Part 3

pregnancy reference guide

Pregnancy can bring with it a host of concerns, everything from acne to morning sickness, fatigue to heartburn. The Pregnancy Reference Guide offers self-care tips and insights on when to seek medical care for many pregnancy concerns.

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pregnancy reference guide

Abdomen, pressure in the lower

1st, 2nd, 3rd trimesters

When not accompanied by other symptoms, a feeling of pressure in the lower abdomen is probably nothing to worry about. In the first trimester, this sensation is common. Most likely, you're feeling your uterus starting to grow. You may also be feeling increased blood flow. In the second or third trimester, the pressure likely has to do with the weight of the growing uterus. In all of these cases, the bladder and rectum are compressed by the growing uterus, which provokes feelings of pressure.

When to seek medical help for pressure in the lower abdomen

If the pressure is accompanied by pain, cramping or bleeding early in your pregnancy, these might be signs and symptoms of miscarriage or ectopic pregnancy. An ectopic pregnancy occurs when the embryo implants outside the uterus, usually in a fallopian tube. Later in your pregnancy, pressure in the lower abdomen could indicate preterm (before the 37th week) labor.

Contact your health care provider if the abdominal pressure lasts for four to six hours or longer or is accompanied by any of the following:

- Pain
- Vaginal bleeding
- A low, dull backache that lasts four hours or longer
- Abdominal cramps
- Regular contractions or uterine tightening
- Watery vaginal discharge
- Ruptured membranes (your "water breaks")

Abdominal discomfort or cramping

1st, 2nd trimesters

Pain in the lower abdomen during the first and second trimesters often

stems from normal pregnancy changes. As the uterus expands, the ligaments and muscles that support it stretch. This stretching may cause twinges, cramps or pulling sensations on one or both sides of your lower abdomen. You may notice the pain more when you cough, sneeze or change position.

Another fairly common cause of abdominal or groin discomfort in midpregnancy is stretching of the round ligament, a cord-like muscle that supports the uterus. The discomfort usually lasts for several minutes and then goes away. (See also **Round ligament pain.)**

If you've had abdominal surgery, you may have pain from stretching or pulling of adhesions, the bands of scar tissue that adhere to the walls of the abdomen or other structures. The increasing size of your abdomen can cause these bands of tissue to stretch or even pull apart, which can be painful.

Lower abdominal discomfort that's relatively minor and comes and goes irregularly is probably nothing to worry about. If it's regular and predictable, consider whether you might be entering labor, even if you are still far from your due date.

Prevention and self-care for abdominal discomfort or cramping

It may help to sit or lie down if abdominal pain is bothering you. You may also find relief by soaking in a warm bath or doing relaxation exercises.

When to seek medical help for abdominal discomfort or cramping

Pain that's severe and unrelenting may be a sign of a problem, such as ectopic pregnancy or preterm labor. The first sign of an ectopic pregnancy usually is pain in the abdomen or pelvis. This pain is usually described as sharp and stabbing. Your abdomen may feel tender. You may have bleeding, nausea and low back pain.

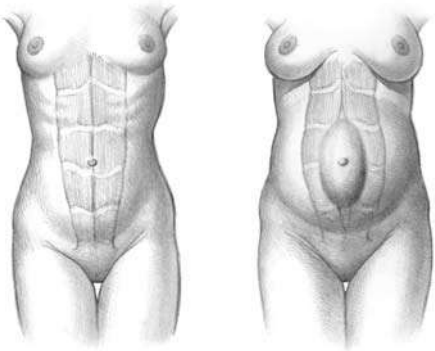
In midpregnancy and beyond, lower abdominal pain accompanied by continuous low back pain or contractions may signal preterm labor. Call your health care provider right away if:

- Pain is severe, persistent or accompanied by fever
- You experience vaginal bleeding, vaginal discharge, gastrointestinal symptoms, dizziness or lightheadedness
- You have pain in the shoulder and neck
- You have contractions, which may feel like a tightening in the abdomen and a sensation similar to menstrual cramps

Abdominal tenderness due to muscle separation

2nd, 3rd trimesters

During pregnancy, your growing uterus stretches the muscles in your abdomen. This may cause the two large parallel bands of muscles that



meet in the middle of the abdomen to separate. This separation, called diastasis, can also cause a bulge where the two muscles separate.

For most women, the condition is painless. Others experience some tenderness around the bellybutton. The muscle separation can also contribute to back pain.

The condition may first appear during the second trimester. It may become more noticeable in the third trimester. In subsequent pregnancies, it's likely to be worse. But the problem generally goes away after delivery.

- ***Prevention and self-care for abdominal muscle separation***
  If abdominal muscle separation is causing a backache or back pain, a number of simple strategies can help make your back more comfortable (see also **Backaches and back pain).**

- ***Medical care for abdominal muscle separation***
  Usually no medical care is needed for abdominal muscle separation. Your health care provider can evaluate whether the amount of muscle separation is more than usual. He or she may suggest ways to remedy the separation after your baby is born.

Absent-mindedness

See **Forgetfulness**

Acne

- ***1st, 2nd, 3rd trimesters***
  Because pregnancy hormones increase oil secretion from skin glands, you may develop acne early in your pregnancy. These skin changes are temporary and will likely disappear after you give birth.

- ***Prevention and self-care for acne***
  Most acne can be prevented or controlled with good basic skin care. Try the following techniques:
  - Wash your face as you normally would. Avoid facial scrubs, astringents and masks because they tend to irritate skin and can make acne worse. Excessive washing and scrubbing can also irritate skin.
  - Avoid irritants such as oily cosmetics, hair-styling products or acne concealers. Use products labeled water-based or noncomedogenic,

which are less likely to clog pores. If the sun makes your acne worse, protect yourself from direct sunlight.
- Watch what touches your face. Keep your hair clean and off your face. Avoid resting your hands or objects on your face. Tight clothing or hats also can pose a problem, especially if you're sweating. Sweat, dirt and oils can contribute to acne.

