



Pregnancy from A to Z

Or

What every WOMAN needs to know about this precious time we call PREGNANCY.

Educate yourself; educate your family and friends.....

By Dr Irina Webster

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Chapter 1

Before Pregnancy and Preparation for Pregnancy

Dear Friend.

I can imagine that you are probably thinking about having a baby at this time (that is why you are reading this e-book, isn't it?).

As a doctor and a mother I can tell you right away that **pregnancy is a very exciting time in a woman's life**. But it can also be a time filled with questions and concerns, but don't worry this eBook will explain it all.

You may ask, "Why it is important to be ready for pregnancy?" and, "What is the big reason for doing this?"

Well, read on to find out.

Conception occurs about 2 weeks before your period is due. That means that you may be more than 3 weeks pregnant and not even know that you're pregnant!

This is important because your baby is most sensitive to harm in the period from two to eight weeks after conception. This is when your baby's facial features and organs, such as the heart and kidneys, begin to form.

Anything that you eat, drink, smoke or are exposed to can affect your baby. That's why it's best to start acting as if you're pregnant before you are sure that you have conceived, if you have been trying to get pregnant.

Your First Visit to Your Doctor About a Pregnancy?

It is better to see your doctor when you're just thinking about getting pregnant. You can talk about your diet, bowel habits, lifestyle, weight control and any concerns that you have.



Try to visit your doctor in the year before you want to get pregnant.

A thorough physical examination performed at this time may reveal unknown factors in your health that might have a significant effect on your ability to fall pregnant or successfully carry a child through to birth.

High blood pressure, diabetes, back disease and gynecological problems are examples of some that can be found.

A Pap smear test should be performed if you are due for one. A blood test for, and a check of your family history of, Rubella (German measles) infection will be arranged and a vaccination given if necessary.

You and your partner (father-to-be) will be asked about your medical history because that is very important for the progress of your pregnancy and your future baby. Some medical problems, including genetic diseases such as Cystic fibrosis and sickle cell anemia, run in the family. These problems aren't caused by anything you do.

Talk with your doctor about your risk factors and whether screening tests are needed. If you are over 35 years of age, a talk with your doctor is highly recommended.

You'll both also have the chance to ask your doctor any questions you may have at this exciting time.

Conception, when life begins, is a miraculous process. Today, we know more than we ever have about its wondrous ways, but many aspects still remain a challenging mystery.

Once fertilized, the egg has seven days to get down the fallopian tube, enter the cavity of the uterus and burrow into the lining so that it is covered by nutrient-rich blood of its mother. This is probably the most hazardous journey any of us will ever take. Failing to complete the trip leads to certain death. To begin the trip, but be delayed means either death or an ectopic

pregnancy. Getting to the uterus too quickly probably also results in failure and death.

Even if this developing new person makes it to the stage of implantation into the lining of the uterus, 50% will miscarry in the very early stages.

Chapter 2

Shettles’s system – How to increase the odds of having a boy or a girl in your favor.

What can you do to improve your chances of having a girl next time, if you already have two sons and you want to have a girl?

Is there any way to increase the odds in your favor of having a boy or a girl?

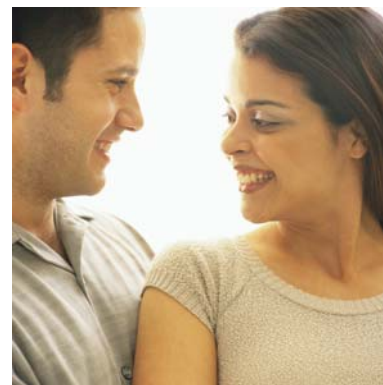
There is no simple way in which the sex of a child can be guaranteed, but the following system (known as Shettles's system) may help.

Using this system is free; it absolutely does not cost you any money, only your determination and desire.



At best, this system increases the chances of a child of a particular sex from 50% to 75%. It is definitely NOT a guarantee of success, but it is currently the most well-known method for influencing gender without the use of medical procedures.

The method is based on the premise that men produce two types of sperm, the X (female) and Y (male). The Y sperms are smaller and more delicate, but faster, than the X sperms (which are bigger, tougher and slower), the system is based on providing an environment which is more likely to help the type of sperm that matches your preference to get to the egg first.



There are 6 basic recommendations to follow:

1) Timing - the most critical aspect of the Shettle's method is to time when you have intercourse. The closer to ovulation that you have sex, the better your chances of having a boy, because ovulation provides the most optimal time for conceiving, and male sperm are faster. If you have intercourse about 3 days prior to ovulation, you may maximize the chances for the slower but tougher female sperm, which are able to survive until the egg appears.

2) The pH of the woman's tract is also important. A more alkaline environment is generally favorable to fertility and, therefore, favors the quicker, but more delicate, male sperm. For a girl, a douche of very diluted water and vinegar is done just before intercourse. For a boy, a douche of very diluted water and baking soda just before intercourse is indicated.

3) A woman's tract is more acidic, the closer to the entrance of the vagina that the measurement is taken. Therefore, intercourse with shallow penetration may favor the conception of a girl, and intercourse with deeper penetration is believed to favor a boy being the result.

4) Orgasms in females produce a hormone which makes their vaginal tract more alkaline and therefore more favorable for boys.

5) A high sperm count favors boys. To increase sperm count, Shettle's method recommends that you abstain from intercourse for up to three to four days before ovulation. Also, men should wear boxers rather than tight underpants.

To reduce the sperm count, men should take a hot bath just before intercourse and couples should have as much intercourse as possible until 3 days before ovulation.

6) Drinking a cup of coffee just prior to intercourse tends to favor a boy.

To sum up all of the above:

To Increase the Chance of Having a Girl:

Use a vaginal douche, consisting of 20 ml white vinegar in 500 ml of water, ten minutes before having sex.

Have sex frequently in the seven to ten days before you ovulate.

Have no sex from one day before ovulation until ten days after ovulation.

Your partner should ejaculate just inside the vagina, and not deeply inside.

Your partner should withdraw immediately after ejaculation.

It is better for the woman not to have an orgasm.

To Increase the Chance of Having a Boy:

Ten minutes before sex, use a vaginal douche consisting of 5 g of baking soda in 500 mg of water.

Have no sex from the end of your period until the day ovulation occurs.

Have sex twice daily from the day of ovulation until four days afterward.

Your partner should ejaculate deep inside the vagina.

Your partner should withdraw immediately after ejaculation.

It is better for woman to have an orgasm; ideally just before ejaculation.

Good luck!

Overview of Sex Selection Methods

From point a view of modern technology, it is possible to choose the sex of your child. But, sex-selection options aren't equally effective, affordable, or available.



it

The most accurate sex-selection methods are usually the most expensive (tens of thousands of dollars), often involving invasive infertility treatments and fertility drugs with side effects. If you're serious about trying one of these techniques, you'll have to meet strict eligibility requirements, too. In some cases you won't be eligible unless you're married and already have at least one child of the sex opposite from the one you're trying for. Some clinics also have age limits or require you to take hormone tests to prove you're not approaching menopause.

And, keep in mind that Mother Nature has already tipped the odds a bit in favor of boys in the sex-selection game. According to data released in 2004 from the National Center for Health Statistics, approximately 1,050 boys are born for every 1,000 girls.

There are a few main techniques for choosing your child's sex:

1) Preimplantation genetic diagnosis (PGD)

This is an in vitro fertilization (IVF) technique where embryos are created outside the womb and then tested for genetic disorders and gender.

2) Micro Sort

This is a dye technique that attempts to segregate girl-producing sperm from the boy-producing variety. Then, sperm of the desired gender is inserted directly into your uterus, usually via artificial insemination (AI).

Chapter 3

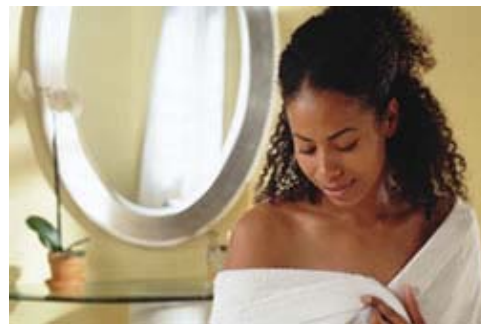
Symptoms of Early Pregnancy

You may begin to suspect you're pregnant soon after conception, but only if you're extremely well-tuned into your body's rhythms.

Most women won't experience any noticeable, early pregnancy symptoms until the fertilized egg attaches itself to the uterine wall, several days after conception. Many others may notice no signs of pregnancy at all and begin to wonder, "Am I pregnant?" only when they miss a period.

These are some of the first signs of impending motherhood. You may experience all, some, or none of these symptoms during the early stages of your pregnancy:

1)Tender, swollen breasts: If you're pregnant, your breasts will probably become increasingly tender to the touch, similar to the way they feel before your period. A tingling sensation will be felt in the nipples. Once your body grows accustomed to the hormone surge, the pain will subside.



2) Darkening of your areolas: If the skin around your nipples gets darker and the small lubricating glands become more prominent with small bumps appearing, you may have successfully conceived. But, this may also signal a hormonal imbalance that is unrelated to pregnancy or be a left-over effect from a previous pregnancy. It can even be related to the consumption of oral contraceptive pills.

3) Frequent urination: Once the embryo implants and begins producing the hormone 'human chorionic gonadotropin' (HCG), pregnant women start to urinate more frequently. This settles down after the twelfth week. But,

later in pregnancy, the increased size of the womb puts more pressure on the bladder and frequent urination occurs again.

4) Dark patches on forehead and cheeks: These patches are caused by hormonal changes that affect the pigment cells in the skin (they are called ‘chloasma’). Such changes may also be a side-effect of the contraceptive pills. The navel and a line down the center of the woman’s belly may also darken. These pigment changes fade somewhat after the pregnancy but those areas will probably always remain darker than before.

5) Food cravings: Food cravings can, sometimes, be a sign of pregnancy. Don’t rely on them as a sure symptom (it may be all in your head, or even a sign that your body is low on a particular nutrient), but if the cravings are accompanied by some of the other symptoms on this list, the chance is that you are pregnant.

6) Implantation bleeding or cramping: You may experience implantation spotting, a slight staining of a pink or brown color, as well as some cramping about eight days after ovulation. You might also see some spotting around the time you expect your period; this is caused by the egg burrowing into the endometrial lining.

7) Fatigue: High levels of the hormone progesterone can make you feel tired; as if you’ve run a marathon, when all you’ve done is to put in a day at the office. Tiredness is a hallmark of early pregnancy, though probably not a sure symptom on its own.

8) Morning sickness: Normally, morning sickness won’t hit you until a few weeks after conception. A lucky few escape it altogether. But, you may begin feeling nauseated and queasy as early as a couple of days following conception.

This may not just occur in the morning; pregnancy-related nausea can be a problem morning, noon, or night. You may also notice that your sense of taste changes. Some women say they have a metallic taste in their mouth,

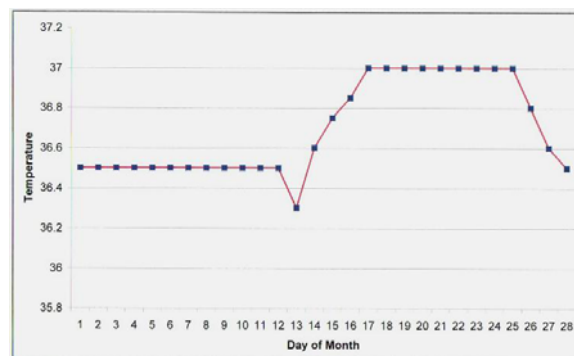
others that they cannot stand the taste of coffee, tea or a food they usually like.

9) Your basal body temperature stays high: You will notice this only if you've been charting your basal body temperature. If your basal body temperature has stayed above the cover line for 18 days in a row, you're probably pregnant.

Basal body temperature is your temperature taken the first thing every the morning before you get up, usually about 6 a.m. It is important to keep taking it at the same time.

The temperature can be taken orally, vaginally or rectally – just stay with the same method for the entire cycle.

On the picture, you can see the graph of basal temperature taken during one cycle. It shows the effect of an ovulation; the temperature rise in the middle of cycle. If you are pregnant, the temperature rise should last for 18 days in a row.



10) A missed period: This is the surest sign of pregnancy in a woman of childbearing age who usually has regular periods. If you're usually pretty regular and your period is late, it's worth trying a home pregnancy test.

11) A positive home pregnancy test: Now, you should make an appointment with your doctor to confirm the good news.

Congratulations!

Chapter 4

Diagnosis of Pregnancy: Confirmation with Medical Tests.

There are a few different kinds of tests which can confirm your pregnancy; urine tests, blood tests and ultrasound. You can also use a Home Pregnancy Tests (HPT) and then get a positive indication from that confirmed or denied through the more stringent tests used by doctors.

Modern urine pregnancy tests used by doctors are nearly as accurate as blood tests. These new urine tests have been developed through genetic engineering techniques to enable the unique hormone of pregnancy (known as ‘human chorionic gonadotrophin’) to be detected as early as two days before the expected period, or twelve days after the sexual intercourse that was responsible for the pregnancy.

