

No Worries

Some expectant moms (make that, most expectant moms) will always find something to worry about—especially in the first trimester and particularly in first pregnancies. Topping the list of most common concerns, understandably, is a fear of miscarriage.

Fortunately, most expectant worriers end up worrying unnecessarily. Most pregnancies continue uneventfully, and happily, to term. Just about every normal pregnancy includes some cramps, some abdominal aches, or some spotting—and many include all three. While any of these symptoms can be understandably unnerving (and when it comes to a stain on your underwear, downright scary), more often than not, they're completely innocuous—and not a sign that your pregnancy is in trouble. Though you should report them to your practitioner at your next visit (or sooner if you need some professional reassurance), the following are no cause for concern. So don't worry if you have:

Mild cramps, achiness, or a pulling sensation in the lower abdomen on one or both sides. Early on, this is probably related to implantation, the increased blood flow to the region, the buildup of your uterine lining, or just all the growing that's going on as your uterus and the ligaments that support it begin stretching. Unless cramping is severe, constant, or accompanied by significant bleeding, there's no need to worry.

Slight spotting that isn't accompanied by cramps or lower abdominal pain. There are plenty of reasons why pregnant women spot, and it often has nothing to do with a miscarriage. See facing page for more on spotting.

Of course, it's not just symptoms that pregnant women worry about in early pregnancy—it's a lack of symptoms, too. In fact, not "feeling pregnant" is one of the most commonly reported first-trimester concerns. And that's not surprising. It's hard to feel pregnant this early on, even if you're experiencing every early pregnancy symptom in the book—and it's far harder still to feel pregnant if you're relatively symptom-free. Without tangible proof yet of that baby-to-be growing inside you (a swelling belly, those first flutters of movement), it's pretty easy to start wondering whether the pregnancy is going well—or whether you're even still pregnant.

Once again, not to worry. A lack of symptoms—such as morning sickness or breast tenderness—is not usually a sign that something's wrong. Consider yourself lucky if you're spared these and other unpleasant early-pregnancy symptoms—and also consider that you might be a late bloomer. After all, since every pregnant woman experiences pregnancy symptoms differently and at different times, these and other symptoms may be just around the corner for you.

Subchorionic bleed. Subchorionic bleeding occurs when there is an accumulation of blood under the chorion (the outer fetal membrane, next to the placenta) or between the uterus and the placenta itself. It can cause light to

heavy spotting but doesn't always (sometimes it is detected only during a routine ultrasound). Most subchorionic bleeds resolve on their own and do not end up being a problem for the pregnancy (see page 544 for more).

Spotting is as variable in a normal pregnancy as it is common. Some women spot on and off for their entire pregnancies. Other women spot for just a day or two—and still others for several weeks. Some women notice mucousy brown or pink spotting, others see small amounts of bright red blood. But happily, most women who experience any kind of spotting continue to have completely normal and healthy pregnancies and end up delivering perfectly healthy babies. Which means that there’s probably nothing for you to worry about (though, realistically, that doesn’t mean you’ll stop worrying).

For extra reassurance, put in a call to your practitioner (no need to call immediately or outside of office hours unless your spotting is accompanied by cramping or bright red, soak-through-a-pad bleeding). He or she will likely either order a blood test to check hCG levels (see next question) or perform an ultrasound (or do both). If you’re past the 6th week, you’ll probably be able to see your baby’s heartbeat during the

ultrasound, which will reassure you that your pregnancy is progressing along just fine, even with the spotting.

What if the spotting progresses to heavier bleeding similar to a period? Though such a scenario is more cause for concern (especially if it’s accompanied by cramps or pain in your lower abdomen) and does warrant an immediate call to your practitioner, it’s not a sign that you’re inevitably miscarrying. Some women bleed—even heavily—for unknown reasons throughout their pregnancies and still deliver healthy babies.

If it does end up that you’re having a miscarriage, see page 582.

hCG Levels

“My doctor gave me the results of my blood test and it says that my hCG level is at 412 mIU/L. What does that number mean?”

It means that you’re pregnant. Human chorionic gonadotropin (hCG) is the just-for-pregnancy hormone manufactured

hCG By the Numbers

Really want to play the hCG numbers game? The following are ranges of “normal” hCG levels based on week of pregnancy. Keep in mind that anywhere in that wide range is normal—your baby doesn’t have to be scoring off the charts for your pregnancy to be progressing perfectly—and that a slight miscalculation in your dates can throw the numbers off completely.

| WEEKS OF PREGNANCY | AMOUNT OF hCG IN mIU/L |
|--------------------|------------------------|
| 3 weeks | 5 to 50 |
| 4 weeks | 5 to 426 |
| 5 weeks | 19 to 7,340 |
| 6 weeks | 1,080 to 56,500 |
| 7 to 8 weeks | 7,650 to 229,000 |
| 9 to 12 weeks | 25,700 to 288,000 |

by the cells of the newly developing placenta within days after the fertilized egg implants in your uterine lining. HCG is found in your urine (you came face-to-stick with hCG the day that positive readout showed up on your HPT) and in your blood, which explains why your practitioner ran a blood test to find out your expectant status for sure. When you're very early in the pregnancy game (as you are), the level of hCG in your blood will be quite low (it's just starting to show up in your system, after all). But within days, it'll begin to soar, doubling every 48 hours (give or take). The rapid increase peaks somewhere between 7 and 12 weeks of pregnancy and then starts to decline.

But don't start swapping your numbers with mama-to-be buddies. Just as no two women's pregnancies are alike, no two pregnant women's hCG levels are alike, either. They vary from day to day, mom to mom, even as early as the first missed day of a period and continuing throughout pregnancy.

What's more important and relevant to you is that your hCG level falls within the very wide normal range (see box, facing page) and continues to increase over the coming weeks (in other words, look for a pattern of increasing levels instead of focusing on specific numbers). Even if your readings fall outside these ranges, don't worry. It's still quite likely that everything's fine. Your due date might just be off—a very common cause of hCG number confusion—or, less probably, you might be carrying twins. As long as your pregnancy is progressing normally and your hCG levels are increasing during the first trimester, there's no need to obsess about these numbers or even try to find them out (plus, if your practitioner is happy with your numbers, then you can be, too). Ultrasound findings after 5 or 6 weeks of pregnancy are much more

predictive of pregnancy outcome than hCG levels are. Of course, as always, if you have a question or concern, talk with your practitioner about your results.

Stress

"I'm a high-stress person with a high-stress job—and now that I'm pregnant, I'm stressing about stressing too much. Can too much stress be bad for a baby?"

Most mommies-to-be are stressed out sometimes (or even often) during their 9 months. But here's some news that should calm you down: Research shows that pregnancy isn't affected by typical stress levels. If you're able to cope well with your everyday stress (even if it's more than most people could take on), then your baby will be able to cope just fine, too. In fact, a certain amount of stress—if you're good at handling it—can be a pregnancy plus. It can keep you on your toes, keeping you motivated to take the best possible care of yourself, your baby, and your pregnancy.

That said, too much stress—or stress that isn't well managed—can take its toll, particularly if it continues into the second and third trimesters. Which means that learning how to handle stress constructively, or cutting back on it as needed, should become a priority now. The following should help:

Unload it. Allowing your anxieties to surface is the best way of ensuring that they don't get you down. Make sure you have somewhere to vent—and someone to vent to. Maintain open lines of communication with your spouse, spending some time at the end of each day (preferably not too close to bedtime, which should be as stress-free as possible) sharing concerns and frustrations. Together you may be able to find some

FOR FATHERS

Anxiety Over Life Changes

Worried about how different your life will be once you're a dad? Little babies do bring some large life changes, no doubt about it—and all expectant parents worry about them. Thinking about them—and even stressing about them a little—now is actually a really good thing, since it gives you a chance to prepare realistically for the impact parenthood will have on your life. The most common dad-to-be worries include:

Will our relationship change? Let's get real: Yes, your relationship will change. From the moment baby comes into your life, spontaneous intimacy and complete privacy will be precious, and often unattainable, commodities. Romance may have to be planned (during baby's nap) rather than spur of the moment, and interruptions may be the rule. But as long as you both make the effort to make time for each other—whether that means catching up over a late dinner once baby's in bed, or giving up a game with the guys so you can play games of an entirely different kind with your partner, or starting a weekly date night—your relationship will weather the changes well. Many couples, in fact, find that becoming a threesome deepens, strengthens, and improves their twosome—bringing them closer together than they've ever been before.

