Your next prenatal appointment and tests

Your next visit will take place when you’re 24 to 28 weeks pregnant. You will see how your baby is growing and listen to your baby’s heartbeat. You may also receive a Tdap booster shot to help protect your newborn from whooping cough (also called pertussis). Whooping cough is a highly contagious disease that spreads from person to person by coughing. When babies get whooping cough, it can be life threatening. We recommend that you receive the Tdap vaccine during each pregnancy, preferably between 27 and 36 weeks. The vaccine is safe for pregnant women.

The following tests need to be taken before your next appointment.

ANEMIA TEST

The test for anemia (low iron in your blood) is included in a simple blood test called a complete blood count (CBC). It checks the number of red cells in your blood to see if you have anemia. Women may feel extra tired and dizzy and can sometimes faint. You’re more likely to have anemia if:

• You’ve had several babies in a short period of time, or you are now pregnant with more than one baby.
• You don’t eat enough foods rich with iron and folic acid. (See "Nutrition and pregnancy" in Healthy Beginnings, Issue 1.)

DIABETES TEST

The diabetes test is an hour-long glucose tolerance screening done at the lab to make sure that you don’t have gestational diabetes. Gestational diabetes develops only in pregnancy and usually stops after the baby’s birth. It’s marked by having too much sugar in the blood and urine. About 1 in 10 pregnant women will have gestational diabetes. If diabetes is found, it can usually be controlled by eating a healthy diet, checking your blood sugar regularly, and sometimes by also taking medication.

TAKING THE DIABETES TEST

• You will drink a small bottle of Glucola, a sweet, carbonated liquid.
• Exactly 1 hour later, you will have blood drawn at the lab to measure your blood sugar level.
• Plan ahead: Some facilities allow you to drink the Glucola at home but you must be at the lab to have your blood drawn exactly 1 hour after drinking it. Most facilities have you drink the Glucola while on-site.
• If your 1-hour glucose tolerance screening shows that you have too much sugar in your blood, you will need to take a 3-hour test to confirm the result.
• If the test result shows gestational diabetes, you’ll begin treatment to control the amount of sugar in your blood. You should get tested again after delivery to determine your risk for developing diabetes after the pregnancy.

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PARTNER’S CORNER
Your partner needs to know that you care for her. Little things can go a long way.

Here are some ways to show her that you care:
- Give her back rubs and foot massages. She’ll especially appreciate it when her back is aching from the weight of the baby or when her feet are swollen at the end of the day.
- Bring her flowers.
- Vacuum the house or do the laundry without being asked.
- Give her lots of hugs. The love you show her will help her feel even more loving towards you and towards the baby.
- Plan an evening out with her. Take her to her favorite restaurant and a movie.
- Take a walk with her.
- Tell her that you think she’s going to be a great mother.
- Cook or help plan healthy, well-balanced meals.
- Offer to run errands (pick up cleaning, shop for groceries, go to the drugstore).
- Touch her lovingly.
- Tell her she’s beautiful.
- Buy a toy or outfit for the baby.
- Take a childbirth or breastfeeding class together. Your local Health Education Center can help you find a class.
- Offer to set up interviews with possible child-care providers.
- Discuss your fears with your partner and listen to hers. Communication is key for a strong relationship.

TAKE GOOD CARE OF YOURSELF, TOO.
- Be physically active at least 150 minutes a week, or 30 minutes a day on most days of the week. Play a sport you enjoy, take a walk, or go to the gym—it all counts!
- Go away for a weekend with your partner. If possible, plan a longer vacation before the baby is born.
- Get a massage.

Staying healthy during pregnancy and beyond

BODY IMAGE
During your pregnancy you might get lots of conflicting information and unwanted advice from friends, family, and even strangers. Much of this advice may refer to your weight gain, exercise, and body image. Some of these comments can make you feel guilty, worried, and confused. In a culture that values being thin, it’s normal to base your body image and self-esteem on your size. But pregnancy is a time when gaining weight is essential. A healthy weight gain supports your health and the health of your baby.

