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My 9 months®

My guide to a
healthy pregnancy

marchofdimes.org



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My 9 months®



Welcome to pregnancy!

As President of the March of Dimes, I'd like to welcome you to our new issue of *My 9 months*. Whether you're pregnant now or just thinking about getting pregnant, this magazine is for you.

We know there's a lot of information out there about pregnancy! This magazine tells you what you need to know, all in one place. Inside you'll find helpful information for before, during and after your pregnancy. There's also a place for you to write down notes and reminders. And there's a section called *Words to know* that defines many words used in the magazine and shows you how to pronounce some of them.

We hope *My 9 months* is helpful and meets your needs. Visit marchofdimes.org for more information about having a healthy pregnancy and being a new mom. You can email your questions to us at askus@marchofdimes.org, read our blog at newsmomsneed.marchofdimes.org and follow us at twitter.com/modhealthtalk.

We wish you and your baby a happy, healthy 9 months!

A handwritten signature in black ink that reads "Jennifer L. Howse".

Dr. Jennifer L. Howse

Here's what's inside:

Planning your pregnancy.....	2
You and your partner: Getting ready for a baby.....	4
Prenatal care	6
Eating healthy.....	18
Healthy you, healthy baby	24
How your baby grows.....	30
Take control: Managing diabetes, depression and high blood pressure.....	40
Getting your 9 months: What you should know about preterm labor.....	44
Ready, set, labor.....	47
Baby's here	54
Breastfeeding	58
Your body after baby: The first 6 weeks.....	63
Postpartum depression	70
Words to know.....	74

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Planning your pregnancy



Planning your pregnancy means thinking about what it means to have a baby and making decisions with your partner about your future family. Are you ready to be parents now? Or do you want to wait a

while? Your life changes in lots of ways during pregnancy and especially when you bring your baby home. Planning ahead can make things easier for you and your partner as you start your family.

What's a reproductive life plan?

A reproductive life plan helps you think about if and when you want to have a baby. If you're thinking about having a baby, ask yourself these questions:

- How many children do you want?
- How far apart do you want them to be?

- How can you get healthy before pregnancy?
- How can you keep from getting pregnant if you don't want a baby now?

Talk about your reproductive life plan with your partner. You may not agree on every answer, so you may need some time to figure things out. There are no right or wrong answers. And your answers may change as you get older.

What's a preconception checkup?

This is a medical checkup to help make sure you're healthy before you get pregnant. Being healthy before pregnancy can help you have a strong, healthy baby.

Get a preconception checkup even if:

- You don't want or plan to have a baby. A lot of pregnancies happen that aren't planned. Talk to your provider about birth control.
- You've already had a baby. Your health may have changed since you were last pregnant.

At your checkup, talk to your provider about:

1. Chronic health conditions, like diabetes, high blood pressure and depression

2. Infections, like German measles and sexually transmitted diseases (also called STDs) like HIV
3. Medicines, home remedies and douching
4. Taking a multivitamin with 400 micrograms of folic acid in it each day
5. Getting to a healthy weight before pregnancy
6. How to quit smoking, drinking alcohol, using street drugs and abusing prescription drugs
7. Unsafe chemicals or other things you should stay away from at home or at work
8. Taking care of yourself and lowering your stress
9. Your family health history, including premature birth. Premature birth is birth before 37 weeks of pregnancy. Download a family health history form at: marchofdimes.org/familyhealthhistory

How do you know if you're pregnant?

You may be pregnant if:

- You miss your period.
- You feel sick to your stomach or throw up.
- Your breasts are big and sore. The area around your nipples gets darker.

- You crave certain foods. Or you really dislike certain foods.
- You feel tired all the time.
- A home pregnancy test shows that you're pregnant.

If you think you're pregnant, call your health care provider to schedule your first prenatal care checkup.



You and your partner

Getting ready for a baby

Even though you're the one who's pregnant, your partner is part of your baby's life, too. Here's how the two of you can plan ahead for your baby.

1 Take your partner with you to your prenatal care checkups.

Prenatal care is medical care you get when you're pregnant. Have your partner go with you to your checkups. He can meet the people who are taking care of you. He can ask any questions he has and find out how he can help you. And he'll love seeing the ultrasound! (An ultrasound uses sound waves to make a picture of your baby on a computer screen.)

2 Go to childbirth classes together.

These are classes that teach you what to expect during labor and birth. Ask your health care provider to help you find classes near you. Some classes may be free or low cost.

3 Work together to keep a healthy lifestyle.

Eat healthy foods. Do something active every day. Don't smoke, drink alcohol, use street drugs or abuse prescription drugs. Be as healthy as you can for your baby.

4 Talk about what it will be like to have a baby.

What kind of parents do you want to be? How will having a baby affect your relationship?

5 Get your house and car ready for the baby.

Where will the baby sleep? Do you have a car seat?

6 Learn about breastfeeding.

Breast milk is the best food for your baby's growth and health. Decide with your partner if breastfeeding is right for you.

7 Decide who will care for the baby.

Will you or your partner stay home with the baby? If you both work, who will take care of the baby?



8 Figure out your budget.

Babies cost a lot of money! Find out what health insurance plans have to cover for women and families, including care during pregnancy, at www.healthcare.gov. Make a list of all the things you need for your baby, such as clothes, diapers and a crib. Put a small amount of money aside each week to help pay for these baby things.

9 Ask your partner for help when you need it.

Tell him when you need to rest. Ask him to help around the house, shop for groceries or make dinner.

10 Don't forget about each other.

There's so much to think about and do to get ready for a baby. So save special time for your partner. Cuddle and be close. As long as your provider says it's OK, it's safe to have sex during pregnancy if you and your partner both want to. Sex may feel different during pregnancy. You may need to try different positions to find one that's comfortable.



Photograph by Stephanie Rausser

Prenatal care



Taking good
care of you and
your baby

Prenatal care is medical care you get during pregnancy. At each visit, your provider checks on you and your growing baby. Getting early and regular prenatal care can help you have a full-term baby. Full term means your baby is born

between 39 weeks and 40 weeks, 6 days. Being born full term gives your baby the time he needs in the womb to grow and develop. Go for your first prenatal care visit as soon as you know you're pregnant. **And go to all your prenatal care checkups, even if you're feeling fine!**

3 trimesters = 9 months = 39 weeks to 40 weeks, 6 days

You can talk about pregnancy in trimesters, months or weeks and days. It's all the same amount of time — just different ways of measuring it.



Who can you go to for prenatal care?

You can get prenatal care from lots of providers, including:

- An obstetrician
- A family practice doctor
- A certified nurse-midwife
- A family nurse practitioner
- A women's health nurse practitioner

Here are some things to think about when choosing your provider:

- Do you feel comfortable asking questions?
- Does she explain things clearly?
- Is he part of your insurance plan?
- Is her office close to where you live or work?
- Do his office hours fit into your schedule?



What happens at your first prenatal checkup?

- Your provider asks you about your health and your family's health:
 - **Your current health** includes health conditions you have, like depression, diabetes and high blood pressure. It also includes any medicines you take, including prescription and over-the-counter medicine, supplements and herbal products. Some of these can hurt your baby during pregnancy.
 - **Your family health history** includes health conditions and treatments that you, your partner and everyone in both your families have had. Go to marchofdimes.org/familyhealthhistory to download a family health history form. Fill it out and share it with your provider.
 - **Your pregnancy history** includes if you've been pregnant before or if you've had trouble getting pregnant. Tell your provider if you've ever had a premature birth.
- Your provider checks your weight and blood pressure. If he thinks you may be likely to have a kind of high blood pressure called preeclampsia, he may want you to take low-dose aspirin (like baby aspirin).
- You get a pelvic exam and a Pap smear.
- You get routine blood and urine tests. You also get a blood test for HIV, unless you say no.
- Your provider tells you your due date. You may get an ultrasound to check your baby's age.
- Your provider prescribes a prenatal vitamin. These vitamins are made just for pregnant women.





What happens during later prenatal checkups?

- Your provider checks your weight, blood pressure and urine at each visit.
- Your provider checks your baby's heartbeat after about 10 to 12 weeks. You can listen, too.
- Your provider measures your belly to check how much your baby is growing. She starts doing this at about 20 weeks of pregnancy.
- Your provider offers you prenatal tests, including screening tests for certain genetic conditions and birth defects.



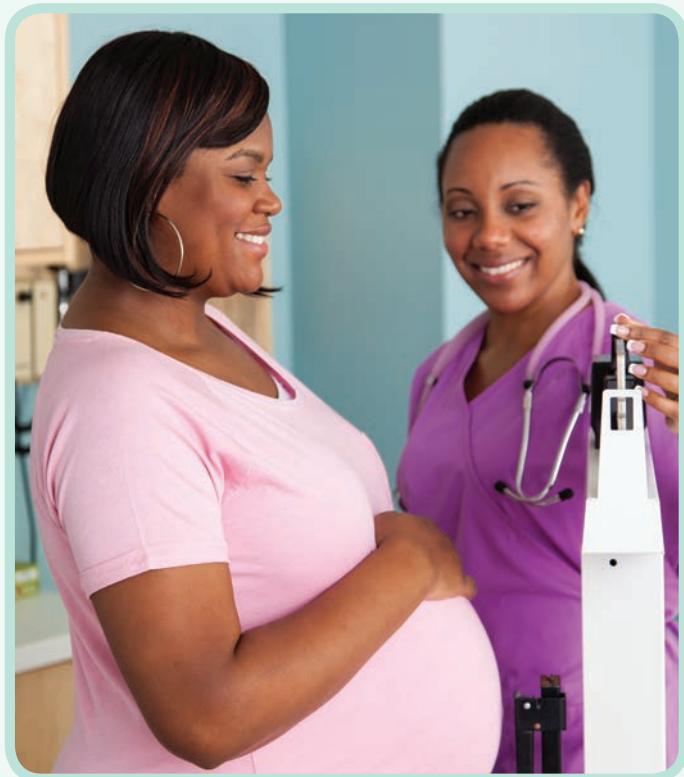


How much weight should you gain?

It depends on how much you weighed before pregnancy:

- If you were at a healthy weight before pregnancy, you should gain about 25 to 35 pounds during pregnancy.
- If you were underweight before pregnancy, you should gain about 28 to 40 pounds during pregnancy.
- If you were overweight before pregnancy, you should gain about 15 to 25 pounds during pregnancy. Don't ever try to lose weight when you're pregnant.
- If you were obese before pregnancy, you should gain 11 to 20 pounds during pregnancy.
- If you're having twins or more and were at a healthy weight before pregnancy, you should gain about 37 to 54 pounds during pregnancy.

Talk to your provider about how much weight you should gain during pregnancy.



How do you track your weight?

Write down your weight at each prenatal care visit.

Weeks 4 to 7 (1 visit) _____

Weeks 8 to 11 (1 visit) _____

Weeks 12 to 15 (1 visit) _____

Weeks 16 to 19 (1 visit) _____

Weeks 20 to 23 (1 visit) _____

Weeks 24 to 27 (1 visit) _____

Weeks 28 to 29 (1 visit) _____

Week 30 to 31 (1 visit) _____

Weeks 32 to 33 (1 visit) _____

Weeks 34 to 35 (1 visit) _____

Week 36 (1 visit) _____

Week 37 (1 visit) _____

Week 38 (1 visit) _____

Week 39 (1 visit) _____

Week 40 (1 visit) _____

Week 41 (1 visit) _____

How much did you gain? To find out, subtract the weight at your first prenatal visit from the weight at your last visit.

Weight at last visit _____

Weight at first visit _____

Total weight gain _____



What are prenatal tests?

Prenatal tests are medical tests you get during pregnancy. They help your provider find out how you and your baby are doing. You get your blood pressure checked and a urine test at almost every checkup. You get other tests at certain times during pregnancy or only if you have certain problems. Talk to your provider about which tests are right for you.



1st trimester

Cell-free fetal DNA testing (also called noninvasive prenatal testing or NIPT) — Tests your blood for your baby's DNA to see if he may have certain genetic conditions like Down syndrome. You can have this test after 10 weeks of pregnancy. Your provider may recommend the test if an ultrasound shows that your baby may have a birth defect or if you've already had a baby with a birth defect. The test isn't recommended if you're not likely to have a baby with a birth defect or if you're pregnant with multiples (twins, triplets or more).

Chorionic villus sampling (also called CVS) — Tests tissue from the placenta to see if your baby has a genetic condition like Down syndrome. The placenta grows in your uterus and supplies your baby with food and oxygen through the umbilical cord. The test usually is done between 10 and 13 weeks of pregnancy.

Your provider may want you to have CVS if:

- You're older than 35.
- Genetic conditions run in your family.
- Your first-trimester screening shows that your baby is at increased risk for birth defects.

Cystic fibrosis (also called CF) carrier screening — Tests to see if you have the gene that causes CF. CF is a disease that affects breathing and digestion. If you and your partner have the gene, you can pass CF to your baby. You and your partner can have this test any time.

Early ultrasound (also called first-trimester ultrasound) — Helps your provider confirm that you're pregnant and date your pregnancy (find out exactly how old your baby is).

First-trimester screening — Tests your blood to see if your baby may be at risk for some birth defects like Down syndrome. You get a blood test and an ultrasound as part of this test. The test usually is done at 11 to 14 weeks of pregnancy.

2nd trimester

Amniocentesis (also called amnio) — Tests the fluid (called amniotic fluid) around the baby to see if he has a genetic condition like Down syndrome. The test usually is done at 15 to 20 weeks of pregnancy. Your provider may want you to have an amnio for the same reasons as for CVS.

Glucose screening test — Tests to see if you have gestational diabetes. This is a kind of diabetes that some women get during pregnancy. The test is done at 24 to 28 weeks of pregnancy.



Kick counts (also called fetal movement counts) — Your provider may ask you to keep track of how often your baby moves. Tell your provider if you notice any changes, especially if your baby moves less often. Here are two ways to do kick counts:

1. Every day, time how long it takes for your baby to move ten times. If it takes longer than 2 hours, tell your provider.
2. See how many movements you feel in 1 hour. Do this three times each week. If the number changes, tell your provider.

Maternal blood screening (also called quad screen) — Tests four substances in your blood to see if your baby is at risk for some birth defects, like Down syndrome. The test is done at 15 to 22 weeks of pregnancy.

Ultrasound — Helps your provider make sure your baby is growing and check for birth defects. The test usually is done at 16 to 20 weeks of pregnancy.



3rd trimester

Group B strep test — Group B strep is an infection you can pass to your baby during birth. The test checks fluid from your cervix to see if you have Group B strep. The test is done at 35 to 37 weeks of pregnancy. The cervix is the opening to the uterus (womb) where your baby grows.

31

My prenatal care notes



Here's a great place to keep track of what's happening in your prenatal care.

Use these pages to get ready for your prenatal care visits. Write down questions you want to ask your provider and things you want to remember from the checkup.

Here's a general prenatal care schedule:

Months 2 to 6: One checkup every month

Months 7 and 8: Two checkups every month

Month 9: One checkup every week

month 2

This month's checkup:

Date:

Weight:

Blood pressure:

Questions to ask your provider:

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Notes from your visit:

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month 3

This month's checkup:

Date:

Weight:

Blood pressure:

Questions to ask your provider:

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Notes from your visit:

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month 4

This month's checkup:

Date:

Weight:

Blood pressure:

Questions to ask your provider:

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Notes from your visit:

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month 5

This month's checkup:

Date:

Weight:

Blood pressure:

Questions to ask your provider:

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Notes from your visit:

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month 6

This month's checkup:

Date:

Weight:

Blood pressure:

Questions to ask your provider:

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Notes from your visit:

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month 7

Go to two checkups this month:

1. Date:

Weight:

Blood pressure:

Questions to ask your provider:

Notes from your visit:

2. Date:

Weight:

Blood pressure:

month 8

Go to two checkups this month:

1. Date:

Weight:

Blood pressure:

Questions to ask your provider:

Notes from your visit:

2. Date:

Weight:

Blood pressure:



month 9

Go to one checkup each week:

1. Date:

Weight:

Blood pressure:

Questions to ask your provider:

Notes from your visit:

2. Date:

Weight:

Blood pressure:

3. Date:

Weight:

Blood pressure:

4. Date:

Weight:

Blood pressure:





Got
questions?

Learn more
about prenatal care at
[marchofdimes.org/
prenatalcare](http://marchofdimes.org/prenatalcare)

Eating healthy



Eating healthy foods can help you stay healthy and have a healthy baby. But sometimes it's hard to know what foods to eat. You may find that your interest in food changes during pregnancy. You may not be very hungry during

the first months. But you may want to eat all the time during the later months! Every woman is different. The important thing is to eat healthy foods that you like throughout your pregnancy.

Choosing healthy foods

How much should you eat each day when you're pregnant? The farther along you are in your pregnancy, the more food you need from certain food groups. The food guidelines below are general. Talk to your provider about what's right for you.

Grains. Eat 6 ounces per day in the first trimester, 7 ounces in the second trimester and 8 ounces in the third trimester. Make half of your grains each day whole grains.

