



PREGNANCY

GENERAL INFORMATION:

What is pregnancy?

Pregnancy means that a baby is growing inside of your uterus (womb). A normal pregnancy lasts about 40 weeks from your last menstrual period. Caregivers divide pregnancy into three blocks of time called trimesters. The first trimester lasts from your last menstrual period through your 13th week of pregnancy. The second trimester lasts from the 14th week of your pregnancy through your 26th week. The third trimester lasts from your 27th week of pregnancy until your baby is born. Your caregiver can estimate (guess) when you may have your baby. This can be done using the start (first day) of your last menstrual period. It can also be done if you know the date that you became pregnant. This estimate is called your due date. Your due date may change later in your pregnancy, based on certain tests. You may give birth to your baby any time from two weeks before your due date, to two weeks after your due date.

What is prenatal care?

- Prenatal care is the regular visits that you have with your health caregiver throughout your pregnancy. It is important to start prenatal care as early in your pregnancy as possible. Prenatal care can help prevent problems during pregnancy and childbirth. It can also help find certain problems early, so they can be treated. Your caregiver may want to see you every month or so during your early months of pregnancy. Your caregiver will need to see you more often as you get close to your due date. If you have problems, such as diabetes or problems with your pregnancy, you may need more frequent prenatal visits.
- At each visit, you will be weighed and have your blood pressure taken. Your urine may be tested and your baby's growth checked. Your caregiver may listen to your baby's heartbeat. Your caregiver will talk to you about ways to keep yourself and your baby as healthy as possible. Other things that may be done during a prenatal visit including the following:
 - **Pelvic exam:** During a pelvic exam, your caregiver checks your female organs for certain problems. Your caregiver can also tell a lot about your pregnancy during a pelvic exam. For example, the size and shape of your uterus is checked to help see how your baby is growing.
 - **Blood tests:** Blood tests may be done to check many things about your health. For example, your caregiver may check for gestational diabetes. Gestational diabetes is a medical problem during pregnancy that causes your blood sugar to be too high. Without treatment, diabetes may cause health problems for you and your baby. Your blood is also checked for anemia (low iron level). The following are blood tests that may be done during pregnancy:

- **Blood type and Rh factor:** Your blood type (A, B, or O) is checked and is also tested for its Rh factor. An Rh factor describes a type of protein you have in your blood. Most people have the Rh factor so they are called "Rh positive". People who do not have the Rh factor are called "Rh negative". You and your baby have separate blood systems. However, a small amount of your baby's blood can get into your bloodstream. If you are Rh negative and your baby is Rh positive, this may cause problems if you are not treated. Your Rh factor does not change. If you are Rh negative, it may affect any pregnancy you have. Ask your caregiver for more information about Rh problems and pregnancy if you are Rh negative.

What body changes should I expect during my pregnancy?

- **Breast changes:**

- Your breasts will get larger, heavier, and they may be painful. This can cause you to be uncomfortable. A good support bra may help you feel better. A support bra helps prevent the breakdown of the elastic tissue in the breast. You may need to wear a support bra 24 hours a day, even while sleeping. If you are planning to breast feed your baby, buy nursing bras after you give birth. Your breasts may change in size after your milk comes in. The size of your breasts does not affect your ability to breast feed.
- It is normal for a thin, yellowish fluid called colostrum to come out of your nipples. This can happen as early as the 10th week of pregnancy. This colostrum changes to milk about three days after you have your baby. You may want to put pads inside your bra to soak up this fluid and help keep your nipples dry. If you have inverted nipples, ask caregivers if you need nipple cups to help make it easier to breast feed.
- Your nipples may be sore. Wash them with water only. Do not use soap because it can dry out your nipples. You may want to put some lanolin on them to help the soreness. Do not use petroleum jelly.

