

and learn to read the small print, especially the ingredients list and the nutrition label (which is designed to help you).

The ingredients listing will tell you, in order of predominance (with the first ingredient the most plentiful and the last the least), exactly what's in a product. A quick look will tell you whether the major ingredient in a cereal is a whole grain (like "whole grain oats") or a refined one (like "milled corn"). It will also tell you when a product is high in sugar, salt, fat, or additives. For example, when sugar is listed near the top of the ingredients list, or when it appears in several different forms on a list (corn syrup, honey, and sugar), you can suspect that the product is chock-full of it.

Checking the grams of sugar on the label won't be useful until the FDA requires that the grams of "added sugar" be separated from the grams of "naturally occurring sugar" (those found in the raisin part of the raisin bran, or in the milk part of the yogurt). Though the number of grams of sugar on the present label may be the same on a container of fruit juice and a container of fruit drink, they aren't equivalent. It's like comparing oranges and corn syrup: The real OJ gets its naturally occurring sugar from fruit, while the fruit drink relies on added sugar.

Nutrition labels, which appear on most packaged products on your grocer's shelves, can be particularly helpful if you're tracking your protein or fat intake (listed in grams per serving) or keeping an eye on calories (listed in number per serving). Just be aware that serving sizes may be much smaller than you'd think, another reason to read the fine print (that candy bar might seem like a bargain at 100 calories, until you realize the bar contains 2½ servings, 100 calories each). The listing of percentages

of the DRI really isn't all that useful, because the DRI for pregnant women is different from the one for average adults. Still, a food that scores high in a wide variety of nutrients is a good product to drop into your cart.

While it's important to pay attention to the small print, it's sometimes just as important to ignore the large print. When a box of English muffins boasts, "Made with whole wheat, bran, and honey," reading the small print may reveal that the major ingredient (first on the list) is wheat flour, not whole wheat flour, that the muffins contain barely any bran (it's near the bottom of the ingredients list), and that there's a lot more white sugar (it's high on the list) than honey (it's low). Remember that "wheat," like "oats" or "corn," refers to the variety of grain, not to whether it's whole or not (if it is, it'll say so).

"Enriched" and "fortified" are also buzz words to be wary of. Adding a few vitamins to a not-so-good food doesn't make it a good food. You'd be much better off with a bowl of oatmeal, which comes by its nutrients naturally, than with a refined cereal that contains 12 grams of added sugar and tossed-in vitamins and minerals.

Sushi Safety

"Sushi is my favorite food, but I heard you're not supposed to eat it while you're pregnant. Is that true?"

Sorry to say, but sashimi and sushi made with raw fish don't make the cut when you're expecting, at least according to most experts. Same holds true for the rest of the raw bar, including raw oysters and clams, ceviche, fish tartares or carpaccios, and other raw or barely cooked fish and shellfish. That's because when seafood isn't cooked, there's a slight chance that it

can cause food poisoning (something you definitely don't want when you're pregnant). But that doesn't mean you can't belly up to the sushi bar. Rolls that are made with cooked fish or seafood and/or vegetables are, in fact, healthy options—especially if your local sushi bar offers brown-rice sushi.

Worried about the raw fish you've downed before you read this? Don't be (after all, you didn't get sick)—just skip it from now on.

Fish Safety

“Should I eat fish while I'm pregnant, or should I stay away from it? I keep on hearing conflicting information.”

Fish is an excellent source of lean protein, as well as baby brain-building omega-3 fatty acids, good reasons to keep it on your pregnancy menu—or even to consider adding it if you've never been a fish fan before. In fact, research has shown brain benefits for babies whose moms eat fish when they're expecting. So go fish, by all means, aiming for at least 8 and up to 12 ounces of fish each week (about 2 or 3 servings weekly).

But when you're casting your fishing net, be sure to fish selectively, sticking to those varieties that are lower in mercury—a chemical that in large, accumulated doses can possibly be harmful to a fetus's developing nervous system. Luckily, many of the most commonly consumed fish are low in mercury: Choose from salmon (wild caught is best), sole, flounder, haddock, trout, halibut, ocean perch, pollack, cod, light canned tuna, catfish, and other smaller ocean fish (anchovies, sardines, and herring are not only safe, but also loaded with omega-3s).

It's smart to avoid shark, swordfish, king mackerel, and tilefish (especially

from the Gulf of Mexico), since these types of fish contain high levels of mercury. Don't worry if you've already enjoyed a serving or two—any risks would apply to regular consumption—just skip these fish from now on.

Also limit your consumption of freshwater fish recreationally caught to an average of 6 ounces (cooked weight) per week—commercially-caught fish usually has lower levels of contaminants, so you can safely eat more. Steer clear of fish from waters that are contaminated (with sewage or industrial runoff, for example) and tropical fish, such as grouper, amberjack, and mahimahi (which sometimes contain toxins).

What about tuna, America's favorite fish in a can? The EPA, the FDA, and ACOG all agree that canned light tuna is safe to eat because it's not high in mercury. Solid or chunk white tuna (usually albacore) contains 3 times the mercury of light varieties, and experts recommend limiting white tuna to no more than 6 ounces per week (the same limit applies to tuna steaks). Since some experts feel that's still too much for expectant moms, check in with your practitioner before opening that can . . . of white tuna. Or switch to canned salmon or sardines (or light tuna).

For the latest information on fish safety, go to fda.gov (search for “fish”).

Spicy Food

“I love spicy food—the hotter, the better. Is it safe to eat it while I'm pregnant?”

Hot mamas-to-be can continue testing their taste buds with 4-alarm chilis, salsas, stir-fries, and curries. The only risk of eating spicy food during pregnancy is that you'll be following it up with indigestion, especially later in pregnancy (chili today, heartburn tomorrow . . . or, let's face it, tonight).

If that's a risk worth taking for you, go ahead and spice things up—just don't forget to have some Tums (or a glass of almond milk, known for its heartburn-cooling benefits) ready for dessert.

An unexpected hot pepper perk? Hot peppers, like all peppers, are packed with vitamin C.

Spoiled Food

"I ate a container of yogurt this morning without realizing that it had expired a week ago. It didn't taste spoiled, but should I worry?"

No need to cry over spoiled milk . . . or yogurt. Though eating dairy products that have expired is never a good idea, it's rarely a dangerous one. If you haven't gotten sick from your postdate snack (symptoms of food poisoning usually occur within 8 hours), there's obviously no harm done. Besides, food poisoning is an unlikely possibility if the yogurt was refrigerated continuously. In the future, however, check dates more carefully before you buy or eat perishables, and, of course, don't eat foods that smell or taste off, or appear to have developed mold. For more on food safety, see on page 117.

"I think I got food poisoning from something I ate last night, and I've been throwing up and having diarrhea. Will that hurt my baby?"

You're much more likely to suffer from the food poisoning than your baby is. The major risk—for you and your baby—is that you'll become dehydrated from vomiting and/or diarrhea. So make sure you get plenty of fluids (which are more important in the short term than solids) to replace those that you're losing. And contact your practitioner if your diarrhea is severe and/

or your stools contain blood or mucus. See page 530 for more on stomach bugs.

Sugar Substitutes

"I use a lot of Splenda in my coffee, drink a lot of diet soda, and eat sugar-free yogurt. Are sugar substitutes safe during pregnancy?"

They sound like a sweet deal, but the truth is that sugar substitutes are a somewhat mixed bag for expectant moms. Though most are probably safe, some research is still inconclusive. Here's the lowdown on the low-cal and no-cal sugar substitutes and their place in pregnancy:

Sucralose (Splenda). It's sugar, sort of. At least it starts out life that way, before being chemically processed into a form that your body won't be able to absorb, making it essentially calorie free. Sucralose, which has less of that aftertaste that gives sweeteners a bad name, appears to be safe during pregnancy and has been approved by the FDA for pregnant women to consume—so sweeten your day (and your coffee, tea, yogurt, and smoothies) with it if you want, or with foods and drinks pre-sweetened with it. It's also stable for cooking and baking (unlike aspartame), making that sugar-free chocolate cake less pipe dream, more possibility. Just make moderation your motto.

Aspartame (Equal, NutraSweet). Many experts believe it's harmless, and others think it's an unsafe artificial sweetener, whether you're pregnant or not. While the FDA has approved aspartame for pregnant women, they do recommend that moms-to-be limit consumption. A packet or two of the blue stuff now and then, a can of diet Coke every once in a while—no problem. Just avoid consuming aspartame during pregnancy in large

A Gut Check About Fermented Foods

Are you sweet on sauerkraut, crazy for kimchi, and nutty for natto? Old favorites in many cultures, fermented foods like these (and many others, including yogurt, kefir, tempeh, and miso, to name a few) are new again—and they're hitting the shelves with lots of health claims, too. For one, they're packed with friendly bacteria that help to ensure good gut health (and what pregnant woman couldn't use better gut health?).

But are all fermented foods your friend during pregnancy? Probably not. Some have high amounts of added sugars or sodium, some don't contain any healthy probiotic bacteria at all, and others can cause minor headaches, stomachaches, and bloating. Play it safe and ask your practitioner about the fermented foods you favor.

Kombucha have you curious? This fermented drink, made with tea, sugar, bacteria, and yeast, comes with many purported benefits (from improved digestion and liver function to a stimulated immune system), but none of these have actually been substantiated by science yet. If you crave kombucha, check with your practitioner before you chug, since it's unclear whether it's safe during pregnancy. It can also cause stomach upset in some new drinkers. Keep in mind, too, that unpasteurized kombucha (particularly home-brewed varieties) can be contaminated with harmful bacteria and that some kombuchas contain alcohol (clearly a no-go when you're expecting).

amounts, and steer clear of it altogether if you have PKU. Some diet sodas are sweetened with sucralose instead of aspartame, so they might be a better choice for expectant moms.

