CONGRATULATIONS ON YOUR PREGNANCY!

Your health and safety during pregnancy and childbirth is important to us, so we created Healthy Beginnings just for you. These newsletters will give you information about:

- Your prenatal appointments.
- Your baby’s growth.
- Examinations and tests you may have as part of your prenatal care.
- How to stay healthy during your pregnancy.
- Changes in your body.
- How your partner can stay involved.
- How to get ready for your new baby.

In addition to the information you receive in these newsletters, you can log on to kp.org at any time to e-mail your practitioner about non-urgent medical concerns and to obtain most lab results. We look forward to keeping you informed and answering your questions.

NEXT APPOINTMENT

Date: _____________________________________________
Time: _____________________________________________
Day: _____________________________________________
Practitioner: _______________________________________
Notes: _____________________________________________

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

Your next prenatal appointment and tests

Kaiser Permanente provides you with high-quality, family-centered care to help you have the safest and healthiest pregnancy and childbirth possible. Although pregnancy and birth are natural events, going to your prenatal appointments is necessary to make sure that your pregnancy is going well. Please join us as a partner in your health care by attending all of your medical and educational group visits.

Your regularly scheduled visits include 8 to 10 medical appointments. These visits are timed to coincide with important milestones in your pregnancy. They give your practitioner a way to keep up to date with your pregnancy and all of the changes that you are experiencing. They are a great time for you to ask questions and talk about your concerns. At these visits your practitioner will:

- Check your blood pressure and weight.
- Check your urine specimen.
- Listen to your baby's heartbeat.
- Order additional tests, if necessary.

To confirm your pregnancy, the first individual medical visit is usually scheduled at 8 to 12 weeks. You will see a practitioner who will review your health history questionnaire and do a complete physical exam, including a pelvic exam and a Pap test. Your prenatal chart will be reviewed with you, including your medical history, physical exam, and lab tests.

Your due date

Your due date or estimated delivery date (EDD) is based on the first day of your last menstrual period and is about 40 weeks (280 days) after your last period began. However, your baby is considered to be full term between 37 and 42 weeks. If possible, it is best to stay pregnant for at least 39 weeks so your baby has time to fully develop. Your early ultrasound will confirm your due date.

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YOUR DUE DATE

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- Check your baby’s growth by measuring the size of your abdomen.
- Listen to your baby's heartbeat.
As your partner’s body changes over the next 9 months and you both prepare for the new baby, your life will be changing, too.

- You may have mixed feelings about these changes. Sometimes you may feel excited; other times you may worry about all of the changes and wonder if everything will be okay.
- You may do extra chores, or the house may get messier. During the first 3 to 4 months, your partner may be feeling very tired and nauseated.
- You may sometimes feel left out and wonder how you can stay involved in the pregnancy. Try to give your partner extra care and attention.

Staying healthy during pregnancy and beyond

Now is the time to learn ways to be as healthy as possible while you’re pregnant. Getting plenty of rest, eating nutritious foods, and starting or continuing to be physically active are ways to take good care of yourself. Try to make as many healthy changes as you can. Being around other pregnant women can help you through the changes and challenges. This is also a great time to learn how to accept lots of love and support from your family and friends. Some women say they felt their healthiest when they were pregnant. We hope this will be true for you, too. Information in these newsletters can help.

PHYSICAL ACTIVITY
If you’re physically active on most days of the week, great! If not, this is a good time to begin to move in that direction. You’ll feel better overall, have more energy, sleep better, and have less constipation and water retention. Generally speaking, you can continue moderate exercise throughout your pregnancy. Begin slowly and build up gradually. If you are currently not at all active, a 5-minute walk every day is a good start. Try to work up to exercising for a minimum of 150 minutes a week, or at least 30 minutes per day on most days of the week. Wear athletic shoes or at least 30 minutes per day on most days of the week. Wear athletic shoes or

USING A SEAT BELT
You need to wear a seat belt to protect you and your baby every time you drive or ride in a car. Use both the lap belt and the shoulder harness. Position the lap belt low, below the baby (not across your stomach or on your uterus).

What to avoid when you’re pregnant

For the health of your baby and for your own health, you should avoid alcohol, drugs, and tobacco during pregnancy. Harmful products from these substances pass through the placenta to the baby. It’s also important that you avoid handling kitty litter, using hot tubs, and taking hot baths.

