



A guide to pregnancy



Congratulations on your pregnancy

We'd like to thank you for choosing to share your prenatal care with us. We are here to provide exceptional care for you and your family. We hope you'll use this guide as an overview of your pregnancy and as a piece to reference.

As an expectant mother, now is a very exciting time, and at SSM Health we're here to help. If you have any questions or concerns during your pregnancy or about your prenatal care, please let us know.

To find a board-certified OB/GYN nearby, visit ssmhealth.com and use our convenient provider finder tool. Search by the keyword OB/GYN.

Table of contents

First trimester	3
Second trimester	8
Third trimester	11
Labor and delivery	14
Depression	16
Nutrition and diet	17
Safety	22

First trimester

1

2

3

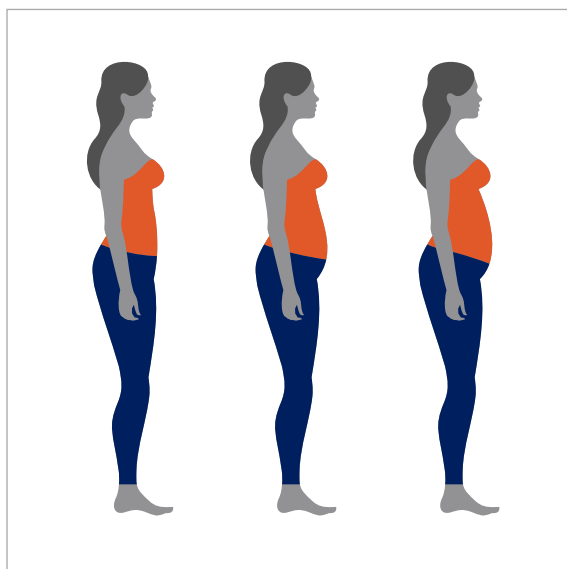
Start a monthly journal to record your pregnancy symptoms, questions for your doctor, and thoughts and feelings about your pregnancy. The journal can help guide your conversations with your health care provider and will be a valuable keepsake of this special time in your life.

Questions to ask your physician in your first trimester:

- How much weight should I gain and at what rate?
- Do I have an increased risk of any specific complications or conditions?
- What screenings do I need?
- What kind of diet should I follow? What should I eat and drink a lot of and what should I avoid?
- Should I be doing any particular kind of exercise? What kind and amount is safe?
- Are there any restrictions on sex throughout my pregnancy? What about flying?
- Can I ... Dye my hair? Use sunless tanner? Get a massage? Paint my nails? Go to the spa? Are there other activities I should avoid?
- What over-the-counter medications are safe and in what amount?
- Are the prescription medications I'm currently taking safe? If not, what can I take or do instead?
- What prenatal vitamin(s) do you recommend?
- Which prenatal classes do you recommend?
- What position should I sleep in?
- What symptoms should I expect and how can I manage them?
- What should I do if I ... Don't feel well? Cramp? Spot? Have a fever? When should I call you?
- What is your position on ... Inductions? Scheduled C-sections? Epidurals and other pain medications?
- What tests and screening will I be offered for prenatal genetic testing?

Questions your physician will ask you in your first trimester:

- Are your menstrual cycles regular and how long they tend to last?
- When was the first day of your last period (to determine your due date)?
- Any symptoms or problems you've noticed since your last period (related to pregnancy or not)?
- Any gynecological problems you have now or have had in the past (including sexually transmitted infections)?
- Have you previously been pregnant? If yes, did you have complications with that pregnancy?



First trimester

Other aspects of your medical history

- Do you have chronic conditions? Do you take medications to treat them?
- Are you allergic to any drugs?
- Do you have any psychiatric problems?
- Have you had any past surgeries or hospitalizations?

Habits that could have an impact on your pregnancy

- Do you smoke, drink, or take drugs?
- Have you been a victim of abuse or have any other problems that could affect your emotional well-being?

Your family's medical history

- Whether any of your relatives have had chronic or serious diseases. (Many health issues can be partly hereditary, so learning about your family's medical history will help your caregivers.)
- Whether you, the baby's father, or anyone in either family has a chromosomal or genetic disorder, had developmental delays, or was born with a structural birth defect.
- About any medications and nutritional supplements you've taken since your last period, and whether you've used alcohol or drugs. Bring a list of other concerns, especially if you live or work near toxic materials.



First trimester

Month one

Baby: month one

At the end of the first month, your baby is about 3/16 of an inch long, about the size of a blueberry. At this stage, several important structures have begun to form:

- **Placenta** – the organ that provides nutrients and expels wastes
- **Amniotic sac** – a membrane that encloses and protects the baby
- **Umbilical cord** – the structure that connects the baby to the placenta

Mom: month one

Even this early in your pregnancy, changing hormones may affect how you feel. You may be experiencing fatigue and morning sickness, and you may notice some emotional changes, as well. Your body is preparing itself for the growth of the fetus that is developing in your uterus.

Month two

Baby: month two

At the end of the second month, the baby is about an inch long. During the second month, the baby's ears begin to develop, as well as arm and leg buds. The heart begins to beat, and the brain and spinal cord are well formed. By the end of the month, the arms and legs show distinct divisions, including fingers and toes. The umbilical cord has also completely formed.

Mom: month two

After the completion of your second month, you may still feel nauseated and tired. You may notice that your breasts are enlarging. Your vagina may feel full/bigger than it used to be.

Your bladder continues to make more room for the growing uterus, and you may use the bathroom more often than before you were pregnant. These changes are normal.

Month three

Baby: month three

Your baby is now about three inches long. The arms and legs are fully formed, including fingers and toes.