Saccharin (Sweet'N Low). The FDA has deemed saccharin safe, but some studies suggest that saccharin gets to your baby through the placenta, and when it does, it's slow to leave. For that reason, you might want to stay away from the pink packets—or pick them up only occasionally (say, when there's no yellow in sight).

Acesulfame-K (Sunett). This sweetener, 200 times sweeter than sugar, is approved for use in baked goods, gelatin desserts, chewing gum, and soft drinks. The FDA says it's okay to use in moderation during pregnancy, but since few studies have been done to prove its safety, ask your practitioner what he or she thinks before gobbling the stuff up.

Sorbitol. Sorbitol is actually a nutritive sweetener, which is fine during pregnancy. But while it can't hurt your baby, it can have unpleasant effects on your tummy: In large doses, it can cause bloating, gas pains, and diarrhea—a digestive trio no pregnant woman needs. Sorbitol is safe in moderate amounts, but keep in mind that it has more calories than other substitutes and less sweetness than regular sugar (so its calories can add up).

Mannitol. Less sweet than sugar, mannitol is poorly absorbed by the body and thus provides fewer calories than sugar (but more than other sugar substitutes). Like sorbitol, it is safe in modest amounts, but large quantities can cause gastrointestinal unrest (and pregnancy already comes with plenty of that).

Xylitol. A sugar alcohol derived from plants (it's naturally occurring in many

fruits and veggies), xylitol can be found in chewing gum, toothpaste, candies, and some foods. Considered safe during pregnancy in moderate amounts, it has 40 percent fewer calories than sugar and has been shown to prevent tooth decay—a good reason to grab a stick of xylitol-sweetened gum after meals and snacks when you can't brush.

Stevia (Sweetleaf, Truvia). Derived from a South American shrub, stevia appears to be safe during pregnancy, but since it's relatively new to the sweetening scene, check with your practitioner before you dip deeply.

Agave. Because it's low in glucose, agave doesn't spike your blood sugar like regular sugar does. But it contains more fructose than any other common sweetener, including high-fructose corn syrup, and experts believe that fructose is converted into fat more rapidly than glucose—which means using agave as a sugar substitute won't help in the weight department (or in blood sugar regulation). Agave syrup is also highly processed. It's probably safe for use during pregnancy, but use it in moderation.

Lactose. This milk sugar is one-sixth as sweet as table sugar and adds light sweetening to foods. For those who are lactose intolerant, it can cause uncomfortable symptoms—otherwise it's safe.

Whey Low. Fructose (the sugar in fruit), sucrose (regular sugar), and lactose (milk sugar) are blended to create this low-glycemic sweetener that the makers say doesn't get completely absorbed into the body, giving you only one-quarter of the calories of sugar. It's probably safe for use during pregnancy, but run it by your practitioner.

Honey. Everyone's all abuzz about honey because of its high levels of

antioxidants (darker varieties, such as buckwheat honey, are the richest in antioxidants). But it's not all sweet news. Though it's a good substitute for sugar, honey is definitely not low-cal. It's got 19 more calories per tablespoon than sugar does. How's that for sticky?

Fruit juice concentrates. Fruit juice concentrates, such as white grape and apple, are a safe (if not low-calorie) sweetener to turn to during pregnancy. You can substitute them for the sugar in many recipes, and they're readily available in frozen form at the supermarket. Look for them in commercial products, too, from jams and jellies to whole grain cookies, muffins, cereals, and granola bars, to pop-up toaster pastries, yogurt, and sparkling sodas. Unlike most products sweetened with sugar or other sugar substitutes, many fruit-juice-sweetened products are made with nutritious ingredients, such as whole grain flour and healthy fats.

Herbal Tea

"I drink a lot of herbal tea. Is it safe to drink it while I'm pregnant?"

Should you take (herbal) tea for two? Unfortunately, since the effect of herbs in pregnancy has not been well researched, there's no definitive answer to that question yet. Some herbal teas are probably safe in small amounts (chamomile, for instance), some probably not—and some, such as red raspberry leaf, taken in very large amounts (more than four 8-ounce cups a day), are thought to trigger contractions (good if you're 40 weeks and impatient, not good if you haven't reached term). Until more is known, the FDA has urged caution on the use of most herbal teas in pregnancy and when you're breastfeeding. And though many women have

drunk lots of herbal teas throughout pregnancy without a problem, it is probably safest to stay away from, or at least limit, most herbal teas while you're expecting—unless they've been specifically recommended or cleared by your practitioner. Check with your practitioner for a list of which herbs he or she believes are safe and which are pregnancy no-no's.

To make sure you're not brewing up trouble (and an herb your practitioner hasn't cleared) with your next cup of tea, read labels carefully—some brews that seem from their names to be fruit based also contain a variety of herbs. Stick to regular (black) tea that comes flavored, or mix up your own by adding any of the following to boiling water or regular tea: orange, apple, pineapple, or other fruit juice; slices of lemon, lime, orange, apple, pear, or other fruit; mint leaves, cinnamon, nutmeg, cloves, or ginger (believed to be an effective calmer of the queasies). Chamomile is also considered safe in small amounts during pregnancy and can be soothing to a pregnancy-unsettled tummy. The jury's still out on green tea, which can decrease the effectiveness of folic acid, that vital pregnancy vitamin—so if you're a green tea drinker, drink in moderation. And never brew a homemade tea from a plant growing in your backyard, unless you are absolutely certain what it is and that it's safe for use during pregnancy.

Chemicals in Foods

"With pesticides on vegetables, PCBs and mercury in fish, antibiotics in meat, and nitrates in hot dogs, is there anything I can safely eat during pregnancy?"

Eating for two may sound twice as risky, but the truth is you don't have to go crazy (or hungry . . . or even broke) to protect your baby from the chemicals

in (and on) food. That's because few chemicals have been proved absolutely harmful during pregnancy—especially in the context of a mostly healthy diet.

Still, it's smart to reduce risk whenever you can—particularly when you're reducing risk for two. And it's not that difficult to do, especially these days. To feed yourself and your baby as safely as you can, use the following as a guide to help you decide what to drop into your shopping cart and what to pass up:

- Choose your foods from the Pregnancy Diet. Because it steers away from processed foods, this eating plan steers you clear of many questionable and unsafe substances. It also supplies green leafies and yellows, rich in protective beta-carotene, as well as other fruits and vegetables rich in phytochemicals, which may counteract the effects of toxins in food.
- Whenever possible, cook from scratch with fresh ingredients or use frozen or packaged organic ready-to-eat foods. You'll avoid many questionable additives found in processed foods, and your meals will be more nutritious, too.
- Go as natural as you can, when you can. Whenever you have a choice (and you won't always), choose foods that are free of artificial additives (colorings, flavorings, and preservatives). Read labels to screen for foods that are either additive-free or use natural additives (a cheddar cheese cracker that gets its orange hue from annatto instead of red dye #40, and its flavor from real cheese instead of artificial cheese flavoring). Keep in mind that although some artificial additives are considered safe, others are of questionable safety, and many are used to enhance foods that aren't very nutritious to start with. (For a listing of

What to Know About GMOs

How do those tomatoes and plums stay so pristine from farm to supermarket—especially when the drive is clear cross-country? In some cases it could be because growers are tapping into GMOs. Genetically engineered foods and plants (known in the food business as GMOs, for genetically modified organisms) have their DNA modified so that they acquire more desirable traits—like staying fresher longer or being able to thrive on a steady diet of weed killer and pesticides. These days anything from corn to papayas, plums to potatoes, rice to soybeans, and squash to tomatoes is allowed to be genetically engineered in the U.S. Problem is, the FDA doesn't require GMO foods to be labeled as such, which makes it hard to know

whether the food you're buying is made with genetically modified ingredients or not.

Are GMOs unsafe during pregnancy? Safety of GMOs in general is a growing controversy, with organizations and industries on both sides of the argument firmly planted in their position. Not willing to take a chance with your baby-to-be's health while you wait out the debate? Look for foods that are labeled "USDA organic"—they'll be free of GMOs, as well as questionable additives or chemicals. Or check for certification by the Non-GMO Project. And stay tuned, because many states are passing legislation that requires labeling of GMO foods, which means it may soon be easier to shop for non-GMO foods.

questionable and safe additives, go to cspinet.org).

- Generally avoid foods preserved with nitrates and nitrites (or sodium nitrates), including many varieties of hot dogs, salami, bologna, and smoked fish and meats. Look for those brands (you'll find plenty on the market these days) that do not include these preservatives. Any ready-cooked meats or smoked fish should be heated to steaming before eating (not to avoid chemicals, but to avoid listeria; see page 118).
- Choose lean cuts of meat and remove visible fat before cooking, since chemicals that livestock ingest tend to concentrate in the fat of the animal. With poultry, remove both the fat and the skin to minimize chemical intake. And for the same reason, don't eat organ meats (such as liver and kidneys) very often, unless your meat or poultry is organic.
- When it's available and your budget permits, buy meat and poultry that has been raised organically (or grass-fed), without hormones or antibiotics (remember, you eat what your dinner ate). Choose organic dairy products and eggs, when possible, for the same reason. Free-range chickens (and eggs) are not only less likely to be contaminated with chemicals, but are also less likely to carry such infections as salmonella because the birds are not kept in cramped, disease-breeding quarters. And here's a plus when it comes to grass-fed beef: It's likely to be lower in calories and fat, higher in protein, and a better source of those baby-friendly omega-3 fatty acids.
- Buy organic produce when possible and practical. Produce that is certified

Pick and Choose Organic

Though prices on organic foods are going down as demand goes up (a good reason to demand it at your local market), it can be budget-busting to fill your shopping cart with organic-only produce and products. Here's the lowdown on when to spring for the organic and when it's safe to stick with conventional:

Best to buy organic (because even after washing, these foods still carry higher levels of pesticide residue than others): apples, cherries, grapes, peaches, nectarines, pears, raspberries, strawberries, bell peppers, celery, potatoes, and spinach.

No need to go organic on these foods (because these products generally don't contain pesticide residue on them): bananas, kiwi, mango, papaya, pineapples, avocado, asparagus, broccoli, cauliflower, corn, onions, and peas.

