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The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

FAQ

FREQUENTLY ASKED QUESTIONS
FAQ001
PREGNANCY

Nutrition During Pregnancy

- How can I plan healthy meals during pregnancy?
- How does MyPlate work?
- What are the five food groups?
- Are oils and fats part of healthy eating?
- Why are vitamins and minerals important in my diet?
- How can I get the extra amounts of vitamins and minerals I need during pregnancy?
- What is folic acid and how much do I need daily?
- Why is iron important during pregnancy and how much do I need daily?
- Why is calcium important during pregnancy and how much do I need daily?
- Why is vitamin D important during pregnancy and how much do I need daily?
- How much weight should I gain during pregnancy?
- Can being overweight or obese affect my pregnancy?
- Can caffeine in my diet affect my pregnancy?
- What are the benefits of including fish and shellfish in my diet during pregnancy?
- What should I know about eating fish during pregnancy?
- How can food poisoning affect my pregnancy?
- What is listeriosis and how can it affect my pregnancy?
- Glossary

How can I plan healthy meals during pregnancy?

Planning healthy meals during pregnancy is not hard. The United States Department of Agriculture has made it easier by creating www.choosemyplate.gov. This web site helps everyone from dieters and children to pregnant women learn how to make healthy food choices at each mealtime.

How does MyPlate work?

With MyPlate, you can get a personalized nutrition and physical activity plan by using the "SuperTracker" program. This program is based on five food groups and shows you the amounts that you need to eat each day from each group during each ***trimester*** of pregnancy. The amounts are calculated according to your height, prepregnancy weight, due date, and how much you exercise during the week. The amounts of food are given in standard sizes that most people are familiar with, such as cups and ounces.

What are the five food groups?

1. Grains—Bread, pasta, oatmeal, cereal, and tortillas are all grains.
2. Fruits—Fruits can be fresh, canned, frozen, or dried. Juice that is 100% fruit juice also counts.
3. Vegetables—Vegetables can be raw or cooked, frozen, canned, dried, or 100% vegetable juice.

4. Protein foods—Protein foods include meat, poultry, seafood, beans and peas, eggs, processed soy products, nuts, and seeds.
5. Dairy—Milk and products made from milk, such as cheese, yogurt, and ice cream, make up the dairy group.

Are oils and fats part of healthy eating?

Although they are not a food group, oils and fats do give you important ***nutrients***. During pregnancy, the fats that you eat provide energy and help build many fetal organs and the placenta. Most of the fats and oils in your diet should come from plant sources. Limit solid fats, such as those from animal sources. Solid fats also can be found in processed foods.

Why are vitamins and minerals important in my diet?

Vitamins and minerals play important roles in all of your body functions. During pregnancy, you need more folic acid and iron than a woman who is not pregnant.

How can I get the extra amounts of vitamins and minerals I need during pregnancy?

Taking a prenatal vitamin supplement can ensure that you are getting these extra amounts. A well-rounded diet should supply all of the other vitamins and minerals you need during pregnancy.

What is folic acid and how much do I need daily?

Folic acid, also known as folate, is a B vitamin that is important for pregnant women. Before pregnancy and during pregnancy, you need 400 micrograms of folic acid daily to help prevent major birth defects of the baby's brain and spine called ***neural tube defects***. Current dietary guidelines recommend that pregnant women get at least 600 micrograms of folic acid daily from all sources. It may be hard to get the recommended amount of folic acid from food alone. For this reason, all pregnant women and all women who may become pregnant should take a daily vitamin supplement that contains folic acid.

Why is iron important during pregnancy and how much do I need daily?

Iron is used by your body to make a substance in red blood cells that carries oxygen to your organs and tissues. During pregnancy, you need extra iron—about double the amount that a nonpregnant woman needs. This extra iron helps your body make more blood to supply oxygen to your baby. The daily recommended dose of iron during pregnancy is 27 mg, which is found in most prenatal vitamin supplements. You also can eat iron-rich foods, including lean red meat, poultry, fish, dried beans and peas, iron-fortified cereals, and prune juice. Iron also can be absorbed more easily if iron-rich foods are eaten with vitamin C-rich foods, such as citrus fruits and tomatoes.

Why is calcium important during pregnancy and how much do I need daily?

Calcium is used to build your baby's bones and teeth. All women, including pregnant women, aged 19 years and older should get 1,000 mg of calcium daily; those aged 14–18 years should get 1,300 mg daily. Milk and other dairy products, such as cheese and yogurt, are the best sources of calcium. If you have trouble digesting milk products, you can get calcium from other sources, such as broccoli; dark, leafy greens; sardines; or a calcium supplement.

Why is vitamin D important during pregnancy and how much do I need daily?

Vitamin D works with calcium to help the baby's bones and teeth develop. It also is essential for healthy skin and eyesight. All women, including those who are pregnant, need 600 international units of vitamin D a day. Good sources are milk fortified with vitamin D and fatty fish such as salmon. Exposure to sunlight also converts a chemical in the skin to vitamin D.

