

Becoming a mom SM



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Getting to know you

Answer the following questions to help your session leader get to know the women in your group. Your answers are anonymous — do not put your name on this page.

1. How old are you?

- Younger than 18
- 18 to 25
- 25 to 35
- Older than 35

2. How long have you lived in the United States?

- Less than 1 year
- 1 to 2 years
- More than 5 years
- All your life

3. What languages do you speak?

4. Have you been pregnant before?

- Yes
- No

5. Do you have a partner you've lived with for more than 2 years?

- Yes
- No

6. Where do you go for regular health care (not related to pregnancy)?

- Your health care provider's office
- A clinic
- The emergency room
- You don't get regular health care.

7. Do you work full time?

- Yes
- No

8. Do you have health insurance?

- Yes
- No

9. Where do you get most of your information about pregnancy?

- Friends and family
- Your health care provider
- Books and magazines
- TV
- The Internet

10. Do you have any worries or concerns about pregnancy?

Keeping healthy during pregnancy

- ✓ Go to all your prenatal care checkups, even if you feel fine.

Prenatal care is medical care you get during pregnancy. At each visit your health care provider checks on you and your growing baby. Getting early and regular prenatal care can help you have a full-term baby. Full term means your baby is born between 39 weeks and 40 weeks, 6 days. Being born full term gives your baby the time he needs in the womb to grow and develop.

- ✓ Don't smoke, drink alcohol or use street drugs.
If you need help to quit, tell your provider. Also stay away from secondhand smoke (smoke from someone else's cigarette, cigar or pipe).
- ✓ Tell your provider about any medicine you take.
This includes prescription and over-the-counter medicine, herbal products and supplements. Don't take any medicine without talking to your provider first. Not all medicines are safe to take during pregnancy. You may need to change to a medicine that's safer for you and your baby. When you're taking any medicine:
 - Don't take more than your provider says to take.
 - Don't take it with alcohol or other drugs.
 - Don't use someone else's medicine.
- ✓ Eat healthy foods and do something active every day.
- ✓ Take a prenatal vitamin with 600 micrograms of folic acid in it every day.

- ✓ Reduce your stress.

- ✓ Protect yourself from infections.

Wash your hands often and stay away from people who are sick. Get a dental checkup to prevent gum infections. And have safe sex. If you have sex, have it with only one person who doesn't have other sex partners. Use a condom if you're not sure if your partner has a sexually transmitted disease (also called STD). Ask your partner to get tested and treated for STDs.

- ✓ Stay away from harmful chemicals at home and work, like bug spray and cleaners with strong smells.
- ✓ Get help if your partner abuses you
Abuse is never OK. Tell a friend or your provider if you need help.
- ✓ Always wear your seat belt in the car.
Wear the lap belt and the shoulder strap. Make sure they both fit snugly. Put the lap belt under (not across) your belly and over your hips. Put the shoulder strap between your breasts and off to the side of your belly. Never place it under your arm. Slide your seat back as far as you can.



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Common discomforts of pregnancy

Most of these discomforts are common side effects of pregnancy. But in some cases, they may be signs of more serious problems. **Tell your health care provider if you have any of these discomforts during pregnancy.**

1. Backache

Backaches are common during pregnancy, especially in the later months.

What you can do:

- Stand and sit up straight.
- Avoid twisting movements.
- Don't lift heavy things.
- Get a prenatal back massage.
- Sleep on a firm mattress.
- Do lower-back exercises.
- If your back pain is severe, ask your health care provider for a referral to a back pain specialist.

2. Breast changes

You may notice these changes to your breasts during pregnancy:

- Breast tingling, swelling and tenderness are caused by increased amounts of hormones in your body.
- Your breasts get bigger as your milk glands get bigger and you build up fat in your breasts. By 6 weeks, your breasts may have grown a full cup size or more.
- Itchiness and stretch marks are caused when your breasts grow and your skin stretches.
- Leaking may happen by 12 to 14 weeks of pregnancy. The leaking is colostrum, the fluid that feeds your baby for the first few days after birth before your breasts start to make

milk. Colostrum may leak on its own, or it may leak when you're having sex or putting pressure on your breasts.

What you can do:

- Wear a support or maternity bra. These bras usually include extra hooks so you can adjust the size as your body changes. Wear the bra when you sleep to help make you more comfortable during the night.
- Put breast pads in your bra if you're leaking colostrum.
- Don't use soap on or around your nipples. It can dry out the skin.

3. Constipation

Constipation is when it's hard to have a bowel movement. It's a common problem during pregnancy. It's caused by hormone changes and the pressure of your growing belly on your intestines.

What you can do:

- Drink six to eight glasses of water each day.
- Eat high-fiber cereals, whole-grain bread and pasta, fruits and vegetables.
- Do something active every day.
- Eat dried fruit, like prunes or dates, every day.
- Ask your health care provider about medicines you can take.



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4. Heartburn

You may have heartburn for the first time during pregnancy, especially during the second and third trimesters.

What you can do:

- Eat small, low-fat meals and snacks.
- Eat slowly.
- Drink fluids between meals, not with meals.
- Don't eat spicy foods.
- Wait 1 to 2 hours after eating to lie down, especially before bedtime.
- Wear loose-fitting clothing.
- Ask your health care provider if you can take an antacid.

5. Varicose veins and swollen legs

Varicose veins are enlarged veins that are raised above the skin's surface. Swollen legs during pregnancy can make varicose veins worse.

What you can do:

- Rest with your legs up.
- Wear support tights or stockings.
- Get up and move around often.

6. Hemorrhoids

Hemorrhoids are swollen veins in and around the anus that may hurt or bleed. Lots of women get them during pregnancy.

What you can do:

- Soak in a warm bath.
- Use an over-the-counter spray or cream to help relieve pain. Ask your provider which ones are OK to use.
- Eat foods that are high in fiber, such as fruits, vegetables and whole-grain breads and cereals.
- Drink lots of water.
- Try not to strain when you're having a bowel movement.

7. Leg cramps

Leg cramps may be caused by too little calcium and potassium in your body.

What you can do:

- Drink milk, eat dairy products and eat foods high in potassium, like bananas.
- To ease a cramp, extend your leg out straight and flex your foot so that your toes come toward your body.

8. Morning sickness (also called nausea and vomiting of pregnancy or NVP)

Morning sickness is nausea (feeling sick to your stomach) and vomiting that happens during pregnancy, usually in the first few months. It can last all day and happen any time of day or night.

What you can do:

- Eat five or six small meals a day and drink lots of water.
- Eat foods—like cereal, rice and bananas—that are easy to digest. Don't eat spicy or fatty foods if they upset your stomach.
- Eat healthy snacks between meals to keep your stomach from being empty.
- Eat a few crackers before you get up in the morning to settle your stomach. Keep them by your bed.
- Tell your provider if these tips don't work to ease your morning sickness, you're losing weight or you can't keep any food or drink down. Your provider may be able to prescribe medicine to help you feel better that's safe for you and your baby.

9. Sciatica

Sciatica is pain down the leg that can get worse as your baby begins to put pressure on the sciatic nerves. These nerves run from the spine through the pelvis and down the legs. Sciatica usually starts in the buttocks and moves down the back of the thigh. Sometimes it can cause leg numbness or weakness.

What you can do:

Lie on your side on a firm mattress.

10. Stomach aches and pains

It's normal to have aches and pains as your belly stretches to make room for your growing baby.

What you can do:

Call your health care provider, especially if you have stomach pain with other symptoms, like vomiting.

11. Feeling tired

Your body works hard during pregnancy. You may need more rest than you did before you got pregnant.

What you can do:

- Take short rests during the day.
- Go to bed a little earlier each night.
- Ask your partner to help around the house to give you time to rest.
- If you're so tired you can't do your normal activities, tell your provider.

12. Urine leakage

Urine leakage is caused by the weight of your baby pressing down on your bladder.

What you can do:

- Wear a sanitary pad or panty liner.
- Do pelvic exercises (also called Kegel exercises) to help strengthen the muscles that control the flow of urine. To do them, squeeze the muscles you use to stop yourself from urinating. Hold the muscles tight for 10 seconds and then release.

13. Vaginal discharge

You may have an increase in vaginal discharge during pregnancy. The discharge should be clear and look like mucus.

What you can do:

- Wash with a mild soap.
- Don't douche. Douching means using water or other liquids to clean the vagina.
- Tell your provider if you see blood or if you have a lot of discharge that smells bad or causes itching or burning. These could be signs of infection.

Prenatal care

Prenatal care is medical care you get during pregnancy. At each visit, your health care provider checks on you and your growing baby.

Go for your first prenatal care visit as soon as you know you're pregnant. And go to all your prenatal care checkups, even if you're feeling fine.

Getting early and regular prenatal care can help you have a full-term baby. Full term means your baby is born between 39 weeks and 40 weeks, 6 days. Being born full term gives your baby the time he needs in the womb to grow and develop.

Who can you go to for prenatal care?

You can get prenatal care from lots of providers, including:

- An obstetrician
- A family practice doctor
- A certified midwife or certified nurse-midwife
- A family nurse practitioner
- A women's health nurse practitioner

How often do you go for prenatal checkups?

Most pregnant women can follow a schedule like the one below.

- **Weeks 4 to 28 of pregnancy.** Go for one checkup every 4 weeks (once a month).
- **Weeks 28 to 36 of pregnancy.** Go for one checkup every 2 weeks (twice a month).
- **Weeks 36 to 41 of pregnancy.** Go for one checkup every week (once a week).

You may need to go for checkups more often if you're at risk for having problems with your pregnancy. For example, you may need more checkups if you:

- Are older than 35
- Had problems in a previous pregnancy
- Have health conditions like diabetes or high blood pressure

What happens at your first prenatal care visit?

