



Journey to Motherhood



CANYON VIEW
MEDICAL


Contents

BY KRISTEN WRIGHT, FNP

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The journey from womanhood to motherhood has many similarities to the experience of riding a roller coaster. They are both highly anticipated and somewhat dreaded at the same time. They have ups and downs. Sometimes they make you sick. They create feelings of happiness, exhilaration, and even euphoria but also can make you feel nervous, unsettled, and quite honestly, terrified. At times, you may want to get off the ride, but once it has started, there's no turning back. The best thing you can do is to hold on tight, look to others for support, help boost those around you in their times of need, and genuinely enjoy the experience of the journey.



Sometimes the sound of the roller coaster, the clicking, clanking, or even moaning can make you feel nervous or like there is something wrong. During pregnancy, you'll probably experience similar concerns, wondering if everything is going to be okay. You will feel different during pregnancy. You will see your body changing and hear or read things that may invoke concerns or questions. Knowing what to expect and where to get answers will help you transition to motherhood without fear and hopefully, even with anticipation for the upcoming experience.

Whether this is your first pregnancy or fifth, the journey is always a little different. Ready or not, the ride has begun. Let us help you understand a bit more about pregnancy and the immediate postpartum period, so you can navigate the highs and lows of the ride with a smile, having confidence and hope.

Buckle Up and Get Started: The Doctor's Office



PRENATAL VISITS

The best method to keep you on track and maximize optimal outcomes is to get appropriate prenatal care. This means coming in for regularly scheduled office visits and obtaining the necessary labs and screening tests.

During pregnancy, most women will have about 12 to 14 office visits, typically every four weeks initially and every one to two weeks as you get closer to your due date. At each visit, your blood pressure and weight are recorded, a urine sample is collected, and fetal heart tones are evaluated, via a hand-held Doppler ultrasound or a larger ultrasound machine that provides audio and video. Various components of a physical exam will be done depending on your specific risk and gestational age. Office visits offer an opportunity to communicate about how you are feeling and discuss any questions or concerns you might have. These visits are vital in monitoring your health and the growth of your baby.

General screening and testing will be done throughout your pregnancy.

RECOMMENDED SCREENINGS AND TESTING

At key times during your pregnancy, laboratory samples will be collected to monitor your health and look for common pregnancy complications. On the next page, we have listed general screening and testing guidelines. Recognize that each woman and pregnancy are different, so sometimes exceptions and variations are made.

8-10 WEEKS	16-20 WEEKS	24-28 WEEKS	28-30 WEEKS	36 WEEKS
Initial laboratory work (blood and urine samples)	Quad screen offered (blood sample)	Evaluation for anemia and gestational diabetes (blood sample)	Rhogam if needed, vaccines as needed	Group B Strep (vaginal swab)



Screening Test for Gestational Diabetes

It is ideal to not eat or drink anything (besides water) for 2 hours before this test. You will be given a drink with a controlled amount of sugar. An hour later, your blood is drawn and tested to see how your body handles the sugar. If the sugar in your bloodstream is above a certain level, more testing will be required. A diagnostic test, called a 3-hour glucose tolerance test, will be performed.

Initial laboratory screening consists of drawing blood and collecting a urine sample to evaluate your general overall health. It typically includes a complete blood count (CBC), blood type, Rubella status, Hepatitis B and/or C screening, testing for exposure to sexually transmitted infections and HIV, possibly screening for Tuberculosis, and a urine analysis and culture. If you have hypertension, thyroid disease, diabetes, or specific health conditions, other laboratory tests may be necessary to evaluate your condition and the risk posed to the fetus to help direct your care.

The quadruple screening or "Quad" screen is a blood test that may be done between 15 and 22 weeks of pregnancy. It looks for four different substances in your blood that indicate increased risk for Down syndrome, trisomy 18 or neural tube defects. If you are at higher risk for chromosomal abnormalities, cell-free DNA testing may be recommended and done at an earlier stage of pregnancy.



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During the latter part of the second trimester, another blood sample is needed to evaluate for **anemia, gestational diabetes, and Rh antibody test** (for certain women). Women are more likely to develop diabetes during pregnancy because of hormonal changes, which increases the amount of sugar in the bloodstream. There are several risk factors (such as obesity, family history, age, and nationality) that also pose increased risk. Typically, the pancreas can adapt to these higher sugar levels by increasing its production of insulin. If your body doesn't adjust appropriately, you will be diagnosed with **gestational diabetes**. Up to 10 percent of pregnant women will end up with gestational diabetes, meaning these women have high blood sugar during pregnancy. Most of the time, this is a temporary condition and will

resolve after delivery. However, women with gestational diabetes have a significantly higher risk of developing type 2 diabetes in the next 5 to 10 years. Periodic monitoring of blood sugar after delivery is necessary to diagnose diabetes if it is present. Controlling blood sugar levels during pregnancy is vital because excess sugar in the bloodstream increases the risk of complications during pregnancy and delivery and can have significant health effects on your child, both in the womb throughout your child's life.

It is common during pregnancy to feel tired as your body produces more blood to meet the growing physical demands and as your baby takes the necessary minerals from your bloodstream to create its own blood cells in preparation for life outside the womb. **Anemia** is a condition that occurs when there aren't enough healthy red blood cells to transport oxygen to all the cells in the body. This can make you feel more tired and may affect the growth of your baby. A healthy diet, prenatal vitamin, or supplemental iron may be required to help meet this demand of the body. Routine laboratory work is done during the second half of pregnancy to evaluate for this condition.

Women with a negative blood type will need a **Rhogam** shot to prevent potential complications with the current pregnancy and future pregnancies. Your provider will discuss the importance of this medication and answer any questions you may have about your blood type.

Group B Strep is a bacteria that is commonly found in the genital area of women (vagina and rectum). It rarely causes a problem for the woman but could be fatal if a baby is colonized with this bacteria in the bloodstream during the delivery process. Screening is done about a month before the anticipated delivery date. It is done by using a special Q-tip to gather secretions from the genital area. If you are Group B Strep positive, antibiotics will be given during labor, and your baby will be monitored at birth, to watch for any potential signs of infection.

Settling in for the Ride: Body Changes with Pregnancy



MORNING SICKNESS

Morning sickness is somewhat of a misnomer. It sounds like once you get up and going, nausea and/or vomiting are over, but sadly, that is not true. Admittedly, some women feel worse when they first get up, but once they start moving and get a little food into their system, they feel better. For others, however, nausea and vomiting may occur randomly or can be triggered by movement, smells, food and sometimes nothing at all. It can happen in the day or night.