How much weight should I gain during pregnancy?

The amount of weight gain that is recommended depends on your health and your ***body mass index*** before you were pregnant. If you were a normal weight before pregnancy, you should gain between 25 pounds and 35 pounds during pregnancy. If you were underweight before pregnancy, you should gain more weight than a woman who was a normal weight before pregnancy. If you were overweight or obese before pregnancy, you should gain less weight.

Can being overweight or obese affect my pregnancy?

Overweight and obese women are at an increased risk of several pregnancy problems. These problems include ***gestational diabetes***, high blood pressure, ***preeclampsia***, ***preterm*** birth, and ***cesarean delivery***. Babies of overweight and obese mothers also are at greater risk of certain problems, such as birth defects, ***macrosomia*** with possible birth injury, and childhood obesity.

Can caffeine in my diet affect my pregnancy?

Although there have been many studies on whether caffeine increases the risk of ***miscarriage***, the results are unclear. Most experts state that consuming fewer than 200 mg of caffeine (one 12-ounce cup of coffee) a day during pregnancy is safe.

What are the benefits of including fish and shellfish in my diet during pregnancy?

Omega-3 fatty acids are a type of fat found naturally in many kinds of fish. They may be important factors in your baby's brain development both before and after birth. To get the most benefits from omega-3 fatty acids, women should eat at least two servings of fish or shellfish (about 8–12 ounces) per week and while pregnant or breastfeeding.

What should I know about eating fish during pregnancy?

Some types of fish have higher levels of a metal called mercury than others. Mercury has been linked to birth defects. To limit your exposure to mercury, follow a few simple guidelines. Choose fish and shellfish such as shrimp, salmon, catfish, and pollock. Do not eat shark, swordfish, king mackerel, or tilefish. Limit white (albacore) tuna to 6 ounces a week. You also should check advisories about fish caught in local waters.

How can food poisoning affect my pregnancy?

Food poisoning in a pregnant woman can cause serious problems for both her and her baby. Vomiting and diarrhea can cause your body to lose too much water and can disrupt your body's chemical balance. To prevent food poisoning, follow these general guidelines:

- Wash food. Rinse all raw produce thoroughly under running tap water before eating, cutting, or cooking.
- Keep your kitchen clean. Wash your hands, knives, countertops, and cutting boards after handling and preparing uncooked foods.
- Avoid all raw and undercooked seafood, eggs, and meat. Do not eat sushi made with raw fish (cooked sushi is safe). Food such as beef, pork, or poultry should be cooked to a safe internal temperature.

What is listeriosis and how can it affect my pregnancy?

Listeriosis is a type of food-borne illness caused by bacteria. Pregnant women are 13 times more likely to get listeriosis than the general population. Listeriosis can cause mild, flu-like symptoms such as fever, muscle aches, and diarrhea, but it also may not cause any symptoms. Listeriosis can lead to miscarriage, stillbirth, and premature delivery. ***Antibiotics*** can be given to treat the infection and to protect your unborn baby. To help prevent listeriosis, avoid eating the following foods during pregnancy:

- Unpasteurized milk and foods made with unpasteurized milk
- Hot dogs, luncheon meats, and cold cuts unless they are heated until steaming hot just before serving
- Refrigerated pate and meat spreads
- Refrigerated smoked seafood
- Raw and undercooked seafood, eggs, and meat

Glossary

Antibiotics: Drugs that treat certain types of infections.

Body Mass Index: A number calculated from height and weight that is used to determine whether a person is underweight, normal weight, overweight, or obese.

Cesarean Delivery: Delivery of a baby through surgical incisions made in the mother's abdomen and uterus.

Gestational Diabetes: Diabetes that arises during pregnancy.

Macrosomia: A condition in which a fetus grows very large.

Miscarriage: Loss of a pregnancy that occurs before 20 weeks of pregnancy.

Neural Tube Defects: Birth defects that result from incomplete development of the brain, spinal cord, or their coverings.

Nutrients: Nourishing substances supplied through food, such as vitamins and minerals.

Preeclampsia: A condition of pregnancy in which there is high blood pressure and protein in the urine.

Preterm: Born before 37 weeks of pregnancy.

Trimester: Any of the three 3-month periods into which pregnancy is divided.

If you have further questions, contact your obstetrician–gynecologist.

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FREQUENTLY ASKED QUESTIONS
FAQ055
PREGNANCY

Travel During Pregnancy

- When is the best time to travel during pregnancy?
- What should I know about planning long car trips during pregnancy?
- What should I know about airplane travel while pregnant?
- What should I know when planning a trip on a ship during pregnancy?
- How can I prepare for a trip out of the country while pregnant?
- What should I be aware of when traveling out of the country?
- What health care preparations should I make before traveling while pregnant?