Medical care for acne

Don't take any medications for acne without your health care provider's advice. Some drugs used to treat acne can harm a fetus. These include:
- *Isotretinoin (Accutane).* This acne medication, taken orally, is known to cause birth defects such as hydrocephalus, cardiac abnormalities and ear defects. Women who take Accutane must wait at least three months after stopping use of the drug before becoming pregnant.
- *Hormonal therapy.* Hormones, including estrogen and the anti-androgens spironolactone and flutamide, are sometimes used to treat acne. They shouldn't be taken during pregnancy.
- *Tetracyclines.* These antibiotic medications are often used to treat acne. They may cause slowed bone growth and discolored teeth in the fetus as well as severe liver disease in expectant mothers. They shouldn't be used during pregnancy.

If you're concerned about acne or skin breakouts, talk to your health care provider.

Alcohol, use of

1st, 2nd, 3rd trimesters

Don't drink alcohol during your pregnancy. No level of alcohol has been proved safe during pregnancy. Drinking alcohol during pregnancy can cause fetal alcohol syndrome, which can result in both physical and mental birth defects.

If you have a drink or two before you realize you're pregnant, don't panic. It's unlikely that drinking a small amount of alcohol early in the pregnancy will do harm. However, stop drinking alcohol as soon as you suspect you're pregnant — better still, quit before you try to become pregnant.

When to seek medical help for use of alcohol

If you find it hard to stop drinking, get help. Talk with your health care provider about your options.

Allergies

1st, 2nd, 3rd trimesters

Many women have allergies, either seasonal or year-round, before getting

pregnant. Others develop a stuffy nose during pregnancy, even if they haven't had that problem before.

During pregnancy, elevated levels of estrogen appear to increase mucus production and swelling in the nose, causing congestion. In addition to a runny or stuffed nose, you may experience sneezing and itchy, watery eyes.

Many of the usual remedies for these signs and symptoms should be avoided in pregnancy:

- *Antihistamines.* Use caution when considering the use of antihistamines, which are commonly used to relieve cold and allergy signs and symptoms such as itching, sneezing and a runny nose. Talk with your health care provider to see if antihistamines would help and for direction on which product to use.
- *Decongestants.* There is reason for concern regarding pregnant women's use of decongestants, which come in either nasal or oral form and work by shrinking blood vessels to relieve nasal congestion. Decongestants are sold under many brand names, including Afrin, Dristan, Drixoral, Naphcon Forte, Neo-Synephrine, Otrivin, Sudafed, and Vicks Sinex. Use decongestants only on a health care provider's advice.
- *Combination antihistamines and decongestants.* Many prescription and nonprescription products combine antihistamines and decongestants. Some over-the-counter medications of this type include Allerest, Benadryl Allergy & Sinus, Claritin-D, Contac Day & Night Allergy/Sinus, Sudafed Severe Cold Formula and Vicks DayQuil. Avoid all medications of this type while pregnant because combination drugs may have combined effects on the fetus.

Preferred medications for problems in pregnancy include:

- *Nasal sprays.* Steroid nasal sprays reduce inflammation and mucus production and may improve night sleep and daytime alertness. Nasal sprays include beclomethasone (Beconase, Vancenase), budesonide (Rhinocort), flunisolide (Aerobid), fluticasone (Flonase), mometasone furoate (Nasonex) and triamcinolone (Nasacort). Steroid nasal sprays are thought to be safe during pregnancy, but discuss your options carefully with your health care provider before taking them.
- *Cromolyn.* Cromolyn (NasalCrom) also is a nasal spray that reduces inflammation, but it's not a steroid. It's not as effective as the steroid sprays, but it's effective for treating mild allergies. It's often a good treatment option for pregnant women with mild allergies.
- *Allergy shots.* Allergy shots (immunotherapy) are safe for pregnant women who are already receiving them. If you haven't been getting

shots, don't start them during pregnancy unless you've talked about this option with your health care provider.

Prevention and self-care for allergies

As a first step, try to determine what you're allergic to. Try to avoid exposing yourself to those things. Common irritants or allergens include pollen, dust mites, animal dander and hair, molds, fungi and cockroaches. Keep in mind that smoking or being in a smoke-filled room can make your allergies worse. Air filters and air conditioning can help control pollen allergies.

Here are some other tips to help you deal with allergy signs and symptoms:

- Use a nasal wash to clear a congested nose. Dissolve ¼ teaspoon of salt in 1 cup of warm water. Lean over the sink with your head down and to the side. Pour some of the saline solution into the palm of your hand and inhale it through a nostril while holding the other nostril closed with your finger. The solution will move through your nasal passages and into your mouth. Spit the remaining solution out, and gently blow your nose. Tilt your head to the other side and repeat with the other nostril. You can also administer the wash with a large rubber syringe, available at pharmacies. You can do nasal washes several times a day. Make a fresh solution each time.
- You may be able to clear a stuffy nose by breathing steam from a hot shower, a pot of boiling water taken off the stove, a cool mist humidifier or a vaporizer. Be sure to keep humidifiers and vaporizers clean because bacteria and mold can grow in them.
- Place warm, moist towels on your face to clear your nose and chest.
- Use your fingers to massage your sinuses — rub on the bony ridge above and under your eyebrows, under your eyes and down the sides of your nose.

When to seek medical help for allergies

If your signs and symptoms are severe or don't improve with self-care techniques, talk to your health care provider. He or she may suggest an appropriate medication. Don't take any medication for allergies without consulting your health care provider. Studies haven't found any benefit from most alternative therapies, including high-dose vitamins, homeopathic remedies and most herbal remedies. And they aren't any safer than medications.

Baby 'drops'

See **Lightening**

Baby movement, decreased

3rd trimester

Most pregnant women get to know their baby's typical patterns of movement and are attuned to changes in the frequency or intensity of those movements. You may notice a slight decrease in your baby's activity in the last few days before birth. In late pregnancy, the number of fetal movements you perceive often declines gradually. The baby has less room to move around in the uterus, especially after his or her head drops into the pelvis.

Although a baby who isn't very active in the womb may be perfectly healthy, decreased fetal movement can be a sign that something is wrong. A significant drop in fetal activity in the last trimester of pregnancy may indicate that the baby is in jeopardy, possibly because of decreased oxygen. This may be caused by a variety of problems, such as a knotted or compressed umbilical cord. A problem with the placenta also may lead to problems for the baby.

