

Your Pregnancy
Guide

**HEALTHY MOM,
HEALTHY BABY**

IMPORTANT CONTACTS

● **FILL IN THIS INFORMATION SO YOU HAVE IT WHEN YOU NEED IT.**

Healthcare Provider _____ Phone _____

Address _____

City _____ After Hours Phone _____

Hospital _____ Phone _____

Address _____

Health Department _____ Phone _____

Address _____

Pregnancy Care Manager _____ Phone _____

In Case of Emergency, Contact:

Name _____ Phone _____

Name _____ Phone _____

MY PRENATAL APPOINTMENTS

● **USE THIS SPACE TO WRITE DOWN YOUR PRENATAL APPOINTMENTS.**

WEEK	DATE	TIME	WEEK	DATE	TIME
1 to 4			33 to 34		
5 to 8			35 to 36		
9 to 12			37		
13 to 16			38		
17 to 20			39		
21 to 24			Due Date		?
25 to 28			40		
29 to 30			41		
31 to 32			42		

If you can't keep an appointment, remember to RESCHEDULE.

Childbirth Class

Date:

Time:

Breastfeeding Class

Date:

Time:

My Postpartum Visit

Date:

Time:

CONGRATULATIONS!

You are going to be a mother!



You may feel like you have no control over what's happening to your body and emotions anymore. But you do!

What you do during your pregnancy will make a difference. It's important to take care of yourself physically and emotionally. The more you know about what's happening and the more you let others know how you feel, the more in control you will be.

This book answers lots of questions pregnant women ask. But remember, every pregnancy is different. Even if you've been pregnant before, this pregnancy can be very different.



When you are pregnant, you will have many prenatal appointments with your healthcare providers.

Prenatal is a term that refers to when you are pregnant. **Pre** = before and **natal** = birth.



MAKE THE MOST OF YOUR PRENATAL CARE!

Keep your appointments. Attend prenatal classes at your clinic or hospital. Write down your questions and don't be afraid to ask.

HOW

to use
this
book.

HEALTHY MOM, HEALTHY BABY WAS DESIGNED ESPECIALLY WITH YOU IN MIND.

- Please take a few minutes to fill in important information on the inside front cover. These names, phone numbers and addresses will be so helpful and save you lots of time in the future months.
- Be sure to record each prenatal appointment as soon as it is given to you.
- Write all of your questions down on page 4 as soon as they come to mind. Take this book to your prenatal appointments so you remember what you want to ask. And then write down the answers.
- Pay special attention to the way each chapter is color coded. This makes the transition from chapter to chapter easier for you.
- Look for highlighted words. These are medical terms that have to do with pregnancy. For example: after your baby is born (**postpartum**).
- Also look for the special **TIP** sign for ideas on how to make your pregnancy more comfortable.
- Use the Index on pages 59 and 60 to find more information about a topic or medical term.

You can get more information about pregnancy by contacting your local health department.

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QUESTIONS

You Want To Ask Your Healthcare Provider

Write down your questions when you think of them. Don't be afraid to ask.
Remember to write down the answer.

I want to know:

The answer is:

- | | |
|-----------|-----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |
| 5. _____ | 5. _____ |
| 6. _____ | 6. _____ |
| 7. _____ | 7. _____ |
| 8. _____ | 8. _____ |
| 9. _____ | 9. _____ |
| 10. _____ | 10. _____ |



A **healthcare provider** can be your doctor, nurse, physician assistant, nutritionist, breastfeeding consultant, pregnancy care manager, and others. They are the people who will check to see that your pregnancy is going well.

CHAPTER 1: YOUR PRENATAL CARE

During your pregnancy, you'll see many healthcare providers to help you be healthy and have a healthy baby. Tell them anything you think is important for your and your baby's health. Share your feelings, the happy and the sad.



YOUR PRENATAL CHECKUPS WILL LIKELY BE:

Weeks 4 to 28	1 checkup each month
Weeks 29 to 36	2 checkups each month
Weeks 37 to birth	1 checkup each week
6 weeks after your baby is born (postpartum)	you should have 1 checkup

PRENATAL VISITS

Your first prenatal visit will probably take the most time because there is so much to learn about you. Your doctor, nurse and other healthcare providers will ask lots of questions. They will examine you and take blood and urine samples. Remember you can ask questions too.

At your first prenatal visit you'll be asked about your

PREGNANCY HISTORY

First, they'll confirm your pregnancy with a urine test. You'll be asked the date your last period started to help set a due date. They'll ask how many times you've been pregnant and if you had any problems like high blood pressure or a baby born too soon, (preterm).

MY DUE DATE IS: _____



At your first prenatal visit
you'll be asked about your

HEALTH HISTORY

They'll want to know about the health of the baby's father and both of your close blood relatives. Let them know if anyone has:

- health problems or been real sick.
- a disability, like problems walking, deafness or mental disabilities.
- a birth defect.
- spent time in the hospital for addiction or mental problems.
- diabetes.
- HIV or other sexually transmitted infections.
- sickle cell disease, cystic fibrosis or other physical problems.
- smoked, used street drugs or alcohol.

Tell them about all the prescription and over-the-counter medicine you take, any allergies or chronic diseases you have and any surgeries you have had. Be honest about your smoking, drinking and drug use.

WRITE DOWN YOUR PRESCRIPTION MEDICINES

WRITE DOWN THE OVER-THE-COUNTER DRUGS, VITAMINS AND HERBS YOU TAKE

At your first prenatal visit
you will have a

PHYSICAL EXAM

The medical provider will:

- weigh you.
- listen to your heart and lungs.
- examine your breasts.
- check inside your vagina (pelvic exam).
- take your blood pressure.

At your first prenatal visit you will have

LABORATORY TESTS

These are some of the most common tests:

- Cervical cancer screening to test for cancer of the cervix, if needed
- Tests for sexually transmitted infections
- Blood sample to check:
 - your blood type and Rh factor
 - for HIV, syphilis and hepatitis B
 - for low red blood cell count (**anemia**)
 - for measles (rubella) and chicken pox (varicella)
- Urine sample to test for protein
- Urine culture to test for infection

Your blood type is either positive or negative (**Rh factor**). For example, A+ or A-. Most women are Rh positive. Doctors like to know the Rh factor so they can prevent any problems, if needed.

WRITE DOWN YOUR BLOOD TYPE

(circle)	A	B	AB	O
(circle)	Rh factor	+	-	

DO YOU HAVE SICKLE CELL TRAIT?

- Yes
- No

DID YOU KNOW?

HIV/AIDS TESTING IS MANDATORY

In North Carolina, you will be tested for HIV during a prenatal checkup unless you refuse. There are some medicines pregnant women with HIV can take that may protect their babies and prevent passing HIV to their newborns. If you are not tested before the baby is born, you or your baby will be tested at delivery. You cannot refuse testing at that time. So take the test the first time. If the test shows HIV, you will be offered special counseling and care. Talk to your healthcare provider about all options. Because HIV has been found in breast milk, women who have the virus should not breastfeed their babies.

BEFORE YOU LEAVE YOUR FIRST PRENATAL VISIT

Your healthcare providers will give you a chance to ask questions and set up your next visit. You may also be asked to take a daily **prenatal vitamin**. It is a pill with extra iron and 600 micrograms (mcg) of folic acid to help your baby grow. Take the pill with water. If it is hard to take, talk with your healthcare provider. Do not take any other vitamins unless your healthcare provider tells you to.

At every visit, you will have your blood pressure checked. You'll be weighed and may have your urine checked. When you start to show, someone will measure your belly (**fundal height**) to help evaluate your baby's size. Ask if all of the results are okay.

At least once during your pregnancy you might have a special exam (**an ultrasound**) to check the baby's growth and size.

During the exam, a small device is moved across your belly (**abdomen**) or inserted into your vagina. The device reflects harmless sound waves off the baby's body and shows a picture of the baby on a screen. It can show more than one baby and the baby's sex.



During your **second trimester** (around 15 to 18 weeks), you will be offered screening for genetic issues either around 11 weeks and again around 15-18 weeks or only at 15-18 weeks depending on your medical history. The earlier test, first trimester screening, is a blood test on you and a quick ultrasound for the baby to look for some, but not all, birth defects. The test around 15-18 weeks is called Maternal Serum Alpha-Fetoprotein (MSAFP) screening or quad screening that also tests for birth defects.



Around the seventh month (24 to 28 weeks), you will take a glucose tolerance test to check your blood sugar. You'll be asked to drink a sweet liquid and wait an hour for your body to absorb it. A healthcare provider will then take a blood sample to check if you have too much sugar in your blood during your pregnancy (**gestational diabetes**). This could cause you to have a harder delivery because of the size of your baby. Or the baby could have health problems. Gestational refers to the time when the baby is growing inside you.



If you don't want to know the sex of your baby, tell your healthcare providers that you want it to be a surprise.

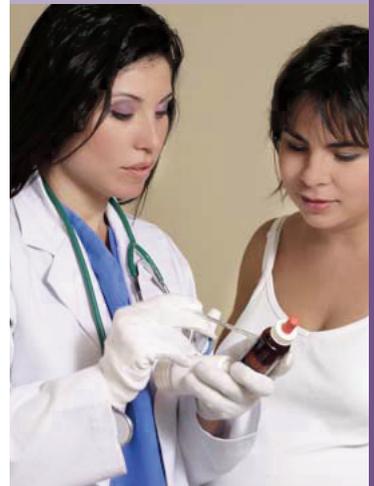
Later in your pregnancy, your healthcare provider will check the narrow end of your uterus (**cervix**) for thinning (**effacement**) and opening (**dilating**).

Around 35 to 37 weeks, you'll be tested for Group B strep infection. Group B strep bacteria can be found in your urinary tract, vagina or rectum. It can be passed through sexual intercourse. This test is done by taking a swab of the vagina and rectum. If the test is positive, you will be treated at the time you deliver to keep your baby from getting infected.

During your prenatal care visits, they'll also check your baby's heartbeat, size, movement and position. They'll ask you questions to see if you have signs of preterm labor (see page 61) or other medical problems. You'll be given information about labor and delivery, baby care, breastfeeding, parenting and family planning. Someone should talk to you about other services like Pregnancy Care Management, home visits and counseling for emotional health. If they don't offer this information, ask for it.

AT EACH VISIT, ASK IF THESE ARE NORMAL:

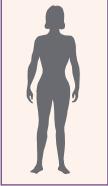
- Weight gain
- Blood pressure
- Urine sample
- Belly measurement (fundal height)



A FULL TERM PREGNANCY IS 39 TO 40 WEEKS. MOST BABIES ARE BORN WITHIN 10 DAYS OF THE DUE DATE.

How much weight should you GAIN?

The right amount to gain can be confusing. That's because it is different for everyone. In the first few weeks, some women gain weight, while others may lose it. TV, internet, books and your best friend will probably all give you different advice. Healthcare providers recommend that you gain based on your weight before pregnancy. Gaining within the ranges below should help your baby grow and keep you healthy too.

