CONGRATULATIONS!

The ABCs of Pregnancy
CONGRATULATIONS!

Thank you for choosing Northwest Women’s Center. Our office is committed to providing you with the highest quality professional care, and making your pregnancy a pleasant experience. (Your physician specializes in the care of women.)

If you have questions regarding your New OB appointment, please call our OB Coordinator at 832-912-2413 or 281-444-3440 and select Option 3.

For your medical questions you may call our main number at 281-444-3440 and select Option 2. We appreciate your feedback, so please feel free to call.

The information guide has been prepared to serve as a reference for your convenience. It contains answers to many common concerns and questions. We encourage you to read through it as soon as possible. Write down any questions you may have between your visits and bring your list of questions to your appointment so that we can review it with you.

Of course, any time you have an immediate concern, please feel free to call. We will answer your calls as soon as possible and if a problem should arise we will see you on the same day. We are open Monday through Friday.

WHO DO I CALL IF I HAVE A PROBLEM?

Our main number is 281-444-3440

When our office is closed you will be directed to contact the answering service at (713-428-6170), a message will be taken and the physician on call will return your call in order of urgency.
MEDICATIONS DURING PREGNANCY

You may use this guide for recommended medications if needed during pregnancy. Should you have any questions, please phone the office.

COLD SYMPTOMS
(Cold symptoms may include congestion, runny nose, sore throat, cough, allergies) Sudafed, Benadryl, Claritin, Chlortrimeton, Tylenol, Extra Strength Tylenol, Robitussin DM, Sucrets, Chloraseptic lozenges, NO IBUPROFEN (i.e. Advil, Motrin, Aleve) NO ASPIRIN

INDIGESTION
Eat smaller, more frequent meals (instead of 3 large meals, eat 6 small ones). Keep body upright for approx 30 minutes after eating rather than lying flat. Mylanta, Maalox, TUMS, Mylicon

DIARRHEA
Imodium, Kaopectate. Call if prolonged (over 24 hours).

NAUSEA / VOMITING
Hot tea, crackers, Gatorade, Sprite, Vitamin B6 (50-100 mg daily), Emecheck or Emetrol (as directed on package). Call if your nausea and vomiting is severe and lasts more than 36 hours, or if you are unable to tolerate liquids.

CONSTIPATION
Increase fiber, increase fluids (6-8 [8 oz] glasses of water per day). Eat high roughage foods (fresh fruit, vegetables, bran, etc.), Citrucel, Benefiber, Pericolace, Metamucil, Surfak, Colace.

HEADACHES / DISCOMFORT
Tylenol or Extra Strength Tylenol, NO IBUPROFEN (i.e. Advil, Motrin, Aleve) NO ASPIRIN

LIGAMENT PAIN
Experienced as sharp, intermittent pains in sides or groin areas that change with position. Do pelvic tilts and apply heat. Tylenol or Extra Strength Tylenol. NO IBUPROFEN (i.e. Advil, Motrin, Aleve) NO ASPIRIN

SWELLING
Decrease salt from diet (chips, pork, pickles, Mexican food, frozen dinners, soft drinks, pizza, lunch meat, etc)

BACKACHE
Pelvic tilts, apply heat, rest. Tylenol or Extra Strength Tylenol, NO IBUPROFEN (i.e. Advil, Motrin, Aleve) NO ASPIRIN
HOW OFTEN SHOULD I BE SEEN?

In the beginning, regular appointments are scheduled monthly. After 28 weeks, appointments are every two to three weeks and then from 36 weeks until delivery, your visits are every week. In special circumstances, more frequent evaluation may be needed. After each visit, please stop at the appointment desk to check out and make another appointment.

WHERE WILL MY BABY BE DELIVERED?

Our physicians are on staff only at Methodist Willowbrook Hospital. You should pre-register at the hospital as soon as possible. Pre-registration information will be given to you at your first OB appointment. It is impossible for our physicians to be on call 24 hours a day/7 days a week. They rotate call with each other.

WHO WILL CARE FOR MY BABY WHILE I AM IN THE HOSPITAL?

It is very important that you choose a pediatrician to care for your baby after you go home. However, while in the hospital, a neonatologist (high risk baby doctor) will be responsible for your baby's medical care. Charges for these services are not included in your obstetrical fees.

HOW MUCH WILL MY OB SERVICES COST?

Our OB Coordinator will assist you in determining your insurance coverage for our service. Your fees are due in full by the 28th week of your pregnancy. Hospital charges and any other physician's fees (such as assistants for C-section deliveries and anesthesia, including epidurals) are not included in your obstetrical fees. Methodist Willowbrook Hospital has a special plan available to those who do not have maternity coverage. If you are interested, we have the necessary forms available and will provide them to you. Early pre-registration will help you know what your financial obligation to the hospital will be. Please re-register at Methodist Willowbrook by 20 weeks.
**PREGNANCY RELATED CONCERNS**

**ALCOHOL:** Do not drink alcoholic beverages. Alcohol can cause damage to your unborn child. Remember that alcohol is a drug!

**APPOINTMENTS:** It is very important that you keep all of your appointments for OB care. There is a $30 fee for missed appointments, so be sure to call if you need to reschedule. You will need to speak with your doctor’s nurse should you need to change an appointment. We ask that you please make arrangements that will allow for you to come to your appointments without children.

Thank you!

**BATHING/SHOWERING:** Your balance may be more difficult to maintain as your pregnancy advances so be careful getting in and out of the tub or shower. Use of a non-slip surface is best. Avoid hot baths and especially “hot tubs” or spas. Hot showers are okay.