Nausea and vomiting of pregnancy typically begin around the sixth week of gestation, although this time frame certainly varies among women. Some women suffer from nausea and vomiting at the first sight of the pink line on the home pregnancy test, while others are fortunate to escape this unpleasant side effect altogether. For most, the symptoms tend to peak between 9 and 12 weeks gestation but gradually begin to resolve by the end of the 13th week. Only 10 percent of women experience nausea and vomiting after 20 weeks of pregnancy.

Effective Nausea Treatment

25mg vitamin B6 +
12.5mg doxylamine
(1/2) Unisom

3x a day



Fatigue Relief Ideas

- Take a short nap
- Prioritize what must be done and what can wait while you rest
- Protect your time
- Watch for time wasters
- Review your nutrition

of all those around you. Give yourself permission to take breaks or a short nap. Evaluate your schedule to see what really needs to be done (at home or work) and make adjustments where possible to facilitate less physical or emotional demands on yourself during this expectant time. Don't get caught up in time-wasters; like social media, internet exploration, Netflix, unnecessary chores, etc. You've heard it a million times, but it is VITAL...eat a nutritious diet and exercise regularly. Studies have proven time and time again how powerful these healthy habits are.

Adjusting your eating habits, over-the-counter medications, and prescription drugs are all useful in treating this unpleasant symptom of pregnancy. If you are unable to keep liquids down or are worried about significant weight loss, this should be addressed with your healthcare provider, even if you haven't had your first doctor's visit yet.

FATIGUE

During the first part of pregnancy, hormonal changes, physical demands, and emotional ups and downs all contribute to feeling tired and sometimes downright exhausted. This will typically improve with time but recurs during the latter part of pregnancy as your body supports the growth of your baby. Your body has to have enough reserve to oxygenate, feed, eliminate waste, protect, heat, hydrate, and support the two of you. This is compounded by the fact that you can't breath as easily because it feels like your baby is pushing into your ribcage, you can't sleep as well at night because you are uncomfortable and the demands of life continue (...work, at home, personal expectations, preparing for the upcoming delivery, etc.). Rather than feeling frustrated at the lack of energy, recognize what you are doing to support yourself, your growing baby and the needs

BREAST CHANGES

Changes in your breasts may be noticeable within the first week or two of conception, as the tissue responds to rising hormone levels. Your breasts or nipples may be more tender or sensitive at times and are likely to increase in size during pregnancy. Some women may notice color changes (like more visible

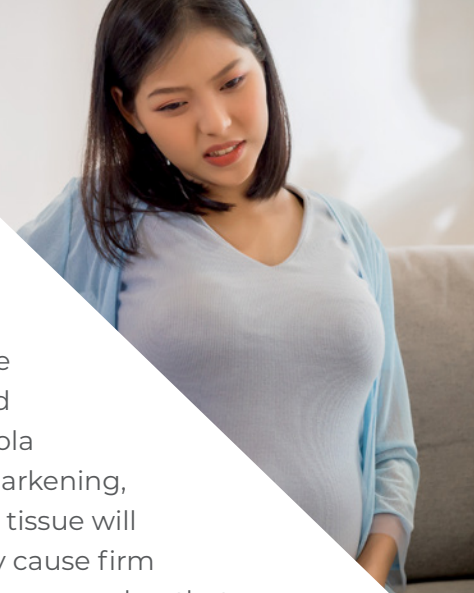
veins) as the flow to the breast increases and will probably experience changes in the areola (the colored circles around the nipple) like darkening, bumps or even nipple discharge. The breast tissue will grow and begin to produce milk, which may cause firm lumps, heaviness, or stretch marks. Be sure to wear a bra that fits well and provides adequate support. This means you may need to buy or be fitted a few different times for bras; during pregnancy and the postpartum and/or nursing period. Remember to find a bra with extra support for exercise during these times.

It is essential to eat a healthy diet during this time.

Talk to your provider or lactation consultant if you plan to breastfeed and have questions about flat or inverted nipples. Any changes on the skin surface or lumps deeper in the breast tissue that seem concerning to you should be addressed at one of your office visits.

URINATION

Throughout pregnancy, the kidneys work hard to flush waste products out of your system and must filter more blood as your body adapts to the growing needs of the fetus. Most women feel the urge to urinate more frequently during pregnancy, which is a normal response to hormonal changes that occur at this time. Physical pressure placed on the bladder by the growing uterus may cause mild urinary incontinence or leakage with coughing or sneezing. Pregnancy also increases your risk of acquiring a bladder infection, but the symptoms may not be as easy to detect during this time. To help avoid problems with the urinary system, you should maintain appropriate hydration by drinking plenty of water each day (approximately three liters daily), avoid caffeine, empty your bladder often and see your provider regularly. Urine samples are routinely collected and evaluated at prenatal visits.



CONSTIPATION

Irregular or infrequent passage of hard stools is a common complaint during pregnancy because of dietary changes, hormonal influences, some vitamins and minerals (for instance-iron, that may be recommended during this time), changes in physical activity, physical compression of the bowels by the growing uterus and internal fluid shifts in the body. It will be essential to eat a healthy diet during this time, including an abundance of vegetables and fruits and increase your dietary fiber intake (dietary is better tolerated than fiber supplements). Hydration and water consumption are vital during pregnancy....for many reasons....and regular exercise is often helpful in stimulating intestinal motility. Hemorrhoids, which are painful or itchy, enlarged veins in the rectal area, may be a result of constipation. Over-the-counter stool softeners or probiotics may be used after consulting your provider and laxatives should generally be avoided.



Classic Foods that Trigger Heartburn

- Greasy foods (hamburger, fries, cheese, nuts, avocados)
- Caffeine
- Citrus fruits (grapefruit, oranges)
- Tomatoes
- Spicy foods (garlic, onion)
- Peppermint
- Carbonated drinks
- Chocolate

HEARTBURN

High levels of estrogen and progesterone in pregnancy can affect the stomach and bowel function. They tend to slow the digestive process and cause a slight relaxation of the sphincter muscle that prevents food (mixed with stomach acid) from rising into the esophagus. Heartburn may occur early on in the pregnancy or may not appear until the uterus grows in size, increasing the pressure on the stomach. The slightly relaxed sphincter muscle tends to spill some of the contents into the esophagus, causing symptoms of burning, nausea, or abdominal discomfort.

Many women can alleviate these symptoms by eating smaller meals, avoiding foods that trigger heartburn, remaining upright for three hours after eating and raising the head of the bed when laying down to sleep. Over-the-counter aids such as Maalox, Mylanta, or Tums are useful. For more extreme cases of acid reflux, check with your provider regarding treatment options.