Any woman who is late in having her period and feels that she may be pregnant, should visit her medical practitioner. Few doctors will accept the result of a home testing kit as proof of pregnancy.

A blood test is only marginally more accurate, and usually only ordered for women whose kidneys failed to excrete the pregnancy hormone.

How Home Pregnancy Tests Detect Pregnancy

As soon as a fertilized egg is implanted in your uterus, your body starts releasing a hormone called ‘human chorionic gonadotropin’ (HCG) into your bloodstream. Your blood and urine contain HCG throughout pregnancy. If a



test detects HCG in your blood or urine, it almost always means you're pregnant. All H.P.T's check for HCG in the urine instead of the blood. The tests come in three types:

The Dipstick Test.

This type of HPT requires that you either place the end of the dipstick in your urine stream as you urinate or immerse the dipstick in a container of collected urine for five to ten seconds. A minute or two later, the result will appear on the strip as a symbol (such as a plus or minus sign), a line, a color-change or even the words *pregnant* or *not pregnant*.

The Collection Cup Test.

For this test, you need a sample of urine collected midstream; a few seconds after you've started to urinate. When you have the sample, you take up some of the urine into an eyedropper and squeeze five or six drops on a test disc that is provided in the HPT kit. The urine makes the disc change to a particular color if you are pregnant and to a different color if you aren't.

The Chemical Mixing Test.

In this test, you place a small amount of urine in a test tube with a liquid or powdered chemical mixture. If the chemicals make the urine change color, it means that you're pregnant.

Why Incorrect Results may Occur

You may get a false-positive or false-negative result.

Possible Causes of False-Positives:

Using an unclean urine collection cup. If your HPT uses a cup, be sure that it's clean and free of any soap residue. Detergent buildup on the cup may cause a false-positive result.

Using an old or damaged kit. Be sure to check the expiration date on the box before taking the test. Also, a kit that has been exposed to heat, dampness or vibration may produce a false-positive result.

Having an impure urine sample. This can happen if you have blood in your urine — from a urinary tract infection, for example. Protein, which sometimes gets into the urine if you have kidney damage, may also lead to a false-positive result. Certain rare tumors may also secrete HCG and cause a false-positive result.

Taking certain prescription drugs. Certain medications, such as anticonvulsants, anti-Parkinson drugs and tranquilizers, may cause false-positive results. Also, diuretics (often used to treat high blood pressure) and promethazine (used to treat allergy symptoms and nausea) may trigger a false-positive result.

Possible Causes of a False Negative Result:

Taking the test too early. Taking a pregnancy test too early may give you a negative result when you actually are pregnant. Hold off on the HPT until your period is at least one day late. That’s the earliest that an HPT can possibly detect pregnancy — in fact, most HPTs are unreliable until your period is a week late.

The bottom line is that if you have a negative HPT on the day after your period was due, wait a week and then, if your period hasn't started, repeat the test.

Wrong timing of the test. Perform the test within 15 minutes of collecting the urine sample. After you start the test, be sure to give it time to work, but don't wait longer than the instructions tell you to. If you tend to lose track of minutes, use a timer or a clock.

Using diluted urine. Consuming large amounts of fluid before taking an HPT may also cause a false-negative test result. It's best to take an HPT first thing in the morning because that's when your urine is the most concentrated.

Obstetric Ultrasound

This should be performed only when clinically indicated. Some reasons may be:

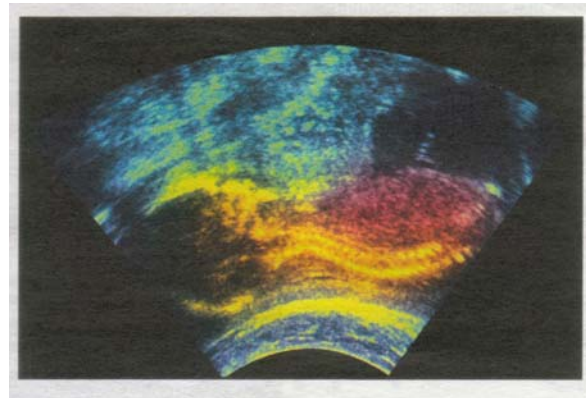
- ❖ To establish the presence of a living embryo
- ❖ To estimate the age of the pregnancy.
- ❖ To diagnose congenital abnormalities.
- ❖ To evaluate the position of the fetus.
- ❖ To evaluate the position of the placenta.
- ❖ To determine if there are multiple pregnancies.
- ❖ To determine the amount of amniotic fluid around the fetus.
- ❖ To check for opening or shortening of the cervix or mouth of the womb.



Only the lower abdominal area needs to be exposed during this procedure.

If an ultrasound needs to be done early in your pregnancy, you may be instructed to have a full bladder for the procedure. This helps the operator to see your uterus better.

You may be instructed to drink up to six glasses of water and avoid urinating until the procedure is completed.



The sonographer (person performing the ultrasound) may elect to examine an early pregnancy by means of an transvaginal ultrasound. This requires an empty urinary bladder.

You should ask for instructions when you make your appointment.

Chapter 5

Calculation of Delivery Date.

Congratulations again!!!! You are definitely pregnant. Now, you probably would like to know when the baby is due. You need to prepare yourself because you are a **mother-to-be**.

There is a simple formula, using very simple math, to calculate the probably delivery date. You can do it yourself.

Just add on 7 days to when the last period started and then add 9 months; e.g. if the last period started on 5th January 2006 (01.05.06), then she will be due on 12th October 2006 (10.12.06). The calculation is shown again in the example below:

$$\begin{array}{r} 1. 5. 06 \\ + 7 \text{ days} = 1. 12. 06 \\ + 9 \text{ months} = 10. 12. 06 \end{array}$$

A standard pregnancy lasts 40 weeks (280 days) from the beginning of the last period, but only 38 weeks from conception, because a woman ovulates two weeks after her period starts.

Pregnancy is counted from the day of the mother’s last menstrual period. This means that, at conception, the unborn child is considered to be two weeks old.

Only 5% of women deliver their babies on their projected due date, so this date should only be used as an estimate - it is not an exact calculation.

Chapter 6

Development Stages During Your Pregnancy?

What happens to your baby inside the womb at different pregnancy stages?

What happens to your body as pregnancy progresses?

The Changes Your Body Has During Your Pregnancy?

Your body undergoes many changes during all three semesters of pregnancy. In each semester a pregnant woman may have different pregnancy complaints. Remember, there are pregnancy complaints and pregnancy problems.

Pregnancy problems are serious, mother (or baby) threatening conditions such as possible miscarriage, hypertension induced by the swelling and high blood-pressure or pregnancy, or the sky-rocketing blood sugar of gestational diabetes. They all require professional medical care, but their symptoms often go unnoticed. This is why every woman needs regular medical check-ups with her doctor and/or midwife during pregnancy.

Pregnancy complaints, on the other hand, are inevitable discomforts that go with having a brand new human being growing inside of you. The most common complaints are:

- ❖ Heart burn because the expanded uterus pushes your stomach up),
- ❖ Back-ache caused by the baby’s weight straining your muscles,
- ❖ Varicose veins when the swelling uterus puts a lot of pressure on the blood vessels),
- ❖ Nausea, because of changing the level of hormones in the body,
- ❖ Insomnia,
- ❖ Frequent urination

..... and - well, when you are pregnant, you will easily add this list on your own.

The complaints don't necessarily need continued professional care once your doctor is aware of them. Self-care is often the best choice for managing the pregnancy complaints. Let's look at them in detail.

OK, let's start from the beginning of pregnancy:

Changes During the First Trimester.

Changes in Your Body

During the first three months of pregnancy, or the first trimester, your body undergoes many changes. As your body adjusts to the growing baby, you may have nausea, fatigue, backache, mood swings and stress.

These things are all **normal**.

Most of these discomforts go away as your pregnancy progresses. Some women might not feel any discomfort at all! If you have been pregnant before, you might feel differently this time around. Just as each woman is different, so is each pregnancy.

As your body changes, you might need to make changes to your normal, everyday routine. Here are some of the most common changes or symptoms that you might experience in the first trimester:

Tiredness

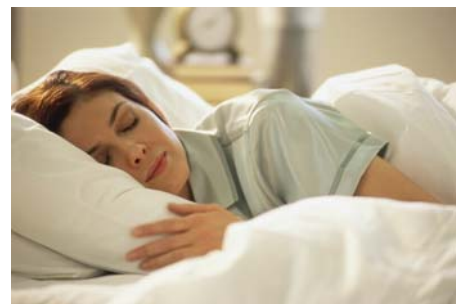
Many women find they're exhausted in the first trimester. Don't worry, this is normal! This is your body's way of telling you that you need more rest. After all, your body is working very hard to develop a whole new life.

Try these tips to ease exhaustion:

Get at least eight hours of sleep every night, and a nap during the day when possible.

When you are tired, rest or relax.

Start sleeping on your left side. This will relieve pressure on major blood vessels that supply oxygen and nutrients to the fetus. If you have high blood pressure during pregnancy, it is even more important to be



on your left side when you are lying down.

If you feel stressed, try to find a way to relax.

A Simple Meditation/relaxation Technique You can Try:

Find an area in your home, or work place, where you can have about 3 minutes to yourself. That's right! Only 3 minutes are needed in your quest!

After practicing this exercise many times, you may reduce the time to only one or two minutes.

1. Now, read the words on the next page very, very slowly.
2. Pretend that you are tired as you read this exercise and you will react in a relaxed, sleepy manner.
3. Sit up in a comfortable chair or lie on a couch or bed with your hands resting on your lap or by your side.
4. Take two slow deep breaths.
5. Each time you inhale, focus on filling your lungs with clean, fresh air
6. As you exhale, feel all the tension leave your lungs.

You feel good, you feel fine.....you feel perfectly relaxed.

Just breathe deeply and relax deeply....Let your body relax....let all your muscles relax as you gain control over the powerful subconscious part of your mindall of your cares and troubles just drift away....You can bring them back at any time you want ...but it feels good to let them drift away at this time.

Each and every deep breath that I take lets me relax deeper and deeper.
Each and every sound that I hear lets me relax deeper and deeper. Nothing disturbs me.

I feel good, I feel fine . My brain is alert and aware and my body is perfectly relaxed. Every time I practice this exercise, I will find myself more relaxed.

My body is totally relaxed and my mind is keenly alert, aware and very powerful

I can achieve anything I want with my own mind power. I will sleep better when it's time to sleep and I will have more energy when I am awake

Day by day in every way, I am getting better and better. I feel good ... I feel fine ... totally and completely relaxed



In a moment, I will count from 1 to 5. By the time I reach 5, I will be alert and awake and feeling better than I have ever before...Each time I practice this exercise , I will relax to a greater degree

All right ... one ... two ... three ... four ... FIVE

I am wide awake...alert and feeling better in every way.

How do you feel? Do you feel alert and awake and feeling better than you have ever felt before?

Practice this exercise a few times a day. Each time you practice this exercise you will find relaxation easier and easier to attain. This relaxation exercise was specifically designed to reduce the stress in your life. We all spend time, equal to several 3 minutes periods of every day, focusing on stress. It's about time that we spent equal time on focusing on relaxation.

Nausea and Vomiting

Usually called "morning sickness," nausea and vomiting are common during early pregnancy. For many women, though, it isn't limited to just the morning. Although it can seem like it will last forever, nausea and vomiting usually go away after the first trimester.

For some women, the nausea of the first trimester is so severe that they become malnourished and dehydrated. These women may have a condition called 'hyperemesis gravidarum' (HG). HG refers to women who are constantly nauseated and/or vomit several times every day for the first 3 or 4 months of pregnancy.

HG keeps pregnant women from drinking enough fluids and eating enough food to stay healthy. Many women with HG lose more than 5 percent of their pre-pregnancy weight, have nutritional problems, and may have problems with the balance of electrolytes in their bodies.

The persistent nausea and vomiting also makes your work or doing other daily tasks very difficult.

Many women with HG have to be hospitalized so they can be fed fluids and nutrients through a tube directly into their veins. Usually, women with HG begin to feel better by the 20th week of pregnancy. But, some women vomit and feel nauseated throughout all three trimesters.

Read chapter 11 about how to manage morning sickness.

Frequent Urination

Running to the bathroom all the time? Early in pregnancy, the growing uterus presses on your bladder and this causes frequent urination.

Unfortunately, you can't do anything about it, because it is one of the common pregnancy complaints that will only go away after the pregnancy.

See your doctor right away if you notice pain, burning, pus or blood in your urine. You might have a urinary tract infection that needs treatment.

Weight Gain

During the first trimester, it is normal to gain only a small amount of weight; about one pound or 450 g per month. Healthy diets are recommended during pregnancy (read the chapter about diets in pregnancy carefully).

See your doctor as soon as possible if you gain too much weight, because excessive weight gain could be due to fluid retention in your body. That may indicate kidney insufficiency or other serious medical problems.

