



Kaiser Permanente

healthy beginnings

PRENATAL NEWSLETTER

▶ TODAY'S APPOINTMENT

Today your practitioner will:

- Check your blood pressure and weight.
- Check your baby's growth by measuring the size of your abdomen.
- Listen to your baby's heartbeat.
- Check your baby's movements.

Because you don't want your baby to be born too soon, you'll also learn how to recognize and prevent preterm (premature) labor.

▶ NEXT APPOINTMENT

Date: _____ **Time:** _____

Day: _____

Practitioner: _____

Notes: _____

Please arrive for your appointment on time. If you need to cancel, call at least 24 hours in advance.

▶ Your next prenatal appointment and tests



You're now nearing the end of your second trimester of pregnancy. The tips in this newsletter—along with your prenatal appointments—should help you effectively cope with some of the minor discomforts and concerns that may occur during the last 3 months of your pregnancy.

NEXT PRENATAL APPOINTMENT

Your next visit is scheduled to take place at about 32 weeks.

At that time, your practitioner will:

- Talk with you about the results of your tests for anemia, diabetes, and Rh blood factor (if you have an Rh-negative blood type).
- Check your baby's growth and review the early warning signs that labor is starting.
- Talk about choosing a pediatrician (children's practitioner).

▶ Your baby: at 24–28 weeks



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As you start your seventh month of pregnancy, your baby weighs between 1 to 2 pounds and is anywhere between 8 to 14 inches long. In this trimester, your baby will gain most of its total birth weight. Your baby's eyes are able to open and close, skin is becoming smooth, and the hair on its head is getting longer. The *lanugo*, a soft, fine downy hair that once covered the baby, is beginning to disappear. The *vernix caseosa*, a white creamy substance that protects the skin from long exposure to amniotic fluid, still covers the body. The lungs are maturing and your baby is starting to practice breathing. Your baby could probably survive if it was born now, but if possible, it is best to stay pregnant for at

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least 39 weeks so your baby has time to fully develop. In the last months of pregnancy, your baby has less room to move, so you'll notice fewer big turns and twists, but more "squirmy" movements. You may also notice a rhythmic jerking motion that can last several minutes; this means your baby has the hiccups! You don't need to do anything about hiccups; they will stop soon and won't hurt either of you.

▶ High blood pressure during pregnancy (preeclampsia)

Preeclampsia is a condition unique to pregnancy that can occur anytime during pregnancy, but is more common in the second half. Exact causes of preeclampsia are unknown. It may happen because certain cells from the placenta affect blood vessels in the uterus. If this occurs, it may cause other complications. These can include narrowing of the lining of the mother's blood vessels, lack of oxygen to the placenta, and irregularities in the blood. Preeclampsia results in high blood pressure, often with other side effects, such as swelling. It can reduce blood flow to the placenta. The placenta gives your baby the nutrients it needs to grow and thrive. If the placenta does not provide enough nutrients, your baby may be born with low birth weight or have other problems. Warning signs can occur before or at the same time that high blood pressure develops. These can include:

- Sudden weight gain of more than 2 pounds in 1 week.
- Sudden swelling of the face or hands.

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▶ PARTNER'S CORNER

Amazing as it might seem, babies can hear you talk to them months before they are born. Research has shown that babies hear sounds outside the mother's womb and they respond by kicking or moving.

Talking to your baby will help your baby recognize your voice and be comforted by it, both now and after birth. Decide with your partner about good times to talk to your baby. Choose times when you both feel relaxed and happy, such as in the evening or just before going to sleep.

- Enjoy yourself. Have fun trying this out, even if it seems silly at first.
- Speak to the baby loudly enough that you could be heard from across the room.
- The baby may or may not move each time you speak, so don't expect too much.

FEELING MORE CONFIDENT ABOUT CHILDBIRTH

There are a few things you can do to decrease anxiety and feel more confident about childbirth:

- Take a childbirth preparation class. Once you know what to expect, much of the fear and anxiety should go away.
- In the classes, you'll learn how to actively support your partner by using relaxation techniques, such as massage and deep breathing. Practice these techniques with your partner to become comfortable doing them.
- Trust yourself. Most labor support people rise to the occasion.