The teeth are beginning to form inside the small jawbone. The sex organs are starting to develop. Development of the digestive and urinary tract occurs.

Mom: month three

The change in your breasts is now obvious, and your blood volume has increased by more than 40%. You are feeling less nauseated and tired, and your vaginal discharge has increased.

First trimester

Helpful pregnancy apps

The Bump

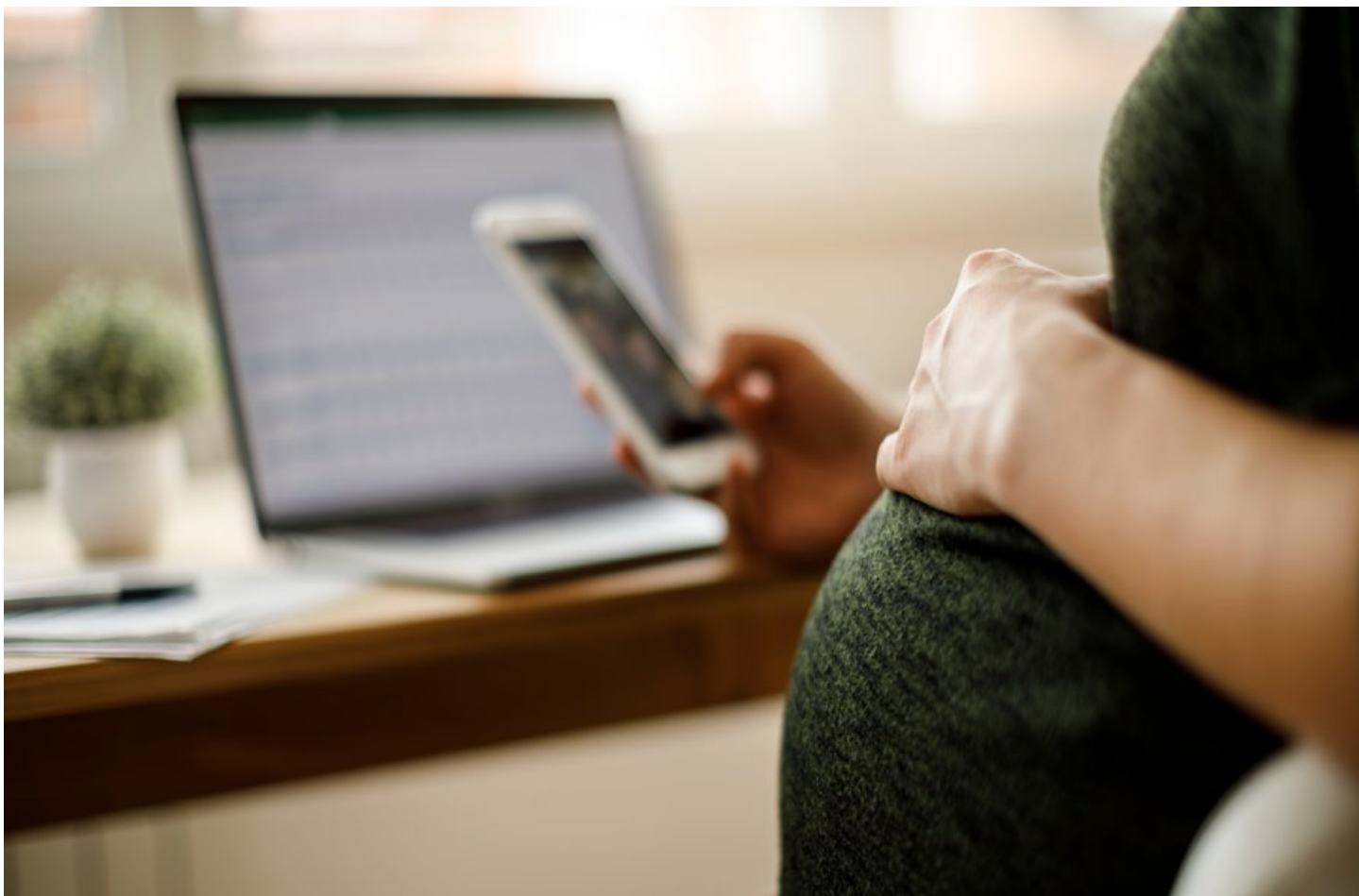
Great for weekly pregnancy comparisons showing the stage of your pregnancy with an illustration of a cute fruit. Each day the app is refreshed with new content by the editorial staff at The Bump. Other features include the ability to ask questions.

Ovia Pregnancy Tracker

Ideal for keeping an eye on mom's health during the critical 40 weeks of pregnancy. Receive personalized feedback based on your age, BMI, and history, plus sync with your fitness tracker to import activity and sleep data. Comes with food log and prenatal vitamin notification alerts.

Glow Nurture

Designed to nurture every pregnant mom who downloads it. Keep a health awareness log, research your symptoms, virtually meet and socialize with other expecting women, and track your pregnancy appointments in a personal planner.



First trimester

First trimester testing

Along with your doctor visits in the first 12 weeks of pregnancy, you may have most of the following tests done:

Blood type and antibody screen

This blood test shows your blood type which can be A, B, AB, or O, and RH positive or RH negative. It is done to help find out if you and your baby will have compatible blood types.

Complete blood count (CBC)

A blood test that measures your red and white blood cells and your platelet count.

Hepatitis B (HbsAg)

This blood test is done to see if you have hepatitis B. This test helps determine if your baby could be infected at the time of birth.

Rubella

A blood test that determines if you are protected from rubella (also called German Measles). Rubella can be harmful to your baby if you get the disease.