Some women have a ferocious appetite, but make poor food choices that lead them to gain unwanted, potentially harmful extra pounds.

So, if you're feeling a little "out of control" with your appetite, here are some valuable insights to help you to control it.

Keep to a Balanced Diet

Eating unbalanced meals will cause you to get hungrier quicker. When you eat only one of your food groups, like a big bowl of pasta, you will get hungrier a lot quicker than if you were to eat a balanced meal consisting of the three food groups (pasta, chicken, and vegetables).

Try to maintain a balance for every meal. Combine either a vegetable or fruit, preferably vegetables, with a protein and carbohydrate (which include whole grains such as whole oats or brown rice).

Also, include in your meal salmon (preferably wild and in moderation) or roasted potatoes and steamed vegetables or a steamed chicken and veggie burrito or Fila (for those of you on the run!)

Look after Your Thirst First!

Hunger is NOT necessarily always hunger for food! Often we misinterpret the growling in the pit of our stomach as hunger when it's often thirst.

Pregnant women need to drink a lot.

Tip: If you can't stomach water, try adding a little fruit juice or lemon to give it more taste. Aim for a MINIMUM of eight big glasses a day.

Mind over Stomach!

Your hunger is not always physical. It is often just psychological (all in the mind), because it is triggered and driven by sight, smell or memory for some kinds of food (especially junk foods).

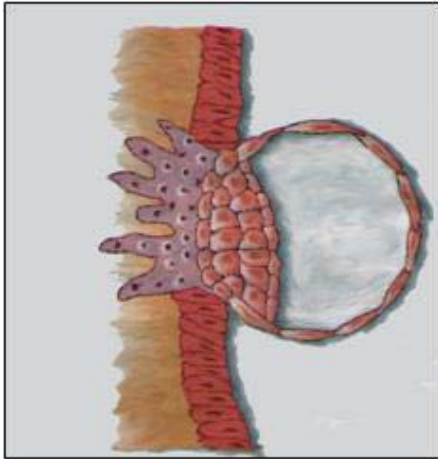
So, when you feel those junk food cravings coming on, work through them by distracting yourself with an activity or opting for something more healthy like yogurt, fruits, fresh salads and the like).

Changes in Your Baby

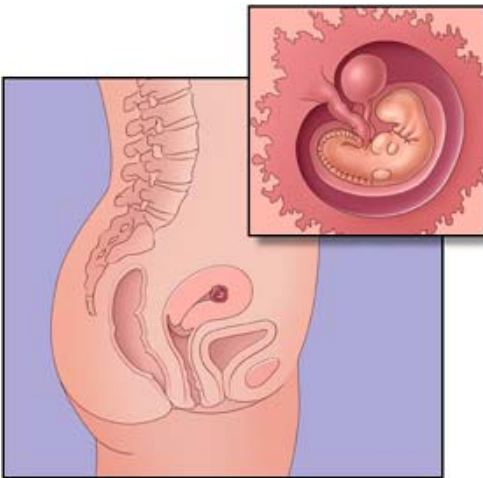
By the end of the first trimester, your baby is about three inches long and weighs about half an ounce. The eyes move closer together into their positions and the ears also reach their proper position. The liver is making [bile](#) and the kidneys are secreting urine into the bladder. Even though you can't yet feel your baby move, your baby will move inside you in response to pushing on your abdomen. Keep this to a safe minimum.

Pictures from a Baby's First Trimester

These pictures are of a baby at different stages of the first trimester.

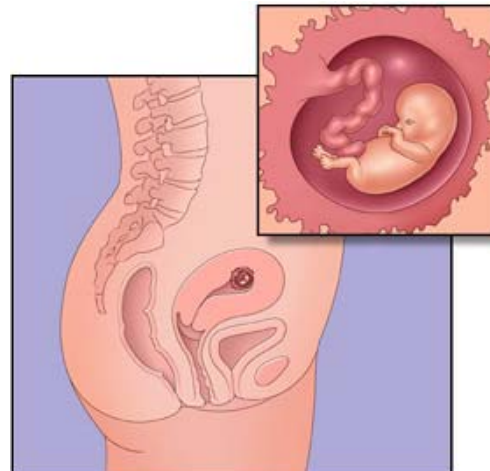


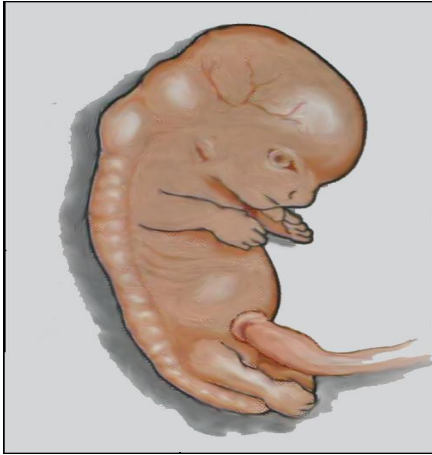
At 2.5 -3 weeks once in the uterus the developing embryo, called a blastocyst, finds a place to implant by burrowing beneath the uterine surface. The yolk sac produces blood cells during the early weeks of life. The embryo is only 4 mm long but its backbone; spinal column and nervous system are forming.



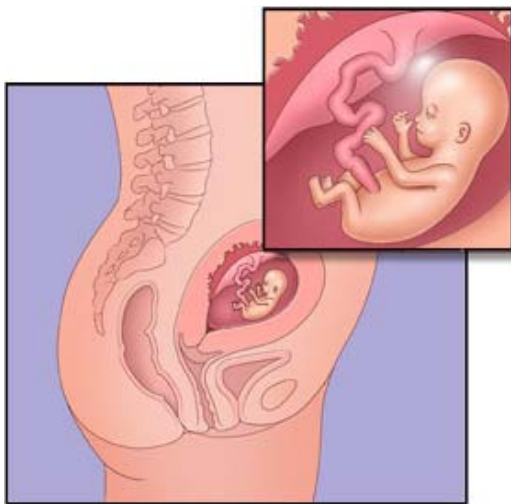
At 3.5 weeks the fetus will have formed, the heart begins development, and the brain and spinal cord starts forming the gastrointestinal tract.

At 7.5 weeks: the eyes move forward on the face and eyelids begin to form, the palate is nearing completion and the tongue begins to form. The gastrointestinal tract separates from the genitourinary tract and all essential organs have begun to form





At 8.5 weeks: the embryo now resembles a human; facial features continue to develop, and the beginnings of external genitalia form. The anal passage opens, but the rectal membrane is intact, and circulation through the umbilical cord is well developed. Long bones begin to form.



A fetus at 12 weeks can make a fist and suck its thumb, has fully formed eyelids and well-formed digits and ears.

Second Trimester

Changes in Your Body

Most women find the second trimester of pregnancy easier than the first. But, it is just as important to stay informed about your pregnancy during these months.

You might notice that symptoms like nausea and fatigue are going away while other new, more noticeable changes are now happening to your body. Your abdomen will expand as you gain weight and the baby continues to grow. And, you will feel your baby beginning to move before this trimester is over!



Some of the following changes, including aches and pains, may make their first appearance during the second trimester:

- ❖ Aches in the abdomen, groin, and thighs
- ❖ Backache
- ❖ Shortness of breath
- ❖ Stretch marks
- ❖ Skin changes
- ❖ Tingling in your hands and fingers
- ❖ Itching on the abdomen, palms and soles of the feet

Simple analgesia with Panadol, Paracetamol or Aspirin is probably all that is needed for these aches. Get some rest and relax your muscles to help to manage these kind of aches and pains.

You can get shortness of breath because your expanded uterus pushes the lungs and stops them from expanding properly. To help yourself with this,

stop doing what you've been doing for a few minutes, sit on the chair and take deep, slow breaths while trying to concentrate only on your breathing.

If the shortness of breath persists, see your doctor to exclude the possibility more dangerous breathing problems like asthma, chest infection or flu.

You might use some antihistamines for itching of any parts of your body, but talk to your doctor first because not all antihistamines are safe during pregnancy.

Call your doctor if you have nausea, loss of appetite, vomiting, jaundice or fatigue combined with itching. These may be signs of a serious liver problem called 'cholestasis of pregnancy'.

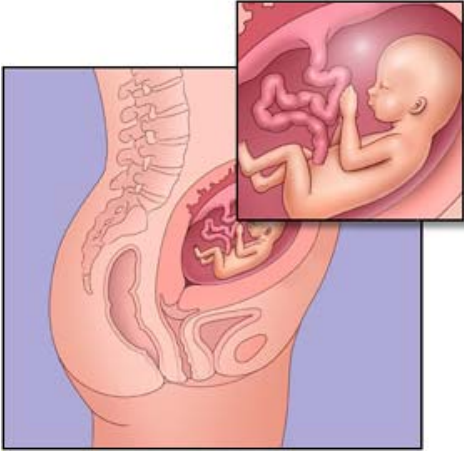
Weight Gain

Everyone gains weight at different rates. On average, it is normal to gain about one pound (about 450g) per week, or about three to four pounds (1350g -1800g) per month during this trimester.

See the recommendations about your diet during pregnancy in a special chapter.

Changes in Your Baby

By the end of the second trimester your baby will weigh about 1 3/4 pounds (about 794g) and be about 13 inches (about 33cm) long. With this growth comes the development of fingers, toes, eyelashes, and eyebrows. Around the fifth month, you might feel your baby move! By the end of this trimester, all of your baby's essential organs like the heart, lungs, and kidneys are formed.



Pictures of a Baby's Second Trimester

At week 16, the fetus reaches a length of about 6 inches (about 15.2cm) makes active movements and makes sucking motions with the mouth.

At 24 weeks the fetus has fully developed eyelashes and hands and startle reflexes.



Third trimester

Changes in Your Body

Some of the same discomforts you had in your second trimester will continue. Plus, many women find breathing even more difficult and notice that they have to go to the bathroom even more often. This is because the baby is getting bigger and it is putting more pressure on your organs. Don't worry, your baby is fine and these problems will lessen once you give birth.



The following aches and pains often appear for the first time during the third trimester:

- ❖ Heartburn
- ❖ Swelling of the ankles, fingers, and face. NB: If you notice any sudden or extreme swelling or if you gain a lot of weight really quickly, call your doctor right away. This could be a sign of preeclampsia.
- ❖ Hemorrhoids
- ❖ Tender Breasts
- ❖ Trouble Sleeping

As you near your due date, your cervix becomes thinner and softer (called 'effacing'). This is a normal, natural process that helps the birth canal (vagina) to open during the birthing process. Your doctor can check your progress with a vaginal examination.

Heartburn

What can you do to help yourself?

Avoid spicy, fatty and rich foods as much as possible. These can aggravate heartburn.

Eat small, frequent meals during the day rather than three large meals. Try to eat at least one to two hours prior to lying down. Eat slowly and chew thoroughly.

Avoid ‘trigger’ foods. Some women find bread or yeast sets off their heartburn. They need to cut down on these foods.

Drink plenty of fluids. Some women find carbonated drinks help. Many women notice they cannot drink at the same time as eating and that they tolerate fluids better between meals.

Reduce or avoid drinking caffeine or alcohol, or smoking cigarettes. These irritate the stomach and should be avoided in pregnancy anyway. Perhaps your heartburn may motivate you to give these up during the pregnancy.

If dietary changes are not helpful, you might try some herbal ‘remedies’:

Slippery Elm powder (to neutralize the stomach acid). This may be mixed with warm milk, cinnamon and honey (or marshmallow root).

Meadowsweet, Fennel, Aniseed and Peppermint teas. A combination of fennel, anise, cumin and dill seeds chewed before and after meals.

Peppermint water, available at chemists

There are some herbal antacids available.

If all else fails, you could ask your doctor about taking some appropriate antacids. Antacids based on a mixture of aluminum, magnesium and calcium and taken in liquid or tablet form are sometimes recommended, but increasing your intake of aluminum may not be good for other reasons.

Hemorrhoids

The uterus puts pressure on the veins that bring blood back from the lower body to the heart, at the same time as the pregnancy hormone progesterone relaxes the walls of the veins. This combination causes the veins in the lower half of the body to swell. Gravity adds to this effect if you stand or sit for

long periods of time. Increased abdominal pressure, like pushing out a hard bowel movement (or a baby), can also inflate these veins.

What can you do to help yourself?

- ❖ -Take a sitz bath for ten to 20 minutes several times a day, or whenever you can.
- ❖ Avoid constipation, which will cause you to push harder when going to the toilet.
- ❖ -Pharmacies sell small plastic tubs that you can fill with warm water and position over your toilet, allowing you to submerge your rectal area by just lowering your pants and sitting down. Soaking in warm water can be very soothing.
- ❖ Ice packs or cold compresses could be helpful for some women.
- ❖ -Try alternating hot and cold treatments; start with an ice pack followed by a warm sitz bath.
- ❖ -Use soft, unscented, white toilet tissue which may cause less irritation than colored, scented brands. Moistening the tissue can help too.
- ❖ You can use different hemorrhoid ointments available in the pharmacy (Anusol, Hemocane, Proctosedyl, Rectinol). Talk to your doctor or pharmacist for assistance.
- ❖ On rare occasions, if a large clot forms in the dilated vein, surgery is done during pregnancy. These clots are very painful, but the surgical procedure to remove them is relatively minor. The procedure is done with local anesthesia in the office or hospital.

