
pregnancy planner

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The National Women's Health Resource Center (NWHRC) is the leading independent not-for-profit health information source for women. NWHRC develops and distributes up-to-date and objective women's health information based on the latest advances in medical research and practice.

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So the stick turned pink. After screaming with joy (out loud or simply in your mind), running to share the news with your partner, checking your stomach in the mirror to see if anything shows yet and calling your best friend, it hits you. You're pregnant. You're about to experience the most life-changing events a woman can experience. No matter what your age, financial status or education, this moment is likely one you'll always remember, in part because of all the mixed emotions you feel.

now what?

No worries! This *Pregnancy Planner* contains everything you need to get through the next year. It's designed to be portable (slip it into your purse when you go for your prenatal visits and to the baby-supply store); easy to use (you can ignore pages 12 through 33, if you want, until you get through the first trimester); and to answer all your questions, worries and fears as quickly and succinctly as possible. It also can help keep you stay sane and organized by providing one place to record all your notes and medical appointments. (See pages 36 through 45.)

Most important, this planner will provide you with the knowledge and confidence you need to have a healthy pregnancy and a safe delivery (for you and your baby). And it will get you through the first six weeks following childbirth with some sense that you know what you're doing—even when you're asleep on your feet.

pregnant women ask . . .

What's the single most important thing I should do during my pregnancy to ensure a healthy baby?

Know that everything you do to yourself affects your fetus—from what you eat to how much weight you gain to how much stress you encounter to whether you smoke or are around people who smoke. If you neglect your own health, you're neglecting your baby's health. If you drink a glass of wine, you're giving your baby her first sip of alcohol. If you follow a diet that would win you an award for Junk Food Junkie of the Year, you're feeding your baby massive amounts of fat and sodium and starving her of the nutrients she needs. For the next nine months—and for the only time in your child's life—the two of you are truly one.

your first trimester

LAYING THE GROUNDWORK

OK, now that you've calmed down some from the initial excitement, wiped out the pregnancy shelf at your local bookstore and made a down payment on a new maternity wardrobe, it's time to focus on the most important thing here (and no, it's not the wallpaper pattern for the nursery): It's your health and your baby's health. Your first assignment: Pick up the phone and call your doctor, nurse practitioner or midwife—whomever you plan to see throughout your pregnancy and delivery—and make an appointment. It's time to begin prenatal care.

Studies find that babies of mothers who don't get prenatal care are three times more likely to have a low birth weight and five times more likely to die than babies born to mothers who do get care. Need any better reason?

who's who?

Here is a brief overview of the professionals who may be involved in your prenatal care and, in some instances, delivery. Studies find that care provided by midwives, family physicians and obstetricians is equally effective, although women are slightly more satisfied with care from midwives and family physicians.

Obstetrician. Look for a physician who is board-certified in obstetrics/gynecology. That means your doctor completed four years of medical school, four years of residency and passed a tough exam. OB/GYNS are also trained surgeons, able to perform a cesarean section if necessary. Make sure the doctor you choose has privileges at the hospital or birthing center at which you plan to deliver. Some obstetricians specialize in high-risk pregnancies.

Best for: Women who are most comfortable with physician care; those who have health problems, previous pregnancy-related complications or the risk of problems with this pregnancy.

Maternal/fetal medicine specialist. If you're having a multiple pregnancy, have existing health problems or you or your baby develop complications during the pregnancy, your obstetrician may refer you to this specialist, also called a perinatologist. Perinatologists are like super-obstetricians. In addition to the typical training to become an OB, they complete a fellowship in treating women with various pregnancy-related complications.
Best for: Women who are having multiple babies (usually triplets or more); who have existing medical problems that could affect the pregnancy or fetus; or who had significant problems with earlier pregnancies.

Family physician. Family physicians specialize in treating the entire family, from newborns to the elderly. They complete a three-year residency after graduating from medical school and are trained in prenatal care and delivery. Make sure your doctor is board-certified in family medicine.
Best for: Women who are most comfortable with physician care and who expect a low-risk pregnancy and delivery.

Midwife. Midwives typically care for women with low-risk pregnancies. They can provide prenatal care and deliver babies, usually in hospitals or birthing centers, although some do home deliveries. They offer flexible, individualized care with as little medical intervention as possible. Look for a midwife certified by the American College of Nurse Midwives. They must graduate from a nationally accredited education program, pass a rigorous national certification exam and be licensed to practice in their state.
Best for: Women with no medical problems who expect to have a healthy pregnancy and delivery and prefer as little medical intervention as possible.

Doula. Doulas are specially trained individuals (usually women) who help care for the emotional needs of women during childbirth. Postpartum doulas help families transition into their new roles in the days and weeks after giving birth.
Best for: Women who want additional support in the delivery room.

Lactation consultant. Lactation consultants are specially trained to help women with breastfeeding issues. Most are nurses. They work in hospitals, pediatric offices, public health clinics and private practices.
Best for: Women who plan to breastfeed.

the first visit and beyond

In a normal pregnancy, you will see your health care professional every month until about the sixth month; then every two weeks during the seventh and eighth months, and then weekly until labor begins.

During the first visit, your health care professional will take a full health history, including a history of any previous pregnancies. You will also receive a full physical exam, including a pelvic exam and Pap test in most cases, and will be weighed and measured and have your blood pressure taken. Your health care provider should also test for any sexually transmitted infections. You will get a due date, officially called the "estimated date of delivery," typically 266 days from the first day of your last period if you have regular menstrual cycles. Otherwise it is customary to assign the due date based on an ultrasound.

The "estimated date of delivery" is typically 266 days from the first day of your last period if you have regular menstrual cycles.

During every future visit, you will be weighed, have your belly measured and blood pressure taken, have your urine tested for protein or sugar (signs of potential complications) and, most exciting, hear your baby's heart beat.

prenatal tests

Near the end of your first trimester and early in the second trimester, your health care professional will talk with you about a variety of prenatal tests to assess the health of the fetus. It's up to you which ones you have done. For instance, if you have no intention of terminating the pregnancy if the tests do find a problem, you may want to skip them. However, even then, you may want to have the tests so you can prepare yourself emotionally and otherwise for the possibility of having a special-needs child.

The most common prenatal tests and the timing are outlined in the chart on the next page.

common prenatal screening tests

WHAT IS IT?	WHEN/WHERE?
Genetic screening If you have a family history of inherited diseases such as Tay-Sachs or thalassemia, consider genetic counseling to assess your risk of having a child with the disease. It is standard to offer all couples screening for cystic fibrosis. Some ethnic backgrounds may predispose you to carrying genetic disorders.	Ideally, should be performed before conception, but may be done early in the pregnancy. The screening begins with a session with a genetic counselor and may involve some blood tests.
Chorionic villus sampling (CVS) Placental cells are removed and tested for chromosomal and genetic disorders.	10 to 12 weeks. Performed as an in-office procedure.
Fetal nuchal translucency Uses ultrasound to assess the fold in the back of the fetus's neck to determine the risk of Down syndrome.	10 to 14 weeks. Performed as an in-office procedure.
Amniocentesis A needle is inserted into the amniotic sac and a bit of the amniotic fluid is removed and examined. This test can provide information on various chromosomal and genetic abnormalities, including Down syndrome and neural tube defects.	After 15 weeks. Performed as an in-office procedure.
Ultrasound Sound waves are used to help identify gestational age, detect multiple pregnancies and identify any structural anomalies.	18 to 20 weeks. Typically performed in the office or in a diagnostic center.
Serum marker screening Blood test used to screen for neural tube defects and trisomies 21 and 18.	16 to 18 weeks. Performed in the office.

ultrasound: getting the best picture

There are seven types of ultrasounds. While all work basically the same—they use a noninvasive transducer wand or probe that sends out high-frequency sound waves, which bounce off internal organs, fluid and tissue to create an image—the type of ultrasound you will receive depends on what your health care practitioner wants to see.