Self-care for decreased baby movement

If you're concerned about the baby's activity, take a break from other activities. Sit down and drink a glass of juice or regular — not diet — soda. Concentrate on your baby's movements. In most cases, you'll find your baby is more active than you realized. Almost all babies will move at least four times each hour.

When to seek medical help for decreased baby movement

Don't hesitate to contact your health care provider if you're worried about a decrease in your baby's movement. Call your health care provider immediately if:

- You feel no fetal movement for more than one hour.
- You notice a significant decrease in your baby's movements — fewer than 10 movements in a two-hour period.

Your health care provider can check the condition of your fetus. Decreased fetal movement is often noted in time to help the baby if he or she is in trouble. When a possible problem is found, the baby may need to be delivered immediately, often by emergency Caesarean birth, during which the baby is removed through an incision in the mother's abdomen. Prompt action may prevent serious problems.

Baby's hiccups

2nd, 3rd trimesters

Starting about midway through your pregnancy, you may occasionally notice a slight twitching or little spasms in your abdomen. Your baby

probably has the hiccups. Fetal hiccups develop as early as the 15th week of gestation, even before breathing movements become common. Some fetuses get hiccups several times a day, and others never get them. After they're born, most babies have frequent bouts of hiccups. They're common after a feeding, particularly after burping. No one knows why they occur — in babies or adults — or why babies have them so often.

Fortunately, hiccups pose no danger to babies before or after birth. There's no reliable way to stop hiccups in a baby. They don't cause the same discomfort in babies as they do in adults, though a newborn with hiccups may fuss or cry.

Backaches and back pain

1st, 2nd, 3rd trimesters

Pregnant women are prone to backaches and back pain for a number of reasons. During pregnancy, the joints and ligaments in your pelvic region begin to soften and loosen in preparation for the baby to pass through your pelvis. As your uterus grows, your abdominal organs shift, and your body weight is redistributed, changing your center of gravity. Gradually you begin to adjust your posture and the ways you move. These compensations can lead to backaches and back pain. (See also **Abdominal tenderness due to muscle separation; Sciatica.)**

Prevention and self-care for backaches and back pain

Try these suggestions to help your back feel more comfortable:

- Practice good posture. Tuck your buttocks under, pull your shoulders back and downward, and stand straight and tall. Be aware of how you stand, sit and move.
- Change position often, and avoid standing for long periods of time.
- Avoid lifting heavy objects or children.
- Lift correctly. Don't bend over at the waist. Instead, squat down, bend your knees, and lift with your legs rather than your back.
- Place one foot on a low stool when you have to stand for a long time.
- Wear supportive, low-heeled shoes.
- Exercise (swim, walk or stretch) at least three times a week. Consider joining a prenatal exercise or yoga class.
- Try to avoid sudden reaching movements or stretching your arms high over your head.
- Sit with your feet slightly elevated.
- Sleep on your side with one knee or both knees bent. Place a pillow between your knees and another one under your abdomen. You may also find relief by placing a specially shaped total body pillow under your abdomen.

- Apply heat to your back. Try warm bath soaks, warm wet towels, a hot water bottle or a heating pad. Some people find relief by alternating ice packs with heat.
- Have a back massage or practice relaxation techniques.
- Wear maternity pants with a low, supportive waistband. Or consider using a maternity support belt.
- Do pelvic tilt exercises. Rest comfortably on your hands and knees with your head in line with your back. Pull in your abdomen, arching your back upward. Hold the position for several seconds, then relax your abdomen and back. Repeat three to five times, working gradually up to 10.

When to seek medical help for backaches and back pain

Pain relief medications other than acetaminophen (Tylenol, others) — including aspirin, ibuprofen (Advil, Motrin, others) and "superaspirins" (COX-2 inhibitors such as Celebrex) — cause some concern for your unborn baby. If your back pain is severe, ask your health care provider about appropriate treatment. He or she may suggest a variety of approaches, such as special stretching exercises, to alleviate pain without causing concern about your baby.

Back pain may be a sign of a more serious problem if it's severe and unrelenting or if it's accompanied by other signs and symptoms. A low, dull backache may be a sign of labor or preterm labor.

Contact your health care provider if your back pain lasts four to six hours or longer or if you're also experiencing any of the following:

- Vaginal bleeding, which may come and go
- Cramping or abdominal pain
- Passing of tissue from the vagina
- Fever
- Regular uterine contractions (every 10 minutes or more often), which may feel like a tightening in your abdomen
- A feeling of heaviness or pressure in the pelvis or lower abdomen
- Watery discharge (clear, pink or brownish fluid) leaking from your vagina
- Menstrual-like cramps, which may come and go and may be accompanied by diarrhea
- Ruptured membranes, that is, the breaking of the amniotic sac, a normal part of going into labor (your water breaks)

Birth control pills, safety of, after conception

1st trimester

It rarely happens, but birth control pills can fail. If you get pregnant while

you're taking birth control pills, stop taking them immediately. The hormones in the pills should be avoided during pregnancy. The risk is low, but there is a potential for harm.

If you're planning to become pregnant, most health care providers recommend that you stop taking the pill two to three months before conception. For birth control during this time, you may want to use condoms or a diaphragm. Conceiving during the first month after you stop taking the pill doesn't pose a serious risk to fetal development, however.

Bleeding, vaginal

See **Vaginal bleeding**

Bleeding gums

- ***1st, 2nd, 3rd trimesters***

  Like the rest of your body, your gums are receiving more blood flow during pregnancy. This can cause your gums to swell or become softer. As a result, they may bleed a little when you brush your teeth.

- ***Prevention and self-care for bleeding gums***

  Don't neglect your dental care during pregnancy. Brushing, flossing and regular dental exams and cleaning are important. Make sure you're getting enough vitamin C from foods or your vitamin supplement because this vitamin helps keep your tissues strong.

- ***When to seek medical help for bleeding gums***

  If bleeding is heavy or accompanied by pain, redness or inflammation, make an appointment soon with your dentist to check for infection and tell your health care provider about the problem.