1 ounce of grains is equal to:

- 1 slice bread
- 1 cup ready-to-eat cereal
- $\frac{1}{2}$ cup cooked rice, pasta or cereal
- 1 small pancake (4½ inches in diameter)
- 1 small tortilla (6 inches in diameter)

Vegetables. Eat 2½ cups per day in the first trimester and 3 cups per day in the second and third trimesters.

1 cup of vegetables is equal to:

- 1 cup raw or cooked vegetables
- 1 cup vegetable juice
- 2 cups raw, leafy greens
- 1 medium baked potato (2½ to 3 inches in diameter)

Fruits. Eat 1½ to 2 cups per day in the first trimester and 2 cups per day in the second and third trimesters.

$\frac{1}{2}$ cup of fruit is equal to:

- $\frac{1}{2}$ cup 100-percent fruit juice
- $\frac{1}{2}$ cup fresh, frozen or canned fruit
- $\frac{1}{2}$ a fruit (small orange, apple or banana)
- 16 grapes

Dairy products. Eat 3 cups per day all throughout pregnancy. Low-fat or skim is best.

1 cup of dairy product is equal to:

- 1 cup milk
- 1 cup yogurt
- 2 small slices of cheese
- $\frac{1}{3}$ cup shredded cheese

Proteins. Eat 5 ounces per day in the first trimester, 6 ounces in the second trimester and 6½ in the third trimester.

1 ounce of protein is equal to:

- 1 tablespoon peanut butter
- $\frac{1}{4}$ cup cooked beans
- 1 ounce lean meat, poultry or fish
- 1 egg
- $\frac{1}{2}$ ounce nuts (12 almonds or 24 pistachios)

You only need about 300 extra calories each day to support your baby's growth.

Here are some easy ways to help you remember serving sizes:

1 cup
is about the size of a baseball.



1/2 cup
is about the size of a tennis ball.



1/4 cup
is about the size of a golf ball.



3 ounce
is about the size of a deck of cards.



1 ounce
is about the size of four dice.



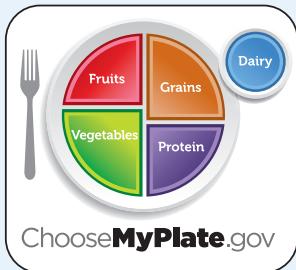
2 tablespoons
is about the size of a ping pong ball.



Plan your meals

Use this plate and these tips when you're planning your meals:

- Make half your plate fruits and vegetables.
- Make sure your whole meal fits on the plate. Don't make huge portions.
- Put as much color on your plate as you can, with all different kinds of veggies and fruits.
- Choose:
 - Whole grains, like wheat bread or pasta
 - Lean meats, like chicken, fish and pork
 - Low-fat or skim milk
- Limit sweets, salty snacks and fatty foods.



Get your big 6 nutrients!

What nutrients do you need during pregnancy? Here's what you need to know about six important nutrients that can help you and your baby be healthy:

1 Folic acid. Folic acid is a B vitamin that every cell in your body needs for growth and development. If you take it before and during early pregnancy, it can help prevent birth defects of the brain and spine called neural tube defects. During pregnancy, take a prenatal vitamin each day that has 600 micrograms of folic acid in it. If you're not pregnant yet, take a multivitamin each day that has 400 micrograms of folic acid. Most women don't need more than 1,000 micrograms of folic acid each day, so talk to your provider to make sure you get the right amount.

Good food sources:

- Leafy green vegetables, like spinach and broccoli
- Lentils and beans
- Cereal, bread, pasta and corn masa products, like tortillas and taco shells, that have folic acid added to them (*look for "fortified" or "enriched" on the package label*)
- Orange juice



2 Iron. Iron helps keep your blood healthy. You need more iron when you're pregnant because your body makes more blood. During pregnancy, you need 27 milligrams of iron each day. Most prenatal vitamins have this amount. You also can get iron from food.

Good food sources:

- Lean meat, poultry and seafood
- Cereal, bread and pasta that has iron added to it (*check the package label*)
- Leafy green vegetables
- Beans, nuts, raisins and dried fruit



Talk to your provider to make sure you get the right amount of nutrients each day.



3 Calcium. You need calcium during pregnancy to help your baby's bones, heart, muscles and nerves develop. If you don't get enough, your body takes it from your bones and gives it to your baby. During pregnancy, you need 1,000 milligrams of calcium each day. You can get this amount by taking your prenatal vitamin and eating food that has calcium in it.

Good food sources:

- Milk, cheese and yogurt
- Broccoli and kale
- Orange juice that has calcium added to it (check the package label)



4 Vitamin D. Vitamin D helps your body absorb calcium. Your baby needs vitamin D to help his bones and teeth grow. During pregnancy, you need 600 IU (international units) of vitamin D each day. You can get this amount from food or your prenatal vitamin.

Good food sources:

- Fatty fish like salmon
- Milk and cereal that has vitamin D added to it (check the package label)



5 DHA (docosahexaenoic acid). DHA is a kind of fat called omega-3 fatty acid. During pregnancy, you need 200 milligrams of DHA each day to help your baby's brain and eyes develop. Not all prenatal vitamins contain DHA, so ask your provider if you need to take a DHA supplement. You also can eat foods that have DHA in them.

Good food sources:

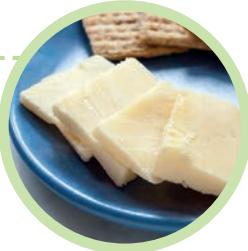
- Herring, salmon, trout, anchovies and halibut
- Orange juice, milk and eggs that have DHA added to them (check the package label)



6 Iodine. This is a mineral that your body needs to make thyroid hormones that help your baby's bones and nerves develop. During pregnancy, you need 220 micrograms of iodine each day. Not all prenatal vitamins contain iodine, so make sure you eat foods that have iodine in them. Ask your provider if you need to take an iodine supplement.

Good food sources:

- Fish
- Milk, cheese and yogurt
- Enriched or fortified cereal and bread (check the package label)



Limit these:

- **Foods with caffeine**

— Caffeine is a drug that's found in things like coffee, tea, soda, chocolate and some energy drinks and medicines. Too much caffeine during pregnancy may lead to miscarriage. During pregnancy, limit the caffeine you get each day to 200 milligrams. This is about the amount in one 12-ounce cup of coffee. Read the label on food, drinks and medicine to know how much caffeine you're getting.

- **Fish that have small amounts of mercury**

— See the fish information below.

- **Fatty foods and sweets, like donuts, ice cream, chips, soda, cookies and candy**



Don't eat these:

- **Fish that contain a lot of mercury**

— See the fish information below.

- **Raw or undercooked foods**

— This includes meat, fish, eggs and sprouts. Heat hot dogs and deli meat until they're steaming hot.

- **Unpasteurized food and anything made from it**

— If a food is pasteurized, it's been heated to kill harmful germs. Look for the word "pasteurized" on the label. Unpasteurized foods include juice, milk and soft cheeses.

What about fish?

It's a great idea to eat fish during pregnancy — as long as you eat the right kinds!

You may have heard about mercury in fish. Mercury is a metal that can harm your baby. Fish get mercury from water they swim in and from eating other fish that have mercury in them. When you're pregnant, it's OK to eat fish as long as it's low in mercury.

Do eat 8 to 12 ounces each week of fish that are low in mercury, including:

- Shrimp
- Salmon
- Pollock
- Catfish
- Canned light tuna
- Albacore (white) tuna — Don't have more than 6 ounces of this tuna in 1 week.



Don't eat fish that are high in mercury, including:

- Swordfish
- Shark
- King mackerel
- Tile fish

Be sure any fish you eat is thoroughly cooked. Don't eat raw or undercooked fish, including sushi.



Shopping on a budget

Fresh fruits and vegetables are packed with vitamins and other good things that can help keep you and your baby healthy. But they can be expensive.

Here are some tips to help you shop for healthy foods without spending a lot of money:

- Make a budget and a menu for the week. See what you already have at home, and then make a list of what you need to buy. Check store flyers to see what's on sale. Stick to the list when you're at the store.
- Shop at larger grocery stores, at the farmers market or at farm stands. They may have better prices for fresh foods than smaller grocery stores in your neighborhood.
- Find out if your store has a discount card. It can help you save money on food and other products. Most discount cards are free, so get one for every store in your area.
- Compare prices between store brands and name brands. Often the store brands cost less.
- Buy whole fruits and vegetables. The ones that come already washed and cut cost more. If you can't get fresh fruit, buy frozen fruit or canned fruit that's packed in its own juice.
- Make more than you need and freeze it for future meals. Also, freeze unused vegetables and spices, like onions, peppers, parsley and garlic.
- Have a meatless meal now and then. Meat is the most expensive thing on your grocery list, so have a few meals without it. For example, try rice and beans or vegetable lasagna.
- Keep staple foods on hand. These are foods that you can use for almost any meal. Examples are beans, rice, pasta, frozen vegetables, pasta sauce and peanut butter.



Healthy you, healthy baby

Here are some things you can do to stay fit and healthy during pregnancy.

I Reduce the stress in your life.

What you need to know:

Everyone has stress. Pregnancy can add even more stress to your life. You may feel happy, nervous or even scared about being pregnant. High levels of stress can cause problems during pregnancy. So it's a good idea to find out how you can handle your stress.



What you can do:

- Go to all your prenatal care checkups so that you know how you and the baby are doing.
- Eat healthy foods and drink lots of water.
- Do something active every day.
- Rest when you can. Try to take short naps during the day. Get a full night's sleep.

- Don't smoke, drink alcohol, use street drugs or abuse prescription drugs.
- Ask friends and family to help out around the house.
- If you work, talk to your boss about how to lower your stress at your job.
- See a counselor to talk about other ways you can reduce stress.

2

Be active.

What you need to know:

Being active is good for you and your baby. For most pregnant women, it's OK to do something active every day.



What you can do:

Check with your provider to find out what kinds of activities are best for you. Try things that you can do with your partner or friends. You may want to try:

- Walking
- Dancing
- Yoga
- Swimming

3

Talk to your provider about any medicines you take.

What you need to know:

Some medicines you take can hurt your baby. They may cause your baby to be born too small or very sick. Some medicines can cause birth defects.

What you can do:

- Tell your provider if you take:
 - Prescription medicine. These are medicines your provider says you can take to treat a health condition. You need a prescription (order) from your provider to get the medicine.
 - Over-the-counter medicine, like aspirin or cough syrup. You can buy these medicines without a prescription.
 - Herbal products or teas
 - Supplements, like iron or vitamin C.
- If you take a prescription medicine, take it exactly as your provider tells you to:
 - Don't take more than your provider says you can take.
 - Don't take it with alcohol or other drugs.
 - Don't use someone else's prescription medicine.
- Don't stop taking a medicine without talking to your provider first. Stopping certain medicines can be harmful to you and your baby.
- Tell your provider if you need help to stop taking any kind of medicine. Tell your provider about any medicine you take. Don't stop taking a medicine without talking to your provider first. Stopping certain medicines can be harmful to you and your baby.



Your provider can help you make sure medicines you take are safe for your baby.

Do you take opioids?

Opioids are prescription painkillers. You may know them as:

- Codeine and hydrocodone (brand name Vicodin®)
- Fentanyl (brand name Actiq®, Duragesic®, Sublimaze®)
- Morphine (brand names Kadian®, Avinza®)
- Oxycodone (brand names OxyContin®, Percocet®)
- Tramadol (brand names ConZip®, Ryzolt®, Ultram®)

If you take opioids during pregnancy, your baby can be exposed to them in the womb and go through withdrawal after birth. This is called neonatal abstinence syndrome or NAS.

Even if you use an opioid exactly like your provider says, it still may cause NAS.

If you're pregnant and using opioids:

- Don't or stop taking any opioid without talking to your provider first.
- Tell your provider if you take an opioid, even if it's prescribed by another health care provider.
- If you go to a provider who prescribes you opioids, make sure she knows you're pregnant.
- Ask your provider about painkillers you can take instead of opioids.



4

Don't smoke, drink alcohol, use street drugs or abuse prescription drugs.

What you need to know:

You can pass things like cigarette smoke, alcohol and drugs to your baby during pregnancy. These things can hurt your baby and cause him to be born too soon or with birth defects. Even prescription drugs can be harmful to your baby.

What you can do:

Quit! Quitting may be hard, but it's best for you and your baby. Use these tips to help you quit:

- Make a list of reasons why you want to quit. Wanting to have a healthy baby is the best reason of all!
- Set a quit date. Mark it on your calendar.
- Tell your friends and family you're going to quit. Ask them for their support. Ask them not to smoke, drink alcohol or do drugs around you.
- Get rid of all your cigarettes, alcohol and harmful drugs. Get them out of your home and car.
- Don't go to parties, bars or other places where you may want to smoke, drink or use drugs.
- Ask your provider about programs in your area that can help you quit.



5

Protect yourself from infections.



What you need to know:

Being sick with certain infections can cause problems for you and your baby during pregnancy. Here's how to protect yourself:

Kind of infection:

Chickenpox, measles and rubella
(also called German measles)

What you can do:

- Ask your provider if you're immune to these infections. If you're immune, it means you can't get the infection.
- If you're not immune, stay away from people who may have these infections. Tell your provider right away if you are near someone who has one of these infections.
- Don't get a vaccine against these infections when you're pregnant.

Colds and flu

- Get a flu shot. Ask your provider about getting it. It's OK to get this vaccine when you're pregnant. It won't hurt your baby.
- Wash your hands often.

Cytomegalovirus
(also called CMV)
— A common infection in young children

- Wash your hands after being around children.
- Carefully throw away used diapers and tissues.
- Don't share glasses, cups, forks or other utensils with children.

6

Stay away from harmful chemicals.

What you need to know:

These can be bad for you and your baby:

- Cigarette smoke, including secondhand smoke
- Paint and paint thinner
- Weed killer
- Liquids with strong smells, like turpentine
- Plastic that is made from phthalates or bisphenol A (also called BPA)

What you can do:

- Don't smoke and ask people not to smoke around you.
- Wear gloves or a face mask if you have to work with strong chemicals.
- Tell your provider and dentist that you are pregnant before you get an X-ray.
- Don't use plastics with a "3" or "7" on the bottom.

Kind of infection:	What you can do:
Food poisoning	<ul style="list-style-type: none"> • Cook meat, chicken or fish until it's done. Don't eat it if it's raw or undercooked, and don't eat raw eggs or sushi. Heat deli meat and hot dogs until they're steaming hot. • Wash all your food before you cook or eat it. • Wash your cooking utensils and your hands after touching raw meat, chicken or fish.
Infected gums (also called periodontal disease)	<ul style="list-style-type: none"> • Brush and floss your teeth daily and cut back on sweets and candy. • Get regular dental care throughout your pregnancy. When you go to the dentist, tell him that you're pregnant.
Pertussis (also called whooping cough) — An infection that's really harmful for a baby	<ul style="list-style-type: none"> • Get the Tdap vaccine at 27 to 36 of pregnancy. • Get a Tdap vaccine every time you get pregnant.
STDs — Sexually transmitted diseases (also called STDs), like genital herpes and HIV	<ul style="list-style-type: none"> • Get tested. If you find out you have an STD, get treated right away. • Don't have sex. This is the best way to prevent yourself from getting an STD. • If you have sex, have sex with only one person who doesn't have other sex partners. Use a condom if you're not sure if your partner has an STD. Ask your partner to get tested and treated for STDs.
Toxoplasmosis — An infection you can get from eating uncooked meat or touching cat poop	<ul style="list-style-type: none"> • Make sure all the meat you eat is fully cooked. • Don't change a cat's litter box. Ask someone else to do it. • Don't touch soil that may have cat poop in it. Wear gloves when you work in the garden.

7

Get help if your partner abuses you.

What you need to know:

Abuse is never OK. It's **not** OK if your partner hits, kicks or pushes you. It's **not** OK if he yells at you, scares you or calls you names. He could hurt you and your baby.

What you can do:

- Tell a friend or your provider. Don't keep it a secret.
- Find another place to stay. Ask a friend if you can stay with her. Or find a women's shelter that can take you in.
- Call the free National Domestic Violence Hotline for help: (800) 799-SAFE(7233)



A photograph of a pregnant woman with dark hair, wearing a pink tank top, laughing joyfully with her mouth wide open. Her partner, a man in a blue shirt, is visible on the left, smiling and gently holding her pregnant belly. They are outdoors in a lush green park.

