

surface is better than tile or concrete for your workouts. (If the surface is slippery, don't exercise in socks or footed tights.) Better yet, invest in a yoga mat that can do double duty as a surface for your cardio workout as well. Outdoors, soft running tracks and grassy or dirt trails are better than hard-surfaced roads or sidewalk, and level surfaces are better than uneven ones.

- Stay off the slopes. Because your growing bump will affect your sense of balance, ACOG suggests women in the latter part of pregnancy avoid sports that come with a higher risk of falling or abdominal injury. These include gymnastics, downhill skiing or snowboarding, ice skating, vigorous racquet sports (play doubles instead of singles), and horseback riding, as well as cycling and contact sports such as ice hockey, soccer, and basketball (see page 236 for more).
- Stay on the level. Unless you're living at high altitudes, avoid any activity that takes you up more than 6,000 feet. On the flip side, scuba diving,

which poses a risk of decompression sickness for your baby, is also off-limits, so you'll have to wait until you're no longer carrying a passenger to take your next dive.

- Stay off your back. After the 4th month, don't exercise flat on your back. The weight of your enlarging uterus could compress major blood vessels, restricting circulation.
- Avoid certain moves. Some moms-to-be find that pointing (or extending) their toes can lead to cramps in their calves. If that's the case with you (and it probably won't be if you're a regular at the barre), flex your feet instead, turning your toes up toward your face. Full sit-ups or double leg lifts pull on the abdomen, so they're probably not a good idea when you've got a baby on board. Also avoid any activity that requires "bridging" (bending over backward) or other contortions, or that involves deep flexion or extension of joints (such as deep knee bends), jumping, bouncing, sudden changes in direction, or jerky motions.

once you can no longer see your feet). Also expect workouts to feel different, even if you've been doing a particular routine for years. If you're a walker, for example, you'll feel more pressure on your hips and knees as your pregnancy progresses and as your joints and ligaments loosen. After the first trimester, you'll also have to accommodate your pregnant body by possibly avoiding any exercise that requires you to lie flat on your back or stand without moving (like some yoga and tai chi poses do). Both can restrict your blood flow.

Start slow. If you're new at this, start slowly. It's tempting to begin with a

bang, running 3 miles the first morning or working out twice the first afternoon. But such enthusiastic beginnings usually lead not to fitness but to sore muscles, sagging resolve—and abrupt endings. Start the first day with 10 minutes of warm-ups followed by 5 minutes of a more strenuous workout (but stop sooner if you begin to tire) and a 5-minute cool down. After a few days, if your body has adjusted well, increase the period of strenuous activity by about 5 minutes until you are up to 30 minutes or more, if you feel comfortable.

Already a gym rat? Remember that while pregnancy is a great time to maintain your fitness level, it's probably not

a time to increase it (you can set new personal bests after baby arrives).

Get off to a slow start every time you start. Warm-ups can be a drag when you're eager to get your workout started—and over with. But as every athlete knows, they're an essential part of any exercise program. They ensure that the heart and circulation aren't taxed suddenly and reduce the chances of injury to muscles and joints, which are more vulnerable when cold—and particularly during pregnancy. So walk before you run, swim slowly or jog in place in the pool before you start your laps.

Finish as slowly as you start. Collapse may seem like the logical conclusion to a workout, but it isn't physiologically sound. Stopping abruptly traps blood in the muscles, reducing blood supply to other parts of your body and to your baby. Dizziness, faintness, extra heartbeats, or nausea may result. So finish your exercise with exercise: about 5 minutes of walking after running, easy paddling after a vigorous swim, light stretching exercises after almost any activity. Top off your cool down with a few minutes of relaxation. You can help avoid dizziness (and a possible fall) if you get up slowly when you've been exercising on the floor or on the stationary bike.

Watch the clock. Too little exercise won't be effective, too much can be debilitating. A full workout, from warm up to cool down, can take anywhere from 30 minutes to an hour. But keep the level of exertion mild to moderate.

Keep it up. Exercising erratically (4 times one week and none the next) won't get you or keep you in shape. Exercising regularly (at least 4 times, preferably 5 to 7 times a week, every week) will. If you're too tired for a

strenuous workout, don't push yourself, but do try to do the warm-ups so that your muscles will stay limber and your discipline won't dissolve. Many women find they feel better if they do some exercise—if not necessarily their full workout—every day. Besides, daily (or mostly daily) exercise is, after all, what the doctors of ACOG ordered.

Consider classes. For many moms-to-be, taking a group fitness class can provide camaraderie, support, and feedback—not to mention a motivating kick in the yoga pants when self-discipline lags. Any class you take should be specifically designed for moms-to-be and taught by an instructor who has pregnancy fitness cred. Look for a program that's fun, maintains moderate intensity, meets at least 3 times weekly, and individualizes according to abilities. If you can, try a class out before you buy a whole series. Can't commit to a regularly scheduled class? Bring one into your own home, at your own convenience, with the *What to Expect When You're Expecting: The Workout* DVD.

Make it fun. The right workout will be one that you really enjoy instead of really dread. A workout that's fun (not torture) will be easier to stick with—particularly on days when you have no energy, feel the size of an SUV, or both.

Do everything in moderation. Never exercise to the point of exhaustion when you're expecting (and even if you're a trained athlete, ask your practitioner whether it's wise to work out to your fullest capacity during pregnancy, whether it exhausts you or not). There are several ways of checking to see whether you're overdoing it—and checking your pulse isn't one of them, so lose that habit. First, if it feels good, it's probably okay. If there's any pain or strain, it's probably not. A little sweat

is fine, a drenching sweat is a sign to slow down. So is being unable to carry on a conversation as you go. Work hard enough so you feel yourself breathing more heavily, but not so out of breath that you aren't able to talk, sing, or whistle while you work(out). Needing a nap after completing a workout means you've likely worked too hard. You should feel energized, not drained, after exercising.

Know when to stop. Your body will signal when it's time by saying, "Hey, I'm tired." Take the hint right away, and throw in the towel. Minor aches and pains that aren't necessarily dangerous (like round ligament pain; see page 255) but that pop up every time you work out are a sign that you should take it a little slower (don't run as fast, for instance, or walk instead of run). More serious signals suggest a call to your practitioner: unusual pain anywhere (hip, back, pelvis, chest, head, and so on), a cramp or stitch that doesn't go away when you stop exercising, uterine contractions and chest pain, lightheadedness or dizziness, very rapid heart-beat, severe breathlessness, difficulty walking or loss of muscle control, sudden headache, increased swelling, amniotic fluid leakage or vaginal bleeding, or, after the 28th week, a slowing down or total absence of fetal movement.

Taper off in the last trimester. Most women find that they need to slack off somewhat in the third trimester, particularly during the 9th month, when stretching routines and brisk walking or water workouts will probably provide enough exercise. If you feel up to sticking with a more vigorous program (and you're fit enough to handle it), your practitioner may green-light your usual workout routine right up until delivery, but definitely ask first.

Don't just sit there. Sitting for an extended period without a break causes blood to pool in your leg veins and can cause your feet to swell. If your work entails a lot of sitting, or if you have a long daily commute, or travel long distances frequently, be sure to break up every hour or so of sitting with 5 or 10 minutes of walking. And while at your seat, periodically do some exercises that enhance circulation, such as taking a few deep breaths, extending your lower legs, flexing your feet, and wiggling your toes. Also try contracting the muscles in your abdomen and buttocks (a sort of sitting pelvic tilt). If your hands tend to swell, periodically stretch your arms above your head, opening and closing your fists several times as you do.

Choosing the Right Pregnancy Workouts

While it's true that pregnancy isn't the time to learn to water ski, snowboard, or enter a horse-jumping competition, you'll still be able to enjoy most fitness activities—and use many of the machines at the gym (with a few caveats). You can select, too, from the growing number of exercise programs specifically designed for expecting moms (pregnancy water aerobics, pregnancy Pilates, and prenatal yoga classes, for example). But be sure to ask your practitioner about what's okay and what's not when it comes to choosing an exercise program or sport. You'll probably find that most of the activities that are off-limits when you're expecting are ones you'd probably have a hard time doing well anyway once you have a basketball-size belly (like competitive basketball . . . or football or scuba diving or downhill racing or mountain biking). Here are the do's and don'ts of pregnancy workouts:

Walking. Just about anyone can do it—and do it just about anywhere, anytime. There's no easier exercise to fit into your busy schedule than walking (don't forget, all the walking you do counts, even if it's walking 2 blocks to the market or 10 minutes while the dog does her business). And you can continue to fit it in right up until delivery day (and even on delivery day if you're eager to get those contractions moving along). Best of all, there's no equipment necessary—and no gym membership or classes to pay for, either. All you need is a supportive pair of sneakers and comfortable, breathable clothes. If you're just beginning a walking routine, go slowly at first (start out at a stroll before you move on to a brisk pace). Weather's not cooperative? Do a power mall walk.

Jogging. Experienced runners can stay on track during pregnancy—but you

may want to limit your distances and stick to level terrain or use a treadmill (if you weren't a runner pre-pregnancy, stick to brisk walking for now). Keep in mind that loosening ligaments and joints during pregnancy can literally be a pain, make running harder on your knees, and also make you more prone to injury—all good reasons to listen to your pregnant body and adjust your runs accordingly

Exercise machines. Treadmills, ellipticals, and stair-climbers are all good bets during pregnancy. Adjust speed, incline, and tension to a level that's comfortable for you (starting out slowly if you're a rookie). Toward the end of your pregnancy, though, you may find a machine workout too strenuous (or maybe not—as always, take your cues from your body). You may also have to be more conscious of avoiding stumbles on the machine when you're no longer able to see your feet.

Swimming and water workouts. Consider this: In the water, you weigh just a tenth of what you do on land (how often do you have the chance to be close to weightless these days?), making water workouts the perfect choice for a pregnant woman. Working out in the water boosts your strength and flexibility but is gentle on your joints—plus there's much less risk of overheating (unless the pool is overheated). What's more, many pregnant women report that water workouts help ease swelling in their legs and feet and relieve sciatic pain. Most gyms with a pool offer water aerobics, and many have classes specifically designed for expectant moms. Just be careful when walking on slippery pool sides, and don't dive in.

Yoga. Yoga encourages relaxation, focus, and paying attention to your breathing—so it's just about perfect for

30 Minutes Plus?

Is more (exercise) more—or less? That depends. If you're really ambitious (or just really fit), and you've been green-lighted by your practitioner (based on your fitness level), it's safe to work out for up to an hour or even more, as long as you listen to your body. Moms-to-be tend to tire out sooner than they used to, and tired bodies are more apt to injure themselves. Plus, overexertion could lead to other problems—for instance, dehydration if you don't take in enough fluids, or lack of oxygen to the baby if you're short of breath for long periods. Burning more calories during your marathon sessions also means you'll need to take in more, so be sure to compensate appropriately (the best part of a workout, wouldn't you say?).

pregnancy (and great preparation for childbirth, as well as for parenting). It also increases oxygenation (bringing more oxygen to the baby) and increases flexibility, possibly making pregnancy—and delivery—easier. Select a class that's specifically tailored to expectant women or ask your instructor how to modify poses so that they're safe for you. For instance, you probably shouldn't exercise on your back after the 4th month, and as pregnancy progresses your center of gravity changes, so you'll have to adjust your favorite poses accordingly. And unless you're an experienced yoga inversion practitioner, you should probably avoid full inversions (handstand, supported shoulder stand, and supported headstand) after the 3rd month—not only because your balance will be off, but also because of potential blood pressure issues. Some doctors and midwives say half inversions—like downward facing dog—are okay during pregnancy.