ORAL CARE

Women frequently have questions regarding the safety of dental visits during pregnancy. This is a necessary time to receive adequate dental care because hormonal changes affect the gums and increase the risk of tooth decay. Pregnancy hormones can make your gums swell and bleed more easily. This may cause tenderness and irritation, and potentially open the door to infection. Switching to a softer toothbrush will help. Cavities are formed by acid that eats away at the protective enamel of the teeth. This acid is produced as bacteria break down sugar in the mouth. Pregnancy leaves the teeth more vulnerable to acid because pregnant women tend to snack more frequently, have cravings that may increase the consumption of high-sugar foods and have increased exposure to acid because of vomiting or heartburn.

To prevent cavity formation, take these steps:

- Brush twice a day and floss every day
- Get routine biannual cleanings and necessary treatments (even during pregnancy)
- Understand that it is safe to get an X-ray of a problem tooth if needed (communicate with the dentist/hygienist you are pregnant, so they can take precautions to limit exposure)

PELVIC AND BACK PAIN

It is common to feel a dull ache or even a sharp pain briefly on one side of your belly as the uterus grows and the supporting muscles and ligaments stretch. Resting or changing your position may help relieve the discomfort. Relaxin is produced by the ovaries and placenta during pregnancy. As the name implies, relaxin helps to relax the ligaments in the pelvis, allowing for the changes that need to take place to deliver a baby vaginally. This leads to a feeling of pressure or sometimes a constant ache in the pelvic region. It may also lead to instability of the joints; hence, purposeful and slower movements are important with exercise.



Tips to Prevent Tooth Decay After Vomiting

- Rinse with a baking soda solution (one cup water with one teaspoon baking soda) to neutralize the acid on your teeth.
- Delay brushing for five to 10 minutes to avoid stimulating the gag reflex again.
- Use a soft toothbrush and only gentle pressure when brushing.
- Swish nightly with a fluoride rinse help to strengthen the enamel on your teeth.

Relaxin, weight gain, changes in posture, and stress can all lead to back pain. Regular exercise and specific physical activity targeted at strengthening supportive muscles in the back, quads, hips, and pelvis can improve back pain. Therapies such as physical therapy, counseling, acupuncture, and the application of ice or heat can also help. Various types of maternity belts are available online and in specialty stores to help improve posture and alleviate back pain.

VARICOSE VEINS

Varicose veins are a vascular disease that causes veins to appear swollen and twisted. It occurs when the valves inside the veins are damaged and cannot keep the flow of blood moving upward toward the heart, which causes blood pooling in the veins. Pregnancy increases the risk of varicose veins because of the increased blood volume, physical pressure associated with the growing uterus, and hormonal changes that may weaken vessel walls and alter blood flow. Varicose veins may be found in the legs, genitalia, or rectum (hemorrhoids). To reduce swelling and discomfort associated with varicose veins:

- Avoid prolonged sitting or standing in one place
- Raise your legs 3 to 4 times a day for 30 minutes
- Do exercises to point your toes up and down a few times every day
- Wear compression stockings
- For hemorrhoids—sitz baths, cold compresses, stool softeners, and avoid constipation

In-office procedures may be needed if vein disease continues to cause pain after you have decided you are done having children.

To Ease Back Discomfort

- Wear low-heeled shoes with good arch support
- Avoid lifting heavy objects and bend at the knees
- Wear a maternity belt or belly band
- Sit in chairs with good back support and sit up straight
- Avoid excess weight gain
- Do stretches and exercise to maintain flexibility and help strengthen back muscles
- Use a heating pad on a low-temperature setting



NUMBNESS AND TINGLING

With fluid shifts and water retention that can occur during pregnancy, some women complain of a numb or tingly feeling in their hands or wrists (carpal tunnel). A special brace may need to be worn to help with hand and wrist discomfort or you may require physical therapy. Extra pressure on the nerves connecting your legs to your spine by the enlarging uterus, muscle tension or unstable joints may cause pain in your hips, buttocks, or thighs (sciatica). It may be a deep, dull pain or a sharp, shooting pain that is constant or intermittent. Targeted exercises for nerve pain in the buttocks and legs can minimize this discomfort.



Usually, your hair, skin, and nails will return to their pre-pregnant state within 6 to 12 months after delivery.

HAIR, SKIN AND NAILS

Hormonal changes in your body may cause some areas in your skin to change or darken, especially in patches on the face (typically called melasma or chloasma) or abdomen (often referred to as linea negra). Stretch marks may appear, usually on the abdomen, hips, or breasts. These pink, brown or purplish stripes tend to fade after delivery. Many lotions and creams claim to reduce stretch marks but haven't been proven to prevent or eliminate them. The appearance of stretch marks can be minimized by controlling weight gain during this time.

Many women are happy that their nails and hair grow faster and stronger during pregnancy. It is normal to experience growth or texture changes in your hair or nails but beware, it is common to lose hair after delivery. Usually, your hair, skin, and nails will return to their pre-pregnant state within 6 to 12

months after delivery (whether you like it or not).

During the latter part of pregnancy, a small number of women may develop itchy, red bumps. This is typically found on the abdomen but may spread to other areas of the body and should be brought to the attention of your care provider.

SHORTNESS OF BREATH

By the third trimester, the growing uterus often puts pressure on the stomach and the diaphragm, causing mild shortness of breath. It is helpful to slow down your activity and stand upright so you can breathe easier. Breathing can also be affected by anemia, carrying extra weight, and high levels of progesterone, which alters the concentration of carbon dioxide in the blood.

EMOTIONAL HEALTH

Anxiety and depression are common mental health challenges in today's world, even without being pregnant. Dealing with all the physical, hormonal, financial, social, and work-related changes while expecting is difficult. Adjusting to role-altering life events that occur with pregnancy can inherently cause worries and fears, depression, feeling overwhelmed, or a lack of control. If you are struggling with some of these feelings, it is important to discuss these issues with your care provider. Women with a history of depression or anxiety, those with little or no help at home or are in a stressful environment, first-time mothers or women experiencing other life-changing events are at increased risk for depression during pregnancy and in the postpartum period. Some common symptoms of depression are:

- Having a depressed mood most of the time and for no apparent reason
- Feeling a loss of interest in work or other activities
- Feeling guilty, hopeless, or worthless
- Thinking about death and suicide
- Feeling inadequate, overwhelmed, irritable, or unable to cope
- Sleeping more than average or lying awake at night
- Feeling very tired or no energy
- Experiencing significant changes in appetite or weight



Anxiety is when feelings of being anxious or stressed don't go away, can't be controlled easily, and happen for no particular reason.