- Your provider asks you about your health and your family's health:
 - **Your current health** includes health conditions you have, like diabetes and high blood pressure. It also includes any medicines you take, including prescription and over-the-counter medicine, supplements and herbal products. Some of these can hurt your baby during pregnancy. Tell your provider about any medicine you take.
 - **Your family health history** includes health conditions and treatments that you, your partner and everyone in both your families have had. Premature birth is an important part of family health history. Go to marchofdimes.org/familyhealthhistory to download a family health history form. Fill it out and share it with your provider.
 - **Your pregnancy history** includes if you've been pregnant before or if you've had trouble getting pregnant. Tell your provider if you've ever had a premature birth (before 37 weeks of pregnancy).



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- Your provider checks your weight and blood pressure. If your provider thinks you may be at risk for having high blood pressure, he may want to treat you with low-dose aspirin to help prevent it. Talk to your provider to see if treatment with aspirin is right for you.
- You get a pelvic exam and a Pap smear.
- You get routine blood and urine tests. You also get a blood test for HIV, unless you say no.
- Your provider tells you your due date. You may get an ultrasound to check your baby's age.
- Your provider prescribes a prenatal vitamin. These vitamins are made just for pregnant women. Your prenatal vitamin should have 600 micrograms of folic acid in it.

What happens during later prenatal checkups?

- Your provider checks your weight, blood pressure and urine at each visit.
- Your provider checks your baby's heartbeat after about 10 to 12 weeks. You can listen, too.
- Your provider measures your belly to check how much your baby is growing. She starts doing this when you're about 20 weeks pregnant.
- Your provider offers you prenatal tests, including screening tests for certain genetic diseases and birth defects.

Prenatal tests

Prenatal tests are medical tests you get when you're pregnant. They help your provider find out how you and your baby are doing. You get some prenatal tests, like blood pressure checks and urine tests, at almost every checkup. You get other tests at certain times during pregnancy or only if you have certain problems. Talk to your provider about which tests are right for you.

First trimester

Cell-free fetal DNA screening (also called noninvasive prenatal screening or testing) — Tests your blood for your baby's DNA to see if he may have certain genetic conditions, like Down syndrome. You can have this test after 10 weeks of pregnancy. Your provider may recommend the test if an ultrasound shows that your baby may have a birth defect or if you've already had a baby with a birth defect. The test isn't recommended if you're not likely to have a baby with a birth defect or if you're pregnant with multiples (twins, triplets or more). It's called noninvasive because it's done with a blood test. It doesn't require any other tools that break the skin or enter your body. If you have this test, your provider may recommend you have an invasive test, like amniocentesis, to confirm the results.

Chorionic villus sampling (also called CVS). Tests the tissue from the placenta to see if the baby has a genetic disorder, like Down syndrome. The test usually is done between 10 and 12 weeks of pregnancy. Your provider may want you to have a CVS if:

- You are older than 35.
- Genetic problems run in your family.
- Your first-trimester screening shows that your baby is at increased risk for birth defects.

Cystic fibrosis (also called CF) carrier screening. Tests to see if you may have the gene that causes CF. CF is a disease that affects breathing and digestion. You and your partner can have this test any time during pregnancy.

Early ultrasound. Helps your provider confirm that you're pregnant. It also dates the pregnancy, so you know exactly how old your baby is.

First-trimester screening. An ultrasound and blood test to see if your baby may be at risk for some birth defects, like heart defects and conditions like Down syndrome. The test usually is done at 11 to 13 weeks of pregnancy.

Second trimester

Maternal blood screening. Tests your blood to see if your baby may be at risk for some birth defects, like heart defects and conditions like Down syndrome. The test is done at 15 to 20 weeks of pregnancy.

Amniocentesis (also called amnio). Tests the fluid (called amniotic fluid) around the baby to see if he has a genetic disorder, like Down syndrome. The test usually is done at 15 to 20 weeks of pregnancy. Your provider may want you to have an amnio for the same reasons as for CVS.



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Ultrasound. Helps your provider check for birth defects and make sure your baby is growing. The test usually is done at 18 to 20 weeks of pregnancy.

Glucose screening test. Tests to see if you may have gestational diabetes. The test is done at 24 to 28 weeks of pregnancy.

Third trimester

Group B strep test. Group B strep is an infection you can pass to your baby during birth. The test checks fluid from your cervix to see if you have Group B strep. The cervix is the opening to the uterus (womb) where your baby grows. The test is done at 35 to 37 weeks of pregnancy.

Genetic counseling

Genetic counseling helps you find out about how genes, birth defects and other medical conditions run in families, and how they can

affect your health and your baby's health. A genetic counselor asks you questions about you, your partner and your families to learn about medical conditions that may run in your families. These genetic conditions can include birth defects, like cystic fibrosis, heart defects and sickle cell disease.

You may want to get genetic counseling if:

- You're older than 35.
- You or your baby's father has already had a baby with a genetic condition or birth defect.
- Genetic conditions run in your family.
- Prenatal test results say that your baby may have a genetic condition.
- You and the baby's father are blood relatives (such as first cousins).
- You or your baby's father is from an ethnic group that is more likely than others to have certain health conditions. For example, sickle cell disease is more common in African-Americans than in people who aren't African-American.

Role play — Talking to your health care provider

One volunteer plays the role of the health care provider, and the other plays Kathy, a pregnant woman. Act out the conversation you think the health care provider and Kathy have.

Health care provider

You are a busy health care provider in a clinic. Kathy is in for her first prenatal care visit. You are just finishing the visit and have asked Kathy if she has any questions. As you're getting ready to walk out of the room, you see that Kathy is not standing up to leave. You ask her again if she has any questions. She starts telling you about her friend who never went to prenatal care appointments. You feel yourself getting impatient.

Kathy

You are just finishing your first prenatal care visit. Your provider starts to leave the room, but you don't get up to leave with her. You would really like to tell your provider about a pain you've been having, but you feel embarrassed. You don't know your provider well. In fact, this is the first time you've seen her. You would like to ask her why you have to come see her every month when you're feeling fine and lose pay when you take off work. You tell her about a friend who never went to prenatal care appointments.

Tips for a successful appointment

- Write down all your questions before your visit.
- When you make your appointment, ask if your health care provider speaks the same language you do. If she doesn't, ask if she can refer you to a provider who does. Or she may be able to have an interpreter at your visits.
- Ask about costs and fees. Does your provider take your insurance? Is there a co-pay? Do you have to pay for services at each visit?
- When you meet your provider for the first time, tell her what you want her to call you (by your first name or last name).
- Ask if your provider will see you all throughout your pregnancy, labor and birth. Or will you see other providers, too?
- Tell your provider about any problems you have getting to your prenatal visits. For example, tell him if you can't get time off from work, if you don't have transportation or if you don't have child care.
- Tell your provider about your medical history and the baby's father's medical history. This includes problems with pregnancy or other conditions, like diabetes or heart problems.
- Tell your provider about any medicine you take, including prescription and over-the-counter drugs, herbal products or supplements.
- Tell your provider if her advice or treatment does not agree with your beliefs.



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Gestational diabetes

Diabetes is a medical condition in which your body has too much sugar (called glucose) in your blood. This can damage organs in your body, including blood vessels, nerves, eyes and kidneys.

Gestational diabetes is a kind of diabetes that can happen during pregnancy. It usually goes away after you give birth. But if you have it, you're at high risk of having it again in another pregnancy. You're also more likely to develop diabetes later in life.

What problems can gestational diabetes cause for your baby?

If your diabetes is untreated, your baby is more likely to:

- **Be very large and need to be born by cesarean birth (also called c-section).** This is surgery in which your baby is born through a cut that your doctor makes in your belly and uterus (womb).
- **Have birth defects.** These are health conditions that are present at birth. They change the shape or function of one or more parts of the body. They can cause problems in overall health, in how the body develops or in how the body works.
- **Have health complications after birth,** including liver and breathing problems and low blood sugar.
- **Be stillborn.** This is when a baby dies in the womb after 20 weeks of pregnancy but before birth.

Who is more likely to have gestational diabetes?

You're more likely than other women to develop gestational diabetes if:

- You're older than 30.
- You're overweight or gained a lot of weight during pregnancy.
- Diabetes runs in your family.
- You had gestational diabetes in a previous pregnancy.
- You're Asian, black, Hispanic, Native American or Pacific Islander.

How do you know if you have gestational diabetes?

You get a glucose screening test as a regular part of prenatal care. This test can tell if you have gestational diabetes. It's done at 24 to 28 weeks of pregnancy. Your provider may give you the test earlier if he thinks you're likely to develop gestational diabetes.

How is gestational diabetes treated?

Eating healthy foods and being physically active may be enough to control your gestational diabetes. You may be asked to check your blood sugar several times a day. You can do this with a special finger-stick device. Some women with gestational diabetes need treatment with medicine. You and your provider can decide on the kind of treatment that's right for you.



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Preeclampsia

Preeclampsia is a condition that can happen after the 20th week of pregnancy or right after pregnancy. It's when a pregnant woman has high blood pressure and signs that some of her organs, like her kidneys and liver, may not be working properly.

If you have any of these signs of preeclampsia, call your health care provider:

- Sudden swelling of fingers, legs, toes and face
- Severe headaches
- Nausea and vomiting
- Blurred or disturbed vision and dizziness
- Severe stomach pain
- Excessive, sudden weight gain

You're more likely than other women to have preeclampsia if you're:

- Pregnant for the first time
- Older than 35
- Pregnant with more than one baby (twins, triplets or more)

If you have preeclampsia, you may need to stay in the hospital so your provider can closely monitor you and your baby. You may need medicine to help control your blood pressure. If your preeclampsia is severe, you may need to have your baby early.