IF BEFORE PREGNANCY YOU WERE:			
Average weight	Underweight	Overweight	Obese
			
You should gain 25 to 35 pounds.	You should gain 28 to 40 pounds.	You should gain 15 to 25 pounds.	You should gain 15 pounds or less.

TIP Your healthcare provider will use your pre-pregnancy Body Mass Index (BMI) to determine your weight category. BMI is based on your height and weight.

	WHERE YOU GAIN	POUNDS
AVERAGE WEIGHT GAIN The amount you gain may be different.	Baby	7½ to 8½
	Placenta	1½
	Amniotic Fluid (bag of water)	2
	Uterus	2 to 3
	Breasts	1
	Blood	3
	Fluid	5 to 6
	Other parts of your body	3 to 10
	Total	25 to 35

The amount of weight you gain each month is as important as the total amount you gain. Keeping track of your weight gain at each visit will help you make good food and physical activity choices. It can also help your medical provider and nutritionist make recommendations that are right for you and your baby.

Most women tend to gain too much weight in pregnancy. All the changes to your body may make you very hungry and you may need to eat often so that you don't get sick to your stomach (nausea). Gaining too much has risks. If you gain too much, you have a higher chance of getting a serious condition with high blood pressure (preeclampsia), which may lead to preterm birth. High weight gain may make delivery harder. You are more likely to have a C-section and have a harder time losing weight after the baby comes.

CHAPTER 2: YOUR PREGNANT BODY

Your body will experience many, many changes during your pregnancy.

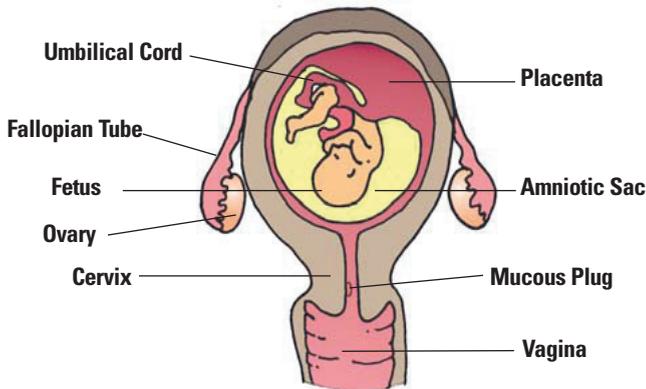
Remember each pregnancy is different, so it is important you pay attention to the changes and tell your doctor how you are feeling.



GETTING PREGNANT

Once a month, most women release an egg (**ovulate**) from one of their ovaries. This usually happens about 14 days before the next monthly period. This is when you are most likely to get pregnant, however you can get pregnant at any time. Pregnancy occurs when a man's sperm joins with your egg and attaches to the lining of your uterus. When you are pregnant your ovaries stop releasing eggs. This stops your monthly menstrual period. One of the earliest signs of pregnancy is a missed period.

Illustration of Fetus in the Womb (Uterus)



Changes During Pregnancy

Your body is now starting to go through some fascinating changes. During pregnancy, these stages are referred to as **trimesters** (periods of about three months). Take time to get in tune with your body and your baby's growth.



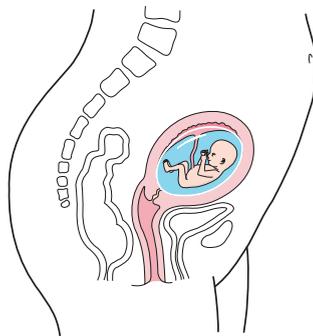
FIRST TRIMESTER (0 to 14 weeks) 1 to 3 months

HOW YOUR BODY CHANGES

- Menstrual periods stop.
- You may feel sick to your stomach (nausea) and vomit (may be better by 17th week).
- Need to pee (urinate) may increase.
- Breasts become larger and may be tender; clear, yellowish, sticky first milk (**colostrum**) may leak from nipples. Nipples enlarge, darken and may have raised bumps.
- The womb (**uterus**) where the baby develops before birth may be felt above the pubic bone by 12th week.
- You may feel very tired and need extra sleep.

HOW THE BABY CHANGES

- Heartbeat can be heard with a special machine (**Doppler**) that picks up the heartbeat of a fetus at 8 to 12 weeks.
- Face, arms, legs, fingers and toes are formed.
- Brain, digestive and nervous systems are formed.
- **Placenta** (an organ that develops in your uterus when pregnant) sends blood and nutrients to the fetus through the umbilical cord.
- A thin-walled bag (**amniotic sac**) becomes the baby's home. It is filled with fluid (**amniotic fluid**) to protect the growing baby (**fetus**). When your water breaks, the sac (bag of water) empties this fluid.





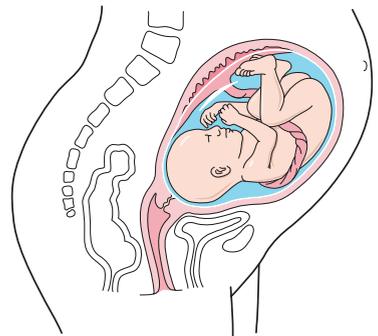
SECOND TRIMESTER (15 to 28 weeks) 3 to 6 months

HOW YOUR BODY CHANGES

- You can feel baby's movement at about 16 to 20 weeks.
- Skin changes may occur.
- Streaking of the skin due to quick expansion (**stretch marks**) may occur on the breasts or abdomen.
- A dark line may appear from the navel down the middle of the abdomen (**linea nigra**).
- Brown spots or blotches on the face (**pregnancy mask**) may show up.
- Top of uterus is near the ribs by 28th week.
- You may start to get your energy back. You still need lots of sleep.

HOW THE BABY CHANGES

- Growth is rapid.
- Sex organs develop.
- Eyebrows and fingernails form.
- Skin is wrinkled and can be red.
- Hair covers head.
- Body is covered with a fine, soft hair and cheesy covering (**lanugo**).
- Hands open and close.
- Baby sucks and swallows.
- Heartbeat can be heard at about 20 weeks through the mother's abdomen with a special stethoscope (**fetoscope**).
- Fingers and toes can be seen during an ultrasound.





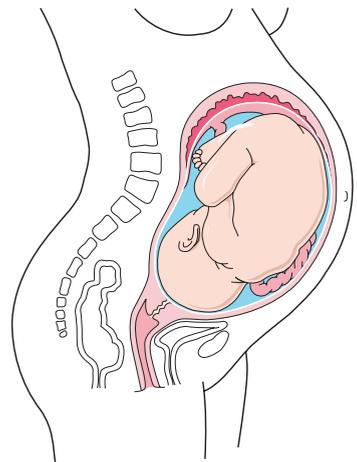
THIRD TRIMESTER (29 to 42 weeks) 6 to 9 months

HOW YOUR BODY CHANGES

- You feel baby's movements more strongly.
- Your uterus may get hard and tight at times (**contractions**). This may or may not be the time for you to have the baby (**labor**). To learn the true signs of labor, see page 46.
- You may feel short of breath until the baby "drops," then you may feel an increased need to urinate.
- Cervix may begin to thin out (**efface**) in last weeks of pregnancy.
- Cervix may begin to open (**dilate**) slightly, in last weeks of pregnancy.
- Your back may hurt or hurt more if it already was sore.
- You may feel contractions. This is normal. Call your medical provider if you have more than six an hour.
- Your ankles and feet often swell slightly.

HOW THE BABY CHANGES

- Baby moves, kicks and stretches often. You may feel the kicks.
- Body begins to fill out; becomes less thin and wrinkled.
- Fine body hair disappears.
- First babies usually "drop" into the bony structure (**pelvis**) that protects the uterus before labor begins (37 to 42 weeks). Second or later babies may not settle deep into pelvis until labor begins.
- Baby responds to sound and light.



DROPPING

Two to four weeks before the birth of the baby (**delivery**), you may notice your belly move lower and tilt forward. Dropping (**lightening**) is usually a sign that your baby is moving into place and getting ready for delivery. You may have some pelvic discomfort. Dropping is not a sign that labor will begin soon. If you already have had a baby, dropping may not be as noticeable during this pregnancy.



NON-STRESS AND STRESS TESTS

Your healthcare provider may order a painless test to check if your baby is getting enough oxygen (**non-stress test**). Two belts will be attached to your belly. One measures your baby's movement. The other measures the baby's heartbeat. A machine will make a graph of the results. A baby's heartbeat usually increases with movement and decreases when the baby is resting.

Your healthcare provider may also want to see how your baby responds to contractions (**stress test**). For this test, you wear the same two belts. You will be given medication (like oxytocin) to start mild contractions to see how the baby responds.



PRETERM LABOR/PREMATURITY

Preterm labor is when labor starts before the 37th week of pregnancy. A baby born before the 37th week (**preterm**) is called premature. Many premature babies need special hospital care while their bodies develop enough to survive. Some may not survive even with special care. Many premature babies continue to have health problems as children and adults.

Preterm labor can happen to anyone. About half the women who have preterm labor do not have any known risks.

Preterm Risk Factors:

- Previous preterm birth
- Pregnant with twins or more
- Certain uterus or cervical problems
- Being African American
- Age 35 or older

At your prenatal visits ask if there are special things you can do to lower your risk for preterm birth. Bed rest and medication, such as 17P, may help prevent preterm labor and give your baby more time to grow and develop before being born.



Learn the signs of preterm labor on page 61. Contact your healthcare provider right away if you have any signs of preterm labor.

OVERDUE

A full term pregnancy lasts 39 to 40 weeks. However, some pregnancies last longer than 40 weeks (**overdue**, post-term, prolonged or post-date). About 1 out of 10 pregnancies are post-term.

About 7 out of 10 overdue babies are not actually late. It is often hard to know exactly when a baby was made and how a baby develops is not the same for every baby. Remember, the due date is only an estimate of when your baby will be born.

If your pregnancy goes beyond your due date, your medical provider may give you medicine to start labor (**induce**) or schedule a C-section. See page 45.



CHAPTER 3: NUTRITION, EXERCISE & MORE

What you eat during pregnancy can affect your health and the health of your baby.



You need to eat extra, healthy calories while you are pregnant. Your diet should be balanced and contain at least 3 regular meals and snacks or 5 to 6 small meals each day. Your medical provider or WIC nutritionist will give you information on healthy eating.



Snack smart

Eat when you feel hungry. Eat healthy.

When you want a snack, have one of these:

- Banana or other fruit
- Chocolate milk or pudding
- Cheese slice on whole wheat toast
- Carrot sticks dipped in salsa
- Apple slices dipped in peanut butter
- Nuts and raisins
- Vanilla yogurt
- Tomato juice
- Hard cooked egg
- Oatmeal raisin cookies



Drink 100% fruit juices, milk and water. Try to stay away from coffee and soda.



If you don't feel like eating, try a mini meal. Pick a food from each group in the chart below. For example: cereal, milk and banana. Change the mix every day. You decide how much to eat.