Serology

This blood test screens for sexually transmitted diseases such as syphilis and HIV (human immunodeficiency virus).

Urinalysis and urine culture

These urine tests measure the health of your kidneys and bladder.

There are additional tests that may be offered or determined necessary by your doctor.

These include:

Pap test

A swab of your cervix taken to identify abnormal cells.

Cervical cultures

A swab of your cervix and vagina taken to look for infections, such as gonorrhea and chlamydia.

First trimester screen

A blood test and ultrasound used to screen for birth defects in the baby.

Cystic fibrosis

A blood test that shows whether you carry the gene that causes cystic fibrosis.

Chorionic villus sampling (CVS)

Chorionic villus sampling (CVS) is a test done during early pregnancy that can find certain problems with your baby. It is generally done when either you or the father has a disease that runs in the family (genetic disorder). It may also be done when you are over age 35, as this increases your chance of having a baby with a chromosome defect.

First trimester – when to call the doctor?

Seek IMMEDIATE medical care if:

- You are bleeding through one or more pads in one hour.
- You are having severe cramps or constant abdominal pain.

Call your doctor if you have:

- Vaginal spotting or bleeding that concerns you.
- Burning with urination.
- A body temperature greater than 101°F .
- Continual vomiting and can't keep anything down.
- A odorous vaginal discharge.
- A nosebleed that you can't stop.
- Additional questions or concerns.

Second trimester

1

2

3

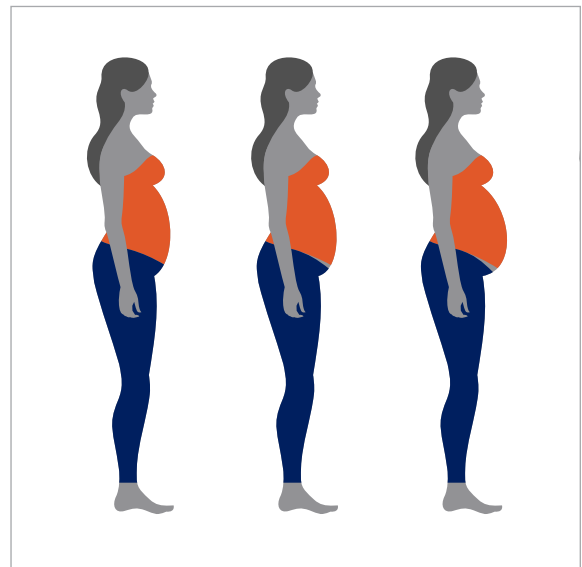
Most women start to feel better once they reach this point. You will start to look pregnant this trimester, and soon you'll be able to feel your baby move. Many women find this trimester the most enjoyable part of pregnancy.

Questions to ask your physician in your second trimester:

- Can I take medication for headaches, heartburn, backache, or leg cramps? Are there home remedy options?
- Is it safe to have sex in the second trimester?
- Is it okay to skip my prenatal appointments if I'm feeling okay?
- How much weight should I be gaining each month?
- How many sonograms will I have?
- How accurate is the sonogram that determines the sex of the baby?
- What is cord blood banking, and what are my options?
- What is gestational diabetes, and how will I be tested for it?
- What is a healthy range for my blood pressure? Are there any actions I can take to help control it?
- Should I continue taking prenatal vitamins even though I'm in my second trimester?
- What situations should I consider as an emergency and call my doctor?
- What foods should I continue to eat? What foods should I continue to avoid?
- Is it okay for me to get a pregnancy massage?
- What are my options for travel in my second trimester?
- Can I continue my exercise routine?
- Is it safe for me to lift heavy items?
- Is it fine for me to stand for long hours?

Questions your physician will ask you in your second trimester:

- Are you still feeling nauseated?
- Are you feeling the baby move (in the initial appointments)?
- Is your baby moving as often as before (in later appointments)?
- Have you been leaking fluid or had any vaginal spotting or bleeding?
- Have you felt any contractions?
- How are you feeling in general, physically and emotionally?



Second trimester

Month four

Baby: month four

By the end of this month, the baby is about seven inches long. The baby's head is very large in comparison to the rest of the body. Your baby's heartbeat is audible through ultrasound. Bones are developing. Eyebrows and lashes have formed. Soft fingernails and toenails start to form, as well. The baby's body is covered with a fine hair (what's termed lanugo).

Mom: month four

You may begin to notice that you are not as tired as you were during your first trimester. If you were experiencing nausea, it is occurring less often than in your first few months. You may also notice that your stomach may be showing more than before, and you start to wear larger clothes for comfort.

Month five

Baby: month five

The baby now has grown to 10 to 12 inches. Muscles are developing and your baby is learning how to use them. This is when you will most likely feel the baby move for the first time. This first movement is known as "quickening." It is a fluttering sensation that usually occurs sometime between the 18th and 20th week. Also this month, hair begins to develop on the baby's head and nerve cells begin to form in the brain.

Mom: month five

By this time, your waistline has disappeared. Other changes that might be taking place to your body include increased vaginal discharge and a difference in hair texture. Braxton-Hicks contractions often follow the baby's movements. You may have backaches, heartburn and headaches.

Month six

Baby: month six

The baby's skin is now thickening and becoming red, wrinkled, and covered in vernix (a protective, creamy coating that covers the baby's body). The eyes and lips are forming as the face takes shape. A sense of touch is developing. The baby now measures 11 to 14 inches long.

Mom: month six

Since the beginning of your pregnancy to this point, you may have gained up to 10 pounds, and your breasts continue to grow.

You may also get cramps in your legs and feet, especially at night.