Transvaginal scans: An ultrasound wand is inserted into the vagina to generate the images. This form is typically used in early pregnancy to provide detailed images of the uterus and ovaries.

Standard ultrasound: This is the traditional ultrasound that most women have sometime in their second trimester.

Advanced ultrasound: This exam is more comprehensive, typically using a higher-level machine that can provide more detailed pictures. It is typically performed in a high-risk center if a problem is suspected.

Doppler ultrasound: This ultrasound evaluates blood as it moves through blood vessels. It measures the speed of blood through the vessels and can also be used to identify any fetal heart defects and evaluate blood flow through the placenta.

3-D, dynamic 3-D and 4-D ultrasound: Typically available in high-risk or research facilities, these scans provide incredibly detailed pictures of the fetus, including the face.

Fetal echocardiography: This test, which uses sound impulses to assess fetal heart function, is used to evaluate suspected heart defects in the fetus.

news flash: get your vitamins!

If you haven't already, begin taking a prenatal vitamin with at least 400 micrograms of folic acid, even before you see your health care professional. Ideally, you started taking this vitamin before you became pregnant. Increased folic acid levels can help prevent brain and spine birth defects in babies. Prenatal vitamins also contain iron, which is often in short supply during pregnancy.

who and when to tell

Although you may want to send an e-mail to everyone in your address book, post to your Facebook account and shout your pregnancy from the proverbial rooftops, we urge you to relax and take a deep breath.

The first three months are the most common time for miscarriage, so give the baby time to get settled. Plus, you need time to adjust to the news, to discuss options with your partner (Keep working? Work part-time? Quit your job?) and decide how to break the news to your employer, if you're employed.

The first three months are the most common time for miscarriage, so give the baby time to get settled.

If you work for a company that employs 50 or more people for at least 20 weeks a year, you are covered by the Family and Medical Leave Act. The act requires that your employer provide up to 12 weeks of unpaid leave during any 12-month period for the birth and care of a newborn child. If you return, you are entitled to your same job or the equivalent.

In addition, most states require that employers offer the same disability leave (and pay) to pregnant women as to employees with other medical conditions that interfere with their ability to work. Thus, many women find that their first six weeks of leave are often paid.

However, every company is different. The only way to know your company's policies is to talk to your human resource department or your manager/employer—after your first trimester.

first trimester issues

So how are you feeling? If you're like most women, the answer is exhausted and nauseous. Let's deal with the fatigue first. Do you have any idea what your body is doing right now? It is building a home—the placenta, that is—that can nourish and protect that baby for the next nine months. This is really hard work. It takes a lot of

preparing for "the talk"

Make a list of questions regarding benefits and maternity leave to discuss with your employer after your first trimester. Also, develop a plan for how your job will be handled while you're out on maternity leave and for your post-pregnancy employment. The more on top of things you are, the better things will go with your manager/employer.

energy—your energy. So stop being superwoman for once and listen to what your body is telling you. That means:

- Napping on the weekends and when you get home from work.
- Slowing down at work if possible.
- Putting your feet up as much as possible.
- Turning over housework, cooking and errands to your partner, friend or a professional agency—or just letting things go for a while.

Don't worry; in your second and much of your third trimesters, you'll have energy to burn.

Now, about that nausea: They call it morning sickness, but for many women it lasts all day. You may never throw up—just feel like you're occasionally (or continually) seasick—or you may throw up every morning as soon as your feet hit the floor. Don't worry. This is normal. There is even some evidence that the nausea is nature's way of protecting the baby from potentially harmful foods.

They call it morning sickness, but for many women it lasts all day.

Most morning sickness disappears by the end of the first trimester. Until then:

- Eat small meals throughout the day so you're never too full or too hungry.
- Avoid rich, spicy, greasy or fatty foods, and foods whose smells bother you.
- Eat more carbohydrates (plain baked potato, white rice or dry toast).
- Eat bland foods when you feel nauseous (saltine crackers, gelatin desserts, ice pops, chicken broth, ginger ale and pretzels). Keep some crackers by your bed and eat one before you get up.
- Use acupressure wristbands.
- Take additional vitamin B6 (25 mg three times a day), which some studies find can help with nausea.
- If your prenatal vitamins make your nausea worse, talk to your health care provider about prescribing a vitamin without iron.

pregnant women ask . . .

I'm nine weeks pregnant, and I can't keep anything down. Should I worry?

Some women experience a severe form of morning sickness called hyperemesis gravidarum. If you experience any of the following, you may have more than just "morning sickness" and should call your health care professional:

- You have lost more than two pounds.
- You vomit blood (which can appear bright red or black).
- You have vomited more than four times in one day.
- You have not been able to keep fluids down for more than one day.

eating right throughout pregnancy

You know you're supposed to follow a "healthy" diet during pregnancy (think lots of fruit and veggies, low-fat forms of protein and high fiber). But do you know why? Beyond the obvious—maintaining enough calories to keep you healthy and ensure the baby keeps growing—we're learning that in-utero nutrition, including whether the mother is overweight or has pregnancy-related diabetes, can affect a child's health throughout his life.

gestational diabetes

Just as rates of type 2 diabetes are on the rise in a country with an obesity epidemic, so, too, are rates of gestational diabetes. Gestational diabetes is a form of diabetes that occurs only during pregnancy and usually disappears after delivery. Its incidence increased 122 percent overall in this country between 1989 and 2004, 260 percent among African Americans.

Left untreated, gestational diabetes increases the risk of having an unusually large baby, which could lead to delivery problems, as well as a baby with postpartum problems like low blood sugar and respiratory distress syndrome. It also doubles the risk of obesity later in the baby's life and significantly increases your risk of developing type 2 diabetes.

Most physicians screen for gestational diabetes with an oral glucose tolerance test between the 24th and 28th weeks.

Your best bet for preventing gestational diabetes is to follow a healthy diet and maintain a healthy weight *before* you get pregnant. While there's no evidence that how you eat *during* your pregnancy makes a difference, staying physically active is important. And once you're diagnosed with gestational diabetes, diet and exercise are crucial if you want to avoid diabetes medications or even insulin.

To maintain normal blood sugar levels if you are diagnosed with gestational diabetes, meet with a nutritionist to evaluate your dietary needs.

Here are the key issues to consider when it comes to nutrition during pregnancy:

Maintain a healthy weight. The impact of obesity on your health and your unborn child's health are significant. Obesity is an independent risk factor for neural tube defects, miscarriage and preterm delivery. It can predispose your child to diabetes later in life and, if you develop gestational diabetes, increase your own risk of diabetes. You don't need to increase your daily calories until your second trimester, at which point you only need an extra 340 extra calories (more if you're pregnant with multiples). By the third trimester, you need an extra 452 calories.

Follow dietary guidelines (www.health.gov/DietaryGuidelines/) and eat a variety of foods. You can also find recommendations for specific foods at the U.S. government Web site, My Pyramid for Moms: www.mypyramid.gov/mypyramidmoms. And next time you're tempted to order the triple burger, cheese, special sauce and fries, keep this in mind: What you eat during pregnancy may influence your child's future taste buds!

Avoid the following:

Raw meat. Uncooked or undercooked meat, poultry or seafood can be contaminated with coliform bacteria, toxoplasmosis and salmonella, all very dangerous during pregnancy.

