



Pregnancy: Starting Out

This packet contains a series of handouts that provide additional information about topics covered during prenatal visits.

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Genetic Screening for Birth Defects

Maternal blood screening tests are blood tests that identify pregnancies that are at higher-than-average risk for certain serious birth defects, including Down syndrome, other chromosomal birth defects, and neural tube defects (NTDs). All pregnant women are offered a screening test for Down syndrome and certain other chromosomal birth defects. All pregnant women also have the option of choosing a diagnostic test for birth defects, instead of a screening test.

It's important for pregnant women to understand the difference between a screening test and a diagnostic test.

- **Screening tests** help evaluate the risk for certain birth defects, but they cannot diagnose a birth defect. Screening tests are noninvasive.
- **Diagnostic tests**, such as amniocentesis and chorionic villus sampling (CVS), are highly accurate at diagnosing or ruling out a birth defect. However, these tests are invasive and may pose a very small risk of miscarriage.

Until recently, only women over age 35 and women considered at increased risk for having a baby with birth defects were offered diagnostic testing, rather than a screening test. Women over age 35 were considered at increased risk because the risk of chromosomal birth defects increases with a mother's age. However, we now offer women over age 35 the option of having a screening test to assess their risk before deciding whether or not to go ahead with amniocentesis or CVS.

What disorders can screening tests detect?

- **Down syndrome:** About 1 in 800 babies in the U.S. is born with Down syndrome, which is caused by an extra copy of chromosome. Affected children have varying degrees of mental retardation, characteristic facial features and, often, heart defects and other physical problems.
- **Trisomy 18 (Edward syndrome):** About 1 in 6,000 babies in the U.S. is born with trisomy 18, which is caused by an extra copy of chromosome. Affected babies have severe mental retardation, heart defects and other birth defects. A baby with Trisomy 18 will die within the first year of life if not before delivery.
- **Neural Tube Defects (NTD):** The neural tube is the structure that develops into the brain and spinal cord. If the neural tube does not close properly during the fourth week after conception, the baby has an NTD, such as spina bifida or anencephaly. About 1 in 1,000 pregnancies are affected by these birth defects each year in the U.S. Spina bifida, often called open spine, affects the backbone and sometimes the spinal cord. Children with the severe form of spina bifida have varying degrees of leg paralysis and bladder and bowel control problems. Anencephaly is a fatal condition in which a baby is born with a severely underdeveloped brain and skull.
- **Heart defects:** In the U.S., between 1 in 100 and 1 in 200 babies is born with a heart defect. The effects can range from mild to life-threatening. Many babies require surgery to help correct the defect.
- **Abdominal wall defects:** Abdominal wall defects called gastroschisis and omphalocele each affect about 1 in 5,000 births in the U.S. Affected babies have intestines that protrude outside the body through an opening in the abdominal wall or through a hernia in the umbilical area. Surgery can help correct these defects.

What is the first-trimester screening test?

The first-trimester screening test is used to screen for Down syndrome and trisomy 18. This test also may show if a baby is at increased risk for heart defects. The test is done between 11 and 13 weeks of pregnancy. At this time, WSNM refers pregnant women who desire a first trimester screen to one of the several perinatology groups in town for genetic counseling and the screening tests.

The test has two parts: a blood test and an ultrasound. The blood sample is sent to the lab to measure the levels of two substances in the mother's blood:

- Free beta-hCG, a specific form of the pregnancy hormone human chorionic gonadotropin
- Pregnancy-associated plasma protein A (PAPP-A)

With Down syndrome, levels of PAPP-A tend to be decreased and hCG increased.

The woman also has an ultrasound to measure the thickness at the back of the baby's neck (called nuchal translucency). Increased thickness is associated with Down syndrome, other chromosomal abnormalities and heart defects.

The lab calculates a woman's risk of chromosomal birth defects using the combined results of her blood test and ultrasound. First-trimester screening can detect about 82% to 87% of pregnancies affected by Down syndrome and about 90% of those affected by trisomy 18.

What is the second-trimester screening test?

The second-trimester screening test is done 15 to 20 weeks of pregnancy. This test has a number of names, including maternal serum (blood) screening test, multiple marker screening test, triple screen and quad screen. This test screens for NTDs, chromosomal birth defects, and abdominal wall defects.

This test currently measures the levels of three or four substances in the mother's blood. When maternal blood screening first began in the early 1980s, the test measured only alpha-fetoprotein (AFP), a substance produced by the liver of the fetus. Some of this protein passes into the amniotic fluid surrounding the fetus and into the mother's bloodstream, where its concentration rises gradually until late in pregnancy.

Along with maternal serum alpha-fetoprotein (MSAFP) levels, the test now measures the levels of hCG and another pregnancy hormone called estriol. When the test measures these three substances, it's called the triple screen. Our lab also measure the level of a fourth hormone called inhibin A. When this substance is included, the test is called a "quad screen". Studies show that adding inhibin A to the test makes it more accurate than the triple screen in detecting Down syndrome (about 80% vs. about 70%). Both the triple and quad screen can detect about 75% to 80% of pregnancies affected by spina bifida and nearly 95% of those with anencephaly.

The lab calculates a woman's risk for NTDs, Down syndrome and trisomy 18 based on the levels of the three or four substances plus the woman's age, weight, race, number of fetuses (e.g., twins) and whether she has diabetes that requires insulin treatment.

Do some women have both a first- and second-trimester screening test?

Women who have the first-trimester screening test for Down syndrome should be screened for NTDs in the second trimester by checking MSAFP levels or having an ultrasound.

For women who choose to have the first trimester screening test, we use a contingent screening test approach to determine what further testing is needed. With the contingent screening test, the woman receives her test results after the first trimester test. No further testing is recommended if the test shows her baby is at low risk for chromosomal birth defects. She is offered diagnostic tests if results show her baby is at high risk for birth defects and a second-trimester screening test if results show an intermediate risk.

What do screening test results mean?

A woman may receive her test result as a ratio. For example, her baby has a 1 in 500 risk for Down syndrome. A woman can use this information to help decide whether or not to go ahead with diagnostic testing.

In some cases, a woman's test results are reported as normal (screen negative) or abnormal (screen positive), depending on whether her results fall below or above a cut-off point (usually about 1 in 270). Women should remember that screening tests cannot diagnose a birth defect; they only can indicate increased risk.

A "screen negative" result means that the risk for *certain* birth defects is low enough that follow-up tests are not considered necessary. About 90% of women tested will have a "screen negative" result. Since the blood test is just a screening test, *there is still a chance that the fetus may have a problem* – even when the result is "screen negative".

An abnormal screening test result simply means that additional testing is recommended. Out of every 100 women who take a screening test, about five women (5%) have a "screen positive" result. However, only about 4% to 5% of women whose test results show an increased risk for Down syndrome actually have a baby with Down syndrome. Similarly, only a small number of women whose test results show an increased risk for spina bifida and related birth defects actually have an affected baby. The rate of detection for women under 35 is about 85% for neural tube defects, 60% for Down syndrome, and 60% for trisomy 18. The detection rate is higher in women over 35 years of age.

There can be false-positive results that indicate a problem when the fetus is actually healthy. For many women, an abnormal result on the second-trimester screening test indicates that the fetus is either a few weeks older or younger than the woman and her provider thought. This can account for an abnormal result because AFP varies, depending on a woman's stage of pregnancy. An ultrasound can usually show the correct gestational age of the fetus. Another common cause of an abnormal second-trimester test result is a multiple pregnancy (twins, triplets, etc.).

What diagnostic tests are offered following an abnormal screening test result?

Women who have abnormal results on a first-trimester screening test should be offered genetic counseling and the option of chorionic villus sampling (CVS) or second-trimester amniocentesis. CVS is usually done between 10 and 12 weeks of pregnancy. During CVS, the provider obtains a small tissue sample from the placenta by placing a slim tube in the vagina or by inserting a needle into the woman's abdomen. The tissue sample is tested for Down syndrome and other chromosomal abnormalities. Some women with an abnormal first-trimester screening test result may be offered a special ultrasound called an echocardiogram to look for fetal heart defects.

For women with abnormal results on a second-trimester screening test, the next step often is an ultrasound. This test can check the gestational age of the fetus and show if a woman is carrying multiples. If either of these factors accounts for the abnormal test result, no further testing is needed. If ultrasound does not explain the abnormal test result, the provider recommends further diagnostic tests.

If the second-trimester screening test suggests an increased risk for Down syndrome or trisomy 18, the provider offers a woman amniocentesis. This test is done at 15 to 20 weeks of pregnancy. A thin needle is inserted through the abdominal wall and into the uterus to withdraw a few teaspoons of amniotic fluid. Fetal cells in the fluid are tested for chromosomal abnormalities.

If second-trimester screening shows that a woman is at increased risk for having a baby with an NTD, her provider may recommend a targeted ultrasound, amniocentesis or both. A targeted ultrasound of the fetal skull, spine and other organs can detect or rule out serious NTDs and help predict the severity of NTDs.

If more information is needed after the ultrasound, the provider often recommends amniocentesis to measure the level of AFP and other substances in the amniotic fluid. When amniocentesis is done to help detect NTDs, cells from the fetus usually are tested for chromosomal abnormalities because they sometimes can accompany an NTD or an abdominal wall defect.

If you have a positive result with CVS or amniocentesis, this means the test found a genetic abnormality. In these instances, you will have a chance to discuss the diagnosis and your options with your healthcare team. Referrals and support information are available for all decisions.

Should I Have a Screening Test or a Diagnostic Test?

There is not a single best answer for all pregnant women. Talk with your family, friends, and health care provider to make a decision that is right for you. When considering these tests, it is important to remember that they do not find all the birth defects that can occur. For some women, a screening test provides reassurance that their fetus does not appear to have certain serious birth defects.

Some important questions to ask when making decisions about these tests are:

- What information will the test give us?
- How accurate is this test?
- What risks are there for my baby and for me if I have this test?
- Will I do anything different if the test results are abnormal?



Carrier Screening for Cystic Fibrosis (CF)

What is cystic fibrosis (CF)?

Cystic fibrosis is a genetic (inherited) disease. About 30,000 children and adults in the United States have the disorder. Cystic fibrosis severely affects breathing and digestion. It is caused by an abnormal gene that makes the body produce thick mucus in the lungs. This mucus promotes infections that are often life threatening. In the pancreas, similar thick secretions can lead to serious problems with food absorption. People with CF usually survive into their 30s. Most people with this life-long illness have chronic lung infections and are frequently hospitalized. CF does not affect intelligence or appearance. Researchers continue to search for more effective CF treatments as well as a cure.

What causes CF?

The only way to get CF is to have two genes that cause CF - one from your mother and one from your father. This means that both parents are CF carriers. A CF carrier has only one CF gene and has no CF symptoms. You could inherit the CF gene from one of your parents and never even know it.

If only one parent from a couple is a CF carrier, none of the children will have CF. But there is a 50-50 chance that each child will be a symptomless carrier.

When both parents carry the CF gene, there is a 25% chance (1 in 4) that their child will have CF. There is a 50-50 chance that the child will be a carrier like the parents. And there is a 25% chance that the baby will not have the gene - not a carrier and not have the disease.

How is carrier testing done?

CF carrier testing is a blood or saliva test. It checks to see if parents-to-be have (carry) the abnormal gene that causes CF. The test can help determine if you're at increased risk for having a child with CF. The test is usually **NOT covered by insurance**, so call your insurance company to see how much the test costs. If you are a carrier, then the father-to-be will be tested to see if he is a carrier. If test results show that both of you are CF carriers, your health care provider will refer you to a genetic counselor and specialist who can test the baby in utero. If the baby has CF, parents can take time before the birth to learn more about the disease and find appropriate specialists or decide to terminate the pregnancy. CF cannot be treated before birth.

Are You or Your Baby's Father Likely to be a CF Carrier?

Approximately 1 in 30 Americans is a symptomless carrier of the CF gene. If you have a family history of CF, you're more likely to carry the gene than someone from an unaffected family. The chance of being a carrier also depends on your ethnicity:

- 1 in 25 North American Caucasians (white) or Ashkenazi Jews
- 1 in 49 Hispanics
- 1 in 20 Zuni Native Americans
- 1 in 32 Pueblo Native Americans
- 1 in 65 African Americans
- 1 in 90 Asians

Remember that the only way you can pass CF to your baby is if both you and the baby's father have the CF gene. Luckily, this is pretty rare.

If the test result is normal, could I still be a carrier?

Yes. If you have the test and have no CF mutation identified, your chance of being a CF carrier is much reduced. However, because some people have rare CF mutations that cannot be detected by routinely available testing, there is still a small chance that someone with a negative test could be a carrier and have a child with CF.

Should I get the test?

Deciding whether or not to have the test is your own personal choice. Talk it over with your partner and with your health care provider and get as much information as you need to decide what's right for you and your baby.



Coping With Common Discomforts of Pregnancy

Pregnancy produces many physical changes. Aside from weight and body shape, other alterations in your body chemistry and function take place. The heart works harder, your temperature registers slightly higher, body secretions increase, joints and ligaments are more flexible and hormones are altered. Mood changes are common, resulting from a combination of hormonal changes and greater fatigue, as well as normal anxiety over body image, sexuality, finances, relationship roles and impending parenthood. The following is a list of the most common discomforts of pregnancy and some guidelines for coping with them.

Breast Tenderness

Breast tenderness is most pronounced during the first three months. The breasts enlarge in size and can be quite tender. Wearing a good support bra may help you feel more comfortable.

Constipation

During pregnancy your digestive system slows down due to hormonal influences and your digestive organs are displaced due to the growing uterus. You may also become constipated from irregular eating habits, changes in environment, stress, and added calcium and iron in your diet. Some medicines, too little exercise, and not enough fiber and liquids may also contribute to the problem. Constipation refers only to bowel movements that are hard in consistency or painful. Infrequent bowel movements are not unusual.

Prevention/remedies:

- Increase the amount of fiber in your diet, eating foods high in fiber such as fruits, raw vegetables, whole grain products, nuts and dried fruits (especially prunes). Choose a breakfast cereal that has at least 5 grams of fiber per serving. These foods help soften the stool and promote natural bowel activity.
- Drink a lot of fluids, especially water.
- Eat small, frequent meals and thoroughly chew your food.
- Exercise, even walking, will help relieve constipation.
- Eat prunes or figs, or drink prune juice. These fruits contain a natural laxative.
- Avoid laxatives. If the problem is not resolved with the above suggestions, let your health care practitioner know. Stool softeners that are safe during pregnancy can be prescribed. Also, iron tablets can aggravate constipation -- the prescription for iron can be adjusted if it becomes a problem.

Dizziness

Dizziness or lightheadedness can be caused by low blood sugar or a sudden change of position. It may be caused by low blood pressure or too little iron in your blood (anemia).

To help avoid this feeling:

- Move slowly when standing from a sitting or lying position.
- Eat well and frequently. Women who are prone to low blood sugar should carry snacks at all times. Juices and fruit are particularly good choices. Eat foods high in iron.
- Avoid standing for long periods of time.
- Take frequent rest periods.

Fatigue

This is very common during the first trimester. Get as much sleep or rest as you can -- even short naps will help. Your energy level will pick up after the first three months. However, fatigue and insomnia tend to recur in the last months of pregnancy. A warm bath, massage or hot drink before bed often helps you relax and get ready to sleep. Use the tips below under the section “Trouble Sleeping” to help you get the rest you need.

Frequent Urination

Frequent urination is another symptom of pregnancy that is most pronounced during the first trimester as well as the end of pregnancy. Do not restrict fluid intake in an effort to decrease the frequency of urination. As long as you do not experience burning or pain with urination, increased frequency is normal and will go away postpartum.

Headache

The increased blood volume and hormonal changes of pregnancy may cause headaches. Nasal congestion, fatigue, eyestrain, anxiety or tension may also increase the frequency of headaches. Try to determine what triggers you headaches and avoid them when possible.

Prevention/remedies:

- Apply a cool, wet washcloth or ice pack to your forehead and the back of your neck. (A warm cloth works better for some people.)
- Try to get plenty of sleep every night, and rest during the day when possible.
- Try to eat something healthy every 2-3 hours
- Drink plenty of liquids.
- Take a warm shower or relaxing bath.
- Massage your neck, shoulders, face, and scalp, or ask your partner or a friend to give you a massage.
- Try to find a quiet, dimly lit place and relax.
- Get some fresh air; take a walk.
- Use meditation, self hypnosis, and relaxation techniques.
- See our hand-out: “Taking Medicine During Pregnancy”.

