



Kaiser Permanente

healthy beginnings

PRENATAL NEWSLETTER



► CONGRATULATIONS ON YOUR PREGNANCY!

Your health and safety during pregnancy and childbirth is important to us, so we created *Healthy Beginnings* just for you. These newsletters will give you information about:

- Your prenatal appointments.
- Your baby’s growth.
- Examinations and tests you may have as part of your prenatal care.
- How to stay healthy during your pregnancy.
- Changes in your body.
- How your partner can stay involved.
- How to get ready for your new baby.

In addition to the information you receive in these newsletters, you can log on to kp.org at any time to email your doctor about nonurgent medical concerns and to obtain most lab results. We look forward to keeping you informed and answering your questions.

► NEXT APPOINTMENT

Date: _____ **Time:** _____

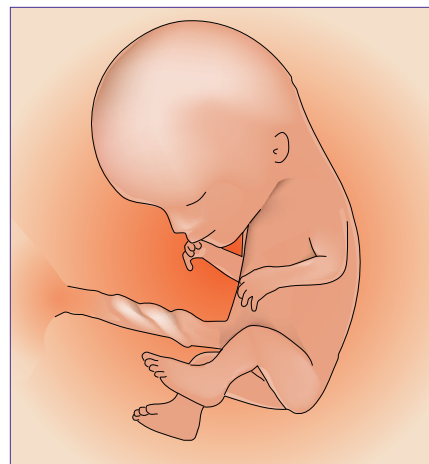
Day: _____

Doctor: _____

Notes: _____

Please arrive for your appointment on time. If you need to cancel, call at least 24 hours in advance.

► Your baby: conception to 12 weeks



Your baby started as a fertilized egg as big as this sentence’s period. At 4 weeks, the embryo is the size of a grain of rice, and the heart, brain, and lungs are forming. By week 8, the fetus starts to look human: arms, legs, muscles, and skin have developed; eyes, ears, and the face are forming; and the brain, stomach, liver, and other organs are growing. Because the brain is developing faster than other organs, the head is large compared to the rest of the body.

At 12 weeks, you’ve finished the first trimester (first 3 months) of pregnancy. The fetus is about 3 inches long, and the circulation and urinary systems are working. Reproductive organs are developed, but an ultrasound won’t show clearly whether the fetus is a girl or a boy. Your baby is moving now, but you can’t feel it yet. All of the baby’s parts and organs are developed during the first trimester. This is the most critical time to take folic acid

what’s inside

Staying healthy during pregnancy and beyond . . . 2

What to avoid when you’re pregnant 2

Partner’s corner 3

What to do about morning sickness 3

Sex and pregnancy. 3

Emotional changes during pregnancy. 4

Nutrition and pregnancy . . 4

How much weight should you gain? 5

Foods to avoid during pregnancy. 5

Ask your doctor about prenatal vitamins . . . 6

Medications and natural remedies. 6

Why are fluids so important during your pregnancy? . . . 6

Prenatal testing: what you need to know . . . 7

Miscarriage. 8

A to Z pregnancy dictionary 8

Your medical team 8

Other resources 8

and to avoid substances such as tobacco, alcohol, or drugs that may harm your baby.

YOUR DUE DATE

Your due date or estimated delivery date (EDD) is about 40 weeks after your last period began. However, your baby is considered to be full term between 37 and 42 weeks. Your early ultrasound will confirm your due date.

► Your next prenatal appointment and tests

Kaiser Permanente provides you with high-quality, family-centered care to help you have the safest and healthiest pregnancy and childbirth possible. Although pregnancy and birth are natural events, going to your prenatal appointments is necessary to make sure that your pregnancy is going well.

Your regularly scheduled visits include 8 to 10 medical appointments. These visits are timed to coincide with important milestones in your pregnancy. They give your doctor a way to keep up to date with your pregnancy and all of the changes that you are experiencing. **They are a great time for you to ask questions and talk about your concerns. At these visits your doctor will:**

- Check your blood pressure and weight.
- Check your urine, if needed
- Check your baby’s growth by measuring the size of your abdomen.
- Listen to your baby’s heartbeat.
- Order additional tests, if needed.

To confirm your pregnancy, the first individual medical visit is usually scheduled at 8 to 12 weeks. You will see a doctor who will review your health history and do a complete physical exam, including a pelvic exam and a Pap test. Your prenatal chart will be reviewed with you, including your medical history, physical exam, and lab tests.



