

## **YOU AND YOUR BABY: What to expect**

Pregnancy is the most exciting of times! The next nine-months will be full of anticipation, as your body shifts and prepares for the growth and birth of your little one. Below we have provided information on some of these changes you'll experience, in order to help you be as prepared as possible. Cheers to the beginning of new adventure!

### **Pregnancy 101**

#### **Due Date**

The day your baby is due is called the “estimated date of delivery” or EDD. A typical pregnancy lasts 40 weeks, from the first day of your last menstrual period. Your EDD will be established at your initial Missed Period visit, where your gestational age is determined using ultrasound.

#### **Childbirth Education**

Childbirth education classes are a good way to learn what happens during labor and how to prepare for it. These classes often meet over the course of a few weeks or months, and are generally held at Presbyterian/St.Luke's. A listing of available classes will be provided in your Third Trimester packet.

#### **Birth Plan**

Some childbirth education classes may help you draft a birth plan- a written outline of what you would like to happen during labor and delivery. This plan may include the setting in which you want to give birth, the people you wish to have with you, and the pain medications you do or do not want. You will have an opportunity to discuss your birth plan with your provider, and we will do everything in our power to give you your ideal delivery, with the understanding that the health and safety of both you and your baby are the ultimate priority.

#### **Tests**

During pregnancy, certain routine lab tests are done on all women. Depending on your health history and the results of your routine testing, your provider may recommend additional tests. These include:

1. Urine tests- a urine sample is checked to look for sugar, protein, and bacteria, which can signal diabetes or bladder/kidney problems.

2. Blood tests- blood samples are checked for anemia and certain infections. Your blood type and Rh factor are also noted.
3. Pap test or cervical culture
4. Glucose screening test- Blood sugars are measured to test for gestational diabetes
5. Group B Streptococcus testing

### **Fetal Monitoring**

Based on the results of routine prenatal care, your provider may suggest tests to check the health of the baby. The following tests are used to monitor the well-being of your baby:

1. Kick count- a record of how often you feel your baby move
2. Ultrasound Exam- An exam that uses sound waves to create pictures of the baby.
3. Electronic Fetal Monitoring- These tests, including the non-stress test and the contraction stress test, help your provider detect signs of fetal distress.
4. Biophysical Profile- A combination of electronic fetal monitoring and ultrasound results are used to assess the well-being and development of your baby.

### **Testing for Birth Defects and Genetic Disorders**

Tests can be done to help detect certain birth defects. Types of screening include:

1. First Trimester Screening- Includes an ultrasound and blood tests, combined to determine your baby's risk for Down Syndrome and Trisomy 18. These tests are done between 10-14 weeks of pregnancy.
2. Maternal Serum Screening- A group of blood tests (also called "quad screen") that check for abnormal levels of substances linked with certain birth defects such as Down Syndrome and neural tube defects. These tests are done between 15 and 20 weeks of pregnancy.
3. Cystic Fibrosis Testing/Cell free fetal DNA- Blood test to quantify the risk of giving birth to a child with cystic fibrosis. This test can be done prior to becoming pregnant, or in early pregnancy.

Additional tests are done if the results of a screening test or other factors raise concerns about your baby. No test is perfect, and may not always detect a present birth defect. No test can screen for ALL possible genetic abnormalities.

### **Nutrition**

A healthy diet is even more important during pregnancy, when there are added demands on your body, in order to meet the needs of a growing fetus. A variety of foods can be used to create a healthy diet for you and your baby. Your diet should include proteins, carbohydrates, vitamins, minerals, and fat. You often can get enough of these nutrients from a well-balanced diet, but your provider may suggest a supplement of prenatal vitamin to ensure adequate nutrition.

## **Weight Gain**

An average woman needs about 2,000 calories a day. When you are pregnant, you need about 300 calories more each day to stay healthy and help the fetus grow. A woman whose weight is normal before she becomes pregnant should gain 25-35 pounds during pregnancy. Women who are underweight should gain 28-40 pounds, and women who are overweight should gain 15-25 pounds.