▶ Staying healthy during pregnancy and beyond

TAKING A BATH

Well-meaning friends and relatives may offer you advice that conflicts with what your practitioner tells you. Practitioners believe that, unless water is forced into the vagina (as in douching), the mucous plug adequately protects the uterus and fetus from infection by sealing off the cervix. With today's sanitary conditions, vaginal infections from bathwater are not a real concern.

Therefore, most practitioners will advise you to bathe up until you rupture your bag of waters (just before or during labor). However, for safety reasons, showers may be recommended instead of baths. Your center of gravity and balance change as your uterus grows, and the bathtub is an easy place to slip and fall. If you take a bath, use a rubber mat to prevent slipping. If needed, have someone help you out of the tub. **Remember**, if you take a bath, use warm water, not hot.

WEIGHT GAIN

It's recommended that you gain about 25 to 35 pounds throughout your entire pregnancy. This will vary, of course, depending upon your weight before pregnancy. Talk to your practitioner about how much weight you should gain. Babies who are larger than average at the time of birth are at higher risk for being overweight and for having other health problems. Losing weight during pregnancy can harm your baby.

To get an idea of how much weight you should gain throughout your pregnancy, start by calculating what your Body Mass Index (BMI) was at the beginning of pregnancy. Type in "BMI" in "Search our site" on kp.org. Enter your height and weight, click "Calculate," and your BMI will result. Check the chart below to see where your BMI number falls and the corresponding weight gain recommendations.

Weight status at beginning of pregnancy	Recommended Weight Gain			
	1 st Trimester:	2 nd Trimester:	3 rd Trimester:	Over 9 Months:
Underweight (BMI less than 18.5)	1 - 4.5 pounds total	Slightly over 1 pound per week	Slightly over 1 pound per week	28-40 pounds
Normal (BMI 18.5 – 24.9)	1 - 4.5 pounds total	About 1 pound every week	Slightly over 1 pound per week	25-35 pounds
Overweight (BMI 25 – 29.9)	1 - 4.5 pounds total	Slightly over ½ a pound every week	Slightly over ½ a pound every week	15-25 pounds
Obese (BMI 30 or greater)	1 - 4.5 pounds total	Slightly under ½ a pound every week	Slightly under ½ a pound every week	11-20 pounds

▶ Smoking and pregnancy

If you've quit smoking, congratulations! If you smoke, try to stop now—for your health and your baby's.

- Women who smoke are more likely to have problems in pregnancy and childbirth.
- They tend to have premature and smaller (underdeveloped) babies who have problems after birth and throughout life.
- Smoking during pregnancy can cause your baby to be born underweight, which puts your baby at greater risk of serious illness, chronic lifelong disabilities, and even death.
- The risk of sudden infant death syndrome (SIDS), or "crib death," increases if a mother smokes during or after pregnancy.
- Children from smoking households have 4 times as many respiratory infections (lung, sinus, and ear infections) as those from nonsmoking households.
- If you've quit smoking, it's important to stay smoke-free during pregnancy and after your baby is born. Not smoking will help your health and the health of your family. You've worked hard to stop smoking. Use your new skills to remain smoke-free.
- Encourage your partner or other family members to quit smoking with you. It's easier not to smoke when you're surrounded by other nonsmokers. Support each other in staying smoke-free.
- Talk with your practitioner or visit your local Health Education Center for help with quitting smoking or staying quit. Some facilities offer smoking cessation programs specifically for pregnant women.

If you smoke,
try to stop now.

▶ Sex and pregnancy

You can enjoy a sexual relationship with your partner throughout pregnancy, unless you have been told that you're at high risk for preterm labor or that your placenta is over your cervix (placenta previa). If you have either of these conditions, talk with your practitioner. Pregnancy can be a time to find new ways to enjoy making love. You can also explore new ways if intercourse becomes uncomfortable in late pregnancy. (See *Healthy Beginnings*, Issue 1 for more discussion on sex and pregnancy.)