When is the best time to travel during pregnancy?

The best time to travel is probably the middle of your pregnancy—between weeks 14 and 28. Most common pregnancy emergencies usually happen in the first and third trimesters. After 28 weeks, it may be harder for you to move around or sit for a long time.

What should I know about planning long car trips during pregnancy?

During a car trip, make each day's drive brief. Try to limit driving to no more than 5 or 6 hours each day. Be sure to wear your seat belt every time you ride in a motor vehicle, even if your car has an air bag (see FAQ018 "Car Safety for Pregnant Women, Babies, and Children"). Plan to make frequent stops to move around and stretch your legs.

What should I know about airplane travel while pregnant?

Some domestic airlines restrict travel during the last month of pregnancy or require a medical certificate; others discourage travel after 36 weeks of pregnancy. If you are planning an international flight, the cutoff point for traveling with international airlines is often earlier.

When traveling by air, you can take the following steps to help make your trip as comfortable as possible:

- If you can, book an aisle seat, so that it is easy to get up and stretch your legs during a long flight.
- Avoid gas-producing foods and carbonated drinks before your flight.
- Wear your seatbelt at all times. The seatbelt should be belted low on the hipbones, below your belly.
- If you are prone to nausea, your health care provider may be able to prescribe anti-nausea medication.

What should I know when planning a trip on a ship during pregnancy?

It may be a good idea, just in case, to ask your health care provider about which medications are safe for you to carry along to calm seasickness. Seasickness bands are useful for some people, although there is little scientific evidence that they work. These bands use acupressure to help ward off an upset stomach.

Another concern for cruise ship passengers is norovirus infection. Noroviruses are a group of viruses that can cause severe nausea and vomiting for 1 or 2 days. They are very contagious and can spread rapidly throughout cruise ships. People can become infected by eating food, drinking liquids, or touching surfaces that are contaminated with the virus. Before you book a cruise, you may want to check whether your ship has passed a health and safety inspection conducted by the Centers for Disease Control and Prevention (CDC).

How can I prepare for a trip out of the country while pregnant?

If you are planning a trip out of the country, your health care provider can help you decide if travel outside the United States is safe for you and advise you about what steps to take before your trip. The CDC also is a good resource for travel alerts, safety tips, and up-to-date vaccination facts for many countries. While you are pregnant, you should not travel to areas where there is risk of malaria, including Africa, Central and South America, and Asia.

What should I be aware of when traveling out of the country?

When travelling out of the country, make sure to follow these tips:

- The safest water to drink is tap water that has been boiled for 1 minute (3 minutes at altitudes higher than 6,000 feet). Bottled water is safer than unboiled tap water, but because there are no standards for bottled water, there is no guarantee that it is free of germs that can cause illness. Carbonated beverages and drinks made with boiled water are safe to drink.
- Do not put ice made from unboiled water in your drinks. Do not drink out of glasses that may have been washed in unboiled water.
- Avoid fresh fruits and vegetables unless they have been cooked or if you have peeled them yourself.
- Do not eat raw or undercooked meat or fish.

What health care preparations should I make before traveling while pregnant?

If you are traveling in the United States, locate the nearest hospital or medical clinic in the place you are visiting. If you are traveling internationally, the International Association for Medical Assistance to Travelers (IAMAT) has a worldwide directory of doctors. The doctors in the country you are visiting may not speak English, so bring a dictionary of the language spoken with you. Another tip is to register with an American embassy or consulate after you arrive at your destination. These agencies may be helpful if you need to leave the country because of an emergency.

If you have further questions, contact your obstetrician–gynecologist.

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The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

FAQ

FREQUENTLY ASKED QUESTIONS
FAQ119
PREGNANCY

Exercise During Pregnancy

- Is it safe to exercise during pregnancy?
- Are there certain conditions that make exercise during pregnancy unsafe?
- What are the benefits of exercise during pregnancy?
- How much should I exercise during pregnancy?
- What changes occur in the body during pregnancy that can affect my exercise routine?
- What precautions should I take when exercising during pregnancy?
- What are some safe exercises I can do during pregnancy?
- What exercises should I avoid during pregnancy?
- What are warning signs that I should stop exercising?
- Why is it important to keep exercising after my baby is born?
- Glossary

Is it safe to exercise during pregnancy?

If you are healthy and your pregnancy is normal, it is safe to continue or start most types of exercise, but you may need to make a few changes. Physical activity does not increase your risk of miscarriage, low birth weight, or early delivery. However, it is important to discuss exercise with your obstetrician or other member of your health care team during your early prenatal visits. If your health care professional gives you the OK to exercise, you can decide together on an exercise routine that fits your needs and is safe during pregnancy.

Are there certain conditions that make exercise during pregnancy unsafe?