SMOKING
If you’ve quit smoking, congratulations! If you smoke, try to stop now—for your health and your baby’s health. Women who smoke are more likely to have problems in pregnancy and childbirth. They tend to have premature and smaller (underdeveloped) babies who have problems after birth and throughout life. Smoking during pregnancy can cause your baby to be born underweight, which puts your baby at greater risk of serious illness, chronic lifelong disabilities, and death. The risk of sudden infant death syndrome (SIDS), or “crib death,” increases if a mother smokes during or after pregnancy.

ALCOHOL AND DRUGS
If you drink alcohol or use any illegal drugs, including but not limited to cocaine or crack during pregnancy, you’ll harm your baby. These drugs can cause your newborn to cry a lot or have problems eating, sleeping, or breathing. Later, the baby may have trouble learning. Alcohol and other drugs can cause more serious problems, like birth defects or brain damage. They can even cause you to lose your pregnancy. It’s hard to stop using alcohol or other drugs. If you or someone in your family has a problem with drugs or alcohol, call your practitioner.

CAFFEINE
Avoid caffeine or consider switching to decaffeinated beverages. If you want caffeine, try keeping it to less than 200mg per day. This means one cup of coffee or 3 cups of tea. If possible, try alternative methods to perk up such as walking briskly around the block, stretching for 5 minutes, or drinking a glass of cold water.

(continues on page 3)
Emotional changes during pregnancy

Every woman experiences her pregnancy in a uniquely personal way, largely because every woman is different and has had different experiences during her life. Some women, for instance, may have planned their pregnancy while others may be surprised. Some women may have previously had a miscarriage while others may be pregnant for the first time. Regardless of the context of your pregnancy, the thoughts and feelings that you have are uniquely yours. They might range from excitement to ambivalence or from happiness to fear. These are all normal responses.

Hormonal changes and physical discomforts can play a role in how you feel during your pregnancy. For example:

- You may have mood swings, ranging from being extremely happy to being extremely sad.
- You may be more sensitive or irritable.
- You may feel more dependent and passive, thoughtful, or fearful.
- You may experience changes in your sexual interest, ranging from being very interested in sex to not being interested at all.

Worries about your body image, career, relationships, and the health of your baby are all valid concerns that can make this a particularly challenging time. It’s extremely important to develop a support network to help you get through your pregnancy. Here are some tips:

- Try to spend time with other couples who are either expecting or who have small children. Sharing similar experiences can often help relieve some common worries and can also help you feel more connected to others. Talking with others who have been through pregnancy can provide you with valuable information about pregnancy, childbirth, and infant care. Taking prenatal classes is a good way to meet other women or couples who are sharing the same concerns and joys.
- Be sure to share your feelings with your partner.
- Let your practitioner know if you have had a previous history of depression or if you are currently experiencing negative feelings, anger, or a depressed state that has lasted longer than 2 to 3 weeks.
- If you are feeling afraid your partner may hurt you or your baby, talk to your practitioner, or call the National Domestic Violence Hotline at 1-800-799-7233. Call your provider right away if you're having any thoughts of hurting yourself or others. If you think you may act upon them, you should call 911 right away.

Remember: Pregnancy is a special time that should be enjoyed as much as possible. It's a time to grow closer to your partner as you share in the creation of a new life. It's also a great time for you and your partner to develop your relationship as a couple so that you can move into your new role as parents.

What to do about morning sickness

Many women experience nausea and vomiting during the first few months of pregnancy. Morning sickness, which can occur at any time of day, is a normal result of the body’s adjustment to the hormones of pregnancy. Morning sickness usually disappears after the first 3 to 4 months of pregnancy. The following home remedies can help:

