

Belly Piercings

It's cool, it's stylish, it's sexy—and it's one of the cutest ways to show off a flat, toned tummy. But once your belly starts to bulge, will you have to remove your belly piercing? Nope—not as long as your belly piercing is healed (read: Your trip to the Piercing Pavilion wasn't last month) and healthy (in other words, not red, weeping, or inflamed). Remember, your belly button marks where you connected to your own mom in the womb, not where your baby connects to you—which means a piercing won't provide a path for pathogens to reach your baby. You also don't have to worry about a belly ring interfering with birth, or even a cesarean delivery.

Of course, as your pregnancy progresses and your tummy starts to jut out in earnest, you may find that your belly bar or belly ring becomes too uncomfortable to wear, thanks to your stretched-to-the-limit skin. The belly ring might also start to rub—and even get caught on—your clothing, especially when your belly button “pops” out later in pregnancy. And that rubbing can hurt, big time.

If you do decide to take out the jewelry entirely, just run your belly ring through the hole every few days to keep the piercing from closing up shop (unless you've had it for a number of years, in which case the likelihood that the hole will close is pretty slim). Or consider replacing your bar or ring with a flexible belly bar made of Teflon or PTFE (polytetrafluoroethylene).

As for getting your belly (or anywhere else on your body) pierced during pregnancy: better to hold off until after delivery. It's never a good idea to puncture the skin unnecessarily during pregnancy, because it ups the chances of infection.

Too late—you already commemorated your pregnancy with a fresh piercing, or you pierced just before finding out you were expecting? If the area is not healed yet (it's still red), it's probably best to take the piercing out and repierce after delivery. Not only because of the increased risk of infection, but because the stretching of your belly can stretch a still unhealed hole, leaving it much larger than you'd probably like it to be (as in gaping).

that is. A little unnerving, yes (“But I looked pregnant just yesterday!”), but completely normal.

Don't worry. Pretty soon you'll have a belly that doesn't come and go—and that's more baby than bowel. In the meantime, see page 185 for tips on fighting constipation.

Losing Your Shape

“Will I ever get my body back after I have a baby?”

Well, that kind of depends . . . on you. Studies show that 25 percent of all moms of 2- to 3-year-olds are still hanging on to 10-plus pounds of their pregnancy weight. And most new moms find that even if they've gotten close to their prepregnancy weight, their tummy (and hips, and butt) aren't exactly the same after pregnancy. But now's not the time to worry about what'll happen after pregnancy. Focus instead on gaining the right amount of weight, at the right rate, on the right foods. Not only will that enable you to

First-Trimester Ultrasound

You certainly won't be able to make out any adorable baby features yet (or find out whether you're boarding a boy or a girl), but you're still probably pretty excited to know that early ultrasounds (at about 6 to 9 weeks) have become a routine part of prenatal care, allowing eager parents a welcome first glimpse of their still teeny baby bean. In fact, ACOG recommends that all moms-to-be receive an early ultrasound. The top reason why: Combined with the LMP, measurement of the embryo or fetus during early pregnancy is the most accurate way to date a pregnancy (after the first trimester, ultrasound measurements of the fetus are less accurate). An early ultrasound is also used to visualize a heartbeat, as well as to confirm that the pregnancy is taking place where it's supposed to, in the uterus (and to rule out an ectopic, or tubular, pregnancy). And if you're carrying twins (or more), an early ultrasound will issue that double baby bulletin sooner.

How does ultrasound get a picture of life inside your uterus? Through sound waves, emitted by a transducer wand, which bounce off structures (your baby, the gestational sac, and so on) to produce an image that can be viewed on a video screen. If you're getting an ultrasound before week 6 or 7, it's likely you'll have a transvaginal one.

In a transvaginal ultrasound, a long, narrow transducer wand (covered first with a condom-like cover and sterile lubricant) is inserted into the vagina. The practitioner will gently move the wand within the vaginal canal to scan your uterus, allowing for an extra early view of your baby. After week 6 or 7, you'll probably be a candidate for the transabdominal version. For a transabdominal early ultrasound, your bladder must be full (which isn't fun) so the still-small uterus can be seen more easily. Gel (some practitioners warm it up first, otherwise it's chilly) is spread on your abdomen, and then the transducer wand is rubbed over it.

Both procedures can last from 5 to 30 minutes and are painless, except for the discomfort of the full bladder necessary for the first-trimester transabdominal exam, and possibly the discomfort of the vaginal transducer. You'll be able to watch along with your practitioner (though you'll likely need help figuring out what you're seeing), and probably take home a small print-out as a souvenir.

While most practitioners will wait until at least 6 weeks to order an early ultrasound, it's possible to see a gestational sac as early as 4½ weeks after a last menstrual period and a heartbeat as early as 5 to 6 weeks (though it isn't always detected that early).

keep your eyes on the real prize—the healthy nourishment of your baby—but it'll also increase your chances of recovering your prepregnancy shape (and even bettering it) once baby is born. Want to up the odds even more? Team your sensible eating efforts with pregnancy-approved exercise, and try as best you can to keep up your regimen after your baby arrives. Mind you, that

recovery won't happen overnight (think 3 months as the best-case scenario, 6 months a more realistic one, and longer than that a real possibility).

Difficulty Urinating

"The last few days it's been really hard to pee, even though my bladder seems very full."

What's a Corpus Luteum Cyst?

If your practitioner said that your ultrasound shows you have a corpus luteum cyst, your first question will probably be—what is it? Well, here's all you need to know. Every month of your reproductive life, a small, yellowish body of cells forms after you ovulate. Called a corpus luteum (literally “yellow body”), it occupies the space in the follicle formerly occupied by the egg. The corpus luteum produces progesterone and some estrogen, and it is programmed by nature to disintegrate in about 14 days. When it does, diminishing hormone levels trigger your period. When you become pregnant, the corpus luteum hangs around instead of disintegrating, continuing to grow and produce enough hormones to nourish and support your baby-to-be until the placenta takes over. In most pregnancies, the corpus luteum starts to shrink around 6 or 7 weeks after the LMP and stops functioning altogether at about 10 weeks, when its work

of providing board for baby is done. But in about 10 percent of pregnancies, the corpus luteum doesn't regress when it's supposed to. Instead, it develops into a corpus luteum cyst.

So now that you know what a corpus luteum cyst is, you're probably wondering—how will it affect my pregnancy? The answer: It probably won't at all. The cyst is usually nothing to worry about—or do anything about. Chances are, it will go away by itself in the second trimester. But just to be sure, your practitioner will keep an eye on its size and condition regularly via ultrasound (which means you get extra peeks at your baby). Some moms-to-be report an ovulation-like pinching sensation on one side of their lower abdomen early in pregnancy that may be related to the corpus luteum or to a corpus luteum cyst. Again, nothing to worry about, but mention it to your practitioner for reassurance.

Sounds like your bladder may be under pressure—from your uterus. About 1 in 5 women have a tilted (aka retroverted) uterus, one that tilts toward the back instead of the front. When it refuses to right itself, a tilted uterus can press on the urethra, the tube leading from the bladder. The pressure of this ever-heavier load can make it feel hard to pee. Urine may also leak when the bladder becomes very overloaded.

In nearly all cases, the uterus shifts itself back into position by the end of the first trimester without any medical intervention. But if you're really uncomfortable now—or if you're finding it especially difficult to urinate—put in a call to your practitioner. He or she might be able to manipulate your uterus by hand to move it off the urethra so

you can pee easily again. Most of the time that works. In the unlikely event that it doesn't, catheterization (removing the urine through a tube) may become necessary.

One other possibility if you're having trouble peeing (and another good reason to put in that call to your practitioner): a UTI (urinary tract infection). See page 528 for more.

Mood Swings

“I know I should feel happy about my pregnancy—and sometimes I am. But other times, I feel so weepy and sad.”

They're up—and they're down. The very normal mood swings of pregnancy can take your emotions places

FOR FATHERS

Rolling with Her Mood Swings

Welcome to the wonderful—and sometimes wacky—world of pregnancy hormones. Wonderful because they're working hard to nurture the tiny life that's taken up residence inside your partner's belly (and that you'll soon be cuddling in your arms). Wacky because, in addition to taking control of her body (and often making her miserable), they're also taking control of her mind—making her weepy, over-the-top excited, disproportionately pissed, deliriously happy, and stressed out . . . and that's all before lunch.

Not surprisingly, an expectant mom's mood swings are usually the most pronounced during the first trimester when those pregnancy hormones are in their greatest state of flux (and when she's just getting used to them). But even once the hormones have settled down in the second and third trimesters, you can still expect to be riding the emotional roller coaster with your partner, which will continue to take her to emotional highs and lows (and fuel those occasional outbursts) right up until delivery, and beyond.