Women with the following conditions or pregnancy ***complications*** should not exercise during pregnancy:

- Certain types of heart and lung diseases
- ***Cervical insufficiency*** or ***cerclage***
- Being pregnant with twins or triplets (or more) with risk factors for ***preterm*** labor
- ***Placenta previa*** after 26 weeks of pregnancy
- Preterm labor or ruptured membranes (your water has broken) during this pregnancy
- ***Preeclampsia*** or pregnancy-induced high blood pressure
- Severe ***anemia***

What are the benefits of exercise during pregnancy?

Regular exercise during pregnancy benefits you and your baby in these key ways:

- Reduces back pain
- Eases constipation
- May decrease your risk of ***gestational diabetes***, preeclampsia, and ***cesarean delivery***
- Promotes healthy weight gain during pregnancy

- Improves your overall general fitness and strengthens your heart and blood vessels
- Helps you to lose the baby weight after your baby is born

How much should I exercise during pregnancy?

The Centers for Disease Control and Prevention recommend that pregnant women get at least 150 minutes of moderate-intensity aerobic activity every week. An aerobic activity is one in which you move large muscles of the body (like those in the legs and arms) in a rhythmic way. Moderate intensity means you are moving enough to raise your heart rate and start sweating. You still can talk normally, but you cannot sing.

Examples of moderate-intensity aerobic activity include brisk walking and general gardening (raking, weeding, or digging). You can divide the 150 minutes into 30-minute workouts on 5 days of the week or into smaller 10-minute workouts throughout each day.

If you are new to exercise, start out slowly and gradually increase your activity. Begin with as little as 5 minutes a day. Add 5 minutes each week until you can stay active for 30 minutes a day.

If you were very active before pregnancy, you can keep doing the same workouts with your health care professional's approval. However, if you start to lose weight, you may need to increase the number of calories that you eat.

What changes occur in the body during pregnancy that can affect my exercise routine?

Your body goes through many changes during pregnancy. It is important to choose exercises that take these changes into account:

- Joints—The ***hormones*** made during pregnancy cause the ligaments that support your joints to become relaxed. This makes the joints more mobile and at risk of injury. Avoid jerky, bouncy, or high-impact motions that can increase your risk of being hurt.
- Balance—During pregnancy, the extra weight in the front of your body shifts your center of gravity. This places stress on joints and muscles, especially those in your pelvis and low back. Because you are less stable and more likely to lose your balance, you are at greater risk of falling.
- Breathing—When you exercise, ***oxygen*** and blood flow are directed to your muscles and away from other areas of your body. While you are pregnant, your need for oxygen increases. As your belly grows, you may become short of breath more easily because of increased pressure of the ***uterus*** on the diaphragm (a muscle that aids in breathing). These changes may affect your ability to do strenuous exercise, especially if you are overweight or obese.

What precautions should I take when exercising during pregnancy?

There are a few precautions that pregnant women should keep in mind during exercise:

- Drink plenty of water before, during, and after your workout. Signs of ***dehydration*** include dizziness, a racing or pounding heart, and urinating only small amounts or having urine that is dark yellow.
- Wear a sports bra that gives lots of support to help protect your breasts. Later in pregnancy, a belly support belt may reduce discomfort while walking or running.
- Avoid becoming overheated, especially in the first trimester. Drink plenty of water, wear loose-fitting clothing, and exercise in a temperature-controlled room. Do not exercise outside when it is very hot or humid.
- Avoid standing still or lying flat on your back as much as possible. When you lie on your back, your uterus presses on a large vein that returns blood to the heart. Standing motionless can cause blood to pool in your legs and feet. Both of these positions can decrease the amount of blood returning to your heart and may cause your blood pressure to decrease for a short time.

What are some safe exercises I can do during pregnancy?

Whether you are new to exercise or it already is part of your weekly routine, choose activities that experts agree are safest for pregnant women:

- Walking—Brisk walking gives a total body workout and is easy on the joints and muscles.
- Swimming and water workouts—Water workouts use many of the body's muscles. The water supports your weight so you avoid injury and muscle strain. If you find brisk walking difficult because of low back pain, water exercise is a good way to stay active.
- Stationary bicycling—Because your growing belly can affect your balance and make you more prone to falls, riding a standard bicycle during pregnancy can be risky. Cycling on a stationary bike is a better choice.
- Modified yoga and modified Pilates—Yoga reduces stress, improves flexibility, and encourages stretching and focused breathing. There are even prenatal yoga and Pilates classes designed for pregnant women. These classes often teach modified poses that accommodate a pregnant woman's shifting balance. You also should avoid poses that require you to be still or lie on your back for long periods.

If you are an experienced runner, jogger, or racquet-sports player, you may be able to keep doing these activities during pregnancy. Discuss these activities with your health care professional.

What exercises should I avoid during pregnancy?

