



Buckling up for two

upper thighs. Wear the shoulder harness over your shoulder (not under your arm), diagonally between your breasts and to the side of your belly. And don't worry that the pressure of an abrupt stop will hurt your baby—he or she is well cushioned by amniotic fluid and uterine muscle, among the world's best shock-absorbing materials. Skip seat-belt positioners designed for moms-to-be—many (such as those secured with Velcro) won't hold up in a crash anyway, and other designs haven't been found to be any safer for mom and baby.

As for air bags, don't think about disabling them. If you get into an accident, you'll be much safer if you have a functional air bag than if you don't. In fact, studies have shown that not only do air bags save pregnant women's lives (and the lives of their babies), they don't cause harm, either—when deployed during an accident they don't increase the risk of fetal distress, placental separation, or c-section. To make sure your air bag is keeping you safe, keep your distance. If you're sitting in the passenger seat, set the seat as far back as

you can (your legs will appreciate the stretching room, too). If you're driving, tilt the wheel up toward your chest, away from your bump, and try to sit at least 10 inches from the steering wheel.

Travel

"We had booked a vacation before we got pregnant—is it still safe to go?"

Never again will it be so easy to vacation with your baby. Fast-forward to next year when you'll be lugging along a car seat, diapers, toys, and child-proofing kits, and you'll see why.

So don't have reservations about those reservations you've made. But before you pack your suitcase, do get the go-ahead from your practitioner. Chances are your vacation plans will be green-lighted, since travel is rarely restricted during pregnancy unless there's a complication (or if you're super close to term).

Once you've been cleared for take-off, you'll need to do a little planning to ensure a safe and comfortable expectant voyage, whether it's a quick business trip or a leisurely babymoon:

Time it right. When you're planning pregnancy travel, timing it right is the ticket—with the mostly easygoing second trimester typically travel-friendliest. By then, first trimester queasiness and fatigue (less than ideal travel companions) should have eased up—but you won't yet be so big that dragging yourself around is harder than dragging your bags. Traveling down-to-the-delivery-wire also might mean risking going into labor far from your practitioner—and depending on your destination, far from a reliable hospital. Contemplating a cruise? Most cruise lines won't let you board if you've reached your 24th week.

Choose a destination that fits. A hot, humid climate may be hard for your

Mosquitoes Find Pregnant Women Delicious

If mosquitoes seem to love snacking on you more than ever now that you're pregnant, it's not just your imagination. Scientists have found that pregnant women attract twice as many mosquitoes as nonpregnant women, possibly because those pesky bugs are fond of carbon dioxide and pregnant women tend to take more frequent breaths, thereby releasing more of this mosquito-friendly gas. Another reason why mosquitoes make a beeline for expectant mothers: They're heat-seeking, and expectant mothers generally have higher body temperatures, what with all that baby making going on. Most of the time, all this added attention from mosquitoes is merely an itchy nuisance. But when mosquito-borne illnesses are involved, bites can spread disease that might be dangerous to you and your baby (as with the Zika virus; see page 536). That's why it's important to take precautions if you live in or must travel to an area where mosquitoes pose a health risk (including

checking with your practitioner—and current travel warnings—before considering a trip to such an area): Stay indoors as much as possible in heavily mosquito-infested areas, use tight-fitting screens on windows to keep mosquitoes out, wear protective clothing sprayed with permethrin (just don't get any on your skin), and apply insect repellent on exposed skin. Repellents containing DEET or picaridin offer the best defense against mosquitoes. These EPA-registered ingredients are considered both effective and safe during pregnancy. Repellents with purified forms of plants like citronella and cedar can help ward off bugs, but since they're not as effective as DEET or picaridin, don't rely on them in high-risk areas.

Always apply repellent after you've applied sunscreen, and be prepared to reapply sunscreen more frequently, since DEET decreases SPF. Products that combine repellent and sunscreen aren't recommended.

hopped-up metabolism to handle, but if you do opt for tropical, make sure your hotel and transport are air-conditioned, and that you stay hydrated and out of the sun. Get your practitioner's okay before booking a trip to a high altitude (see page 272). Also get the go-ahead before venturing into any region requiring extra vaccinations (some may not be pregnancy safe), as well as other areas that are hotbeds of potentially dangerous infections (including water-, food-, and mosquito-borne disease, such as Zika virus). For information on traveler's health, visit cdc.gov/travel.

Plan a trip that's relaxing. A single destination beats a whirlwind tour that takes you to 6 cities in 6 days. A trip that

lets you (and your pregnant body) set the pace is a lot better than one that's set by a group tour guide. A few hours of sightseeing or shopping (or meetings) should be alternated with time spent with your feet up.

Insure yourself. Sign up for reliable travel insurance, in case a pregnancy complication requires you to change your plans. Consider medical evacuation insurance as well if you're traveling abroad (or just far from reliable medical services), in case you need to return home quickly under medical supervision. Medical travel insurance may also be useful if your regular insurance plan does not include foreign medical care. Check your policy ahead of time.

Over the (Baby) Moon

Of course you're over the moon about your baby making three (or more). But maybe you're also wondering how that particular life change will impact your future as a twosome—especially when it comes to the kind of carefree couple's time that will soon be in short supply.

Enter, the babymoon. Call it a last (for now) hurrah—a chance to be happy-go-lucky (or happy-and-get-lucky) together before you hunker down with baby.

Whether it's a week on the beach, a weekend in the country, a night at a local hotel, or a day at a spa, more and more parents-to-be are booking a babymoon—that is, time, schedule, finances,

and practitioner's approval permitting. The best time for a babymoon? Clearly, when you're feeling your best and most energetic—which for most mamas-to-be is in the relatively comfortable second trimester.

Can't fit a babymoon in, or just can't afford one? Or maybe you'd both rather spend the extra cash on baby shopping than babymooning? Or your pregnancy is high risk and you're not allowed to leave town? Consider a staycation-style babymoon instead. Pick a weekend and plan just-for-two activities you might not get around to for a while once baby arrives on the scene: breakfast in bed, dinner and a movie, and, well, you get the picture.

Have medical backup. If you're traveling far, have the name of a local ob handy, just in case. If you're traveling abroad, contact the International Association for Medical Assistance to Travelers at iamat.org, which can provide you with a directory of English-speaking physicians throughout the world. Some major hotel chains can also provide you with this kind of information. If you find yourself in need of a doctor in a hurry and your hotel can't provide you with one, you can call the U.S. Embassy or the American Consulate for a recommendation. Or you can head to the nearest ER. If you have medical travel insurance, there should be a number to call for help.

Pack a pregnancy survival kit. Make sure you take enough prenatal vitamins to last the trip, some healthy snacks, Sea-Bands if you're susceptible to motion sickness, and a medication for traveler's stomach recommended

by your practitioner. Something to leave out of your kit: jet lag remedies (including melatonin) that aren't practitioner-approved.

Take healthy eating habits with you. Have fun eating while you're away (you're on vacation!), but also try to eat regularly and well, and to snack as needed—the energy-boosting combo of complex carbs and protein will be especially helpful if you're dragging from jet lag. Also don't forget to bring your hydration habit along on the trip. Getting enough fluids is always essential during pregnancy, but key for jet-setters (dehydration steps up jet lag symptoms, such as fatigue).

Try to stay regular on the road. Changes in schedule and diet can compound constipation problems. So make sure you get plenty of the three most effective constipation combaters: fiber, fluids, and exercise.

When you've gotta go, go. Don't encourage a UTI or constipation by postponing trips to the bathroom. Go as soon as you feel the urge (and can find a toilet).

Get the support you need. Support hose, that is, particularly if you already suffer from varicose veins. But even if you only suspect you may be predisposed to them, consider wearing support hose when you'll be doing a lot of sitting (in cars, planes, or trains, for example) and when you'll be doing a lot of standing (in museums, in airport lines). They'll also help minimize swelling in your feet and ankles.