Your belly may itch as well, because your skin is stretching to cover your growing uterus.

Second trimester

Second trimester testing

Along with your doctor visits, you may have some of the following tests done between 13 and 26 weeks:

Quad marker

A blood test that indicates the chances that your baby will have a genetic problem such as Down's syndrome or an opening in the spinal cord.

Amniocentesis

A procedure that looks at the fluid around your baby to identify genetic birth defects.

Alpha-fetoprotein (AFP)

A blood test that looks for birth defects in the baby.

Ultrasound (anomaly scan)

This procedure uses sound waves to get a picture of your baby. It can show the age of your baby and if your baby's body parts look normal. It can also show where your placenta is located. It is usually done around the 20th week.

Choosing your support person(s) during labor and birth

We encourage you to have a support person(s) with you during your labor and birth. You may choose to have more than one person with you. Please consider the following when choosing your support group.

- Choose your support person(s) knowing that they will be able to encourage you and meet your needs during your labor and birth.
- Limit your support group to five people. For the safety of you, your baby, and our staff, we ask that you not have more than 5 people in the birthing suite at any one time.
- Check with your doctor before inviting your support person(s) for C-section births. If you have a C-section, your baby will be born in your Birth Suites Operating Rooms. Due to safety, your doctor will limit the number of people in this room. Usually only one support person can go with you.

Note: If you have general anesthesia you will be asleep and your support person will not be able to go in the operating room.

Birthing classes

Find a number of classes and support groups to help you be more prepared and supported before and after your baby's arrival. Each of our hospitals has a dedicated group of instructors who can provide helpful information on:

- Childbirth preparation
- Infant care
- Breastfeeding
- Sibling preparation
- Infant CPR
- And more!

Classes, groups, and dates vary by hospital location to give you more options. Visit [ssmhealth.com/events](https://www.ssmhealth.com/events) to find and register for prenatal classes.

Third trimester

1

2

3

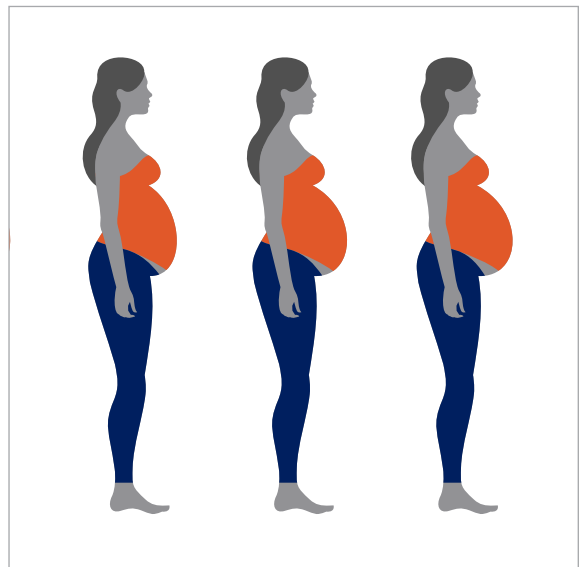
It won't be long! Now is the time to take childbirth classes, furnish the nursery, and get ready for the arrival of your new baby. Spend extra quality time with your other family members in anticipation of the time soon to come when you will focus on your new arrival.

Questions to ask your physician in your third trimester:

- Can I take medication for headaches, heartburn, backache, or leg cramps? Are there home remedy options?
- How many appointments will I have in my third trimester?
- What kind of tests will I have in my third trimester?
- Are there exercises that will help me prepare for childbirth?
- Do you recommend having an epidural versus having a natural birth?
- What is the recommended weight gain during this time?
- Is it normal for my feet to swell? What can I do to bring the swelling down?
- What do contractions feel like?
- Should I be worried if I can't feel my baby kicking or moving?
- What should I do if my water breaks or I go into labor in the middle of the night?
- Can my husband, partner, and/or family be in the labor room?
- What should I expect if I were to go through an emergency C-section?
- What happens right after birth?
- Should I breastfeed?
- What should I expect during my hospital stay?

Questions your physician will ask you in your third trimester:

- How are you sleeping?
- Have you selected a pediatrician?
- Are you experiencing symptoms that are atypical of your earlier trimesters?
- How frequently are you feeling the baby move?
- Have you finalized a birth plan?
- Have you considered breastfeeding?
- Are you still having sex?



Third trimester

Month seven

Baby: month seven

This month, the baby's eyelids open and the baby senses light for the first time. The lanugo covering the baby's body begins to disappear from the face. Fat is increasing under the skin, which becomes less wrinkled. The baby is about 15 inches long.

Mom: month seven

At this stage in your pregnancy, you may feel very uncomfortable and tired. You may also have regular backaches, heartburn, and increased urination. You may also feel short of breath and your stomach may feel full because of your growing uterus. Many of these discomforts will go away after the delivery of your baby.

Month eight

Baby: month eight

Your baby is growing fatter and longer and now is about 18 inches long. The different regions of the brain are taking shape. The nerves and brain are now directing bodily function. Your baby is beginning to form taste buds and can distinguish between sweet and sour.

Mom: month eight

You are nearing the end of your pregnancy. Your uterus has reached the highest point at the bottom of the breastbone. You may experience restless sleep because you cannot find a comfortable position. You may also feel tired and emotional.

Month nine

Baby: month nine

At nine months, your baby is about 20 inches long. Sleeping patterns begin to develop. The lungs are now mature. Your baby will change positions to get ready for labor and delivery. The head of the baby will drop down into your pelvis. It is time for the arrival of your new baby!