- Having trouble paying attention or making decisions
- Having aches and pains that do not get better with treatment

As you can see, many of these symptoms overlap with pregnancy itself, so if you feel like these conditions are affecting your life or relationships, it is important to get help.

Just like standing in line, waiting for your turn to ride the roller coaster creates a little worry and anxiety, feeling nervous and stressed during pregnancy is a common occurrence. Having a little anxiety is a normal stress response and can be used to your advantage. For example, thinking about finances or how you are going to take care of your baby may help motivate you to start budgeting for baby expenses and can drive you to read, study, ask and learn about how to care for a newborn. It can also help you want to eat healthily, seek prenatal care, and helps get you through the day, even when you don't feel like it.

However, feeling a little unsettled is very different than worrying so much that you can't sleep or have physical symptoms of chest pain and shortness of breath from panic attacks. Excessive worry that has a significant impact on your life should be treated with medications and/or therapy.

New Track: Adjusting in Other Aspects of Life



PHYSICAL ACTIVITY AND EXERCISE

The American College of Obstetricians and Gynecologists (ACOG) recommends 30 minutes of exercise on most days of the week for pregnant women. Shorter workouts of three 10-minute segments per day can still

improve cardiovascular health and prepare for labor if a 30-minute block of time is too difficult. It is estimated that fewer than one in five pregnant women get the recommended amount of daily exercise.

Exercise provides numerous physical and mental health benefits and will limit many pregnancy-related complications and discomforts.

Exercise provides numerous physical and mental health benefits and will limit many pregnancy-related complications and discomforts. It is ideal to combine cardiovascular fitness with resistance training, and to incorporate flexibility or stretching routine. This will help control weight, reduce many aches and pains of pregnancy, improve mental health, and your overall sense of well-being.

You may safely continue most activities that you regularly participated in before becoming pregnant through the first half of pregnancy, including things such as running, tennis, aerobics, etc. As the uterus grows and your center of balance changes, however, certain activities and sports that require agility and balance may need to be postponed or modified until after delivery. As you (and your baby) grow, it becomes easier to fall,

and you are more likely to sustain bone or muscle injuries with activity. A fall or direct impact to your abdomen may cause injury to the fetus or placenta. Use caution with activities requiring high altitudes, exercise that includes jumping or jarring motions, or activities that have a high risk of falling (such as water skiing, downhill skiing, or in-line skating). Scuba diving should be avoided at any time during pregnancy.

Pay attention to how you feel with exercise, drink plenty of fluids, and avoid overheating. If your workout sessions cause contractions or significant pain, they should be modified or avoided. Stop the exercise and consult with your provider if any of the following symptoms are not relieved by a brief period of rest.

- Blurred vision
- Dizziness or lightheadedness
- Nausea
- Fatigue
- Shortness of breath
- Chest pain or irregular heartbeat
- Abdominal or pelvic pain
- Vaginal bleeding
- Sudden swelling
- Muscle weakness
- Decrease/lack of fetal movement



If your insurance coverage

is still under your parent's health care policy, recognize that your pregnancy should be covered (at varying amounts depending on the specific plan) but your newborn isn't.

- National Institute for Occupational Safety and Health (scan the QR code to the far right of this page)

It is critical to evaluate how much “screen time” you participate in daily. This includes time spent watching TV, reading emails, paying bills on the computer, surfing the internet, playing video games, reading articles, text messaging, viewing social media, etc. Even though your mind is active, your body is not. Very few calories are required to perform any of these tasks. It is also helpful to evaluate how much time you spend sitting; whether this means commute time to work or car-pooling for other children. Reversing a sedentary lifestyle will be of great benefit to you during pregnancy and will create good habits for you and your child.

WORK

Most women can continue to work throughout pregnancy unless they are exposed to specific work hazards or experience complications. Many employers are accommodating to fatigue and physical limitations experienced during pregnancy, so you should communicate with your supervisor about taking regularly scheduled breaks and sitting down periodically when possible. Adequate hydration during the workday is also important. If you have concerns about your workplace, contact your personnel officer, or look for tips on the following websites:

- Occupational Safety and Health Administration (scan the QR code to the right)



◀ OSHA

CDC NIOSH ▶



Some employers have maternity or paternity leave (either paid or unpaid), or if you have

worked at your job for the required length of time and regularly work a certain number of hours, you are probably eligible to fill out the paperwork for FMLA. The Family and Medical Leave Act (FMLA) allows for up to 12 weeks of absence from your job. It is unpaid (unless you have banked vacation time) but requires that your health benefits be maintained by your employer and that your job will be protected. This job protection may be necessary before delivery if you have problems during your pregnancy or can be used postpartum. Be sure to contact your human resource representative to fill out the proper paperwork in advance and communicate with your supervisor.

TRAVEL

The best time to travel during pregnancy is during the second trimester when nausea and fatigue have typically improved, and before the discomfort of the third trimester appears. If you have pregnancy complications, such as high blood pressure/preeclampsia, preterm labor, leaking fluid or twins, traveling is not advised. Travel to areas with infectious outbreaks (such as Zika virus) should be avoided, and the Centers for Disease Control and Prevention (CDC) website is a valuable resource



of information (scan the QR code to the left). It includes travel notices, provides specific information on destinations and has a section dedicated to advice and resources for travelers.

With any method of travel, use seatbelts appropriately, drink plenty of water to stay adequately hydrated and get up to move frequently or do lower leg exercises by rotating your feet and ankles (every 30 to 60 minutes). These habits are important to prevent deep vein thrombosis (DVT) or a clot in the venous system that can be life-threatening. Travel by plane should be completed before 36 weeks of gestation, and you should check with your carrier if a special medical letter is required for travel.



A general rule of thumb

with flying is for every hour you spend in the air you should drink 8 oz of water.

For more information, scan this QR code.



If you have any concerns about the safety of travel, you should always talk to your provider about precautions regarding your specific health and travel plans.

INFECTION

Your immune system is the part of your body that defends against harmful invaders that cause sickness and combats abnormal cells that can lead to cancer. It is in a constant state of flux when you're expecting. Some aspects of the immune response are enhanced during this time, while other parts of the immune system are suppressed. This balance is vital to maintaining pregnancy and not rejecting the growing fetus inside while still protecting you and your baby from foreign invaders. Your body's defenses have to work extra hard to support and protect the TWO of you; hence, pregnant women are more susceptible to particular infections.

Many threatening infections come from either food sources or viral infections. Hence, attention to proper food selection, washing, cooking, handling, and storage will help minimize this risk. The importance of proper hand washing cannot be understated! To significantly decrease the risk of the common cold, avoid touching mucous membranes which are found in your nose, mouth, and eyes. Ensuring that you and everyone around you are up to date on vaccinations will also minimize exposure to potentially harmful pathogens.