How will work be affected? That depends on your work schedule. If you currently work long hours with little time off, you may need (and want) to make some changes so that fatherhood can become the priority in your life that you'll want it to be. And don't wait until you officially graduate to dad status. Think about taking time off now for prenatal checkups, as well as to help your exhausted spouse with baby preparations. Start weaning yourself off those 12-hour days, and resist the temptation to continue your day at the office at home. Avoid trips and a heavy workload during the 2 months before and after your baby's arrival, if you can. And if it's at all possible, consider taking paternity leave in the early weeks of baby's life.

Will we have to give up our lifestyle?

You probably won't have to say goodbye to activities-as-usual or your social life as you knew it, but you should expect to make some adjustments, at least up front. A new baby does, and should, take center stage, pushing some old lifestyle habits temporarily aside. Parties, movies, and sports may be tricky to fit in between feedings, and cozy dinners for two at your favorite bistro may become noisy meals for three at family restaurants that tolerate squirming infants. Your circle of friends may change somewhat, too—you may suddenly find yourself gravitating

relief, some solutions—and ideally a good laugh or two. Is he too stressed to absorb enough of your stress? Find others who can lend an ear—a friend, another family member, coworkers (who will understand your workplace stress better?), your online buddies, or your practitioner (especially if you're

concerned about the physical effects of your stress). If you need more than a friendly ear, consider counseling to help you develop strategies to better deal with your stress.

Do something about it. Identify sources of stress in your life and determine how

toward fellow baby-wearers or stroller-pushers for empathetic companionship. Not to say that there won't be a place in your new life with baby for old friends who aren't fathers—and pastimes from your pre-parent past—just that your priorities will likely do some necessary shifting.

Can we afford a larger family? With the cost of having and raising a baby going through the roof, many expectant parents lose sleep over this very legitimate question. But there are plenty of ways to cut those costs, including opting for breastfeeding (no bottles or formula to buy) and accepting all the hand-me-downs that are offered (new clothes start to look like hand-me-downs after a few spitting-up episodes anyway). If either of you plan to take extra time off from work (or to put career plans on hold for a while) and this concerns you from a financial standpoint, weigh it against the costs of high-quality child care and commuting. The income lost may not be such a budget buster after all.

Most important: Instead of thinking of what you won't have in your life anymore (or won't have as much opportunity for), try to start thinking of what you will have in your life: a very special little person to share it with. Will your life be different? Definitely. Will it be better? No doubt about it.

they can be modified. If you're clearly trying to do too much, cut back in areas that are not high priority (this is something you're going to have to do big time anyway, once you have a bigger priority—a new baby—on the agenda). If you've taken on too many responsibilities at home or at work, decide which

can be postponed or delegated. Learn to say no to new projects or activities before you're overloaded (another skill you're wise to cultivate pre-baby).

Sometimes, making lists of the hundreds of things you need to get done (at home or at work), and the order in which you're planning to do them, can help you feel more in control of the chaos in your life. For a satisfying sense of accomplishment, check items off your list as they're taken care of.

Sleep it off. Sleep is the ticket to regeneration—for mind and body. Often, feelings of tension and anxiety are prompted by not getting enough shut-eye—and, of course, having too much tension and anxiety can also prevent you from getting enough shut-eye. So try to break the sleepless-stressed-sleepless cycle. If you're having trouble sleeping, see the tips on page 264.

Nourish it. Hectic lifestyles can lead to hectic eating styles. Inadequate nutrition during pregnancy can be a double whammy: It can hamper your ability to handle stress, and it can eventually affect your baby's wellbeing. So be sure to eat well and regularly (6 mini-meals will best keep you going when the going gets stressful). Focus on complex carbs and protein, and steer clear of excessive caffeine and sugar, two staples of the stressed life that can actually leave you less able to cope.

Wash it away. A warm bath is an excellent way to relieve tension. Try it after a stressful day—it will also help you sleep better.

Run it off. Or swim it off. Or prenatal yoga it off. You might think that the last thing you need in your life is more activity, but exercise is one of the best stress relievers—and mood boosters. Build some into your busy day.

Expect the Best

It's long been speculated that optimistic people live longer, healthier lives. Now it's been suggested that an expectant mom's optimistic outlook can actually improve the outlook for her unborn baby, too. Researchers have found that seeing the bright side reduces the chance of a high-risk woman delivering a preterm or low-birthweight baby.

A lower level of stress in optimistic women definitely plays a part in the lowered risk—high levels of stress, after all, have been implicated in a variety of health problems in and out of pregnancy. But stress itself apparently doesn't tell the whole story. Women

who are optimistic, not surprisingly, are more likely to take better care of themselves—eating well, exercising right, getting regular prenatal care, and making good lifestyle choices. And these positive behaviors—fueled by the power of positive thinking—can, of course, have a very positive effect on pregnancy and fetal wellbeing.

Researchers point out that it's never too late to start seeing the bright side when you're expecting. Learning how to expect the best—instead of the worst—can actually help make those expectations come true: a good reason to start seeing that glass of milk as half full instead of half empty.

CAM it. Explore the many complementary and alternative therapies that can promise inner calm, among them bio-feedback, acupuncture, hypnotherapy, massage (or even a shoulder rub from

your partner). Meditation and visualization can melt the stress away (see box below). See page 78 for more on CAM techniques.

Relaxation Made Easy

Is your growing bundle of joy making you a quivering bundle of nerves? Now's a great time to learn some soothing relaxation techniques—not just because they can help you cope with pregnancy concerns, but because they'll come in handy in your hectic life as a new mom. Yoga's a fabulous de-stresser, if you have time to take a prenatal class or practice with a DVD or online video. If you don't, you can try this simple relaxation technique, which is easy to learn and to do anywhere, anytime. If you find it helpful, you can do it when anxiety strikes and/or regularly several times a day to try to ward it off:

Sit with your eyes closed and imagine your ideal happy place (a sunset over your favorite beach with waves gently lapping the shore, or a serene mountain vista complete with babbling brook), or envision your baby-to-be wrapped in your arms on a sunny day in the park. Then, working your way up from your toes to your face, concentrate on relaxing every muscle. Breathe slowly, deeply, silently noting each inhale or exhale or choosing a simple word (such as “yes” or “one”) to repeat aloud every time you exhale. Ten to 20 minutes should do the trick, though even a minute or two is better than nothing.

Get away from it. Combat stress with any activity you find relaxing. Lose it in reading, a good movie or music, knitting (you can relax while you get a head start on those booties), browsing online for baby clothes, lunching with a fun friend, keeping a journal (another good way to vent your feelings), scrapbooking. Or walk away from it (even a quick stroll can be relaxing and rejuvenating).

Cut it back. Maybe what's causing the stress just isn't worth it. If it's your job that's got you too wired, consider taking early maternity leave or cutting back to

part-time (if either of these options is financially feasible), or delegating some of your workload to reduce stress to a level that doesn't weigh you down. A change of jobs or careers might be impractical to pull off now, but it might be something to consider once your baby arrives.

If your stress is the kind that causes anxiety, sleeplessness, or depression, triggers physical symptoms (such as chronic headaches or loss of appetite), or even leads to unhealthy behaviors (smoking, for instance), talk to your practitioner.