**BOWELS:** Your regular bowel movements may change in pregnancy. Constipation and hemorrhoids are common. Stool softeners/laxatives usually provide relief. They do not cause harm to you or your baby. Increasing water and dietary fiber (fresh fruits, vegetables and bran) can also help. Avoid enemas. Medications are available without a prescription to help with this problem. Our recommendations can be reviewed on your medications list.

**BREASTS:** Breasts enlarge during pregnancy because of hormonal changes. The nipple area can become darker. Tingling sensations are common and some women actually begin to produce a milky substance toward the end of their pregnancy. Be sure to wear a well-fitted bra for support. If you intend to breast feed, classes are provided at the hospital. To inquire about classes call the Methodist Willowbrook lactation consultant at 281-477-1443.

**CAFFEINE:** There is no agreement on whether caffeine causes problems in pregnancy. Consumption of caffeine in low to moderate amounts has not definitely been associated with significant risks in pregnancy. We discourage the use of caffeine. Besides coffee, caffeine is contained in teas, colas, chocolate and some non-prescription drugs.

**CHILDBIRTH EDUCATION:** A variety of classes (childbirth, breast-feeding, tours of the birthing unit) are available through the Patient Education Department at the Methodist Willowbrook Hospital. Please call 281-477-2006 to make arrangements.
CLOTHING: Clothing should be non-restrictive. Pregnant women have a tendency to feel less cold and perspire more, so cotton and natural fibers may be more comfortable than synthetic fibers. Wear well-fitting bras that provide good support. Shoes should be low or medium heeled and non-skid soles are helpful. Swollen feet are common during pregnancy due to normal fluid retention and weight gain. Shoe sizes can increase and sometimes this results in a permanent change.

COMFORT MEASURES: Many physical changes occur in pregnancy. A separate sheet of common complaints and comfort measures are included in this booklet.

COSMETICS/HAIR CARE PRODUCTS: There is no evidence that cosmetics and other personal care products such as soaps, lotions and deodorants affect pregnancy outcomes. Hair dyes, straighteners and permanent wave solutions have not been shown to have any specific risks. It is always best to avoid any chemicals that could be absorbed during the first trimester. Hair can react differently to a tint or permanent during pregnancy so it might be best to wait until after delivery to use such products.

DEPRESSION: Please talk with your physician if you feel you are experiencing symptoms of postpartum depression. Additionally, The Postpartum Resource Center of Texas is a multi-lingual, non-profit agency that can provide support, information, and additional assistance. Their toll-free number is 1-877-472-1002. They are also on the web at www.texaspostpartum.org.

DOUCHING: Do not douche!

EMOTIONS: You may experience emotional ups and downs. This is very normal during pregnancy. Urge those close to you to understand and be supportive.

EMPLOYMENT: You may safely continue working throughout your pregnancy. We recommend no heavy lifting/straining (not more than 25 pounds). If your work requires long periods of standing, it is helpful to keep one foot on a low stool with your knee bent and switch back and forth from one leg to the other periodically. This takes some pressure off of your back. If you must sit for most of the day, try to get up and walk around for a few minutes every couple of hours. This helps your back as well as your circulation. Maternity leave is usually extended 6 weeks after a vaginal delivery and 8 weeks after a C-Section. If you intend to take off the 12 weeks allowed by the Family and Medical Leave Act, please bring in your employer’s forms for us to sign at your regular appointment time. They will be ready by your following appointment. There is a $25 fee for completing these forms.
**EXERCISE:** Exercising during pregnancy can help minimize minor discomforts associated with pregnancy, improve posture, enhance circulation and provide a sense of well being. Exercise regularly (at least 3 times a week) rather than occasionally. Women who have normally engaged in an exercise program can continue it during pregnancy. Pregnancy is not a time to start a new sport or activity. Even if you have not exercised prior to pregnancy, walking or swimming is a great activity. For all activities, allow for a warm up and cool down period (about 10 minutes each). Drink plenty of fluids before and after you exercise. Wear comfortable clothing, a supportive bra and good supportive athletic shoes. Do not engage in exercises with sudden or exaggerated motions that will severely stress ligaments and joints that are already relaxed under hormonal influences or cause a loss of balance.

**PLEASE ALSO REMEMBER THE FOLLOWING:**
- Avoid prolonged exercise outdoors when the weather is hot and humid.
- Avoid activities that could result in even mild abdominal trauma.
- Avoid exercise lying flat on your back after the first trimester.
- Avoid prolonged periods of standing motionless at any time during pregnancy.
- Modify the intensity of your exercise routine according to your symptoms.
- Stop exercising when fatigued and do not exercise to exhaustion.

**HAZARDOUS SUBSTANCES AT WORK:** If you work where there is the potential for exposure to hazardous substances, you need to discuss your concerns with your employer and transfer to a safer work area if necessary. All employers are required to have information available on the safety of chemicals used in their workplace.

**INSECTICIDES:** Avoid the use of, or contact with, pesticides for the yard, pets, or home (including pesticide strips and flea collars).

**LABOR:** Normally labor occurs at 38-40 weeks. If it occurs prior to 37 weeks the baby is considered premature. If you are experiencing Pré-mature contractions please contact the office for further recommendations. Contractions are timed from the beginning of one contraction to the beginning of the next. The duration is how long the contractions lasts in seconds. You may feel a tightening in your abdomen or pressure in your back. The sensation experienced with contractions varies from woman to woman and can be different with each subsequent pregnancy. Regardless of how much discomfort you feel, your uterus will feel hard. Rest your hand on the top of your uterus to time contractions. Contractions of true labor get longer, stronger and closer together. False labor will go away with activity such as walking.

