

Becoming a momSM



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health education center®

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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 and stay away from secondhand smoke. Secondhand smoke is smoke from someone else's cigarette, cigar or pipe.
- ✓ Don't drink alcohol. Alcohol includes beer, wine, wine coolers and liquor.
- ✓ Don't use street drugs or abuse prescription drugs. Street drugs, like cocaine and heroin, are against the law to have or use. A prescription drug is one your provider says you can take to treat a health condition. Abusing prescription drugs means using them in a way other than ordered by your health care provider. This means taking more medicine than your provider says you can take, taking it with alcohol or other drugs, or using someone else's prescription medicine.
- ✓ Tell your provider about any drugs or medicines you take. Don't take any drug or medicine without telling your provider about it first. Your provider may want to change some medicines you already take to ones that are safer during pregnancy.
- ✓ Eat healthy foods, like fruits, vegetables, whole-grain breads and pasta, and lean meat and chicken. Limit sweets, salty snacks and foods with a lot of fat.
- ✓ Take a prenatal vitamin with 600 micrograms of folic acid in it every day.
- ✓ Drink six to eight glasses of water every day.
- ✓ Do something active every day.
- ✓ Reduce your stress.
- ✓ Make time to rest every day.
- ✓ 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 an STD (sexually transmitted disease). Ask your partner to get tested and treated for STDs.
- ✓ Go to your dentist for a regular checkup at least once during pregnancy. Tell your dentist that you're pregnant. Call your dentist if your gums bleed a lot or are painful.
- ✓ Wear a seat belt in the car.

By taking care of yourself, you're taking care of your baby.

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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.
- Ask your health care provider for a referral to a back-pain specialist if the pain is severe.

2. Breast changes

- Breast tingling, swelling, tenderness or sensitivity to touch are caused by increased amounts of hormones in a pregnant woman's body.
- Increased breast size is caused by a build-up of fat and enlarging milk glands. 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 fluid (water, fruit juice or milk) 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.

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. If none of the suggestions help, or if vomiting is severe, tell your provider.

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.
- Keep crackers by your bed. Eat a few before you get up in the morning to settle your stomach.
- 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 down-the-leg pain 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.
- Do not douche.
- Tell your provider if you see blood or if the discharge is excessive, has an unusual or bad odor, 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 (also called an OB)
- A family practice doctor
- A 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).
- Your provider checks your weight and blood pressure.

- 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.

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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 of these 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 testing (also called noninvasive prenatal testing) — Tests your blood for your baby's DNA to see if he has a genetic condition, 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).

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 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 is 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 is 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.

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 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.

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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, vitamin supplements, herbs or home remedies.
- 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 happens only during pregnancy (after the 20th week) or right after pregnancy. It's when a pregnant woman has both protein in her urine and high blood pressure.

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

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

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

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

- 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 providers 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.

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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. Having a premature baby in the past
2. Being pregnant with multiples (twins, triplets or more)
3. Having problems with your uterus or cervix now or in the past

Other risk factors for preterm labor and birth are:

Medical conditions

- Bleeding from the vagina in the second or third trimester
- Being under- or overweight before pregnancy
- Not gaining enough weight during pregnancy
- Certain health conditions, like high blood pressure, preeclampsia, diabetes or thrombophilias (blood clotting disorders)
- Preterm labor
- Preterm premature rupture of the membranes (also called PPROM). This is when the sac around the baby breaks early, causing labor to start.

- Certain infections during pregnancy, like a sexually transmitted infection (STI) or other infections of the uterus, urinary tract or vagina.
- Being pregnant with just one baby after in vitro fertilization (IVF) fertility treatment. IVF is a method used to help women get pregnant.
- Getting pregnant too soon after having a baby. For most women, it's best to wait at least 18 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.
- Being pregnant with a baby who has certain birth defects, like heart defects or spina bifida
- A family history of premature birth. This means that someone in your family has had a premature baby.
- Exposure to the medicine DES, a man-made form of the hormone estrogen

Conditions in your everyday life (lifestyle and environment)

- Getting late or no prenatal care
- Smoking, drinking alcohol, using street drugs or abusing prescription drugs
- Having a lot of stress in your life
- Little support from family and friends
- Domestic violence. This is when your partner hurts or abuses you. It includes physical, sexual and emotional abuse.
- Working long hours and having to stand a lot
- Exposure to pollutants, like air pollution

Groups at increased risk

- Women who are younger than 17 or older than 35
- Women who are black
- Women with low income or education
- Women who aren't married

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 urinate. You may have an infection.
- Learn the signs of preterm labor.