ALL ABOUT:

Your Pampered Pregnancy

Talk about extreme makeovers. Pregnancy is a radical full-body transformation that may have you feeling your most beautiful (you glow, girl!), your least attractive (those zits! those chin hairs!)—or both in the same day. But it's also a time when your usual beauty regimen might need a makeover. Before you reach into your medicine cabinet for the acne cream you've been using since middle school or head to your favorite spa for a bikini wax and a facial, you'll need to know what's a beauty do—and what's a beauty don't—when you're expecting. Here's the lowdown from tip (highlights) to toes (pedicure) on how you can pamper your pregnant self beautifully—and safely.

Your Hair

When you're expecting, your hair can take a turn for the better (when lackluster hair suddenly sports a brilliant shine) or for the worse (when

once-bouncy hair goes limp). One thing's probably for sure: Thanks to hormones, you'll have more of it than ever before (and sadly, probably not just on your head). Here's the heads-up on hair treatments:

Coloring. Here's the root of the problem when it comes to hiding your roots during pregnancy. Even though no evidence suggests the small amount of chemicals absorbed through the skin during hair coloring is harmful when you're expecting, some experts still advise waiting out the first trimester before heading back to the salon (or reaching for your favorite drugstore formula) for retouching. Others maintain that it's safe to dye throughout pregnancy. Check with your practitioner—you'll likely get the green light on color. If you're uncomfortable with a full dye job, consider highlights instead of single-process color. That way the chemicals won't touch your scalp at all, plus highlights tend to last longer than all-over color, which means you'll

A Day at the Spa

Ahhh, the spa. No one deserves—and needs—a day of pampering more than a mom-to-be. And happily, more and more spas are offering treatments specifically catering to the expectant set. But before you head off for your day of pregnant pampering, ask your practitioner for any specific caveats for your situation. Then, when you call to make your appointment, tell the scheduler that you're expecting. Discuss any restrictions you may have so the spa can tailor treatments to fit your needs. Also be sure to inform any esthetician or therapist who will be working on you that you're pregnant, even if you already mentioned it when making the appointment.

need fewer retouches during your pregnancy. You can also ask your colorist (or beauty supply store) about less harsh processing—an ammonia-free base or an all-vegetable dye, for instance. Just keep in mind that hormonal changes can make your hair react strangely—so you might not get what you expect, even from your regular formula. Try a small test area first so you don't wind up with a headful of punk purple instead of that ravishing red you were hoping for.

Straightening treatments or relaxers. Thinking about a straightening treatment to calm those curls? Though there's no evidence that hair relaxers are dangerous during pregnancy (the amount of chemicals that seep through the scalp and into the blood system is probably minimal), there's no proof they're completely safe, either. Ditto for Brazilian keratin treatments (many contain formaldehyde, which is probably

not safe during pregnancy, plus the fumes can be intense). So check with your practitioner—you may hear that it's safest to let your hair do what comes naturally, especially during the first trimester. If you do decide to go straight, keep in mind that there's a possibility that your hormone-infused locks may respond oddly to the chemicals (you might end up with a helmet of frizz instead of ramrod-straight tresses). Plus, your hair will grow faster during pregnancy, making those curls reappear at your roots sooner than you might like. Thermal reconditioning processes that involve different—often gentler—chemicals to tame your frizz may be a safer option (again, ask first). Or just buy a flat iron of your own, and coax your hair into smooth submission.

Permanents or body waves. So your hair's not as full as your figure's becoming? Ordinarily, a permanent or a body wave might be the answer for hair that's limping, but it probably isn't during pregnancy. Not because it isn't safe (it probably is, though check with your practitioner), but because hair responds unpredictably under the influence of pregnancy hormones. A permanent might not take at all—or might result in frizz instead of waves.

Hair removal. If pregnancy has you looking like an extra from *Planet of the Apes*, stay calm—this hairy situation is only temporary. Your armpits, bikini line, upper lip, even your belly may be fuzzier than usual because of those raging hormones (though some lucky moms-to-be find hair growth on their legs slows down). Rather not wear fur? No need to. You can safely turn to all of those hair removal old reliables: shaving, plucking, threading, and waxing. Even a full-on Brazilian wax is fine—just proceed with care, since pregnancy skin can be super-sensitive and easily irritated. If

you're heading to the salon, let the esthetician know you're expecting so she can be extra gentle. Wondering about other hair removal options? Like many cosmetic procedures and products, lasers (including at-home varieties), electrolysis, depilatories, and bleaching haven't been studied enough in pregnancy to prove their safety, so ask your practitioner for a deciding vote before opting in. Some practitioners give certain ones the all-clear after month 3, while others will advise holding off on all for the full 9 months.

Eyelash treatments. As for the hair that no one can get enough of—you'll have to make do with the eyelashes you've got for now. The prescription eyelash-growing treatment Latisse, as well as many of the over-the-counter products touted to lengthen lashes, aren't recommended for expectant and breastfeeding moms because (you guessed it) they haven't been studied in pregnancy. It's probably also smart to avoid dying your eyelashes or brows. On the plus side, your lashes may be thicker than ever now that you're expecting.

Your Face

Your pregnancy may not be showing in your belly yet, but it's almost certainly showing on your face. Here's the good, the bad, and the blotchy about face care when you're expecting.

Facials. Face fact: Not every mom-to-be is blessed with that expectant radiance you've always read about. If your glow decides not to show, a facial might be just the ticket, working wonders when it comes to clearing pores clogged by extra oil (thanks to extra hormones). Most facials are safe during pregnancy, as long as they don't incorporate any ingredients that might get the red light (such as retinoids or salicylic acid; see

below). Some of the more aggressively exfoliating treatments (like microdermabrasion or peels) might be especially irritating to skin made super-sensitive by pregnancy hormones—leaving you less glowy, more red and blotchy. Facials that use an electrical microcurrent or lasers are off-limits during pregnancy (ditto for at-home laser facials—better to postpone those treatments until after pregnancy). Discuss with the esthetician which preparations might be most soothing and least likely to provoke a reaction. If you're unsure about a particular treatment's safety, check with your practitioner before signing up.

Antiwrinkle treatments. A wrinkly baby is cute . . . a wrinkly mommy, not so much. But before you stop by your dermatologist's office to treat those fine lines (or fill those lips), consider this: The safety of injectable fillers (such as collagen, Restylane, or Juvederm) during pregnancy hasn't been established through studies yet. The same goes for Botox, which means you're better off staying unfilled (and uninjected) for now. As for antiwrinkle creams, it's best to read the fine print (and check with your practitioner). You'll likely be advised to bid a temporary farewell to products that contain vitamin A (in any of its many retinoid forms), vitamin K, or salicylic acid (also called BHA, or beta-hydroxy acid). Check with your practitioner about other ingredients you're unsure about, too. Most practitioners will green-light products containing AHA (alpha-hydroxy acid) or fruit acids, but get the all clear first. On the bright side, you may find that normal pregnancy fluid retention plumps up your face nicely, leaving your wrinkles less noticeable—and your lips fuller—without the help of cosmetic procedures.

Acne treatments. Got more pimples than a high school marching band? You

Making Up for Pregnancy

Between breakouts, funky skin discolorations, and normal pregnancy swelling, your face will be facing some challenges over the next 9 months. Luckily, you'll be able to make up for them with the right makeup:

- Go under cover. Corrective concealer and foundation can cover a multitude of pregnancy skin issues, including chloasma and other discolorations (see page 272). For those dark spots, look for brands that are designed to cover hyperpigmentation, but make sure all makeup is hypoallergenic. Match both to your skin tone, but select a concealer that's a shade lighter than your natural complexion. Apply the concealer only to the dark spots, stippling the edges to blend. Then lightly blend the foundation over the area. Less is definitely more when it comes to heavy coverage products, so use the least you can get away with—you can always top it off. Set with powder.

Keep coverage lighter when it comes to pregnancy pimples to avoid calling attention to them (they'll likely call enough attention to themselves). Start with foundation, then apply a concealer—one that matches

your skin—directly to the zit, blending with your finger. If you're going to pre-spot before you cover up, use a pregnancy-approved topical that's clear.