So what's an expectant dad to do? Here are some suggestions:

Be patient. Pregnancy won't last forever (though there will be times in the 9th month where you both may wonder if it will). This, too, shall pass, and

it'll pass a lot more pleasantly if you're patient. In the meantime, try to keep your perspective—and do whatever you can to channel your inner saint.

Don't take her outbursts personally. And don't hold them against her. They are, after all, completely out of her control. Remember, it's the hormones talking—and crying for no apparent reason. Avoid pointing out her moods, too. Though she's powerless to control them, she's also probably all too aware of them. And chances are, she's no happier about them than you are. It's no picnic being pregnant.

Help slow down the swings. Since low blood sugar can send her mood swinging, offer her a snack when she's starting to droop (a plate of crackers and cheese, a fruit-and-yogurt smoothie). Exercise can release those feel-good endorphins she's in need of now, so suggest a before- or after-dinner walk (also a good time to let her vent fears and anxieties that might be dragging her down).

Go the extra yard. That is, go to the laundry room, to her favorite takeout on the way home from work, to the supermarket on Saturday, to the dishwasher to unload . . . you get the picture. Not only will she appreciate the efforts you make—without being asked—but you'll appreciate her happier mood.

they've never gone before, both to exhilarating highs and depressing lows. Moods that can have you over-the-moon one moment, down-in-the-dumps the next—and weeping inexplicably over insurance commercials in between. Can you blame it on your hormones? You bet. These swings may be more

pronounced in the first trimester (when hormonal havoc is at its peak) and, in general, in women who ordinarily experience emotional ups and downs before their periods (it's sort of like PMS pumped up). Feelings of ambivalence about the pregnancy once it's confirmed are common even when a pregnancy is

planned, and may exaggerate the swings still more. Not to mention all those changes you're experiencing (the physical ones, the emotional ones, the logistical ones, the relationship ones—all of which can overwhelm your moods).

Mood swings tend to moderate somewhat after the first trimester, once hormone levels calm down a little—and once you've adjusted to some of those pregnancy changes (you'll never adjust to all of them). In the meantime, though there's no sure way to hop off that emotional roller coaster, there are several ways to minimize the mood mayhem:

- **Keep your blood sugar up.** What does blood sugar have to do with moods? A lot. Dips in blood sugar—caused by long stretches between meals—can lead to mood crashes. Yet another compelling reason to ditch your usual 3-meals-a-day (or fewer) eating routine and switch to the 6-Meal Solution (see page 89). Keep complex carbs and protein in starring roles in your mini-meals so that your blood sugar—and mood—stay stable.
- **Keep dietary sugar and caffeine consumption down.** That candy bar, that giant cookie, that Coke will give your blood sugar a quick spike—followed soon after by a downward spiral that can take your mood down with it. Caffeine (especially when it's combined with sugar, as in that Mocha Iced Blended) can have the same effect, adding to mood instability. So limit both, for happier results.
- **Eat well.** In general, eating well will help you feel your best emotionally (as well as physically), so follow the Pregnancy Diet as best you can. Getting plenty of omega-3 fatty acids in your diet (from walnuts, fish, grass-fed beef, and enriched eggs, to name a few foods) may also help with mood

moderating—plus, they're also super-important for your baby's brain development. Studies have shown that a daily dose of dark chocolate can also help boost your mood.

- **Get a move on.** The more you move, the better your mood. That's because exercise releases feel-good endorphins, which can send your spirits soaring. Build practitioner-approved exercise into your day—every day.
- **Get a groove on.** If you're in the mood for love (and not too busy puking), sex can turn that frown upside down by releasing happy hormones. It can also bring you closer to your partner at a time when your relationship may be facing new challenges. If sex isn't in the cards—or sexy isn't what you're feeling at the moment—the power of touch in any form (cuddling, hugging, holding hands) can help boost your mood.
- **Light up your life.** Research has shown that sunlight can actually lighten your moods. When the sun's shining, try catching some daily rays (just don't forget to apply sunscreen first).
- **Talk about it.** Worried? Anxious? Feeling unsettled? Unsure? Pregnancy is a time of many mixed emotions, which play out in mood swings. Venting some of those feelings—to your spouse (who's probably feeling plenty of the same things), to friends who can relate, to other expectant moms on the WhatToExpect.com message boards—can help you feel better, or at least help you see that what you're feeling is normal. On the other hand, if you're finding that too much message board surfing makes waves with your emotions (you're always worrying about having what she's having—or not having what she's having—symptom-wise), consider taking a board break.

- Rest up. Fatigue can exacerbate normal pregnancy mood swings, so make sure you're getting enough sleep (but not too much, since that can actually increase emotional instability).
- Learn to relax. Stress can definitely take your moods down, so find ways of moderating it or coping with it better. See page 145 for tips.

If there's one person in your life who is more affected—and bewildered—by your mood swings than you are, it's probably your partner. It'll help for him to understand why you're acting the way you are these days (that surges of pregnancy hormones are holding your emotions hostage), but it'll also help for him to know exactly how he can help you. So tell him what you need (more help around the house? a night out at your favorite restaurant?) and what you don't need (hearing that your rear's looking a little wide . . . or seeing a trail of socks and underwear down the hallway) right now, what makes you feel better, and what makes you feel worse. And be specific: Even the most loving spouse isn't a mind reader.

Pregnancy Depression

"I expected some mood swings with pregnancy, but I'm not just a little down—I'm depressed all the time."

Every expectant mom has her ups and downs, and that's normal. But if your lows are consistent or frequent, you may be among the 10 to 15 percent of women who battle mild to moderate depression during pregnancy—and that's not something to write off as part of the pregnancy package.

True depression shows up in a variety of symptoms, both emotional and physical, that go well beyond standard moms-to-be moodiness. These can

include feeling sad, empty, hopeless, and emotionally lethargic, having sleep disturbances (you feel like sleeping all the time, or you can't sleep at all), having a change in eating habits (you don't feel like eating at all, or you're eating all the time), feeling fatigued and lacking energy (above what's normal in pregnancy) and/or feeling agitated or restless, losing interest in work, friends, family, and activities you usually enjoy, losing concentration and focus, having exaggerated mood swings (more dramatic than what's normal in pregnancy), and even having self-destructive thoughts. There may also be unexplained aches and pains.

Having had mood disorders in the past or having a family history of mood disorders can increase your chances of depression during pregnancy. Other factors can contribute, too, including stress (financial, relationship, work, or family), lack of emotional support, anxiety over your health or baby's (especially if you've had complications or pregnancy losses in the past), or having pregnancy symptoms that are severe or complications that require lots of extra medical screening, hospitalization, or bed rest.

If you believe that what you're experiencing is depression (or even if you think you might be), start by trying those tips for dealing with mood swings listed in the previous question. If mild to moderate symptoms continue for longer than 2 weeks, speak to your practitioner about treatment options or ask for a referral to a therapist. (Don't wait to call if the symptoms are more serious—for instance, you're unable to function or care for yourself and your baby, or you're having thoughts about harming yourself.) Since thyroid conditions—which are fairly common and can be easily treated—can trigger depression, a thyroid panel may be

Panic Attacks

Pregnancy can be a time of high anxiety, especially for those who are expecting for the first time (and consequently don't know what to expect). And a certain amount of worry is normal, and probably unavoidable. But what about when that worry turns to panic?

If you've had panic attacks in the past, you're probably all too aware of the symptoms (and most women who have panic attacks during pregnancy have had them before). They're characterized by intense fear or discomfort accompanied by an accelerated heart rate, sweating, trembling, shortness of breath, feeling of choking, chest pain, nausea or abdominal distress, dizziness, numbness or tingling, or chills or hot flashes that appear seemingly out of the blue. They can be incredibly unsettling, of course, particularly when they strike for the first time during pregnancy. But happily, though they definitely affect you, there is no reason to believe that panic attacks affect the development of your baby in any way.

Still, if you do experience such an attack, tell your practitioner. Therapy is always the first choice during pregnancy (and other times, too). But if medications are necessary to ensure

your wellbeing (and your baby's—if anxiety is keeping you from eating or sleeping or otherwise taking care of your precious cargo), your practitioner, together with a qualified therapist, can work with you to decide which medication offers the most benefits for the fewest risks (and how low a dose you can take and still derive those benefits). If you've been on a medication for panic attacks, anxiety, or depression pre-pregnancy, a change or an adjustment of dose might be necessary, too.

While medication is one solution to extreme anxiety, it certainly isn't the only one. There are many nondrug alternatives that can be used instead of or in conjunction with traditional therapy. These include eating well and regularly (including plenty of omega-3 fatty acids and some dark chocolate in your diet may be especially helpful), avoiding too much sugar and caffeine (caffeine, in particular, can trigger anxiety), getting regular exercise, and learning meditation and other relaxation techniques (prenatal yoga can be incredibly calming, and can teach you the kind of deep breathing that can alleviate anxiety). Talking your anxieties over with your partner and/or with other expectant moms can also generate relief.

done to rule that out first (ask for one if it's not offered).