Weight Gain

Everyone gains weight at different rates. On average, it is normal to gain about one pound (about 450g) per week, or three to four pounds (about 1350g-1800g) per month, during the third trimester. By the end of your

pregnancy you should have gained, on average, about 25 to 30 pounds (about 11.3 kg to 13.6kg). About 7 1/2 pounds (about 3.5kg) of that weight should be the baby.

Sleeping in the 3rd Trimester

Your energy may lessen as you enter the ninth month. So, you may begin to slow down. This is normal.

It's important to get enough rest now, even though it can be more difficult to sleep as you get larger. The baby's movements, bathroom runs, and an increase in your body's metabolism can also make sleeping more difficult.

Try these tips for sleeping in the last three months of pregnancy:

- ❖ Avoid eating large meals three hours before going to bed
- ❖ Do mild exercise like walking
- ❖ Avoid taking long naps during the day
- ❖ Talk with your partner, friends, doctor or midwife to relieve stress
- ❖ Try relaxation techniques for stress relief and better sleep.

Changes in Your Baby

Your baby is still growing and moving, but it now has less room in your uterus. Because of this, you might not feel the kicks and movements as much as you did in the second trimester. Even before your baby is born it will be able to open and close its eyes and might even suck its thumb.

As your body prepares for birth, the baby will start to move into its birth position. You might notice the baby "dropping," or moving down lower in your abdomen. This can reduce the pressure on your lungs and rib cage, making it easier to breathe.

At birth, the average baby is 20 to 22 inches (about 50-56cm) long and weighs 7 ^{1/2} pounds (about 3.5kg). Some plus/minus variations are considered to be normal as well.

Pictures of a Baby’s Third Trimester



At 26 to 28 weeks a fetus is rapidly developing its brain controls, some body functions like opening and closing eyelids and rapidly developing respiratory system.

At 30 to 32 weeks a fetus has increased central nervous system control over body functions, has rhythmic breathing movement, lungs are still developing, the fetus is partially in control of body temperature.



Chapter 7

What to Avoid and Which Medications to use during pregnancy.

Now, you are probably wondering what you should and shouldn't do during your pregnancy. Your health and that of the baby are precious - you don't want to be exposed to any harm while you are pregnant.

Many things should be avoided in pregnancy. Here is the list of most important ones:

Avoid Eating Fish that have high Mercury Levels: These may include Swordfish, Tilefish, King mackerel, Shark and raw or uncooked fish or shellfish (e.g. clams, oysters, scallops) and refrigerated, uncooked or smoked fish.

Avoid food-borne illness: Use the highest standards of hygiene when eating, cooking, handling and cleaning food! Food-borne illness can cause serious health problems, or even death, for both mother and baby.

Here is the list of foods which can cause a lot of problems:

Raw or undercooked meat, poultry, fish or shellfish (sushi or sashimi)

Refrigerated smoked seafood like whitefish, salmon and mackerel

Refrigerated meat spreads

Hot dogs and luncheon meats — unless they're reheated until steaming hot.

Soft cheeses like feta, brie, camembert, "blue-veined cheeses," "queso blanco," "queso fresco," and Panela unless the label says they are pasteurized or made from pasteurized milk.

Raw or unpasteurized milk and foods that contain unpasteurized milk

Unwashed fruits and vegetables.

Avoid chemicals. Products that contain herbicides, pesticides, paint, stains, and some cleaning solutions may be harmful to your baby. If you must use these things, wear gloves, a mask and keep the room well-ventilated.

Avoid cleaning or changing a cat's litter box. This could put you at risk for an infection called ‘toxoplasmosis’. Toxoplasmosis is caused by a parasite that cats can carry in their feces. Toxoplasmosis can harm a fetus.

Avoid taking very hot baths, hot tubs, or saunas. High temperatures can be harmful to the fetus or cause you to faint.

Avoid using scented feminine hygiene products. Pregnant women should avoid scented sprays, sanitary napkins and bubble bath. These products might irritate your vaginal area, and increase your risk of a urinary tract infection or yeast infection.

Avoid using a douche. Douching can irritate the vagina, force air into the birth canal and increase the risk of infection.

Avoid having optional x-rays. X-rays are a form of radiation that may be linked to a very small risk of cancer for an unborn baby. But x-rays are usually safe during pregnancy. If your doctor says you need x-rays for a health problem, you should follow their advice. But, sometimes doctors can use other tests in place of x-rays. At other times, x-rays can wait until after the baby is born.

Avoid smoking tobacco. Tell your doctor if you smoke. Quitting is hard, but you can do it. Ask your doctor for help. Smoking during pregnancy passes nicotine and cancer-causing drugs to your baby. Smoke also keeps your baby from getting needed nourishment and raises the risk of stillbirth and premature birth (a small baby born early).

Avoid drinking alcohol. Stop drinking alcohol.

Don't use illegal drugs. Tell your doctor if you are using drugs. Marijuana, cocaine, heroin, speed (amphetamines), barbiturates and LSD are very dangerous for you and your baby.

All medications should be avoided during that vital first three months unless prescribed by your doctor who knows you are in early pregnancy. Later in pregnancy, always check with your doctor or pharmacist before using even simple over the counter pharmaceuticals. For minor pains and aches, it is usually safe to use painkillers like Paracetamol and Aspirin.

But, Aspirin should be avoided in the last few weeks of pregnancy as it may cause minor problems with bleeding during the delivery and jaundice in the baby.

Many medications are safe in pregnancy, and should be used to treat the symptoms and diseases that develop, but only after being carefully checked by your doctor.

Chapter 8

Effects of Smoking, Alcohol and Illegal Drugs on the Fetus

Drinking alcohol during pregnancy can harm the growing fetus and cause ‘fetal alcohol syndrome’ (FAS).

What is Fetal Alcohol Syndrome (FAS)?

Fetal alcohol syndrome (FAS) is a group of birth defects caused by drinking alcohol during pregnancy. Children with FAS have many physical, mental and behavioral problems.

Babies with FAS are small and underweight. As they get older, they often have trouble with learning, attention, memory and problem solving. They may have poor coordination, be impulsive and have speech and hearing problems.

FAS does not go away. Its effects last a lifetime. Adults with FAS often have trouble with work and personal relationships. Many also have legal problems.

FAS cannot be cured. But, FAS is 100% preventable by not drinking alcohol while pregnant.

Sometimes children of women who drank alcohol during pregnancy have some, but not all of the problems of FAS. These people are said to have a fetal alcohol spectrum disorder (FASD)

The most common birth defects or problems of FAS?

Many different types of birth defects are caused by drinking alcohol during pregnancy.

Common problems in children with FAS include:

Faces that do not look normal. They often have thin upper lips, short noses, short eye openings and flat cheeks.

Growth problems. They are often small and short for their age.

Brain damage. They may be mentally retarded.

Problems with development, learning, and behavior.

Sometimes children have some, but not all, of the alcohol-related problems of FAS. Experts may say they have fetal alcohol effects (FAE) but not FAS. Doctors also use some other terms, including 'Alcohol-related birth defects' (ARBD) and 'Alcohol-related neurodevelopment disorder' (ARND), for children who have some of these alcohol-related problems.

Alcohol-related birth defects' (ARBD): Children with ARBD do not have FAS. But, they do have one or more physical birth defects caused by alcohol. These may be problems with the face, eyes, ears, heart, brain or limbs.

Alcohol-related neurodevelopment disorder (ARND): Children with ARND have some brain damage caused by alcohol, but these children have milder symptoms than kids with FAS or ARBD. This may mean that doctors have a harder time diagnosing their problem(s). The children often have trouble in school and other behavioral problems.

How Does Alcohol Cause These Problems?

When a pregnant woman drinks beer, wine, hard liquor, or other alcoholic drinks, alcohol gets into her blood. This alcohol travels to her baby through the umbilical cord. Once the alcohol is in the baby's body, it can cause birth defects.

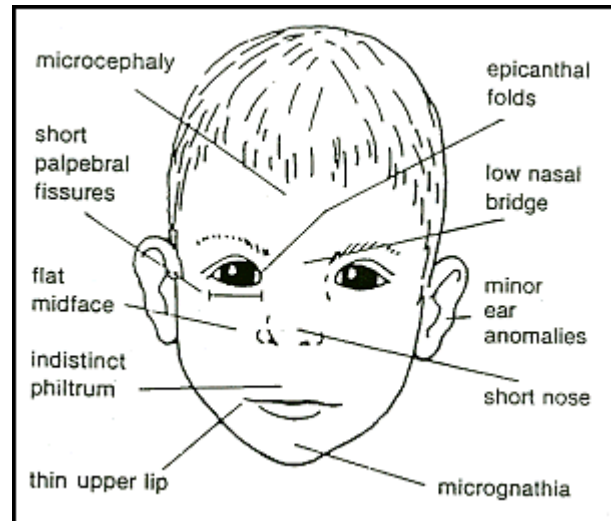
Drinking alcohol in the early stages of pregnancy can cause the facial and other physical defects of FAS. Drinking alcohol at any time during pregnancy can slow down the baby's growth and harm the baby's brain. There is no safe

time during pregnancy to drink any amount of alcohol. Any time that a pregnant woman drinks alcohol, there is a chance the baby will be harmed.

Can FAS be Cured?

No. FAS is permanent.

But children with FAS can be helped. Regular medical care, hearing aids and eyeglasses can help these children live more normal lives. Children with FAS need special help at school. As children with FAS get older, they often need special services and support to help them live on their own.



Is it Okay to Drink a Little Alcohol During Pregnancy?

There is no known safe amount of alcohol a woman can drink while pregnant, any amount can harm the baby. So, it is best not to drink alcohol at all if:

You are trying to get pregnant, there is a chance you could be pregnant, or you are pregnant.

Not all pregnant women who drink alcohol have babies with FAS. But the only sure way to prevent FAS, ARBD and ARND is to not drink alcohol during pregnancy. If you are pregnant and have been drinking, stop now to protect your baby. If you need help to stop, talk with your doctor.

Smoking During Pregnancy

What happens when a pregnant woman decides to continue smoking through her pregnancy?

The baby suffers.

Every time a pregnant mother takes a drag from a cigarette, normal fetal breathing movements (a sign of a healthy fetus) are reduced within five minutes. Women who smoke while pregnant are also at increased risk for:



- ❖ Ectopic pregnancy and spontaneous abortion
- ❖ Premature rupture of membranes
- ❖ The placenta separating from the uterus
- ❖ Abnormal location of the placenta, which can cause massive hemorrhaging during delivery and pre-term delivery.

Infants that are born to women who smoke during pregnancy have lower than average birth weight and are more likely to be small for their age. Low birth weight is associated with increased risk for death.

The longer that the mother smokes during pregnancy, the greater the effect on the infant's weight. The risk for sudden infant death syndrome is also higher for offspring of women who smoke during pregnancy.

And it doesn't stop there. Another study shows that children exposed to tobacco smoke in the womb are more likely to get asthma and suffer from other serious diseases.

Researchers found an 80 percent increase in the prevalence of asthma among children exposed to tobacco smoke in the womb.

Some other studies have showed a connection of smoking during pregnancy to finger and toe deformities and developing ADHD in babies born by smokers:

"Smoking during pregnancy greatly increases the risk of having a baby with finger or toe deformities, according to a study covering more than 6.8 million births in the United States during 2001 and 2002.

Women who smoked one to ten cigarettes a day during pregnancy had a 29 percent increased risk of having a baby with finger or toe deformities, the study found. Smoking 11 to 20 cigarettes a day raised the risk by 38 percent, while smoking 21 or more cigarettes a day raised the risk by 78 percent."

And, from a report about ADHD:

"Women who smoke during pregnancy are nearly twice as likely to have children with attention-deficit/hyperactivity disorder (ADHD), a new study finds.

"This study serves to underline the fact that women who are pregnant should stop smoking," said lead researcher Dr. Karen Markussen Linnet, a pediatrician at Aarhus University Hospital in Denmark. "We are not able to make a certain conclusion, but this study points out that there is an association between smoking and ADHD."

Using Illegal Drugs During Pregnancy

1) Cocaine use during pregnancy can affect a pregnant woman and her unborn baby in many ways:

- Increased risk of miscarriage in early pregnancy
- Preterm labor
- Low birth weight and poor growth of baby
- Lifelong disabilities such as mental retardation and cerebral palsy
- Babies exposed to cocaine tend to have smaller heads, which reflects smaller brains
- Increased risk of birth defects, including urinary tract defects and heart defects

2) Marijuana during pregnancy may:

- Slow fetal growth and slightly decrease the length of pregnancy (possibly increasing the risk of premature delivery).
- Increase the chance of having a low-birth weight baby
- Cause some babies to have withdrawal-like symptoms including excessive crying and trembling after delivery

Marijuana may reduce fertility in both men and women, making it more difficult to conceive.