- Play with shadows. Chip away at those chipmunk cheeks you'll likely be growing: After you've applied your all-over foundation, apply a highlighting shade (one shade lighter) to the center of your forehead, under your eyes, on the tops of your cheekbones, and on the tip of your chin. Then brush a contouring shade (one shade darker) down the sides of your face, starting at the temples, and under your cheekbones. Blend, and presto—instant contours!
- Stop the spread. Sure, you expect your belly to plump up, and maybe even your hips—but your nose? Don't worry—any widening is temporary, the result of pregnancy swelling. Slim a swollen sniffer by applying a highlighting shade (one shade lighter than your overall foundation) down the center of your nose, then contour the vertical edges of the sides of your nose with a darker shade. Make sure you blend well.

can blame pregnancy hormones for that. But before you march to the medicine cabinet for your usual zit zappers, check them out with your practitioner. Exfoliating scrubs and products containing glycolic acid and fruit acids are probably safe to use (though watch out for irritation). Ditto some prescription products (azelaic and topical antibiotics, such as erythromycin), which may be especially helpful when you've got bacne to boot. Two active ingredients

commonly found in topical acne medications, beta-hydroxy acid (BHA) and salicylic acid, are typically shelved during pregnancy. Ask your practitioner about the safety of products that contain these ingredients and those that contain benzoyl peroxide (the active ingredient in many pimple preparations and one that also often gets the red light during pregnancy). Accutane (which causes serious birth defects) is definitely off-limits. So is Retin-A (ask

your practitioner about over-the-counter products that contain retinol). Laser treatments and chemical peels for acne should also probably wait until after the baby is born. You can absolutely try to tame eruptions naturally by eating well (some women find keeping sugar and refined grains to a minimum helps a lot), and keeping your face clean but not overscrubbed (and don't forget the oil-free moisturizer, since skin that's too dry can actually be more pimple prone). And no popping or picking. See page 166 for more.

Your Teeth

You've got plenty to smile about now that you're expecting, but will your teeth be up for the exposure? Cosmetic dentistry's popular, but not always pregnancy approved.

Whitening products. Eager to flash your pearly whites? While there are no proven risks to tooth whitening during pregnancy, it's a procedure that probably falls into the better-safe-than-sorry category (so you'll be wise to wait a few months to debut that new million-dollar smile). Be sure to keep your teeth clean and well flossed, though. Your pregnancy-sensitive gums will thank you for the attention (and for not exposing them to those irritating whitening products).

Veneers. Here's one more for the better-safe-than-sorry side, even though there are no proven risks to adding veneers to your teeth during pregnancy. There's another reason why you might consider waiting until you're postpartum before you veneer your teeth: Your gums might be extra sensitive when you've got a baby on board, making any dental procedure—including veneers and whitening—more uncomfortable than usual.

Your Body

Your body definitely pays for the privilege of pregnancy—in ways you probably never imagined. So more than any body, it deserves some pampering. Here's how to give it what it needs—safely.

Massage. Aching for some relief from that nagging backache—or from that nagging anxiety that's keeping you up at night? There's nothing like a massage to rub away the aches and pains of pregnancy, as well as the stress and strain. But though a massage may be just what the feel-good doctor ordered, you'll need to follow some guidelines to ensure your pregnancy massages are not only relaxing but also safe:

- Get rubbed by the right hands. Make sure your massage therapist is licensed and well versed in the do's and don'ts of prenatal massage.
- Wait for your rub. Massage during the first 3 months of pregnancy may trigger dizziness and add to morning sickness, so it's best to hold off until the second trimester. But don't worry if you've already had a massage during your first trimester.
- Relax in the right position. It's best to avoid spending a lot of time on your back after the 4th month, so ask your massage therapist to use a table that's equipped with a cutout for your belly, special pillows designed for pregnancy use, or cushioned foam padding that conforms to your body, or to position you on your side.
- Try some non-scents. Ask for an unscented lotion or oil, not only because your pregnancy-sharpened sniffer might be offended by strong fragrances, but also because some

aromatherapy oils can stimulate contractions (see next page).

- Rub the right spots (and stay away from the wrong ones). Direct pressure on the area between the anklebone and heel can trigger contractions, so be sure your therapist stays away from there (another good reason to choose a massage therapist with prenatal training). Another spot to steer clear of: the abdomen, for both comfort's and safety's sake (there is a very slight risk that deep abdominal massage could trigger contractions or lead to other complications). And if your therapist is working too deeply or if the massage is too intense, speak up. This is about you feeling good, after all.

Aromatherapy. When it comes to scents during pregnancy, it's good to use some common sense. Because the effects of many plant oils in pregnancy are unknown and some may be harmful, approach any kind of aromatherapy with caution. The following essential oils are considered safe for prenatal massage, though experts recommend that they be mixed at a concentration that's half the standard usage: rose, lavender, chamomile, jasmine, tangerine, neroli, and ylang-ylang. Pregnant women should particularly avoid the following oils, because some of them can trigger uterine contractions: basil, juniper, rosemary, sage, peppermint, pennyroyal, oregano, and thyme. (Midwives often use these oils during labor precisely because they may trigger contractions.) If you've had an aromatherapy massage with these oils (or used them in home baths or treatments), don't worry. The absorption of the oil is very low, especially because the skin on your back is pretty thick. Just steer clear of them in future treatments. Scented lotions or beauty products sold at bath and beauty shops (like

peppermint foot lotion, for instance) are fine since the scents aren't concentrated.

Body treatments, scrubs, wraps, hydrotherapy. Body scrubs are generally safe, as long as they're gentle (some scrubs can be too rough on sensitive pregnant skin). Some wraps can be safe, but most are off-limits because they might raise your body temperature excessively. A short warm bath (no hotter than 100°F) as part of hydrotherapy is safe and relaxing, but stay out of the sauna, steam room, and hot tub.

Tanning beds, sprays, lotions. Looking for a way to go beyond the pale (pale skin, that is) during your pregnancy? Sorry, but tanning beds are out. Not only are they bad for your health (they increase your risk of skin cancer), but they speed up the aging process and up your chances of getting chloasma (the skin discoloration called the "mask of pregnancy"). Worse, tanning beds can raise your body temperature to a level that could be harmful to your developing baby. Still a fan of the tan? Before you fake it with sunless tanning lotions and sprays, talk to your practitioner. And even if you get the go-ahead, consider that your hormones can cause your skin to play games with the color (and take a turn for the terra cotta). Plus, as your belly expands, applying a sunless tanner evenly might get tricky (especially once you can no longer see your legs, and even if you're getting a professional spray or airbrush tan).

For information on the safety of tattoos, henna, and piercings during pregnancy, check out pages 169 and 191.

Your Hands and Feet

Yes, even your hands and feet will show the effects of pregnancy

(though you won't be able to see the effects on your feet as easily once you reach the third trimester). But even when you're feeling swell—as in fingers and ankles that are puffy with fluids—your hands and feet can still look their best.

Manicure and pedicure. It's perfectly safe to polish while pregnant (and take advantage now, because it's likely that your nails are growing faster and stronger than ever). If you get your nails done in a salon, make sure it's a well-ventilated one. Inhaling those strong chemical smells is never a good idea but especially not when you're breathing for two (and at the very least, the fumes might make you queasy). Do be sure the manicurist doesn't massage the area between your anklebone and heel when you're getting your pedi (it could theoretically trigger contractions). And if you want your calluses removed, have the manicurist do so only with a pumice stone, not a blade (even if it's from a sterile pack and is the disposable kind), since that can lead to infection (never mind the fact that the more you cut calluses, the more they grow back).

If you're worried about the fumes from regular nail polishes, check out the growing number of nontoxic polishes—as well as nontoxic polish removers.