Group 1 Grains & Starches	+	Group 2 Dairy & Protein	+	Group 3 Fruits & Vegetables
Bagel		Cheese		Apple
Baked potato		Cottage cheese		Banana
Bread		Frozen yogurt		Grapes
Cold cereal		Milk		Melon
Crackers		Milkshake		Orange
English muffin		Pudding		Peach
Graham crackers		Yogurt		Pineapple
Hamburger bun		Cooked beans		Raisins
Noodles		Cooked chicken		Strawberries
Noodle soup		Cooked meat		Broccoli
Oatmeal or grits		Egg, hard cooked		Carrots
Pita bread		Egg salad		Green peppers
Raisin bread		Egg, scrambled		Raw spinach
Rice		Hamburger		Tomato
Roll		Nuts (like walnuts)		Tomato soup
Tortilla		Peanut butter		Vegetable soup

If you like, you can add a little bit of butter, fruit spread, cream cheese, jelly, margarine or a little sugar.



SOME FOODS CAN MAKE YOU SICK OR HURT YOUR BABY.

DO NOT EAT:

- Fish high in mercury, such as tilefish, swordfish, king mackerel, shark and white (Albacore) canned tuna; also large-mouth bass, catfish or bowfin that you catch
- Raw oysters or fish like sushi or sashimi
- Rare or raw meat, chicken or turkey (cook it medium to well-done)
- Deli meat spreads (like deviled ham)
- Raw or soft-cooked eggs
- Raw (unpasteurized) cheese such as feta, blue or Brie, Mexican style (queso blanco or queso fresco)
- Raw (unpasteurized) milk, juice or cider
- Raw sprouts, like alfalfa sprouts



Move more!

Exercise helps you feel better during pregnancy. It prepares you for labor and helps get you back in shape after the baby is born. Ask your medical provider what would be good exercises for you.

Exercise benefits

- Reduces backaches, constipation and swelling
- Gives you energy, you feel less tired
- Improves your mood
- Improves your posture
- Makes your muscles stronger
- Works off stress
- Helps you sleep better

TIP WALK AT LEAST 30 MINUTES A DAY

Too much at once? It's okay to break it up. Walk 10 minutes in the morning, 10 at lunch and another 10 after dinner. Don't get overheated. Drink lots of water. Remember your balance changes when you are pregnant. Wear low heels and shoes with support. If you are unable to talk normally while exercising, you are doing too much.



Stop an exercise if it hurts. During the last three months, it can be harder to do many exercises. Avoid jumping and quick changes that can strain your joints. After 20 weeks, don't do any exercises while lying on your back.

DO THE PELVIC ROCK

This exercise will help reduce backache. Stand with your back to the wall. Your feet should be slightly apart, with your heels about 6 inches from the wall.

- Push the small of your back flat against the wall. As you do this, your pelvis will rock forward. Your lower back should remain touching the wall.
- Hold for a count of 5, and then release.
- Do 10 exercises at least twice a day.

DO KEGELS

This exercise helps improve muscle tone around the opening to the bladder, birth canal and bowel. When first learning the exercise:

- Sit on the toilet with legs spread apart.
- Pass some urine (pee) then try to stop the flow of urine. Notice the muscles you must squeeze to make the urine stop.
- Once you know which muscles to squeeze, do the exercise when not passing urine. You can do it while standing, walking, sitting or lying down.
- Do 10 to 15 exercises at least 3 or 4 times a day.



3 Good Things To Do While You Are Pregnant

1

TAKE A CHILDBIRTH CLASS

Some communities have childbirth classes for pregnant women and their support person. You learn about pregnancy, labor and delivery. You practice breathing and relaxing techniques. Your support person learns how to help you be more comfortable during labor. Ask your healthcare provider about these classes, many are free. Most moms start class between the 24th and 28th week of pregnancy.

Many women use a trained labor coach (doula) to give them support and comfort during labor. The doula can tell doctors and nurses how you are feeling, too. You may need to pay for a doula's services.



2

LEARN ABOUT BREASTFEEDING

Many health departments offer free classes to help you learn or relearn about breastfeeding. A breastfeeding expert (lactation consultant) can also help you after the baby is born.

3

BE SAFE AND BUCKLE UP

Wear both the shoulder and lap seat belts. Place the lap belt under your abdomen, across your hips and thighs. You do not have to worry about the seat belt hurting your baby!



Get Ready for the Hospital

- Register at your hospital or birthing center in advance.
- Finalize your hospital travel plans with your support person.
- Have one or more people available to take care of other children.

Pack A Bag For You

- 1 or 2 night gowns
- bathrobe
- slippers or socks
- comb and brush
- toothbrush and toothpaste
- clothes for the trip home
- nursing bra or bra one size larger than normal



Add A Few Things For the Baby

- cotton shirt or gown
- blanket
- booties
- hat if the weather is cold

Install the infant car seat!

The hospital will not let you take the baby home if you do not have a properly fitted, approved, infant car seat installed in your vehicle.

BREASTFEEDING IS GOOD FOR YOU AND YOUR BABY

Babies who do not get mother's milk have more:

- allergies.
- illnesses and hospital stays.
- ear infections.
- diarrhea and constipation.
- tooth decay.
- breathing problems like asthma.
- Sudden Infant Death Syndrome (SIDS).
- obesity and diabetes later in life.

Moms who do not breastfeed may have a higher risk of:

- Type 2 (adult) diabetes, especially if you had gestational diabetes.
- postpartum depression.
- some types of cancer.



A breast pump can help you when you go back to work.

A MOTHER'S SPECIAL GIFT

Nursing a baby is a loving, caring, enjoyable experience. It helps you relax and feel closer to your baby. Moms feel proud that their babies grow as a result of something only they can do!

Choosing how to feed your baby is one of the first important decisions you make for your baby. Formula is not as good as human milk. Breastfeeding is the best nutrition a mom can give her baby.

Human milk tastes good to the baby. It is easy to digest and helps the baby's brain grow. Breast milk has all the nutrition your baby needs for the first six months. You can introduce some foods along with breastfeeding after six months. Continue breastfeeding until your baby is at least 1 year old.



Talk to your WIC nutritionist or healthcare provider to learn more about nursing your baby. The WIC program can provide special support such as one-on-one education and a breast pump, if you need one. Take time to learn about risks that come if you don't breastfeed and all the benefits if you do.

CHAPTER 4: ASK FOR THE FACTS

Pregnancy is a special time to take care of yourself and your baby.



To give your baby a better chance of being born healthy, avoid as many risks as you can. Everyone will tell you their opinions about what is safe to do. Ask your healthcare provider for the facts!



DRUGS AND MEDICINES

I have some over-the-counter medicines. Is it okay to use them if I need to?

Always ask your healthcare provider before you take any over-the-counter drugs or prescription medicines. Even ask about taking a pain reliever or cold medicine. Some are okay to take. Others are especially harmful in the early weeks of pregnancy and can cause birth defects. Or they can cause your baby to be born too small or very sick.

ACNE MEDICATION

Can I keep taking my acne medication when I am pregnant?

Some acne medications that are taken by mouth or used on the skin can cause you to lose the baby (**miscarriage**) or have very serious birth defects when taken in the first trimester. There may be less risk with acne creams that are put on the skin. Always talk with your healthcare provider before using any acne medicine while you are pregnant.

PAIN RELIEVERS

I am in a lot of pain, is it safe to take aspirin?

Unless prescribed by your healthcare provider, avoid taking aspirin. Large amounts can cause problems, such as miscarriage. Taking aspirin later in pregnancy might delay labor. It can also increase the risk of heart and lung problems in your newborn and bleeding complications for you and your baby.

Do not take any other anti-inflammatory drugs, such as ibuprofen (Advil®, Motrin®) and naproxen sodium (Aleve®) which can have similar effects.

When you need to take something for pain relief while you're pregnant, acetaminophen (Tylenol®) is considered safe to use as directed on the label. Remember, check with your healthcare provider first.



VITAMINS

Can I keep taking my multivitamin?

Yes, certain vitamins are essential to a healthy pregnancy. That's why your healthcare provider may tell you to take a prenatal vitamin with extra iron and 600 micrograms of folic acid. Some vitamins can cause problems if they are taken in high doses. For example, taking more vitamin A than the recommended amount could be harmful to an unborn child. Your healthcare provider will let you know if you need any extra vitamins. After the baby is born you should go back to taking a daily multivitamin with 400 micrograms of folic acid.

CAFFEINE

Before I got pregnant, I drank a cup of coffee every morning, but I'm worried it might hurt my baby. Is it okay to drink coffee?

Caffeine is found in coffee, tea, chocolate and many soft drinks. It may cause you to stay awake or give you the jitters. It may also speed up your heartbeat and breathing. During pregnancy, it's best to limit yourself to no more than 2 cups of drinks with caffeine a day. If you are thirsty, drink more water, milk and juice. If you are hungry, eat healthy foods.



ALCOHOL

I've heard that drinking a little wine when you are pregnant is okay. Is that true?

While you are pregnant, do not drink wine, wine coolers, beer or liquor. Even a little could hurt your baby's brain cells and cause birth defects. Alcohol stays in your baby's body for hours. The highest risk is during the earliest stages of pregnancy, when baby's critical organs and cells are developing. The more you drink during pregnancy, the greater health risks you and your baby can have. Babies who are exposed to alcohol are at greater risk of mental retardation, fetal alcohol syndrome, miscarriage, stillbirth or being born too early or too small.



If you drink regularly, talk to your healthcare provider. If you have tried to stop and find that you just cannot give it up, help and support are available.

Call 1-800-688-4232 for more information about how to stop drinking.

TOBACCO

I smoke a few cigarettes every day. Will that hurt my baby?

Babies of mothers who use e-cigarettes (electronic cigarettes that contain nicotine) or tobacco in any form tend to be too small and have many medical problems. They are also at risk of being born too early (preterm or premature). And they are more likely to have weaker lungs or die from **Sudden Infant Death Syndrome** (SIDS). SIDS is the reason an infant dies unexpectedly during sleep when there is no other cause.

When you smoke, unsafe chemicals get into your blood and into your baby. The gases and chemicals stay there for hours. Less food and oxygen can reach your growing baby. Using snuff, chewing tobacco, or electronic cigarettes also puts chemicals into your body and your baby's body. Try chewing gum instead of using tobacco products.

Electronic cigarettes (e-cigarettes) contain nicotine and other unsafe chemicals which get into your blood and into your baby. Harmful vapors from e-cigarettes pose risks to you and your baby. Just as there is no risk-free level of tobacco use or exposure, there is no safe level of nicotine use whether from traditional tobacco products or e-cigarettes. It is strongly advised that you do not use e-cigarettes.

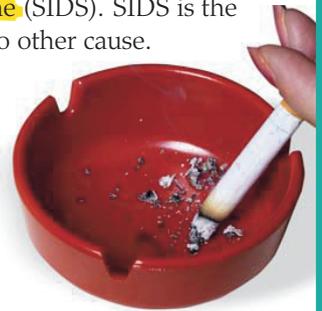


If you use e-cigarettes or tobacco in any form, talk to your healthcare provider about quitting. If you need more support to stop smoking, call 1-800 QUIT NOW (1-800-784-8669).

SECONDHAND SMOKE

Some of my friends and family members smoke around me. I know it's not healthy for me to smoke, but could other people's smoke affect my pregnancy?

