



KAISER PERMANENTE®

► *To our expectant mothers throughout the  
Northern California Region*

From the  
Northern California  
Kaiser Permanente Staff

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## ► *Preterm Birth Prevention Program*

The Preterm Birth Prevention Program provides assistance and support to women who are at increased risk for delivering prematurely. Since the exact factors that may start labor are unknown, the goal of the program is to detect preterm labor as early as possible. If preterm labor is identified early enough, medical treatment may be effective to stop it, preventing a preterm birth.

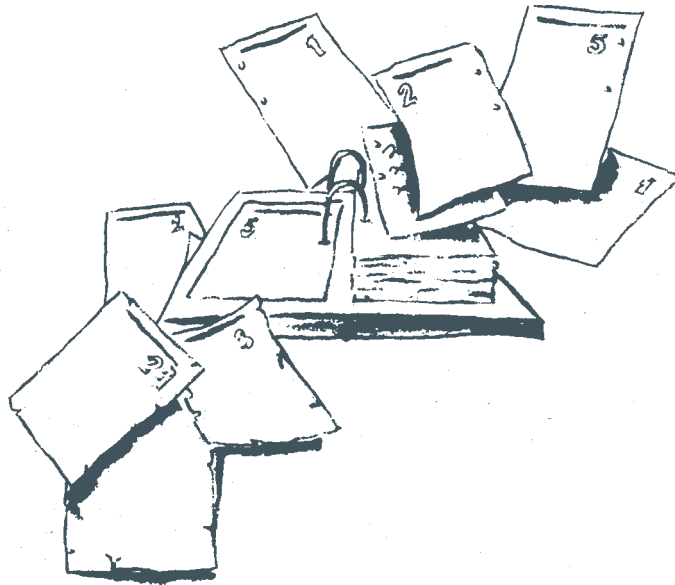
Our program provides you with instruction on the signs and symptoms of preterm labor, and how to monitor your uterine activity. You will also receive daily or weekly telephone nursing contact and medical center resources so that we can assess and make changes to your plan of care if it is required.

When you are referred to this program, your physician will recommend a specific plan of care tailored to your needs. You may be taught how to assess your uterus (womb) for contractions by self-palpation (using your hands), or you may be directed to use a home uterine monitor. This information and any other signs or symptoms of preterm labor will be relayed daily or weekly by telephone to a perinatal nurse. You will be asked to assess your uterine activity for 1 hour in the morning and again for 1 hour in the evening. A perinatal nurse will also be available to you 24 hours a day, 7 days a week, if you have a concern about contractions or symptoms.

The following additional information is provided to you so that together we may be able to help you through your pregnancy and hopefully prevent a preterm birth.

## ► *Why Are We Attempting to Prevent a Preterm Birth?*

A full term pregnancy lasts for approximately 40 weeks. It has been shown that if a pregnancy can be maintained for at least 36 weeks, the chances of the baby experiencing problems and difficulties with breathing, eating, or maintaining its own body temperature are greatly reduced. Babies who are premature (less than 36 weeks) may require intensive care after they are born. Due to the many lifelong problems that can be associated with prematurity, it is important that we work together toward preventing a preterm birth.



## ► *Who Is At Risk For Preterm Labor?*

**Preterm labor occurs in about 4 to 6 patients per 100 pregnancies.**

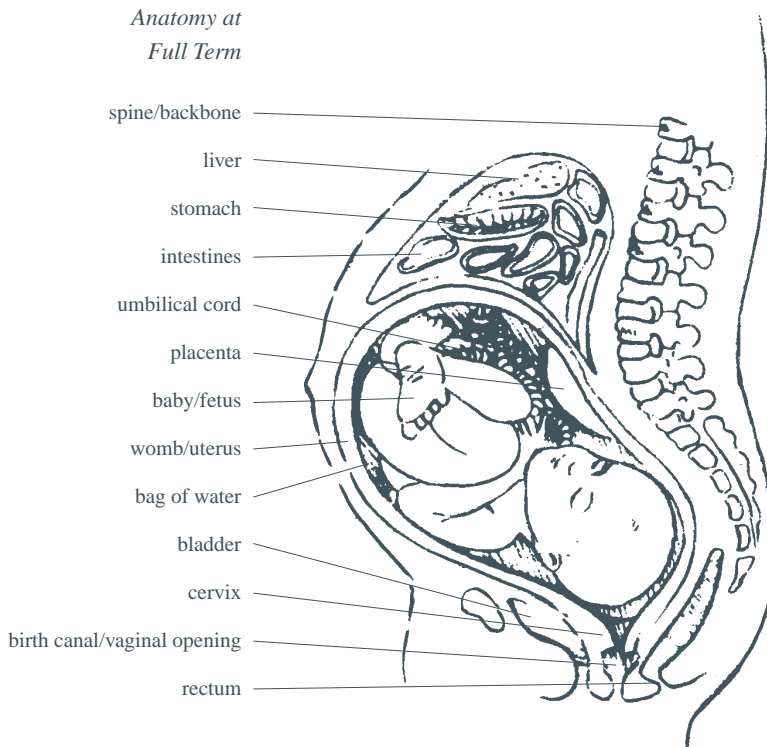
Although preterm labor and birth can happen in any pregnancy, we know that there are a number of conditions that can increase a mother's chances of having preterm labor. Some of these "risk factors" are preterm labor or birth with a previous pregnancy, current multiple pregnancy, physical problems of the cervix or uterus. Your physician or nurse practitioner will review your history with you and discuss any known problems.