Consider organic for milk, beef, and poultry because they won't contain antibiotics or hormones, though they will cost more. Grass-fed beef usually is considered organic, but check labels. Don't bother with so-called organic fish. There are no USDA organic certification standards for seafood (which means producers are making their own claims about why it's organic). Instead, fish selectively using the guide on page 110.

organic usually is as close as possible to being free of all chemical residues. "Transitional" produce (from farms that aren't yet completely organic but are moving in that direction) may

still contain some residues from soil contamination but should be safer than conventionally grown produce. If organic produce is available locally and you can afford the premium price, make it your choice—just keep in mind as you load up your shopping cart that organic produce will have a much shorter shelf life (same goes for organic poultry and meats). If price is an object, pick organic selectively (see box, this page).

Want to take your conscientious produce shopping to the next level? While not necessarily more nutritious, "biodynamic" produce (you'll notice the labels in some health food stores) is certified to be grown, processed, and brought to market in a way that is healthy for the planet. And that's a win-win-win—healthy for you, healthy for your baby, and healthy for the world your baby is about to be born into. The catch: the price, which can be hefty (consumer demand for both organic and biodynamic products will help bring those prices down).

- Give all vegetables and fruits a bath. Washing produce thoroughly is important no matter what (even organic produce can wear a coating of bacteria), but it's key to removing chemical pesticides your fruits and veggies may have picked up in the field. Water will wash off some, but a dip in or a spray with produce wash will take off much more (rinse thoroughly afterward). Scrub skins when possible and practical to remove surface chemical residues, especially when a vegetable has a waxy coating (as cucumbers and sometimes tomatoes, apples, peppers, and eggplant do). Peel skins that still seem "coated" after washing.
- Favor domestic produce. Imported (and foods made from such produce)

sometimes contain higher levels of pesticides than U.S.-grown equivalents, because pesticide regulation in some countries is lax or nonexistent.

- Go local. Locally grown produce is likely to contain more nutrients (it's fresh from the field) and possibly sport less pesticide residue. Many of the growers at your local farmers market may grow without pesticides (or with very little), even if their products aren't marked "organic." That's because certification is too expensive for some small growers to afford.
- Vary your diet. Variety ensures not only a more interesting eating experience and better nutrition but also better chances of avoiding too much exposure to any one chemical if you're eating conventionally grown produce.

Something's Cooking

You can find recipes that put it all together in *What to Expect: Eating Well When You're Expecting*.

- Drive yourself to the health food market, but don't drive yourself nuts (or let a lack of access to organic drive you away from nutritious foods, like fruits and veggies). Though it's smart to try to avoid theoretical hazards in food, making your life stressful (or budget-busting) in the pursuit of a purely natural meal isn't necessary. Do the best you can manage and afford—and then sit back, eat well, and relax.

ALL ABOUT:

Eating Safely for Two

Worried about the pesticides your peach picked up in South America? That's sensible, especially because you're trying to eat safely for two. But what about the sponge you're about to use to wipe that peach down (the one that's been hanging around your sink for the last 3 weeks)? Have you thought about what that might have picked up lately? And the cutting board you were planning to slice your peach on—isn't that the same one you diced that raw chicken on last night when you were prepping the stir-fry? Here's a food-safety reality check: A more immediate—and proven—threat than the chemicals in your food are the little organisms, bacteria, and parasites that can contaminate it. It's not a pretty

picture (or one that's visible without a microscope), but these nasty bugs can cause anything from mild stomach upset to severe illness. To make sure that the worst thing you'll pick up from your next meal is a little heartburn, shop, prepare, and eat with care:

- When in doubt, throw it out. Make this your mantra of safe eating. It applies to any food you even suspect might be spoiled. Always check freshness dates on food packages.
- When food shopping, avoid fish, meat, and eggs that are not well refrigerated or kept on ice. Toss jars that are leaky or don't "pop" when you open them and cans that are rusty or seem swollen or otherwise misshapen

The Lowdown on Listeria

So what's this you hear about eating your cold cuts warm now that you're pregnant? And skipping the feta on your Greek salad? These pregnancy diet restrictions may seem random—and unfair—but they're actually designed to protect you and your unborn baby from listeria. This bacteria can cause a serious illness (listeriosis) in high-risk individuals, including young children, the elderly, those with compromised immune systems, and pregnant women, whose immune systems are also somewhat suppressed. Though the overall risk of contracting listeriosis is extremely low—even in pregnancy—the potential of it causing problems in pregnancy is higher. Listeria, unlike many other germs, enters the bloodstream directly and therefore can get to

the baby quickly through the placenta (other food contaminants generally stay in the digestive tract and may pose a threat only if they get into the amniotic fluid).

So, clearly, it's important to prevent infection in the first place by staying away from the risky foods that might possibly carry listeria. These include cold cuts (deli meats), hot dogs, cold smoked fish (unless heated until steaming), unpasteurized milk and cheeses made from unpasteurized milk (including some mozzarella, blue cheese, Mexican cheese, brie, camembert, and feta—unless cooked until bubbly), unpasteurized juice, raw or undercooked meat, fish, shellfish, poultry, or eggs, and unwashed raw vegetables and salad.

(beyond a dent). Wash can tops before opening (and wash your can opener frequently in hot soapy water or in the dishwasher).

- Wash your hands before handling food and after touching raw meat, fish, or eggs. If you use gloves, remember that unless they're disposable, they need to be washed as often as your bare hands.
- Keep kitchen counters and sinks clean. Same goes for cutting boards (wash with soap and hot water or in the dishwasher). Wash dishcloths frequently and keep sponges clean (replace them often, wash them in the dishwasher each night, or periodically pop dampened ones into the microwave for a couple of minutes), since they can harbor bacteria. Or look for sponges that can be machine washed in hot water.

- Use separate cutting boards for produce, fish, and meat.
- Serve hot foods hot, cold foods cold. Leftovers should be refrigerated quickly and heated until steaming before reusing. (Toss perishable foods that have been left out for more than 2 hours.) Don't eat frozen foods that have been thawed and then refrozen.
- Keep an eye on the fridge interior temperature with a refrigerator thermometer and be sure it stays at 41°F or less. Keep your freezer at 0°F or below to maintain the quality of frozen foods.
- Thaw foods in the fridge, time permitting. If you're in a rush, thaw food in a watertight plastic bag submerged in cold water (and change it every 30 minutes). Never thaw foods at room temperature. When thawing food in

a microwave, select the defrost feature. If your microwave doesn't automatically rotate food, turn it yourself about halfway through the thawing process. Plan to cook the food immediately after thawing, because some areas of the food may become unsafely warm (allowing bacteria to grow and spread).

- Marinate meat, fish, or poultry in the refrigerator, not on the counter. Don't reuse the marinade.
- Don't eat raw or undercooked meats, poultry, fish, or shellfish while you're expecting. Always cook meat and fish to medium (to 160°F) and poultry thoroughly (to 165°F). Fish should be cooked until it easily flakes with a fork, and poultry until the juices run clear (and the proper temperatures are reached).

- Eat eggs cooked through, not runny, and if you're mixing a batter that contains raw eggs, resist the urge to lick the spoon (or your fingers). The exception to this rule: if you're using pasteurized eggs.
- Wash raw fruits and vegetables thoroughly (especially if they won't be cooked before eating or juicing). Even the freshest organic produce can wear a coating of bacteria.
- Avoid alfalfa and other sprouts, which can be contaminated with bacteria.

For the latest information on food safety, visit cdc.gov/foodsafety.

PART 2

Nine Months & Counting

From Conception to Delivery

The First Month

Approximately 1 to 4 Weeks

Congratulations, and welcome to your pregnancy! Though you almost certainly don't look pregnant this early on, you may already be starting to feel it. Maybe it's just tender breasts or a little fatigue you're experiencing, maybe it's every pregnancy symptom in the book. But even if there's not a single pregnancy sign in sight yet (at least as far as you've noticed), your body is gearing up for the months of baby making to come. As the weeks and months pass, you'll notice more and more changes in parts of your body you'd expect (like your belly), as well as places you wouldn't expect (your feet and your eyes). You'll also notice changes in the way you live—and look at—your life. The information you'll find in this chapter may apply to you already, or may be just around the bend (or may never apply at all, since every woman and every pregnancy is different). Just try not to think (or read) too far ahead. For now, sit back, relax, and enjoy the beginning of one of the most amazing adventures of your life.

Your Baby This Month

Week 1 The countdown to baby begins this week. Only thing is, there's no baby in sight—or inside. So why call this week 1 of pregnancy if you're not even pregnant? Here's why. It's extremely hard to pinpoint the precise moment when sperm meets egg (sperm from your partner can hang out in your body

for several days before your egg comes out to greet it, and your egg can wait for up to 24 hours for sperm to make their appearance).

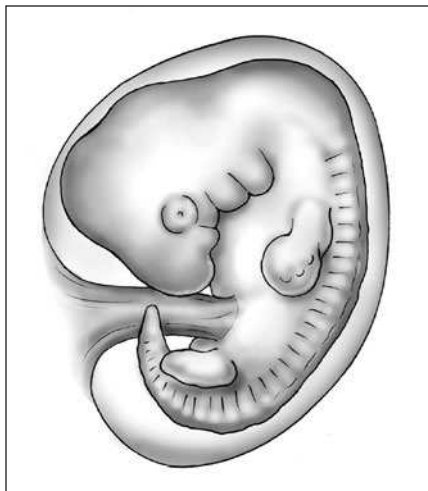
What isn't hard to pinpoint, however, is the first day of your last menstrual period (LMP—so mark the calendar), allowing your practitioner

to use that as the standard starting line for your 40-week pregnancy. The upshot of this dating system (besides a lot of potential for confusion)? You get to clock in 2 weeks of your 40 weeks of pregnancy before you even get pregnant.

