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4th Edition

Pregnancy

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Learn to:

- **Make pregnancy, childbirth an enjoyable experience**
- **Feel your best each trimester**
- **Evaluate the latest medical tests and procedures**
- **Find the best practitioner for you and baby**

Joanne Stone, MD
Keith Eddleman, MD

Associate Professors,
Mount Sinai School of Medicine

Mary Duenwald



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DUMMIES®
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**by Joanne Stone, MD, and
Keith Eddleman, MD**

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Pregnancy For Dummies®, 4th Edition

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Pregnancy For Dummies, 4th Edition

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Table of Contents

Introduction

[About This Book](#)

[What's New in This Edition](#)

[Foolish Assumptions](#)

[Icons Used in This Book](#)

[Beyond the Book](#)

[Where to Go from Here](#)

Part I: Getting Started with Pregnancy

Chapter 1: Seeing Double Lines: I Think I'm Pregnant!

[Recognizing the Signs of Pregnancy](#)

[Determining Whether You're Pregnant](#)

[Getting an answer at home](#)

[Going to your practitioner for answers](#)

[Calculating your due date](#)

[Selecting the Right Practitioner for You](#)

[Considering your options](#)

[Asking questions before you choose](#)

[Keeping Your Medicines and Vaccinations in Check](#)

[Reviewing your medications](#)

[Recognizing the importance of vaccinations and immunity](#)

Chapter 2: Your Pregnancy at a Glance: Overview of Pregnancy Week-by-Week

[Weeks 0–4](#)

[Weeks 5–8](#)

[Weeks 9-12](#)

[Weeks 13-16](#)

[Weeks 17-20](#)

[Weeks 21-24](#)

[Weeks 25-28](#)

[Weeks 29-32](#)

[Weeks 33-36](#)

[Weeks 37-40](#)

[Weeks 40-42](#)

[Common Tests during Pregnancy](#)

Chapter 3: Preparing for Life during Pregnancy

[Planning Prenatal Visits](#)

[Preparing for Physical and Emotional Changes](#)

[Coping with mood swings](#)

[Living through leg cramps](#)

[Noticing vaginal discharge](#)

[Putting up with backaches](#)

[Handling stress](#)

[Understanding the Effects of Medications, Alcohol, and Drugs on Your Baby](#)

[Taking medications](#)

[Smoking and its risks](#)

[Drinking alcohol](#)

[Using recreational/illicit drugs](#)

[Looking at Lifestyle Changes](#)

[Pampering yourself with beauty treatments](#)

[Relaxing in hot tubs, whirlpools, saunas, or steam rooms](#)

[Traveling](#)

[Getting dental care](#)

[Having sex](#)

[Working during Pregnancy: A Different Type of Labor](#)

[Considering occupational hazards](#)

[Understanding pregnancy and the law](#)

Chapter 4: Diet and Exercise for the Expectant Mother

[Looking at Healthy Weight Gain](#)

[Determining how much is enough](#)

[Avoiding weight obsession](#)

[Understanding your baby's weight gain](#)

[Taking Stock of What You're Taking In](#)

[Using the USDA Choose My Plate](#)

[Supplementing your diet](#)

[Determining Which Foods Are Safe](#)

[Eating potentially harmful foods](#)

[Debunking popular food myths](#)

Considering Special Dietary Needs

[Eating right, vegetarian-style](#)

[Staying healthy, vegan-style](#)

[Maintaining a gluten-free diet](#)

[Combating constipation](#)

[Dealing with diabetes](#)

Working Out for Two

[Adapting to your body's changes](#)

[Exercising without overdoing it](#)

[Comparing forms of exercise](#)

Part II: Pregnancy: Countdown

Chapter 5: The First Trimester

A New Life Takes Shape

[Following the numbers: How the embryo grows](#)

[Take two: Noting how twins develop](#)

Adapting to How Your Body Changes

[Breast changes](#)

[Fatigue](#)

[Any-time-of-day sickness](#)

[Bloating](#)

[Frequent urination](#)

[Headaches](#)

[Constipation](#)

[Cramps](#)

Going to Your First Prenatal Appointment

[Understanding the consultation](#)

[Considering the physical exam](#)

[Eyeing the standard tests](#)

Considering Options for Detecting Genetic Abnormalities in the First Trimester

[Looking at age](#)

[Chorionic villus sampling](#)

Recognizing Causes for Concern

[Bleeding](#)