Deli meat. Deli meat can be contaminated with the listeria bacteria,

which can cause miscarriage. If you're eating deli, make sure it's been heated to steaming. The same goes for smoked seafood (think lox, etc.), paté (unless it's canned or shelf stable), and soft cheeses like Brie, Camembert, Roquefort and feta, unless they've been made with pasteurized milk.

Certain types of fish. Avoid fish high in mercury such as shark, swordfish, king mackerel and tilefish. You can eat up to 12 ounces (two average meals) a week of low-mercury fish and seafood such as shrimp, canned light tuna, salmon, pollack and catfish. Stay away from raw shellfish and locally caught fish that may have been exposed to industrial pollutants.

Caffeine. Caffeine is associated with an increase in the risk of miscarriage. Recent data suggests caffeine should be restricted to a minimum; greater risk was reported with caffeine consumption of 200 milligrams a day or more. The American Dietetic Association recommends women limit caffeine to no more than 300 milligrams a day. A five-ounce cup of coffee has between 47 and 164 milligrams, while a 12-ounce serving of Coke has about 46 milligrams.

Milk. Make sure your milk is pasteurized; unpasteurized milk can contain listeria.

Alcohol. Forget about it. No amount of alcohol is safe during pregnancy. And, don't smoke . . . or ask for help to quit.

pregnant women ask . . .

How much weight should I gain?

That depends on how much you weigh when you get pregnant. If your weight is normal when you get pregnant, aim for about 25 to 35 pounds; if you're underweight when you get pregnant, bump that up to 28 to 40 pounds. And if you're overweight when you get pregnant, try not to gain any more than 15 to 25 pounds. If you're pregnant with twins, however, aim for 35 to 45 pounds.

Now that you're officially launched on your way to a healthy pregnancy, let's move on to the second trimester.

your second trimester

GROWING AND GLOWING

For many women, hitting the second trimester of pregnancy is like flipping a switch. Suddenly, the nausea is gone, your appetite returns and your energy is back. Plus, now you start looking pregnant. While you may not need maternity clothes yet, you may have started leaving buttons open, stealing shirts from his closet and freshening up larger-sized clothes possibly stashed in your closet from your past. Here's what you need to know to maintain that healthy feeling and look beautiful throughout your pregnancy.

exercise and pregnancy

Pregnancy is no excuse for lying on the couch, especially once your energy returns. Moderate levels of physical activity are perfectly safe if you don't have any health problems (but always check with your health care professional first). Exercise is also the best way to reduce the insulin resistance that can lead to gestational diabetes and to maintain normal blood sugar levels if you do develop it.

Walking, bicycling, swimming and even weight training with relatively low weights are all fine. Skip intensive activities like ice hockey, soccer, basketball and downhill skiing; exercises like tennis and horseback riding that could lead to falls; and exercises that require you to lie on your back. And now is probably not the best time to take up jogging, although if you've always jogged, you should be fine. As for intensity, take it down a notch from what you were doing pre-pregnancy. So, for instance, on a scale of 6 to 20, you should be at about a 12 to 14.

If you weren't exercising before your pregnancy, start slowly, gradually working your way up to 30 minutes a day, most days of the week. And be careful to drink plenty of water before, during and after you work out, and avoid becoming overheated.

pregnant women ask . . .

What's the best exercise during pregnancy?

Although there's no evidence as to the "ideal" exercise during pregnancy, we suggest swimming. The water supports your belly, helps you feel lighter, reduces the risk of becoming overheated or falling and provides an excellent aerobic workout.

sex and pregnancy

During your first trimester, you may have found the idea of sex about as exciting as having your fingernails pulled out one by one. But thanks to changing hormone levels and the disappearance of that nausea and exhaustion, sex may once again be on your agenda.

If you're worried about hurting the baby, don't worry. The baby is protected within the amniotic fluid and sac. As long as your health care professional gave you the green light for sex, you're fine. Your partner may be a little hesitant, however. Talk to one another openly and honestly about your concerns and, if he is still worried about intercourse, bring him with you to your next prenatal visit to talk with your health care professional.

You will, by necessity, have to be creative. Consider it an adventure!

Oh, and don't worry about the baby. It doesn't know what you're doing and won't remember a thing!

common physical changes during pregnancy

Pregnancy affects every part of your body—from your hair to your toenails. Here's what to expect and what to do about it.

Your breasts. Early in your pregnancy they will feel tender and may be larger. As the pregnancy progresses and your breasts prepare for breastfeeding, they get even bigger and may leak an early form of milk called colostrum. Make sure you wear a well-fitting bra that provides both comfort and support. If your breasts are tender, ask your partner not to touch them.

Congestion. The higher blood volume of pregnancy can lead to congestion and runny noses. Try using a saline spray to clear out the mucus, or a neti pot, a small device available in health food stores that squirts water through your nose.

Frequent urination. Increased blood volume during pregnancy puts increased pressure on your kidneys. Plus, later in pregnancy the weight of the baby on your bladder increases the pressure, making you feel like you always have to go.

Mouth and tooth changes. Your body needs extra calcium for the baby; if you don't provide it through your diet, it will steal it from your bones and teeth (hence the old wive's tale about losing a tooth for every child). You may also find that your gums bleed more easily, thanks to pregnancy hormones. Get your teeth and gums checked early in your pregnancy (no x-rays, of course), and follow good dental care with regular brushing and flossing.

Aches and pains. During pregnancy, ligaments and tendons throughout your body stretch, both to accommodate the growing baby and to allow the baby out during labor. This can lead to achiness and even pain, particularly in the lower abdomen. You may also experience carpal tunnel syndrome in one or both hands, caused by compression of the nerves that carry signals to the hand and fingers. Acetaminophen or ibuprofen can help, as can exercise. Ibuprofen is generally not recommended after 28 weeks.

Shortness of breath. By the end of your pregnancy, with the baby pressing up against your diaphragm, you may feel as if you can't get enough air. This is called dyspnea, or shortness of breath. It's also a sign to slow down. If you feel uncomfortable, find a position (lying on your side?) that allows you to breathe more deeply.

Constipation. Thank those pregnancy hormones again for this symptom. Try to avoid straining, as that can lead to hemorrhoids. Instead, follow basic advice for constipation: Get regular exercise, drink plenty of water and up the fiber in your diet. If you still feel constipated, try a stool softener like Colace, an over-the-counter medication that can help relieve constipation. (See "Medications during Pregnancy," on page 16.)

Heartburn and gas. Blame the crowded space in there for this symptom, which most pregnant women experience in the third trimester. The pressure of the uterus on the stomach, coupled with the relaxation of the valve between the stomach and esophagus, allows stomach acid to "reflux" into your throat. Over-the-counter heartburn options like Tums, Mylanta and Mylanta Gas are considered safe during pregnancy.

Leg cramps. You may experience sudden leg cramps, feel that something is crawling on your legs or have an uncontrollable urge to move your legs, particularly at night. This symptom may be caused by low iron or potassium. Stretching your legs before bed and getting regular exercise can help; you might also try adding a potassium-rich banana to your diet. Ask your health care professional to test your iron levels; if they are too low, you may need a higher iron supplement.

your skin during pregnancy

The "glow" of pregnancy isn't a myth. Thanks to high levels of estrogen and progesterone, along with increased blood volume, you probably *will* glow during this time. But not all changes to your skin are positive.

The "glow" of pregnancy isn't a myth.

About half of all pregnant women develop what's called the "mask of pregnancy"—dark spots that appear on the cheeks and forehead. They are the result of—what else?—increased hormone production. Luckily, they fade after the baby is born. Make sure you use sunscreen and wear a hat when you're outside. Pregnancy often makes your skin more sun-sensitive.