You and your clinician can set a healthy weight gain goal for you. Pregnancy is not a time to skip meals, take diet pills, or restrict eating in order to control weight. If you eat healthy foods and exercise regularly, you should not gain an excessive amount of weight.

ENCOURAGING A HEALTHY BODY IMAGE
- Try to replace negative thoughts with positive affirmations, like: “My body is beautiful and is creating a beautiful new life.” ”Negative comments about my body reflect the fears others have, not my fears.”
- Spend time with other pregnant women. You can support each other during this time of change.
- Surround yourself with positive people who support your efforts to have a healthy pregnancy and to be yourself.

Safe sex for you and your partner
If you are not in a monogamous relationship, it’s important to practice safe sex to prevent HIV and other sexually transmitted diseases (STDs).
- You can protect yourself and your partner by using condoms and oral dams (latex squares used for oral-vaginal and oral-anal sex).
- If you think you may have been exposed to HIV or another STD, or if you have any symptoms, avoid having sex until you see a clinician and get tested.

When to call us
Call the Appointment and Advice Line if you have:
- Any vaginal bleeding
- Abdominal or pelvic pain, other than mild cramping
- Nausea and vomiting that are worsening compared to earlier in pregnancy
- Fever (temperature of 100.4°F or higher)
- Pain with urination
- Feelings that you might faint or pass out

Be ready to give us your:
- Full name
- Kaiser Permanente health or medical record number
- Clinician’s name
What you can do about common discomforts

DIFFICULTY SLEEPING
As pregnancy progresses, sleep gets harder due to leg cramps, breathlessness, contractions, the frequent need to urinate, and an active baby. You may not be able to find a comfortable position.

• Use extra pillows to support your legs and back. Try sleeping on your side with pillows between your knees and behind your back.
• Have a light snack or a glass of milk before going to bed.
• Get regular exercise during the day to help you sleep more soundly at night. Avoid exercising close to bedtime, which may make it harder to fall asleep. (See “Exercise and pregnancy” in Healthy Beginnings, Issue 3.)
• Practice relaxation exercises before going to sleep or if you wake up during the night. Try listening to a relaxation podcast on kp.org. (See “Relaxation exercises for pregnancy and beyond” in Healthy Beginnings, Issue 3.)
• Take a warm (not hot) bath or shower before going to bed.
• Avoid caffeine, including chocolate, especially late in the day.
• Do not use sleeping pills or alcohol because they could harm your baby.

LEG CRAMPS
Leg cramps are common in late pregnancy. They usually happen late at night and may wake you up. They may be caused by the pressure of the enlarged uterus on nerves or blood vessels in your legs, from lack of calcium, or from too much phosphorous in your diet.

To relieve leg cramps:

• Sit on a firm bed or chair. Straighten your leg and flex your foot slowly toward the knee.
• Stand on a flat cold surface and lift your toes up, as if to stand on your heels. Then try walking while keeping your toes up.
• Use a heating pad or hot water bottle to help with the muscle ache.
• Do not massage the calf during the cramp.
• Try breathing and relaxation exercises. Think of it as a practice for labor contractions.

To prevent leg cramps:

• Avoid too much phosphorous in your diet. This is found in highly processed foods, such as lunch meats, packaged foods, and carbonated beverages.
• If you’re having frequent cramps (more than twice a week), get more calcium in your diet or take calcium supplements that don’t contain phosphorous.
• Exercise moderately every day.
• Do leg stretches before bedtime.
• Wear leg warmers at night.
• Take a warm (not hot) bath before bedtime.