Bloating

See **Gas and bloating**

Bloody show

- ***3rd trimester***

  This dramatic and alarming term refers to the passage of the thick mucus that plugs the cervix during pregnancy. The mucous plug blocks the cervical opening to prevent bacteria and other germs from entering the uterus. As your body prepares for labor, the cervix begins to thin out and relax, and the mucous barrier is dislodged.

  You may have a vaginal discharge that's clear, pink or blood-tinged. It may come out as a thick or stringy mass or as a constant or intermittent discharge. Some women don't notice anything at all.

The bloody show or mucous discharge is a sign that the big day is coming, but you probably don't need to rush to pack your bags. The process can start just before labor or up to a week or two before labor.

When to seek medical help for bloody show

There's no need to report passage of the mucous plug to your health care provider unless your discharge is watery, foul smelling or suddenly becomes bright red, especially if it amounts to more than about two tablespoons. Actual bleeding could indicate premature separation of the placenta or placenta previa. These conditions require prompt medical attention.

Blue lines or veins under skin

2nd, 3rd trimesters

Veins throughout your body become larger during pregnancy to accommodate increased blood flow to the baby. These enlarged blood vessels show up as fine bluish, reddish or purplish lines under the skin, most often on the legs and ankles. Blood vessels in the skin over your breasts also become more visible and appear as blue or pink lines. These lines usually disappear after pregnancy.

About one in five pregnant women develops varicose veins — protruding, swollen veins, particularly in the legs. Varicose veins may surface for the first time or worsen during late pregnancy, when the uterus exerts greater pressure on the veins to the legs. (See also **Varicose veins.**)

Blurred vision

1st, 2nd, 3rd trimesters

Changes in your eyes during pregnancy can cause slightly blurred vision. Because your body retains extra fluid, the outer layer of your eye (cornea) becomes about 3 percent thicker.

This change may become apparent by the 10th week of pregnancy and persists until about six weeks after the baby is born. In addition, the pressure of fluid within your eyeball (intraocular pressure) decreases during pregnancy. In combination, these changes can in rare cases cause blurred vision.

If you wear contact lenses, particularly hard lenses, you may find them uncomfortable because of these changes.

Prevention and self-care for blurred vision

If your contact lenses are uncomfortable, you may want to wear glasses more often instead. But it's not necessary to change your eye lens prescription during pregnancy. Your vision will return to normal after you give birth.

When to seek medical help for blurred vision

If you experience sudden onset of blurred vision, have it evaluated. That's especially critical if you have diabetes. Talk to your health care provider about establishing good control of your diabetes, monitoring your blood sugar and about any vision problems you experience.

Blurred vision may also be caused by preeclampsia, a disease that produces an increase in blood pressure. Talk to your health care provider if you notice a sudden change in your vision, if your vision is very blurry or if you're seeing spots in front of your eyes. High blood pressure can lead to serious problems with the pregnancy.

Braxton-Hicks contractions

See **Contractions**

Breast discharge

3rd trimester

In the final weeks of pregnancy, you may notice a thin, yellowish or clear substance leaking from one or both nipples. This discharge is colostrum, the yellowish fluid produced by your breasts until your milk comes in.

Colostrum can range in color and consistency, but such variations are normal. It may be sticky and yellow at first and become more watery as you approach your due date.

The older you are and the more pregnancies you've had, the more likely it is you'll have some breast discharge. But it's no cause for concern if you don't leak colostrum — it doesn't mean you won't be able to produce breast milk.

If you're breast-feeding, you'll notice that you produce colostrum for the first few days after your baby is born.

Prevention and self-care for breast discharge

If you're leaking colostrum, you might want to wear disposable or washable breast pads. It may also be helpful to allow your breasts to air-dry a few times a day and after showers.

When to seek medical help for breast discharge

Call your health care provider if your nipple discharge is bloody or contains pus, which could indicate a breast abscess or other problem.

Breast enlargement

1st, 2nd, 3rd trimesters

One of the first signs of pregnancy is an increase in breast size. As early as two weeks after conception, your breasts start to grow and change in

preparation for producing milk. Stimulated by estrogen and progesterone, the milk-producing glands inside your breasts get bigger, and fatty tissue increases slightly.

By the end of your first trimester, your breasts and nipples will be noticeably larger, and they may keep growing throughout your pregnancy. Breast enlargement accounts for at least a pound of the weight you gain while pregnant. Your breasts may remain enlarged for a while after your baby's birth.

Self-care for breast enlargement

As your breasts grow and become heavier, wear a bra that fits well and provides good support to ease the strain on your breasts and back muscles. If your breasts make you uncomfortable at night, try sleeping in a bra. Over the course of your pregnancy, you may need to replace your bras several times as your breasts change size.

To help prevent premature sagging of your breasts, wear a bra at all times until your breasts return to their pre-pregnancy size.

Breast tenderness

1st trimester

Often the first hint of pregnancy is a change in the way your breasts feel. By a few weeks of gestation, you may notice tingling sensations in your breasts, and they may feel heavy, tender and sore. Your nipples may be more sensitive.

As with breast enlargement, the primary reason for these changes is increased production of the hormones estrogen and progesterone. Breast tenderness normally disappears after the first trimester.

Self-care for breast tenderness

A good support bra that fits well can help alleviate breast soreness. Try a maternity bra or a larger-sized athletic bra — these tend to be breathable and comfortable. At night you may feel more comfortable sleeping in a bra.

Breath, shortness of

2nd, 3rd trimesters

Having trouble catching your breath? Many pregnant women experience mild breathlessness beginning in the second trimester. This is because your expanding uterus pushes up against your diaphragm — the broad, flat muscle that lies under your lungs. The diaphragm rises about 1½ inches from its usual position during pregnancy. That may seem like a small amount, but it's enough to crowd your lungs and alter your lung capacity — the amount of air your lungs are able to take in.

At the same time, your respiratory system makes some adaptations to allow your blood to carry large quantities of oxygen to the placenta and to remove more carbon dioxide than it normally does. Stimulated by the hormone progesterone, the respiratory center in the brain causes you to breathe more deeply and more frequently. Your lungs will inhale and exhale 30 percent to 40 percent more air with each breath than they did before. These changes may give you the feeling that you're breathing hard or short of breath.

