



Kaiser Permanente

healthy beginnings

PRENATAL NEWSLETTER

► TODAY'S APPOINTMENT

Today, your clinician will review your prenatal chart with you, including your medical history, physical exam, and lab test results. If this is your first visit, your clinician will review your health history questionnaire and do a complete physical exam, including an ultrasound. This exam and ultrasound will determine your due date and how far along you are in your pregnancy. You may also get a pelvic exam and a Pap test if you did not have one before.



► Prenatal testing for birth defects

Your clinician will offer you a choice of prenatal tests to look for certain birth defects. This testing is optional.

There are 2 types of testing available: screening tests and diagnostic procedures. Screening tests can help you learn about your risk for having a baby with certain birth defects. But they cannot tell if a baby definitely has a health problem. Diagnostic procedures can accurately diagnose certain birth defects, but they have a small risk of miscarriage.

The decision about prenatal testing for birth defects is yours. 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.

As you think about your options, keep in mind that there is a limited window of time for these tests and procedures. You can discuss any questions with your clinician.

For more information about prenatal testing, see *Healthy Beginnings*, Issue 1. (continues on page 4)

► Your baby: at 12 weeks



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Near the end of your first trimester of pregnancy (at 12 weeks), your baby is about 3 inches long and weighs about 1/2 to 1 ounce. The head is large compared to the rest of your baby's body—about one-half of the total length. The brain and spinal cord are developing quickly. Sex organs are developing, although they cannot be seen yet. Your baby can squint, frown, open and shut its mouth, turn its head, make a fist, and kick. Amniotic fluid (the bag of waters) cushions your baby and allows it

what's inside

Partner's corner	2
Safer sex for you and your partner	2
Staying healthy during pregnancy and beyond	2
What you can do about common discomforts	3
You and your baby have the right to be safe.	3
Care of your breasts during pregnancy	4
Breastfeeding	4

to move around easily, but you cannot feel these movements yet.

It is possible to hear the baby's heartbeat as early as week 12 of pregnancy. Your clinician will listen to your baby's heartbeat with a Doppler, which is a highly sensitive ultrasound device. The baby's heart rate is faster when the baby moves and slower when the baby rests.

► Your next prenatal appointment and tests

NEXT PRENATAL APPOINTMENT

Once you've had your physical exam, your next visit will be scheduled to take place between weeks 16 and 20 of pregnancy. In addition to your clinic visit, you will typically get an ultrasound around this time.

FUTURE VISITS

At each clinic appointment, your clinician will:

- Check your blood pressure and weight.
- Check your urine specimen, if you have certain conditions.
- Check your baby's growth by measuring the size of your abdomen (starting at about 20 weeks).
- Listen to your baby's heartbeat.

It's a good idea to bring a list of your questions to each visit and to take notes so you'll remember what you talked about. You can also email your clinician in between visits with any questions you have.



▶ PARTNER'S CORNER

We encourage you to be actively involved in your partner's pregnancy. It's great to share the joys and concerns of pregnancy with your partner during the entire process.

- If possible, go to prenatal appointments with your partner. It helps to write these dates in your calendar (especially toward the end of the pregnancy, when the visits happen every few weeks).
- Listen to the baby's heartbeat in the clinic office.
- Tell your partner if you're feeling left out during these visits. It can help if you spend time together to talk about your daily experiences, including what you notice about the pregnancy.
- Talk with your partner about your feelings and ask her about her feelings, too. Don't withdraw when you're feeling bad.
- Talk about your partner's weight and appearance in a positive way.

TAKE CARE OF YOURSELF

Your emotions will probably go through many changes during the pregnancy. Find ways to take care of yourself and let off steam.

- Take a walk or drive by yourself.
- Exercise or do something else you enjoy.
- Spend time with a friend.
- Talk to new parents about their experiences.
- If you feel very angry, upset, or sad for more than 2 weeks, ask your clinician to refer you to a counselor.



▶ Safer 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 symptoms, avoid having sex until you see a clinician and get tested.**

▶ Staying healthy during pregnancy and beyond

Eating well during pregnancy means more than just choosing the right amounts from each food group. It's also important to get the vitamins and minerals that you and your baby need.

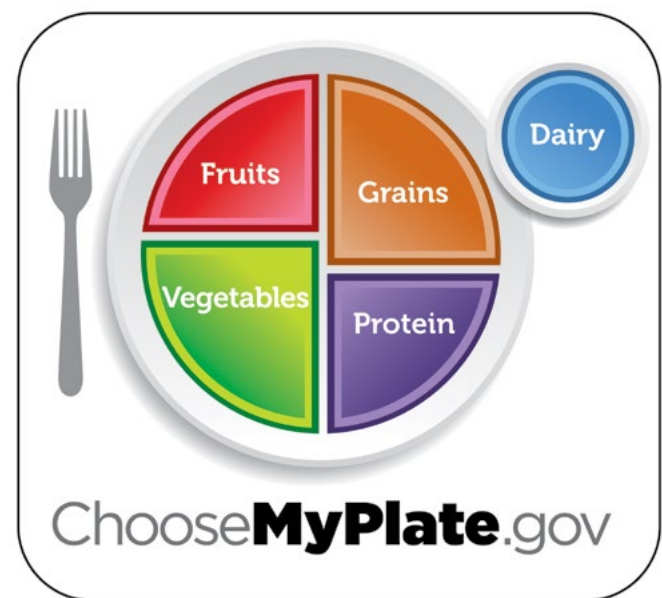
Choose foods from the list of calcium-rich foods, iron-rich foods, and folate-rich foods listed in *Healthy Beginnings*, Issue 1. An eating plan based on the "MyPlate" guide can help you get all the nutrients that you need. It's up to you to make good food choices for you and your baby.