Mom: month nine

By this time, your body is preparing for the birth of your baby. You may feel pressure in your pelvis, rectum, and bladder. You may also become impatient and ready for your new arrival to come. The Braxton-Hicks contractions become stronger and more regular as you near the end of your pregnancy.

Third trimester

When to call the doctor during your third trimester

In the following situations, seek **IMMEDIATE medical care**:

- If you are bleeding through one or more pads in 2–3 hours.
- If you are having severe cramps or constant abdominal pain.
- If fluid is gushing or leaking from your vagina.
- If you know or think the umbilical cord is bulging into your vagina. If this happens, immediately get down on your knees so your buttocks are higher than your head. This will decrease the pressure on the cord until help arrives.
- If you had a significant fall or blow to the abdomen.
- If you are having signs of preeclampsia, such as:
 - sudden swelling of your face, hands or feet.
 - new vision problems (such as dimness or blurring).
 - a severe headache.

Call your doctor if you have:

- Vaginal spotting or bleeding that concerns you.
- Burning with urination or experience pelvic pressure.
- A temperature greater than or equal to 101°F.
- Continual vomiting and can't keep anything down.
- Bad smelling vaginal discharge.
- A nosebleed that you can't stop.
- A leg that is swollen, painful, and sensitive to the touch.
- Severe back pain that won't go away.
- Regular contractions (with or without pain) for an hour. This means that you have six contractions per hour prior to 34 weeks and 12 contractions per hour after 34 weeks.
- A sudden release of fluid from your vagina.
- Noticed that your baby has stopped moving, is moving much less than normal, and does not meet the guidelines for 10 movements in two hours.
- Additional questions or concerns.

Third trimester testing

Along with your doctor visits, you may have some of the following tests done between 27 and 41 weeks:

Glucose testing

This blood test is performed to see if you have high blood sugar. You will be asked to drink a high-sugar drink and have your blood drawn an hour later to see how the sugar was used. This is a test for diabetes.

Group B strep culture

A swab from your vagina and rectum is performed to determine if you have the bacteria called **Group B Strep**. If the test is positive, you may need to have antibiotics in labor.

Hematocrit

This blood test determines if you have low red blood cells or iron-poor blood (called **anemia**).

Urinalysis and urine culture

A urine test is performed to evaluate the health of your kidneys and bladder.

Antibody screen*

A blood test used on Rh-negative women to determine if you need an injection of Rhogam.

Fetal Activity Determination (FAD) or Non-Stress Test (NST)*

This procedure records your baby's heart rate and any contractions you might have. It is one way to measure the health of your baby. If you are found to have diabetes or other risks during your pregnancy, you may need more frequent FADs.

Biophysical profile (BPP)*

A test for the baby's health is performed with both the Fetal Activity Determination and ultrasound. These tests measure the baby's heart rate, movement, breathing, muscle tone, and how much fluid is around the baby.

*As medically necessary

Labor and delivery

Knowing the signs of labor and when to call

You may be in labor and need to call your doctor if:

- You have regular contractions. This means about four or more in 20 minutes, or about eight or more within one hour, even after you have had a glass of water and are resting. Count from the beginning of one contraction to the beginning of another.
- Your contractions last between 20 and 60 seconds and occur in a pattern.
- You can no longer walk or talk through your contractions.
- Your contractions become much stronger when you are walking.
- Your water breaks. You may have a gush of fluid or a slow leakage of fluid from your vagina. The fluid is usually clear, pinkish, or straw-colored.

Use a sanitary pad or towel, but not a tampon. You can take a shower, but do not take a bath. Do not have intercourse.

- You start vaginal bleeding that is bright red or heavy. Use a sanitary pad, not a tampon.
- Your baby has not moved 10 times in two hours or has slowed for 24 hours.

You may not be in labor if:

- You have single or several strong contractions with no pattern. These are called Braxton-Hicks contractions and they often stop if you change what you are doing. They are “practice contractions,” but they are not the start of labor.

Things that may or may not happen before labor:

- Your water breaks. This happens for only about 15% of women before the start of labor.
- Your baby settles low in your pelvis. People often say the baby has “dropped,” but not every woman experiences this.
- You lose your mucous plug. If this happens, you will have a brownish pink discharge. You can lose your mucous plug up to three weeks before labor. Tell your doctor if you think this has happened.

Labor and delivery

The four stages of labor and delivery

The **first stage** of labor has three parts: early, active, and transition.

- Most women have early labor at home. You can stay busy or rest, eat light snacks, drink clear fluids, and start counting contractions.
- When talking is difficult during a contraction, you may be moving to active labor. During active labor, you should head for the hospital if you are not there already.
- You are in active labor when contractions come every three to four minutes and last about 60 seconds. Your cervix is opening more rapidly.
- If your water breaks, contractions will come faster and stronger.
- During transition, your cervix is stretching and contractions are coming more rapidly.
- You may want to push, but your cervix might not be ready. Your doctor will tell you when to push.

The **second stage** of labor starts when your cervix is completely opened and you are ready to push.

- Contractions are very strong and push the baby down the birth canal.
- You will feel the urge to push. You may feel like you need to have a bowel movement.
- You may be coached to push with contractions. These contractions will be very strong, but you will not have them as often. You can get a little rest between contractions.
- You may be emotional and irritable. You may not be aware of what is going on around you.
- One last push and your baby is born!

The **third stage** of labor is when a few more contractions push out the placenta. This may take 30 minutes or less.

The **fourth stage** of labor is the welcome recovery. You may feel overwhelmed with emotions and exhausted but alert. This is a good time to start breastfeeding.

Depression

What is depression?