- Go to the hospital when your contractions are regular every 5 minutes or less for at least one hour. Each contraction should last at least 45 seconds.

- If you are unsure whether you are in labor, call us and we will be glad to talk to you or have you come in to be checked.
If you are sure you are in labor, you can go directly to the Methodist Willowbrook Hospital and after the nurses evaluate you, they will contact your physician or the physician on call.

If you are not having contractions but you think you membranes (the bag of water) are leaking, you need to be checked in either the office or the hospital. There may be a sudden gush or a slow leak of fluid. If there is any doubt in your mind, you must be evaluated.

MEDICATIONS: Medications taken by pregnant women can cross the placenta, reach the fetus, and possibly cause problems, particularly during the first three months. Therefore, it is extremely important that only ESSENTIAL medications are taken. There are many medications that can be used safely in pregnancy. A SEPARATE SHEET OF MEDICATIONS WHICH ARE SAFE IN PREGNANCY IS INCLUDED IN THIS BOOK. PLEASE REFER TO THIS SHEET AS OFTEN AS NEEDED. We recommend to many women that they remove this page from the book and put it on their refrigerator for easy and quick reference. Do not take herbal supplements unless your doctor has approved them. Many herbal remedies are available for a variety of medical problems and many people feel all of these are safe because they are called "natural". However, it is VERY important to realize and understand that these products contain chemicals just like prescription drugs and can present risks to the fetus. The US Food and Drug Administration do not regulate the majority of these products. Please refer to the list of medications and call our office with any questions.

NUTRITION: Now, more than any other time, good nutrition is extremely important. You only need about 300 additional calories a day to support your baby’s growth and development and meet your own nutritional needs during pregnancy. Quality is more important than quantity. You should not be on a weight loss or weight control program while you are pregnant. Overeating can also cause problems. All extra weight gained above the expected weight gain (see WEIGHT GAIN) will be more difficult to lose after delivery. REFER TO THE SEPARATE PAGE CALLED "NUTRITION GUIDELINES" FOR SUGGESTIONS. You will also need 8-12 eight ounce glasses of fluids per day. Milk, juices, soups, etc help to fulfill that requirement. Water is very important and we encourage you to drink plenty. Soft drinks are the poorest choices and should be limited. Most either contain caffeine, a sugar substitute, or “empty” calories with very little nutritional value.

***YOU SHOULD AVOID SHARK, SWORDFISH, KING MACKEREL AND TILEFISH (ALSO KNOWN AS GOLDEN BASS OR GOLDEN SNAPPER), RAW MEATS AND RAW FISH (SUSHI).
The following is a guideline for the number of daily servings needed for each food group:

<table>
<thead>
<tr>
<th>FOOD GROUP</th>
<th># SERVINGS/DAY</th>
<th>WHAT'S A SERVING?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk</td>
<td>2-3</td>
<td>1 8 oz cup lowfat milk/yogurt, 1 oz lowfat cheese</td>
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<tr>
<td>Meat</td>
<td>5-7</td>
<td>1 oz cooked meat, poultry or fish, 1 egg, 1/2 cup dried beans, 1 T of peanut butter</td>
</tr>
<tr>
<td>Vegetables</td>
<td>at least 3</td>
<td>1/2 cup raw nonleafy, 1 cup raw leafy, 1/2 cup cooked</td>
</tr>
<tr>
<td>Fruits</td>
<td>2-3</td>
<td>1 medium size piece, 1 cup of cubed melon or berries, 1/2 cup juice, 1/2 banana</td>
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<tr>
<td>Breads/Cereals</td>
<td>5-7</td>
<td>1 slice of bread, 1/2 bun or bagel, 1/3 cup cooked rice, 1/2 cup cook pasta, 1 oz or 1/2 cup dry cereal, 1 oz crackers or chips</td>
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<tr>
<td>Fats</td>
<td>2-3</td>
<td>1 tsp mayo, 1 T salad dressing, 1 slice bacon, 2 T sour cream, 10 peanuts, 4 pecan halves, 1 tsp margarine or butter, 1 T cream cheese</td>
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</table>
PAINT: To avoid inhaling toxic fumes, use only latex-based paints in a well-ventilated area. Oil-based paints and paint thinners contain solvents that should be avoided, especially during the first trimester.

QUESTIONS: Please make a list of questions that arise between office visits so you can make the most of your appointment time. If you have a question that requires an immediate answer, please call. Remember that friends and family are quick to give advice. Do not assume all advice you receive is accurate, no matter how good their intentions. We recommend the book “What to Expect When You’re Expecting” by Heidi Murkoff, Arlene Eisenberg and Sandee Hathaway as a good reference, especially for our first-time moms.

REST PERIODS: Include rest periods in your daily routine, several times a day for short periods. During the last trimester, it is best to lie on your side rather than your back because blood flow to the placenta is better when you’re on your side.

SEAT BELTS: The use of seat belts is recommended to decrease maternal and fetal trauma in the event of a motor vehicle accident. The diagonal strap should pass over the shoulder and across the chest between the breasts. The lap strap should lie across the upper thighs. The straps should be above and below the uterus - NOT OVER IT!

SEXUAL INTERCOURSE: If you have an uncomplicated pregnancy, there is no restriction on intercourse throughout pregnancy. Call our office if you experience more than minimal spotting or excessive pain during or following intercourse.

SMOKING: There is absolutely no doubt that smoking is dangerous not only to you but even more so to your unborn child. DO NOT SMOKE!