Unfortunately, as health care providers, we cannot always accurately predict which women will have a problem with preterm labor. We do know that it can occur in women who do not have identified risk factors. Therefore, it is important for all pregnant women to know the signs and symptoms of preterm labor, and to pay attention to their bodies.

## ► *What Is Preterm Labor?*

Preterm labor is cervical opening (dilation) or thinning (effacement) before 36 weeks gestation. It is usually caused by uterine contractions.

Most women will experience occasional contractions during their pregnancy and this can be normal. You may feel contractions when you are getting out of bed or moving from a sitting to a standing position. Contractions that continue and are more than **four to six per hour** may cause the cervix to change. These contractions may be **painless**. Some women will notice other signs or symptoms of preterm labor, and will not be aware of contractions. They may have cervical change as well. It is important that you become aware of the subtle signs of preterm labor and prepare to change your activity if they occur. If preterm labor is recognized in time it can often be treated and stopped.



## ▶ *Signs and Symptoms of Preterm Labor*

The following may be warning signs of preterm labor:

- ▶ **Dull Low Backache** - Below the waistline, the backache may come and go or be constant.
- ▶ **Menstrual-like Cramps** - This cramping discomfort usually occurs in the lower abdomen just above the pubic bone. It may come and go in a regular pattern or it may be constant.
- ▶ **Pressure/intermittent pains in the Lower Abdomen, Pelvis, or Thighs** - May feel as though the baby is “pushing down.”
- ▶ **Change in Vaginal Discharge** - Vaginal discharge may increase or change into a heavy mucous-like, watery, or light bloody discharge.
- ▶ **Intestinal Cramping with or without Diarrhea**
- ▶ **Feeling Bad** - A general feeling that something is wrong.
- ▶ **Uterine Contractions** - Contractions that are more than 4 to 6 an hour. Remember, contractions may be painless.

(Adapted from March of Dimes, Appendix A)

### **IMPORTANT**

If you experience any of these symptoms, there are three things you can do to try to stop them. First, empty your bladder and continue to urinate frequently. Second, drink more fluids, an additional two to three 8 oz. glasses of liquid. Lastly, lie down on your side. While you are resting, palpate or feel for contractions. If one hour passes and the symptoms continue, call the Perinatal Nursing Service Center.

## ► *Self-Detection of Uterine Contractions*

If you are at high risk for preterm labor, we recommend that you **feel for contractions** (assess or palpate) for one hour, twice a day. In addition, if you have symptoms of preterm labor, you should assess for contractions at that time.

**Assessing contractions** can be done in the following manner:

- Drink 2 to 3 glasses of liquid (1 glass = 8 ounces) in the hour before assessing.
- Empty your bladder, and get up to the bathroom again whenever needed.
- Lie in a comfortable position, preferably on your left or right side. If you need to lie flatter in order to feel your uterus, place a pillow under one hip in order to maintain a good blood supply to both you and your baby.
- Place one or both hands over your uterus like this: put your middle finger over your navel, spread your other fingers out.
- A contraction may feel as though the baby is getting into a ball, or pushing up against your fingers, or slowly rolling over. Your entire uterus will feel tight if you press with your fingers. Any tightening lasting more than 35 seconds is a contraction.
- Assess contractions for one full hour. Log the total in your diary.



## ▶ *Self-Detection* (continued)

### **IMPORTANT**

- ▶ Call the Perinatal Nursing Service Center or Labor & Delivery or your health care provider **IMMEDIATELY** if you have contractions that are *at or more* than the limit (threshold) set by your doctor. This is usually 4 for a single baby and 6 for multiple babies.
- ▶ If you are monitoring your contractions with a home uterine activity monitor, contact the Perinatal Nursing Service Center and send an emergency transmission of your uterine activity or describe your contractions or symptoms.
- ▶ Typically, you will be instructed to empty your bladder, drink more fluids (2-3 glasses of juice or water), lie on your side and feel for contractions again for another full hour. If symptoms or contractions persist, you will be directed to go to Labor & Delivery for further evaluation.
- ▶ Do not wait for the warning signs to go away! Waiting to call for help could result in the preterm birth of your baby.

## ▶ *Importance of Fluids*

Throughout this booklet, the importance of drinking fluids will be stressed. If a woman becomes dehydrated (not getting as much liquid as her body needs), her uterus will contract more frequently. Therefore, it is important to drink liquids all day long. It is recommended that you drink about 100 ounces, or 3 quarts, of liquid each day. This is equal to 12 eight-ounce glasses.

## ► *Activity Limitations*

During your pregnancy there are many changes that are happening to your body to support your developing fetus. It is very important that you care for yourself by providing the nourishment and rest your body needs to make these changes. This includes being aware of limitations and avoiding strenuous activities such as lifting or moving heavy objects. Many women can remain physically active during their pregnancy. However, for women who are at high risk for preterm labor, physical activity may contribute to contractions or symptoms. Therefore, if you are at increased risk for preterm labor, limiting your activity is **critical**. Hopefully, by limiting your activity and getting enough rest, you may be able to avoid strict bedrest.

If you are working outside the home, your health care provider may recommend that you stop or limit your work hours. This recommendation may be made any time after 24 weeks, depending on your condition. You and your health care provider will determine what best fits your needs. It is important to find out about your disability benefits early in your pregnancy, especially if you have been identified as being at risk for preterm labor. Plan ahead so that both your employer and partner are aware of your possible limitations.