Getting the right help, and getting it promptly, is important—not only for your sake, but for your baby's. Depression can keep you from taking optimum care of yourself and your baby, now and after delivery. In fact, depression during pregnancy can increase risks for complications—much as depression can adversely affect your health when you're not pregnant. Continued extreme

emotional stress can also negatively impact baby's growth and development.

Happily, there are plenty of effective strategies for treating pregnancy depression. Finding the right treatment (or combination of treatments) can help you feel better, so you can begin enjoying your pregnancy. Options include:

- Supportive therapy. Every treatment plan for depression should include regular visits with an experienced

FOR FATHERS

Your Pregnancy Mood Swings

Dads-to-be share a lot more than an expected bundle of joy with their partners. In fact, long before that bundle arrives, you may share in many of the symptoms, including pregnancy mood slumps—which are surprisingly common in expectant dads. Fluctuations in your hormones can play a role (yes, your hormones are talking, too), but feelings factor in as well. Just about every dad-to-be (like most moms-to-be) experiences a host of conflicted (but completely normal) feelings in the months leading up to one of life's most major changes—from anxiety to fear to ambivalence to a crumbling of confidence. No wonder your moods can take a hit.

But you can help boost your pregnancy mood—and perhaps prevent the postpartum blues, which about 10 percent of new dads find themselves experiencing. Check out the suggestions on page 173 and try:

- **Talking.** Let your feelings out so they don't bring you down. Share them with your partner (and let her share hers, too), making communication a daily ritual. Talk them over with a friend who recently became a father (no one will get it like he will). Or find an outlet through dad social media.
- **Moving.** Nothing gets your mood up like getting your pulse up. A workout won't only help you work out your feelings, but those feel-good endorphins can give your mood a long-lasting boost.
- **Getting baby-busy.** Gear up for the anticipated arrival by pitching in with all the baby gear gathering and other

baby prep that's likely going on. You may find that getting in the baby spirit helps give your spirits a boost.

- **Cutting out (or cutting down).** Drinking a lot can swing your moods even lower. Though alcohol has a reputation for being a mood booster, it's technically a depressant, so there's a reason why the morning after is never as happy as the night before. Plus, it's a coping mechanism that covers up the feelings you're trying to cope with. Ditto with drugs.
- **Eating well.** Like with the mama-to-be in your life, eating well and keeping your blood sugar on an even keel can help moderate mood swings. Focus on lean protein and complex carbs instead of getting pumped up with sugar and caffeine, which can crash your blood sugar, bringing your mood with it.

Remember, there's a difference between pregnancy mood swings and actual depression during pregnancy—and that goes for both expectant moms and dads. True depression can be physically and emotionally debilitating: It can wear on relationships, impact eating, sleeping, normal functioning, your work and your social life, and keep you from enjoying what should be (and can be!) an exciting, joyful life change. But research shows that a father's depression can ultimately affect his baby's wellbeing, too. So don't wait. If you're having symptoms of depression (especially if you're also have feelings of rage or violent thoughts) seek professional help from your physician or therapist right away.

therapist—and it's always the first-line treatment for mild to moderate pregnancy depression. No matter what's triggering your depression, therapy can

help you sort through and deal with the feelings you're having and help you cope with them. Under the ACA, most insurance plans should offer some level

of coverage for mental health therapy, though it varies widely, depending on your state and insurance.

- **Medication.** Deciding whether therapy is enough or whether antidepressant medication will be part of the treatment plan (and which one to use) will require consulting with both your practitioner and your therapist to weigh possible risks against possible benefits (see page 45).
- **CAM therapies.** Meditation (and other relaxation techniques), yoga, acupuncture, music therapy—these are just some of the CAM therapies that can help relieve symptoms of depression safely. Bright light therapy can also be surprisingly effective in reducing symptoms of pregnancy depression by increasing levels of serotonin, the mood-regulating hormone in the brain, and it's safe and simple: All you do is sit about 2 feet away from a special full-spectrum bright light—one that's 20 times brighter than normal room lighting—for 10 to 45 minutes a day, depending on your response. Don't, however, turn to herbal supplements touted for their mood-boosting properties (such as SAM-e and St. John's wort) without your practitioner's approval—they haven't been studied enough to consider them safe for pregnancy use.

- **Exercise.** Besides being good for your body and health, exercise has been shown to be a potent mood booster, releasing feel-good endorphins.

- **Healthy eating.** It probably won't be the first line of treatment for depression, but eating foods rich in omega-3 fatty acids (see page 98 for a list) may help ease pregnancy depression and possibly postpartum depression, too. And since those foods are baby-healthy anyway, it definitely couldn't hurt to try adding them to the mood-boosting mix. You can also ask your practitioner about taking a pregnancy-safe omega-3 supplement. Eating dark chocolate (the higher the cocoa content, the better) may help boost mood and reduce anxiety, too.

Being depressed during pregnancy does somewhat increase the chances of postpartum depression (PPD). But the happy news is that getting the right treatment during pregnancy—and/or right after delivery—can help prevent PPD. Some doctors prescribe low doses of antidepressants to women with a history of depression as a preventive measure starting during the second trimester, while others recommend that women who are at high risk take antidepressants right after delivery to prevent PPD. Ask your practitioner about this.

ALL ABOUT:

Weight Gain During Pregnancy

Maybe you've been looking forward to putting pounds on after years of dieting to take them off (or at least, keep them from piling on). Maybe you've been dreading watching the numbers on the scale creep up for

the same reason. Either way, for most moms-to-be weight gain isn't only a reality during pregnancy, it's a necessity. Gaining the right amount of weight, in fact, is vital when you're growing a baby.

But what is the right amount of weight? How much is too much? How much is too little? How fast should you gain it all? And will you be able to lose it all (or most of it) after delivery? Short answer to that last question: yes—if you gain the right amount of weight at the right rate on the right type of foods.

How Much Should You Gain?

If there were ever a legitimate reason to pile on the pounds, pregnancy is it. After all, when you grow a baby, you've got to do some growing, too. But piling on too many pounds can spell problems for you, your baby, and your pregnancy. Ditto if you accumulate too few.

What's the perfect pregnancy weight gain formula? Actually, since every pregnant woman—and every pregnant body—is different, that formula can vary a lot. Just how many pounds you should aim to add during your 40 weeks of baby growing will depend on how many

pounds you were packing before you became pregnant.

Your practitioner will recommend the weight gain target that's right for you and your pregnancy profile—and that's the guideline to follow, no matter what you read here. But in general, weight gain recommendations are based on your prepregnancy BMI, or body mass index. Your BMI (essentially, your body fat level) is calculated by multiplying your weight in pounds by 703, then dividing by your height in inches squared—but it's much easier to skip the math and do the calculations on a BMI app. You can search “adult BMI calculator” at cdc.gov, or use the chart in *What to Expect: Eating Well When You're Expecting*:

- If your BMI is average (between 18.5 and 25), you'll probably be advised to gain between 25 and 35 pounds, the standard recommendation for the average-weight pregnant woman.
- If you start out your pregnancy overweight (BMI between 25 and 30),

Why More (or Less) Weight Gain Isn't More

What do you have to lose by gaining too much weight when you're expecting? Packing on too many pounds can present a variety of problems in your pregnancy. More padding can make assessing and measuring your baby more difficult, and added pounds can add to pregnancy discomforts (from backache and varicose veins to fatigue and heartburn). Gaining too much weight can also increase the risk of preterm labor, of developing gestational diabetes or pregnancy-induced hypertension, of ending up with an oversize baby who's difficult or even impossible to deliver vaginally, of

complications after a cesarean delivery, of a host of problems for your newborn, and of having more trouble with breastfeeding. Not surprisingly, too, those extra pounds may be extra hard to shed postpartum—and in fact, many women who gain too much weight during pregnancy end up never shedding them all.

Gaining too little weight can also be a losing proposition during pregnancy. Babies whose moms gain less than 20 pounds are more likely to be premature, small for their gestational age, and suffer growth restriction in the uterus. (The exception: obese women, who can safely gain 11 to 20 pounds or less.)

Breaking Down the Weight Gain

Baby	7½ pounds
Placenta	1½ pounds
Amniotic fluid	2 pounds
Uterine enlargement	2 pounds
Mom's breast tissue	2 pounds
Mom's blood volume	4 pounds
Fluids in mom's tissue	4 pounds
Mom's fat stores	7 pounds
Total average	30 pounds overall weight gain

(All weights are approximate)

your goal will be somewhat scaled back—to somewhere between 15 and 25 pounds.

- If you're obese (with a BMI greater than 30), you may be told to hold your total to between 11 and 20 pounds, or perhaps even less than that.
- Are you super skinny (with a BMI of less than 18.5)? Chances are, your target will be higher than average—upward of 28 to 40 pounds.
- Carrying multiples? For moms providing room and board for more than one, extra babies will require extra pounds; see page 446.