The long-term outlook for babies exposed to marijuana before birth is different according to different studies.

Some did not find any increased risk of learning or behavioral problems. However, others found that children who are exposed to marijuana before birth are more likely to have subtle problems that affect their ability to pay

attention and to solve visual problems. Exposed children do not appear to have a decrease in IQ.

Taking Ecstasy and Other Amphetamines During Pregnancy

The use of Ecstasy has increased dramatically in recent years. Common complications to pregnancies may include:

- ❖ an increased risk of birth defects, including cleft palate, heart and limb defects.
- ❖ Pregnancy complications (including maternal high blood pressure which can slow fetal growth and cause other complications for the mother and baby), premature delivery and excessive bleeding in the mother.
- ❖ -Withdrawal-like symptoms, including jitteriness, drowsiness and breathing problems in babies exposed to amphetamines and ecstasy

The long-term outlook for these children is not known. One very small study (only 12 children) found that 7 and 8 year-old children who were exposed to Ecstasy before birth had altered levels of a specific brain chemical.

However, it is not known whether this has any effect on learning or behavior, as there was no evidence of problems in these children. One recent animal study did find that rats that were exposed to Ecstasy during the period that corresponds to the third trimester of human pregnancy suffered life-long deficits in memory and learning. It is not yet known whether this will hold true for exposed children.

Chapter 9

Sex During Pregnancy.

One of the things that many doctors fail to discuss with their patients is sex during pregnancy. Many women feel inhibited about asking this question of their doctor. Because of this, many couples are inadequately informed and some great misinformation is circulated.



It is common for couples to wonder whether sex is safe when they discover they are pregnant. There is no evidence that sex (coitus or masturbation), whether leading to orgasm or not, has any damaging effect on a fetus. Sex is safe during pregnancy for both you and your baby. The baby is protected by the amniotic fluid in the womb, by your abdomen and by the mucus plug which seals your cervix and helps guard against infections.

There are some circumstances when sex during pregnancy might be not safe. These situations are:

- ❖ You have a history of miscarriage
- ❖ If your water has broken
- ❖ History of premature birth or labor
- ❖ If you have placenta previa, or a very low-lying placenta
- ❖ If you have an incompetent cervix or if it has dilated
- ❖ If you or your partner has a sexually transmitted disease
- ❖ If you experience unexplained vaginal bleeding or discharge

Changes to Expect with Sexual Activity During Pregnancy

Sexual practices may not have to change during pregnancy. However, many women experience decreased sexual desire, especially in the early pregnancy and after the 30th week. The reason for this decline in libido is unclear.

Some woman finds sexual intercourse uncomfortable; others fear that coitus and orgasm may damage the fetus or bring premature labor.

Because of the different changes that occur in your body, you may want to make some changes to keep things as comfortable as possible. Here is some information to consider when thinking about sex during pregnancy:



Exhaustion, raging hormones, tender breasts and self-consciousness about your weight gain can bring your sex drive to a halt. Sometimes you may need rest to regain energy. Give yourself a break.

The common missionary position may become uncomfortable and warrant considering other positions such as side by side or with you on top.

As your breasts increase in size, they may become more tender or sore. With the changes in your breasts, it is best to avoid direct nipple stimulation.

There is an increased blood flow to the pelvic area that can lead to engorgement of the genitals and heighten the sensation. However, this can be more uncomfortable for some women.

Unless your physician tells you otherwise, you and your partner should be able to enjoy sex during your pregnancy. Pay attention to your body and make any necessary adjustments, so that you can still enjoy the experience to the fullest.

Chapter10

Bleeding During Early and Late Pregnancy

Can I be pregnant and still have vaginal bleeding?

Some women can have vaginal bleeding or spotting during first trimester. Up to 25% of pregnant women have it. In most cases, spotting is not a sign of a problem. Light bleeding in the first trimester is often caused by the implantation of the fertilized egg in the wall of the uterus. Implantation bleeding usually happens about 10 days after conception. Implantation bleeding is usually lighter and more irregular than a menstrual period.

But, any vaginal bleeding during pregnancy (or a suspected pregnancy) should be taken seriously. If you are pregnant, or think you are pregnant, you should always call your doctor if you have any bleeding. They will be able to figure out if it is a sign of a problem.

Sometimes, bleeding in early pregnancy can signal trouble.

Call the doctor immediately if you have:

- ❖ Heavy bleeding
- ❖ Bleeding with cramping, pain, fever or chills
- ❖ Bleeding that lasts more than 24 hours

Other common causes of vaginal bleeding in early pregnancy:

Changes in the cervix: During pregnancy, there is more blood flowing to the cervix. So, it is more likely to bleed. Sexual intercourse during pregnancy can sometimes cause a small amount of vaginal bleeding. Also, many women have spotting after a pelvic exam.

Miscarriage: Vaginal bleeding in the first trimester may be a sign of a miscarriage.

Ectopic pregnancy: Vaginal bleeding that often occurs along with some abdominal pain can be the sign of an ectopic pregnancy. An ectopic pregnancy occurs when the fertilized egg implants outside of the uterus, often in the fallopian tube. **This is a serious condition that needs immediate attention.** Ectopic pregnancies cannot produce a healthy baby. Plus, untreated ectopic pregnancies can seriously harm or kill the mother.

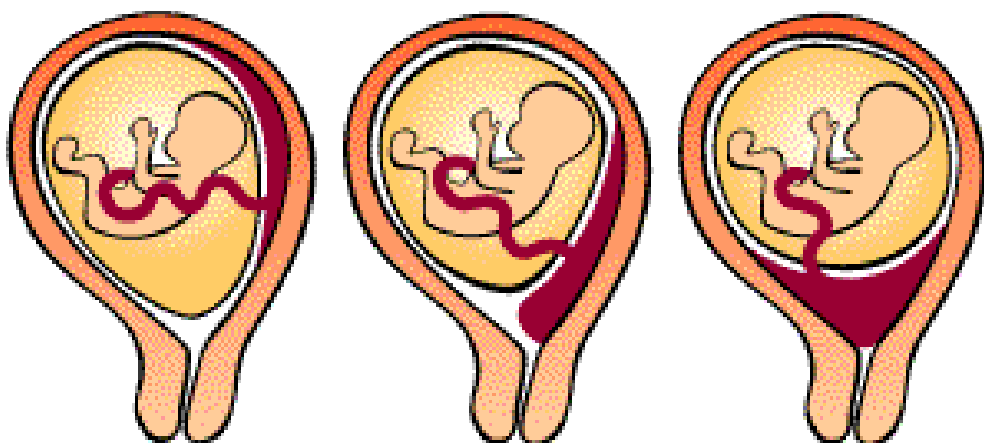
In normal pregnancy the placenta is implanted in the upper segment of the uterus and has no contact with the cervix.

**Vaginal bleeding after the first trimester is serious.
Get advice from your doctor immediately.**

The common cause for it is 'placenta previa' (the condition where the placenta is implanted, either partially or wholly, in the lower segment of uterus and covers or partially covers the cervix, blocking a baby's passage into the birth canal).

What does Placenta Previa look like?

These pictures show different kinds of placenta previa.



Normal Placenta

Partial Placenta Praevia

Total Placenta Praevia

With severe bleeding, urgent treatment - Caesarian Section to deliver the baby and the placenta is needed, whatever the baby's gestational age.

Chapter 11

Self-help with Your Morning sickness

Pregnancy is exciting time, full of changes, hopes, dreams and - if you are like most - the dreaded morning sickness.

It is estimated that about 50 to 90 percent of pregnant women experience discomfort from the nausea and vomiting associated with pregnancy, so you are definitely not alone in this journey you are traveling.

Morning sickness, which can actually occur at any time of the day, can really dampen your excitement about being pregnant.

What is the reason for morning sickness?

Unfortunately, no one is exactly sure what causes morning sickness. The cause seems to be a combination of issues related to:

- ❖ The chemical changes your body is having.
- ❖ Fast increase in estrogen & progesterone levels
- ❖ An enhanced sense of smell
- ❖ Excess stomach acids
- ❖ Stress and fatigue that commonly accompany pregnancy.



One theories is that morning sickness is caused by progesterone, the dominant hormone during pregnancy. Progesterone has a "softening" effect on the muscles in the body. It also affects other muscles, such as the stomach and intestines.

The progesterone relaxes and slows down the whole digestive track which makes the elimination of bodily wastes slower. That can lead to a slower emptying of the stomach which causes excess stomach acids.

How to Cope with Morning Sickness?

There is NO conventional medication available specifically for morning sickness, but here are some suggestions to help relieve the symptoms:

Eat a few dry crackers before getting out of bed in the morning

Don't try to eat anything that you suspect will make you nauseous

Eat small meals regularly (6 to 8 small meals a day). An empty stomach tends to trigger nausea

Limit or avoid fatty and spicy foods

Choose high carbohydrate and high protein foods

Avoid cooking or preparing foods whenever possible

-Drink plenty of fluids, preferably water

Many studies have shown that ginger can ease the symptoms

Vitamin B6 supplements can be useful, but doses above 200mg per day can actually be harmful

Wear loose clothes that don't constrict the abdomen

An antihistamine such as Phenergan can also help, but it can cause drowsiness and other annoying side effects

A medication called "Emetrol" may help women with mild to moderate morning sickness

Try drinking carbonated drinks like ginger ale or seltzer water between meals

Ask your doctor if you should change prenatal vitamins if it seems to make your nausea worse. Sometimes, taking your prenatal vitamin at a different time (e.g. at night instead of in the morning) may also help.

Homeopathic Remedies may offer some help for relieving morning sickness. Of course you should see a Homeopath for the best homeopathic treatment, but I can tell you a few homeopathic remedies which are commonly used and may be helpful to many women.

Ipecacuanha: used for constant, violent and persistent morning sickness; when eating and even the smell of food can trigger your nausea; if you produce a lot of saliva, retching; if a headache often accompanies the nausea; if you look pale and drawn, with dark rings under your eyes; if you are sweaty and sensitive to both heat and cold and when you are extremely anxious when you are nauseated.



Pulsatilla: used if your nausea worse in the evening and accompanied by vomiting; if you can't tolerate hot, rich, or fatty foods, especially ice cream; if the nausea is worse when you are in a hot, stuffy room and better when you are in fresh air, if you feel miserable and very emotional and want a lot of sympathy, which makes you feel better.

Sepia: used if you have intermittent nausea that is worse in the morning or when you eat dairy foods; if you vomit easily (even vomiting bile) and feel better afterward; if you generally feel chilly and worn out, but feel much better after aerobic exercise; if you feel apathetic and depressed and just want to be alone; or when nothing gives you joy including your loved ones.

Nux Vomica: used for constant nausea, accompanied by a lot of saliva, retching and difficulty in actually vomiting; if the nausea is worse in the morning and after eating and triggered by tobacco smoke; if you feel worse when you are cold and better when you are warm; if you are irritable, impatient and snappish.

Herbal remedies for Morning Sickness

Ginger: Ginger tea helps to stop nausea in many women. To make it, steep 1 teaspoon grated ginger in 1 cup of boiling water for 10 min, then let it cool to room temperature and sip it throughout the day. Do not prepare a stronger tea or drink more than 2 cups a day.

Dandelion: Dandelion tea also can help to stop nausea. Take 5 tablespoons of dried dandelion root in 1 liter of boiling water and steep it for 4 hours. Let it cool and drink up to two cups slowly throughout the day.

If you think you might be vomiting excessively, call your doctor. If you lose too much fluid, you might become dehydrated. Dehydration can be dangerous for you and your baby.

If the problem cannot be controlled and you are losing weight (or becoming dehydrated) because of the vomiting, immediate hospitalization is necessary to give intravenous fluid (and/or feeding in severe cases) and bed rest.

Chapter12

Risk Factors for Fetus Abnormalities: When Investigations are Needed

You are probably interested to know the risk factors for fetal abnormalities and what you should expect if you are in the group of risk.