The larger your uterus becomes, the harder you may find it to take a deep breath because your diaphragm is pushing against the baby. A few weeks before you give birth, the baby's head may move down in the uterus (drop), taking the pressure off the diaphragm. When the baby drops, you'll find it easier to breathe. But this may not happen until the start of labor, especially if you've had a baby before.

Despite the discomfort of feeling short of breath, you don't have to worry that your baby isn't getting enough oxygen. Thanks to your expanded respiratory and circulatory systems, the oxygen level in your blood increases during pregnancy, ensuring that your growing baby is getting plenty of oxygen.

Prevention and self-care for shortness of breath

If you're short of breath, try these tips:

- Practice good posture. It will help you to breathe better, both during pregnancy and afterward. Sit and stand with your back straight and shoulders back, relaxed and down.
- Do aerobic exercise. It will improve your breathing and lower your pulse rate. But take care not to overexert yourself. Talk to your health care provider about a safe exercise program for late pregnancy.
- Sleep on your side to help lessen the pressure on your diaphragm. Prop yourself up with pillows that support your abdomen and your back or use a total body pillow.

When to seek medical help for shortness of breath

While mild breathlessness is common in pregnancy, severe shortness of breath or breathing problems may indicate a more serious problem, such as a blood clot in a lung.

Call your health care provider immediately or go to an emergency room if you have:

- Severe shortness of breath along with chest pain
- Discomfort while taking a deep breath
- Rapid pulse or rapid breathing
- Lips or fingertips that seem to be turning blue

Burning sensation in hands

See **Carpal tunnel syndrome**

Caffeine

1st, 2nd, 3rd trimesters

It's best to avoid caffeine whenever possible during pregnancy. At the very least, don't overindulge. Study results on the subject have been mixed. But overall, studies show that a moderate intake of caffeine — 200 milligrams (mg) or less a day, which is the amount found in about one to two cups of coffee — has no negative effects on pregnant women and their babies. However, high amounts of caffeine — 500 mg or more a day, for example, five or more cups of coffee — may cause a decrease in your baby's birth weight and head circumference. Coffee, tea and carbonated beverages all can contain caffeine. To reduce your intake of caffeine, consider switching to decaffeinated versions of the beverages you like.

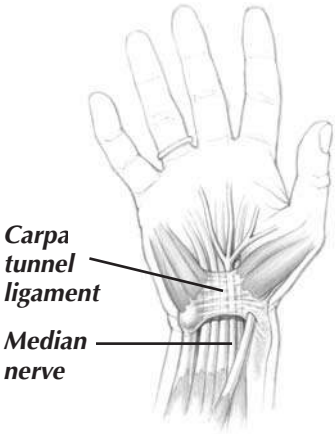
Calf pain or tenderness

See **Leg cramps**

Carpal tunnel syndrome

2nd, 3rd trimesters

Carpal tunnel syndrome is most often caused by repetitive movements of the hand and wrist, such as typing. You may be surprised to learn that it's also common in pregnant women. That's because hormonal changes, swelling and weight gain can compress the nerve beneath the carpal tunnel ligament in your wrist.



Symptoms of carpal tunnel syndrome include numbness, tingling, weakness, pain or a burning sensation in the hands. In pregnant women carpal tunnel syndrome often occurs in both hands.

The carpal tunnel ligament is a tough membrane that holds the wrist bones together. A nerve called the median nerve enters the hand through the carpal tunnel, a space between the wrist bones and the carpal tunnel ligament. This passageway is rigid, so any swelling in the area can pinch or compress the median nerve, which supplies sensation to the ball of the thumb, the first two fingers and half of the ring finger.

Self-care for carpal tunnel syndrome

You may be able to relieve the discomfort by rubbing or shaking your

hands. The first line of treatment is to wear a wrist splint at night and during activities that make the symptoms worse, such as typing, driving a car or holding a book. Applying cold compresses or heat to your wrists may help.

Medical care for carpal tunnel syndrome

Carpal tunnel syndrome almost always disappears after delivery. In the rare cases when it doesn't, or when the effects are severe, you may be given steroid injections. Sometimes, minor surgery is needed to correct the problem.

Chickenpox and shingles

1st, 2nd, 3rd trimesters

Most pregnant women are immune to the viral illness chickenpox (varicella) because they had it or were vaccinated as a child. Once you've had the disease, you're immune for life. So if you had chickenpox or have been vaccinated against it, there's no need for concern if you're exposed to it during pregnancy.

If you haven't had chickenpox, it poses risks to you and your fetus if you get the disease while pregnant. That's why during a preconception or prenatal visit your health care provider will likely ask whether you've already had chickenpox. If you haven't or if you don't know, he or she may recommend a blood test to determine whether you're immune. Although a vaccine is available to prevent chickenpox, pregnant women shouldn't be vaccinated.

If you're not immune to chickenpox and haven't been vaccinated, you'll want to take steps to avoid exposure and prevent complications for you and your baby. In rare cases, chickenpox early in pregnancy can result in birth defects. If you develop chickenpox the week before giving birth, your newborn is at risk of developing a severe and potentially fatal chickenpox infection. A chickenpox infection in a baby is rare. Chickenpox in a pregnant woman also is a cause for concern. Pregnant women are much more likely to have severe infections, including varicella pneumonia.

Shingles (herpes zoster) is caused by a limited reactivation of the chickenpox virus, usually years after you were infected. Shingles causes painful clusters of blisters. If you develop shingles while pregnant, there's little cause for concern. There is no risk of birth defects caused by shingles in the mother.

Prevention and self-care for chickenpox

If you're not immune to chickenpox, avoid contact with anyone who has

the disease, which is highly infectious. Children are most infectious from two days before the rash appears until three days after the rash appears. Stay away from other susceptible people who've been in recent contact with an infected person.

In rare instances, a child who has recently been vaccinated against chickenpox may pass the virus on to others if he or she develops sores around the injection site. If you're not immune, talk to your health care provider about whether to postpone vaccination of any children at home until after you deliver.

