

Diagnosing Preeclampsia

Chances are you've heard of (or know) someone who developed preeclampsia during pregnancy. But the reality is, preeclampsia isn't that common, occurring in only about 3 to 8 percent of pregnancies, even in its mildest form. And luckily, in women who are receiving regular prenatal care, preeclampsia can be diagnosed and treated early, preventing needless complications. Though routine office visits sometime seem a waste of time in a healthy pregnancy ("I have to pee in a cup again?"), that's when the earliest signs of preeclampsia are usually picked up.

Early symptoms of preeclampsia include a rise in blood pressure, protein in the urine, severe swelling of the hands and face, persistent severe headaches, pain in the stomach or the esophagus, and/or vision disturbances. If you experience any of these, call your practitioner. Otherwise, assuming you are getting regular medical care, there's no reason to worry about preeclampsia. See pages 221 and 550 for more information on and tips for dealing with high blood pressure and preeclampsia.

cause, check in with your practitioner about any rectal bleeding.)

If there's good news about hemorrhoids, it's that they're not dangerous, just uncomfortable. They usually go away sometime after delivery—though they can occasionally be aggravated or even develop for the first time postpartum as a result of pushing during childbirth.

Breast Lump

"I'm worried about a small, tender lump on the side of my breast. What could it be?"

Though they're still months away from being able to feed your baby, it sounds like your breasts are already gearing up. The result: a clogged milk duct. These red, tender-to-the-touch, hard lumps in the breast are very common even this early in pregnancy, especially in second and subsequent pregnancies. Warm compresses (or letting warm water run on it in the shower) and gentle massage will probably clear up the duct in a few days, just as they will during lactation. Some experts suggest that avoiding underwire bras also helps, but make sure you get ample support from the bra you do wear.

Keep in mind that monthly self-exams of your breasts shouldn't stop when you're pregnant. Though checking for lumps is trickier when you're expecting because of the changes in your breasts (they're naturally lumpier, firmer, and heavier than before), it's still important to try. Show any lump to your practitioner at your next visit, or check in sooner if you're concerned.

Glucose Screening Test

"My practitioner says I need to take a glucose screening test. Why would I need it, and what does it involve?"

Don't feel too picked on. Almost all practitioners screen for gestational diabetes (GD) in almost all expectant moms at about 24 to 28 weeks. Moms who are at higher risk for GD (including older or obese mothers or those with a family history of diabetes) are screened even earlier in their pregnancies. So chances are, the test your practitioner ordered is just routine.

And it's simple, too, especially if you have a sweet tooth. You'll be asked to drink a very sweet glucose drink, which usually tastes like flat orange soda, an hour before having some blood drawn—happily, you don't have to be fasting when you do this. The drink is definitely not delicious but most women are able to chugalug the stuff with no problem and no side effects. A few, especially those who don't have a taste for sweet liquids, feel a little queasy afterward.

If the blood work comes back with elevated numbers, which suggests the possibility that you might not be producing enough insulin to process the extra glucose in your system, the next level of test—the glucose tolerance test—is ordered. This 3-hour test, which involves fasting and then drinking a higher-concentration glucose drink, is used to diagnose GD.

GD occurs in about 7 to 9 percent of expectant moms, which makes it one of the most common pregnancy complications. Fortunately, it's also one of the most easily managed. When blood sugar is closely controlled through diet, exercise, and, if necessary, medication, women with GD are likely to have perfectly normal pregnancies and healthy babies. See page 548 for more.

Cord Blood Banking

"I've seen a lot of ads about cord blood banking. Is that something I should be considering?"

As if you don't have enough to think about before baby's born, here's something else to consider: Should you save your baby's umbilical cord blood—and if so, how?

Cord blood harvesting is a simple, painless procedure that takes less than 5 minutes and is performed after the

cord has been clamped and cut. It's completely safe for both mom and baby (as long as the cord is not clamped and cut prematurely). Why collect and store cord blood, instead of tossing it as is usually done? Because a newborn's cord blood contains many types of stem cells (including cells with the incredible capacity to turn into any other kind of blood and immune system cells) that can, in some cases, be used to treat certain immune system disorders or blood diseases. The stem cells in cord blood are already considered a standard treatment for a variety of diseases, including leukemias (cancers of the blood immune system), bone marrow cancers, lymphomas, and neuroblastoma; inherited red-blood-cell abnormalities such as sickle cell disease and anemias; Gaucher disease and Hurler syndrome; and inherited immune system and immune-cell disorders. What's more, cord blood stem cells are also being investigated as possible treatments for other conditions and diseases, ranging from diabetes and cerebral palsy to autism and certain heart defects present at birth.

There are two ways to store the blood: You can pay for private storage or you can donate the blood to a public storage bank. Private storage can be expensive—costing a couple of thousand dollars or more for the collection of the blood, plus yearly maintenance fees (plus the fee for the doctor and hospital if they offer cord blood collection). Some private banks offer free or discounted banking if there is a family medical need (such as a family member who's in need of a transplant) or a family history of a condition that qualifies them to participate in a trial (autism, for instance). Discounts are also often given for military families and those of first responders. And you can check whether your health insurance company offers

Home Birth and Cord Blood Banking

If you've decided to bank your baby's cord blood (privately or publicly) but are delivering at home, you'll have to think through the logistics well ahead of time. First ask your home-birth midwife if he or she is on board with banking. Next, arrange to have the kit on hand and ready to go before those contractions strike. Finally, be sure you understand how cord blood collecting may impact your birth. For instance, if you're planning a water birth you'll need to leave the water when birthing the placenta to minimize the unnecessary loss of cord blood.

Be sure, too, to notify the company you're storing the cord blood with that you're having a home birth in case there are any special storage and shipping instructions you'll need to know about.

discounts or partial reimbursement for private banking.

The benefits of private cord blood banking, if your family has no history of immune disorders currently being treated with cord blood stem cells, isn't completely clear. Also not clear is how many years the frozen units will remain viable (different companies make different claims about their storage equipment). If you can afford the price of private banking, there's no downside—though realistically, it's very unlikely that your baby or another family member will ever end up with a condition that can be treated with the stored cells.

What are the official recommendations? ACOG doesn't take a stand, but

recommends that doctors present parents with the pros and cons of both private and public banking. The American Academy of Pediatrics (AAP) doesn't recommend private cord blood storage unless a family member has a medical condition that might be helped by a stem cell transplant now or in the near future. The AAP does, however, support parents donating the cord blood to a bank for general use by the public.

As of now, studies show that the likelihood that a child will ever tap into his or her own saved cord blood later is very low (1 in 2,700 to 1 in 20,000 by some estimates). In fact, experts point out that a baby's own cord blood cells are often unsuitable for treating a condition that shows up later in the child's life (like leukemia), because the mutations ultimately responsible for the condition are present at birth, and can be found in those cells. What about treating an adult family member with the stored cells later on? The likelihood of that is also low, since most stored units of cord blood don't contain enough stem cells to treat anyone weighing more than 90 pounds. The chances are somewhat higher that you'd be able to use the stored cord blood to help treat a young sibling who has or develops a certain disease.

Public banking is open to any family (as long as the hospital where you're delivering offers it). The upside is that it's free and could ultimately save a life (including your own child's, since the more cord blood donations there are, the higher the chances that you'll be able to find a suitable match if your child should need one). In fact, the odds of finding a suitably matched, publicly donated, unrelated cord blood unit are already quite high and continue to improve as inventories of public cord blood banks grow (a good reason to think about donating your baby's).

The downside is that you can't access your own child's cord blood cells once they're donated.

One thing is for sure: There's no benefit to letting your baby's cord blood get tossed. To make sure that those precious blood cells don't go to waste (or into the medical waste bin), talk about the options available to you with your practitioner. Maybe you'll decide that private banking makes sense for your family, either because of a family history or because you can easily afford the extra price. Maybe you'll decide that public banking is the way to go. Either way, just remember that you'll need to make this decision well before those first contractions strike, and to make sure everyone on your birth team is in on your plan and ready to implement it.

"I'm considering storing my baby's umbilical cord blood in a private bank—but I'm not sure how to go about doing it."

The first step is to partner up with your practitioner on your plan. Not only so you can get your practitioner's take on cord blood banking, but also so you can make sure he or she is willing and able to collect the cord blood. It's rare that a doctor or midwife couldn't (or wouldn't) perform this simple and quick procedure, but a fee may be involved.

Then it's time to hit the books—or at least the internet—to do your research, so you can find the right cord blood bank for you. Any bank you're considering should be accredited with the American Association of Blood Banks (AABB). Once you've narrowed your choices, it's worth calling each one to find out more about their services. You'll want the bank's representative to explain key things: how the bank collects and stores the blood (there are different collection and storage methods,

and you'll want to make sure the bank complies with federal standards), how viable the bank's cord blood samples are compared with other banks (you'll want to choose a bank that has demonstrated good odds of getting a usable blood sample), how stable the company is (you don't want the bank to go out of business, so explore the pros and cons of choosing a lesser-known, smaller bank versus a larger, well-known bank that has been operating for longer), and what they actually store (some banks store only cord blood, while others store the blood and cord tissue from around the blood vessels in the cord that contain different types of stem cells).