Remember that this is a temporary situation - try to keep a positive outlook! We know it is difficult to emotionally and physically adapt to restricting your activity. Your most important job is to provide the best conditions you can for your growing baby. The health care providers at your clinic can help you with identifying resources that may be of assistance to you.

The following guidelines may help you in planning and organizing your daily activities. We have defined them as activity limitations **Type 1: General Activity Limitations** and **Type 2: Strict Bedrest**. Your health care provider will indicate which restrictions are applicable to you.

## ▶ *Activity Limitations (Type 1)*

### **AT WORK**

While you are still working, rest as often as possible and take good care of yourself: use breaks and lunch for rest - *not errands*. Make sure when you are resting that your feet are elevated. This helps the swelling you may have in your lower extremities and relieves pressure against the cervix.

- ▶ Absolutely no lifting of heavy objects (10 to 15 lbs maximum)
- ▶ Do not lift your toddlers. Sit down and have them climb onto your lap
- ▶ Be sure to drink plenty of liquids (10-12 glasses) every day (1 glass = 8 ounces)
- ▶ Empty your bladder frequently
- ▶ Change your position and stretch frequently
- ▶ After work, go straight home and rest on your side if possible for at least 1 hour before starting dinner or running errands

### **SHOPPING**

- ▶ If at all possible, have someone else do your shopping. Limit your trips to those that are necessary. Remember, you will have plenty of time to decorate and stock the nursery later!
- ▶ Ask the grocery clerk to put small amounts into the bags that you will have to carry. Have items that you must take into the house right away placed by the car door so that you can get them easily when you return home.
- ▶ If someone else is not available to carry the groceries in for you, bring them in only after you have rested for 30 minutes to 1 hour.

## ▶ *Activity Limitations (Type 1)* (continued)

### **FOOD PREPARATION**

- ▶ **QUICK AND EASY FOODS ONLY.** . .no more than 15-20 minutes of standing for food preparation. Do as much work as possible *while sitting down*.
- ▶ Have friends, relatives, church members, etc. bring a prepared dish to your house that only requires heating before serving. This will save you both time and energy.
- ▶ Take out foods are helpful too! Try to avoid fried or heavily salted items. Soups, salads, and pizza with vegetables are good choices.

### **LAUNDRY**

- ▶ Try to have someone else do the laundry!
- ▶ Do no more than *two loads of laundry* per day, one in the morning and one in the evening.
- ▶ Fold only what you must and do your folding sitting down.
- ▶ Consider sending your ironing out, especially shirts.

### **HOUSEWORK**

- ▶ **ABSOLUTELY NO HEAVY HOUSEWORK.** . .this includes vacuuming, moving furniture, painting, floor scrubbing, or heavy lifting.
- ▶ Do small amounts of work with plenty of rest between tasks (i.e., light dusting, rest, pick-up a few things, rest, wash a few dishes and leave to drip dry, etc.) Rest periods between activities should be a minimum of 30 minutes.
- ▶ Concentrate your housework in rooms where you spend most of your time. Remember, this is not the time to start major household projects such as cleaning closets, etc.

## ▶ *Activity Limitations (Type 1)* (continued)

### **OTHER THINGS TO REMEMBER**

- ▶ If you have to travel, stop frequently so that you can keep your bladder empty. Also, give yourself time to stretch and change position. Avoid long trips - no more than one hour at a time. Don't forget to drink your water!
- ▶ Absolutely **NO** breast preparation/nipple stimulation. This may cause the uterus to contract.
- ▶ Avoid vaginal intercourse or female orgasm if your cervix has dilated or if you are having contractions or symptoms of preterm labor.
- ▶ If you experience 1/2 hour or more of frequent uterine contractions after vaginal intercourse or female orgasm, you should avoid these activities.
- ▶ If you have questions related to sexual activity, discuss these questions with your health care provider.

## ▶ *Activity Limitations* (Type 2)

### **STRICT BEDREST**

Your physician will ask you to be on strict bedrest only when it is **absolutely** necessary. The goal of bedrest is to decrease the symptoms and contractions of preterm labor. Strict bedrest requires the complete cooperation of the entire family and a good deal of organization. You will need to stay in bed or rest in a room where you can lie down at **all times** except when you need to go to the bathroom.

### **HELPFUL TIPS**

- ▶ Be realistic in evaluating the amount of help you will need. Plan in advance for tasks, then assign someone for each responsibility such as childcare, meal preparation, laundry duties, and shopping. It is important that you are not physically or emotionally stressed.
- ▶ Make several “nesting” areas for yourself so that you have a change of scenery from time to time. There is no need to be isolated in your bedroom.
- ▶ If you have stairs, plan to use them only once each day. You may want to use a basket to organize the supplies you need at your side. Have someone else carry your supplies up and down.
- ▶ Keep juice/water available at your bedside to encourage you to drink the necessary 10 to 12 glasses per day.
- ▶ Have books or quiet projects close at hand so that when you become bored with the TV or current project you can easily switch to something else.
- ▶ Keep a journal or daily diary to write plans for your daily schedule or for expressing your feelings.
- ▶ Keep the telephone and important numbers close to you.
- ▶ Limit showers to **no more** than 15 minutes, 2 or 3 times a week (if okayed by your physician). To avoid fainting while showering, the water temperature should not be very hot. Leave the bathroom door ajar so the room remains well-ventilated.