It's one thing to set an ideal weight gain goal . . . it's another thing to get there. That's because ideals aren't always completely compatible with reality. Piling on the right number of pounds isn't just about piling the right amount of food on your plate. There are other factors at work, too. Your metabolism, your genes, your level of activity,

your pregnancy symptoms (the heartburn and nausea that make eating too much like hard work, or those cravings for high-calorie foods that make gaining too much too easy)—all play a role in helping you pack on (or in keeping you from packing on) the perfect pregnancy poundage. With that in mind, keep an eye on the scale to ensure that you're reaching your weight gain target.

At What Rate Should You Gain?

Slow and steady doesn't only win the race—it's a winner when it comes to pregnancy weight gain, too. A gradual weight gain is best for your body and your baby's body. In fact, the rate at which weight is gained is as important as the total number of pounds you gain. That's because your baby needs a steady supply of nutrients and calories during his or her stay in your womb—shipments that come in fits and spurts won't cut it once your little one starts

Weight Gain Red Flags

If you experience sudden, rapid weight gain in the second and third trimester, especially if it's accompanied by severe swelling in the legs and feet or puffiness of the face and hands, check with your practitioner. Check, too, if you gain no weight for more than 2 weeks in a row during the 4th to 8th months (unless you're obese and your practitioner has you on a slowed-down weight gain schedule).

doing some significant growing (as will happen during the second and third trimesters). A well-paced weight gain will also do your body good, allowing it to gradually adjust to the increased poundage (and the physical strains that come with it). Gradual gain also allows for gradual skin stretching (think fewer stretch marks). Need more convincing? Pounds put on at a slow and steady rate will come off more easily when the time comes (after you've delivered and you're eager to get back to your prepregnancy shape . . . and into those prepregnancy jeans).

Does steady mean spreading out those 30 pounds or so evenly over 40 weeks? No—even if that were a possible plan, it wouldn't be the best one. Here's how it breaks down trimester by trimester:

- During the first trimester, your baby is tiny, which means that eating for two doesn't require extra eating at all, and only a minimum of weight gain, if any. A good goal for trimester 1 is between 2 and 4 pounds—though many women don't end up gaining any at all or even lose a few (thanks

to nausea and vomiting), and some gain somewhat more (often because their queasiness is comforted only by starchy, high-calorie foods), and that's fine, too. For those who start slowly, it should be easy to play weight gain catch-up during the next 6 months (especially once food starts tasting and smelling good again). For those who begin gangbusters, watching the scale a little more closely in the second and third trimester will keep their total close to target.

- During the second trimester, your baby's getting bigger, which means your weight gain quota will grow, too—picking up to an average rate of about 1 to 1½ pounds per week during months 4 through 6 (totaling 12 to 14 pounds).
- During the third (and last!) trimester, baby's weight gain will pick up steam, but yours may start to taper off to about a pound a week (for a net gain of about 8 to 10 pounds). Some women find their weight holding steady—or even dropping a pound or two—during the 9th month when ever-tighter abdominal quarters can make finding room for food a struggle. A couple of pounds may also be shed once prelabor kicks in.

How closely will you be able to follow this rate-of-gain formula? Realistically, not that closely. There will be weeks when your appetite will rule and your self-control will waver, and it'll be a rocky road (by the half gallon) to your weight gain total. And there will be weeks when eating will seem too much of an effort (especially when tummy troubles send whatever you eat right back up). Not to worry or stress over the scale. As long as your overall gain is on target and your rate averages out to that model formula (a ½ pound one

week, 2 pounds the next, 1 the following, and so on), you're right on track.

So for best weight gain results, keep your eye on the scale, since what you don't know can throw your weight gain way off target. Weigh yourself (at the same time of day, wearing the same amount of clothes, on the same scale) once a week—more often and you'll drive yourself crazy with day-to-day fluid fluctuations. If once a week is too much (because you're scale-phobic), twice a month should do the trick. Waiting until your monthly prenatal checkup to check out your weight is fine, too—though keep in mind that a lot can happen in a month (as in 10 pounds) or not happen (as in no pounds), making it harder for you to stay on track.

If you find that your weight gain has crept up higher and faster than you'd planned (for instance, you gained 14 pounds in the first trimester instead of 3 or 4, or you packed on 20 pounds in the second instead of 12), talk it over with your practitioner and discuss a strategy. It'll probably make sense to take action to see that the gain gets back on a sensible track, but not to stop it in its tracks. Dieting to lose weight is never appropriate when you're pregnant, and neither is using appetite-suppressing drinks or pills (these can actually be very dangerous). Instead, with your practitioner's help, readjust your goal to include the excess you've already gained and to accommodate the weight you still have to gain.

The Third Month

Approximately 9 to 13 Weeks

As you enter the last month of your first trimester (that's something to celebrate), many of those early pregnancy symptoms are probably still going strong (and that's nothing to celebrate). Which means it's probably hard to tell whether you're exhausted because of first-trimester fatigue—or because you woke up 3 times last night to go to the bathroom (it's likely a little of both). But chin up, if you have the strength to lift it. There are better days ahead. If morning sickness has had you—and your appetite—down, there's a less queasy day soon to dawn. As energy levels pick up, you'll soon have more get-up-and-go—and as urinary urges ease, you may have to get up and go less often. Even better, you may hear the amazing sound of your baby's heartbeat with a Doppler at this month's checkup, which might make all those uncomfortable symptoms seem much more worthwhile.

Your Baby This Month

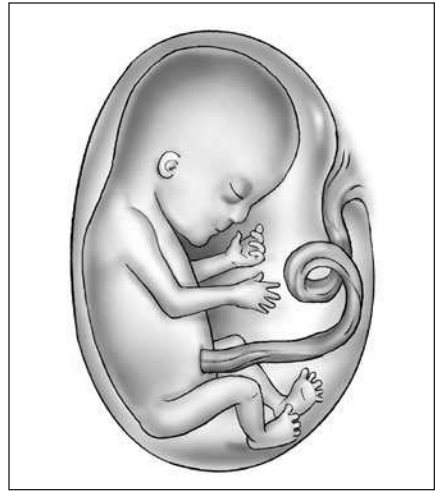
Week 9 Your baby has grown to approximately 1 inch in length, about the size of a medium green olive. The head is continuing to develop and take on more babylike proportions. This week, tiny muscles are starting to form. This will allow your fetus to move his or her arms and legs, though it'll be at least another month or two

before you'll be able to feel those little punches and kicks. While it's way too early to feel anything, it's not too early to hear something (possibly). The awesome sound of your baby's heartbeat might be audible via a Doppler device at your practitioner's office. Take a listen—that thump-thump is sure to make your heart beat a little faster.

Week 10 At nearly 1½ inches long (about the size of a prune), your baby—who has officially graduated now from embryo to fetus—is growing by leaps and bounds. And in gearing up for those first leaps and bounds (and baby steps), bones and cartilage are forming—and small indentations on the legs are developing into knees and ankles. Even more unbelievably for someone the size of a prune, the elbows on baby's arms are already working. Tiny buds of baby teeth are forming under the gums. Farther down, the stomach is producing digestive juices, the kidneys are producing larger quantities of urine, and, if your baby's a boy, his testes are producing testosterone (boys will be boys—even this early on).

Week 11 Your baby is just over 1½ inches long now and weighs about ¼ of an ounce. Baby's body is straightening out and the torso is lengthening. Hair follicles are forming, and fingernail and toenail beds are beginning to develop (nails will actually start to grow within the next few weeks). Those nails are forming on individual fingers and toes, having separated recently from the webbed hands and feet of just a few weeks ago. And though you can't tell baby's sex by looking yet (even with an ultrasound), ovaries are developing if it's a girl. What you would be able to see, if your womb had a view, is that your fetus has distinct human characteristics by now, with hands and feet in the front of the body, ears nearly in their final shape (if not final location), open nasal passages on the tip of the nose, a tongue and palate in the mouth, and visible nipples.

Week 12 Your baby has more than doubled in size during the past 3 weeks, weighing in now at ½ ounce and measuring about 2 to 2¼ inches. The size of a small plum, your baby's body is hard at work in the development department.



Your Baby, Month 3

Though most systems are fully formed, there's still plenty of maturing to do. The digestive system is beginning to practice contraction movements (so your baby will be able to eat), the bone marrow is making white blood cells (so your baby will be able to fight off all those germs passed around the play-group), and the pituitary gland at the base of the brain has started producing hormones (so your baby will one day be able to make babies).