- **Drink fluids:** Sip small amounts of apple juice, grape juice, lemonade, or caffeine-free carbonated beverages. If drinking with meals gives you a stomachache, try drinking between meals instead. Try fruits with high water content, like melons, oranges, or grapefruits.
- **Eat small meals:** Eat 3 or 4 small meals each day. Try to eat something every 2 to 3 hours, even if you don't feel hungry. If you don’t eat, nausea usually gets worse. Eat crackers or dry toast in bed in the morning before getting up and before you go to sleep. Don't eat greasy, fried, or highly seasoned foods.
- **Open windows:** Keep a window open and get plenty of fresh air. Use an exhaust fan to get rid of cooking odors. Certain food odors can trigger nausea. Your triggers might be foods with strong odors or something very ordinary that you normally like.
- **Other suggestions:** Try to rest often during the day. Taking naps can help diminish nausea. Try wristbands that press on your wrist to reduce nausea (for example, Sea-Bands). Some prenatal vitamins can trigger morning sickness or make it worse. You need to take folic acid but can temporarily stop taking other prenatal vitamins while you are nauseated unless your practitioner has told you that you must take them despite your nausea. You might try taking your prenatal vitamins at night before going to bed instead of in the morning. Try vitamin B6 (25 milligrams every 8 hours or as needed, up to 75 milligrams a day). This vitamin is safe for your baby and available in most pharmacies without a prescription. Ginger tea or tablets can also be helpful to reduce nausea.

Call your practitioner if you have vomiting that:

- Is severe (with pain or fever).
- Is frequent (more than 2 to 3 times a day).
- Lasts more than an hour.
- Is causing you to lose more than 2 pounds. Be sure to call immediately if you are vomiting blood.

Sex and pregnancy

During your pregnancy, your sexual desire may change. You may or may not feel interested in sexual activity, ranging from being gently touched to sexual intercourse. Many women just want to be held and comforted. As your feelings change, talking with your partner is important. Your pregnancy can also affect your partner’s feelings. For example, your partner may be concerned about disturbing your baby or hurting you, or your partner may find you more attractive. It's safe to have sex while you're pregnant unless your practitioner advises against it.
Nutrition and pregnancy

While you’re pregnant, you supply everything your baby needs to grow. The best way to do this is to eat at least 3 meals and 2 healthy snacks every day. Also, drink 8 to 10 full glasses of fluid every day.

**DAILY FOOD GUIDE**

The Daily Food Guide will help you choose foods that give you the nutrition you and your baby need while you’re pregnant. At the end of the day, you can check to see if you’re getting enough servings from each of the following 5 food groups:

1. Breads and other whole grains
2. Vegetables, especially green leafy vegetables
3. Fruits
4. Milk and milk products
5. Meat and beans

**CHOOSE HIGH-VITAMIN FOODS**

There are 3 vitamins and minerals that are especially important for you and your growing baby: calcium, iron, and folate. You can get the extra calcium, iron, and folate that you and your baby need to be healthy if you eat enough of these foods every day.

**Calcium-rich foods**

(1,200 milligrams per day)
- Dairy products (milk, cheese, yogurt)
- Tofu (calcium fortified)
- Almonds
- Broccoli
- Green leafy vegetables (spinach, bok choy, collard greens)
- Corn tortillas
- Orange juice (calcium fortified)

**Iron-rich foods**

(30–60 milligrams per day)
- Beef (lean, dark red meat), chicken, or turkey Liver* and other organ meats
- Oysters and other shellfish
- Green leafy vegetables (spinach, broccoli, bok choy, collard greens)
- Lentils or beans
- Iron-fortified cereals
- Dried fruits (raisins, prunes, apricots)

**Folate-rich foods**

(0.4 milligrams per day)
- Dark-green leafy vegetables (spinach, greens)
- Broccoli
- Asparagus
- Liver*
- Folate-fortified breakfast cereals
- Oranges and orange juice
- Peanuts and almonds

* Liver has excessive amounts of vitamin A. It should be consumed in moderation.

**Daily food guide**

Check off the amounts you eat in each food group below every time you have a meal or snack. Try to eat the recommended amounts each day.*

For example:

- **Lunch:** 1 turkey sandwich = 2 oz. of bread and 1 oz. of meat; 1 cup orange juice = 1 cup of fruit
- **Snack:** 1 cup low-fat yogurt = 1 cup of milk; 1 cup raw carrots = 1 cup of vegetables

*These recommended amounts are based on a 1,800 to 2,800 calorie/day diet. For more information, please visit: choosemyplate.gov/mypyramidmoms.