When you are near other people who are smoking, you and the baby are exposed to secondhand smoke. Your baby is more likely to be low birthweight, weaker and have other health problems. Secondhand smoke also increases the baby's risk of dying from SIDS. There is no risk-free level of exposure to secondhand smoke. Even brief contact to secondhand smoke causes harm to you and your baby.



STREET DRUGS

I'm a recovering addict and afraid that I might relapse. How bad is it to use a little when pregnant?

You already know that just a little can become a big problem. Street drugs such as cocaine, speed, "downers," opium, "meth" and heroin hurt you and your baby. They can cause a baby to be born too small or too soon to survive. The baby could suffer from withdrawal, be born with birth defects or have learning and behavioral problems. Marijuana, LSD and other drugs can cause problems too. The chemicals in these drugs attack your baby's growing body and stay in your baby's blood for days. After you come down from your high, your baby is still high.



There are people you can talk with about drug use. Call 1-800-688-4232.

SHOTS AND VACCINATIONS

Every year I get a flu shot. Is it safe to get one while I am pregnant?

Yes, it is safe and recommended that women who are pregnant during the months of October to May get a flu shot. Women who get the flu (influenza) are at higher risk of complications. You should also avoid close contact with people who have colds, the flu or other contagious illnesses. If your family members also get the flu shot, they are less likely to get the flu and pass it on to you.

Measles and chicken pox vaccinations should not be given during pregnancy. If you have not had chicken pox and have not had the vaccine, contact your healthcare provider if you are exposed to chicken pox. It can cause serious problems for you and your baby.



X-RAYS

What if I need to get an X-ray, won't that hurt my baby?

If you need an X-ray, tell your dentist or healthcare provider you are pregnant. They will protect your baby with a special cover. Otherwise, the X-rays might affect your baby's growth, or cause birth defects or serious diseases. This includes dental X-rays also.

BATHS/ SAUNAS

I like to relax with a hot bath, is that okay ?

Although a hot bath can be very relaxing, during pregnancy your temperature should never get higher than 102.2 degrees (F) for more than 10 minutes. A hot tub or sauna can cause your body temperature to get too high and raise your blood pressure causing harm to your baby. Avoid hot baths, hot tubs and saunas while you are pregnant.

BREAST SUPPORT

Do I need a special “pregnancy” bra?

Although a pregnancy bra is not necessary, you may be able to reduce some soreness in your breasts by having a good fitting bra. You may need to buy a larger size or increase your cup size a few times during your pregnancy. A bra with good support may help reduce back pain as you grow bigger. Some women also find wearing a bra at night reduces discomfort.

HAIR DYES AND HAIR RELAXERS

Dying my hair makes me look younger. Can I still use hair dye and relaxers?

There is no proof that hair dyes, perms or relaxers are harmful during pregnancy. However, there is no proof that they are completely safe either. Pregnancy hormones may cause your hair to have a bad reaction to the chemicals. This might be a good time to wear your hair natural.



CHEMICAL AND WORK HAZARDS

I have a great job, but I work around chemicals all day. Is this safe for me now?

Some chemicals can cause birth defects, miscarriage and preterm labor. Lead, mercury and other chemicals are found in places that make rubber, plastics, electronics and textiles. These may be harmful. If you or someone you live with works around chemicals, find out the names of the chemicals. Talk with your healthcare provider about them. You may also call the NC Pregnancy Exposure Risk line at 1-800-532-6302.

Be careful when using any chemicals at home, too. Read warnings on cleaning fluids with bleach and ammonia, oven cleaners, paints, insect sprays and other home chemicals.

If your job calls for long hours of standing, heavy lifting or exposure to heat and cold, talk with your supervisor. Certain working conditions may be too hard on you during pregnancy.



HERBAL SUPPLEMENTS

I take some natural supplements. Are there any I should avoid?

Because many herbal supplements are made from natural ingredients, many people think they are safe. That's not always true. Herbal remedies and other dietary supplements are not regulated by the Federal Drug Administration (FDA). Some could have side effects or cause other problems. Talk with your healthcare provider before taking any herbal supplements.



HERBICIDES/PESTICIDES

I have bugs all over my garden. Is it safe to apply pesticides?

Avoid pesticides and herbicides, whenever possible. They contain some poisonous ingredients and may contribute to miscarriage, preterm delivery or birth defects. Let someone else apply pesticides. Use less toxic products such as boric acid on your bugs.

If you work in a farm setting or around pesticides, talk with your supervisor about how you can reduce your risk of being exposed to pesticides.

KITTY LITTER

I heard that changing my cat's litter box could be dangerous now that I'm pregnant. What is that about?

Toxoplasmosis (toxo) is a disease that comes from a parasite found in soil and cat feces. It may also be found in raw or rare meat. Toxoplasmosis can be passed to your unborn baby. It may cause brain damage and blindness in the baby. While you are pregnant, it is safest not to work outside in the soil or change cat litter. If you must, be sure to wear gloves. Wash your hands afterwards. Wear gloves, too, if you must work with raw meat. Avoid eating raw or undercooked meat.



FISH WARNING

My Mom told me not to eat fish now that I'm pregnant. Is she crazy? I thought fish was good for you.

You both are right! Fish is good for you. Eat 2 or 3 meals a week of fish low in mercury. Pick canned light chunk tuna or canned salmon. Trout, flounder,

tilapia, or shrimp are OK to eat. So is fish you buy in the store. Your mother knows some fish and seafood are high in mercury and can cause serious health problems for you and your baby. See page 18 for fish to avoid.

AVOID RAW CHEESE

I heard eating dairy products is bad, too.

Some raw (unpasteurized) cheese may have a bacteria (**listeria**). The bacteria can make you sick (from listeriosis) and can cause miscarriage and stillborn birth. See page 18 for cheeses to avoid. Only drink pasteurized milk. While you're at it, wash your fruits and vegetables and stay away from prepacked deli meats or hot dogs. They can carry the bacteria too.

CHAPTER 5: HOW ARE YOU FEELING?

Although you will have much in common with other pregnant women, each pregnancy is unique.

There's no one "right" way to be pregnant.



As your baby grows, you may have some discomforts. Some may be caused by hormone changes; others by the growing baby. Your discomforts may come and go, depending on how far along you are. Or you may have no discomforts at all.

BODY CHANGES DURING PREGNANCY

Following are some common discomforts and tips to try to help you feel better. Watch for changes, but know that your pregnancy may not be just like this book describes. If you do not get relief, talk to your healthcare provider. A little discomfort, if ignored, could lead to a bigger problem. So ask for help.

MY ABDOMEN ACHES.

Early in your pregnancy you may feel some aches like menstrual cramps. Constipation may cause pain in your abdomen. See page 31 for information about constipation. During the second and third trimester, your lower belly (abdomen) may hurt on one side or both sides. This happens as your uterus grows and the ligaments that support it stretch. A sharp pain in your groin (**round ligament pain**) can happen when you roll over in bed or are too active. Apply a heating pad or wear a maternity girdle to relieve the pain. If this does not help, call your healthcare provider.

WHY DO MY HANDS AND JOINTS HURT?

Later in pregnancy, your joints can swell and hurt like arthritis. Your hands may hurt more at night too. Get extra rest and limit salt. Talk to your healthcare provider about this if it causes problems with work, school or doing daily activities.



I AM HAVING BACK PAIN, WHAT CAN I DO?

As your uterus grows, your pelvic joints relax and your lower back muscles stretch. That can make your back hurt. A backache that goes all the way around to your stomach may be a sign of labor. A backache can also be a sign of a bladder infection. Tell your healthcare provider about your backaches.

TIP

TO REDUCE BACK PAIN

- Use good posture. Tuck your buttocks in. When your abdomen sticks out in front, it is hard on your back.
- Squat down instead of bending over from the back.
- Get more rest.
- Wear flat or low-heeled shoes.
- Avoid lifting more than 25 pounds.
- Use a firm mattress on the bed.
- Massage back muscles, or use warm, moist heat on your back.
- Do the pelvic rock exercise (see page 20).



IS IT NORMAL FOR MY BREASTS TO LEAK?

Yes. It is normal for your breasts to leak a clear, sticky liquid (colostrum) during pregnancy. This is the premilk your breasts make for breastfeeding your baby. When bathing or showering, use little or no soap directly on your nipples. Just rinse them well and pat dry with a soft towel. You may also want to use breast pads.

OUCH, MY BREASTS ARE SORE AND TENDER.

Lots of changes happen to your breasts throughout your pregnancy. They may tingle, be tender or sensitive to touch and cold temperatures. Because they are getting ready for breastfeeding, they retain extra fluids. This can make them bigger and sore.

TIP

WHEN YOUR BREASTS HURT

- Some women find wearing a bra at night helps.
- Try a warm shower.
- Try not to overstimulate your nipples.

I CAN'T CATCH MY BREATH.

As the baby gets bigger, it pushes on your lungs. That can cause you to take shorter breaths. Rest when you need to. Don't get too tired. Avoid smoking and secondhand smoke. Prop yourself up on an extra pillow when lying down, or lie on your side.

I CAN'T GO, COULD I BE CONSTIPATED?

As the uterus gets bigger it presses against your bowel and may cause constipation. At any time during your pregnancy your bowel movements may be hard and dry. You may also have fewer than 3 bowel movements in a week. These are signs of constipation. It could be caused by hormone changes, a lack of fiber in your diet, not enough water or too little exercise.

TIP

TO EASE CONSTIPATION

- Have a regular schedule of rest, meals and activity. This promotes regular bowel movements.
- Get some exercise every day. Try to walk for 20 to 30 minutes.
- Drink 8 to 12 glasses of fluids each day. Water, juices and warm liquids may help.
- Eat foods with fiber and bulk every day. Whole grain breads and cereals, vegetables, salads and raw fruit are good choices.
- Do not hold back when you feel the urge to have a bowel movement.
- If you still need help, talk with your healthcare provider. Get the OK before you use laxatives. Ask if you can use a stool softener.

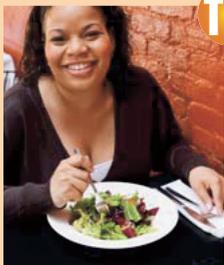


WHY AM I SO CLUMSY?

It's normal to be clumsier in late pregnancy. You have extra weight out front throwing off your balance. Your joints are looser and you're retaining water which adds to the problem. Take care getting in or out of the tub, going down stairs and bending down.

IT'S NOT YOUR HEART THAT HURTS, IT'S YOUR STOMACH (HEARTBURN/ INDIGESTION).

Heartburn is an uncomfortable feeling of burning and warmth that rises behind the breastbone. It is not your heart that hurts, it's your stomach. Stomach acid backs up into your food tube (esophagus) and causes the burning feeling. It could be caused by hormone changes or by pressure of the growing baby on the stomach. Usually it gets better later in pregnancy. Do not use baking soda or sodium bicarbonate to reduce heartburn. Ask your healthcare provider what you can take.



TIP

FOR LESS HEARTBURN

- Eat 5 or 6 small meals a day instead of 3 large ones.
- Drink liquids between meals.
- Avoid fatty, fried and spicy foods.
- Wait at least 30 minutes after eating to lie down or bend over.