MEDICATIONS

During the first three to four months of pregnancy, the fetus is undergoing rapid cell division, and organs are quickly forming. Exposure to medications, both prescription and over-the-counter, could potentially have adverse effects on the development of your baby. Hence, caution with all types of medications, drugs, supplements, and herbal products should be exercised when a woman is or may become pregnant.



A nutritious diet is essential for good health, especially during pregnancy when there are added demands on your body.

If you are taking a prescription medication and find out you are pregnant, you should consult with your provider before abruptly stopping the medication. Your provider will discuss the risks and benefits of continuing the medication with you. In general, plain formulations of acetaminophen (Tylenol), pseudoephedrine (Sudafed) and guaifenesin (Robitussin) are acceptable during pregnancy. These are often used to treat uncomfortable symptoms associated with the common cold. Please see our website for a list of medications during pregnancy or talk to your provider (scan the QR code to the left).



The Utah Department of Health has an excellent resource for pregnant and nursing mothers through their MotherToBaby program (scan the QR code to the right).



NUTRITION

A nutritious diet is essential for good health, especially during pregnancy when there are added demands on your body. The U.S. Department of Agriculture suggests a diet that is low in fat, sugar, and cholesterol yet high in vegetables, fruits, and whole grains.

Think of food as INFORMATION. The amino acids (building blocks of hormones, proteins, and tissues), vitamins and minerals in the food you consume will not only help sustain you during this expectant period but also "tell" your baby how to grow and develop. The information you provide to your baby now can have positive or negative effects that will last a lifetime.

Here are a few key points:

- Take a prenatal vitamin daily (ideally beginning this habit before you even became pregnant)! Iron and folic acid are essential to help make the extra blood needed for pregnancy and in preventing problems in the development of your baby's brain and spinal column.

For more information, see our Colic blog.



Scan this QR code.

- Protein is essential to help produce blood and build your baby’s tissues and muscles.
- Calcium is required in maintaining your bone mass and to help build your baby’s bones and teeth.
- Keep yourself hydrated by drinking at least two liters of water each day. Avoid “sugar water.” A typical 12 oz can of soda (or juice) contain more than 200 calories from sugar. That’s equal to about 15 teaspoons of table sugar!
- Most of the starches in your diet (such as potatoes, rice, flour, and corn) are readily converted to sugar in your body. This causes the sugar level in your blood to rise quickly. Limiting breads and pasta and converting to whole grain versions (which are complex carbohydrates) will help regulate blood sugar, help you to feel full longer, prevent and treat constipation, and modulate weight gain.
- Avoid trans fats or partially hydrogenated fatty acids. Food manufacturers discovered they could cut costs, improve texture and taste, and significantly increase the shelf-life of food products by chemically altering the vegetable oil in their products. These man-made fats are not able to be processed by the body and are essentially “toxic” to cell membranes. Minimizing, or better yet, eliminating these types of fats from your diet will help to decrease health risks in the future. Trans fatty acids are found in many packaged foods, including crackers and snack foods, commercially prepared cookies, cakes, and many frozen foods.

For a more details about specific types of foods or products to avoid, please visit our website.

INSOMNIA

The majority of expectant mothers will experience some problems with insomnia; either falling asleep or staying asleep. Discomfort, frequent urination, worry, nausea or heartburn, leg cramps, shortness of breath, or dreaming can all affect your ability to sleep. This won’t harm your baby, but, it may cause some distress for you. Some tips that may help you to sleep better are to:

- Limit daytime naps



- The bedroom is for sleep and intimacy only
- No screen time for 90 minutes before bed (TV, video games, cell phones, social media, emails, etc.)

- Take a warm bath or shower before bed
- Sleep on your side with supportive pillows under your abdomen and between your knees



- Practice relaxation techniques (i.e., yoga, meditation, or guided imagery)
- Gently stretch for 5 minutes before going to bed and continue taking your prenatal vitamin (to get adequate calcium and magnesium)
- Practice good sleep hygiene (scan the QR code to the left)

Rising Again: Pregnancy Complications



PRETERM LABOR

To enjoy the beauty of the views when you are at the top of the roller coaster means that you are going to have some long periods of climbing up and a few downhill slides and low points. Hopefully, these dips are not too drastic and are brief. The best way to minimize these downtimes and help you compensate in a healthy and quick manner is to get proper prenatal care.

The rate of early delivery in the United States is about 10 percent. Sometimes, you can do everything right, but you will still have to deal with preterm delivery. Early delivery may be prevented by receiving appropriate care and monitoring; proper treatment is essential. Preterm birth is defined as delivery before 37 weeks gestation. Women who are expecting more than one baby or have a history of preterm delivery are at higher risk for preterm labor. These warning signs should cause you to take note and call your provider or go to Labor and Delivery at the hospital for an evaluation.

- Uterine contractions (4 to 6 in one hour)
- Persistent menstrual-type cramping or increasing pelvic pressure
- Low back pain
- Leaking fluid vaginally (blood or amniotic fluid)



Gestational diabetes is found in about five percent of the general population but rises to 10 to 15 percent with obesity.

GESTATIONAL DIABETES

Women who already struggle with weight or seem to gain a large amount of weight during pregnancy have an increased tendency for gestational diabetes. This means the sugar and insulin in the bloodstream are not appropriately balanced. Uncontrolled blood sugar may cause birth defects or blood sugar problems for the newborn after delivery. When gestational diabetes is diagnosed, meticulous attention to diet and frequent blood sugar checks are critical. Many women can control sugar levels with proper nutrition and carbohydrate counting. Some women may require oral medications or insulin injections to help manage sugar during pregnancy. Frequent visits, ultrasound monitoring, or antenatal testing of the baby may be necessary.

If you are diagnosed with gestational diabetes, proper education and monitoring are vital in minimizing health risks. Continuing with nutritional habits you established during pregnancy to regulate blood sugar will significantly reduce the chance of having diabetes within the first several years after delivery. Periodic checking of blood sugar after delivery, about every year, is also recommended.

PREECLAMPSIA

Preeclampsia is also known as toxemia or pregnancy-induced hypertension (PIH). It occurs in approximately 3 to 10 percent of all pregnancies. It is characterized by an abrupt rise in blood pressure, leakage of protein into the urine and swelling of the hands, feet, and face. PIH can cause liver or kidney dysfunction, bleeding problems, stroke, or seizures. It is most likely to occur during the third trimester of pregnancy and merits close observation; sometimes necessitating hospitalization, an early induction of labor, or require a C-section.