<table>
<thead>
<tr>
<th>FOOD GROUPS</th>
<th>RECOMMENDED AMOUNTS YOU NEED EVERY DAY</th>
<th>MARK THE NUMBER OF SERVINGS YOU ATE TODAY FROM EACH FOOD GROUP</th>
</tr>
</thead>
</table>
How much weight should you gain?

You and your practitioner need to keep track of your weight so that you’ll gain enough weight to support your growing baby, but not too much. The recommended amount of weight you should gain throughout your entire pregnancy is about 25 to 35 pounds. This varies depending upon your weight and body mass index (BMI) before you became pregnant. BMI helps to determine if your weight is appropriate according to your height. Women who gain too much weight during pregnancy are at increased risk of having a premature baby or a larger than average baby. Babies who are larger than average at the time of birth are at higher risk for a variety of health problems, including being overweight. Women who gain too much may also have health problems such as diabetes and high blood pressure, which can cause complications.

- You should gain about 1 pound a month for the first 3 months of your pregnancy.
- You should gain about 1 pound a week during your last 6 months of pregnancy.
- If you’re underweight, you’ll need to gain more weight (about 28 to 40 pounds).
- If you’re overweight, you may not need to gain as much weight (about 15 to 25 pounds).
- If you’re obese, you need to gain less weight throughout your whole pregnancy (11 to 20 pounds).
- If you’re having twins, your practitioner may refer you to a dietician who can advise you on your ideal weight gain.

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

<table>
<thead>
<tr>
<th>Weight status at beginning of pregnancy</th>
<th>Recommended Weight Gain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1st Trimester:</td>
</tr>
<tr>
<td>Underweight (BMI less than 18.5)</td>
<td>1 - 4.5 pounds total</td>
</tr>
<tr>
<td>Normal (BMI 18.5 – 24.9)</td>
<td>1 - 4.5 pounds total</td>
</tr>
<tr>
<td>Overweight (BMI 25 – 29.9)</td>
<td>1 - 4.5 pounds total</td>
</tr>
<tr>
<td>Obese (BMI 30 or greater)</td>
<td>1 - 4.5 pounds total</td>
</tr>
</tbody>
</table>

WHAT TO DO IF YOU’RE GAINING TOO MUCH WEIGHT

- Cut down on fats like butter, margarine, oil, gravy, mayonnaise, salad dressing, sour cream, and sauces.
- Choose lean meats, chicken or turkey (without the skin), and fish.
- Drink nonfat or 1% milk. Eat nonfat or low-fat yogurt and low-fat cheeses.
- Avoid or limit fried foods and foods from fast-food restaurants.
- Snack on fresh fruit, raw vegetables, or popcorn (no butter) instead of chips and candy.
- For dessert try fresh fruits, sherbet, or fruit ices instead of ice cream, cakes, or pastry.
- Replace any juice or soda you’re drinking with water.
- Do some physical activity (such as walking) every day unless your practitioner tells you to rest more.

DON’T DIET!

Your weight gain is very important to your baby’s normal growth and development. If you don’t eat enough of the right foods, your baby may not get important nutrients needed to grow.

- Follow the “Daily food guide” (see page 4) and check off what you eat every day.
- Eat the recommended amounts of healthy foods each day. Don’t skip meals, your baby needs regular meals at regular times to grow properly.
- Don’t try to lose weight while you’re pregnant. Wait until after you finish breastfeeding your baby to try to lose weight.
- Check with your practitioner if you have any questions or worries about the amount of weight you’re gaining.

TAKE CARE OF YOURSELF

- Eat well-balanced meals with a variety of foods.
- Avoid fast foods with high fat and calories. Choose broiled chicken and salad instead of hamburgers and fries.
- Keep healthy snacks available to eat during the day.
- Read labels so that you know what you’re eating.
- Drink 8 to 10 eight-ounce glasses of fluid every day, including water, milk, and soup. Limit or omit coffee, tea, and other caffeinated drinks (like colas).
- Rest every couple of hours during the day. In late pregnancy, put your feet up or lie on your side if you can find a quiet space to rest.
- Let go of the “superwoman syndrome” at home and at work. Ask your partner and other family members to help take care of housekeeping and cooking.

Foods to avoid during pregnancy

You should try to avoid certain foods during pregnancy that could possibly cause harm to you and your developing baby because of the types of bacteria that can grow in these foods or toxins such as mercury.