## **Exercise**

Exercise can help strengthen muscles used in labor, as well as lessen some of the discomforts of pregnancy. It may give you more energy and make you feel better. Keep exertions at a lower level than you would normally exercise, as you will find that you tire easily and it takes longer to recover. Other precautions include:

1. Avoid getting overheated
2. Limit outdoor exercise in hot weather
3. Avoid exercise that makes you very tired, or with a high risk of falling
4. Drink plenty of water
5. Wear good supportive shoes and sports bra

## **Work**

Most of the time, healthy women with a problem-free pregnancy can continue to work if her job poses no more risk than daily life. Discuss with your doctor the type of work you do both at the workplace and at home.

## **Travel**

Most women can travel safely until the month before their due date. Usually, the most comfortable time to travel is in the middle of pregnancy. Regardless of when you choose to travel, keep the following tips in mind:

1. Use safety and lap belts
2. Walk around every 60 to 90 minutes
3. Take crackers, juice or other light snacks with you to help prevent nausea.
4. Drink plenty of fluids
5. Do not take motion-sickness pills unless you check with your provider first.
6. Take a copy of your medical record with you if you will be traveling far from home.

## **Medications**

Do not stop taking a medication prescribed for you before checking with your provider. Some medications could cause birth defects or other problems in the baby, while others may be safe to take during pregnancy

## **Alcohol, Tobacco, and Other Drugs**

Alcohol can harm a developing fetus. How much alcohol it takes to harm the fetus is not known, therefore, it is best not to drink at all during your pregnancy. Drinking alcohol can lead to fetal alcohol syndrome.

Smoking during pregnancy results in a higher likelihood of developing certain problems such as vaginal bleeding, stillbirth, and small babies. Less oxygen and nutrients may reach the fetus, leading to a higher prevalence of asthma and sudden infant death syndrome (SIDS).

Illegal drugs such as crack or cocaine, heroin, PCP, methamphetamines, or tranquilizers also pose serious harm to the fetus. Use of these drugs can cause problems with the placenta, cause preterm birth, as well as birth defects.

Marijuana use during pregnancy is also not recommended, as studies suggest it's use during pregnancy is connected to low birth weights, and the active ingredient (THC) can be transferred to your baby through breast milk.

## **Abuse**

Many women are victims of physical, sexual, or emotional abuse. Abuse often begins or increases during pregnancy, putting both the woman and fetus at risk. During pregnancy, the abuser is more likely to aim blows at the women's breast and abdomen. Dangers to the fetus include miscarriage, low birth weight, and direct injury from blows. If you are being abused, please tell your provider.

## **Changes to Expect During Pregnancy**

As your fetus grows and changes, it is normal for you to have some discomforts. Some of these only occur in the early weeks of pregnancy, while others may occur only at the end.

### **Physical Changes**

Early in pregnancy, your breasts begin to grow and change to prepare for breastfeeding your baby. They will feel firm and tender. As your breasts grow, be sure to find a bra that fits well and provides adequate support.

### **Frequent Urination**

Throughout pregnancy, the kidneys work harder to flush waste products out of your body. As your uterus also begins to grow, it puts pressure on the bladder. Increased urination is normal, as long as there are no symptoms of burning or pain. Consuming less caffeinated beverages such as coffee, tea, and soda will also help you to urinate less often.

## **Mouth and Tooth Changes**

Pregnancy hormones can make your gum swell and even bleed. Switching to a softer toothbrush may help lessen this irritation. Be sure to see your dentist for routine cleanings.

## **Lower-Abdominal Pain**

As your uterus grows, the muscles that support it are pulled and stretched. You may experience this stretching as either a dull ache, or a sharp pain on one side of your belly. These pains are most common between 18-24 weeks of pregnancy.

## **Numbness and Tingling**

Some women have pain, numbness, or tingling in certain parts of their bodies during pregnancy. As your uterus grows, it presses on some of the nerves connecting your legs to your spinal cord. This may cause chronic pain in the hip or lower back/glutes (sciatica).

## **Shortness of Breath**

Later in pregnancy, your uterus takes up more room in your abdomen. By about 31-34 weeks, the uterus is so large that it presses the stomach and diaphragm (a flat, strong muscles that aids in breathing) up towards the lungs, making for less room for these organs to move and expand.