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Eating healthy

How much weight should you gain during pregnancy?

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

- Women at a healthy weight before pregnancy should gain about 25 to 35 pounds.
- Women who are underweight before pregnancy should gain about 28 to 40 pounds.
- Women who are overweight before pregnancy should gain about 15 to 25 pounds.
- Women who are obese before pregnancy should gain about 11 to 20 pounds.
- Women who are carrying twins should gain about 35 to 45 pounds.

What foods and how much should you eat each day?

Pregnant women need about 300 extra calories a day from the following food groups to support a babies growth:

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)

Milk Products

Eat 3 cups per day all throughout pregnancy.

1 cup of milk product is equal to:

- 1 cup milk
- 1 cup yogurt
- 2 small slices of cheese or 1/3 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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Folic acid, omega-3 fatty acids and DHA

Folic acid

Healthy eating that includes the right amount of the vitamin folic acid may help reduce your risk of having a baby with a birth defect of the brain and spine called a neural tube defect (also called NTD). Some studies show that taking folic acid also may help prevent heart defects and birth defects in your baby's mouth called cleft lip and palate.

Folic acid only works, though, if you take it before pregnancy and in the first few weeks of pregnancy. **All women, even if they're not trying to get pregnant, should take a multivitamin with 400 micrograms of folic acid in it every day.**

You need more folic acid each day when you're pregnant. During pregnancy, take a prenatal vitamin each day that has 600 micrograms of folic acid in it. Your health care provider can prescribe a prenatal vitamin for you.

You can get folic acid from food. Some flour, breads, cereals and pasta have folic acid added to them. Look for "fortified" or "enriched" on the package to know if the product has folic acid in it.

You also can get folic acid from some fruits and vegetables. When folic acid is naturally in a food, it's called folate. Foods that are good sources of folate are beans, leafy green vegetables and orange juice.

It's hard to get all the folic acid you need from food. So even if you eat foods that have folic acid in them, take your prenatal vitamin each day, too. Most women don't need more than 1,000 micrograms of folic acid each day. Talk to your provider to make sure you get the right amount.

Omega-3 fatty acids and DHA

Some fats are important for growth and development. One important kind of fat is omega-3 fatty acids. There are three key omega-3 fatty acids. Their names are really long, so it's OK to use just the letters:

1. Alpha-linolenic acid (also called ALA)
2. Docosahexaenoic acid (also called DHA)
3. Eicosapentaenoic acid (also called EPA)

Your baby needs omega-3 fatty acids. During pregnancy and breastfeeding, DHA can help your baby's brain and eyes develop. **If you're pregnant or breastfeeding, you need 200 milligrams of DHA each day.** You can get omega-3 fatty acids, including DHA, from certain foods, including:

- Fish, like salmon, herring, sardines and fresh-water trout. It's OK to eat these kinds of fish because they don't have a lot of mercury in them.
- Nuts
- Vegetable oils, like canola, soybean and olive oil
- Foods that have DHA added to them, like orange juice, milk and eggs. Check the package label to see if DHA has been added.

You also can get omega-3 fatty acids from multivitamins, supplements and some prenatal vitamins. Or you can take a supplement that is just DHA. Ask your provider **before** taking any supplement to be sure it's safe during pregnancy.

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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 milk, yogurt, cheeses (soft cheeses, including brie, feta, Camembert, Roquefort, blue-veined, "queso blanco," "queso fresco" and "Panela") and juices.
- **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

Here are some 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

- Rest as much as you can. Take naps during the day, if possible.
- Put your feet up, whenever possible.
- Identify causes of stress and try to eliminate them.
- Cut back on unnecessary activities.
- Ask your partner, family and friends for help and support.
- Get help with housework.
- Ask to work flexible hours so you don't have to commute during busy traffic times.
- Tell your supervisor if your work makes you feel stress.
- Know that it's OK to have mood swings during pregnancy.
- Do something active every day. Talk to your health care provider about what kinds of activities are safe during pregnancy. Being active can help you:
 - Clear your mind of things that cause stress
 - Handle some of the discomforts of pregnancy, such as constipation, backache, fatigue and varicose veins
 - Build strength for labor and birth
 - Recover after labor and birth
- Use relaxation techniques, like deep breathing or meditating.
- Go to all your prenatal education sessions. Share your feelings with your session leader or other women in the class.
- Get professional counseling if you feel really stressed.
- Focus on the good things about pregnancy.