LEAKING FROM YOUR NIPPLES
During the second or third trimester, you might notice a yellowish or whitish fluid leaking from your nipples. This fluid is called colostrum, the first breast milk. It’s the perfect food for your newborn and supplies antibodies to help protect your baby from infections. Leakage is common during pregnancy, although it doesn’t happen to all women. Colostrum may continue to leak from time to time through the rest of your pregnancy. If your shirt gets wet from leaking, try using breast pads (all cotton, no plastic liners) inside the cups of your bra.

Travel and pregnancy
For most women without any medical complications, traveling during the second trimester is safe. During this time, you may feel the best, have the most energy, and be able to enjoy a great vacation with your partner before the baby arrives.

Important things to know before you plan your travel:

• We can best meet the medical needs of you and your baby at the Kaiser Permanente facility where you receive your prenatal care.
• Non-Plan hospitals won’t have your medical history or medical records readily available. Bring a copy of your medical records with you in case of an emergency.
• Check the CDC website to see if your travel destination is recommended for pregnant women. For example, areas affected by the Zika virus are not considered safe.
• Most cruise ships don’t let you board after 24 weeks. Check with the cruise line before booking your ticket.
• Most airlines don’t let you fly after 36 weeks, or they require a letter giving medical clearance.
• Don’t fly in a small, nonpressurized airplane because this can reduce the oxygen supply to your baby.
• Avoid traveling to high altitudes. There’s less oxygen and it might make you feel sick or tired.
• Aim for a relaxing trip. Don’t join any tour groups that make you adhere to a rigorous schedule.

Keep these tips in mind to make your trip safe and enjoyable:

• Stop at least every 2 hours to stretch when traveling by car, plane, or train. This helps to improve your circulation. Remember to wear your seat belt.
• Advanced imaging technology screening (also known as a body scan) at the airport is considered safe for pregnant women. You have the option of declining the body scan and undergoing a full body manual pat down instead.
• Take it easy. Remember that you will get tired more easily than usual. If you’re sightseeing, rest frequently.
• Stop frequently to urinate whenever you feel the urge. This will help you avoid bladder infections. Drinking enough liquids will also help.
• Eat frequent, small meals to avoid low blood sugar, indigestion, and constipation. Choose healthy foods to make sure that your baby is getting the proper nutrition. (See “Nutrition and pregnancy” in Healthy Beginnings, Issue 1.) Carry snacks in case you have a long wait between meals, and don’t forget your prenatal vitamins.
• Drink plenty of water, but don’t drink the tap water in foreign countries. Buy bottled water with a sealed cap. In some countries, fresh fruits and vegetables are also unsafe because they carry bacteria and other organisms that can cause illness. Check with the travel nurse at Kaiser Permanente to determine which countries have safe water, fruits, and vegetables.
Most babies are born close to their due date. However, 7 to 10 percent of babies in the U.S. are born before week 37 of pregnancy. These babies are referred to as “preterm babies.”

Preterm labor happens between weeks 20 and 37 of pregnancy, when a pregnant woman has regular contractions that cause the cervix to soften or open. Sometimes the woman is not even aware of the contractions, or she may just feel that her abdomen is tight.

If preterm labor is found early, it’s easier to treat it and stop labor. Because many babies born before 37 weeks are underdeveloped, they tend to have more health problems.

One of the goals of prenatal care is to recognize and treat the early signs of preterm labor.

WHAT IS A CONTRACTION?
A contraction happens when the uterus tightens. This may be painless or feel like pressure. If you’re having a contraction, you can use your fingertips to feel the top part of the uterus tighten. If you have 4 or more contractions in 1 hour before you are 37 weeks pregnant, you might be starting preterm labor.

WARNING SIGNS OF PRETERM LABOR
Warning signs of preterm labor may be very subtle. Call Labor and Delivery (or your Appointment and Advice Line) if you have:

- Menstrual-like cramps (usually in the lower abdomen) that may come and go or stay constant. They may come with or without nausea, diarrhea, or indigestion.
- Contractions that feel like a tightening of your abdomen coming 4 or more times an hour.
- Dull backache below the waist that does not go away when you change position or rest on your side, or a rhythmic backache that comes and goes in a pattern (back labor).
- Pelvic pressure or pain that comes and goes in a pelvic pattern in the lower abdomen, back, and/or thighs (described as “heaviness in the pelvis”).
- Intestinal cramping or flu-like symptoms, with or without diarrhea.
- Increase or change in vaginal discharge (a heavy or mucous-like fluid, watery discharge, or blood).
- Rupture of membranes (bag of waters breaks).