How your **baby** grows

A month-by-month look
at your baby and how your
body changes

month 1

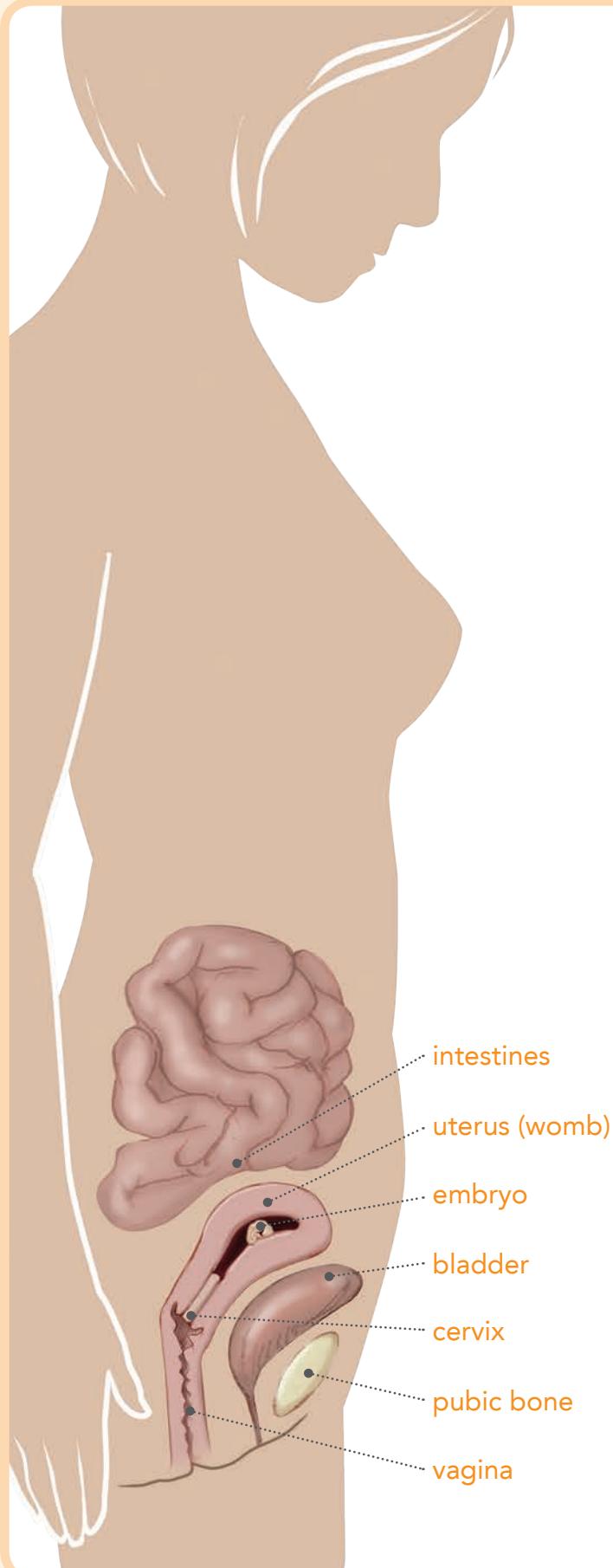
By the end of the first month, your baby is about $\frac{1}{4}$ inch long.

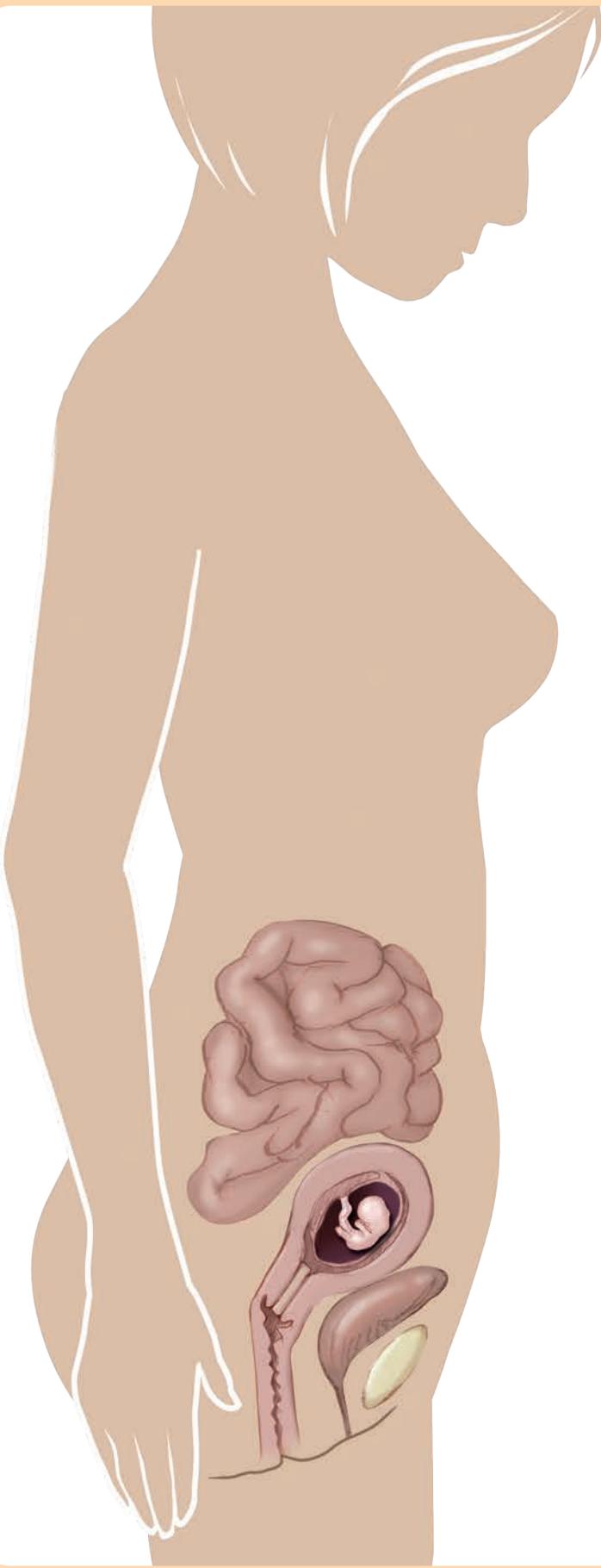
Your body

- Your body is making lots of hormones that help your baby grow. Hormones can make you feel moody or cranky.
- Your breasts may get bigger. They may hurt and tingle.
- You may feel sick to your stomach. This is called morning sickness, even though it can happen any time of day. It's also called nausea and vomiting of pregnancy or NVP. Try eating crackers and smaller meals.
- You may crave some foods or hate foods you usually like.
- You may feel tired. Rest when you can.

Your baby

- The placenta grows in your uterus and supplies the baby with food and oxygen through the umbilical cord throughout pregnancy. But you can pass bad things, like alcohol, cigarette smoke and drugs, through the placenta, too. So don't drink alcohol, smoke, use street drugs or abuse prescription drugs when you're pregnant.
- Your baby's heart and lungs begin to form.
- Tiny limb buds appear. These grow into your baby's arms and legs.





month 2

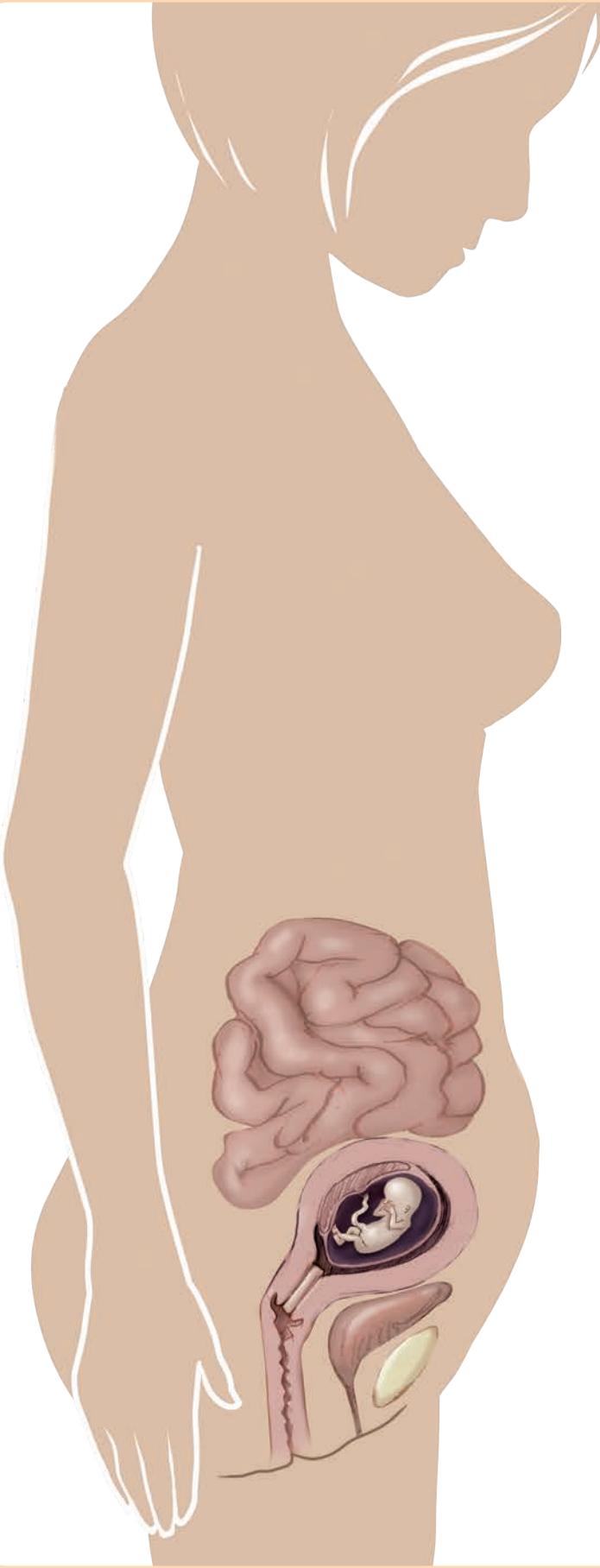
By the end of the second month, your baby is about $\frac{1}{2}$ inch long and still weighs less than $\frac{1}{3}$ ounce.

Your body

- Your breasts may still be sore and are getting bigger. Your nipples and the area around them begin to get dark.
- You have to go to the bathroom more often because your uterus (womb) is growing and pressing on your bladder.
- You may still have morning sickness.
- You may feel tired and need to rest more often.
- Your body makes more blood.

Your baby

- Your baby's neural tube begins to form. This becomes the brain and spinal cord.
- Other major body organs, like the heart and lungs, continue to develop.
- Your baby's ears, ankles, wrists, fingers and toes are formed. Eyelids form and grow but are sealed shut.



month 3

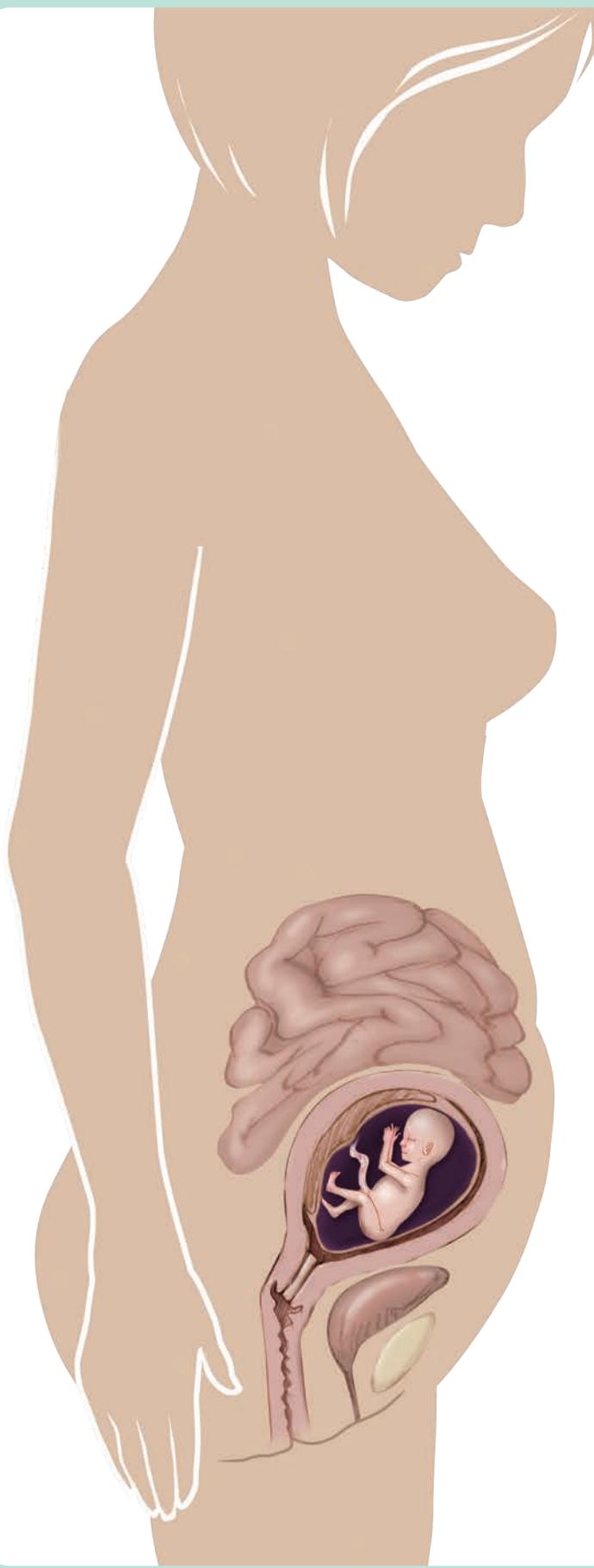
By the end of the third month, your baby is about 2 inches long and weighs about $\frac{1}{2}$ ounce.

Your body

- You may still feel tired and have morning sickness. For most women, morning sickness is mild and goes away during the first trimester. But if you're losing weight and can't keep food or drink down, tell your provider. He may prescribe medicine for you to help you feel better.
- You may have headaches and get lightheaded or dizzy. If these symptoms don't go away, tell your health care provider. Talk to your provider before you take any medicine for a headache.
- You may have gained 2 to 4 pounds by now. Your clothes may begin to feel tight.

Your baby

- Your baby's fingernails and toenails are formed.
- Your baby's mouth has 20 buds that become baby teeth.
- Fine hairs begin to form on your baby's skin.
- You can hear your baby's heartbeat for the first time. Ask your provider to let you listen.



month 4

By the end of the fourth month, your baby is about 5 inches long and weighs about 5 ounces.

Your body

- You may be more hungry as your morning sickness goes away. If you still have morning sickness, tell your provider. You also may have more energy. But you may start to have heartburn. Try eating four or five smaller meals each day instead of three larger ones. And don't eat spicy food.
- Near the end of this month, you may feel your baby move for the first time.
- You gain about 1 pound a week. Your belly begins to show. You may need to wear maternity clothes and bigger bras now.
- It's OK for you and your partner to have sex if you want. It won't hurt the baby. You may have to try new positions as your belly gets bigger. Do what's comfortable for you.

Your baby

- Your baby moves, kicks and swallows.
- Your baby's skin is pink and see-through.
- The placenta is still providing food and oxygen to your baby. This happens throughout pregnancy. But you can still pass bad things, like alcohol and drugs, through the placenta. So don't drink alcohol, smoke, use street drugs or abuse prescription drugs when you're pregnant.



month 5

By the end of the fifth month, your baby is about 10 inches long and weighs about 1 pound.

Your body

- You should feel the baby move inside you this month. If you don't, tell your health care provider.
- Your heart beats faster.
- You may need 8 or more hours of sleep each night. Rest and take breaks during the day if you can. Don't push yourself.
- Don't smoke, drink alcohol, use street drugs or abuse prescription drugs. Tell your provider if you need help to quit.

Your baby

- Your baby becomes more active. He can turn from side to side and sometimes head over heels.
- Your baby goes to sleep and wakes up.
- Your baby grows a lot during this month.



month 6

By the end of the sixth month, your baby is about 12 inches long and weighs a little more than 1 pound.

Your body

- The skin on your belly may itch. You may see stretch marks. Use lotion and wear loose clothes.
- Your back may hurt. Don't stand for long periods of time. And don't lift heavy things.
- You may feel pain down the sides of your belly as your uterus gets bigger.
- You may have constipation. Drink more water or fruit juice. Eat foods with fiber, like fruits and vegetables.
- You can still have sex, but stop if you feel pain or cramping.

Your baby

- Your baby's skin is red and wrinkled. It's covered with fine, soft hair.
- Your baby can kick strongly now.
- Your baby's eyes are almost completely formed. Soon they can start to open and close.

month 7

By the end of the seventh month, your baby is about 14 inches long and weighs about 2½ pounds.



Your body

- You should feel your baby move. As he gets bigger, it may feel like he's rolling around. Tell your provider if you notice any change in how often your baby moves.
- Your ankles and feet may swell. Try lying down and putting your feet up. If your hands and face swell suddenly, call your provider.
- You may get stretch marks on your belly and breasts as they get bigger.
- You may have contractions. This is OK, but call your provider if you have more than five contractions in 1 hour.
- As your belly gets bigger, it may get harder to keep your balance. This makes it easier to fall. Be careful!
- You may have trouble sleeping. Try sleeping on your side or with extra pillows. You also may sweat more than usual.

Your baby

- Your baby can open and close her eyes and suck her thumb.
- Your baby kicks and stretches.
- Your baby responds to light and sound.



month 8

By the end of the eighth month, your baby is about 18 inches long and weighs about 5 pounds.

Your body

- If your pregnancy is healthy, wait for labor to begin on its own. If you choose to induce labor in a healthy pregnancy, talk to your provider about waiting until you're full term at 39 weeks. Give your baby the time he needs to develop before he's born.
- You may feel stronger contractions this month.
- Colostrum may leak from your breasts. This is the fluid that comes out of your breasts before your breast milk comes in. Wear breast pads in your bra to help with leaking.
- You may have trouble breathing as the baby pushes on your lungs. Slow down and try to sit and stand up straight.
- Your baby may crowd your stomach. Try eating four or five smaller meals during the day.
- You gain about 1 pound a week this month.