*If you are having headaches that are severe, frequent, long-lasting, or accompanied by blurred vision, spots, lights flashing, or swelling, **and you are in the third trimester**, it is important to contact your healthcare provider.*

Heartburn

Pregnant women get heartburn because the stomach muscles relax and food tends to back up. Sometimes the stomach makes more acid during pregnancy. The growing baby pressing against the stomach can force acid upward causing heartburn.

Prevention/remedies:

- Try eating smaller but more frequent meals.
- Avoid highly seasoned, rich and fatty foods. Avoid citrus fruit, tomatoes, red peppers, chocolate, and spicy foods. Caffeine and cigarettes can also make heartburn worse.
- Do not lie down flat after eating. If you must lie down, elevate your head and shoulders with pillows.
- Carbonated beverages, papaya juice, and milk (or milk products) often can help alleviate heartburn.
- Avoid eating and drinking at the same time. Try to drink liquids an hour before and after meals. Small sips of water while eating is okay.
- Certain antacids are not recommended during pregnancy. Check with your health care provider before using over-the-counter antacid preparations. See our hand-out: “Taking Medicine During Pregnancy”.

Hemorrhoids

Hemorrhoids are varicose veins in the rectal area caused by the increased blood volume and additional weight of pregnancy. They may itch or burn during bowel movements, and sometimes bleed slightly.

Prevention/remedies:

- To help avoid hemorrhoids, prevent constipation by maintaining a diet that is high in fluids and fiber.
- Avoid sitting on the toilet for long periods of time or straining while having a bowel movement. Put your feet up on a stool to reduce straining.
- Witch hazel, Tucks, Anusol, or Preparation H can be applied to the hemorrhoid area for symptomatic relief.
- An ice pack applied to hemorrhoids may bring some relief.
- A 15-20 minute warm bath three or four times a day (sitz baths) relieves hemorrhoid discomfort.

Leg Cramps

Muscle cramps are common during pregnancy, but the cause is difficult to determine. Possible causes include a calcium imbalance, pointing your toes when you stretch, or decreased circulation in your legs.

Prevention/remedies:

- Be sure to get enough calcium and magnesium in your diet.
- Exercise to increase circulation in your legs.
- Elevate your legs as often as possible.
- Keep your legs warm.
- Take a bath before you go to bed.
- While in bed, stretch with your heels pointed, not your toes. This will also help relieve a cramp.
- Loosen the bedding at the foot of your bed.
- Stretch your calf muscles before going to bed.

Mood Changes

Being pregnant can lead to many conflicting emotions and mood changes. Many women are subject to sudden bursts of emotion that can be due to several factors including fatigue, stress and hormonal changes.

Prevention/remedies:

- Talk over your concerns with a trusted person. Consider joining a pregnancy support group.
- Continue with activities you enjoy. This is a great time for you and your partner to spend time together before the baby arrives.
- Take time to pamper your self. Treat yourself to a body massage or a makeover. Go shopping: there are cute and even sophisticated maternity clothes to buy.
- Exercise on a regular basis. You may find prenatal exercise classes valuable in providing support from other pregnant women.
- Avoid becoming overly fatigued. Take naps on a regular basis whenever possible. Even a 15-minute rest break can be helpful.
- Be sure your diet is healthy and you have an adequate daily intake of protein and iron.
- Attend classes, read books, and watch videos on various aspects of pregnancy, child birth preparation, and newborn care. Knowing what to expect can ease tension.
- Surround yourself with positive people with positive attitudes. Focus on positive birth stories rather than ones that evoke fear or that have bad outcomes.

Nosebleeds and Bleeding Gums

Nasal membranes become swollen due to the increased blood volume of pregnancy and may cause nosebleeds in some women. Using a humidifier and a thin coating of petroleum jelly in each nostril around bedtime can help. During pregnancy, an increased supply of hormones as well as the increase in your blood volume may cause tenderness, swelling, and bleeding of your gums. A lack of vitamin C in your diet may also contribute to this condition. Be sure to see your dentist regularly, even during pregnancy and continue good oral hygiene.

Pelvic Discomfort

During pregnancy, the pelvic joints relax in order to increase the size and flexibility of the pelvis in preparation for birth. This may cause pressure on the sciatic nerve, and may be felt as pain in the pelvic area, down the thigh and into the leg.

At times a discomfort known as “round ligament pain” can take your breath away. You may be walking and suddenly feel a “knife-stabbing” pain on one or both sides of your lower abdomen or groin, or feel a spasm in your vagina or rectum. As quickly as it came on, it may go away. There are ligaments that hold the uterus in place. One is on each side of the uterus and the third goes across the pelvic floor. As the uterus grows, these ligaments stretch like a rubber band. Any sudden movement or position change can cause them to spasm.

Prevention/remedies:

- A heating pad or hot water bottle may bring some relief.
- Massage may be helpful.
- Experiment with different positions to find the one most comfortable for you. Try sleeping on your side, with one leg forward supported on a pillow and the other back, as if you were running.
- Use proper body mechanics when lifting, bending, and stretching during your pregnancy and following your delivery.
- Consider wearing a maternity support belt to help alleviate some of the pressure.

If the suggestions above do not work for you, contact your healthcare provider.

Shortness of Breath

Your growing uterus puts pressure on your internal organs and diaphragm, which leaves less room for your lungs to expand and leads to shortness of breath. Going up a flight of stairs is tough towards the end of pregnancy, and you will find it harder to breathe. At night, it becomes harder to find a comfortable position without difficulty breathing.

Prevention/remedies:

- Hold your arms over your head. This raises your rib cage and temporarily gives you more breathing space.
- Try sleeping with your head elevated by pillows.
- Practice very slow breathing while relaxing. It will help you use your lung space to its greatest capacity.
- Slow down when climbing stairs.

In the last few weeks of pregnancy, lightening occurs, which is when the baby drops into the pelvis. Once this happens, the pressure is off the diaphragm, your lungs will have more room, and breathing becomes easier.

Swelling of the Hands and Feet

During pregnancy it is normal to experience swelling of the feet, legs, and hands that makes the skin feel tight. The amount of blood in your body increases approximately 40 percent. In addition, your body naturally holds water. Slight swelling of the hands and feet are common in the later stages of pregnancy. It is often greater during hot weather. Some swelling or puffiness is not unusual, but it can be uncomfortable.

Prevention/remedies:

- Adequate fluid intake is always important.
- Improve the circulation in your legs and feet by elevating them as often as possible. Lie on a bed or floor and raise your legs up on the wall keeping your knees bent.
- Try to avoid standing for long periods of time.
- Exercise regularly by walking or swimming.
- Avoid sitting with your legs crossed. Use a footstool when sitting and perform ankle circles whenever possible.
- Soak your feet in cold or ice water for increased comfort at the end of the day.

- Avoid wearing tight clothing. Wear comfortable, flat shoes.
- Wear support hose/compression stockings when you plan on standing or walking for a long time. Put them on before you get out of bed in the morning. Some health insurance policies may pay for your stockings if you have a prescription; check with your insurance provider.
- Drink the fresh juice of a lemon in a cup of warm water to help decrease fluid retention.
- Limit your salt intake.

Skin Changes and Stretch Marks

Due to hormonal changes, which occur during pregnancy, it is normal to have a brown coloring on your cheeks, nose, and forehead, known as chloasma or “the mask of pregnancy”. It is also normal for your nipples to become darker and to have a dark line on your abdomen from your navel down to your pubic bone called the linea nigra. Be reassured that the hormone that causes this increase in pigmentation and discoloration will decrease after the baby is born, and the discoloration will fade or disappear after delivery.

- Avoid sunburn, which may deepen skin coloring. Wear sunscreen and a hat.

About 90 percent of women experience stretch marks. **There is nothing you can put on your skin to prevent stretch marks.** Stretch marks are a type of scar that forms when the skin’s normal elasticity is not sufficient to accommodate the stretching required during pregnancy. Stretch marks occur most frequently on the abdomen, but some women also develop them on their thighs, upper arms, and breasts. Although stretch marks may not entirely disappear after delivery, those that remain usually fade to a lighter, silvery color.

- Ensure that your diet contains sufficient protein. This will help your skin stay healthy.
- Keeping your skin soft and moisturized will not prevent stretch marks, but it may help minimize itching. Try a gentle massage with a moisturizing lotion or coco butter.

Some women will have a problem with acne or skin breakouts during pregnancy. Do not take any oral medications for this problem without your healthcare provider’s advice. Wash your face as you normally would.

Trouble Sleeping

During pregnancy some women have trouble falling asleep or staying asleep. In the early months, difficulty sleeping may be part of your body’s adjustment to pregnancy. During the last few months, your increased size may make your normal sleeping position difficult, and the baby’s kicking may awaken you during the night. Also, increased bladder pressure may cause you to wake up frequently during the night.

Prevention/remedies:

- Exercise daily.
- Take a warm, relaxing bath before bed.
- Reduce any noise or lighting that might keep you awake.
- Avoid eating a big meal within the two hours of going to bed.
- Do childbirth preparation exercises such as deep breathing or other relaxation techniques.
- Experiment to find the most comfortable sleeping positions. Lie on your side and place several pillows between your knees.
- Avoid products that contain caffeine.
- Try to develop a regular sleeping schedule and routine. Naps or short rest periods during the day are okay.
- If you are unable to sleep, relax, and do not worry. If you believe that you are not sleeping well due to increased anxiety or depression, talk to your health care provider.

Vaginal Discharge

One of the first changes you may experience when you become pregnant is in your vaginal discharge. It is important that you are aware of the normal changes during pregnancy and that you inform your health care provider about any changes that may appear abnormal.

What is normal vaginal discharge?

Normal vaginal discharge during pregnancy (called leukorrhea) is thin, white, milky and mild smelling. Leukorrhea is normal and nothing for you to worry about.

During pregnancy **do not**:

- Use tampons (they can introduce new germs into the vagina)
- Douche (this can interrupt the normal balance and lead to a vaginal infection)
- Assume that it is a vaginal infection and treat it yourself

During pregnancy **do**:

- Use panty liners if it makes you more comfortable
- Wear 100% cotton underwear
- Notify your health care provider at your appointment of any changes

What is abnormal vaginal discharge?

If the vaginal discharge is green or yellowish, strong smelling, and/or accompanied by redness or itching, you may have a vaginal infection. Two of the most common vaginal infections during pregnancy are yeast infections and bacterial vaginosis. Your health care provider can easily treat vaginal infections. Another cause of abnormal discharge could also be a sexually transmitted infection. You should notify your health care provider any time there is a change in normal pregnancy discharge. NEVER try to diagnose and treat yourself.



Nausea and Vomiting During Pregnancy

Does Every Woman Experience Nausea or Vomiting During Pregnancy?

One half of all pregnant women experience both nausea and vomiting during the first months of pregnancy. Nausea and vomiting during pregnancy tends to be the worst 8 to 10 weeks after your last menstrual period. It usually goes away by 12 to 16 weeks after your last period. It is often called “morning sickness,” but it can occur all day long.

What Causes Nausea and Vomiting During Pregnancy?

We do not know for sure what causes nausea and vomiting during pregnancy. Changes in hormone levels play a role. If your mother had morning sickness when she was pregnant, you may be more likely to have nausea and vomiting during pregnancy. A history of motion sickness or stomach problems before you got pregnant may be another risk factor.

Are Nausea and Vomiting During Pregnancy Dangerous?

Mild to moderate nausea and vomiting may make you feel awful, but it will not hurt you or your baby. Severe vomiting during pregnancy - that prevents you from keeping any food down - is called hyperemesis gravidarum. It is rare, but can cause health problems. You should call your health care provider if any of the following apply to you:

- You are not able to keep any liquids or foods down for 24 hours
- You are vomiting several times a day or after every meal
- You have abdominal pain, difficulty urinating, or you have a fever

How are Nausea and Vomiting Treated?

Nausea or vomiting during pregnancy is treated in four easy steps:

1. Simple diet changes may lessen nausea and help you avoid vomiting. This is all it takes for many women.
2. If diet changes are not enough, you can try taking ginger or using acupressure bands. Both have been shown to decrease nausea.
3. Some women find taking Vitamin B6 alone or with Unisom helps with nausea.
4. Finally, if the nausea and vomiting are making it hard to do your usual activities, medications can be prescribed. Please check with your health care provider before taking any other medicine.

Tips to Treat Nausea and Vomiting During Pregnancy

First Step: Lifestyle and Diet Changes

- Nausea during pregnancy is worse if you are dehydrated (if there is not enough fluid in your body) or if the levels of sugar in your blood are low from not eating often enough.
- Eat plain crackers or dry toast in the morning before getting out of bed and at any time during the day when you feel nauseous.
- Instead of three large meals, eat small meals every 2 to 3 hours.
- Avoid foods that have strong odors.
- Sucking on a lemon or lime slice may help.
- Try eating foods that are high in carbohydrates, such as potatoes, noodles, or toast.
- Do not lie down right after eating.
- Try drinking carbonated beverages between meals; wait for 30 minutes after eating to drink liquids.

- Dairy products may make nausea and vomiting worse, but some women say yogurt is helpful.
- Avoid foods that are greasy, fried, spicy, or very hot.
- Some women find that prenatal vitamins make their nausea worse. If so, check with your health care provider about stopping the vitamins until the nausea goes away. If you stop taking a prenatal multivitamin, you should take one tablet of folic acid daily (0.4 mg, which is 400 micrograms per day) during the first trimester. Folic acid tablets will not worsen nausea.

Second Step: Nonmedication Treatment

Ginger

Ginger has been used for treating nausea since ancient times. Ginger root tea, ginger gum, ginger snaps, ginger syrup added to water, and ginger ale are all safe, and can decrease the severity of your nausea. You can also buy ginger capsules at a drug store. The daily dose of ginger that has been tested is 1 gram (250 mg capsules powdered ginger taken four times per day). Ginger capsules come in several doses. If you want to use ginger capsules, ask your health care provider how often you should take them.

Acupressure Bands

Seabands are wristbands with a pressure point placed on the inside of your wrist. They are often used for motion sickness. Some women find them helpful for their nausea, and they are safe.

Third Step: Over-the-counter medication

Start by taking vitamin B6; you can take 25mg 3 x day for 1 week. If your nausea continues, try a Unisom (Doxylamine) 25mg tablet 3 x day with the vitamin B6. It is best to take a half tablet in the morning and afternoon and a full tablet at night.

Fourth Step: Medication

There are prescription medicines that can be used if your nausea and vomiting are very severe. Talk with your health care provider before taking any additional vitamins or medicines.

For More Information About Nausea and Vomiting

Motherisk Nausea and Vomiting HelpLine: (800) 436-8477

<http://www.motherisk.org/women/morningSickness.jsp>

The Motherisk HelpLine and Web site are staffed by counselors who are specially trained in helping you with questions about nausea, vomiting, and safety of medications.

SOS Morning Sickness: *<http://www.sosmorningsickness.com/>*

This Web site has extensive information on nausea and vomiting.



Back Pain During Pregnancy

Most women have back pain at some point during pregnancy. The pain can be mild or severe, but it can usually be treated. In some cases, it can be prevented.

Why Do Pregnant Women Have Back Pain?

Pregnancy hormones loosen all of your joints. Your growing abdomen changes your posture. These changes can increase the normal curves that are in your back which can lead to back pain. Later in pregnancy the looser joints in the pelvis move more from the growing weight of your baby and this can cause general pain in your lower back and sometimes shooting pain in your buttock or upper legs.

What Makes the Pain Worse?

Lying on your back, sitting upright in a chair, rolling over at night or getting out of bed or out of a chair can cause back pain to be worse.

How Can I Avoid and Reduce Back Pain?

- Avoid sitting for long periods of time. Change positions and move frequently.
- Avoid bending, arching, and twisting motions; you will feel less discomfort.
- Avoid heavy lifting; if you must lift heavy things, keep your back straight and use your leg muscles instead of your back when picking things up.
- Whenever you are sitting, put your feet up on a stool or box so your hips tilt forward and the curve in your lower back flattens out.
- Many women get pain relief from using moist heat or cold packs, getting a massage, or sitting in a warm bath.
- Some women find wearing supportive, low-heeled shoes or an abdominal support binder can also help. Gentle exercise, along with walking 20 minutes most days, can relieve or lessen back pain. Exercise helps strengthen the back muscles, decrease muscle tightness and spasm, and keep the joints in good position.
- Sleeping on your side with a body pillow in your arms and between your knees may help as well.

What Strengthening Exercises Are Helpful?