[Miscarriage](#)

[Ectopic pregnancy](#)

For Partners: Reacting to the News

Chapter 6: The Second Trimester

Discovering How Your Baby Is Developing

Understanding Your Changing Body

[Forgetfulness and clumsiness](#)

[Gas](#)

[Hair and nail growth](#)

[Heartburn](#)

[Lower abdominal/groin pain](#)

[Nasal congestion](#)

[Nosebleeds and bleeding gums](#)

[Skin changes](#)

[Checking In: Prenatal Visits](#)

[Second-trimester blood tests](#)

[“Looking” at sound waves: Ultrasound](#)

[Testing with amniocentesis](#)

[Other prenatal tests and procedures](#)

[Recognizing Causes for Concern](#)

[Bleeding](#)

[Fetal abnormality](#)

[Cervical insufficiency/Incompetent Cervix](#)

[Knowing when to seek help](#)

[For Partners: Watching Mom Grow](#)

[Chapter 7: The Third Trimester](#)

[Your Baby Gets Ready for Birth](#)

[Movin’ and shakin’: Fetal movements](#)

[Flexing the breathing muscles](#)

[Hiccupping in utero](#)

[Keeping Up with Your Changing Body](#)

[Accidents and falls](#)

[Braxton-Hicks contractions](#)

[Carpal tunnel syndrome](#)

[Fatigue](#)

[Feeling the baby “drop”](#)

[Hemorrhoids](#)

[Insomnia](#)

[Pregnancy rashes and itches](#)

[Preparing for breast-feeding](#)

[Sciatica](#)

[Shortness of breath](#)

[Stretch marks](#)

[Swelling](#)

[Urinary stress incontinence](#)

[Varicose veins](#)

[Hitting the Home Stretch: Prenatal Visits in the Third Trimester](#)

[Taking Group B strep cultures](#)

[Gauging lung maturity](#)

[Assessing your baby’s current health](#)

[Preparing for Labor](#)

[Making a birth plan](#)

[Going back to school: Classes to take](#)

[Asking for a c-section on demand](#)

[Timing labor](#)

[Using perineal massage](#)

[Getting Ready to Head to the Hospital](#)

[Packing your suitcase](#)

[Determining who’s coming to the hospital](#)

[Choosing — and using — a car seat](#)

[Recognizing Causes for Concern](#)

[Bleeding](#)
[Breech presentation](#)
[Decreased amniotic fluid volume](#)
[Decreased fetal movement](#)
[Fetal growth problems](#)
[Leaking amniotic fluid](#)
[Preeclampsia](#)
[Preterm labor](#)
[When the baby is late](#)

[For Partners — Getting Down to the Wire](#)

Part III: The Big Event: Labor, Delivery, and Recovery

Chapter 8: Honey, I Think I'm in Labor!

[Knowing When Labor Is Real — and When It Isn't](#)

[Noticing changes before labor begins](#)
[Discerning false labor from true labor](#)
[Deciding when to call your practitioner](#)
[Checking for labor with an internal exam](#)

[Getting Admitted to the Hospital](#)

[Settling into your hospital room](#)
[Checking out the accommodations](#)

[Monitoring Your Baby](#)

[Fetal heart monitoring](#)
[Other tests of fetal health](#)

[Nudging Things Along: Labor Induction](#)

[Medically indicated induction](#)
[Elective induction](#)
[Inducing labor](#)
[Augmenting labor](#)

[Getting the Big Picture: Stages and Characteristics of Labor](#)

[The first stage](#)
[The second stage](#)
[The third stage](#)

[Handling Labor Pain](#)

[Systemic medications](#)
[Regional anesthetics](#)
[General anesthesia](#)

[Considering Alternative Birthing Methods](#)

[Delivering without anesthesia](#)

[Giving birth at home](#)

[Using a doula](#)

[Immersing yourself in a water birth](#)

Chapter 9: Special Delivery: Bringing Your Baby into the World

[Having a Vaginal Delivery](#)

[Pushing the baby out](#)
[Getting an episiotomy](#)

[Handling prolonged second-stage labor](#)

[The big moment: Delivering your baby](#)

[Delivering the placenta](#)

[Repairing your perineum](#)

Assisting Nature: Operative Vaginal Delivery

Having a Cesarean Delivery

[Understanding anesthesia](#)

[Looking at reasons for cesarean delivery](#)

[Recovering from a cesarean delivery](#)

Congratulations! You Did It!