Risk factors include:

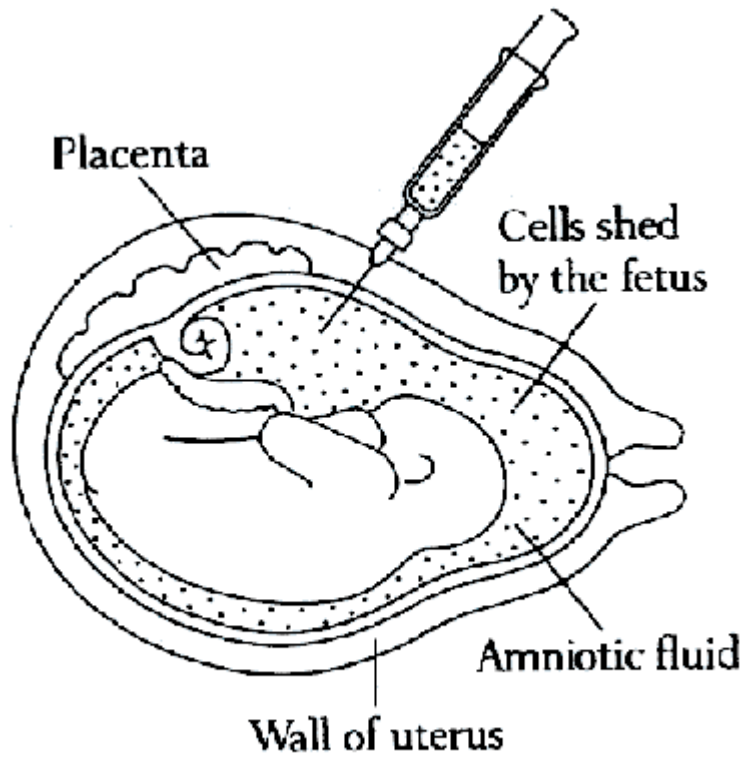
- ❖ A woman who is over 35 years of age, especially if it is her first child
- ❖ One or other parent with a known chromosomal abnormality(e.g. hemophilia, thalassemia)
- ❖ Certain diseases that run in either family (e.g. muscular dystrophy)
- ❖ If the mother has had several miscarriages
- ❖ An earlier abnormal child or close family member with an abnormal child

Screening for genetic defects are available if you are in a high risk group:

1) Ultrasound scan: This is performed first (before other more complicated tests explained below) to exclude gross abnormalities.

2) Amniocentesis: this is a procedure where a small amount of the amniotic fluid is drawn off, and the cells in it are cultured and analyzed under a microscope to give information about the health of the baby. It will also show the baby's sex. The cells contain the baby's chromosomes that it inherited from both parents. These chromosomes can be analyzed to give

information about 100 different genetic disorders, such as Down's syndrome



Amniocentesis results are 99% reliable. The risk of injury to the baby is practically nil. The risk of miscarriage is low – about one in 200. Amniocentesis is performed about the 15th week of pregnancy.

For a healthy couple with no previous history of this abnormality, the risk of giving birth to an infant with chromosomal abnormality is related to the age of the mother. The risks are approximately as follows:

Woman's age:	Risk:
20	1 in 1500
30	1 in 800
35	1 in 170
40	1 in 40
45	1 in 20

These values change significantly if a mother had a previous baby with Down's syndrome.

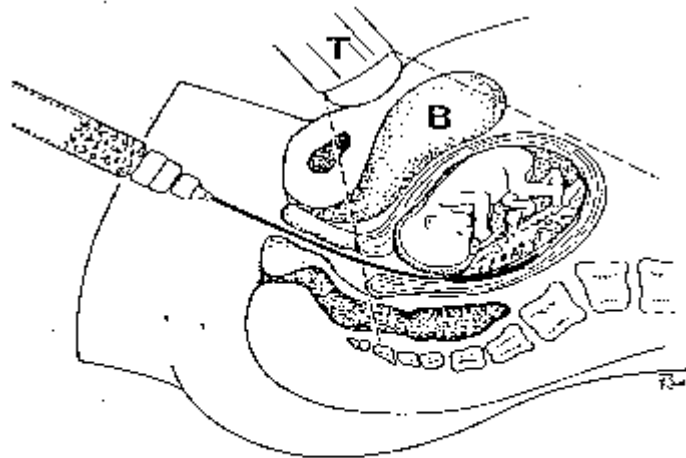
The figures above should be viewed in relation to the overall risk.

How Soon are the Results Known?

The chromosome studies take two to three weeks or, sometimes, longer. Very occasionally, the amniotic fluid cells fail to grow and chromosome results are not possible. If this happens, you would be notified straight away. You would then be offered an opportunity to repeat the test.

3) Chorionic villus

sampling: This is performed between the 10th and the 12th weeks of pregnancy. The sample of tissue is removed from the placenta by introducing a needle through the abdominal wall or vagina. The procedure is performed under ultrasound guidance.



The advantage of this test over amniocentesis is that it can be done earlier and, consequently, results can be obtained earlier.

The procedure is associated with a risk of miscarriage of approximately 0.5 - 1% on top of the normal level of miscarriage in any pregnancy. Although this is usually a simple test, some women find it uncomfortable and, very occasionally, painful.

Sometimes, more than one attempt may be needed before suitable tissue is obtained.

4) Nuchal Translucency Scan (NTS)

This is an ultrasound test that is done between 11 weeks and 3 days, and 13 weeks and 6 days of pregnancy. The test is to determine if you are at high risk of having a baby with a chromosome abnormality; most commonly Down's syndrome. This is a screening test and does not diagnose an abnormality but merely finds those who are at greater risk and who may opt for further testing.

What is a Nuchal Translucency?

All babies have a fluid collection in the skin at the back of their neck that is called the Nuchal Translucency (NT). The larger the measurement of the translucency, the higher the chance the baby will have Down's syndrome. This fluid often disappears by 15 weeks.

The nuchal translucency is measured by using an ultrasound, usually through the abdomen. A full bladder may be required for clearer picture. Occasionally a transvaginal approach may be required.

Ultrasound is considered safe in pregnancy and not likely to harm your baby.

Chapter13

The Use of Anti-D in Pregnancy.

All humans have special proteins on the surface of their red blood cells. These proteins (which are called antigens) cause a specific response if injected into a person who does not possess them. This response is the production of antibodies which are capable of breaking up the red cells – a process called haemolysis.

You can say that two people belong to the same Blood Group if they possess the same antigens.

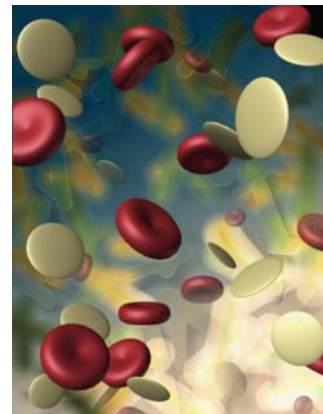
Thus, people who have the A antigen but not the B antigen belong to blood group A; people who only have the B antigen belong to group B ; people who have both antigens are group AB, and people who have neither are group O.

A special D antigen is also called the Rhesus (or Rh) factor. Everyone is either positive or negative for this factor.

Why are Blood Groups Important?

If a person (a recipient) needs to have a blood transfusion, it is important not to give donated blood which contains antigens that not present in the recipient. If this happens, the donated red cells will be broken up (haemolysed).

This reaction can be severe and often fatal. This is why donated blood is cross matched with the recipient before a transfusion is given.



What is so Special about Pregnancy?

Pregnancy is a unique situation because blood from the baby can enter the mother’s circulation system. If a woman is carrying a baby who has a different blood group to hers, then any fetal blood that enters her circulation

can cause her to make antibodies against the baby's red cells. She is then said to be 'sensitized'. If those antibodies cross back over into the baby, they can cause the baby's red cells to break up. This can make the baby very sick. If the reaction is severe, the baby can die of heart failure.

The most common problem is the D antigen. If blood from an Rh(D) positive baby gets into the blood stream of its Rh(D) negative mother, then the mother can make anti-D antibodies which may have serious consequences for the baby.

What can we do to prevent this?

In the vast majority of cases, blood from the baby only reaches the mother's circulation during childbirth. This does not affect this baby, because it has already been born. However, it can cause problems with the next baby.

In order to prevent an Rh negative mother from making antibodies to the blood of her Rh positive baby, anti-D immunoglobulin should be given to the mother. This has the effect of removing the baby's D antigens and prevents the mother from being exposed to them.

When is anti-D administered?

When an RH negative woman gives birth, a sample of the baby's blood is taken from the cord and the Blood Group is determined. If the baby is Rh positive, the mother is given a dose of anti-D. If the baby is Rh negative, nothing needs to be done.

If an Rh negative woman has an injury or any vaginal bleeding, or she has a procedure (such as an 'amniocentesis'), a dose of anti-D is usually administered at that time.

Because 1.5% of Rh negative women become sensitized during pregnancy (even in the absence of bleeding), a preventative dose of anti-D is recommended at 28 weeks and again at 34 weeks of pregnancy.

Chapter 14

Group B Streptococcus (GBS) in Pregnancy.

Group B Streptococcus bacteria are found in the genital tract of some women. They are said to be “colonized” with GBS bacteria. Around 10 to 30% of women are affected. Normally, the bacteria are harmless and these women do not experience any symptoms. They do not need to be treated during pregnancy and GBS is not classed as a sexually transmitted infection. However, up to 70% of women who have GBS will pass the bacteria on to their baby during the birth process. For this reason, all pregnant women who carry GBS are given antibiotics in labor.

Will GBS affect the baby?

While the bacteria does not affect most babies, about 4 per 1000 babies will become ill with GBS infection. This usually happens within the first 7 days of life. The illness can produce mild to severe problems, including infection of the blood and pneumonia. GBS infection can also develop later up to the age of 3 months – this is termed ‘late onset GBS’. The most serious problem in late onset GBS infection is meningitis, but late onset disease is very rare.

How will I be screened?

When you are about 36 weeks pregnant, your doctor or midwife will ask for a vaginal swab to be taken – usually it is self-collected. You will be informed of the result at your next ante-natal appointment. If you have a positive result, this will be recorded on your ante-natal card.

If you are GBS positive you will be offered intravenous antibiotics when you are in labor. Antibiotics decrease the chances of your baby becoming ill. An antibiotic called ‘Ampicillin’ is normally used. If you are allergic to Penicillin, an alternative will be given.



In some situations, antibiotics will be given to women who are at high risk of passing GBS on to their babies, even if their swab is negative. These situations are:

- ❖ If labor starts before 37 weeks. (Pre term babies are at a higher risk).
- ❖ If the membranes have been ruptured for longer than 18 hours.
- ❖ If a woman has a temperature higher than 38 Celsius in labor.
- ❖ If a woman has ever tested positive for GBS.
- ❖ If a previous baby has been affected by GBS, regardless of the result of any swab collected during the current pregnancy.

Treatment with antibiotics earlier in pregnancy will not guarantee that GBS will not grow back before you go into labor. They are only given if GBS is found in the urine.

Treatment for the Baby.

All newborn babies, whose mothers are GBS positive, are observed closely for signs of illness, particularly in the first 24 hours. Warning signs may be unstable temperature, drowsiness and poor feeding. If your baby shows signs of illness, they will be tested for GBS infection. They may be treated with antibiotics and put under the care of a neonatologist (baby specialist).

If you are GBS positive, this does not mean that your baby will definitely become ill.

Chapter 15

Your Diet During Pregnancy

What should pregnant woman eat?

This is a very common question which people ask their doctors, dietitian and other health professionals.

To a large extent, this depends on your cultural background, eating behavior or even income level.

As a general principle, it is advisable for pregnant woman to eat more fruit and vegetables, and less fatty foods including confectionary and cakes. However, you should be able to choose and should follow a diet which is similar to that of your family.

For proper nutrition, a pregnant woman needs to consume daily:

Kilojoules 9000kj (2200kcal)

Protein 51 g

Calcium 1g

Iron 30mg

Vitamin A 750mg

Vitamin D 10mg

Thiamin 1mg

Riboflavin 1.5 mg

Niacin 1.5mg

Ascorbic acid 50mg

Folate 400mg



Translating the above list into the foods a household buys, a pregnant woman should try to eat the following each day:

Fish or meat; 120g and an egg (but avoid those kinds of fish containing high mercury levels.)

Milk; 500mg or cheese 30g

An orange, an apple or some other fruit

Green leafy vegetables; at least three times a week

Coffee, tea, chocolate, cola, and some other soft drinks contain caffeine. There is evidence that a high intake of caffeine increases the risk of miscarriage and pre-term birth. It is a good idea for pregnant women to limit themselves to 200mg of caffeine daily. This equals:

- 2cups ground coffee or
- 2 ½ cups instant coffee or
- 4 cups medium-strength tea or
- 4 cups cocoa or hot chocolate or
- 6 cups cola

If you want to eat other foods and also like to follow nutrition recommendations (above), read the nutrition labels on these foods so you will know how much of which nutrients you consume.

Most pregnant women, who eat a prudent diet, do not need vitamin supplements - with the exception of folate. If you intend to become pregnant, or you are pregnant, it is recommended that you take 0.5 mg folate daily.

Some women may need iron supplementation, if their hemoglobin is low. Your hemoglobin can be checked by a simple blood test, so discuss this issue with your doctor if any concerns arise.



Chapter 16

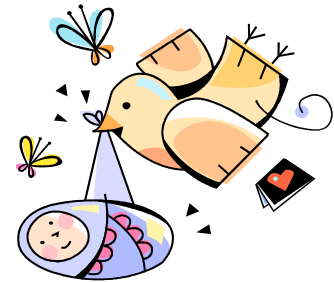
Explanation of Normal Labor and Caesarean Section.

You probably have wondered, “What really happens during childbirth?” There are some horror stories about childbirth – but are they true?”