Your baby

- Your baby can kick strongly and roll around. You may see the shape of his elbow or heel against your belly. Tell your provider if you notice any change in how often your baby moves.
- Your baby's brain and lungs are still developing.



month 9

By the end of the ninth month, your baby is about 18 to 20 inches long and weighs about 6 to 9 pounds.

Your body

- Your belly button may stick out.
- Your breathing should be easier once the baby moves down. But you may need to go to the bathroom more often because the baby is pressing on your bladder.
- You should feel your baby kicking and moving right up until you give birth. Tell our provider if you notice any change in how often your baby moves.
- You may be uncomfortable because of the pressure and weight of the baby. Rest often.
- Your feet and ankles may swell. Put your feet up. Try to stay in a cool place.
- Your cervix opens up (dilates) and thins out (effaces) as it prepares for birth.
- You may not gain any weight this month. You may even lose 1 or 2 pounds.

Your baby

- Your baby's lungs are ready to work on their own.
- Your baby gains about $\frac{1}{2}$ pound a week.
- Your baby is still moving and kicking. He moves to a head-down position and rests lower in your belly.

Take control:

Managing diabetes, depression and high blood pressure during pregnancy



Your body does a great job taking care of your baby during pregnancy. But it may need some extra help if you have certain medical conditions, like diabetes, depression or high blood pressure.

Don't worry! There's a lot you and your provider can do to help keep these conditions under control to help you have a healthy pregnancy and a healthy baby.

Diabetes

Diabetes is when your body has too much sugar in the blood (called blood sugar or glucose). If it's not treated, diabetes can cause serious problems during pregnancy. Controlling it before and during pregnancy can help you have a healthy pregnancy and a healthy baby.

Two kinds of diabetes can affect your pregnancy:

1. Pre-existing diabetes (also called pregestational diabetes). This is diabetes you have before you get pregnant. Pre-existing diabetes can be harmful to your baby in the first few weeks of pregnancy when his brain, heart and lungs start to form.

2. Gestational diabetes. This is a kind of diabetes that only pregnant women get. If you have gestational diabetes, it usually develops after 20 weeks of pregnancy and goes away after you have your baby. Even though it goes away, you're more likely to develop diabetes later in life. You get a glucose screening test for gestational diabetes at 24 to 28 weeks of pregnancy.

How does diabetes affect pregnancy?

If diabetes isn't treated, it can cause problems during pregnancy, including:

- Premature birth
- Birth defects, like heart defects and neural tube defects. (Pre-existing diabetes can cause these birth defects.)
- A kind of high blood pressure called preeclampsia that can cause serious problems for you and your baby. (Gestational diabetes can cause preeclampsia.)
- Having a very large baby. This may cause you to have trouble during labor and birth so you may need to have a c-section.
- Stillbirth

What can you do to help control diabetes during pregnancy?

Here's what you can do:

- Go to all your prenatal care checkups, even if you're feeling fine. Your provider may want to see you more often to make sure you and your baby are healthy.
- Learn how to control your blood sugar by eating healthy foods and being active every day. You may want to see a dietitian who can help you create a healthy meal plan.

If you have pre-existing diabetes, what worked for you to control your blood sugar before pregnancy may not work during pregnancy. You may need to make some changes along the way. Your provider can help you decide what's right for you.

- If your provider wants you to take medicine to treat your diabetes, take it exactly as she tells you to. Tell your provider about any medicine you take, even if it's not for diabetes.

If you have pre-existing diabetes and take insulin shots, you may need more insulin the longer you're pregnant. Insulin is a hormone that helps keep the right amount of glucose in your body.

- If you have pre-existing diabetes, check your blood sugar often. Your provider can tell you what your blood sugar level should be and when to check it. She also can show you how.

You can control diabetes so it doesn't affect your pregnancy and harm your baby.



Diabetes and breastfeeding

If you have pre-existing or gestational diabetes, your baby is more likely to develop diabetes later in life. To help keep your baby healthy, breastfeed! Breast milk is the best food for most babies. Breastfed babies are less likely than babies who don't

breastfeed to develop diabetes and other conditions later in life.

If you're breastfeeding, talk to your provider about a healthy meal plan and the amount of insulin you need. And let your baby's provider know that you have diabetes so he can watch your baby for signs of diabetes as he grows.

Depression

Depression is a medical condition in which strong feelings of sadness last for a long time and interfere with your daily life. It needs treatment to get better. If you've had depression before, you're more likely to have depression during pregnancy.

What problems can depression cause during pregnancy?

If you've had depression before, it can come back — sometimes even worse — during pregnancy. If depression isn't treated, you may have trouble taking care of yourself. This may put your baby at risk for premature birth and low birthweight (weighing less

than 5 pounds, 8 ounces). After birth, your baby may be fussy, inactive, less attentive and may not have a lot of facial expressions.

If you have depression during pregnancy, you're more likely to have postpartum depression (also called PPD). PPD is a kind of depression some women get after having a baby.

Can you take antidepressants during pregnancy?

Yes. If you're taking an antidepressant when you find out you're pregnant, don't stop taking it until you talk to your provider. If you stop, your depression may come back.



Some antidepressants are safer to use during pregnancy than others. Talk to your provider to make sure yours is safe for your baby. Your provider also may recommend counseling and support groups to help treat depression. Talk to your provider about the right treatments for you.

High blood pressure

High blood pressure (also called hypertension) is when the force of blood against the walls of your blood vessels is too high. If it's not treated, high blood pressure can cause problems during pregnancy, like premature birth and preeclampsia.

What can you do to control high blood pressure during pregnancy?

- **Go to all your prenatal care checkups, even if you're feeling fine.** You may not know you have high blood pressure, so your provider checks it at every prenatal visit.

- **If you take medicine to control your blood pressure, take it exactly like your provider tells you to.** This includes taking low-dose aspirin if your provider thinks you're at risk for preeclampsia.
- **Eat healthy foods.** Don't eat foods that are high in salt, like soup and canned foods. Salty foods can increase your blood pressure.
- **Be active.** Being active for 30 minutes each day can help you gain the right amount of weight during pregnancy, reduce stress and prevent problems like preeclampsia.



What is preeclampsia ?

Preeclampsia is when a pregnant woman has high blood pressure and signs that some of her organs, like her kidneys and liver, may not be working right. Preeclampsia can happen after the 20th week of pregnancy or right after pregnancy.

Call your provider right away if you have signs or symptoms of preeclampsia, like:

- Blurry vision
- Severe belly pain or headache

- Swelling in your legs, hands and face
- Sudden weight gain (2 to 5 pounds in a week)

Most women with preeclampsia have healthy babies. But if it's not treated, it can cause serious problems, like premature birth, low birthweight and placental abruption. This is when the placenta separates from the wall of the uterus before birth. Vaginal bleeding after 20 weeks of pregnancy is the most common sign of placental abruption. If you have vaginal bleeding, call your provider.

We don't know for sure what causes preeclampsia, but you may be at high risk if:

- You had preeclampsia in a previous pregnancy.
- You're pregnant with multiples (twins, triplets or more).
- You have high blood pressure, diabetes, kidney disease or an autoimmune disease, like lupus.

If your provider thinks you're at risk of having preeclampsia, he may want to treat you with low-dose aspirin to help prevent it. Talk to your provider to see if treatment with aspirin is right for you.

Getting your 9 months

What you should know about preterm labor

Even if you do everything right, you can still have preterm labor. Preterm labor is labor that begins too soon, before 37 weeks of pregnancy.

Babies born before 37 weeks of pregnancy are called premature. Premature babies may need to stay in the hospital longer or have more health problems than babies born later.

Learning about preterm labor may help keep your baby from being born too early.

What causes preterm labor?

No one knows for sure what causes preterm labor. But there are some things that may make you more likely than other women to give birth early. These are called risk factors.

Risk factors for preterm labor

- Having already had a premature baby
- Being pregnant with twins, triplets or more
- Having problems with your uterus or cervix
- Smoking, drinking alcohol, using street drugs or abusing prescription drugs
- Being very overweight or not weighing enough
- Having health conditions, like high blood pressure or diabetes
- Having an infection during pregnancy, like an STD or a kidney infection
- Getting pregnant again too soon after having a baby
- Having a lot of stress in your life
- Having premature birth run in your family



Photograph by Stephanie Rausser

Even if you have one or more risk factors, it doesn't mean for sure that you will have preterm labor. But reducing your risk factors may help prevent preterm labor from happening to you.

What can you do about your risk factors?

Talk to your provider. You may be able to reduce your risk for preterm labor. Here's how:

Smoking, drinking alcohol, using street drugs and abusing prescription drugs

- Use the tips on page 27 to help you quit.
- Ask your provider about programs in your area that can help you quit.

Being very overweight or not weighing enough

- Talk to your provider about your weight. Ask how much weight you should gain during pregnancy.
- Find out about healthy foods to eat when you're pregnant.

Having chronic health conditions, like diabetes or high blood pressure

Ask your provider about treatments for your health conditions.

Having an infection during pregnancy

- Wash your hands well with soap and water after using the bathroom or blowing your nose.
- Call your provider if you feel burning when you go to the bathroom.
- Don't eat raw meat or fish.
- Have safe sex.

Having a lot of stress

- Be active and eat healthy foods.
- Ask friends and family to help out around the house.
- Get help if your partner abuses you.
- Talk to your boss about how to lower your stress at work.
- See a counselor to find out about other ways you can reduce stress.

Learn the signs of preterm labor.



Call your provider if you have even one of these signs:

- Contractions that make your belly tighten up like a fist every 10 minutes or more often
- Change in the color of your vaginal discharge, or bleeding from your vagina
- The feeling that your baby is pushing down. This is called pelvic pressure.
- Low, dull backache
- Cramps that feel like your period
- Belly cramps with or without diarrhea

Your provider may tell you to:

- Come into the office or go to the hospital.
- Stop what you're doing.
- Rest on your left side for 1 hour.
- Drink two to three glasses of water or juice. Don't drink coffee or soda.

If the signs get worse or don't go away, call your provider again or go right to the hospital. Getting help quickly is the best thing you can do. If the signs do go away, take it easy for the rest of the day.

Are there treatments for preterm labor?

Yes. Ask your provider if these treatments are right for you.

Progesterone

Progesterone is a hormone that helps your uterus grow and keeps it from having contractions. There are two kinds of progesterone treatment:

- 1 Vaginal progesterone may help reduce your risk for premature birth if you have a short cervix (shorter than normal) and are pregnant with just one baby. The cervix is the opening to the uterus where your baby grows.

2 Progesterone shots may help reduce your risk for premature birth if you've had a premature birth in the past and you're pregnant with just one baby now.

If you're pregnant with twins, triplets or more, progesterone treatment isn't for you. It's only for women who are pregnant with just one baby. To learn more about progesterone, go to marchofdimes.org/progesterone.

Cerclage

A cerclage is a stitch that your provider puts in your cervix. The stitch may help keep your cervix closed so your baby isn't born early. Your provider removes the stitch at about 37 weeks of pregnancy.

A cerclage is used only for certain women.

For example, your provider may recommend a cerclage if you have a short cervix (shorter than normal).

Antenatal corticosteroids (also called ACS)

These medicines help speed up your baby's lung development. They also help reduce your baby's chances of having certain health problems after birth, like breathing and stomach problems and bleeding in the brain.

Antibiotics

These medicines kill certain infections that you or your baby has.

Tocolytics

These medicines help slow or stop contractions. They may help delay labor, even for a few days. This delay may give you time to get treatment with ACS or to get to a hospital that can take care of you and your baby if you give birth early.

Bed rest

Providers don't know for sure if bed rest can help you stay pregnant longer. But it may. Bed rest means that you take it easy and stay calm and still. Your provider may want you to rest just a few times each day, or you may need to stay in bed all day.

How long should you wait before getting pregnant again?

It's best to wait at least 18 months between giving birth and getting pregnant again. This means your baby will be at least 1½ years old before you get pregnant.

Too little time between pregnancies increases your risk of premature birth. The shorter the time between pregnancies, the higher your risk. Your body needs time to fully recover from one pregnancy before it's ready for the next pregnancy.



Here's what you can do:

Use birth control to make sure there's at least 18 months between giving birth and getting pregnant again. Talk to your provider about birth control options.

If you're older than 35 or if you've had a miscarriage or stillbirth, talk to your provider about how long to wait between pregnancies.

A close-up photograph of a pregnant woman with long dark hair, smiling and gently holding her pregnant belly with both hands. She is wearing a blue short-sleeved shirt over a white top. The background is a blurred green park.

Ready, set, labor

Your body has been keeping your baby safe and cozy for a long while. But now it's time to meet your baby face to face!

Here are some things to think about as you get ready for labor and birth.

How can you learn about labor and birth?

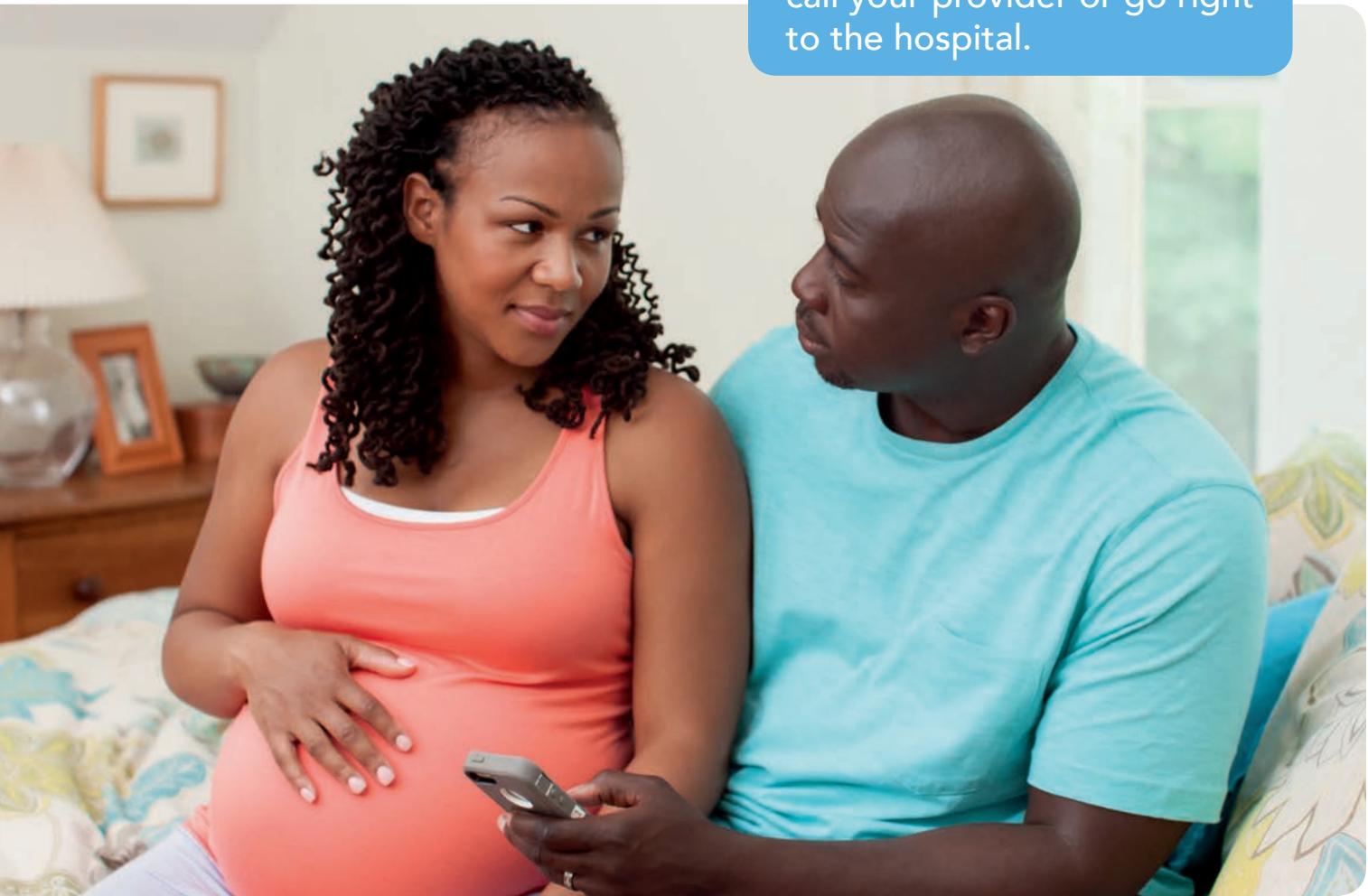
Lots of pregnant women take childbirth classes to learn what happens during labor and birth. These classes can help you feel ready when labor starts so you're not scared or surprised. You'll learn how to breathe and relax to help with labor pain. And you'll learn about different ways your health care provider can reduce your pain during labor.

You can probably take a childbirth class at your hospital. Some classes are free or low cost. Ask your provider if you need help finding a class. Think about taking a class in your sixth or seventh month of pregnancy. And take your partner or a friend with you who will be there to help during labor.