Once you've made your pick, it's time to enroll with your bank of choice. Aim to sign up by the end of your second trimester—or at least before week 34. Once you sign up, the cord blood bank will mail you a collection kit so that you'll have it on hand for the big day. The kit will probably have a medical form for you to fill out, plus sealed medical supplies your practitioner will use to collect the cord blood. Fill out the form, sign it, and put it back in the kit (but leave the kit's medical supplies sealed). Pack the kit away in your hospital bag so you won't have to scramble to find it when those contractions hit.

Once you're in labor, it's time to give the cord blood kit to your practitioner (or the staff). This will remind him or her about your cord blood banking decision, and it will alert the medical staff that they'll need to collect a blood sample from you before delivery (the kit comes with the materials your practitioner will need to collect and send in your blood). Right after you deliver (whether it's a vaginal or cesarean delivery), your practitioner will clamp the umbilical cord (he or she can and should wait until the cord stops pulsating to allow for delayed cord clamping)

and collect the cord blood with the supplies provided in your kit. Your partner can still cut the cord, because that doesn't affect the collection process. When the collection is complete, it's time for you (or more likely your partner, since you'll be a bit distracted) or your practitioner (or staff) to call the bank. Once the call is made, the bank will arrange for a courier to pick up the cord blood kit and send it off to the laboratory for storage. The kit will arrive at the lab no later than 36 hours after you deliver your precious bundle. The bank will contact you to let you know that your cord blood arrived safely and to tell you how much they were able to collect and process. They will also, of course, send you a yearly bill for storage fees.

Keep in mind that you may not be able to collect and store enough of your baby's cord blood if he or she is born preterm (even if you've planned for it) or if your twins share a placenta (though check with your chosen bank for guidelines to be certain). You may also find cord blood banking a struggle to arrange if you are based overseas but would like to bank or donate your baby's blood in the U.S.

"I'd like to donate my baby's cord blood to a public bank. What's the best way to do that?"

First, know that the decision you've made might save a life someday. Cord blood contains stem cells that can treat a host of diseases, and most major medical organizations (including the AAP) encourage public donation of umbilical-cord blood cells so they can be used for actual transplants or for valuable medical research—a far better option than letting that precious cord blood be thrown away.

Then, it's time to share your decision with your practitioner. Together,

you can determine if you qualify for public donation (which you most likely will unless you are HIV-positive or have an STD, hepatitis, or cancer) and start making the arrangements necessary to bank publicly. You may also want to find out whether your practitioner charges a fee for collecting the cord blood, even if it's being donated to a public bank that accepts all donations free of charge. Donating your baby's cord blood will be easiest if you'll be delivering at a hospital that participates in the national cord blood donation program run through the National Marrow Donor Program (to check if your hospital does, go to marrow.org/cord). If your hospital doesn't participate, find out if there's a public bank nearby that will accept your donation, or one that will allow mail-in donations, by visiting parentsguidecordblood.org. Be sure to register with your bank of choice before week 34, since you won't be able to arrange this at the last minute (say, when you're about to start pushing).

Remember to keep your practitioner in the loop about the plans you make for your baby's cord blood. The cord blood bank will ask for your medical history, a blood sample (which will be taken right before you deliver), and a signed consent form. The bank may send you a collection kit to bring to the hospital, or may work directly with your practitioner or the hospital for the collection. (Just double-check to see if this is the case if you don't receive a kit.)

If you're working with a public cord blood bank that's not affiliated with your hospital or birthing center, your partner may have to call the bank once you're in labor to arrange for a courier to pick up the cord blood. Depending on the public bank you use, you may be able to keep track of your donation and find out if it was accepted and stored.

Childbirth Pain

"I'm eager to become a mother, but not so eager to experience childbirth. Mostly, I worry about the pain."

Almost every expectant mom eagerly awaits the birth of her child, but few look forward to labor and delivery—and far fewer still to the pain of labor and delivery. And many, like you, spend a fair amount of time in the months leading up to this momentous event worrying about the pain. That's not surprising. The fear of labor pain—which is, after all, an unknown quantity of pain—is very real and very understandable.

But it's important to keep in mind the following: Childbirth is a normal life process, which women have been experiencing as long as there have been women. Sure, it comes with pain, but it's a pain with a positive purpose (though it won't necessarily feel positive when you're in it): to thin and open your cervix, and bring your baby into your arms. And it's also a pain with a built-in time limit. You might not believe it (especially somewhere around the 5-cm mark), but labor won't last forever. Not only that, but the pain of childbirth is optional (no pain, no gain doesn't apply to labor and delivery). An epidural or another form of pain relief is always just a request away, should you end up wanting it or needing it—or both. And if you're sure you'll want and need it, you can even sign up for that epidural ahead of time and get it as early in labor as you like—at least, once you arrive at the hospital.

So there's no point in dreading the pain, but there's a lot to be said for being prepared for it. Preparing now (both your body and mind—since both are involved in how you experience pain) should help reduce the anxiety

you're feeling now and the amount of discomfort (okay, pain) you'll feel once those contractions kick in.

Get educated. A good childbirth education class can ease your anxiety (and ultimately pain) by increasing knowledge, preparing you and your coach, stage by stage and phase by phase, for labor and delivery. If you can't take a class or if you just don't want to, read up on childbirth as much as you can. What you don't know can worry you more than it has to. Taking classes makes sense, by the way, even if you're planning to have an epidural—or even if you have a cesarean delivery scheduled. Just make sure that the curriculum in the class you choose covers all the birthing bases.

Get moving. You wouldn't consider running a marathon without the proper physical training—and you shouldn't consider heading into labor untrained, either. Work out with all the breathing, stretching, and toning-up exercises your practitioner and/or childbirth educator recommends, plus plenty of Kegels.

Team up. Whether you have your partner there to comfort you and feed you ice chips, a doula (see page 328) to massage your back, or a friend to wipe your brow—or if you really like company, all three—a little support can go a long way in easing your fears. Even if you don't end up feeling very chatty during labor, it will be comforting to know that you're not going it alone. And make sure your coach is trained, too—not only by taking classes with you, but by reading the section on labor and delivery beginning on page 418.

Have a pain plan—and a backup plan. Maybe you've already decided that an epidural has your name on it. Maybe you're hoping to breathe your way through those contractions—or use

FOR FATHERS

Labor and Delivery Worries

Excited about witnessing your baby's birth but worried you won't be able to keep it together? Few fathers enter the birthing room without a little trepidation—or a lot. Even obs, nurses, and other medical professionals who've assisted at the births of thousands of other people's babies can experience a sudden loss of self-confidence when confronted with the delivery of their own.

Yet very few of those dad-to-be fears—of freezing, falling apart, fainting, getting sick, and otherwise humiliating themselves or their spouses or falling short of their expectations—are ever realized. In fact, most dads handle childbirth with surprising ease, keeping their composure, their cool, and their lunch (if they managed to grab some). But like anything new and unknown, childbirth becomes less scary and intimidating if you know what to expect. So become an expert on the subject. Read the section on labor and delivery, beginning on page 418. Read up online, too. Attend childbirth education classes, watching the labor and delivery videos with your eyes wide open. Visit the hospital or birthing center ahead

of time so it'll be familiar ground on labor day. Talk to friends (or online buddies) who've attended the births of their children—you'll probably find that they were stressed out about the birth beforehand, too, but that they came through it like pros.

Though it's important to get an education, remember that childbirth isn't pregnancy's final exam. Don't feel you're under any pressure to perform. The doctor or midwife and the nurses won't be evaluating your every move or comparing you with the coach next door. More important, neither will your spouse. She won't care if you forget every coaching technique you learned in class. Your being beside her, holding her hand, urging her on, and providing the comfort of a familiar face and touch is what she'll need—and appreciate—most of all. (Though she may also push you away at certain painful or frustrating points, so be prepared for that, too.) Still having performance anxiety? Some couples find that having a doula present during birth helps them both to get through labor and delivery with less stress and more comfort (see page 328).

hypnobirthing for pain management. Maybe you're waiting to make that decision until you see how much pain you're facing. Either way, think ahead, and then keep your mind open (because labor has a way of not always following plans). See page 330 for more on pain relief.

Labor Inhibitions

"I'm afraid I'll do something embarrassing during labor."