- You may have a slight, bloody vaginal discharge or mild contractions after intercourse. This is normal as long as the contractions or discharge don't continue for more than 1 hour.
- Check the warning signs of preterm labor on page 3 of this newsletter.

Contact your practitioner now if:

- You think your bag of waters might be broken (there is a gush or continuous trickle of pale, sweet-smelling liquid from the vagina).
- Your contractions continue for more than 1 hour after having sex.

► Fetal movement: How active is your baby?

For several weeks now, you've felt your baby twist, turn, stretch, roll, and kick. You may notice that your baby favors a particular position or has a favorite time of day to be most active.

In studying fetal movement, here's what researchers have found:

- Your baby sleeps about 20 to 45 minutes at a time. During sleep, the baby is quiet and may even be sucking a thumb or finger.
- The baby's movements will change as he or she grows bigger and gets into position for birth. You will feel fewer big turns and twists, but more kicks and jabs as your pregnancy progresses.
- There will be certain times of the day when your baby is very active. Although many babies are especially active during the evening or at bedtime, your baby could be moving at any time, day or night.
- Each baby is unique and will move in its own way. You should feel your baby move several times every day. An active baby is a healthy baby.

► Your "Kick Count Card"

At some facilities, you will get a Kick Count Card from your practitioner when you're in week 28 of pregnancy. You will need to fill it out daily and bring it with you to every visit during the pregnancy.

HOW TO FILL OUT YOUR KICK COUNT CARD

The best time to count your baby's kicks is after the evening meal. (That's when developing babies are most active.) Follow these 7 steps:

1. Go to the bathroom and empty your bladder.
2. Lie down on your side or relax in a comfortable chair.
3. Look at the clock. Write down the time when you start.
4. Pay attention only to your baby's movements. Count any movement that you can feel (except hiccups). Any twist, kick, or turn equals 1 movement.
5. When you've counted 10 movements, look at the clock again.
6. Write down how many minutes it took for your baby to move 10 times.
7. Check off this number on your Kick Count Card.

A SAMPLE KICK COUNT CARD

On Monday:

- You start to count your baby's kicks at 7 p.m.
- By 7:30 p.m., your baby has kicked or moved 10 times.
- That's 30 minutes for your baby to kick 10 times.
- On M (for Monday), put an X next to "30" in the column.

If your baby does not kick or move within the first hour after you've begun the kick count:

- Eat or drink something, such as fruit or juice, then lie on your left side and concentrate on your baby. Babies are most active after you eat or drink.
- Or walk around for 5 minutes, and then begin counting again.

Notify Labor and Delivery (or the Member Service Center) now if your baby has not moved 10 times by the end of 2 hours or has a sudden decrease in normal activity. It could mean that your baby is having problems. If this is the case, you'll need to have a simple test called a "non-stress test" right away. This test uses an electronic fetal monitor to record your baby's heartbeat and any contractions you might be having.

		28th Week						
		M	T	W	T	F	S	S
minutes	10							
	20							
	30							
	40							
	50							
hours	1							
	1.5							
	2							

► Planning to manage your pain

All women experience some discomfort during labor. Childbirth preparation/Lamaze classes are highly recommended for learning breathing and relaxation techniques. These are skills that will help you deal with pain during early labor. Whether or not you decide to give birth with pain relief medication, you should know some simple relaxation techniques and know what medicines are available to you.

You and your practitioner can decide whether to use pain relief medications by carefully considering your comfort and the baby's safety. *Make sure to complete the birth plan, if you are provided one. A birth plan allows you to communicate your preferences for childbirth with the labor and delivery staff.*

If you're planning on using pain medication, childbirth preparation classes can help you develop the skills necessary to deal with early labor. (However, even with medication, it's unrealistic to expect no discomfort during your entire labor.)