- Don’t eat raw or undercooked meat, chicken, or fish. Cook raw foods thoroughly and cook ready-to-eat meats, such as hot dogs or deli meats (ham, bologna, salami, and corned beef) until they’re steaming hot. Wash your hands, knives, cutting boards, or cooking surfaces with warm soapy water after handling raw or undercooked meat.
- Don’t eat refrigerated pâté, meat spreads, or smoked seafood (salmon, trout, whitefish, cod, tuna, and mackerel). Canned or shelf-stable pâtés, meat spreads, or smoked seafood may be eaten.
- Eat tuna in moderation (no more than 2 meals a week) due to its mercury levels. Eat light tuna, not albacore.
- Don’t eat large fish, such as shark, swordfish, king mackerel, and tilefish, since they contain high mercury levels. Also avoid eating fish caught in local lakes or streams due to the risk of high mercury levels. The U.S. Food and Drug Administration advises that pregnant women, women of childbearing age, nursing mothers, and young children can safely eat 12 ounces per week of cooked fish (about 2 or 3 meals). You can eat shellfish, smaller ocean fish, or farm-raised fish. Try to eat a variety of fish.
- Don’t eat raw eggs or foods that contain raw or lightly cooked eggs, such as soft-scrambled eggs, Caesar dressing, mayonnaise, or Hollandaise sauce.
- Don’t eat soft, unpasteurized cheeses. Hard cheeses, processed cheeses, cream cheese, and cottage cheeses are safe. Check for the “made from pasteurized milk” label.
- Don’t drink raw (unpasteurized) milk or foods that contain unpasteurized milk.
- Don’t eat raw sprouts, especially alfalfa.
- Limit how much liver you eat. Liver is the only food that has excessive amounts of vitamin A. Too much vitamin A may cause birth defects. Fruits and vegetables that contain vitamin A are perfectly safe to eat. If you’re taking a prenatal vitamin or other vitamins, check with your provider about total vitamin A content of your supplements.
- Talk to your practitioner if you have any questions about what foods to avoid.
Ask your practitioner about prenatal vitamins

The best way to get vitamins is to eat a well-balanced diet. It’s recommended that women take folic acid (400 micrograms/day) before getting pregnant and through the first 3 months of pregnancy because it can lower the risk for certain birth defects. If you need an iron supplement, your practitioner will tell you which type to take and recommend when to take it. Check with your practitioner about taking prenatal vitamins. These vitamins are available without a prescription.

Medications and natural remedies

ASK BEFORE YOU TAKE ANY MEDICATIONS

If you take any medications or herbal remedies, your developing baby takes them, too.

• Tell your practitioner about all medications (prescription and over-the-counter), vitamins, homeopathic remedies, herbs, or home remedies that you’re taking.
• If you’re taking prescription medications, continue to take them unless your practitioner tells you otherwise. Make sure to follow the directions carefully.
• Don’t take any prescription medications unless they’re prescribed or approved by a practitioner who knows you’re pregnant.
• Only use over-the-counter medications if you really need them. Stop taking them as soon as you feel better. Try natural remedies for relief, if possible. (See the chart on the right.)

Call your practitioner if:

• You feel worse after you take any medication.
• Your symptoms don’t improve.

Why are fluids so important during your pregnancy?

If you have enough fluids, you’re less likely to become dehydrated, be constipated, get urinary tract infections, or experience preterm (premature) labor. You’ll also have softer skin and be at less risk of retaining water. Your baby needs fluids for proper growth. To get enough fluids for yourself and your baby:

• Drink about 8 to 10 full glasses (64 to 80 ounces) of fluid each day.
• Keep a full glass or bottle of water with you.
• Try a variety of fluids, like milk and soups, in moderate amounts.
• Choose caffeine-free, nonalcoholic drinks.

NATURAL REMEDIES AND SAFE OVER-THE-COUNTER MEDICATIONS

These natural remedies and over-the-counter medications are generally safe to use for minor health problems while you’re pregnant.