Don't be stationary on the move. Sitting for hours—especially in a cramped space, like an airplane seat—can restrict circulation, and even lead to a blood clot, something moms-to-be are already at higher risk of (see page 565). So be sure to shift in your seat frequently, do foot circles and stretch, flex, wiggle, and massage your legs often—and avoid crossing your legs. If possible, take your shoes off and elevate your feet a bit. Get up at least every hour or two to walk the aisles when you are on a plane or train. When traveling by car, don't go for more than 2 hours without stopping for a stretch.

Will getting there be half the fun when you're expecting? Probably not, but to make sure it's not twice as uncomfortable:

- If you're traveling by plane, check with the airline to see if there are any special regulations concerning pregnant women. Book a seat in the bulkhead (preferably on the aisle, so you can get up and stretch or use the restroom as needed), or if seating is not reserved, ask for preboarding. On board, wear your seat belt comfortably fastened below your belly.

Don't Drink the Water?

Yes, staying hydrated is important for expectant travelers. But if the purity of the water is questionable at your destination, plan to use bottled water for drinking and brushing your teeth. Make sure the seal on the bottle top is intact when opening it. Avoid ice, too, unless you're certain it was made with purified water.

Also at such locales, you'll want to be as wary of food safety as water purity. Avoid raw fruits, vegetables, and salad (unless you know it has been washed in purified water). If you're craving fresh fruit, wash it with bottled water and peel it yourself. No matter where you roam, steer clear of cooked foods that are lukewarm or at room temperature (as on a buffet) and anything sold by street vendors (even if it's hot). Of course, skip juice or dairy you aren't positively sure is pasteurized.

Stay safe when you're dipping (not just sipping and eating), too. Check ahead about the safety of local lakes, rivers, and ocean you might be swimming in (some may be polluted or contaminated with dangerous bacteria). Any pool you swim in should be chlorinated or be purified by ozone, saline, or ionizing—ask before you dip.

For more info on safe and healthy travel, visit cdc.gov/travel.

More and more often, the so-called friendly skies are also the go-hungry skies. Even if you will be scoring a meal or will be able to purchase one on board, keep in mind that it may be (a) tiny (b) inedible (c) a long time coming because of delays or (d)

Mile-High Pregnancy

Wondering if the thinner air at higher altitudes is safe for everyday breathing when you're expecting? It likely is if you've lived at a high altitude for a long time. But altitude-induced pregnancy problems (such as hypertension, water retention, a somewhat smaller-than-average baby) can occur in women who have just moved to a high-altitude area after a lifetime at sea level. For that reason, many practitioners suggest postponing such a move until after delivery if possible.

What about visiting from a low altitude to a high one during pregnancy? Clearly, scaling Mount Rainier is out for now—but also think twice (and ask your practitioner) before booking that trip to a resort in the Rockies. If

you must make a trip to a high altitude destination, try to make the ascent gradually so you can adjust to the thinning air. If you're driving and there are places to stay along the way, try to go up 2,000 feet a day, rather than climbing all 7,000 feet at once or fly to a city that's at 5,000 feet, spend a few days to acclimate, then drive the rest of the way up. To minimize the risk of developing acute mountain sickness (the headache, nausea, and fatigue that can happen to anyone at altitudes over 8,000 feet, but can also produce symptoms at somewhat lower altitudes), plan on taking it easy for a few days after your arrival, drink lots of water, eat frequent small meals, and seek to sleep, if possible, at a somewhat lower altitude.

all of the above. So plan ahead. Pack a nonperishable sandwich or buy a sandwich, salad, or yogurt and fruit at the airport (just make sure you'll be eating it while it's still fresh). Stash some snacks in your carry-on, too. Drink plenty of water to counter dehydration caused by air travel (this will also ensure that you'll get plenty of leg-stretching during frequent bathroom trips), but don't drink airline tap water, since it's often contaminated with bacteria.

- If you're traveling by car, keep nutritious snacks and water handy. For long trips, be sure your seat is comfortable. If it isn't, consider buying or borrowing a special cushion for back support, available in auto supply or specialty stores or online. For car safety tips, see page 267.
- If you're traveling by train, check to

be sure there's a dining car with a full menu. If there's not, pack enough meals and snacks for the ride. If you're traveling overnight, book a sleeper car, if you can. You don't want to start your trip exhausted.

- If you're traveling by boat, check with the cruise line about restrictions (there are many for pregnant women), as well as about medical facilities on board. Check in with your practitioner for trip clearance, too, and to see if there are any meds you should bring along (onboard medical staff may not be able to dispense to expectant moms). And of course, keep in mind when considering a cruise that morning sickness plus motion sickness could make for a trip-ruining combo. Also be aware that outbreaks of gastrointestinal illness are not uncommon on cruise ships, and may be especially dangerous if you're expecting.

How Safe Is Security?

Getting through airport security may be a pain, but fortunately it's not a safety risk when you're traveling for two. The very low levels of electromagnetic waves emitted by metal detectors are perfectly safe (you're exposed to them all the time at home, from your appliances, for instance). Ditto the wands sometimes used by security agents. And those full body scans? The TSA says they pose no risk, including to pregnant women and their unborn

babies, with the radiation from a scan equal to 2 minutes of flying at a high altitude. Pat-downs may or may not be an alternative to the scan (you can always ask if you're concerned).

If you qualify for TSA PreCheck (apply at tsa.gov), you may be able to avoid the body scan altogether (as well as the hassle of taking off your shoes and jacket and pulling out your bag of liquids)—assuming it's available at the airport you're flying from.

ALL ABOUT:

Sex and the Pregnant Couple

Religious and medical miracles aside, every pregnancy starts with sex. So why does what probably got you here in the first place become so complicated now that you're here?

Whether you're having it more often or less often, whether you're enjoying it more or less or not at all—or whether you're not even doing it—chances are that making a baby has changed the way you make love. From sorting out what is and isn't safe in bed (or on the living room rug or on the kitchen counter) to figuring out which positions best accommodate your ever-bigger belly, from mismatched moods (you're turned on, he's turned off, he's turned on, you're turned off) to hormones gone wild (leaving your breasts more enticing than ever, yet too tender to touch), pregnancy sex is full of challenges on both sides of the bed. But not to worry. A little creativity, a good sense of humor, plenty of patience (and

practice), and lots of love will conquer all when it comes to pregnancy sex.

Sex Through the Trimesters

Down-up-down. While that might sound like a new sex move, it's actually a good description of the roller-coaster pattern most couples can expect their sex lives to follow during their 9 months of pregnancy. In the first trimester, many women find that their libidos take a nosedive, plummeting promptly as soon as pregnancy hormones kick in. And that slowdown in sexual interest should come as no shocker. After all, fatigue, nausea, vomiting, and painfully tender nipples don't make for great sex partners. But as with all things pregnancy, no two women are alike, which means no two libidos are alike, either. If you're lucky, you might find that the first trimester makes you hotter than

The Ins and Outs of Sex During Pregnancy

Wondering what's safe and what's not when it comes to making love during pregnancy? Here's the lowdown:

Oral sex. Cunnilingus ("going down" on a woman) is as safe as it is potentially pleasurable throughout pregnancy, so don't hesitate to go for it. Just make sure your partner doesn't forcefully blow air into your vagina. Fellatio ("going down" on him) is always safe during pregnancy—as is swallowing semen, in case you're curious—and for some couples is a nice way to stay close when intercourse isn't permitted.

Anal sex. Anal sex is probably safe during pregnancy, but proceed to the back door with caution. First, it probably won't be comfortable if you have hemorrhoids—an occupational hazard of pregnancy—and it can make them bleed (which can really spoil

the moment). Second, you'll need to remember the same safety rule of anal sex whether you're pregnant or not, but be especially fastidious about following it now: Never go from anal to vaginal sex without cleaning up first. Doing so may introduce harmful bacteria into your vaginal canal, setting you up for infection and risk to the baby.

Masturbation. Unless orgasm is off-limits because of a high-risk pregnancy, masturbating (with or without a vibrator) during pregnancy is perfectly safe—and a great way to release all that tension you're feeling.