When to seek medical help for chickenpox

Notify your health care provider if you're not immune to chickenpox and you suspect that you've been exposed to it. In pregnancy, you'll likely receive an injection of anti-chickenpox antibodies (varicella-zoster immune globulin, or VZIG). VZIG is safe for both you and your baby. When given within 96 hours after exposure, VZIG helps prevent chickenpox or at least lessens its severity. This can help prevent complications such as pneumonia, which seems to occur more commonly in pregnant women than in other adults with chickenpox. Researchers have not determined whether taking VZIG will help protect your fetus from infection.

If you develop chickenpox the week before giving birth, your newborn is at risk of developing severe chickenpox infection. The severity of the infection can usually be reduced if the baby is treated promptly after birth with VZIG. If serious symptoms develop despite use of VZIG, antiviral drugs can help.

Clumsiness

2nd, 3rd trimesters

During pregnancy, you may feel like you're all thumbs — or all feet or elbows. You find yourself stumbling or tripping, bumping into things, dropping everything you pick up. You may worry that you're going to fall and hurt your baby.

It's perfectly normal to be clumsier than usual at this time. As your uterus grows, your sense of balance is thrown off. Your usual ways of moving, standing and walking change.

In addition, the hormone relaxin, produced by the placenta, relaxes the binding ligaments that hold the three pelvic bones together. This allows the pelvis to open wider so that the baby's head can move through the pelvis. It can also contribute to the feeling of clumsiness.

Other factors that may make you clumsier include water retention, lack of concentration (see also **Forgetfulness)** or lack of dexterity due to carpal tunnel syndrome (see also **Carpal tunnel syndrome).** Late in

pregnancy, your large uterus can block your view of stairs or hazards on the floor. All of these effects are temporary, and you'll be back to your old self again after the baby is born.

If you do fall, your baby probably won't be harmed. An injury would normally have to be severe enough to hurt you before it would harm your baby. (See also **Falls.**)

Prevention and self-care for clumsiness

You can't do much about the physical changes that can make you feel like a bull in a china shop. But you can decrease your chances of falling by taking a few precautions:

- Avoid wearing high heels or pumps. Instead, wear stable, flat shoes with soles that provide good traction.
- Avoid situations that require careful balance, such as perching on ladders and stools.
- Take a little extra time with tasks that require many changes of position.
- Use extra caution when going up or down stairs and in other situations that put you at risk of tripping or falling, such as walking on an icy sidewalk.

When to seek medical help for clumsiness

If you fall and strike your abdomen or you're just worried about the welfare of your baby, see your health care provider for reassurance or treatment, if needed. If you fall on your abdomen late in pregnancy, your health care provider will likely monitor the baby to be sure that the placenta's attachment to the uterus wasn't damaged.

Colds

1st, 2nd, 3rd trimesters

Most women catch a cold at least once during pregnancy. Although the signs and symptoms can make you miserable, even a bad cold isn't a hazard to your baby. Colds tend to last longer during pregnancy because of changes in your immune system.

Prevention and self-care for colds

To keep from catching a cold, the best strategy is to eat well, get plenty of rest, exercise regularly and avoid close contact with anyone who has the sniffles or a sore throat. If you're around family members or co-workers with colds, wash your hands often. Cold germs are easily passed from one person to another.

If you do come down with a cold, take care of yourself using minimal medications. Many cold remedies that you may be accustomed to using —

including aspirin, ibuprofen (Advil, Motrin, others), decongestants, cough syrups, antihistamines, nasal sprays, herbal remedies such as echinacea and megadoses of vitamin C and zinc — aren't recommended during pregnancy. Acetaminophen (Tylenol, others) is a good choice for fever, headaches and body aches associated with a cold. If you're miserable with a cold, call your health care provider for advice regarding products that generate the least risk.

To treat your cold, consider these tips:

- Get plenty of rest. Being run down puts a strain on your body.
- Drink extra fluids. Fever, sneezes and a runny nose will cause your body to lose fluids that you and your baby need. In addition to helping your body fight the cold, drinking plenty of fluids can also keep your stuffy nose clearer. Choose citrus juices, water or broth.
- Help clear nasal congestion by using a humidifier in your bedroom at night or by putting a towel over your head and breathing the steam from a pan of boiling water removed from the stove. When you're lying down or sleeping, ease your breathing by keeping your head elevated on a couple of pillows. Nasal strips, which gently pull your nasal passages open, also may help.
- To soothe a sore throat, most health care providers think that topical anesthetic sore throat lozenges are OK. You can also try sucking on ice chips, drinking warm liquids or gargling with very warm salt water (¼ teaspoon of salt in 8 ounces of water).
- Continue eating well. If you don't have an appetite and can't tolerate large meals, eat smaller amounts more frequently throughout the day. Choose foods that appeal to you. Vitamin-rich fruits and vegetables and soup are good choices when you have a cold.

When to seek medical help for colds

Call your health care provider if:

- Your fever reaches 102 F
- You're coughing up greenish or yellowish mucus
- You have a cough with chest pain or wheezing
- Your signs and symptoms are severe enough to keep you from eating or sleeping
- Your sinuses are throbbing or you have facial pain or painful teeth
- Your signs and symptoms persist for more than a few days with no signs of improvement

It may be possible to treat your signs and symptoms with a cold medication. Your health care provider will recommend one that's considered safe during pregnancy. Although cold medicines can relieve signs and symptoms, they don't affect the severity and duration of a cold. If you

have a secondary infection, such as bronchitis or a sinus infection, your health care provider may prescribe an antibiotic.

Don't put off calling the health care provider or refuse to take a prescribed medication because you don't want to take any drug during pregnancy. Many cold treatments aren't harmful for your baby — but your health care provider should make the decision.

Coloring your hair

1st trimester

Studies have not linked hair dyes to birth defects, and the chemicals in the dyes are not readily absorbed through the skin. Still, some experts advise pregnant women to err on the side of caution and avoid any possible risk by switching to a toxin-free hair dye or not getting hair colored during the first trimester. Your colored hair's appearance also may be a concern — hormonal changes can cause your hair to react differently when you're pregnant, leaving you with an unexpected color.