- **Unmedicated birth.** Whether to use pain medications during labor and delivery is a personal choice. If you prefer a natural or unmedicated childbirth, we can support you in your decision.
- **Analgesics.** Analgesics are pain medications, such as opioids or narcotics, which are given through an IV or by injection to lessen the pain of contractions. These medications are almost always used well before delivery because they can affect a newborn's breathing right after birth.
- **Regional anesthetics.** Regional anesthetics, epidural or spinal, decrease sensations from the abdomen to the toes. Medication is given through a small tube (a catheter) that is inserted into the lower back. Epidural anesthetics are available during labor to decrease or eliminate contraction pain. If you require a cesarean section, a regional anesthetic will numb the abdomen but will allow you to remain awake during the birth.

Local anesthetics may be used at the time of delivery to numb the vaginal area. General anesthetics, which put people to sleep, are used only in rare cases.

You and your practitioner can decide whether to use pain relief medications by carefully considering your comfort and the baby's safety.

Call your practitioner now if you have:

- Pelvic pain, other than mild cramping.
- Pain or fever with vomiting more than 2 to 3 times a day or that lasts more than an hour.
- Headaches with muscle weakness, visual problems, or fever.
- Headaches that don't respond to acetaminophen (such as Tylenol).
- Nosebleeds that won't stop.
- Burning or pain when you urinate.
- Cramping in your leg or foot that won't go away.

Call Labor and Delivery (or your Member Service Center) if you have:

- Warning signs of preterm labor.
- Fainting spells or dizziness.
- Blurred vision.
- Pain in your chest or abdomen.
- Fever (temperature of 100.4° or greater).
- Sudden puffiness in your hands or face.
- Sudden weight gain of more than 2 pounds in 1 week.

► Late preterm infants

Late preterm infants (LPI) are born between 34 to 36 weeks gestation. LPIs, also known as near-term infants, are at a greater risk for health problems than babies born at term. Every newborn needs special care but late preterm infants need even extra care to fully develop and grow. If your baby is born between 34 to 36 weeks gestation, he or she may require:

- Care in the hospital for more than one or two days.
- Special attention to establishing breast feeding.
- Careful pediatric follow-up.

► Warning signs of preterm labor

Warning signs of preterm (premature) labor may be more subtle than the signs of labor at full term (39-40 weeks). (See "Preterm (premature) birth" in *Healthy Beginnings*, Issue 4.) Waiting to call for help could result in the preterm birth of your baby. Call Labor and Delivery (or your Member Service Center) if you have:

- **Menstrual-like cramps** (usually in the lower abdomen) that may come and go or remain constant. They may also occur with or without nausea, diarrhea, or indigestion.
- **Contractions** that feel like a tightening of your abdomen every 10 minutes or more frequently within one hour.
- **Low, dull backache** below the waist that does not go away when you change position or rest on your side, or a rhythmic backache that comes and goes in a pattern (back labor).
- **Pelvic pressure or pain** that comes and goes in a rhythmic pattern in the lower abdomen, back, and/or thighs (described as a "heaviness in the pelvis").
- **Intestinal cramping or flu-like symptoms**, with or without diarrhea.
- **Increase or change in vaginal discharge** (leaking a heavy or mucous-like fluid, a watery discharge, or blood).

► Other resources

KAISER PERMANENTE WEB SITE

Connect to our Web site at kp.org or kp.org/pregnancy.

NATIONAL DOMESTIC VIOLENCE HOTLINE

Your health and your pregnancy can be seriously affected by violence or abuse. If you are hit, hurt or threatened by a partner or spouse, there is help. Call the National Domestic Violence Hotline at **1-800-799-7233** or connect to ndvh.org.

The information in *Healthy Beginnings* is not intended to diagnose health problems or to take the place of medical advice or care you receive from your practitioner. If you have persistent health problems, or if you have further questions, please consult your practitioner. If you have questions or need additional information about your medication, please speak to your pharmacist. Kaiser Permanente does not endorse the medications or products mentioned. Any trade names listed are for easy identification only.

