Prenatal Information

Weight Gain

Your mother may tell you that HER doctor said to gain only 10 lbs., but times have changed... Today, much more is known about fetal needs and development. An average weight gain during pregnancy is 25 to 35 lbs. if you were average weight before pregnancy. This weight gain seems to best nurture you and your growing baby. Mothers who are underweight before pregnancy may gain 28 to 40 lbs. Women carrying twins may gain as much as 45 lbs. Mothers who are very overweight should limit their weight gain to 15 to 25 lbs. Fifteen pounds should be a minimum weight gain for any pregnant woman. Don't panic! Because many women have problems keeping their weight down without being pregnant, the thought of gaining 25 lbs. seems horrible. Keep in mind that you will lose most of the weight when the baby is born or in the weeks following delivery.

Keep a chart and weigh yourself weekly. You will be weighed at every appointment. If you are simply ravenous and start to gain weight quickly, talk to your healthcare provider. Suggestions can be made for foods that you can eat in large portions and still not gain those pounds.

Nausea

"Morning sickness" isn't necessarily confined to the morning hours. Try eating smaller meals of simple foods, avoiding spicy and highly acidic foods. Lying down immediately after eating for just a few minutes may be helpful. If your nausea is more severe than this, try eating a dry saltine cracker just before getting up in the morning. Sometimes a little bland food in the stomach will help you keep down a breakfast later. Few women suffer with nausea after the fourth month, but if unusually severe, call your healthcare provider. Medication is usually reserved for those who have significant vomiting or dehydration. While the exact causes of nausea during pregnancy are not totally understood, you may or may not experience this common problem.

HINT: Take your prenatal vitamins or iron during the day when nausea is not a problem.

Varicose Veins

Varicose veins or "varicosities" are caused when the veins in vour legs get weak and enlarge with blood. The veins have to work harder to carry blood back up your legs to your heart. Sometimes pregnancy can aggravate this problem. The swelling uterus partially cuts off circulation from your legs. Exercise will help, and it is important that you do not stand for long periods of time without



moving. When you sit, try to prop your legs up to allow better circulation. Varicose veins are more of a problem for women having their second or third child. Even if you are having your first baby, try to do as much as you can to aid instead of hinder the circulation in your legs. Veins that simply look bad this pregnancy could be throbbing with pain during the next pregnancy if you do not try to help the situation now. Rest periodically with your legs up. Short walks at different times during the day will help pump your blood faster. Support panty hose help tremendously but avoid tight clothing like knee highs or thigh high stockings that could cut off circulation more. The area around the vulva can also suffer from varicosities during pregnancy. Again, rest periods spread out during your day will help. This time, place a pillow under your buttocks to elevate your hips and aid circulation.



Vaginal Discharge

You may notice an increase in vaginal discharge during your pregnancy. This mucous secretion occurs from the cervix in response to the hormones of pregnancy. All this is quite normal and there really is not much that can be done to change the situation. Of course, excessive discharges that itch or have a bad odor should be evaluated. Many women seem to get yeast or other vaginal infections that need treatment during pregnancy. However, these are not thought to be harmful to the baby.

Stretch Marks

Yes, we need to talk about stretch marks! Those discolored zigzagging lines that no woman wants to see on her body can be expected right along with pregnancy. There really is nothing that can be done to avoid them. Stretch marks may show up on the breasts, buttocks and the lower abdomen. They can also appear on other areas of the body as well. Moisturizing creams probably will not do much to help because stretch marks are caused by the breakdown of elastic tissue right below the skin's surface. Excessive weight gain is associated with stretch marks. It is important to keep weight gain under control. The good news is that stretch marks usually fade and become less noticeable after pregnancy.

Group B Strep Testing

Group B Streptococcus (GBS) is a type of bacteria that can normally be found in the birth canal of up to one third of all women. Normally, its presence will cause no disease or symptoms. However, the birthing process may subject the baby to a potentially fatal disorder if infected with GBS.