I AM HAVING LOTS OF CRAVINGS FOR THINGS I DON'T NORMALLY EAT. IS IT OKAY TO EAT THEM?

If you are getting the foods you need, eating a food you crave is fine. Just don't overdo it. Talk to your healthcare provider if you crave non-food items like dirt, gravel, laundry starch or coffee grounds. Eating these can cause constipation and other serious problems. Cravings for cornstarch or raw flour can cause problems too. If you have a strong urge to eat any of these items, talk to your nutritionist, nurse or doctor. If you crave ice, dirt or clay your blood iron may be low and they can help you.



I AM DIZZY AND FEELING FAINT.

You may feel dizzy or faint during your first trimester because your circulation is changing to include your baby. Low blood sugar and anemia can also make you feel that way. Later in your pregnancy, lying on your back may make you feel dizzy too. Make it a habit to get up slowly from sitting or lying down. Get checked for low blood sugar and anemia. Call your healthcare provider if you are dizzy or feel faint a lot.

I HAVE TERRIBLE HEADACHES.

Headaches can happen any time during pregnancy. They are more common in the first trimester and evenings. Headaches may be due to hormone changes, stress or skipping meals. Constant headaches, especially if you are also dizzy and “see” spots, or have blurred vision may be signs of serious problems. Tell your healthcare provider at once if you have any of these problems. Be sure to eat regularly and drink water. Talk to your healthcare provider before you take any medicine for headaches.

ARE HEMORRHOIDS COMMON DURING PREGNANCY?

If you have a pain or itch in your rectum (where the poop comes out) you may have hemorrhoids (piles). These are enlarged veins near the opening of the rectum. They often occur in the latter part of pregnancy or after birth. They may be caused by poor circulation in veins in the rectum or constipation. If hemorrhoids bleed, become painful, swell or occur with diarrhea, tell your healthcare provider so you can get relief.



TIP

HEMORRHOID HELP

- Avoid constipation.
- Soak in a warm (not hot) bath.
- Get regular exercise.
- Drink more water.

I'VE GOT TO GO ALL THE TIME (FREQUENT URINATION).

The need to pee more often occurs early or late in pregnancy. When your uterus grows, it puts pressure on your bladder and you have to go more often. Kegel exercises (page 20) may help strengthen the muscles around the bladder and help you go less often. If your panties are always wet or damp with a colorless or odorless fluid, the amniotic sac may be leaking. Pain, burning or bleeding when urinating may be signs of a bladder infection. Tell your healthcare provider at once if you have any of these problems.

TIP

CONTROL THE NEED TO GO

- Avoid tea, coffee and soft drinks that have caffeine.
- Drink plenty of other fluids.
- Urinate when you feel the urge.
- Before you get in the car, go to the bathroom.



MY LEGS CRAMP OFTEN.

Cramps in your legs may be caused by your growing uterus. As it gets bigger it slows down the blood flow from your legs. The cramps could come from being tired, a lack of exercise or not enough liquids or foods with certain nutrients like calcium and potassium.



TIP

WAYS TO STOP LEG CRAMPS

- Get some exercise. Walk 20 to 30 minutes a day.
- Rest with your legs propped up on a stool.
- Wear support hose.
- Flex your feet.
- Stand up, stretch often and straighten your legs.
- Wear shoes with good support.
- Drink more milk or eat bananas.

HOW LONG WILL THE NAUSEA AND VOMITING LAST?

You probably already know that your changing hormones can make you feel queasy (nausea) and cause you to throw up (**morning sickness**). That's normal. And it can happen any time of the day, not just in the morning. The nausea usually gets better by the 17th week of pregnancy. Constant or severe vomiting or nausea can be a serious problem. Call your healthcare provider at once. You may also spit more (salivate) while you are pregnant. That's normal too.

TIP

IF YOU FEEL QUEASY

- Eat dry toast, salted crackers, a tortilla or dry cereal.
- Eat small amounts often – about every 2 hours.
- Try a tart drink like lemonade or lemon drops.
- Avoid spicy or greasy foods.
- Stay away from strong odors, cooking smells and laundry detergent.
- Eat cool or cold foods that are a little sweet like pudding or oranges.
- Try a new toothpaste. Tarter control types make some women feel bad.



WILL THE BABY BE OKAY IF I HAVE SEX?

Having sex during pregnancy is usually okay. If sex is uncomfortable, try another position. When you are on top, you can decide how far the penis goes in and make it more comfortable. But not every pregnant woman wants sex. You can share your love by touching, hugging and talking about your feelings. Your interest may come and go during your pregnancy. Toward the end of your pregnancy, you may be less interested as your hormones change. Your partner may also worry about hurting the baby or you. Blowing in the vagina may cause a dangerous air bubble to enter the blood stream of a pregnant woman. This could become life-threatening for you and your baby.



Avoid sex when any of the following happens:

- You have bleeding from the vagina
- Your water breaks or leaks
- You have pain
- Your healthcare provider tells you not to have sex because of a problem

WHY AM I SWEATY AND SMELLY?

Hormone changes often increase sweating and body odor.



TIP

TO FEEL FRESH

- You may want to bathe or shower more often. Warm tub baths are safe during pregnancy unless your bag of water breaks or leaks.

MY SKIN LOOKS DIFFERENT.

Your face may look flushed or get brown blotches around your eyes and nose (**mask of pregnancy**). Some women get acne when they are pregnant. If you had acne before you got pregnant, it might get better. Blame it on the hormones.

Some women get a dark line down the middle of their tummy (**linea nigra**). This is caused by hormone changes. The dark area around your nipples (**areola**) may get larger and darker. And then there are those dark purple stretch marks that can also itch on the tummy, breast, bottom or legs as the skin grows. Stretch marks will fade to silver-gray or go away after the baby. Don't worry, these changes are normal.

TIP

BE KIND TO YOUR SKIN

- Lotion may help the itching.
- Try to keep your weight gain under control.
- Remember to use sunscreen.



MY FEET AND ANKLES ARE SWOLLEN.

It's normal for feet and ankles to swell a little. Put your feet up and rest whenever you can. If your feet swell a lot or your hands and face start to swell, get medical care immediately.



FEELING TIRED OR GROUCHY?

During the early and late months of your pregnancy, you may need more rest and sleep. Your body has a lot going on. Take a nap during the day, or go to bed earlier at night. Sit down for a while and prop your feet up. Slow down. Being overtired puts extra strain on your body. If you continue to be tired even when getting more rest or sleep, tell your healthcare provider.

I HAVE MORE VAGINAL DISCHARGE.

If you notice a vaginal discharge with a bad odor or yellow color, have itching or irritation, tell your healthcare provider. You may need to be tested for vaginal infections such as yeast or chlamydia. Most vaginal infections are easy to treat. If you have a discharge with blood in it, call your healthcare provider right away. A little wetness? See page 44 about your water breaking.



VAGINAL CARE

- Use only soaps without perfume and plain water when bathing.
- Don't use douches or sprays. They may cause infections or irritate the vagina.
- Wipe from front to back to avoid passing germs and infection from the rectum to the vagina.
- Cotton panties and loose clothing reduce the chance of getting an infection.
- Use a pantiliner to protect your clothing.

I CAN SEE MY VEINS.

Your veins, especially in your breasts, may be more noticeable (look blue) because there is more blood moving through them. In case you are wondering, your blood is still red. As your uterus grows, it can put extra pressure on the large vein that carries blood to your heart and make it work harder. This can cause the veins in your legs to pop up (become **varicose**). Short walks during the day will help pump the blood faster and may help with the problem and pain. Support hose can help, but avoid knee highs. Prop your legs up when you sit.

CHAPTER 6: YOU'RE NOT THE ONLY ONE!

Pregnancy doesn't just affect you physically. It affects your emotions too. It can also add stress to your relationships.



While you may be excited about being pregnant, there may be times when you worry. That's normal. But if you keep feeling down or are focused on the negatives you may need help. Many pregnant women do.

DO YOU HAVE ANY OF THESE FEELINGS, THOUGHTS OR PROBLEMS? CHECK THE BOXES.

- Sad, depressed or cry a lot
- Less interest in becoming a mother
- Feeling worthless
- Strong anxiety, tension or fear about your future child or other things
- Sleep problems (not sleeping when very tired or sleeping extra but not waking up rested)
- Wishing you were dead or thinking about killing yourself
- Really low energy
- A big decrease or increase in appetite or weight
- Trouble focusing, remembering things or making decisions
- Feeling restless or irritable
- Headaches, chest pains, heart palpitations, numbness or hyperventilation
- Withdrawal from family and friends

SEEK HELP!

If you have any of these problems, even what seems like a little one, seek help. You are not alone. Talk to your medical provider, faith leader, family or friends about how you are feeling. Depression and anxiety during pregnancy can worsen and continue after the birth (**postpartum depression**) if not treated.



TIP

IDEAS TO HELP REDUCE STRESS

- Take a walk
- Talk to someone close to you
- Listen to relaxing music
- Read a book
- Do something nice for yourself

CONTROL ANXIETY AND STRESS DURING PREGNANCY.

Many women feel overwhelmed and anxious thinking about raising a child. Maybe your career will be different or you need to take a short break from school. Some worry about bonding with their baby. Others are concerned about how their lives will change once the baby arrives. Fathers worry too.

STOP. Take a deep breath and relax. You'll feel better when you worry less. Mothers with low stress levels are less likely to have a premature or low birthweight baby. It also helps to take care of yourself and keep all your prenatal appointments. Keep in mind that most pregnancies and deliveries are free of major problems.

Yes, the transition to motherhood is a big one. Fortunately, there are so many positive things to focus on with a new baby, most women adapt comfortably. Just give it time.

REMEMBER, FORGETTING IS OKAY!

Lost your keys? Can't remember your mom's phone number? Have to make a list for even the most basic daily chores?

Many pregnant women say they are scatterbrained, particularly during the first and third trimesters. It makes sense. You have more to think about than ever and you may not be sleeping as well as before. Exhaustion and morning sickness can also make you feel worn out and mentally fuzzy. Try to slow down. Relax. Take care of yourself. And don't forget to laugh about what you forget.

If you're really having trouble concentrating, feel down or you notice a loss of interest in things you regularly enjoy, you could be suffering from depression. Talk to your healthcare provider and those people in your life who can offer you some support.

SINGLE AND PREGNANT? DON'T CANCEL YOUR DREAMS.

Many women have babies without a husband or long-term partner in their lives. If this is your case, don't cancel your dreams for the future. Not having a husband doesn't mean you'll have to go through pregnancy or raise your baby alone nor does it mean your life is ruined. Think about all the other people in your life: your family members, school counselors, friends, neighbors, social workers, church members or co-workers. Count on them for support during your pregnancy. Ask one of them to go with you to your appointments and to spend time with you. If you reach out, you'll find lots of people who want to help.



Don't Let Unwanted Advice Bring You Down.