If your provider thinks you're at high risk of having preeclampsia, he may want to treat you with low-dose aspirin to help prevent it. Talk to your provider to see if treatment with aspirin is right for you.



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Preterm labor

What is preterm labor?

Preterm labor is labor that happens too early, before 37 weeks of pregnancy. This is too early for a baby to be born. Babies born too soon are more likely than babies born later to have problems after they are born, such as breathing problems and harmful infections. Some of these problems can last their entire lives.

What are the signs of preterm labor?

- Contractions that make your belly tighten up like a fist every 10 minutes or more often
- A change in the color of your vaginal discharge, or bleeding from your vagina
- The feeling that the baby is pushing down (called pelvic pressure)
- Low, dull backache
- Cramps that feel like your period
- Belly cramps with or without diarrhea

What should you do if you have a warning sign?

- Call your health care provider or go to the hospital right away.
- Stop what you are doing. Rest on your left side for 1 hour.
- Drink two to three glasses of water or juice (not coffee or soda).

If the signs get worse or do not go away after 1 hour, call your health care provider again or go to the hospital. If the symptoms get better, relax for the rest of the day.

Who is at risk for preterm labor?

Preterm labor can happen to any pregnant woman. But it happens more often to some women than to others. Talk to your health care provider about risk factors for preterm labor. If you have one of the risk factors, it does not mean that you'll definitely have preterm labor. It just means you're more likely to have preterm labor than a woman without risk factors.

Risk factors for having preterm labor:

These three risk factors make you most likely to have preterm labor and give birth early:

1. **You had a premature baby in the past.**
2. **You're pregnant with multiples (twins, triplets or more).**
3. **You have problems with your uterus or cervix or you've had these problems in the past.**

Medical risk factors for preterm labor

- Getting late or no prenatal care
- Bleeding from the vagina in the second or third trimester
- Being underweight or overweight before pregnancy or not gaining enough weight during pregnancy



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- Having certain health conditions, like high blood pressure, preeclampsia, diabetes or thrombophilias (blood clotting disorders). Or having certain infections during pregnancy, like a sexually transmitted disease (also called STD) or other infections of the uterus (womb), urinary tract or vagina.
- Having preterm premature rupture of the membranes (also called PPRM). This is when the sac around the baby breaks early, causing labor to start.
- Being pregnant after in vitro fertilization (also called IVF). IVF is a fertility treatment used to help women get pregnant.
- Being pregnant with a baby who has certain birth defects, like heart defects or spina bifida
- Getting pregnant too soon after having a baby. For most women, it's best to wait 18 to 23 months before getting pregnant again. Some women can't wait this long because of their age or other reasons. Talk to your provider about what's right for you.
- Having a family history of premature birth. This means that someone in your family has had a premature baby.
- Being exposed to the medicine DES, a man-made form of the hormone estrogen. This includes being exposed to DES in the womb (your mother took DES when she was pregnant with you).

Risk factors in your everyday life

- Smoking, drinking alcohol, using street drugs or abusing prescription drugs
- Having a lot of stress in your life, including having little education or low income, being unemployed or having little support from family and friends
- Being single
- Domestic violence. This is when your partner hurts or abuses you. It includes physical, sexual and emotional abuse.

- Working long hours or having to stand a lot
- Being exposed to pollutants, like air pollution or harmful chemicals at work

Other risk factors for preterm labor and premature birth: Age and race/ethnicity

Being younger than 17 or older than 35 makes you more likely than other women to give birth early. Your race/ethnicity is a risk factor, too. In the United States, black women are more likely than women of other races and ethnicities to give birth early. We don't know why race plays a role in premature birth; researchers are working to learn more about it.

What can you do to reduce your risk of preterm labor?

- Get prenatal care as soon as you think you're pregnant. Go to every checkup, even if you feel fine.
- Don't smoke and avoid secondhand smoke.
- Don't drink alcohol.
- Tell your health care provider about any medicine and herbal products you take.
- Try to reduce stress. Ask your friends and family for help. Rest and relax whenever you can.
- Tell your health care provider if your partner abuses you. Abuse often gets worse during pregnancy.
- Call your health care provider if you feel burning or pain when you go to the bathroom. You may have an infection.
- Learn the signs of preterm labor.

Eating healthy

How much weight should you gain during pregnancy?

Talk to your health care provider about weight gain during pregnancy. In general:

- If you were at a healthy weight before pregnancy, you want to gain about 25 to 35 pounds.
- If you were underweight before pregnancy, you want to gain about 28 to 40 pounds.
- If you were overweight before pregnancy, you want to gain about 15 to 25 pounds.
- If you were obese before pregnancy, you want to gain about 11 to 20 pounds.
- If you were at a healthy weight before pregnancy and are having twins, you want to gain about 37 to 54 pounds.

What foods and how much should you eat each day?

You need about 300 extra calories each day to support your baby's growth. The longer you're pregnant, the more food you need from certain food groups. Follow these guidelines:

Fruits

Eat 1½ to 2 cups per day in the first trimester and 2 cups per day in the second and third trimester.

½ cup of fruit is equal to:

- ½ cup 100-percent fruit juice
- ½ cup fresh, frozen or canned fruit
- ½ a fruit (small orange, apple or banana)

Grains

Eat 6 ounces per day in the first trimester, 7 ounces in the second trimester and 8 ounces in the third trimester.

1 ounce of grain is equal to:

- 1 slice bread
- 1 cup ready-to-eat cereal
- ½ cup cooked rice, pasta or cereal
- 1 small pancake (4½ inches in diameter)
- 1 small tortilla (6 inches in diameter)

Dairy products

Eat 3 cups per day all throughout pregnancy.

1 cup of dairy product is equal to:

- 1 cup milk
- 1 cup yogurt
- 2 small slices of cheese or ⅓ cup shredded cheese

Protein

Eat 5 ounces per day in the first trimester, 6 ounces in the second trimester and 6½ in the third trimester.

1 ounce of protein is equal to:

- 1 tablespoon peanut butter
- ¼ cup cooked dry beans
- 1 ounce lean meat, poultry or fish
- 1 egg
- ½ ounce nuts (12 almonds, 24 pistachios)

Vegetables

Eat 2½ cups per day in the first trimester and 3 cups per day in the second and third trimesters.

1 cup of vegetables is equal to:

- 1 cup raw or cooked vegetables
- 1 cup vegetable juice
- 2 cups raw, leafy greens
- 1 medium baked potato (2½ to 3 inches in diameter)



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What about fish?

It's a great idea to eat fish during pregnancy — as long as you eat the right kinds! Most fish are low in fat and high in protein and other nutrients your body needs.

You may have heard about mercury in fish. Mercury is a metal that can harm your baby. Fish get mercury from water they swim in and from eating other fish that have mercury in them. When you're pregnant, it's OK to eat fish as long as it's low in mercury.

Do eat 8 to 12 ounces each week of fish that are low in mercury including:

- Shrimp
- Salmon
- Pollock
- Catfish
- Canned light tuna
- Albacore (white) tuna — Don't have more than 6 ounces of this tuna in 1 week.

Don't eat fish that are high in mercury, including:

- Swordfish
- Shark
- King mackerel
- Tile fish

Be sure that any fish you eat is thoroughly cooked. Don't eat raw or undercooked fish, including sushi.

Vitamins and other nutrients during pregnancy

Eating healthy foods should give you all the nutrients you need during pregnancy. But it's hard to get some, like folic acid and iron, just through food. Taking prenatal vitamins along with eating healthy foods can help you get the nutrients you and your baby need during pregnancy.

What are supplement, multivitamins and prenatal vitamins?

A supplement is a product you take to make up for certain nutrients that you don't get enough of in food. For example, you may take a supplement to help you get more iron, calcium or vitamin D. Your provider may want you to take certain supplements if you're a vegetarian, if you have certain food allergies or if you can't eat certain foods.

A prenatal vitamin is a multivitamin (one pill with lots of nutrients in it) made just for pregnant women. Compared to a regular multivitamin, it has more of some nutrients you need during pregnancy. Your provider can prescribe a prenatal vitamin for you at your first prenatal care visit. You also can buy them without a prescription.

Talk to your provider about any vitamins and supplements you take. Don't take any vitamin or supplement without your provider's OK.

What nutrients do you need during pregnancy?

Here's what you need to know about six important nutrients that can help you and your baby be healthy:

1. **Folic acid.** Folic acid is a B vitamin that every cell in your body needs for growth and development. If you take it before and during early pregnancy, it can help prevent birth defects of the brain and spine called neural tube defects. **During pregnancy, take a prenatal vitamin each day that has 600 micrograms of folic acid in it.** If you're not pregnant yet, take a multivitamin each day that has 400 micrograms of folic acid. Most women don't need more than 1,000 micrograms of folic acid a day, so talk to your provider to make sure you get the right amount.