Constipation

1st, 2nd, 3rd trimesters

Constipation is one of the most common side effects of pregnancy, affecting at least half of all pregnant women at some point. It's usually more troublesome in women who were prone to constipation before pregnancy.

When you're pregnant, an increase in the hormone progesterone causes digestion to slow down, so food passes more slowly through the gastrointestinal tract. In the later months, the ever-expanding uterus puts pressure on the lower bowel. In addition, your colon absorbs more water during pregnancy, which tends to make stools harder and bowel movements more difficult.

Other factors that can contribute to the problem include irregular eating habits, stress, changes in environment and added calcium and iron in your diet. Constipation can give rise to hemorrhoids (see **Hemorrhoids).**

Prevention and self-care for constipation

The first step in dealing with the problem is to evaluate your diet. Eating fiber-rich foods and drinking plenty of fluids each day will help prevent or ease constipation. Follow these suggestions:

- Eat high-fiber foods, including fresh and dried fruits, raw and cooked vegetables, bran, beans and whole-grain foods, such as whole-wheat bread, brown rice and oatmeal. The age-old remedy of prunes — now marketed as dried plums — can help, as can fruit juices, especially prune juice.
- Eat small, frequent meals and chew your food thoroughly.

- Drink plenty of fluids, especially water. Aim for eight 8-ounce glasses a day. Drink a glass of water before going to bed.
- Get more exercise. Just adding a little time to your daily walks or other physical activities can be effective.
- Iron supplements can cause constipation. If your health care provider has recommended iron supplements and you have constipation, take the iron pills with prune juice.

Medical care for constipation

If self-care measures don't work, your health care provider may recommend a mild laxative such as milk of magnesia, a bulk-producing agent such as Metamucil or Citrucel, or a stool softener containing docusate. Sometimes, stronger measures are needed, but they should only be used on the advice of your practitioner.

Don't take cod liver oil because it can interfere with the absorption of certain vitamins and nutrients.

Contractions

3rd trimester

When you're about to go into labor, you'll notice an increase in contractions, the tightening and relaxing of the uterine muscles. During labor, the uterus repeatedly contracts, causing the cervix to thin (efface) and open up (dilate) so that you can push your baby out. The contractions gradually dilate the cervix until it's wide enough for the baby to pass through.

During the early phase of labor, contractions can vary greatly from one woman to another. They might last 15 to 30 seconds at the beginning and be irregularly spaced, 15 to 30 minutes apart. Or they might start out fast and then slow down. But they will continue to increase in frequency and duration as the cervix dilates.

Contractions may be relatively painless at first but gradually build in intensity. You may feel like your uterus is knotting up. Or the pain may feel like an aching sensation, pressure, fullness, cramping or a backache.

For more information about contractions and labor, see Chapter 11, "Labor and childbirth."

False labor vs. true labor

If you've never given birth before, you might assume that having contractions is a sure sign that you're starting labor. Not necessarily. Most expectant mothers feel occasional painless contractions before they're actually in labor. Occasionally these can be uncomfortable.

In the last weeks of pregnancy, your uterus might start to cramp. When you put your hands on your abdomen, you can sometimes feel your

uterus tighten and relax. These mild contractions are called false labor (Braxton-Hicks contractions). Your uterus is warming up, preparing for the big job ahead.

As you approach your due date, these contractions become stronger and may be uncomfortable or even painful at times. It can be easy to mistake them for the real thing.

The difference between false labor and true labor is that in true labor the contractions cause your cervix to dilate. But you might not be able to tell the difference. And false labor often happens just when you expect to go into labor.

One good way to distinguish true labor from false labor is to time the contractions. Using a watch or clock, measure how long each lasts and how long it is from the start of one to the start of the next. As indicated in the chart below, such timing can reveal a pattern to the contractions if you're truly in labor.

Even after monitoring all these signs, you may not know whether you're truly in labor. Sometimes the only way to know is to see whether the cervix is dilating, which requires a pelvic exam. The start of labor is different for everyone. Some women have painful contractions for days

Is it false labor or true labor?

Contraction characteristic	False labor (Braxton-Hicks contractions)	True labor
Frequency of contractions	• Irregular • Don't get consistently closer together	• Regular pattern • Grow closer together
Length and intensity of contractions	• Vary • Usually weak • Don't get stronger	• At least 30 seconds at onset • Get longer (up to 75 seconds) • Get stronger
How contractions change with activity	• Usually stop if you walk, rest or change positions	• Don't go away no matter what • May grow stronger with activity, such as walking
Location of contractions	• Centered in lower abdomen and groin	• Wrap around from back to abdomen • Radiate throughout your lower back and high on abdomen

with no cervical changes, while others may feel only a little pressure and a backache. You might leave for the hospital with regular contractions that are three minutes apart, and as soon as you arrive they stop. Or you may go in for your regular checkup, only to find that you're dilated enough for your health care provider to send you to the hospital.

It's possible to have contractions for hours before you're actually in labor. Labor begins when the cervix begins to dilate. But if your contractions continue to get longer, stronger and closer together, you're on your way!

Self-care for contractions

If false labor contractions are making you uncomfortable, take a warm bath and drink plenty of fluids.

If you're in true labor, and walking feels comfortable, go ahead and walk, stopping to breathe through contractions, if necessary. Walking may help your labor. It also helps determine if labor is false or real. You might want someone to support you during contractions while you're walking. Some women find that as the pain intensifies, rocking in a rocking chair or taking a warm shower helps them relax between contractions.

If you feel the urge to push, hold back until you've been told you're fully dilated. This helps to prevent your cervix from tearing or becoming swollen.

When to seek medical help for contractions

Monitor your contractions closely to see if they:

- Last at least 30 seconds
- Occur regularly
- Occur more than six times in an hour
- Don't go away when you move around

If you're in doubt about whether you are in labor, call your health care provider. He or she will want to know what other symptoms you're feeling, how far apart your contractions are and whether you can talk during them. If it's not clear that you're in labor, your health care provider may want to do a vaginal exam to check whether your cervix is dilating.