The flip side of this sheet has exercises that will strengthen the back muscles. The exercises can be held for 3-5 seconds and repeated 10-30 times. Be sure not to hold your breath when you are doing them.

What Stretches Are Recommended?

Stretching the back and hamstring muscles after a warm shower or short walk can help reduce back pain. Hold each stretch for 20 seconds, and repeat 2-3 times. See the flip side for directions.

What is Sciatica?

The sciatic nerve is a large nerve that runs down the back across the buttocks and down the back of your legs. Sciatica is pain in the sciatic nerve which is caused by pressure on the nerve. The symptoms of sciatica that are different from normal back pain in pregnancy are: pain down the buttock and back of your leg past your knee, tingling, numbness, trouble moving your leg, or loss of sensation in your leg. The treatment for sciatica is the same as the treatment for back pain but your health care provider may also suggest bed rest and physical therapy. Sciatic pain usually goes away 1 to 2 weeks postpartum.

Exercises for Back Pain During Pregnancy

Pelvic tilt start position: note arch in lower back



Pelvic tilt end position: note absence of arch in lower back.



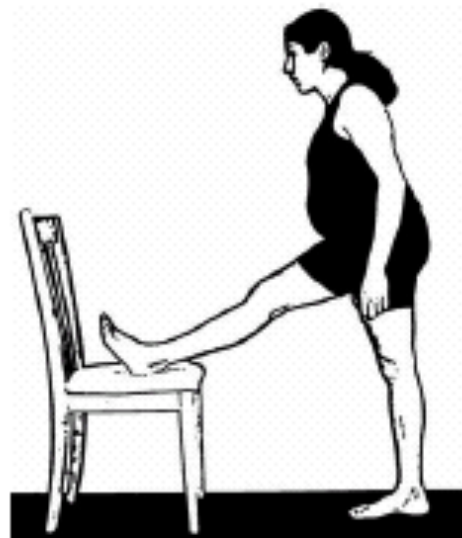
Kneel on your hands and knees, you'll notice an arch in your lower back. Tilt your pelvis backwards, so you flatten your back, keeping your buttocks relaxed.

Back stretch



Kneel on your hands and knees, with your legs spread apart, and a small pillow under your belly. Sit back and reach your arms forward to feel a stretch along your spine.

Hamstring Stretch



Face a chair and place one foot on it. Keep your back straight as you gently lean forward to stretch the back of the thigh.

For More Information:

American Pregnancy Association: <http://www.americanpregnancy.org/>

The National Women's Health Information Center: <http://www.4woman.gov/Pregnancy/>



Your Healthy Diet During Pregnancy

Most pregnant women need 100-300 extra calories per day to support a baby's growth. So eat smart and make healthy food choices. Try to eat foods from each of the five food groups every day. They provide important nutrients that you and your baby need. Be sure to watch your serving sizes; you may be eating more than you need to. You do not to eat for two! **Remember:** Fatty foods (like doughnuts, chips, and fast food) and sweets (like sodas, cookies, and candy) don't give your baby what he/she needs to grow.

Follow These Guidelines

Grains: 6 Ounces per Day

1 ounce of grains is equal to:

- 1 slice bread
- 1 cup ready-to-eat cereal
- 1/2 cup cooked rice, pasta or cereal
- 1 small pancake (4 1/2" in diameter)
- 1 small tortilla (6" in diameter)

Vegetables: 2 1/2 Cups per Day

1 cup of vegetables is equal to:

- 1 cup raw or cooked vegetables
- 1 cup vegetable juice
- 2 cups raw, leafy greens
- 1 medium baked potato (2 1/2" to 3" in diameter; go easy on the butter, bacon bits and sour cream)

Fruits: 1 1/2 to 2 Cups per Day

1/2 cup of fruit is equal to:

- 1/2 cup 100% fruit juice
- 1/2 cup fresh, frozen or canned fruit
- 1/2 a fruit (small orange, apple or banana)
- 1/4 cup dried fruit
- 16 grapes

Milk Products: 3 Cups per Day

1 cup of milk products is equal to:

- 1 cup milk
- 1 cup yogurt
- 1 1/2 ounces natural cheese (examples: cheddar, parmesan)
- 2 ounces processed cheese (example: American)

Proteins: 5 to 5 1/2 Ounces per Day

1 ounce of protein is equal to:

- 1 tablespoon peanut butter
- 1/4 cup cooked dried beans

- 1 ounce lean meat, poultry or fish
- 1 egg
- 1/2 cup nuts (12 almonds, 24 pistachios)

Take Folic Acid

Folic acid is a B vitamin that helps prevent birth defects of the brain and spinal cord (called neural tube defects). All women of childbearing age should take a multivitamin with 400 micrograms of folic acid every day before pregnancy and during early pregnancy, as part of a healthy diet.

Your healthy diet should include foods that are good sources of folic acid and folate (the form of folic acid that occurs naturally in food). Examples are:

Excellent Sources: Provide 100 micrograms (mcg) or more per ½ cup serving:

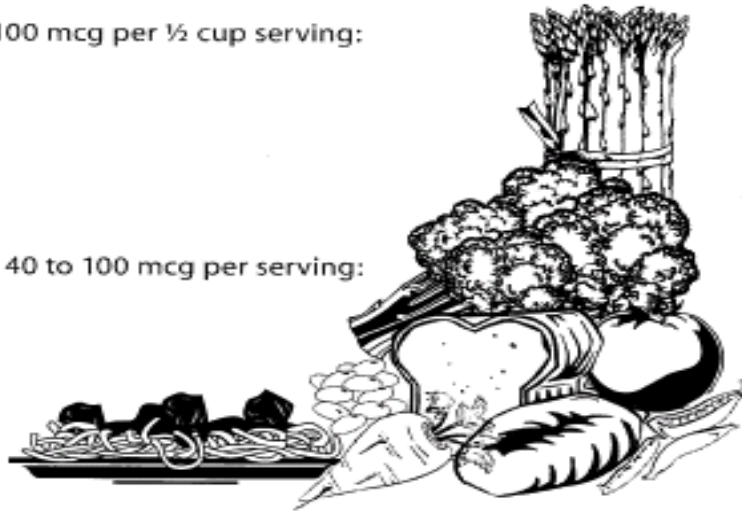
- Asparagus
- Turnip greens, mustard greens
- Okra
- Fortified breakfast cereals (see label for serving size)
- Cooked dry beans, such as pinto beans, kidney beans, lentils and black-eyed peas
- Liver (2 ounces, cooked)

Good Sources: Provide 40 to 100 mcg per ½ cup serving:

- Broccoli
- Spinach
- Green peas
- Fresh beets, cooked
- Spaghetti, pasta
- Rice
- Tofu

Other Good Sources: Provide 40 to 100 mcg per serving:

- Tomato juice (¾ cup)
- Orange (1)
- Avocado (¼)
- Sunflower seeds (1 ounce)
- Peanut butter (2 Tbsp)
- Enriched bread (1 slice)
- Flour tortilla (One 10" round)



Healthy Eating Hints

Meals: Eat four to six smaller meals a day instead of three bigger ones to help relieve the heartburn and discomfort you feel as your baby grows bigger.

Snacks: Cheese, yogurt, fruit and vegetables are good, healthy snacks. Peanut butter and nuts are also good, if you aren't allergic to them.

Liquids: Drink at least six to eight glasses of water, juice (limit to 6oz a day only) or milk (non-fat or 1% is best) every day.

Vitamins: Take a multivitamin or prenatal vitamin every day. Ask your health care provider if you need to take an iron or calcium supplement too.

Caffeine: Limit the caffeine you get each day to 200 milligrams. That's about the amount in one 12-ounce cup of coffee. Caffeine amounts in coffee depend on the brand you drink and how it's made. So check the label on the package, or ask at your coffee shop. Instead of drinking regular coffee, try coffee that's decaffeinated (has a smaller amount of caffeine). Caffeine is also found in tea, chocolate, soda and some over-the-counter medicine. Read labels on food, drinks and medicine to know how much caffeine you're getting.

Nonfoods: Never eat nonfood items like clay, starch, paraffin or coffee grounds. Eating these things can cause problems for you and your baby. Let your provider know if you are craving any nonfood items.

Weight Gain During Pregnancy

How much weight should I gain during my pregnancy?

Most women need to gain 25 to 35 pounds during pregnancy. How much weight you should gain depends on how much you weighed before you got pregnant. If you are very slim, you need to gain more. If you are very heavy, you need to gain less. The chart on the other side of this page can help you decide how many pounds you should gain. Talk with your health care provider about the right weight gain for you. Then use the chart to track your weight during pregnancy.

I don't feel hungry. Do I have to eat if I don't feel hungry?

Many women do not feel hungry early in pregnancy. This is because of hormone changes in the body. Later in pregnancy, it may be hard to eat because your stomach has less room between your baby and your lungs. You will feel better all through your pregnancy if you try to eat something every 1 to 3 hours. Eating a big meal may make you feel sick. Eating just a slice of apple, a carrot stick, or a bit of whole wheat bread will help you feel better if your stomach is upset. It is important to remember that what you put in your mouth goes to your baby.

People tell me I'm "eating for two." Does this mean I have to eat twice as much?

No. Most women only have to add about 100-300 calories every day to their diet. Many women can eat less and still be very healthy and grow a healthy baby. Your baby depends on you for all of its food, so you do have to eat well. Make healthy changes in your diet—eat lots of fruit and vegetables, eat only whole wheat bread, and cut down on fats. You don't have to eat much more than you normally do.

What happens if I don't gain enough weight?

If you do not gain enough weight, your baby may be too small. Babies that are too small can have problems right after they are born. They may have trouble breathing or eating. Some babies who are too small at birth have trouble learning when they get older and go to school. Talk with your health care provider about how many pounds you should gain to make sure your baby is not too small.

What happens if I gain too much weight?

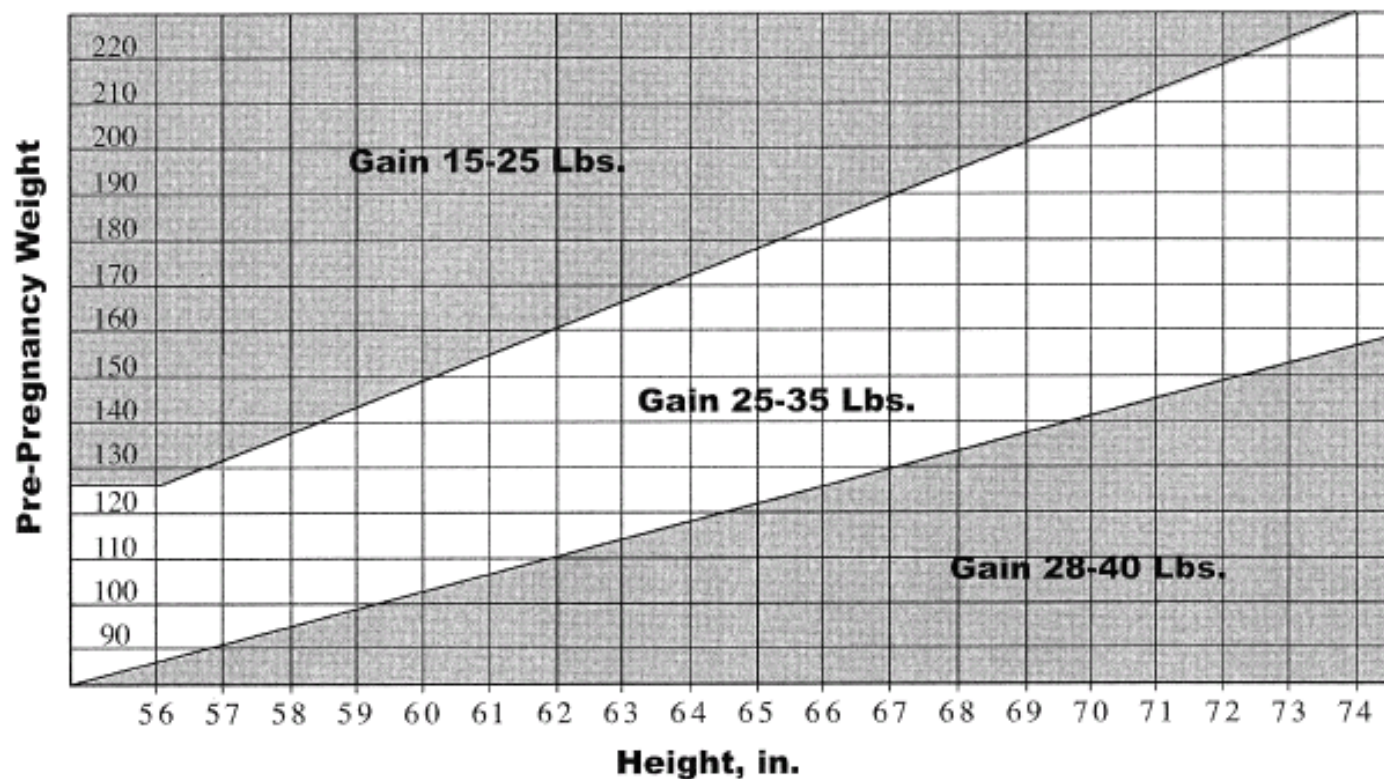
If you gain too much, you will have more weight to lose after the baby is born. Women who gain a lot of extra weight have a higher chance of needing a cesarean birth.

Should I gain the same amount every week?

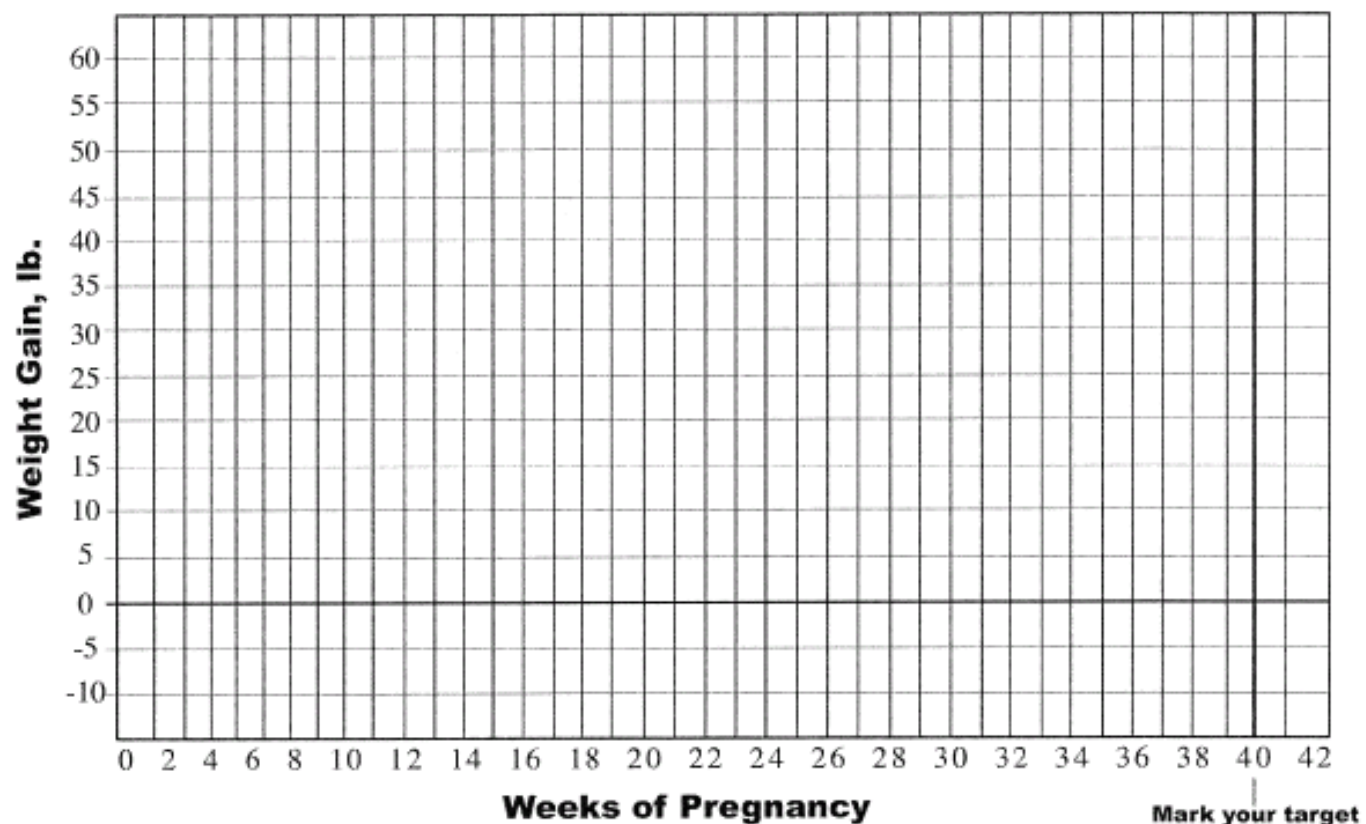
The baby will gain most of its weight during the last 2 months of your pregnancy. You should try not to gain much weight at first. Plan to gain most of your weight in the last months of your pregnancy.