► What you can do about common discomforts

PAINFUL KICKING

Your baby may settle into a position that is very uncomfortable for you. Your baby's kicks and twists can be strong and sometimes painful. When your baby drops into the pelvis (called "lightening"), the kicks will probably be less uncomfortable. If you're having your first baby, lightening can occur several weeks before delivery. For subsequent babies, it usually doesn't happen until just before labor. If the baby's movements are causing you discomfort:

- Change your position and hope your baby changes position, too.
- Try taking a deep breath while you raise your arm over your head and then breathe out while you drop your arm.
- Try cupping your hands around your baby's buttocks and gently moving the baby.

PELVIC PRESSURE OR PAIN

Sharp, lower, midline pain is sometimes caused when a joint at the front of the pelvis (symphysis pubis) relaxes in response to pregnancy hormones. You may feel pelvic pressure or pain if your baby's head is low in the pelvis (after lightening occurs). Lying on your side may help relieve this discomfort.

You might have groin discomfort as the round ligaments that support the uterus continue to stretch. Many women find wearing a "pregnancy belt", which is a support that goes around your back and down below your uterus, to be helpful. Again, resting on your side might help. Also, be sure to get up slowly from a sitting or lying down position. Slowly roll onto your side when getting up from a lying down position, and use your arms to get up. This helps prevent strain to your round ligament, causing ligament pain.

LEAKING URINE

As your growing uterus puts pressure on your bladder, you might notice that you leak urine when you laugh or cough. This is common and is called "stress incontinence."

You can help prevent leaking by doing Kegel exercises, which will strengthen your pelvic floor muscles and help reduce leaking. You can do these exercises anytime—standing, sitting, waiting for a red light to change, or even while you're washing the dishes. Here's how:

- Firmly tighten the muscles around your vagina, as you would to stop urinating (peeing). It's not recommended that you perform Kegel exercises while on the toilet since this may strain the pelvic floor muscles.
- Hold tightly for as long as you can (up to 8 to 10 seconds).
- Then slowly release the muscles and relax.
- Remember to keep breathing as you hold the muscles.
- Repeat 10 to 15 times, 3 to 4 times daily.

Don't drink less fluid to keep urine from leaking; it won't work! It will also not keep you from needing to get up at night to empty your bladder. You still need fluids to keep yourself and your baby healthy. Not drinking enough fluids may lead to preterm labor.

Call your practitioner immediately if you need a pad to keep your underwear dry. This could mean that you have a leak in your bag of waters.

SWOLLEN FEET AND ANKLES

You may notice that your feet, ankles, hands, and fingers will become swollen, particularly at the end of the day. It's normal to have extra fluid in your tissues during pregnancy, but much of the swelling should disappear after a good night's sleep. If your fingers are puffy, remove your rings. Do not take diuretics (water pills) because they interfere with your normal fluid balance.

Tips to prevent swelling or puffiness:

- Avoid high-sodium (salty) foods. (Aim for less than 2400 mg of sodium per day.)
- Drink 8 to 10 glasses of water each day.
- Keep your feet up on a stool or couch whenever possible.
- Avoid standing for long periods of time.
- Don't wear tight shoes or knee-high stockings.
- Wear support stockings and put them on before you get out of bed in the morning.
- Lie on your side to remove fluid from your puffy tissues.
- Try sleeping with your feet slightly higher than your heart. Raise the foot of your bed by putting a thick blanket or pillows under the mattress.
- Take a short walk if you have been sitting still for a long period of time.

► High blood pressure during pregnancy (preeclampsia)

(continued from page 1)

- Protein in your urine.
- Moderate or severe headaches that do not go away with acetaminophen (such as *Tylenol*) and rest.
- Blurred vision or other visual problems (like seeing spots).
- Pain in the upper abdomen that does not go away with antacids (such as *Tums* or *Mylanta*).

If you have any of these warning signs, it's important to call your practitioner. If you will be calling after regular business hours, on weekends, or on holidays, call Labor and Delivery (or your Member Service Center). You may need to come to the hospital to have your blood pressure, blood, and urine checked. Also, be sure to come to all of your regular prenatal medical visits. In some cases, your practitioner may order certain blood tests, which make it easier to tell whether or not you have preeclampsia.