CHRONIC HYPERTENSION

Chronic hypertension is a medical term for high blood pressure. It has been nicknamed the “Silent Killer” because there are typically no physical symptoms. Years of uncontrolled high blood pressure causes damage in the blood vessels and can lead to stroke, heart attack, or kidney failure. During the reproductive years, only two to three percent of the population suffers from hypertension, but this number rises dramatically in those with weight problems; between 25 and 35 percent. Many of the medications used to treat this condition are not recommended during pregnancy, so pre-conceptual counseling and medication adjustments may be necessary.

The lifestyle modifications listed have been proven to decrease blood pressure. For example, the table illustrates how weight loss



can bring questionably high blood pressure into the normal range (hypertension is defined as a blood pressure greater than 140 over greater than 90). To see the complete guide to Lowering Your Blood Pressure with DASH (Dietary Approaches to Stop Hypertension) scan the QR code on the left.

Expected Decrease in Systolic Blood Pressure in mmHg

(top number in the blood pressure reading)

DASH EATING PLAN	WEIGHT LOSS	EXERCISE 30 MIN/DAY	SODIUM RESTRICTION	ALCOHOL IN MODERATION
8 to 14	5 to 20	4 to 9	2 to 8	2 to 4

No amount of alcohol consumed during pregnancy is considered safe.

CESAREAN-SECTION (C-SECTION)

A c-section is when the baby is delivered through a surgical incision in the abdomen and uterus. It may be planned or an emergency. Surgical interventions naturally carry more risk



Much
of the
first few

months of helping
baby thrive are a
matter of survival
for the rest of the
household.

than a vaginal delivery, but may be the safer way to deliver in your specific circumstance. A discussion of the pros and cons should be carried out and your particular risks should be carefully evaluated. Even if you plan to deliver vaginally, having a basic idea of what a c-section is, why it is done, anesthesia used, the expected recovery, etc. will help alleviate some fears if this is required during your labor because of an emergency.

Nationally, the c-section rate is approximately 32 percent, meaning that one in three births are delivered via surgical intervention. Fortunately, Utah has one of the lowest c-section rates in the nation. Women who are overweight or gain excess weight during pregnancy are at greater risk for requiring a c-section (compared to the general population). Newborns that are larger than average (macrosomia) may be too large to deliver vaginally, or the woman may experience prolonged labor, where the uterus may not contract and dilate as expected.

MULTIPLE GESTATION

According to the CDC, the chance of spontaneously having twins or triplets is very small. About 3 out of every 100 births in the United States were twins in 2016, while only 1 out of 1000 births were triplets or more. The most common cause of multiple births is through fertility interventions, but age, weight, height, and family history all play a role.

Carrying more than one baby at one time has increased risk for complications and health conditions. Your health and fetal growth and development will be closely monitored, and complications minimized with proper medical attention.



Another Steep Climb: Hospital Adventure and Newborn Preparation



As you anticipate the roller coaster of pregnancy coming to an end, there are a few things you can do at home to prepare for your new adventure of bringing your baby home.

- Declutter and organize your home, gather information about questions you may have about being a new mom (like breastfeeding or how to put your baby to sleep), and learn how to use your new car seat
- If you have visitors coming to “help” when you come home from the hospital, plan where they are going to stay and get sheets and towels ready
- Consider putting a fan in the guest room so “white noise” can distract them from newborn nighttime awakenings
- Do some meal prep and freeze meals ahead of time and make arrangements for other children or pet care while you are in the hospital if necessary
- Before going to the hospital, you should select a provider for your baby and pre-register at the hospital where you plan to deliver



- Pre-registration can alleviate stress at the time of check-in at the hospital and can usually be handled with a simple phone call
- It also is a good time to select a pediatrician for your newborn. Learn more at our website (scan the QR code on the left)

WHAT TO BRING TO THE HOSPITAL

Here is a list of things to bring to the hospital. You should have a small bag packed by about 36 weeks. Bring a garbage bag and towel to sit on in the car if your bag of water breaks or you are leaking any fluid.

- Picture ID and insurance card
- Birth plan (This should be communicated to your provider ahead of time)
- Basic toiletries (toothbrush and paste, lip balm, deodorant, comb and brush, hair ties). Hospitals typically have shampoo, soap, and lotion, but you may prefer your own. Remember, that counter space is limited (or non-existent) in the hospital. A hanging bag is beneficial. Consider cheap flip flops for the shower.
- Glasses and contact lenses (with case and solution) if you wear them
- Your cell phone and charger with an extra long phone cord
- Comfortable clothing such as a bathrobe, slippers, socks
- A notebook, journal and pen or baby book
- Book, cell phone, tablet pc, laptop, headphones, etc.
- Sleeping bra
- Sanitary pads (the hospital gives you those but they are often bulky)
- Car seat
- Baby clothes, receiving blanket, baby nail clippers or mittens, nipple cream
- Comfortable underwear and clothes to go home in

DON'T Bring

- Jewelry or valuable items
- Excess cash
- Medications

WHEN TO GO TO THE HOSPITAL

Many women wonder when they should go to the hospital. There is no ONE answer for this because it depends on several different factors (i.e. which baby this is, any special health conditions, if you are Group B Strep positive, how far along you are, how far away you live, how long your last delivery was, etc.).

General Recommendations of When to go to the Hospital

- Strong regular contractions, about 5 minutes apart
- Bright red bleeding like a period

- Decreased fetal movement
- Any change in your health condition that seems different or concerning (significant swelling, abrupt increase in weight, severe headaches, blurred vision, dizziness, intense abdominal or back pain, seizures, etc).

Ready for the Next Ride? There's No Place Like Home



After a grand and exhausting day at an adventure park, enjoying the rides, sampling the food, being uncomfortable and hot as you walk around (A LOT), there's nothing like coming home and settling back to something a little more relaxed, comfortable and familiar. The journey of pregnancy, going through labor and delivery, and experiencing the hospital routine typically leaves a feeling of completion and relief. It won't take long,

however, for you to realize that bringing home a newborn is a whole new adventure! It will take time and effort to get to know your baby and learn how to take care of your child on the outside... as well as keep up with all your other demanding roles in life. You will be amazed at how much you will learn and grow during this time.

POSTPARTUM VISITS

Postpartum follow up visits are essential to make sure that you are recovering normally and help in the education process as you begin this new journey. Often women are seen between 1 to 6 weeks after delivery, depending on your health during pregnancy and the delivery process. You will also have follow up visits with your baby's provider to check on your baby's overall health, ensure that your child is gaining weight and meeting expected growth and development milestones, evaluate jaundice if necessary, and follow up on any issues that were noticed in the hospital. Before leaving the hospital, you should contact your health insurance company to make sure your newborn has been added to your policy.