Where To Go for More Information:

The March of Dimes Pregnancy and Newborn Health Education Center: "Weight Gain During Pregnancy"
http://www.marchofdimes.com/pnhec/159_153.asp



My target weight gain is _____ lb.





Eating Safely During Pregnancy

During pregnancy, you can eat the same things that you normally eat when you were not pregnant. But especially in the first few months of your pregnancy, your baby can be hurt by poisons (toxins) or germs (bacteria). For this reason, you need to be aware of these food dangers and learn how to choose and prepare your food safely.

What Foods Might Be Harmful to My Baby During Pregnancy?

The foods of most concern are fish, meat, milk, and cheese. Because these are important parts of most diets, you will want to learn to choose the right fish, meat, milk, or cheese.

What's the Problem With Fish?

Many fish—especially fish that are large, eat other fish, and live a long time—have mercury in them. Mercury can cause problems with the development of your baby's brain and nerves. Fish may also have dioxins and polychlorinated biphenyls (PCBs). These toxins may cause problems with the development of your baby's brain and may cause cancer.

So Should I Just Stop Eating Fish?

No. Fish is a wonderful food. It has lots of good protein and other nutrients. You can continue to eat fish, but you may wish to cut down on the amount of fish you eat and change the kind of fish you eat. Cook all seafood properly before eating. Raw sushi should be avoided. Information about which fish are good to eat during pregnancy is listed on the back of this page.

What Meat Is Dangerous?

In the United States most of our meat is safe to eat. However, meat that has not been kept cold or that has not been prepared properly may have germs or parasites that could harm you or your baby. Raw meat may contain toxoplasmosis. Toxoplasmosis is a germ that can damage your growing baby's eyes, brain, and hearing. The backside has more information.

What Do I Need to Know About Milk and Cheese?

Some cheese may contain germs (bacteria) called listeria. These germs can cause a disease called listeriosis, which may cause miscarriage, stillbirth, or serious health problems for your baby. To avoid listeriosis, you may want to avoid soft cheeses like Mexican-style queso blanco fresco, feta, or Brie. The flip side will tell you which cheeses you can continue to enjoy and which types to avoid.

How Do I Prepare Food Safely?

- Wash your hands and cooking surfaces often.
- Keep raw meat away from raw fruit and vegetables and cooked meat.
- Cook your food until it is steaming hot. Keep uneaten food cold or frozen.

Eating Safely During Pregnancy: Fish, Meat, Milk, and Cheese

Food	Recommendations
Fresh Fish Shark, swordfish, king mackerel, tilefish Farmed salmon Albacore tuna ("white" tuna) Shrimp, canned light tuna, canned or wild salmon, pollock, and catfish	Do not eat Eat no more than 1 meal a month Eat no more than 1 meal a week Eat no more than 2 meals a week
Deli Meats and Smoked Fish Deli meat spread Hot dogs, lunch meat, deli meat, deli smoked fish Canned smoked fish or meat spread	Do not eat Do not eat unless you reheat to steaming hot Eat no more than 2 meals a week
Meat—Beef, Chicken, Pork Any meat that is rotten or raw	Do not eat
Milk and Cheese Unpasteurized milk, feta cheese, brie cheese, camembert cheese, blue-veined cheeses, Mexican-style queso blanco fresco Hard cheeses, semi-soft cheeses like mozzarella, processed cheese slices, cream cheese, cottage cheese, yogurt made with pasteurized milk Skim or 1% pasteurized milk	Do not eat or drink Eat all you want Drink all you want

Note:

- Check local advisories about the safety of fish caught by family and friends in your local waters. If you can't get advice on this, eat no more than 1 meal a week from fish caught in local waters and don't eat any other fish that week.
- Cook fish by broiling, baking, steaming, or grilling. Remove skin and fat before cooking. Do not eat the fat that drains from the fish while cooking.
- Cook all meats all the way through. When you eat meat, you should not see any pink inside the flesh. After cutting up raw meat, clean the cutting surface with bleach, soap, and hot water before cutting any raw fruit or vegetables.

For More Information

Centers for Disease Control and Prevention

<http://www.cdc.gov/foodsafety> or <http://www.cdc.gov/travel/pregnancy>

Excellent up-to-date information on food safety issues in the United States and abroad.

Partnership for Food Safety Education

<http://www.fightbac.org>

The Partnership for Food Safety Education has lots of good information on prevention of illness from the food supply.

Food and Drug Administration

<http://www.fda.gov/bbs/topics/news/2004/NEW01038>

The Food and Drug Administration published advisories regarding the consumption of fish in March 2004.



Iron and Anemia in Pregnancy

What Is Anemia?

During the last half of pregnancy, your body makes more red blood cells in order to supply enough for you and your baby. Every red blood cell uses iron as its core. Iron cannot be made by your body and must be absorbed from the foods you eat.

Although iron is found in many foods, it is hard to absorb, making it difficult for your body to get enough to meet its needs during pregnancy. When you don't have enough iron in your diet, you make fewer red blood cells, which is called anemia. Iron deficiency anemia is very common and is easy to correct.

Your body also needs a nutrient called folate to make healthy blood cells. Folate is easily absorbed and found in most green vegetables.

What causes anemia?

- Poor intake of iron- and folate-rich foods
- Increased destruction of red blood cells that can occasionally occur during illness

What are the signs and symptoms of anemia?

Often, women with anemia don't have specific symptoms. If anemia is severe, you may feel tired and weak.

How can anemia be prevented?

- Eat foods rich in iron such as meat, chicken, fish, eggs, dried beans and fortified grains. The form of iron in meat products, called heme, is more easily absorbed than the iron in vegetables. If you are anemic and you ordinarily eat meat, increasing the amount of meat you consume is the easiest way to increase the iron your body receives.
- Eat foods high in folic acid, such as dried beans, dark green leafy vegetables, wheat germ and orange juice.
- Eat foods high in vitamin C, such as citrus fruits and fresh, raw vegetables.
- Cooking with cast iron pots can add up to 80 percent more iron to your food.
- Take your prenatal multivitamin and mineral pill which contains extra folate.

Iron and Vitamin Tablets

Because it is difficult to get enough iron from your diet, you may need to take an iron supplement. There usually is enough iron in your prenatal vitamin to prevent anemia, but your provider may prescribe an extra iron pill if you are anemic. If the iron tablet upsets your stomach, take it with a small amount of food. Do not take your iron tablet with dairy products or calcium supplements. It is best to take your iron pill with 500mg vitamin C; many women prefer the chewable type.

Alternative Source of Iron

Some women have trouble taking iron tablets because of nausea; many supplements are also difficult to absorb and cause constipation. Alternatives to iron tablets include: chewable iron tablets and liquid herbal iron. Ask your provider for more information about these products.

Iron Rich Foods

The recommended dietary allowance (RDA) of iron during pregnancy is 30 milligrams. Here are some foods rich in iron.

Foods that provide 0.5 to 1.5 milligrams of iron:

Chicken, 3 ounces
Green peas, 1/2 cup
Tomato juice, 6 ounces
Broccoli, 1/2 cup
Brussels sprouts, 1/2 cup cooked
Whole wheat bread, 1 slice
Dried apricots, 5 halves
Raspberries, 1 cup
Strawberries, 1 cup

Foods that provide 1.6 to 3 milligrams of iron:

Sirloin steak, 3 ounces
Roast beef, 3 ounces
Lean hamburger, 3 ounces
Baked potato with skin
Kidney beans, 1/2 cup cooked
Lima beans, 1/2 cup cooked
Navy beans, 1/2 cup cooked
Oatmeal, 1 cup cooked
Raisins, 1/2 cup

Foods that provide 3 to 12 milligrams of iron:

Clams, 4 large or 9 small
Oysters, 6 medium
Spinach, 1/2 cup cooked
Fortified cereal, 1 cup

Additional sources of iron:

All kinds of liver (except fish) -- however, liver should not be eaten more than once a week
Lean beef, veal, pork or lamb
Greens, all kinds
Beets
Sauerkraut
Tofu
Lentils
Soy bean flour
Enriched pastas
Unrefined sugars, such as molasses



Omega-3 Fatty Acids During Pregnancy

During pregnancy, your baby gets many of the nutrients he/she needs from the foods you eat and the vitamins you take. One of the essential nutrients moms need is omega-3 fatty acids. Omega-3 foods can give your baby what he/she needs for good physical and mental growth. Omega-3s are also important for your own health during pregnancy.

What are Omega-3s?

Omega-3s are a type of fat in your diet. They are found in some foods, including fish, seeds, and plants. Though Omega 3s are called "fatty acids," they are actually very good for you and are needed for both mental and physical health. Unfortunately, these fatty acids are not made by the human body, so we need to get them from food or supplementation. Usually, the American diet is very low in Omega-3's.

Types of Omega-3 Fatty Acids

There are three main types of Omega 3 essential fatty acids:

- Eicosapentaenoic acid (**EPA**)
- Docosahexanoic Acid (**DHA**)
- Alpha-Linolenic Acid (**ALA**)

Why is taking Omega-3 especially important during pregnancy?

Omega-3s play a large role in the development and growth of your baby when it is in the womb. Omega-3s help to:

- build the brain
- form the retinas (eye development)
- develop the nervous system

Omega-3s are also necessary for your own body during pregnancy. Omega-3s help to:

- minimize the chance of preterm labor
- reduce your chances of developing preeclampsia
- reduce your risk for postpartum depression

Infants who had good levels of Omega-3s while in the womb have:

- better attention spans and greater visual ability
- faster development (by two months)
- less chance of developmental or behavioral problems in childhood
- lower rates of breast and prostate cancer
- reduced risk of asthma and allergies

Pregnant women become depleted in omega-3s since the baby uses omega-3s to develop its nervous system. Omega-3s are also used after birth to make breast milk. With each pregnancy, mothers lose more and more Omega-3s.

When To Take Omega-3s

Pregnant women can take Omega-3s during their entire pregnancy, but Omega-3s are especially important during the final trimester. It is during this time that your baby uses Omega-3s to form about 70% of his/her brain and nervous system.

Women who are breastfeeding also need good intakes of Omega-3s. The level of Omega-3s in breast milk is dependent on the amount in the diet. The FDA and WHO now recommend that infant formula have DHA in it.

Good Omega-3 Sources

High levels of Omega-3s are found in:

- oily fish (mackerel, herring, sardines, anchovies, salmon, trout, and pilchards)
- fresh or frozen tuna

See the handout “Eating Safely During Pregnancy” for more information on eating fish safely.

Omega-3s can also be found in non-fish sources. Good choices include:

- fortified foods, like eggs, bread, and juice
- dark green vegetables
- canola, sunflower, and flaxseed oils
- walnuts

Many people think that flaxseed and/or flaxseed oil contain omega-3s. But flaxseed contains a different type of omega-3 (ALA) which is different from the types that are best for pregnancy and breastfeeding (EPA and DHA).

If you're not getting enough DHA from food, or you are concerned about mercury and other toxins in fish during pregnancy, another option is to take a **supplement of DHA**. Purified fish oil supplements are often the safest source of EPA and DHA. Make sure that your supplements are not made from fish livers (cod liver oil). The liver can contain high amounts of retinol vitamin A, which has been linked to birth defects.

If you would prefer to err on the side of caution, you can always look for supplements that are made specifically for pregnant women. **Several prenatal supplements include DHA**, either from fish oil or other sources. As with all supplements, talk to your health provider beforehand to make sure this choice is right for you.

How much Fish Oil should be taken?

Infants (1–18 months):

0–15 lbs: 32 mg/lb EPA+DHA

Children (1.5–15 yrs):

15 mg/lb EPA+DHA

Adults (15–115 yrs):

500 mg EPA+DHA (with a minimum of 220 mg EPA and 220 mg DHA)

Pregnant and Lactating Women:

300 mg DHA daily



Exercise in Pregnancy

Most women can, and should, engage in mild to moderate exercise during pregnancy. Exercise can help you stay in shape as well as prepare your body for labor and delivery. However, talk with your health care provider before you begin exercising during pregnancy.

The U.S. Department of Health and Human Services recommends that healthy pregnant women get at least 2 1/2 hours of aerobic exercise every week. This means that most pregnant women should try to get 30 minutes of aerobic exercise on most, if not all, days.

Walking, swimming and cycling are all excellent forms of exercise during pregnancy. Strengthening exercises are appropriate using light weights. You also may want to consider a prenatal exercise class. Instructors can illustrate safe and effective floor exercises.

Exercise during pregnancy can:

- Improve strength and stamina
- Strengthen muscles in preparation for labor and delivery
- Help to resolve constipation
- Improve fitness
- Relieve back pain
- Increase flexibility
- Improve your mood
- Improve your sleep

At the same time, there are a number of key points to keep in mind while you exercise:

- Your balance and center of gravity will change as your baby grows larger
- You may feel more short of breath as oxygen demands change
- Blood volume increases so your heart's workload increases
- Pregnancy hormones can cause ligaments to loosen and stretch

Whether you are pregnant or not, it always is important to warm up and cool down when exercising. Take five to 10 minutes at the beginning of your exercise session to gradually warm up your muscles and prepare your body. When you finish your exercise session, gradually slow down rather than stopping abruptly. The warm-up and cool-down periods can involve the same form of activity as your exercise -- for example, walking or swimming -- but should be performed at a lower intensity and slower speed.

Other important tips include:

- Dress for the weather
- Wear the appropriate clothing, such as supportive shoes for walking
- **Drink plenty of fluids!!!**
- Eat a healthy, balanced diet

Safety First

Don't over-do it. Stop exercising if you become short of breath and don't exercise to the point of exhaustion. If you feel short of oxygen, you may be compromising oxygen delivery to your developing baby. Here are other important safety tips:

- Don't take risks. Avoid any activity that could cause trauma to your abdomen.
- Don't perform exercises that involve bouncy, jerky motions. Avoid exercises that compress the uterus.
- During the second and third trimesters, don't do exercises that require you to lie flat on your back. This position is associated with a decrease in blood flow and oxygen delivery to the baby.
- You should be able to carry on a conversation while you're exercising. If you can't speak normally while you're working out, you're probably pushing yourself too hard. This could lead to overheating, dehydration or other problems.

Stop exercising and call your provider, if you experience any of the following:

- Significant pain
- Vaginal bleeding
- Leaking fluid
- Feeling dizzy or faint
- Significant shortness of breath

Avoid exercising if:

- You have risks for preterm labor
- You are bleeding or leaking fluid
- Your water has broken
- You have preeclampsia, high blood pressure from pregnancy
- You have other medical conditions or complications that require limited activity
- You are on bed rest

Before exercising during pregnancy, talk with your health care provider about any limitations or precautions you should take.



Sex During Pregnancy

Pregnancy is a time of physical and emotional change. Personal history, symptoms and attitudes about becoming a parent influence the feelings that a woman has about her body and about making love during pregnancy. The pregnancy may alter how a woman and her partner feel about making love, and differences in sexual need may arise. The best way to deal with these differences is to talk, to listen, and to be open to each other's feelings and concerns. In addition, questions about sexual practices and their effect on the baby and the pregnancy should be discussed with a health care provider during prenatal visits.

Pregnancy Changes and Sexuality

For many women, the first three months of pregnancy can bring fatigue and nausea. If these symptoms are present, a woman may not feel like making love.

Pregnancy brings an increased blood supply to the pelvic area. During the second three months of pregnancy, after the first trimester symptoms have passed and before the growing uterus makes positioning more of a challenge, many women enjoy sexual intercourse. A woman's breasts increase in size during pregnancy, enlarging even more with sexual arousal. For some women this is the first time that they truly enjoy having their breasts fondled, while others experience these changes as uncomfortable breast tenderness.