[Shaking after delivery](#)

[Understanding postpartum bleeding](#)

[Hearing your baby's first cry](#)

[Checking your baby's condition](#)

[Cutting the cord](#)

[Banking cord blood and tissue](#)

[Finding out about new uses for your placenta](#)

Chapter 10: Hello, World! Meet Your Newborn

Looking at Your Bundle of Joy

[Varnished in vernix](#)

[The shape of the head](#)

[Black-and-blue marks](#)

[Blotches, patches, and more](#)

[Baby hair](#)

[Extremities](#)

[Eyes and ears](#)

[Genitalia and breasts](#)

[Umbilical cord](#)

[Newborn size](#)

[Seeing how your baby breathes](#)

Knowing What to Expect in the Hospital

[Preparing baby for life outside the womb](#)

[Understanding baby's developing digestive system](#)

[Considering circumcision](#)

[Spending time in the neonatal intensive care unit](#)

Checking In: Baby's First Doctor Visit

[Considering heart rate and circulatory changes](#)

[Looking at weight changes](#)

For Partners: Home at Last — with the New Family

Chapter 11: Taking Care of Yourself after Delivery

Recuperating from Delivery

[Looking and feeling like a new mom](#)

[Understanding postpartum bleeding](#)

[Dealing with perineal pain](#)

[Surviving swelling](#)

[Coping with your bladder](#)

[Battling the hemorrhoid blues](#)

[Understanding postpartum bowel function](#)

[Continuing to recover at home](#)

Recovering from a Cesarean Delivery

[Going to the recovery room](#)

[Taking it one step at a time](#)

[Understanding post-cesarean pain](#)

[Dealing with post-op pain](#)

[Getting ready to go home](#)

[Continuing to recover at home](#)

Going through More Postpartum Changes

[Sweating like a ... new mom](#)

[Dealing with breast engorgement](#)

[Understanding hair loss](#)

[Chasing away the baby blues](#)

[Recognizing postpartum depression](#)

[Checking your progress: The first postpartum doctor visit](#)

Returning to “Normal” Life

[Getting fit all over again](#)

[Losing the weight](#)

[Pondering your postpartum diet](#)

[Taking your vitamins](#)

[Doing Kegel exercises](#)

[Having sex again](#)

[Choosing contraception](#)

Chapter 12: Feeding Your Baby

Deciding between Breast and Bottle

[Sizing up the advantages of breast-feeding](#)

[Checking out why some moms may choose bottle-feeding](#)

Latching onto Breast-Feeding

[Looking at the mechanics of lactation](#)

[Checking out breast-feeding positions](#)

[Getting the baby to latch on](#)

[Orchestrating feedings](#)

[Maintaining your diet](#)

[Looking at birth control options](#)

[Determining which medications are safe](#)

[Handling common problems](#)

[Breast-feeding multiples](#)

Bottle-Feeding for Beginners

[Stopping milk production](#)

[Choosing the best bottles and nipples](#)

[Feeding your baby from a bottle](#)

Dealing with Baby’s Developing Digestive System

Part IV: Dealing with Special Concerns

Chapter 13: Pregnancies with Special Considerations

Figuring Out How Age Matters

[Over-30-something moms](#)

[Not-so-young dads](#)

[Very young moms](#)

[Having Twins or More](#)

[Looking at types of multiples](#)

[Determining whether multiples are identical or fraternal](#)

[Screening for Down syndrome in pregnancies with twins or more](#)

[Conducting genetic testing in pregnancies with twins or more](#)

[Keeping track of which baby is which](#)

[Living day-to-day during a multiple pregnancy](#)

[Going through labor and delivery](#)

[Covering special issues for moms with multiples](#)

[Monitoring for preterm labor in twins](#)

[Getting Pregnant Again](#)

[Realizing how each pregnancy differs](#)

[Giving birth after a prior cesarean delivery](#)

[If You're a Nontraditional Family](#)

[Preparing Your Child \(or Children\) for a New Arrival](#)

[Explaining pregnancy](#)

[Making baby-sitting arrangements for your delivery](#)

[Coming home](#)

[Chapter 14: When Things Get Complicated](#)

[Dealing with Preterm Labor](#)

[Checking for signs of preterm labor](#)

[Stopping preterm labor](#)

[Preventing preterm labor](#)

[Delivering the baby early](#)

[Handling Preeclampsia](#)