## **Skin Changes**

The hormones in your body often cause some changes in your skin. Some women have brownish, uneven marks around their eyes and over the nose and cheeks. This is called Chloasma, and usually disappear or fade after delivery or breastfeeding, when hormones return to normal levels. Being in the sun tends to make these marks darker.

## **Easing Discomforts**

### **Backache**

One of a pregnant women's most common problems, especially in the later months, is backache. One cause is the strain on your back muscles from carrying extra weight; another is the posture women often assume during pregnancy to offset this additional weight. Exercises to stretch and strengthen your back muscles can help relieve this discomfort.

### **Congestion and Nosebleeds**

During pregnancy, your hormone levels increase, and your body makes extra blood. Both of these changes cause the mucous membrane inside your nose to swell, dry out, and bleed easily. As a result, you may have a stuffy or runny nose.

## **Constipation**

Most pregnant women get constipated at some point during pregnancy. When this happens, gas can build up and cause bloating and pain. Pregnancy hormones may slow digestion and cause constipation. Toward the end of pregnancy, the weight of the uterus puts extra pressure on your rectum, adding to the problem.

## **Leg Cramps**

During pregnancy, a sharp, painful cramp or “charley horse” in the calf may be a bother, especially at night. Stretching your legs before going to bed can help relieve cramps. Avoid pointing your toes when stretching or exercising.

## **Heartburn**

Heartburn is a burning feeling in the throat and chest. This is often caused by pregnancy hormones, which relax the muscle valve between your stomach and esophagus (the tube leading from the throat to the stomach). As your uterus grows, it adds to the problem by pressing up against your stomach.

## **Insomnia**

After the first few months of pregnancy, you may find it hard to sleep at night. As your abdomen grows larger, it may be hard to find a comfortable sleeping position.

## **Nausea and Vomiting**

Nausea and vomiting are common during the first 12-14 weeks of pregnancy. This is often called “morning sickness”, although it can occur at any time of the day, and can be exacerbated when your stomach is empty.

## **Swelling**

Some swelling (“edema”) in the hands, face, legs and ankles/feet, is normal during pregnancy. It is caused by the extra fluid in your body, and tends to be worse in late pregnancy or during the summer. Let your provider know if you are more swollen than usual, or if you have sudden swelling in your face or hands.

## **Varicose Veins**

The weight of your uterus pressing down on a major vein can slow blood flow from your lower body. The result may be sore, itchy, blue bulges on your legs and vulva called “varicose veins”. In most cases, these do not pose any problems.

## **Emotional Changes**

Your body is going through many changes now, and so are your emotions. These emotions, good and bad, are normal. Ask loved ones or close friends to support you and be patient.

### **Your Partner**

Pregnancy can be a special time for a couple. However, large changes can also add strain to these relationships, while you both adapt new ways of doing things. Try to make time for each other. For a healthy woman, sex is safe into the last few weeks of pregnancy. Your provider may advise you to limit or avoid sex if problems arise.

### **Your Children**

Pregnancy is often a time of excitement and planning, making your children aware of the changes happening around them. Try including them in your planning!

## Labor

You cannot predict when labor will start. There are some things you can do ahead of time to be ready:

1. Pack your bag for the hospital
2. Plan your hospital route
3. Always call your doctor first, prior to heading to the hospital
4. Be sure to have a car seat to bring your baby home in

### **True Labor versus False Labor**

In the last weeks of pregnancy, your uterus might start to cramp. These cramps may become uncomfortable or even painful as you get close to your due-date. These irregular cramps are called Braxton-Hicks contractions, or “false labor”. One good way to tell true labor from false labor is to time the contractions. Time the length of each contraction, and time between contractions. It is time to head to the hospital if:

1. Your amniotic sac ruptures (“water breaks”)
2. You are actively bleeding from the vagina
3. Contractions are occurring less than 5 minutes apart
4. You are experiencing a constant, severe pain

## Delivery

This hospital is always the safest place for you to give birth to your baby. Ask to tour the hospital in advance so that you know what to expect when you arrive.

### **What Happens During Labor**

Knowing what happens during labor can make it easier for you to relax and do your part. On average, labor lasts between 12 and 24 hours for a first birth. In later births, labor may be much shorter.