As the pregnancy progresses and a woman begins to lose her waistline, positioning and comfort become important in lovemaking. A woman may become depressed as the shape of her body changes. As the baby begins to move down into the pelvis, a woman may be bothered by increased pelvic pressure. She may not like the idea of intercourse and her partner also may worry about hurting the baby. In addition, orgasm may be somewhat frightening during pregnancy. Upon reaching orgasm, the uterus contracts in a rhythmical fashion. In a pregnant woman, these contractions last longer and in the third trimester they can occasionally turn into long, hard contractions that may feel uncomfortable. Sensitivity to each other's wishes is vital. Cuddling and massage may be an alternate way to share time together.

Pregnancy and Safe Sex

Partners need to be honest and realistic about sex during pregnancy. Open communication may help to defuse frustration. Because AIDS/HIV infection is transmitted through sexual activity, always practice safe sex. HIV infections can be transmitted to the unborn child. If you have questions about what is safe sex and want to discuss concerns in confidence, call 1-800-FOR-AIDS and ask for a health provider.

Sexuality and High Risk Pregnancy

For most women and their partners, sex during pregnancy is fine as long as both partners consent and are comfortable. However, certain problems can occur during pregnancy that put the fetus at risk for premature delivery. If you are experiencing vaginal bleeding, preterm labor or ruptured membranes, you should not have sexual intercourse and you should avoid having orgasms. Your health care provider will tell you if sex could be harmful and do not hesitate to ask if you have questions or concerns.

Suggestions for Making Love During Pregnancy

Some hints for satisfying and comfortable sexuality during pregnancy include:

Positioning

- Side lying -- partner behind woman
- Woman on hands and knees, partner kneeling behind
- Woman sitting on partner's lap

Lubrication

- Water soluble lubricant jelly, such as Astroglide, KY Jelly. Do not use baby oil or Vaseline.
- Lubricated condom

Alternatives

- Cuddling
- Full body massage



Traveling While Pregnant

There are few concerns associated with traveling while you are pregnant; however, the information below is provided to help make your trip the safest and most comfortable it can be.

Is it okay to travel during your entire pregnancy?

As long as there are no identified complications or concerns with your pregnancy, it is generally safe to travel at all times during your pregnancy. You may not want to travel too far from home when you are close to your due date. Ask your provider for his/her recommendations.

The ideal time to travel during pregnancy is the second trimester. In most cases, you are past the morning sickness of the first trimester and several weeks from the third stage of pregnancy when you are more easily fatigued.

What about travel on land while you are pregnant?

Whether you are going by car, bus, or train, it is generally safe to travel while you are pregnant; however, there are some things to consider that could make your trip safer and more comfortable.

- It is essential to buckle-up every time you ride in a car. Make sure that you use both the lap and shoulder belts for the best protection of you and your baby.
- Keep the air bags turned on. The safety benefits of the air bag outweigh any potential risk to you and your baby.
- Buses tend to have narrow aisles and small restrooms. This mode of transportation can be more challenging. The safest thing is to remain seated while the bus is moving. If you must use the restroom, make sure to hold on to the rail or seats to keep your balance.
- Trains usually have more room to navigate and walk. The restrooms are usually small. It is essential to hold on to rails or seat backs while the train is moving.
- Try to limit the amount of time you are in the car, bus, or train. Keep travel time around five to six hours.
- Use rest stops to take short walks and to do stretches to keep the blood circulating.

What about travel by air while you are pregnant?

Traveling by air is considered safe for women while they are pregnant; however, the following ideas might make your trip safer and more comfortable.

- Most airlines allow pregnant women to travel through 36 weeks. Traveling during the last month or two is usually allowed if there is permission from your health care provider.
- Most airlines have narrow aisles and smaller bathrooms, which makes it more challenging to walk and more uncomfortable when using the restroom. Because of potential turbulence that could shake the plane, make sure you are holding on to the seat backs while navigating the aisle.
- You may want to choose an aisle seat which will allow you to get up more easily to reach the restroom or just to stretch your legs and back. Try to get up and walk often.
- Travel on major airlines with pressurized cabins and avoid smaller private planes. If you must ride in smaller planes, avoid altitudes above 7,000 feet.
- Talk to your healthcare provider about the use of compression stockings.

What about travel by sea while you are pregnant?

Traveling by sea is generally safe for women while they are pregnant; the motion of the boat may accentuate any morning sickness or make you feel nauseous all over again. There are a few considerations to make your trip safer and more comfortable.

- Check with the cruise line to ensure that there is a health care provider on board in case there are any complications. Many cruise lines limit travel in the third trimester.
- Review the route and port-of-calls to identify if there is access to any medical facilities if needed.
- Make sure any medications for seasickness are approved for women who are pregnant and that there is no risk to the developing baby.
- Seasickness bands use acupressure to help prevent upset stomach and may be a good alternative to medication.

What about foreign travel while you are pregnant?

Traveling overseas has the same considerations that local or domestic travel has, but it also has additional concerns that you need to know about before making an international trip. The information below is provided to help you assess whether an international trip is good for you at this time.

- It is important to talk with your health care provider before you take a trip internationally to discuss safety factors for you and your baby.
- Discuss immunizations with your health care provider and carry a copy of your health records with you.
- With international travel, you may be exposed to a disease that is rare here in the United States, but is common in the country you visit.
- Contact the Centers for Disease Control and Prevention at (800) 311-3435 or visit their website at www.cdc.gov to receive safety information along with immunization facts related to your travels.
- Diarrhea is a common concern when traveling overseas because you may not be used to the germs and organisms found in the food and water of other countries. This can lead to a problem of dehydration. Here are some tips to avoid diarrhea and help keep you safe:
 - Drink plenty of bottled water
 - Used canned juices or soft drinks as alternatives
 - Make sure the milk is pasteurized
 - Avoid fresh fruits and vegetables unless they have been cooked or can be peeled (such as an orange or a banana)
 - Make certain that all meat and fish has been cooked completely; if you are unsure, do not eat it

How to make the best of your travels during pregnancy?

- Dress comfortably in loose cotton clothing and wear comfortable shoes.
- Take your favorite pillow.
- Plan for plenty of rest stops, restroom breaks and stretches.
- Carry snack foods with you. Drink plenty of water.
- If you are traveling any distance, make sure to carry a copy of your prenatal records.
- Wear your seatbelt and take other safety measures.
- You may want to think about always traveling with a friend or family member.
- Enjoy the trip.



Taking Medicine During Pregnancy

We hear so much in the news about the dangers of medicines for unborn babies. Because of these concerns, many women suffer through colds and headaches without any medicine at all. Some medicines are safe to take when pregnant and while breastfeeding and some are not. Because most medications do cross the placenta or enter into the breast milk, the fetus or newborn is exposed to small amounts of drugs you take. Your baby does not metabolize medications as well as an adult, so some medications can be harmful. This handout answers the most frequently asked questions about taking medicines during pregnancy.

Are There Certain Times in Pregnancy When it is More Dangerous to Take Medicines?

Your baby is developing most rapidly in the first 15 weeks of your pregnancy. This is the time you most want to avoid being exposed to anything that could harm your baby. To be safe, check with your health care provider before taking any medicine at any time during your pregnancy.

I've Been Taking Medicines That My Health Care Provider Gave Me Before I Got Pregnant. Can I Keep Taking Them?

If you are taking medicine and thinking about getting pregnant, talk with your health care provider. If you are taking medicine and just found out you are pregnant, tell your health care provider as soon as you know you are pregnant. Some medicines are so important to your health that you will need to keep taking them. Some medicines can be changed to a lower dose or different medicine to cut down on the risk to your baby.

Are Medicines I Can Buy Without A Prescription (Over-the-Counter) Safe to Take During Pregnancy?

Some medicines that you can get over-the-counter are safe to use during pregnancy and some are not recommended. Check with your health care provider before you take anything. This handout lists the most common over-the-counter medicines that are safe to use during pregnancy.

What are the Risks of Using Natural Herbs During Pregnancy?

Although herbs are natural, not all herbs are safe to take during pregnancy. Talk to your provider before using any type of herbal product. If you want to take herbs during your pregnancy, you may benefit from consulting a trained and experienced herbalist (or other professional trained to work with herbs). Herbs may contain substances that can cause miscarriage, premature birth, uterine contractions, or injury to the fetus. Few studies have been done to measure the effects of various herbs on pregnant women or a developing fetus.

CAUTION:

- If you need any of the following medications for more than 72 hours, call your provider for assistance.
- If the symptoms you have become more severe despite medication use, call your provider for assistance.
- Call your provider for fever >100.4F (38.0C), bleeding, persistent vomiting, continuous pain, blurry vision, continuous headache or leaking of fluid from the vagina.

	What to Do First	If You Need to Take Medicine
If you have a cold	<ul style="list-style-type: none"> • Get plenty of rest, drink lots of fluids, wash your hands a lot. Using a humidifier can help. • Use a saline nasal spray during the day and rub Vicks on your chest and on your throat before you go to bed at night to clear your stuffy nose. • Gargle with warm salt water and drink honey with lemon for a sore throat. • Rub a little Vaseline inside your nose to keep it from chapping. 	<ul style="list-style-type: none"> • <i>Stuffy nose</i>: chlorpheniramine (Chlor-Trimeton) or pseudoephedrine (Sudafed) • A saline nasal spray like Ocean Spray Nasal Spray may work well and is safe. • <i>Cough</i>: Guaifenesin and dextromethorphan (like Robitussin DM). Try to choose a cough syrup with the lowest amount of alcohol. • Cough drops are okay to use.
Seasonal Allergies	First, use home remedies listed under “colds”	<ul style="list-style-type: none"> • Use an antihistamine like Benadryl or Loratadine (Claritin) or Cetirizine (Zyrtec). • Some antihistamines have alcohol included, so check labels.
Headache	<ul style="list-style-type: none"> • Drink plenty of water – at least 6 big glasses a day. • Eat small amounts all day long instead of 3 big meals – to avoid low blood sugar. • Get someone to massage your neck and shoulders for you. 	<ul style="list-style-type: none"> • Acetaminophen (Tylenol) is best during pregnancy. • DON’T take Ibuprofen (Motrin), naproxen (Aleve), or aspirin.
Yeast Infections	Don’t douche	Use a vaginal cream like clotrimazole (Gyne-Lotrimin) or miconazole (Monistat-3 or Monistat-7).
Heartburn/Indigestion	<ul style="list-style-type: none"> • Eat 5-6 small meals per day and do not lie down right after eating. • Avoid foods that are acidic (like tomatoes, fruit drinks, spicy foods, fried foods). Drink or eat something like milk, before you lie down. Try chewing gum after eating. 	<ul style="list-style-type: none"> • If you need an antacid, take a chewable tablet that has calcium (Tums) or magnesium (Maalox). • Riopan, Mylanta, Gaviscon and Rolaids are safe to use. • DON’T take antacids that have aspirin (Alka-Seltzer, Pepto-Bismol) or soda bicarbonate (baking soda).
Constipation	<ul style="list-style-type: none"> • Drink more fluids – at least 6 big glasses of water a day is best. • Eat lots of fruit and vegetables for bulk. • Exercise can help. 	<ul style="list-style-type: none"> • Stool softeners like docusate sodium (Colace), fibers like Benefiber, Citrucel, and Metamucil (psyllium), and Milk of Magnesia are safe in pregnancy. • DON’T take mineral oil or Senokot.
Diarrhea	<ul style="list-style-type: none"> • Drink lots of clear liquids • Bananas, rice, apples/applesauce, and toast are constipating and soothing foods. Start off eating these foods then add other foods gradually. 	<ul style="list-style-type: none"> • If you have diarrhea for more than one day or are unable to keep any fluids down, call your health care provider. • Kaopectate and Imodium are safe in pregnancy.
Fever	<ul style="list-style-type: none"> • Increase rest and fluids. • Cool towels on your body or a luke warm shower/bath may help. 	<ul style="list-style-type: none"> • Call if your fever persists for more than 48 hours. • Acetaminophen (Tylenol) is best during pregnancy. • DON’T take Ibuprofen (Motrin), naproxen (Aleve), or aspirin

Herbs	It is <i>best</i> to talk to your provider before you take ANY kind of herbal preparation.	<ul style="list-style-type: none"> • Herbs that are likely safe in pregnancy include: red raspberry leaf, ginger root, peppermint leaf, oats/oat straw, garlic, slippery elm bark , psyllium, and cayenne • Herbs that are probably safe in pregnancy include: nettle, chamomile, dandelion, rose hips, and alfalfa
Vitamins	<ul style="list-style-type: none"> • The only vitamins you should be taking are prenatal vitamins with folic acid. Some providers recommend vitamins with DHA also (see handout on Omega-3 Fatty Acids) • Your provider may suggest extra calcium tablets if your diet appears deficient in calcium or extra iron tablets if you are anemic. 	Multi-vitamins come in many brands. You can choose an over-the-counter vitamin that contains a combination of vitamins sufficient for pregnancy or you can choose a prescription formula form.

See handout “Nausea and Vomiting in Pregnancy” for information on safe medications for nausea and vomiting.



Two Healthy Smiles – Tips to Keep You and Your Baby Healthy

Taking care of your mouth while you are pregnant is important for you and your baby. Brushing, flossing, eating healthy foods, and getting dental checkups and treatment will help make you and your baby healthy. Changes to your body when you are pregnant can make your gums sore, puffy, and red if you do not brush and floss every day. This problem is called gingivitis. If gingivitis is not treated, it may lead to gum disease. Give your baby a healthy start! Here are tips to keep you and your baby's teeth and gums healthy.

While You Are Pregnant

Brush and Floss

- To prevent or control tooth decay, brush your teeth with a soft toothbrush and toothpaste with fluoride twice a day.
- Floss once a day.
- If you can't brush your teeth because you feel sick, rinse your mouth with water or a mouth rinse that has fluoride.
- If you vomit, rinse your mouth with water.

Eat Healthy Foods

- Eat fruits, vegetables, whole grain products like bread or crackers, and dairy products like milk, yogurt, or cheese. Lean meats, fish, poultry, eggs, beans, and nuts are also good choices. Eat foods that have sugar at mealtimes only.
- Drink water or low-fat milk instead of fruit juice, sport drinks, or pop or soda.
- Drink water at least a few times a day, especially between meals and snacks.
- Cut down on sweets like candy, cookies, cake, and sugary drinks (like sport drinks, pop, or soda).
- Look for products (like chewing gum or mints) that are sugar-free or contain xylitol.

Get Dental Care

- Get a dental checkup. It is safe to have dental care when you are pregnant. Don't put it off until after you have the baby. It is recommended that you get a dental exam every 6 months.
- Tell the dental office staff that you're pregnant and your due date. This will help the dental team keep you comfortable.
- The dental team may recommend rinses with fluoride or chewing gum with xylitol, which can help reduce bacteria that can cause tooth decay and gingivitis.
- Talk to your doctor or midwife if you need help getting dental care or making an appointment.

Resources

Find a Dentist: <http://www.aapd.org/finddentist>

<http://www.ada.org/public/disclaimer.asp>

<http://www.agd.org/findadentist/disclaimer.asp>

Finding Low-Cost Dental Care:

<http://www.nidcr.nih.gov/FindingDentalCare/ReducedCost/FLCDC.htm>

Guides to Finding Health Insurance Coverage in Your State:

<http://covertheuninsured.org/stateguides>



Danger Signs During Pregnancy

The following are danger signs indicating potential problems during pregnancy. Notify your provider at once if you develop:

- Continuous vomiting
- Chills or fever
- Continuous pain
- Burning with urination
- Blurred vision
- Continuous headache
- Sudden swelling of hands or face
- Five or more uterine contractions per hour
- Leaking of fluid from the vagina (blood or water)
- Decreased fetal movement

If you bleed any time during your pregnancy, have someone telephone your provider.

For your baby's health, take pills or medication ONLY with the approval of your doctor or midwife.



Tobacco, Marijuana, Alcohol, and Drugs During Pregnancy

Tobacco, alcohol and drugs can have harmful effects on anyone's health. When a pregnant or nursing woman uses these substances, her baby also is exposed to them, for all substances cross the placenta through the umbilical cord and enter into the baby's bloodstream.

While pregnant, it is best to eat well, stay healthy and avoid taking anything that might be harmful to the mother's or baby's health. A health care provider can give you more information about these issues.

Tobacco

Women who smoke during pregnancy are more likely to have babies who are too small. Smoking also increases the risk of miscarriage, preterm labor, stillbirth and newborn death. Babies born weighing less than 5 pounds may have more health problems early in life and learning problems later in school. If you smoke, quit now. Ask your health care provider for information about classes or support groups for pregnant women who want to quit smoking.