► *Staying healthy during pregnancy and beyond*

Now is the time to learn ways to be as healthy as possible while you're pregnant. Getting plenty of rest, eating nutritious foods, and being physically active are ways to take good care of yourself. This is also a great time to learn how to accept lots of love and support from your family and friends. Some women say that pregnancy motivated them to make healthier choices. We hope this will be true for you too. Information in these newsletters can help.

PHYSICAL ACTIVITY

If you're physically active on most days of the week, great! If not, this is a good time to move in that direction. You'll feel better, have more energy, sleep better, and have less constipation and water retention. Generally speaking, you can continue moderate exercise throughout your pregnancy. Begin slowly and build up gradually. If you are not active yet, a 5-minute walk every day is a good start. Try to work up to exercising at least 150 minutes a week, or 30 minutes on most days of the week. Wear athletic shoes and comfortable clothing. Drink 8 to 10 glasses of water each day. Drink extra water before, during, and after exercise. Check with your doctor to learn which exercises are safe.

USING A SEAT BELT

You need to wear a seat belt to protect you and your baby every time you drive or ride in a car. Use both the lap belt and the shoulder harness. Position the lap belt low, below the baby (not across your belly).

► *What to avoid when you're pregnant*

For the health of your baby and for your own health, you should avoid alcohol, drugs, and tobacco during pregnancy. These pass through the placenta to the baby. It's also important that you avoid handling kitty litter, taking hot baths, and using hot tubs.

SMOKING

If you've quit smoking, congratulations! If you smoke, try to stop now—for your health and your baby's.

- Women who smoke are more likely to have problems in pregnancy and childbirth.
- Smoking during pregnancy can cause your baby to be born prematurely or underweight, which increases your baby's risk of serious illness, lifelong disabilities, and death.
- The risk of sudden infant death syndrome (SIDS), or "crib death," increases if a mother smokes during or after pregnancy.
- Children from smoking households have 4 times as many respiratory infections (lung, sinus, and ear infections) as those from nonsmoking households.
- If you've quit smoking, it's important to stay smoke-free during pregnancy and after your baby is born. Not smoking will help your health and the health of your family. You've worked hard to stop smoking. Use your new skills to remain smoke-free.
- Encourage your partner or other family members to quit smoking with you. It's easier not to smoke when you're surrounded by other nonsmokers. Support each other in staying smoke-free.
- Talk with your doctor or ask for a referral to the Early Start program for help with quitting smoking or staying quit.

ALCOHOL AND DRUGS

If you drink alcohol or use any illegal drugs during pregnancy, you can harm your baby. These drugs can cause your newborn to cry a lot or have problems breathing, eating, or sleeping. Later, your child may have behavioral problems and trouble learning. Alcohol and other drugs can also cause more serious problems, like birth defects or brain damage. They can even cause miscarriage.

It's hard to stop using alcohol or other drugs. If you or someone in your family needs help, talk to your doctor.

CAFFEINE

Avoid caffeine, or if you do drink caffeinated beverages keep it to less than 200 mg per day. This means one cup of coffee or 3 cups of tea. Try other methods to perk up such as walking briskly around the block, stretching for 5 minutes, or drinking a glass of cold water.

KITTY LITTER

Cat feces can sometimes cause an infection called toxoplasmosis. If you become infected during pregnancy, it could harm your baby.

- Have someone else clean the litter box while you're pregnant. If you need to clean the litter box, wear rubber gloves and wash hands well afterwards. The litter box should be cleaned every day because the parasite from the cat's feces takes 1 to 5 days to become infectious.
- Keep your cat indoors. If any cats visit your garden or sandbox, be careful not to touch the feces they may leave behind. Wear gloves while gardening, especially if there are cats in the neighborhood. Make sure fruits and vegetables from your garden are cooked, peeled, or washed well.

HOT BATHS, HOT TUBS, SAUNAS, TANNING BEDS

Many physicians agree that you should not take hot baths or use a hot tub, sauna, steam room, or tanning bed while you're pregnant. High temperatures may harm your developing baby.

- If you take a bath, keep the water warm (not hot). You may use a hot tub if the water is at or below body temperature (98 degrees).
- The bathtub is an easy place to slip and fall, especially during pregnancy. Be sure to use a nonslip mat to prevent falls.

When you call your doctor or medical advice:



PLEASE BE READY TO PROVIDE:

- Your name.
- Your Kaiser Permanente medical record number.
- Your doctor's name.
- Your due date.

CALL NOW IF YOU HAVE:

- Any vaginal bleeding or blood clots (clumps of blood).
- Abdominal or pelvic pain, other than mild cramping.
- Pain or fever with vomiting more than 2 to 3 times a day or that lasts more than an hour.
- Fever (temperature of 100.4° or greater).
- Pain with urination.