[Understanding Placental Conditions](#)

[Placenta previa](#)

[Placental abruption](#)

[Recognizing Problems with the Amniotic Fluid and Sac](#)

[Too much amniotic fluid](#)

[Too little amniotic fluid](#)

[Rupture of the amniotic sac](#)

[Describing Problems with Fetal Growth](#)

[Smaller-than-average babies](#)

[Larger-than-average babies](#)

[Looking at Blood Incompatibilities](#)

[The Rh factor](#)

[Other blood mismatches](#)

[Dealing with Breech Presentation](#)

[Pondering Post-Term Pregnancy](#)

[Chapter 15: Pregnancy in Sickness and in Health](#)

[Getting an Infection While Pregnant](#)

[Bladder and kidney infections](#)

[Chickenpox](#)

[Colds and flu](#)

[Seasonal allergies and hay fever](#)
[Cytomegalovirus \(CMV\) infections](#)
[German measles \(rubella\)](#)
[Hepatitis](#)
[Herpes infections](#)
[Human immunodeficiency virus \(HIV\)](#)
[Listeria](#)
[Lyme disease](#)
[Parvovirus infection \(fifth disease\)](#)
[Stomach viruses \(gastroenteritis\)](#)
[Toxoplasmosis](#)
[Vaginal infections](#)

Handling Pre-Pregnancy Conditions

[Asthma](#)
[Chronic hypertension](#)
[Deep vein thrombosis and pulmonary embolus](#)
[Diabetes](#)
[Fibroids](#)
[Immunological problems](#)
[Inflammatory bowel disease](#)
[Seizure disorders \(epilepsy\)](#)
[Thyroid problems](#)

Chapter 16: Coping with the Unexpected

[Surviving Recurrent Miscarriages](#)
[Coping with Late-Pregnancy Loss](#)
[Dealing with Fetal Abnormalities](#)
[Finding Help](#)
[Beginning to Heal](#)

Part V: The Part of Tens

Chapter 17: Ten Things Nobody Tells You

[Pregnancy Lasts Longer than Nine Months](#)
[Other People Can Drive You Crazy](#)
[You Feel Exhausted in the First Trimester](#)
[Round Ligament Pain Really Hurts](#)
[Your Belly Becomes a Hand Magnet](#)
[Hemorrhoids Are a Royal Pain in the Butt](#)
[Sometimes Women Poop While Pushing](#)
[The Weight Stays On after the Baby Comes Out](#)
[Postpartum Bonding Really Does Happen](#)
[Breast Engorgement Really Sucks, and Breast-Feeding Can Be a Production](#)

Chapter 18: Ten Healthy Snacks for Pregnant Women

Chapter 19: Ten Key Things You Can See on Ultrasound

[Measurement of Crown-Rump Length](#)

[The Face](#)

[The Spine](#)

[The Heart](#)

[The Hands](#)

[The Foot](#)

[The Fetal Profile](#)

[Three-Dimensional Image](#)

[It's a Boy!](#)

[It's a Girl!](#)

[About the Author](#)

[Cheat Sheet](#)

[More Dummies Products](#)

Introduction

It's ironic that this book is called *Pregnancy For Dummies*, because the whole idea behind it is that couples today *aren't* dummies (in the traditional sense) and are quite capable of understanding complex medical information when it's presented clearly. Our goal, in fact, has been to write a scientifically correct, comprehensive guide to what is one of the most memorable experiences in anyone's life — pregnancy. The *For Dummies* books are known for being accurate and informative, yet easy to read. That's why we found this format to be the perfect one in which to present the medical facts of pregnancy and still acknowledge, and even encourage, the humor and light-heartedness that are part of the miraculous process of having babies.

About This Book

We know from our experience caring for thousands of women at Mount Sinai Medical Center in New York City that prospective parents are truly interested in and curious about everything related to pregnancy, from when the baby's heart is formed to whether eating sushi or dyeing your hair is okay. In this book, we incorporate our responses to many commonly asked questions. Our approach to some of the more controversial ones is to provide answers based on *real*, medically based data. We make sure to provide not just the party-line answer, or the safe answer, but the response that is based on the medical literature. Sometimes, no solid data exists to indicate whether something is safe or unsafe, and when this is the case, we tell you.