Caffeine

Caffeine is present in coffee, tea, sodas and some medications. For at least 10 years, there has been controversy over whether caffeine is harmful during pregnancy. Some studies suggest caffeine is harmful, pointing to an increased risk of miscarriage, early delivery or lower birth weight. Other studies have shown that women who consume a moderate amount of caffeine do not experience these problems. Because results are conflicting, no one knows the true risk. We recommend drinking as little caffeine as possible (1 cup or less a day).

Marijuana

Marijuana can affect fetal and infant development and may cause miscarriage. Although the effects of marijuana on an unborn baby are still unknown, studies have indicated that prenatal marijuana use is linked to premature births, small birth size, and an increase in newborn jitteriness.

Marijuana smoked by a pregnant woman remains in the baby's fat cells for seven to 30 days. Smoking marijuana can affect the amount of oxygen and nutrients the baby receives, which may affect growth. Marijuana is never safe during pregnancy and it can harm the baby at any stage. In addition, marijuana can have long-term effects on infants and children, such as having trouble paying attention or learning to read.

Alcohol

Drinking alcohol can increase the risk of miscarriage, stillbirth, newborn death and fetal alcohol syndrome (FAS). Babies with FAS have low birth weight, heart defects, facial defects, learning problems and mental retardation. Since it is not known if there is a safe level of alcohol during pregnancy, the best advice is not to drink at all. The best time to stop drinking alcohol is before you conceive. If your pregnancy is unplanned, you should stop drinking as soon as you suspect you are pregnant.

"Street" Drugs

A pregnant woman who uses drugs like cocaine, crack, heroin and methadone may have a baby born addicted to the substances she took during her pregnancy. Cocaine is one of the most harmful drugs to unborn babies. Cocaine can cause a woman to miscarry and may cause preterm birth, bleeding, fetal death and fetal strokes, which can lead to brain damage and death. After birth, a baby who has been exposed to cocaine prenatally goes through withdrawal, signs of which include jitters and irritability. These babies are hard to comfort and are often unable to respond to their mothers. Cocaine use during pregnancy also may be linked to an increased risk of sudden infant death syndrome, or SIDS.

Amphetamines or "speed" also are harmful to unborn babies. One study showed that the fetuses of mothers who used speed during pregnancy had decreased weight, length and head size. Another study showed that these babies had more strokes, or bleeding into their brains.

**Ask your health care provider for more information about substances and their effects on pregnancy.
Remember -- your baby needs a healthy mom!**

Resources

Center for Prenatal Development Smoking Cessation: 505-883-5657

FREE sessions for pregnant women (and their partners) who smoke.

Wednesdays 4pm-6pm.

Milagro Program – Perinatal Substance Abuse Prevention and Treatment: 505-925-2493

Case managers and substance abuse counselors provide comprehensive services for pregnant and parenting women with their children.

Focus Clinic – UNM Family Medicine department: 505-272-3459

For substance using moms both in pregnancy, postpartum, and beyond that treats the whole family

Alcoholics Anonymous: 505-266-1900

<http://www.albuquerqueaa.org/>

www.aa.org/

Narcotics Anonymous: 505.260-9889

<http://www.riograndena.org/albq.php>

<http://www.na.org/>



Pregnancy and Domestic Violence

During pregnancy, domestic violence is more common than any other health problem among women and is a great threat to both the mother's and baby's health. Domestic violence is a pattern of controlling behavior, including physical, sexual, and emotional attacks, as well as control over money that people use against their partners.

Violence during pregnancy is common:

Each year, one in 12 women in this country is physically hurt by her intimate partner. That makes abuse more common than any other serious problem a woman can have in pregnancy.

Health risks to the woman:

If you are being hurt or threatened by your partner while you are pregnant, you have a higher chance of:

- Injury to your uterus (where your baby grows)
- Miscarriage, stillbirth or premature baby
- Getting a dangerous vaginal infection from forced or unprotected sex with someone who has an infection
- Increased vaginal bleeding
- Anemia
- Abusing alcohol, tobacco, and drugs
- Depression and suicide attempts

Health risks to fetus:

Violence during pregnancy can lead to injuries that may cause:

- Premature delivery
- Low birth weight
- Miscarriage

Effects on the newborn:

For women who report abuse during pregnancy, the abuse usually increases after the baby is born. The stress in the relationship can cause the infant to:

- Have difficulties being comforted or settled
- Have trouble nursing or taking a bottle
- Have sleeping problems
- Have delays in the child's physical and language development
- Be physically and sexually abused
- Be hurt during a fight

Exposure to violence can have long lasting effects on the child's health:

Children who witness intimate partner violence are likely to have anxiety and depression and be aggressive with peers. They also have more learning problems (poor memory and trouble concentrating). As they get older they are more likely to abuse drugs and alcohol, do criminal activity, and have trouble being around other people.

The Question Is: Are YOU safe in your relationship?

You are being abused if someone . . .

- Kicks, shoves, slaps, punches, shakes, pinches, pulls your hair, or physically harms you in any way
- Forces you to have sex against your will or makes you have sex in ways that are painful or ways that make you feel bad about yourself
- Keeps you away from friends or relatives or does not allow you to work or needs to know where you are all the time
- Says things to you that make you feel bad about yourself or calls you names in front of your children or others
- Threatens to hurt your children if you do not do what he/she wants
- Hurts your dog, cat, or other pets to punish or scare you
- Threatens to take your children if you leave him/her
- Threatens to kill himself/herself if you leave

If you answer “yes” to any of these questions you are not alone...

Also, it is important to know that you can still be in an abusive relationship even if you do not live with that person.

The Things Listed Above Happen Sometimes, But Not Every Day. Is That Still Domestic Violence?

Yes. Domestic violence usually follows a cycle or goes through phases like these:

Phase 1—Things start to get tense. Your partner may be silent or slam doors or pick on you. You can tell there is going to be a blow up, so you start to be very careful trying to keep the blow up from coming.

Phase 2—The blow up happens: yelling, hurting you, hurting your children, hurting your pets, or breaking things.

Phase 3—The “honeymoon.” The abuser seems calm. He may say, “I’m sorry.” Your partner may promise that a blow up will never happen again. Things are calm for a few days or even a month. Then the tension starts to build again, and you go back to phase 1.

In order to have a healthy pregnancy and baby, you must be free of violence and fear. If you are experiencing domestic violence, it is important that you talk with your health care provider. She or he can help you understand your options on how to live more safely within your relationship or how to leave the relationship. She can connect you with a variety of community resources available that will help you develop a safety plan for you and your baby.

What can you do?

Recognize that you are in an abusive relationship. Once you realize this, you’ve made the first step towards help. There are lots of things you can do.

Tell someone you trust. This can be a friend, someone from your church or religious center, a health care provider, or counselor. Once you’ve confided in them, they might be able to put you in touch with a crisis hotline, domestic violence program, legal-aid service, or a shelter or safe haven for abused women.

Have a plan for your safety. This can include:

- Learn the phone number of your local police department and health care provider’s office in case your partner hurts you. Call 911 if you need immediate medical attention. Be sure to obtain a copy of the police or medical record should you choose to file charges against the abuser.
- Find a safe place. Talk to a trusted friend, neighbor or family member that you can stay with, no matter what time of day or night, to ensure your safety.

- Put together some extra cash and any important documents or items you might need, such as a driver's license, health insurance cards, a checkbook, bank account information, Social Security cards and prescription medications. Have these items in one safe place so you can take them with you quickly.
- Pack a suitcase with toiletries, an extra change of clothes for you and your children, and an extra set of house and car keys. Give the suitcase to someone you trust who can hold it for you safely.

Remember: No one deserves to be physically or emotionally abused. Recognize the signs of abuse and seek help. You might feel very scared at the thought of leaving, but you've got to do it. You and your baby's life depend on it.

CALL for help:

- 911 if you are in immediate danger
- National Domestic Violence Hotline: (800)799-SAFE
- National Teen Dating Violence Hotline: (877)923-0700
- New Mexico State Coalition Against Domestic Violence: (800)773-3645

Help Online:

An Abuse, Rape and Domestic Violence Aid and Resource Collection:

<http://www.aardvarc.org/dv/states/nmdv.shtml>

Family Violence Prevention Fund: www.endabuse.org



Depression During Pregnancy and Postpartum

Pregnancy and the postpartum period are times of great change – physically, hormonally, emotionally, and socially. While pregnancy and birth are joyful occasions, they are also times of increased stress, which puts women at higher risk for depression.

Depression affects 10-20% of all women in pregnancy and postpartum. It can begin before the baby is born or develop months after the baby arrives. Any woman can develop depression during pregnancy or postpartum.

The Blues – a normal part of adjusting to pregnancy and parenting

Having emotional ups and downs, and being overwhelmed and upset from time to time, is normal and common for most pregnant women and new mothers.

After delivery, a majority of women will develop postpartum blues within the first two days to two weeks. Many women find that talking to family and friends (including other new mothers), taking time to care for themselves, and getting more rest and help with childcare duties, will help them feel better.

Depression – more than just The Blues

Women who are depressed suffer from a variety of the following symptoms every day for two weeks or more:

- Feeling worthless or guilt
- Loss of appetite or overeating
- Anxiety or panic attacks
- Dislike or fear of touching the baby
- Feeling overwhelmed or unable to take care of your baby
- Trouble sleeping
- Low energy, difficulty getting out of bed
- Thoughts of death or suicide
- Loss of interest in previously enjoyable activities

Depression is bad for you and your baby's health

Besides being very difficult for women and their families, maternal depression can interfere with babies' intellectual and emotional development.

Depression is an illness that is treatable

Untreated depression can last for months or years, but there are many good treatment options available. Treatment can include individual therapy, group support and/or education, and medication. Many antidepressant medications can be taken during pregnancy and while you breastfeed.

If you feel you may be suffering from depression or if you just want to talk about what resources are available, call and make an appointment with your provider.

Resources

Presbyterian Behavioral Health Outpatient Therapy Program: (505)291-5300

March of Dimes: Depression During Pregnancy: http://www.marchofdimes.com/pnhec/188_15663.asp

Depression After Delivery: (800)944-4PPD
www.depressionafterdelivery.com

Postpartum Support International: (805)967-7636
www.postpartum.net

Parents Helping Parents Support Group
University of New Mexico – free for everyone
Group meets every other Tuesday from 6:00-7:30pm
Please contact Felicia Mancini at: (505)272-6387

Postpartum Education for Parents (PEP): (805)564-3888 (warm line)
<http://www.sbpep.org/>



Environmental Hazards During Pregnancy

There are many chemicals in the air, in homes, and in businesses that could hurt you or your baby's health during pregnancy. This handout tells how to avoid dangerous chemicals, lead, and pesticides which may be harmful to you or your baby.

Are Cleaning Products Dangerous?

There are lots of chemicals used in cleaning products. Make sure to read the labels for warnings for pregnant women. NEVER use anything labeled "toxic." Do not mix ammonia and chlorine products. The mixture makes a gas that is harmful for anyone. There are many natural products, which can be safer to use during pregnancy. If you use any cleaning products, make sure to wear thick rubber gloves, and open the windows to get rid of the fumes.

What About Beauty Products During Pregnancy?

Chemicals used in nail salons let off fumes that can be toxic, and you should try to avoid them while you are pregnant. If you cannot avoid them, make sure there is an open window or door for fresh air. Hair products such as dyes, permanents, and straighteners are thought to be relatively safe to use during pregnancy. You will get a very small amount of the chemical into your body from your scalp, but there are no reports that this exposure is harmful to you or your baby. It is best to avoid these products during the first trimester.

How Can I Avoid Lead Exposure?

Lead can be damaging to the nervous system. It has been illegal to use lead in making household products since 1978, but lead might be found in the paint and pipes present in older homes. Other sources of lead include drinking water from old pipes, lead crystal glassware, some ceramic dishes, wicks of scented candles, and the plastic grips on some hand tools. Lead may also be found in some arts and crafts materials, such as oil paints, ceramic glazes, and stained glass supplies.

If you think you have lead paint in your home, you can paint over it with latex paint, or there are ways to have it removed safely. You should not be in or around the house for several hours when this happens. If you think your water may have lead in it, contact your state health department to find out how to get your pipes tested. Many home water filters do not remove lead, so you should read their labels carefully.

- Only use cold tap water and let the water run for 30 to 60 seconds before drinking it.
 - If you are worried about the pipes in your home, use a reverse osmosis water filter such as the "Brita" type.
- Many home water filters do not remove lead, so you need to read their labels carefully.

Some pregnant women have a desire to eat clay soil or chips of clay pottery. This is called "pica" and can result in lead poisoning. Let your health care provider know if you are eating clay.

How Can I Avoid Pesticides During Pregnancy?

Pesticides are chemicals used to kill bugs. They are found in water, on fruits, vegetables, in gardens and parks, and most places plants grow. Make sure to wash all fruits and vegetables before eating them. Pregnant women should avoid pesticides, but if you have to use them:

- Have someone else apply the chemical.
 - Avoid being in the area where pesticides have been used for 24 hours.
 - Remove food, dishes, towels, and eating utensils from the area where pesticides are used.
- If you have to use pesticides yourself, wear gloves and clothing that you can wash.

Shoppers' Guide to Pesticides (from Environmental Working Group)

Dirty Dozen (Buy These Organic)	Clean 15 (Lowest in Pesticides)
1) Peach 2) Apple 3) Bell Pepper 4) Celery 5) Nectarines 6) Strawberries 7) Cherries 8) Kale 9) Lettuce 10) Grapes (imported) 11) Carrot 12) Pear	1) Onion 2) Avocado 3) Sweet Corn 4) Pineapple 5) Mango 6) Asparagus 7) Sweet Peas 8) Kiwi 9) Cabbage 10) Eggplant 11) Papaya 12) Watermelon 13) Broccoli 14) Tomato 15) Sweet Potato

For More Information

March of Dimes: <http://www.marchofdimes.com/>

Environmental Protection Agency:

About Mercury: <http://www.epa.gov/mercury/index.htm>

Lead in your Home: A Parent's Reference Guide: <http://www.epa.gov/lead/leadrev.pdf>

Environment, Health, and Safety Online: <http://www.ehso.com/ehshome/pregnancy.htm>

Skin Deep: <http://www.cosmeticsdatabase.com/index.php?nothanks=1>

A Safety Guide to Cosmetics and personal care products

Environmental Working Group Shopper's Guide to Pesticides: <http://www.foodnews.org/>



SAFETY – Seat Belts, Hot Tubs, Paint, Cats

➤ **Seat Belts During Pregnancy**

Experts agree that everyone, including pregnant women, should wear a seat belt when riding in a car. When used properly, seat belts save lives and lower the chances of severe injury during car crashes.

Depending on how severe a car accident is, pregnant women could be at risk for miscarriage, preterm labor, and other serious complications. The more injuries a mother has during a car accident, the greater the risk to her unborn baby. If the pregnant woman is wearing her seat belt properly at the time of the accident, she and her baby will face fewer injuries.

There are nearly 170,000 car crashes involving pregnant women every year. So it's important for moms in all stages of pregnancy to properly wear seat belts at all times when traveling in a car.

Guidelines for Wearing a Seat Belt

- Always wear both the lap and shoulder belt.
- Buckle the lap strap under your belly and over your hips.
- Never place the lap belt across your belly.
- Rest the shoulder belt between your breasts and off to the side of your belly.
- Never place the shoulder belt under your arm.
- If possible, adjust the shoulder belt height to fit you correctly.
- Make sure the seat belt fits snugly.

Other Helpful Tips

- Driving can be tiring for anyone. Try to limit driving to no more than 5-6 hours per day.
- Never turn off the air bags if your car has them. Instead, tilt your car seat and move it as far as possible from the dashboard or steering wheel.
- If you are in a crash, get treatment right away to protect yourself and your baby.
- Call your health provider at once if you have contractions, pain in your belly, or blood or fluid leaking from your vagina.

➤ **Hot Tubs**

For many pregnant women, sitting in a hot tub sounds like a great way to ease muscle aches related to pregnancy. It is important to use caution when choosing a hot tub for relaxation and pain relief. Hot tubs can cause hyperthermia, which is an abnormally high body temperature.

What is the concern with hot tubs during pregnancy?

The American College of Obstetricians and Gynecologists (ACOG) states that becoming overheated in a hot tub is not recommended during pregnancy. ACOG also recommends that pregnant women never let their core body temperature rise above 102.2° F. Some studies have shown an increased risk of birth defects in babies of women who had an increased body temperature during the first trimester of pregnancy.