▶ PARTNER'S CORNER

As your partner's body changes over the next 9 months and you both prepare for the new baby, your life will be changing, too.

- You may have mixed feelings about these changes. Sometimes you may feel excited; other times you may worry about all of the changes and wonder if everything will be okay.
- You may do extra chores, or the house may get messier. During the first 3 to 4 months, your partner may be feeling very tired and nauseated.
- You may sometimes feel left out and wonder how you can stay involved. Try to give your partner extra care and attention.

HOW CAN YOU STAY INVOLVED IN THE PREGNANCY?

Learn about your baby as it grows, and care for your partner.

Try some of these ways to let her know that you care:

- Come to her prenatal appointments as often as you can. Ask questions.
- Ask your partner about how being pregnant feels to her so that you can track the changes together.
- Read the Healthy Beginnings newsletters.
- Talk about the baby with her.
- Let your partner know about your feelings.



▶ What to do about morning sickness

Many women experience nausea and vomiting during the first few months of pregnancy. Morning sickness, which can occur at any time of day, is a normal result of the body's adjustment to the hormones of pregnancy. Morning sickness usually improves after the first 3 to 4 months of pregnancy. The following home remedies can help:

- **Drink fluids:** Sip small amounts of apple juice, grape juice, lemonade, or caffeine-free carbonated beverages. Ice cold drinks are usually easier to handle, and you can drink between meals if you prefer. Eat fruits with high water content, like melons, oranges, or grapefruits. You may even try popsicles to get more fluids.
- **Eat small meals:** Eat 5 or 6 small meals each day. Try to eat something every 2 to 3 hours, even if you don't feel hungry. If you don't eat, nausea usually gets worse. Eat crackers or dry toast in bed before getting up in the morning and before you go to sleep. Don't eat greasy, fried, or highly seasoned foods.
- **Open windows:** Keep a window open and get plenty of fresh air. Use an exhaust fan to get rid of cooking odors. Certain food odors can trigger nausea. Your triggers might be foods with strong odors or something ordinary that you normally like.
- **Other suggestions:** Try to rest often during the day. Taking naps can help diminish nausea. Try wristbands that press on your wrists to reduce nausea (for example, Sea-Bands). Ginger tea or tablets can also be helpful to reduce nausea.

Some prenatal vitamins can trigger morning sickness or make it worse. You need to take folic acid but can temporarily stop taking other prenatal vitamins while you are nauseated unless your doctor has told you that you must take them despite your nausea. You can try taking your prenatal vitamins at night before going to bed instead of in the morning. Try vitamin B6 (25 milligrams every 8 hours or as needed, up to 75 milligrams a day). This vitamin is safe for your baby and available in most pharmacies without a prescription.

Call your doctor or medical advice if you have vomiting that:

- Is severe (with pain or fever).
- Is frequent (more than 2 to 3 times a day).
- Lasts more than an hour.
- Is causing you to lose more than 2 pounds.

Be sure to call immediately if you are vomiting blood, or if your urine looks dark yellow.

▶ Sex and pregnancy

During your pregnancy, your sexual desire may change. You may or may not feel interested in sexual activity, ranging from being gently touched to sexual intercourse. Many women just want to be held. As your feelings change, talking with your partner is important. Your pregnancy can also affect your partner's feelings. For example, your partner may be concerned about disturbing the baby or hurting you, or your partner may find you more attractive. It's safe to have sex while you're pregnant unless your doctor advises against it.



► Emotional changes during pregnancy

Every woman experiences her pregnancy in a uniquely personal way, because every woman is different and has had different experiences during her life. Some women, for instance, may have planned their pregnancy while others may be surprised. Some women may have previously had a miscarriage while others may be pregnant for the first time. Regardless of the context of your pregnancy, the thoughts and feelings that you have are uniquely yours. They might range from excitement to anxiety or from happiness to fear. These are all normal responses.

Hormonal changes and physical discomforts can play a role in how you feel during your pregnancy. For example:

- You may have mood swings, ranging from extremely happy to extremely sad.
- You may be more sensitive or irritable.
- You may feel more dependent, passive, thoughtful, or fearful.
- You may experience changes in your sexual interest, ranging from being very interested in sex to not being interested at all.