## ▶ *Activity Limitations* (Type 2)

- ▶ If possible, shop by mail order catalogues or online.
- ▶ Do gentle stretching exercises to relieve kinks and muscle soreness that may occur from lying in bed, i.e., neck rolls, ankle rolls, leg stretches. (Refer to the **PRENATAL BEDREST EXERCISES** in this book.)
- ▶ Have someone drive you to your doctor's appointment. When you arrive you may want to have that person get a wheelchair to take you to the clinic waiting area.
- ▶ Do not make any side trips or run errands on the way home from your appointment. It is important that you maintain bedrest!!

### **HELPFUL HINTS FOR EATING WHILE ON BEDREST**

Avoid eating large meals. Instead, eat several small meals a day. Surrounding yourself with plants, fresh air, music, and pictures may help your appetite!

### **FOOD SHOPPING**

- List the specific foods that you want purchased.
- Plan menus consisting of foods that are not greasy, need little preparation, and could be included in a "bag lunch."
- Try non-greasy take-out foods.

### **FOOD STORAGE AT THE BEDSIDE**

- Keep soups, milkshakes, fruit/yogurt drinks in thermos bottles.
- Keep cottage cheese, milk, sandwiches, cheese slices, vegetable sticks, and yogurt in ice chest.
- A TV tray or table by the bedside is handy for keeping food within reach.

## ► *Activity Limitations* (Continued)

### **PREVENT CONSTIPATION**

- Eat high fiber grains, such as bran cereal and whole wheat bread.
- Increase the fluids you drink (minimum 12 cups per day; 1 cup = 8 oz.)
- Drink hot water mixed with 1 tsp. lemon juice three times a day.
- Eat raw vegetables and fruits.
- Ask for a stool softener if dietary measures are not helpful.

If you are having problems with constipation, tell your health care provider. Do NOT take any medicine for relief of constipation without your doctor's approval.

### **PREVENT NAUSEA/INDIGESTION**

- Eat five or six small meals throughout the day.
- Drink fluids between rather than with meals.
- Eat lightly seasoned food. Avoid foods that are cooked with pepper, garlic, or onion.
- If you feel nauseated between meals, drink small amounts of apple or grape juice or decaffeinated carbonated beverages.
- Avoid greasy or fried foods.
- If indigestion is severe, ask provider about sitting up for 30 minutes after meals.



## ► *Prenatal Bedrest Exercises*

If you are on strict bedrest, these exercises will help you in several ways. They will help to prevent swelling in your legs, slow down muscle loss from decreased activity, increase your oxygen supply, maintain your range of motion, and prevent stiffness in your arms and legs. Discontinue any exercise if there is an increase in contractions or symptoms, or any bleeding.

### ► **PRE-EXERCISE INSTRUCTIONS**

- Always breathe freely. Let your abdomen and rib cage expand and compress naturally as you inhale and exhale.
- Warm up gently.
- Start by doing the number of repetitions you can do easily; then add one to two repetitions per day up to your tolerance.
- Exercise for short periods (two to three exercises each) throughout the day, rather than doing all exercises at once.
- Relax fully after each exercise session.

### ► **BREATHING EXERCISES**

- Exhale as completely as you can through your nose.
- Relax your tummy muscles and begin to inhale through your nose sending the air directly to the abdomen. You should feel the tummy move slightly forward. The shoulders should be perfectly still.
- Once you have completely filled the tummy area, which should take about five seconds, begin to smoothly exhale. **DO NOT HOLD YOUR BREATH.**
- As you exhale, which should take about five to eight seconds, slightly contract the abdominal muscles until you have completed the exhalation.
- The tummy moves forward as you inhale and backward as you exhale.
- Repeat five to ten times and relax.

## ► Prenatal Bedrest Exercises

### ► UPPER BODY EXERCISES

- Perform these six movements:  
Lift your chin toward the ceiling. Tuck your chin to your chest. Turn your head as far as possible to one side, then to the other side. Bring your ear toward your shoulder on one side, then to the other side.
- Raise arms straight toward the ceiling while inhaling. Lower with exhalation.
- Bend and straighten elbows.
- Open and close hands quickly.
- Lift both arms overhead and slowly stretch one arm at a time. (Fig. 1)
- Move both shoulders in forward circles with arms hanging at sides. Move both shoulders in backward circles with arms hanging at sides.
- With arms at shoulder level, make small circles in a forward direction with wrists flexed. (Fig. 2)
- Make small circles in a backward direction with wrist extended. (Fig. 3)



Figure 1



Figure 2



Figure 3

## ► *Prenatal Bedrest Exercises* (continued)

### ► **UPPER BODY EXERCISES CONTINUED**

- With arms at shoulder level and elbows bent to 90°, bring your arms together in front of your face, touching from elbows to finger tips, then open again. (Fig. 4)
- With arms at shoulder level, cross your arms in front of your chest keeping your elbows high, then open to the side. (Fig. 5)
- With arms straight out at shoulder level, turn your arms under and then turn your arms up.



Figure 4



Figure 5

### ► **ABDOMINAL EXERCISE**

- Tighten your stomach muscles pulling your tummy up under your rib cage, and pressing your back into the bed (pelvic tilt). Tighten and relax without holding your breath.

## ► *Prenatal Bedrest Exercises* (continued)

### ► **LEG EXERCISES**

(For these exercises, place a pillow under one hip so you are not lying flat on your back!)