Another important caveat: Avoid Bikram or hot yoga. It's done in a very warm room (one that's generally 90°F to 100°F), and you'll need to take a pass during pregnancy on any workouts that heat you up too much.

Pilates. Pilates is similar to yoga in that it's a discipline that improves your flexibility, strength, and muscle tone with no- to low-impact. The focus is on strengthening your core, which will ease backaches and improve your posture (important for preventing aches and pains when you're toting a baby in your belly, but also when you're toting one in your arms). Look for a class specifically tailored to pregnant women, or let your instructor know that you're expecting so you can avoid pregnancy-inappropriate moves (including those that overstretch) or equipment that isn't compatible with pregnancy.

Dance/Aerobics. Zumba, mama? Experienced athletes in good shape can continue all types of dance (like belly dancing, ballroom dancing, hip-hop or salsa, Zumba, and so on) and aerobic workouts during pregnancy. But dance with care. Tone down the intensity level, avoid jumping or high-impact movements, and never exert yourself to the point of exhaustion. If you're a beginner, choose low-impact aerobics or consider the water version, which is uniquely suited to the pregnant set.

Barre classes. These ballet-inspired workouts are great when you're expecting because they include lots of legwork with minimal jumping. The balance exercises and core strengthening are pregnancy perfect, too, especially when your swelling belly slackens the core and throws you off balance. So belly up to the barre, but with a little mom-to-be modification: Since some of the lower-body movements may put strain on your back, especially as your belly gets bigger, adapt movements (such as by getting to your hands and knees for certain positions) as needed.

Step routines. As long as you're already in good shape and have experience doing step routines, it's usually fine to stay in step with them now. Just remember that your joints are more prone to injury when you're pregnant, so stretch out well beforehand and don't overexert yourself. And of course, don't step on something too high off the ground. As your abdomen expands, avoid any activities that require careful balance.

Spinning. Is spinning in when you're expecting? If you've been spinning for at least 6 months before pregnancy, you should be able to continue, but tone down the workout (and let the instructor know you're expecting so you're not pushed too hard). Remember to

take it down a notch if you're panting or gasping for breath. And for maximum comfort, adjust the handlebars so they're closer to you, allowing you to sit back instead of leaning forward, which could make your lower back ache more than it likely already does. Stay seated, since standing while spinning is too intense for a mama-to-be. If spinning suddenly seems exhausting, take a bike break until after the baby's born (and after you've recovered from childbirth).

Kickboxing. Kickboxing takes grace and speed—two things pregnant women don't typically possess lots of. Many pregnant kickboxers find they can't kick as high or move as quickly, but if you're still comfortable getting your exercise from getting your kicks, and you have plenty of experience (no novices now), it's okay to continue while you're expecting. Just be sure to avoid any movements that you have difficulty with or cause you to strain. Make sure you keep a safe distance from other kickboxers (you don't want to be kicked in the belly by accident) by leaving 2 leg lengths of space between you and those around you. Be sure, too, that everyone in the class knows you're pregnant, or look for pregnancy-specific classes (where everyone around you is pregnant—and far away).

Weight training. Using weights can increase your muscle tone (and get your biceps ready for lifing baby), but it's important to avoid heavy weights or those that require grunting or breath holding, which may compromise blood flow to the uterus. Use light weights with multiple repetitions instead. Ask your practitioner about what modifications you'll need to make to your TRX routine (or whether you should retire the equipment for the duration) and skip those CrossFit routines for now (unless you've been at it for years and your practitioner gives you the thumbs-up).

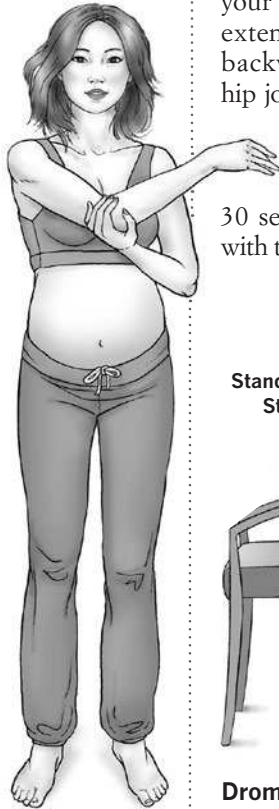
Outdoor sports (hiking, skating, bicycling, skiing). Pregnancy isn't the time to take up a new sport—especially one that challenges your balance—but experienced athletes should be able to continue these activities with their practitioner's approval and some sensible precautions. When hiking, be sure to avoid uneven terrain (especially later on in pregnancy when it won't be easy to see that rock in your path), high altitudes, and slippery conditions—and of course, rock climbing is out. When biking, be extra careful—wear a helmet, don't ride on wet pavement, winding paths, or bumpy surfaces (falling is never a good idea but especially not when you're pregnant), and don't lean forward into racing posture (it can tax your lower back, plus this isn't the time for speeding—slow and steady should win all your races now). As for ice skating, you can give it a whirl (and a figure 8) early in pregnancy if you're experienced and careful—later on, you'll probably face balance issues, so stop as soon as you get more bulky than graceful. Ditto for in-line skating and horseback riding. Avoid downhill skiing or snowboarding altogether, even if you've got years of double black diamonds under your belt—the risk of a serious fall or collision is too great (even pros take the occasional tumble—and there's no gauging the skill of others around you). Cross-country skiing and snowshoeing are okay for the experienced, but you'll have to be extra careful to avoid falling.

Tai chi. An ancient form of meditative exercises, tai chi's basic slow movements allow even the least limber the opportunity to relax and strengthen the body without the risk of injury. If you're comfortable with it and have experience, it's fine to continue tai chi now. Look for pregnancy-specific classes, or just stick to moves you can easily complete—take extra care with the balancing poses.

Basic Pregnancy Exercises

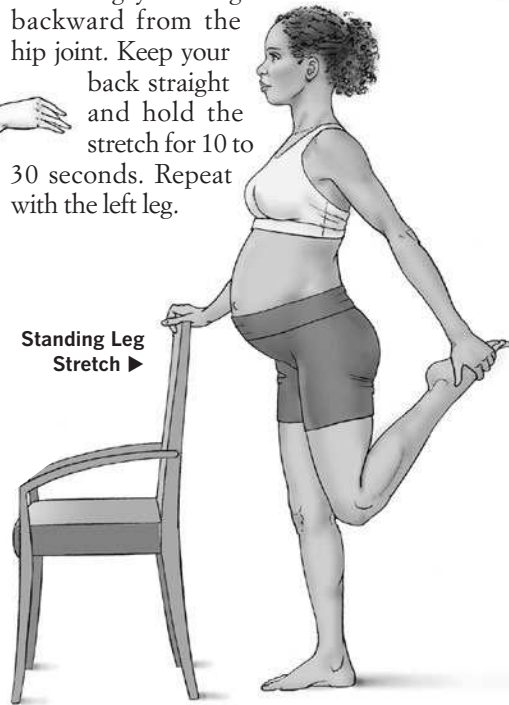
Never been to a gym? Don't know a lunge from a squat? Or just unsure where to begin when exercising for two? Here are some simple and safe exercises you can do when you're expecting.

Shoulder Stretch. To ease tension in your shoulders (especially helpful if you spend a lot of time at the computer), try this simple move: Stand with your feet shoulder-width apart and knees slightly bent. Bring your left arm out in front of you at chest height and bend it slightly. Take your right hand, place it on your left elbow, and then gently pull your left elbow toward your right shoulder as you exhale. Hold the stretch for 5 to 10 seconds, then switch sides.

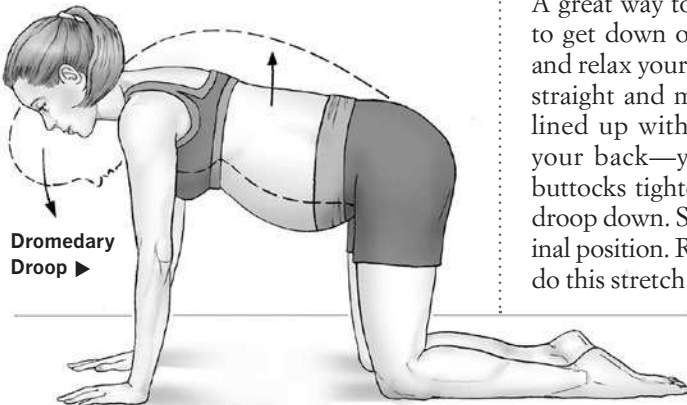


Shoulder Stretch ►

Standing Leg Stretch. Give your legs a much-needed break with this easy stretch: Stand and hold on to a counter-top, the back of a heavy chair, or another sturdy object for support. Bend your right knee and bring your right foot back and up toward your buttocks. Grasp your foot with your right hand and bring your heel toward your buttocks while extending your thigh backward from the hip joint. Keep your back straight and hold the stretch for 10 to 30 seconds. Repeat with the left leg.



Standing Leg Stretch ►



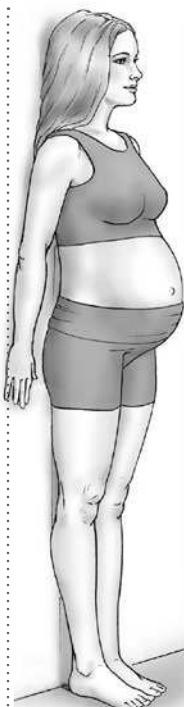
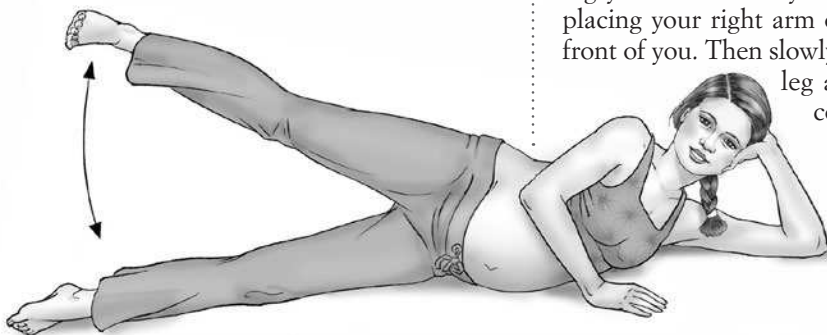
Dromedary Droop ►

Dromedary Droop (or Cat/Cow Pose).

A great way to relieve back pressure is to get down on your hands and knees and relax your back, keeping your head straight and making sure your neck is lined up with your spine. Then arch your back—you'll feel your abs and buttocks tighten. Let your head gently droop down. Slowly return to your original position. Repeat several times—and do this stretch several times a day if you can, especially if you're standing or sitting a lot on the job.