That's because you're not in labor yet. Sure, the idea of screaming, cursing, or involuntarily peeing or pooping on the birthing bed (which you will, because everybody does) might seem embarrassing now. But during labor, embarrassment (or appearances) will be the last thing on your mind. Besides, nothing you can do or say during labor will shock your birth attendants, who've seen and heard it all before—and then some. So check your inhibitions when you check into the hospital or birthing center, and feel free to do what comes naturally, as well as what makes you

most comfortable. If you're ordinarily a person who tells (or yells) it like it is, don't try to hold in your moans or hold back your grunts and groans—and, yes, screams and howls. But if you're normally soft-spoken or stoic and would prefer to whimper quietly into your pillow, don't feel obligated to out-yell the mom next door.

Hospital Tours

"I've always associated hospitals with sick people. How can I get more comfortable with the idea of giving birth in one?"

The labor and delivery floor is by far the happiest in the hospital. Still, if you don't know what to expect, you

can arrive with not only contractions, but apprehension. That's why the vast majority of hospitals and birthing centers encourage expectant couples to take advance tours of maternity facilities. Ask about such tours when you preregister, and look online, too. Some hospitals and birthing centers have websites that offer virtual tours.

Chances are, you'll be happily surprised by what you see during your visit, and that it will make you more comfortable about the surroundings you'll be giving birth in. Facilities vary, but the range of amenities and services offered in many hospitals and birthing centers has become more and more impressive—and family-friendly.

ALL ABOUT:

Childbirth Education

The countdown to cuddles is on—all that stands between you and the bundle of baby joy you can't wait to welcome is a single trimester. That, of course, and labor and delivery.

So, you're not quite as excited about labor and delivery as you are about your baby's arrival? Maybe you have a healthy dose of apprehension about childbirth? Maybe even a whole lot of nerves?

Relax. It's normal to be nervous about childbirth—especially if you're a first-timer, but even if you're a second- or third-timer (every labor and delivery is different, after all). But fortunately, there's a great way to ease jitters, to calm worries, and to feel less anxious and more confident when that first contraction strikes: by getting educated.

A little knowledge and a lot of preparation can go a long way in helping you

feel more comfortable when you enter the birthing room. Reading all about childbirth can definitely give you an idea of what to expect (see page 418), but a good childbirth education class can fill in even more blanks. So it's back to school time.

Benefits of Taking a Childbirth Class

What's in a childbirth education class for you and your coach? That depends, on the course you take, the instructor who teaches it, as well as you and your coach (the more you put in, the more you tend to get out of a childbirth education class). No matter what, there's something in it for every soon-to-be-laboring team. Some potential benefits include:

Another Class to Take

Besides studying up on childbirth techniques, there's another class you should consider signing up for now: infant CPR and first aid. Even though you don't actually have the baby yet, there's no better time to learn how to keep that little bundle you're about to deliver safe and sound. First, because you won't have to line up a babysitter to attend class now. And second—and more important—because you'll be able to bring baby home secure in the knowledge that you have all the necessary know-how at your fingertips in case of an emergency. You can find a course by contacting the American Red Cross (redcross.org) or the American Heart Association (americanheart.org/cpr), or check with your local hospital. Private classes can also be arranged—a great option if you can afford the higher price, and especially if there are grandparents or other relatives, a babysitter, or others you'd like to see certified before they care for your little one.

- A chance to spend time with other expectant couples who are at the same stage of pregnancy—to share experiences and tips, compare progress, and symptoms, and swap notes on baby gear, nursery gear, pediatricians, and childcare. In other words, a chance to cash in on lots of expectant camaraderie and empathy. It's also a chance to make friends with other couples who, like you, will soon be parents (a definite plus if your current crowd of friends hasn't taken the baby plunge yet). Keep in touch with these classmates after delivery and you've got yourself a ready-to-go parents'

group—and a playgroup for the little ones. Many classes hold “reunions” once everyone has delivered.

- A chance for your partner to join in. Much of pregnancy revolves around mom, which can sometimes leave an expectant father feeling like he's on the outside looking in. Childbirth education classes are aimed at both parents and help to get dad feeling like the valued member of the baby team he is—particularly important if he hasn't been able to attend all the prenatal visits. Classes will also get dad up to speed on labor and delivery so that he can be a more effective coach when those contractions start coming. Best of all, perhaps, he'll be able to hang out with other guys who can relate to—among other things—those maternal mood swings he's been on the receiving end of and those normal nagging feelings of daddy self-doubt. Some courses include a special session for fathers only, which gives them the chance to open up about concerns they might otherwise not feel comfortable expressing.
- A chance to ask questions that come up between prenatal visits or that you don't feel comfortable asking your practitioner (or that you never seem to have the time to during those quickie checkups).
- A chance to learn all about it—labor and delivery, that is. Through lessons, discussion, models, and video, you'll get an inside peek at what childbirth's all about—from prelabor to crowning to cutting the cord. The more you know, the more comfortable you'll feel when it's actually happening to you.
- A chance to learn all about your pain relief options, from an epidural to hypnosis.

- A chance to get hands-on instruction in breathing, relaxation, and other alternative approaches to pain relief and to get feedback from an expert as you learn. Mastering these coping strategies—and coaching techniques—may help you be more relaxed during labor and delivery, while somewhat decreasing your perception of pain. They'll also come in handy if you're planning to sign up for an epidural.
- A chance to become familiar with the interventions sometimes used during labor and delivery, including fetal monitoring, IVs, vacuum extraction and forceps delivery, and c-sections. You may not end up encountering any of these interventions, but knowing about them all ahead of time will boost your confidence quotient.
- A chance to have a relatively more enjoyable labor—and a relatively less stressful one—thanks to all of the above. Couples who've had childbirth preparation generally rate their childbirth experiences as more satisfying overall than those who haven't.

Choosing a Childbirth Class

So you've decided to take a childbirth class. But where do you begin looking for one? And how do you choose?

In some communities, where childbirth class options are limited, the choice of which class to take is a relatively simple one. In others, the variety of offerings can be overwhelming and confusing. Courses are run by hospitals, by private instructors, by practitioners through their offices. There are "early bird" prenatal classes, taken in the first or second trimester, which cover all things pregnancy: nutrition, exercise,

fetal development, and sex. And there are down-to-the-wire 6- to 10-week childbirth preparation classes, usually beginning in the 7th or 8th month, which concentrate on labor, delivery, and postpartum mother and baby care. There are even weekend getaway classes. No time for an in-person course? Check out the offerings on DVD or online.

If the pickings are slim, any childbirth class is probably better than none at all. If there is a selection of courses where you live, it may help to consider the following when making your decision:

Who sponsors the class? A class that is run by or recommended by your practitioner often works out best. Also useful could be a class provided by the hospital or birthing center where you'll be delivering. If the laboring and delivering philosophy of your childbirth education teacher varies a lot from that of your birth attendants, you're bound to run into contradictions and conflicts. If differences of opinion do come up, make sure you address them with your practitioner well before your delivery date.

What's the size of the class? Small is best. Five or six moms-to-be and their coaches per class is ideal—more than 10 or 12 may be too large. Not only can a teacher provide extra time and individual attention in an intimate group—particularly important during the breathing and relaxation technique practice sessions—but the camaraderie in a small group tends to be stronger.

What's the curriculum like? Whichever type of class you choose, you can expect to learn about the stages of a normal labor and delivery as well as possible complications and how they might be handled. A comprehensive class should also cover postpartum care, basic newborn care, and breastfeeding. Most

For Information on Pregnancy/ Childbirth Classes

Ask your practitioner about classes in your area, or call the hospital where you plan to deliver. The following organizations can also give you referrals to local classes:

Lamaze International: lamaze.org

The Bradley Method:
bradleybirth.com

**International Childbirth
Education Association:** icea.org

**Hypnobirthing International
(the Mongan Method):**
hypnobirthing.com

Alexander Technique:
alexandertechnique.com

Birthing from Within:
birthingfromwithin.com

Birthworks: birthworks.org

classes will enlighten you about birth plans, doulas, hospital births versus delivering in a birthing center or at home, and medical interventions (such as a c-section or induction) that could (but probably won't) be necessary. Be sure to find out, too, if the course covers natural ways to reduce or cope with pain (such as massage, acupressure, aromatherapy, or using a birthing ball) as well as provides an overview of pain-relief options.

How is the class taught? Is it hands-on, interactive instruction? Are videos of actual childbirths shown? Will you hear from moms and dads who've recently delivered? Will there be ample opportunity for parents-to-be to ask questions?

Childbirth Education Options

Childbirth education classes in your area may be taught by certified teachers, doulas, nurses, or midwives. Approaches may vary from class to class, even among those trained in the same programs. The most common classes include:

Lamaze. The Lamaze approach to childbirth education is probably the most widely used in the U.S. Though it's known best for the breathing and relaxation techniques it teaches expectant couples, the philosophy has grown to encompass more than that. Now at the core of Lamaze childbirth education are the Lamaze 6 Healthy Birth Practices: letting labor begin on its own, moving and changing positions throughout labor, avoiding interventions that are not medically necessary, avoiding giving birth on your back, following your body's urges to push, and keeping you and your baby together after birth. While advocating for the healthiest, safest, and most natural birth possible, Lamaze teachers also cover birth options, including pain relief, as well as commonly used interventions—and a good class won't judge those options or interventions, or your choices. In a Lamaze class, you and your coach will learn to use relaxation and rhythmic breathing techniques that (along with continuous support from your coach) will help you achieve a state of "active concentration." You'll also practice directing your attention to a focal point to increase your concentration. A traditional Lamaze course consists of six 2- to 2½-hour sessions, and may be taught as a group class or one-on-one.