Worries about your body image, career, relationships, and the health of your baby are all valid concerns that can make this a particularly challenging time. It's very important to develop a support network to help you through your pregnancy. Here are some tips:

- Try to spend time with other couples who are expecting or who have small children. Sharing similar experiences can help relieve some common worries and can also help you feel more connected to others. Talking with others who have been there can provide you with valuable information about pregnancy, childbirth, and infant care. Taking prenatal classes is a good way to meet other women or couples who are sharing the same concerns and joys.
- Share your feelings with your partner.
- Let your doctor know if you have a previous history of depression or if you have been experiencing negative feelings, anger, or sadness for more than 2 to 3 weeks.
- If you are afraid your partner may hurt you or your baby, talk to your doctor, call the National Domestic Violence Hotline at 1-800-799-7233, or visit ndvh.org.

Call Medical Advice (703) 359-7878 or (800) 777-7904 or Behavioral Health (866) 530-8778 right away if you're having any thoughts of hurting yourself or others. If you think you may act upon them, you should call 911 right away.

Remember: Pregnancy is a special time that should be enjoyed as much as possible. It's a time to grow closer to your partner as you share in the creation of a new life. It's also a great time for you and your partner to develop your relationship as a couple so that you can move into your new role as parents.

► Nutrition and pregnancy

While you're pregnant, you supply everything your baby needs to grow. The best way to do this is to eat 3 meals and 2 healthy snacks every day. Rather than "eating for two," you only need about 200 to 300 extra calories each day. Also, drink 8 to 10 full glasses of water every day.

DAILY FOOD GUIDE

The Daily Food Guide will help you choose foods that give you the nutrition you and your baby need while you're pregnant. At the end of the day, you can check to see if you're getting enough servings from each of the following 5 food groups:

1. Whole grains
2. Vegetables, especially green leafy vegetables
3. Fruits
4. Milk and milk products
5. Protein

CHOOSE HIGH-VITAMIN FOODS

There are 3 vitamins and minerals that are especially important for you and your growing baby: calcium, iron, and folate. You can get the extra calcium, iron, and folate that you and your baby need to be healthy if you eat enough of these foods every day:

Calcium-rich foods

(1,000 milligrams per day, or 1,300 milligrams for pregnant teens)

- Dairy products (milk, cheese, yogurt)
- Tofu (calcium fortified)
- Almonds
- Broccoli
- Green leafy vegetables (spinach, bok choy, collard greens)
- Corn tortillas

Iron-rich foods

(30–60 milligrams per day)

Try to eat iron-rich foods in combination with foods high in vitamin C, such as oranges, pineapple, broccoli, or strawberries. Vitamin C helps your body absorb iron.

- Beef (lean, dark red meat), chicken, or turkey
- Oysters and other shellfish
- Green leafy vegetables (spinach, broccoli, bok choy, collards, kale)
- Lentils or beans
- Iron-fortified cereals
- Dried fruits (raisins, prunes, apricots)

Folate-rich foods

(0.4 milligrams per day)

- Dark-green leafy vegetables (spinach, greens)
- Broccoli
- Asparagus
- Folate-fortified breakfast cereals
- Oranges
- Peanuts and almonds



TRY THIS SAMPLE MENU

BREAKFAST

- ½ cup sliced melon
- 2 slices of whole-wheat toast
- 1 boiled egg
- 1 cup milk

Morning snack

- 6 whole grain crackers
- ¼ cup nuts
- 1 medium pear

LUNCH

- 1 bowl of black bean soup
- 1 roll
- 1 cup salad with 1 Tbsp. dressing
- 1 cup yogurt

Afternoon snack

- 1 corn tortilla
- 1½ oz. cheese
- 1 cup vegetable juice

DINNER

- 3 oz. sliced chicken
- 1 cup mixed vegetables (like chopped peppers, carrots, and broccoli)
- ½ cup brown rice

Evening snack

- 6 whole grain crackers
- 1 small apple
- 1 Tbsp. peanut butter



► How much weight should you gain?

You and your doctor need to keep track of your weight so that you'll gain enough to support your growing baby, but not too much. The recommended amount of weight you should gain depends on your weight before you became pregnant. Gaining more weight than recommended during pregnancy increases your risk of health conditions, including gestational diabetes and high blood pressure. Excess weight gain can also lead to a larger baby, causing serious complications during vaginal delivery and an increased risk of cesarean section ("C-section").

To get an idea of how much weight you should gain throughout your pregnancy, start by calculating your body mass index (BMI) at the beginning of pregnancy. To find a BMI calculator, go to kp.org and type "BMI" in the search box. Enter your height and weight, click "Calculate," and you will see your pre-pregnancy BMI.