Neck Relaxer ▼

Neck Relaxer. This exercise will ease tension in your neck. Sit up tall. Close your eyes and breathe deeply, then gently tilt your head to one side and let it slowly drop toward your shoulder. Don't raise your shoulder to meet your head, and don't force your head down. Hold for 3 to 6 seconds, then switch sides. Repeat 3 or 4 times. Gently bring your head forward, letting your chin relax into your chest. Roll your cheek to the right toward your shoulder (again, don't force the motion, and don't move your shoulder toward your head) and hold for 3 to 6 seconds. Switch sides and repeat. Do 3 or 4 sets per day.

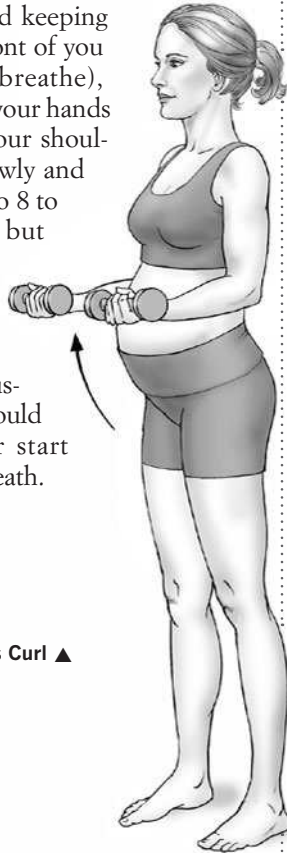
▼ Leg Lifts**▲ Pelvic Tilt**

Do pelvic tilts regularly (take a 5-minute pelvic-tilt break several times during your workday).

Pelvic Tilt. This simple routine can help improve your posture, strengthen your abs, reduce back pain, and help prepare you for labor. To begin a pelvic tilt, stand with your back against a wall and relax your spine. As you inhale, press the small of your back against the wall. Exhale, then repeat several times. For a variation that also helps reduce the pain of sciatica, try rocking your pelvis back and forth—keeping your back straight—while either kneeling on all fours or standing up.

Leg Lifts. Leg lifts use your body's own weight to tone your thigh muscles (no infomercial equipment necessary). Simply lie on your left side with your shoulders, hips, and knees lined up straight. Support yourself by holding your head with your left arm and placing your right arm on the floor in front of you. Then slowly lift your right leg as high as you comfortably can (remember to breathe). Do 10 reps, then switch sides and repeat.

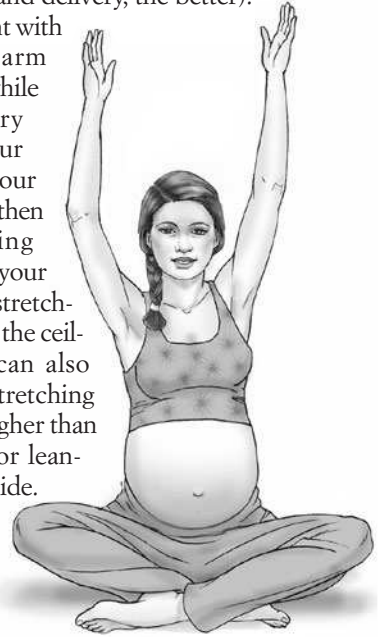
Biceps Curl. Start by selecting light weights (3- or 5-pound weights if you're a beginner, and never more than 12 pounds even if you're a pro). Stand with your legs shoulder-width apart, making sure not to lock your knees. Keep your elbows in and your chest up. Slowly raise both weights toward your shoulders by bending your elbows and keeping your arms in front of you (remember to breathe), stopping when your hands have reached your shoulders. Lower slowly and repeat. Try to do 8 to 10 repetitions, but take breaks if needed and don't overdo it. You'll feel a burn in your muscles, but you should never strain or start holding your breath.



Biceps Curl ▲

Tailor Stretch. Sitting cross-legged and stretching will help you relax and get in touch with your body (the more familiar you are with your body as you move into labor and delivery, the better).

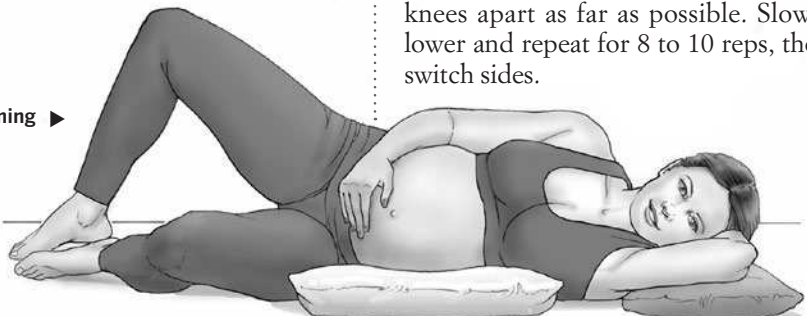
Experiment with different arm stretches while sitting—try placing your hands on your shoulders, then try reaching them over your head and stretching toward the ceiling. You can also alternate stretching one arm higher than the other or leaning to one side. (Don't bounce as you stretch.)



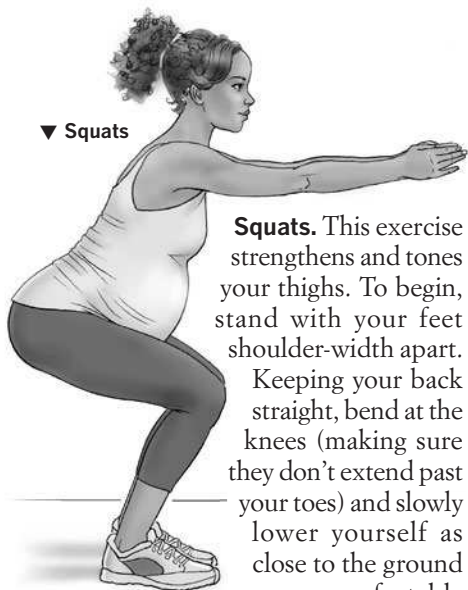
▲ Tailor Stretch

Clamming. Lie on your right side with legs slightly forward and knees bent and stacked on top of each other. Place a pillow under your head and a flat pillow under your belly for support. Stack your hips, and keep your spine straight and abs drawn in (as best you can). Keeping your toes touching, rotate at your left hip and lift the left knee, taking your knees apart as far as possible. Slowly lower and repeat for 8 to 10 reps, then switch sides.

Clamming ►



▼ Squats



Squats. This exercise strengthens and tones your thighs. To begin, stand with your feet shoulder-width apart.

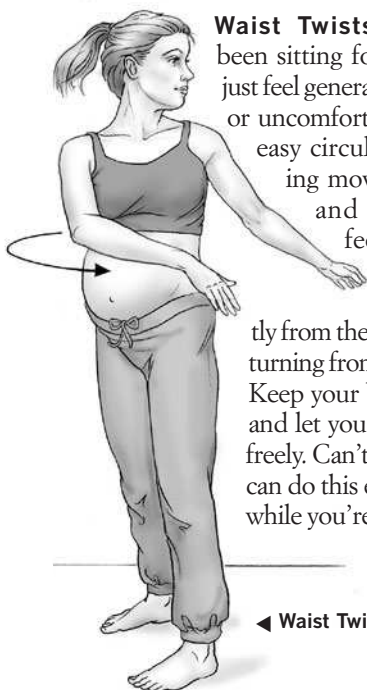
Keeping your back straight, bend at the knees (making sure they don't extend past your toes) and slowly lower yourself as close to the ground as you comfortably can. Hold the squat

for 10 to 30 seconds, then slowly come back to a standing position. Repeat 5 times. (Note: Avoid lunges and deep knee bends, since your joints are more prone to injury.)

Waist Twists. If you've been sitting for a while or just feel generally tensed up or uncomfortable, try this easy circulation-boosting move. Stand up and place your feet shoulder-width apart.

Twist gently from the waist, slowly turning from side to side. Keep your back straight and let your arms swing freely. Can't get up? You can do this exercise even while you're sitting.

◀ Waist Twists



Hip Flexors. Stretching the hip flexor muscles periodically will help keep you limber and make it easier for you to open your legs wide when it's time for the baby to exit. To flex your flexors, stand at the bottom of a flight of stairs as though you were about to climb them. (Hang on to the railing with one hand for support if you need to.) Place one foot on the first or second stair up (whatever you can comfortably reach) and bend your knee. Keep your other leg behind you, knee straight, foot flat on the floor. Lean into your bent leg, keeping your back straight. You'll feel the stretch in your straight leg. Switch legs and repeat.

◀ Hip Flexors

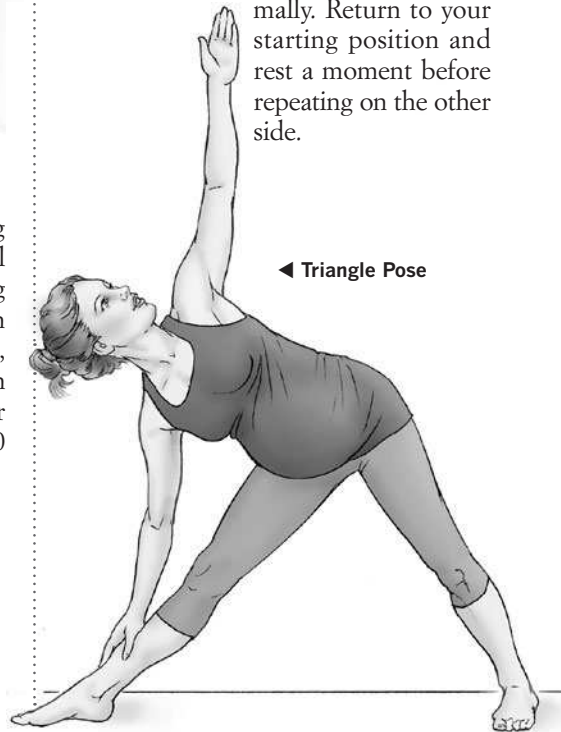




▲ Chest Stretches

Chest Stretches. Gently stretching your chest muscles will help you feel more comfortable while improving your circulation. Here's how: With your arms at shoulder level and bent, grasp both sides of a doorway. Lean forward, feeling the stretch in your chest. Hold this position for 10 to 20 seconds and release. Do 5 reps.

Triangle Pose. This pose works the legs, stretches the side of the body, energizes the hips, and opens up the shoulders (which might be drooping these days). Stand with your feet wider than hip distance apart and turn your right foot outward to 90 degrees and your left foot inward slightly so you are comfortably balanced. Raise your arms sideways to shoulder level, keeping them parallel to the floor with your palms facing downward. Resist the urge to let your shoulders rise up to your ears. Take a deep breath in. Exhale slowly and bend at the waist as much as is comfortable to your right side. Extend your right hand downward toward your right ankle. (No need to touch your ankle when you're contending with a big belly—getting to your shin is just fine.) Lift your left arm up, bringing it in line with your lowered right arm. Try to keep both your arms and legs straight. Stay in this position for as long as is comfortable, breathing normally. Return to your starting position and rest a moment before repeating on the other side.