Sex toys. As long as your practitioner has okayed sex, sex toys (like dildos and vibrators) are a go, too—after all, they're just mechanical versions of the real thing. But be sure any sex toy you use is clean, and be careful not to penetrate the vagina too deeply with it.

ever, thanks to the happy side of hormonal changes: genitals that are ultra-sensitive and ever-tingly, and breasts that are extra big and extra fun.

Interest often (though not always) picks up during the second trimester, when early pregnancy symptoms have subsided and there's more energy to put into lovemaking (and when less time in the bathroom leaves more time in the bedroom). Never had multiple orgasms before (or any orgasms)? This may be your lucky break—and your chance to get lucky again and again. That's because extra blood flow to the labia, clitoris, and vagina can make it easier to climax than ever before—and to have orgasms that are stronger and longer lasting, too. But again, nothing's a given during pregnancy. Some women

actually lose that loving feeling in the second trimester—or never end up finding it at all during their 9 months, and that's normal, too.

As delivery nears, libido usually wanes again, sometimes even more drastically than in the first trimester, for obvious reasons: First, your watermelon-size abdomen makes the target more difficult for your partner to reach, even with creative positioning. Second, the aches and discomforts of advancing pregnancy can cool even the hottest passion. And third, late in the trimester it's hard to concentrate on anything but that eagerly and anxiously awaited event. Still, some couples manage to overcome those late pregnancy obstacles and keep up the action until that first contraction.

FOR FATHERS

The Sex Fear Factor

Worried that sex might hurt your partner or your baby-to-be? Worry no more. As long as the doctor or midwife has issued the green light on all red-light activities during pregnancy (and most of the time, that's exactly what'll happen), sex is completely safe up to delivery. Your baby is way out of your reach (even for the particularly gifted), well secured and safely sealed off in the uterus, unable to watch or be aware of the adult action—in short, perfectly oblivious to what's going on when you're getting it on. Even those mild contractions your partner might feel after orgasm are nothing to worry about, since they're not the kind that trigger premature labor in a normal pregnancy.

In fact, research shows that low-risk women who stay sexually active during pregnancy are actually less likely to deliver early (so get busy!). And not only will making love to your spouse do her no harm, it can do her a world of good by filling her increased needs for physical and emotional closeness, and by letting her know that she's desired at a time when she may not be feeling her most desirable. Though you should proceed with care (take your cues from her and keep her needs top priority), you can certainly proceed—and feel good about it.

Still concerned? Let her know. Remember, open and honest communication about everything, including sex, is the best policy.

What's Turning You On (or Off)?

Maybe pregnancy agrees with your sex life . . . maybe it strongly disagrees. Either way, all the physical changes you're experiencing are bound to have an impact of some kind on the sex you have (or don't have)—for better, for worse, or for a little of both. Symptoms that can turn you on, or turn you off, include:

Nausea and vomiting. Morning sickness can certainly come between you and a good time. After all, it's hard to purr with pleasure when you're busy gagging up dinner. So use your time wisely. If your morning sickness rises with the sun, put after-dark hours to good use. If your evenings are queasy, hop on the morning love train. If morning sickness stays with you day and

night, you and your spouse may just have to wait out its symptoms, which typically taper off by the end of the first trimester. Whatever you do, don't pressure yourself to feel sexy when you're feeling sick—the result won't be satisfying for anyone.

Fatigue. It's hard to get busy when you barely have the energy to get undressed. Happily, the worst of pregnancy fatigue should pass by the 4th month (though exhaustion will probably return in the last trimester). Until then, make love while the sun shines (when the opportunity presents itself) instead of trying to force yourself to stay up for late night romance. Cap off a weekend afternoon of lovemaking with a nap or the other way around. Have the kind of breakfast in bed that doesn't leave crumbs.

Your changing shape. Maybe the recent rounding of your body has made you

Sexercise

Though you can do them anytime, anywhere, there's no better way to mix business with pleasure than performing Kegels during sex. Get the lowdown on everyone's favorite exercise on page 229.

feel sexier than ever. Or maybe you're having a hard time embracing your new shape. If so, wrapping yourself up in some lacy, racy lingerie (yes, they make it for pregnant lovers, too) may help you wrap yourself around those curves. If it's the physical challenges of pregnancy sex that have you down (as pregnancy progresses, the gymnastics required to scale Bump Mountain may seem too much like hard work), you can conquer those, too. Read on.

Your engorged genitals. Increased blood flow to the pelvic area, caused by hormonal changes of pregnancy, can make some lucky women more sexually eager and responsive than ever. But it can also make sex less satisfying (especially later in pregnancy) if a residual fullness persists after orgasm, leaving you feeling as though you didn't quite make it. For your partner, too, the swelling of your sweet spot may increase pleasure (if he feels snugly caressed) or decrease it (if the fit is too tight). If swelling is accompanied by pain during intercourse, that could be a sign of varicose veins in your pelvic region (they can happen in the vulva, the vagina, and the surrounding area). Check with your practitioner and see page 165.

Leakage of colostrum. Late in pregnancy, some women begin producing the premilk called colostrum (see page 377), which can leak from the breasts during sexual stimulation and can be

a little distracting (and messy) in the middle of foreplay. It's nothing to worry about, of course, but if it bothers you or your partner, concentrate on other parts of the body (like that possibly trigger-happy clitoris of yours!).

Breast tenderness. For some couples, pregnant breasts (full, firm, and maybe larger than life) are favorites that can't get enough playtime. But for many, that early pregnancy swelling comes with a high price—painful tenderness—and along with it, a look-but-don't-touch policy. If your breasts are bringing you more pain than pleasure, make sure your partner gets the message—and remind him that the tenderness will ease up by the end of the first trimester, at which point you'll both be able to enjoy a hands-on approach.

Changes in vaginal secretions. Wet isn't always wild when you're expecting. Normal vaginal secretions increase during pregnancy and also change in consistency, odor, and taste. If you've always been on the dry or narrow side, that extra lubrication may make sex more enjoyable. But sometimes, too much of a good thing can make the vaginal canal so wet and slippery that it actually decreases sensation for both of you—and even make it more difficult for your partner to keep his erection or reach orgasm. (A little extra foreplay for him may help him out in that department.) The heavier scent and taste of the secretions may also make oral sex off-putting.

Some expectant moms experience vaginal dryness during sex, even with all those extra secretions. Unscented water-based lubricants, such as K-Y or Astroglide, are safe to use as needed when you're having a dry spell.

Bleeding caused by the sensitivity of the cervix. The mouth of the uterus also

FOR FATHERS

Expectant Sex Explained

Sure, you've done it before. But have you done it pregnancy-style? Though the basic rules of the game apply when you're expecting, you'll find that pregnant sex requires a few adjustments, a little finessing, and a lot of flexibility—literally. Here are some suggestions to get you going in the right direction:

- Wait for the nod. She was hot to trot yesterday, but today she's cold as ice to your advances? As a pregnant woman's moods swing, so does her sex drive. You'll have to learn to swing along (and to hold on tight).
- Warm her up before you start your engine. This may go without saying (always), but it's a must when she's expecting. Go as slowly as she needs you to, making sure she's fully charged on foreplay before you get in gear.
- Stop for directions. The road map of what feels good and what doesn't may have changed (even since last week), so don't rely on a possibly outdated GPS. Always ask before going in. For

instance, you may need to tread especially lightly when it comes to those probably supersize breasts. Though they may have swelled to thrilling proportions, they can be tender to even the gentlest touch, especially in the first trimester. Which means you may have to look but not touch for a while.

- Put her in the driver's seat. Choose positions with her comfort in mind. A top pregnancy favorite is her on top (mom on pop?), since this position gives her the most control over depth and speed of penetration. Another is spooning (she faces away on her side). And when her belly starts getting between you, get around it creatively: Try it from behind with her on her knees or sitting on your lap while you lie down.
- Be prepared for rerouting. All roads aren't leading to intercourse? Find alternate paths to pleasure that you both can enjoy—masturbation, oral sex, two-way massage.

becomes engorged during pregnancy—crisscrossed with many additional blood vessels to accommodate increased blood flow—and is much softer than before pregnancy. This means that sex (especially deep penetration) can occasionally cause spotting, particularly late in pregnancy when the cervix begins to ripen for delivery (but also at any time during pregnancy). This spotting is usually nothing to be concerned about, though do mention it to your practitioner for extra reassurance.