Have you heard enough pregnancy stories from neighbors and friends? Do strangers give you free advice? Most people are honestly trying to be helpful. Yet when you feel that someone is judging you, it's only natural to be defensive. Don't let unwanted advice worry you or cause you more stress. When someone offers you unwanted advice, give a quick reply and don't think twice. Practice saying "Thanks, I'll consider that." (Even if you don't mean it.) Just remember, in the end, you will raise your child the way that you think best.

IS THERE VIOLENCE IN YOUR HOME?

Being pregnant does not protect a woman from an abusive partner. In fact, abuse may increase when a woman becomes pregnant. Research suggests that about 1 in 4 pregnant women are abused. Hitting, pinching, pushing and kicking are examples of abuse. But, abuse is any kind of bad treatment. It also includes screaming and blaming, putting you down, and trying to control you. Sometimes drug or alcohol use is involved. If you are being abused, talk to your healthcare provider. There are things you can do to protect yourself and your growing baby. Contact the **NC Coalition Against Domestic Violence** at **1-888-997-9124** or the **National Domestic Violence Hotline** (24-hours) **1-800-799-7233**. Call right away. Don't wait.





CHAPTER 7: LET SOMEONE KNOW

It is normal for pregnant women to have some discomforts. But don't ignore how you feel as if it is just part of being pregnant. You could put your health and your baby's health at risk.

Most problems, when identified on time, can be treated properly by your healthcare provider.

Mothers who had problems with past pregnancies such as preeclampsia, emergency C-section, heavy bleeding, a too early or too small baby or a baby not born alive (**stillborn**) are more likely to have problems during another pregnancy and birth. Fortunately most pregnancy problems are not serious. But don't ignore how you are feeling.

ANEMIA CAN PROGRESS DURING PREGNANCY.

During your first prenatal visit you will be tested for low red blood cell count (anemia). You'll be tested again around the 28th to 30th week of your pregnancy. Women who are very anemic during pregnancy are more likely to be anemic after the baby is born. If you are anemic you might be feeling very tired, weak and look pale. Your healthcare provider might prescribe an iron supplement or suggest you see a nutritionist. Eat enough iron rich foods like meat, beans, fortified cereals, chicken and broccoli during your pregnancy to prevent anemia.

TRY TO CONTROL BLEEDING GUMS.

Hormone changes in the beginning of your pregnancy may make your gums bleed a little. If they continue to bleed easily and often, are red or swollen, you may have gum disease (**gingivitis** or periodontal disease). Gum disease can increase your chances of having preterm labor. Continue your regular dentist visits when you are pregnant.



For a healthier mouth: Brush your teeth at least twice a day with a soft toothbrush. Floss daily. Cut down on sweets. Make a dental appointment as soon as you know you are pregnant. Tell your dentist that you are pregnant and if you are on any medication. If you need X-rays, the staff will protect your baby with a special cover.

KNOW THE SYMPTOMS OF CMV (CYTOMEGALOVIRUS).

If you work with preschoolers you might be at high risk for catching this herpes type of virus. You can pass CMV to your baby before, during or after birth if you are infected. This can cause your baby to have developmental problems. If you have a fever, fatigue, swollen lymph glands and a sore throat, call your healthcare provider.

GOT A FEVER? DON'T HESITATE TO CALL YOUR MEDICAL PROVIDER.

High body temperatures especially during the first weeks of pregnancy could cause birth defects. If you have a high fever, it is important to bring it down immediately. Call your medical provider and follow the directions given.



YOU CAN PROTECT YOUR BABY FROM GENITAL HERPES.

Babies can get this sexually transmitted disease at birth through an infected birth canal. The condition can be serious to a newborn. Let your healthcare provider know if you have ever had herpes. If you talk to your healthcare provider and take the necessary protective steps during pregnancy and delivery your baby can be born unaffected.

GESTATIONAL DIABETES CAN BE CONTROLLED.

This is the type of diabetes that can happen during pregnancy. If left untreated it can cause very serious problems for you and your baby. If your blood sugar level is high, your baby could grow so large that you may need a C-section for delivery. Your newborn could have breathing problems, low blood sugar, yellowish color (**jaundice**) and other health problems. Some women with gestational diabetes might not have symptoms. Others may feel extremely hungry, thirsty and tired. You should get screened for gestational diabetes between the 24th and 28th week of pregnancy. If you have diabetes before you get pregnant, you need to monitor and control your blood sugar levels. Tell your healthcare provider if you have ever had problems with sugar in your blood or been told you have diabetes.

Keep your postpartum visit 6 weeks after the birth of your baby. Your healthcare provider will test you then to see if you still have diabetes. You may need to continue medical care.





DON'T GET HEPATITIS B.

Hepatitis B virus can make you and your baby sick. You can get it by having sex with an infected person or sharing drugs and needles. An infected mother can pass it to her baby during birth. Hepatitis B is not spread through food or water, sharing eating utensils, breastfeeding, hugging, kissing, coughing, sneezing or by casual contact. Make sure everyone in your family has been vaccinated. Vaccination during pregnancy is safe but not effective immediately. Talk to your healthcare provider if you think you have been exposed to hepatitis B.

SIGNS OF HEPATITIS B

- Yellow skin or whites of eyes
- Tiredness
- Loss of appetite
- Nausea
- Abdominal discomfort
- Dark urine
- Clay-colored bowel movements
- Joint pain

TREAT PREECLAMPSIA QUICKLY.

Preeclampsia is a very serious condition during pregnancy that involves high blood pressure, swelling and protein in the urine. It can lead to severe headaches, seizures and even death. If treated on time, problems can be prevented. If you experience swelling of the face and hands, get medical care immediately. This is even more serious if you also have headaches, blurred vision and pain in your abdomen.

MANAGE YOUR PRE-EXISTING HEALTH CONDITIONS.

If managed properly, most chronic conditions, such as diabetes and sickle cell, are not as life-threatening for mother and baby as they were in the past. If you have a chronic condition, be as informed as you can. Ask about your treatment options during pregnancy. Seek all the medical and emotional support you need to help you have a healthy pregnancy.



GET TESTED FOR SEXUALLY TRANSMITTED INFECTIONS (STIs).

Sexually transmitted infections might not have any symptoms. You can have one and not know it. During pregnancy it is normal to have more vaginal discharge than usual. However, discharge that itches, burns or has a bad smell could be a sign of a sexually transmitted infection that should be treated. Get tested for STIs early in pregnancy. Babies can get infected during delivery. Untreated STIs can cause miscarriage, preterm labor, still birth, birth defects, illness and even the baby's death.

WHY SUFFER? GET URINARY TRACT INFECTIONS TREATED.

Being pregnant makes you more susceptible to urinary tract (bladder) infections. If you have pain or burning when peeing (urinating), lots of visits to the bathroom, cramps or changes in the color and smell of your urine, you could have an infection. See your healthcare provider to get proper treatment.

DON'T IGNORE VAGINAL BLEEDING.

Bleeding during pregnancy doesn't always mean trouble. However, it can be a sign of a miscarriage or other problems. You can bleed at different stages and for different reasons during your pregnancy. If you have any bleeding, strong cramps, contractions or fever see your healthcare provider immediately.



CHAPTER 8: THE BABY'S COMING!

You have waited patiently for the last 9 months, and now it's finally time for your baby's arrival.

FACT OR FICTION?

Some women get really cranky before they start labor. Lots of women feel like they must get the house clean before the baby comes (nesting). Your tummy may cramp or feel a little upset. The truth is, how you feel and when things happen may be different for you than your friends or your mom. Or even your last pregnancy. Most women know when labor begins, but sometimes it's difficult to tell. If you have any concerns, call your healthcare provider.

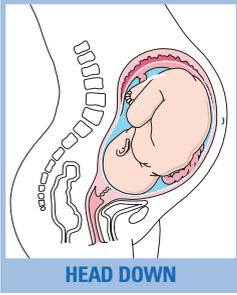
WHEN YOUR WATER BREAKS

Some women go into labor when their water breaks. But sometimes the bag of water doesn't break until you are in the hospital. When your **water breaks**, you may notice a wet spot on your panties at first. Then you will continue to leak a sweet-smelling, light tan or pinkish fluid, especially when lying down. However, the fluid might come out quickly and feel like you are peeing. You might want to wear a maxi pad the last week or so of your pregnancy, just in case. When your water breaks, call your doctor. You can use a towel or maxi pads (not tampons) to absorb the liquid.

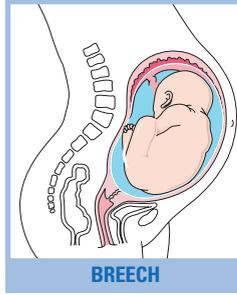


At the hospital, you'll change into a hospital gown. You may want to bring your own gown and robe to wear after the baby is born. You may need an IV connection in case you need fluids or medicine later. You may also be hooked up to two belts that monitor contractions and the baby's heartbeat.

BABY'S POSITION



Most babies are in a head-down position near the end of pregnancy.



When the baby's feet, knees or bottom are pointing down (breech position), it makes delivery harder.

A vaginal birth is safer for you and your baby. However, when there is distress to you or the baby, a C-section is often the safest form of delivery.

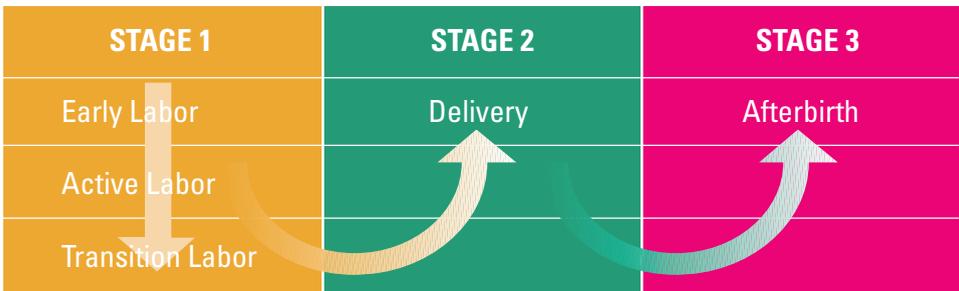
A C-SECTION MAY BE NEEDED WHEN THE:

- baby's head is too big to pass through the mother's pelvic bones.
- baby is breech or sideways.
- labor is too long and the baby is coming too slowly.
- baby's heartbeat shows he or she is having trouble.
- mother or baby has a special condition that requires a cesarean delivery.

WHAT IS A CESAREAN?

A cesarean (C-section) is an operation to deliver the baby. A cut is made above the pubic hair line, and the baby is removed from the uterus. A C-section may be planned or an emergency. In many cases, your support person will be able to stay with you during the surgery. With a C-section, you may be in the hospital longer than with a vaginal delivery. If you are planning a vaginal birth but need a C-section, you are not a failure. You may be able to have a vaginal birth the next time.

THE BIRTH PROCESS



On average it takes about 12 to 14 hours to deliver your first baby and less the next time. Some women have quicker deliveries. Some women can be in labor for more than a day.