How do you know when you're in labor?

- You have strong and regular contractions. A contraction is when the muscles of your uterus tighten up like a fist and then relax. Contractions help push your baby out.
- Your contractions come about 5 to 10 minutes apart.
- Your contractions are so strong you can't walk or talk during them.
- Your water breaks. Your baby has been growing in amniotic fluid (bag of waters) in your uterus. When the bag of waters breaks, some women feel a big rush of water. Others feel just a trickle.
- You have a bloody (brownish or reddish) mucus discharge. This is called bloody show.

If you think you're in labor, call your provider or go right to the hospital.



What are the different ways you can have your baby?

1 **Vaginal birth** — This is the way most babies are born. During vaginal birth, your uterus contracts to help push the baby out through your vagina.

2 **Cesarean birth** — Also called a c-section. During a c-section, your doctor makes a cut in your belly and uterus. Your baby is then taken out through this opening. If there are problems with your pregnancy or your baby's health, a c-section may be safer than vaginal birth. You and your provider may plan for a c-section. Or you may need to have an emergency (unplanned) c-section if something goes wrong during pregnancy, labor or birth. If your pregnancy is healthy and you don't have any medical reasons to have a c-section, it's best to have your baby through vaginal birth.

3 **VBAC** — These letters stand for "vaginal birth after cesarean." Some women who have already had a cesarean birth may be able to have a vaginal birth with their next baby. If you had a cesarean in the past and want to have a vaginal birth, talk to your provider. She can tell you if it's safe for you to have a VBAC.

If your pregnancy is healthy, wait for labor to begin on its own.



What about scheduling your baby's birth?

If your pregnancy is healthy, it's best to stay pregnant for at least 39 weeks. This gives important organs — like your baby's brain, lungs, liver, eyes and ears — time to develop before birth.

A baby's brain at 35 weeks weighs only two-thirds of what it will weigh at 39 to 40 weeks.



35 weeks



39 to 40 weeks

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If your pregnancy is healthy, wait for labor to begin on its own. If you choose to induce labor, talk to your provider about waiting until you're full term at 39 weeks. Inducing labor or having a c-section before 39 weeks should only be for medical reasons. Inducing labor means your provider gives you medicine or breaks your water to make your labor begin.

A pregnant woman with brown hair tied up in a bun, wearing a blue button-down shirt under a white cardigan, is sitting at a kitchen counter. She is smiling and looking down at a silver tablet device held by her right hand. Her left hand rests on her pregnant belly. A silver bracelet with a heart-shaped charm is visible on her left wrist. To her right, a man with a shaved head and a goatee, wearing a light blue and white checkered short-sleeved shirt, is also looking at the tablet. He has a pair of black-rimmed glasses resting on his hand. The background shows a bright kitchen with a window and greenery outside.

To fill out your birth plan go to:
marchofdimes.org/birthplan

Have you filled out your birth plan?

A birth plan is a set of instructions you make about your baby's birth. Fill out this plan with your partner. Then share it with your provider, your family and other support people. It's best for everyone to know ahead of time how you want labor and birth to be. To download and save a copy of this birth plan, go to marchofdimes.org/birthplan.

My name _____

My baby's due date _____

1 My health care provider's contact information:

Name _____

Phone _____

2 Where do I plan to have my baby?

3 Who is my primary support person during labor and birth?

Name _____

Phone _____

This person is:

- | | |
|----------------------------------|--|
| <input type="radio"/> My partner | <input type="radio"/> My baby's father |
| <input type="radio"/> My family | <input type="radio"/> My friend |
| <input type="radio"/> Clergy | <input type="radio"/> Doula |

4 Who else do I want with me during labor and birth?

Name _____

Phone _____

This person is:

- | | |
|----------------------------------|--|
| <input type="radio"/> My partner | <input type="radio"/> My baby's father |
| <input type="radio"/> My family | <input type="radio"/> My friend |
| <input type="radio"/> Clergy | <input type="radio"/> Doula |

Name _____

Phone _____

This person is:

- | | |
|----------------------------------|--|
| <input type="radio"/> My partner | <input type="radio"/> My baby's father |
| <input type="radio"/> My family | <input type="radio"/> My friend |
| <input type="radio"/> Clergy | <input type="radio"/> Doula |

Name _____

Phone _____

This person is:

- | | |
|----------------------------------|--|
| <input type="radio"/> My partner | <input type="radio"/> My baby's father |
| <input type="radio"/> My family | <input type="radio"/> My friend |
| <input type="radio"/> Clergy | <input type="radio"/> Doula |



5 What kind of support do I want during labor?

- Help with breathing
- Help working through contractions
- Massage
- Moving around
- Other

6 Do I want to be able to move around during labor?

- Yes
- No

7 What position(s) do I want to be in for my labor?

- Lying down
- Sitting
- Standing
- Moving around
- Other

8 What kind of drugs, if any, do I want to help with labor pain?

9 Who do I want to cut the umbilical cord?

10 Do I want to have my baby's umbilical cord blood saved?

- Yes
- No

11 Do I want my baby with me at all times after birth? Or is it OK for my baby to spend time in the nursery?

- Stay with me at all times
- OK to stay in nursery

12 Do I want to breastfeed my baby?

- Yes
- No

13 If my baby is a boy, do I want to have him circumcised?

- Yes
- No

14 Are there special traditions I want to take place when my baby is born?

- Yes
- No

Describe _____

15 If there are any problems with me or with the baby, do I want to be told first, or do I want my support person told first?

- Tell me first.
- Tell my support person first.

16 Are there other issues the hospital or birthing center staff should know about me or my baby's birth?

- Yes
- No

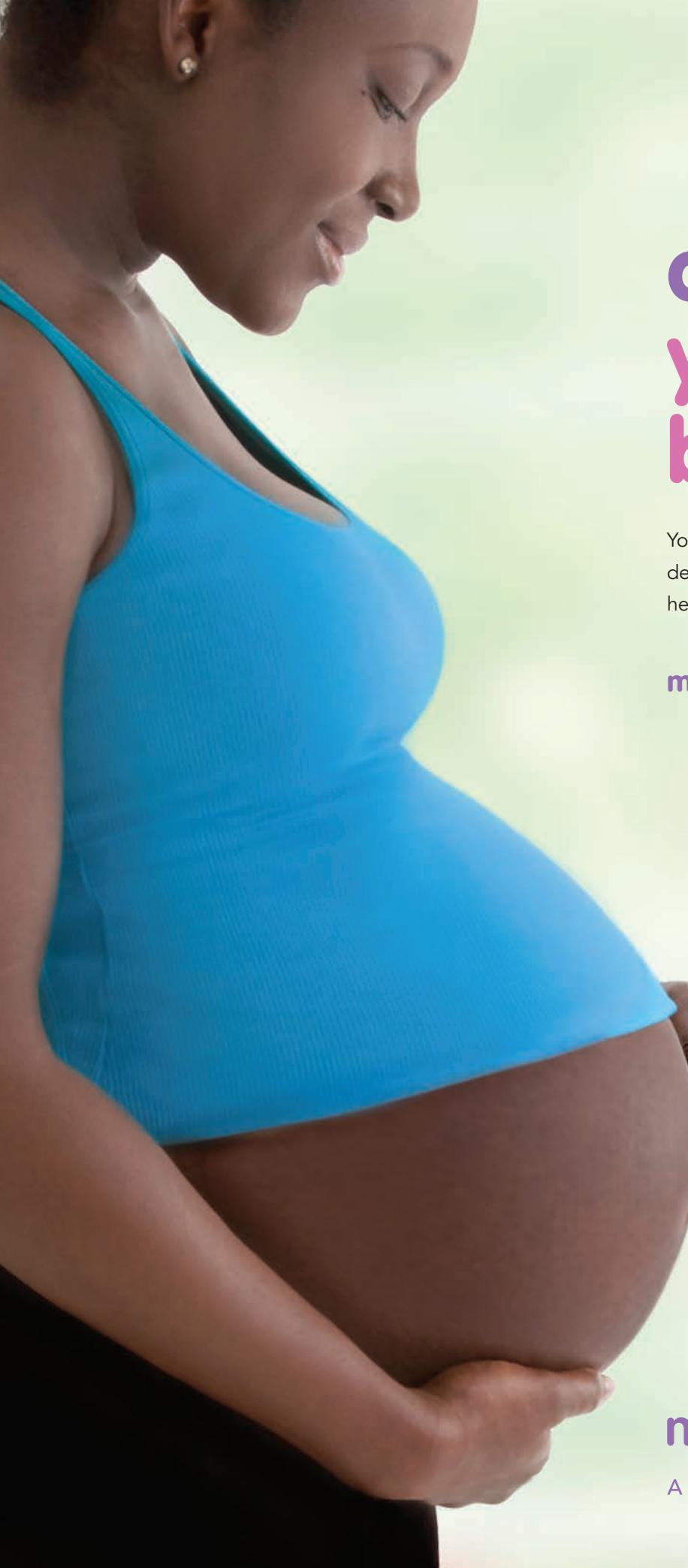
Describe _____

17 My baby's health care provider's contact information:

Name _____

Phone _____





don't rush your baby's birth day

Your baby needs at least 39 weeks to grow and develop before she is born. If your pregnancy is healthy, wait for labor to begin on its own.

marchofdimes.org/39weeks



march  of dimes®
A FIGHTING CHANCE FOR EVERY BABY™

Baby's here

A close-up photograph of a woman with dark skin and curly hair, wearing an orange sleeveless top, cradling a newborn baby in her arms. The baby has dark, curly hair and is wearing a light green onesie. The woman is looking down at the baby with a gentle expression. The background is a soft, out-of-focus blue and beige.

Congratulations on the birth of your baby!

Here's how you can get him off to a healthy start.



Your baby's provider

You can take your baby to a pediatrician (doctor) for checkups. Or you can take your baby to other health care providers who take care of children, like a family practice doctor or a nurse practitioner.

It's best to find a provider before your baby is born. To help you find a provider, ask:

- Your prenatal care provider
- Your friends and family
- Your health insurance company

You also can go to:

- www.aap.org/referral
- www.familydoctor.org
- www.aanp.org

Newborn screening

Before your baby leaves the hospital, he has some blood taken from his heel. A lab tests the blood for health problems. Your baby also gets a hearing test and a test for a group of heart conditions called critical congenital heart disease (also called CCHD). All these tests are called newborn screening.

The testing is safe and simple. A health care provider pricks your baby's heel to get a few drops of blood. The blood is then tested in a lab. For the hearing test, the provider puts a small earphone in your baby's ear. The speaker plays soft sounds. The test for CCHD uses a sensor on your baby's foot or finger to check the amount of oxygen in your baby's blood.

These tests tell you if your baby is more likely than other babies to have certain health conditions. If your baby's test results are not OK, it probably just means that he needs more tests. Your provider can tell you if your baby needs more tests or treatment.

All babies in the United States get newborn screening. But each state requires different tests. Ask your baby's health care provider which tests your baby will have.



Baby's first checkup

Before your baby leaves the hospital, she gets her first checkup to make sure she's healthy. Here are some tests and treatments she gets:

- **Apgar score.** At 1 minute and 5 minutes after birth, a doctor or nurse checks your baby for five things:

1. Heart rate
2. Breathing
3. Muscle tone
4. Reflexes
5. Skin color

Each gets a score of 0 to 2. The total score is called an Apgar score. If your baby has a score of 7 or more, she's in good shape! If your baby scores less than 7, she's probably just fine, but she may need some special care.

- **Vitamin K shot.** Vitamin K can help your baby's blood clot and protect her from bleeding problems. Your baby gets the shot right after birth.
- **Eye drops or ointment** to help protect the eyes from infection.
- **Complete physical.** A health care provider checks your baby out from head to toe. The provider:
 - Listens to your baby's heart and lungs
 - Feels your baby's tummy
 - Checks your baby's eyes, nose, mouth, head, arms and legs
 - Gives your baby a hepatitis B shot. This is a vaccine to protect your baby from hepatitis B. This is a virus that can cause problems in your baby's liver.



Photograph by JStephanie Rausser

Later checkups

In the first year, your baby gets a checkup at:

- 2 weeks
- 1, 2, 4, 6 and 9 months
- 1 year

After your baby's first birthday, take him for checkups once a year. Schedule the visit around his birthday so it's easy to remember.

Vaccinations

It's never fun to get a shot. But your baby needs vaccinations to help protect him from diseases that can make him sick. The medicine in vaccinations is called a vaccine. When your baby gets vaccinations, they help protect him from certain diseases, even if he plays with, sits near or eats with someone who has one.

Your baby may get a vaccination for hepatitis B before he leaves the hospital. He gets the rest of his shots at his regular checkups. Here's a typical vaccination schedule through age 6:

Vaccination schedule

This is a typical vaccination schedule through age 6. Your child's health care provider may use a slightly different one. All children should be vaccinated for their own health and so they don't spread infection to others.

Vaccine	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	24 months	4 years	5 years	6 years
HepB (prevents hepatitis B)	1st	2nd				3rd						
DTaP (prevents diphtheria, tetanus, pertussis)			1st	2nd	3rd			4th			5th	
Hib (prevents haemophilus influenzae type b)			1st	2nd	3rd	4th			Your child may get this vaccine in 3 doses.			
IPV (prevents polio)			1st	2nd		3rd				4th		
RV (prevents rotavirus)			1st	2nd	3rd		Your child may get this vaccine in 2 doses.					
PCV (prevents pneumococcus)			1st	2nd	3rd	4th						
Flu (prevents influenza)		2 doses in the first year, 1 dose each year after					yearly					
MMR (prevents measles, mumps, rubella)		If your baby is travelling outside the U.S., he can get his 1st dose at 6 months.			1st				2nd			
Varicella (prevents varicella, also called chickenpox)					1st				2nd			
HepA (prevents hepatitis A)					1st and 2nd at least 6 months apart							
Meningococcal (prevents meningitis)			For children with certain health conditions, like sickle cell disease									

To download this vaccination schedule, go to: marchofdimes.org/babyvaccinations

Breastfeeding



Learn as
much as you can
about breastfeeding
before your
baby's birth.

Breast milk is the best food for most babies during the first year of life. Breast milk gives your baby important nutrients that help him grow healthy and strong.

Why should you breastfeed?

There are lots of reasons:

- Breast milk protects your baby from infections and allergies that formula does not.
- Breastfed babies have fewer health problems than babies who are fed formula.
- Breast milk has nutrients in it that help your baby grow. Breast milk changes as your baby grows to give him just what he needs as he develops.
- Breast milk is always ready when your baby wants to eat.
- Breast milk is free.
- Breastfeeding can help you recover faster from pregnancy and lose some of the weight you gained. It also lets you and your baby bond and get to know each other.

When and how do you start breastfeeding?

You can start breastfeeding within 1 hour after your baby is born. Some moms start breastfeeding in the delivery room right after birth. A nurse or lactation consultant can help you get started. A lactation consultant is a person who has special training in helping women breastfeed. Here's what you do:

1. Find a comfortable place to sit with your baby — in a chair, on the couch or on your bed. Sit up or lie back. Lay your baby between your breasts so that your tummies are touching. Skin-to-skin contact helps your baby get comfortable.
2. Gently guide your baby so that his nose is close to your nipple. With one hand, support his head. With the other hand, hold your breast and tickle his lip with your nipple.
3. When your baby opens his mouth, bring him to your breast. Bring him to you — don't lean into him. Your baby should have a good mouthful of your areola, the area around your nipple. This is called latching on. Both his nose and chin should touch your breast. Hold him close.
4. When your baby stops feeding, burp him. Sit him on your lap. Support his chest and head with one hand and pat his back with your other hand.
5. After he burps, offer him the other breast. It's OK if he doesn't want it.

Does your baby need vitamin D?

Yes. Vitamin D helps make bones and teeth strong. But breast milk may not contain all the vitamin D that your baby needs. Give your baby vitamin D drops starting in the first few days of life. Ask your provider what kind of drops to get.

How do you know if you're making enough milk?

It takes a little time for your breast milk to come in. For the first few days after birth, your breasts make colostrum, a thick, yellowish milk. This is what you feed your baby at first. It changes to breast milk in 3 to 4 days.

As you breastfeed, your body learns when your baby needs more milk. Your body makes exactly the right amount for your baby.

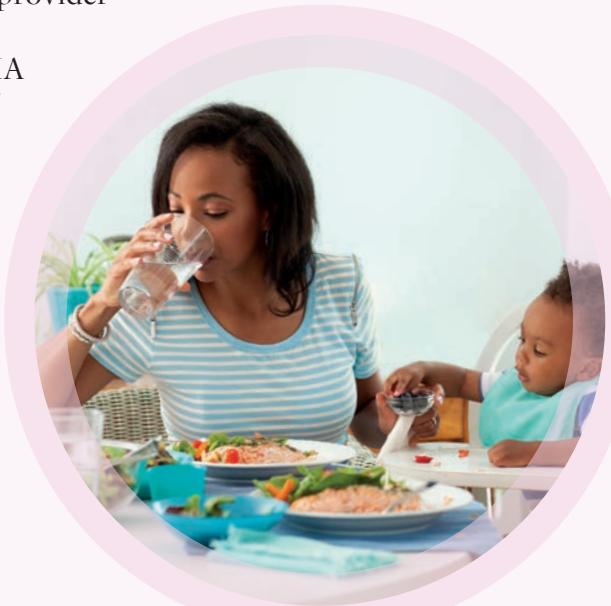
Your baby is probably getting enough milk if she is gaining weight or makes six to eight wet diapers a day by the time she's 5 to 7 days old.