There are also plenty of psychological hang-ups that can get between you,

your partner, and your pregnancy sex life. These, too, can be eased:

Fear that sex will cause a miscarriage. Stop worrying and start enjoying. In normal pregnancies, sex isn't harmful. Your practitioner will tell you if there's a reason why you shouldn't have sex during your pregnancy. If not, go for it.

Fear that having an orgasm will trigger miscarriage. Although the uterus does contract after orgasm, sometimes quite powerfully and for as long as half an hour, these post-climax contractions are not a sign of labor and aren't harmful in a normal pregnancy. Again, if

Position Matters

When you're making love at this point in your pregnancy (and later on, too), position matters. Side-lying positions (front-to-front or front-to-back, aka spooning) are often most comfortable because they keep you off your back. Ditto woman on top (which allows you more control over penetration). Rear entry can work well, too, with you on your knees or sitting on his lap facing his legs while he lies down (aka reverse cowgirl). Him on top is fine for quickies (as long as he keeps his weight off you by supporting himself with his arms), but after the 4th month, it's not a good idea to spend too much time flat on your back.

there's a reason why you should avoid orgasm (because you're at high risk for miscarriage or preterm labor, or have a placenta problem, for instance), your practitioner will let you know. If you haven't broached the subject and aren't sure, ask.

Fear that the baby is "watching."

Not possible. Though your baby may enjoy the gentle rocking during sex and orgasm, he or she can't see what you're doing, has no clue what's happening, and will certainly have no memory of it. Fetal reactions (slowed movement during sex, then furious kicking and squirming and a speeded-up heartbeat after orgasm) are just natural responses to uterine activity.

Fear of "bumping into" the baby.

Though your partner may not want to admit it, no penis is big enough to get close to your baby. Your little one is completely sealed off in your cozy

uterine home—perfectly protected even once baby's head drops into your pelvis as delivery nears.

Fear that sex will cause infection. The amniotic sac seals baby off safely from both semen and infectious organisms. Unless your membranes have ruptured (your water has broken), the seal is intact.

Anxiety over the coming attraction.

Sure, you're both preoccupied and maybe a little (or a lot) stressed out. You might be experiencing mixed feelings, too, over your baby's imminent arrival. And it's sometimes hard to have sexy thoughts when your mind's cluttered with worries about all those upcoming financial responsibilities and lifestyle changes, not to mention all those baby prep to-do lists. Your best move? Talk about these feelings openly and often—and don't bring them to bed.

Your changing relationship. Maybe you're having a little trouble adjusting to the upcoming changes in your family dynamics—the idea that you'll no longer be just a couple, but a couple of parents, too. Talk it over and you'll begin to see: Change can be good. The extra dimension in your relationship can actually bring deeper intimacy—and even deeper sexual satisfaction.

Feelings of resentment. Maybe he's feeling a little resentful because you seem more into the baby, less into him. Maybe you're feeling a little resentful because you're doing all the heavy lifting for a baby you'll both get to enjoy. Such feelings can keep things chilly under the sheets, so talk them out—again, before you hit the sack.

Worry that sex later in pregnancy will cause preterm labor. Unless the cervix is ripe and ready, sex does not appear to trigger labor (as many hopeful overdue couples have discovered). In fact,

studies show that couples with low-risk pregnancies who are sexually active during late pregnancy are more likely to carry to term.

Of course, psychological factors can also add to pregnancy-sex pleasure (good news!). For one, some couples who worked hard at becoming pregnant may be happy to switch from procreational to recreational sex. Instead of being slaves to ovulation predictor kits, charts, calendars, and monthly anxiety, they can enjoy spontaneous sex for pleasure's sake. For another, many couples find that creating a baby brings them closer together than ever before, and they find the belly a symbol of that closeness—instead of an awkward obstacle.

Enjoying It More, Even If You're Doing It Less

Good, lasting sexual relationships are rarely built in a day (or even a really hot night). They grow with practice, patience, understanding, and love. This is true, too, of an already established sexual relationship that undergoes the emotional and physical changes of pregnancy. Here are a few ways to “stay on top”:

- Enjoy your sex life instead of analyzing it to death. Seize the moment as you seize each other. Don't focus on how frequently or infrequently you're having sex (quality beats quantity, but especially when you're expecting) or compare prepregnancy sex with your sex life now (they're two different animals and, for that matter, so are both of you).
- Accentuate all the positives. Think of sex as relaxing—and remember relaxation is good for all involved

(including baby). Think of the roundness of your pregnant body as sensual and sexy. Think of every embrace as a chance to get closer as a couple, not just a chance to get closer to closing the deal.

- Get adventurous. The old positions don't fit anymore? Look at this as an opportunity to try something new (or a lot of somethings new). But give yourselves time to adjust to each position you try. You might even consider a “dry run,” trying out a new position fully clothed first, so that it'll be more familiar (and you'll be more successful) when you try it for real.
- Keep it real. Your expectations, that is. Pregnant sex presents plenty of challenges, so cut yourself some slack in the sack. Though some women achieve orgasm for the first time during pregnancy, other women find the big O more elusive than ever. Your goal doesn't always have to be mutual fireworks, perfectly synced up. Remind yourself that getting close is sometimes the best, and most satisfying, part of getting it on.
- Don't forget the other kind of intercourse (talking, that is). Communication is the foundation of every relationship, particularly one that's going through life-changing adjustments. Discuss any problems you're facing as a couple openly instead of trying to sweep them under the bed (and instead of taking them to bed). If any problems seem too big to handle by yourselves, consider couples counseling. There's never been a better time to work on your twosome than now that it's about to become a threesome.

Good, bad, or indifferent, remember, too, that every couple feels differently about sex during pregnancy,

When Sex Is Off the Table

Clearly, there are plenty of perks to pregnancy sex, for all involved. But what if sex is restricted during part or all of pregnancy—or off the table altogether? If your practitioner has told you to abstain (often called “pelvic rest”) but hasn’t issued specifics, ask for a breakdown. Is it a temporary restriction or a full 9-month ban? Is foreplay fine? Oral okay, but penetration prohibited? Anything goes except orgasm for you? Or anything goes but with a condom? Knowing precisely what is safe and when it’s safe is essential, so make sure you get a list of do’s and don’ts.

Sex will probably be restricted under the following, and possibly other, circumstances:

- If you are experiencing signs of preterm labor or, possibly, if you have a history of preterm labor
- If you’ve gotten a diagnosis of cervical insufficiency or placenta previa
- Possibly, if you are experiencing bleeding or have a history of miscarriages
- If your partner has been (or possibly has been) infected with a dangerous-for-pregnancy virus (such as Zika) or an STD. Your practitioner might suggest using a condom during intercourse, or abstaining completely.

If penetration is off-limits, but orgasm’s allowed, consider mutual masturbation. If orgasm’s taboo for you, you might get pleasure out of pleasuring your partner this way (he probably won’t object). If intercourse has been okayed—but orgasm’s prohibited—you could try making love without you reaching climax. Though this definitely won’t be completely satisfying for you (and may be way easier said than done if you climax easily), you’ll still get some of the intimacy you’re both craving while providing pleasure for your partner. If all lovemaking activities have been banned for the duration, try not to let that come between you as a couple. Focus on other ways of getting close—the romantic, G-rated kinds you might not have tapped into since early on in your relationship (like holding hands, cuddling, and old-fashioned making out).

both physically and emotionally. The bottom line (whether you’re on top, on bottom, side to side, or not doing it at all): What’s normal, as is almost

always the case when you’re expecting, is what’s normal for you and your partner. Embrace that, embrace each other—and try not to sweat the rest.