Week 2 Nope, still no baby yet. But your body isn't taking a break this week. In fact, it's working hard gearing up for the big O—ovulation. The lining of your uterus is thickening (feathering its nest for the arrival of the fertilized egg), and your ovarian follicles are maturing—some faster than others—until one becomes dominant, destined for ovulation. And waiting in that dominant follicle is an eager egg with your baby's name on it (or, if you're about to conceive fraternal twins, 2 eager eggs will be waiting in 2 follicles)—ready to burst out and begin its journey from single cell to bouncing boy or girl. But first it will have to make a journey down your fallopian tube in search of Mr. Right—the lucky sperm that will seal the deal.

Week 3 Congratulations—you've conceived! Which means your baby-to-be has started its miraculous transformation from single cell to fully formed baby boy or girl. Within hours after sperm meets egg, the fertilized cell (aka zygote) divides, and then continues to divide (and divide). Within days, your baby-to-be has turned into a microscopic ball of cells, around one-fifth the size of the period at the end of this sentence. The blastocyst—as it is now known (though you'll almost certainly come up with a cuter name soon)—begins its journey from your fallopian tube to your waiting uterus. Only 8½ more months—give or take—to go!

Week 4 It's implantation time! That ball of cells that you'll soon call baby—though it's now called embryo—has



Your Baby, Month 1

reached your uterus and is snuggling into the uterine lining, where it'll stay connected to you until delivery. Once firmly in place, the ball of cells undergoes the great divide—splitting into 2 groups. Half will become your son or daughter, while the other half will become the placenta, your baby's lifeline during his or her uterine stay. And even though it's just a ball of cells right now (no bigger than a poppy seed, actually), don't underestimate your little embryo—he or she has already come a long way since those blastocyst days. The amniotic sac—otherwise known as the bag of waters—is forming, as is the yolk sac, which will later be incorporated into your baby's developing digestive tract. Each layer of the embryo—it has 3 now—is beginning to grow into specialized parts of the body. The inner layer, known as the endoderm, will develop into your baby's digestive system, liver, and lungs. The middle layer, called the mesoderm, will soon be your baby's heart, sex organs, bones, kidneys, and muscles. The outer layer, or ectoderm, will eventually form your baby's nervous system, hair, skin, and eyes.

What Week Am I In, Anyway?

Though this book is organized month-by-month, corresponding weeks are also provided. Weeks 1 to 13 (approximately) make up the first trimester and are months 1 to 3; weeks 14 to 27 (approximately) are the second trimester and are months 4 to 6; and weeks 28 to 40 (approximately) are the

third trimester and are months 7 to 9. Just remember, you're counting from the beginning of a week or month. So, for example, you start your 3rd month when you've finished 2 months. You begin your 24th week when you complete your 23rd.

Your Body This Month

While it's true that pregnancy has its share of wonderful moments and experiences to cherish, it also has a boatload (make that a bloatload) of less than fabulous symptoms. Some you're probably expecting to have (like that queasy feeling that might already be settling in). Others you'd probably never expect (like drooling—who knew?). Many you'll probably not discuss in public (and will try your best not to do in public, like passing gas), and many you'll probably try to forget (which you might, by the way, since forgetfulness is another pregnancy symptom).

Here are a couple of things to keep in mind about these and other pregnancy symptoms. First, every woman and every pregnancy is different, which means different women experience different pregnancy symptoms. Second, the symptoms that follow are a good sampling of what you might expect to experience (though, thankfully, you probably won't experience them all—at least not all at once), but there are plenty more where these came from. Chances are just about every weird and wacky sensation you feel during the

next 9 months (both the physical ones and the emotional ones) will be normal for pregnancy. But if a symptom ever leaves you with a nagging doubt (can this really be normal?), always check it out with your practitioner, just to be sure.

Though you most likely won't have confirmation that you're expecting until you're nearing the end of the month, you might begin noticing that

Symptoms? Starting Soon

Most early pregnancy symptoms begin making their appearance around week 6, but every woman—and every pregnancy—is different, so many may begin earlier or later for you (or not at all, if you're lucky). If you're experiencing something that's not on this list or in this chapter, look ahead to the next chapters or check out the index.

something's up—even this early on. Or, you might not. Here's what you might experience this month:

Physically

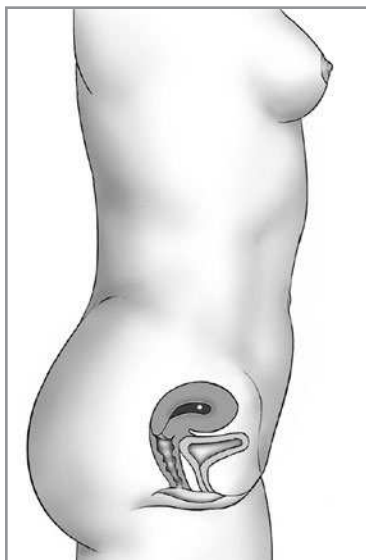
- Possible staining or spotting when the fertilized egg implants in your uterus, around 6 to 12 days after conception (see page 142)
- Breast changes, such as fullness, heaviness, tenderness, tingling, darkening of the areolas
- Bloating, gas
- Fatigue, lack of energy, sleepiness
- More frequent urination than usual
- Beginnings of nausea, with or without vomiting (though this doesn't typically kick in until week 6 or even later)
- Excess saliva
- Increased sensitivity to smells

Emotionally

- Emotional ups and downs (like amped-up PMS), which may include mood swings, irritability, irrationality, inexplicable weepiness
- Anxiety/anticipation while waiting for the right time to take a home pregnancy test

Your Body This Month

There's definitely no way to tell this book by its cover yet. Though you may recognize a few physical changes in yourself—your breasts may be a little fuller, your tummy a tad rounder (though that's from bloat, not baby)—no one else is likely to have noticed. Make sure you take a good look at your waist: It may be the last time you'll see it for many months to come.



What You Can Expect at Your First Prenatal Visit

Your first prenatal visit probably will be the longest you'll have during your pregnancy—and definitely will be the most comprehensive. Not only will there be more tests, procedures

(including several that will be performed only at this visit), and information gathering (in the form of a complete medical history), but there will be more time spent on questions (questions you

Make the Pregnancy Connection

Log on to WhatToExpect.com or the What To Expect app—your interactive pregnancy companion—for week-by-week info on your baby's growth and development, plus a whole lot more. Connect on the message boards with other moms who are going through the same experience (and the same queasiness) at the same time. After all, nobody gets pregnancy like another pregnant woman!

have for your practitioner, questions he or she will have for you) and answers. There will also be plenty of advice to take in—on everything from what you should be eating (and not eating) to what supplements you should be taking (and not taking) to whether (and how) you should be exercising. So be sure to come equipped with a list of the questions and concerns that have already come up, as well as with a notebook, the *What to Expect Pregnancy Journal and Organizer*, your smartphone, or the What To Expect app to jot down those answers.

Keep in mind that your first official prenatal visit will probably be scheduled sometime in your 2nd month (see page 8), not the 1st month—though some offices offer earlier pre-ob visits.

One practitioner's routine may vary slightly from another's. In general, the exam will include:

Confirmation of your pregnancy. Even if you've already passed your pregnancy test at home, your practitioner will most likely repeat a urine test and also do a

blood test. The following will also be checked: pregnancy symptoms you're experiencing, the date of your LMP to determine your estimated date of delivery (EDD, aka due date; see page 8), and your cervix and uterus for signs and approximate gestational age of the pregnancy. Most practitioners also do an early ultrasound, which is the most accurate way of dating a pregnancy (see page 170).

A complete history. To give you the best care possible, your practitioner will want to know a lot about you. Come prepared by checking records at home or calling your primary care doctor to refresh your memory on the following: your personal medical history (immunizations you've had, chronic illness, previous major illnesses or surgeries, known allergies, including drug allergies), supplements (vitamins, minerals, herbal, homeopathic) or medications (over-the-counter or prescription) you take or have taken since conception, your mental health history (any history of depression, anxiety disorder, or other mental health conditions), your gynecological history (age at first period, details about your cycle, whether you have problems with PMS or PMDD, prior gynecological surgeries, history of abnormal Pap smears or of STDs), and your obstetrical history if any (including any pregnancy complications or losses, details about previous deliveries). Your practitioner will also ask questions about your lifestyle habits (what you typically eat, whether you exercise, drink, smoke, or use recreational drugs) and other factors that might affect your pregnancy (information about the baby's father, information on your ethnicities).

A complete physical exam. This may include a general health exam (checking

your heart, lungs, breasts, abdomen), measurement of your blood pressure to serve as a baseline reading at future visits, notation of your height and your weight, a look at your arms and legs for varicose veins and swelling to serve as a baseline at future visits, an exam of your external genitals and an internal check of your vagina and cervix (with a speculum in place, as when you get a Pap smear), examination of your pelvic organs bimanually (with one hand in the vagina and one on the abdomen and also possibly through the rectum and vagina), and an assessment of the size of your uterus and the size and shape of the pelvis (through which your baby will eventually try to exit).

A battery of tests. Some tests are routine for every pregnant woman, some are routine in some areas of the country (or in some practices), and some are performed only when necessary. The most common prenatal tests given at the first visit include:

- Urine test to screen for glucose (sugar), protein, white blood cells, blood, and bacteria
- Blood test to determine blood type and Rh status (see page 35), to check for anemia, and to measure hCG levels. Your blood will also be screened for antibody titers (levels) and immunity to certain diseases (like rubella and chicken pox), and possibly for vitamin D deficiency.
- Tests to screen for syphilis, gonorrhea, hepatitis B, chlamydia, and HIV
- A Pap smear (just like the one you get at your annuals) to screen for abnormal cervical cells

What's a Rubella Titer?

One lab result your practitioner will look for in your first blood test is a rubella titer, a measurement of the level of antibodies you have for rubella, aka German measles. Low titers means you're due for a booster vaccine (or to be vaccinated if you've never been), but you won't roll up your sleeve for that until after you deliver. Happily, the CDC considers rubella to be eradicated in the U.S., which means that it's next to impossible to catch it here now—even if your titers are low. See page 535 for more.