Other skin changes include:

Stretch marks. The skin on your stomach and breasts stretches to accommodate changes in your body, sometimes leading to white or pink streaks called stretch marks. You can use lotions and creams to try and prevent or reduce them, but there's no good evidence that they work. Those lotions, however, may help relieve the dry, itchy skin that also occurs. After delivery, the stretch marks fade to silvery marks. Think of them as the badge of honor of motherhood!

Linea nigra. This is the dark line that runs from your naval to your pubic bone. It gets darker during pregnancy but fades after.

Acne. Given that teenage acne is triggered by excessive hormones, it's not surprising you may experience breakouts during pregnancy.

Varicose and spider veins. The weight of your uterus pressing against large blood vessels can lead to sore, itchy veins, primarily on your legs. If your mother or sister had them during her pregnancy, you're more likely to develop them. To prevent them, avoid standing in one position for long periods of time; walk as much as possible to prevent blood from pooling in your legs; keep your legs slightly elevated when you sit or lie down; wear support stockings; watch the weight gain; and up the amount of vitamin C and bioflavonoids you get in your diet, which studies find helps maintain strong blood vessels. You might also make a few appointments for reflexology, in which the feet and lower legs are massaged. One small study found it helpful in preventing or minimizing varicose veins during pregnancy.

beauty procedures and pregnancy

If you've gotten used to your regular Botox injections, glycolic peels or microdermabrasion, it's time to get unused to them. Basically, you should avoid any medically unnecessary procedures or medications during your pregnancy. And while you may feel those "lunchtime face-lifts" aesthetically necessary, they are definitely *not* medically necessary. The same goes for teeth whitening and hair coloring.

medications during pregnancy

It is unethical to test prescription or over-the-counter medications on pregnant women. Thus, what we know about their effects on the fetus comes from animal studies, anecdotal evidence and retrospective studies, in which researchers look back at a woman's records for any links between medication used during pregnancy and problems in the baby. But given that an estimated 46 percent of women in their childbearing years take prescription medications, and many more use over-the-counter drugs, it's safe to assume they're continuing some of that during pregnancy.

To learn if your medication is considered safe, go to www.safefetus.com. You can search on the specific medication and learn where it falls on the U.S. Food and Drug Administration's scale of safety. But, always talk to your health care professional first before taking any medication when you're pregnant—even a nonprescription medication.

Common medications that are considered safe during pregnancy include:

- Benadryl
- Acetaminophen (Tylenol)
- Sudafed, Actifed, Dristan, Neosynephine*
- Robitussin DM, Vicks cough syrup, Romilar, Halls*
- Metamucil, Citrucel, Fiberall/Fibercon, Colace, Milk of Magnesia, Senekot
- Imodium, Parepectolin (for 24 hours, only after 12 weeks of pregnancy)
- First-aid ointment
- Maalox, Mylanta, Tums, Riopan, Titralac, Gaviscon
- Preparation H, Anusol
- Emetrol (if you don't have diabetes)
- Hydrocortisone cream or ointment
- Monistat or Terazol for yeast infection

**Do not use long-acting or extended-use form.*

news flash: avoid these medications

Do not use the following medications if you are pregnant or planning to become pregnant:

- The acne drug isotretinoin (Accutane)
- Psoriasis drugs such as acitretin (Soriatane)
- Thalidomide (Thalomid)
- ACE inhibitors used to treat high blood pressure

Now let's move on to the third trimester.

your third trimester

THE COUNTDOWN BEGINS

By now you should have signed up for a prenatal class, in which you learn what to expect in this final stage of pregnancy and during labor and delivery. Regardless of what type of delivery you're hoping for, it is important that you learn about all options—drug-free, vaginal delivery with pain relief and cesarean section.

You should also complete all preadmission information at the hospital or birthing center where you hope to deliver. Most offer family tours of the maternity unit, which can help prepare older children for a new sibling.

And don't forget to pack a bag for the hospital or birthing center. Make sure you include a "coming home" outfit for the baby and something nice for yourself! One other thing: Make sure you have a car seat properly installed in your vehicle. The hospital won't let you take Baby home without it! You can learn more about car seats and their proper use at www.aap.org/family/carseatguide.htm.

choosing a day-care provider

It's also time to begin planning for after the delivery. If you've decided to return to work after your maternity leave, it's time to arrange for day care. You have numerous options: center-based care, family-based care, hiring a nanny or an au pair. When considering day care, keep the following in mind:

Do you want a small, intimate family home or a professional day-care center? Both should meet licensing requirements in your state, but a family home situation may offer more individual attention and a more home-like atmosphere. However, it may be less dependable if the caregiver gets sick or takes vacation. The day-care center, which may provide more dependable care and have more resources for training and equipment, may have a high rate of caregiver turnover and a more "institutional feel." Make sure you spend time in each before making any decisions.

How much does it cost? After you pay for day care, commuting, taxes, work clothes, etc., is it economically feasible to continue working?
How far is the center from your work? If your child gets sick in the middle of the day, can you or your partner easily get to her?

When visiting day-care centers, the American Academy of Family Physicians recommends you ask the following questions:

- What is the child-to-staff ratio? Make sure it meets state requirements. The American Academy of Pediatrics recommends one staff person for three to five small children.
- What are the center's policies on discipline and other important issues? Ask for a copy.
- What are the center's emergency policies?
- How does the center care for sick children?
- How is the staff trained? What is the staff turnover rate?
- Is the center director on-site daily?

the nursery and layette

Contrary to what you may think if you've ever been to a big-box baby supply store, newborns need very few "things." They need you, the breast or bottle, some simple clothing, diapers and a safe place to sleep. Of course, that's no fun!

Contrary to what you may think, newborns need very few "things."

Still, don't go crazy buying things and decorating. If this is your first child, your friends and family will likely throw you a baby shower, and you'll receive many of the items you need then. If you receive hand-me-down equipment like cribs, strollers and car seats, make sure they meet all current consumer safety requirements. You can check out product recalls at www.cpsc.gov. Another good site is www.healthychild.org. Click on "market" to find recommendations of products chosen for their value as well as their environmental friendliness.

The bare necessities you'll need are on page 20. The number of items you'll need depends on how often you plan to do laundry. Keep in mind that newborns grow fast. Don't buy too many items in the same size.

must haves

- Newborn diapers
- Onesie T-shirts
- Socks
- Footed coveralls
- Coat or warm sweater
- Hat
- Receiving blankets
- Hooded bath towels
- Sleep sacks (can double as blankets in cold weather)
- Burp cloths (cloth diapers are great for this)
- Small tub for bathing baby (although you can use the sink)
- Stroller
- Car seat
- Bassinet or crib

pregnant women ask . . .

Can my baby sleep with me?

No. The safest place for your baby to sleep is in your room with you but not in bed with you. You could roll over and crush her or she could smother. Always put your baby to sleep on her back in a safety-approved crib with a firm mattress and fitted sheets.

time to deliver

You also need to use this time to prepare for delivery. In addition to learning what to expect during labor and delivery, there are things you can to do to strengthen your body for the hard work ahead. (There's a reason they call it "labor!")

One of the most important steps you can take is to do pelvic floor exercises, or Kegels. Not only will these simple exercises help prevent post-partum incontinence, but by strengthening the pelvic floor muscles, they can make it easier to push the baby out.

Kegels are easy. First, figure out which muscles to target by stopping midstream when urinating. Those are the ones you want to strengthen. Then squeeze those muscles and hold for a count of 10. Relax, then repeat. Perform at least three sets of 10 contractions a day, two to three times a week throughout this trimester. Once the baby is born and you recover from the delivery, continue your Kegels.

pregnant women ask . . .

How can I avoid an episiotomy during delivery?