How can you make your breast milk safe for your baby?

- **Eat healthy foods.** You may need 300 to 500 extra calories a day when you're breastfeeding. Eat fruits, vegetables, whole-grain bread and pasta, lean meat and chicken and low-fat dairy products. Make sure you get 290 micrograms of iodine each day and 200 milligrams of DHA each day when you're breastfeeding, to help your baby's bones, nerves and eyes develop. Talk to your provider to make sure you get enough iodine and DHA in the foods you eat. If not, you may need to take a supplement to help you get the right amount.
- **Drink lots of water.** Have a glass of water each time you breastfeed.

- **Take your prenatal vitamin or a multivitamin every day.** It can help give you nutrients that you may not get enough of in food.
- **Limit caffeine.** Too much caffeine in breast milk can make your baby fussy or have trouble sleeping. If you drink coffee, have no more than two cups a day.
- **Tell your provider about any prescription or over-the-counter medicine you take.** Some may not be safe for your baby during pregnancy. Don't stop taking any medicine without talking to your provider first.
- **Tell your provider right away if you get sick.**
- **Don't smoke.** You can pass nicotine from cigarettes to your baby in breast milk. Talk to your provider if you need help to quit smoking. Keep your baby away from secondhand smoke, too. This is smoke from someone else's cigarette, cigar or pipe.
- **Don't drink alcohol, use street drugs or abuse prescription drugs.** You can pass alcohol and drugs to your baby in breast milk. If you choose to drink alcohol, don't have more than two drinks a week. Wait at least 2 hours after each drink before you breastfeed. Talk to your provider if you need help to quit drinking alcohol or abusing drugs.
- **Don't take any herbal products,** like ginkgo or St. John's wort. Even though herbs are natural, they may not be safe for your baby.



What about pumping?

A breast pump helps you remove milk from your breasts. You can use the milk later to feed your baby. Here are some tips if you plan to use a breast pump:

- Ask your friends and family which breast pump they use. Look for information online about breast pumps. You may be able to rent a pump from your hospital or buy a used pump to save money.

Can you store breast milk?

Yes. You can keep pumped breast milk in the refrigerator or freezer. You can keep it in bottles or bags made just for storing breast milk. Put just the amount of milk your baby needs for each feeding in each bottle or bag. Write the date you on the bottle or bag before you store it.

When you're ready to use it, thaw and warm the milk. Don't put it in the microwave. It can get too hot there. Instead, put the bag or bottle of frozen milk in the refrigerator or swirl it in a bowl of warm water. To warm milk, put the bottle or bag under hot running water or in a bowl of warm water. Shake the bottle or bag. Put a drop or two of milk on the back of your hand to test the temperature.

- Get help from a lactation consultant or a breastfeeding support group about how to use a breast pump. A lactation consultant is a person with special training to help you breastfeed.
- Talk to your boss. Employers with more than 50 employees have to give you time and space (that is not a bathroom) for pumping. If there's no refrigerator at work, use a small cooler to store the milk you pump.

What is manual expression?

You don't have to use a pump to get milk from your breast. Try manual expression. This means you massage your breasts with your hands to release breast milk. Ask your lactation consultant to show you how.

Here's how long you can store breast milk:

Where	How long
Refrigerator (temperature must be 32F to 39F)	5 to 8 days
Freezer inside a refrigerator	2 weeks
Freezer that has its own door (not inside a refrigerator)	3 to 6 months
Separate freezer	6 to 12 months

Breast milk
is the best food
for your baby.





How long should you breastfeed?

It's best to breastfeed your baby for 1 year. At about 6 months, you can look for signs that your baby's ready to start eating solid foods, like cereal or baby food. Some signs are:

- She can sit up and hold her head up.
- She looks at or tries to touch your food when you're eating.
- She gets distracted when breastfeeding.

Can you get pregnant while breastfeeding?

Yes. Breastfeeding is not birth control. It does not prevent pregnancy. If you're breastfeeding and don't want to get pregnant, use birth control.

But don't use birth control that contains the hormone estrogen. Estrogen helps regulate your period. But it also causes you to make less breast milk. So it's not a good birth control choice if you're breastfeeding. Talk to your provider about the right kind of birth control for you.

It's best
to breastfeed
your baby for
1 year.

Photograph by Stephanie Rausser



Your body after baby: The first 6 weeks



Go for your postpartum checkup 6 weeks after your baby is born. At this visit, your health care provider checks to make sure you're recovering well from labor and birth.

During pregnancy, your body changed a lot. It worked really hard to keep your baby safe and healthy. Now that your baby is here, your body is changing again. Some of these

changes are physical, such as your breasts getting full of milk. Other changes are emotional, such as feeling extra stress. Here's what you can expect.

Changes in your body

● Perineum soreness

The perineum is the area between your vagina and rectum. It stretches during labor and vaginal birth, and it may even tear. It often is sore after you give birth. You may be more sore if you had an episiotomy (a cut made at the opening of the vagina to help the baby out).

What you can do:

- Do Kegel exercises. These strengthen the muscles in the pelvic area, which helps the perineum heal. To do them, squeeze the muscles that you use to stop yourself from urinating. Hold the muscles tight for 10 seconds and then release.
- Put a cold pack on your perineum. Use ice wrapped in a towel. Or you can buy cold packs that you freeze in your freezer.
- Sit on a pillow.
- Soak in a warm bath.
- Wipe from front to back after going to the bathroom. This can help prevent infection as your episiotomy heals.
- Ask your provider about medicine to help ease the pain.

● Afterbirth pains

These are cramps that you feel as your uterus shrinks back to its regular size. Right after you give birth, your uterus is round and hard and weighs about 2½ pounds. By about 6 weeks after birth, it weighs only 2 ounces. The cramps should go away in a few days.

What you can do: Ask your provider about over-the-counter medicine you can take for pain.

● After a c-section

A c-section is major surgery, so it may take a while for you to recover. You may be sore and tired after a c-section.

What you can do:

- Keep your baby with you in your hospital room so you don't have to move around a lot to get her.
- Only take pain medicine that your health care provider gives you. She can make sure it's safe for your baby during breastfeeding.
- Ask your partner, family and friends for help with the baby and around the house.

● Vaginal discharge

After your baby is born, your body gets rid of the blood and tissue that was inside the uterus. This is called vaginal discharge or lochia. For the first few days, it's heavy, bright red and may contain some blood clots. Over time, the flow gets less and lighter in color. You may have discharge for a few weeks, or even for a month or more.

What you can do: Use sanitary pads until the vaginal discharge goes away.

● Breast engorgement

This is when your breasts swell as they fill with milk. They may feel tender and sore. Most of the time the discomfort goes away once you start breastfeeding regularly.



What you can do:

- Try not to miss a feeding or go a long time between feedings. Don't skip night feedings.
- Remove a small amount of milk with a breast pump or by hand before breastfeeding.
- Take a warm shower or lay warm towels on your breasts. If your engorgement is really painful, put cold packs on your breasts.
- Tell your provider if your breasts stay swollen.

● Nipple pain

Many women feel nipple pain when they first start breastfeeding. If your nipples are cracked and sore, you may need to change the position you use to breastfeed.

What you can do:

- Make sure your baby is fully latched on. If she's not, remove her from your breast and try again.
- After feeding, put some fresh breast milk on your nipples. Or ask your provider about a special cream you can use.
- Talk to your provider or lactation consultant if the pain doesn't go away.

● Swelling

Lots of women have swelling in their hands, feet and face during pregnancy. It's caused by extra fluids in your body that helped you get ready for labor and birth. It may take time for the swelling to go away after you have your baby.

What you can do:

- Lie on your left side or put your feet up.
- Try to stay cool and wear loose clothes.

● Hemorrhoids

Hemorrhoids are painful, swollen veins in and around the anus. Lots of women get them during pregnancy. They may get worse after giving birth.

What you can do:

- Soak in a warm bath.
- Use an over-the-counter spray or cream to help relieve pain. Ask your provider which ones are OK to use.
- Eat foods that are high in fiber, like fruits, vegetables and whole-grain breads and cereals.
- Drink lots of water.
- Try not to strain when you're having a bowel movement (pooping).



Photograph by Stephanie Rausser

● Constipation

You may have painful gas or trouble having a bowel movement after you give birth.

What you can do:

- Eat foods that are high in fiber.
- Drink lots of water.
- Ask your provider about medicine to take.

● Urinary problems

You may feel pain or burning when you urinate (pee). Or you may try to urinate but find that you can't. Sometimes you may not be able to stop urinating. This is called incontinence.

What you can do for pain, burning or if you have trouble urinating:

- Drink lots of water.
- Run water in the sink when you go to the bathroom.
- Soak in a warm bath.
- If the pain continues, tell your provider.

What you can do for incontinence:

Do Kegel exercises to strengthen your pelvic muscles.

● Sweating

This happens a lot to new moms, especially at night. It's caused by all the hormones in your body after pregnancy.

What you can do:

- Sleep on a towel to help keep your sheets and pillow dry.
- Don't use too many blankets or wear warm clothes to bed.

● Feeling tired

You may have lost blood during labor and birth. This can make your body tired. And your baby probably doesn't let you sleep all night.

What you can do:

- Sleep when your baby sleeps, even when he naps during the day.
- Eat healthy foods, like fruits, vegetables, whole-grain breads and pasta, lean meat and chicken and low-fat dairy products. Limit sweets and foods with a lot of fat.
- Ask your partner, family and friends for help with the baby and around the house.



Photograph by Stephanie Rausser

● Getting your period again

If you're not breastfeeding, your period may start again 6 to 8 weeks after giving birth. If you are breastfeeding, you may not start again for months. Some women don't have a period again until they stop breastfeeding. Be careful — if you have sex, you can get pregnant even before your period starts again, breastfeeding or not.

● Losing weight

Now's a great time to get to a healthy weight, no matter how much you weighed before you got pregnant. If you're at a healthy weight, you may feel better and are less likely to have health conditions, like diabetes and high blood pressure. And just in case you get pregnant again, or if you plan to have another baby sometime in the future, it's best to be at a healthy weight before your next pregnancy.

What you can do:

- Talk to your provider about your healthy weight. If you were overweight before pregnancy, you may want to lose more weight than you gained during pregnancy.
- Eat healthy foods. Limit sweets and foods with a lot of fat.
- Drink lots of water.
- Do something active every day. Walking and swimming are great activities for new moms.
- Breastfeed your baby. Breastfeeding helps you burn calories. This can help you lose the weight you gained during pregnancy faster than if you don't breastfeed.
- Don't feel badly if you don't lose pregnancy weight as quickly as you'd like. It takes time for your body to get back into shape.

● Skin

You may have stretch marks on your belly, thighs, breasts and bottom where your skin stretched during pregnancy.

What you can do: Use creams or lotions on your skin.



● Hair

Your hair may have seemed thicker and fuller during pregnancy. After your baby is born, your hair may thin out. You may even lose hair. Hair loss usually stops about 3 to 4 months after your baby's birth.

What you can do:

- Eat lots of fruits and vegetables. These may help protect your hair and help it grow.
- Be gentle with your hair. Don't wear tight ponytails, braids or rollers. These can pull and stress your hair.
- Use the cool setting on your hair dryer.

● Getting pregnant again

It's possible that you may ovulate (release an egg) before you get your period again. This means you could get pregnant.

What you can do: Use birth control to help make sure you don't get pregnant again until you're ready. If you're breastfeeding, ask your provider about which birth control to use. Not all kinds of birth control are safe to use when breastfeeding.

For most women, it's best to wait at least 18 months between giving birth and getting pregnant again. Waiting this long can help reduce your risk of premature birth in your next pregnancy.

Emotional changes

● Feeling stressed and overwhelmed

Your baby didn't come with a set of instructions. You may feel overwhelmed trying to take care of her. Taking care of a baby is a lot to think about.

What you can do:

- Tell your partner how you feel. Let your partner help take care of the baby.
- Ask your friends and family for help. Tell them exactly what they can do for you, like going grocery shopping or making meals.
- Find a support group of new moms. A support group is a group of people who have the same kinds of concerns. They meet together to try to help each other. Ask your provider to help you find a support group of new moms near where you live. Or look for a support group online.
- Eat healthy foods and be active when you can. Eating healthy and getting fit can help you feel better.
- Don't drink alcohol, smoke, use street drugs or abuse prescription drugs. All of these things are bad for you and can make it hard for you to handle stress.



● Having the baby blues

Baby blues are feelings of sadness you may have 3 to 5 days after having a baby. The feelings most likely are caused by all the hormones in your body right after pregnancy. You may feel sad or cranky. You may cry a lot. By about the tenth day after the baby's birth, the sad feelings should go away. If they don't, tell your provider.

What you can do:

- Talk to your partner or a good friend about how you feel.
- Get plenty of rest. Try to sleep when the baby sleeps.
- Ask your partner, friends and family for help taking care of the baby and taking care of the house.
- Take time for yourself. Get out of the house every day, even if it's just for a short while.

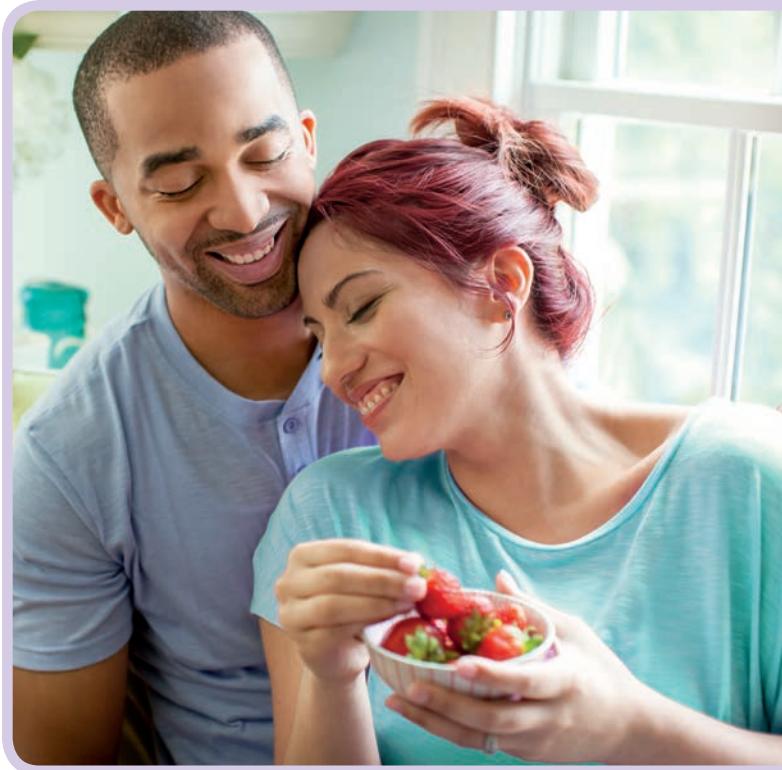


● Going back to work

It may be hard for you to leave your baby with a caregiver all day, even if it's a family member or a close friend. Also, it may be hard to find a caregiver you trust. You and your partner may disagree about what type of child care is best for your baby. You may be upset that you can't stay home with your baby all the time.

What you can do:

- Talk to your partner about child care. Figure out how much you can spend on child care and what kind of care you want. For example, you can have a caregiver come to your home to take care of your baby. Or you can take your baby to a child care center.
- Ask friends and family about who took care of their baby when they went back to work. Maybe you can use the same person or service.
- If you're using a daycare center, ask for the names and phone numbers of people who have used the center. Call to ask how they felt about the center's care.
- Ask your boss if you can ease back into work. Maybe you can work a few hours a day at first, or just a few days a week.



● Thinking about your partner

Both you and your partner are getting used to having a baby around. Your partner may be just as nervous about being a parent as you are.

What you can do:

- Learn about taking care of your baby together. Read baby-care books and go to baby-care classes.
- Let your partner help with the baby. Don't try to do everything yourself.
- Talk to each other. Talking about your feelings can help keep you both from feeling hurt and frustrated.
- Make time for just the two of you. Go for a walk or out to dinner. Ask someone you trust to take care of the baby for an hour or two.
- Ask your provider about when it's OK for you to have sex again. Most likely she'll say to wait about 4 weeks. This gives your body time to heal after labor and birth.
- Tell your partner what your provider says about how long to wait to have sex again. Ask your provider to talk to your partner, if necessary.





Postpartum depression: What you need to know

You're so excited
to welcome your new
baby into your life.

But for some moms, feelings of joy after giving birth mix with feelings of sadness and worry. Sometimes these feelings are intense and can last a long time. They make it hard to live your life and take care of your baby. This is called postpartum depression (also called PPD).

PPD can happen any time in the first year after childbirth. It often starts within 1 to 3 weeks of having a baby. It's a medical condition that can get better with treatment. If you think you have PPD, tell your provider.