Depending on your particular situation, and if appropriate, you may also receive:

- Genetic tests for cystic fibrosis (all moms-to-be are offered this test), sickle cell anemia, thalassemia, Tay-Sachs, or other genetic diseases if you weren't screened before conception (see page 48 for more on genetic screening)
- Possibly, a blood sugar test if you're obese, had gestational diabetes (and/or a very large baby) in a previous pregnancy, have a family history of diabetes, or have other risk factors for gestational diabetes (see page 294 for more on screening for gestational diabetes).

An opportunity for discussion. Here's the time to bring out that list of questions and concerns.

What You May Be Wondering About

Breaking the News

"I just found out I'm pregnant, and I can't wait to break the news to everyone. But is it too early to tell my family and friends?"

Bursting with the news—almost as much as your bladder is bursting with urinary frequency? It's not surprising that you're eager to alert the social media (and your family and other friends), especially if this is your first pregnancy. But how long should you wait to share? When should you let this still very tiny kitten out of the bag?

That's actually your call (or text, or email, or post). Some couples opt to hold off on any announcements until the first trimester has passed, and some keep the secret as long as they can—say, until the baby bump (or the sudden passing up of wine, or the ever-green look on her face)—starts making it obvious. Others have rushed off to tell the world (or at least, everyone on their contact list) before the pee has even dried on the pregnancy test. Still others tell selectively, starting with those nearest and dearest (or those who can be trusted not to blab until you've given the go-ahead). Since there's no right or wrong time to tell or way to tell, do whatever works for you. Tell now, tell later, tell some, tell all. Keep them in the loop, or keep them guessing.

Just remember, once you share your happy news (or it becomes oh-so-obvious), people you know (and, yes, even those you don't) will be more than happy to share unsolicited advice, comments about your weight, nightmare labor stories, and finger-wagging critiques of your morning latte—not to

mention those belly rubs you didn't ask for. A reason to hold off? You decide.

So talk it over with your partner, and do what feels most comfortable. Just remember: In spreading the good news, don't forget to take the time to savor it as a twosome.

For tips on when to break the news at work, see page 199.

Prenatal Supplements

"I hate swallowing pills. Do I really have to take a prenatal, even though I eat pretty well?"

Virtually no one gets a nutritionally perfect diet every day—especially early in pregnancy, when round-the-clock morning sickness is a common appetite suppressant, or when the little nutrition you do manage to get down often doesn't stay down, or when aversions kill your taste for anything remotely healthy. Though a daily prenatal supplement can't take the place of a good prenatal diet, it can serve as some dietary insurance, guaranteeing that your baby won't be cheated if you don't always hit the nutritional mark you're aiming for—especially during the early months, when so much of your baby's most crucial construction occurs.

And there are other good reasons to take your prenats. For one thing, studies show that taking a supplement containing folic acid and vitamin B₁₂ during the first months of pregnancy (especially if it's started in the months before pregnancy) significantly reduces the risk of neural tube defects (such as spina bifida), congenital heart defects, and autism in a baby, and helps prevent preterm birth. For another, research

The Downside (and Flip Side) to Telling Early

Even as they celebrate a positive pregnancy test—and think about sharing the happy news with friends, family, and maybe the world—just about every couple worries about the “what-if.” What if the happy news turns to sad news—what if pregnancy ends soon after it has started, with a miscarriage? More than any other reason, that’s why many couples hold off on announcing pregnancy until the first trimester is safely behind them.

And that’s understandable—especially if you’ve had previous pregnancy losses. But here’s the flip side to

keeping pregnancy completely to yourselves early on. Should the unthinkable—and unlikely—actually happen, whether that’s a miscarriage or a devastating result on prenatal testing, will going it alone make the sad news harder to handle? Will you be relieved you haven’t told anyone—after all, then there’s no need to tell them what happened—or will you be craving support from friends and family when you need it the most?

Something to think about—but something only you and your partner can decide, together.

has shown that taking a supplement containing at least 10 mg of vitamin B₆ before and during early pregnancy can minimize morning sickness. And yet another: Many women are deficient in vitamin D (you can ask your practitioner about testing for D deficiency)—and taking a prenatal can help bump up your D levels to where they should be.

Which prenatal should you take? Since there are an overwhelming number of formulations on the market (available both over-the-counter and by prescription), it’s always a good idea to ask your practitioner to recommend or prescribe one. If size matters to you (say, you find that the typical horse-size prenatal supplement is hard to gag down) ask for one that’s smaller, coated, or a gel cap. Or look into ditching the pill entirely—formulas come in powder, gummy, or chewable form, too (just ask first, since not all prenats are equivalent). A slow-release formula may prove less upsetting to your pregnancy-sensitive tummy, especially if you’ve been hit hard by morning sickness, and added B₆ and/or ginger may help ease quease,

too. Taking the supplement with food or at the time of the day when you’re least likely to upchuck it (maybe after dinner, before bed) may also help you get it (and keep it) down.

If you decide to switch prenats from one that your practitioner recommended or prescribed to one that’s easier for you to take, run the formula by your practitioner first. Any prenatal you choose should approximate the requirements for prenatal supplements (see page 100 for details).

Some moms-to-be find the iron in a prenatal vitamin causes constipation or diarrhea. Again, switching formulas may bring relief. Taking a prenatal without iron and adding an iron supplement as prescribed (you probably won’t require extra iron until midway through pregnancy) may also help. Your practitioner can suggest an iron supplement that’s easier on the tummy.

“I eat a lot of cereals and breads that are enriched. If I’m also taking a prenatal supplement, will I be taking in too many vitamins and minerals?”

You can get too much of a good thing, but not usually this way. Taking a prenatal vitamin along with eating the average diet, which typically includes plenty of enriched and fortified products, isn't likely to lead to excessive intake of vitamins and minerals. To take in that many nutrients, you'd have to be adding other supplements beyond the prenatal—something an expectant mama should never do without her practitioner's advice. It's wise, however, to be wary of any foods, drinks, or other dietary supplements that are fortified with more than the recommended daily allowance of vitamins A, E, and K, because these can be toxic in large amounts. Most other vitamins and minerals are water soluble, meaning any excesses that the body can't use are simply excreted in the urine. Which is why—fun fact—supplement-crazy Americans are said to have the most expensive urine in the world (if pee could be sold, that is).

Fatigue

"Now that I'm pregnant, I'm tired all the time. Sometimes I feel as if I won't even be able to get through the day."

Can't lift your head off the pillow each morning? Dragging your feet all day? Can't wait to crawl into bed as soon as you arrive home at night? If it seems like your get-up-and-go has left the building—and doesn't seem to have plans to return anytime soon—it's not surprising. After all, you're pregnant. And even though there might not be any evidence on the outside that you're busily building a baby, plenty of exhausting work is going on inside. In some ways, your pregnant body is working harder when you're resting (even when you're sleeping!) than a nonpregnant body is when running a marathon—only you're not aware of the exertion.

So what exactly is your body up to? For one very significant thing, it's manufacturing your baby's life-support system, the placenta—a massive project that won't be completed until the end of the first trimester. For another, your body's hormone levels have increased significantly, you're producing more blood, your heart rate is up, your blood sugar is down, your metabolism is burning energy overtime (even when you're lying down), and you're using up more nutrients and water. And if that's not enough to wear you out, just toss into the draining equation all the other physical and emotional demands of pregnancy that your body is adjusting to. Add it all up, and it's no wonder you feel as if you're competing in a triathlon each day—and coming in dead last (or at least, dead tired).

Happily, there is some relief headed your way—eventually. Once the herculean task of manufacturing the placenta is complete (around the 4th month) and your body has adjusted to the hormonal and emotional changes pregnancy brings, you'll feel a little peppier.

In the meantime, keep in mind that fatigue is a sensible signal from your body that you need to take it easier these days. So listen up, and get the rest your body needs. You may also be able to recapture some of that get-up-and-go with some of the following tips:

Baby yourself. If you're a first-time mom-to-be, enjoy what will probably be your last chance for a long while to focus on taking care of yourself without feeling guilty. If you already have children at home, you'll definitely have to divide your focus. But either way, this is not a time to strive for supermom-to-be status. Getting enough rest is more important than keeping your house spotless or cooking 4-star dinners (or cooking dinner at all—that's what takeout was created for). Let the dishes

wait until later, and turn the other way as the dust bunnies breed under your dining table. Order your groceries (and anything else you can think of) online instead of dragging yourself to the store. If it's affordable for you, become a regular on the GrubHub or Seamless (or other food delivery services) circuit, and tap into TaskRabbit (or others like it) to outsource errands. Don't book activities—or take care of chores—that aren't must-do's. Never been a slacker? There's never been a better time to try it on for size.

Let others baby you. You'll be doing plenty of heavy lifting in the months to come, so your partner will need to be doing his fair share (how does more than half sound?) of household chores, including laundry and grocery shopping. Accept your mother-in-law's offer to cook dinner when she's visiting. Have a pal pick up some essentials for you while she's going on a shopping run anyway. That way, you might actually have enough energy left to drag yourself out for a walk . . . before you drag yourself into bed.

Chill out more. Exhausted once the day's over? Spend evenings chilling out (preferably with your feet up) instead of stepping out. And don't wait until nightfall to take it easy. If you can squeeze in a nap, by all means go for it. If you can't sleep, lie down and rest. If you're a working mom-to-be, a nap at the office may not be an option, of course, unless you have a flexible schedule and access to a comfortable sofa, but putting your feet up at your desk or on the sofa in the break room during downtimes and lunch hours may be possible. (If you choose to rest at lunch hour, make sure you make time to eat, too.)