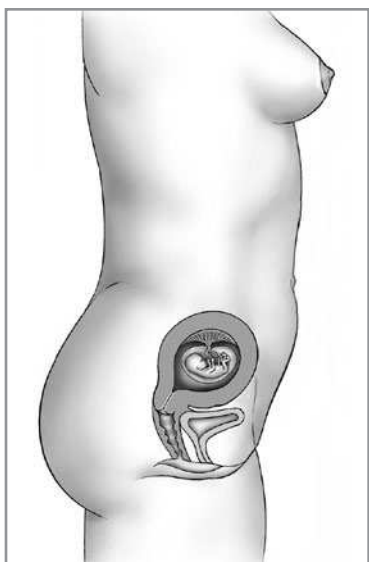
Week 13 As your first trimester comes to a close, your fetus (who seems to be working its way through the produce section) has reached the size of a sweet peach, about 3 inches long. Your baby's head is now about half the size of his or her crown-to-rump length, but that cute little body is picking up steam and will continue growing overtime (at birth, your baby will be one-quarter head, three-quarters body). Meanwhile, your baby's intestines, which have been growing inside the umbilical cord, are starting the trek to their permanent position in your baby's abdomen. Also developing this week: your baby's vocal cords (the better to cry with . . . soon!).

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:

Your Body This Month

This month, your uterus is a little bigger than a grapefruit and your waist may start to thicken. By the end of the month, your uterus can be felt right above your pubic bone in the lower abdomen.



Physically

- Fatigue, lack of energy, sleepiness
- Frequent urination
- Nausea, with or without vomiting
- Excess saliva
- Constipation
- Heartburn, indigestion, flatulence, bloating
- Food aversions and cravings
- Increasing appetite, especially if morning sickness is easing
- Breast changes, continued (see page 139)
- Visible veins on your abdomen, legs, and elsewhere, as your blood supply pumps up
- Slight increase in vaginal discharge
- Occasional headaches
- Occasional lightheadedness or dizziness
- A little more rounding of your belly, your clothes feeling a little snugger

Emotionally

- Continued emotional ups and downs, which may include mood swings, irritability, irrationality, weepiness
- Joy, excitement, apprehension, doubts—any or all
- A new sense of calm
- Still, a sense of unreality about the pregnancy (“Is there really a baby in there?”)

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 of uterus, by external palpation (feeling from the outside)
- Height of fundus (the top of the uterus)
- Hands and feet for swelling, and legs for varicose veins
- Questions or problems you want to discuss—have a list ready

What You May Be Wondering About

Constipation

"I've been terribly constipated for the past few weeks. Is this common?"

Irregularity—that bloated, gassy, clogged-up feeling—is a very regular pregnancy complaint. And there are good reasons why. For one, the high levels of progesterone circulating in your expectant system cause the smooth muscles of the large bowel to relax, making them sluggish and allowing food to hang around longer in the digestive tract. The upside: There's added time for nutrients to be absorbed into your bloodstream, allowing more of them to reach your baby. The downside: You end up with what amounts to a waste-product traffic jam, with nothing going anywhere anytime soon. Another reason for the clogged-up works: Your growing uterus puts pressure on the bowel, cramping its normal activity. So much for the process of elimination, at least as you once knew it.

But you don't have to accept constipation as inevitable just because you're pregnant. Try these measures to combat your colon congestion (and

head off hemorrhoids, a common companion of constipation, especially during pregnancy):

Fight back with fiber. You—and your colon—need about 25 to 35 grams of fiber daily. No need to actually keep count. Just focus on fiber-rich selections such as fresh fruit (but not bananas, which are constipating) and vegetables (raw or lightly cooked, with skin left on when possible), whole grains, legumes (beans and peas), and dried or freeze-dried fruit. Going for the green can also help get things going—look for it not only in the form of green vegetables, but in the juicy, sweet kiwi, a tiny fruit that packs a potent laxative effect. If you've never been a big fiber fan, add these foods to your diet gradually or you may find your digestive tract protesting loudly. (But since flatulence is a common complaint of pregnancy as well as a frequent, but usually temporary, side effect of a newly fiber-infused diet, you may find your digestive tract protesting for a while anyway.)

Really plugged up? You can try adding some bran or psyllium to your diet,

Another Reason for Being Tired, Moody, and Constipated

Have you been tired, moody, and constipated lately? Welcome to the pregnancy club. Surging gestational hormones trigger those pesky symptoms in most moms-to-be. But did you know that out-of-whack thyroid hormones can cause (or intensify) those very same symptoms, as well as many others common in pregnancy, including excessive weight gain, skin problems of all kinds (very dry, or pimply), muscle aches and cramps, headaches, a decrease in libido, problems with memory and concentration (that “foggy” feeling), depression, and swelling of the hands and feet? The fact that so many symptoms of a thyroid condition overlap with symptoms of pregnancy make it an easy diagnosis to miss in a mom-to-be. (Another common symptom, an increased sensitivity to cold, is more clear-cut during pregnancy, since expectant moms tend to be warmer rather than chillier.) Yet hypothyroidism (having too little thyroid hormone because of a sluggish thyroid-producing gland), which affects around 2 to 3 percent of

expectant moms, can show up for the first time during pregnancy or in the postpartum period. And since it can (if untreated) lead to pregnancy problems (as well as postpartum depression later on; see page 498), proper diagnosis and treatment are vital.

Hyperthyroidism (when too much thyroid hormone is produced by an overactive gland) is seen less often in pregnancy, but it can also cause complications if left untreated. Symptoms of hyperthyroidism—many of which may also be hard to distinguish from pregnancy symptoms—include fatigue, insomnia, irritability, warm skin and sensitivity to heat, rapid heartbeat, and weight loss (or trouble gaining weight).

If you’re experiencing some or all of the symptoms of hypo- or hyperthyroidism (and especially if you have a family history of thyroid disease), check with your practitioner. A simple blood test can determine whether you have a thyroid condition that needs treating.

For more on thyroid conditions during pregnancy, see page 43.

starting with a sprinkle and working your way up, as needed. Don’t overdo these fiber powerhouses, though—as they move speedily through your system, they can carry away important nutrients before they’ve had the chance to be absorbed.

Resist the refined. While high-fiber foods can keep things moving, refined foods can clog things up. So steer clear of the refiner things in life, such as white bread and white rice.

Drown your opponent. Constipation doesn’t stand a chance against an ample fluid intake. Most fluids—particularly

water and juice—are effective in softening stool and keeping food moving along the digestive tract. Another time-honored way to get things moving: Turn to warm liquids, including that spa staple, hot water and lemon. They’ll help stimulate peristalsis, those intestinal contractions that help you go. Truly tough cases may benefit from that geriatric favorite, prune juice.

When you gotta go, go. Holding in bowel movements regularly can weaken muscles that control them and lead to constipation. Timing can help avoid this problem. For example, have your high-fiber breakfast a little earlier than usual,

so it will have a chance to kick in before you leave the house—instead of when you're in the car stuck in traffic.

Don't max out at mealtime. Big meals can overtax your digestive tract, leading to more congestion. Opt for those 6 mini-meals a day over 3 large ones—you'll also experience less gas and bloating.

Check your supplements and medications. Ironically, many of the supplements that do a pregnant body good (prenatal vitamins, calcium, and iron supplements) can also contribute to constipation. Ditto every pregnant woman's best buddy, antacids. So talk to your practitioner about possible alternatives or adjustments in dosages or switching to a slow-release formula. Also ask your practitioner about taking a magnesium supplement to help fight constipation (taking it at night may relax achy muscles and help you sleep better, too).

Go pro. Probiotics (aka “good bacteria”) may stimulate the intestinal bacteria to break down food better, aiding the digestive tract in its efforts to keep things moving. Enjoy probiotics in yogurt and yogurt drinks that contain active cultures. You can also ask your practitioner to recommend a good probiotic supplement—in capsules, chewables, or a powder form that can be added to smoothies.

Get a move on. An active body encourages active bowels (even a brisk 10-minute walk can get things moving). So make sure you're getting the recommended amount of practitioner-approved exercise (see page 236). One essential exercise for combating constipation: Kegels. These pelvic floor exercises can keep you regular when practiced regularly (see page 229 for more on Kegels).

If your anti-constipation campaign doesn't get things moving, consult with

your practitioner. He or she may prescribe a bulk-forming stool softener for occasional use. Don't use any laxative (including herbal remedies or castor oil) unless your practitioner specifically recommends it.

Lack of Constipation

“All my pregnant friends seem to have problems with constipation. I don't—in fact, I'm going more than ever. Is my system working right?”

From the sound of things, your system couldn't be working better. Chances are, your digestive efficiency is a credit to healthy eating and exercise habits—after all, consuming lots of fiber-rich foods (like fruits, veggies, whole grains, and beans), drinking plenty of water, and staying (or getting) active can all combine to counteract the natural digestive slowdown of pregnancy and keep things moving smoothly.

Sometimes a change for the healthier in eating habits can temporarily cause too much of a good thing, bowel-movement-wise. Chances are, production will slow down as you get used to the rough(age) stuff—as will the extra gas you may pass as a result of it—but you'll still stay “regular.”