When it comes to long-lasting gel or Shellac polish, there's no proven risk to pregnancy, but there definitely could be to your skin if you're not careful. That's because the lights sometimes used to cure the gel polish emit UV light—the kind used in tanning booths and that has been implicated in premature aging and skin cancer (plus it could lead to blotchy hands during pregnancy). If you do gels, ask for specially made gloves that cover your hands, exposing only your nails to the UV light (or frequent a nail salon that uses LED light that cures far faster). Also wise: getting the green light on gels from your practitioner, especially if you're thinking of getting them regularly during pregnancy.

As for acrylics, there's no proof that the chemicals are harmful, but you might want to err on the cautious side and forgo those tips until post-baby—not only because the application smell can be extremely strong, but because they can become a nail bed for infection, something you might be more prone to while you're pregnant. And remember, you may not need the extra length or strength of acrylics anyway, because your nails will be growing at warp speed and may be stronger than ever.

The Second Month

.....

Approximately 5 to 8 Weeks

.....

Even if you're not telling anyone you're expecting yet (and even though you're definitely not showing it), your baby's probably starting to spill the beans to you. Not in so many words, but in so many symptoms. Like that nagging nausea that follows you wherever you go, or all that excess saliva pooling in your mouth (am I drooling?). Like the gotta-go feeling you're getting all day (and all night), those oh-so-tender nipples, or that 24/7 bloat you just can't seem to deflate. Even with the ever-growing evidence that you're pregnant, you're probably still getting used to the idea that a new life is growing inside of you. You're also probably just getting used to the demands of pregnancy, from the physical (so that's why I'm tired!) to the logistical (the shortest route to the bathroom is . . .) to the lifestyle (make my Sea Breeze a virgin). It's a wild ride, and it's only just beginning. Hold on tight!

Your Baby This Month

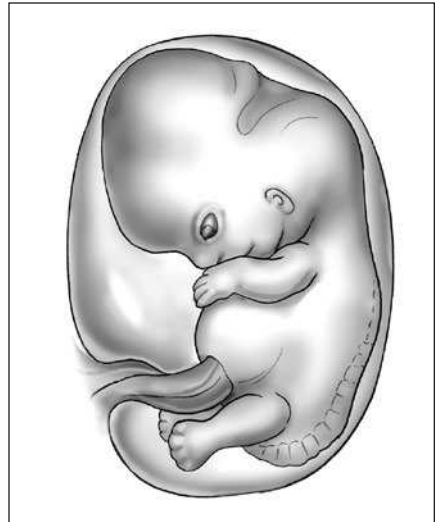
Week 5 Your little embryo, which at this point resembles a tadpole more than a baby (complete with teeny tail), is growing fast and furiously and is now about the size of an orange

seed—still small, but exponentially larger than before. This week, the heart is starting to take shape. In fact, the circulatory system, along with the heart, is the first system to be

operational. Your baby's heart (about the size of a poppy seed) is made up of 2 tiny channels called heart tubes, and though it's still far from fully functional, it's already beating—something you might be able to see on an early ultrasound. Also in the works is the neural tube, which will eventually become your baby's brain and spinal cord. Right now the neural tube is open, but it will close by next week.

Week 6 Crown (head) to rump (bottom) measurements are used for babies in the first half of pregnancy because their tiny, newly forming legs are bent, making it difficult to estimate the full length of the body. How's baby measuring up this week? That crown to rump measurement has reached somewhere between $\frac{1}{5}$ - to $\frac{1}{4}$ -inch (no bigger than a nail head). This week also sees the beginning of the development of your baby's jaws, cheeks, and chin. Little indentations on both sides of the head will form into ear canals. Small black dots on the face will form the eyes, and a small bump on the front of the head will turn into a button nose in a few weeks' time. Also taking shape this week: your baby's kidneys, liver, and lungs. Your baby's tiny heart is beating 110 times per minute and getting faster each day—a stat that's probably got your heart racing.

Week 7 Here's an amazing fact about your baby right now: He or she is 10,000 times bigger now than at conception—about the size of a blueberry. A lot of that growth is concentrated on the head (new brain cells are being generated at the rate of 100 cells per minute). Your baby's mouth and tongue are forming this week and so are arm and leg buds, which are beginning to sprout into paddle-like



Your Baby, Month 2

appendages and to divide into hand, arm, and shoulder segments—and leg, knee, and foot segments. Also in place now are your baby's kidneys, and they're poised to begin their important work of waste management (urine production and excretion). At least you don't have to worry about dirty diapers yet!

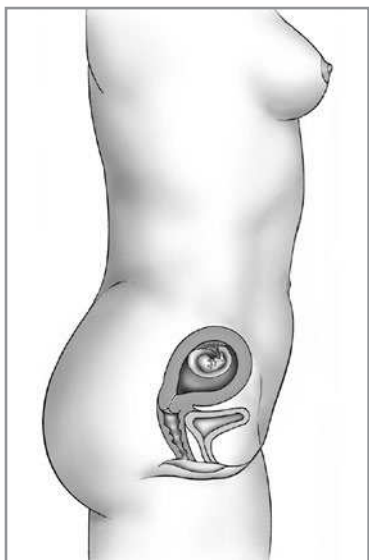
Week 8 Your baby is growing up a storm, this week measuring about $\frac{1}{2}$ - to $\frac{2}{3}$ -inch, or about the size of a large raspberry. And that sweet little raspberry of yours is looking less reptilian and more human (happily), as his or her lips, nose, eyelids, legs, and back continue to take shape. And though it's still too early to hear from the outside, your baby's heart is beating at the incredible rate of 150 to 170 times per minute (that's about twice as fast as your heart beats). Something else new this week: Your baby is making spontaneous movements—twitches of the trunk and limb buds way too tiny for you to feel.

Your Body This Month

What symptoms can you expect this month? Since every pregnancy is different, you may experience all of the following symptoms, or maybe just

Your Body This Month

Even though you still won't look like you're pregnant to those around you, you might notice your clothes are getting a little tighter around the waist. You might also need a bigger bra now. By the end of this month, your uterus, usually the size of a fist, has grown to the size of a large grapefruit.



a few. Don't be surprised if you don't feel pregnant yet, no matter what your symptoms (or lack of symptoms):

Physically

- Fatigue, lack of energy, sleepiness
- Frequent urination
- Nausea, with or without vomiting
- Excess saliva
- Constipation
- Heartburn, indigestion, flatulence, bloating
- Food aversions and cravings
- Lots of breast changes (see page 139)
- Slight whitish vaginal discharge
- Occasional headaches
- Occasional lightheadedness or dizziness
- A little rounding of your belly, your clothes feeling a little snugger

Emotionally

- Emotional ups and downs (like amped-up PMS), which may include mood swings, irritability, irrationality, crying for no apparent reason
- Joy, excitement, apprehension, doubts—any or all of these
- A sense of unreality about the pregnancy (“Is there really a baby in there?”)

What You Can Expect at This Month's Checkup

If this is your first prenatal visit, see page 125. If this is your second visit, it's likely to be a much shorter one—unless you're getting a first-trimester ultrasound to date your pregnancy (see page 170). And if those initial tests have already been taken care of, you probably won't be subjected to much poking and prodding this time. You can expect your practitioner to check the following, though there may be variations, depending on your particular needs and your practitioner's style of practice:

- Weight and blood pressure
- Urine, for sugar and protein
- Hands and feet for swelling, and legs for varicose veins
- Symptoms you've been experiencing, especially unusual ones
- Questions or problems you want to discuss—have a list ready

What You May Be Wondering About

Heartburn (and Other Indigestion)

"I have heartburn all the time. Why, and what can I do about it?"

No one does heartburn like a pregnant woman does heartburn. Not only that, but you're likely to keep doing it—and doing it at least as well—throughout your whole pregnancy (unlike many early pregnancy symptoms, this one's a keeper).