Bradley. The Bradley method teaches deep abdominal breathing and other

relaxation techniques that focus the laboring mom's attention inward, to her body, rather than at a "focal point" outside the body, as in Lamaze. The course is also designed to help mom accept pain as a natural part of the birthing process—as a result, most Bradley graduates don't use pain medication during a vaginal delivery. In a Bradley class, you'll learn to mimic your nighttime sleeping positions and breathing (deep and slow) and use relaxation techniques to make labor more comfortable. The typical Bradley course runs 12 weeks, beginning in the 5th month, and most are taught by married couples. "Early bird" Bradley classes, which focus on a variety of pregnancy topics, are also available.

International Childbirth Education Association (ICEA) classes. These classes tend to be broader in scope, covering more of the many options available today to expectant parents in maternity and newborn care. They also recognize the importance of freedom of choice, and so classes focus on a wide range of possibilities rather than on a single approach to childbirth. Teachers are certified through ICEA.

Hypnobirthing. No zombie-like trances here. Hypnobirthing (also known as the Mongan Method) provides techniques that help laboring women achieve a highly relaxed state. The goal: to reduce discomfort, pain, and anxiety during childbirth (and during other stressful situations). And for some moms, the results are pretty amazing. For more on hypnobirthing, see page 335.

Alexander Technique. It's often used by actors to get the body and mind working in sync, but when it comes to labor and delivery, the Alexander Technique focuses on countering your body's natural tendency to tense up during pain.

Classes for Second-Timers

Been there, done that? Pregnant with your second (or third or more) baby? Even seasoned pros stand to benefit from taking a childbirth education class. First of all, every labor and delivery is different, so what you experienced last time may not be what you can expect this time. Second, you may want to do things differently this time around—perhaps you delivered with an ob in the hospital last time and this time you'd like to try a birthing center with a midwife (or vice versa). Or you want to try out Lamaze breathing for this baby because hypnobirthing didn't quite turn out the way you had hoped last time—or the other way around. Finally, things change quickly in the delivery business, and they may have changed quite a bit, even if it's been only a couple of years since you were last on a birthing bed. There may be different childbirth options available than there were last time—say, water birth. Certain procedures that were routine on your last visit to the birthing room may now be uncommon, while certain procedures that were uncommon then may now be routine. Chances are, however, that you won't have to sit in with the rookies. "Refresher" courses are available in most areas.

The instructor will emphasize coping with pain by exerting conscious control over posture and movement. Students learn how to sit and squat comfortably to release the pelvic floor and work with gravity as the baby descends through the birth canal.

Birthing from Within. In this holistic and spiritual approach to childbirth preparation, parents-to-be learn to cope with the intensity of birth while also focusing on how their journey through childbirth will be unique. Sessions focus on normal labor and what to expect during the natural birth process, but expectant couples also learn ways to deal with the unexpected and to navigate modern medicine without being traumatized by it. Couples spend 2½ hours every week concentrating on their transition into parenthood with a self-discovery multisensory approach that engages mind and body.

BirthWorks. This holistic method promotes birth as an instinctive process that doesn't need to be learned. The techniques aim to help a mom-to-be feel empowered by developing her self-confidence and helping her trust in her ability to give birth.

Other childbirth classes. There are also classes designed to prepare parents to deliver in a particular hospital, and classes sponsored by medical groups, HMOs, or other health care provider groups.

Home study. If you can't or don't want to attend a group class, you can look into the online Lamaze program. There are also other online courses and childbirth education classes that you can tap into, just a search away.

Private classes. Not interested in being part of a crowd, or your work schedule is too unpredictable to stick to a certain class time? You can look into private childbirth education classes that can be tailored to fit your schedule and your specific preferences—while letting you ask all the questions you'd like. With more flexibility and individualization, of course, comes a higher price.

Weekend classes at resorts. These offer the same curriculum as typical classes, packed into a single weekend. In addition to promoting extra camaraderie among expectant parents, these weekends can promote romance, too—a nice plus for twosomes who are about to become threesomes. Plus, they're a great opportunity for some pre-baby pampering if they're held at a hotel that offers prenatal spa options.

The Seventh Month

.....

Approximately 28 to 31 Weeks

.....

Welcome to your third—and final!—trimester. Believe it or not, you're just 3 months away from holding (and kissing, and cuddling) your precious prize. With eyes on that prize in this last stretch of pregnancy (definitely the biggest stretch, at least as far as your belly is concerned), you'll probably find the excitement and anticipation mounting—along with your pregnancy aches and pains, which tend to multiply as the load you're lugging gets heavier and heavier. Drawing near to the end of pregnancy also means you're closing in on labor and delivery, an event you've been preparing for, thinking about, and maybe stressing out a little bit about. Now's a great time to sign up for those classes, if you haven't already.

Your Baby This Month

Week 28 This week, your amazing baby has reached 2¼ pounds and may be almost 15 inches long. Baby's skill of the week: blinking. Yes, along with the other tricks in a growing repertoire that already includes coughing, sucking, hiccupping, and taking practice breaths, your baby can now blink those

sweet little eyes. Dreaming about your baby? Baby may be dreaming, too, courtesy of the REM (rapid eye movement) sleep he or she has started getting. But this little dreamer isn't ready for birth day just yet. Though those lungs are nearly fully mature by now (making it easier for your baby—and

you—to breathe a little easier if he or she were born now), your little bundle still has a lot of growing to do.

Week 29 Your baby may be as tall as 15½ to 16 inches now and may weigh 2½ to 3 pounds—almost as much as that extra large bottle of water you’re sipping on. But baby still has lots to gain. In fact, over the next 11 weeks, your baby will more than double—and may even come close to tripling—in weight. Much of that weight will come from the fat accumulating under his or her skin right now. And as your baby plumps up, the room in your womb will start to feel a little cramped, making it less likely that you’ll feel hard kicks from your little one, and more likely that you’ll be feeling jabs and pokes from elbows and knees.

Week 30 What’s about 16 inches long, 3 pounds in weight, and cute all over? It’s your baby—who’s getting bigger by the day (in case you couldn’t tell from the size of your belly). Also getting bigger daily is baby’s brain, which is preparing for life outside the womb—and for a lifetime of learning. Starting this week, your baby’s brain is starting to look like one, taking on those characteristic grooves and indentations. These wrinkles allow for future expansion of brain tissue that is crucial as



Your Baby, Month 7

your baby goes from helpless newborn to responsive infant to verbal toddler to curious preschooler and beyond. Your baby’s bigger and better brain is also starting to take on tasks previously delegated to other parts of the body, like temperature regulation. Now that the brain is capable of turning up the heat (with the help of that growing supply of baby fat), your little one will start shedding lanugo, the downy, soft body hair that has been keeping him or her warm up to this point. Which means that by the time your baby is born, he or she probably won’t be fuzzy anymore.

Week 31 Though your baby still has 3 to 5 pounds more to gain before delivery, he or she is weighing in at an impressive 3-plus pounds this week. And at 16 inches long (give or take a couple, because fetuses this age come in all sizes), your baby is quickly approaching birth length. Also developing at an impressive clip these days: your baby’s brain connections (trillions of them must be made). He or she is able to put that complex web of brain

Baby Brain Food

Have you been feeding your baby’s brain? Getting enough of those fabulous fats, the omega-3s, is more important than ever in the third trimester, when your baby’s brain development is being fast-tracked. See page 98 for all the good-fat facts.

connections to good use, too—already processing information, tracking light, and perceiving signals from all 5 senses. Your brainy baby is also a sleepy one, putting in longer stretches of snooze

time, specifically in REM sleep—which is why you're probably noticing more defined patterns of awake (and kicking) and sleeping (quiet) times from your little one.

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. With the start of the last trimester, symptoms that may have just been pesky to this point may be becoming more and more uncomfortable:

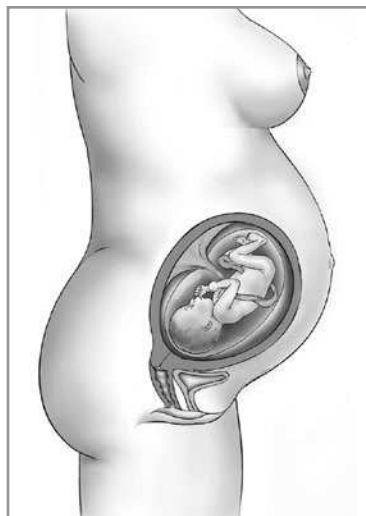
Physically

- Stronger and more regular fetal activity
- Increasing vaginal discharge

- Achiness in the lower abdomen or along the sides
- 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

Your Body This Month

At the beginning of this month, the top of your uterus is approximately 11 inches from the top of your pubic bone. By the end of the month, your baby's home has grown another inch in height and can be felt around 4½ inches above your belly button. You may think that there's no more room for your womb to grow (it seems to have already filled up your abdomen), but you still have 8 to 10 more weeks of expansion ahead of you!