Be a slacker mom. Have other kids? You may be extra tired, for obvious

reasons (you have less time to rest, more demands on your body). Or fatigue may be less noticeable, since you're already accustomed to exhaustion—or too busy to pay attention to it. Either way, it's not easy babying yourself when you have other babies (and older children) clamoring for your attention. But try. Explain to them that growing a baby is hard work and it's leaving you beat. Ask for their help around the house and their help in letting you get more rest. Spend more time at quiet pursuits with your kids—reading, doing puzzles, being the patient in a game of “doctor” (you'll get to lie down), watching movies. Napping when you're mothering full-time may also be difficult, but if you can time your rest with naptime (if they still nap), you may be able to swing it.

Push up your bedtime. It may be stating the obvious, but just in case: Getting even an hour more sleep at night can pick you up come morning. Just don't overdo the dozing—too many z's can actually leave you feeling even more tired.

Eat well. To keep your energy up, you need a steady supply of premium fuel. Make sure you're getting enough calories each day and focus on the long-lasting energy boosting combo of protein and complex carbs. Caffeine or sugar (or both, taken together) may seem like the perfect quick fix for an energy slump, but they're not. Though a candy bar or a jolt-in-a-can energy drink might pick you up briefly, that blood sugar high will be followed by a free-falling crash, leaving you dragging more than ever. (Plus, many canned energy drinks may contain dietary supplements that aren't safe for pregnancy use.)

Eat often. Like so many other pregnancy symptoms, fatigue responds well

to the 6-Meal Solution (see page 89). Keeping your blood sugar on an even keel will help keep your energy steady, too—so resist meal skipping, and opt for frequent mini-meals and snacks.

Take a hike. Or a slow jog. Or a stroll to the grocery store. Or do a pregnancy exercise or yoga routine. Sure, the couch has never looked more inviting—but paradoxically, too much rest and not enough activity can be a drag on your energy reserves. Even a little exercise (a 10-minute walk, or even 5 minutes of *What to Expect When You're Expecting: The Workout* DVD) can be more rejuvenating than a sofa break. Just don't overdo it—you want to finish up your workout feeling energized, not drained—and be sure to follow the guidelines starting on page 231.

Though your growing fatigue will probably ease up by month 4, you can expect it to return in the last trimester. (Could it be nature's way of preparing you for the long sleepless nights you'll encounter once baby has arrived?)

Morning Sickness

"I haven't had any morning sickness. Can I still be pregnant?"

Morning sickness, like a craving for pickles and ice cream, is one of those truisms about pregnancy that isn't necessarily true. Studies show that nearly three-quarters of all expectant women experience the nausea and/or vomiting associated with morning sickness, which means that a little more than 25 percent of moms-to-be don't. If you're among those who never have a nauseous moment, or who feel only occasionally or mildly queasy, you can consider yourself not only pregnant but also lucky. Consider, too, that this luck may soon run out, since morning

sickness often doesn't kick in until 6 weeks or even later.

"My morning sickness lasts all day. I'm afraid that I'm not keeping down enough food to nourish my baby."

Welcome to the queasy club—a club that up to 75 percent of pregnant women belong to. Happily, though you and all the other miserable members are definitely feeling the effects of morning sickness—a misnamed malady, as you've already noticed, since it can strike at morning, noon, night, or, more likely, all the above—your baby almost definitely isn't. That's because your baby's nutritional needs are tiny right now, just like your baby (who's not even the size of a pea yet). Even women who have such a hard time keeping food down that they actually lose weight during the first trimester aren't hurting their babies or their pregnancies as long as they make up for the lost weight, as needed, in later months. Which is usually pretty easy to do, because that trademark nausea and vomiting don't generally linger much beyond the 12th to 14th week.

What causes morning sickness (technically known as the nausea and vomiting of pregnancy, or NVP)? No one knows for sure, but there's no shortage of theories, among them the high level of the pregnancy hormone hCG in the blood in the first trimester, elevated estrogen levels, gastroesophageal reflux (GER), the hormonally relaxed muscle tissue in the digestive tract (which makes digestion less efficient), and the super keen sense of smell that moms-to-be develop.

Not all pregnant women experience morning sickness the same way. Some have only occasional queasy moments, others feel queasy round the clock but never vomit (though they probably sometimes wish they could),

others vomit once in a while, and still others vomit frequently. There are probably several reasons for these variations on the morning sickness (or 24/7 sickness) theme:

Hormone levels. Higher-than-average levels (as when a woman is carrying multiple fetuses) can increase morning sickness, while levels on the lower side of normal may minimize or eliminate it (though women with normal hormone levels may also experience little or no morning sickness).

Sensitivity. Some brains have a nausea command post that's more sensitive than others, which means they're more likely to respond to hormones and other triggers of pregnancy queasiness. If you have a sensitive command center (you always get carsick or seasick, for instance), you're more likely to have more severe nausea and vomiting in pregnancy. Never have a queasy day ordinarily? You're less likely to have lots of them when you're expecting.

Stress. It's well known that emotional stress can trigger tummy troubles, so it's not surprising that symptoms of morning sickness tend to get way worse when stress strikes. That's not to say that morning sickness is "in your head" (it's actually in your hormones)—but where your head is at (as in super-stressed-out) can intensify it.

Fatigue. Physical or mental fatigue can also aggravate the symptoms of morning sickness (conversely, severe morning sickness can definitely aggravate physical or mental fatigue).

First-timer status. Morning sickness is more common and tends to be more severe in first pregnancies, which supports the idea that both physical and emotional factors may be involved. Physically, the novice pregnant body

is less prepared for the onslaught of hormones and other changes it's experiencing than one that's been there, done that. Emotionally, first-timers are more likely to be subject to the kinds of anxieties and fears that can turn a stomach—while women in subsequent pregnancies may be distracted from their nausea by the demands of caring for older children. (Generalities never hold true for every expectant mom, though, and some women are queasier in subsequent pregnancies than they were in their first.)

One thing that's likely not a contributing factor to whether or not you'll have the pregnancy queasies: the sex of your baby. Sure, some moms swear that morning sickness is worse when they're expecting a girl than when they're carrying a boy. But there are just as many moms who swear the opposite and say they never had a queasy day when they were pregnant with their girls. There is some evidence that moms-to-be who have severe vomiting during pregnancy may be a bit more likely to have a baby girl on board, but experts say these findings don't apply to average morning sickness.

No matter the cause (and does it really matter, when you're upchucking for the third time in one day?), there is no sure cure for the queasies but the passing of time. Luckily there are ways to minimize the misery while you're waiting for a less nauseous day to dawn:

- **Eat early.** Morning sickness doesn't wait for you to get up in the morning. In fact, nausea's most likely to strike when you're running on empty, as you are after a long night's sleep. That's because when you haven't eaten in a while, the acids churning around inside your empty tummy have nothing to digest but your

FOR FATHERS

Helping Ease Her Quease

Morning sickness is one pregnancy symptom that definitely doesn't live up to its name. It's a 24/7 experience that can send your spouse running to the bathroom morning, noon, and night—and hugging the toilet far more than she'll be hugging you. So take steps to help her feel better—or at least not worse. Lose the aftershave that she suddenly finds repulsive, and get your onion ring fix out of her sniffing range (thanks to her hormones, her sense of smell is supersized). Fill her gas tank so she doesn't have to come nose-to-nozzle with the fumes at the pump. Fetch her foods that quell her queasies and don't provoke another run to

the toilet. Good choices include ginger ale, soothing smoothies, and crackers (but ask first—what spells r-e-l-i-e-f for one queasy woman spells v-o-m-i-t for another). Encourage her to eat small meals throughout the day instead of 3 large ones (spreading out the load and keeping her tummy filled may ease her nausea), but don't chide her for her food choices (now's not the time to nag her about eating her broccoli). Be there for support when she's throwing up—hold back her hair, bring her some ice water, rub her back. And remember, no jokes. If you were throwing up for weeks, you wouldn't find it amusing. Not surprisingly, neither does she.

stomach lining—which, not surprisingly, increases queasiness. To head off heaving, don't even consider getting out of bed in the morning without reaching for a nibble (crackers or rice cakes, dry cereal, a handful of trail mix) that you stashed on your nightstand the night before. Keeping nibbles next to the bed also means you don't have to get up for them if you wake up hungry in the middle of the night. It's a good idea to have a bite when you rise for those midnight bathroom runs, too, just so your stomach stays a little bit full all night long.

- **Eat late.** Eating a light snack high in protein and complex carbs (a muffin and a glass of milk, string cheese and a handful of freeze-dried mango) just before you go to sleep will help ensure a happier tummy when you wake up.
- **Eat light.** A stuffed tummy is just as prone to puking as an empty one.

Overloading—even when you feel hungry—can lead to upchucking.

- **Eat often.** One of the best ways to keep nausea at bay is to keep your blood sugar on an even keel—and your stomach a little filled—all the time. To head off an attack of the queasies, join the graze craze. Eat small, frequent meals—6 mini-meals a day is ideal—instead of 3 large ones. Don't leave home without a stash of snacks that your tummy can handle (dried fruit and nuts, freeze-dried fruit, granola bars, dry cereal, crackers, pretzels, Moon Cheese).
- **Eat well.** A diet high in protein and complex carbohydrates can help combat queasiness. General good nutrition may help, too, so eat as well as you can (given the circumstances, that might not always be so easy).
- **Eat what you can.** So the eating well thing isn't working out so well for you?

Right now, getting anything in your tummy—and keeping it there—should be your priority. There will be plenty of time later on in your pregnancy for eating well. For the queasy moment, eat whatever gets you through the day (and night), even if it's nothing but ice pops and gingersnaps. If you can manage to make them real fruit ice pops and whole grain gingersnaps, great. If you can't, that's fine, too.