<table>
<thead>
<tr>
<th>SYMPTOMS</th>
<th>NATURAL REMEDIES</th>
<th>OVER-THE-COUNTER MEDICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>Massage, Rest, Cool washcloth on forehead</td>
<td>Acetaminophen (such as Tylenol), Do not take aspirin or ibuprofen (such as Motrin, Advil, Nuprin, or Medipren)</td>
</tr>
<tr>
<td>Cold and cough</td>
<td>Rest, Drink plenty of warm liquids, Use a vaporizer, humidifier, or shower for nasal congestion</td>
<td>Acetaminophen (such as Tylenol) for aches and fever, Chlorpheniramine (such as ChlorTrimeton) for allergies, Saline nasal drops, Cough drops, Dextromethorphan or Guaifenesin</td>
</tr>
<tr>
<td>Constipation</td>
<td>Increase fluids and fiber in diet (such as prunes), Exercise regularly</td>
<td>Metamucil (plain), Fiberall, or Colace</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>Drink clear liquids</td>
<td>Imodium</td>
</tr>
<tr>
<td>Indigestion</td>
<td>Eat smaller meals, Wear loose-fitting clothing, Elevate head when lying down</td>
<td>Tums (for occasional heartburn relief), Maalox, Mylanta, or Riopan</td>
</tr>
<tr>
<td>Hemorrhoids</td>
<td>Use witch hazel pads, Tucks pads, or ice packs, Take a warm “sit bath”</td>
<td>Preparation H, Anusol, or 1% hydrocortisone cream</td>
</tr>
<tr>
<td>Nausea and vomiting</td>
<td>Take vitamin B6 (25 mg three times a day), Eat crackers or dry toast, Use acupressure on wrist (or sea bands), Ginger tea or capsules</td>
<td>Emetrol</td>
</tr>
<tr>
<td>Vaginal itch</td>
<td>Eat yogurt that contains live Lactobacillus organisms, Wear cotton underwear, Reduce or eliminate sugar from diet</td>
<td>7-day treatment Monistat or Gyne-Lotrimin (for yeast infections) or 1% hydrocortisone cream</td>
</tr>
</tbody>
</table>

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• Keep a full glass or bottle of water with you.
• Try a variety of fluids, like milk and soups, in moderate amounts.
• Choose caffeine-free, nonalcoholic drinks.
Prenatal testing: what you need to know

During your pregnancy, prenatal testing may be recommended to check that you’re healthy and that your baby is developing properly. Many of these tests are routinely recommended in all pregnancies. Others are recommended only in certain situations. Your practitioner will talk with you about the risks and benefits of any tests you’re considering.

**SCREENING TESTS FOR BIRTH DEFECTS**

Prenatal screening tests can help you find out if you have a higher or lower chance of having a baby with certain birth defects. Screening tests do not look for all types of birth defects or health problems, but additional blood tests are usually done between 15 and 20 weeks. Screening tests do not increase the chance of miscarriage.

**BLOOD TESTS FOR ANEMIA, DIABETES, RH FACTOR, HEPATITIS B, SYPHILIS, AND HIV**

If you have anemia, diabetes, certain Rh blood types, hepatitis B, syphilis, or HIV, you may need special treatment to keep you and your baby healthy.

- All pregnant women are tested for anemia (low iron in the blood that can make the anemic woman feel tired).
- Some women will be tested for diabetes (high sugar level in the blood and urine) during early pregnancy. All women will be tested between 24 and 28 weeks.
- If you have an Rh-negative blood type, you’ll take another test to check your blood for antibodies that could cause problems for you and your baby.
- If you test positive for hepatitis B and are identified as a hepatitis B carrier, your infant will receive vaccines at birth and in infancy. These vaccines will greatly reduce the chance of passing hepatitis B to your baby.
- Pregnant women who test positive for syphilis can be treated with antibiotics. If left untreated, syphilis can cause severe problems in the mother, fetus, and newborn.
- We recommend testing for HIV during your pregnancy. If you test positive for HIV, there are treatments available that reduce the chance of passing HIV to your baby. Also, early detection and treatment can help you stay healthier.
- Vaccination for Varicella and Rubella is recommended after delivery, if you are not immune.

If additional testing is needed, your practitioner will discuss it with you at future visits.

**ULTRASOUND EXAM**

An ultrasound (sonogram) exam is routinely ordered during pregnancy to:

- Confirm the estimated delivery date (EDD).
- Find out the position and development of the placenta and baby.
- Find out more about the placenta and baby.
- Look for more than one baby.