- Leg cramps
- Backache
- Mild swelling of ankles and feet, and occasionally of hands and face
- Hemorrhoids
- Varicose veins in the legs and/or vulva
- Itchy belly
- Protruding navel (a popped-out belly button)
- Stretch marks
- Shortness of breath
- Difficulty sleeping
- Scattered Braxton-Hicks contractions
- Occasional, sudden sharp or shocklike sensations in the pelvic area (aka “lightning crotch”)

- Clumsiness
- Enlarged breasts
- Colostrum, leaking from nipples (though this premilk substance may not appear until after delivery)

Emotionally

- Increasing excitement (the baby’s coming soon!)
- Increasing apprehension (the baby’s coming soon!)
- Forgetfulness, absentmindedness (aka “placenta brain”)
- Strange and vivid dreams
- Pregnancy fatigue (as in, you’re tired of being pregnant) or a sense of contentment

What You Can Expect at This Month’s Checkup

As you enter your last trimester, a couple of new items are added to the agenda you’ve come to expect:

- Weight and blood pressure
- Urine, for protein
- Fetal heartbeat
- Height of fundus (top of uterus)
- Size and position of fetus, by palpating (feeling from the outside)
- Feet and hands for swelling, and legs for varicose veins
- Glucose screening test, if you haven’t had one yet (see page 294)
- Blood test for anemia
- Tdap vaccine (see page 328)
- Symptoms you have been experiencing, especially unusual ones
- Questions and problems you want to discuss—have a list ready

What You May Be Wondering About

Fatigue Revisited

"I was feeling really energetic for the last few months, and now I'm starting to drag again. Is this what I have to look forward to in the third trimester?"

Pregnancy is full of ups and downs—not only when it comes to moods (and libidos) but when it comes to energy levels. That trademark first-trimester fatigue is often followed by a second-trimester energy high, making those typically comfortable middle months the ideal time to pursue just about any activity. (Exercise! Sex! Travel! All of them in one weekend!). But by the third trimester, many moms-to-be find themselves once again dragging—and eyeing the sofa longingly.

And that's not surprising. Though some women continue to sprint as they close in on the pregnancy finish line (remember, every pregnancy is different, even when it comes to energy levels), there are lots more good reasons why you might be lagging behind. The best reason can be found around your midsection. After all, you're carrying much more weight there (and other places)

than you were earlier on—and carting those extra pounds can be exhausting. Another reason: These days, that extra bulk may be lying (literally) between you and a good night's sleep, leaving you less rested each morning. Your baby-overloaded mind (jam-packed with shopping lists, to-do lists, baby-name lists, questions-to-ask-the-doctor lists, decisions to be made) may also be costing you z's—and energy. Add other, unrelated life responsibilities to the mix—a job, the care and feeding of other children, and so on—and the fatigue factors multiply exponentially.

As always, fatigue is a signal from your body, so pay attention. If you've been living life in the maternity fast lane (too much baby prep, not enough rest), slow down the pace a bit. Cut back on nonessential essentials in your day (no fair calling them all essentials). Get your exercise high but take the intensity down a notch, and time it so it's not too close to bedtime (when it can mess with sleep). And since running on empty can bench you in a hurry, fuel your energy levels with frequent healthy snacks. Most of all, remember that

FOR FATHERS

Picking Up the Slack(s)

If you think you're tired at the end of the day, think about this: Your baby mama expends more energy lying on the sofa building a baby than you do bodybuilding at the gym. Which makes her a lot more tired than you've ever known her to be—and a lot more tired than you can even imagine. So pick up the slack. And your slacks. And the trail

of socks and sneakers in the hallway. Beat her to the vacuuming and the laundry and the toilet cleaning—the fumes from the cleaning products will make her feel sicker anyway. Encourage her to watch your cleanup routine from a fully reclining position on the sofa—even if that's always been your favorite position.

third-trimester fatigue is nature's way of telling mamas-to-be to conserve energy. You'll need every bit of strength you can save up now for labor, delivery, and (of course) what follows. For more energy-saving tips, revisit the ones on page 130.

If you do get the extra rest your body is calling for but still feel consistently run-down, talk to your practitioner. Sometimes, extreme fatigue that doesn't ease up is triggered by third-trimester anemia (see page 251), which is why most practitioners repeat a routine blood test to check iron stores in the 7th month.

Swelling

"My ankles and feet are puffy, especially at the end of the day. Is that supposed to happen?"

Your belly's not the only thing that's swelling these days. That puff mama look often extends to the extremities, too. And although all that swelling's not so swell—especially as your shoes

and watch get uncomfortably tight and your rings become harder and harder to pry off your fingers—mild swelling (aka edema) of the ankles, feet, and hands is completely normal, related to the necessary increase in body fluids in pregnancy. In fact, 75 percent of women develop swelling at some point in their pregnancies, usually around this point (the other 25 percent never notice any at all, which is normal, too). As you've probably already noticed, the puffiness is likely to be more pronounced late in the day, in warm weather, or after spending too much time sitting or standing. In fact, you may find that much of the swelling disappears overnight or after several hours spent lying down (another good reason to get that rest).

Generally, this type of swelling means nothing more than a little discomfort—and a few fashion compromises if you can no longer squeeze your ankles into those super cute boots or strappy sandals. Still, you'll want to find ways to deflate, if you can. To spell swell relief, keep these tips in mind:

- Stay off your feet and off your butt. If long periods of standing or sitting are part of your job description—at home or at the office—take periodic breaks. Have a seat if you've been standing, and get up if you've been sitting. Or for best results, take a brisk 5-minute walk to rev up your circulation (which should get those pooled fluids flowing).
- Put 'em up. Elevate your legs when you're sitting. If anyone deserves to put her feet up, it's you.
- Get some rest on your side. If you're not already in the side-lying habit, it's time to try it now. Lying on your side helps keep your kidneys working at peak efficiency, enhancing waste elimination and reducing swelling.

Take Them Off, While You Can

Have your rings been getting snugger and snugger? Before they get too tight for comfort (and much too tight to remove), you might want to consider taking them off and putting them away for safe-keeping until your fingers depuff postpartum. Having trouble prying them off already? Try taking them off in the morning and after cooling down your hands in icy cold water. Some liquid soap can make the rings slippery and easier to slide off, too (just be sure to keep the drain covered if you'll be yanking your rings off over the sink).

- Choose comfort. Now's the time to make a comfort statement, not a fashion statement. Favor shoes that are accommodating (those slinky sling-backs don't fit now, anyway).
- Move it. Keeping up your practitioner-approved workouts will keep down the swelling. Walking (you'll probably soon call it waddling) is swell for swollen feet since it'll keep blood flowing instead of pooling. Swimming or water aerobics are even better, because the water pressure pushes tissue fluid back into your veins. From there it goes into your kidneys, after which you'll pee it out.
- Salt to taste. It was once believed that salt restriction would help keep the swelling down, but it is now known that limiting salt too much increases swelling. Just make moderation your motto.
- Get the support you need. You may not think "sexy" when you think maternity support hose, but they've come a long way in style and innovation—and most important, they're very effective in relieving swelling. Comfortable compression comes in basic full panty hose, knee highs and thigh highs (just avoid ones with tight elastic tops), and even fashion-forward tights and footless/legging varieties. When possible, opt for cotton blends for breathability. Putting compression hose on first thing in the morning, before the day's swelling begins, can keep those fluids from pooling in the first place.

The good news about edema, besides that it's normal, is that it's temporary. You can look forward to your ankles deflating and your fingers depuffing soon after you give birth (though some moms find it can take up to a month or more for swelling to

disappear completely). In the meantime, look on the bright side: Soon your belly will be so big, you won't be able to see how swollen your feet are.

If the swelling seems to be more than mild, let your practitioner know. Severe swelling can be one of the symptoms of preeclampsia, but it isn't considered a reliable one (since pregnancy swelling is common and varies so much from mom to mom). So unless severe swelling is accompanied by protein in the urine and elevated blood pressure (both are screened for at each prenatal appointment), or by other symptoms of preeclampsia (which may include severe headaches, vision disturbances, and increasing shortness of breath), it's likely just a normal part of the pregnancy package. Still, when in doubt, get it checked out.

Strange Skin Bumps

"As if it's not bad enough that I have stretch marks, now I seem to have some kind of itchy bumps breaking out in them."