- **Drink up.** In the short term, getting enough fluids is more important than getting enough solids—particularly if you're losing lots of liquids through vomiting. If you're finding that liquids are easier to get down when you're feeling green, use them to get your nutrients. Drink your vitamins and minerals in soothing smoothies, soups, and juices. If you find fluids make you queasier, eat solids with a high water content, such as fresh fruits and vegetables—particularly melons (watermelon's a winner) and citrus fruits. Some queasy moms-to-be find that drinking and eating at the same meal puts too much strain on their digestive tract—if this is true for you, try taking your fluids between meals. Both electrolyte water and coconut water may be especially helpful if you're vomiting a lot.
- **Get chilly.** Experiment with temperature, too. Many women find that icy-cold fluids and foods are easier to get down. Others favor warm ones (melted cheese sandwiches instead of cold ones).
- **Switch off.** Often, what starts out as a comfort food (it's the only thing you can keep down, so you eat it 24/7) becomes associated with nausea—and actually starts to trigger it. If you're so sick of crackers that they're actually beginning to make you sick, switch off

to another comforting carb (maybe it'll be Cheerios next).

- **If it makes you queasy, don't go there.** Period. Don't force yourself to eat any foods that don't appeal or, worse, make you sick. Instead, let your taste buds (and cravings, and aversions) be your guide. Choose only sweet foods if they're all you can tolerate (get your vitamin A and protein from peaches and yogurt at dinner instead of from broccoli and chicken). Or select only savorys if they're your ticket to a less tumultuous tummy (have pizza for breakfast instead of cereal).
- **Smell (and see) no evil.** Thanks to a much more sensitive sense of smell, pregnant women often find once-appetizing aromas suddenly offensive—and offensive ones downright sickening. So stay away from smells that trigger nausea—whether it's the sausage and eggs your partner likes to make on the weekends or his after-shave that used to make you head over heels (but now makes you head for the toilet). Steer clear, too, of foods that you can't stand the sight of (raw chicken is a common culprit).
- **Supplement.** Take a prenatal supplement to compensate for nutrients you may not be getting. Afraid you'll have trouble choking the pill down—or keeping it down? Actually, that one-a-day can decrease nausea symptoms (especially if you take a slow-releasing vitamin that's higher in quease-combating vitamin B₆). But take it at a time of day when you are least likely to heave it back up, possibly with a substantial bedtime snack. You can also ask your practitioner about taking extra vitamin B₆ (with or without Unisom SleepTabs, or another OTC version of the antihistamine doxylamine), and/or supplementing with

Your Nose Knows

Have you noticed, now that you're expecting, that you can smell what's on the menu before you even set foot in the restaurant? That heightened sense of smell you're experiencing is actually a very real side effect of pregnancy, caused by hormones (in this case, estrogen) that magnify every little scent that wafts your way. What's worse, this bloodhound syndrome can also ramp up morning sickness symptoms. Smell trouble? Give your nose a break. Here are some strategies to try:

- If you can't stand the smell, get out of the kitchen. Or the restaurant. Or the perfume aisle at Sephora. Or anywhere odors that sicken you hang out.
- Make friends with your microwave. Microwave cooking generally makes less of a stink.
- Too late—there's already a stink? Open your windows whenever possible to banish cooking or musty odors. Or run the exhaust fan on the stove.

- Wash your clothes more often than usual, since fibers tend to hold on to odors. Use unscented detergent and softener, though, if the scented ones bother you (same goes for all your cleaning supplies).
- Switch to unscented or lightly scented toiletries (or scents that don't make you sick).
- Ask those who are regularly within sniffing distance of you (and who you know well enough to ask) to be extra-considerate of your sensitive smell status. Get your spouse to wash up, change his clothes, and brush his teeth after stopping for a chili cheeseburger. Suggest that pals go easy on the perfume when they're with you.
- Try to surround yourself with those scents (if there are any) that actually make you feel better. Mint, lemon, ginger, and cinnamon are more likely to be soothing, especially if you're queasy, though some expectant moms suddenly embrace smells that invoke infants, such as baby powder.

magnesium (or using a magnesium spray), which some say can help ease pregnancy nausea.

- Tread gingerly. It's true what the old wives (and midwives) have been saying for centuries: Ginger can be good for what ails a queasy pregnant woman. Use ginger in cooking (carrot-ginger soup, ginger muffins), steep it in tea, nibble on some ginger biscuits, nosh on some crystallized ginger, or suck on some ginger candy or lollipops. A drink made from real ginger (regular ginger ale isn't always, so check the label) may also

be soothing. Even the smell of fresh ginger (cut open a knob and take a whiff) may quell the queasies. Or try another trick of the queasy trade: lemons. Many women find both the smell and taste of lemons comforting (when life gives you morning sickness, make lemonade?). Sour or peppermint flavored sucking candies spell relief for others. Or try sipping on icy-cold almond milk, also touted for its tummy-settling benefits (it works on heartburn, too).

- Rest up. Get some extra sleep, since fatigue can step up that sick feeling.

- Go slow-mo. Don't jump out of bed and dash out the door—rushing tends to aggravate nausea. Instead, linger in bed for a few minutes, nibbling on that bedside snack, then rise slowly to a leisurely breakfast. This may seem impossible if you have other children, but try to wake up before they do so you can sneak in some quiet time, or let daddy do the dawn shift.
- Minimize stress. Easing the stress can ease the quease. See page 145 for tips on dealing with stress.
- Treat your mouth well. Brush your teeth (with a toothpaste that doesn't increase queasiness) or rinse your mouth after each bout of vomiting, as well as after each meal (ask your dentist to recommend a good rinse). This will not only help keep your mouth fresh and reduce nausea, but decrease the risk of damage to teeth or gums that can occur when bacteria feast on regurgitated residue in your mouth.
- Try Sea-Bands. These 1-inch-wide elastic bands, worn on both wrists, put pressure on acupressure points on the inner wrists and often relieve nausea. They cause no side effects and are widely available at drug and health food stores. Or your practitioner may recommend a more sophisticated form of acupressure: a battery-operated wristband that uses electronic stimulation, like Relief Bands or Psi Bands.
- Consider CAM. A wide variety of complementary medical approaches, such as acupuncture, acupressure, biofeedback, meditation, or hypnosis, can help minimize the symptoms of morning sickness—and they're all worth a try (see page 78).
- Ask about medication. If the do-it-yourself tips don't do the trick, check with your practitioner about whether

you might need to step up to a prescription approach. Diclegis (Diclectin in Canada) is a very safe and effective combination of the antihistamine doxylamine and vitamin B₆ (the same combo often recommended in OTC form) in a delayed-release formula that can ease symptoms of morning sickness throughout the day and night with less daytime drowsiness. If morning sickness is really severe, antinausea medication may be added (such as Phenergan, Reglan, or Scopolamine). But don't take any medication (traditional or herbal) for morning sickness unless it is prescribed by your practitioner.

In fewer than 5 percent of pregnancies, nausea and vomiting become so severe that medical intervention may be needed. If this seems to be the case with you, check in with your practitioner and see page 547.

Excess Saliva

"My mouth seems to fill up with saliva all the time—and swallowing it makes me gag. What's going on?"

It may not be cool to drool (especially in public), but for many women in the first trimester, it's an icky fact of life. Overproduction of saliva is a common—and unpleasant—symptom of pregnancy, especially among morning sickness sufferers. And though all that extra saliva pooling in your mouth may add to your queasiness—and lead to a gaggy feeling when you eat—it's completely harmless, and thankfully short-lived, usually disappearing after the first few months.

Tired of being the Spit Girl? Spitting mad about all that spit? Brushing your teeth frequently with a minty toothpaste, rinsing with a minty mouthwash, or chewing sugarless gum can help dry things up a bit.

Metallic Taste

"I have a metallic taste in my mouth all the time. Is this pregnancy related—or is it something I ate?"

So your mouth tastes like loose change? Believe it or not, that metal mouth taste is a fairly common—though not often talked about—side effect of pregnancy and one more you can chalk up to hormones. Your hormones always play a role in controlling your sense of taste. When they go wild (as they do when you have your period—and as they do with a vengeance when you're pregnant), so do your taste buds. Like morning sickness, that yucky taste should ease up—or, if you're lucky, disappear altogether—in your second trimester, when those hormones begin to settle down.

Until then, you can try fighting metal with acid. Focus on citrus juices, lemonade, sour sucking candy, and—assuming your tummy can handle them—foods marinated in vinegar (some pickles with that ice cream?). Not only will such assertive acidics have the power to melt through that metallic taste, but they'll also increase saliva production, which will help wash it away (though that could be a bad thing,

if your mouth's already flooded with the stuff). Other tricks to try: Brush your tongue each time you brush your teeth, or rinse your mouth with a salt solution (a teaspoon of salt in 8 ounces of water) or a baking soda solution ($\frac{1}{4}$ teaspoon baking soda in 8 ounces of water) a few times a day to neutralize pH levels in your mouth and keep away that flinty flavor. You might also ask your practitioner about changing your prenatal vitamin, since some seem to lead to metal mouth more than others.

Frequent Urination

"I'm in the bathroom every half hour. Is it normal to be peeing this often?"

It may not be the best seat in the house, but for most pregnant women, it's the most frequented one. Let's face it, when you gotta go, you gotta go—and these days (and nights) you gotta go all the time. And while nonstop peeing might not always be convenient, it's absolutely normal, particularly in early pregnancy.

What causes this frequent urination? First, hormones trigger an increase not only in blood flow but in urine flow, too. Second, during pregnancy the efficiency of the kidneys improves, helping

FOR FATHERS

When She's Gotta Go . . . All the Time

There she goes—again. Urinary frequency will be your spouse's constant companion in her first trimester, and it'll come back with a vengeance in the last trimester, too. To make the going (and going) easier, try to practice your best bathroom etiquette. Try not to hog the bathroom, and always leave it ready for her use. Remember to put the seat down after every use (especially at night), and keep the hallway free of

obstacles (your gym backpack, your sneakers) and lit by a nightlight so she won't trip on her way to the toilet. And be as understanding as you can (read: no eye rolling) when she has to get up 3 times during the movie or stop 6 times on the way to your parents' house. Keep in mind that urinary frequency is not in her control (sometimes literally) and that frequently trying to hold in her pee can lead to a urinary tract infection.

your body rid itself of waste products more quickly (including baby's, which means you'll be peeing for two). Finally, your growing uterus is pressing on your bladder now, leaving less storage space in the holding tank for urine and triggering that "gotta go" feeling. This pressure is often relieved once the uterus rises into the abdominal cavity during the second trimester and doesn't usually return until the third trimester or when the baby's head "drops" back down into the pelvis in the 9th month (bringing you Urinary Frequency: The Sequel). But because the arrangement of internal organs varies slightly from woman to woman, the degree of urinary frequency in pregnancy may also vary. Some women barely notice it, and others are bothered by it for most of the 9 months.