So why does it feel like you have a flamethrower stationed in your chest? Early in pregnancy, your body produces large amounts of the hormones progesterone and relaxin, which tend to relax smooth muscle tissue everywhere in the body, including the gastrointestinal (GI) tract. As a result, food sometimes moves more slowly through your system, resulting in indigestion issues of all kinds, from that bloated, gassy, full feeling to heartburn. This may be

uncomfortable for you, but it's actually beneficial for your baby. The digestive slowdown allows for better absorption of nutrients into your bloodstream and subsequently through the placenta and into your baby.

Heartburn occurs when the ring of muscle that separates the esophagus

Bringing Up Reflux

If you have GERD (gastroesophageal reflux disease), heartburn's nothing new, but treating it during pregnancy might be. Now that you're expecting, ask your practitioner about whether the prescription meds you're taking are still okay to take. Some are not recommended for use during pregnancy, but most are safe. Many of the tips for fighting heartburn can also help with your reflux.

Heartburn Today, Hair Tomorrow?

Feeling the burn bad? You may want to stock up on baby shampoo. Research has actually backed up what old wives have maintained for generations: On average, the more heartburn you have during pregnancy, the more

likely your baby will be born with a full head of hair. Implausible as it sounds, seems that the hormones responsible for heartburn are the same ones that cause fetal hair to sprout. So pass the Tums, and the detangler.

from the stomach relaxes (like all the other smooth muscle in the GI tract), allowing food and harsh digestive juices to back up from the stomach to the esophagus. These stomach acids irritate the sensitive esophageal lining, causing a burning sensation right around where the heart is located—thus the term heartburn, though the problem has nothing to do with your heart. During the last 2 trimesters, heartburn can be compounded by your expanding uterus as it presses up on your stomach and crowds out the digestive system.

It's nearly impossible to have an indigestion-free 9 months—tummy troubles come with the pregnant territory. There are, however, some effective ways of avoiding heartburn and other indigestion most of the time, and of minimizing the misery when it strikes:

- Don't pull the triggers. If a food or drink brings on the burn (or other tummy troubles), take it off the menu for now. The most common offenders (and you're sure to know those that offend you) are spicy and highly seasoned foods, fried or fatty foods, processed meats, chocolate, coffee, carbonated beverages, and mint.
- Take it small. To avoid digestive system overload (and backup of gastric juices), opt for frequent mini-meals over 3 large squares. The 6-Meal

Solution is ideal for heartburn and indigestion sufferers (see page 89).

- Take it slow. When you eat too quickly, you tend to swallow air, which can form gas pockets in your belly. And rushing through meals means you're not chewing thoroughly, which makes your stomach work harder digesting your food—and makes indigestion more likely to happen. So even when you're super hungry or in a super hurry, make an effort to eat slowly, taking small bites and chewing well (your mother would be proud).
- Don't drink and eat at the same time. Too much fluid mixed with your food distends the stomach, aggravating indigestion. So try to drink most of your fluids in between meals.
- Keep it up. It's harder for gastric juices to back up when you're vertical than when you're horizontal. To keep them where they belong (down in your stomach), avoid eating while lying down. Or lying down after eating—or eating a big meal before bed. Sleeping with your head and shoulders elevated about 6 inches can also fight the gastric backup with gravity. Another way: When picking something up, bend at the knees, not at the waist. Anytime your head dips, you're more likely to experience burn.

- Keep it down. Your weight gain, that is. A gradual and moderate gain will minimize the amount of pressure on your digestive tract.
- Keep it loose. Don't wear clothing that's tight around your belly or waist. A constricted tummy can add to the pressure, and the burn.
- Pop some relief. Always keep a supply of Tums or Rolaids at popping distance (they'll also give you a healthy dose of calcium while they ease the burn), but avoid other heartburn medicines unless they've been cleared by your practitioner.
- Chew on it. Chewing sugarless gum for a half hour after meals can reduce excess acid (increased saliva can neutralize the acid in your esophagus). Some people find that mint-flavored gum exacerbates heartburn—if so, choose a non-minty gum.
- Add almonds. Eat a few almonds after each meal, since these tasty nuts neutralize the juices in the stomach, which may relieve or even prevent heartburn. Or soothe with a small glass of almond milk—after every meal or whenever heartburn hits (you'll get a calcium bonus). Some moms-to-be find cooling comfort in warm milk mixed with

a tablespoon of honey, others find sweet relief by eating fresh, dried, or freeze-dried papaya (which scores vitamin A and C, too).

- Relax for relief. Stress compounds all gastric upset, so learning to chill can ease that burn (see page 148). Also try some CAM approaches, such as meditation, visualization, acupuncture, biofeedback, or hypnosis (see page 78).

Food Aversions and Cravings

"Certain foods that I've always loved taste strange now. Instead, I'm having cravings for foods that I never liked. What's going on?"

The pregnancy cliché of a harried hubby running out in the middle of the night, parka over his pajamas, for a pint of ice cream and a jar of pickles to satisfy his wife's cravings has definitely played out more often in the heads of old-school sitcom writers than in real life. Cravings don't always carry pregnant women—or their spouses—that far.

Still, the majority of expectant moms find their tastes in food change somewhat in pregnancy—and some

FOR FATHERS

Those Crazy Cravings

Have you noticed your spouse is gagging over foods she used to love—or going gaga over foods she's never eaten before (or eaten in such peculiar combinations)? Try not to tease her about these cravings and aversions—she's as powerless to control them as you are to understand them. Instead,

indulge her by keeping the offending foods out of smelling distance. (Love chicken wings? Love them somewhere else.) Surprise her with the pickle-melon-and-Swiss sandwich she suddenly can't live without. Go the extra mile—or two miles—for that pineapple pizza, and you'll both feel better.

FOR FATHERS

Sympathy Symptoms

Feeling curiously . . . pregnant? Women may have a corner on the pregnancy market, but they don't have one on pregnancy symptoms. As many as half, or even more, of expectant fathers experience some degree of couvade syndrome, or "sympathetic pregnancy," while their partners are pregnant. The symptoms of couvade can mimic virtually all the normal symptoms of pregnancy, including nausea and vomiting, abdominal pain, appetite changes, bloating, weight gain, food cravings, constipation, leg cramps, dizziness, fatigue, back pain, and mood swings. Which means your partner might not be the only one in your home growing a little belly, heaving at the sight of a burger, or running to the fridge for a midnight olive orgy (or all of the above).

Any number of completely normal (if unexpected) emotions that have settled down in your psyche these days could trigger these symptoms, from sympathy (you wish you could feel her pain, and so you do), to anxiety (you're stressed about the pregnancy or about becoming a father), to jealousy (she's getting center stage and you'd like to share it). But there's more to sympathy symptoms than just sympathy (and other normal father-to-be feelings). Believe it or not, pregnancy gets a dad-to-be's hormones

talking, too—stepping up his supply of estrogen (see page 222 for more).

What can you do about those sympathy symptoms (besides stop bringing home Cookies 'n Cream in the economy tubs)? Try channeling your sometimes uncomfortable feelings into productive pursuits (like cleaning out the garage or hitting the gym), applying your sympathy to cooking dinner and scrubbing the toilet, and working through those anxieties by talking them out with your spouse . . . and with friends who are already dads (or connect with dads on social media). You'll also feel less left out by becoming more involved in the pregnancy and baby prep.

Rest assured, all symptoms that don't go away during pregnancy will disappear soon after delivery, though you may find that others crop up postpartum. And don't stress out if you don't have a single sick—or queasy or achy—day during your partner's pregnancy. Not suffering from morning sickness or putting on weight doesn't mean you don't empathize and identify with your spouse or that you're not destined for nurturing—just that you've found other ways to express your feelings. Every expectant dad, like every expectant mom, is different.

find that they change a lot. Most experience a craving for at least one food (most often ice cream, though usually without the pickles), and more than half will have at least one food aversion (poultry ranks right up there, along with vegetables of all varieties). To a certain extent, these suddenly eccentric (and sometimes borderline bizarre) eating habits can be blamed on hormonal havoc, which probably explains why they're most common in the first

trimester of first pregnancies, when that havoc is at its height.