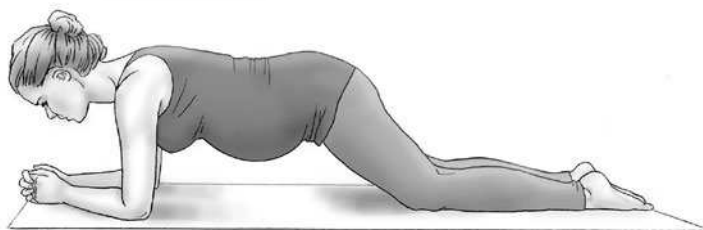
◀ Triangle Pose

Forearm Plank. Get on your hands and knees, then lower yourself onto your elbows and place your forearms on the floor. Lace your fingers together, keeping your elbows wide. Straighten one leg at a time until your body forms a straight line

from head to feet. Lengthen your body from your head to tailbone, keeping abs pulled in as best you can (illustration A). If it's too difficult, keep your knees bent slightly (or put your knees back on the floor, illustration B). Breathe deeply as you hold the position for 5 to 10 seconds. Repeat. Need a rest? Sit back on your heels with your back straight.



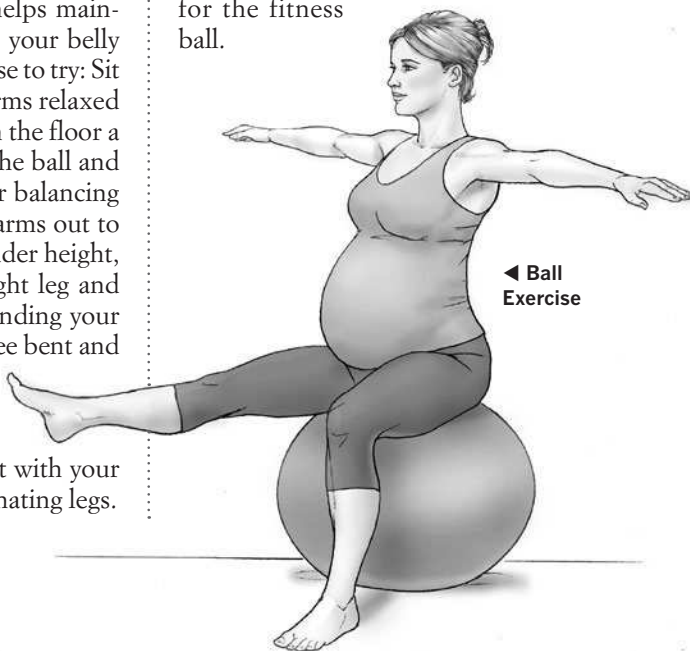
▲ Forearm Plank A



► Forearm Plank B

Ball Exercises. Working out with a fitness (aka birthing) ball not only strengthens your abs, but helps maintain balance and stability as your belly grows. Here's one ball exercise to try: Sit upright on top of the ball, arms relaxed by your sides and feet flat on the floor a comfortable distance from the ball and about hip-width apart. After balancing for a few seconds, lift your arms out to the sides up to around shoulder height, and then straighten your right leg and lift it up to hip level (if extending your leg is difficult, keep your knee bent and just lift your foot off the floor). Lower your leg and then your arms, balance on the ball again, and repeat with your left leg. Do 6 to 8 reps, alternating legs.

The pelvic tilt, shoulder stretch, and forearm plank can also be modified for the fitness ball.



◀ Ball Exercise

When Workouts Are Out

Exercising during pregnancy can certainly do the average pregnant body (and her baby) good. But sometimes complications require a mom to sit pregnancy out—and in that case, taking it easy is the best prescription. If your practitioner has restricted exercise

for you during part or all of your pregnancy, ask if there are any workouts you can still work in—say, arm-only exercises or stretches—so you can stay in shape while you stay on the sofa, or even in bed. See page 576 for more.

The Fifth Month

Approximately 18 to 22 Weeks

What was once completely abstract is getting real . . . fast. Chances are that sometime this month or the beginning of the next, you will feel your baby's movements for the first time. That miraculous sensation, along with the serious rounding of your belly, will finally make pregnancy feel more like a reality. Though your baby is far from ready to make a personal appearance in your arms, it's really nice to know for sure there's actually someone in there.

Your Baby This Month

Week 18 At 5½ inches long and about 5 to 6½ ounces in weight (about the size of that chicken breast you're having for dinner, but a lot cuter), your baby is filling out nicely and getting large enough that you might even be feeling those twists, rolls, kicks, and punches he or she is perfecting. Another set of skills your baby is mastering now: yawning and hiccupping (you might even begin to feel those hiccups soon, as well as watch them shake your belly!). And your one-of-a-kind baby is truly one of a kind now, complete with unique fingerprints on those tiny fingertips and toes.

Week 19 This week your baby is hitting the growth charts at 6 inches long and just over a full half pound in weight. What fruit is it this week? Your baby's about the size of a large mango. A mango dipped in greasy cheese, actually. Vernix caseosa—a greasy white protective substance that resembles cheese—now covers your baby's sensitive skin, protecting it from that long soak in an amniotic bath. Without that protection, your baby would look very wrinkled at birth. The coating sheds as delivery approaches, but some babies born early are still covered with vernix when they arrive.

Week 20 You've got a baby the size of a small cantaloupe in your melon-size belly this week, about 10 ounces and 6½ inches (crown to rump). Your ultrasound this month should be able to detect—if you want to know—whether your baby is a boy or a girl. And oh boy—or oh girl—has that baby been busy. If you're having a girl, her uterus is fully formed, her ovaries are holding about 7 million primitive eggs (though at birth, the number of eggs will have dropped to closer to 2 million—more than enough to keep her covered during her reproductive years), and her vaginal canal is starting to develop. If you're having a boy, his testicles have begun their descent from the abdomen. In a few months, they'll drop into the scrotum (which is still under construction). Luckily for your baby, there's still plenty of room in your womb for twisting, turning, kicking, punching, and even an occasional somersault. If you haven't felt these acrobatics yet, you almost certainly will in the coming weeks.

Week 21 How big is baby this week? Switching from crown-to-rump to crown-to-heel length, about 10½ inches in length (think large carrot) and almost 11 to 12½ ounces in weight. And speaking of carrots, you might want to eat some this week if you'd like your baby to have a taste for them. That's because the flavor of amniotic fluid differs from day to day, depending on what you've eaten (hot chili one day, mild carrot another), and now that your baby is swallowing amniotic fluid each day (for hydration, nutrition, and also to get practice swallowing and digesting), he or she will be getting a virtual taste of—and a taste for—whatever's on your menu. Here's another baby update: Arms and legs are finally in proportion, neurons are now connected between the brain and muscles, and cartilage throughout the



Your Baby, Month 5

body is turning to bone. Which means that when your baby makes those moves (which you're probably feeling by now), they're much more coordinated—no more jerky twitches.

Week 22 Forget about ounces, baby. This week, we're talking a whopping weight of 1 pound and a crown-to-heel length of approximately 11 inches, about the size of a small doll. But your doll is a living one—with developing senses, including touch, sight, hearing, and taste. What's your baby touching? He or she may grab on to the umbilical cord (there's not much else to hang on to in there) and practice the strong grip that will soon be clutching your fingers (and pulling on your hair). What's your baby seeing? Though it's dark in the uterine cocoon—and even with fused eyelids—fetuses this age can perceive light and dark. If you shine a flashlight over your belly, you might feel your baby react, perhaps trying to turn away from the jarring light. What's your baby hearing? The sound of your voice and that of your partner, your heart beating, the whoosh-whoosh of your blood

circulating through your body, those gastric gurgles produced by your stomach and intestines, the dog barking,

sirens, a loud TV. And what's your baby tasting? Pretty much everything you're tasting (so pass the salad).

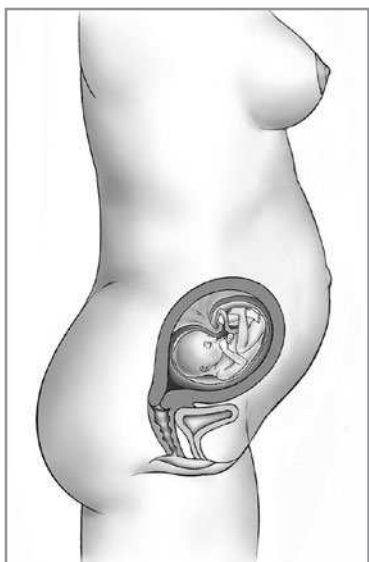
Your Body This Month

Here are some symptoms you may experience this month (or may not experience, since every pregnancy is

different). Some of these symptoms may be continuing from last month, while others may be brand new. Some may be easing up, others intensifying:

Your Body This Month

You're halfway through your pregnancy now—and the top of your uterus will hit your belly button sometime around the 20th week. By the end of this month, your uterus will be about an inch above your belly button. Chances are, there's no hiding the fact that you're pregnant now (though some women may still not be showing noticeably).



Physically

- More energy
- Fetal movement (probably by the end of the month)
- Increasing vaginal discharge
- Aching in the lower abdomen and along one side or the other, or sometimes on both sides (from stretching of the ligaments supporting the uterus)
- Constipation
- Heartburn, indigestion, flatulence, bloating
- Occasional headaches
- Occasional lightheadedness or dizziness, especially when getting up quickly or when your blood sugar dips
- Backache
- Nasal congestion and occasional nosebleeds; ear stuffiness
- Sensitive gums that may bleed when you brush
- Hearty appetite
- Leg cramps
- Mild swelling of ankles and feet, and occasionally of hands and face

- Varicose veins of legs and/or of vulva
- Hemorrhoids
- Skin color changes on belly and/or face
- A protruding navel (a popped-out belly button)
- Faster pulse (heart rate)
- Easier—or more difficult—orgasm

Emotionally

- A growing sense of reality about the pregnancy
- Fewer mood swings, though you'll likely still be weepy and irritable occasionally
- Forgetfulness, absentmindedness, aka “placenta brain”

What You Can Expect at This Month's Checkup

This month, you can expect your practitioner to check the following, though there may be variations, depending on your particular needs and your practitioner's style of practice:

- Weight and blood pressure
- Urine, for sugar and protein
- Fetal heartbeat

- Size and shape of uterus, by external palpation (feeling from the outside)
- Height of fundus (top of uterus)
- Feet and hands for swelling, and legs for varicose veins
- Symptoms you have been experiencing, especially unusual ones
- Questions or problems you want to discuss—have a list ready

What You May Be Wondering About

Heating Up

“I feel hot and sweaty all the time these days, even when everybody else is cool. What's that about?”

Feeling like hot stuff these days? You can thank your hormones (as always) plus increased blood flow to the skin and a hopped-up pregnancy metabolism for that perpetually damp feeling. Throw in a warm climate or a record hot summer (or even just an overheated office in the middle of

winter), and the heat is on—big time. Luckily, there are plenty of ways to stay comfortable when the temperature inside you is soaring. To stay cool while you're heating for two:

- Wear loose, light clothing in cotton or other breathable fabrics, and dress in layers so you can peel them off as you heat up.
- Sleep smart, not sweaty. Besides turning the thermostat down while you're sleeping, consider switching to

natural fibers when you sleep, too—from your pj's to your pillow.