Too often, our patients come to us incredibly worried about something they've read in another book that is either outdated, lacks any real scientific basis, or is exaggerated way out of proportion. Sometimes, other pregnancy books present info in such a way as to be alarmist, or they're not properly in perspective. The trouble is that pregnant women are, by nature, already anxious about whether anything they do or eat may hurt the baby. The guiding principle of our approach has been to put all the facts into perspective and not to create needless anxiety or fear. Pregnancy should be a joy, not a worry. A big part of our philosophy in writing this book is to reassure pregnant women whenever medically possible, rather than to add to the unnecessary worries they already have.

Our experience has shown us that prospective parents also want to know about the real medical aspects of pregnancy. When are fingers developed? What blood tests should be done, and why? What options are available for detecting various problems? In addressing these topics, we have attempted to write a book that is essentially a medical text on obstetrics for the layperson.

We are practicing obstetricians who are also board certified in the subspecialty of maternal-fetal medicine (high-risk pregnancies), and we also teach residents, medical students, and other doctors about pregnancy and prenatal care. So we came into this project with a certain amount of expertise. Also, we consulted many of our colleagues in areas of medicine outside obstetrics — in pediatrics, internal medicine, and anesthesia, for example. For many topics, we conducted comprehensive searches of the medical literature to make sure the information we provide is based on the most recent studies available. Working with Mary Duenwald on the text has been enormously helpful in making sure that the

medical information we provide is comprehensible to someone who isn't in the medical field. In addition, as a mother of twins, Mary has been able to provide her own unique insight into various aspects of pregnancy.

In most pregnancy books, the father of the baby is, sadly, overlooked. We think that's a shame. Dads are, of course, welcome to read any part of the book that interests them (or that the Moms-to-be direct them to), but we also include insightful commentary that is intended specifically for dads.

We designed *Pregnancy For Dummies*, 4th Edition, to be used gradually, as you enter into each stage of pregnancy. Many women are curious about what lies ahead and may want to read the whole book right off the bat. But the information is organized in such a way that you can take things week by week, if you want. You can also consult it as needed if you run into some particular question or problem.

We trust that you will use this book as a companion to regular medical care. Perhaps some of the information in it will lead you to ask your practitioner questions that you may not otherwise have thought to ask. Because there isn't always just one answer or even a right answer to every question, you may find that your practitioner holds a different point of view than we do in some areas. This difference of opinion is only natural, and, in fact, we even occasionally disagree with each other. The bottom line is that this book provides a lot of factual information, but it is not "gospel." Remember, also, that many topics we discuss apply to pregnancy in general, but your particular situation may have unique aspects to it that warrant different or extra consideration.

What's New in This Edition

Writing this book was very much like giving birth to a baby. It took a lot of planning, discovering, labor, and love and resulted in tremendous pride and joy for the two of us. Medicine, and specifically the field of obstetrics, is changing constantly. In order to keep up with the latest trends and medical news, we have updated and revised the information for this fourth edition.

What's also new in this edition is the way we organized the book. The first part is an overview about preparing for pregnancy, lifestyle issues during pregnancy, and the overall “game plan.” Next we divided up information by trimesters because that's the traditional way of thinking about pregnancy. But in this edition, we have also given you a week-by-week account of what's going on and what you should do. We focused an entire section of the big event — labor and delivery — and then all the important newborn issues, such as breastfeeding and things you should know before you take that cute little bundle home. In Part [IV](#), we focus on special concerns, so that if need be, you will be prepared in case of certain pregnancy complications. Finally the last section is load with fun facts. Also, with the advancements in obstetrical ultrasound, we have provided new ultrasound images so that you can know what to anticipate when you go for your OB ultrasound!!

As in the first three editions, we rely on scientific data rather than opinion or hearsay. Recent medical research has answered some earlier questions, helping us to give better care to pregnant women. For example, we've

added new information about revised dietary recommendations from the U.S. Department of Agriculture. Societal and cultural trends that affect us all also affect pregnant women. Topics like Botox and thimerisol weren't important issues when we wrote the first edition, but we discuss them in this edition because they come up more frequently today. Most importantly, we have listened to our patients' comments and suggestions for a fourth edition, and incorporated many of those ideas into this book.

Foolish Assumptions

As we wrote this book, we made some assumptions about you and what your needs may be:

- ✓ You may be a woman who is considering pregnancy, planning to have a baby, or already pregnant.
- ✓ You may be the partner of the mother-to-be.
- ✓ You may know and love someone who is or plans to be pregnant.
- ✓ You want to find out more about pregnancy but have no interest in becoming an expert on the topic.