If your stools are very frequent (more than 3 a day) or watery, bloody, or mucousy, check with your practitioner. This kind of diarrhea could require prompt intervention during pregnancy.

Gas

“I'm very bloated, and I'm passing gas all the time. Will I be this gassy the whole pregnancy?”

Wondering if you'll ever run out of gas—and the overwhelming need to pass it? Probably not, since pregnancy brings out the gas in just about

every expectant mom. Happily, while endless flatulence can be endlessly embarrassing for you (especially when there's no dog nearby to blame), it's no problem at all for your baby. Snug and safe in a uterine cocoon that's protected on all sides by impact-absorbing amniotic fluid, your very little one is probably soothed by the bubbling and gurgling of your gastric Muzak.

Baby won't be happy, though, if bloating—which often worsens late in the day and, yes, generally persists throughout pregnancy—keeps you from eating regularly and well. To cut down on the sounds and smells from down under and to make sure your nutritional intake doesn't take a hit, take the following measures:

Stay regular. Constipation is a common cause of gas and bloating. See the tips on page 185.

Graze, don't gorge. Large meals just add to that bloated feeling. They also overload your digestive system, which isn't at its most efficient anyway in pregnancy. Instead of those 2 or 3 supersize squares, nibble on 6 mini-meals.

Don't gulp. When you rush through meals or eat on the fly, you're bound to swallow as much air as food. This captured air forms painful pockets of gas in your gut that will seek release the only way they know how.

Keep calm. Particularly during meals. Stress can cause you to swallow air, which can give you a tank full of gas. Taking a few deep breaths before meals may help relax you.

Steer clear of gas producers. Your tummy will tell you what they are. Common offenders beyond the notorious beans include onions, cabbage, fried foods, sugary sweets, and carbonated beverages.

Don't be quick to pop. Ask your practitioner before popping your usual anti-gas medications (some are safe, others are not recommended) or any remedy, over-the-counter or herbal. Sipping a little chamomile tea, however, may safely soothe all kinds of pregnancy-induced indigestion. Ditto for hot water with lemon, which can cut through gas as well as any medication.

Headaches

"I find that I'm getting a lot more headaches than ever before. Can I take something for them?"

Pregnancy can be a headache—make that, a lot of headaches. Especially once you discover that some of your go-to headache relievers are no-go's when you're expecting (and, ironically, just when you're having more headaches than you've ever had before).

Why the increase in headaches during pregnancy—even in women who haven't previously experienced a lot of everyday headaches? The number one culprit (and you've probably guessed this): those pregnancy hormones. Other headache triggers include fatigue (got plenty of that when you're expecting), tension (and that), blood sugar drops (ditto), physical or emotional stress (double ditto), nasal congestion (expectant moms are stuffy moms), overheating (enough said)—or a combination of any or all of these.

While they're a pain, the vast majority of pregnancy headaches aren't anything to worry about. There are plenty of ways around a headache (and some surprisingly effective ones don't come in capsule form). In many cases you'll be able to fit the probable cause with the possible cure:

For tension headaches and migraines. Try lying in a dark, quiet room with

Heading Off Headaches

Finding that pregnancy headaches are a pain? How about stopping them before they start? Check out these headache-checking tips:

- Relax. Pregnancy can be a time of high anxiety—and lots of tension headaches. Reduce your stress level, and you may reduce your headaches. Try meditation or prenatal yoga to find your inner calm, mom.
- Get enough rest. Pregnancy can also be a time of extreme fatigue, particularly in the first and last trimesters. Making a conscious effort to get more rest can help keep headaches at a minimum. But be careful not to overdo the z's—too much sleep can also give you a headache.
- Seek some peace and quiet. Noise can give you a headache, especially if you're extra sound-sensitive, which many pregnant women are. Make it a point to avoid noisy locales (the mall, loud parties, restaurants with bad acoustics). If your job is extra noisy, talk to your boss about taking steps to reduce the excess noise—or even ask for a transfer to a quieter area, if possible. At home, keep TV and music volumes low (keep it down in your car, too).
- Eat regularly. To avoid hunger headaches triggered by low blood sugar, be sure not to run on empty. Carry high-energy snacks (such as lentil chips, granola bars, nuts, freeze-dried fruit) with you in your bag, stash them in the glove compartment of your car and in your office desk

drawer, and always keep a supply on hand at home.

- Don't get stuffy. An overheated room or unventilated space can give anyone a headache—but especially an expectant mom, who's overheated to start with. So try not to get stuffy, but when you can't avoid it (it's 2 days before Christmas and you have to brave that jam-packed mall—or you work there), step out for a stroll and a breath of fresh air when you can. Dress in layers when you know you're going somewhere stuffy, and keep comfortable (and hopefully, headache-free) by removing layers as needed. Stuck inside? Try to crack a window, at least.
- Make a light switch. Take the time to examine your surroundings, particularly the lighting around you, in a whole new, well, light. Some women find that a windowless workspace lit by fluorescent bulbs can trigger headaches. Switching to CFL or LED lighting and/or a room with windows may help—though unless you're the boss (or in charge of office decor), it's probably not going to happen. If you're stuck under that fluorescent glow, take outdoor breaks when you can. Take breaks from your laptop, desktop, or tablet, too, since too much screen time can be a portal to headaches.
- Straighten up. Slouching while at the computer or looking down to swipe on your tablet, scour baby gear sites, or do other close work for long stretches of time can also trigger an aching head, so watch your posture.

your eyes closed. If you're at work, even a few minutes with your feet up and your eyes closed might help (you can say you're brainstorming). Or put

an ice pack or cold compress on the back of your neck for 20 minutes while you relax. Some CAM approaches—including acupuncture, acupressure,

biofeedback, and massage—can also bring headache relief (see page 78).

For sinus headaches. To unclog the congestion that's triggering the pain, try steam inhalation, running a cool mist humidifier, drinking plenty of fluids, and irrigating your nasal passages regularly with saline spray or rinses. To ease the pain, apply hot and cold compresses to the achy spots (often right above or around the eyes, cheeks, and forehead), alternating 30 seconds of each for a total of 10 minutes, 4 times a day. If you run a fever and/or the pain continues, check with your doctor to see if a sinus infection (common during pregnancy) may be causing your headaches.

For all headaches. First the bad news: Ibuprofen (Advil, Motrin) is pretty much off-limits when you're expecting. Now the good news: You can find relief in acetaminophen (Tylenol), which is considered safe for occasional use during pregnancy (check with your practitioner for recommendations on dosing). Never take any pain medication—over-the-counter, prescription, or herbal—without getting the all clear from your practitioner first.

Often, the best way to treat a headache is by trying to prevent it from happening in the first place (see box, page 189). If an unexplained headache persists for more than a few hours, returns very often, is the result of fever, or is accompanied by visual disturbances or severe puffiness of the hands and face, notify your practitioner right away. Ditto if you get for the first time what you suspect might be a migraine. See below and alert your practitioner about your symptoms.

"I get migraines, and I heard they're more common in pregnancy. Is this true?"

Call it a matter of pregnant providence: Some mamas-to-be find their migraines strike more frequently during their 9 months of pregnancy, others (the lucky ones) find that these mother-of-all headaches come less often. It isn't known why this is true, or even why some people have recurrent migraines and others never have a single one.

Since you've had migraines in the past, discuss with your physician which migraine medications are pregnancy approved so you'll be prepared for dealing with these monster headaches should they strike while you're expecting. Think prevention, too. If you know what brings on an attack, you can try to avoid the culprit. Stress is a common one, as are chocolate, cheese, and coffee. Try to determine what, if anything, can stave off a full-blown attack once the warning signs appear. You may be helped by one or more of the following: splashing your face with cold water or applying a cold cloth or ice pack, lying down in a darkened quiet room for 2 or 3 hours, eyes covered (napping, meditating, or listening to music), or trying CAM techniques such as biofeedback or acupuncture (see page 78).

Stretch Marks

"I'm afraid I'm going to get stretch marks. Can they be prevented?"

Nobody likes stretch marks, especially come skin-baring season. Still, they're not easy to escape when you're expecting. The majority of pregnant women develop these pink or reddish (sometimes purplish), slightly indented, sometimes itchy streaks on their breasts, hips, and/or abdomen sometime during pregnancy.

Stretch marks are caused by tiny tears in the supporting layers of tissue under your skin as it becomes stretched

Body Art for Two?

Heading off to The House of Ink for a “hot mama” tattoo? Think before you ink. While the ink itself won’t enter your bloodstream, there is a risk of infection any time you get stuck with a needle, and why take that risk when you’ve got a baby on board?

Something else to ponder before getting a tattoo for two. What looks symmetrical on your pregnant skin might become lopsided or distorted after you regain your prepregnancy shape. So keep your skin free of any new marks for now, and wait until after you’ve weaned your baby to express yourself through ink.