Hormones, however, may not tell the whole story. The long-held theory that cravings and aversions are sensible signals from our bodies—that when we develop a distaste for something, it's usually bad for us, and when we lust after something, it's usually something we need—often does seem to stand up. Like when you suddenly can't face the morning coffee you once couldn't face

your morning without. Or when a glass of your favorite wine sips like vinegar. Or when you can't gobble up enough grapefruit. On the other hand, when you call foul at the sight of chicken, or your beloved broccoli becomes bitter, or your cravings launch you into a full-fledged fudge frenzy—well, it's hard to credit your body with sending the smartest signals.

The problem is that body signals relating to food are always hard to read when hormones are involved—and may be especially tough to call now that humans have departed so far from the food chain (and now that most food chains sell junk food). Before candy was invented, for instance, a craving for something sweet might have sent a pregnant woman foraging for berries. Now it's more likely to send her foraging for M&M's.

Do you have to ignore your cravings and aversions in the name of healthy pregnancy eating? Even if that were possible (hormone-induced food quirks are a powerful force), it wouldn't be fair. Still, it's possible to respond to them while also paying attention to your baby's nutritional needs. If you crave something healthy—cottage cheese by the carton or peaches by the pound—don't feel like you have to hold back. Go for the nutritious gusto, even if it means your diet's a little unbalanced for a while (you'll make up for the variety later on in pregnancy when the cravings calm down).

If you crave something that you know you'd probably be better off without, then try to seek a substitute that speaks to the craving without throwing nutrition under the bus—or filling you up with too many empty calories (say, baked natural cheese puffs instead of the kind that turn your fingers orange). If substitutes don't fully satisfy, adding sublimation to the mix may be helpful.

When MoonPies howl your name at night, try doing something that takes your mind off them: taking a brisk walk, chatting with message board buddies, checking out maternity jeans online. And of course, completely giving in to less nutritious cravings is fine (as is enjoying them), as long as your indulgences don't regularly take the place of nutritious foods in your diet.

Most cravings and aversions disappear or weaken by the 4th month. Cravings that hang in there longer may be triggered by emotional needs—the need for a little extra attention, for example. If both you and your spouse are aware of this need, it should be easy to satisfy. Instead of requesting a middle-of-the-night pint of Chunky Monkey (with or without the sour dills), you might settle for an oatmeal cookie or two and some quiet cuddling or a romantic bath.

Some women find themselves craving, even eating, such peculiar non-food substances as clay, ashes, and paper. Because this habit, known as pica, can be dangerous and may be a sign of nutritional deficiency (particularly of iron), report it to your practitioner. Craving ice may also mean you're iron deficient, so also report any compulsion to chew ice.

Visible Veins

"I have unsightly blue lines all over my breasts and belly. Is that normal?"

Not only are these veins (which can make your chest and belly look like a road map) normal and nothing to worry about, but they are a sign that your body is doing what it should. They're part of the network of veins that has expanded to carry the increased blood supply of pregnancy, which will be nourishing your

baby. They may show up earlier and be more prominent in slim or fair-skinned moms-to-be. In other expectant moms, particularly those who are dark-skinned or overweight, the veins may be less visible or not noticeable at all, or they may not become obvious until later in pregnancy.

Spider Veins

“Since I became pregnant, I’ve got awful-looking spider purplish lines on my thighs. Are they varicose veins?”

They aren’t pretty, but they aren’t varicose veins. They are probably spider nevi, commonly dubbed “spider veins,” for obvious reasons. What might prompt spider veins to spin their purplish-red web across your legs during pregnancy? First, the increased volume of blood you’re carrying can create significant pressure on blood vessels, causing even tiny veins to swell and become visible. Second, pregnancy hormones can do a number on all your blood vessels, big and small. And third, genetics can predispose you to spider veins at any time in life, but especially during pregnancy (thanks, mom).

If you’re destined to have spider veins, there’s not much you can do to avoid them altogether, but there are ways to minimize their spread. Since your veins are as healthy as your diet is, try eating enough vitamin C foods (the body uses it to manufacture collagen and elastin, important connective tissues that help repair and maintain blood vessels). Exercising regularly (to improve circulation and leg strength) and getting into the habit of not crossing your legs (which restricts blood flow) will also help keep spider veins at bay.

Prevention didn’t do the trick? Some, though far from all, spider veins fade and disappear after delivery. If they

don’t, they can be treated by a dermatologist—either with the injection of saline (sclerotherapy) or glycerin, or with the use of a laser. These treatments destroy the blood vessels, causing them to collapse and eventually disappear—but they’re not cheap and aren’t recommended during pregnancy. In the meantime, you can try camouflaging your spider veins with a flesh-toned concealer or an “airbrush” makeup for legs designed to cover all kinds of imperfections.

Varicose Veins

“My mother and grandmother both had varicose veins during pregnancy. Is there anything I can do to prevent them in my own pregnancy?”

Varicose veins run in families—and it definitely sounds like they have legs in yours. But being genetically predisposed to varicose veins doesn’t mean you have to be resigned to them, which is why you’re wise to be thinking now about bucking this family tradition with prevention.

Varicose veins often surface for the first time during pregnancy, and they tend to get worse in subsequent pregnancies. That’s because the extra volume of blood you produce during pregnancy puts extra pressure on your blood vessels, especially the veins in your legs, which have to work against gravity to push all that extra blood back up to your heart. Add to that the pressure your ever-heavier uterus will be putting on your pelvic blood vessels and the vessel-relaxing effects of the extra hormones your body is producing, and you have the perfect recipe for varicose veins.

The symptoms of varicose veins aren’t difficult to recognize, but they vary in severity. There may be a mild achiness or severe pain in the legs, or a

sensation of heaviness, or swelling, or none of these. A faint outline of bluish veins may be visible, or snakelike veins may bulge from ankle to upper thigh. In severe cases, the skin overlying the veins becomes swollen, dry, and irritated. Occasionally, superficial thrombophlebitis (inflammation of a surface vein, caused by a blood clot) may develop at the site of a varicosity, so always check with your practitioner about varicose vein symptoms.

To give your legs a leg up against varicose veins:

- Keep the blood flowing. Too much sitting or standing can compromise blood flow, so avoid long periods of either when you can—and when you can't, periodically flex your ankles. When sitting, avoid crossing your legs and elevate them if possible. When lying down, raise your legs by placing a pillow under your feet. When resting or sleeping, try to lie on your left side, the best one for optimum circulation (though either side will do).
- Watch your weight. Excess poundage increases the demands on your already overworked circulatory system, so keep your weight gain within the recommended guidelines.
- Avoid heavy lifting, which can make those veins bulge.
- Push gently during bowel movements. Straining on the toilet can be a strain on the deep leg veins, so take steps to avoid constipation.
- Wear support panty hose (light support hose seem to work well without being uncomfortable) or elastic stockings. Put them on first thing in the morning (before blood pools in your legs) and take them off at night before getting into bed. While wearing support hose probably won't contribute

to your sexiest pregnancy moment, it may help by counteracting the downward pressure of your belly and giving the veins in your legs a little extra upward push. Plus, support hose have come a long way in style and comfort since grandma's day.

- Stay away from clothes that might restrict your circulation: tight belts or pants, panty hose and socks with elastic tops, and snug shoes. Also skip high heels, favoring flats (choose ones with good arch support), medium chunky heels, or low wedges instead.
- Get some exercise every day (see page 229). But if you're experiencing pain, avoid high-impact cardio, jogging, cycling, and weight training.
- Be sure your diet includes plenty of fruit and vegetables rich in vitamin C, which help keep blood vessels healthy and elastic.

Surgical removal of varicose veins isn't recommended during pregnancy, though it can certainly be considered a few months after delivery. In most cases, however, the problem will improve after delivery, usually by the time prepregnancy weight is reached.