Hot tubs are often factory programmed to maintain a water temperature of approximately 104° F. It takes only 10-20 minutes in a hot tub to raise your body temperature to 102° F or higher. To maintain a steady temperature, water is circulated and re-circulated through the hot tub to pump out cold water and pump in hot water.

So, is a hot bath safer than using a hot tub?

A hot bath, which is not uncomfortable or scalding, is a safer way to relax. In a bath, much of your upper body will remain out of the water, making you less likely to overheat. Additionally, the water in a bath begins to cool off, as opposed to a hot tub, further reducing any risk of overheating.

How to reduce the risk if you choose to use a hot tub:

Although hot tubs use during pregnancy is not recommended, here are some steps you can take to reduce any risk:

- Re-program your hot tub to maintain a lower temperature.
- Limit time in a hot tub to 10 minutes or less.
- Monitor the temperature of the water by dipping a thermometer in the hot tub.
- Monitor your body temperature to avoid overheating. **Drink lots of water!**
- Pay attention to warning signs such as becoming uncomfortable or if you stop sweating.

➤ **Paint**

The most common question related to pregnancy and paint exposure has to do with painting the new baby's nursery or decorating the house before the baby arrives. Unfortunately, there are no studies that document the effects of household painting on pregnancy and the developing baby.

Currently, the assumption is that household painting involves very low levels of exposure. The recommendation is to avoid exposure to oil-based paints, leads, and mercury. You should minimize exposure to latex paints that contain ethylene glycol ethers and biocides. Ideally, you should get someone else to do the job for you.

Lead based paint was commonly used prior to the 1970s, so pregnant women should avoid removing old paint because of the risk of lead exposure. According to the U.S. Food and Drug Administration, exposure to lead paint increases the likelihood of lead poisoning and mental retardation. Scraping and sanding old paint should be completely avoided. This puts higher concentrations of solvents and chemicals into the air to be inhaled. The recommendation is to have someone else do this part of the remodeling and ideally, remove yourself from the location until the project is complete.

If you are just too excited and you must paint the nursery, make sure you follow these guidelines to decrease the likelihood of paint exposure:

- Protect your skin by wearing protective clothing that includes long pants, long-sleeved shirts and gloves
- Someone else should do the prep/cleanup work if there is ANY question of lead paint
- Check out the volatile organic compound (VOC) levels of the paint. VOC-free, no-VOC, or zero-VOC paints are best, but low-VOC or low-odor paint is better than nothing. Try to find paint with $\leq 50\text{g/L}$ VOC levels.
- Be certain that the room and house are well ventilated; open the windows and turn on fans
- Limit the time you spend on the project; take breaks and move into the fresh air frequently
- Keep your food and drinks away from the area so solvents and chemicals will not accidentally be consumed

➤ **Cats**

Pregnant women need to be careful of toxoplasmosis when handling their cat.

- Toxoplasmosis is an infection caused by a parasite. It can be carried by cats.
- Cats pass this parasite in their feces (stool).
- You can get toxoplasmosis by cleaning kitty litter or touching dirt where cats might have been, including garden soil.
- You can also get toxoplasmosis from eating undercooked meat, especially pork, lamb or deer meat.

Many people who get toxoplasmosis never have any symptoms. But this illness can cause serious complications in pregnancy, such as birth defects or even loss of the pregnancy. If a pregnant mom becomes infected with toxoplasmosis for the first time just before or during pregnancy, she has a 1 in 2 chance of passing the illness to her baby.

Pregnant women can lower their chance of getting toxoplasmosis by:

- Asking a family member who isn't pregnant to clean out the litter box every day
- Keeping cats indoors
- Staying away from stray cats
- Washing hands well with running water and soap after coming in contact with cat's stool or after gardening
- Covering the children's sandbox to stop cats from using it as a litter box
- Avoiding undercooked meat
- Washing kitchen utensils and counters very well

If you own other pets, such as reptiles, birds, rodents, or farm animals, ask your provider for additional safety information regarding their care and your pregnancy.



Protecting Yourself and Your Baby – HIV Testing

If you are pregnant or think you may be pregnant, you need to know about HIV, the virus that causes AIDS.

Pregnancy is a time to take care of yourself and get regular medical checkups for your health and your baby's health. Your health care provider will ask you questions and check you for conditions so that you and your baby can be as healthy as possible. **As part of your routine prenatal care or when you are in labor and delivery, you will be tested for HIV unless you decline.** HIV testing during pregnancy is the best choice for you and your baby.

What is HIV?

Human Immunodeficiency Virus (HIV) is a disease that weakens the immune system, making it hard for the body to fight infections.

How is HIV transmitted?

HIV is primarily spread by having unprotected sex (vaginal, anal or oral sex without a condom) or sharing needles with an HIV-infected person. Most women in the US who are HIV positive have been infected through sex with HIV positive men. A pregnant woman who is HIV infected or who has AIDS can pass HIV to her baby during pregnancy, delivery, and while breastfeeding.

How will an HIV test help my baby?

An HIV test will help you and your baby by alerting you to the need for treatment if your HIV test is positive. If you are HIV positive, treatment with appropriate medication can greatly reduce your chances of giving HIV to your baby.

What does a negative test mean?

If you have a negative HIV test result, this means that the test does not show evidence of HIV at this time. If you were infected with HIV in the past six months, the test could be negative now, but turn positive later. If you have reason to believe that something has happened in the past six months that puts you at risk for HIV, you should take the test again in six months.

What if I test HIV positive?

If you are HIV positive, you will want to discuss treatment options with your health care provider.

You can protect yourself from HIV by:

- Using a latex/polyurethane condom (male or female) when you have sex even if you are pregnant.
 - Condoms greatly reduce the transmission of HIV.
 - Use only water-based lubricants, such as those found over the counter.
 - Oil-based lubricants (like Vaseline or kitchen oils) will weaken condoms and make them less effective.
- Not sharing needles for injecting drugs, steroids, vitamins, tattooing, or piercing.

Other resources for help: Call the New Mexico HIV/AIDS Hotline at 1-800-545-2437 for HIV referral and consultation resources including experts of prenatal HIV treatment in your local area.

How Your Baby Grows

MONTH 1: Conception to about 8 weeks



Your Baby

- Many of the baby's features were determined from the moment the mother's egg and the father's sperm met.
- The father's sperm has already determined your baby's sex.
- Tiny limb buds appear. These grow into your baby's arms and legs.
- Your baby's heart and lungs begin to form. By the 22nd day, the heart starts to beat.
- Your baby's neural tube begins to form. This becomes the brain and spinal cord.
- By the end of the first month, your baby is about 1/4 inch long. By the end of the second month, your baby is about 1 inch long and still weighs less than 1/3 ounce.

Your Body

- Your body is making lots of hormones that help your baby to grow. Hormones can make you feel moody or cranky.
- Your breasts may get bigger. They may hurt and tingle.
- You may feel sick to your stomach. This is called morning sickness, even though it can happen any time of day. Try eating crackers and smaller meals.
- You haven't gained much weight or changed your body size this month.
- You may crave some foods or hate foods you usually like.
- You may feel tired. Rest when you can.
- It is normal to feel ambivalence about pregnancy.
- Your uterus will grow larger, softer, and rounder, but it is down behind the pubic bone where you can't feel it.

MONTH 2: Weeks 8 to 12



Your Baby

- Your baby's major body organs, like the brain, the heart and lungs, are forming.
- The baby's head is large because its brain is growing faster than its other organs.
- The baby's heart beats.
- The placenta is working. The placenta grows in your uterus and supplies the baby with food and oxygen through the umbilical cord.
- Your baby's ears, ankles, wrists, fingers and toes are formed. Eyelids form and grow but are sealed shut.
- The stomach, liver, and kidneys are forming. Kidneys produce urine.
- Your baby grows to be about 2 1/2 inches long and weighs 1/2 to 1 ounce by the end of this month.

Your Body

- The embryo becomes a fetus.
- The placenta continues to grow and is fully functioning and producing hormones.

- Your breasts may still be sore and are getting bigger. Your nipples and the area around them begin to get dark.
- You have to go to the bathroom more often because your uterus is growing and pressing on your bladder.
- Your vaginal secretions are becoming thicker, whiter and stickier.
- You may still have nausea.
- You may feel tired and need to rest more often.
- Your body makes more blood.
- Your uterus may feel like a small bump above your pubic bone by the end of this month.
- It is normal to feel different emotions; you may be happy and sad without any obvious reason that you can think of.

MONTH 3: Weeks 12-16



Your Baby

- The umbilical cord is well formed and blood is circulating between your infant and the placenta.
- Your baby's fingernails and toenails are formed.
- Your baby's mouth has 20 buds that become baby teeth.
- By the end of this month, your baby's ears, arms, hands, fingers, legs, feet, and toes will be completely formed.
- Your baby's vocal cords are formed, and taste buds are forming.
- Fine hairs begin to form on your baby's skin.
- The neck is well defined and the head (still the largest part) can be held erect.
- You can hear your baby's heartbeat for the first time with the Doppler. The heart beats 120-160 beats per minute.
- Your baby can move, but it is still too tiny to be felt by the mother.
- Your baby measures about 6 inches long and weighs about a ½ pound by the end of this month.

Your Body

- You may still feel tired and have nausea, but it is starting to go away and your appetite may start to increase by this time. You may begin to have more energy by the end of this month.
- Your vaginal secretions increase.
- Pressure on the bladder is less, so urinary frequency decreases.
- You may notice you are constipated as hormones of pregnancy cause your bowel activity to be more sluggish.
- You may sweat more easily than usual.
- The placenta is now completely formed and hormones are produced in amounts needed to keep your pregnancy healthy.
- You may have gained 2 to 4 pounds by now. Your clothes may begin to feel tight.

MONTH 4: Weeks 16-20



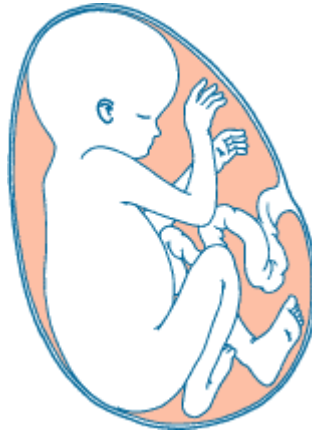
Your Baby

- The amniotic fluid increases during this month and your baby enjoys moving about freely inside the amniotic fluid. Your baby moves, kicks and swallows. Baby's movements may become strong enough for some to be felt by the mother by the end of this month.
- Your baby's skin is pink and see-through. Hair begins to appear on the head.
- The baby's kidneys now make urine.
- The eyebrows and eyelashes begin to grow.
- By the end of the fourth month, your baby is about 10 inches long and weighs about $\frac{3}{4}$ of a pound.

Your Body

- Your uterus grows to your belly button by the end of this month.
- Your weight starts to increase by about $\frac{3}{4}$ to 1 pound a week now. Your belly begins to show. You may need to wear maternity clothes and bigger bras now.
- The placenta secretes hormones into your body that helps to soften some of your joints and muscles to make labor and birth easier.
- You may be hungrier more often. Cravings may start for certain foods and continue throughout pregnancy.
- A line down the middle of your abdomen may darken (linea nigra).
- You may be less tired now; you may find you are beginning to enjoy pregnancy.
- Your skin may be very dry, your hair fuller, and your nails grow more.

MONTH 5: Weeks 20 to 24



Your Baby

- Your baby becomes more active. He can turn from side to side and sometimes head over heels. Movement of the arms and legs are easier for you to feel now.
- Your baby goes to sleep and wakes up.
- The skin is covered by a white secretion (vernix caseosa) that protects its skin as it moves in the amniotic fluid.
- Some hair may be present on the head.
- The eyelids are still closed.
- The skin is wrinkled and red but slowly being filled out with fat.
- Your baby grows a lot during this month.
- By the end of the fifth month, your baby is about 12 inches long and weighs 1 $\frac{1}{2}$ pounds.

Your Body

- You will continue to gain about $\frac{3}{4}$ pounds a week now or about 2-4 pounds a month.
- Your baby will begin to move a lot; you will notice certain patterns of quiet and activity.
- The top of the uterus can be felt at or above the belly button.
- Your breasts continue to grow larger; they may get softer and the veins will start to show. You may notice colostrum (clear fluid) leaking from your breast.
- Your heart beats faster. It is normal to feel faint or dizzy, especially with sudden changes in position.
- Constipation may be more troublesome. Drinks lots of water and eat lots of fruits and vegetables. Try prunes or prune juice.

- Your hair may begin to feel thicker and oilier.
- You usually feel good; people begin to talk about how good you look.
- Varicose veins may appear. Try wearing support hose and elevate your legs when resting.
- You may need eight or more hours of sleep each night. Rest and take breaks during the day if you can. Don't push yourself.
- You may have some feelings from time to time of not being able to cope; this can happen anytime during pregnancy.

MONTH 6: Weeks 24 to 28



Your Baby

- Your baby's skin is still red and wrinkled. It's covered with fine, soft hair.
- Your baby can kick strongly now. It can cry and hiccup.
- Your baby can respond to noises from the outside; it may move or become quiet.
- Parts of the baby will be big enough to be felt by the doctor or midwife when they examine your abdomen.
- Your baby's eyes are almost completely formed. Soon they can start to open and close.
- Ridges for fingerprints are forming.
- By the end of the sixth month, your baby is about 14-15 inches long and weighs 2 to 2 ½ pounds by the end of this month.

Your Body

- The skin on your belly may itch. You may see stretch marks on your abdomen, hips, and breast. Use lotion and wear loose clothes.
- You may have occasional heartburn, especially if you eat heavy, greasy, or spicy foods.
- Your back may hurt. Don't stand for long periods of time. And don't lift heavy things.
- You may feel pain down the sides of your belly as your uterus gets bigger. You may also notice some tightening and relaxing of your uterus (Braxton-Hicks contractions).
- Your appetite is good; you have probably forgotten about nausea most of the time.
- You find yourself getting more and more involved with your baby as it grows inside you.
- You look healthy – there is a special glow to your skin and a sparkle in your eye.
- Your sex drive may increase or decrease; it may change week to week.
- You may find lying on your side with many pillows is more comfortable for sleeping.

MONTH 7: Week 28-32



Your Baby

- Your baby can open and close his/her eyes and suck his/her thumb.
- Your baby is now covered with fine, softy hair called “lanugo”.
- The fingerprints are set.
- Baby will have definite periods of sleeping and waking.
- Your baby kicks and stretches.
- Your baby responds to light and sound.
- The brain and nervous system now mature rapidly.
- If it's a boy, the testicles will start to descend into the scrotum.
- By the end of the seventh month, your baby is about 15 to 16 inches long and weighs about 2 1/2 to 3 pounds.

Your Body

- Your uterus is now moving up closer to your ribcage; you may feel kicking against your ribs.
- You can watch your abdomen move as your baby moves about.
- Your breast may leak enough that you need to wear padding in your bra. If your breasts are not leaking, you will still have plenty of milk for baby.
- Your weight may increase faster than you expect; this begins the period of greatest growth for your baby.
- You begin to tire more easily.
- Your ankles and feet may swell. Try lying down and putting your feet up. If your hands and face swell suddenly, call your health care provider.
- You may be aware of a loosening in the pelvic bones as you walk.
- You may have contractions. This is OK, but call your health care provider if you have more than four to six contractions in one hour.
- As your belly gets bigger, you begin to feel a bit more awkward and it may get harder to keep your balance; you may also notice light headedness as you get up from a lying down position. Careful! This makes it easier to fall.
- You may have trouble sleeping because your baby moves a lot. Try sleeping on your side or with extra pillows.

MONTH 8: Weeks 32 to 36



Your Baby

- Your baby is getting bigger. He can kick strongly and roll around. You may see the shape of his elbow or heel against your belly.
- The skin is smooth as fat begins to fill out the wrinkles. The soft downy hair begins to disappear.
- The eyes are open.
- Your baby's fingernails have grown to the tips of his fingers.
- Your baby's brain and lungs are still growing.
- Baby may settle down into the position for birth.
- By the end of the eighth month, your baby is about 18 to 19 inches long and weighs about 4 1/2 to 5 1/2 pounds. Your baby gains about 2 pounds this month.

Your Body

- You may feel stronger contractions this month.
- You may have trouble breathing as the baby pushes on your lungs. Slow down and try to sit and stand up straight.
- Your baby may crowd your stomach. Try eating four or five smaller meals during the day.
- Your heartburn may increase. You may have trouble with hemorrhoids and constipation.
- You can feel the parts of the baby through your abdominal wall.
- You begin to tire easily.
- Vaginal secretions increase more. Your breast may leak.
- You may perspire more easily.
- You should gain about one pound a week this month.