- To chill out fast, put ice packs, cold compresses, or cold running water on your inner wrists. Since it's a pulse point, the cold temp on the outside will help cool the blood inside. You can also try cold compresses on other pulse points whenever you're heating up: your neck, ankles, and behind the knees.
- Put any lotions you use in the fridge for at least 30 minutes before you apply. When you rub the cold creams on your skin, it'll help cool you down.
- No time for a cold shower? You can wet your hands with cold water and then run your fingers through your hair (assuming you don't mind your hair being wet). A cooler head will prevail in cooling down your body. Or keep a spray bottle of water in the fridge (at home and on the job) for a cold spritz.
- Munch on a bunch of frozen grapes. Not only will you net some vitamin C and K, this delicious chilled snack will help cool you down (and it's a whole lot lower in fat than ice cream). Not a grape lover? You can freeze any type of cut up fruit (think mango, banana, berries, and so on) and grab it when you're heating up. Or stay hydrated and cool by freezing your water bottle and sipping the icy water as it melts.

And speaking of munching, remember that the 6-Meal Solution is the solution for overheating problems, too. Eating lightly more frequently will require less effort to digest. Spicy food may heat you up in the short term, but because it'll get you sweating, it'll cool you down later.

- A sprinkle of cornstarch-based powder can help absorb moisture (plus

help to prevent heat rash). Sprinkle it on your skin while it's still dry.

On the plus side, while you'll be more sweaty—you'll be less smelly. That's because the production of apocrine perspiration (the stinkier kind produced by glands under the arms and breasts and in the genital area) slows down when you're expecting.

Dizziness

"I feel dizzy when I get up from a sitting position. And yesterday while I was shopping, I almost felt like I was going to black out for a minute. Am I okay?"

Feeling a little dizzy can definitely be unsettling when you're pregnant (especially because you might already be having a hard enough time staying on your feet or keeping your balance), but it isn't dangerous. In fact, it's a pretty common—and almost always normal—symptom of pregnancy. Here's why:

- Throughout your pregnancy, high levels of your old friend progesterone cause your blood vessels to relax and widen, increasing the flow of blood to your baby (good for baby) but slowing the return of blood to you (not so good for mom). Less blood flow to you means lower blood pressure and reduced blood flow to your brain, which can contribute to that lightheaded, dizzy feeling. In the second trimester, that faint feeling may be caused by the pressure of your expanding uterus on your blood vessels. It can also be a sign of anemia (see next question).
- Getting up too quickly, which causes a sudden blood pressure drop, can trigger an especially lightheaded moment. The cure for that kind of dizziness (also known as postural

hypotension) is simple: Just get up gradually. Jumping up in a hurry to answer a text on the phone you left across the room is likely to land you right back on the sofa.

- Low blood sugar—something expectant moms are particularly prone to, since they're fueling a baby factory—might also send the room spinning. To avoid those blood sugar dips, get some protein and complex carbs at every meal (this combo helps maintain even blood sugar levels) and eat more frequently (choosing the mini-meal approach or snacking in between meals). Carry trail mix, some freeze-dried fruit, nuts, a granola bar, or some whole-grain chips in your bag for quick blood sugar lifts.
- Dizziness can be a sign of dehydration, so be sure you're getting enough fluids—and that you're chug-a-lug-ging more if you've been sweating.
- A dizzy spell can also be triggered by indoor stuffiness—in an overheated or crowded store, office, or bus—especially if you're overdressed. In that case, getting some fresh air by stepping outside or opening a window may bring relief. Taking off your coat and loosening your clothes—especially around the neck and waist—should help, too.

If you feel dizzy or like you're about to faint, lie down on your left side—with your legs elevated, if you can—or sit with your head lowered between your knees. Take deep breaths, and loosen any tight clothing (like that button on your jeans). As soon as you feel a little better, get something to eat and drink.

Tell your practitioner about the dizzy spells. He or she may want to check your iron levels to rule out anemia.

When Too Much Is Too Much

Feel breathless or exhausted when you're jogging? What about when you're doing heavy cleaning—does the vacuum cleaner suddenly feel as if it weighs a ton? Stop before you drop. Exerting yourself to the point of exhaustion is never a good idea. During pregnancy it's a particularly bad one, because overwork takes its toll not only on you but on your baby as well. Instead of marathon activity sessions, pace yourself. Work or exercise a bit, then rest a bit. Ultimately, the work or the workout gets done, and you won't feel drained afterward. If occasionally something doesn't get done, consider it good training for the days when the demands of parenthood will frequently keep you from finishing what you started.

Actual fainting is rare, but if you do faint, there is no need for concern—it won't affect your baby. But do call your practitioner as soon as possible.

Anemia

"A friend of mine became anemic during pregnancy—is that common?"

Iron-deficiency anemia is common during pregnancy—but it's also incredibly easy to prevent. And when it comes to prevention, your practitioner almost certainly has your back. You were already tested for anemia at your first prenatal visit, though it's unlikely you were low on iron then. That's because iron stores are quickly replenished once those monthly periods stop.

Symptoms of Anemia

Pregnant women with mild iron deficiency rarely have noticeable symptoms—or symptoms that are easily distinguished from pregnancy symptoms (most expectant moms are tired whether they're anemic or not). But as oxygen-carrying red blood cells are further depleted, an anemic mother-to-be becomes pale, extremely weak, and easily tired or very breathless (beyond what's normal in pregnancy), and might even experience fainting spells. She may experience strange cravings for nonfood items, like clay, or a compulsion to chew ice. There's also a possibility that RLS, or restless leg syndrome, may be linked to low iron stores. This may be one of

the few instances where fetal nutritional needs are met before a mom's, since babies are rarely iron deficient at birth.

Though the increased demand for blood production during pregnancy makes all moms-to-be susceptible to iron-deficiency anemia, some are at particularly high risk: those who've had back-to-back pregnancies, those who have been vomiting a lot or eating little because of morning sickness, and those who came to pregnancy undernourished (possibly because of an eating disorder) and/or have been eating poorly since they conceived. Daily iron supplementation, as prescribed by your practitioner, should prevent (or treat) anemia.

As your pregnancy progresses and you hit the halfway mark (around 20 weeks, coming right up), your blood volume expands significantly and the amount of iron needed for producing red blood cells dramatically increases, depleting those stores once again. Fortunately, refilling those stores—and effectively preventing anemia—is as easy as taking a daily iron supplement (in addition to your prenatal vitamin), which your practitioner may prescribe starting midway through pregnancy. You should also pump up your diet by eating foods loaded with iron. Though dietary sources, such as the ones listed on page 97, may not do the job alone, they provide a great backup for an iron supplement. For extra absorption, chase your iron (and iron-rich foods) down with your morning OJ (or another vitamin C-rich food or drink) but not with your morning java, which will actually reduce the amount of iron absorbed. Is your iron supplement making your tummy miserable (causing nausea or

constipation)? Ask about switching to a time-release formula.

Backache

"I'm having a lot of back pain. I'm afraid I won't be able to stand up at all by the 9th month."

The aches and discomforts of pregnancy aren't designed to make you miserable, though that's often the upshot. They're the side effects of the preparations your body is making for that momentous moment when your baby is born. Backache is no exception. During pregnancy, the usually stable joints of the pelvis begin to loosen up to allow easier (hopefully) passage for the baby at delivery. This, along with your oversize abdomen, throws your body off balance. To compensate, you tend to bring your shoulders back and arch your neck. Standing with your belly thrust forward—to be sure that no one who passes fails to notice you're pregnant,



Give your feet a leg up

not just bloated—compounds the problem. The result: a deeply curved lower back, strained back muscles, and pain.

Even pain with a purpose hurts. But without defeating the purpose, you can conquer (or at least subdue) the pain. The following should help:

- **Sit smart.** Sitting puts more stress on your spine than almost any other activity, so it pays to do it right. At home and at work, make sure the chairs you use most provide good support, preferably with firm cushioning and arms. A chair back that reclines slightly can also help take the pressure off. Use a footrest to elevate your feet slightly (see illustration, above), and don't cross your legs, which can cause your pelvis to tilt forward, exacerbating those strained back muscles.
- **Don't sit too long.** Sitting for long periods can be as bad for your back as sitting the wrong way. Try not to sit for more than an hour without taking

a walking and stretching break—setting a half-hour limit would be even better.

- **Try not to stand too long, either.** If you work on your feet, keep one foot on a low stool to take some pressure off your lower back. When you're standing on a hard surface—in the kitchen while cooking or washing dishes, for example—put on supportive shoes or use a small skid-proof cushioned rug underfoot to ease the pressure.
- **Be a slow lifter.** Avoid lifting heavy loads, but if you must, do it slowly. First, stabilize yourself by assuming a wide stance. Next, bend at the knees, not at the waist. And finally, lift with your arms and legs, not your back (see illustration, below). If you have to carry a heavy load when you're shopping, split it evenly between 2 shopping bags and carry one in each arm rather than carrying it all in front of you.
- **Try to keep weight gain within the recommended parameters** (see page



Bend at the knees when you lift

Carrying Older Children

Wondering if you need to put the mommy taxi service you've been running off duty until after delivery? Carrying moderately heavy loads (even some 35 or 40 pounds of preschooler) is safe throughout pregnancy unless your practitioner has told you otherwise.

What about your aching back? Save it some strain by learning to lift your tot properly (see page 253).

178). Excess pounds will only add to the load your back is struggling under.

- Wear the right shoes. Extremely high heels are a pain for your back—as are very unsupportive flat ones. Experts recommend a chunky 2-inch heel, a low wedge, or flats with good arch support to keep your body in proper alignment. You might also consider orthotics, orthopedic shoe inserts designed for muscle support. As for those posture-improving shoes, some women find them helpful, while others find they increase back pain. Wearing them may also exacerbate your off-balance factor.
- Sleep right. A comfortable sleeping position will help minimize aches and pains (see page 264). When getting out of bed, swing your legs over the side of the bed to the floor rather than twisting to get up.
- Consider belly support. Think of it as support hose for your bump, designed to help take the burden of your belly's weight off your lower back and hips, helping relieve those aches and pains. Belly-support garments come in stretchy bands and sleeves as well

as in belts, slings, braces, and cradles—choose one that's comfortable for you (and works best under the kinds of clothes you wear, since some are belly smoothing and others are a little lumpy). Whichever style you opt for, try not to wear your support band or belt 24/7. That's because with prolonged use of a belly support, your body will start to rely on it (instead of your abdominal and back muscles) to hold up your bump, resulting in further weakening of your core muscles and ultimately worsening back and hip pain. Take steps to strengthen your back and core muscles with pregnancy-safe exercise (see page 239) so your belly band isn't doing all the work all the time.

- No reaching for the stars—or the salad bowl you stored on the top shelf. Minimize strain by using a low, stable step stool (or a taller friend) to retrieve items from high places.
- Alternate cold and heat to temporarily relieve sore back muscles. Use a towel-wrapped ice pack for 15 minutes, followed by a towel-wrapped heating pad for 15 minutes. Ask your practitioner before using heat patches (like Salonpas or ThermaCare) directly on your skin. Some recommend that you place such patches on your clothes instead of on your skin because they can get very hot—and very irritating to pregnancy-sensitive skin (definitely don't apply them to your belly). Ask, too, before slathering on Bengay, Icy Hot, or BioFreeze creams for your pain. Not all practitioners give the green light to these muscle soothers, especially in the last trimester. If yours does, go for it—but watch for signs of irritation (and don't use on your bump). Arnica products (like Traumeel) should not be used during pregnancy.