If you already have a tattoo, no problem—just sit back and watch it stretch. And don’t worry about that lower back tattoo and how it might affect the epidural you were hoping for come labor day. As long as the tattoo ink is fully dried and the wound is healed, sticking that epidural needle through it won’t be risky. Something else not to worry about: a healed tattoo

on your breast, even near your areola, won’t affect your breast milk or your nursing baby.

What about using henna as body art during pregnancy? Since henna is plant based—and temporary—it’s probably safe to use. Still, it’s wise to follow certain caveats: Make sure the henna artist uses natural henna (it stains the skin reddish brown), not the kind that contains the potentially irritating chemical paraphenyldiamine (which stains black), and check the artist’s references (read: no fair doing it at a street fair). To be extra cautious (always the best way to be), ask your practitioner before using henna.

Keep in mind, too, that pregnant skin is often extra sensitive skin, so there’s a chance you’ll have an allergic reaction to the henna, even if you’ve had it applied before without incident. To test your reaction to it, place a small amount of henna on a patch of skin and wait 24 hours to make sure no irritation appears.

to its limit. Expectant moms who have good elastic skin tone (because they inherited it and/or earned it by eating well, exercising regularly, and avoiding yo-yo dieting) may slip through several pregnancies without a single telltale mark. And actually, your mother may be your best crystal ball when it comes to predicting whether you’ll end up with stretch marks: If she sailed through her pregnancies with smooth skin intact, odds are you will, too. If stretch marks struck her, they’ll likely strike you, too.

You might be able to minimize, if not prevent, stretch marks by keeping weight gain steady, gradual, and

moderate (the faster skin stretches, the more likely the stretching is to leave its mark). Promoting elasticity in your skin by nourishing it with a good diet (especially those vitamin C foods) may also help. And though no topical preparation has been proven to prevent stretch marks from zigzagging their way across your skin, there’s no harm in applying pregnancy-safe moisturizers, such as cocoa or shea butter. Even without the scientific proof to back them up, many mamas swear they work—and if nothing else, they’ll prevent the dryness and itching associated with pregnancy-stretched skin. An added plus: It may be fun for your spouse to rub them

gently on your tummy (and baby will enjoy the massage, too).

If you do develop stretch marks (frequently referred to as the red badge of motherhood, albeit a badge most mothers would prefer not to wear), you can console yourself with the knowledge that they will gradually fade to a silvery sheen some months after delivery. You can also discuss with a dermatologist the possibility of reducing their visibility postpartum with laser therapy or Retin-A. In the meantime, try to wear them with pride—or at least, as a reminder of the reward within.

First-Trimester Weight Gain

"I'm nearing the end of the first trimester, and I'm surprised that I haven't gained any weight yet."

Many moms-to-be have trouble putting on an ounce in the early weeks, and some even lose a few pounds, courtesy of morning sickness and food aversions. Fortunately, nature has your baby's back, offering protection even if you're too queasy or food averse to eat much (or keep much down). Tiny fetuses have tiny nutritional needs, which means that your lack of weight gain now won't have any effect on your baby's growth or development.

Not so, however, once you enter the second trimester. As your baby gets bigger and your baby-making factory picks up steam, calories and nutrients will be more and more in demand—and you'll need to begin playing weight gain catch-up, piling on the pounds at a steady pace (that is, unless your practitioner has prescribed otherwise). Happily, appetite usually picks up just as baby's needs do, which will make gaining weight a piece of cake . . . even if you don't overdo the cake.

Boys Will Be Boys

Hungry, Mom? As you close in on your second trimester, you'll likely notice that your appetite (which you may have lost somewhere around week 6 or so) is starting to make a comeback. But if you're bellying up to the refrigerator with the regularity of a teenage boy, you may be expecting one (or, at least, a male fetus on his way to becoming a teenage boy). Research shows that moms-to-be carrying boys tend to eat more than moms expecting girls—which could explain why boys tend to be heavier at birth than girls. Food (and more food) for thought!

So don't worry—chances are the wait for weight gain will soon be over, and in the meantime, your lightweight baby doesn't mind a bit. From the 4th month forward, though, do start watching your weight to make sure it begins to move upward at the appropriate rate (see page 179). If you continue to have trouble gaining weight, try packing in more calories (preferably nutrient-dense ones) through efficient eating (see page 86). Try, too, to eat a little more food each day, by adding more frequent snacks. If you can't eat a lot at one sitting (which isn't so good for pregnancy digestion anyway), graze on 6 small meals daily instead of 3 big squares. Save fill-you-up beverages for after meals to avoid putting a damper on your appetite. Enjoy foods high in baby-friendly fats (nuts, seeds, avocados, olive oil). But don't try to add pounds by adding lots of junk food to your diet. Ultimately, weight gained on empty calories may add to your bottom line, but not necessarily to baby's.

"I'm 11 weeks pregnant and I was shocked to find out that I'd already gained 12 pounds. What should I do now?"

First of all, don't panic. Lots of women have that "oops" moment—when they step on the scale at the end of their first trimester and discover they've gained 8, 10, a dozen pounds, or more. Sometimes it's because they've taken "eating for two" just a tad too literally (you are eating for two, but one of you is really, really small), relishing sweet release from a lifetime of dieting. Sometimes it's because they've found that comfort from queasiness can come in high-calorie packages (ice cream, pasta, or just bread by the loaf).

Either way, all is not lost if you've gained a little too much in the first trimester. True, you can't turn back the scales—or apply the first 3 months of gain neatly to the next 6. Your baby needs a steady supply of nutrients (especially in the second and third trimester, when he or she will be growing overtime), so cutting way back on calories now isn't a smart plan. But you can aim to keep your gain on target for the rest of your pregnancy—slowing it down, without putting the brakes on it altogether—by watching the scale (and what you eat) more carefully.

Check with your practitioner and work out a safe and sensible weight gain goal for the next 2 trimesters. Even if you stay in the pound-a-week club through month 8 (most women find their weight gain slows or stops in the 9th month), you won't end up more than a few pounds over the outside limit for recommended weight gain (35 pounds). Check out the Pregnancy Diet (Chapter 4) to find out how to eat healthily for two without ending up looking like two (of you). Gaining efficiently, on the highest-quality foods possible, will not only accomplish that

goal but make the weight you do gain easier to shed postpartum.

Showing Early

"Why am I already showing if I'm only in my first trimester?"

Have lots more to show for your first trimester than you expected? Because every belly is different, some stay flat well into the second trimester, while others seem to pop by week 6. An early bump can be disconcerting ("If I'm this big now, what will I look like in a few months?"), but it can also be welcome, tangible proof that there's actually a baby in there.

Several possibilities might explain why you're showing so early:

- **Bloating.** Excess gas and bloating are often behind a prematurely protruding tummy. Bowel distension can contribute, too, if you've been very constipated.
- **Extra pounds.** Not surprisingly, if you've been packing away extra calories, you may be piling on extra pounds—and extra inches around your middle.
- **Small build.** If you begin thin, your growing uterus may have nowhere to hide, creating a bulge even when it's still relatively little.
- **Less muscle tone.** An expectant mom with loose abdominal muscles may produce a pronounced pooch faster than a mom-to-be with a taut and toned torso. That's why second timers tend to show earlier—their abs have already been stretched.

Could your early baby bump be caused by multiple babies? Not likely. Twins usually show up on early ultrasound, not early bellies.

Baby's Heartbeat

"My friend heard her baby's heartbeat with a Doppler at 10 weeks. I'm a week ahead of her, and my doctor hasn't picked up my baby's yet."

The lub-dub of a baby's heartbeat is definitely music to every parent-to-be's ears—that is, once they finally get to hear it. Even if you've already had a listen to that beautiful sound on an early ultrasound (it may be audible as soon as 6 to 8 weeks that way), there's nothing like hearing it on a regular basis—as you likely will at your monthly checkups via Doppler (a handheld ultrasound device that amplifies the sound with the help of a special jelly on the belly).

Some lucky expectant moms and dads get that monthly chance to feast their ears on that sweet beat starting as early as 10 to 12 weeks—others have to wait a little longer. Your baby's position may be the cause of the inaudible heartbeat, or maybe the location of the placenta is muffling the sound (sometimes extra fat padding can do the same). A

slightly miscalculated due date may also explain why the Doppler isn't yet picking up your baby's heartbeat.

By your 14th week, the miraculous sound of your baby's heartbeat is certain to be available for your listening pleasure via Doppler. If it isn't, or if you are very anxious, your practitioner will likely do an ultrasound (or a repeat one) to see and hear what the Doppler hasn't yet.

When you do get to hear the heartbeat, listen carefully. Your normal heart rate is usually under 100 beats per minute, but your baby's will be around 110 to 160 beats per minute during early pregnancy and average between 120 and 160 beats per minute by midpregnancy. Don't compare fetal heartbeats with your pregnant pals, though—every baby beats to his or her own drummer, and normal fetal heart rates vary a lot.