MyPlate

A guide to daily food choices

Source: U.S. Department of Agriculture (choosemyplate.gov)



BALANCING CALORIES

FOODS TO INCREASE

- Make half your plate fruits and vegetables.
- Make at least half your grains whole grains.
- Switch to fat-free or low-fat (1 percent) milk.

FOODS TO REDUCE

- Drink water instead of sugary drinks.
- Compare sodium in foods like soup, bread, and frozen meals—and choose the foods with lower numbers.

When to call us



Call the Appointment and Advice Line if you have:

- Any vaginal bleeding
- Abdominal or pelvic pain, other than mild cramping
- Fever (100.4°F or higher)
- Pain with urination
- Feelings that you might faint or pass out

Also call if you have signs of hyperemesis gravidarum (excessive vomiting):

- Vomiting that lasts longer than 24 hours
- Less frequent urination or dark-colored urine
- Dry eyes, nose, or mouth
- Extreme fatigue or fainting

Be ready to give us your:

- Full name
- Kaiser Permanente health or medical record number
- Doctor or Clinician's name
- Expected due date

► What you can do about common discomforts

APPETITE CHANGES

You may be very hungry or you may find it hard to eat much at all; both are normal. Be sure to choose quality “baby-building” foods. Cut down on candy, cakes, donuts, and other “empty calories” with high sugar and fat. The recommended amount of weight you should gain throughout your entire pregnancy depends on your weight before you became pregnant. Read “Nutrition and Pregnancy” in *Healthy Beginnings*, Issue 1, and see “Staying Healthy” on page 2 for tips on eating well. Ask your clinician for help if you think you’re gaining too much or too little weight.

FEELING TIRED

Your body is working hard during your pregnancy. If you feel tired, that’s your body’s way of telling you to slow down. Don’t ignore your need for extra rest and sleep. You’ll find your energy returning during the middle months of pregnancy (the second trimester).

ROLLER-COASTER EMOTIONS

Pregnancy can be an emotional rollercoaster for some women. You’re not alone if you have mood swings, cry quickly, get easily annoyed, or feel disorganized and have trouble concentrating.

Accept your feelings and share them with someone who cares. Talk to your clinician if you need help coping with your feelings.

DIZZINESS AND FAINTING

Women often feel dizzy when they’re pregnant. If you feel faint, try these suggestions:

- Sit down immediately and put your head down, as low as possible, between your legs.
- If you can’t sit, kneel down and bend your head down, as if you were going to tie your shoelace.
- Lie down and keep your legs higher than your head (use pillows to prop your feet up).

To reduce the likelihood of feeling dizzy, try these suggestions:

- Stand up slowly. Move slowly, especially when changing from a lying or sitting position.
- Eat frequently to keep your blood sugar constant. Eat healthy snacks like fruits, vegetables, whole-wheat bread, or crackers.
- Drink plenty of fluids, especially water.
- If you sit in the sun, wear a hat.
- Avoid closed-in spaces and get plenty of fresh air.
- Fainting is rare. If you faint, call your clinician. If you fall to the ground or hit an object, you’ll need to be examined right away.

HEADACHES

Lie down and relax if possible. Put a cool cloth on your head and neck and ask your partner to give you a neck and shoulder massage.

You can take acetaminophen (Tylenol) while you’re pregnant, but don’t take aspirin, ibuprofen (such as Advil and Motrin), or migraine medication unless directed by your clinician.

Call your clinician if:

- You have severe headaches after week 20 of pregnancy.
- You have headaches along with muscle weakness, visual disturbance, or fever.
- Acetaminophen (such as Tylenol) doesn’t help your headache.

STUFFY NOSE AND NOSEBLEEDS

You may have a stuffy nose, fluid dripping into your throat (postnasal drip), or frequent sinus headaches. Pregnancy hormones make the mucous membranes inside your nose and sinuses swell. Also, the tiny blood vessels in your nose have more blood while you’re pregnant so you may get nosebleeds easily.

- Try using saline nose sprays to moisten dry nasal passages.
- Try a small dab of Vaseline in each nostril and a cool mist vaporizer to help control your stuffy nose and nosebleeds.
- Don’t use a nasal decongestant spray, which can actually make stuffiness worse.
- Don’t use any drugs without asking your clinician first (except for the natural remedies and safe over-the-counter medications listed in *Healthy Beginnings*, Issue 1).