- Women with a healthy BMI (18.5 to 24.9) should gain about 25 to 35 pounds during their entire pregnancy. This works out to about 1 pound a month for the first 3 months, and about 1 pound a week for the last 6 months. However, your pattern of weight gain may be different.
- Women with an overweight BMI (25 to 29.9) should gain about 15 to 25 pounds during their entire pregnancy.
- Women with a BMI of 30 or higher should gain about 11 to 20 pounds during their entire pregnancy.
- Women with an underweight BMI (lower than 18.5) should gain about 28 to 40 pounds during the entire pregnancy.
- If you're pregnant with multiples, your doctor can advise you on your ideal weight gain.

Weight status at beginning of pregnancy	Recommended Weight Gain			
	1 st Trimester:	2 nd Trimester:	3 rd Trimester:	Over 9 Months:
Underweight (BMI less than 18.5)	1–4.5 pounds total	Slightly over 1 pound / week	Slightly over 1 pound / week	28–40 pounds
Healthy (BMI 18.5–24.9)	1–4.5 pounds total	About 1 pound every week	Slightly over 1 pound / week	25–35 pounds
Overweight (BMI 25–29.9)	1–4.5 pounds total	Slightly over ½ a pound every week	Slightly over ½ pound every week	15–25 pounds
Obese (BMI 30 or greater)	1–4.5 pounds total	Slightly under ½ a pound every week	Slightly under ½ pound every week	11–20 pounds

WHAT TO DO IF YOU'RE GAINING TOO MUCH WEIGHT

- Cut down on saturated fats from butter, margarine, gravy, mayonnaise, salad dressing, and sour cream in favor of healthy fats from avocados, olive oil, and nuts.
- Choose lean proteins such as chicken or turkey (without the skin), fish, beans, lentils, and tofu.
- Replace white bread, pasta, and rice with whole-grain bread, whole-wheat pasta, and brown rice.
- Avoid fried foods and fast-food restaurants.
- Snack on unsweetened dairy (milk or yogurt), fresh fruit, and raw vegetables.
- For dessert, try fresh fruits or dark chocolate instead of ice cream, sugary coffee drinks, or pastries.
- Replace any juice or soda you're drinking with water.
- Read labels and prepare food at home. If you eat out, choose healthy options, and save half of large portions for later.
- Move every day unless your practitioner tells you otherwise. Try walking, swimming, or yoga.

DON'T DIET!

Your weight gain is very important to your baby's normal growth and development. If you don't eat enough of the right foods, your baby may not get important nutrients needed to grow.

- Follow the "Daily Food Guide" (see page 4) and check off what you eat every day.
- Eat the recommended amounts of healthy foods each day. Don't skip meals.
- Don't try to lose weight while you're pregnant. Wait until after you finish breastfeeding your baby before trying to lose weight.
- Check with your doctor if you have any questions or worries about the amount of weight you're gaining.

TAKE CARE OF YOURSELF

- Drink 8 to 10 eight-ounce glasses of fluid every day, including water, milk, and soup.
- Limit coffee, tea, and other caffeinated drinks (like colas).
- Rest every couple of hours during the day. In late pregnancy, put your feet up or lie on your side if you can find a quiet space to rest.
- Let go of the "superwoman syndrome" at home and at work. Ask your partner and other family members to help take care of housekeeping and cooking.



► Foods to avoid during pregnancy

You should try to avoid certain foods during pregnancy that could possibly cause harm to you and your developing baby.

- Don't eat raw or undercooked meat, chicken, or fish. Cook raw foods thoroughly and cook ready-to-eat meats, such as hot dogs or deli meats (ham, bologna, salami, and corned beef) until they're steaming hot. Wash your hands, knives, cutting boards, and cooking surfaces with warm soapy water after handling raw or undercooked meat.
- Don't eat refrigerated pâté, meat spreads, or smoked seafood (salmon, trout, whitefish, cod, tuna, and mackerel). Canned or shelf-stable pâtés, meat spreads, or smoked seafood may be eaten.
- Don't eat large fish, such as shark, swordfish, king mackerel, and tilefish, since they have high mercury levels. Also avoid eating fish caught in local lakes or streams due to the risk of high mercury levels. Eat tuna in moderation (no more than 2 meals a week) due to its mercury levels. Choose light tuna, not albacore. The U.S. Food and Drug Administration advises that pregnant women can safely eat 12 ounces of fish per week (about 2 or 3 meals). You can eat shellfish, smaller ocean fish, or farm-raised fish.
- Don't eat raw eggs or foods that contain raw or lightly cooked eggs, such as soft-scrambled eggs, Caesar dressing, homemade mayonnaise, or Hollandaise sauce.
- Don't eat soft, unpasteurized cheeses. Hard cheeses, processed cheeses, cream cheese, and cottage cheeses are safe. Check for the "made from pasteurized milk" label.
- Don't drink raw (unpasteurized) milk or foods that contain unpasteurized milk.
- Don't eat raw sprouts, especially alfalfa.
- Limit how much liver you eat, because it has excessive amounts of vitamin A. Too much vitamin A may cause birth defects. Fruits and vegetables that contain vitamin A are safe to eat. If you're taking a prenatal vitamin or other vitamins, check with your doctor about the vitamin A content of your supplements.