An Achy, Swollen Pelvis

"My whole pelvic area feels achy and swollen, and really uncomfortable—and I think I felt an actual bulge in my vulva. What is that all about?"

Legs may have the market share of varicose veins, but they definitely don't have a monopoly. Varicose veins can also appear in the pelvic area (in the vulva and the vagina), on the buttocks, and in the rectum, for the same reason you might get them in your legs—and it sounds like they've made that appearance in you. Called pelvic congestion

syndrome, the symptoms (in addition to bulging in the vulva) include chronic pelvic pain and/or abdominal pain, an achy, swollen, “full” feeling in the pelvic area and the genitals, and sometimes pain with or after intercourse. The tips for minimizing varicose veins in the legs will also help you (see previous question), but do be sure to check with your practitioner, both for the diagnosis and for possible treatment options (usually after delivery).

Breakouts

“My skin is breaking out the way it did when I was in middle school—not cute.”

The glow of pregnancy that some women are lucky enough to radiate isn’t just a result of joy, but of the stepped-up secretion of oils brought on by hormonal changes. And so, alas, are the less-than-glowing breakouts of pregnancy that some not-so-lucky expectant mamas experience (particularly those who break out like clockwork before their periods). Though such eruptions are hard to eliminate entirely, the following suggestions may help keep them at a minimum—and keep you from resembling your 8th-grade yearbook picture:

- Wash your face 2 or 3 times a day with a gentle cleanser. But don’t get overaggressive with scrubs—not only because your skin is extra sensitive during pregnancy, but because over-stripped skin is actually more susceptible to breakouts.
- Get the all clear on any acne medications (topical or oral) before you use them (see page 151).
- Use an oil-free moisturizer to keep skin hydrated. Skin that’s dried out by harsh acne cleansers and treatments can become more pimple prone.

- Choose skin care products and cosmetics that are oil-free and labeled “non-comedogenic,” which means they won’t clog pores.
- Keep everything that touches your face clean, including those blush brushes at the bottom of your makeup bag.
- Pop (and pick) not. Just like your mother always told you, popping or picking at pimples won’t make them go away—and can actually make them stick around longer by pushing bacteria back down into the zit. Plus, when you’re pregnant, you’re more prone to infections. Poked-at pimples can also leave scars.
- Feed your face well. A diet that’s low in sugar, loaded with fruits and veggies, and favors whole grains and healthy fats (think the Pregnancy Diet) may help minimize those hormonal breakout performances.
- Got bacne that just won’t back off? Besides being faithful to cleanliness and healthy eating habits, ask your practitioner or a dermatologist who knows you’re expecting about pregnancy-safe creams that might work (most practitioners give the okay to azelaic acid). The doc might also suggest you wash your back (or chest if that’s where the pimples are popping up) with a glycolic or fruit-acid-based cleanser to help clear those angry red bumps.

Dry Skin

“My skin is really dry. Is that pregnancy related, too?”

Feeling a tad reptilian these days? You can blame your hormones for your dry, often itchy, skin. Hormonal changes can sometimes rob your skin of oil and elasticity, giving it that

not-so-lovely mama alligator look. To keep your skin as soft as your baby-to-be's bottom:

- Switch to a nonsoap cleanser such as Cetaphil or Aquanil, and use it no more than once a day (at night if you're taking off makeup). Wash with just water the rest of the time.
- Slather on moisturizer while your skin is still damp (after a bath or shower), and use the moisturizer as often as you can—and definitely before you turn in for the night.
- Cut down on bathing and keep your showers short. Too much washing can dry out your skin. Make sure, too, that the water is lukewarm and not hot. Hot water removes natural oil from the skin, making it dry and itchy.
- Add unscented bath oils to your tub, but be careful with the slippery surface you've created. (Remember, as your belly grows, so will your klutz factor.)
- Drink plenty of fluids throughout the day to stay hydrated, and be sure to include good fats in your diet (those omega-3s that are so baby friendly are also skin friendly).
- Keep your home well humidified.
- Wear a sunscreen with an SPF of at least 15 (preferably 30) every day.

Eczema

"I've always been prone to eczema, but now that I'm pregnant, it's gotten much worse. What can I do?"

Unfortunately, pregnancy (or more accurately, its hormones) often exacerbates the symptoms of eczema, and for women who suffer from this skin condition, the itching and scaling can become practically unbearable. (Some lucky eczema sufferers find that

pregnancy actually causes the eczema to go into remission.)

Fortunately, low-dose hydrocortisone creams and ointments are safe to use during pregnancy in moderate amounts—ask your practitioner or dermatologist for a recommendation. Antihistamines may also be helpful in coping with the itchiness, but again, be sure to check with your practitioner first. Most other options are off the table now that you're expecting. For instance, cyclosporine, long used on severe cases of eczema that don't respond to other treatment, is generally not prescribed during pregnancy. Nonsteroidals Protopic and Elidel aren't recommended either, because they haven't been studied in pregnancy and can't be ruled safe until more is known. Finally, some topical and systemic antibiotics may be shelved during pregnancy, so get your practitioner's clearance on those, too, before using.

If you're an eczema sufferer, you know that prevention can go a long way in keeping the itch away. Try the following:

- Use a cold compress—not your fingernails—to curb the itch. Scratching makes the condition worse and can puncture the skin, allowing bacteria to enter and cause an infection. Keep nails short and rounded to decrease the chance that you'll puncture your skin when you do scratch.
- Limit contact with potential irritants such as household cleaners, soaps, perfumes, and fruit juices. Wear gloves to protect your hands when cooking and cleaning.
- Moisturize early and often (while skin is still damp, if you're just out of the water) to lock in the skin's own moisture.
- Limit time in the water (especially very warm water).

- Try not to get too hot or sweaty. Of course that's easier said than done when you're pregnant and already one hot, sweaty mama. Stay cool by wearing loose cotton clothes and avoiding synthetic fabrics, wool, or any scratchy material. Avoid overheating by favoring that layered look—and peeling off layers as you start to warm up.
- Try to keep your cool, too, when it comes to stress—a common eczema trigger. When you feel anxiety creeping in, take some relaxation breaths (see page 148).
- Seek alternatives. Acupuncture may work to decrease nerve pain and moderate the itch, and it also helps relieve stress.
- Do a diet check. If you're allergic to a certain food (or suspect you are), cut it out to see if that helps curb your eczema. Though diet seems to have less effect on eczema than internet legend would have you believe, it's worth asking your dermatologist whether a change in what you're eating might help. Ask, too, about adding probiotics to your diet. While studies haven't yet shown that probiotics help ease a

mom's eczema, they may help reduce the chances that your baby-to-be will develop eczema later on. Vitamin D supplementation, though still a bit controversial, has shown some promise as a treatment for eczema, but check with your practitioner first.

Something to keep in mind: Though eczema is hereditary (meaning that your baby has a chance of having it, too), research suggests that breastfeeding may prevent eczema from developing in a child. That's just one more good reason to opt for breastfeeding if you can.

Come-and-Go Belly

"It's the strangest thing—one day it'll look like I'm showing, and the next day my belly will be completely flat again. What's up with that?"

What's up are your bowels, actually. Bowel distension (the result of constipation and excess gas, two of a newly pregnant woman's constant companions) can make a flat belly round in no time flat. And just as quickly as it appeared, your belly can disappear—once you've had a bowel movement,

A Pregnant Pose

Maybe you've been dodging the camera lately ("no need to put yet another 10 pounds on me"). Still, you might consider preserving your pregnancy bump for posterity. Sure, you don't have much to show for pregnancy yet (if anything). But taking bump shots right from the start means you'll have plenty to show for it later. Snap them daily, weekly, or

monthly—selfie-style in the mirror or with the help of a friend, bump bared or wearing something form-fitting. Then compile your photos in a pregnancy album or custom photo book, post them online for easy viewing by family and friends, or turn them into a video to track your amazing pregnancy story. Lights, camera . . . baby!