SUGAR SUBSTITUTES: Many foods and diet beverages contain artificial sweeteners. Read labels carefully. Saccharin is NOT recommended. Low to moderate use of Aspartame (NutraSweet) appears to be safe unless you have a hereditary disorder called PKU. Splenda is acceptable.

TEETH: Pregnancy puts an extra strain on your teeth. Be particularly careful about brushing and flossing during your pregnancy. Routine dental exams should be performed when needed. Always let your dentist know that you are pregnant. If there are any questions about medication or procedures, please have your dentist contact us.
TOXOPLASMOSIS: Toxoplasmosis is a parasitic infection that, if first acquired (which is unusual) during pregnancy, can cause harm to your unborn baby. It is most often acquired through cat feces, fur, and bedding, and raw or rare meat. The best way to avoid infection is:

- Avoid contact with cats, cat feces and cat bedding (do not change litter boxes).
- Do not travel to areas with endemic toxoplasmosis
- Use gloves when gardening or cleaning flowerbeds
- Avoid handling raw meat whenever possible. Do not touch your mucous membranes or eyes if handling raw meat
- Keep kitchen and cooking areas clean, especially after processing raw meat

TRAVEL: When possible, make travel plans for your second trimester. The risk of miscarriage is greatest during the first trimester and you could find yourself seeking medical care away from home. Early labor could begin in the last trimester and you might end up having your baby delivered elsewhere. No air travel is allowed after 28 weeks. When you do travel (by ground, sea or air), avoid sitting for long periods of time. At least every two hours get up and walk around, empty your bladder and drink some fluids. Many airlines restrict travel in pregnancy so check when making reservations.

ULTRASOUND: Ultrasound is a noninvasive diagnostic technique that produces an image on a screen (sonogram) by passing high frequency sound waves into the body. In pregnancy, it is used to evaluate the fetus, placenta, uterus, volume or amniotic fluid, ovaries and fallopian tubes. In a normal pregnancy, usually one ultrasound is done around 20 weeks. Others may be medically necessary depending on individual problems. Pelvic and OB patients under 10 weeks there is no preparation needed. 11-28 weeks OB Pelvic and OB patients need to drink 24 oz. of water on the day of the exam and finish 1/2 hour before the appointment. For patients that are having BBP, there is no preparation. If your exam is done in our office and you would like it recorded on CD-Rom (jpeg/still picture) or DVD+RW (video recording), you must bring a blank CD-ROM or DVD+RW with you on the day of the appointment, or we can provide one for a small fee. There is a one time recording fee for a CD-R or DVD+RW that is brought in. You may request a 3-D/4-D ultrasound of your baby. It is done for non-medical reasons and is not covered by your insurance. Your routine ultrasounds are not the 3-D/4-D ultrasounds. You will need to call for pricing, details, and to make an appointment.

IMPORTANT INFORMATION REGARDING YOUR EXAM!!!

For your safety, please REMOVE ALL JEWELRY prior to your exam.

Please arrive 15 minutes early before your appointment. If you arrive 10 minutes late, you may have to reschedule your appointment.
VIDEO DISPLAY TERMINALS: Studies to date have not demonstrated an association between the use of these devices and an increased rate of miscarriage, low birth weight or birth defects. Sitting for long periods of time in front of a computer does cause other symptoms that can add to the normal discomforts of pregnancy. These include back, neck, wrist and arm discomfort as well as headaches and eyestrain. Be sure to take frequent breaks from the sitting position and do stretching or relaxation exercises. Use an adjustable height chair with good back support, and have the keyboard and monitor at a comfortable height.

WEIGHT GAIN: A general recommendation for weight gain in pregnancy when a woman is carrying one baby is in the range of 25-35 pounds. Underweight women may need to gain more and overweight women may need to gain less. Overweight women should not try to be on a weight loss diet during pregnancy. Weight gain should be steady. Usually we expect 3-5 pounds during the first trimester and about one pound per week for the rest of the pregnancy. Controlling weight gain is more difficult later in pregnancy, so it is important not to gain most of your weight during the first few months.
COMFORT MEASURES FOR COMMON PREGNANCY RELATED COMPLAINTS

Nausea
Eat several small meals rather than a few large meals
Don't let your stomach become empty
Eat crackers before arising
Eat a well balanced diet — especially Vitamin B rich foods.

Fatigue
Listen to your body — REST!!!

Stuffy Nose
Try using Saline nose drops

Backache
Maintain proper posture
Use good body mechanics
Try pelvic tilt exercises

Constipation
Eat lots of foods with bulk — whole grains, raw veggies, fresh and dried fruits
Drink lots of water
Establish a daily habit
Get regular exercise — such as walking

Leg Cramps
Have someone place your heel in the palm of their hand
Gently have them use their forearm to push the ball of your foot towards your body
Try Calcet
Help prevent with calf stretches

Heartburn
Eat small frequent meals
Avoid fatty and highly spiced foods
Avoid lying down after a meal
Avoid ice cold, very hot, or carbonated beverages

Shortness of Breath
Maintain correct posture
Use good body mechanics
Sleep propped up with pillows

Swelling in Legs and Feet
Increase fluids to eliminate salts
Sit instead of standing, lie down instead of sitting, elevate feet several times a day
Do foot twirls
Apply support hose after legs have been elevated

Varicose Veins
Elevate legs at right angle to body 2-5 minutes, several times a day
Wear support hose
Try a warm bath to help soothe legs
Avoid the “knee locked” and “legs crossed” positions