While pregnant, avoid activities that put you at increased risk of injury, such as the following:

- Contact sports and sports that put you at risk of getting hit in the abdomen, including ice hockey, boxing, soccer, and basketball
- Skydiving
- Activities that may result in a fall, such as downhill snow skiing, water skiing, surfing, off-road cycling, gymnastics, and horseback riding
- "Hot yoga" or "hot Pilates," which may cause you to become overheated
- Scuba diving
- Activities performed above 6,000 feet (if you do not already live at a high altitude)

What are warning signs that I should stop exercising?

Stop exercising and call your obstetrician or other member of your health care team if you have any of these signs or symptoms:

- Bleeding from the vagina
- Feeling dizzy or faint
- Shortness of breath before starting exercise
- Chest pain
- Headache
- Muscle weakness
- Calf pain or swelling
- Regular, painful contractions of the uterus
- Fluid leaking from the vagina

Why is it important to keep exercising after my baby is born?

Exercising after your baby is born may help improve mood and decreases the risk of ***deep vein thrombosis***, a condition that can occur more frequently in women in the weeks after childbirth. In addition to these health benefits, exercise after pregnancy can help you lose the extra pounds that you may have gained during pregnancy.

Glossary

Anemia: Abnormally low levels of blood or red blood cells in the bloodstream. Most cases are caused by iron deficiency or lack of iron.

Cerclage: A procedure in which the cervical opening is closed with stitches in order to prevent or delay preterm birth.

Cervical Insufficiency: Inability of the cervix to retain a pregnancy in the second trimester.

Cesarean Delivery: Delivery of a baby through surgical incisions made in the mother's abdomen and uterus.

Complications: Diseases or conditions that occur as a result of another disease or condition. An example is pneumonia that occurs as a result of the flu. A complication also can occur as a result of a condition, such as pregnancy. An example of a pregnancy complication is preterm labor.

Deep Vein Thrombosis: A condition in which a blood clot forms in a vein in the leg or other area of the body.

Dehydration: A condition that results from loss of water from the body.

Gestational Diabetes: Diabetes that arises during pregnancy.

Hormones: Substances made in the body by cells or organs that control the function of other cells or organs. An example is estrogen, which controls the function of female reproductive organs.

Oxygen: A gas that is necessary to sustain life.

Placenta Previa: A condition in which the placenta lies very low in the uterus, so that the opening of the uterus is partially or completely covered.

Preeclampsia: A disorder that can occur during pregnancy or after childbirth in which there is high blood pressure and other signs of organ injury, such as an abnormal amount of protein in the urine, a low number of platelets, abnormal kidney or liver function, pain over the upper abdomen, fluid in the lungs, or a severe headache or changes in vision.

Preterm: Born before 37 completed weeks of pregnancy.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

If you have further questions, contact your obstetrician–gynecologist.

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WOMEN'S HEALTH CARE PHYSICIANS

FAQ

FREQUENTLY ASKED QUESTIONS
FAQ126
PREGNANCY

Morning Sickness: Nausea and Vomiting of Pregnancy

- How common is nausea and vomiting of pregnancy?
- When does nausea and vomiting of pregnancy start?
- What is the difference between mild and severe nausea and vomiting of pregnancy?
- What is hyperemesis gravidarum?
- Am I at risk of severe nausea and vomiting of pregnancy?
- Could nausea and vomiting during pregnancy be caused by another medical condition?
- Can nausea and vomiting of pregnancy affect my baby?
- When is the best time to treat nausea and vomiting of pregnancy?
- What can I do to feel better if I have nausea and vomiting of pregnancy?
- Is there medical treatment for nausea and vomiting of pregnancy?
- What may happen if my nausea and vomiting is severe or I have hyperemesis gravidarum?
- Glossary

How common is nausea and vomiting of pregnancy?

Nausea and vomiting of pregnancy is a very common condition. Although nausea and vomiting of pregnancy often is called "morning sickness," it can occur at any time of the day. Nausea and vomiting of pregnancy usually is not harmful to the developing baby, but it can have a serious effect on your life, including your ability to work or do your normal daily activities.

When does nausea and vomiting of pregnancy start?

Nausea and vomiting of pregnancy usually starts before 9 weeks of pregnancy. For most women, it goes away by the second trimester (14 weeks of pregnancy). For some women, it lasts for several weeks or months. For a few women, it lasts throughout the entire pregnancy.

What is the difference between mild and severe nausea and vomiting of pregnancy?

Some women feel nauseated for a short time each day and may vomit once or twice. This usually is defined as mild nausea and vomiting of pregnancy. In more severe cases, nausea lasts several hours each day and vomiting occurs more frequently. Deciding to seek treatment depends on how much nausea and vomiting of pregnancy affects your life and causes you concern, not whether your condition is "mild" or "severe."

What is hyperemesis gravidarum?