Talk to your doctor if you have any questions about what foods to avoid.



► Ask your doctor about prenatal vitamins

The best way to get your vitamins is to eat a well-balanced diet. It's recommended that women take folic acid (400 micrograms/day) before getting pregnant and through the first 3 months of pregnancy because it can lower the risk for certain birth defects. If you need an iron supplement, your doctor will tell you which type to take and recommend when to take it. Check with your doctor about taking prenatal vitamins. These vitamins are available without a prescription.

► Medications and natural remedies

ASK BEFORE YOU TAKE ANY MEDICATIONS

If you take any medications or herbal remedies, your baby takes them, too.

- Tell your doctor about all medications (prescription and over-the-counter), vitamins, homeopathic remedies, herbs, or home remedies that you're taking.
- If you're taking prescription medications, continue to take them unless your doctor tells you otherwise. Make sure to follow the directions carefully.
- Don't take any prescription medications unless they're prescribed or approved by a doctor who knows you're pregnant.
- Only use over-the-counter medications if you really need them. Stop taking them as soon as you feel better. Try natural remedies for relief, if possible. (See the chart on the right.)

Call your doctor or medical advice if:

- You feel worse after you take any medication.
- Your symptoms don't improve.

NATURAL REMEDIES AND SAFE OVER-THE-COUNTER MEDICATIONS

These natural remedies and over-the-counter medications are generally safe to use for minor health problems while you're pregnant.

SYMPTOMS	NATURAL REMEDIES	OVER-THE-COUNTER MEDICATIONS
Headache	Massage Rest Cool washcloth on forehead	Acetaminophen (such as Tylenol) Do not take aspirin or ibuprofen (such as Motrin, Advil, Nuprin, or Medipren)
Cold and cough	Rest Drink plenty of warm liquids Use a vaporizer, humidifier, or shower for nasal congestion	Acetaminophen (such as Tylenol) for aches and fever Chlorpheniramine (such as Chlortrimeton) for allergies Saline nasal drops Cough drops Dextromethorphan or Guaifenesin
Constipation	Increase fluids and fiber in diet (such as prunes) Exercise regularly	Metamucil (plain), Fiberall, or docusate sodium (Colace)
Diarrhea	Drink clear liquids	Imodium
Indigestion	Eat smaller meals Wear loose-fitting clothing Elevate head when lying down	Tums (for occasional heartburn relief) Maalox, Mylanta, or Riopan
Hemorrhoids	Use witch hazel pads, Tucks pads, or ice packs Take a warm "sitz bath"	Preparation H, Anusol, or 1% hydrocortisone cream
Nausea and vomiting	Take vitamin B6 (25 mg three times a day) Eat crackers or dry toast Use acupressure on wrist (or Sea-Bands) Ginger tea or capsules	Emetrol
Vaginal itch	Eat yogurt that contains live <i>Lactobacillus</i> cultures Wear cotton underwear Reduce or eliminate sugar from diet	7-day treatment Monistat or Gyne-Lotrimin (for yeast infections) or 1% hydrocortisone cream. If symptoms don't clear up with treatment, call your doctor.



► Why are fluids so important during your pregnancy?

If you drink enough fluids, you're less likely to experience dehydration, constipation, urinary tract infections, and preterm (premature) labor. Your baby needs fluids for proper growth. To get enough fluids for yourself and your baby:

- Drink about 8 to 10 full glasses (64 to 80 ounces) of fluid each day.
- Keep a full glass or bottle of water with you.
- Try a variety of fluids, like milk and soups, in moderate amounts.
- Choose caffeine-free, nonalcoholic drinks.

► Prenatal testing: what you need to know

During your pregnancy, prenatal testing will be recommended to check that you're healthy and that your baby is developing properly. Many of these tests are routinely recommended in all pregnancies. Others are recommended only in certain situations. Your doctor will talk with you about the risks and benefits of any tests you're considering. For more information about prenatal testing, view the online education EMMI® Prenatal Genetic Testing: Understanding Your Options, and read the Health Notes Prenatal Testing for Birth Defects: Helping You Decide and Facts about Non-Invasive Prenatal Screening.