If you fit any of these criteria, then *Pregnancy For Dummies*, 4th Edition, gives you the information you're looking for!

Icons Used in This Book

Like other *For Dummies* books, this one has little icons in the margins to guide you through the information and zero in on what you need to find out. The following paragraphs describe the icons and what they mean.



This icon signals that we're going to delve a little deeper than usual into a medical explanation. We don't mean to suggest the information is too difficult to understand — just a little more detailed.



We flag certain pieces of information with this icon to let you know something is particularly worth keeping in mind.



This icon marks bits of advice we give you about handling some of the minor discomforts and other challenges you encounter during pregnancy.



Throughout this book, we try to avoid being too alarmist, but there are some situations and actions that a pregnant woman clearly should avoid. When this is the case, we show you the Warning icon.



Many things you may feel or notice while you're pregnant beg the question, "Is this important enough for my practitioner to know about?" When the answer is yes, you see this icon.



We know from experience that pregnancy can bring out the instinct to worry. Feeling a little anxious from time to time is normal, but some women go overboard working themselves up over things that really aren't a problem. We use this icon — more than any other one — to point out the countless things that you really need not fret about.

Beyond the Book

In addition to the material in the print or e-book you're reading right now, this product also comes with some access-anywhere goodies on the web. Check out the free Cheat Sheet at

www.dummies.com/cheatsheet/pregnancy for a handy schedule of prenatal visits and tests, a list of common medical abbreviations, a look at how your baby grows during pregnancy, a checklist of items to have for your hospital stay, and a reference of important phone numbers and addresses to have on hand.

Also included are some bonus articles that can be accessed at www.dummies.com/extras/pregnancy. These little “extras” cover topics from genetic testing and the benefits of skin-to-skin contact to placenta previa and the whys of when ultrasounds are scheduled.

Where to Go from Here

If you're the particularly thorough type, go ahead and read this book from cover to cover. If you just want to find specific information and then close the book, take a look at the table of contents or at the index. Dog-ear the pages that are especially interesting or relevant to you.

Write little notes in the margins. Have fun and, most of all, enjoy your pregnancy!

Part I

Getting Started with Pregnancy



Visit www.dummies.com for great Dummies content online.

In this part ...

- ✓ You're pregnant! Or, at least, you think so! Find out how to recognize the signs of pregnancy and what to do about getting your pregnancy confirmed.
- ✓ Check out how your pregnancy will progress week by week.
- ✓ Discover how your daily life will change now that you're pregnant. Gain insight on how to plan for everything from taking medications to visiting the hairdresser.
- ✓ Understand how eating right and exercising is just as important for mom as it is for baby.

Chapter 1

Seeing Double Lines: I Think I'm Pregnant!

In This Chapter

- ▶ Knowing what symptoms to look for
 - ▶ Getting the answer to that all-important question: Are you pregnant?
 - ▶ Finding a healthcare practitioner to meet your needs
 - ▶ Figuring out your due date
 - ▶ Considering medications you may be taking
-

So you think you may be pregnant! Or maybe you're hoping to become pregnant soon. Either way, you want to know what to look for in the early weeks of pregnancy so that you can know for sure as soon as possible. In this chapter, we take a look at some of the most common signals that your body sends you in the first weeks of pregnancy, and offer advice for confirming your pregnancy and getting it off to a great start.

Recognizing the Signs of Pregnancy

So assume it has happened: A budding embryo has nestled itself into your womb's soft lining. How and when do you find out that you're pregnant? Quite often, the first sign is a missed period. But your body sends many other signals — sometimes even sooner than that first

missed period — that typically become more noticeable with each passing week.

- ✓ **Honey, I'm late!** You may suspect that you're pregnant if your period hasn't arrived as expected. By the time you notice you're late, a pregnancy test will probably yield a positive result (see the next section, "[Determining Whether You're Pregnant](#)," for more on pregnancy tests). Sometimes, though, you may experience one or two days of light bleeding, which is known as *implantation bleeding*, because the embryo is attaching itself to your uterus's lining.
- ✓ **You notice new food cravings and aversions.** What you've heard about a pregnant woman's appetite is true. You may become ravenous for pickles, pasta, and other particular foods, yet turn up your nose at foods you normally love to eat. No one knows for sure why these changes in appetite occur, but experts suspect that these changes are, at least partly, nature's way of ensuring that you get the proper nutrients. You may find that you crave bread, potatoes, and other starchy foods, and perhaps eating those foods in the early days is actually helping you store energy for later in pregnancy, when the baby does most of its growing. As with any other time in life, though, be careful not to overeat. You may also be very thirsty early in pregnancy, and the extra water you drink is useful for increasing your body's supply of blood and other fluids.
- ✓ **Your breasts become tender and bigger.** Don't be surprised by how large your breasts grow early in pregnancy. In fact, large and tender breasts are often the first symptom of pregnancy that you feel because very early in pregnancy, levels of estrogen and

progesterone rise, causing immediate changes in your breasts.