Hyperemesis gravidarum is the most severe form of nausea and vomiting of pregnancy. It occurs in up to 3% of pregnancies. This condition may be diagnosed when a woman has lost 5% of her prepregnancy weight and has other problems related to ***dehydration*** (loss of body fluids). Women with hyperemesis gravidarum need treatment to stop their vomiting and restore body fluids. Sometimes treatment in a hospital is needed.

Am I at risk of severe nausea and vomiting of pregnancy?

If you have any of the following factors, your risk of severe nausea and vomiting of pregnancy may be increased:

- Being pregnant with more than one baby (multiple pregnancy)
- Past pregnancy with nausea and vomiting (either mild or severe)
- Your mother or sister had severe nausea and vomiting of pregnancy
- History of motion sickness or migraines
- Being pregnant with a female ***fetus***

Could nausea and vomiting during pregnancy be caused by another medical condition?

Some medical conditions can cause nausea and vomiting during pregnancy. These include an ulcer, food-related illness, thyroid disease, or gallbladder disease. Your obstetrician may suspect that you have one of these conditions if you have signs or symptoms that do not usually occur with nausea and vomiting of pregnancy:

- Nausea and vomiting that occurs for the first time after 9 weeks of pregnancy
- Abdominal pain or tenderness
- Fever
- Headache
- Enlarged ***thyroid gland*** (swelling in the front of the neck)

Can nausea and vomiting of pregnancy affect my baby?

Having nausea and vomiting of pregnancy usually does not harm your health or your baby's health. It does not mean your baby is sick. It can become more of a problem if you cannot keep down any food or fluids and begin to lose weight. When this happens, it sometimes can affect the baby's weight at birth. You also can develop problems with your thyroid, liver, and fluid balance.

When is the best time to treat nausea and vomiting of pregnancy?

Because severe nausea and vomiting of pregnancy is hard to treat and can cause health problems, many experts recommend early treatment so that it does not become severe.

What can I do to feel better if I have nausea and vomiting of pregnancy?

Diet and lifestyle changes may help you feel better. You may need to try more than one of these suggestions:

- Take a multivitamin.
- Try eating dry toast or crackers in the morning before you get out of bed to avoid moving around on an empty stomach.
- Drink fluids often.
- Avoid smells that bother you.
- Eat small, frequent meals instead of three large meals.
- Try bland foods. For example, the "BRATT" diet (bananas, rice, applesauce, toast, and tea) is low in fat and easy to digest.
- Try ginger ale made with real ginger, ginger tea made from fresh grated ginger, ginger capsules, and ginger candies.

If you do vomit a lot, it can cause some of your tooth enamel to wear away. This happens because your stomach contains a lot of acid. Rinsing your mouth with a teaspoon of baking soda dissolved in a cup of water may help neutralize the acid and protect your teeth.

Is there medical treatment for nausea and vomiting of pregnancy?

If diet and lifestyle changes do not help your symptoms, or if you have severe nausea and vomiting of pregnancy, medical treatment may be needed. If other medical conditions are ruled out, certain medications can be given to treat nausea and vomiting of pregnancy:

- Vitamin B_6 and doxylamine—Vitamin B_6 is a safe, over-the-counter treatment that may be tried first. Doxylamine, a medication found in over-the-counter sleep aids, may be added if vitamin B_6 alone does not relieve symptoms. A prescription drug that combines vitamin B_6 and doxylamine is available. Both drugs—taken alone or together—have been found to be safe to take during pregnancy and have no harmful effects on the baby.
- "Antiemetic" drugs—If vitamin B_6 and doxylamine do not work, "antiemetic" drugs may be prescribed. These drugs prevent vomiting. Many antiemetic drugs have been shown to be safe to use during pregnancy. Others have conflicting or limited safety information. You and your obstetrician or other members of your health care team can discuss all of these factors to determine the best treatment for your personal situation.

What may happen if my nausea and vomiting is severe or I have hyperemesis gravidarum?

You may need to stay in the hospital until your symptoms are under control. Lab tests may be done to check how your liver is working. If you are dehydrated from loss of fluids, you may receive fluids and vitamins through an intravenous line. If your vomiting cannot be controlled, you may need additional medication. If you continue to lose weight, sometimes tube feeding is recommended to ensure that you and your baby are getting enough ***nutrients***.

Glossary

Dehydration: A condition that results from loss of water from the body.

Fetus: The developing organism in the uterus from the ninth week of pregnancy until the end of pregnancy.

Hyperemesis Gravidarum: Severe nausea and vomiting during pregnancy that can lead to loss of weight and body fluids.

Nausea and Vomiting of Pregnancy: A condition that occurs in early pregnancy, usually starting before 9 weeks of pregnancy.

Nutrients: Nourishing substances supplied through food, such as vitamins and minerals.

Thyroid Gland: A butterfly-shaped gland located at the base of the neck in front of the trachea (or windpipe). It makes, stores, and releases thyroid hormone and thyroid-releasing hormone that control the rate at which every part of the body works.