The Sixth Month

.....

Approximately 23 to 27 Weeks

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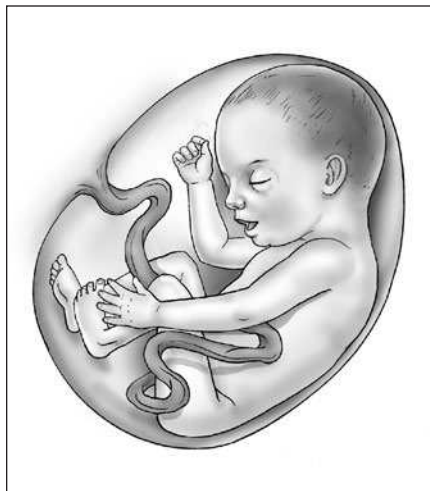
No doubt about those tummy moves these days: They're all baby, not gas (though you're probably still having plenty of that, too). And as those little arms and legs start to pack more of a punch, these baby gymnastics—and sometimes bouts of baby hiccups—will become visible from the outside (talk about a built-in entertainment center!). This month marks the last of the second trimester, which means you're almost two-thirds of the way to the pregnancy finish line. Still, you've got a ways to go and a ways to grow—as does baby, who's a relatively light load compared with what you'll be carrying around in a month or two. Take advantage—and while you can still see your feet (if not touch your toes), kick up your sensible heels a little.

Your Baby This Month

Week 23 A window into your womb would reveal that your baby's skin is a bit saggy, hanging loosely from that little body. That's because skin grows faster than fat develops, and there's not much fat to fill that skin out yet. But don't worry—the fat is about to start catching up. Beginning this week, your baby (who is around 11 inches long and just over a pound in weight) begins to pack on the pounds (which means you will, too!). In fact, during the next

month your baby will actually double in weight (fortunately, you won't). Once those fat deposits are made, your baby will be less transparent, too. Right now, the organs and bones can still be seen through the skin, which has a red hue thanks to the developing veins and arteries just underneath. But by month 8, no more see-through baby!

Week 24 At a weight of 1½ pounds and a length of about 11½ inches, your baby



Your Baby, Month 6

is now the size of an ear of corn (sweet corn, of course). Baby's weekly weight gain is now about 6 ounces—not quite as much as you're putting on, but getting a lot closer. Much of that weight is coming from accumulating baby fat, as well as from growing organs, bones, and muscle. By now, your baby's tiny face is almost fully formed and achingly adorable—complete with a full set of eyelashes and eyebrows and a good sprinkling of hair on that head. Is your baby a brunette, a blond, or a redhead? Actually, right now he or she's snow white, since there's no pigment in that hair just yet.

Week 25 Baby's growing by leaps and bounds (and inches and ounces), this week reaching 13 inches (over a foot long!) in length and more than 1½ pounds in weight. And there are exciting developments on the horizon, too. Capillaries are forming under the skin and filling with blood. By week's end, air sacs lined with capillaries will also develop in your baby's lungs, getting them ready for that first breath of air. Mind you, those lungs aren't ready for prime-time breathing yet—and they have a lot of maturing left to do before

they will be. Though they're already beginning to develop surfactant, a substance that will help them expand after birth, your baby's lungs are still too undeveloped to sufficiently send oxygen to the bloodstream and release carbon dioxide from the blood (aka breathe). And speaking of breathing, your baby's nostrils, which have been plugged up until now, are starting to open up this week. This enables your little one to begin taking practice "breaths." Vocal cords are functioning now, too, leading to occasional hiccups (which you'll certainly be feeling).

Week 26 Next time you're browsing through the meat department, pick up a 2-pound chuck roast. No, not for dinner—just so you can get a sense of how big your baby almost is this week. That's right—your baby now weighs nearly a full 2 pounds and measures in at 14-plus inches long. Another momentous development this week: Your baby's eyes are beginning to open. The eyelids have been fused for the past few months (so the retina, the part of the eye that allows images to come into focus, could develop). The colored part of the eye (the iris) still doesn't have much pigmentation, so it's too early to start guessing your baby's eye color. Still, your baby is now able to see—a huge development. Sure, there's not much to see in the dark confines of the womb. But with heightening of those senses, you may notice an increase in activity when your baby perceives a bright light or hears a loud noise. In fact, if a loud vibrating noise is brought close to your belly, your baby will respond by blinking and startling (a good reason not to pump up the volume too much).

Week 27 This week your baby's head-to-toe length is about 14½ inches. Your baby's weight is creeping up the charts as well, coming in at just about 2 pounds this week. And here's an

interesting fetal factoid: Your little one has more taste buds now than he or she will have at birth (and beyond). Which means that not only is your baby able to taste the difference in the amniotic fluid when you eat different foods, but

he or she might even react to it. For instance, some moms report that their babies respond to spicy foods by hiccupping—or by kicking when they get that spicy kick. Will baby arrive with a taste for Tabasco? Time will tell!

Your Body This Month

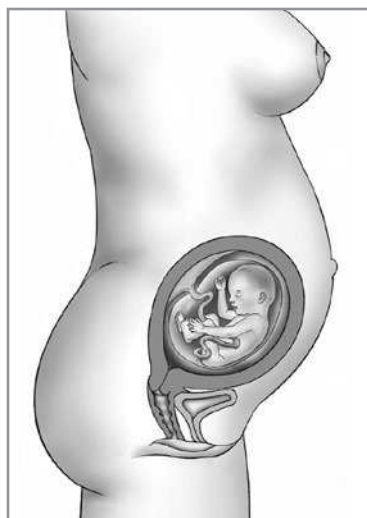
Here are some symptoms you may experience this month (or may not experience, since every pregnancy is different). Some of these symptoms may be continuing from last month, while others may be brand new. Some may be easing up, others intensifying.

Physically

- More definite fetal activity
- Continued vaginal discharge
- Aching in the lower abdomen and along the sides (from stretching of ligaments supporting the uterus)
- Constipation
- Heartburn, indigestion, flatulence, bloating
- Occasional headaches
- Occasional lightheadedness or dizziness, especially when getting up quickly or when your blood sugar dips
- Nasal congestion and occasional nosebleeds; ear stuffiness
- Sensitive gums that may bleed when you brush
- Hearty appetite

Your Body This Month

At the beginning of this month, the top of your uterus is around 1½ inches above your belly button. By the end of the month, your uterus has grown an inch higher and the top can be felt approximately 2½ inches above your belly button. Your uterus is the size of a basketball now, and you might even look like that's what you're carrying around in your belly.



- Leg cramps
- Mild swelling of ankles and feet, and occasionally of hands and face
- Hemorrhoids
- Varicose veins in legs and/or vulva
- Itchy belly
- A protruding navel (a popped-out belly button)
- Backache
- Patchy skin discoloration on belly and/or face

- Stretch marks
- Enlarged breasts

Emotionally

- Fewer mood swings
- Forgetfulness, absentmindedness (aka “placenta brain”)
- A feeling like pregnancy is endless
- Plenty of excitement about the future
- Some worry about the future

What You Can Expect at This Month's Checkup

It will probably be business pretty much as usual at this month's checkup. As you end your second trimester, you can expect your practitioner to check the following, though there may be variations, depending on your particular needs and on your practitioner's style of practice:

- Weight and blood pressure
- Urine, for sugar and protein
- Fetal heartbeat
- Height of fundus (top of uterus)
- Size of uterus and position of fetus, by external palpation (feeling from the outside)
- Feet and hands for swelling, and legs for varicose veins
- Glucose screening test (usually given between 24 and 28 weeks)
- Symptoms you may have been experiencing, especially unusual ones
- Questions and problems you want to discuss—have a list ready

What You May Be Wondering About

Trouble Sleeping

“I’ve never had a sleep problem in my life—until now. I can’t seem to settle down at night.”