An ultrasound device is placed on your abdomen or in your vagina. The device sends sound waves to your uterus, which allows a picture of your baby to appear on a video monitor. Ultrasound has been used for more than 25 years and is considered safe for both mother and baby.

If you plan to have an abdominal sonogram, a full bladder is required for the test to work. You’ll need to drink 2 to 4 eight-ounce glasses of water starting 1 hour before the exam. You don’t need a full bladder for a vaginal sonogram.

**DIAGNOSTIC PROCEDURES FOR BIRTH DEFECTS**

Diagnostic procedures are medical tests that can accurately detect certain birth defects. Amniocentesis and chorionic villus sampling (CVS) are two different diagnostic procedures that can test the baby for:

- Chromosome abnormalities (like Down syndrome and trisomy 18).
- Certain genetic diseases.
- Neural tube defects (like spina bifida and anencephaly).

Amniocentesis is generally done between 15 and 20 weeks. CVS is done between 10 and 13 weeks. These diagnostic procedures have a small risk of miscarriage (less than 1 percent).

Prenatal testing for birth defects is optional. You may choose to have a screening test before deciding whether you want a diagnostic procedure. Or you may choose to have a diagnostic procedure without having a screening test first. You can also choose not to have any prenatal testing for birth defects at all.

**GENETIC CONDITIONS IN CERTAIN ETHNIC GROUPS**

Some genetic conditions are more common in certain ethnic groups.

**Canavan disease**

Jewish (Ashkenazi/Eastern Europe)

**Cystic fibrosis**

Caucasian/White (non-Hispanic), Jewish (Ashkenazi/Eastern Europe)

**Familial dysautonomia**

Jewish (Ashkenazi/Eastern Europe)

**Sickle cell disease**

African American/Black

**Tay-Sachs disease**

Jewish (Ashkenazi/Eastern Europe)

**Thalassemia**

Asian, Southeast Asian, Mediterranean, African American/Black

Testing is available to see whether you’re at risk for having a baby with any of these conditions.

**FAMILY HISTORY OF GENETIC CONDITIONS OR BIRTH DEFECTS**

Talk to your practitioner if you have any history of an inherited condition or birth defect in your family—especially if you’ve previously given birth to a child with an inherited condition or birth defect.

**GROUP B STREPTOCOCCUS**

Group B streptococcus (GBS) is a common type of bacteria found in many women. Although it is not a sexually transmitted disease, it can cause illness in newborn babies if transmitted at the time of delivery. A test can be done between 35 to 37 weeks to check for the presence of this bacteria in the vagina and the rectum. If your test comes back positive, you’ll be treated with antibiotics during labor to reduce chances of GBS from being transmitted to your baby.
A to Z pregnancy dictionary

AMNIOTIC SAC
The bag of waters that surrounds the baby. This fluid cushions the baby, allows it to move freely and exercise, and keeps the baby’s temperature constant even when you’re feeling hot or cold.

CERVIX
The cervix is the opening to the uterus or womb. In the first stage of labor, the cervix thins and opens to allow the baby to move into the birth canal.

ESTIMATED DELIVERY DATE (EDD)
This is the same as the due date. Your due date is the estimated calendar date that your baby will be born. We calculate your due date as 40 weeks (about ten 28-day months, or 280 days) from the first day of your last menstrual period. It’s normal for babies to be born anytime between 3 weeks before and 2 weeks after the due date. If possible, it is best to stay pregnant for at least 39 weeks so your baby has time to fully develop.

EMBRYO
The developing baby in the first 8 weeks of the pregnancy.

FETUS
The developing baby from 8 weeks to the end of pregnancy.

GESTATION
This term refers to pregnancy. Your practitioner will refer to “weeks of gestation,” which means how far along you are. To convert weeks of gestation into months of pregnancy, just divide by 4.5.

MENSTRUAL PERIOD
The time of month when a nonpregnant woman’s uterus sheds its inner lining, causing bleeding. Menstruation usually lasts 5 to 7 days.

PLACENTA
An organ that develops and provides nourishment to the fetus during pregnancy. It also takes waste away from the fetus.