Cultures taken from the vagina at 35 to 37 weeks are the most accurate method to determine if GBS is present in the birth canal. This procedure is painless and requires about 2 days to get the results. All women who test positive for GBS will receive antibiotics during labor.

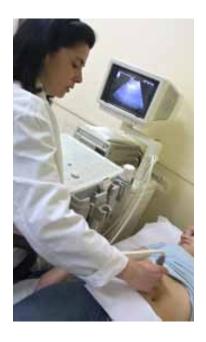
Only 1 to 2% of all babies who are exposed to GBS bacteria during pregnancy become infected. Babies can develop early infections during the first week of life or later after they leave the hospital. The early infections can be quite severe and can affect the baby's lungs, blood, spinal cord or brain. These infections can lead to death in 15% of affected babies. Cultures done at 35 to 37 weeks of pregnancy have the best chance to predict which

mothers carry the GBS bacteria that might be passed to the newborn at delivery. However, these cultures cannot always determine which mother will have the bacteria at delivery.

The best way to prevent GBS infection in the baby is to treat the mother during labor and delivery. All mothers who had positive GBS cultures are treated. Mothers having repeat Cesarean births may not be treated.

Sonography or Ultrasound

Sonography is frequently used to detect a problem or monitor a condition of the fetus or the mother's womb. During the first few months of pregnancy, this test can tell if the baby is developing properly. Should vaginal bleeding occur, a sonogram can help to explain why. This test can also verify your due date and



determine whether or not you are carrying twins. Unlike x-rays, sonography uses sound waves to produce an ultrasound video "picture" of the fetus moving inside your uterus. This picture is generated from an instrument that is placed either on your abdomen or in your vagina. You can actually see the baby on a special screen while your healthcare provider is performing the test. If you are 6 or more months pregnant and the baby is positioned correctly, your healthcare provider may be able to tell the baby's sex. Later in pregnancy, the test can track the baby's growth, locate the placenta, determine the volume of amniotic fluid and detect some types of birth defects.

A sonogram requires little of your time and is performed either in the office or in the hospital. A full bladder may be needed and is usually the only discomfort experienced. No harmful effects have been reported during more than 3 decades of use.

Amniocentesis

Amniocentesis involves withdrawing and testing a small amount of the amniotic fluid surrounding the fetus. It provides very reliable information about:

- Rh disease, or blood incompatibilities between mother and baby.
- Genetic defects such as Down Syndrome, Cystic Fibrosis and others.
- Certain defects related to abnormal brain and spinal cord development, or neural tube defects.
- Fetal maturity near the end of pregnancy.

The timing of an amniocentesis will vary depending upon the initial reason for evaluation.

Genetic and neural tube defects, for example, usually are investigated at about 15 weeks.

Fetal maturity and blood incompatibility are evaluated much later in the pregnancy.

Amniocentesis is generally performed in conjunction with sonography to prevent injury to the baby, the cord and the placenta. Only one or two tests can be run on a sample of amniotic fluid, so it is important that your healthcare provider knows what problems to look for before the procedure is done. An amniocentesis is considered 99.5% safe and usually involves little risk. But still, this is not a routine test.

It is performed only to detect a highly probable medical problem. You should not be concerned about the loss of amniotic fluid. Only a small amount is withdrawn, and your body rapidly replaces it with no harm to the baby. Also, do not fret about the procedure. Most women report that an amniocentesis is relatively painless.



Non-Stress Test and Contraction Stress Test

Late in pregnancy, prior to the onset of labor, a fetal monitor may be used to determine the well-being of the baby and to help decide when a fetus should be delivered. This type of testing is most frequently used if a baby is past due or there are complicating medical conditions in the mother, such as high blood pressure, Rh disease, bleeding or kidney disease. It is also helpful in evaluating a fetus who is not growing properly, or whose growth has significantly slowed down.

The Non-Stress Test (NST) is used to evaluate fetal heart rate patterns, especially during fetal movements.