An episiotomy is a cut in the perineum (the bridge of tissue between your anus and vagina) to reduce the risk of tearing as the baby exits. It is typically performed in the belief that controlling the tear by cutting reduces the risk of urinary and fecal incontinence. However, the evidence on this is mixed. Overall, there is no evidence for routine use of episiotomy even though many doctors routinely perform them. If you want to avoid one, make sure you tell your doctor (midwives rarely perform episiotomies unless absolutely necessary). You can also use perineal massage and warm compresses to help relax the perineum during labor to reduce the risk of tearing.

pain management options

Here's the thing: Labor and delivery hurt. Any woman who tells you otherwise either had good medication or has a poor memory. The key is not to let the pain get out of control. There are numerous medications and other options you can use, most of which are detailed below, to make you as comfortable as possible.

OPTION & HOW IT WORKS	CAUTIONS
Narcotics (Demerol, morphine, Stadol, Fentanyl, Nubain) Given by injection into the spinal cord or arm, IV or self-administered pump (depends on the drug). These medications help you relax and take the "edge" off the pain without interfering with pushing or slowing labor.	Depends on the drug, but may cause drowsiness or breathing difficulties in babies and nausea and vomiting in you. Nubain, Fentanyl, Stadol and morphine have minimal effects on the fetus unless used in a spinal block.

pain management options *cont'd*

OPTION & HOW IT WORKS	CAUTIONS
Epidural The most common form of anesthesia used during labor and delivery. An epidural is regional anesthesia that blocks pain to a particular part of the body; in this instance, nerves leading to the uterus. You need to have an IV started before you can receive an epidural, usually before active labor begins. The epidural is typically inserted when the cervix has dilated to four or five centimeters. An anesthesiologist or nurse anesthetist usually administers the epidural. After cleaning and numbing the area, a needle is inserted into the area surrounding the spinal cord, a small tube or catheter is threaded through the needle into the space around the spinal cord (the epidural space). Then medication is given through the tube as needed.	May result in sudden blood pressure drop and, rarely, severe headache if there is any spinal fluid leakage. May slow labor and make pushing more difficult. May cause some breastfeeding or respiratory difficulties in babies.
Spinal block When narcotics are injected directly into the spinal column. The pain relief lasts about two hours. They are rarely used these days given the availability of epidurals.	The medication crosses into the placenta and may affect the baby. May cause low blood pressure, problems pushing during labor and severe headache.
Pudendal block An injection of a local anesthetic such as lidocaine into the pudendal canal in the pelvis to provide quick pain relief to the perineum, vulva and vagina as the baby moves through the birth canal. Typically used in the second stage of labor when you're pushing, just before the baby is delivered.	May cross the placenta; slight risk of blood clot or infection.
Local anesthesia Primarily used at the end of labor to provide pain relief for an episiotomy (a cut in the perineum to make it easier for the baby to come out). May also be used after birth for pain relief from episiotomy or perineal tears. Given by injection into the specific area of pain.	Rare allergic reactions.

pain management options cont'd

OPTION & HOW IT WORKS	CAUTIONS
Patterned breathing This nonmedical approach uses breathing patterns to calm and relax you while providing a sense of control during contractions.	Must be practiced before labor.
Relaxation techniques Listening to soothing music, surrounding yourself with a scent that soothes and comforts you, having your partner massage, kneed or put pressure on various parts of your body and focusing on an item like a favorite photograph throughout the contraction can all help reduce the pain and the feeling of being out of control.	May not provide the relief you expected. Try to be flexible and ask for help if you need it.

cesarean section

The rate of cesarean section in this country has never been higher. Part of the reason is that more women are requesting elective cesarean to avoid the pain of labor. Another is that doctors are more reluctant to let women who had a previous cesarean attempt a vaginal birth, for fear of rupturing the uterus (although the risk of uterine rupture is extremely low). Regardless, there are times when a cesarean is necessary. For instance, if labor has slowed, you experience complications, the baby is in distress or the size of your baby compared to the size of you makes a vaginal birth unlikely, cesarean likely is unavoidable.

During a cesarean, the baby is delivered through an incision in the abdominal wall and uterus. Other things you should know:

Anesthesia. Unless there is no time, you are usually given an epidural or spinal as anesthesia for a cesarean. That means you can stay awake for the delivery, although the doctor will screen the surgical field from view. If things are going too fast for an epidural, you may need general anesthesia.
Recovery. A cesarean section is major surgery; expect a longer hospital stay and recovery time.
Blood loss. You lose more blood during a cesarean section than with a vaginal delivery. You may require a transfusion, although the risk that you'll need one is approximately 2 percent. At the very least, the blood loss may leave you more tired than if you'd had a vaginal delivery.

cord blood storage

When you complete your preadmission paperwork, don't be surprised if you're asked what you want to do with your newborn's umbilical cord blood. Cord blood is jammed with valuable cells called stem cells that can be used in transplants for diseases like leukemia and that may one day play a role in "building" new tissue. You can store the blood at a private cord blood "bank," where it will be available for your family only; or you can donate it to a public cord blood bank, which matches stem cells to patients who need transplants. If you choose the latter, the cord blood will not be available to you in the future if you or someone in your family needs it. A major issue is cost: Private cord blood banks charge about $2,000 for collection and about $125 a year for storage. Public banks charge nothing for collection or storage. Cord blood banking requires planning in advance. To learn more, visit: www.cord-blood.org.

circumcision

It's a boy! After choosing a name, you and your partner need to have another discussion: To circumcise or not to circumcise. While there is some evidence that circumcision can prevent certain sexually transmitted infections later in life, particularly the HIV virus, the American Academy of Pediatrics (AAP) does not recommend routine newborn circumcision. If you do decide to circumcise your son, make sure you insist on anesthesia, which the AAP notes is "safe and effective in reducing the procedural pain associated with circumcision." Studies find the most effective pain relief is a dorsal penile nerve block, kind of a like an epidural for circumcision. Many hospitals also give newborns a sugary solution to suck on, which studies find can further reduce pain. Also, only healthy infants should be circumcised.

cesarean section cont'd

Scar tissue. Scar tissue called adhesions may form in your pelvic region from the surgery that may affect future pregnancies.

The baby. The baby may have some breathing problems because it did not come through the birth canal. It may also have low APGAR scores (a way of evaluating its health right after birth) because of anesthesia or problems during labor and delivery. But don't worry; the delivery room staff will rub the baby to restore color and/or provide supplemental oxygen to help it breathe.

pregnant women ask ...

How will I know I'm in labor?

That's a very good question, particularly since you may have been experiencing "false" contractions, known as Braxton Hicks contractions, for weeks. To tell if it's the "real" thing, time the contractions (which feel like strong menstrual cramps in the beginning) from the start of the one to the start of the next. If they come consistently, with about the same amount of time in between and become progressively closer and stronger, you're in labor. Other signs that labor is imminent include:

- Loss of your mucus plug, also called "bloody show." This is the thick plug of mucus that seals off the cervical opening from bacteria. As the cervix thins and lengthens, the plug falls out.
- Trickling or gushing of amniotic fluid. If you think you just wet your pants, but the liquid is odorless, your water just broke.

If any of these signs of labor occur, call your health care professional.

things to watch for

If you experience sudden, rapid weight gain of more than five pounds a week and facial and hand swelling, with or without headache, contact your health care professional immediately. You may be showing signs of preeclampsia, which used to be called pregnancy-induced hypertension. It occurs when your blood pressure suddenly rises after 20 weeks of pregnancy, but typically occurs in your third trimester. Your health care professional should be screening you for it at every prenatal visit by taking your blood pressure and checking for protein in the urine.

Also contact your health care professional immediately if you haven't felt the baby move in 24 hours or if you start bleeding vaginally.