Don’t worry! Things are not that bad.

I will do my best to describe to you what happens.

You feel a bit uncomfortable in the last few weeks. Very often, you have contractions that can wake you up at night, but they always fade away. You have more back aches and are going to the toilet much more often than before, because your bladder has less room to expand in.



Then you notice that you have lost some blood-stained fluid through the vagina, and the contractions become worse than usual. Shortly after that, you will pass the mucous plug that seals the cervix during pregnancy and then pass a lot of fluid – these are all signs that labor will start very soon.

Shortly afterwards, you feel contractions every 10 to 15 minutes. Most are mild, but some will make you stop in your tracks for a few seconds. They are rather like the cramping pains you may have with a heavy period. When contractions become 5-7 minutes apart, it is time to be taken to the hospital or the birth center.

Three Stages of Labor

All of the above describe the beginning of the first stage of labor. This section will give you a better understanding.

The first stage will last about 12 hours with your first pregnancy, but will be much shorter (4 to 8 hours) with subsequent pregnancies.

These times can vary from one woman to another.

When you arrive at the hospital, you change into a nightie and answer a few questions about your pregnancy such as how long you’ve had contractions, your past medical history and the like.

Soon afterwards, you may be given an enema.

Then the obstetrician will examine you internally to check how far the cervix (the opening into the womb) has opened. This check will be performed several times during the labor, and leads may be attached through the vagina to the baby’s head to monitor its heart and general condition.



A fully dilated cervix is about 10 cm in diameter and you may hear the doctors and midwives discussing the cervix dilatation and measurement.

As the labor progresses, you are moved into delivery room. The contractions become steadily more intense. If the pain in your abdomen doesn’t bother you, then the backache probably will. Your partner should massage your back between pains.

The breathing exercises can be very helpful in helping you with more severe contractions. Breathing nitrous oxide gas on a mask at the time of the contractions also makes them more bearable. A pain relief injection may also be given.

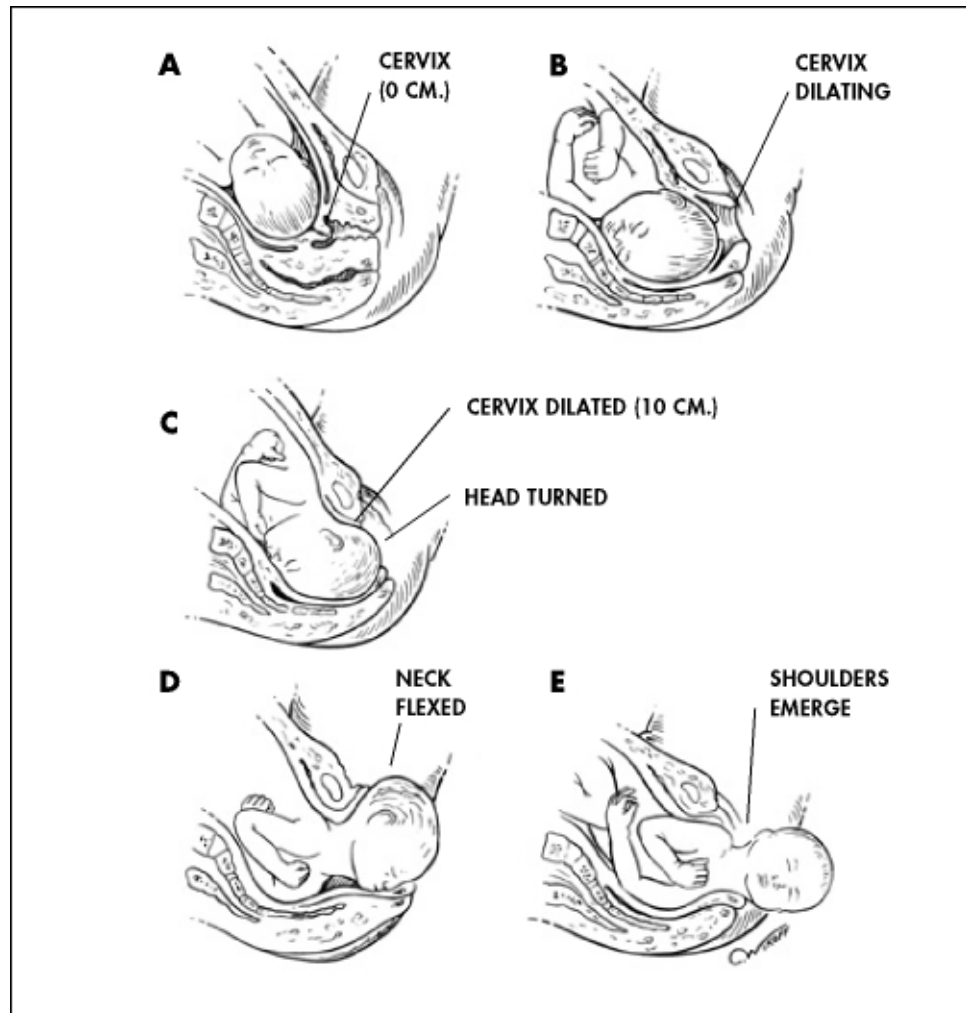
When the cervix is fully dilated (about 10 cm), you entering the second stage of labor. At this stage, you develop irresistible desire to start pushing with all your might. The second stage of labor will last from only a few minutes to an hour or more.

The contractions are much more intense than before, but you should push only at the time of a contraction. Pushing at other times is wasted effort. After delivery, the midwife will give you an injection to contract the uterus. The umbilical cord which has been the lifeline between you and the baby for

the last nine months is clamped and cut. A small sample of cord blood is taken from the cord to check for any problems in the baby.

A few minutes after the baby is born, the doctor will urge you to push again to help expel the placenta (afterbirth). This is the third stage of labor which normally lasts only a few minutes.

Then, if you have had an episiotomy (cut) or if there has been a tear, the doctor will repair this with a few sutures. You will be allowed to stay with the baby for a while and attach him or her to your breast. Then, both you and your baby will



be washed and cleaned, and taken to the ward for a good rest.

A and B – first stage of labor (before the cervix completely open)

C, D and E – second stage of labor (from fully dilated cervix to the delivery of your baby).

Your pregnancy is over and you enter a new period of your life. This called the 'postnatal period'.

Sometimes, a baby needs to be delivered by Caesarian section. There are a lot of possible different reasons for this, such as;

- ❖ no progression in the labor,
- ❖ baby's distress,
- ❖ the woman 's previous medical problems,
- ❖ severe complications of current or previous pregnancies

The operation is extremely safe for both mother and child. An anesthetic (spinal type is common, but general anesthetic can be given as well) is given to the mother, and the baby is usually delivered within five minutes. In many cases, the scar of a Caesarean can be low and horizontal, below the bikini line, to avoid it showing in public.

Recovery from a Caesarean is slower than for normal birth, but most women leave the hospital within ten days. A Caesarean does not affect breast feeding, the chances of future pregnancies, nor does it increase the risk of miscarriages.

Effects of Caesarean Section Compared with Vaginal Birth

Increased with Caesarean section:

- ❖ abdominal pain and need for narcotic analgesia
- ❖ bladder injury
- ❖ urethra injury
- ❖ need for further surgery; including for adhesions or hernia formation
- ❖ hysterectomy
- ❖ thromboembolic disease

- ❖ length of hospital stay
- ❖ readmission to hospital
- ❖ maternal death
- ❖ uterine rupture
- ❖ baby's respiratory morbidity

Reduced with Caesarian section:

- ❖ perineal pain
- ❖ urinary incontinence
- ❖ uterovaginal prolapse

No difference with Either Method:

- ❖ hemorrhage
- ❖ infection
- ❖ genital tract injury
- ❖ fecal incontinence
- ❖ dyspareunia (painful sex)
- ❖ postnatal depression
- ❖ cerebral palsy
- ❖ brachial plexus injuries

Chapter 17

Anesthetics used for childbirth.

Most women seek pain relief once the active phase of the first stage begins. Several methods are available, including the use of drugs and nonpharmacological means.

Non-pharmacological Methods

The non-pharmacological methods need to be taught during pregnancy by a trained person (antenatal classes are very helpful with that).

Non-pharmacological methods include massage and touch, relaxation techniques, rhythmical movements, hot and cold showers or baths and transcutaneous electrical nerve stimulation (TENS). The effectiveness of these techniques is not clear, but some women find them very helpful in relieving pain.

Pharmacological Methods

Pethidine

This is currently the most common narcotic chosen by women. A dose of 100-150 mg is given intramuscularly). This opioid is effective in 15 minutes and the effects last for 2-3 hours. There is some concern that the baby may have a delayed onset in breathing after birth if pethidine is given within 2 hours of birth. If this occurs, it is easily treated with the injection of an opioid antagonist (like naloxon) into the umbilical vein or intramuscularly.

Nitrous oxide and Oxygen

Very often, a 50:50 mixture of nitrous oxide and oxygen is given for pain relief during the birth. The patient breathes the mixture during a contraction in the active phase of the first stage, and during the second stage of labor. If this method is unsatisfactory it can be supplemented with injections of pethidine.

Epidural (spinal) Analgesia

Epidural (spinal) analgesia has become increasingly popular in recent years. It is also the most effective way of relieving the pain during childbirth.

The anesthetic is injected between two vertebrae in the back, so that the nerves below that level stop transmitting the pain sensation from the legs, pelvis, and abdomen to the brain. The nerves that control your muscles and their movement are not affected.

A tube is left in your back during the operation, so that the anesthetic can be topped up as required.

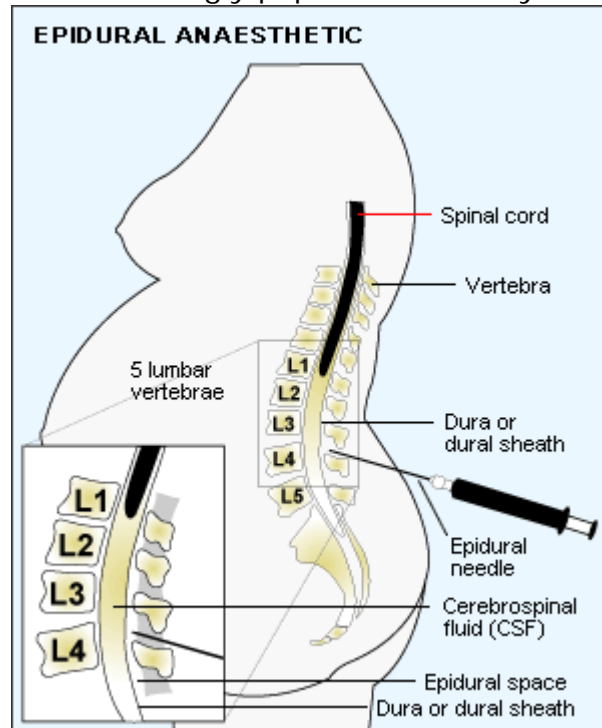
The most common complication after epidural analgesia is headache and some dizziness. Serious side effects are not common.

For an epidural, the anesthetic is injected between lumbar vertebrae (usually between the 4th and 5th)

Local Analgesia

Local analgesia is a choice of pain relief during childbirth for women who have not had an epidural anesthetic and who need a forceps or vacuum extraction delivery, for the repair of episiotomy (cut) or tear.

Local analgesia is when anesthetic is injected directly to the tissue of the birth canal.



Chapter 18

Evaluation of the Newborn: What does the ‘Apgar Score’ Mean?

When a baby has been delivered its vital signs (breathing, heart rate, muscle tone, reflexes and skin color) must be evaluated.

The ‘Apgar score’ is used internationally by doctors and midwives as a simple measurement of the baby’s general health. The name is taken from Dr Virginia Apgar , an American anesthetist, who devised the system in 1953.



The Apgar score is a number that is given to a baby immediately after birth and 5 minutes later. The score is derived by giving a value of 0, 1 or 2 to each of the five variables; breathing, heart rate, muscle tone, reflexes and skin color.

The maximum score the baby can have is 10.

A score of 7 or above is considered to be normal. If the Apgar score is 5, the baby is considered to be seriously distressed. If the score is 3, the baby is in a critical condition.

The score gives only a rough assessment of the baby’s general health.

Chapter 19

Two to Tango: The father's Role During Pregnancy

There was a time when the father’s role during pregnancy was limited to driving his screaming partner to the hospital and to pace nervously around the waiting room until the news about the newborn's arrival would be pronounced by one of the medical staff. Those days seem to have disappeared forever.

Now, pregnancy is a shared experience with the fathers offering plenty of support and help.

What Can the Father-to-be do?

1) Providing support is the best thing that a partner can do; support in decision-making, doing extra things within the household and supplying lots of emotional support.

Women are very sensitive and emotional when they are pregnant, because of all the hormones surging through their veins. They can experience heightened emotions, so they really *need* this extra support from their partners.



2) Educating yourself about pregnancy issues is one of the most important things that fathers-to-be can do to understand and help their pregnant partners.