Hemorrhoids
Avoid constipation
Do Kegel exercises to improve circulation
Apply Witch Hazel compresses

From Prepared Childbirth: The Family Way
FETAL DEVELOPMENT

By the end of the first month
Minus 14 days – Last menstrual period
Day 1 - Fertilization
Day 6 - Implantation
Day 14 - Missed period...baby is ¼ to ½ inch long and all organs are present
Day 18 - Heart is beating
One month - Arm and leg buds

By the end of the second month
Human facial features
All major body systems laid down
Particularly sensitive to chemicals
Some doctors listen for FHT (fetal heart tones or heart beat)
Capable of motion
Arms, hands, and fingers formed
Legs, feet, and toes formed
Real bone begins replacing cartilage
Milk-tooth buds formed

By the end of the third month
Less susceptible to outside forces
Fetus kicking, making faces
Fetus swallowing, breathing movements

By the end of the fourth month
Fetus quite recognizable as a human baby
8-10 inches long
Weight - 6 ozs

By the end of the fifth month
Sex can be distinguished
QUICKENING - (mother feels the movement)
10-12 inches long
Weight about 1 pound
Hair on head
Lanugo (fine hair) covering body
Nails on fingers and toes
FHT clearly audible

By the end of the sixth month
Possible chance of survival if born now
14 inches long
Weight 1 ¾ pounds
Vernix caseosa produced
Permanent tooth buds are formed
Strong grip

By the end of the seventh month
Weight is 3 pounds
Gaining immunities from mom
Shedding lanugo

By the end of the eighth month
Weight 5 pounds
Probably head-down position
Continues to gain immunities from mother

By the end of the ninth month
20 inches long
Weight 7 to 7 ½ pounds
LIGHTENING (Presenting part drops into maternal pelvis)
HOW A BABY GROWS

Distributed as a public service by the Metropolitan House Chapter March of Dimes Birth Defects Foundation

At this stage, baby is called an "Embryo"
- About 1/4 inch long
- Heart, brain and lungs beginning to form
- "Bag of waters" begins to grow along with the embryo
- Tiny heart starts to beat – usually by the 25th day

Though still tiny, by end of month embryo is 10,000 times larger than the egg it started from
- No weight gain
- Breasts may begin to feel tender
- Possible nausea – "Morning sickness"
- Get medical check-up
- Stop all pills and medicines until you check with your doctor or clinic
- Stop cigarettes and alcohol
- Avoid all x-rays
- Small frequent meals may help nausea
- Increase roughage (raw fruits and vegetables) and fluids to avoid constipation

Minimal weight gain
- Need to urinate more
- Possible nausea
- Possible feelings of tiredness
- Get medical check-up
- Eat healthful, nourishing food. Plenty of protein, calcium, vitamins, minerals, lots of fluids
- No need to cut down on salt unless your doctor tells you to
- Continue moderate exercise

Small weight (2-3 pounds)
- You may begin to perspire more than before
- Your body now needs lots of Iron, calcium and vitamins to nourish the baby
- Get medical check-up
- You should be starting to gain some weight now – so keep eating – and keep gaining
- Take in plenty of good calories: whole grain breads and cereals, dry beans, white potatoes, brown rice, fish, poultry, milk, eggs, yogurt
- Avoid lifting heavy objects; lift with knees bent
- Generalized skin itching may be relieved by applying lotion

Weight gain: 3-4 pounds
- Belly beginning to show
- You may feel faint movement of the baby
- You will probably start to need maternity clothes this (or next) month
- Get medical check-up
- You and the baby now need lots of vitamins and Iron – you can get these by eating good foods – but your doctor may want to give you extra Iron or vitamin pills
- To reduce heartburn, limit gas-producing or fried foods and remain upright for 30 minutes after eating

Weight gain: 3-4 pounds
- Possible shortness of breath
- Possible fluttering movement felt as baby stretches
- You need: 8 hours sleep at night – plus at least one short rest period
- Get medical check-up
- Smoking from here on can be EVEN MORE dangerous to the baby
- Continue healthful food habits
- Continue moderate, normal exercise (walking is especially good)
- As baby kicks harder, may be helpful to stroke abdomen, play music, or talk to your baby

Weight gain: 3-4 pounds
- Possible backache (wear low-heeled shoes or flats for better balance)
- Baby’s movements now usually felt
- Good personal hygiene is important
- Get medical check-up
- Continue healthful eating
- You may have a little constipation or indigestion (heartburn) – if you’re constipated, do NOT take laxatives – check with doctor first
- If you have indigestion, do NOT take baking soda – check with doctor first
- Contact your childbirth educator and begin pre-natal exercises

Weight gain: 0 pounds
- Baby rowing very rapidly
- Now weighs about 6 ounces
- Muscles become active
- Umbilical cord continues to grow and thicken, in order to carry enough blood and nourishment to the fetus.

By end of this month, fetus weighs 1 pound
- About 1 foot long
- Eyelashes appear and nails grow
- Baby’s heartbeat can now be heard through fetoscope

About 14 inches long
- Weighs 1 ½ pounds
- Can now kick and cry
- Baby can suck its thumb and grip firmly with its hand

H ELPF UL H INTS YOUR HEAL T H YOUR B OD Y YOUR BAB Y M ONTH

Distributed as a public service by the Metropolitan House Chapter March of Dimes Birth Defects Foundation

HOW A BABY GROWS
Head grows longer
Weight: 2 – 2 ½ pounds
Moves arms and legs freely
Baby exercises by kicking and stretching...