Cheer up. You have less than 3 months left until delivery, when you'll be able to bid a grateful good-bye to most of the unpleasant side effects of pregnancy—among them, these late-breaking-out bumps. Until then, it may help to know that although they may be uncomfortable (and slightly unsightly), the bumps aren't concerning. Known medically—and unpronounceably—as pruritic urticarial papules and plaques of pregnancy (try saying that fast 3 times), aka PUPPP, or PEP (polymorphic eruption of pregnancy), the condition generally disappears after delivery and doesn't recur in subsequent pregnancies. Though PUPPP most often develops in abdominal stretch marks, it sometimes also appears on the thighs,

buttocks, or arms of expectant moms. Show your rash to your practitioner, who may prescribe topical medication, an antihistamine, or a shot to ease any discomfort.

A variety of other skin conditions and rashes can develop during pregnancy (lucky you!), making you less than happy with the skin you're in. Though you should always show any rash that crops up to your practitioner, keep in mind that rashes are rarely cause for concern. See page 258 for more.

Lower Back and Leg Pain (Sciatica)

"I've been having pain on the side of my lower back, running right down my hip and leg. What's that about?"

Sounds like your sweet little baby may be getting on your nerves—your sciatic nerve, that is. Toward the middle to end of your pregnancy, your baby begins to settle into the proper position for birth (a big positive). In doing that, however, his or her head—and the weight of your ever-enlarging uterus—may settle on the sciatic nerve in the lower part of your spine (a big negative). Such so-called sciatica can less frequently be caused by a herniated or slipped disk (also due to the extra pressure of that growing uterus). Either way, sciatica can result in sharp, shooting, sometimes intense pain, tingling or numbness that starts in your buttocks or lower back and radiates down the back of either of your legs. Though sciatica may pass if your baby shifts positions, it can also linger until you've delivered—and sometimes even linger a little postpartum.

How can you get baby off your nerves and relieve the pain of sciatica? Try these tips:

- Take a seat. Getting off your feet may ease the pain (but avoid sitting on the floor, which can intensify pain). Lying down on the side that doesn't hurt can also relieve pressure—and it's smart to sleep on that side, too.
- Get support. A belly band or other support garment can take the pressure of your growing uterus off your lower back and hips.
- Warm it. A warm heating pad applied on the spot where you feel the pain can help ease it, as can a long soak in a warm bath. Have jets in your tub? Keep them focused on your aching lower back and legs.
- Work it out. The right kind of exercises can ease the pain of sciatica (your practitioner and/or a physical therapist will be able to recommend others as well):
 - ◆ Pelvic tilts (see page 240)
 - ◆ Child's pose. Kneel on the floor, sitting on your heels, with your big toes touching each other. Spread your thighs and lean forward, resting your belly, outstretched arms, and forehead on the floor. Stay in this position for 2 minutes, and repeat a few times a day.
 - ◆ Ball exercises. Sit on (or lie back on) an exercise ball and rock back and forth for relief.
 - ◆ Water workouts. Swimming and water aerobics stretch and strengthen back muscles, helping to ease that searing pain—plus they're not weight bearing, a plus when it's the pressure that's causing the pain.
- Seek an alternative. Ask your practitioner about CAM therapies that might help ease sciatic pain, such as physical therapy, therapeutic massage, acupuncture, and chiropractic medicine.

Count Your Kicks

From the 28th week on, it may be a good idea to test for fetal movements twice a day—once in the morning, when activity tends to be quieter, and once in the more active evening hours. Your practitioner may recommend a test, or you can use this one: Note the time on the clock and start counting. Count movements of any kind (kicks, flutters, swishes, rolls), but don't include hiccups in your tally. Stop counting when you reach 10, and note the time. (If you like, you can use the fetal movement tracker in the *What to Expect Pregnancy Journal and Organizer* or on the What To Expect app or Apple

Watch app). Often, you will feel 10 movements within 10 minutes or so—sometimes it will take longer.

If you haven't counted 10 movements by the end of an hour, have some juice or a snack, walk a bit, even jiggle your belly a little—then lie down, relax, and continue counting. If 2 hours go by without 10 movements, call your practitioner. Though such an absence of activity doesn't necessarily mean something's wrong, it can occasionally be a red flag that needs quick evaluation.

The closer you are to your due date, the more important regular checking of fetal movements becomes.

It's a good idea to check in with your practitioner if you're having symptoms of sciatic pain, not only for suggested therapies and treatments (including medication, if needed), but for a proper diagnosis. Another condition with similar symptoms (pelvic girdle pain, or PGP) is sometimes misdiagnosed as sciatica. See page 561 for more.

Lightning Crotch

"Once in a while I get this sudden sharp pain deep inside my crotch—almost like I'm being stabbed down there. It doesn't last long but it's so intense it takes my breath away. What is it?"

Sounds like you've been struck by lightning crotch—a surprisingly common, yet little discussed, symptom of late pregnancy that can be a real pain. This sensation can be felt deep in the pelvis or vagina—sometimes like an electric shock, sometimes like a sharp jabbing, sometimes with a little stinging and burning or pins and needles added

in. It typically comes on suddenly and unexpectedly and with such intensity that it can nearly knock you off your feet (and have you shrieking out loud in public).

There's no definitive medical evidence that pinpoints why lightning crotch happens—there isn't even a medical term for it—but there are plenty of theories on what triggers that punched-in-the-pants feeling. Some experts say it happens when baby presses on or kicks a nerve that runs to the cervix. Others suggest that your little one might be using your sensitive cervix and lower uterus as a punching bag or that your baby-on-the-move is pushing down as he or she changes positions. Or that the very normal stretching and pulling of the ligaments surrounding and supporting your uterus as your belly grows (and grows) is switching on those electric-like shocks in your pelvis. One thing that is clear is that lightning crotch is not a result of cervical dilation, which means if you're feeling that telltale stabbing feeling down below, there's no

reason to worry that you might be going into labor anytime soon. It isn't dangerous and it isn't a sign of pregnancy problems.

There's probably not much you can do when lightning crotch strikes, other than perhaps moving positions to try to knock baby off your nerves (or maybe, lightening the load on your pelvis with a belly support garment). Still, it makes sense to ask about those painful twinges at your next prenatal visit. Sometimes pelvic pain can also be linked to varicose veins in the vulva, a vaginal infection, sciatica, or even a magnesium deficiency, and it's a good idea to get your practitioner's opinion on what's going on down there.

Restless Leg Syndrome

"As tired as I am at night, I can't seem to settle down because my legs feel so restless. I've tried all the tips for leg cramps, but they don't work. What else can I do?"

With so many other things coming between you and a good night's sleep in your last trimester, it hardly seems fair that your legs are, too. But for the 15 percent or so of pregnant women who experience restless leg syndrome (RLS), that's exactly what happens. The name captures it all—that restless, creeping, crawling, tingling, burning, prickling, itchy feeling inside the foot and/or leg that keeps the rest of your body from settling down. It's most common at night, but it can also strike in the late afternoon or pretty much any time you're lying or sitting down.

Experts aren't certain what causes RLS in some pregnant women (though there does seem to be a genetic component to it), and they're even less sure how to treat it. None of the tricks of the leg cramp trade—including rubbing or flexing—seem to bring relief.

Medications used to treat RLS aren't safe for use during pregnancy (check with your practitioner), so they're most likely off the table, too. And speaking of medications, certain ones (like anti-nausea meds or antihistamines, drugs expectant moms often take to relieve morning sickness) can make RLS worse for some moms.

How can you stop those restless legs from messing with your rest? Though there are no sure bets, it may pay to try any of the following:

- **Keep track of triggers.** It's possible that diet and other lifestyle habits may contribute to RLS, so it may help to keep a journal of what you eat, what you do, and how you feel each day so you can see what habits, if any, bring on symptoms. Some women, for instance, find that eating carbohydrates late in the day can set off restless legs, and others find that caffeine can pull the trigger. Look at the meds you take, too, to see if there might be a connection to your RLS.
- **Turn to CAM.** Acupuncture may help turn off RLS, as may yoga, meditation, or other relaxation techniques. Even distraction (doing something to take your mind off the discomfort) may help ease that restless feeling.
- **Check your levels.** Iron-deficiency anemia (common in the third trimester anyway) sometimes triggers RLS, so ask your practitioner about getting your levels tested. If your stores do turn out to be low, taking the right iron supplement can relieve the symptoms. Other possible triggers of RLS that a blood test can reveal: a deficiency in magnesium or vitamin D, either of which can be treated with a supplement. While you're at it, ask your practitioner about other suggested treatments.

- **Get active.** For some mamas-to-be, getting those legs moving during the day can keep them from wanting to move all night. Try pregnancy-safe moderate cardio exercise and lower-body strength training, but not too close to bedtime (since that can exacerbate RLS, plus keep you from sleeping, period). Simple stretches may also work—try calf stretches or a standing leg stretch (see page 292).
- **Try these at home.** Applying hot or cold packs to your legs or even taking a cold shower (or soaking your legs in cold water) before bed may ward off that restless feeling. You can also try wearing compression socks or stockings during the day.