UTERUS
This muscle houses your unborn baby. It’s made up of 3 parts: the fundus, body, and cervix. Every time you go to your individual prenatal appointment, your practitioner will measure your fundus to track your baby’s growth.

UMBILICAL CORD
This cord is made up of 3 blood vessels that connect the placenta to the unborn baby. It transports nutrients and oxygen to the baby.

Your medical team

Throughout your pregnancy you will meet many people who will be caring for you. Your medical team may include an obstetrician, perinatologist, resident physician, certified nurse midwife, or nurse practitioner. You will also come into contact with many other medical professionals at Kaiser Permanente during your pregnancy.

Below is a brief description of your prenatal medical team and what they may do for you:

OBSTETRICIAN/GYNECOLOGIST (OB/GYN)
A medical doctor who is specially trained to provide medical and surgical care to women.

PERINATOLOGIST
An Ob/Gyn who has received additional training to provide medical and surgical care for the most complicated pregnancies.

FAMILY PHYSICIAN
A medical doctor who has completed additional training in family medicine. The focus of education is on the health care needs of the entire family.

RESIDENT PHYSICIAN
A medical doctor who is currently completing his or her specialty training. The resident physicians that you may encounter are active in all aspects of prenatal care and are an important part of the professional obstetrical team.

OBSTETRICS/GYNECOLOGY NURSE PRACTITIONER (OB/GYN NURSE PRACTITIONER)
A registered nurse who has advanced training (usually a Master’s degree) in women’s health and who provides care during pregnancy and the postpartum period.

CERTIFIED NURSE MIDWIFE (CNM)
A registered nurse with advanced training (usually a Master’s degree) in women’s health. He or she specializes in the management of normal pregnancy and birth. A certified nurse midwife may also provide prenatal, intrapartum (during labor), and postpartum care to women with moderate-risk pregnancies with physician consultation.

REGISTERED NURSE (RN)
A nurse who is specially trained to provide advice and counseling regarding self-management information and skills in group or individual settings in person or via telephone.

LICENSED VOCATIONAL NURSE (LVN)
A licensed nurse trained to provide direct patient care and general information.

HEALTH EDUCATOR
A health educator has a degree and often develops interventions that help improve people’s health behaviors.

MEDICAL ASSISTANT (MA)
A medical assistant is responsible for assisting with the nonmedical needs of patients. Medical assistants receive their training at technical schools.

RECEPTIONIST
A staff member who books appointments, group visits, and classes for members.

GENETIC COUNSELOR
A counselor who is trained (master’s degree in genetic counseling) to evaluate the baby’s risk of having birth defects or inherited disorders and to provide information and support throughout the evaluation process.

REGISTERED DIETITIAN (RD)
A registered dietitian is trained (master’s degree in nutrition) to provide advice on diet, including the nutritional needs of special populations, like pregnant women.

OBSTETRICAL DIAGNOSTIC MEDICAL SONOGRApher
A technician who has specialized training in the use of ultrasound on fetal anatomy and the pregnant uterus.

SOCIAL WORKER (MSW)
A social worker is trained (master’s degree in social work) to work with families experiencing stressful situations, such as financial concerns, drug/alcohol abuse, domestic abuse, or other situations that may feel overwhelming.

CERTIFIED CHILDBIRTH EDUCATOR
A graduate of a nationally recognized childbirth educator program, specially trained to prepare expectant women and their partners for the childbirth experience.

LACTATION CONSULTANT, INTERNATIONAL BOARD-CERTIFIED LACTATION CONSULTANT (IBCLC), OR CERTIFIED LACTATION CONSULTANT (CLC)
Someone who is trained to educate women on the process of breastfeeding, including how to initiate breastfeeding and how to manage problems that may develop while nursing.

DOULA
A labor support professional who is trained to help manage the labor process and to provide constant emotional support and assistance to the woman and her family. Doulas are usually contracted by families who want additional support and are paid privately.

Miscarriage

About 1 in 5 confirmed pregnancies will end in a miscarriage (loss of the baby) during the first trimester. Most of these miscarriages cannot be prevented. Miscarriage is usually not dangerous for the woman, but feelings of disappointment, sadness, and loss are common. As with any loss, feelings of denial, anger, and guilt may occur. Talking with your partner, family, friends, and practitioner about your experience and feelings can be helpful.

Other resources

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

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