Being active: What you can do

- Talk to your provider about your exercise plans before you start.
- 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.
- Do something active for at least 30 minutes on most, if not all, days.
- Choose activities that increase fitness and stamina, like walking, swimming or low-impact aerobics.
- 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.
- Start gently and gradually, especially if you haven't exercised before.
- Don't get overheated, especially during the first trimester.
- Stop exercising when you feel tired.
- Drink plenty of fluids 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.
- 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 have health conditions like:

- Being overweight or underweight
- High blood pressure
- Diabetes
- Anemia

Don't be physically active during pregnancy if you have:

- Heart problems that affect blood flow
- Signs of preterm labor
- An incompetent cervix. This is when the cervix opens too early during pregnancy. The cervix is the opening to the uterus that sits at the top of the vagina.
- Lung disease
- A pregnancy with twins, triplets or more. This increases your risk for having preterm labor.
- Vaginal bleeding in the second or third trimester that doesn't go away
- Ruptured membranes (when your water breaks)
- Preeclampsia. This is a condition that happens only during pregnancy (after the 20th week) or right after pregnancy. It's when a pregnant woman has both protein in her urine and high blood pressure.
- 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 (womb) and supplies the baby with food and oxygen through the umbilical cord.

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Managing stress case studies

Case Study 1

You are 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?

Smoking, alcohol and drugs during pregnancy

You can pass things like cigarette smoke, alcohol and drugs to your baby through the placenta 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 and don't abuse prescription drugs.** Street drugs are against the law to have or use. Street drugs include cocaine and heroin. Prescription drugs are drugs your health care provider says you can take to treat a health condition.

Abusing prescription drugs means using them in a way other than ordered by your health care provider. This means taking more medicine than your provider says you can take, taking it with alcohol or other drugs, or using someone else's prescription medicine. Commonly abused prescription drugs include opioids used to treat pain, sedatives used to treat anxiety, panic attacks and sleep problems, and stimulants used to treat attention problems.

- **Tell your health care provider about any drugs or medicine you take.** This includes prescription drugs, over-the-counter medicine, herbal products, supplements and street drugs. If you're pregnant and taking any of these prescription drugs, call your provider immediately. You may need to stop taking it or switch to a different drug or dose that's safe for your baby.
 - ACE inhibitors (enalapril or captopril)
 - Androgens and testosterone by-products
 - Anti-cancer drugs
 - Anti-folic acid drugs, like methotrexate or aminopterin
 - Carbamazepine
 - Lithium
 - Phenytoin
 - Retinoids, including Accutane®, Amnesteem®, Claravis™ and Sotret® (isotretinoin)
 - Revlimid® (lenalidomide)
 - Soriatane® (acitretin)
 - Streptomycin and kanamycin
 - Tetracycline
 - Thalomid® (thalidomide)
 - Trimethadione and paramethadione
 - Valproic acid
 - Warfarin (Coumadin® and Jantoven®)

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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.
- Avoid situations or places, like parties and bars, where people are smoking or where drugs might 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:

- Chicken pox
- Fifth disease
- German measles (Rubella)
- Group B strep
- Hepatitis B
- Herpes simplex
- Listeriosis or salmonella
- Toxoplasmosis
- Urinary tract infection (UTI)
- Sexually transmitted diseases (STDs)
 - Bacterial vaginosis (BV)
 - Chlamydia
 - Genital herpes
 - Gonorrhea
 - HIV/AIDS
 - Human papilloma virus (HPV) (genital warts)
 - Syphilis

- Wear gloves when gardening.
- Wash your hands well with soap and water after using the bathroom, blowing your nose (or a child's nose) or touching soil, cats or uncooked meats.
- Ask if anyone is sick before you visit friends or family.
- Try not to touch your eyes, nose or mouth unless your hands are clean.
- Have safe 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.
- Don't drink alcohol, use street drugs or abuse prescription drugs. These can interfere with common sense and good intentions about safe sex, which can increase the risk of getting an STD.

How can you reduce your risk of getting an infection?