If you have postpartum depression, you're not alone. Many women have it. In fact, about 1 out of every 7 women has PPD after giving birth. It's the most common problem for new moms.

PPD is not your fault. You didn't do anything to cause PPD. It doesn't make you a bad person or a bad mother.

What causes PPD?

We're not exactly sure. It can happen to any woman after having a baby. We do know that some things may lead to PPD, like:

- **Changing hormone levels after pregnancy.** Hormones are chemicals in your body. Some help control your emotions and mood. During pregnancy, your body has higher levels of the hormones estrogen and progesterone. But in the first 24 hours after giving birth, these hormones quickly go back to their normal levels. This rapid drop in hormone levels may lead to PPD.
- **Low levels of thyroid hormones.** The thyroid is a gland in your neck that helps your body use and store energy from food.
- **Having negative thoughts and feelings about being a mom.** For example, you may put a lot of pressure on yourself to do everything right and be a perfect mom. Or you may miss the person you were before you had your baby. You may not like the way you look and wish you could do all the things you used to do before you got pregnant. If any of this sounds like you, tell your provider.

You may be more likely than other women to have PPD if:

- You're younger than 20.
- You've had PPD, depression or other mood disorders, or someone in your family has had these conditions.
- You smoke, drink alcohol, use street drugs or abuse prescription drugs.
- You've had recent stressful events in your life. These can include:
 - A difficult pregnancy or childbirth, or your baby was born with a health problem
 - The death of a loved one
 - Illness that affects you or a loved one
 - Problems with your partner, including being abused by your partner
 - Little support from family or friends
 - Money problems
 - An unplanned or unwanted pregnancy



Lynn's story

My baby would cry all night. I couldn't stand it. She cried no matter what I did. I was the only one to care for her. I didn't know how long I could keep it up.

One day my neighbor came over. She works for the local health clinic. She noticed how tired I was and that I was having trouble comforting the baby. She suggested I go to the clinic and talk to the provider there.

The provider said I had something called postpartum depression. I'd never heard of it. It sounded scary. I thought it meant I was a bad mom or that I might hurt my baby. She told me that I would get better with treatment.

I wasn't a bad mom. I wasn't going to hurt my baby. I just needed help.

How do you know if you have PPD?

You may have PPD if you have five or more signs of PPD that last more than 2 weeks. The signs include:

• Changes in your feelings

- Feeling depressed or worried most of the day every day
- Having more bad days than good days
- Feeling shame, guilt, worthless or like a failure
- Feeling panicky or scared a lot of the time
- Having severe mood swings

• Changes in your everyday life

- Having little interest in things you normally like to do
- Feeling tired all the time
- Eating a lot more or a lot less than is normal for you
- Gaining or losing weight
- Having trouble sleeping or sleeping too much
- Having trouble concentrating or making decisions

• Changes in how you think about yourself or your baby

- Having trouble bonding with your baby
- Thinking about hurting yourself or your baby

Don't be afraid to talk to your provider.

If you think you have PPD or you're just having trouble getting used to being a mom, tell your provider. She can suggest treatments to help you feel better so you can take good care of yourself and your baby.

How is PPD treated?

The sooner you see your provider about PPD, the better. Treatment can help you feel better so you can take good care of yourself and your baby.

There are many treatments for PPD. You may need just one kind of treatment, or you may need to try a few. You and your provider can decide which treatments work best for you. These are treatments your provider may suggest:

- **Counseling.** This also is called therapy. It's when you talk about your feelings and concerns with a mental health professional. She helps you understand your feelings, solve problems and cope with things in your everyday life.
- **Support groups.** These are groups of people who have the same kinds of concerns and share their feelings to try to help each other. Your provider can help you find a PPD support group near you, or you can look for a support group online.
- **Medicine.** You may take medicine for PPD, including:
 - **Antidepressants.** These are medicines used to treat many kinds of depression. Some aren't safe to take if you're breastfeeding. Talk to your provider to find out if an antidepressant is right for you.
 - **Estrogen.** This hormone plays an important role in your menstrual cycle and pregnancy. During childbirth, the amount of estrogen in your body drops quickly. To help with PPD, your provider may suggest you wear an estrogen patch on your skin to replace the estrogen your body lost. If you're breastfeeding, check with your provider to see if the patch is safe for you to use. You can pass estrogen to your baby through breast milk.

For most women who get treated, PPD goes away in a few months. For some women, it takes longer, sometimes up to a year. Even when you're feeling better, keep up with your treatment. Stopping too soon may make it harder for you to get completely well.



Marta's story

I didn't understand what was happening. I'd wanted this baby more than anything in the world. But after Elena was born, I just shut down. I was so tired, but I couldn't sleep. I cried all the time. The worst part was I didn't want to hold, cuddle or sing to my baby.

My partner was so good to me and our daughter. He knew something was really wrong and that we needed help. He went with me to see my provider. She suggested I take an antidepressant and see a counselor. I was breastfeeding, so she was careful to make sure the medicine was safe for the baby. And talking with the counselor helped me understand my feelings.

I didn't feel better overnight. But I'm better now. The best part is that I finally feel close to my baby.

Don't be afraid to ask for help.

Lots of women have PPD. It's important that you get treatment right away.

Words to know

A close-up photograph of a woman with dark hair smiling broadly, showing her teeth. She is holding a baby in front of her. The baby has dark hair and is looking directly at the camera with a slightly open mouth. They are both wearing light-colored clothing. In the top right corner of the page, there are two small decorative dots: one pink and one orange.

Here are some medical terms and other words that we use in this magazine. You may hear them a lot during pregnancy.

a

abuse — Treating someone badly or hurting someone. Abuse can be emotional, like yelling at someone or calling them names. Abuse also can be physical, like hitting, kicking or punching. Get help if you or your children are being abused.

afterbirth pain — Belly cramps caused when your uterus goes back to its regular size after pregnancy.

alcohol — Beer, wine, wine coolers and liquor. Examples of liquor are vodka, whiskey and bourbon. Don't drink alcohol when you're pregnant. It's not safe for your baby.

allergy (AL-ur-jee) — A reaction to something you touch, eat or breathe in that makes you sneeze, itch, get a rash or have trouble breathing.

amnio (AM-nee-oh) — See amniocentesis.

amniocentesis (am-nee-oh-sen-TEE-siss) — Also called amnio. A test that takes some amniotic fluid from around your baby in the uterus. The test checks for birth defects and genetic conditions in your baby. You can get this test at 15 to 20 weeks of pregnancy.

amniotic fluid (am-nee-AH-tik FLOO-id) — The fluid that surrounds the baby in the womb.

amniotic sac (am-nee-AH-tik sak) — Also called the bag of waters. The sac (bag) inside the uterus that holds a growing baby. It's filled with amniotic fluid.

antenatal corticosteroids (AN-ti-NAY-tuh-kor-ti-coh-STAIR-oyds) — Also called ACS. Medicines you may get during preterm labor that help speed up your baby's lung development. They also help reduce your baby's chances after birth of having certain health problems, like breathing and stomach problems and bleeding in the brain.

antibiotics (an-tye-bye-AH-tix) — Medicines that kill certain infections.

antidepressant (ant-eye-di-PRESS-uhnt) — A prescription medicine used to treat depression.

Apgar score (AP-gar skor) — A test your baby gets right after birth. It checks heart rate, breathing, muscle tone, reflexes and skin color.

areola (air-ee-OH-luh) — The dark area around the nipple on your breast. It may get darker or larger during pregnancy.

autoimmune (ah-toh-i-MYOON) disorder — A health condition that happens when antibodies (cells in the body that fight off infections) attack healthy tissue by mistake.

b

baby blues — Feelings of sadness in the first few days after having a baby.

bed rest — Reducing your activities while you're pregnant. Bed rest may mean staying in bed all day or just resting a few times each day.

birth control — Also called contraception or family planning. Things you can do to keep from getting pregnant. Using a condom and taking a birth control pill are examples of birth control.

birth defects — Health conditions that are present at birth. Birth defects change the shape or function of one or more parts of the body. They can cause problems in overall health, in how the body develops, or in how the body works.

birth plan — A set of instructions you make about your baby's birth. It can include things like where you want to have your baby, who you want to be with you during labor and birth, and if you plan to breastfeed.

birthing ball — A big rubber ball that you can sit on to help ease labor pain.

bisphenol A (biss-FEE-nuhl ay) — Also called BPA. A harmful chemical that is found in some plastics.

bladder (BLAD-ur) — Where your body holds urine.

bleeding — Also called spotting. When blood comes out of your vagina during pregnancy. Call your provider if you have bleeding from your vagina during pregnancy.

blood clot — A mass of blood and other body tissue.

blood sugar — Also called glucose. Sugar in the blood. It comes from the food you eat and is your body's main source of energy. When you have too much blood sugar, you have diabetes.

bloody show — Bleeding from your vagina at the beginning of labor.

blood pressure — The force of blood that pushes against the walls of your arteries. Arteries are blood vessels that carry blood away from your heart to other parts of the body.

blood test — A test of your blood to check for infections and other problems. Blood tests are a regular part of prenatal care.

BMI — See body mass index.

body mass index — Also called BMI. A measure of body fat based on your height and weight. It can help you find out if you need to gain or lose weight. To find out your BMI, go to www.cdc.gov/bmi.

bond — When you get close to your baby and get to know each other.

bowel movement (BOW-uhl MOOV-mint) — Solid waste (poop) that leaves the body through the rectum.

BPA — See bisphenol A.

breastfeed — Feeding your baby milk that comes from your breasts.

breast milk — Milk that comes from your breasts. Breast milk is the best food for a baby during the first year of life.

breast pump — A pump used to remove breast milk from your breasts.

C

caffeine (ka-FEEN) — A drug that is found in things like coffee, tea, soda, chocolate and some energy drinks and medicines. During pregnancy, limit the caffeine you get each day to 200 milligrams. This is about the amount in one 12-ounce cup of coffee.

CCHD — See critical congenital heart disease.

cell-free fetal DNA testing — Also called noninvasive prenatal testing. Tests your blood for your baby's DNA to see if he has a genetic condition, like Down syndrome.

cerclage (sir-KLAHJ) — A stitch that your provider puts in your cervix to help keep it closed so that your baby will not be born too early.

certified nurse-midwife (SUR-ti-fyed nurs-MID-wyf) — Also called CNM. A health care provider who has special training to take care of pregnant women and deliver babies.

cervix (SUR-viks) — The opening to the uterus that sits at the top of the vagina.

cesarean birth (suh-SAIR-ee-uhn burth) — Also called c-section. Surgery in which your baby is born through a cut that your doctor makes in your belly and uterus.

CF — See cystic fibrosis.

chickenpox — A disease caused by a virus. It causes red, itchy spots on your skin.



Photograph by Stephanie Rausser

childbirth classes — Classes for you and your partner to learn about what happens during labor and birth.

chorionic villus sampling (KOR-ee-ah-nik VIL-uhss SAM-pleeng) — Also called CVS. A test that checks tissue from the placenta to see if a baby has a genetic condition, like Down syndrome. You can get CVS at 10 to 12 weeks of pregnancy.

chronic health condition (KRAHN-ik helth kuhn-DI-shuhn) — A health condition that lasts for a long time or that happens again and again over a long period of time. Examples are diabetes, high blood pressure, obesity and depression. Chronic health conditions need treatment from a health care provider.

cleft lip (klef lip) — A birth defect in which a baby's upper lip doesn't form completely and has an opening in it.

cleft palate (klef PAL-uht) — A birth defect in which a baby's palate (roof of the mouth) doesn't form completely and has an opening in it.

CMV — See cytomegalovirus.

CNM — See certified nurse-midwife.

colostrum (kuh-LAH-struhm) — A thick, yellowish liquid that comes out of your breasts right after birth before your breast milk comes in. Your body starts making it during the last few months of pregnancy. It's good for your baby.

constipation (kahn-sti-PAY-shuhn) — When you have painful gas or it's hard to have a bowel movement.

contraction (kuhn-TRAK-shuhn) — When the muscles of your uterus get tight and then relax. Contractions help push your baby out of your uterus.

counseling — Also called therapy. Talking about your feelings and concerns with a mental health professional. Counseling can help you understand your feelings, solve problems and cope with things that happen in your daily life.

critical congenital heart disease (KRIT-uh-kuhl kuhn-JEN-i-tuhl hart duh-ZEEZ) — Also called CCHD. A birth defect that affects a baby's heart. Babies get newborn screening for CCHD.

c-section (SEE-sek-shuhn) — See cesarean birth.

CVS — See chorionic villus sampling.

cystic fibrosis (SIS-tik fye-BROH-siss) — Also called CF. A disease that affects breathing and digestion. Parents can pass CF to their children through genes.

cystic fibrosis carrier screening (SIS-tik fye-BROH-siss KAIR-ee-ur SKREE-neeng) — Tests to see if you have the gene that causes cystic fibrosis (also called CF).

cytomegalovirus (sy-toh-MEG-uh-loh-vy-ruhs) — Also called CMV. A common infection in young children. Usually it's harmless. But if a pregnant woman passes it to her baby, it can cause serious problems.

d

decaffeinated (dee-KAF-uh-nay-tid) — Food or drinks that have less caffeine in them. Many coffees, teas and sodas are decaffeinated.

dehydration (dee-hye-DRAY-shuhn) — Not having enough water in your body.

depression (di-PRESH-uhn) — Also called major depression. A medical condition in which strong feelings of sadness last for a long time and interfere with your daily life. It needs treatment to get better.

DHA — Stands for docosahexaenoic acid. A kind of omega-3 fatty acid that can help your baby's brain and eyes develop if you take it during pregnancy and breastfeeding. You can get DHA from a supplement or from certain foods.

diabetes (dye-uh-BEE-teez) — A medical condition in which your body has too much sugar (called glucose) in your blood. This can damage organs in your body, including blood vessels, nerves, eyes and kidneys.

diagnostic test (DYE-ag-naus-tik test) — A medical test to see if you do or don't have a certain health condition. It's different from a screening test that tells if you're more likely than other people to have a condition.

digestion (dye-JES-chuhn) — The process of how your body breaks down food after you eat it.

dilate (DYE-layt) — Open up. Your cervix dilates (opens up) to let the baby out.

DNA — Stands for deoxyribonucleic acid. DNA is the part of your genes that contains instructions for how your body grows and works.

douching (DOOSH-eeng) — Using water or other liquid to clean the vagina. Don't douche during pregnancy.

doula (DOO-luh) — A person who has special training to help you handle labor.

Down syndrome — A genetic condition that includes a combination of birth defects, such as intellectual and developmental disabilities, heart defects, certain facial features, and hearing and vision problems.

due date — The estimated date that you will have your baby. It's about 40 weeks from the first day of your last period.

e

early ultrasound (UHL-truh-sound) — Also called first-trimester ultrasound. See ultrasound. An early ultrasound is one you get in the first trimester. It's used to confirm that you're pregnant and to date the pregnancy (find out exactly how old the baby is).

efface (i-FAYCE) — Thin out. Your cervix effaces (thins out) to let the baby out.

egg — In terms of pregnancy, also called ovum. During ovulation, a woman's ovaries release an egg. When a woman's egg is fertilized by a man's sperm, the woman gets pregnant.

emergency — Needing medical care right away.

engorgement (en-GORJ-mint) — When your breasts become full of breast milk.

episiotomy (eh-peez-ee-AH-tuh-mee) — A cut made at the opening of the vagina to help let the baby out.

estrogen (ESS-troh-jen) — A hormone that plays an important role in female reproduction, including having your period and getting pregnant.

f

family history, family health history — A record of any health conditions and treatments that you, your partner and everyone in your families have had.



family nurse practitioner (prak-TI-shuh-nur) — Also called FNP. A registered nurse with advanced medical education and training. FNPs can give prenatal care.

family practice doctor — A doctor who provides care for every member of the family. A family practice doctor can be your health care provider before, during and after pregnancy. He can be your baby's doctor, too.

FDA — See Food and Drug Administration.

first-trimester screening (trye-MESS-tur SKREE-neeng) — Tests to see if your baby is more likely than others to have some birth defects, like heart problems or conditions like Down syndrome. It's usually done at 11 to 13 weeks of pregnancy. It includes a blood test and an ultrasound.

flu — Also called influenza. A disease that can cause fever, chills, cough, sore throat, body aches, vomiting and diarrhea.

folate (FOH-layt) — Folic acid that's naturally in a food. Foods that are good sources of folate include beans, leafy green vegetables and orange juice.

folic acid (FOH-lik ASS-id) — A vitamin that every cell in your body needs for healthy growth and development. If taken as part of healthy eating before pregnancy and during early pregnancy, it may help protect your baby from birth defects of the brain and spine called neural tube defects (NTDs). Take a multivitamin with 400 micrograms of folic acid in it each day before pregnancy and during the first few weeks of pregnancy.

Food and Drug Administration (ad-min-is-TRAY-shuhn) — Also called FDA. A government agency that helps protect the health of Americans by making sure that products like food, medicine and cosmetics are safe.

formula (FOR-myoo-luh) — A milk product that you can feed your baby instead of breast milk.

full term — A pregnancy that lasts between 39 weeks and 40 weeks, 6 days.

g

genetic condition (juh-NET-ik kuhn-DI-shuhn) — A condition caused by a gene that's changed from its regular form. A person's gene can change on its own, or the changed gene can be passed from parents to children.

genital herpes (JEN-i-tuhl HUR-peez) — A sexually transmitted disease that can cause sores around the genitals, buttocks or anal area.