- Tighten your buttocks and release.
- Tighten your thighs and push your legs into the bed, then release.
- Pump your feet by moving your ankles up and down.
- Make circles with your feet. Be careful not to point your toes down too sharply. This may cause cramps in your lower legs.
- Draw the letters of the alphabet with your big toes.
- Bend your knee and slide your ankle up the bed, keeping your foot on the bed. Slowly slide your leg down. Alternate legs. Hold your pelvic tilt during the exercise.
- Slide your leg out to the side while keeping your toes pointed toward the ceiling. Bring your leg back to the center. Alternate legs. Hold your pelvic tilt during the exercise.
- With your legs straight, roll your legs out, and then in.



## ► *Prenatal Bedrest Exercises* (continued)

### ► **RELAXATION**

These exercises are also helpful in preparing for labor and are often taught in childbirth classes. Have someone with a soothing voice read the directions for relaxation to you or prepare a tape recording to assist you in practicing.

- Open your mouth wide as you inhale and sigh out the breath: a-a-a-h. Repeat five times.
- Focus your concentration on your facial muscles and feel the forehead and eyebrow area going limp. Make that area relax even more.
- Mentally focus on your eyes. Relax your eye muscles.
- Feel your jaw muscles and cheek muscles let go. Feel the looseness. Separate your teeth and let your tongue fall back slightly into your mouth. Feel the muscles in the mouth area letting go.
- Feel your nostrils, ears, and scalp relaxing.
- Let all expression melt from your face. Feel it going limp.
- Relax the neck: the front, the sides, the back of the neck.
- Feel your shoulders letting go: the right shoulder, the left shoulder, and the space between.
- Feel your upper arms, elbows, lower arms relaxing.
- Feel your fingers opening slightly and releasing.
- Feel your chest and back going limp. Feel the top half of your body completely relaxed and loose.
- Relax the tummy area to give the baby more room. Feel the abdominal muscles letting go.
- Feel your buttocks going limp, letting go.
- Focus in on the birth canal area and feel it loose and relaxed. Check to see that your mouth is still relaxed. Relax the mouth and the birth canal.
- Feel your thighs, hips, knees, calves, and ankles going limp.
- Feel your feet letting go. Make your toes relax one by one.
- Take a moment or two to check your body over for further tension.

## ► Prenatal Bedrest Exercises (continued)

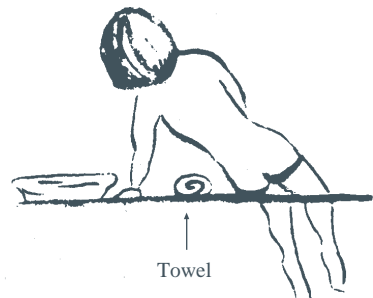
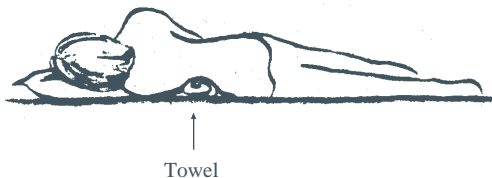
### ► RELAXATION CONT.

- Feel yourself sinking into the bed. Let go, give up. Feel a sense of looseness envelope you.
- Feel the tensions draining out of your fingers and your toes. Imagine a flow of tensions, tiredness, troubles, fears, anxieties, and aches leaving your body as you open all the muscles.
- Let your breathing settle down to a comfortable rate as you sink into the blissful feeling of complete relaxation.
- Allow your consciousness and your baby's consciousness to connect. Let yourself be open to receive any feelings from your child.
- Try to keep a mental awareness of how your body feels. Become aware of your hands and legs. Move your fingers slowly, then your toes, then begin to stretch and slowly arouse.
- You should feel revitalized and re-energized after your practice.

Adapted from *Positive Pregnancy Through Yoga*  
By Sylvia Klein Olkin

### ► BACK CARE

- When lying in bed use a towel roll or pillows for support in side-lying positions.
- Rising from horizontal roll onto your side, draw knees up toward your chest, and push yourself up with your arms. This employs the arm muscles and protects the back and abdominal muscles.



## ► *Prenatal Bedrest Exercises* (continued)

### ► **BACK CARE CONT.**

- **Sitting:** sit in a chair that will give your whole back support. You may use a towel roll or pillow to support the lower back while sitting erect. Legs should not be straight out in front. If more comfortable, place an object on the floor about two inches thick on which to rest your feet.



### ► **KEGEL'S EXERCISES**

- **Purpose:** to provide improved support for your uterus and other pelvic organs during pregnancy, and to learn to aid in relaxation of this area during delivery.
- **Contract/Relax:** tighten the muscles of the perineum as if to prevent urination. Hold for a count of 5 and relax. Repeat 50 times a day. Do not practice this during actual urination.
- **Elevator:** imagine that you are riding an elevator. As you ascend to each floor, try to draw up the perineal muscles a little more. Now descend floor by floor, gradually relaxing the muscles in stages.

## ► *Nutrition*

Many women find that eating can be a problem when they must restrict their activity during pregnancy. Medication and decreased activity may affect your appetite. Constipation and indigestion may occur. These are very real problems. See STRICT BEDREST in this book for helpful suggestions. It is important to remember that your baby is depending upon you for nourishment. The quality of your baby's growth can be affected by what you eat now. The foods you eat supply two kinds of nourishment.