- Thoroughly cook meat, poultry and fish.
- Don't eat uncooked fish, such as sushi, raw oysters or shellfish served from the shell.
- Wash all fresh fruits and vegetables before eating.
- Keep cats from eating mice or other rodents that could carry disease.
- Have someone else change a cat's litter box. If you have to do it, wear plastic gloves.

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Chemicals and work safety

Chemicals to avoid during pregnancy:

- Cigarette smoke, including secondhand smoke
- Paint
- Paint thinner
- Bug spray
- Weed killer
- Liquids that have strong smells, like bleach or turpentine
- Plastic that is made from phthalates or bisphenol A

If you have to use chemicals:

- Find out about the chemicals you use. Ask your health care provider if it's OK to be around them.
- Use safer cleaners, such as baking soda, borax and vinegar.
- Use protective equipment, such as a breathing mask, gloves and goggles.
- Open windows and doors to allow the air to move.
- Take breaks to go outside for fresh air.
- Don't mix chemicals.

- Store and dispose of chemicals safely. Don't use chemical containers for any other purpose.
- Wear long-sleeved shirts, pants and boots if working around pesticides or chemicals.
- Avoid areas where pesticides or chemicals have recently been applied.
- Wash your hands carefully before eating, drinking or using the bathroom.
- Wash your work clothes by themselves with a strong detergent. Wear gloves when you're touching your work clothes. Store them by themselves.
- Take a shower and wash your hair at the end of the workday.
- Don't use plastics with a "3" or "7" on the bottom.

Other work safety tips:

- Get up, walk around and stretch periodically. Don't sit still for too long.
- Avoid overworking, heavy lifting and bending.
- Take breaks at work when you can.
- 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

- Car seat installed according to the manufacturer's directions
- Crib, cradle or bassinet
- Mattress, mattress protector, bedding, sheets and waterproof pads
- 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
- ✓ A properly installed car seat (if baby is to be driven home)

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 _____

My baby's due date _____

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 baby's father
- My family My friend
- Clergy Doula

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

Name _____

Phone

This person is:

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

Name _____

Phone # _____

This person is:

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

Name _____

Phone # _____

This person is:

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

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.

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.

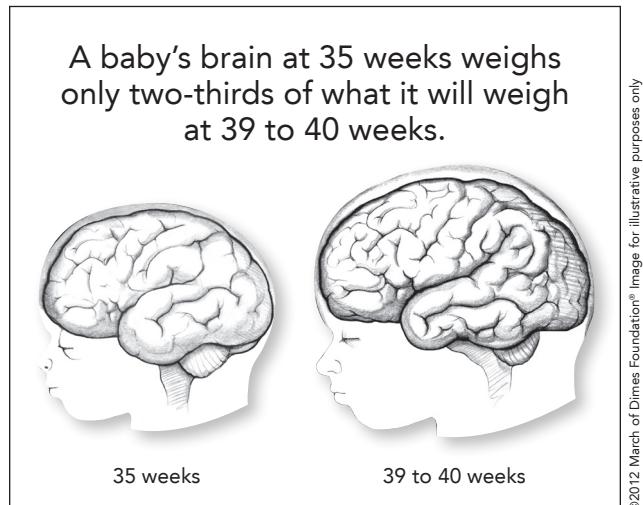
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Why the last weeks of pregnancy count

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?

- Breast milk protects your baby from infections and allergies that formula does not. Breastfed babies have fewer health problems than babies who are fed formula.
- Breast milk is free and always ready when your baby wants to eat.
- Breastfeeding can help you recover faster from pregnancy and lose some of the weight you gained.

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. Here's what you can do if you're not sure if your baby is eating enough:

- Count the number of wet diapers your baby makes each day. If she's making six to eight wet diapers a day, she's probably getting enough milk.
- Ask your baby's provider or a lactation consultant for help with breastfeeding. A lactation consultant is a person who has special training helping women breastfeed.
- Find a breastfeeding support group near where you live. Ask your provider to help you find a group.

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 provider what kind of drops to use.

Can you store breast milk?

Yes. You can keep it 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.

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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.
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.

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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 (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.

- 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.

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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, you can:

- 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 for help taking care of the baby and the housework.
- 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 health care 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
- Having trouble sleeping 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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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 certifies that

.....

has successfully completed

Becoming a Mom/Comenzando bien®

and is well prepared

for life with a new baby!

Congratulations!