Between midnight bathroom runs, a racing mind, cramping/restless legs, heartburn that’s keeping you upright, a hopped-up metabolism that’s keeping the heat on even when it’s off, and the impossibility of getting comfortable

when you're sporting a basketball in your midsection, it's no wonder you can't settle in for a good night's sleep. While this insomnia is definitely good preparation for the sleepless nights you'll encounter as a new parent, that doesn't mean you have to take it lying down . . . or even propped up. Try the following tips for summoning the sandman:

- Move your body during the day. A body that gets a workout by day will be sleepier at night. But don't exercise too close to bedtime, since the post-exercise high could keep you from crashing when your head hits the pillow.
- Clear your mind. If you've been losing sleep over stress at work or at home, unload it on your spouse or a friend earlier in the evening so it doesn't weigh you down at bedtime. If no one's around to vent to, writing your concerns down can be therapeutic. As bedtime approaches, put those worries aside, empty your head, and try thinking happy thoughts only. Meditation can help, too.
- Be an early bird diner. A full meal (and a full tummy) can keep you from falling asleep and staying asleep. So try to eat your evening meal earlier in the evening.
- Top off before you turn in. A too-empty tummy can also keep you up. To keep low blood sugar (and the midnight munchies) from waking you, have a light snack as part of your bedtime routine. That sleepy-standard, warm milk, may be especially effective (even if you no longer get tucked in with your teddy). Add a whole-grain muffin for blood-sugar-sustaining complex carbs, and substitute almond milk if heartburn strikes you at night. Or nibble on some cheese and crackers.

FOR FATHERS

When She Can't Sleep

She's making a baby, but chances are she isn't sleeping like one. So instead of snoring up a storm next time your partner's pregnancy insomnia strikes, consider keeping her company while she waits for the sandman to show. Buy her a body pillow to help get her comfy, or build her a cozy fort of support with your extra pillows. Relax her with a back rub, run her a bath, bring her a warm cup of milk and a muffin. Do a little pillow talking. Cuddle as needed and as wanted. And if one thing leads to another—and she's up for a sexual nightcap—you might both sleep better.

- Slow the flow. If frequent trips to the bathroom are standing between you and a good night's sleep, limit fluids after 6 p.m. (just get enough fluids before then). Drink if you're thirsty, but don't guzzle a 16-ounce bottle of water right before bedtime.
- Don't get buzzed. Avoid caffeine in the afternoon and evening (its effects can keep you buzzing into the night). Ditto for sugar (especially combined with caffeine, as in a white chocolate mocha), which will give you an energy boost when you least want one and then leave your blood sugar levels wobbly during the night.
- Give yourself a bedtime routine. It's not just for kids. The relaxing repetition of the right bedtime rituals can help adults settle down for a good night's sleep, too. Easy does it, so focus on activities that slow you down, practiced in a predictable order. Good

options to consider adding to your routine: light reading (but nothing you can't put down) or soothing music, serene yoga poses or relaxation exercises, a warm bath, a back rub, plus, that other bedtime snack—sex.

- **Download. Sleep?** There are plenty of apps for that, too. Explore some of the better-rated sleep apps—from those that rely on self-guided meditation to those that use nature sounds and other white noise. And while you're at it, try meditating to relieve daily stress that might be keeping you up.
- **Wean off the screen.** Using your phone, tablet, e-reader, laptop, or other electronic device before bed (for anything other than a sleep or white noise app) can mess with your z's. Light from the screen alters sleepiness and alertness, and also suppresses levels of melatonin, the hormone that regulates your internal clock and plays a role in your sleep cycle. Experts say you should power down your devices at least an hour before turning in.
- **Get comfy.** There is no such thing as too many pillows when you're pregnant. Use them to prop you up, support you where you need it, or just cozy up to. Be sure, too, that your bedroom isn't too hot or too cold. Just can't get comfy in your bed? Try snoozing semi-upright in a recliner, which will allow you to stay on your back without actually lying flat on your back.
- **Get some air.** It's hard to get sleepy when it's stuffy. Weather permitting, crack a window—if not, run a fan to circulate the air. And don't sleep with the covers over your head. This will decrease the oxygen and increase the carbon dioxide you breathe in, which can cause headaches.
- **Ask before you pop.** While there are sleep aids that are safe for occasional

use in pregnancy, don't take any sleep aid (prescription, over-the-counter, or herbal) unless it's been prescribed or okayed by your practitioner. If your practitioner has recommended that you take a magnesium supplement (or a calcium-magnesium supplement) to combat constipation or leg cramps, it makes sense to take it before bed because magnesium—touted for its natural muscle relaxing powers—may help lull you to sleep.

- **Smell your way to sleep.** A lavender-scented pillow that you tuck into bed with you or a lavender sachet slipped between the pillowcase and pillow can help relax you and bring on sleep faster.
- **Save your bed for sleep, cuddling, and sex.** Don't invite activities you associate with being wide awake and wired (work, paying bills, even shopping for baby gear) into your bed.
- **Avoid clock-watching.** Judge whether you're getting enough sleep by how you feel, not by how many hours you stay in bed. You're getting enough rest if you're not chronically tired (beyond the normal fatigue of pregnancy). And speaking of midnight hours: If the sight of those glowing numbers (and the hours ticking by) on the clock stresses you out, turn it so you can't see it.
- **Don't just lie there.** When sleep's eluding you—and you've run out of baby sheep to count—do something relaxing (read, listen to music, meditate) until you feel sleepy.
- **Don't lose sleep over losing sleep.** Stressing about your lack of shut-eye will only make it harder to grab any. In fact, sometimes just letting go of that “will I ever fall asleep?” worry is all it takes to drop off into dreamland.

An Umbilical Hernia

Most mamas-to-be expect their belly buttons to pop when their bumps do. But for some women, that popping navel is more than a sign there's a baby on board—it's an umbilical hernia.

An umbilical hernia happens when there is a small hole in the abdominal wall, which allows abdominal tissue (like loops of the small intestine) to protrude through the umbilical area. Most umbilical hernias are congenital (meaning present at birth). In fact, umbilical hernias are common in newborns (you can read all about that in *What to Expect the First Year*), usually closing up quickly on their own. Even when a small hole doesn't close up, it's not likely to cause problems or even be noticeable—that is, until a growing uterus starts applying pressure, causing the hernia to get bigger, sometimes leading to a painful bulging around the belly button. Expecting multiples can multiply your odds of an umbilical hernia (after all, there's more growing going on in your uterus).

How will you know if you have an umbilical hernia? You might feel a soft lump around your belly button (it might be more noticeable when you lie down), and you might see a bulge under the skin. You might also have a dull achy pain in the belly button area that becomes more noticeable when you're active, bend over, sneeze, cough, or laugh hard.

You can wear a belly band to help keep the hernia from bulging and causing pain. Some women find relief by gently massaging the lump until the bulging goes back in. Or, if it's not bothering you, you can choose to do nothing at all.

If, once you deliver your baby, the hernia doesn't recede on its own (or with the help of special exercises recommended by your practitioner), surgery may be required to repair it. Surgery is not recommended during pregnancy unless a loop of bowel slips through the hole and becomes trapped (herniated), risking a loss of blood supply to that area. In that case, your practitioner may recommend that you have a simple operation to repair the hernia—usually during the second trimester.

The same applies to the far less common inguinal hernia—when tissue pushes through a weak spot in your groin muscle, resulting in a bulge in the groin—which can be caused by the pressure from your growing uterus. A belly band can help keep your growing abdomen from pressing on the inguinal hernia during pregnancy, and if the hernia doesn't recede on its own after you deliver, surgery can repair it (though surgery may need to be performed during the second trimester if a loop of bowel gets trapped).

Popped Belly Button

"My belly button used to be a perfect innie. Now it's sticking all the way out. Will it stay that way even after I deliver?"