Depression is more than having sad, anxious, or unhappy feelings — it's a serious illness that involves the brain. These feelings do not go away and may interfere with day-to-day life and routines.

About one in eight women suffer from depression after they deliver their babies. Symptoms can begin at birth or any time in the first year after giving birth. This is known as postpartum depression. If you feel you have these feelings, talk with your doctor. Depression can get better with treatment.

What causes depression?

There is no single cause for depression. Depression can occur any time during pregnancy. Many factors such as physical health, hormonal changes, stress, family history, and changes in brain chemistry can cause depression.

Who does depression effect?

Depression can affect anyone regardless of age, race, income, culture, or education. It happens to women who breastfeed and those who do not. It happens to women with healthy babies and those whose children are ill.

What are the symptoms of depression?

When you are pregnant or after you have a baby, you may be depressed and not know it. Some normal changes, during and after pregnancy, can cause symptoms similar to those of depression.

If you have any of the following symptoms of depression for more than two weeks, call your doctor:

- Feel restless or moody
- Feel sad, hopeless, or overwhelmed
- Cry a lot
- Have no energy or motivation
- Eat too little or too much
- Sleep too little or too much
- Have trouble focusing or making decisions
- Have memory problems
- Feel worthless and guilty
- Lose interest or pleasure in activities you once enjoyed
- Withdraw from friends and family
- Have headaches, aches, pains, or stomach problems that don't go away

Here are some helpful tips:

- Rest as much as you can. Sleep when the baby is sleeping.
- Don't try to do too much or try to be perfect.
- Ask your partner, family, and friends for help.
- Make time to go out, visit friends, or spend time alone with your partner.
- Discuss your feelings with your partner, family, and friends.
- Talk with other mothers so you can learn from their experiences.
- Join a support group. Ask your doctor about groups in your area.
- Don't make any major life changes during pregnancy or right after giving birth.

CALL 911 IF YOU HAVE THOUGHTS OF HARMING YOURSELF OR YOUR BABY.

Nutrition and diet

Nutrition during your pregnancy

Calorie requirements

Your calorie needs will depend on your weight. For at least the last six months of pregnancy, most women need an additional 300 calories a day than before they were pregnant.

Keep in mind that not all calories are equal. Your baby needs healthy foods that are packed with nutrition — not “empty calories” such as those found in soft drinks, candies, and desserts.

Calcium

Calcium is necessary for the development of the baby's bones. You can get enough calcium by eating or drinking four servings from the milk group each day. Other good sources of calcium include:

- Greens (such as mustard and turnip greens), bok choy, kale, and watercress
- Broccoli and cauliflower
- Corn tortillas made with lime
- Calcium-fortified orange juice

Caffeine

Small amounts of caffeine (about one 12-ounce cup of coffee a day) appear to be safe during pregnancy. Ask your doctor whether drinking a limited amount of caffeine is okay for you.

Food safety

When Most foods are safe for pregnant women and their babies. Regardless, it's important to use caution or avoid eating certain foods. Follow these guidelines:

Clean, handle, cook, and chill food properly to prevent food-borne illness, including listeria and toxoplasmosis.

Artificial sweeteners

One or two servings per day of NutraSweet® appear to be safe. Ask your doctor about other artificial sweeteners.

Herbal supplements and vitamins

Talk to your doctor or nurse about any herbal supplements you have been taking. Don't continue to take any vitamins, herbals or other supplements until your health care provider says it's safe.

Folic acid

It is important even before you become pregnant and is particularly important in the first few weeks of pregnancy because it prevents some birth defects. You can get folic acid in an over-the-counter multivitamin or in a multivitamin that your doctor prescribes. Look for a vitamin with 0.4 to 0.8 mg (400 – 800 mcg) of folic acid.

Omega-3 fatty acids

Omega-3 fatty acids are important for the health of you and your baby, both during pregnancy and nursing. Omega-3 helps to support your baby's brain and eye development and function. Good sources of omega-3 fatty acids are fish, eggs, flax seeds, pumpkin seeds, walnuts, certain leafy green vegetables, soybean oil, and canola oil.

- Wash hands with soap after touching soil or raw meat.
- Keep raw meats, poultry, and seafood from touching other foods or surfaces.
- Cook meat completely.
- Wash produce before eating.
- Wash cooking utensils with hot, soapy water.

Nutrition and diet

Do not consume these items

- Refrigerated smoked seafood like whitefish, salmon, and mackerel
- Hot dogs or deli meats unless they are steaming hot
- Refrigerated meat spreads
- Unpasteurized (raw) milk or juices
- Store-made salads, such as chicken, egg, or tuna salad
- Unpasteurized soft cheeses such as unpasteurized feta, brie, queso blanco, queso fresco, and blue cheeses
- Raw sprouts of any kind, including alfalfa, clover, radish, and mung bean

Vegetarian diets

You may be concerned that you won't get all the nutrients you need with a vegetarian diet. But as long as you eat a variety of foods, there are only a few things that need special attention. Be sure you're getting enough of the following:

- Calcium
- Vitamin D
- Iron
- Vitamin B12
- Protein

Safe medicine for digestive upsets

- Antacids (Tums, Rolaids, Mylanta, Maalox, Pepcid, Prevacid, Zantac)
- Simethicone (Gas-X, Mylicon for gas pain, Gaviscon)
- Imodium or BRAT diet (bananas, rice, applesauce, toast, or tea) for diarrhea



Nutrition and diet

Gestational diabetes diet

Gestational diabetes is a form of diabetes that develops during pregnancy and then usually goes away after the baby is born. Diabetes means that your pancreas cannot make enough insulin or your body does not use insulin properly. Insulin helps sugar enter your cells, where it is used for energy.