If you have further questions, contact your obstetrician–gynecologist.

FAQ126: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

FAQ

FREQUENTLY ASKED QUESTIONS
FAQ032
PREGNANCY

A Partner's Guide to Pregnancy

- Why is it important to be supportive during your partner's pregnancy?
- How long does pregnancy last?
- How is the due date estimated?
- What happens during the first trimester of pregnancy?
- What happens during the second trimester of pregnancy?
- What happens during the third trimester of pregnancy?
- What lifestyle changes do my partner and I need to make during pregnancy?
- Do I need to quit smoking if my partner is pregnant?
- Is it safe to have sex during pregnancy?
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Why is it important to be supportive during your partner's pregnancy?

Women who have an involved and supportive partner during pregnancy are more likely to give up harmful behaviors, such as smoking, and lead healthier lives. Babies may be born healthier as well, with lower rates of ***preterm*** birth and growth problems. Women who are well supported during pregnancy may be less anxious and have less stress in the weeks after childbirth. You can be supportive by educating yourself about pregnancy, going with your partner to ***prenatal care*** appointments, and joining her in making healthy lifestyle choices.

How long does pregnancy last?

A normal pregnancy lasts about 40 weeks from the first day of the woman's ***last menstrual period (LMP)***. Weeks of pregnancy are divided into three ***trimesters***. Each trimester lasts about 3 months.

How is the due date estimated?

The estimated date that the baby will be born is called the ***estimated due date (EDD)***. This date is based on the LMP or an ***ultrasound exam***. The LMP and ultrasound dating methods often are used together to estimate the EDD. Keep in mind that only 1 in 20 women actually give birth on their estimated due date.

What happens during the first trimester of pregnancy?

During the first trimester (the first 13 weeks), most women need more rest than usual. They may have symptoms of nausea and vomiting. Although commonly known as "morning sickness," these symptoms can occur at any time during the day or night. Early pregnancy can be an emotional time for a woman. Mood swings are common. It is not unusual for you to have

ups and downs as well. Pregnancy and parenthood are huge life changes, and it can take time for you to adjust. Listen to your partner and offer support.

What happens during the second trimester of pregnancy?

For most women, the second trimester of pregnancy (weeks 14–27) is the time they feel the best. As your partner's abdomen grows, the pregnancy becomes more obvious. Many women begin to feel better physically. Energy levels improve, and morning sickness usually goes away. Your partner will start to feel the baby move. This typically happens at about 20 weeks of pregnancy, but it can happen earlier or later.

Many couples take childbirth classes at the hospital where they plan to have the baby. Classes are a great way to learn what to expect during labor and delivery and how to support your partner during childbirth. You also can meet and talk with other expecting parents.

What happens during the third trimester of pregnancy?

The last trimester (weeks 28–40) usually is the most uncomfortable for your partner. It also can be a very busy time as you prepare for the baby. Your partner may feel discomfort as the baby grows larger and her body gets ready for the birth. She may have trouble sleeping, walking quickly, and doing routine tasks. It is normal for both of you to feel excited and nervous.

What lifestyle changes do my partner and I need to make during pregnancy?

Your partner needs to make her health a top priority during pregnancy, and you can support her by doing this too. Eat healthy meals together, and make sure that she gets plenty of rest. Exercise during pregnancy also is important. It is especially important for your partner to avoid harmful substances such as smoking, alcohol, and illegal drugs.

No amount of alcohol is considered safe during pregnancy. Illegal drugs, such as heroin, cocaine, methamphetamines, and prescription drugs used for a nonmedical reason, can harm a developing baby. And although marijuana is legal in some states, its use is not recommended during pregnancy. Women who use these substances may have other unhealthy behaviors, such as poor nutrition, that are known to be harmful during pregnancy.

Do I need to quit smoking if my partner is pregnant?

You and your partner should both avoid smoking. Smoking during pregnancy increases the risk of fetal growth problems and preterm birth. Secondhand smoke also is harmful. Pregnant women who breathe in secondhand smoke have an increased risk of having a low-birth-weight baby. Infants and children who are around secondhand smoke have higher rates of asthma attacks, respiratory infections, ear infections, and ***sudden infant death syndrome (SIDS)*** than those who are not. For all of these reasons, smoking should not be allowed in your home or car.

Is it safe to have sex during pregnancy?

Unless your partner's ***obstetrician*** or other health care professional has told her otherwise, you can have sex throughout pregnancy. You may need to try new positions as your partner's belly grows. Also, keep in mind that intercourse may be uncomfortable at times for your partner.

How can I help prepare for labor and delivery?