Has your innie been outed? Is it poking straight through your clothes these days? Taking on a life of its own? Don't worry: There's nothing novel

about navels that pop during pregnancy. Just about every belly button does at some point. As the swelling uterus pushes forward, even the deepest innie is sure to pop like a timer on a turkey (except, on most women, the navel pops well before baby's "done"). Your belly button should revert to its regular position a few months after delivery, though

it may bear the mommy mark: that somewhat stretched-out, lived-in look. Until then, you can look at the bright side of your protruding navel—it gives you a chance to clean out all the lint that's accumulated there since you were a kid. If you find that the outie look doesn't quite work with the clingy fashion statement you're trying to make—or if your poor outie's getting irritated from rubbing against your clothes—you can use a specially designed belly button cover to smooth and protect it. Pregnancy support products (like tummy sleeves or tummy shapers) can also hide that popped-out navel. Or just wear it out and proud, as yet another pregnancy badge of honor.

Wondering about your navel piercing? See page 169 for the lowdown on belly rings.

Baby Kicking

"Some days the baby is kicking all the time, other days he seems very quiet. Is this normal?"

Fetuses are only human. Just like us, they have "up" days, when they feel like kicking up their heels (and elbows and knees), and "down" days, when they'd rather lie back and take it easy. Most often, their activity is related to your activities. Like babies out of the womb, fetuses are lulled by rocking. So when you're on the go all day, your baby is likely to be pacified by the rhythm of your routine, and you're likely not to notice much kicking—partly because baby has slowed down, partly because you're so busy. As soon as you slow down or relax, your little one's bound to start acting up (a pattern babies tend to continue even after they're born). That's why you're more apt to feel fetal movement in bed at night or when you're resting during the day. Activity

may increase, too, after you've had a meal or snack, perhaps in reaction to the surge of sugar in your blood. You may also notice increased fetal activity when you're excited or nervous—about to give a presentation, for example—possibly because the baby is stimulated by your adrenaline response. Or when baby gets a jolt of caffeine from your morning latte, or hears an already-familiar song playing.

Babies are actually most active between weeks 24 and 28, when they're small enough to belly dance, somersault, kickbox, and do a full aerobic step class in their roomy uterine home. But their movements are erratic and usually brief, so they aren't always felt by a busy mother-to-be, even though they are visible on ultrasound. Fetal activity usually becomes more organized and consistent, with more clearly defined periods of rest and activity, between weeks 28 and 32. It's definitely felt later and less emphatically when there's an anterior placenta getting in the way (see page 263), and sometimes when a mom has a lot of abdominal fat muffling the kicks.

Don't be tempted to compare baby movement notes with other pregnant women. Each fetus, like each newborn, has an individual pattern of activity and development. Some seem always active, others mostly quiet. The activity of some fetuses is so regular, their moms could set their watches by it—in others there's no discernible activity pattern at all. As long as movements don't suddenly slow down significantly or stop entirely, all variations are normal.

Keeping track of your baby's kicks isn't necessary until week 28 (see page 315), so don't worry if you haven't felt your baby's movements for a day or two at this point in the pregnancy.

"Sometimes the baby kicks so hard, it hurts."

Posting Pregnancy

If sharing is caring, there's a whole lot of caring going on when it comes to baby bumps. Mommy social media is loaded with uploaded baby bump selfies, belly-baring pregnancy portraits, and ultrasound pics. And as your own bump grows, maybe you're wondering whether you, too, should hop (carefully) onto the pregnancy selfie bandwagon—and push “share.”

Capturing your bump on camera as it grows, grows, grows is priceless—it'll ensure you'll have pregnancy images to reminisce about long after your baby has made the move from your belly to your arms. So as they say—take a picture, it'll last longer. But should you share those most-special of selfies with the world of social media—or even with family and

friends on Facebook? Or post those first ultrasound glimpses of your baby (yes, including the money shot)?

Going public—or staying private—is a personal choice. If you do opt to showcase your baby bump and baby-to-be's first pictures online, remember that whatever you put online lives online forever—and in this case you've begun to build your little one's digital footprint before he or she is even born. Ask yourself if you're okay with that. While you're asking, make sure your spouse is happy with all the social media sharing, too. Pay attention to who can see the images that you've posted, and be sure both of you are on board with any images you post on an open network that anyone can access.

As babies mature in the uterus, they grow stronger and stronger, and those once butterfly-like fetal movements pack more and more punch. Which is why you shouldn't be surprised if you get kicked in the ribs or poked in the abdomen with such force that it hurts. When you seem to be under a particularly fierce attack, try changing your position. It may knock your little linebacker off balance and temporarily stem the assault.

Measuring Large or Small

“According to my pregnancy app and the due date my midwife gave me, I'm supposed to be 26 weeks. But at this appointment, she told me my uterus is measuring only 24 weeks. Does that mean there's something wrong with the baby?”

Your uterus (like your baby) is one-of-a-kind—and so is its growth. Some moms measure a little bigger, some a little smaller, just like the baby inside them—with an average uterine size for a certain date just that: an average. What's more, measuring your uterus (or your baby), especially from the outside, isn't a precise science—which means your practitioner's measurement won't always correlate with your dates. And that's perfectly okay.

At each prenatal visit, your practitioner checks your fundal height—the distance from your pubic bone to the top of your uterus—with a tape measure (see why the science isn't so precise?). That number in centimeters is approximately equal to the number of weeks of pregnancy you are—but 1 or 2 centimeters in either direction is no big deal. In fact, a discrepancy of a couple of weeks (again, in either direction) is

When Something Just Doesn't Feel Right

Maybe it's a twinge of abdominal pain that feels too much like a cramp to ignore, a sudden change in your vaginal discharge, an aching in your lower back or in your pelvic floor—or maybe it's something so vague, you can't even put your finger on it. Chances are, it's just par for the pregnancy course, but to play it safe, check page 140 to see if a call to your practitioner is in order. If you can't find your symptoms on the list, it's probably a good idea to call anyway. Remember, you know your body better than anyone. Listen up when it's trying to tell you something.

pretty typical because fundal height can be affected by many factors other than baby's size, including your body type, the baby's position, the volume of fluid on a particular day, and so on. High tech, this process isn't. (And the truth is, even far higher tech measurements, done via ultrasound, aren't super accurate after the first trimester.)

If your measurements show a discrepancy of 3 weeks or more at any point, your practitioner will do a little investigating to try to learn why. Most of the time, there's a harmless explanation—maybe your baby is genetically destined to be larger or smaller than average or your EDD is off by a week (due dates are also an estimate, remember?). Or perhaps there's something that requires more looking into, like a uterine fibroid, extra (or too little) amniotic fluid, or a baby that's not growing as expected (IUGR, see page

553) or is growing bigger than expected (sometimes due to gestational diabetes).

Itchy Belly

"My belly itches constantly. It's driving me crazy."

Join the club. Pregnant bellies are itchy bellies, and they can become progressively itchier as the months pass. That's because as your belly grows, the skin stretches rapidly, becoming increasingly moisture deprived—leaving it itchy and uncomfortable. Try not to scratch, which will only make you itchier and could cause irritation. Moisturizing can temporarily curb the itching, so massage that bump frequently and liberally with a pure cream, lotion, or oil (shea butter or cocoa butter are favorites, and ones made with aloe can also be soothing). An oatmeal bath can soothe itchiness, too, but before you reach for anti-itching lotions, check with your practitioner.

If you have an all-over itch that doesn't seem to be related to dry or sensitive skin or you develop a rash on your abdomen, check with your practitioner.

Clumsiness

"Lately I've been dropping everything I pick up. Why am I suddenly so clumsy?"

Like the extra inches on your belly, the extra thumbs on your hands are part of the pregnancy package. This real (and, unfortunately, plain for everyone to see) pregnancy-induced clumsiness is caused by the loosening of joints and ligaments and the retention of water, both of which can make your grasp on objects less firm and sure. A lack of concentration (as a result of pregnancy forgetfulness; see page 228) can contribute to clumsiness, too, as can brain circuits overloaded by baby prep

and baby daydreams. So can a decline in dexterity caused by swollen fingers and carpal tunnel syndrome (see next question).