Stage 1

EARLY LABOR

One of the first signs that your body is getting ready for labor is when your cervix begins to open (dilate) and thin (efface). This can start **without you** knowing a few days or a few weeks before the baby comes. Another sign is feeling as if the baby has dropped (lightening) as the baby's head moves down into your pelvis. This can happen a few weeks or a few hours before labor begins.



TRUE LABOR SIGNS

- Contractions usually get stronger, longer and come closer together.
- Walking usually makes contractions stronger.
- Contractions are felt in the back and lower abdomen, not just in the uterus.
- Pink liquid (spotting) leaks from vagina (bag of water breaks).
- You may have diarrhea.
- The cervix opens to 4 or 5 centimeters (about 1½ to 2 inches). See chart on the bottom of this page.
- As the cervix opens wide, some light bleeding (**bloody show**) or thick mucous often streaked with blood (**mucous plug**) may come out.

Contractions that come every 10 minutes or faster (6 or more in 1 hour) may be a sign of true labor.

FALSE LABOR SIGNS

- Contractions do not get stronger or become regular.
- Walking or other activity makes contractions go away.
- Contractions tend to be felt only in the uterus.
- No bloody show occurs.
- There's no diarrhea.

BRAXTON-HICKS CONTRACTIONS

As you get close to your due date or after sex, you may have mild tightening or balling up of the uterus. These are **Braxton-Hicks contractions** or "false labor." They usually don't hurt and are normal. After resting an hour, the contractions usually stop.

INCHES COMPARED TO CENTIMETERS

Black = Measurement in inches



Red = Measurement in centimeters

CONTRACTIONS

The uterus is a very strong muscle that contracts or tightens at different times during labor. Contractions push the baby out of the uterus and through the vagina. Some contractions are not painful; some are. Each contraction is doing the work that needs to be done at that time. Tell your labor coach or support person how you are feeling.

HOW DO I TIME CONTRACTIONS?

Write down the time a series of contractions begins and ends to know “how far apart” and “how long” they are. If you don’t have a clock that shows seconds, try to count how long they last. Ask someone to help you time them. Here’s an example.

Time	How Long?	How Far Apart?
9:10 a.m.	50 seconds	first one counted
9:20 a.m.	45 seconds	10 minutes
9:25 a.m.	50 seconds	5 minutes

In this example the contractions are coming 5 to 10 minutes apart and last 45 to 50 seconds. Ask your labor coach or support person to assist you in recording your contractions.

YOUR RECORD

Time	How Long?	How Far Apart?
_____	_____	_____
_____	_____	_____
_____	_____	_____



Contractions before your due date might be a sign of preterm (premature) labor. If you have signs of true labor and you have more than 3 weeks before your due date (you are less than 37 weeks pregnant), call your healthcare provider or clinic immediately.

IF YOU ARE FULL TERM (39 WEEKS OR MORE), IT'S USUALLY TIME TO GO TO THE HOSPITAL WHEN CONTRACTIONS COME ABOUT EVERY 5 MINUTES.

ACTIVE LABOR

During active labor, your contractions will be stronger and about 3 minutes apart. Your cervix will dilate from 6 to 8 centimeters (about 2 to 3 inches). If needed, a nurse or healthcare provider will break your bag of water. Don't get discouraged if you feel like active labor will last forever. It won't.

It helps to focus and do special breathing exercises during contractions. You can have ice chips if you are thirsty, but nothing else to drink or eat until after the baby is born. You may also be given medicine for discomfort.

Most likely, you'll be connected to a machine that charts the length and strength of contractions (**fetal monitor**). The machine draws a pattern based on your baby's heart rate. This helps tell how the baby is doing before he or she is born.

You may also be given oxytocin, a medicine, to help weak contractions get stronger. It can be used to start or speed up labor if there is a need to do so. The drug oxytocin may also be used in a stress test, which is a recording of the fetal heartbeat and movement through your abdomen during the stress of a contraction.

INCREASING COMFORT DURING LABOR

The word "labor" means hard work. Having a baby is work! Some women have easy labor and feel little discomfort. Others do feel discomfort.

There are things that may make you feel better during labor. Back rubs, washing your face and hands, eating ice chips, brushing your teeth and walking may help. So may a warm shower. Do not take a tub bath if your bag of water has broken or is leaking. Always try to keep your body as relaxed as possible.



Instead of holding your body in a tight ball, try to relax. Find a comfortable position, like sitting with your back supported or lying on your side. Lying flat on your back is not a good position for labor. Change your position often, at least once an hour.





TRANSITION LABOR

This is a hard time for moms, but it usually lasts less than an hour. Take each contraction one at a time. Your contractions will come about every two to three minutes. Your cervix will open from 8 to 10 centimeters (about 3 to 4 inches). You'll feel pressure on your bowel. You may feel sick to your stomach. And your body may shake a bit. This is when you'll have the "urge to push." Let your delivery team know when you feel this.

HOW TO BREATHE DURING CONTRACTIONS

During a contraction, especially the stronger ones, breathe very slowly.

- Make sure you are in a comfortable position when the contraction begins.
- Focus on an object as long as the contraction lasts.
- Take in a slow deep breath at the beginning and end of the contraction.
- Breathe a little slower than your normal breathing. Breathe in through your nose and out through your mouth. Continue this until the contraction ends. Then take a deep breath at the end of the contraction.



When the contraction has a very strong peak, keep your focus. As you breathe out, whisper "he." On the next breath out, whisper "who." Take shallow breaths in and out about one per second. Talk with your health care providers about other breathing methods during labor.



During a contraction, stare at a picture or object. Focus only on the object, nothing else. Think about this picture or object.

IF YOU ARE HAVING PAIN

Some women choose to have medication during their delivery. Some medications slow you and your baby down and make labor longer, so most people try to use as little as possible. Breathing and relaxing exercises can help reduce discomfort during labor, so you need less medicine. That way you can enjoy your baby's birth without being too sleepy.

If you feel you need medicine for relief of discomfort during labor, ask your doctor or nurse. They will give you the best type for you depending on your stage of labor. The medication will not stop your labor or cause the baby to be asleep when born.

NARCOTICS

In early labor, you may be given a shot or pill for some pain relief. This may delay labor, make you sleepy and even make your baby sleepy once born. But there are no long-term effects to having these drugs.

Epidurals and spinal blocks numb this area.

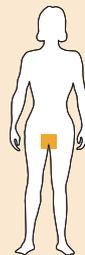


EPIDURAL

This medicine is injected in and around your spine nerves. It numbs your lower abdomen and legs so they feel asleep, but you don't feel sleepy. You may no longer feel your contractions or the urge to push. Normal feeling returns after your baby is born. This type of medicine can be used for cesarean deliveries, also.

NUMBING BLOCKS

Two common types of numbing blocks are the spinal block and the pudendal block. They numb different areas of your body. With a spinal block an injection is made in the lower back. It numbs the lower body for an hour or two. A pudendal block is given by injections to numb the vagina or birth canal during delivery of the head. You will still feel contractions and the urge to push.



Pudendal blocks and local anesthesia numb this area.

LOCAL ANESTHESIA

You may be given a shot to numb a small part of the vaginal area before stitches are put in to close the episiotomy (see page 51).

General anesthesia affects the entire body.



GENERAL ANESTHESIA

In some cesarean deliveries and emergencies the mother needs to be put to sleep. She breathes a special gas (general anesthesia) through an oxygen mask and has medication given in the vein.

Stage 2

DELIVERY

Your cervix will open to about 10 centimeters. Your contractions may slow down a bit, coming 2 to 5 minutes apart. Now you can help. During these contractions, you'll be asked to take a deep breath and bear down to help push the baby out. It helps to take two deep breaths after a contraction and relax until the next one comes. This stage may take a couple of hours or longer. After the baby's head is delivered you'll be asked to pause in your pushing for 15 to 30 seconds.



If needed, a small cut (an **episiotomy**) will be made to widen the vagina as the baby is being born. It prevents tearing of the opening. After the baby is born, the cut is closed with stitches. If you have not had any numbing medicine during labor, you will get it before the stitches are put in.

Stage 3

AFTERBIRTH

Within a half hour after the baby comes, you will still have some mild contractions. Continue to breathe slowly. You will need to bear down some more to deliver the afterbirth (the placenta). The doctor or nurse will examine your uterus and may massage it or give you a shot to tighten it. You'll be tired and your body may shake from all the hard work it has done. But this is the shortest stage of the birth process, usually less than half an hour. During this time your baby will be checked out and given the support it needs.



CHAPTER 9: CARING FOR YOURSELF AFTER BIRTH

Your body needs lots of rest and time to recover. So take care of yourself. Better yet, let others take care of you.



The first 6 to 8 weeks after the baby is born (postpartum period) will go by so fast. You'll be tired and sore. You'll worry about the baby. The house will probably be a mess. And those hormones will be doing crazy things again.

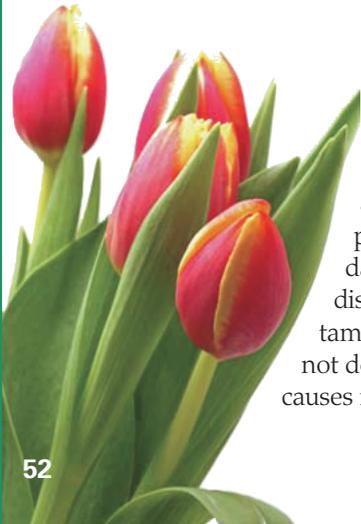
During this time your body starts going back to its non-pregnant ways. You went through a lot of changes while pregnant. You'll go through a lot more after the baby comes. Give yourself time. Time to heal. Time to go back to what you used to do. Time to adjust to a new member of the family.

AFTERPAINS ARE REAL.

Some women have cramps in the uterus the first few days after delivering (afterpains). This is common after your first baby and when you breastfeed. These pains help your uterus return to normal and control bleeding. Usually they stop a few days after the birth. If afterpains bother you a lot, your healthcare provider may suggest a pain relief medicine. If you take medicine and breastfeed, make sure the medicine is safe.

EXPECT SOME BLEEDING AND VAGINAL DISCHARGE.

Right after delivery you will have a heavy discharge of blood, mucus and tissue (lochia) left over from delivery. Bright red bleeding generally lasts for 3 or 4 days, though it may last up to 2 weeks. Let your medical provider know about any heavy bleeding that causes you to change your pad every hour. The bright red bleeding slowly changes to dark red, to yellow and then to white. You may have a whitish discharge for 2 to 6 weeks. Wear a sanitary pad rather than a tampon. Don't forget, the more you do, the more you bleed. Do not douche. If you have any discharge that has a bad odor or causes itching or burning, let your healthcare provider know.



KEEP THE CESAREAN INCISION CLEAN.

Keep your incision clean by gently washing and patting it dry. Wear loose fitting clothes so you don't irritate it. Some C-sections are closed with dissolving stitches that go away by themselves or tape that will come off when you bathe. Try not to pull it yourself. Check with your healthcare provider to find out how to care for your incision and if you need stitches removed.

THERE'S HELP FOR ENGORGED BREASTS.

Your breasts will probably be swollen, tender or hard (**engorged**). Nursing more often to empty the breast or cold compresses may help. The lactation consultant at the hospital or your WIC nutritionist can give you other breastfeeding tips.