- **Constipation:** Pregnancy can cause constipation, which is when you have hard, dry stools which are difficult to pass, less often than usual. Do not strain to try and push the BM out if it is too hard. Straining can cause hemorrhoids. Walking is the best way to decrease problems with constipation. Drinking more water can help too. Eat foods high in fiber to make it easier to have a BM. Good examples are high fiber cereals, beans, fruits, vegetables, and whole grain breads. Prune juice may help make the BM softer. Your caregiver may also suggest fiber medicine to help make your BMs softer and more regular. Talk to your caregiver before using a stool softener or a laxative. Do not use mineral oil or enemas.

- **Leg cramps:** Many things may cause leg cramps during pregnancy. You may have them due to being tired, or not eating enough foods high in calcium. As your baby grows and puts pressure on your lower body, your legs may not get enough blood. Try to rest often, putting your feet up so

that your legs rest higher than your heart. During a leg cramp, straighten your leg and flex your toes toward your head. Standing flat on your feet may also help ease leg cramps.

- **Morning sickness:** Nausea and vomiting (throwing up) during pregnancy is often called morning sickness, but it may happen any time of day. There are some steps you can take that may help morning sickness. Avoid strong odors that may make you nauseated (sick to your stomach). Eat a few crackers or a piece of dry toast before getting out of bed in the morning. Keep crackers by the bed, so that you do not have to get out of bed with an empty stomach. Eat small, frequent meals throughout the day. Drink liquids between meals, instead of drinking them with meals. Avoid greasy or spicy food. Talk to your caregiver if the nausea and vomiting lasts past the first three months of pregnancy. Call your caregiver if you cannot keep liquids down, or if you are losing weight. Do **not** take medicine for nausea or vomiting without your caregiver's OK.
- **Tiredness:** You may need more sleep to feel your best. If possible, take a nap during the day. If you cannot do this, at least take a few 10 to 15 minute-long rest breaks. Being well rested will help you deal with the physical and emotional changes of pregnancy. If you have trouble sleeping, try taking a warm shower or drink a cup of warm milk before bed.
- **Urination:** You will urinate more often early in pregnancy, and again later in pregnancy as your abdomen gets bigger. You could also pass urine by accident when you cough, sneeze, or move. Ask caregivers about doing kegel exercises to strengthen the muscle around your vagina and urethra (urine tube). Doing kegel exercises may help decrease urine leakage both before and after your baby is born.
- **Vaginal discharge:** You may have thicker and heavier vaginal discharge while you are pregnant. If your vaginal discharge becomes yellow, green, curdy white, or has a bad smell. These may be signs of infection. Talk to your caregiver if you have vaginal burning or itching, pain, or are concerned about your discharge. Do not douche unless your caregiver tells you to do so to treat an infection.

What diet changes may help if I have morning sickness?

Morning sickness is common during the first few months of pregnancy. You might feel nauseated (sick to your stomach) or you could vomit (throw up) many times a day. To improve symptoms of morning sickness, eat small, frequent meals instead of three large meals. Foods high in carbohydrate such as crackers, dry toast, and pasta may be easier to eat for some women. Drink liquids between meals rather than with meals. Avoid foods that have a strong smell and foods that make you feel sick. Avoid having an empty stomach. Call your caregiver if you have very bad nausea and vomiting with other symptoms. These symptoms may include constant nausea and vomiting, not eating or drinking, weight loss, and trouble doing daily activities.

What diet changes may decrease the problem of constipation?

Many women have problems with constipation during pregnancy. Being constipated means having hard stools that are difficult to pass. A high fiber diet can improve the symptoms of constipation. Some breakfast cereals, whole grain breads and prune juice are high in fiber. Raw fruits, vegetables and cooked beans are also good fiber sources. Increasing your intake of fluids and getting regular physical activity may also be helpful. Be sure to check with your caregiver before you begin any exercise program.

What diet changes may decrease my heartburn?

Pregnancy hormones cause food to move more slowly through your digestive system, which sometimes causes heartburn. To improve the symptoms of heartburn, avoid lying down right after eating. When you do lie down, sleep with your head slightly elevated. Eat small, frequent meals instead of three large meals. Avoiding caffeine, chocolate, or spicy foods may also be helpful.