Starting at about 18 to 20 weeks, the heartbeat can be heard without Doppler amplification, using a regular stethoscope.

Sexual Desire

"Ever since I became pregnant, I'm turned on all the time and I can't get enough of sex. Is this normal?"

Feeling a little hot under the collar (and under those very snug jeans)? Is your turn-on switch always on? Lucky you. While some women find their sex lives coming to a screeching halt in the first trimester (what with all those early pregnancy symptoms kicking their libidos out of bed), others—like you—find they just can't get enough of a good thing. You can thank those extra hormones surging through your body these days, as well as the increase in blood flow to your pelvic region (which can make your genitals feel fabulously engorged and ever-tingly), for turning

I Heart Girls (or Boys)

Is it a boy or a girl, and can your baby's heart rate give you a clue? While old wives—and some practitioners—have been telling tales for ages (a heart rate of above 140 promises a girl, one under 140 delivers a boy), studies show no correlation between fetal heart rate and the baby's gender. It may be fun to make predictions based on your baby's heart rate (you'll be right 50 percent of the time, after all), but you might not want to make nursery color choices based on it.

At-Home Dopplers

Tempted to buy one of those inexpensive prenatal “heart listeners” so you can stay tuned in to your baby’s heartbeat between practitioner visits? Being able to monitor your baby’s heart rate can be loads of fun and may even help you have a better night’s sleep if you’re a stresser by nature. But listen to this: Though these devices (and apps) are considered safe to use, they’re not as sophisticated as the one your practitioner uses—and most aren’t nearly sensitive enough to pick up fetal heart tones until after the 5th month of pregnancy. Use one before then, and you’ll likely be met with silence—or other clicks, swishes, and wooshes (from air moving through your GI tract or blood flowing in your arteries) instead of a steady beat, which can increase worry unnecessarily instead of putting it to rest.

Even later on in pregnancy, at-home Dopplers can’t always pick up what you’re looking for (baby’s position or a bad angle on the device can easily throw off an at-home Doppler, or you

may pick up the sound of blood flowing through the placenta and mistake it for a heartbeat). That’s especially true about the stand-alone apps (where you use your phone’s microphone to hear the in-utero sounds)—they’re notoriously unreliable even during the third trimester. And if you do manage to find your baby’s heartbeat, the way you interpret the readings might not be accurate (you might not be able to recognize changes in the rate or rhythm that may indicate a problem, for instance) or the readings might be different enough from the ones you’re used to getting at your checkups to prompt undue concern.

Still can’t resist having a heart listener of your own? You should get your practitioner’s okay before placing your order, especially because the FDA considers them “prescription devices” that should be used only under the supervision of a medical professional. And keep in mind that you get what you pay for, and you might get somewhat less than you bargained for.

up the sexual thermostat. On top (so to speak) of that are the new curves you’re sprouting and the larger-than-life breasts you’re likely sporting, all of which can make you feel like one sexy mama. Plus, it might be the first time in your sexual life that you’re able to make love when the mood moves you—without having to spoil the moment while you run to the bathroom for your diaphragm or calculate your fertility with an ovulation predictor. This happy state of sensual affairs may be most pronounced during the first trimester, when hormonal havoc is at its height, or it can continue right up until delivery day.

Since your increased sexual appetite is perfectly normal (as is a lack of

sexual desire), don’t worry or feel guilty about it. And don’t be surprised or concerned if your orgasms are more frequent or more intense than ever (and if you’re having orgasms for the first time, that’s even more reason to celebrate). As long as your practitioner has green-lighted sex in all its forms (and that’s usually the case), seize the moment and your partner. Explore different positions before that belly of yours makes many of them a physical impossibility. And most of all, enjoy that cozy two-some while you can (and before your libido takes its very likely postpartum nosedive). In other words, get it while you can. For more on sex during pregnancy, see page 273.

FOR FATHERS

Libido Now

Sexual desire—yours and your partner's—will be up and down during pregnancy. Here are some of the unexpected things you may expect when you're expecting . . . sex:

She's turned on all the time. The rumors are true: Some women really can't get enough sex when they're expecting. And for good reason. Her genitals are swollen with hormones and blood, leaving the nerves down below set on tingle mode. Other parts are swollen, too (you might have noticed), including places like those breasts and hips that can make a woman feel more womanly than ever—and more sensually charged. So be there for the taking whenever she's in the mood to grab you. Feel lucky that you're getting lucky so often. But always take your cues from her, especially now. Proceed with seduction if she's up for it and into it, but don't go without the green light.

Though some women are in the mood throughout their 9 months, others find that the party doesn't get started until the second trimester . . . or that desire dips in the third. Be ready to roll with her changing sexual agenda when she goes from turned on to turned off in 60 seconds. Keep in mind, too, that there'll be some logistical challenges in mid to late pregnancy as her body goes from two-seater to semi.

She's never in the mood. So many factors, both physical and emotional, can affect sexual desire. It could be that pregnancy symptoms have leveled her libido (it's not so easy to lose yourself in the moment when you're busy losing your lunch, or to get hot when you're bothered by backache

and swollen ankles and super painful nipples, or to get it on when you barely have the energy to get up), particularly in this uncomfortable first trimester. Or that she's as turned off by her new roundness as you are turned on by it (what you see as a sexy round bottom, she may see as a big fat ass). Or that she's preoccupied with all things baby and/or having a hard time blending the roles of mom and lover. Or that—and this happens to many expectant moms, even the normally libidinous ones—she just doesn't want to be touched. At all. Period.

When she's not in the mood (even if she's never in the mood), don't take it personally. Try, try again another time, but always be a good sport while you're waiting for your ship to come in. Accept those “not now”s and those “don't touch there”s with an understanding smile and a hug (if she's open to touching) that lets her know you love her even when you can't show it the way you'd like to. Remember, she's got a lot going on in her mind (and in her body) right now, and it's a safe bet that your sexual needs aren't front and center on her plate. So don't push the sexual agenda, but do step up the romance, communication, and cuddling. Not only will these bring you closer together, but because they're powerful aphrodisiacs for many women, they may just bring you what you're craving. And don't forget to tell your partner—often—how sexy and attractive you find the pregnant her. Women may be intuitive, but they're not mind readers.

You're not interested in getting it on anymore. There are plenty of good

reasons why your sex drive may be in a slump now. Perhaps you and your spouse worked so conscientiously at conception that sex suddenly feels too much like hard work. Maybe you're so focused on the baby and on becoming a dad that your sexual side is taking a backseat. Or the changes in your spouse's body are taking some getting used to. Or fear that you'll hurt her or your baby during sex (you won't) has sent your mojo into hiding. Or it could be a hang-up thing—the hang-up being that you've never made love to a mother before (even though that mother happens to be a woman you've always loved making love to). Or it could be the weirdness factor that's keeping you down: Getting close to your pregnant partner might mean getting too close for comfort to your baby during a decidedly adult activity (even though baby's completely oblivious). The normal hormonal changes that expectant fathers experience can also slow them sexually.

Confusing these conflicted feelings even more could be miscommunication: You think she's not interested, so you subconsciously put your urges on ice. She thinks you're not interested, so she gives desire a cold shower.

Try to focus less on the quantity of sex in your relationship and more on the quality of the intimacy you're sharing. Less may not be more, but it can still be fulfilling. You might even find that stepping up the other kinds of intimacy—the hand-holding, the unexpected hugs, the confiding of your feelings—might put you both more in the mood for lovemaking. Don't be surprised, too, if your libido gets a boost once both of

you have adjusted to the emotional and physical changes of pregnancy.

It's also possible that your sexual slowdown will continue throughout the 9 months—and beyond, too. After all, even couples who can't get enough while they're expecting find that their sex lives can come to a screeching halt once there's a baby in the house, at least for the first couple of months. All of this is fine—and all of it is temporary.

Meanwhile, make sure the nurturing of your baby doesn't interfere with the care and feeding of your relationship. Put romance on the table regularly (and while you're at it, put some candles there, too, plus a dinner you cooked up while she was napping). Surprise her with flowers or a sexy negligee (they make them for expectant moms, too). Suggest a moonlit stroll or hot cocoa and cuddles on the couch. Share your feelings and encourage her to share hers. Keep the hugs and kisses coming (and coming . . . and coming). You'll both stay warm while you're waiting for things to heat up again.

Most important, be sure that your partner knows that your lack of libido has nothing to do with her physically or emotionally. Expectant moms can suffer a crumbling of confidence when it comes to their pregnant body image, particularly as those pounds start piling on. Letting her know (often, through words and touch) that she's more attractive to you than ever will help keep her from taking your drop in sexual interest personally.

For more tips on sex during pregnancy, see page 273.