Good food sources:

- Leafy green vegetables, like spinach and broccoli
- Lentils and beans
- Cereal, bread and pasta that has folic acid added to it (look for "fortified" or "enriched" on the package label)
- Orange juice



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2. **Iron.** Iron helps keep your blood healthy. You need more iron when you're pregnant because your body makes more blood. **During pregnancy, you need 27 milligrams of iron each day.** Most prenatal vitamins have this amount. You also can get iron from food.
- Good food sources:**
- Lean meat, poultry and seafood
 - Cereal, bread and pasta that has iron added to it (check the package label)
 - Leafy green vegetables
 - Beans, nuts, raisins and dried fruit
3. **Calcium.** You need calcium during pregnancy to help your baby's bones, heart, muscles and nerves develop. If you don't get enough, your body takes it from your bones and gives it to your baby. **During pregnancy, you need 1,000 milligrams of calcium each day.** You can get this amount by taking your prenatal vitamin and eating food that has calcium in it.
- Good food sources:**
- Milk, cheese and yogurt
 - Broccoli and kale
 - Orange juice that has calcium added to it (check the package label)
4. **Vitamin D.** Vitamin D helps your body absorb calcium. Your baby needs vitamin D to help his bones and teeth grow. **During pregnancy, you need 600 IU (international units) of vitamin D each day.** You can get this amount by taking your prenatal vitamin and eating food that has vitamin D in it.
- Good food sources:**
- Fatty fish like salmon
 - Milk and cereal that has vitamin D added to it (check the package label)
5. **DHA (docosahexaenoic acid).** This is a kind of fat (called omega-3 fatty acid) that helps with growth and development. **During pregnancy, you need 200 milligrams of DHA each day to help your baby's brain and eyes develop.** Not all prenatal vitamins contain DHA, so ask your provider if you need to take a DHA supplement. You also can eat foods that have DHA in them.
- Good food sources:**
- Herring, salmon, trout, anchovies and halibut
 - Orange juice, milk and eggs that have DHA added to them (check the package label)
6. **Iodine.** This is a mineral that your body needs to make thyroid hormones that help your body use and store energy from food. **During pregnancy, you need 220 micrograms of iodine each day.** Not all prenatal vitamins contain iodine, so make sure you eat foods that have iodine in them. Ask your provider if you need to take an iodine supplement.
- Good food sources:**
- Fish
 - Milk, cheese and yogurt
 - Enriched or fortified cereal and bread (check the package label)

Talk to your provider to make sure you get the right amounts of these nutrients each day.

Don't eat that!

What foods are not OK to eat during pregnancy?

- **Raw meat or fish** — Eating uncooked meat or fish can make a pregnant woman sick. You can pass bad germs from the raw meat to your baby. Don't eat raw hot dogs, uncooked deli meat or sushi.
- **Raw eggs** — Make sure eggs are fully cooked.
- **Milk and juice products that are not pasteurized** — If a food is pasteurized, it's been heated to kill bad germs. Look for the word "pasteurized" on the label of juice, milk, yogurt and soft cheeses, including brie, feta, Camembert, Roquefort, blue-veined, queso blanco, queso fresco and Panela.
- **Fish that are high in mercury** — Mercury is a metal that can harm your baby. Fish get mercury from the water they swim in and from eating other fish that have mercury in them. Some fish, like shark, swordfish, king mackerel and tile fish, have a lot of mercury. Don't eat these kinds of fish when you're pregnant.

What foods should you limit during pregnancy?

- **Fish that have small amounts of mercury** — It's OK to eat a limited amount of these fish during pregnancy. You can eat up to 12 ounces a week. The 12 ounces can include:
 - Shrimp, salmon, pollock, catfish and canned light tuna
 - Albacore (white) tuna. Don't eat more than 6 ounces of this tuna per week.

- **Coffee and other things that contain caffeine** — Caffeine is a drug that is found in things like coffee, tea, soda, chocolate and some energy drinks and medicines. Too much caffeine in pregnancy may lead to premature birth or miscarriage. During pregnancy, limit the caffeine you get each day to 200 milligrams. This is about the amount in one 12-ounce cup of coffee. Read labels on food, drinks and medicine to know how much caffeine you're getting.

What if you crave nonfoods?

If you crave nonfoods, tell your health care provider. Nonfoods can be harmful to a woman and her baby. Don't eat nonfoods like:

- Ice
- Clay
- Laundry starch
- Dirt
- Charcoal
- Milk of magnesia
- Coffee grounds



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Shopping on a budget

Food shopping tips

Use these tips to help you shop for healthy foods without spending a lot of money:

- **Make a budget and a menu for the week.** See what foods you already have at home, and then make a list of what you need to buy. Check store flyers to see what's on sale and on your list. Stick to the list when you're at the store.
- **Shop at larger grocery stores, at the farmers' market or at farm stands.** They may have better prices for fresh foods than smaller grocery stores in your neighborhood.
- **Find out if your store has a discount card.** It can help you save money on food and other products. Most discount cards are free, so get one for every store in your area.
- **Compare prices between store brands and name brands.** Often the store brands cost less.
- **Buy whole fruits and vegetables.** The ones that come already washed and cut cost more. If you can't get fresh fruit, buy frozen fruit or canned fruit that's packed in its own juice.
- **Make more than you need and freeze it for future meals.** Also, freeze unused vegetables and spices like onions, peppers, parsley and garlic.

- **Have a meatless meal now and then.** Meat is the most expensive thing on your grocery list, so have a few meals without it. For example, try rice and beans or vegetable lasagna.
- **Keep staple foods on hand at home.** These are foods that you can use for almost any meal. Examples are beans, rice, pasta, frozen vegetables, pasta sauce and peanut butter.

Food-assistance programs

If you need help to pay for food for you and your family, find out about food-assistance programs in your area.

- **WIC** — WIC stands for Women, Infants and Children. The program works through your state government to help provide food for pregnant women, breastfeeding women, women who have had a baby within the last 6 months, and infants and children up to 5 years old. For more information or to find contact information for your state, go to www.fns.usda.gov/wic.
- **Supplemental Nutrition Assistance Program (SNAP)** — This program used to be called the Food Stamp Program. It helps certain U.S. citizens and some non-citizens pay for food. For more information or to find contact information for your state, go to www.fns.usda.gov/snap.



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Relieving stress and being active

Relieving stress: What you can do

- If you're really stressed and feel like you can't cope, tell your health care provider right away.
- Figure out what's making you stressed and talk to your partner, a friend or your health care provider about it. Cut back on activities you don't need to do.
- Stay healthy and fit. Eat healthy foods, get plenty of sleep and do something active every day (with your health care provider's OK).
- Know that the discomforts of pregnancy don't last forever. Ask your provider how to handle these discomforts.
- Have a good support network, including your partner, family and friends. Ask your provider about resources in the community that may be able to help. Ask for help from people you trust and accept help when they offer.
- Try relaxation activities, like prenatal yoga or meditation.
- Take a childbirth education class so you know what to expect during labor and birth.
- If you're working, talk to your supervisor about working during pregnancy. Make plans together to get ready for time away from work for prenatal care visits and after your baby is born.

Being active: What you can do

- Talk to your provider about your exercise plans before you start. If you haven't exercised before, start slowly.
- Do something active every day. You don't have to go to a gym to be active. Things like walking, vacuuming and yardwork are good, too.

- Don't do activities, like high-impact aerobics or jogging, that involve jumping or put stress on joints, especially in the last 3 months of pregnancy.
- Don't get overheated, especially during the first trimester. Stop doing an activity when you feel tired.
- Drink plenty of water before and during activities.
- Stretch before and after exercise to increase your strength and flexibility.
- Don't do activities that make you lie on your back after the first trimester because it can reduce blood flow to the uterus (womb).
- Don't use saunas or whirlpools, especially in the first trimester.

Can all pregnant women be physically active?

Most can, but not all. Ask your health care provider if it's OK for you to be active if you:

- Are overweight or underweight
- Have high blood pressure
- Have diabetes
- Have anemia
- Are pregnant with twins, triplets or more



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Don't be physically active during pregnancy if you:

- Have heart or lung problems
 - Have signs of preterm labor. This is labor that starts before 37 weeks of pregnancy.
 - Have vaginal bleeding that doesn't stop, problems with your cervix or your water breaks. Your cervix is the opening to the uterus that sits at the top of the vagina.
 - Have preeclampsia. This condition can happen after the 20th week of pregnancy or right after pregnancy. It's when a pregnant woman has high blood pressure and signs that some of her organs, like her kidneys and liver, may not be working properly. Signs of preeclampsia include having protein in the urine, changes in vision and severe headache.
 - Have placenta previa. This is when the placenta covers part or all of the opening of the cervix during the third trimester. The placenta grows in your uterus and supplies the baby with food and oxygen through the umbilical cord.
-

Managing stress case studies

Case Study 1

You're pregnant and know that regular prenatal care is important. Your health care provider's office is open from 8:00 a.m. to 5:00 p.m., the same hours that you work. You can take some time off during work, but you don't get paid for the work hours you miss. Your boss is asking about all the time off. He says it's creating a problem for the other employees. What can you do?

Case Study 2

You're having a bad day. You didn't get much sleep last night because you couldn't find a comfortable position in bed. You don't have time during the day to take a nap. You feel sick, and you have a headache. You haven't done the laundry, and the house is a mess. Now it's time to fix dinner, and all you want to do is lie down and sleep. You are overwhelmed. What can you do?

Case Study 3

Your partner tries hard to understand what you are going through during pregnancy. He does what he can, but you're tired and grumpy. It seems like nothing he does is the right thing. He is worried about how the two of you are going to pay for the new baby. He is afraid that having sex is going to hurt the baby, but he wants to be close to you. What can you do?

Case Study 4

Your partner isn't very supportive. He doesn't understand what pregnancy is like for you. He is impatient when you get emotional. He doesn't help with housework, ignores you when you need comfort and leaves the house for long periods of time. He says things are your fault. Yesterday he shoved you. He apologized later and promised it won't happen again. What can you do?

Case Study 5

You're dealing with many discomforts of pregnancy. Your morning sickness seems to last all day! You're trying to take care of everything at work, but it's hard to get everything done when you don't feel well. You saw a news report about birth defects, and now you're worried that your baby may not be born healthy. You feel overwhelmed. What can you do?

Prescription medicines and pregnancy

Some prescription medicines (drugs) are safe to take during pregnancy, but not all. A prescription medicine is one your health care provider says you can take to treat a health condition. You need a prescription (an order for medicine) from your provider to get prescription medicine.

Taking some prescription medicines (like opioids to relieve pain) during pregnancy can cause your baby to become addicted to the medicine. Some can cause your baby to be born too early, too small or with birth defects. This is why it's so important to tell your provider about any medicine you take.