Weight gain: 3-4 pounds
Possibly blotchy skin (but this will clear up after the baby is born)
Ankles may swell from standing – This is normal and can be relieved by lying down
Get TWO medical check-ups this month
Continue good food habits
Continue light exercise
Get 8 hours of sleep every night
When reclining, lying on your left side provides best circulation for mother and baby

Hair getting longer
About 16 – ½ inches long
Weighs 4 pounds
Eyes are now open again
Moves into final position in the uterus
Bones fully developed, but soft and flexible
Weight gain: 3-5 pounds
Continue good food and cleanliness habits (Taking a bath or shower each day is important)
Continue normal daily routine – avoid heavy lifting to keep from hurting your back
Get TWO medical check-ups this month
Have a nap or rest period every day (it is best to rest on your left side)
Check with doctor or clinic at once if you have –
• Any unusual pains or swellings
• Any usual sickness or dizziness
• Any spotting (flow of blood or water from vagina)
Do pelvic rock or other back strengthening exercises through rest of pregnancy
If ankles swell, avoid prolonged standing or sitting, and try ankle circling

Baby is now called “Full term”
About 20 inches long
Weighs 7 – 8 1/2 pounds
Fingers now have complete fingernails
Baby taking in and making special proteins called “antibodies” to protect it from most diseases
Skin now smooth
Weight gain: 3-5 pounds
Uterus has now moved a few inches lower
Now you may feel more comfortable – your breathing will be easier
You may see little bulges (caused by baby’s elbows or knees)
Get FOUR medical check-ups – one each week
Don’t overwork – rest – try to stay comfortable
Eat nourishing meals – drink plenty of liquids
Limit your travel – don’t go on very long trips that take you too far from home
Normal, irregular uterine contractions may occur (practice labor)
They are usually painless and can occur at any time during pregnancy, especially after a first baby
Try warm shower, rest or walking
If contractions become regular or increase in intensity, contact health professional

Remember – Drugs, cigarettes and alcohol can harm your baby!
And remember: having a baby is natural and normal
Do you know about labor pains and other birth facts?
Ask your doctor or nurse.
Questions for my doctor:

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Additional Reference
WHEN TO CALL THE DOCTOR

The substance that closes off the entrance to the uterus during pregnancy is called the mucous plug. This may be expelled prior to labor or during labor, as the cervix ripens and flattens. This may happen all at once or slowly like a discharge. It may be yellowish, whitish, or even blood tinged. When it is blood tinged it is called “bloody show” or “show”. The loss of mucous plug can occur 1-2 weeks before labor as the cervix is slowly dilating or it can occur at the onset of true labor. Therefore, the passage of the mucous plus is not a true sign of labor. However, because its appearance may suggest that labor is likely to begin, you should pay attention to the other signs of labor such as contractions or ruptured membranes.

Bleeding can occur when labor begins and the cervix begins to thin and dilate. This usually is a small amount of bloody discharge. Bleeding greater than two pads per hour or blood running down the leg would be abnormal and should be reported immediately. To summarize, blood tinged mucous plug or scant bloody discharge associated with contractions is very common in the early states of labor. However, heavy vaginal bleeding, painful or painless, should always be reported.

The rupture of membranes or breaking of the bag of waters can be a sign that labor is on the way. When this occurs, fluid may escape in a sudden gush or in a slow trickle. Some women describe it as a feeling as if they have wet their pants. However, amniotic fluid as opposed to urine is usually clear or colorless or maybe even blood tinged. It also tends to have somewhat of a salty odor. If you think the bag of water has ruptured, do not walk around or travel in this condition. Go to the hospital immediately.

Time your contractions from the beginning of one contraction to the beginning of the next. Also, time the duration of the contractions. True labor contractions last 25-60 seconds, and have 3 characteristics: They get longer in duration, stronger in intensity and closer together. When the contractions are 5 minutes apart, and are 45-60 seconds long, and have been that way for at least one hour, you should go to the hospital.

During daytime hours (8:30 am to 4:30 pm), call the office at (281) 444-3440 if you have signs and symptoms of labor. Give your name, what baby it is for you, contraction pattern and your due date. Give other pertinent information, e.g., history of breech, strep infection of cervix, C-section, twins, rupture of membrane, how far you live from hospital, etc. If you are instructed to go to the hospital, have someone drive you there carefully. This is not a good time to be involved in an automobile accident.

In the evenings or on weekends, go directly to the hospital so that a nurse can assess you. The nurse will then call the doctor on call.
THE WARNING SIGNS OF PREGNANCY-INDUCED HYPERTENSION (“TOXEMIA”)

It is important for you to know the signs and symptoms of pre-eclampsia. It is also important for you to know what is normal for you and your baby, so that you can decide when these signs and symptoms are not normal. You should learn to recognize these important warning signs:

• If you gain weight rapidly (more than 2 pounds per week), it could be because your body is holding onto fluids it shouldn’t be. Rapid weight gain is usually followed by swelling in your fingers, face and above the ankles, which is called edema.

• High blood pressure may also affect your kidneys and cause them to leak protein into the urine.

• Strong headaches, blurred vision and pain in the upper abdomen are signs that your condition may be getting worse. Most headaches are not a sign of pre-eclampsia. They are caused by things like stress, too much reading, or not eating. But a headache during pregnancy that doesn’t go away after you take Tylenol could be a sign of hypertension. Bad headaches can be the result of fluid building up in and around your brain. All bad headaches should be reported to your doctor.

• Your eyes playing tricks on you may also be a sign of hypertension. If you suddenly have blurry vision, or see spots or silver waterfalls, your doctor should be notified.