RISK FACTORS FOR PRETERM LABOR
Preterm labor can happen to any woman, but there are risk factors you should know. They include the following:

- Previous preterm labor or delivery.
- Being pregnant with more than 1 baby.
- Structural abnormalities of the uterus, cervix, or placenta.
- Certain chronic health conditions, like diabetes and high blood pressure.

Although these risk factors cannot always be controlled, their effects on the pregnancy can be managed if found early enough.

PREVENTION
Preventing preterm birth isn’t always possible. However, you can take steps to lower your risk. These include:

- Quitting smoking.
- Avoiding alcohol or illegal drugs.
- Receiving regular prenatal care throughout your pregnancy.
- Learning the signs of preterm labor and calling us if you experience any symptoms.
- Informing us about extreme stress or abuse.

If you are experiencing signs of preterm labor

Here’s what you should do if you’re experiencing any warning signs before 37 weeks:

1. Call Labor and Delivery right away if you’re having heavy bleeding, watery discharge, or a gush of fluid.
2. Go to the bathroom and empty your bladder if you’re not bleeding or leaking fluid.
3. Drink 2 or 3 glasses of water or more if you might be dehydrated.
4. Lie in a comfortable position on your side. Don’t lie on your back. If you need to lie flatter, place a pillow under one hip as you lie back in order to maintain a good blood supply to you and your baby.
5. Locate your breastbone and place your fingers directly below it at the top of your uterus. Feel its “squishy” consistency.
6. Feel for changes in tension (contractions) by placing both hands at the top of the uterus.
7. Record how often contractions happen for 1 full hour. Contractions can come in different strengths. Time them from the start of 1 contraction until the beginning of the next.
8. Always lie on your side to check for contractions.
9. Call Labor and Delivery (or your Appointment and Advice Line) if:
   - Your symptoms continue.
   - You have 4 or more contractions in 1 hour (each lasting longer than 30 seconds).

If the Labor and Delivery team thinks you’re in labor, you’ll be asked to come in and you could be hospitalized for further evaluation or treatment. Early treatment can help to stop preterm labor. If it cannot be stopped, treatments are available to manage the health risks a preterm baby may have. You can also trust that Kaiser Permanente will provide high-quality newborn intensive care. If your facility doesn’t have a Newborn Intensive Care Unit (NICU) and you go into preterm labor, you may be transferred to a facility that does.
Preparing for breastfeeding

SUCCESSFUL BREASTFEEDING
You and your baby will be more successful at breastfeeding if you’re prepared. Here are some things you can do:

• **Learn all you can about breastfeeding.** Take a class and read a book. You can ask for these resources at your local Health Education Center. Talk to women who have had successful breastfeeding experiences. Breastfeeding is a learned skill and takes practice.

• **Think about how long you would like to breastfeed.** Breast milk is the best food for your baby and has all the nutrition your baby needs for the first 6 months of life. The longer you breastfeed, the greater the benefits will be for you and your baby. (See a list of benefits in “Breastfeeding” in Healthy Beginnings, Issue 2.)

• **Learn about expressing your milk.** “Expressing” means getting extra milk from your breasts that can be given to your baby when you’re not there. Some women express their milk by hand, while others find it easier to use an electric or battery-powered breast pump. There are many pumps to choose from, so make sure you rent or purchase the one that meets your needs.

• **Make plans for breastfeeding after you return to work or school.** For many women, returning to work or school means that in order to continue breastfeeding their baby, they need to begin pumping and storing their breast milk. If you are returning to work, your employer is legally required to provide you with a private space (that is not a bathroom) and adequate time to pump.