During pregnancy:

- Tell your provider about any prescription medicine you take. He may want you to stop taking a medicine or switch you to one that's safer for your baby.
- Don't stop taking a prescription drug without talking to your provider first. Don't go "cold turkey" (suddenly stop taking a medicine). Stopping slowly may be better for your baby.
- Don't use any prescription drug unless it's prescribed for you by a provider who knows that you're pregnant. Even if you use a prescription medicine exactly as your provider tells you to, it may cause problems for your baby. If you go to a provider who prescribes medicine to treat a health condition (like sleep problems or severe pain), make sure that provider knows you're pregnant.

When your provider gives you a prescription for medicine, he tells you exactly how much to take, how often to take it and how long to take it. When you take any medicine:

- Don't take more medicine than your provider says you can take.
- Don't take it with alcohol or other drugs.
- Don't take someone else's prescription medicine.

These prescription medicines can cause birth defects if you take them during pregnancy. If you're pregnant and taking any of these drugs, tell your provider immediately:

- ACE Inhibitors (enalapril or captopril)
- Androgens and testosterone by-products
- Anti-cancer drugs
- Anti-folic acid drugs (methotrexate or aminopterin)
- Carbamazepine
- Lithium
- Opioids, including codeine, hydrocodone (Vicodin[®]), morphine (Kadian[®], Avinza[®]) and oxycodone (Oxycontin[®], Percocet[®]). The street drug heroin also is an opioid.
- Phenytoin
- Retinoids, including Accutane[®], Amnesteem[®], Claravis[™] and Sotret[®] (isotretinoin)
- Revlimid[®] (lenalidomide)
- Soriatane[®] (acitretin)
- Streptomycin and kanamycin
- Tetracycline
- Thalomid (Thalidomid[®])
- Trimethadione and paramethadione
- Valproic acid
- Warfarin (Coumadin[®] and Jantoven[®])



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Smoking, alcohol and street drugs during pregnancy

You can pass things like cigarette smoke, alcohol and drugs to your baby during pregnancy. These things can hurt your baby and cause him to be born too early, too small or with birth defects. Some can cause miscarriage or stillbirth. And some drugs can cause your baby to become addicted.

- **Don't smoke and stay away from secondhand smoke.** Secondhand smoke is smoke from someone else's cigarettes, cigar or pipe. Being around secondhand smoke during pregnancy can cause your baby to grow slowly and be born too small.
- **Don't drink alcohol.** Alcohol includes beer, wine, wine coolers and liquor. Examples of liquor are vodka, whiskey and bourbon. No amount of alcohol has been proven safe during pregnancy.
- **Don't use street drugs.** Street drugs are against the law to have or use. Street drugs include cocaine and heroin.

Tips to help you quit:

- Make a list of reasons why you want to quit. Wanting to have a healthy baby is the best reason of all!
- Set a quit date. Mark it on the calendar.
- Tell your friends and family you're going to quit. Ask them for their support. Ask them not to smoke, drink alcohol or do drugs around you.
- Get rid of all your cigarettes, alcohol and drugs. Get them out of your home and car.
- Stay away from situations or places, like parties and bars, where people are smoking or where drugs may be available.
- Tell your health care provider if you need help to quit.
- Ask your session leader about programs in your local area to help you quit.



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Making healthy lifestyle changes

Step 1: Get ready to make the change.

Figure out what you want to change and why you want to make the change. Make a list of pros and cons.

Example:

- What to change: Being around second-hand smoke
- Reason to change: To protect the health of my baby
- Pros of change: Safer for baby; healthier for me
- Cons of change: Pressure from friends to be with them in social situations; don't want to offend anyone

Step 2: Figure out what's stopping you from making the change.

For a week before you start making the change, write down every time you do the thing you want to change. Figure out if there are people or places that make it harder for you to change.

Example:

- Monday: At breaktimes at work
- Tuesday: At breaktimes at work
- Wednesday: At breaktimes at work; at Sue's house after work
- Thursday: At happy hour after work
- Friday: None
- Saturday: At the softball game
- Sunday: None

Step 3: Set a goal.

Be reasonable and specific when you set your goal. Ask your family and friends to help you.

Example:

- Goal: To avoid secondhand smoke for the rest of the pregnancy
- Who can help: My co-workers, my friends, my partner

Step 4: Take action.

Do things to reach your goal. Figure out how to avoid situations that might set you back. Think ahead about how you might handle peer pressure or a bad mood that could cause you to ignore your goal.

Example:

- Don't go to parties or happy hours where people smoke.
- Instead of going to parties with my partner where there will be smoking, we can go out to dinner.
- Every time I ask someone to stop smoking around me, I will congratulate myself on taking care of my baby.
- Remind myself of what I'll gain by sticking to my new ways.

Step 5: Keep going. Don't stop.

Maintain your new behavior. Don't get discouraged if you have a setback. Remind yourself why you wanted to make the change in the first place and what you have to gain by making it.

Example:

One mistake won't undo all the good I've done by staying away from secondhand smoke. My baby is healthier because of my choice to stay away from secondhand smoke.



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Viruses and infections

If you think you may have any of these infections, tell your health care provider right away:

- Food poisoning
- Chickenpox, measles or rubella (also called German measles)
- A cold or the flu
- Cytomegalovirus (also called CMV). This is an infection common in young children.
- Infected gums (also called periodontal disease)
- Pertussis (also called whooping cough). This infection can be really harmful for a baby.
- Sexually transmitted diseases (also called STDs), like genital herpes and HIV
- Toxoplasmosis. This is an infection you can get from eating undercooked meat or touching cat poop

How can you reduce your risk of getting an infection?

To prevent infections from food:

- Cook meat, poultry (chicken, turkey), fish, shellfish and eggs until they're done. Don't eat them if they're undercooked or raw. Heat deli meat and hot dogs before you eat them.
- Wash all your food before you cook or eat it.
- Wash all cooking utensils, dishes and your hands after touching raw meat, chicken or fish.

To prevent STDs:

- Get tested. Find out if you have an STD and get treated right away.
- Don't have sex. This is the best way to prevent yourself from getting an STD.
- If you have sex, have sex with only one person who doesn't have other sex partners. Use a condom if you're not sure if your partner has an STD. Ask your partner to get tested and treated for STDs.

To prevent other infections:

- Get vaccinated for diseases like the flu, chickenpox, measles, rubella and pertussis. Talk to your provider about getting vaccinated.
- Wash your hands often. Don't share glasses, cups, forks and other utensils with others.
- Brush and floss your teeth every day. Get regular dental care during pregnancy. Make sure your dentist knows you're pregnant before getting an Xray.
- Don't change a cat's letter box. Ask someone else to do it.
- Don't touch soil that may have cat poop in it. Wear gloves when you work in the garden.



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Chemicals and work safety

Chemicals to avoid during pregnancy:

- Cigarette smoke, including secondhand smoke
- Paint and paint thinner
- Bug spray and weed killer
- Liquids that have strong smells, like turpentine
- Plastic that is made from phthalates or bisphenol A (also called BPA)

What you can do to help protect yourself and your baby:

- Don't smoke and ask people not to smoke around you.
- Wash your hands well before eating or drinking. Wash your hands after you use the bathroom.
- Wear gloves or a face mask. Wear long-sleeved shirts, pants and boots if working around bug or weed killer. Take a shower and wash your hair after using chemicals.

- Wash and store your work clothes by themselves.
- Read product instructions to know how to store and dispose of chemicals safely. Don't use chemical containers (like bottles or jugs) to store other things.
- Don't use plastics with a "3" or a "7" on the bottom.

Other work safety tips:

- Avoid overworking, heavy lifting, bending or standing up for long periods of time.
- Take breaks at work when you can. Get up, walk around and stretch every so often. Don't sit still for too long.
- Drink plenty of water and use the bathroom when you need to.



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Things your baby needs

Here are some things you may want to get ready for your baby before you bring him home.

Clothes and other items

- Five to seven undershirts
- Six to eight sleepers
- Four to six pairs of socks or booties
- One or two caps
- Four to six receiving blankets
- Ten burp cloths

Feeding supplies

- Bottles or bags to store pumped breast milk
- Bottles for feeding pumped breast milk
- Two to three bibs

Diapering and bathing supplies

- Three or four dozen newborn-size disposable diapers or three to five dozen cloth diapers and four diaper covers
- Diaper wipes or cotton balls
- Diaper rash cream
- Waterproof changing pad
- Alcohol wipes for umbilical cord care
- Petroleum jelly for a boy's penis if he has a circumcision
- Cotton balls
- Baby soap and shampoo
- Baby washcloths and towels
- Nail clippers
- Baby bathtub

Furniture, bedding and equipment

- A rear-facing car seat that fits your car and is installed correctly. For more information about car seats, go to: safercar.gov
- Crib, cradle or bassinet
- Mattress, mattress cover, fitted sheets
- Stroller



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Hospital bag checklist

You may want to bring:

- ✓ Socks to keep your feet warm
- ✓ A robe and slippers
- ✓ A few nightgowns or pajamas, or T-shirts and sweat pants
- ✓ Loose-fitting T-shirts or nursing bras, if you're breastfeeding
- ✓ Several pairs of underpants
- ✓ Washcloths and towels
- ✓ Toiletries such as soap, shampoo, a toothbrush and toothpaste
- ✓ Hairbrush/hairstyling equipment
- ✓ Loose-fitting or maternity clothes to wear home

Plus these things for your baby:

- ✓ Clothes to wear home, including an undershirt, cap and socks
- ✓ A warm blanket if it's cold outside
- ✓ If you're driving your baby home, a rear-facing car seat that fits your car and is installed correctly. For more information about car seats, go to: safercar.gov

You also may want to have:

- ✓ Lotions and equipment for massage
- ✓ Lip balm
- ✓ Special music for relaxation
- ✓ Cell phone and charger
- ✓ A list of phone numbers for people you want to call when the baby is born
- ✓ Coins, a prepaid phone card or a calling card
- ✓ Cosmetics
- ✓ Camera or video camera
- ✓ Books or magazines
- ✓ Books or brochures about breastfeeding or newborn care

Hospitals give you gowns to wear during labor and birth. They also may offer some of the items listed above, so check to see exactly what you need to bring with you.