BLOOD TESTS AND VACCINES

Antibody screen: Checks for unusual antibodies in your blood that might harm your unborn baby.

Blood type and Rh factor: If you have an Rh-negative blood type, you'll take a test to check your blood for antibodies that could cause problems for you and your baby.

Complete blood count (CBC): Checks whether you have any infection; if you have enough hemoglobin, which carries oxygen to your tissues; and if your hematocrit, which is the number of red blood cells compared to the amount of plasma (the clear part of your blood), is high enough.

Genetic carrier screen: Checks to see if you are a carrier for certain inherited diseases. If you are a carrier, genetic testing will be offered to the father of the baby to find out if your baby is at risk for a genetic disease.

Hepatitis B: Checks if you're a carrier of the hepatitis B virus. If you are a carrier, your baby will receive vaccines at birth and in infancy. These vaccines will greatly reduce the chance of passing hepatitis B to your baby.

HIV antibodies: Checks if you're infected with the human immunodeficiency virus or HIV, the virus that causes AIDS. If you test positive for HIV, there are treatments available that reduce the chance of passing HIV to your baby. Also, early detection and treatment can help you stay healthier.

Prenatal urine drug screen: Checks for the presence of various harmful substances. If any are found, you will be referred to a specialist for more information and education.

Rubella and varicella: Checks immune status for chickenpox (varicella) and German measles (rubella).

Syphilis: Checks for syphilis infection. If you test positive for syphilis you can be treated with antibiotics. If left untreated, syphilis can cause severe problems in a fetus and newborn.

Urinalysis and culture: Checks your urine for protein, sugar, blood, and infection.

ULTRASOUND EXAM

An ultrasound (sonogram) exam is routinely ordered during pregnancy to:

- Confirm the estimated delivery date (EDD).
- Find out the position and development of the baby and placenta.
- Look for more than one baby.

An ultrasound device is placed on your abdomen or in your vagina. The device sends sound waves to your uterus, which allows a picture of your baby to appear on a video monitor. Ultrasound has been used for more than 25 years and is considered safe for both mother and baby.

SCREENING TESTS FOR BIRTH DEFECTS

Prenatal screening tests can help you find out your chance of having a baby with certain birth defects. These tests pose no risk to your pregnancy. Screening tests do not give you a diagnosis, and do not look for all types of health problems, but they can help you learn about your baby's risk for some conditions, such as:

- Chromosome problems like Down syndrome, trisomy 18 or trisomy 13. Chromosome problems usually cause mental disabilities and may cause physical birth defects.
- Physical birth defects like neural tube defects or abdominal wall defects.

Your screening test result is based on the following:

- Your age at delivery.
- Your gestational age (the size of your baby).
- Blood tests measuring pregnancy-related hormones, proteins, and substances from the baby or placenta. Blood tests for screening start as early as 10 weeks in pregnancy, but additional blood tests are usually done between 15 and 20 weeks.
- Nuchal translucency ultrasound (a specialized early ultrasound).

Most women who take a screening test will have a negative or low-risk result. A negative result does not guarantee that the baby won't have a birth defect, but it indicates that your risk is low for the screened conditions.

A small number of women will have a positive or high-risk screening test result. This doesn't mean that your baby definitely has a problem, but you will be offered more testing to check the pregnancy.

DIAGNOSTIC PROCEDURES FOR BIRTH DEFECTS

Diagnostic procedures are medical tests that can accurately detect certain birth defects. Amniocentesis and chorionic villus sampling (CVS) are two different diagnostic procedures that can test the baby for:

- Chromosome abnormalities (like Down syndrome and trisomy 18).
- Certain genetic diseases.
- Neural tube defects (like spina bifida and anencephaly).

Amniocentesis is generally done between 15 and 20 weeks. CVS is done between 10 and 13 weeks. These diagnostic procedures have a small risk of miscarriage (less than 1 percent).

Prenatal testing for birth defects is optional. You may choose to have a screening test before deciding whether you want a diagnostic procedure. Or you may choose to have a diagnostic procedure without having a screening test first. You can also choose not to have any prenatal testing for birth defects. Because this is a personal decision, you should learn about your options before your next prenatal visit. You can discuss any questions with your doctor.

FAMILY HISTORY OF GENETIC CONDITIONS OR BIRTH DEFECTS

Talk to your doctor if you have any history of an inherited condition or birth defect in your family—especially if you've previously given birth to a child with an inherited condition or birth defect.

GROUP B STREPTOCOCCUS

Group B streptococcus (GBS) is a common type of bacteria found in many women. It can cause illness in newborn babies if transmitted at the time of delivery. A test can be done between 35 to 37 weeks to check for the presence of this bacteria in the vagina and the rectum. If your test comes back positive, you'll be treated with antibiotics during labor to reduce the chances of GBS being transmitted to your baby.