You may be able to control your blood sugar while you are pregnant by eating a healthy diet and getting regular exercise. A dietitian or certified diabetes educator (CDE) can help you make a food plan that will help control your blood sugar and provide good nutrition for you and your baby.

If diet and exercise do not lower or control your blood sugar, you may need insulin shots. Insulin is safe to use during pregnancy.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.



How can you care for yourself at home?

- Learn which foods have carbohydrate. Eating too much carbohydrate will cause your blood sugar to go too high. Carbohydrate foods include:
 - Breads, cereals, pasta, and rice
 - Dried beans and starchy vegetables, like corn, peas, and potatoes
 - Fruits and fruit juice, milk, and yogurt
 - Candy, table sugar, soda pop, and sugar-sweetened drinks
- Learn how much carbohydrate you need each day. A dietitian or certified diabetes educator (CDE) can teach you how to keep track of the amount of carbohydrate you eat.
- Try to eat the same amount of carbohydrate at each meal. This will help keep your blood sugar steady. Do not save up your daily allowance of carbohydrate to eat at one meal.
- Limit foods that have added sugar. This includes candy, desserts, and soda pop. These foods need to be counted as part of your total carbohydrate intake for the day.
- Do not drink alcohol. Alcohol is not safe for you or your baby.
- Do not skip meals. Your blood sugar may drop too low if you skip meals and use insulin.
- Write down what you eat every day. Review your record with your dietitian or CDE to see if you are eating the right amounts of foods.
- Check your blood sugar first thing in the morning before you eat. Then check your blood sugar one to two hours after the first bite of each meal (or as your doctor recommends). This will help you see how the food you eat affects your blood sugar. Keep track of these levels and share the record with your doctor.

Nutrition and diet

Important foods to eat during your pregnancy

Protein foods for growth of muscles, bone, blood, and nerves.

Super sources

- Beef
- Hamburger
- Pork
- Venison
- Bratwurst
- Chicken, turkey
- Duck, pheasant, other game birds
- Liver, liverwurst
- Tuna, salmon, other fish
- Eggs

Fair sources

- Peanut butter
- Dried beans and peas
- Nuts, seeds
- Tofu

Foods rich in vitamin C to prevent infection, promote healing, and encourage iron absorption.

- Oranges, orange juice
- Grapefruit, grapefruit juice
- Vitamin C fortified juices (includes all juices outlined in the WIC program)
- Tomatoes, tomato juice
- Strawberries
- Watermelon
- Cantaloupe
- Potatoes
- Broccoli, spinach
- Cabbage, coleslaw
- Greens (collard, mustard, etc.)
- Green peppers

Calcium-rich foods for the development of your baby's bones. You can get enough calcium in your diet by eating or drinking four servings from the dairy group each day.

- Milk, cheese, yogurt, cottage cheese, and other milk-based foods
- Greens (such as mustard and turnip greens), bok choy, kale, and watercress
- Broccoli and cauliflower
- Tofu that is "calcium-set"
- Corn tortillas made with lime
- Calcium-fortified orange juice

Breads and cereals are important for energy with B vitamins and iron.

Good sources

- Cereals which provide 45% or more of the US recommended daily allowance for iron (read the label)
- Cereals as outlined in the WIC program (high in iron)

Fair sources

- Enriched bread
- Whole wheat bread
- Enriched noodles, macaroni, spaghetti
- Enriched rice

Fruits and vegetables

Important for vitamins, minerals, and fiber

Fair sources

- Potatoes
- Bananas
- Strawberries (eating them with peanut butter will help you get more iron from the peanut butter)
- Watermelon
- Sweet potatoes
- Raisins, dried fruits
- Broccoli
- Winter squash
- Prunes, prune juice
- Spinach
- Greens (collards, mustard greens, etc.)

Folic acid

Folic acid is a B vitamin. Taking folic acid before and during early pregnancy reduces the chance of having a baby with a neural tube defect or other birth defects.

Iron-rich foods

Iron is an important nutrient that delivers oxygen to your body and to your baby. Anemia is most often caused by too little iron in your diet.

- Beef
- Bread (check nutrition labels)
- Carob flour or powder, baked goods made with them
- Cereals (check nutrition labels)
- Cream of wheat
- Dark molasses
- Chick peas (garbanzos), split peas, and dried beans and peas
- Dried fruit (raisins, apricots, prunes, or currants)
- Jerusalem artichokes
- Liver and other organ meats
- Pumpkin seeds
- Sardines
- Soy beans, soy products (tofu, miso soup)
- Spinach

Prenatal vitamins

Taking a daily multivitamin or prenatal vitamin with 0.4 mg (400 mcg) of folic acid lowers the chance of having a baby with a birth defect.

Nutrition and diet

Women, Infants, and Children Nutrition Program (WIC)

What is WIC?

The Women, Infants, and Children (WIC) program provides food and nutrition information to help keep pregnant and breastfeeding women, infants, and children under 5 years of age healthy and strong.

WIC works wonders for ...

Women in the WIC program eat better, have healthier babies, and receive earlier prenatal care. Women who have breastfed an infant are at a lower risk for diabetes and some cancers.

Infants born to WIC mothers weigh more and grow and develop better. Breastfed infants have lower rates of infections, digestive problems, sudden infant death syndrome, obesity, and diabetes.

Children on WIC eat foods with more iron and vitamin C, visit their doctors regularly, receive immunizations, and are better prepared for school.

How does WIC work?