What Men can do to Educate Themselves:

- ❖ Buy male-specific books on pregnancy and fathering
- ❖ Attend some clinical appointments, especially the first Ante-natal appointment and ultrasounds

- ❖ Attend pregnancy (antenatal) classes in your local hospital or medical center.

At these classes, fathers-to-be can hear about the options of birth that are available, they can talk to other fathers to be and ask questions. Being involved in a prenatal class is one way to prepare you for the birth.

When a man takes a prenatal class with his partner, they both begin to prepare themselves to share the birth experience as a couple.

What will be his role during birth? Is he happy to attend the birth? What are man’s expectations from the birth? The classes will give you the understanding of the stages of the birth process and what to expect during labor and delivery.

- ❖ **Help her stay motivated**

Motivation is important to maintain good health during pregnancy. Men can offer to exercise together with their pregnant partners, or be proactive in cooking healthy meals.

But, they should be very careful what they say to their partner. There is nothing worse than a partner who says, “you are getting a bit chubby”. Men should be very careful how they express their opinion in a situation like this. It is much better to reassure the woman and say that she is still “beautiful and amazing” while producing this baby.

A certain amount of weight gain is expected during pregnancy, especially where the mothers-to-be experience swelling.

- ❖ Give up bad habits.
 - Drink less alcohol or stop it all together
 - Stop smoking

Many expectant fathers may experience common anxieties, especially in the first trimester, like fears about their partner's health, worries about money and concerns about what type of father they will be.

Many expectant dads start to look ahead and feel worried about how having a baby will affect their finances. If both partners have been working, they may begin to think about how the household will be affected by the change in their income, if the wife will be away from work for a while.

Concerns about the need for a larger house, a new car or how to anticipate what new expenses they will have once the baby has arrived, are all common anxieties that men face during the early stages of pregnancy.

Finally, many expectant fathers are concerned about what type of father they will be. They may begin to think about what it was like for their fathers when they were born. How prepared was their dad when he became a father?

All these new "anxieties" are the normal feelings and most men have them during their partner's pregnancy.

Many expectant dads report that there is a change in sexual activity with their partners during the second trimester. Each expectant mom will respond differently to the hormonal changes her body is going through.

For some women their pregnancy can intensify their sexual arousal, while it appears to diminish it for others. It is important for a father-to-be to see that many of their partner's responses may be driven by the changes her body is going through in the second and third trimester.



Support, understanding and reassurance are highly necessary for managing this situation.

Practical Tips for Future Dads in the First and Second Trimester;

For your wife/partner:

- ❖ Talk with your wife about your hopes and dreams, fears and anxieties of having a child together.
- ❖ Make time to regularly go on walks together.
- ❖ Talk about how your lives can slow down, how you can both do less in the coming months and enjoy the pregnancy.

For yourself:

- ❖ Choose the friends that you want to share the news about "being pregnant" with.
- ❖ Go to a bookstore and look through the books on parenting. Choose one that feels right for you.
- ❖ Take time alone to reflect on your feelings about becoming a father.

Practical Tips for Future Dads in the Third Trimester:

For your wife/partner:

- ❖ Work together to get "the nest" ready where possible;
 - getting things for your baby, such as baby furniture,
 - getting the house ready and
 - preparing extra meals.
- ❖ Try to view at least two birth films together.
- ❖ Let your wife know that you want help as much as possible
- ❖ Let your wife know that you will "be there" for her at the birth.

- ❖ Go on a tour of where your baby will be born.

For yourself:

- ❖ Begin to plan for the birth. Check and see how flexible your work will be about you having time off for the birth and also after the baby is born.
- ❖ Ask two new fathers about the experience of their baby's births.
- ❖ Reach out to the men in your childbirth preparation class; see if you can have a dads-to-be night out to discuss your expectations of the coming birth of your baby. Choose a venue that is appropriate for your gathering - a library or church hall, not a club or a bar. Remember that your partner will be very emotionally sensitive. You do not want her to think you are out on the town.
- ❖ Find an exercise program that you feel you could continue after the baby is born.

Good luck!!!!!!

Chapter 20

Birth Choices from Hospital to a Water Birth.

When it comes to child birth, women may have more choices than they are aware of.

Here are six basic options that modern women can consider, to make the best choice for herself and her baby.

1.) Certified Nurse Midwife (CNM) or OB/GYN assisted hospital birth: this is most common option women choose.

Women generally see their chosen practitioner and/or midwife at their office, or at the hospital, throughout their pregnancy. Hospitals provide the highest level of medical care available, and should be able to handle any crisis situation that may arise during labor and birth.

2.) Certified Nurse Midwife (CNM) or certified Professional Midwife assisted Birthing Center birth:

Birthing Centers offer an environment that is much closer to a home setting, while still having some medical technology on hand. They are generally not as well equipped as hospitals and are unable to handle all medical emergencies.

They also may not be able to provide the same spectrum of pain relief during labor, such as epidurals. Patients generally see their practitioner for pre-natal visits at the Birthing Center.

Birthing centers may also offer special amenities not found at hospitals, such as labor pools and equipment designed to help women cope with labor without drugs. Care is generally more relaxed and women are allowed greater freedom to follow the needs of their bodies during labor and birth than at a hospital.

Because there is a lower level of medical technology on hand, Birthing Centers generally require that their clientele be fairly low risk. That means that not all women will be accepted as clients.

3.) Certified Nurse Midwife (CNM), Certified Professional Midwife (CPM) assisted Home Birth:

There are many variables in the type of care offered by a midwife that provides services for home births. The amount of medical-type prenatal and labor care provided will depend completely on the midwife you select.

Before you consider having a Midwife assisted Home Birth, you should thoroughly research her medical training and credentials, and then enquire about the amount of experience she has had with various situations.

Women generally choose a midwife assisted homebirth because it offers them a great deal of freedom, but still affords them the security of having a medically trained professional on hand.

Because midwives are unable to handle the higher-level medical complications possible with some births, they may screen out women they consider to be high risk and refuse to provide care for them.

It's also important to note that although midwives are generally assumed to be greater supporters of natural childbirth, so they may not be as hands off as some women expect. Generally speaking, this birth choice is considered to be significantly less safe than the choices already mentioned.

4.) Unassisted Childbirth:

Unassisted Childbirth offers women the ultimate in freedom and control over their own pregnancies. Women may either provide their own prenatal care or seek limited care from outside medical sources such as an Obstetrician or midwife.

A great deal of emphasis is placed on trusting the natural process of pregnancy, labor and birth. All three are viewed as normal, safe and natural

events that do not require medical care; that women have the innate ability to give birth to and care for their own babies without a trained medical assistant on hand.

Women generally labor and birth at home with their spouse, close family and friends or alone. The choice is left up to the pregnant or laboring mother and what she feels is best. Intuition and instinct are used to handle any problems that may arise.

This is the birth choice where all responsibilities for the woman’s and baby’s safety are taken by the woman and her family. If any difficulties arrive during the birth, the woman should be taken to hospital immediately.

Unassisted Childbirth is a high risk birth choice.

5.) Elective Caesarean (planned c-section)

Nowadays, Elective Caesarian is considered one of the normal birth options. Some women decide to have it because they want to avoid pain and all other discomfort of normal vaginal birth. Conditions that may necessitate a planned C-section include:

- ❖ The woman has had a Caesarian section before
- ❖ The woman had other invasive uterine surgery
- ❖ The woman is carrying more than one child
- ❖ The expected baby is very large
- ❖ The baby is in a breech (bottom first) or transverse (sideways) position
- ❖ The woman has placenta previa
- ❖ The baby has a known fetal illness or abnormality

An elective Caesarean means a Caesarean section that is carried out before labor begins. An emergency Caesarean is one that is carried out as a result of some complication arising during labor.

Some women feel quite positive about CS, even requesting the operation when medical indications are slight or non-existent. In fact, 20% of all births in Australia are done by caesarean section (CS). In the U.S.A., the numbers are slightly lower; around 15% to 19% depending on the state.

One of the disadvantages of Elective Caesarian is that it eliminates the natural birth process completely. An other one is that the recovery time after a CS birth is longer than recovery time after normal vaginal birth. (Read more about CS in Chapter 16).

Caesarian Section is normally done under spinal or general anesthetic. (Read Chapter 17 about analgesia during birth).

6) Water birth

Water birth is a method of giving birth in a bathtub or pool.

During a water birth, the mother enters a warm water bath and remains there for as long as she desires during labor and birth. Some women labor in the water and get out to birth; others prefer to give birth in the water also. This is a matter of personal choice.

The use of warm-water pools for labor and childbirth is a relatively recent phenomenon in Western culture. During the 1960's, Russian researcher, Igor Tjarkovsky, undertook considerable research into the safety and benefits of water birth in the Soviet Union.

In the late 1960's, French obstetrician, Frederick Leboyer, developed the practice of immersing newly-born infants in warm water to help ease the transition from the womb to the outside world, and to mitigate the effects of any possible birth trauma.

Considerable research has been undertaken into the safety of water birth. There are some advantages and disadvantages to water birth.

Advantages:

It relax the woman's muscles

It eases labor by reducing the excretion of adrenaline caused by pain and fear

It stimulates the release of endorphins

The elasticity of the perineum is increased

It is less painful and few women need analgesics

Disadvantages:

there is a minute risk that the baby can aspirate water

there is an objection that the water may increase the chance of infection for the baby, although midwives and doctors experienced who are with water births have not noted an increase in infection rates for either mother or baby.

Water birth is accepted and practiced in many parts of the United States, Canada, Australia, New Zealand and in many European countries, including England and Germany, where many maternity clinics have birthing tubs.

Chapter 21

What is Ectopic Pregnancy?

This Chapter examines the risks of an ectopic pregnancy and its possible effects for future normal pregnancies.

Sometimes, pregnancy occurs in the wrong place –not in the uterus. Most ectopic pregnancies occur in the Fallopian tubes but, very rarely, the fertilized egg may implant on the ovarian surface or in the abdominal cavity.

The incidence of ectopic pregnancy in the developed countries is currently running at a rate of 1 in 80-150 pregnancies.

The reason for an ectopic pregnancy is unknown. The outcome of ectopic pregnancy is termination, usually between the 6th and 10th week.

The Fallopian tubes (the most common place for ectopic pregnancy) run from each ovary to the womb (uterus) and transport the egg from the ovary to the womb, where it can be fertilized by a sperm and grow into a baby. If the baby starts growing in the Fallopian tube (instead of the womb), the tube eventually bursts, causing an internal hemorrhage in the mother and the almost inevitable death of the baby.

An operation is then performed to remove the damaged Fallopian tube and the remains of the pregnancy.

Signs that your pregnancy might be ectopic include:

- ❖ Cramps and bleeding, which you might think are your normal period. This could also be a miscarriage.
- ❖ Severe pain, on one side of your lower abdomen.

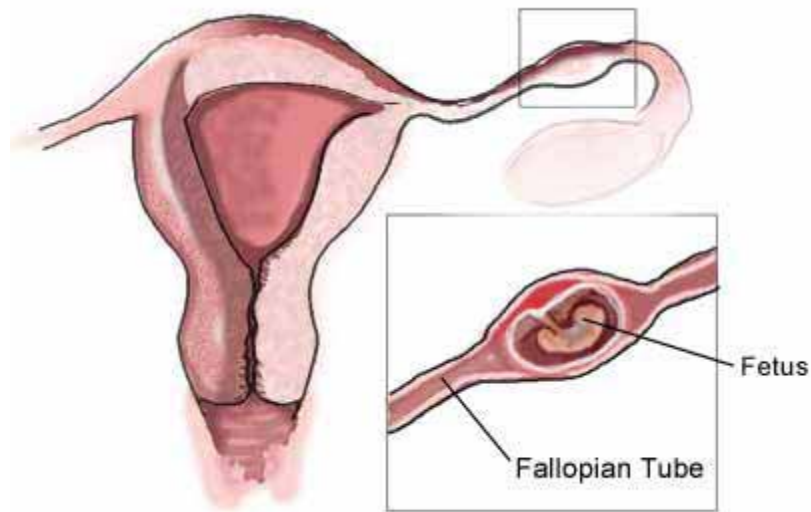
If the fallopian tube splits, you may experience serious symptoms including:

- ❖ sudden, severe pain that gradually spreads throughout the abdomen

- ❖ pain in the shoulder, caused by blood leaking into the abdomen and irritating the muscles of the diaphragm
- ❖ shock caused by sudden internal bleeding
- ❖ sweating, light-headedness and feeling faint
- ❖ diarrhea or blood in the stool

**If you have these symptoms,
you need immediate emergency treatment.**

This picture shows an ectopic pregnancy in the left Fallopian tube.



You still have a good chance to have a normal pregnancy after an ectopic pregnancy. It is estimated that about 50%-60% of women who had an ectopic pregnancy become pregnant again with a normal pregnancy. Your next pregnancy should be monitored carefully in the early weeks, and a transvaginal ultrasound performed at 6-8 weeks gestation to establish that the pregnancy is intra-uterine.

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