Joanne's story

One day a couple of years after my first daughter was born, I found myself heading to the grocery store to buy pickles and ketchup, intent on mixing them together to make a lovely, tasty, green-and-red meal. I was craving it so much that it didn't even occur to me what an odd dish it is. In fact, it wasn't until I had cleaned up the dishes that I realized that pickles and ketchup had been my only craving during the early months of my first pregnancy. I had no other reason to think I was pregnant again; I hadn't even missed a period. But the next morning I tested myself, and sure enough, it was time for round two.

Determining Whether You're Pregnant

Well, are you or aren't you? These days, you don't need to wait to get to your practitioner's office to find out whether you're pregnant. You can opt instead for self-testing. Home tests are urine tests that give simply a positive (often two lines — hence the title of this chapter) or negative result (only one line). (By the way, these tests are very accurate for most people.) Your practitioner, on the other hand, may perform either a urine test similar to the one you took at home or a blood test to find out whether you're pregnant.

Getting an answer at home

Suppose you notice some bloating or food cravings, or you miss your period by a day or two. You want to know whether you're pregnant, but you aren't ready to go to a doctor yet. The easiest, fastest way to find out is to go to

the drugstore and pick up a home pregnancy test. These tests are basically simplified chemistry sets, designed to check for the presence of *human chorionic gonadotropin* (hCG, the hormone produced by the developing placenta) in your urine. Although these kits aren't as precise as laboratory tests that look for hCG in blood, in many cases they can provide positive results very quickly — by the day you miss your period, or about two weeks after conception.



The results of home pregnancy tests aren't a sure thing. If your test comes out negative but you still think you're pregnant, retest in another week or make an appointment with your doctor. A urine test is positive at a level of about 20-50 IU/L while a blood test is positive at a level of 5-10 IU/L, depending on the test. So a blood test will be positive a little earlier than a urine test. An ultrasensitive blood test can even detect an hCG level of about 1-2 IU/L. hCG is found in the maternal blood at 6-12 days after ovulation (20-26 days from last menstrual period of ovulation occurs on day 14).

Going to your practitioner for answers

Even if you had a positive home pregnancy test, most practitioners want to confirm this test in their office before beginning your prenatal care. Your practitioner may decide to simply repeat a urine pregnancy test or to use a blood pregnancy test instead.

A blood pregnancy test checks for hCG in your blood. This test can be either qualitative (a simple positive or negative result) or quantitative (an actual measurement of the amount of hCG in your blood). The test your

practitioner chooses depends on your history and your current symptoms and on her own individual preference. Blood tests can be positive even when urine tests are negative.

Calculating your due date

Only 1 in 20 women actually delivers on her due date — most women deliver anywhere from three weeks early to two weeks late. Nonetheless, it's important to pinpoint the due date as precisely as possible to ensure that the tests you need along the way are performed at the right time. Knowing how far along you are also makes it easier for your doctor to see that the baby is growing properly.

The average pregnancy lasts 280 days — 40 weeks — counting from the first day of the last menstrual period. Your due date — what doctors once referred to as the EDC, for estimated date of confinement (in the old days, women were actually “confined” to the hospital around the time of their delivery) — is calculated from the date on which your last menstrual period (LMP) started.

If your cycles are 28 days long, you can use a shortcut to determine your due date. Simply subtract three months from your LMP and add seven days. If your last period started on June 3, for example, your due date would be March (subtract three months) 10 (add seven days). If your periods don't follow 28-day cycles, don't worry. You can establish your due date in other ways. If you've been tracking ovulation and can pinpoint the date of conception, add 266 days to that date (the average time between the first day of your LMP and ovulation is about 14 days, or 2 weeks).

If you're unsure of the date of conception or the date your last period started, an ultrasound exam during the first three months can give you a good idea of your due