• Pain in the upper right area of your abdomen could be a sign of hypertension. Pain in the area of your liver could also be a problem. Your liver is under the lower part of your rib cage and side to side across your stomach. If you experience these symptoms, contact your doctor immediately.

• Constant cramping in your lower abdomen or bleeding from your vagina could be signs that your placenta has separated from the wall of the uterus. If you experience either of these symptoms, contact your doctor immediately.

• If you notice that your baby is moving less than normal, you should call your doctor.

IT IS VERY IMPORTANT THAT YOU REPORT ANY OF THESE SIGNS TO YOUR DOCTOR RIGHT AWAY.
Drinking Alcohol During Pregnancy

Drinking alcohol during pregnancy can cause physical and mental birth defects. Each year, more than 50,000 babies are born with some degree of alcohol-related damage. Although many women are aware that heavy drinking during pregnancy can cause birth defects, many do not realize the moderate – or even light – drinking also may harm the fetus.

In fact, no level of alcohol use during pregnancy has been proven safe. Therefore, the March of Dimes Birth Defects Foundation recommends that pregnant women do not drink any alcohol – including beer, wine, wine coolers and hard liquor – throughout their pregnancy and while nursing. In addition, since women often do not know they are pregnant for several months, women who are attempting to become pregnant should abstain from alcoholic beverages.

Women who continue to drink alcohol, even in small amounts, while attempting to become pregnant, may reduce their chances of conceiving, according to recent studies.

A recent government survey indicated that, between 1991 and 1995, there was a substantial increase in alcohol use among pregnant women. Four times more pregnant women drank frequently (defined as seven or more drinks per week, or five or more drinks on one occasion in the previous month) in 1995 than in 1991. The survey suggests that approximately 1440,000 pregnant women (or about 3.5 percent) drank frequently in 1995 as compared to 32,000 (or just under 1 percent) in 1991. Women who drink frequently greatly increase the risk of alcohol related damage to their babies. The survey also reported that 16 percent of pregnant women had at least one drink in the precious month compared to 12 percent in 1991.

When a pregnant woman drinks, alcohol passes swiftly through the placenta to her fetus. In the unborn baby’s immature body, alcohol is broken down much more slowly than in an adult’s body. As a result, the alcohol level of the fetus’s blood can be even higher and can remain elevated longer that in the mother’s blood. This sometimes causes the baby to suffer lifelong damage.

What are the hazards of drinking during pregnancy?

According to the Institute of Medicine, each year between 2,000 and 12,000 babies in the U.S. are born with fetal alcohol syndrome (FAS), a combination of physical and mental birth defects. FAS occurs in up to 40 percent of the babies born to women who are alcoholics or chronic alcohol abusers. These women either drink excessively throughout pregnancy or have repeated episodes of binge drinking (defined as having five or more drinks on one occasion).

FAS is one of the most common known causes of mental retardation, and the only cause that is entirely preventable. Babies with classic FAS are abnormally small at birth and usually do not catch up as they get older. They may have small eyes, a short, upturned nose and small, flat cheeks. Their organs, especially the heart, may not form properly. Many babies with FAS also have a brain that is small and abnormally formed, and most have some degree of mental disability. Many have poor coordination and a short attention span and exhibit behavioral problems.

The effects of FAS last a lifetime. Even if not mentally retarded, adolescents and adults with FAS have varying degrees of psychological and behavioral problems and often find it difficult to hold down a job and live independently.

As many as ten times the number of babies born with FAS are born with lesser degrees of alcohol-related damage. This condition is sometimes referred to as fetal alcohol effects (FAE). These children may have some of the physical or mental birth defects associated with FAS. The Institute of Medicine has recently proposed new, more specific diagnostic categories for FAE, referring to the physical birth defects (such as heart defects) as alcohol-related birth defects, and to the mental and behavioral abnormalities as alcohol-related neurodevelopment disorder.

During pregnancy, how much alcohol is too much?

No level of drinking has been proven safe. The full pattern of FAS usually occurs in offspring of chronic alcohol abusers, most often in women who drink four to five drinks daily or more. However, it has occurred in women who drink less. FAE can occur in babies of women who drink moderately or lightly during pregnancy.

Less is known about the long-term outlook for children with FAS. March of Dimes research grantee Ronald T. Brown, Ph.D., and others at Emory University in Atlanta, followed from birth until age 10 a group of children who were exposed to alcohol before birth but did not have full-blown FAS. Dr. Brown found that, as these children reached school age, they not only scored lower on measures of intellectual ability, but also exhibited more of the behaviors that teachers traditionally label hyperactivity: aggressiveness, destructiveness, inattentiveness and nervousness. Other researchers studying alcohol-exposed school-aged children also report behavior problems, along with academic difficulties involving mathematics and memory.

Researcher are taking a closer look at the more subtle effects of moderate and light drinking during pregnancy. Studies at the University of Washington at Seattle followed to the age of 14 a group of middle-class children whose mothers had taken three or more drinks a day in pregnancy. At age 4 years, when given intelligence tests, these children scored five points lower than the average for all children in the study. Similarly, a 1995 French study reported that 4-1/2 year-old children of women who had approximately three drinks a day scored seven points lower on intelligence tests than children of women who drank less. The Seattle researchers also found an increased likelihood of academic problems (including difficulties with mathematics) in 7-and 14-year old children of moderate drinkers.

Your Source of information on pregnancy and birth defects
If a pregnant woman had one or two drinks before she realized she was pregnant, can it harm the fetus?