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Birth plan

Share your answers to these questions with your health care provider, with staff at the hospital or birthing center, and with your partner or other support people. Go to marchofdimes.org/birthplan for a birth plan you can fill out and save online.

Name _____

1. My health care provider’s contact information:

Name _____

Phone # _____

2. Where do I plan to have my baby?

3. Who is my primary support person during labor and birth?

Name _____

Phone _____

This person is:

- My partner
- My family
- Clergy
- My baby’s father
- My friend
- Doula

My baby’s due date _____

4. Who else do I want with me during labor and birth?

Name _____

Phone # _____

This person is:


- My partner
- My family
- Clergy
- My baby’s father
- My friend
- Doula

Name _____

Phone # _____

This person is:

- My partner
- My family
- Clergy
- My baby’s father
- My friend
- Doula



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5. What kind of support do I want during labor?

- Help with breathing
- Help working through contractions
- Massage
- Moving around
- Other

6. Do I want to be able to move around during labor?

- Yes
- No

7. What position(s) do I want to be in for my labor?

- Lying down
- Sitting
- Standing
- Moving around
- Other

8. What kind of drugs, if any, do I want to help with labor pain?

9. Who do I want to cut the umbilical cord?

10. Do I want to have my baby's umbilical cord blood saved?

- Yes
- No

11. Do I want my baby with me at all times after birth? Or is it OK for my baby to spend time in the nursery?

- Stay with me at all times
- OK to stay in nursery

12. Do I want to breastfeed my baby?

- Yes
- No

13. If my baby is a boy, do I want to have him circumcised?

- Yes
- No

14. Are there special traditions I want to take place in the delivery room?

- Yes
- No

Describe _____

15. If there are any problems with me or with the baby, do I want to be told first, or do I want my support person told first?

- Tell me first.
- Tell my support person first.

16. Are there other issues the hospital or birthing center staff should know about me or my baby's birth?

- Yes
- No

Describe _____

17. My baby's health care provider's contact information:

Name _____

Phone # _____

Labor and birth

What are the signs of labor?

- You may have strong and regular contractions. A contraction is when the muscles of the uterus tighten up like a fist and then relax. Contractions help push the baby out.
- Your contractions come about 5 to 10 minutes apart.
- Your contractions are so strong that you can't walk or talk during them.
- Your water breaks. Your baby has been growing in amniotic fluid (bag of waters) in the uterus. When the bag of waters breaks, some women feel a big rush of water. Others just feel a trickle.

If you think you may be in labor, call your health care provider, no matter what time of day or night.

What are the three ways you can have your baby?

1. **Vaginal birth** — This is the way most babies are born. During vaginal birth, your uterus contracts to help push the baby out through your vagina.
2. **Cesarean birth** (also called c-section) — For some women and babies, a c-section is safer than vaginal birth. You and your provider may plan to have a c-section. Or you may need to have an emergency (unplanned) c-section because of a problem that happens during pregnancy. During a c-section, your doctor makes a cut in your belly and uterus and takes the baby out through this opening.
3. **VBAC** — This stands for “vaginal birth after cesarean.” If you've already had a c-section, you may be able to have a

vaginal birth with your next baby. If you had a c-section in the past and want to have a vaginal birth, talk to your provider.

What are some reasons why you may need to have a c-section?

You should have a c-section only if there are medical reasons for it. You may need to have a c-section if:

- You've already had a c-section or other surgeries on your uterus.
- Your baby is too big to pass safely through the vagina.
- The baby is in a breech position (buttocks or feet first) or a transverse position (shoulder first). The best position for a baby is head first.
- There are problems with the placenta (the organ that nourishes the baby in the womb). Placental problems can cause dangerous bleeding during vaginal birth.
- Labor is too slow or stops.
- You have umbilical cord prolapse (the umbilical cord slips into the vagina, where it could be squeezed or flattened during vaginal birth).
- You have an infection, like HIV or genital herpes. You can pass some infections to your baby during vaginal birth.
- The baby shows signs of stress during labor, such as having a slow heart rate.



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What is inducing labor?

Inducing labor is when a provider gives you medicine to make you start labor. Your labor should be induced only if there are medical reasons for it. Your provider may induce your labor if:

- You are past your due date.
- The baby's growth or movement has slowed a lot.
- The placenta is no longer working correctly.
- Amniotic fluid levels are low.
- Your water breaks before labor is ready to start.
- The baby is getting too big.
- You have diabetes and have arrived at your due date.
- You have preeclampsia or another illness that affects your health or the health of your baby.
- The baby has Rh disease, which is caused by an incompatibility between your blood and the baby's blood.

What are the three stages of childbirth?

1. **Labor** — This stage begins when you have regular contractions that open (dilate) your cervix. This stage lasts until the cervix is fully opened to 10 centimeters. This stage can occur over several days with no noticeable contractions, or it can happen in just a few hours with very clear contractions. It's different for every woman.
2. **Birth** — This stage begins when the cervix is fully open and ends with the baby's birth. This stage usually lasts 1 to 2 hours, but many women have shorter or longer experiences. It's different for every woman.
3. **Delivery of the placenta** — This stage begins immediately after the baby's birth and ends with the delivery of the placenta. This stage usually lasts between 10 minutes and 1 hour.

What kinds of medicines can help with labor pain?

- **Epidural** — This is the most popular and effective kind of pain relief for labor. You get a small needle with a tube attached placed in your lower back. Medicine goes through the tube while you're in labor. It numbs your lower body so you can't feel the pain from your contractions. The medicine doesn't make you go to sleep, so you can be awake when your baby is born.
- **Spinal block** — A spinal block is a shot you get in your lower back that numbs your lower body. It's good for fast pain relief, but it only lasts for 1 to 2 hours. You may have a spinal block with an epidural if you need quick pain relief.
- **Narcotics** — A narcotic is a drug that changes how you feel pain. You can get a narcotic in a shot or through an IV. Narcotics might not work as well as an epidural. Also, they might make you sleepy or feel sick to your stomach. They're used most often to help at the beginning of labor. If they're used late in labor, they may cause the baby to move slowly and have trouble breathing.

What are other ways to help cope with labor pain?

You may not want to use medicine to help with labor pain. This is called natural childbirth. If you want to have natural childbirth, you can use methods like these to help cope with labor pain. It's also OK to use these methods along with medicine, if you want:

- **A support person** — You may want to have a special support person with you during labor, such as your partner, the baby's father, a family member or a friend. Your support person can help you remember how to breathe and relax. The person also can comfort you and cheer you on through labor.

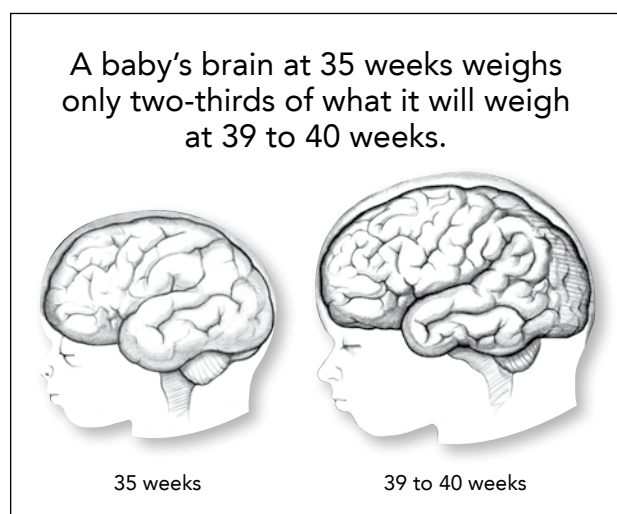
- **A doula** — A doula is like a coach who has special training in helping with labor. Tell your provider if you think you want to hire a doula.
- **Water therapy** — Taking a bath in warm water may help ease labor pain. The hospital may have soaking tubs made just for pregnant women.
- **Changing positions** — Changing how you're sitting or lying down may help ease labor pain. You may want to sit in a chair or on a birthing ball (a big rubber ball). Or you may want to squat or get down on your hands and knees.
- **Breathing, visualization and relaxation** — You can use the breathing, visualization and relaxation techniques you learned in these sessions or in childbirth classes to help you cope with labor pain.

Why the last weeks of pregnancy count

If your pregnancy is healthy, it's best to stay pregnant for at least 39 weeks.

Lots of important things are happening to your baby in the last few weeks of pregnancy:

- Important organs, like your baby's brain, lungs and liver, are still developing and growing.



- Your baby's eyes and ears are still developing too. Babies born too early are more likely to have vision and hearing problems later in life.
- Your baby is still learning to suck and swallow. Babies born early sometimes can't do these things.

If your pregnancy is healthy, wait for labor to begin on its own. If you choose to induce labor in a healthy pregnancy, talk to your health care provider about waiting until you're full term at 39 weeks. Give your baby the time he needs to develop before he's born. Inducing labor or having a c-section before 39 weeks should only be for medical reasons.