- **EXTRA CALORIES:** fuel for your own body, fuel for the baby's growth, and energy to utilize nutrients.
- **EXTRA NUTRIENTS:** building blocks for the baby's growth including protein, vitamins, and minerals.

A vitamin supplement supplies some of the nutrients you need, but not the most important ones: calories and protein. While vitamin pills provide some nutritional insurance, they do not serve the same function as food. However, it is still important that you continue taking prenatal vitamins as recommended by your health care provider.

## ► Nutrition Guidelines

This daily food guide is a quick reference for pregnant women expecting one or more babies. This guide is the recommended *minimum* daily servings for the key nutrients.

### ► DAILY FOOD GUIDE

FOOD GROUP (Key Nutrients)	Examples of Food (One Serving Each)	Recommended Minimum Daily Servings		
		Adult Women	Single Pregnancy	Multiple Pregnancy
MILK & MILK PRODUCTS (Calcium, Vitamin A, Vitamin D)	1 cup milk 1 1/2 oz cheese 1 cup yogurt 2 cups of cottage cheese	2	3	4-5
PROTEIN FOODS (Protein, Iron, B vitamins)	1 egg 1-3 oz (1/4 cup) meat fish or poultry 1 cup cooked beans 1/4 nut butter 8 oz tofu	5	7	9
BREADS, CEREALS, & STARCHES (B vitamins, Iron, Fiber)	1 slice bread 1 tortilla 1/2 cup hot cereal 3/4 cup dry cereal 1/2 cup cooked rice or pasta 4 crackers	6	7	7
VITAMIN A Rich Fruits & Vegetables	1 cup Swiss chard spinach or romaine lettuce 3 med. apricots 1/4 cantaloupe	1	1	1
VITAMIN C Rich Fruits & Vegetables	1/2 cantaloupe 1 orange or 1/2 grapefruit 6 oz cup of orange or tomato juice 2 med. tomatoes 1/2 cup broccoli or cauliflower	1	1	1
OTHER FRUITS (Vitamin A, Fiber)	1/2 cup cooked 1 cup raw vegetables 1 piece fruit	2	2	2
FATS & OILS (Fatty Acids, Vitamin E)	Margarine, oil, mayonnaise, butter, salad dressing	2 Tbsp. (tablespoons)	2 Tbsp. or more	2 Tbsp. or more

Amended from: *Nutrition During Pregnancy and the Postpartum Period*, California Dept. of Health Services, 1991

## ► *Weight Gain For Pregnancy*

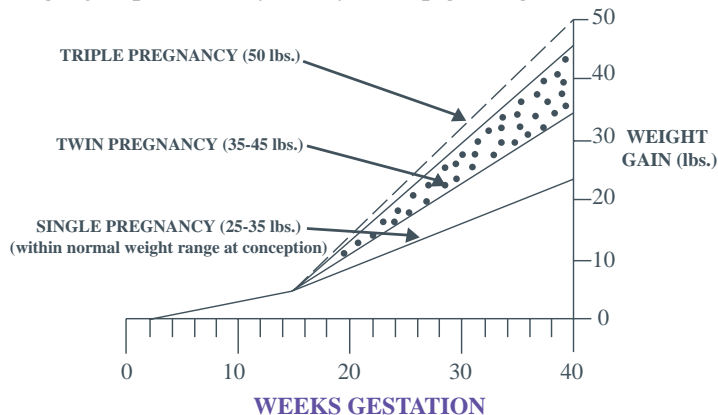
### ► **WEIGHT GAIN**

Adequate weight gain is a good indicator that the nutritional needs of both you and your baby or babies are being met. Women who do not gain enough weight often have babies that weigh too little. A baby that weighs less than 5.5 lbs. (2.5 kg.) at birth is more likely to have developmental problems.

Most women should gain between 25-35 pounds for a single pregnancy, 35-45 pounds during a twin pregnancy, and approximately 45-55 pounds for triplets. Your Registered Dietitian will be able to make individualized recommendations for you, particularly if you are under- or overweight at conception. The baby/babies account for only part of the weight you gain, and a few pounds will be fat stores for breastfeeding. Your own body must add blood, muscle, fluids, and tissue necessary for a baby's growth and development. If you gain less than recommended, the baby's chances for health and survival may be decreased.

### ► **WHEN SHOULD YOU GAIN WEIGHT?**

During the first three months expect to gain a total of about 2 to 4 pounds. During the last 6 months you need to gain about 0.5 - 1 pound each week. The increase in weight should be fairly steady. Consult your doctor if your weight jumps suddenly or if you stop gaining.



## ► *Weight Gain*

### ► **POOR APPETITE/LOW WEIGHT GAIN**

- Schedule rest breaks.
- Eat at regular times.
- Eat small frequent meals, i.e., breakfast, lunch, dinner, and three snacks.
- Choose foods that are high in protein and calories such as hard-boiled eggs, milkshakes, and peanut butter.
- Drink fluids between meals rather than during meals.
- Write down what you eat. Try to identify when and what you could add throughout the day. Think of snacks such as cheese, nuts, trail mix.
- Invite visitors at mealtime for company.
- Call the Registered Dietitian at your local Kaiser Permanente facility for advice on your diet.