Leaning forward when you urinate will help ensure that you empty your bladder completely, as will double voiding (pee, then when you're finished, squeeze out some more). Both tactics may reduce the number of trips to the bathroom, though realistically, not by much.

Don't cut back on liquids, thinking it'll keep you out of the bathroom. Your body and your baby need a steady supply of fluids—plus, dehydration can lead to a UTI. But do cut back on caffeine, since large quantities can increase the need to pee (and that fierce urgency of "now!"). If you find that you go frequently during the night, try limiting fluids right before bedtime.

If you're always feeling the urge to urinate (even after you've just peed), talk to your practitioner. He or she might want to run a test to see if you've got a UTI.

"How come I'm not urinating frequently?"

Maybe you're not noticing an increase in urination because you're already a frequent pee-er—or because you're just not keeping track.

But do make sure you're getting enough fluids. Too little fluid intake cannot only cause infrequent urination, but lead to dehydration and urinary tract infection. Keep an eye not only on pee frequency, but on the color of your urine (it should be clear and pale yellow, not dark).

Breast Changes

"I hardly recognize my breasts anymore—they're so huge. And they're tender, too. Will they stay that way, and will they sag after I give birth?"

Looks like you've discovered the first big thing in pregnancy: your breasts. While bellies don't usually do much growing until the second trimester, breasts often begin their expansion within weeks of conception, gradually working their way through the bra cup alphabet, sometimes into double- and triple-letter territory (you may ultimately end up 3 cup sizes bigger than you started out). Fueling this growth are those surging hormones—the same ones that boost your bust premenstrually but at much greater levels. Fat is building up in your breasts, too, and blood flow to the area is increasing. And there's a swell reason for all this swelling—your breasts are gearing up to feed your baby when he or she arrives.

In addition to their expanding size, you will probably notice other changes to your breasts. The areola (the pigmented area around the nipple) will darken and spread, and may be spotted with even darker areas. This darkening may fade but not disappear entirely after birth. The little bumps you may notice on the areola are lubrication glands, which become more prominent during pregnancy and return to normal afterward. The complex road map of blue veins that spreads over the breasts—often vivid on a fair-skinned

When to Call Your Practitioner

What should you call your practitioner about and when? What's possibly an emergency and what probably isn't? Use the following list of symptoms as a general guideline, but keep in mind that your practitioner may want you to call for different reasons or within different parameters. That's why it's a good idea to discuss a protocol (or the following list) with your practitioner before a worrisome symptom strikes or an emergency comes up (some practitioners include a when-to-call and emergency protocol in their first-visit information packet).

If you haven't discussed a protocol with your practitioner and you're experiencing a symptom listed here (or another one that may require immediate medical attention), try the following: First, call the practitioner's office. If he or she isn't available, leave a message detailing your symptoms. If you don't get a call back within a few minutes, call again or call the nearest ER and tell the triage nurse what's going on. If he or she tells you to come in,

head to the ER and leave word with your practitioner. Call 911 if no one can take you to the ER.

When you report any of the following to your practitioner or to the triage nurse, be sure to mention any other symptoms you may be experiencing, no matter how unrelated they may seem. Also be specific, mentioning when you first noticed each symptom, how frequently it recurs, what seems to relieve or exacerbate it, and how severe it is:

CALL IMMEDIATELY IF YOU EXPERIENCE:

- Heavy bleeding or bleeding with cramps or severe pain in the lower abdomen
- Severe lower abdominal pain, in the center or on one or both sides, that doesn't subside, even if it isn't accompanied by bleeding
- A sudden increase in thirst, accompanied by reduced urination, or no urination at all for an entire day

woman and sometimes not even noticeable on darker women—represents a mom-to-baby delivery system for nutrients and fluids. After delivery—or, if you're breastfeeding, sometime after baby's weaned—the skin's appearance will return to normal.

Fortunately, that cup-size gain won't continue to come with pain (or uncomfortable sensitivity). Though your breasts will probably keep growing throughout your 9 months, they're not likely to stay super tender to the touch past the 3rd or 4th month. Some women find that most tenderness eases

well before that. In the achy meantime, find relief in cool or warm compresses (whichever is more soothing).

As for whether or not your breasts will end up sagging, a lot of that is up to genetics (if your mom drooped, you may, too), but some of it's up to you. Sagging results not just from pregnancy itself but from a lack of support during pregnancy. No matter how perky your breasts are now, protect them from a floppy future by wearing a supportive bra (though in that tender first trimester, you may want to avoid restrictive underwires). If your breasts are particularly

- Painful or burning urination accompanied by chills and fever over 101.5°F and/or backache
- Bloody diarrhea
- Fever over 101°F
- Very sudden and severe swelling or puffiness of hands, face, and eyes, accompanied by headache or vision difficulties
- Vision disturbances (blurring, dimming, double vision) that persist for more than a few minutes
- A severe headache or a headache that persists for more than 2 or 3 hours
- Chills and fever over 100°F in the absence of cold or flu symptoms (start bringing down any fever over 100°F promptly by taking acetaminophen, such as Tylenol)
- Severe nausea and vomiting; vomiting more often than 2 or 3 times a day in the first trimester; vomiting later in pregnancy when you didn't earlier
- Itching all over, with or without dark urine, pale stools, or jaundice (yellowing of skin and whites of the eye)
- Frequent (more than 3 times a day) diarrhea, especially if it's mucousy

**CALL THE SAME DAY
(OR THE NEXT MORNING,
IF IT'S THE MIDDLE OF THE
NIGHT) IF YOU EXPERIENCE:**

- Blood in your urine
- Sudden swelling or puffiness of your hands, face, or eyes
- Painful or burning urination
- Fainting or dizziness that's more than momentary

Keep in mind as you look over this list: There might be times when you have none of the symptoms here, but you don't feel "quite right." Or you have different symptoms not listed here or not explained in this book. Chances are what you're feeling is normal and that all you'll need is a good night's sleep to get you back on track. But when in doubt, check it out and call your practitioner.

large or have a tendency to sag, it's a good idea to wear a bra even at night. You'll probably find a cotton sports bra most comfortable for sleeping.

Not all women notice pronounced breast changes early in pregnancy, and some find the expansion takes place so gradually that it's not perceptible. As with all things pregnancy, what's normal is what's normal for your breasts. And don't worry: Though slower growth—or less substantial growth—means you won't have to replace bras so often, it won't have any impact on your ability to breastfeed.

"My breasts became very large in my first pregnancy, but they haven't seemed to change at all in my second. Is that normal?"

Last time your breasts were newbies—this time, they entered pregnancy with previous experience. As a result, they may not need as much preparation—or react as dramatically to those surging hormones—as they did in your first round of baby making. You may find that your breasts will enlarge gradually as your pregnancy progresses—or you may find that their expansion holds off until after delivery,

when milk production begins. Either way, this slow growing is completely normal—and an early indication of how very different pregnancies can be.

Lower Abdominal Pressure

"I've been having a nagging feeling of pressure in my lower abdomen. Should I be worried?"

It sounds like you're very tuned in to your body—which can be a good thing (as when it helps you recognize ovulation) or a not-so-good thing (when it makes you worry about the many innocuous aches and pains of pregnancy).

Don't worry. A feeling of pressure or even mild crampiness without bleeding is very common, especially in first pregnancies—and is usually a sign that everything's going right, not that something's going wrong. Chances are, that sensitive body radar of yours is just picking up some of the many dramatic changes that are taking place in your lower abdomen, where your uterus is currently located. What you're feeling may be the sensation of implantation, increased blood flow, the buildup of the uterine lining, or simply your uterus beginning to grow—in other words, your first growing pains. It could also be gas pains or bowel spasms that come with constipation (another common pregnancy side effect).

For further reassurance, ask your practitioner about the feeling (if you're still having it) at your next office visit.

Spotting

"I was in the bathroom and noticed a spot of blood when I wiped. Am I having a miscarriage?"

It's definitely scary to see blood down below when you're pregnant. But

what's not definite is that bleeding is a sign that something's wrong with your pregnancy. Many women—about 1 in 5, in fact—experience some bleeding during pregnancy, and most go on to have a perfectly healthy pregnancy and baby. So if you're noticing only light spotting—similar to what you see at the beginning or end of your period—you can take a deep breath and read on for a probable (and probably reassuring) explanation. Such light spotting is usually caused by one of the following:

Implantation of the embryo. Affecting 20 to 30 percent of women, such spotting (called "implantation bleeding" in the ob business) will usually occur before (or in some cases around the time) you expected your period, about 6 to 12 days after conception. Lighter than a period (and lasting anywhere from a few hours to a few days), implantation bleeding is usually spotty and light to medium pink or light brown in color. It occurs when the little ball of cells you'll one day call your baby burrows its way into the uterine wall. Implantation bleeding is not a sign that something is wrong.

Recent sex, an internal exam, or Pap smear. During pregnancy, your cervix becomes tender and engorged with blood vessels and can occasionally become irritated during intercourse or an internal exam, resulting in some light bleeding. This type of bleeding is common, can occur at any time during your pregnancy, and usually doesn't indicate a problem, but do tell your practitioner about any post-sex or post-exam spotting for extra reassurance.

Infection of the vagina or cervix. An inflamed, irritated, or infected cervix or vagina might cause some spotting (though the spotting should disappear once you're treated for the infection).