Ask these questions if you and your provider talk about scheduling your baby's birth:

- **If your provider recommends you give birth before 39 weeks**
 - Is there a problem with my health or the health of my baby that may make me need to have my baby early?
 - Can I wait to have my baby until I'm closer to 39 weeks?
- **About inducing labor**
 - Why do you need to induce my labor?
 - How will you induce my labor?
 - Will inducing labor increase the chance that I'll need to have a c-section?
- **About c-section**
 - Why do I need to have a c-section?
 - What problems can a c-section cause for me and my baby?
 - Can I have a vaginal birth in my future pregnancies?



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Breastfeeding

Why is breastfeeding best?

- Breastfed babies have fewer health problems than babies who aren't breastfed. This is because your breast milk has antibodies that help keep your baby from getting sick. They help protect your baby from infections and allergies.
- Breast milk has nutrients in it that help your baby grow.
- Breast milk changes as your baby grows to give him just what he needs as he develops.
- Breast milk is free and always ready when your baby wants to eat.
- Breastfeeding can help you and your baby bond and get to know each other.
- Breastfeeding can help you recover faster from pregnancy and lose some of the weight you gained.

Do you need to eat a special diet when you're breastfeeding?

No. Just eat healthy foods, like whole-grain bread and pasta, lean meat, low-fat milk products and fruits and vegetables. You may need 300 to 500 extra calories a day when you're breastfeeding to help you keep a good energy level.

Keep taking your prenatal vitamin, or take a multivitamin, every day. This can help give you nutrients that you may not get enough of in food.

When you're breastfeeding, you need 290 micrograms of iodine each day. Iodine helps your baby's body make thyroid hormones that help his bones and nerves develop. Not all prenatal vitamins or multivitamins contain iodine, so eat foods that have iodine in them, like fish, dairy

products, iodized salt and bread and cereal enriched with iodine (look for "enriched" or "fortified" on the package label). Ask your provider if you need to take an iodine supplement.

How do you know if you're making enough milk?

Your body makes as much breast milk as your baby needs. As you and your baby get used to breastfeeding, your body learns when your baby needs more milk and makes as much as he needs. Your baby is probably getting enough milk if he:

- Is gaining weight
- Is making six to eight wet diapers a day by the time he's 5 to 7 days old

If you're worried that your baby's not getting enough milk, talk to your baby's health care provider or a lactation consultant. A lactation consultant is a person who has special training to help women breastfeed.

Does your baby need vitamin D?

Yes. Vitamin D helps make bones and teeth strong. But breast milk does not contain all the vitamin D your baby needs. Give your baby vitamin D drops starting in the first few days of life. Ask your baby's provider what kind of drops to use.



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Can you store breast milk?

Yes. You can keep pumped breast milk in the refrigerator or freezer. Write the date on the container before storing it. Follow these guidelines:

Where	How long
Refrigerator (temperature must be 32 F to 39 F)	5 to 8 days
Freezer inside a refrigerator	2 weeks
Freezer that has its own door (not inside a refrigerator)	3 to 6 months
Separate freezer	6 to 12 months

Here’s how to thaw milk when you’re ready to use it:

1. To thaw frozen milk, put the bottle or bag in the refrigerator or in a bowl of warm water. Make sure the bottle or bag is sealed so that water doesn’t get into the milk. Pour the amount of thawed milk you need for your baby into a bottle for feeding. Once milk is thawed, use it within 24 hours.

2. To warm thawed or refrigerated milk, put the bottle or bag under running hot water or in a bowl of warm water. Never heat breast milk in the microwave. It kills nutrients in the milk. And the milk can heat unevenly and create hot spots that could burn your baby’s mouth.
3. Shake the bottle or bag. Put a drop or two of milk on the back of your hand to test the temperature. If it’s too hot, let it cool.

How long should you breastfeed?

It’s best to breastfeed your baby for 1 year. Even when she starts eating other foods (usually after 6 months), you can still keep breastfeeding. Your body makes breast milk as long as your baby breastfeeds.

How to change a diaper

Changing your baby's diaper can be a tricky part of newborn care. But with practice, you can be a pro.

What supplies do you need?

- A clean diaper
- Baby wipes or a soft washcloth
- Diaper rash ointment

How do you change your baby's diaper?

Here's how to change your baby's diaper:

1. Place your baby on a changing table and unfasten her diaper.
2. Hold your baby's ankles with one hand. Lift her legs and bottom and remove her dirty diaper with your other hand.
3. If there's a big mess, use the front, clean part of the diaper to wipe her bottom from front to back.
4. Use diaper wipes or plain water on a soft cloth to gently clean your baby's genitals and bottom. Take extra care with creases and folds in your baby's skin. For baby girls, always wipe from front to back to avoid infection.
5. Pat dry. Apply diaper rash ointment if your baby has a diaper rash. Don't use talcum powder because it can irritate your baby's lungs.
6. Slide a clean diaper under your baby. If you're using a disposable diaper, be sure the sticky tabs to fasten the diaper are behind the baby.
7. Fasten the diaper on both sides of your baby. For a disposable diaper, press the sticky tabs to the front of the diaper.
8. Tuck the new diaper under your baby's umbilical cord until it heals. Make sure the diaper doesn't bunch up between her legs.
9. To prevent accidents, make sure there aren't any diaper openings around her hips.

How do you diaper your baby boy after a circumcision?

The diapering steps above are good for all babies. But if your baby boy is circumcised:

- For the first few days, put a new bandage on the penis each time you change your baby's diaper.
- Use petroleum jelly on the penis or on the part of the diaper or bandage that touches the penis. This helps prevent the diaper or bandage from sticking to or rubbing against the penis.



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How to bathe your baby

Rub-a-dub-dub, your baby's in the tub!
Give your baby a bath every 2 to 3 days.
Bathing him more often can dry out his skin.

If you need to leave the room during bath time, take your baby with you. Babies can drown in just a little water. NEVER leave your baby alone near water!

What supplies do you need for bath time?

- Baby shampoo or soap
- Wash cloths
- Towels
- Clean clothes and diaper
- A small, plastic tub or a sink for a tub bath

How do you give your baby a sponge bath?

A sponge bath is when you clean your baby using a wet washcloth without placing him into water. This helps keep the belly button or circumcision dry for healing.

Here's what to do:

1. Place your baby on a flat surface, like a changing table.
2. Undress him and wrap him in a towel.
3. Use a washcloth in plain water to gently wipe his eyes.
4. Use a soapy washcloth to clean the rest of his body. Wash one area at a time. Clean between skin folds. Keep the rest of him wrapped in a towel so he doesn't get cold.
5. Wash the diaper area last to keep germs from spreading.
6. Rinse him off with plain water and pat him dry.

How do you care for your baby's umbilical cord stump?

Until your baby's umbilical cord stump falls off:

- Tuck her diaper below the stump.
- Keep the area clean and dry. If it gets dirty, clean it with a baby wipe or rubbing alcohol.
- Call her provider if you see signs of infection, like pus or redness, or if she cries when you touch the area.

How do you care for your baby's penis after a circumcision?

Until your baby's penis heals:

- During bath time, wash the penis and diaper area with soap and warm water.
- For the first few days, put a new bandage on the penis each time you change your baby's diaper.
- Use petroleum jelly on the penis or on the part of the diaper or bandage that touches the penis. This helps prevent the diaper or bandage from sticking to or rubbing against the penis.

How do you give your baby a tub bath?

Once your baby's belly button or penis is healed, you can give your baby tub baths.

Here's how:

1. Fill a small tub or a sink with 2 to 3 inches of warm water. Use your elbow to check that the water's not hot.



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2. Support her head with one hand and use the other to hold her body as you place her in the tub feet first.
3. Pour warm water over her so that she doesn't get cold.
4. Gently wash her face with plain water.
5. Wash her body with soapy water.
6. Use baby shampoo to wash her head. Be careful not to get shampoo in her eyes.
7. Wash the diaper area last.
8. Rinse her with warm, clean water.
9. Wrap her in a towel and pat her dry.

Newborn screening and vaccinations

Newborn screening

Before your baby leaves the hospital, he has some blood taken from his heel. A lab tests the blood for health conditions. Your baby also gets a hearing test and a test for a heart condition called critical congenital heart disease (also called CCHD). All these tests are called newborn screening.

The testing is safe and simple. A health care provider pricks your baby's heel to get a few drops of blood. The blood is then tested in a lab. For the hearing test, the provider puts a small speaker in your baby's ear. The speaker plays soft sounds. The test for CCHD uses a sensor on your baby's foot or finger to check the amount of oxygen in your baby's blood.

These tests tell you if your baby is more likely than other babies to have certain health conditions. Most likely, your baby's test results are normal. If your baby's test results are not OK, it probably just means that he needs more tests. Your provider can tell you if your baby needs more tests or treatment.

All babies in the United States get newborn screening. But each state requires different tests. So ask your baby's health care provider which tests your baby will have.

Vaccinations

It's never fun to get a shot. But your baby needs some shots to help protect him from diseases like measles, chickenpox and polio. These diseases could make your baby really sick. The shots are called vaccinations. And the medicine in the shots is called a vaccine. When your baby gets these shots, it means he won't get the disease, even if he plays with, sits near or eats with someone who has the disease.

Your baby may get a vaccine for hepatitis B before he leaves the hospital. He gets the rest of his shots at his regular checkups. He keeps getting vaccinations until he's 18 years old.

Go to marchofdimes.org/babyvaccinations to see and print a vaccination schedule from birth through age 6.



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Physical postpartum changes

Perineum soreness

The perineum is the area between your vagina and rectum. It stretches during labor and vaginal birth, and it may even tear. It often is sore after you give birth. You may be more sore if you had an episiotomy (a cut made at the opening of the vagina to help the baby out).