And, of course, it couldn't hurt to try the sleep tips on page 284. In fact, because fatigue can worsen RLS symptoms, do what you can to get the sleep your body is craving.

Hopefully, you'll find at least some relief from RLS in the strategies listed here. Unfortunately, some moms-to-be with RLS find that nothing works for them and their only option is waiting it out until delivery brings relief (if not a good night's sleep—after all, a new baby rarely brings that). If you came into pregnancy with the condition, you'll probably have to wait until after delivery (and possibly after weaning, if you're nursing) to resume any drug treatment you were using.

Fetal Hiccups

"I sometimes feel regular little spasms in my abdomen. Is this kicking, or a twitch, or what?"

Believe it or not, your baby's probably got hiccups. Many fetuses have bouts of hiccups in the last half of pregnancy, with some getting them every

Snap, Crackle, Pop, Mom?

So, you were definitely expecting to see your baby's movements—but hear them? Apparently, it's possible. Some moms-to-be hear a mysterious clicking, snapping, popping, or knuckle cracking sound coming from their bellies, and while no one really knows for sure why, there are a few theories. Maybe it's hiccup related, or the sound of amniotic fluid swooshing as your baby moves and somersaults. Maybe it's the clicking of your baby's joints as he or she wiggles, punches, or kicks. Or perhaps the sounds aren't coming from your baby at all, but from your looser-than-normal joints, popping and clicking as they rub against each other or stretch out.

You'll probably never know what's causing all the snapping, crackling, and popping, though you can always ask your practitioner to venture a guess. One thing is for sure, though: It's nothing to worry about, just something else to enjoy (or endure) while you're expecting.

day, even several times a day. Others never seem to get them at all. The same pattern may continue after birth.

But before you start holding your breath or trying other hiccup tricks, you should know that hiccups don't cause discomfort in babies—in or out of the uterus—even when they last 20 minutes or more. So just sit back, relax, and enjoy the show. As entertaining as they are, though, keep in mind that fetal hiccups don't count when you're doing your kick counts (see page 336).

Orgasm and Baby's Kicking

"After I have an orgasm, my baby usually stops kicking for about half an hour. Does that mean that sex isn't safe at this point in pregnancy?"

No matter what you do these days, your baby's along for the ride. And when it comes to lovemaking, the ride can make baby very sleepy. The rocking motion of sex and the rhythmic uterine contractions that follow orgasm often lull fetuses to dreamland. Some babies, on the other hand (because every baby's an individual), become more lively after sex. Either reaction is normal and healthy, and it is in no way a sign that sex isn't safe. Nor, in case you're wondering, is it a sign that baby's in the know about what's going on between those sheets (baby's completely in the dark, literally).

In fact, unless your practitioner has prescribed otherwise, you can continue enjoying sex of all varieties—and orgasms of all intensities—until delivery. And you might as well get that sex in while you can. Let's face it—it may be a while before it's this convenient to make love again (at least, with your baby in the house).

Accidental Falls

"I missed the curb today when I was out walking and belly-flopped onto the pavement. Could the fall have hurt the baby?"

Is pregnancy tripping you up? That's not surprising—after all, once you enter the third trimester, there are plenty of factors that can combine to literally put you head over heels. For one, your impaired sense of balance, which has been thrown off-kilter as your center of gravity keeps shifting forward, along with your belly. For another, your

looser, less stable joints, which add to awkwardness and make you prone to minor falls, especially those belly flops. Also contributing to clumsiness are your tendency to tire easily, your predisposition to distraction and daydreaming, and the difficulty you may be having seeing past your belly to your feet—all of which make those curbs and other stumbling blocks easy to miss . . . and easy to stumble over.

Once again, nature has baby's back (if not yours). Your little one is protected by one of the world's most sophisticated shock absorption systems, made up of amniotic fluid, tough membranes, the elastic, muscular uterus, and the sturdy abdominal cavity, which is girded with muscles and bones. For it to be penetrated, and your baby hurt, you'd have to sustain very serious injuries, the kind that would very likely land you in the hospital.

Still concerned? Call your practitioner for extra reassurance—and to ask if you can pop over for a quick check of baby's heartbeat to ease your mind.

Of course, it's always best to avoid falls. So as you become more and more prone to tripping and slipping, try to become more cautious, too. Avoid walking in slippery socks or on slippery surfaces in shoes that don't have stabilizing traction (or anywhere in shoes you can easily slip out of, like flip flops or open-back sandals). Stay off ladders and other precarious places. And take extra care with stairs and curbs.

Dreams and Fantasies

"I've been having so many vivid, really crazy dreams lately that I'm beginning to think I'm losing my mind."

Feel like you've been streaming some pretty strange Netflix while you're sleeping lately? Pregnancy dreams—and

FOR FATHERS

Daddy Dreams

So your dream life has been more interesting than your real life these days? You've got lots of company. For just about all expectant mothers and fathers, pregnancy is a time of intense feelings, feelings that run the roller coaster from joyful anticipation to panic-stricken anxiety and back again. It's not surprising that many of these feelings find their way into dreams, where the subconscious can act them out and work them through safely. Dreams about sex, for instance, might be your subconscious telling you what you probably already know: You're worried about how pregnancy and having a baby is affecting and will continue to affect your sex life. Such fears are not only normal, but valid. Acknowledging that your relationship is in for some changes now that baby's making three is the first step in making sure your two-some stays cozy. Another strong possibility: You're dreaming about sex more because you're having it less.

R-rated dreams are most common in early pregnancy. Later on, you may notice a family theme in your dreams. You may dream about your parents or grandparents as your subconscious attempts to link past generations to the future one. You may dream about being a child again, which may express an understandable fear of the responsibilities to come and a longing for the carefree years of the past. You may even dream about being pregnant yourself, which may express sympathy for the load your partner is carrying, jealousy of the attention she's getting, or just

a desire to connect with your unborn baby. Dreams about dropping the baby or forgetting to strap your newborn into the car seat can express your insecurities about becoming a father (the same insecurities every expectant parent shares). Uncharacteristically testosterone-charged dreams—scoring a touchdown or driving a race car, even if you've never come close to doing either one—can communicate the subconscious fear that becoming a nurturer will chip away at your manliness. Dreams about loneliness and being left out are extremely common—these speak to those feelings of exclusion that so many expectant fathers experience.

Not all of your dreams will express anxiety, of course. The flip side of your subconscious may also get equal time (sometimes even in the same night): Dreaming about taking care of your baby helps prepare you for your new role as doting dad. Other nurturing dreams—of being handed or finding a baby, of baby showers or family strolls through the park—show how excited you are about the imminent arrival.

One thing is for sure: You're not dreaming alone. The expectant mom in your life (for the same reasons) is subject to strange dreams, too—plus the heavier load of hormones she's carrying can make them even more vivid. Sharing dreams with your partner in the morning can be an intimate, enlightening, and therapeutic ritual, as long as neither one of you takes them too seriously. After all, they're just dreams.

daydreams and fantasies—can be big productions, with plenty of special (and sometimes scary) effects, and so vivid and lifelike that they may leave you pinching yourself when you wake up. What's more, they can come in a

variety of genres, from horror (like the one about leaving the baby on the bus) to heartwarming (snuggling chubby cheeks, pushing strollers through a sunny park), to stranger-than-science-fiction (giving birth to an alien baby with a tail or to a

Preparing Fido and Whiskers

Already a parent—to the kind of baby that has 4 legs, fur, and a tail? Concerned that your pet, who's used to ruling the roost (and curling up on your bed and your lap), will suffer from a bad (and possibly risky) case of sibling rivalry when you show up with a new baby? Taking steps to prepare your dog or cat for when baby makes three (people, that is) is crucial. See *What to Expect the First Year* for tips and recommendations on preparing the family pet for baby's arrival. You'll also find a video about preparing your pet on WhatToExpect.com.

litter of puppies). And though they may make you feel as though you're losing your mind (was that really a giant salami that chased you around the parking lot of Babies "R" Us last night?), they're healthy, normal—and actually helping you stay sane. These dreams (and nightmares) are just one of the many ways that your subconscious works through your mind's overload of pre-baby anxieties, fears, hopes, and insecurities, helping you come to terms with the impending upheaval in your life. An outlet for the 1,001 conflicting emotions (from ambivalence to trepidation to overwhelming excitement and joy) you're almost certainly feeling but may be uneasy expressing any other way. Think of it as therapy you can sleep through.

Hormones contribute, also, to your heavier-than-usual dream schedule (what don't they contribute to?). Plus, they can make your dreams much more intense. The lighter sleep you've been getting also plays a part in your ability to recall your dreams—and recall

them in high definition. Because you're waking up more often than you used to, whether to use the bathroom, kick off some blankets, or just toss, turn, and try to get comfortable, you have more opportunities to wake up in the middle of a REM dream cycle. With the dreams so fresh in your mind each time you wake up, you're able to remember them in greater—and sometimes unnerving—detail:

Here are some of the most commonly reported dream and fantasy themes during pregnancy. Some probably sound familiar.