• **All new mothers need help in the beginning,** so ask your friends and family to help out. This may be especially important as you are learning to breastfeed your baby. Friends and family members can help with meals, shopping, and the care of older children.

• **Notice your nipple shape.** Most nipples become erect (stand out from the breast) when gently pinched. Some look flat, sunken, or inverted and don’t become erect when pinched. This can sometimes make latching on more challenging for the baby. If your nipples are flat or inverted and it causes difficulty breastfeeding, our lactation specialists will work with you to resolve it.
You and your baby have the right to be safe

If someone is hurting you, making you feel afraid, putting you down, or pushing or hitting you, it’s not right and it’s not your fault. Abuse happens when someone attacks you physically or with words. Abuse usually happens when one person tries to control another person.

If someone has hurt you before, it may happen again while you’re pregnant or after the baby is born. Sometimes abuse starts when you become pregnant.

- If you’re having problems with someone who threatens or hurts you, tell your clinician. We can help you and your baby be safe.
- Remember: It’s not your fault, no matter what anyone tells you. Nobody deserves to be abused.
- You need to take care of yourself because if you are hurt, your baby is affected, too.

You’re not alone. Help is available.

**HAVE A SAFETY NET**

- Talk to someone you trust about what’s going on.
- In an emergency, call 911.
- If you’re not in immediate danger, call the National Domestic Violence Hotline at 1-800-799-7223, 24 hours a day. The hotline has counselors who speak English, Spanish, and other languages, and can help you with safety planning and local resources. Visit kp.org/domestic-violence for more information.

Prenatal education

Now is a good time to start preparing for the birth of your baby by reading books and signing up for classes on breastfeeding and childbirth preparation. The more information you have about labor, childbirth, and newborn care, the more confident you’ll feel about delivering your baby and bringing him or her home. Call your local Health Education Center to find prenatal classes in your area.

**CHILDBIRTH PREPARATION PROGRAM**

Attending a childbirth preparation class can help you learn breathing techniques and relaxation skills for labor and delivery. These will be helpful even if you choose to use pain medication during labor.

You’ll also meet other couples with similar questions and concerns. Couples who meet through these classes often exchange phone numbers and then meet for postpartum exercise classes, new-parent groups, and social events. These relationships can be very helpful and supportive.

Smoking and pregnancy

If you’ve quit smoking, congratulations! If you’re still smoking, it’s not too late to quit.

- 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.
- Talk with your clinician or visit your local Health Education Center for help with quitting smoking or staying quit. Some facilities offer smoking cessation programs specifically for pregnant women. If you can’t quit, try to reduce the number of cigarettes you smoke and increase the time in between cigarettes.

Your next prenatal appointment and tests

(continued from page 1)

**RH FACTOR TEST**

The Rhesus (Rh) factor test checks your blood for a marker called Rh. If you have Rh negative blood and your baby’s father has Rh positive blood, you could develop antibodies to your baby’s blood. This immune reaction can cause health problems for the baby. Complications can be prevented if we treat it in time.

In the first trimester, the blood antibody screening test confirms your blood type.

In the second trimester, a second blood antibody screening test is done at 24 to 28 weeks if your blood type is Rh negative. The test checks for antibodies that could cause problems for your baby and future pregnancies.

In the third trimester, if your blood type is Rh negative and you have no Rh antibodies in your blood, you’ll receive an Rh immune globulin (RhoGAM) shot at about 28 weeks to prevent you from developing antibodies to your baby’s blood.

This information is Healthy Beginnings is not intended to diagnose health problems or to take the place of medical advice or care you receive from your clinician. If you have persistent health problems, or if you have further questions, please consult your clinician. If you have questions or need additional information about your medication, please speak to your pharmacist. Kaiser Permanente does not endorse any brand name, any similar product may be used.