There is plenty you can do to help make labor and delivery go as smoothly as possible:

- Tour the hospital. The tour is a good time to ask about the hospital's policies on who can be in the room during labor and delivery, whether you can stay overnight in the room, and if you can take pictures or videotape the birth. Also ask about parking areas at the hospital and where to check in.
- Install a rear-facing car seat. You cannot take your baby home unless you have an infant car seat. Plan to get a rear-facing car seat well before the due date and make sure it is installed correctly. The "Parents Central" web site at www.safercar.gov offers tips on choosing and installing the car seat that is best for your baby.
- Get vaccinated. If it is flu season (October to May), get a flu shot. The Centers for Disease Control and Prevention and the American College of Obstetricians and Gynecologists recommend that everyone 6 months of age and older get the flu vaccine each year. They also recommend that everyone who will be in contact with the baby receive a dose of the ***tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) vaccine*** at least 2 weeks before.

How can I help my partner during labor and delivery?

During this time, you can

- help distract your partner by playing games with her or watching a movie during early labor
- take short walks with her, unless she has been told to stay in bed
- time her contractions
- massage her back and shoulders between contractions
- offer comfort and words of support
- encourage her during the pushing stage

Some partners decide not to attend the labor and birth. Even if you are not in the room, your partner will get plenty of help during labor and delivery from the hospital staff. Friends or family members can offer support. You also can hire a childbirth assistant called a ***doula***.

When can we take our baby home from the hospital?

After the baby is born, you most likely can take your new family home after 1–2 days. If your partner had a ***cesarean delivery***, she and the baby may need to stay in the hospital longer.

What is postpartum depression?

It is very common for new mothers to feel sad, upset, or anxious after childbirth. Many have mild feelings of sadness called ***postpartum*** blues or "baby blues." When these feelings are more extreme or last longer than a week or two, it may be a sign of a more serious condition known as ***postpartum depression***. Often, women with postpartum depression are not aware they are depressed. It is their partners who first notice the signs and symptoms.

What are the signs and symptoms of postpartum depression?

The following are signs of postpartum depression:

- The baby blues do not start to fade after about 1 week, or the feelings get worse.
- She has feelings of sadness, doubt, guilt, or helplessness that seem to increase each week and get in the way of her normal routine.
- She is not able to care for herself or her baby.
- She has trouble doing tasks at home or on the job.
- Her appetite changes.
- Things that used to bring her pleasure no longer do.
- Concern and worry about the baby are too intense, or interest in the baby is lacking.
- She feels very panicked or anxious. She may be afraid to be left alone with the baby.
- She fears harming the baby. These feelings may lead to guilt, which makes the depression worse.
- She has thoughts of self-harm or suicide.

If your partner shows any of these signs, tell her of your concerns. Listen to her and support her. Assist in getting her the professional help she may need.

You also should be aware that all new parents can have postpartum depression. Talk to a health care professional if you have any of the signs.

How can I feel involved when my partner is breastfeeding?

Medical experts agree that breastfeeding provides the greatest health benefits for most women and their babies. Some partners feel left out when watching the closeness of breastfeeding. But if your partner has chosen to breastfeed, there are ways you can share in these moments:

- Bring the baby to her for feedings.
- Burp and change the baby afterward.
- Cuddle and rock the baby to sleep.
- Help feed your baby if your partner pumps her breast milk into a bottle.

When is it OK to have sex again after the baby is born?

There is no set "waiting period" before a woman can have sex again after giving birth. Some health care professionals recommend waiting 4–6 weeks. The chances of a problem occurring, like bleeding or infection, are small after about 2 weeks following birth. If your partner has had an ***episiotomy*** or a tear during birth, she may be told to not have intercourse until the site has completely healed.

Glossary

Cesarean Delivery: Delivery of a baby through surgical incisions made in the mother's abdomen and uterus.

Doula: A birth coach or aide who gives continual emotional and physical support to a woman during labor and childbirth.

Episiotomy: A surgical incision made into the perineum (the region between the vagina and the anus) to widen the vaginal opening for delivery.

Estimated Due Date (EDD): The estimated date that a baby will be born.

Last Menstrual Period (LMP): The date of the first day of the last menstrual period before pregnancy that is used to estimate the date of delivery.

Obstetrician: A physician who specializes in caring for women during pregnancy, labor, and the postpartum period.

Postpartum: A term that generally refers to the first weeks or months after childbirth.

Postpartum Depression: Intense feelings of sadness, anxiety, or despair after childbirth that interfere with a new mother's ability to function and that do not go away after 2 weeks.

Prenatal Care: A program of care for a pregnant woman before the birth of her baby.

Preterm: Born before 37 completed weeks of pregnancy.

Sudden Infant Death Syndrome (SIDS): The unexpected death of an infant and in which the cause is unknown.

Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis (Tdap) Vaccine: A vaccine that includes a combination of tetanus toxoid, diphtheria toxoid, and acellular pertussis.

Trimesters: The three 3-month periods into which pregnancy is divided.

Ultrasound Exam: A test in which sound waves are used to examine internal structures. During pregnancy, it can be used to examine the fetus.

If you have further questions, contact your obstetrician–gynecologist.

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