EPISIOTOMY STITCHES DISSOLVE.

If you have an episiotomy (see page 51), the cut will be closed with stitches. These stitches will dissolve. They do not have to be removed. Complete healing takes about 4 weeks.



Keep the area very clean. After a bowel movement, wipe yourself from front to back. Wash the area gently. Sitting in a warm tub for 15 to 20 minutes — 3 or 4 times a day — helps reduce the soreness.

KEEP YOUR POSTPARTUM VISIT.

About 4-6 weeks after you deliver you should see your healthcare provider. Almost all health insurance plans, including Medicaid, cover the cost. Your healthcare provider will make sure you are healing and feeling well emotionally. You will be checked for any medical conditions you had during your pregnancy and choose a family planning method if you don't already have one.

Give Yourself Time To Get Back To How You Used To Be



YOU NEED YOUR REST.

It may be very hard for a new mother to get the rest she needs. Just taking care of the baby and keeping the family fed is about all that you should expect to do in the first few weeks. You will probably be up several times at night. So try to take short naps during the day when the baby sleeps.

WAIT AT LEAST A WEEK BEFORE YOU DRIVE.

Wait longer if you feel the least bit light-headed or weak. You may need to wait up to six weeks if you had a C-section. Remember to place the car seat in the car first, then strap the baby in the seat safely.

WATCH HOW MUCH YOU LIFT.

Avoid heavy work that makes you tired. Avoid lifting more than 10 to 15 pounds at a time.

THE FLABBY TUMMY WILL GET BETTER.

Your tummy will be loose and stretchy after the baby comes. It will get back to shape, just give it time. Walking is good for you after the baby comes. Over time, increase your walking (light walking, not power walking) to 20 to 30 minutes a day. Wait until you get the okay from your healthcare provider to do other exercises. Usually you can start being more active and do some sit ups after about 6 weeks. If what you are doing hurts, stop and talk to your healthcare provider about it.

YOU MAY BE CONSTIPATED.

You may be constipated for the first few weeks. Use the same tips for constipation that you used while you were pregnant (see page 31). If you still need help, your healthcare provider may suggest a mild laxative or a stool softener. Listen to your body's cues and respond. Don't rush! You don't have to worry about your stitches. They will not break when you have a bowel movement.



YOU MAY HAVE HOT FLASHES.

It is normal to feel warm and sweat during the night while your body rids itself of extra fluids and your hormones adjust.

TIP Put a towel under you when you sleep to stay dry.

MOOD SWINGS ARE COMMON.

Sudden mood changes are common after delivery. You may feel very happy one minute and be in tears the next. Feelings of deep love may quickly become anger. Many of these mood swings are caused by changes in hormones. Some may be a result of the demands and stress of caring for a new baby in the early weeks. Talk about your feelings. Don't try to hide your feelings, you could slip into depression. As your hormones return to normal levels and as you get used to being a mother, your moods are likely to change less.

FEELING A LITTLE DOWN HAPPENS TOO.

Almost half of new mothers feel “blue” or “down in the dumps” (the baby blues) during the first two weeks or so after giving birth. Hormonal changes may play a role. Sometimes the new mom just cries for no reason at all. If this happens to you, rest more. Ask your family and friends to give you a break. Leave the house for a while. Find someone you can trust to take good care of the baby while you take a nap or a shower. Talk about your feelings with someone who is important to you. For some women, these feelings do not go away after more than a few weeks or they worsen. This could be a sign of postpartum depression. This is a serious

condition that is treatable. Review the checklist on page 37. If you ever feel like you might hurt yourself or your baby, call your healthcare provider for help right away.

WHEN WILL YOUR PERIOD START AGAIN?

If you are breastfeeding, your menstrual period may be delayed for a long time. You may not menstruate until up to 18 months after delivery. If you are not breastfeeding, your period usually returns 4 to 8 weeks after birth. Even without a period, you can still ovulate, or pass an egg, and get pregnant. Use a birth control method so you can space pregnancies at least two years apart.

WAIT UNTIL YOU ARE READY FOR SEX AGAIN.

You need time to get back to normal before you have sex. It’s important for your body and mind to “feel ready” for sex. For most moms, this is usually when bleeding has stopped, when you are no longer sore and when you think sex would feel good. This is usually after your postpartum checkup, around 6 to 8 weeks after birth. But it may be longer for some women. When you start having sex again, your vagina may feel dry at first, especially if you are breastfeeding. A lubricant, extreme gentleness in lovemaking, and a comfortable position such as the woman on top can help.

PLAN AHEAD ABOUT WHAT KIND OF BIRTH CONTROL YOU WANT TO USE.

Having babies very close together is hard on your body. It may also be hard on your babies. Wait at least 18 to 24 months after having a baby to get pregnant again. There are many birth control methods you can use to space your pregnancies. You can use a birth

control method even if you are breastfeeding. Talk to your healthcare provider about your options and ways to get free or low-cost birth control. You may be eligible for the Be Smart Family Planning Program. Another option is not to have sex. If your family is complete, you might consider a permanent birth control method.





CHAPTER 10: KNOW YOUR MATERNITY RIGHTS

All pregnant women have maternity rights and choices. It is important that you know them, so you can make informed decisions and get the care you need.

THE FAMILY & MEDICAL LEAVE ACT

This law requires employers of 50 or more employees to allow both women and men to take time off — up to 12 weeks of unpaid, job-protected time — during any 12 month period for the birth or adoption of a child. It provides the same time off for women and men to care for a family member or if the employee has a serious health condition.

DISABILITY

Discrimination against you because you are pregnant, or because you have a medical condition or disability that is related to being pregnant, is against the law. To get more information call the Equal Employment Opportunity Commission at 1-800-669-4000 (TTY 1-800-669-6820) or visit www.eeoc.gov/offices.html

THE RIGHT TO BREASTFEED

Under North Carolina law, a woman may breastfeed in any public or private location. It is not a problem if a nipple is uncovered (shows) while getting ready or finishing up breastfeeding.

AN EMPLOYER CANNOT REFUSE TO HIRE YOU BECAUSE YOU ARE PREGNANT

The Pregnancy Discrimination Act states that an employer cannot refuse to hire a pregnant woman because of her pregnancy, pregnancy-related conditions or because other co-workers, clients or customers think she shouldn't work. It is illegal for employers to ask you if you're pregnant during a job interview.

PAYING FOR YOUR PREGNANCY: KNOW YOUR OPTIONS!

Community Clinics – cost for services is based on your ability to pay (sliding-scale).

Health Departments – offer many prenatal visits at no or little cost based on your income. You may need to pay for special services on a sliding-scale fee based on documented income. No one is denied services based only on ability to pay.

Presumptive Medicaid – Health Departments offer temporary Medicaid to cover pregnancy-related expenses on the assumption that you are eligible to receive Medicaid for Pregnant Women. This coverage only lasts for two months, the month that you apply and the next.

Medicaid for Pregnant Women (MPW) – The family income limit for a pregnant woman to receive Medicaid is equal to 196% of the poverty level.

MPW covers:

- all your prenatal visits and other examinations recommended by your medical provider.
- prescription medicines.
- transportation to the clinic if needed.
- childbirth classes.
- Pregnancy Care Management.
- delivery and hospital expenses.
- 6 weeks of medical care for the mother after giving birth.
- birth control.

Health Check (for baby) – If you have MPW coverage, your newborn is automatically eligible for Medicaid (Health Check) up to age 1 and may be eligible after age 1.



Emergency Medicaid – If you don't have health insurance you may qualify for Emergency Medicaid. It can pay for all of your delivery related expenses. Your local department of social services determines the eligibility coverage dates.

Private Health Insurance – See if your insurance covers maternity expenses or if you can add coverage. Check with your insurance agent or human resources where you work for complete information on coverage and deductibles.



No matter what healthcare provider you choose, make sure you feel comfortable and have good communication.

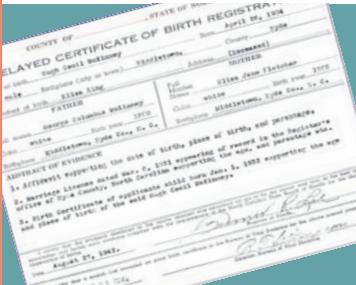


THE SAFE SURRENDER LAW: FOR WOMEN IN CRISIS

North Carolina law allows a woman who has given birth to surrender the baby legally, and without questions, to a responsible adult within the first seven days after birth.

WHAT IS HIPAA?

The Health Insurance Portability and Accountability Act (HIPAA) is a patient rights act. It protects your medical history and treatment information from being shared by your medical provider. Your provider's office, urgent care center or hospital cannot release information about your physical or mental health to your employer, any private agency or individual without your knowledge and without first obtaining your written consent. HIPAA is pronounced hip-ah.



A WORD ABOUT BIRTH CERTIFICATES

All births are required to be registered in the county and state where the baby was born. You will receive a form at your hospital to record your baby's name. You can ask for a form to request a Social Security number for your baby. Make sure all the information is spelled correctly. If you are not married and want the father's name on the birth certificate, he needs to sign a paternity form at the hospital.



WHAT IF YOUR BABY IS A BOY?

During your pregnancy you should decide if you want a boy circumcised. This is a surgical operation to remove the loose fold of skin covering the tip of the penis (**circumcision**). Ask your healthcare provider for material to read on circumcision so you can make an informed decision ahead of time. Also, ask the hospital where you will deliver about their fees and regulations for circumcising babies.

LOOK IT UP WORD INDEX

Find the word you want to know more about on the list. Turn to the page(s) listed next to that word. The word is defined on the page with the highlight.

For example, if you want to know more about anemia, look on pages 7, 32 and 40. You see 7 on the list has a highlight. The definition of anemia will be on the highlighted page 7.

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BE ALERT FOR SIGNS OF PRETERM LABOR

- Contractions of the uterus – that are less than 8 minutes apart (4 or more contractions in an hour), that may be painless or may feel like the baby is “balling up”
- Cramps like those with your period – that come and go, or that don’t go away
- Cramps in the abdomen or stomach – with or without diarrhea
- Increase or change in vaginal discharge – watery or with mucous or blood
- Low, dull backache – that comes and goes, or that doesn’t go away
- Pressure – that feels like the baby is pushing down; comes and goes



While resting, drink two or three glasses of water or juice. Many times the signs of preterm labor will go away.

PRETERM LABOR IS LABOR THAT BEGINS BEFORE THE 37TH WEEK OF PREGNANCY.

IF THE SIGNS OF PRETERM LABOR ARE STILL PRESENT AFTER 1 HOUR, CALL YOUR HEALTHCARE PROVIDER, CLINIC OR HOSPITAL.

YOU MAY OR MAY NOT FEEL PAIN WITH PRETERM LABOR.

When you call, your healthcare provider will want to know:

- your name and phone number.
- when your baby is due.
- what signs you are having.
- how often you are having contractions, if you are having them.

YOU MAY OR MAY NOT FEEL PAIN WITH PRETERM LABOR.

You can get free information about pregnancy and prenatal care by contacting your local health department.



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