- Oops! dreams. Dreaming about losing or misplacing things (from your car keys to your baby), forgetting to feed the baby, leaving baby home alone or in the car, or being completely unprepared for baby's arrival can reveal the common (and understandable) fear that you're not up to being a mom.
- Ouch! dreams. Being attacked (by intruders, burglars, animals) or hurt (by falling down the stairs after a push or a slip) may represent a sense of vulnerability—and what pregnant woman doesn't feel vulnerable sometimes?
- Help! dreams. Dreams of being enclosed or unable to escape—trapped in a tunnel, a car, or a small room, or drowning in a pool, a lake of snowy slush, a car wash—can signify the fear of being tied down by the expected new family member, of losing your once carefree life to a demanding newborn.
- Oh no! dreams. Dreams of gaining no weight or gaining a lot of weight overnight, or of eating or drinking the wrong things (a tray of tuna sashimi washed down with a pitcher of martini) are common among those trying to stick to the kind of dietary restrictions moms-to-be are stuck with.

- Ugh! dreams. Dreaming about becoming unattractive or repulsive to your partner or about him taking up with someone else expresses the common fear that pregnancy will destroy your looks forever and make you unappealing to your partner.
- Sex dreams. Dreams about sex can run the X-rated gamut during pregnancy, expressing everything from lust you've been repressing to fantasies you've been closeting to guilt and ambivalence you've been feeling. It's those hormones talking—and just as they can while you're conscious, they can trigger intense sexual arousal (sometimes including orgasm) while you sleep or even daydream.
- Memory dreams. Dreaming of death and resurrection—lost parents or grandparents or other relatives reappearing—may be the subconscious mind's way of linking old and new generations.
- Life-with-baby dreams. Dreaming about getting ready for the baby and loving and playing with the baby is practice parenting, a way that your subconscious bonds you with your baby before delivery.
- Imagining-baby dreams. Dreaming about what your baby will be like can reveal a wide variety of feelings. Dreams about the baby being deformed, sick, or too large or too small express anxieties that just about all parents-to-be harbor deep down inside. Fantasies about the infant having unusual skills (like talking or walking at birth) may indicate concern about the baby's intelligence and ambition for his or her future. Premonitions that the baby will be a boy or a girl could mean your heart's set on one or the other. So could dreams about the baby's hair or eye

color or resemblance to one parent or the other. Nightmares of the baby being born fully grown could signify your fear of handling a newborn.

- Labor dreams. Dreaming about labor pain—or lack of it—or about not being able to push the baby out may reflect your anxieties about labor (and who doesn't have those?).

Bottom line about your dreams and fantasies—don't lose any sleep over them. They're completely normal and as common among expectant moms as heartburn and stretch marks (just ask around and you'll get an interesting earful). Keep in mind, too, that you may not be the only one in your bed who's dreaming up a sometimes unsettling storm. Expectant dads may also have strange dreams and fantasies as they attempt to work out their conscious and subconscious anxieties about impending fatherhood (it's also their hormones talking, if more quietly). Swapping dreams in the morning can be fun (can you top this one?) as well as therapeutic, making that transition into real-life parenthood easier—plus it can help bring you closer together. Starting a dream journal so you can work out your feelings now—and one day look back and laugh (or analyze)—can also be good therapy. So dream on!

Handling It All

"I'm beginning to worry that I won't be able to manage my job, my house, my marriage—and the baby, too."

Here's the first thing you should know about doing it all: You can't do it all—at least, you can't do it all well, all the time. Many new mothers have tried to don the Super Mom cape—handling a full workload on the job, keeping the house spotless, the laundry

Baby, the 3D Movie

So you've probably already had your standard level 2 ultrasound, and your baby's adorable profile has been your phone's wallpaper for weeks. But with a couple of months or so before you can actually hold that bundle of sweetness in your arms, maybe you're hankering for a closer peek at that button nose, that kissable mouth, that little chin (not to mention those tiny baby feet and hands that have been pummeling you day and night). And maybe you're wondering whether it's time to book an appointment for a 3D or 4D scan at your local prenatal portrait center.

It's tempting, for sure, especially if you've seen these stunning baby portraits and vivid videos online (complete with thumb sucking, yawning, blinking and cord tugging!). But check with your practitioner before you leap (or heave yourself) onto the exam table at the mall. Experts (including ACOG) recommend that 3D and 4D ultrasounds (especially long or multiple ones) be performed only when medically necessary, by qualified technicians or practitioners using well-maintained equipment. The concern? Just-for-fun ultrasounds (though definitely fun) are often done using higher powered machines that are not necessarily operated or maintained by skilled staff. Some of the sessions last a much longer time than a medical scan would—up to 45 minutes—which means more (unnecessary) ultrasound exposure. Sign up

for multiple sessions to build a prenatal scrapbook of images and videos, as many centers offer, and baby's exposure is exponentially increased. Another concern experts have: Without a skilled medical professional to perform the scan and interpret the results, parents-to-be may walk away convinced there's something wrong with their baby, or worse, that the less-trained wand wavers will miss real problems that a pro would detect. Plus, a long session or repeated sessions can be intrusive and disruptive for a fetus, who's using womb time to grow, develop, and get the sleep he or she needs—free of interruptions. Finally, while there are no proven risks to extra ultrasound exams, there's no definitive proof that risks don't exist—potential risks that can be avoided by skipping unnecessary scans.

Remember, there will be plenty of opportunities to take photos and videos, and make memories when your baby is born. In the meantime, think about keeping ultrasounds to the number and type prescribed by your practitioner (currently, ACOG recommends a total of 1 to 2 in low-risk, complication-free pregnancies).

Have your practitioner's clearance and an appointment scheduled? Consider limiting your visits to 1 or 2, with each scan no more than 15 minutes in length. And bring your wallet. The image may be priceless, but some studios charge a hefty price for that photo, CD, and DVD of your baby.

basket empty, the refrigerator stocked, and home-cooked meals on the table, being a sexy partner and an exemplary parent, and leaping the occasional building in a single bound—but most have realized somewhere in midflight that something's got to give.

Just how well you'll manage your new life will probably depend on how quickly you come to that real-life realization. And there's no better time than now to start—before your latest (and cutest) life challenge arrives.

First, you'll need to give some

thought to what your priorities are so you can begin arranging them in order of importance (and not everything can make that top spot). If baby, spouse, and job are priorities, perhaps keeping the house clean will have to take a (messy) backseat. Maybe home cooked will sometimes give way to home delivered, or the laundry basket will become someone else's responsibility. If you're thinking that full-time motherhood might have your name on it, and you can afford to stay home for a while, maybe you can pause your career. Or you might consider working part-time or job sharing with another mom, if you can swing it, or working from home. Or maybe dad will stay home while you work.

Once you've settled on your priorities, you'll need to let go of your unrealistic expectations (you know, the ones your daydreams are filled with). Check in with experienced moms, and you'll get a reality check fast. As every mother finds out sooner or later—and you'll save yourself a lot of stress if you find out sooner—nobody's perfect, not even moms. As much as you'll want to do everything right, you won't be able to—and there will be those days when it seems like you can't do anything right. Despite your best efforts, beds may go unmade and laundry undone, takeout may take over your dinner table, and getting your “sexy” back may mean finally getting around to washing your hair. Set your standards too high—even if you were able to meet them in your preparenting days—and you'll set yourself up for a whole lot of disappointment.

However you decide to rearrange your life, it will be easier if you don't have to go it alone. Beside most successful moms is a dad (or other partner) who not only shares equally in household chores but also is a full partner in parenting. If dad's not available as much

as you'd like (or is deployed, or isn't in the picture at all), tap into whatever help you can find and/or afford, including babysitting co-ops.

A Birth Plan

“My midwife suggested I come up with a birth plan, but I'm not sure what's supposed to be on it.”

Decisions, decisions. Childbirth involves more decisions than ever, and expectant moms and their partners are involved in making more of those decisions. But how can you and your practitioner keep track of all those decisions—from how you'll manage the pain and what position you'll push in to who'll catch your baby and cut the cord? Enter: the birth plan.

A birth plan is just that—a plan (or more aptly, a wish list). In it, parents-to-be can offer up their best-case birthing scenario: how they'd ideally like

Passing the Birth Plan (to a New Shift)

Once you've passed your approved birth plan on to your practitioner, it should become part of your chart and find its way to your delivery. But just in case it doesn't make it in time, you might want to print up several copies of the plan to bring along to the hospital or birthing center, just so there's no confusion about your preferences. Your coach or doula can make sure that each new shift (with any luck, you won't have to labor through too many of them) has a copy for reference.