Labor is divided into three stages, during which specific changes take place in your body. Labor begins when the uterus contracts and the cervix starts to open. Early labor is often felt as a low-backache that moves around to the front of your uterus. As labor continues, the contractions come closer and closer together, helping the baby through the vagina.

### **Monitoring During Labor**

The heart rate of the fetus is usually monitored during labor to help alert your provider to warning signs. Fetal heartbeats are recorded at certain intervals, often following a contraction

### **Vaginal Delivery**

Most women give birth to their babies through the vagina. When your baby's head appears at the opening of the vagina, the tissue of the vagina becomes very thin and tightly stretched. Sometimes it is not possible for the baby's head to fit through without tearing the surrounding skin and muscles.

### **Cesarean Delivery**

In some cases, a cesarean birth may be necessary. Cesarean birth is delivery of the baby through an incision made in the mother's abdomen and uterus. This does not eliminate the possibility of future vaginal deliveries, also known as "VBAC".

### **Postpartum**

After delivery, your temperature, pulse, breathing and blood pressure will be checked regularly, and you will be assisted in getting to know your baby. Most women spend 1-2 days in the hospital following a vaginal delivery, and 3-5 days following a cesarean delivery.

### **Breastfeeding**

Breastfeeding is ideal way to feed newborns. Mother's breast milk best meets the baby's nutritional needs, and helps in resistance of disease and allergies.

## Following Delivery

During pregnancy, your body worked around-the-clock for 40 weeks to help your baby grow. Now that your baby is here, there is more work to be done as your body recovers from pregnancy, labor, and delivery. Please be patient in allowing things to return to normal!

### **Hemorrhoids and Varicose Veins**

If you had varicose veins or hemorrhoids during pregnancy, they may get worse after delivery. These sore, swollen veins can also show up for the first time due to intense straining during labor.

### **Urinary Problems**

In the first days following delivery, you may feel the urge to urinate without the ability to actually pass any urine. You may also experience burning and pain with urination. These symptoms are normal, and usually resolve within a few days.

### **Swollen Breasts**

Your breast begin to fill with milk approximately 2-4 days after delivery. When this occurs, they may feel very full, hard, and tender to touch. The best relief for this engorgement is breastfeeding or pumping.

### **Cesarean Incision**

If you had a cesarean birth, your provider will give you instructions on how to care for your incision after delivery.

### **Postpartum Depression**

Nearly 70-80% of new mothers get “baby blues”, which generally sets in 2-3 days after birth. You may feel anxious or emotional, and even at times feel angry with the new baby. The “baby blue” characteristically last only a few hours to a week following delivery.

Approximately 10% of new mothers experience symptoms of clinical postpartum depression. This is marked by feelings of despair, severe anxiety, or hopelessness that gets in the way of daily life. These symptoms can occur after any birth, and are not limited to a woman’s first delivery. If you experience postpartum depression, let your provider know immediately.

### **Lochia**

Once your baby is born, your body sheds the blood and tissue that lines your uterus. This vaginal discharge is called “lochia”, and is normal.

## **Return of menstrual Periods**

If you are not breastfeeding, your period may return about 6-8 weeks after giving birth.

## **Your Abdomen**

Right after delivery, your uterus is hard and round and can be felt behind your navel. During pregnancy the abdominal muscles stretched out, little by little. Patient and slowing returning to exercise will help this process along.

## **Afterbirth Pains**

Your uterus contracts and relaxes as it shrinks back down to its normal size. These contractions will feel like cramps, and are normal.

## **Painful Perineum**

The perineum, the area between your vagina and rectum, stretches during delivery. You may have had an episiotomy or this perineum may have torn. Either of these will make this area feel sore and look swollen and bruised.

## **Your Follow-up Visit**

You will have a postpartum visit with your provider approximately 6 weeks after delivery. An examination to confirm that your body is recovering from birth will be done, as well as contraception discussions, and clearance to return to normal activities.

## **Sex and Family Planning**

Your provider will suggest when you can resume having sex. This is usually within a month or so of delivery. If you are not already on some form of contraception, please use condoms until you are seen for your postpartum visit.