### ► **EXCESSIVE APPETITE/HIGH WEIGHT GAIN**

- Eat at regular times.
- Eat small frequent meals, i.e., breakfast, lunch, dinner, and three snacks.
- Eat more low calorie, high nutrient foods such as vegetables, fruit, nonfat milk, and nonfat yogurt.
- Write down what you eat. Try to identify when and what you could delete throughout the day, i.e., cookies, etc.
- Call the Registered Dietitian at your local Kaiser Permanente facility for advice on your diet.

### ► **SUMMARY**

- Gain at least 25-35 pounds for single baby, 35-45 pounds for twins, 50 pounds for triplets.
- Eat six or more small meals per day, i.e., breakfast, morning snack, lunch, afternoon snack, dinner, and bedtime snack.
- Choose nutritious foods. Avoid fatty and salty foods.
- Include 3 or more cups nonfat or lowfat milk per day. (1 cup = 8 oz.)
- Take prenatal vitamins and iron supplements as prescribed.
- Include good food sources of iron daily such as meats, fish, green leafy vegetables, whole-grain or fortified foods.
- Avoid smoking and alcohol.

## ► *Medications for Preterm Labor*

As mentioned, our goal is to prevent preterm birth by attempting to detect the signs and symptoms of preterm labor as early as possible. Once preterm labor has started, medical treatment is necessary and may include medication. Medications that are prescribed for preterm labor are called tocolytics. There are a variety of tocolytics for preterm labor that your physician may prescribe if it becomes necessary. There are some tocolytics that can only be administered in the hospital. However, other types of tocolytics do not require hospitalization and can be taken at home. Your physician or nurse will review the medicine that has been prescribed for you, instructing you how to take it, and discuss potential side effects.

At home, it is important that you take your medicine as prescribed. This means taking the correct dose at the appropriate time interval each day. To help remind yourself when your medication is due, have a clock or watch easily accessible at all times. You may also want to set an alarm or make a notation in a daily diary to keep track of your medication. Do not postpone your medication for more than 10 minutes past the scheduled time. It is important that you keep a constant level of medication in your system. If you happen to miss your medication, take it as soon as you remember and be aware of any potential signs and symptoms of preterm labor.

## ► *Baby's Growth and Development*

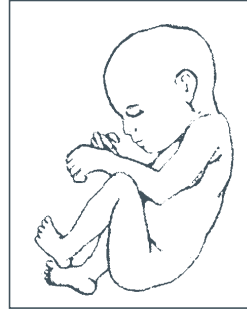
We have included this brief summary of baby's growth and development to help you understand what changes are happening to your baby. A normal pregnancy is 40 weeks long. It is very important that we try to extend your pregnancy as close to 37 weeks as possible, or as long as you and your baby's condition permits.

A baby's lungs take time to mature. There are tests that your physician may perform to determine your baby's lung maturity. There are also medications that may be given to you that may help aid your baby's lung development. However, these medications are not as helpful as continuing your pregnancy for as long as possible. Your uterus typically provides the best environment for your baby's growth. Each week that your baby can safely grow in the womb may reduce the problems that your baby can have after birth. These problems can include breathing (respiratory distress syndrome), feeding, and maintaining its own temperature.

## ► *Baby's Growth and Development*

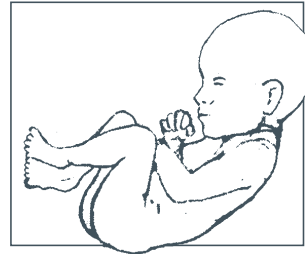
### **5 MONTHS/20 WEEKS**

The baby is about 10 inches long and weighs only 1/2 pound. The baby's heart rate is easily detected. The lungs are *not* sufficiently developed to cope with life outside the uterus.



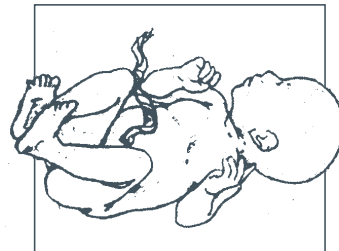
### **6 MONTHS/24 WEEKS**

The baby is 12-14 inches long and weighs approximately 1 to 1 1/2 pounds. The baby may react to sudden noise with active movement. Its skin is wrinkled and red with practically no fat underneath it. Lung development is *extremely immature*. If born now, long term intensive care would be required, if the baby is able to survive.



### **7 MONTHS/28 WEEKS**

The baby is approximately 15 inches long and is now weighing about 2 to 2 1/2 pounds. If the baby is born now, the chances of survival are good. However, the lungs are not completely developed and the baby may have problems with breathing. To help the baby breathe, a ventilator may be needed. This is a



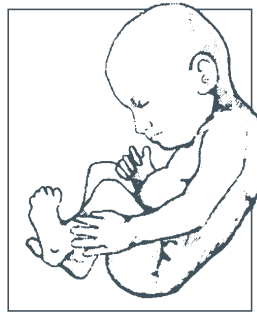
(continues)

## ► *Baby's Growth and Development* (continued)

mechanical device used to support the effort of breathing as well as to provide adequate oxygen. The baby may need to stay in the intensive care nursery for two to three months.

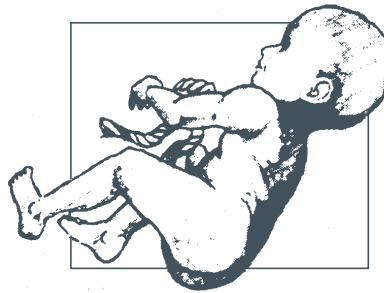
### **8 MONTHS/32 WEEKS**

The baby is approximately 16 inches long and weighs between 3 to 3 1/2 pounds. If born now, the chances of survival are at least 90%. However, lung maturity may not be complete. Remember, each baby is different in his/her rate of growth and development. At 32 weeks many infants still need special care to support breathing, body temperature, and blood sugar. They may also have difficulty in coordinating their ability to suck, swallow, and breathe.