Smart advice: Do not take aspirin during your third trimester. It could increase the risk of bleeding in you and the baby during labor.

baby comes home

THE POSTPARTUM PHASE

Congratulations! You have a baby. Now what?

It really is amazing how much new parents focus on the pregnancy and delivery, but neglect to learn about what happens *after*. So here's an overview of the major issues in the six weeks *after* you bring Baby home that you need to know about: breastfeeding, taking care of Baby, taking care of yourself and maintaining contact with your partner.

breastfeeding

We hope you've decided to at least try breastfeeding. Even if you only nurse your baby for a few days or weeks, that early milk, called colostrum, provides an important source of antibodies to protect against disease as Baby's own immune system develops during the first year.

But did you know that breastfeeding benefits you, too?

- It helps your uterus return to its pre-pregnancy size and reduces postdelivery bleeding.
- It makes it easier to lose those pregnancy pounds (you burn up to 500 extra calories a day nursing).
- It may reduce your risk of postpartum depression and breast and ovarian cancer.
- It can delay the return of your period (although you should still use some form of birth control when you resume intercourse).
- It saves money (no formula!).

Breastfeeding is a learned process; none of us (not even Baby) are born knowing how to do it. To improve your chance of success:

Try to breastfeed within the first hour of birth. This helps your uterus contract and provides that valuable colostrum. Also ask to have Baby room in with you at the hospital so you can feed on demand.

Have your nurse or a lactation consultant check how Baby latches on while you're still in the hospital. While it might be uncomfortable when Baby latches on, it shouldn't be painful. If it hurts badly enough to make you grimace every time, then you may not have the baby positioned correctly.

Prepare for your milk to come in. This occurs on about the third or fourth day after birth. You'll know it's happened because your breasts suddenly increase several cup sizes! Speaking of which, make sure you have several well-fitting nursing bras, and don't forget to pack one in your hospital bag.

Plan to breastfeed about eight to 12 times in every 24-hour period. Your baby is good at giving hunger signals: rooting around searching for your nipple; putting his hand in his mouth; and looking increasingly alert. Always feed on demand.

Try not to use a bottle or other nipples, including pacifiers, until breastfeeding is well-established. The thrusting motion required to nurse is different from that required to suck a nipple, and Baby could get confused.

Stay hydrated to ensure your body can make enough milk. A good idea is to sip from a glass of water when nursing.

Nurse in a calm environment to help your milk let down. After a while, all it will take for your milk to let down is unhooking your bra for your baby, or even just hearing any infant cry.

common breastfeeding challenges

Here are the most common breastfeeding-related problems and how you can avoid them:

Sore and cracked nipples. Check the position of the baby when she latches on; smooth lanolin over your nipples after each nursing session; and let your nipples air dry afterward. Also, alternate which breast you start on for each session. Put a reminder on your wrist (a plastic bracelet, for example) to help you remember which side to use next. And limit nursing to 5 to 10 minutes on each side initially until your nipples toughen up (just a few days). You should also not hear any clicking or

sucking sound. If you do, the baby isn't positioned right. Bring Baby closer to you, and hold his head firmly so his mouth covers as much of the areola as possible.

Engorgement (overly full breasts) or blocked milk duct. Warm compresses, letting warm water run over your breasts in the shower or laying cabbage leaves on your breasts can help relieve some of the pressure. You can also try pumping some milk between feedings.

Mastitis or breast infection. If you feel like you have the flu and one breast is red, hot and sore, you probably have mastitis. You'll likely need an antibiotic to clear up the infection. In the meantime, keep nursing and/or pumping on that side as much as you can, even though it hurts. To prevent mastitis, make sure you empty your breasts regularly. If you do take antibiotics, add a probiotic (good bacteria such as lactobacillus) supplement or eat a container of live-culture yogurt every day to help prevent the next complication: thrush.

Thrush. Thrush is a fungal infection that can form on the breast and be passed between your breast and the baby's mouth. Overly moist breasts, sore or cracked nipples, following a diet high in sugar or yeasty foods or taking antibiotics, birth control pills or steroids can all throw your body's natural yeast levels out of control and lead to thrush. Symptoms are very sore nipples, achy or painful breasts or pink, flaky, shiny, itchy or cracked nipples.

Your baby may have little white spots in her mouth or a diaper rash that won't heal. You will need to treat both your breasts and the baby's mouth with a prescription antifungal or with the over-the-counter antifungal gentian violet. To prevent thrush, air-dry your nipples, use nipple pads in your bra, wear a clean bra every day and reduce the amount of sugar and yeasty products in your diet.

increasing milk supply

Breastfeeding is a basic supply-and-demand activity. The more you nurse, the more milk your body makes. So when your baby goes through a growth spurt and seems to be nursing all the time, keep in mind she's signaling your body to up the milk production for her new nutritional needs.

new moms ask . . .

What's the best type of breast pump?

Breast pumps today come in all sizes, shapes and forms. Believe it or not, breast pumps are actually considered medical devices and are regulated by the U.S. Food and Drug Administration (FDA). They make it possible to pump and freeze your breast milk so that even if you're not available, your milk is.

There are three types of breast pumps: Manual, battery-powered and electric. Some even have attachments you can plug into your car's power outlet. All have three basic parts:

Breast shield. This cone-shaped cup fits over the nipple and areola.
Pump. The pump is either attached directly to the breast shield or attached with plastic tubing. It creates the gentle vacuum needed to express the milk.
The milk container. These are detachable bags or bottles that can store the milk or be attached to a nipple for feeding.

You can buy breast pumps in all major retail outlets and online. Renting a pump may also be an option. Consider the following when thinking about breast pump options:

- How often will you use it?
- How much does it cost?
- Where will you be pumping? Is electricity available, for example?
- How easy is the pump to transport if you'll need to commute?

taking care of baby

Taking care of a newborn is both the simplest and the most difficult thing you have probably ever done in your life. Here is this little bundle of humanity whose only method of communicating is gazing at you or crying. He is entirely dependent on you and your partner for everything. If you were to disappear, he would die. The sense of responsibility, particularly after years of being responsible only for yourself, can be overwhelming.

So here's your first bit of advice: Breathe. And the second: Relax. Your baby knows when you're uptight and anxious. You transfer that anxiety to him and then he can't relax!

First, know that your baby will sleep much of the time. Newborns generally sleep up to 20 hours a day the first few weeks. Unfortunately, it may not be in large chunks! That's because they also need to eat quite often. Their tummies are tiny and their nutritional needs enormous. If it feels like you spend every hour of every day with your breast or a bottle in your baby's mouth, that's not unusual.

news flash: tips for comforting baby

The most common reason for Baby's crying is hunger. Not hungry? Check the diaper. If that's not the problem, try swaddling her—wrapping her tightly in a receiving blanket. Newborns are used to the tight confines of the womb; being out in the world and having their arms and legs flapping around can be scary. Holding her and walking around, "wearing" her in a sling or front pack, or, if all else fails, putting her in the car seat for a drive are other time- and parent-tested options to soothe a crying child.

After feeding and crying, the other new thing you have to get used to is washing your baby. Until Baby's umbilical cord stump falls off, just use a warm washcloth to wipe around her face, bottom and hands. When it's time for her first bath, fill the basin or sink with about an inch or two of warm water with a couple of squirts of baby wash. Make sure you have everything you need at hand before you undress the baby. That includes baby wash, shampoo, washcloth and towel. Holding Baby against one arm, slowly lower her into the water and, using the other arm and hand, wet the washcloth and begin gently washing her. Don't let go and don't ever leave any young child unattended around water. You can use the washcloth to wash her hair, too. It's best if you have two people doing this—one to hold her and one to wash her—but you can do it on your own.

