventive-care-women

Premature labor can sometimes be treated or delayed by a medication that blocks uterine contractions. Many times, however, attempts to delay premature labor are not successful.

A pregnant woman who believes she is going into labor prematurely should contact her health care provider.

A pregnant woman not receiving prenatal care should contact a health care provider or the state's department of health. Most state health departments have programs that provide prenatal care to mothers, whether or not they have insurance or are able to pay.

Make sure to review all of your health coverage options if you are pregnant or planning for pregnancy.

Treatment

When premature labor develops and cannot be stopped medically, a health care team prepares for a high-risk birth. The mother may be moved to a center that specifically cares for premature infants – for example, a neonatal intensive care unit (NICU).

In some cases, medicines called steroids may be given to the mother to help the baby's lungs mature. When born, the baby is moved to a high-risk nursery. The infant is placed under a warmer or in a machine called an isolette, which controls the air temperature.

Since infants are usually unable to coordinate sucking and swallowing before 34 weeks gestation, the baby may have a feeding tube placed into the stomach. In very premature infants, nutrition may be given through a vein until the baby is stable enough to receive feedings by mouth. If the infant has breathing problems, a tube may be placed into the windpipe (trachea). A machine called a respirator helps the baby breathe, and oxygen is given.

Nursery care is needed until the infant reaches a stable body weight and is able to feed by mouth and maintain body temperature. In very small infants, other problems may complicate treatment, and a longer hospital stay may be necessary. A greater chance of survival is associated with an increasing length of the pregnancy. Of babies born at 28 weeks, approximately 90 percent survive.

Prematurity is not without long-term effects. Many premature infants have medical problems that continue into childhood or permanently. As a rule, the more premature an infant and the smaller the birth weight, the greater the risk of complications. It must be stressed, however, that it is impossible to predict the long-term outcome for an individual baby based only on the basis of gestational age or birth weight.

Resources

- HealthCare.gov: www.healthcare.gov/what-if-im-pregnant-or-plan-to-get-pregnant
- March of Dimes: www.marchofdimes.com
- U.S. National Library of Medicine: www.nlm.nih.gov

Recovery After Giving Birth

Caring for a new baby is one of the most joyous and challenging times in a woman's life. At the same time, new mothers must take special care of their bodies after giving birth and while breastfeeding.

Getting Rest

The first few days at home after giving birth are days for physical and emotional rest and recuperation. You need to focus your energy on yourself and on getting to know your new baby. Even though you may be very excited and have requests for lots of visits from family and friends, try to get as much rest as possible.

Do not expect to keep your house perfect. You may find that all you can do is eat, sleep and care for your baby. That is perfectly OK. Learn to pace yourself from the first day that you arrive back home. Try to lie down or nap while the baby naps. Do not try to do too much around the house. Allow others to help you, and do not be afraid to ask for help with cleaning, laundry, meals or with caring for the baby.

Physical Changes

After the birth of your baby, your doctor will talk with you about things you will experience as your body starts to recover:

- You will have spotting or bleeding off and on for up to six weeks.
- You might have swelling in your legs and feet. Swelling can be reduced by keeping your feet elevated.
- You might feel constipated. Try to drink plenty of water and eat fiber, fruits and vegetables.
- Menstrual-like cramping is common, especially if you are breastfeeding. Your breast milk will come in within three to six days after your delivery. Your breasts might feel full, tender or uncomfortable. Also, even if you are not breastfeeding, you can have milk leaking from your nipples.
- Follow your doctor's instructions on how much activity (like climbing stairs or walking) you can do over the next few weeks.
- Doctors usually recommend that you abstain from sexual intercourse for four to six weeks after giving birth.

Regaining a Healthy Weight and Shape

Both pregnancy and labor affect a woman's body. If you are trying to lose some pregnancy weight, make sure you do it in a healthy way. Consult your doctor before you start any type of diet or exercise plan.

If you want to diet and are breastfeeding, it is best to wait until your baby is at least two months old. During those first two months, your body needs to recover from childbirth and establish a good milk supply. Then when you start to lose weight, try not to lose too much too quickly. This can be harmful to the baby because environmental toxins that are stored in your body fat can be released into your breast milk. Losing about one pound per week (no more than four pounds per month) has been found to be a safe amount and will not affect your milk supply or the baby's growth.

You can safely lose weight by consuming at least 1,800 calories per day with a well-balanced, nutritious diet that includes foods rich in calcium, zinc, magnesium, vitamin B6 and folic acid. Diets in which you consume less than 1,500 calories per day are not recommended at any point during breastfeeding. This can put you at risk for a nutritional deficiency, lower your energy level and weaken your resistance to illness.

Dealing With Depression

In addition to the physical changes, you may feel sad or have the "baby blues." This is normal following childbirth. Hormone changes, anxiety about caring for the baby and a lack of sleep affect emotions. Between 50 and 75 percent of new mothers report feeling a little sad or depressed after giving birth.

Be patient with yourself. These feelings are normal and should get better over time. Be aware of your feelings, and talk with your family, friends and your doctor. Call your doctor right away if you are extremely sad or are unable to care for yourself or your baby. You might have a serious condition called postpartum depression. Signs of postpartum depression include:

- Feeling restless or irritable
- Feeling sad, depressed or crying a lot
- Having no energy
- Having headaches, chest pains, heart palpitations (the heart beats quickly and feels like it is skipping beats), numbness or hyperventilation (fast and shallow breathing)
- Feeling very tired or not being able to sleep
- Weight loss and a loss of appetite
- Overeating and weight gain
- Trouble focusing, remembering or making decisions
- Being overly worried about the baby
- Not having any interest in the baby
- Feeling worthless and guilty
- Being afraid of hurting the baby or yourself
- Lack of interest in activities that previously brought pleasure.

Postpartum depression can be successfully treated with medicine and/or therapy. Your doctor can help you feel better and get you back to enjoying your new baby.

Resources

- WomensHealth.gov: www.womenshealth.gov
- U.S. Department of Health & Human Services: www.hhs.gov

Here when you need us.

Call:

TTY: 800.697.0353

Online: guidanceresources.com

App: GuidanceNowSM

Web ID:

Contact us anytime for confidential assistance.