German measles — See rubella.

gestational diabetes (jes-TAY-shuhn-uhl dye-uh-BEE-teez) — A kind of diabetes that can happen during pregnancy.

glucose (GLOO-kohss) — See blood sugar.

glucose screening test (GLOO-kohss SKREE-neeng) — A test to see if you have diabetes.

Group B strep test — A prenatal test for Group B strep, an infection that can hurt your baby. The test is like the test you get for your Pap smear.

h

health care provider — Also called provider. The person who gives you medical care. Your provider can be a doctor, nurse, certified nurse-midwife, nurse practitioner or another trained medical professional.

health insurance (in-SHOOR-uhnss) — Helps you pay for medical care. You may get health insurance from where you work. Or you may get it from the government or buy it on your own.

heartburn — A burning feeling in your chest caused by stomach acid.

hemorrhoids (HEM-uh-roidz) — Swollen veins in and around the anus that may hurt or bleed. Hemorrhoids are common during and after pregnancy.

hepatitis B (HEP-uh-tye-tis bee) — A disease caused by a virus that attacks the liver. Pregnant women get tested to see if they have it. Babies get a vaccination before they leave the hospital so they don't get the disease.

herb (urb) — A plant used in cooking and medicine. Do not use herbs as medicine during pregnancy. Examples of herbs used as medicine are mint, chamomile and Ginko biloba. Check with your health care provider if you have questions about herbs.

herbal product (URB-uhl) — A product, like a pill or tea, that is made from herbs. Don't use herbal products during pregnancy or if you're trying to get pregnant.

high blood pressure — Also called hypertension. When the force of blood against the walls of the blood vessels is too high. It can stress your heart and cause problems during pregnancy.

HIV — Stands for human immunodeficiency virus. It's a virus that attacks the body's immune system. HIV can lead to AIDS (acquired immune deficiency syndrome).

hormones (HOR-mohnz) — Chemicals made by the body.

hypertension (hye-pur-TEN-shuhn) — See high blood pressure.

i

immune (i-MYOON) — Being protected from an infection. If you're immune to an infection, it means you can't get the infection.

incontinence (in-KAHN-ti-nuhnts) — When you can't control when you urinate.

induce labor (in-DOOS) — When your provider gives you medicine or breaks your water (amniotic sac) to make you start labor.

iodine (EYE-oh-dyne) — A nutrient that your body needs to make thyroid hormones that help your baby's bones and nerves develop during pregnancy. Pregnant women need 220 micrograms of iodine each day. Breastfeeding women need 290 micrograms each day. Ask your provider if you need to take an iodine supplement.

infection — A sickness you get from bad germs. Common infections include the flu, chickenpox, HIV and vaginal infections. Infections can cause problems during pregnancy.

insulin (IN-suh-lin) — A hormone that helps keep the right amount of glucose (blood sugar) in your body.

in vitro fertilization (in VEE-troh fur-ti-luh-ZAY-shuhn) — Also called IVF. When an egg and sperm are combined in a lab to create an embryo (fertilized egg) which is then put into your uterus.



K

Kegel exercise (KEE-guhl EK-sur-syze) — An exercise that strengthens pelvic muscles. It can help prepare the muscles for labor and birth.

kick counts — A way to keep track of how often your baby moves in the womb.

lactation consultant (lak-ATY-shuhn kuhn-SUHL-tuhnt) — A person with special training in helping all women breastfeed, even women who may have special breastfeeding problems. Lactation consultants have taken exams to become certified by the International Board of Lactation Consultant Examiners (IBLCE).

latch on — When your baby's mouth is securely attached to (placed around) your nipple for breastfeeding.

limb buds — The parts of a developing baby that become the arms and legs.

lochia (LOW-kee-uh) — See vaginal discharge.

low birthweight (BURTH-wayt) — When a baby is born weighing less than 5 pounds, 8 ounces.

lupus (LOO-puhss) — An autoimmune disorder that can cause health problems during pregnancy.

m

major depression — See depression.

manual expression (MAN-yoo-uhl eks-PREH-shuhn) — Massaging your breasts with your hands to release breast milk.

March of Dimes — The leading organization that works to improve the health of women and babies.

maternal blood screening (muh-TUR-nuhl bluhd SKREE-neeng) — Also called quad screen. A blood test to see if your baby is more likely than others to have some birth defects like heart defects and conditions like Down syndrome.

maternity (muh-TUR-nuh-tee) — Having to do with being pregnant or being a mother. For example, pregnant women wear maternity clothes.

measles (MEE-zuhlz) — A disease that spreads easily and causes rash, cough and fever. It can cause serious health problems in young children. It can be harmful to pregnant women and can cause miscarriage.

medical history

Questions a health care provider asks about medicines you take and chronic health conditions you have, like diabetes and blood pressure.



menstrual cycle (men-STRUHL SY-cuhl)

The process of the ovaries releasing an egg every month. The egg moves through the fallopian tubes to the uterus. If the egg is not fertilized by sperm, it passes through the vagina along with blood and tissue from the uterus. This is called your period.

menstruation (men-stroo-AY-shuhn) — Also called your period. The bleeding you have at the end of your menstrual cycle. If you get your period each month, you're not pregnant.

mental health professional — A person with special training to help people with emotional or mental health problems, like depression. Mental health providers include social workers, therapists, counselors, psychologists, psychiatrists and psychiatric nurse practitioners.

mercury (MUR-kyur-ee) — A metal that can harm your baby. Fish get mercury from the water they swim in, and you can get mercury from eating these fish. Swordfish, shark, king mackerel and tilefish all have a lot of mercury. Don't eat these kinds of fish when you're pregnant. You can eat up to 12 ounces a week of fish with less mercury in them, like shrimp, salmon, pollock, catfish and canned light tuna. Don't eat more than 6 ounces a week of albacore (white) tuna.

miscarriage (MIS-kair-ij) — When a baby dies in the womb before 20 weeks of pregnancy.

mood disorder — A mental health condition that affects a person's emotions, feelings and behaviors. Depression is an example of a mood disorder.

morning sickness — Nausea (feeling sick to your stomach) and vomiting that happens during pregnancy, usually in the first few months. It's sometimes called nausea and vomiting of pregnancy or NVP.

multiples (MUHL-ti-puhlz) — Being pregnant with more than one baby, like twins, triplets or more.

multivitamin (muhl-tee-VYE-tuh-min) — A pill that contains many vitamins (like vitamins B and C and folic acid) and minerals (like iron and calcium) that help your body stay healthy.

n

neural tube (NUR-uhl) — The part of a developing baby that becomes the brain and spinal cord.

neural tube defect (NUR-uhl) — Also called NTD. A birth defect in the neural tube. The neural tube is part of a developing baby that becomes the brain and spine. Examples of NTDs are spina bifida and anencephaly.

newborn screening — Checks for serious but rare and mostly treatable conditions at birth. It includes blood, hearing and heart screening.

nicotine (NIK-uh-teen) — A drug that's found in cigarettes, other tobacco products and e-cigarettes. Nicotine can be harmful to a developing baby.

NIPT — See cell-free fetal DNA testing.

noninvasive prenatal testing (nahn-in-VAY-siv pree-NAY-tuhl TES-teeng) — Also called NIPT. See cell-free fetal DNA testing.

NTD — See neural tube defect.

nurse practitioner (prak-TI-shuh-nur) — Also called NP. A registered nurse with advanced medical education and training. NPs who can give prenatal care are family nurse practitioners (FNPs) and women's health nurse practitioners (WHNPs).

nutrient (NU-tree-ent) — Nutrients, like vitamins and minerals, help your body stay healthy.

o

obese (oh-BEES) — Being very overweight. If you're obese, your body mass index (BMI) is 30 or higher. To find out your BMI, go to www.cdc.gov/bmi.

obstetrician (awb-ste-TRI-shuhn) — Also called OB. A doctor who has special training to take care of pregnant women and deliver babies.

opioid (OH-pee-oid) — A painkiller. You may get a prescription from your provider for opioids, like codeine, morphine and oxycodone, to relieve pain if you've been injured or had surgery. The street drug heroin also is an opioid.

over-the-counter medicine — Medicine, like pain relievers or cough syrup, you can buy without a prescription.

overweight (OH-vur-wayt) — Weighing too much. If you're overweight, your body mass index (BMI) is 25.0 to 29.9. To find out your BMI, go to www.cdc.gov/bmi.

ovulate (AHV-yoo-layt) — To release an egg from your ovary into the fallopian tubes.

p

Pap smear — Also called Pap test. A medical test in which a provider collects cells from a woman's cervix. The cells are looked at under a microscope to check for signs of cancer.

pasteurized (PASS-chur-eyezezd) — A food or drink that's been heated to kill bad germs. Milk and juice are often pasteurized.

pediatrician (pee-dee-uh-TRI-shuhn) — A doctor who has special training in taking care of babies and children.

pelvic exam — An exam of the pelvic organs to make sure they are healthy.

pelvic pressure — The feeling that your baby is pushing down inside you. Pelvic pressure is a sign of preterm labor.

perineum (per-l-nee-uhm) — The area between the vagina and the rectum.

period — See menstruation.

periodontal disease (pair-ee-oh-DAHN-tuhl)
— Infected gums.

pertussis (pur-TUSS-iss)

— Also called whooping cough. An infection that spreads easily and is very harmful to a baby. Babies and adults can get a vaccine to protect them from pertussis and prevent spreading it to others.



phthalate (THAY-layt) — A harmful chemical that is found in some plastics and makeup.

placenta (pluh-SEN-tuh) — Grows in your uterus and supplies the baby with food and oxygen through the umbilical cord.

placental abruption (pluh-SEN-tuhl uh-BRUHP-shuhn) — A serious condition in which the placenta separates from the wall of the uterus before birth.

postpartum (pohst-PAR-tuhm) — Having to do with the time after a baby's birth.

postpartum checkup — A medical checkup you get 4 to 6 weeks after you have a baby to make sure you're recovering well from labor and birth.

postpartum depression (pohst-PAR-tuhm di-PRESH-shuhn) — Also called PPD. Major depression that happens to some women after childbirth. It's a medical condition in which strong feelings of sadness last for a long time and interfere with your daily life and being able to take care of your baby. It can happen any time after a baby is born. It needs treatment to get better.

preconception checkup (PREE-kuhn-sep-shuhn CHEK-uhp) — A medical checkup to help make sure you're healthy before you get pregnant.

preeclampsia (pree-ee-KLAMP-see-uh) — A condition that can happen after the 20th week of pregnancy or right after pregnancy. It's when a pregnant woman has high blood pressure and signs that some of her organs, like her kidneys and liver, may not be working properly. Signs of preeclampsia include having protein in the urine, changes in vision and severe headaches.

pre-existing diabetes (pree-eg-ZIIS-teeng dye-uh-BEE-teez) — Also called pregestational diabetes. When you have diabetes before you get pregnant.

pregestational diabetes (pree-jess-TAY-shuhn-uhl dye-uh-BEE-teez) — See pre-existing diabetes.

pregnancy history — Questions a health care provider asks to find out if you've been pregnant before, how your baby was born (vaginal birth or c-section), and if you had any problems during pregnancy or after the baby's birth.

premature baby (pree-muh-CHOOR) — A baby born before 37 weeks of pregnancy.

premature birth (pree-muh-CHOOR) — Birth that happens too early, before 37 weeks of pregnancy.

prenatal care (PREE-nay-tuhl) — Medical care you get during pregnancy.

prenatal tests (PREE-nay-tuhl) — Medical tests that you get during pregnancy. They help your provider find out how you and your baby are doing.

prenatal vitamin (PREE-nay-tuhl VYE-tuh-min) — A vitamin made for pregnant women.

prescription (pri-SKRIP-shuhn) — An order for medicine written by a health care provider.

prescription drug abuse — Using prescription drugs (medicine) in a way other than ordered by your health care provider. This means taking more medicine than your provider says you can take, taking it with alcohol or other drugs, or using someone else's prescription medicine.

preterm labor — Labor that happens too early, before 37 weeks of pregnancy.

progesterone (proh-JES-tur-ohn) — A hormone that helps regulate your monthly menstrual cycle and prepares your body for pregnancy.

progesterone (proh-JES-tur-ohn) shots — A kind of progesterone that may help you stay pregnant longer if you've had a premature birth in the past and you're pregnant with just one baby now.

provider — See health care provider.

pumping — Using a breast pump to remove breast milk from your breasts.

q

quad screen — See maternal blood screening.

r

rectum (REK-tuhm) — Where bowel movements leave the body.

reproductive life plan (ree-prhh-DUHK-tiv)

— Thinking about if and when you want to have a baby.

risk factor — A known reason why something could go wrong. For example, smoking is a risk factor for having a premature baby. If you smoke, you're more likely than women who don't smoke to have a premature baby.

rubella (roo-BEL-uh) — Also called German measles. Rubella is an infection that causes mild flu-like symptoms and a rash on the skin.

s

safe sex — Using a condom to help make sure you don't get a sexually transmitted disease, like HIV or herpes.

screening — A medical test, usually a blood test, to see if you're more likely than other people to have a certain health condition. It's different from a diagnostic test that tells you if you do or do not have a certain health condition.

secondhand smoke — Smoke you breathe in from someone else's cigarette, cigar or pipe.

sexually transmitted disease (SEK-shoo-uh-lee tranz-MI-ted) — Also called STD. An infection you can get from having sex with someone who has the infection. Examples of STDs are HIV and genital herpes.

short cervix (SUR-viks) — When your cervix is shorter than normal. If you have a short cervix during pregnancy, you may be at risk for premature birth.

spontaneous labor (spahn-TAY-nee-uhs) — Labor that begins on its own, without drugs or other methods.

STD — See sexually transmitted disease.

stillbirth — When a baby dies in the womb after 20 weeks of pregnancy.

street drug — A drug that is against the law to have or use. Street drugs include cocaine and heroin.

stretch marks — Lines you get on your skin when it stretches.

During pregnancy, you may get stretch marks on your belly, thighs, breasts and bottom.



supplement (SUH-pluh-ment) — A product you take to make up for certain nutrients that you don't get enough of in the foods you eat. For example, you may take a vitamin supplement to help you get more vitamin B or C. Or you may take an iron or calcium supplement.

support group — A group of people who have the same kind of concerns. They meet together to try to help each other.

t

tetanus (TET-nuss) — Also called lockjaw. An infection that affects muscles and nerves.

therapy — See counseling.

thyroid (THY-royd) — A gland in your neck that makes hormones that help your body use and store energy from food.

tocolytics (toh-koh-LI-tix) — Medicines you may get during preterm labor that help slow or stop contractions.

toxoplasmosis (tahks-oh-plaz-MOH-siss) — An infection you can get from eating undercooked meat or touching cat poop.

trimester (TRY-mes-tur; try-MES-tur) — Three months. Pregnancy is divided into 3 trimesters.

U

ultrasound (UHL-truh-sound) — Uses sound waves and a computer screen to make a picture of a baby in the womb.



umbilical cord (uhm-BIL-uh-kuhl) — The cord that connects the baby to the placenta. It carries food and oxygen from the placenta to the baby.

urinary problems (YUR-i-nair-ee) — Feeling pain or burning when you urinate, or not being able to urinate.

urinate (YUR-i-nayt) — When urine leaves the body.

uterus (YOO-tur-uh-hss) — Also called the womb. The place inside you where your baby grows.

V

vaccination (VAK-suh-nay-shuhn) — A shot that contains a vaccine.

vaccine (vak-SEEN) — Medicine that makes you immune to certain diseases. If you're immune to a disease, you can't get that disease.

vagina (vuh-JYE-nuh) — Also called the birth canal. The baby comes out of your vagina during a vaginal birth.

vaginal birth (VAJ-i-nuhl) — The way most babies are born. During vaginal birth, the uterus contracts to help push the baby out through the vagina.

vaginal birth after cesarean (VAJ-uh-nuhl burth AF-tur suh-SAIR-ee-uhn) — Also called VBAC. When you have a vaginal birth after already having a cesarean birth in an earlier pregnancy.

vaginal discharge (VAJ-uh-nuhl DIS-charj)

— Also called lochia. Bodily fluid that comes out of your vagina. Vaginal discharge may increase during and after pregnancy.

vaginal progesterone (VAJ-i-nuhl proh-JES-tur-ohn) — A kind of progesterone that may help you stay pregnant longer if you have a short cervix and are pregnant with just one baby.

VBAC — See vaginal birth after cesarean.

vitamin D — A nutrient that helps make bones and teeth strong. Breast milk does not contain enough vitamin D for your baby. If you're breastfeeding your baby, he needs vitamin D drops starting in the first few days of life.

vitamin K shot — A shot a baby gets right after birth. Vitamin K helps a baby's blood clot and protects him for bleeding problems.

W

womb — See uterus.

women's health nurse practitioner (prak-TI-shuh-nur) — Also called WHNP. A registered nurse with advanced medical education and training. WHNPs can give prenatal care.