► Miscarriage

About 1 in 5 confirmed pregnancies will end in a miscarriage (loss of the baby) during the first trimester. Most of these miscarriages cannot be prevented. Miscarriage is usually not dangerous for the woman, but feelings of anger, sadness, and guilt are common. As with any loss, talking with your partner, family, friends, and doctor about your feelings can be helpful.

► A to Z pregnancy dictionary

AMNIOTIC SAC

The bag of waters that surrounds the baby. This fluid cushions the baby, allows it to move freely and exercise, and keeps the baby's temperature constant even when you're feeling hot or cold.

CERVIX

The cervix is the opening to the uterus or womb. In the first stage of labor, the cervix thins and opens to allow the baby to move into the birth canal.

EMBRYO

The developing baby in the first 8 weeks of the pregnancy.

ESTIMATED DELIVERY DATE (EDD)

This is the same as the due date. Your due date is the estimated calendar date that your baby will be born. We calculate your due date as 40 weeks (about ten 28-day months, or 280 days) from the first day of your last menstrual period. It's normal for babies to be born anytime between 3 weeks before and 2 weeks after the due date. If possible, it is best to stay pregnant for at least 39 weeks so your baby has time to fully develop.

FETUS

The developing baby from 8 weeks to the end of pregnancy.

GESTATION

This term refers to pregnancy. Your doctor will refer to "weeks of gestation," which means how far along you are. To convert weeks of gestation into months of pregnancy, just divide by 4.5.

MENSTRUAL PERIOD

The time of month when a nonpregnant woman's uterus sheds its inner lining, causing bleeding. Menstruation usually lasts 5 to 7 days.

PLACENTA

An organ that develops and provides nourishment to the fetus during pregnancy. It also takes waste away from the fetus.

UMBILICAL CORD

This cord is made up of 3 blood vessels that connect the placenta to the unborn baby. It transports nutrients and oxygen to the baby.

UTERUS

This muscle houses your unborn baby. It's made up of 3 parts: the fundus, body, and cervix. Every time you go to your individual prenatal appointment, your doctor will measure your fundus to track your baby's growth.



► Your medical team

Throughout your pregnancy you will meet many people who will be caring for you. Below are brief descriptions of the medical professionals you may see:

OBSTETRICIAN/GYNECOLOGIST (OB/GYN)

A medical doctor who is specially trained in women's health, pregnancy, and childbirth. They also provide surgical care for women.

PERINATOLOGIST

An Ob/Gyn doctor who has received additional training to provide medical and surgical care for the most complicated pregnancies.

FAMILY PHYSICIAN

A medical doctor who has completed additional training in family medicine. Their focus is on the health needs of the entire family.

OB/GYN NURSE PRACTITIONER

A registered nurse who has advanced training (usually a Master's degree) in women's health and who provides care during pregnancy and the postpartum period.

REGISTERED NURSE (RN)

A nurse who is specially trained to provide advice and counseling about self-management information and skills to improve health.

CLINICAL ASSISTANT (CA)

A clinical assistant takes care of the nonmedical needs of patients.

RECEPTIONIST

A staff member who books appointments, group visits, and classes for members.

GENETIC COUNSELOR

A counselor who is trained (Master's degree) to evaluate the baby's risk of having birth defects or inherited disorders and to provide information and support throughout the evaluation process.

REGISTERED DIETITIAN (RD)

A registered dietitian is trained (Master's degree in nutrition) to provide specialized advice on diet, including the nutritional needs of pregnant women.

OBSTETRIC SONOGRAPHER

A technician who has specialized training in using ultrasound during pregnancy.

SOCIAL WORKER (MSW)

A social worker is trained (Master's degree) to work with families experiencing stressful situations, such as financial concerns, drug/alcohol abuse, domestic abuse, or other situations that may feel overwhelming.

LACTATION CONSULTANT

An expert trained to educate women about nursing and to help them manage any problems they may have with breastfeeding.

► Other resources

KAISER PERMANENTE WEBSITE

Connect to our website at kp.org/pregnancy or kp.org/maternity.



The information in *Healthy Beginnings* is not intended to diagnose health problems or to take the place of medical advice or care you receive from your doctor. If you have persistent health problems, or if you have further questions, please consult your doctor. If you have questions or need additional information about your medication, please speak to your pharmacist. Kaiser Permanente does not endorse the medications or products mentioned. Any trade names listed are for easy identification only.

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