When you're finished, lift her out of the tub and lay her on the towel. Wrap her securely in the towel and take her off to be diapered and dressed. There, that wasn't so hard, was it?

new moms ask . . .

How do I know if my baby has colic?

Colic is a catch-all phrase for "my-baby-won't-stop-crying-and-I-can't-figure-out-what's wrong." Babies with colic tend to cry for hours at a time, typically the same time every day (usually in the early evening). No one knows what causes colic or what will resolve it, so feel free to try whatever your mother, mother-in-law, neighbor, sister, whomever, says worked for her. And keep this in mind: Colic stops in about half of all babies by the end of the first three months; in 90 percent of infants by the end of nine months. If your baby is still colicky after three months and is formula-fed, ask your baby's health care professional to check her for allergies to the formula.

taking care of you

You probably had a long list of projects you planned to get done during your maternity leave. However, you now realize that you forgot one thing: This is not a vacation. Instead, it is a time to heal, to get to know your new baby and to learn how to be a mother.

The healing part is very important. Your body has been through a massive change over the past nine months; don't expect to return to normal for a while. While our society considers women "healed" at six weeks—when many women get the green light to have sex and return to work—it will really take the next nine months to return to normal. So relax. And follow this advice:

Sleep when Baby sleeps. You will probably never be as tired again as during the first few months of motherhood. Forget about "getting things done" while the baby sleeps. As soon as she starts snoring, you need to hit the sack, too. Gradually, as you regain your strength, you'll be able to stay awake longer.

Take care of your perineal area. If you tore during delivery or had an episiotomy, sitting in a few inches of water several times a day not only keeps the area clean, but can soothe any pain. You can reduce swelling with ice packs or chilled witch hazel pads.

Eat right. That means following the same healthy diet you followed during pregnancy and abstaining from alcohol if you're breastfeeding.

Do your chores with Baby. Babies love to watch you. They don't think that laundry, cooking or shopping is boring, especially if you chat with them as you go.

Get out of the house every day. Even if it's only for a walk around the block. The sunshine and fresh air will do you a world of good.

Give in to take-out. Now is not the time to become a gourmet cook. If your partner can't take over the cooking during the week, show him how to make large batches of food like pasta sauce, chicken, casseroles or lasagna and freeze ahead for use during the week, or give in to the take-out menu.

Lower your standards. Your house doesn't have to be spotless. If you can afford it, hire a cleaning service. If not, just focus on clutter control. And make your bed in the morning—at least one room will look neat.

Watch out for problem signs. If you suddenly start bleeding heavily again, develop a breast infection or feel pain in your pelvic region, call your health care professional.

postpartum depression symptoms

- Feeling restless, irritable or anxious
- Loss of interest or pleasure in life
- Loss of appetite
- Less energy and motivation (not related to lack of sleep)
- Problems falling asleep or staying asleep or waking up too early in the morning
- Feeling worthless, hopeless or guilty
- Feeling like life isn't worth living
- Showing little interest in the baby
- Unexplained weight loss or gain

If you have several of these symptoms for more than a week or two, call your health care professional or ask someone to call for you to make an appointment. Support, therapy and, if necessary, medication can restore you to your old self. Postpartum depression is not a normal phase. Please get help, if you need it.

feeling down

The "baby blues" are not a myth. After the giddiness of the birth wears off and the reality of motherhood—complete with little sleep—

sets in (helped along by plummeting hormone levels), you may feel down, weepy or depressed. This is completely normal and usually disappears within about 10 days. If those "blue" feelings persist, however, or become more intense, you may have a condition called postpartum depression.

returning to the bedroom

It's been six weeks and during your postpartum visit your health care professional cleared you for takeoff, uh, sex. But here's the thing: Having someone else touch you after you've cared for the baby all day is probably the last thing you want. Plus, you may still be sore down there, particularly if you tore during delivery. So don't rush. Instead:

- Explain how you feel to your partner and if you need more time, say so.
- Find other ways to be intimate. Ask for a massage or even a foot rub. Go for a walk together and hold hands (if you're not too sleepy). Hire a babysitter and go out to lunch (you'll probably be too tired to make it through dinner). Even just spending 15 minutes a day talking to each other without Baby can help remind you that you were a couple long before you became parents.

Even just spending 15 minutes a day talking to each other without Baby can help remind you that you were a couple long before you became parents.

When you do have intercourse again, use birth control. You can still get pregnant even if you're breastfeeding. And when it's time, consider using a water-based lubricant. Changing hormone levels may leave your cervix drier than normal.

So here you are, six weeks into the wonderful world of parenting. The good news is that you're doing great; the bad news is that the next 18 years will be a nonstop cycle of learning, with knowledge that becomes obsolete almost as soon as you master it. Still, raising your child into an independent, responsible adult will also be one of the most rewarding things you will ever do with your life.

Good luck and happy parenting!

counting the days & planning ahead

PREGNANCY PLANNER

Pregnancy is a wonderful opportunity for you to take charge of your health.

This planner is intended to be your constant companion during your pregnancy. Use it to jot down important appointments and notes to yourself.

Each month, fill in the important dates for that particular month. For example, if you find out you're pregnant in May, make that Month One and continue filling in successive months and dates from there. Each month of pregnancy is roughly 4.5 weeks. Use the calendar pages beginning on page 36 to record your checkups and write down questions you want to ask your health care team.

There is also a list of resources at the end of the planner. Contact the groups or organizations listed there if you would like more information about a particular topic.

looking ahead: a peek preview

If you're planning a pregnancy or think you might be pregnant, the first and most important thing you need to do is meet with your health care professional to discuss your health, medical history and any concerns you may have.

The most important thing you need to do is meet with your health care professional to discuss your health, medical history and any concerns you may have.

Remember, the best time to prepare for pregnancy is before you conceive. Your nurse practitioner or doctor will likely recommend a multivitamin containing folic acid as a first step toward ensuring a healthy pregnancy.

As you experience the many amazing changes and feelings pregnancy brings, your baby will be changing in amazing ways, too. Here are a few highlights:

First Trimester (weeks 1 to 14)
Your little one's heart is beating. Other major organs and the nervous system are forming. Baby can open and close its fists and mouth, weighs about one ounce and is three to four inches long.

Second Trimester (weeks 14 to 28)
Hair, nails and fingerprints have formed. Baby can kick, too! Baby's eyes are open now. Baby weighs about two pounds and is 12 to 13 inches long.

Third Trimester (weeks 28 to 40)
Baby kicks and stretches and is growing quickly. Your little one can hear noises from the outside world and sleeps and wakes at regular intervals and may even hiccup. Baby weighs six to nine pounds and is about 20 inches long.

your pregnancy record

You won't believe the number of visits you'll make to your health care team during your pregnancy! Each visit is important to ensure that both you and your baby are healthy and thriving. Visits typically are monthly at first and weekly closer to delivery. Expect regular urine tests, occasional blood tests and physical exams at key points during your pregnancy. Specific screening tests also may be recommended. If you develop any unusual symptoms, such as vaginal bleeding, severe nausea and vomiting, severe pain or changes in vision, call your health care professional immediately.

CONGRATULATIONS! YOU'RE PREGNANT

- Eating for two doesn't mean you have to go overboard. The average pregnant woman needs only 340 extra calories in the second trimester and 452 extra in the third trimester.
- Stop drinking alcohol and smoking if you haven't already or ask for help.

MONTH: _____

MONDAY	TUESDAY	WEDNESDAY

THURSDAY	FRIDAY	SATURDAY/SUNDAY

MANAGING COMMON PREGNANCY DISCOMFORTS

- Eat small snacks often.
- Expect and accept mood swings. Share your feelings with others.
- Rest when you can.