The WIC program, out of concern for you and your children, will provide the following:

- Information on how to use WIC foods to improve health.
- Checks to buy foods that help keep women and children healthy and strong. Please note that WIC does not give all the foods needed every day to be healthy.
- Information about healthy eating.
- Support with breastfeeding, including how to continue breastfeeding when returning to work or school, obtaining and using a breast pump, and overall encouragement to help you continue breastfeeding.
- Tips on meal planning, recipes, and shopping on a budget.
- Help getting immunizations for your children.
- Information about receiving care from doctors and dentists.
- Information about programs like Head Start.

Who is eligible for WIC?

You may qualify if:

- You are pregnant, breastfeeding, or a woman who had a baby in the last six months.
- You have an infant or children less than 5 years of age .
- You or your children have a health or nutrition need.
- All the money coming into the home (before any deductions) is less than or equal to WIC income guidelines. Many working families qualify. A pregnant woman counts as two family members. Sample income guidelines vary by state.

Check with your local WIC office to find out if you meet the current guidelines.

The WIC Program uses the same income criteria as free and reduced-price school lunch programs. Fathers, guardians, or foster parents may apply for WIC for their children.

During your appointment, a WIC nutritionist will talk about you and your children's nutrition needs, growth, health history, the way your family eats and any concerns, or questions you have.

WIC foods are then selected to help you and your children meet the Dietary Guidelines for Americans. You will receive checks to buy foods such as milk, cereal, eggs, fruit juice, peanut butter, beans and peas (in bags or cans), fruit and vegetables (fresh, canned, or frozen), whole grain bread, tortillas, brown rice and baby food fruits and vegetables.

WIC supports breastfeeding because it is a healthy, natural, and normal way to feed babies. Fully breastfed babies and their mothers receive the largest variety and quantity of food. In addition to the foods listed above, women who fully breastfeed their babies receive cheese, canned fish, twice as many baby food fruits and vegetables, and baby food meats for their infants at six months of age.

WIC also provides checks for a portion of the iron-fortified formula your baby may need. Don't miss out on a program that could help you and your family.

Safety

Domestic abuse

Pregnancy can be a time of change in a relationship. You have a right to feel safe from physical and emotional harm. No one deserves to be harmed; you can find help.

Call **800-799-SAFE (7233)** or **800-787-3224 (TTY)** or visit ndvh.org.

You can receive anonymous and confidential help any time, day or night, 24/7.

During your pregnancy, it is important to ask yourself how your relationship is doing.

Are you:

- Frightened by your partner's or family member's temper?
- Afraid to disagree with your partner or family member?

Does someone you know:

- Embarrass you in front of others?
- Criticize you often?
- Accuse you of being unfaithful?
- Keep you from contact with family, friends, neighbors, place of worship, or the community?
- Destroy your property or special items?
- Threaten to hurt you?
- Control your money?
- Slap, shove, punch, kick, or strangle you?
- Prevent you from seeing your doctor or dentist or taking medications?
- Harm or threaten to harm your pets?
- Often show up where you are?
- Watch or follow you?
- Have sexual contact with you when you don't want it?

If you answered "yes" to even one of these questions, you may be in an abusive relationship.

For support and more information please call the National Domestic Violence Hotline at **800-799-SAFE (7233)** or at **800-787-3224 (TTY)**.

Seat belt safety

Pregnancy seat belt tips:

- Wear your seat belt. In a crash it is the best protection for both you and your unborn child.
- You should move the front seat back as far as possible. If you're driving, make sure that you can still comfortably reach the pedals. (But, always keep at least 10 inches between the center of your chest and the steering wheel cover or dashboard. Adjust as your abdomen grows.)
- Doctors recommend that pregnant women wear seat belts and leave air bags turned on. Seat belts and air bags work together to provide the best protection for you and your unborn child.
- Secure the lap belt below your belly so that it fits hips and pelvic bone. Never place the shoulder belt behind your back or under your arm.



Safety

Child safety seat tips

Once your baby is born, follow these four easy steps to keep your little passenger safe on the road.

1. For the best possible protection, keep infants in the back seat, in rear-facing child safety seats as long as possible (up to the height or weight limit of the particular seat). Keep infants rear-facing until a minimum of age 1 and at least 20 pounds.
2. When children outgrow their rear-facing seats (at a minimum age 1 and at least 20 pounds), they should ride in forward-facing child safety seats in the back seat, until they reach the upper weight or height limit of the particular seat (usually around age 4 and 40 pounds).
3. Once children outgrow their forward-facing seats (usually around age 4 and 40 pounds), they should ride in booster seats in the back seat, until the vehicle seat belts fit properly. Seat belts fit properly when the lap belt lays across the upper thighs and the shoulder belt fits across the chest (usually at age 8 or when they are 4'9" tall).
4. When children outgrow their booster seats (usually at age 8 or when they are 4'9" tall), they can use the adult seat belts in the back seat, if they fit properly (lap belts lay across the thighs and the shoulder belts fit across the chest).

Need more information? Call the DOT Vehicle Safety Hotline at **888-327-4236** or visit the NHTSA website at [nhtsa.gov](https://www.nhtsa.gov).

General Medical Disclaimer. The information, material, and contents contained herein ("content") are for informational purposes only. The content is not intended to be a substitute for professional medical advice, diagnosis, or treatment. All medical practice management, patient care decisions, and selection of a primary care physician will be exclusively your responsibility. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical condition. Reliance on any information provided herein is solely at your own risk. The content is provided on an "as is" basis.

All of our hospitals, doctor's offices, and other facilities have implemented enhanced safety measures. These include requiring all individuals to be screened for symptoms and requiring face masks for all upon entry. This will ensure you and your family are protected every step of the way.