What you can do:

- Do Kegel exercises. These strengthen the muscles in the pelvic area, which helps the perineum heal. To do them, squeeze the muscles that you use to stop yourself from urinating. Hold the muscles tight for 10 seconds and then release.
- Put a cold pack on your perineum. Use ice wrapped in a towel. Or you can buy cold packs that you freeze in your freezer.
- Sit on a pillow.
- Soak in a warm bath.
- Wipe from front to back after going to the bathroom. This can help prevent infection as your episiotomy heals.
- Ask your provider about medicine to help ease the pain.

Afterbirth pains

These are cramps that you feel as your uterus shrinks back to its regular size. Right after you give birth, your uterus is round and hard and weighs about 2½ pounds. By about 6 weeks after birth, it weighs only 2 ounces. The cramps should go away in a few days.

What you can do:

Ask your provider about over-the-counter medicine you can take for pain.

After a c-section

A c-section is major surgery, so it may take a while for you to recover. You may be really tired for the first few days or

weeks after a c-section. This is because you lost blood during the surgery. Also, your incision (the cut on your belly) may be sore.

What you can do:

- Ask your provider for pain medicine. Check with him before you take any over-the-counter medicine for pain.
- Ask your partner, family and friends for help with the baby and at home.

Vaginal discharge

After your baby is born, your body gets rid of the blood and tissue that was inside the uterus. This is called vaginal discharge or lochia. For the first few days, it's heavy, bright red and may contain some blood clots. Over time, the flow gets less and lighter in color. You may have discharge for a few weeks, or even for a month or more.

What you can do: Use sanitary pads until the vaginal discharge goes away.

Breast engorgement

This is when your breasts swell as they fill with milk. They may feel tender and sore. Most of the time the discomfort goes away once you start breastfeeding regularly.

What you can do:

- Try not to miss a feeding or go a long time between feedings. Don't skip night feedings.
- Express a small amount of milk with a breast pump or by hand before breastfeeding.



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- Take a warm shower or lay warm towels on your breasts. If your engorgement is really painful, put cold packs on your breasts.
- Tell your provider if your breasts stay swollen.

Nipple pain

If you are breastfeeding, you may have nipple pain during the first few days, especially if your nipples crack.

What you can do:

- Use a special cream on the nipples. Ask your provider what kind to use.
- Let your breasts air dry.

Swelling

Lots of women have swelling in their hands, feet and face during pregnancy. It is caused by extra fluids in your body that helped you get ready for labor and birth. It may take time for the swelling to go away after you have your baby.

What you can do:

- Lie on your left side or put your feet up.
- Try to stay cool and wear loose clothes.
- Drink plenty of water.

Hemorrhoids

Hemorrhoids are painful, swollen veins in and around the anus. Lots of women get them during pregnancy. They may get worse after giving birth.

What you can do:

- Soak in a warm bath.
- Use an over-the-counter spray or cream to help relieve pain. Ask your provider which ones are OK to use.
- Eat foods that are high in fiber, such as fruits, vegetables and whole-grain breads and cereals.
- Drink lots of water.
- Try not to strain when you're having a bowel movement.

Constipation

You may have painful gas or trouble having a bowel movement after you give birth.

What you can do:

- Eat foods that are high in fiber.
- Drink lots of water.
- Ask your provider about medicine to take.

Urinary problems

You may feel pain or burning when you urinate. Or you may try to urinate but find that you can't. Sometimes you may not be able to stop urinating. This is called incontinence.

What you can do for pain and burning:

- Drink lots of water.
- Run water in the sink when you go to the bathroom.
- Soak in a warm bath.
- If the pain continues, tell your provider

What you can do for incontinence:

Do Kegel exercises to strengthen your pelvic muscles.

Sweating

This happens a lot to new moms, especially at night. It's caused by all the hormones in your body after pregnancy.

What you can do:

- Sleep on a towel to help keep your sheets and pillow dry.
- Don't use too many blankets or wear warm clothes to bed.

Feeling tired

You may have lost blood during labor and birth. This can make your body tired. And your baby probably doesn't let you sleep all night.

What you can do:

- Sleep when your baby sleeps, even when he naps during the day.
- Eat healthy foods, like fruits, vegetables, whole-grain breads and pasta, and lean meat and chicken. Limit sweets and foods with a lot of fat.
- Ask your partner, family and friends for help with the baby and around the house.

Getting your period again

If you are not breastfeeding, your period may start again 6 to 8 weeks after giving birth. If you are breastfeeding, you may not start again for months. Some women don't have a period again until they stop breastfeeding. Be careful — if you have sex, you can get pregnant even before your period starts again, breastfeeding or not.

Losing weight

Now's a great time to get to a healthy weight, no matter how much you weighed before you got pregnant. You feel better and are less likely to have health conditions, like diabetes and high blood pressure, if you're at a healthy weight. And just in case you get pregnant again, or if you plan to have another baby sometime in the future, it's best to be at a healthy weight before your next pregnancy.

What you can do:

- Talk to your provider about your healthy weight. If you were overweight before pregnancy, you may want to lose more weight than you gained during pregnancy.
- Eat healthy foods. Limit sweets and foods with a lot of fat.
- Drink lots of water.
- Do something active every day. Walking and swimming are great activities for new moms.

- Breastfeed your baby. Breastfeeding helps you burn calories. This can help you lose the weight you gained during pregnancy faster than if you weren't breastfeeding.
- Don't feel badly if you don't lose the weight as quickly as you'd like. It takes some time for your body (and your belly) to get back into shape.

Skin

You may have stretch marks on your belly, thighs, breasts and bottom where your skin stretched during pregnancy.

What you can do: Use creams or lotions on your skin.

Hair

Your hair may have seemed thicker and fuller during pregnancy. After your baby is born, your hair may thin out. You may even lose hair. Hair loss usually stops about 3 to 4 months after your baby's birth.

What you can do:

- Eat lots of fruits and vegetables. These may help protect your hair and help it grow.
- Be gentle with your hair. Don't wear tight ponytails, braids or rollers. These can pull and stress your hair.
- Use the cool setting on your hair dryer.

Getting pregnant

It's possible that you may ovulate (release an egg) before you get your period again. This means you could get pregnant.

What you can do: Use birth control to help make sure you don't get pregnant again until you're ready. If you're breastfeeding, ask your provider about which birth control to use. Not all kinds of birth control are safe to use when breastfeeding.

Stress, baby blues and postpartum depression

Feeling stressed and overwhelmed

Here's what you can do if you're feeling overwhelmed about being a new mom:

- Tell your partner how you feel.
- Ask your partner, family and friends for help taking care of the baby and the housework.
- Find a support group for new moms. Ask your health care provider to help you find a group.
- Eat healthy foods and be active when you can.
- Don't smoke, drink alcohol, use street drugs or abuse prescription drugs.

Baby blues

Baby blues are feelings of sadness that some women have 3 to 5 days after having a baby. You may feel sad or cranky, or you may cry a lot. If you think you have the baby blues:

- Talk to your partner or a friend about how you feel.
- Rest when you can. Try to sleep when the baby sleeps.
- Ask your partner, family and friends to help care for the baby.
- Take time for herself. Get out of the house every day, even if it's just for a short while.

If the sad feelings don't go away by about 10 days after your baby's birth, tell your provider.

Postpartum depression (PPD)

Postpartum depression is a kind of depression that some women get after having a baby. It means you have strong feelings of sadness or worry that last for a long time. These feelings can make it hard for you to take care of your baby. PPD can happen any time in the first year after childbirth. It often starts within 1 to 3 weeks of having a baby. It's a medical condition that needs treatment to get better.

You may have PPD if you have 5 or more signs of PPD that last more than 2 weeks. These are the signs to look for:

Changes in your feelings

- Feeling depressed or worried most of the day every day
- Feeling shame, guilt, worthless or like a failure
- Having more bad days than good days
- Feeling panicky or scared a lot of the time
- Having severe mood swings

Changes in your everyday life

- Having little interest in things you normally like to do
- Feeling tired all the time
- Eating a lot more or a lot less than is normal for you
- Gaining or losing weight
- Not sleeping well or sleeping too much
- Having trouble concentrating or making decisions

Changes in how you think about yourself or your baby

- Having trouble bonding with your baby
- Thinking about hurting yourself or your baby

If you think you have PPD, call your health care provider right away.



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March of Dimes materials are for information purposes only and are not to be used as medical advice. Always seek medical advice from your health care provider. Our materials reflect current scientific recommendations at time of publication. Check marchofdimes.org for updated information.

Evaluation

Give honest answers to the questions below. Your answers are confidential.

1. Overall, how would you rate these sessions?

- Excellent
- Good
- Fair
- Poor

2. Did the sessions convince you to do something specific for your health or the health of your baby?

- Yes No If yes, what will you do? _____
- _____
- _____

3. The information in the sessions was:

- Easy to understand
- Hard to understand

4. The length of the sessions was:

- Just right
- Too short
- Too long

5. The session leader: (Check all that apply.)

- | | |
|--|--|
| <input type="radio"/> Was lively | <input type="radio"/> Was hard to follow |
| <input type="radio"/> Was boring | <input type="radio"/> Knew the topics well |
| <input type="radio"/> Treated me with respect | <input type="radio"/> Did not know the topics well |
| <input type="radio"/> Helped me with my problems | <input type="radio"/> Encouraged me to ask questions |

Other: _____

6. What did you like the most about the sessions?

7. What did you like the least?

8. Rate each of the sessions you attended:

	Extremely helpful	Helpful	Not helpful	Did not attend
Session 1. You and your pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 2. Prenatal care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 3. Eating healthy during pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 4. Stress during pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 5. Things to avoid during pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 6. The big day: Labor and birth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 7. Caring for your baby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 8. Postpartum care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Is there anything you would change about the sessions?

Yes No If yes, what would you change? _____

Thank you for your comments!

This certificate is presented to

for successful completion of *Becoming a momSM* and is
well prepared for life with a new baby.

Session leader

Date