A test that identifies increases in fetal heart rate with baby movement is reassurance of fetal well-being, and the test is called reactive. A nonreactive test can be caused by medication or a sleeping fetus and may require further testing.

The Contraction Stress Test (CST) will allow your healthcare provider to evaluate how the fetal heart reacts to uterine contractions. Certain fetal heart tracing characteristics occur in both healthy and unhealthy fetuses. The uterine contractions can be induced by a medication called Oxytocin which is administered intravenously or by stimulation of the mother's nipples (nipple stimulation test). The "stress" created by the contractions may reveal that the fetus is receiving a marginal blood and oxygen supply.

Biophysical Profile

This complex test combines various parameters from the ultrasound exam (including fetal movements, breathing motions and amount of amniotic fluid) with the nonstress test findings to "score" each pregnancy.

The total score is helpful in evaluating the wellbeing of the fetus, and it helps to determine, in part, how your healthcare provider will manage your pregnancy. This is a more extensive evaluation than the

Non- Stress or Contraction Stress Tests and requires more time to gather the information.

Diet and Nutrition

According to the U.S. Food and Drug Administration (FDA), about 300 extra calories are needed daily to maintain a healthy pregnancy. When you are breastfeeding, you need 500 extra calories each day to stay healthy and to produce nutritious breast milk. Your diet should be balanced and contain the appropriate amount of calories and nutrients in order to fulfill these special needs. The food pyramid was developed by the U.S. Department of Agriculture to assist adults in choosing foods that provide them the nutrients they require. You may lose up to 20 pounds in the postpartum period. More weight loss will be easier with moderate exercise and a smart eating program. The food pyramid can serve as a guide to both balance and moderation.

The National MyPlate Food Guide states that for a 2,000 calorie diet, you need the amounts from each food group below. To find the amounts that are right for you, go to ChooseMyPlate.gov.

- Grains Make half your grains whole: Eat at least 3 oz. of whole-grain cereals, breads, crackers, rice or pasta every day. 1 oz. is about 1 slice of bread, about 1 cup of breakfast cereal, or ½ cup of cooked rice, cereal or pasta. Eat 6 oz. every day.
- Vegetables Vary your veggies: Eat more dark-green veggies like broccoli, spinach and other dark leafy greens. Eat more orange vegetables like carrots and sweet potatoes. Eat more dry beans and peas like pinto beans, kidney beans and lentils. Eat 2½ cups every day.
- Fruits Focus on fruits: Eat a variety of fruit. Choose fresh, frozen, canned or dried fruit. Go easy on fruit juices. Eat 2 cups every day.
- Dairy Get your calcium-rich foods: Go low-fat or fat-free when you choose milk, yogurt and other milk products. If you don't or can't consume milk, choose lactose-free products or other calcium sources such as fortified foods and beverages. Get 3 cups every day.

 Protein – Go lean with protein: Choose low-fat or lean meats and poultry. Bake it, broil it or grill it. Vary your protein routine – choose more fish, beans, peas, nuts and seeds. Eat 5½ oz. every day.

The FDA and EPA recommend that pregnant women avoid fish such as shark, mackerel and swordfish, which have high mercury content.

Proper Dietary Balance and Calorie Intake While Pregnant

Sensible weight control during pregnancy is a balance between diet, exercise and rest. Weight gain from fluid retention during the latter stages of pregnancy can assume an added role. Discuss with your healthcare provider the best weight gain for you. An acceptable weight gain during pregnancy can range from 25 to 35 pounds. Women



who are overweight can gain less, but it is definitely not the time for a woman who is overweight to try to lose weight. In order to gain weight in a healthy manner, eat a variety of foods each day for breakfast, lunch, dinner and snacks. You may want to eat 5 or 6 smaller meals instead of 3 normal meals. Be sure that your meals include the number of servings of the basic foods you need each day. You should be able to increase the food group servings overall in order to sensibly gain weight; i.e. instead of 2 to 4 servings of fruits, increase it to 4 or more servings. As well as eating properly, make sure that you are getting enough water. Try to drink about 6 to 8 glasses of liquids each day. Water, as well as milk, fruit juice and vegetable juice are ideal.