Call the
office or
talk to our

on-call provider if:

- Your temperature remains at 100.4° or higher, after checking your temperature on two separate occasions over a 6 hour period.
- You experience chills or flu-like symptoms.
- You have heavy bleeding (with or without clots) that requires consistent changing of pads every hour.
- You are experiencing severe headaches, especially if you were diagnosed with Pregnancy Induced Hypertension or PIH.
- You have shortness of breath or chest pain, sudden pain in your leg or groin.
- The Emergency Room should be used for extreme conditions, such as excessive bleeding, a high fever, uncontrolled pain, difficulty breathing or anything that seems life-threatening.

BLEEDING

Post-partum bleeding will be monitored closely in the hospital, and most women continue to have a moderate amount of flow (now called lochia) for about 3 to 10 days following delivery. Tampons should not be used during the postpartum period, and vaginal bleeding usually stops within about four to six weeks after delivery. You may have a few small clots or a little more bleeding if you are up and trying to take care of work and household duties too quickly. Avoid over-exertion and give your body the time to heal that it deserves. As the blood flow to the uterus significantly decreases, it is normal to have some cramping and afterpains, which may feel like contractions to you. The flow will gradually become more pink and watery, then change to a light brown/yellowish color. Over-the-counter (OTC) medications, such as Tylenol or Ibuprofen, are effective in controlling these cramps. A sudden onset of pain that cannot be managed by regular pain relievers, a change in position, heat pack, etc. merits a phone call to your provider.

BOWEL AND BLADDER FUNCTION

It is quite common to have mild swelling in your legs and ankles when you first get home from the hospital. Because of this, you will probably experience frequent urination, however, it should not be painful or difficult to urinate.

It is normal to have mild leaking of urine as your body readjusts and eliminates the extra fluid in the postpartum period, as the pelvic floor muscles regain their strength, and as the bladder signals adjust to normal voiding cues.

Constipation after delivery can and should be treated with drinking adequate amounts of fluid, increasing fiber in your diet (natural food sources are typically tolerated better than supplements that may cause gas) and through taking a stool softener regularly (until bowel movements are soft, formed and easily passed). Constipation is a frequent postpartum finding because of hormonal fluctuations or pain medications that may slow the bowel. Women often have dietary changes and more inactivity (than they are used to) while in the hospital and may need to take supplemental iron to treat anemia. Gas and constipation can cause significant abdominal pain and should be avoided to help prevent more perineal trauma or discomfort.

PERINEAL CARE

The perineal area may be swollen and sore from pushing, or from the trauma of a small tear or stitches. Practicing good hygiene (by using a peribottle filled with warm water and gently patting the area dry), sitz baths, tucks pads, or special spray analgesics, and OTC medications will help bring relief and allow for healing. Increasing pain, foul-smelling discharge, or an incision that seems to be opening up all require evaluation.

PAIN

It is normal to feel very tired and a little achy after delivery. Remember, this is called **labor** for a reason! Prescription or OTC medications should be adequate to treat the aches and pains that occur in the postpartum period, or postoperative period if a c-section was done. Your provider should be made aware of your breastfeeding status and will prescribe medications that are safe to take in the prescribed amount, even if you are nursing.

To alleviate **breast discomfort**, even if you are not nursing, wear a clean and supportive bra, both day and night. Ice packs and OTC medications will also help as the breasts begin to fill with milk two to three days after delivery. Postpartum women who experience breast pain (whether they are breastfeeding or not), with an accompanying fever or flu-like symptoms, should be evaluated.

Sore nipples are often a problem as a woman begins to breastfeed. Ensuring a proper latch, using different feeding positions and talking to a lactation specialist are beneficial things. A special lanolin cream or gently expressing and rubbing a small amount of milk into the nipples can help relieve nipple pain. You should be seen by your provider if you experience extreme pain, cracking or blisters on your nipples or throbbing pain, redness or tenderness in your breast(s). A temperature greater than 100.4 ° F, chills, body aches, or unusual fatigue should also be reported. Contact your baby's provider for concerns regarding weight gain in your baby, a lack of wet or dirty diapers, feeding problems, or white-gray patches in your newborn's mouth.

FEEDING YOUR BABY

Regardless of whether you are breast or bottle feeding, watching your newborn for hunger cues, and learning how to recognize them will help you to initiate successful feedings. These signs include:

- Opening and closing of the mouth
- Licking lips or sucking on lips, hands, etc.
- Rooting or moving his/her head from side to side
- Squirming
- Fussing

Once you notice that your baby is acting hungry, if you are nursing, get in a **comfortable position** and ensure **a good latch**. This means most of the darker part around the nipple (areola) should be in the baby's mouth. The baby's lips should flange outward (like fish lips) and the tip of the nose and chin should touch the breast. Some mothers worry that their baby

Freshly pumped breast milk at room temperature should be used within 4 hours. It can be stored in the refrigerator for 3 to 5 days and in a deep freeze for 6 to 12 months. Thawed milk should never be refrozen and will not store quite as long as freshly pumped breast milk in the refrigerator.



may have a hard time breathing in this position. Try not to worry as babies are obligate nose-breathers and will let go of the nipple if they can't breathe adequately. As your baby starts to feed, you should see and/or hear swallowing once your milk has come in.

Try different positions (such as the cradle or cross-cradle hold, football hold or side-lying position) to avoid nipple soreness and ease breastfeeding difficulties. If your newborn is having trouble latching, try gently stroking the baby's lips with your nipple. When your baby opens his/her mouth wide, pull your baby close so that the chin and lower jaw moves into the breast.

When breastfeeding, you should let your baby decide how much and how often he/she needs to eat. As long as your newborn has at least six wet or dirty diapers a day and is gaining weight, you are giving exactly what your child needs.

Artificial nipples (bottle or pacifier) should be used with caution during the first few weeks of life to help establish breastfeeding. One of the primal needs of a newborn is to suck, but if you experience significant nipple tenderness, a pacifier is an appropriate replacement after your baby has nursed for 10 minutes on each side. If you are returning to work at six weeks, have your partner feed the baby a bottle of pumped breast milk once per day two weeks before planning to go back to work. Only use one type of formula.

Many times we think that breastfeeding is "natural" and hence, it should come easy. This is true sometimes, but more



Breast milk is easily digested and therefore newborns initially need to be fed often—every 2 to 6 hours (or 8 to 12 times in a 24-hour period). Ideally, your newborn should actively suck for 10 to 15 minutes on each breast and should seem full and satisfied afterward. Because of this, your infant will also have frequent wet and dirty diapers.

often than not, successful breastfeeding takes some work, on your part and in training your baby how to effectively nurse. Don't hesitate to talk to your provider or seek guidance with professional groups or specialists. A consultation with a private lactation specialist may be invaluable for you and your newborn.