Pregnant with Scoliosis

You're probably no stranger to back pain if you have scoliosis, but pregnancy can make those aches even more annoyingly familiar, especially if your condition involves your hips, pelvis, or shoulders. Weight-bearing difficulties may increase as your weight increases, too. A potential pain for you, but very happily, rarely anything that might seriously impact your pregnancy.

If you find your back pain increases during pregnancy, try the tips starting on page 253, including using a belly support. You can also ask your practitioner for the name of an obstetric physiotherapist who may be able to help you with some exercises specific to your scoliosis-related pain. Also discuss which CAM approaches (page 78) might be helpful. Hydrotherapy and exercising in water

(which is zero impact) may be especially beneficial.

Wondering how scoliosis will affect your baby's birth? Chances are it won't—most moms with scoliosis are able to have a vaginal delivery (check with your practitioner). Thinking about an epidural? Talk to your practitioner about finding an anesthesiologist who has experience with moms with scoliosis. Though the condition usually does not interfere with the epidural, it may make it a little more difficult to place. An experienced anesthesiologist, however, should have no problem getting the needle where it needs to go.

Also talk to your practitioner if you have severe curvature, which may affect your breathing as pregnancy progresses, and may require extra monitoring.

- Take a warm bath. Or turn the showerhead to pulsating (if yours has that feature) and enjoy the back massage.
- Rub your back the right way. Treat yourself to a therapeutic massage (with a massage therapist who knows you're pregnant and is trained in prenatal massage).
- Learn to relax. Many back problems are aggravated by stress. If you think yours might be, try some relaxation exercises when pain strikes. Also follow the suggestions beginning on page 145 for dealing with stress.
- Do simple exercises that strengthen your abs, such as the Dromedary Droop (page 239) and the Pelvic Tilt (page 240). Or sit on an exercise ball and rock back and forth (or lie back on it to ease back discomfort as well as hip pain). Join a pregnancy yoga or water aerobics class, or consider water

therapy if you can find a medically (and pregnancy) savvy water therapist.

- If pain is significant, ask your practitioner about prescribing physical therapy or recommending alternative therapies, like acupuncture, chiropractic, or biofeedback.

Abdominal Aches (Round Ligament Pain)

"What are those aches and pains I've been getting on the lower sides of my abdomen?"

What you're probably feeling is the pregnancy equivalent of growing pains: the stretching of muscles and ligaments supporting your enlarging uterus. Technically, it's known as round ligament pain, and most expectant moms experience it. But there's a wide variety of ways to experience

it. The pain may be crampy, sharp and stabbing, or achy, and it may be more noticeable when you're working out (or even when you're just walking), getting up from bed or from a chair, when you cough or sneeze—in fact, any kind of sudden movement can bring it on. It can be brief, or it may last for several hours. And it's completely normal. As long as it is occasional, and there are no other symptoms accompanying it (such as fever, chills, bleeding, or lightheadedness), this kind of pain is absolutely nothing to be concerned about.

Kicking up your feet (though not literally) and resting in a comfortable position should bring some relief. You can also wear a belly band or belly belt below your bump to ease the pain. Avoiding sudden movements can help prevent the pains in the first place (so get up from bed or a chair more slowly next time), though you may find that no matter what you do, you'll get them occasionally. If the pain really bothers you when you're working out, it's probably best to decrease the intensity of your workouts (run more slowly or walk instead, for instance). Of course, mention the pain—like all pains—to your practitioner at your next visit so you can be reassured that this is just another normal, if annoying, part of pregnancy.

Foot Growth

"All my shoes are beginning to feel tight. Could my feet be growing, too?"

The belly isn't the only part of the pregnant body that's prone to expansion. If you're like many expectant moms, you'll discover that your feet are growing, too. Good news if you're looking to revamp your entire shoe collection—not so good if you've already sized out of your favorites and shopping for baby has left you cash crunched.

What causes your feet to go through a growth spurt? While some expansion can be attributed to the normal fluid retention and swelling of pregnancy (or to new fat in your feet if your weight gain has been substantial or quick), there's another reason, too. Relaxin, the pregnancy hormone that loosens the ligaments and joints around your pelvis so your baby can fit through the exit, doesn't discriminate between the ligaments you'd want loosened up (like those pelvic ones) and those you'd rather it just leave alone (like those in your feet). The result: When those ligaments in the feet loosen, the bones under them tend to spread slightly, often resulting in an added half or even a whole shoe size. Though the joints will tighten back up again after delivery, it's possible that your feet will be permanently larger.

In the meantime, try the tips for reducing excessive swelling (see page 312) if that seems to be your problem, and get a couple of pairs of shoes that fit you comfortably now and will meet your "growing" needs (so you won't end up barefoot and pregnant). When shoe shopping, put comfort before style—even if it's just this once. Look for shoes with heels that are no more than 2 inches high and have both non-skid soles and plenty of space for your feet to spread out (shop for them at the end of the day when your feet are the most swollen). The shoes should be made from a material that will allow your swollen, sweaty dogs to breathe (nothing synthetic).

Are your feet and legs achy, especially at the end of the day? Shoes and orthotic inserts specially designed to correct the distorted center of pregnancy gravity can not only make your feet more comfortable but can reduce back and leg pain as well. Getting off your feet periodically during the day can (obviously) help with swelling

An Itchy Situation

Feeling flaky? You might, now that you're expecting. Normal pregnancy hormonal fluctuations can lead to an itchy, flaky scalp. Dandruff can be the result of a scalp that's either too dry or too oily. Yeast (a common fungus among expectant moms) can also scale up flaking. How to treat dandruff during pregnancy depends on what's behind it. Dry flakes (the kind that rain down onto your shoulders) can be eased by rubbing coconut or olive oil on your scalp before shampooing. Oily, scaly, or yeasty dandruff can be treated

with a pregnancy-approved dandruff shampoo (like Head and Shoulders). Ask your practitioner before reaching for other dandruff shampoos (like T-Gel), since the stronger ones may not be pregnancy safe. Ask, too, before using shampoos that contain tea tree oil, since not all practitioners give it the all clear.

Cutting down on sugar and refined grains, and stepping up healthy fat sources (like avocados and nuts) may also help clear up your scalp—and your shoulders.

and pain, as can elevating (and periodically flexing) your feet when you get the chance. You can also try slipping on elasticized slippers while you're at home. Wearing them for several hours a day may not make a great fashion statement—but it can make for happier feet, easing fatigue and achiness.

Fast-Growing Hair and Nails

"It seems to me that my hair and nails have never grown so fast before."

Though it may seem as if pregnancy hormones team up only to make you miserable during your 9 months (constipation, heartburn, and nausea come to mind), those same hormones are actually responsible for a substantial pregnancy perk: nails that grow faster than you can manicure them and hair that grows before you can secure appointments with your stylist (and if you're really lucky, hair that is thicker and more lustrous). Those pregnancy hormones trigger a surge in circulation and a boost in metabolism that nourish

hair and nail cells, making them healthier than ever before.

Of course, every perk has its price. That extra nourishment can, unfortunately, have less than happy effects, too: It can cause hair to grow in places you would rather it didn't (and probably didn't know it could, at least on a woman). Facial areas (lips, cheeks, and that chinny-chin-chin) are most commonly plagued with this pregnancy-induced hairiness, but arms, legs, chest, back, and belly can feel the fur, too. (To read about which hair removal treatments are safe during pregnancy, see page 150.) And though your nails might be long, they can also turn dry and brittle.

Remember that these hair and nail changes are only temporary. Your good hair day run ends with delivery—when the normal daily hair loss that's suppressed during pregnancy (thus the thicker hair) resumes with a vengeance. And your nails will likely go back to their slower growth schedule postpartum, too (probably not such a bad thing—you'll want to keep your nails short anyway, with a new baby around).

The New Skin You're In

If you haven't already noticed, pregnancy impacts just about every inch of your body—from head (that forgetfulness!) to toes (those expanding feet!). So it's not surprising that your skin is also showing the effects of pregnancy. Here are some changes you may expect from your expectant skin:

Linea nigra. Sporting a zipper down the center of your swelling belly? Just as those pregnancy hormones caused the hyperpigmentation, or darkening, of the areolas, they are now responsible for the darkening of the linea alba, the white line you probably never noticed that runs between your belly button and your pubic area. During pregnancy, it's renamed the linea nigra, or black line, and may be more noticeable in dark-skinned women than in those who are fair-skinned. It usually starts to appear during the second trimester and most often will begin to fade a few months after delivery (though it may never go away entirely—you may, in fact, wear traces of it into old age). Interested in a round of guess-the-sex-of-my-baby? According to an old wives' tale (Not Backed By Science Edition), if the linea nigra runs only up to the belly button, you're having a girl. If it runs past the navel up to the xiphoid process (near your ribs), it's a boy.

Mask of pregnancy (chloasma). These brownish-bluish-grayish discolorations appear in a masklike, confetti pattern on around 50 to 75 percent of moms-to-be, particularly those with darker complexions (since they have more pigment in their skin to start with), as well as those who have a genetic predisposition to it (if your mom had it, there's a good chance

you'll have it, too). Not a fan of the blotchy look? Since exposure to sunlight can make chloasma worse, be faithful about applying sunscreen with an SPF of at least 30, and avoid direct sun when possible. Fill up on folic acid, too, since a folate deficiency can be related to hyperpigmentation. Still blotchy? Some moms-to-be strike back at the mask of pregnancy with home-made masks made from lemon juice, apple cider vinegar, or even mashed banana. No luck with those? Never fear—chloasma usually fades within a few months after delivery. If it doesn't, a dermatologist can prescribe a bleaching cream or Retin-A (but not while you're breastfeeding) or recommend another treatment (such as a laser or a peel). Because those treatments are no-no's for now, bring on the concealer and foundation in the meantime.

Other skin hyperpigmentation. Many women also find that freckles and moles become darker and more noticeable and that darkening of the skin occurs in high-friction areas, such as between the thighs. All this hyperpigmentation should fade after delivery. Sun can intensify the discoloration, so use a sunscreen with an SPF of 30 or more on exposed skin, and avoid spending long hours in the sun (even with sunscreen on).

Red palms and soles. It's your hormones at work again (plus an increase in blood flow), and they're causing red, itchy palms (and sometimes soles of the feet) in more than two-thirds of white women and one-third of women of color. There's no specific treatment, but some women find relief by soaking their hands and/or feet in cold water or applying an ice bag for a few minutes

a couple of times a day. Steer clear of anything that heats up your hands and feet (such as taking hot baths, washing dishes, wearing wool gloves). The dishpan look will disappear soon after delivery.

Bluish, blotchy legs. Because of stepped-up estrogen production, many expectant women experience this kind of mottled discoloration on their legs (and sometimes their arms) when they're chilly. It comes and goes, is harmless, and will disappear postpartum.