MONTH: _____

MONDAY	TUESDAY	WEDNESDAY

THURSDAY	FRIDAY	SATURDAY/SUNDAY

LIFESTYLE ISSUES

- Sex is safe, unless you're advised otherwise. You might have to get creative.
- Your bra or shoe size changes more than once during pregnancy. Wear what's comfortable.

MONTH: _____

MONDAY	TUESDAY	WEDNESDAY

THURSDAY	FRIDAY	SATURDAY/SUNDAY

LIFESTYLE ISSUES

- Take your prenatal supplement every day.
- Kegel exercises, which help strengthen pelvic muscles, can be done anytime, anywhere.

MONTH: _____

MONDAY	TUESDAY	WEDNESDAY

THURSDAY	FRIDAY	SATURDAY/SUNDAY

PREGNANCY & FITNESS

- Discuss exercise with your health care professional.
- After your first trimester, don't exercise lying on your back, and avoid activities where you might lose your balance.

MONTH: _____

MONDAY	TUESDAY	WEDNESDAY

THURSDAY	FRIDAY	SATURDAY/SUNDAY

PREGNANCY & YOUR SKIN

- Your skin is more sun-sensitive and may burn more easily during pregnancy so use sunscreen.
- Use skin care products to control or reduce pregnancy-related skin irritation.

MONTH: _____

MONDAY	TUESDAY	WEDNESDAY

THURSDAY	FRIDAY	SATURDAY/SUNDAY

PREGNANCY & SLEEP

- Exercise can help you sleep more deeply and restfully.
- Sleep in the position most comfortable for you, but preferably not on your back.
- Make sure you get enough calcium and potassium if you have leg cramps at night.

MONTH: _____

MONDAY	TUESDAY	WEDNESDAY

THURSDAY	FRIDAY	SATURDAY/SUNDAY

THE HOME STRETCH!

- For tender breasts, try a nursing bra for extra support and avoid harsh soaps.
- Ease constipation by exercising daily, drinking plenty of fluids and eating foods high in fiber.
- To ease back pain, wear low-heeled shoes and sit in chairs with good back support.

MONTH: _____

MONDAY	TUESDAY	WEDNESDAY

THURSDAY	FRIDAY	SATURDAY/SUNDAY

LOOKING AHEAD

- Be excited about all you have accomplished.
- Focus on yourself and your baby. Laugh, cry, write down your thoughts and talk to your partner and friends. Don't isolate yourself.
- Eat balanced meals, rest and exercise to help raise your spirits and your stamina.

MONTH: _____

MONDAY	TUESDAY	WEDNESDAY

THURSDAY	FRIDAY	SATURDAY/SUNDAY

WELCOME, BABY!

- Rest when your baby rests.
- Accept help from family and friends.
- Drink extra fluids and eat larger servings of certain food groups if you're breastfeeding.

MONTH: _____

MONDAY	TUESDAY	WEDNESDAY

THURSDAY	FRIDAY	SATURDAY/SUNDAY

Breastfeeding Support & Information

La Leche League International
847-519-7730
1-800-LALECHE (525-3243)
www.lalecheleague.org

Food and Drug Administration
www.fda.gov/cdrh/breastpumps/basics

U.S. Department of Agriculture "MyPyramid" for Pregnancy and Breastfeeding
www.mypyramid.gov/mypyramidmoms

U.S. Food and Drug Administration (FDA)
1-888-463-6332
www.fda.gov/cdrh/breastpumps/basics

Diet & Nutrition Information

U.S. Department of Health and Human Resources
www.health.gov/DietaryGuidelines

MyPyramid.gov
1-888-7-PYRAMID (888-779-7264)
www.mypyramid.gov

General Health & Wellness for Infants & Children

American Academy of Pediatrics
847-434-4000
www.aap.org/family

Healthy Child, Healthy World
310-820-2030
www.healthychild.org

U.S. Department of Agriculture "MyPyramid" for Kids
www.mypyramid.gov/kids

National Institute of Child Health and Human Development
1-800-370-2943
www.nichd.nih.gov

Women, Infants, and Children
www.fns.usda.gov/wic

General Health & Obstetrics Health

American College of Nurse-Midwives
240-485-1800
www.acnm.org

American College of Obstetricians and Gynecologists
202-863-2518 (Resource Center)
www.acog.org

American Society of Reproductive Medicine
205-978-5000
www.asrm.org/whatsnew.html

Fertility Community
www.fertilitycommunity.com

National Women's Health Resource Center
1-877-986-9472
www.healthywomen.org

Planned Parenthood Federation of America, Inc.
1-800-230-7526
www.plannedparenthood.org

Grief Support Network

MISS Foundation
1-888-455-MISS (6477)
www.misschildren.org

Infants & Children with Special Needs Support

March of Dimes Birth Defects Foundation
1-888-663-4637
www.modimes.org

Mental Health & Wellness

Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)
800-673-8499
www.awhonn.org

Multiples Support

MOST (Mothers of Supertwins)
Supporting Multiple Birth Families
631-859-1110
www.mostonline.org

National Organization of Mothers of Twins Clubs
248-231-4480
www.nomotc.org

Safety Resources

U.S. Food and Drug Administration (FDA)
1-888-463-6332
www.fda.gov

U.S. Consumer Product Safety Commission
1-800-638-2772 (consumer hotline)
www.cpsc.gov

Single Parenting

National Organization of Single Mothers
www.singlemothers.org/cms/index.php

Sleep & Related Health Information

National Sleep Foundation
202-347-3471
www.sleepfoundation.org

Vaccines & Immunizations Information

U.S. Centers for Disease Control and Prevention
1-800-311-3435
www.cdc.gov/vaccines

Resources for Fathers

Parents.com
www.parents.com

National Center for Fathering
1-800-593-DADS
www.fathers.com

National Responsible Fatherhood Clearinghouse
1-877-4DAD411
www.fatherhood.gov

National Fatherhood Initiative
301-948-0599
www.fatherhood.org

Men's Health Network
202-543-MHN-1 (6461)
www.menshealthnetwork.org

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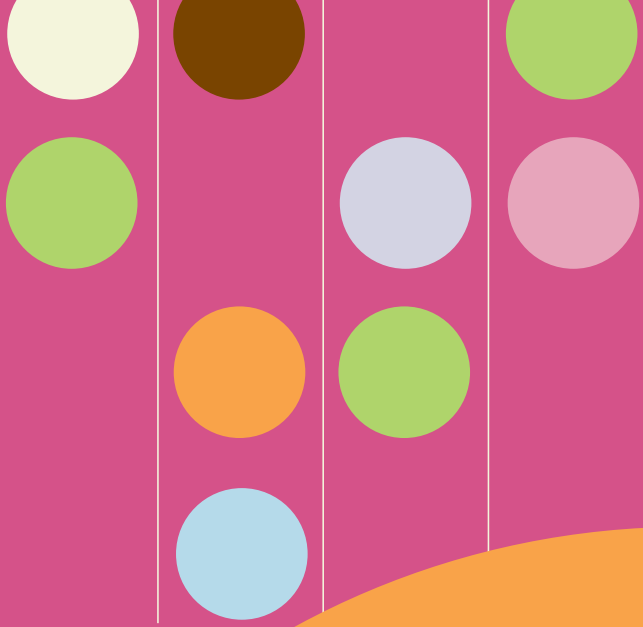

For more tips on pregnancy planning, as well as insights on life ahead with your newborn (or two!), check out the Pregnancy & Parenting Center at www.HealthyWomen.org.

National Women's
Health Resource Center

www.healthywomen.org