EMOTIONAL CHANGES AND POSTPARTUM DEPRESSION

There is nothing more sweet and innocent than a newborn child. However, the angelic appearance doesn't mean that becoming a new mom is always a delightful and blissful experience. Some form of **baby blues** affects 70 to 90 percent of new moms. However, symptoms of sadness, moodiness, frequent crying, lack of interest, excessive worry, tearfulness, anger, guilt, sleep and appetite changes should resolve within two weeks. If these symptoms interfere with daily life or last longer than two weeks, you should see your provider. Thoughts of self-harm or inflicting harm on someone else (including your baby) merits immediate medical attention.

Most moms are physically, mentally, and emotionally exhausted after delivery and the first few weeks at home. Remember, you are not alone. Use your support system. Be patient with yourself as you learn how to take care of your newborn on the outside...as well as keep up with all your other demanding roles in life.

It is essential to recognize that depression isn't a weakness or character flaw. It is an illness caused by an imbalance in the chemicals of the brain. The neurotransmitters (or chemicals in the brain) are the method used for communication in the brain. They cause us to feel every type of emotion...happy, sad, anxious, nervous, fatigue, agitation, concentration, anger, motivation, pleasure, etc.

Depression is something that you may be genetically predisposed to, meaning you simply don't make enough or the right balance of neurotransmitters in the brain to stabilize all these emotions. Depression can also be caused by stressors or behaviors. Proper treatment is beneficial until the situation has resolved, and you have recovered.

Postpartum depression is a unique situation that is brought on after childbirth. It may begin with the delivery or may not show up for several months after giving birth. It is treated with



counseling, medication, support groups, or a combination of multiple things. Depression is a family affair—it affects everyone. **Depression is also treatable! You can be happy again.**

NOTE: Depression and anxiety can go hand in hand. If you worry all the time or are experiencing feelings of panic, these symptoms should also be addressed and treated appropriately.

CONTRACEPTION AND SEX

After delivery, it is important to start using birth control within the first few weeks to avoid getting pregnant unintentionally. Some methods can be started immediately while waiting a few weeks for others is recommended. Mothers who are bottle feeding can use any form of contraception. These are the following methods that are generally recommended for nursing mothers:

- The “mini-pill”
- Depo Provera
- IUD
- Nexplanon
- Barrier method (consistently)

Intercourse should be avoided until the postpartum visit. This allows for proper healing of the tissues and a contraceptive method to be initiated.

Despite what you may have heard from friends or family, breastfeeding is NOT a reliable form of contraception.

BACK TO WORK

Most women experience a flood of conflicting emotions as they prepare to return to work. It is normal to have some anticipatory anxiety about the ability to handle it all, the sadness and fear of leaving your baby and as women, we are good at making ourselves feel guilty about “measuring up” at work and home. However, there also can be a massive sense of relief. It feels good to get back into a routine, to get a paycheck and feel like you are contributing to

something (although NOTHING is more important than the nurturing and love that you do in the role of being a mother).

The first few weeks will be challenging, but things will get better. Use your support system and give yourself time to “recharge.” Recognize that this transition won’t last forever and your baby will grow quickly. Celebrate small successes and be patient with yourself.

WEIGHT AND PHYSICAL ACTIVITY

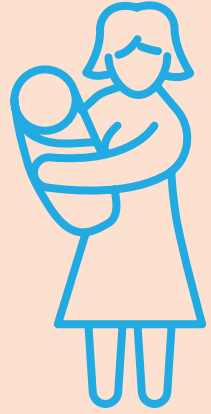
The majority of women will lose at least half the baby weight within six weeks, but the rest of the weight may take several months and require some effort. You should plan to be back to your pre-pregnant weight within six to 12 months after delivery. Many women accumulate pounds with subsequent pregnancies or age and don’t get back to a normal weight. It is difficult to find time to exercise around the demands of a little one, but it is vital to good health, both physically and mentally!

A couple of weeks after delivery, it is good to start walking in your neighborhood and around the block, but an aggressive training regimen should be delayed until you talk to your provider at your six-week postpartum visit. If you started your pregnancy with extra weight, use the healthy eating habits that you’ve already established to return to a normal body mass index (BMI). It will take some time, but a consistent nutrition plan and regular physical activity will help the weight slowly come off. Don’t get discouraged. Be consistent and seek professional help if necessary.

Different bodies respond to nursing in different ways; the majority of women drop weight quickly but some swear they can’t lose a pound until they are done nursing. In general, breastfeeding is usually advantageous in helping the weight to come off because of the caloric effort required to produce milk for your baby. This is not the time to indulge and overeat but use this time, when your body is more metabolically active, to help drop excess weight. Be wary of possible postpartum depression and avoid self-loathing because of your weight.

Even if you were “active” during pregnancy, it will take some time to get back to the level of fitness that you once were. Give yourself time but continue working out. It takes about 3 to 4 weeks to get back into a routine and increase your cardiovascular endurance, strength, flexibility, and power. Be patient with yourself. Resist the temptation to hit the ground running (literally), so you can avoid injuries that may set you back further. Remember the importance of good shoes, proper layering of clothing, and the necessity of finding a good bra to support the breast tissue, especially if you are nursing.





Conclusion

You can read about what it's like to ride a roller coaster, talk to people, watch from afar or close up, take a "virtual" ride or look the other way and try to ignore the roller coaster. You'll honestly never know what it's like until you experience it. The roller coaster of pregnancy will bring some beautiful highlights, where you feel amazing. The view at the top of the ride is excellent and will provide the opportunity to expand your perception and increase your understanding and compassion. There will be dips in the journey, but with the right care (emotionally and physically), those dips will be short and just a brief part of the experience.

Motherhood will also be a whole new journey, full of thrills, adventure and ups, and downs. It will have many expected twists and turns, some surprising and scary drops but will also bring immense joy.

This booklet was designed to give a brief overview of everyday experiences during pregnancy and the initial phase of becoming a mother to help you better prepare for this beautiful journey.

Please talk to us about more detailed questions or call our office for concerns. Our friendly staff is anxious to help and well-versed on women's health issues. Our providers are always available to answer questions as needed.

Visit our website for more information about our office, for educational information and blogs and vlogs that will help you understand more about womanhood and motherhood.





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15 S 1000 E, Ste 125
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Ste 300C
Spanish Fork, UT 84660

For an appointment at either of our clinics call:

801-465-2559

Se habla español.

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