Drinking lots of water will not cause fluid retention. Certain foods contain larger amounts of sodium than others do. Look at the labels and try to maintain a low-sodium diet.

Find your balance between food and physical activity

- Be sure to stay within your daily caloric needs.
- Be physically active for at least 30 minutes most days of the week.
- About 60 minutes a day of physical activity may be needed to prevent weight gain.
- For sustaining weight loss, at least 60 to 90 minutes a day of physical activity may be required.

Know the limits on fats, sugars and salt (sodium)

- Make most of your fat sources from fish, nuts and vegetable oils.
- Limit solid fats like butter, stick margarine, shortening and lard, as well as foods that contain these.
- Check the Nutrition Facts label to keep saturated fats, Trans fats and sodium low.
- Choose food and beverages low in added sugars, which contribute calories with few, if any, nutrients.

Your healthcare provider can help you make a food plan. An overview of the basic nutrients is as follows:

Carbohydrates: This group has the largest number of recommended servings and should provide more than half of the total calories in your diet. These consist of sugars and starches and are the main source of energy. You can obtain these nutrients from grains and cereals and starchy vegetables. Starches such as potatoes and corn provide both energy and fiber. Fiber is also available in whole grains, fruits and vegetables.

Proteins: During your pregnancy, you need more protein for the development of the baby. Nutrients from proteins maintain muscles and fight diseases. Proteins come mainly from meat, fish, poultry, nuts, beans and dairy products.

Fats: Fats help your body use carbohydrates, proteins and vitamins, but are high in calories. Fats should provide no more than 30% of your daily calories. Fats are either saturated or unsaturated. Saturated fat is present in meats and whole milk products, so try to choose lean cuts of meat and low-fat or skim milk. Cook using low-fat techniques such as baking or broiling.

Vitamins and Minerals: During pregnancy you need more iron, folic acid, calcium and phosphorous. These, and other nutrients, help to produce more blood and build your baby's bones. Usually you can obtain these nutrients in your diet from meats, beans, peas, green leafy vegetables, dairy products, whole grain breads and cereals. Your healthcare provider may prescribe a prenatal vitamin supplement.

Folic Acid: Folic acid is necessary for the healthy growth of your baby during pregnancy. An insufficient amount in your diet could increase the risk of certain birth defects. Women should take folic acid before they become pregnant because it is needed in the first few weeks of pregnancy. That is normally before a woman even knows that she is pregnant. Folic acid can be obtained from dark, leafy vegetables such as spinach and citrus fruits like oranges. Some enriched breads and cereals are a good source. Although these foods are helpful, it is difficult to get sufficient quantities of this nutrient from your diet alone. Your healthcare provider may recommend a supplement if necessary. Women who may get pregnant as well as pregnant women need about 0.4 to 0.8 milligrams of folic acid daily.

Breastfeeding Women

Women who are breastfeeding will need more food, vitamins and minerals than while they were pregnant. It is important for them to maintain enough protein, calcium and fluids while breastfeeding. The baby will drink approximately a pint of milk a day and later a quart a day. Eat a range of nutritious foods and drink whenever you are thirsty. When you are breastfeeding, you need 500 more calories each day to stay healthy and to produce nutritious breast milk.

The CTMC Institute for Healthy Living Create Your Own Better Health

Our Institute for Health Living was created for the purpose of providing information, education, health screenings and events that emphasize a healthy lifestyle. We have a number of programs for expectant and new mothers, healthy cooking and eating, weight management and more.

For more information about any of our programming, including dates, times, fees or to register, stop by the Institute's Community Resource Center in the Main Lobby of CTMC, visit *www.ctmc.org* and click on "Education and Events," or call 512-753-3622.