It is unlikely that the occasional drink a woman took before she realized she was pregnant will harm the fetus. The fetal brain and other organs begin developing around the third week of pregnancy, however, and are vulnerable to damage in these early weeks. Because no amount of alcohol is proven safe, a woman should stop drinking immediately if she even suspects she could be pregnant and abstain from all alcohol if attempting to become pregnant.

What other problems can drinking during pregnancy cause?

Consuming alcohol during pregnancy increases the risk of miscarriage, low birth weight, still birth and death in early infancy. Heavy drinkers are two to four times more likely to have a miscarriage between the fourth and sixth month of pregnancy than are nondrinkers. Heavy drinkers also are two to three times more likely to lose their babies during the prenatal period, from the 28th week of pregnancy through the first week after birth.

Is it safe to drink while breastfeeding?

Small amounts of alcohol do get into breast milk and are passed on to the baby. One study found that the breastfed babies of women who had one or more drinks a day were a little slower in acquiring motor skills (such as crawling and walking) than babies who had not been exposed to alcohol. Large amounts of alcohol also may interfere with ejection of milk from the breast. For these reasons, the March of Dimes recommends that women abstain from alcohol while they are nursing.

Can heavy drinking by the father contribute to FAS?

To date, there is no proof that heavy drinking by the father can cause FAS. There is, however, increasing evidence that heavy alcohol use by the male may have some effect on pregnancy and the health of the baby. Heavy alcohol use by males can lower the level of the male hormone testosterone, leading to low sperm counts and, occasionally, to infertility.

More studies are needed to fully understand how male exposure may affect pregnancy outcome. Men who stop drinking during their partner’s pregnancy also help the partner to avoid alcohol.

What is the March of Dimes doing to prevent and treat FAS and FAE?

March of Dimes-supported researchers are investigating the influence of alcohol on pregnancy. For example, one current grantee is seeking to learn how alcohol causes malformation of the head, face and heart, in order to develop ways of preventing these birth defects. Another is looking at whether drinking alcohol during pregnancy alters how the body uses vitamin A, possibly leading to birth defects.

The March of Dimes also works to prevent and treat FAS and FAE by educating the general public, teenagers, adults of childbearing age and expectant mothers about the dangers of alcohol and other drugs to their unborn children. Because there currently is no way to predict which babies will be damaged by alcohol, the safest course is not to drink at all during pregnancy and to avoid heavy drinking during the childbearing years (because at least 50 percent of pregnancies are unplanned). All women who drink should stop as soon as they think they are pregnant. Heavy drinkers should avoid pregnancy until they believe they can abstain from alcohol throughout pregnancy.

The March of Dimes also is educating doctors who are training to practice obstetrics and gynecology thought the nationally distributed “Substance Abuse Curriculum.”

References


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QUESTIONS?

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Saving babies, together
Screening for Down Syndrome and Neural Tube Defects

Introduction

During pregnancy, most obstetricians perform several blood tests to help take care of you and your baby. One of the tests they could offer is a test that may be called a tri-screen, trisomy profile, or triple screen. This test is screening test for neural tube defects (defects of the spinal cord or brain) and Down syndrome (a genetic defect). A tri-screen test cannot diagnose these birth defects, but it will help your doctor know if you have an increased risk of carrying a baby with these problems and need to be tested further.

What tests are done in this Screen?

The tri-screen includes three tests called alpha-fetoprotein (AFP), unconjugated estriol (UE3), and human chorionic gonadotropin (hCG). AFP is a protein produced in your baby’s liver. The UE3 and hCG are produced by the placenta.

What birth defects may cause abnormal results?

Neural Tube Defects: During the fourth week after conception, a small groove on the back side of the embryo folds, over and closes completely to form what is called a neural tube. The central nervous system (brain and spinal cord) develop from this tube. Sometimes part of the tube fails to close and results in spina-bifida (when the spinal cord is not formed properly) or anencephaly (when the brain and head do not develop normally). These defects occur in about 1 to 2 births per 1000.

Down Syndrome: Down syndrome is caused by the presence of an extra chromosome in the nuclei of cells (47 instead of the normal 46). This condition results in characteristic physical features and mental retardation along with possible heart and other defects. Down syndrome occurs in about 1 in 90 births.

What does abnormal result mean?

An abnormal result does not diagnose a birth defect. Increased levels of AFP indicate an increased risk for neural tube defects. Decreased levels of AFP and UE3 along with increased levels of hCG indicate an increased risk of Down syndrome. These levels may also indicate several other situations, such as the wrong estimate of the fetus’ age or a twin pregnancy. Because of these possibilities, the doctor may order follow-up tests to determine the real reason for the abnormal results. Most women who have abnormal results do not have an abnormal baby.

What other test may be ordered?

To follow up on an abnormal quad-screen result, your doctor may ask for a repeat AFP if the first one was elevated, or an ultrasound exam to check for date discrepancies and twins. If the abnormal result is still unexplained, you may need an amniocentesis for genetic testing of the amniotic fluid.

Final Considerations

A normal test will not necessarily indicate a perfect baby. It only means that your chance of delivering a baby with Down syndrome or a neural tube defect is low. If you have any questions about prenatal testing with the tri-screen, ask your health care provider to discuss it further with you. The best decision about prenatal screening is based on accurate information.

Screening…

When? Calculations can be done from 15 to 20 weeks gestation (starting from the first day of the last menstrual period). The best time is 16 to 18 weeks gestation.

How? Screening is done by a simple blood test.

Why? The results of a screening test help to determine if you have an increased risk of carrying a baby with a neural tube defect or Down syndrome.