MONTH 9: Weeks 36-40



Your Baby

- Your baby's lungs are ready to work on their own.
- The fingernails become complete and may grow long.
- Your baby moves to a head-down position and rests lower in your belly.
- The amniotic fluid equals about 1 quart.
- By the end of the ninth month, your baby grows 2 ½ inches and gains 2 pounds (1/2 a pound a week). Your baby is 19 to 21 inches long and weighs 6 to 9 pounds.

Your Body

- Your belly button may stick out. Your abdomen may appear lopsided as baby moves arms and legs or shifts positions.
- You see your abdomen getting bigger and wonder how much longer you have before birth.
- You tire easily and often feel drowsy.
- Your breathing should be easier once the baby moves down. But you may need to go to the bathroom more often because the baby is pressing on your bladder.
- Your sleep may be interrupted by the need to urinate and change position. It may help to sleep on your side with lots of pillows and a pillow between your legs.
- You may be uncomfortable because of the pressure and weight of the baby. Rest often.
- Your feet and ankles may swell. Put your feet up. Try to stay in a cool place.
- Your cervix opens up (dilates) and thins out (effaces) as it prepares for birth. You are tired of being pregnant and ready for birth.
- You may not gain any weight this month. You may even lose 1 or 2 pounds.



Ultrasound

Who: Most pregnant women.

Why: To check the age of the baby, identify a multiple pregnancy (twins or more), check the baby's growth and size, and look for major birth defects. It is also used to help diagnose certain pregnancy complications. Finding out if you are having a boy or girl is not a medical reason for an ultrasound, but can usually be determined at the 20 week ultrasound; if the ultrasound cannot determine the baby's sex, a repeat ultrasound will not be covered by insurance solely for this purpose.

When: At WSNM, women have an ultrasound around 20 weeks. Women *may* have an ultrasound during the first trimester to date the pregnancy or if problems arise. The procedure may also be done at other times, as needed. Insurance will often only pay for *one* medically indicated ultrasound.

How: Ultrasound uses sound waves to show a picture of the baby on a screen. The health care provider rubs a handheld device, called a transducer, across the woman's belly or inserts a probe into her vagina. The woman feels pressure as the provider moves the transducer, but usually no pain.

Risks: Safe for the mother and baby when properly used by medical professionals.

ATTENTION:

Non-medical use of ultrasound during pregnancy should be avoided. Commercial sites, often unsupervised by physicians, offer "keepsake" baby pictures to parents. The persons performing these ultrasounds may not have medical training and may give a woman incorrect or even harmful information. The American College of Obstetricians and Gynecologists (ACOG) discourages the use of these "entertainment" ultrasounds, so WSNM also discourages them.

For more information on entertainment ultrasounds / fetal keepsake videos:

- <http://www.fda.gov/MedicalDevices/Safety/AlertsandNotices/PatientAlerts/ucm064756.htm>
- <http://www.fda.gov/downloads/ForConsumers/ConsumerUpdates/UCM095487.pdf>
- http://www.eurekalert.org/pub_releases/2005-08/aiou-tar081005.php
- <http://www.aium.org/patients/entertainment.aspx>



Why Ultrasounds Should Be Performed Only When Medically Indicated

The American Institute of Ultrasound in Medicine (AIUM) and the US Food and Drug Administration (FDA) believe that the use of ultrasound without a medical reason is inappropriate and does not go along with the responsible practice of medicine.

As more advanced ultrasound technologies are becoming available, pregnant women and their families have been asking for videos and pictures of their babies. As such, ultrasound professionals are facing more pressure from their patients to do ultrasounds for nonmedical purposes.

The medical community has expressed concern about performing ultrasound examinations simply to provide a “pretty picture” or tell if the baby is a boy or girl.

Although there are no confirmed harmful effects on patients at the present time, the possibility exists that problems may be found in the future. Therefore, the AIUM recommends that ultrasound should be used only when the patient’s provider believes that it will provide medical benefit to the patient.

AIUM’s past President Alfred B. Kurtz, MD, warns, “An entertainment sonogram is a misuse of ultrasound technology and should not be offered. It should not replace a medically indicated ultrasound examination.”

The FDA also warns that exposing the baby to ultrasound with no medical reason and for no medical benefit is not a good idea. It has cautioned that persons who promote, sell, or lease ultrasound equipment for making videos of babies during pregnancy should know that the FDA views this as an unapproved use of a medical device.

Those who perform ultrasound exams using a diagnostic ultrasound device (a prescription device) without a provider’s order may be in violation of state or local laws or regulations regarding use of a prescription medical device.

Thus, this practice believes it is better to be safe than sorry. We perform ultrasounds only when medically indicated.



What Every Woman Should Know About Breastfeeding

Breast is best. Human milk is nutritionally complete. All your baby needs to grow and develop is breastmilk for the first six months of life.

Reductions in the amount of illnesses such as diarrhea, ear infections, breathing problems, blood poisoning, food poisoning, allergies, urinary infections, and meningitis can occur because your milk contains substances designed to protect your baby.

Exclusively breastfeeding your baby for at least 2 months can decrease the risk of your baby developing Type I diabetes and childhood obesity. Also, women who had gestational diabetes can slow the development of type 2 diabetes in themselves by breastfeeding.

And, your milk has substances not found in formula that improve your baby's IQ, vision, and digestion.

Sudden Infant Death Syndrome (SIDS) does not happen as often when you breastfeed as it does when babies are formula fed.

Too many cows are producing waste (47lbs./cow/day)! Formula is made from cow's milk. Breastfeeding produces no waste and is kind to our environment. It also saves families the high cost of formula, bottles, nipples, etc.

For women who work and continue to breastfeed, less time off from work to care for sick babies is an important benefit for her employer. Breast pumping should be encouraged by your employer by allowing you time to do so.

Even chronic stomach problems like ulcerative colitis and Crohn's disease can be decreased when you breastfeed.

Especially premature babies benefit from human milk because they absorb it better than formula and it has the special nutrients a premature baby needs to grow and develop.

Devastating diseases such as breast and ovarian cancer and bone mass loss after the change of life can be reduced when you breastfeed.

TRY BREASTFEEDING – IT'S THE BEST AFFORDABLE HEALTH INSURANCE AVAILABLE TO YOU AND YOUR BABY!



WIC (Women, Infants and Children)

Do I Qualify?

You must meet the following criteria:

1. Live in New Mexico. (U.S. citizenship is not a requirement for eligibility)
2. Be a Pregnant, Breastfeeding or Postpartum woman, an infant under one year of age or a child less than 5 years of age.
3. Meet the income guidelines of 185% poverty level.
4. Be at nutritional risk. WIC participants receive an initial health and diet screening at a WIC clinic to determine nutritional risk.
5. Participants must apply in person.

What Will I Receive?

WIC provides supplemental food to program participants, along with nutrition education, information on breastfeeding and referrals to health and social programs.

What I Need For An Appointment

Locate the phone number of the closest WIC Clinic office nearest you (see next page) and schedule an appointment. You will be asked to bring the following to your appointment:

1. The Person Applying for program participation (this may be you, your baby or your child).
2. Proof of residency. One of the following:
 - A utility bill showing the name of the applicant or guardian and the street address. Utilities include cable, electricity, gas, refuse, sewer, telephone (excluding cell service), and water.
 - A rent/mortgage receipt or residential lease showing the name of the applicant or guardian and the street or physical address.
 - A signed letter from the applicant or guardian's landlord attesting to the client's residency.
 - Proof of current enrollment in Temporary Assistance for Needy Families (TANF), Food Stamps, or Medicaid in New Mexico.
3. Proof of identity. One of the following:
 - Birth Certificate (acceptable for infants or children only)
 - Immunization record (acceptable for infant or children only)
 - Debit or Credit Card with applicant/guardian's name and signature
 - Driver's License of applicant or guardian
 - Membership Card (i.e. Sam's club, Price Club, library card) with signature
 - Military ID of applicant or guardian
 - Passport
 - Pay check or check stub showing the applicant's name or guardian's name
 - Personal ID card for general use
 - Printed personal checks (checkbook) showing applicant/guardian name
 - Program ID card (such as a WIC appointment card) showing applicant/guardian's name
 - School ID showing applicant/guardian's name
 - Voter Registration card for applicant/guardian

4. Current check stubs (within last 30 days) for any member of your family who receives an income, or other proof of income status. If your family receives TANF or Food Stamps, you will be asked to bring the award notice, which you receive from your caseworker or in the mail. If family members are on Medicaid, bring their current cards.
5. Knowledge of what the applicant has eaten, and how much, during the previous 7 days.
6. Items needed for comfort. Your appointment will last approximately 45 minutes.
7. Current or updated shot record.

Offices

Los Lunas WIC Office / Los Lunas Public Health Office

1000 Main St., Bldg. #3
Los Lunas, NM 87031
(505) 841-5318 or 841-5315
(505) 841-5320 fax

Satellite Clinics include:

- El Cerro - 1st Tuesday and 3rd Thursdays of the month 9am - 3pm
- Meadowlake - 1st Tuesdays and Thursdays of the month 9am - 2pm
- GRADS - 3rd Wednesday of each month 9am-12pm

Pueblo of Isleta WIC

P.O. Box 670
Isleta, NM 87022
(505) 924-3180 or 924-3181; Fax: (505) 869-8309; email: poi30001@isletapueblo.com

Stanford WIC Office / Standard Public Health Office

P.O. Box 25846
Albuquerque, NM 87123-0846
1111 Stanford NE
Albuquerque, NM 87106
(505) 841-4173; Fax: (505) 841-4153

Satellite clinics include:

- New Futures School - Wednesday of each month
- Kirtland Air force Base - Thursday of each month

Northeast WIC Office / Northeast Heights Public Health Office

8120 La Mirada NE
Albuquerque, NM 87109
(505) 332-4850; Fax: (505) 332-4951

Northwest Valley Public Health Office

7704 2nd St. NW
Albuquerque, NM 87107
(505) 897-5700; Fax: (505) 897-1010

Westside Public Health Office

6911 Taylor Ranch Rd NW, Suite C-11
Albuquerque, NM 87120
(505) 899-8574; Fax: (505) 899-8468

First Choice Community HealthCare / North Valley WIC Office

1231 Candelaria, NW

Albuquerque, NM 87017
(505) 345-8181; Fax: (505) 344-4056

First Nations Community Health Source

5608 Zuni SE
Albuquerque, NM 87108
(505) 262-2481/6532/6531/6535; Fax: (505) 262-0781
Hours of Operation: Monday-Thursday 8am-5:30pm, Friday 8am-1pm

Southeast Heights WIC Office / Southeast Heights Public Health Office

7525 Zuni SE
Albuquerque, NM 87108
(505) 841-8929; Fax: (505) 841-8936

First Choice Community HealthCare / South Broadway WIC Office

1316 Broadway SW
Albuquerque, NM 87102
(505) 764-0271; Fax: (505) 842-1185

First Choice Community HealthCare / South Valley WIC Office

2001 North Centro Familiar SW
Albuquerque, NM 87105
(505) 873-7416; Fax: (505) 831-4123

First Choice Community HealthCare / Alamosa WIC Office

6900 Gonzales Rd. SW Suite J
Albuquerque, NM 87105
(505) 831-4245; Fax: (505) 831-4123

Sandoval Health Commons

1500 Idalia BLDG, B
Bernalillo, NM 87004
(505) 867-2291 ext: 1704; 1725; 1728; Fax: (505) 867-0107

Belen WIC Office / Belen Public Health Office

P.O. Box 686
855 W. Castillo Dr.
Belen, NM 87002
(505) 864-7745; Fax: (505) 864-7605
Satellite clinics include:

- Veguita - 3rd Wednesday of each month 8-12



WOMEN'S SPECIALISTS of New Mexico, Ltd.

Recommended Reading List

Pregnancy and Birth

- The Complete Book of Pregnancy and Childbirth, *Sheila Kitzinger*
- Pregnancy, Childbirth and the Newborn: The Complete Guide, *Simkin, Whalley & Keppler*
- The Simple Guide to Having a Baby, *Whalley, Simkin & Keppler*
- The Thinking Woman's Guide to a Better Birth, *Henri Goer*
- A Child is Born, *Lennart Nilsson*
- Birthing from Within: An Extra-Ordinary Guide to Childbirth Preparation, *Pam England and Rob Horowitz*
- The Birth Partner, *Penny Simkin*
- Our Bodies, Ourselves: Pregnancy and Birth, *Boston Women's Health Book Collective and Judy Norsigian*
- The Pregnancy Book: Month-by-Month, *Martha Sears and William Sears*
- The Birth Book: Everything You Need to Know to Have a Safe and Satisfying Birth, *William Sears and Martha Sears*
- Ina May's Guide to Childbirth, *Ina May Gaskin*
- Fathering Right from the Start: Straight Talk about Pregnancy, Birth, and Beyond, *Jack Heinowitz*

Breastfeeding

- The Nursing Mother's Companion, *Huggins & Lawrence*
- The Breastfeeding Book: Everything You Need to Know About Nursing Your Child from Birth Through Weaning, *Martha Sears and William Sears*
- The Breastfeeding Answer Book, *Mohrbacher, Stock & Newton*
- Breastfeeding Made Simple, *Mohrbacher & Kendall-Tackett*
- The Ultimate Breastfeeding Book of Answers, *Newman & Pitman*
- Working Without Weaning: A Working Mother's Guide to Breastfeeding, *Kirsten Berggren*
- The Womanly Art of Breastfeeding, *La Leche League*
- The Breastfeeding Woman's Guide to Making More Milk, *IBLCC*

Other topics

Diet and Exercise

- Fit & Pregnant: The Pregnant Woman's Guide to Exercise, *Joan Marie Butler*
- Exercising Through Your Pregnancy, *James Clapp*
- Expect the Best: Your Guide to Healthy Eating Before, During, and After Pregnancy, *The American Diabetes Association and Elizabeth Ward*

Postpartum

- The Year After Childbirth, *Sheila Kitzinger*
- Mothering the New Mother: Women's Feelings and Needs after Childbirth, a Support and Resource Guide, *Sally Placksin*
- After the Baby's Birth: A Woman's Way to Wellness, A Complete Guide for Postpartum Women, *Robin Lim*
- The Baby Book: Everything You Need to Know About Your Baby from Birth to Age Two, *William Sears, Martha Sears, Robert Sears, and James Sears*
- Your Amazing Newborn, *Marshall H. Klaus & Phyllis H. Klaus*

- *The Attachment Parenting Book: A Commonsense Guide to Understanding and Nurturing Your Child*, William Sears and Martha Sears
- *Cesarean Recovery*, Chrissie Gallagher-Mundy

Special Topics

- *When Survivors Give Birth: Understanding and Healing the Effects of Early Sexual Abuse on Childbearing Women*, Penny Simkin and Phyllis Klaus
- *Empty Cradle, Broken Heart: Surviving the Death of Your Baby*, Deborah L. Davis
- *Ended Beginnings: Healing Childbearing Losses*, Claudia Panuthos and Catherine Romeo

Websites:

Pregnancy:

- *Childbirth Connection*:
<http://www.childbirthconnection.org/article.asp?ClickedLink=329&ck=10218&area=27>
 A Guide to Effective Care in Pregnancy and Childbirth is an overview of results of the best available research about effects of specific maternity practices.
- *March of Dimes*: <http://www.marchofdimes.com/>
- *American College of Nurse-Midwives*: <http://www.mymidwife.org/>
- *Mayo Clinic*: <http://www.mayoclinic.com/health/pregnancy-week-by-week/MY00331>
- *Medications and Safety during Pregnancy*: <http://www.safefetus.com/index.htm>
- <http://www.healthywomen.org/ages-and-stages/pregnancy-and-parenting/pregnancy>

Breastfeeding:

- *Dr. Jack Newman*: www.drjacknewman.com
- *American College of Nurse-Midwives*: <http://www.gotmom.org/>
- *La Leche League International*: www.llli.org
- *Promotion of Mother's Milk, Inc*: www.promom.org
- www.breastfeedingbasics.com
- www.kellymom.com

Birth Control:

- *Planned Parenthood My Method*: https://www.plannedparenthood.org/all-access/my-method-26542.htm?source=enews_jul09_ppaf

Picking a birth control method that fits your life is the key. Only you can decide what is best for you. But sometimes figuring out which method to use can be a bit overwhelming. My Method is here to help you think about your options. After you answer the questions, My Method will suggest the birth control methods that may be right for you. You will also be able to get more information about each method, including how to get it.