Call your clinician if:

- You can’t control the bleeding from a nosebleed or if the bleeding gets too heavy.

BLEEDING GUMS

Bleeding gums are common during pregnancy.

- Switch to a soft toothbrush, floss gently, and use a mild toothpaste.
- See a dentist for a checkup early in pregnancy. Report any painful or swollen gums.
- Most dental care is safe during pregnancy, but be sure to tell your dentist that you’re pregnant. Getting your teeth cleaned can help if you’re experiencing bleeding gums.

VAGINAL DISCHARGE

Whitish vaginal discharge is normal throughout pregnancy. You can also get yeast infections that come back (or don’t go away easily). You can treat the yeast infection and itching with over-the-counter drugs that don’t require a prescription.

- Monistat or Gyne-Lotrimin (7-day treatment) will treat a yeast infection. Make sure to follow the instructions.
- 1% hydrocortisone cream can calm vulvar itching or burning. (The cream should not be used inside the vagina.)
- Wear cotton underwear and keep it clean and dry.
- Wash thoroughly during baths or showers, but avoid strong soaps. Remember that baths should be warm but not too hot.
- Don’t douche or use soap inside the vagina.
- Let your clinician know if your yeast infection does not go away after treatment.

► 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! It’s abuse when someone attacks you physically or with words. 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 to 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. If you are hurt, your baby is affected, too.

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 1-800-799-7233, 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/domesticviolence for more information.



► Care of your breasts during pregnancy

BREAST CHANGES

Your breasts will continue to grow throughout your pregnancy and may feel tender when touched. This tenderness should decrease after the third or fourth month. The area around the nipples (the areola) will get darker. The bumps on the areola (Montgomery glands) and the veins in your breasts will become more visible. These changes are preparing your body for breastfeeding and will likely disappear after childbirth and breastfeeding. Wearing a good supportive bra during pregnancy helps you stay comfortable and protects the breast tissue from over-stretching. No special preparation is needed to “toughen” your nipples for breastfeeding. During your hospital stay, your nurse or a certified lactation consultant will assist you with the proper position and “latch-on” for breastfeeding.



► Breastfeeding

While you’re pregnant, you can decide how you will feed your new baby after his or her birth. We recommend that you exclusively breastfeed your baby (giving only breast milk) for the first 6 months of life, and then continue breastfeeding along with solid foods for at least the first year of life. After a year, you may breastfeed for as long as both you and your baby would like to continue. Breastfeeding benefits both baby and mom. The longer you breastfeed, the greater the benefits will be for you and your baby.

BREASTFEEDING IS GOOD FOR BABY AND MOM

Breastfeeding creates a unique bond between mother and baby. Breast milk is also the perfect food for babies.

- Breast milk is the easiest food for new babies to digest. It provides all the nutrition your baby needs for the first 6 months of life.
- Unlike formula, which can cost \$1,000 to \$2,000 for a year’s supply, breast milk is basically free—a big plus for a new family’s budget.
- Breastfeeding is good for the environment because there is no trash from formula containers.

BENEFITS FOR BABY

- Breast milk contains antibodies, special substances made by the mother’s immune system, that help a baby fight infections.
- Because of these antibodies, breastfed babies are less likely to develop ear infections, colds, diarrhea, and pneumonia.
- Breastfed babies are also less likely to develop diabetes and obesity, later in life.
- Breastfeeding lowers the risk of sudden infant death syndrome (SIDS).

BENEFITS FOR MOM

- A mother who breastfeeds may bleed less after giving birth, and her uterus will shrink back into shape faster.



- A breastfeeding mother may lose weight more quickly than a mother who bottle-feeds because she uses calories while breastfeeding.
- A mother who breastfeeds reduces her own risk of getting breast cancer and ovarian cancer. She is also less likely to develop diabetes and osteoporosis (bone loss that occurs in older women) than a mother who bottle-feeds.

BREASTFEEDING RESOURCES

Our Health Education Center has many resources to help you learn about breastfeeding. Some facilities have a special class for pregnant women (and partners) who are interested in breastfeeding, and/or breastfeeding centers with lactation consultants. Please call or drop by your local Health Education Center.

SOME GOOD BOOKS ON BREASTFEEDING

- *The Nursing Mother’s Companion* by Kathleen Huggins (Harvard Common Press, revised 2005).
- *Breastfeeding Pure & Simple* by Gwen Gotsch (La Leche League International, revised 2000).

► Prenatal testing for birth defects *(continued from page 1)*

WHEN TESTING IS DONE				
SCREENING	First trimester blood test	Noninvasive Perinatal Screening (NIPT)	NT ultrasound (if performed)	Second trimester blood test (Quad testing)
Timing is approximate. Check with your OB for the best timing in your pregnancy.	10 weeks to 13 weeks 6 days	10 weeks	11 weeks 2 days to 14 weeks	15 weeks to 20 weeks
DIAGNOSTIC PROCEDURES	Chorionic Villus Sampling (CVS)			Amniocentesis
	10 weeks to 13 weeks 6 days			15 weeks to 20 weeks

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 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 the medications or products mentioned. Any trade names listed are for easy identification only.