### **9 MONTHS/36 WEEKS**

The baby is now generally mature. Lung development is typically complete and the baby is ready to breathe on its own. The baby will continue to mature and put on weight until your due date (40 weeks) and beyond.



## ► *Useful Books and Videos*

The following list of books, videos and websites may help you find information on high risk pregnancy, childbirth preparation, parenting and child development. You can purchase on-line, or have friends and family shop or go to the local library for you. A very helpful resource in every Kaiser Permanente facility is the Health Education Department. They have both books and videos available to lend.

### ► **BOOKS**

#### **PREGNANCY / HIGH RISK PREGNANCY**

- Harrison, H. et al, *The Premature Baby Book* (2000).
- Garcia-Pratts, J., *What to Do When Your Baby is Premature: A Parent's Handbook for Coping with and Preventing Premature Birth* (2000).
- Bowers, N., *Multiple Pregnancy Sourcebook: Pregnancy and the First Years with Twins, Triplets and More* (2001).
- Eisenberg, A. et al, *What to Expect When You're Expecting* (1991).
- Iovine, V. et al, *The Girlfriends' Guide to Pregnancy: Or Everything Your Doctor Won't Tell You* (1995).

#### **CHILDBIRTH PREPARATION**

- Simkin P., *Pregnancy, Childbirth and the Newborn* (2001).
- Bing E., *Six Practical Lessons for an Easy Childbirth* (1994).
- Heilman, J. et al., *Having a Cesarean Baby: The Complete Guide for a Happy and Safe Cesarean Childbirth Experience* (1991).

#### **PARENTING / CHILD DEVELOPMENT**

- Gromada, D., *Mothering Multiples: Breastfeeding and Caring for Twins* (1999).
- Gotsch, G. et al., *The Womanly Art of Breastfeeding* (1997).
- Novotny, P., *The Joy of Twins and Multiple Births* (1994).
- Fries, J. et al., *Taking Care of Your Child* (1999)
- Leach, P., *Your Baby and Child: From Birth to Age Five* (1997).

## ► VIDEOS

These videos may be available at the Health Education office.

- 38 Weeks to Labor: Human Care Inc. (21 minutes).
- Amniocentesis Facts: Kaiser (15 minutes).
- Baby Basics: VIDA Health Communications (120 minutes).
- Baby Care Basics: Ross Laboratories (48 minutes).
- Baby Using Anesthesia: Human Care Inc. (21 minutes).
- Birth Using Anesthesia (Spanish): Human Care Inc. (21 minutes).
- Birth: Prepared Childbirth & C-Section (Spanish): Parent Production.
- Breastfeeding Your Baby: Mead Johnson & Co.
- Cesarean Birth (Spanish): Human Care Inc. (23 minutes).
- Cesarean Birth: Reference: Milner Fenwick (13 minutes).
- Childbirth for Teens: SVE Churchill Medin (29 minutes).
- Fetal Development: A Nine Month Journey, Milner Fenwick (15 minutes).
- Having Your Baby: A Complete Lamaze Prepared Childbirth Class, Parent Production (120 minutes).
- Infant Bathing & Grooming: Mead Johnson.
- Inside My Mom (Spanish): March of Dimes (12 minutes).
- Labor and Delivery for Teens (Spanish): SVE Churchill Medin (28 minutes).
- Newborn Care: Mtn Lake Ventures Inc. (42 minutes).
- Pregnancy - 1st Trimester: Medical Medin (31 minutes).
- Pregnancy - 2nd Trimester: Medical Medin (19 minutes).
- Pregnancy - 3rd Trimester: Medical Medin (16 minutes).
- Prepared Childbirth & C-Section: Human Care Inc. (24 minutes).
- The Dad Film: In Joy Production (28 minutes).
- The Newborn Baby (Spanish) (32 minutes).
- Understanding Preterm Labor: Nelsen Productions (20 minutes).

## ► WEBSITES

sidelines.org  
storknet.org  
babycenter.com  
ePregnancy.com  
childbirth.org

## ► *Thank You*

A special “thank you” to the Kaiser Permanente Preterm Birth Prevention Education Board for contributing their time and expertise in reviewing and making recommendations for this patient information booklet.

Deborah L. Rains RN

Terry Gardner, RN

Jenny Ching, RN, B.S.N.

Grace Chinn, RNP

Judy Bamber, RN, M.S.N.

Karen Danbe, RN, M.S.N.

Donald Dyson, M.D.



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	AM TIME	PM TIME	
COMMENTS/QUESTIONS			

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DATE	CONTRACTIONS FELT		
	AM/NO.	PM/NO.	EMERGENCY
FETAL MOVEMENTS	MEDICATION SCHEDULE		
	AM TIME	PM TIME	
COMMENTS/QUESTIONS			

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	AM TIME	PM TIME	
COMMENTS/QUESTIONS			

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	AM/NO.                      PM/NO.                      EMERGENCY
FETAL MOVEMENTS	MEDICATION SCHEDULE
	AM TIME                                      PM TIME
COMMENTS/QUESTIONS	

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	AM TIME                                      PM TIME
COMMENTS/QUESTIONS	

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