Skin tags. A skin tag, which is essentially a tiny piece of excess skin, is another harmless (if annoying) skin complaint common in pregnant women. Skin tags usually grow on areas of the body that are warmer and moister or are frequently rubbed by other skin or by clothing, including the folds of your neck, your armpits, your torso, beneath your breasts, or on your genitals. The (only) good news: They're completely benign and most will disappear after delivery. If your skin tags stick around, your doctor can remove them.

Heat rash. Think babies when you think heat rash? Think women expecting babies, too. Caused by the combination of an already overheated pregnant body, dampness from all that extra perspiration, and the friction of skin rubbing against itself or against clothing (as it tends to do when there's more skin to rub), heat rash is both super common and super irritating among the expectant set. You can find it anywhere, but it's most likely to creep up in the crease between and beneath the breasts, in the crease where the bulge of the lower abdomen rubs against the top of the pubic area, and on the inner thighs. A cool, damp compress can take some of the heat out of

your heat rash. Patting on some cornstarch-based powder after your shower, wearing loose, breathable clothes, and trying to keep as cool as possible will help minimize discomfort and recurrence. A dab of calamine lotion can also be soothing and is safe to use, but check with your practitioner before you apply any other medicated lotions. If a rash or irritation lasts longer than a couple of days, ask your practitioner about next steps.

Tinea versicolor. Tinea is a fungal infection that causes small, oval or round, flat, itchy, and flaky spots on the skin. The fungus causing the infection disrupts the normal pigmentation of the skin, resulting in discolored, scaly patches. It usually pops up on the oily parts of the body like the chest and back, but can appear anywhere. Though it's not technically considered a pregnancy skin condition, it can appear for the first time during pregnancy or become exacerbated when you're expecting. Treatment usually includes antifungal shampoos like Head and Shoulders (yes, on your body!) or antifungal creams, but be sure to ask your practitioner for a recommendation now that you've got a baby on board.

Irritated skin rashes. Often, rashes are triggered by pregnancy-sensitive skin reacting to a product you've used pre-pregnancy without a reaction. Switching to a gentler product often relieves these contact rashes, but still do let your practitioner know about any persistent rash.

But wait, there's more. Believe it or not, there are a host of other skin changes you might experience. For information on stretch marks, see page 190; acne, see page 166; itchy pimples, see page 313; dry or oily skin, see page 166; spider veins, see page 164.

Keep in mind, too, that while the hair on your head will almost certainly be thicker, not all women experience the scary part of this hairy situation during pregnancy (the part where you find hair in all the wrong places). Some mamas-to-be find that the hair on their legs, underarms, or even eyebrows grows especially slowly during pregnancy—giving them a welcome break from the razor or the wax. Count yourself lucky if you fall into this less furry camp.

Vision

"My eyesight seems to be getting worse since I got pregnant. And my contact lenses don't seem to fit anymore. Am I imagining it?"

Nope, you're not seeing things—that is, you really aren't seeing things as well as you used to now that you're expecting. The eyes are just another of the seemingly unrelated body parts that can fall prey to pregnancy hormones. Not only can your vision seem less sharp, but your contact lenses, if you wear them, may suddenly feel uncomfortable. Eye dryness, which is caused by a hormone-induced decrease in tear production, may be at least partially to blame for irritation and discomfort. Another cause is extra fluid (it's everywhere!), that can change the shape of eye lenses—actually making some pregnant women more near- or farsighted. Your vision should clear up and your eyes return to normal after delivery (so don't bother to get a new prescription unless the change is so pronounced that you really can't see well anymore).

In case you were thinking about it, now isn't the time to consider corrective laser eye surgery. Though the procedure wouldn't harm the baby, it

could overcorrect your vision and take longer to heal, possibly requiring a second corrective surgery later on (plus the eye drops used aren't recommended for pregnant women). Ophthalmologists recommend avoiding the surgery during pregnancy, in the 6 months preconception, and for at least 6 months postpartum (and if you're nursing, 6 months postweaning).

Though a slight deterioration in vision is not unusual in pregnancy, other symptoms do warrant a call to your practitioner. If you experience blurring or dimming vision or often see spots or floaters, or have double vision that persists for more than 2 or 3 hours, don't wait to see if it passes—call your practitioner at once. Briefly seeing spots after you have been standing for a while or when you get up suddenly from a sitting position is fairly common and nothing to worry about, though you should report it at your next visit.

Fetal Movement Patterns

"I felt little movements every day last week, but I haven't felt anything at all today. What's wrong?"

Feeling your baby twist, wriggle, punch, kick, and hiccup is simply one of pregnancy's biggest thrills (it sure beats heartburn and puffy feet). There may be no better proof that a brand-new—and impressively energetic—life is developing within you. But fetal movements can also drive a mom-to-be to distraction with questions and doubts: Is my baby moving enough? Too much? Moving at all? One minute you're sure those were kicks you were feeling, the next you're second-guessing yourself (maybe it was just gas?). One day you feel your baby's twists and turns

nonstop. The next day your little athlete seems to have been benched, and you barely feel a thing.

Not to worry. At this stage of pregnancy, concerns about your baby's movements—while understandable—are usually unnecessary. The frequency of noticeable movements at this point varies a great deal, and patterns of movement are erratic at best. Though your baby is almost certainly on the move much of the time, you probably won't be feeling it consistently until he or she is packing a more powerful punch. Some of those dance moves may be missed because of the fetal position (facing and kicking inward, for instance, instead of outward). Or because of your own activity: When you're walking or moving about a lot, your baby may be rocked to sleep—or you may be too busy to notice the movements. It's also possible that you're sleeping right through your baby's most active period, which for many fetuses is in the middle of the night. (Even at this stage, babies are most likely to kick up when their moms are lying down.)

One way to prompt fetal movement if you haven't noticed any all day is to lie down for an hour or two in the evening, preferably after a glass of milk, orange juice, or a snack. The combination of your inactivity and the jolt of food energy may be able to get your fetus going. If that doesn't work, try again in a few hours, but don't worry. Many moms-to-be find they don't notice movement for a day or two at a time, or even for 3 or 4 days, this early on. If you're still worried, call your practitioner for reassurance.

After the 28th week, fetal movements become more consistent, and it's a good idea to get into the habit of checking on your baby's activity daily (see page 315).

Finding Out Baby's Sex

"I'm going for my 20-week ultrasound, and we're not sure whether to find out the baby's sex or not."

Team Pink? Team Blue? Or Team Wait and See? Ball's in your court when it comes to deciding whether or not to find out baby's sex—and there's no right or wrong way to play it. Some parents opt for a heads-up on baby's gender for practical reasons: It makes layette shopping, nursery painting, and name selection (only one to pick!) a lot easier. Others decide to get the baby gender bulletin early because they just can't stand the suspense. But a significant minority of parents still prefer to play the guessing game right up until the end—and to find out baby's sex the old-fashioned way, when his (or her) lower half finally makes its way into the world. The choice is yours.

If you do decide to find out now, keep in mind that determining the sex of a baby through ultrasound is not an exact science (unlike amniocentesis, which determines the gender through chromosomal analysis). Rarely, parents are told they're expecting a girl only to hear at delivery, "It's a boy!" (or far less often, the other way around—after all, it's easier to miss a penis than to see a penis where there isn't one). Also occasionally, a baby won't cooperate with the gender reveal—instead, keeping those privates private with stubbornly crossed legs. So if you do choose to find out your baby's gender when you go for your ultrasound, remember that it's a very educated guess—but still, a guess.

What if one of you wants to find out the sex and one of you doesn't? It's not easy to make that arrangement work

Second Trimester Ultrasound

Get ready for the big reveal (of your baby's adorable features, at least). Moms-to-be are routinely scheduled for an anatomy scan (also called a level 2 ultrasound) in the second trimester, usually between 18 and 20 weeks. That's because a second trimester ultrasound is a great way to see how a baby is developing—and to offer reassurance that everything is going exactly the way it should be. One of its most exciting functions as far as many parents are concerned: It can give you the 411 on baby's sex, on a want-to-know basis, of course (that is, unless you've already scored those results via an earlier chromosomal analysis). Plus, it's fun to get a sneak peek at your baby—especially now that he or she actually looks like a baby!

This more detailed scan will also give your practitioner additional valuable information about what's going on in that belly of yours. For example, it can measure the size of your baby and check all the major organs. It can measure the amount of amniotic fluid to make sure there's just the right amount, and evaluate the location of your placenta. In short, the second trimester ultrasound—besides being fun to watch—will give you and your practitioner a clear picture (literally) of the overall health of your baby and your pregnancy. Eager to make some sense of what you're seeing on the screen?

Your cutie's beating heart will be easy to locate, but ask the sonographer to point out baby's face, hands, feet, and even some of those tiny but amazing organs, like the stomach and kidneys.

Routine second trimester ultrasounds are usually done in 2D—which will provide just a flat profile of baby's features, if a very cute one (suitable for framing, or uploading). Most practitioners reserve the more detailed 3D (which takes multiple 2D images and pieces them together to form a 3D rendering that shows the whole surface, resembling a photo) and 4D scans (which shows baby moving in real time, like a video) to more closely examine a fetus for a suspected anomaly, such as cleft lip or spinal cord problems, or to monitor something specific that has to be seen more clearly. Currently, these more sophisticated (and, admittedly fun-to-watch) scans are officially recommended only when they're considered medically necessary. That's because studies evaluating the safety of ultrasound technology show mixed results and as yet unclear potential risks.

Thinking about springing for an upgraded in-womb experience at your local prenatal portrait center (Baby, the Movie), so you can get up-close-and-personal with your little one before he or she arrives? Ask your practitioner first and see page 321.

(especially if the one who knows has problems keeping a poker face . . . or resisting hint dropping . . . or blurting out to friends and family), but it can be done. Another choice you'll have to make if you opt to know the news: whether (and how, and when) to go public with it. Some parents like to save their

little secret as long as they can. Others choose to live-stream the scan, making their discovery and their announcement simultaneously. Still others decide to milk the momentous moment for all its worth, while celebrating with family and friends at the same time via a gender reveal (see box, facing page).

It's a . . . Gender Reveal

Want to find out your little one's sex in the biggest way (think one part Oscars, one part game show, all parts excitement, celebration, fun, and fanfare)? Then join the ranks of parents making that big news bigger than ever, finding out and announcing baby's sex during a gender reveal, either at a party or on social media.

There are plenty of ways to do a gender reveal—and you can get as creative as you like. If you're planning to reveal the gender to yourselves at the same time you reveal it to friends, family, and the social media stratosphere, don't peek at the ultrasound. Instead, ask the technician to write baby's sex down and seal it in a closed envelope. Then, let your imagination run wild. Some ideas: Drop the news off at a bakery, where a cake can be baked in the appropriate

color and frosted to hide the news—when you cut into the sweet treat, you and your guests will see whether it's blue for a boy or pink for a girl. Or have a piñata filled with pink or blue confetti or pink or blue candy to reveal your big news—or a box filled with blue or pink helium-filled balloons that get released when everyone has gathered around (and with someone capturing on video, of course). Looking for more inspiration? You'll find plenty on Pinterest, Instagram, and YouTube.