There's not much you can do to counter your expectant klutz factor—you can, in fact, expect to get only clumsier in the coming months (particularly at the end of each day, when your mind is least focused and your hands are most puffy). The best strategy: Avoid handling breakables (especially ones you don't own—like the precious porcelain frame for baby's room you were eyeing at the store). Keep your grandmother's crystal safely tucked into the cabinet for now, don't volunteer to clear the table at your pal's dinner party when she's using the good china, and have someone else load and unload the dishwasher.

Is pregnancy tripping you up, too? See page 318.

Numbness in the Hands

"I keep waking up in the middle of the night because some of the fingers on my right hand are numb. Does that have anything to do with being pregnant?"

Feeling all a-tingle these days? Chances are it isn't romance or even excitement about the baby—it's the normal numbness and tingling in the fingers and toes that many expectant moms experience, probably the result of swelling tissues pressing on nerves. If the numbness and pain are confined to your thumb, index finger, middle finger, and half of your ring finger, you probably have carpal tunnel syndrome (CTS). Though CTS is most common in people who regularly perform repetitive motions of the hand or wrist (like typing or piano playing), it's also extremely common in pregnant women—even in those who don't do a lot of repetitive hand motions. That's because the carpal

tunnel in the wrist, through which the nerve to the affected fingers runs, becomes swollen during pregnancy (as do so many other tissues in the body, you might have noticed), with the resultant pressure causing numbness, tingling, burning, and pain. The symptoms can also affect the hand and wrist, and they can radiate up the arm.

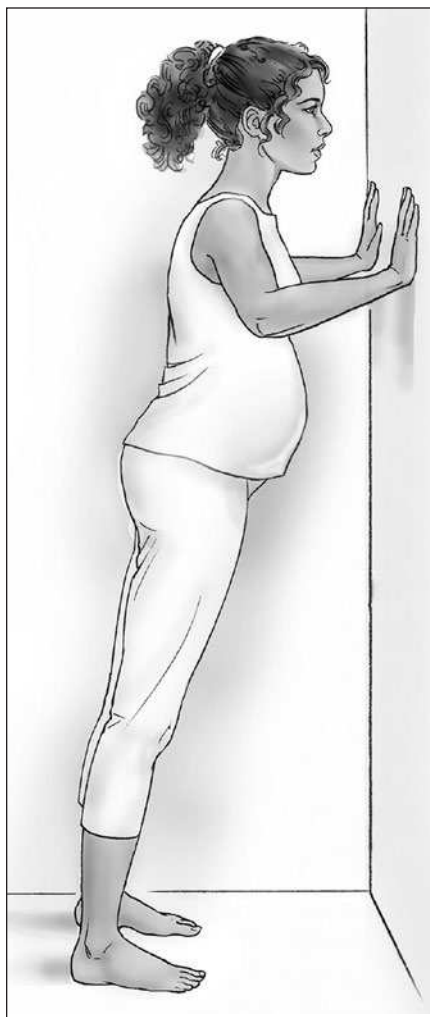
Though CTS symptoms can strike at any time of the day, you might feel yourself wrestling with wrist pain more at night. That's because fluids accumulated in your feet and legs during the day are redistributed to the rest of your body (including your hands) when you lie down at night. Sleeping on your hands can make the problem worse, so try elevating them on a separate pillow.

Typically, CTS symptoms resolve sometime after delivery, once all that pregnancy swelling goes down. In the meantime, acupuncture may bring relief, as can a wrist splint (though you may find wearing one more uncomfortable than the CTS itself). As for the nonsteroidal anti-inflammatory drugs and steroids usually prescribed for CTS, ask your practitioner—they may not be recommended during pregnancy. If you think the CTS is related to your work habits (or other keyboard use) as well as your pregnancy, see page 204.

Leg Cramps

"I have leg cramps at night that keep me awake."

Between your overloaded mind and your bulging belly, you probably have enough trouble catching those z's without leg cramps cramping your sleeping style. Unfortunately, these painful spasms that radiate up and down your calves and occur most often at night are very common among the



Stretching away leg cramps

expectant set in the second and third trimesters.

No one's quite sure what causes leg cramps. Various theories blame fatigue from carrying pregnancy weight, compression of the blood vessels in the legs, and possibly diet (an excess of phosphorus and a shortage of calcium or magnesium). You might as well blame hormones, too (what are the odds they're not to blame?). But whatever the cause of leg cramps in your case,

there are ways of both preventing and alleviating them:

- When a leg cramp strikes, straighten your leg right away and flex your ankle and toes slowly up toward your nose (don't point your toes). You can do this in bed, but you may find faster relief if you get up and do it on your feet. This should soon ease the pain. Doing this several times with each leg before turning in at night may even help ward off the cramps later.
- Stretching exercises can also help stop cramps before they strike. Before you head to bed, stand about 2 feet away from a wall and put your palms flat against it. Lean forward, keeping your heels on the floor. Hold the stretch for 10 seconds, then relax for 5. Repeat 3 times. (See the illustration.)
- To ease the daily load on your legs, put your feet up as often as you can, alternate periods of activity with periods of rest, and wear support hose during the day. Flex your feet periodically.
- Try standing on a cool surface, which can sometimes stop a spasm. An ice pack or a cool compress may also help.
- You can add massage or local heat for added relief if the pain has subsided (do not massage or add heat if pain persists).
- Make sure you're drinking enough fluids.
- Eat a well-balanced diet that includes plenty of calcium and magnesium, but also check with your practitioner to see if you should add a magnesium supplement before bed.

Really bad leg cramps can cause muscle soreness (like a charley horse) that lasts a few days. That's nothing to worry about. But if the pain is severe and persists, contact your practitioner,

Bleeding in Mid or Late Pregnancy

It's always unsettling to see pink or red on your underwear when you're expecting, but spotting in the second or third trimester is often not a cause for concern. Sometimes it's the result of bruising to the increasingly sensitive cervix during an internal exam or sex, or it could simply be triggered by causes unknown and innocuous.

Still, it's important to let your practitioner know about any spotting

or bleeding because it could also be a sign of preterm delivery, placental abruption, or another serious condition. If you're bleeding heavily or if the spotting is accompanied by pain or discomfort, call your practitioner right away. Ultrasound, a physical exam, lab work, and/or fetal monitoring can often determine whether there's a problem and if so, how to treat or manage it.

because there's a slight possibility that a blood clot may have developed in a vein, making medical treatment necessary (see page 564).

Hemorrhoids

"I'm dreading getting hemorrhoids—I've heard they're common during pregnancy. Is there anything I can do to prevent them?"

It's a big pain in the butt, but more than half of all expectant moms develop hemorrhoids, which are just veins in the rectum that become swollen (like so many other things during pregnancy). Pressure from your enlarging uterus, plus increased blood flow to the pelvic area, not only causes those veins to swell, but to bulge and itch (how's that for a pleasant thought?). Because they can resemble a pile of grapes or marbles, hemorrhoids also go by the nickname "piles."

Thinking pile prevention? Your best strategy may be to avoid piling on extra pounds, since added weight means added pressure on your rectal veins. Constipation (and straining to poop when you're constipated) can

contribute to hemorrhoids, too, so do your best to stay regular (see page 185). Doing your Kegels (see page 229) can also ward off hemorrhoids by improving circulation to the area, as can taking the pressure off by sleeping on your side (not your back) and avoiding standing or sitting for long periods of time or lingering on the toilet. Sitting with your feet on a low stool when you're on the toilet may make that other stool easier to pass, so pushing is less of a strain.

So, prevention didn't do the trick? To soothe the sting of hemorrhoids, try applying witch hazel pads, cool compresses, or ice packs. A warm bath (or a bottom-only sitz bath, which you can do with a basin that fits over the toilet seat) may ease discomfort, too, and wiping gently with damp toilet paper can reduce irritation. If sitting is a pain, use a donut-shaped pillow to ease pressure. Ask your practitioner before using any medication, topical or otherwise.

Hemorrhoids can sometimes bleed, especially when you're bearing down during a bowel movement, though anal fissures (painful cracks in the skin of the anus caused by straining from constipation) can also be the cause of rectal bleeding. (To rule out any less likely