Not feeling the trend? Prefer to keep the news about your little one's privates, well, private for now—instead of vying for viral? Don't feel compelled to join the gender reveal party. Share, overshare, or don't share at all (until delivery day, that is)—it's your baby and your call.

Placenta Position

"The doctor said my ultrasound showed that the placenta was down near the cervix. She said that it was too early to worry about it, but of course I started worrying."

Think your baby is the only thing moving around in your uterus? Not so. Like a fetus, a placenta can move around during pregnancy, too. It doesn't actually pick up and relocate, but it does appear to migrate upward as the lower segment of the uterus stretches and grows. Though an estimated 10 percent of placentas are in the lower segment in the second trimester (and an even larger percentage before 14 weeks), the vast majority move into the upper segment by the time delivery nears. If this doesn't happen and the placenta remains low in the uterus, partially or completely covering the cervix

(the mouth of the uterus), a diagnosis of "placenta previa" is made. This complication occurs in very few full-term pregnancies (about 1 in 200). In other words, your doctor is right. It's too early to worry about the position of your baby's placenta—and statistically speaking, the chances are slim that you'll ever have to worry about it. Another reason not to worry: If you do end up being diagnosed with placenta previa, your baby will simply be delivered via a scheduled cesarean.

"During my ultrasound, the technician told us that I have an anterior placenta. What does that mean?"

It means your baby is taking a backseat to the placenta. Usually, a fertilized egg situates itself in the posterior uterus—the part closest to your spine, which is where the placenta eventually

develops. Sometimes, though, the egg implants on the opposite side of the uterus, closest to your belly button. When the placenta develops, it grows on the front (or anterior) side of your uterus, with the baby behind it. And that, apparently, is what happened with your little bundle.

Happily, your baby doesn't care which side of the uterus he or she is lying on, and where the placenta is located certainly makes no difference to development. The downside for you is that you might be less able to feel those early kicks and punches because the placenta will serve as a cushion between your baby and your tummy—and that could lead to unnecessary worrying. For the same reason, your doctor or midwife may find it a bit harder to pick up your baby's heartbeat, especially early on (and it could make amniocentesis, if you need it, a little more challenging). But despite those slight inconveniences—which are no big deal—an anterior placenta is inconsequential. What's more, it's very likely that the placenta will move into a more posterior position later on (as anterior placentas commonly do).

Sleeping Position

"I've always slept on my stomach. Now I'm afraid to. And I just can't seem to get comfortable any other way."

Unfortunately, two common favorite sleeping positions—on the belly and on the back—are not the best (and certainly not the most comfortable) choices during pregnancy. The belly position, for obvious reasons: As your stomach grows, it's like sleeping on a watermelon. The back position, though more comfortable, rests the entire weight of your pregnant uterus on your back, your intestines, and

major blood vessels. This pressure can aggravate backaches and hemorrhoids, make digestion less efficient, interfere with optimum circulation, and possibly cause hypotension (low blood pressure), which can make you dizzy. The less-than-optimum circulation can also reduce blood flow to the fetus, giving your baby less oxygen and nutrients. It's not unsafe for your fetus if you find yourself on your back every once in a while, but being on your back for prolonged periods of time over weeks and months can be problematic.

This doesn't mean you have to sleep standing up. Curling up or stretching out on your side—preferably the left side, though either side is fine—with one leg crossed over the other and with a pillow between them (see illustration, below), is ideal for both you and your baby-to-be. It not only allows maximum flow of blood and nutrients to the placenta but also enhances kidney function, which means better elimination of waste products and fluids and less swelling of ankles, feet, and hands.



Sleeping on your side

Very few people, however, manage to stay in one position through the night. Don't worry (repeat: do not worry) if you wake up and find yourself on your back or abdomen. No harm done (repeat: no harm done); just turn back to your side. You may feel uncomfortable for a few nights—or even a few weeks—but your body will most likely adjust to the new position. A body pillow that's at least 5 feet long or a wedge-shaped pillow can offer support, making side sleeping much more comfortable and staying on your side much easier. If you don't have either of these, you can improvise with any extra pillows, placing them against your body in different positions until you find that perfect combo for catching z's. Or you can prop yourself in a semi-upright position in a recliner (if you have one) instead of the bed.

Class Womb?

"I've heard of people reading to their bellies or playing music to give their babies a head start in learning. Should I be trying to stimulate my baby, too?"

Now hear this: While your baby can hear by the end of the second trimester—and will even start learning from what he or she hears—there's no need to start piping in any kind of curriculum during pregnancy. Not only is promoting this early head start in music or language or literature not necessary, it can come with a potential downside—especially if it signals the start of extremely premature parental pushiness and begins placing too much emphasis on achievement at a too-tender age (and before birth is definitely too tender an age). Fetuses (like the babies and children they'll become before you know it) develop—and later, learn—best at their own pace, no prodding necessary.

There's also the chance that when parents attempt to turn the womb into a classroom, they may unknowingly disrupt the natural sleep patterns of their baby-to-be, hampering development instead of nurturing it (just as waking up a newborn for a game of name-this-letter might).

That said, there's nothing wrong—and a lot right—with providing a uterine environment that's rich in language and music, and, much more important, about finding ways to get close to your little one long before you even have that first cuddle. Talking, reading, or singing to your baby while he or she is in the womb (no amplification necessary) won't guarantee straight A's (or faster ABCs), but it will ensure that your baby will know your voice (and dad's voice) at birth—and will give you both a head start on bonding.

Playing music now may mean that your newborn will recognize, appreciate, and even be soothed by these sounds later on. Same thing with lullabies sung or nursery rhymes recited. And don't underestimate the power of touch. Since this sense also begins to develop in utero, stroking your belly now may also help strengthen the bond between you and your baby later. Plus it feels good.

So turn on the Mozart, bring on the Bach, pull out those dusty Shakespeare sonnets (or pull them up online), and read away to your belly if you like—and if you can without cracking up. Just make sure you're doing it all to get closer to your baby—not to get him or her closer to a spot in the school orchestra or an academic scholarship.

Of course, if you feel silly performing for your belly, there's no reason to worry that your baby will miss out on getting to know you. He or she is getting used to the sound of your voice—and dad's—every time you speak to each other or someone else. So enjoy

making baby contact now, but definitely don't worry about early learning this early. As you'll discover, kids grow up all too soon anyway. There's no need to rush the process, particularly before birth.

Approaching Parenthood

"I keep wondering if I will be happy with this whole parenthood thing. I have no clue what it'll really be like."

Most people approach any major change in their lives—and there's no more major change than becoming a parent—wondering whether it will be a change they'll be happy with. And it's always much more likely to be a happy change if you keep your expectations realistic.

So, first of all: Reality check . . . check . . . and recheck. If you have images of bringing a cooing, smiling, picture-perfect baby home from the hospital, you may want to read up on what newborns are really like. Not only won't your newborn be smiling or cooing for weeks, but he or she may hardly communicate with you at all, except to cry—and this will almost invariably be when you're sitting down to dinner or starting to get busy in bed, have to pee, or are so tired you can't move.

And if your visions of parenthood consist of leisurely morning walks through the park, sunny days at the zoo, and hours coordinating baby's wardrobe, another reality check is probably in order. You'll have your share of walks in the park (that is, if you have one nearby), but there will also be many mornings that turn into evenings before you and your baby have the chance to see the light of day, many sunny days that will be spent largely in the laundry room, and very few tiny

FOR FATHERS

Feeling Left Out

Let's face it. No matter how much the gender roles have evolved, biology still has its limitations. Which means that pregnancy is—and will always be—women's work, at least physically. It's mom who's carrying the baby, mom who's connected to the baby (and has the bump to back it up), mom who's doing the prenatal nourishing and nurturing, as well as the one taking most of the hits for Team Baby. She's also the one getting the bulk of the pregnancy attention (from friends, from family, from the doctor or midwife, even from solicitous strangers). And that can sometimes leave you feeling like you're on the outside of pregnancy looking in.

Not to worry. Just because the pregnancy's not taking place in your body doesn't mean you can't share it. And the best way to keep from feeling left out is to get involved. Here's how:

- Talk it over. Your partner may not realize that you're feeling left out—or she may even have the impression that you're just as happy staying on the sidelines. Let her know you'd not only like to be let in, but that you are all in.
- Be a prenatal regular. Whenever you can (and if you're not already), join her at her prenatal appointments. She'll appreciate the moral support, but you'll appreciate the chance to hear the practitioner's recommendations for

outfits that will escape unstained by spit-up, pureed sweet potatoes, and baby vitamins.

What you can expect realistically, however, are some pretty magical moments and some epically awesome experiences. That feeling you'll get when cuddling a warm, sleeping bundle of baby (even if that cherub was howling moments before) will be like

yourself. Plus you'll get to ask all those questions you have. The visits will also give you much-needed insight into the miraculous changes going on in your spouse's body. Best of all, you'll get to experience those momentous milestones with her (hearing the heartbeat, seeing those tiny limbs on ultrasound).

- Act pregnant. You don't have to start sporting a baby-on-board t-shirt or a milk mustache. But you can become a true partner in pregnancy: Exercise with her. Take a pass on the alcohol and be her comrade-in-club soda. Make an extra effort to eat well (at least when you're around her). And if you smoke, quit.
- Get an education. Even dads with advanced degrees (including those with MDs) have a lot to learn when it comes to pregnancy, childbirth, and baby care, just as moms do the first time. Read this book and follow it up with *What to Expect the First Year*. Check in with daddy bloggers and join online and local dads' groups. Download the What To Expect app, so you can get updates and tips and watch the weekly videos together. Attend childbirth classes as a team, and attend baby care classes for dads, if they're available locally. Chat up new dad friends and colleagues.
- Make a baby love connection. A mom-to-be may have the edge in prenatal bonding because baby's living inside her, but dads can get close, too. Talk, read, sing to your baby frequently—a fetus can hear from about the end of the 6th month on, and hearing your voice often now will help your newborn recognize it after delivery. Enjoy baby's kicks and squirms by resting your hand or your cheek or chest on your partner's bare belly for a few minutes each night. It's a nice way to get close with her, too. And baby can feel your belly rubs—even hear your heart beating if you get near enough.
- Gear up as a team. Decorate the nursery together. Pore over baby-name apps. Research prospective baby doctors and attend any consults. Become active in every aspect of planning and prepping for the baby's arrival if you haven't already.
- Consider taking off. Start looking into your company's paternity leave policy, if there is one. That way, you'll be sure not to be left out of all the fun after the baby is born. If there isn't one, consider mobilizing other dads and dads-to-be around the issue (an idea, like paid maternity leave, whose time has come in the U.S.).

nothing else you've ever felt. Ditto that first toothless smile meant just for you. The coo that finally comes, all breathy and sweet. Sticky hugs and wet kisses and fresh-from-the-bath snuggles. The reality is, they'll make all those sleepless nights, delayed dinners, mountains of laundry, and frustrated romance more than worth it.

Happy? Just you wait, mommy.

Wearing a Seat Belt

"Is it safe to wear a seat belt when you're pregnant? And what about the air bag?"

There's no safer way for an expectant mom—and her baby—to travel than buckled up. Plus, it's the law in most places. For maximum safety and minimum discomfort, fasten the belt below your belly, across your pelvis and