Go to the hospital if:

- Your membranes rupture (your water breaks), even if you're not having contractions. You may not experience contractions even if your water has broken.
- Your contractions come five minutes apart or closer. Frequent contractions may be a sign of a rapid delivery.
- You have constant, severe pain.

If you're having regular contractions or you have a sudden release of fluid from your vagina three weeks or more before your due date, seek medical attention because you may be in preterm labor.

Cramping or continuous pain

1st, 2nd, 3rd trimesters

Abdominal cramping or pain and back pain often go along with the normal processes of pregnancy (see also **Abdominal discomfort or cramping; Backaches and back pain; Pelvic pressure).** However, in early pregnancy, cramping and back pain accompanied by bleeding may be signs and symptoms of miscarriage or an ectopic pregnancy.

In midpregnancy and beyond, cramping and constant back pain could be warning signs of preterm labor. Sudden, constant, severe abdominal pain can be an indication of placental separation. In combination with fever and vaginal discharge, abdominal pain may signal an infection.

Contact your health care provider if cramping or back pain is severe, persistent or accompanied by fever, bleeding, contractions or vaginal discharge.

Dehydration after stomach flu

1st, 2nd, 3rd trimesters

If you've had a stomach flu (gastroenteritis), you've probably lost a lot of fluids as you endured the misery of diarrhea and vomiting. Dehydration is the most common complication of gastroenteritis. Signs and symptoms of dehydration include:

- Excessive thirst
- Dry mouth
- Dark yellow urine or infrequent or no urination
- Severe weakness, dizziness or lightheadedness

After a bout with gastrointestinal illness, it's essential that you take in enough fluids to replace those lost from diarrhea and vomiting.

Although gastroenteritis is often called stomach flu, it's not the same as influenza. Real flu (influenza) affects your respiratory system — your nose, throat and lungs — rather than your intestines. But you may become dehydrated after having the flu because you lose your appetite and stop eating and drinking while sick.

Prevention and self-care for dehydration after stomach flu

A flu shot is your best line of defense against influenza, although it won't prevent gastroenteritis. Health experts at the Centers for Disease Control and Prevention recommend that any woman who will be beyond the first trimester of pregnancy during the flu season get a flu shot. Talk with your health care provider about whether that applies to you.

To keep from catching stomach flu, follow common-sense measures such as washing your hands thoroughly, avoiding close contact with people who are sick, and avoiding sharing eating utensils, glasses and plates. Food preparation problems are the most common cause of gastroenteritis.

If you do get a stomach bug, take steps to replenish lost fluids and prevent dehydration:

- Take frequent sips of water and other clear liquids, such as weak, decaffeinated tea, broth, noncaffeinated sports drinks or orange juice diluted with water. Try to drink at least eight to 16 8-ounce glasses of liquid a day.
- Suck on ice chips or ice cubes.
- Avoid caffeine-containing beverages such as colas, coffee and tea. Caffeine increases the loss of fluids from the body. Milk products may provoke more diarrhea.

When to seek medical help for dehydration after stomach flu

Call your health care provider if you have signs of dehydration, if you're not able to keep liquids down for 24 hours or if you're vomiting for more than two days. If you're dehydrated, your health care provider may recommend a rehydration fluid. For severe dehydration, treatment may involve blood tests and intravenous fluids.

Dizziness

See **Faintness and dizziness**

Dreams, vivid

1st, 2nd, 3rd trimesters

You're being grabbed around the middle by a gorilla … flying over tall buildings … talking to your newborn, who is talking back! Vivid dreams and nightmares are common during pregnancy. Dreams may be the mind's way of processing unconscious information. During this time of emotional and physical changes, your dreams may seem more intense and strange. You may find that you're dreaming more frequently or remembering your dreams more clearly when you wake up. Indeed, if you're regularly waking up during the night to urinate or shift to a more comfortable position, you're more likely to interrupt a cycle of dream-filled rapid eye movement (REM) sleep.

You may have anxiety dreams or nightmares. Try not to be disturbed about them. They reflect your apprehension and excitement about this major life change.

One way to enjoy your heightened dream world is to record your dreams in a dream journal. Writing about dreams can be a way to reflect on and come to terms with your experiences.

If disturbing dreams or nightmares are causing you distress, it might be helpful to talk with a therapist or counselor to help discover what's troubling you.

Dyeing your hair

See **Coloring your hair**

Eye changes

1st, 2nd, 3rd trimesters

Some of the changes your body undergoes during pregnancy can affect your eyes and your vision. During pregnancy, the outer layer (cornea) of the eyes becomes a little thicker, and the pressure of fluid within your eyeballs (intraocular pressure) decreases by about 10 percent. These changes occasionally result in slightly blurred vision (see also **Blurred vision).**

In addition to blurred vision, you may experience other changes related to your eyes:

- *Vision (refractive) changes.* Changes in hormone levels appear to temporarily alter the strength you need in your eyeglasses or contact lenses.
- *Dry eyes.* Some pregnant women develop dry eyes, which may involve a stinging, burning or scratchy sensation, increased eye irritation or fatigue, and difficulty wearing contact lenses.
- *Puffy eyelids.* Because of water retention during pregnancy, you may have puffiness around the eyes. Puffy eyelids can interfere with peripheral vision.

Monitor your vision closely during pregnancy. Diabetes complications such as diabetic retinopathy — which damages the retina of your eyes — can worsen during pregnancy. It's essential to have your eyes examined during pregnancy if you have diabetes. Women with high blood pressure (hypertension) also are susceptible to vision problems. Hypertension during pregnancy requires close observation. Occasionally, newly blurred vision may be a sign of a serious high blood pressure problem in late pregnancy.

Prevention and self-care for eye changes

If you're having trouble with blurred vision or a change in your vision early in pregnancy, there's usually no great cause for worry or a need to change your eyeglass or contact lens prescription. Your vision will return to its normal state after you give birth.

To lessen the discomfort of dry eyes, use lubricating eyedrops, also referred to as artificial tears. Lubricating eyedrops are safe to use during pregnancy. Dry eyes is usually a temporary condition that goes away after delivery.

If your contacts are uncomfortable because of dry, irritated eyes, try cleaning the lenses with an enzymatic cleaner more often. If they remain uncomfortable, don't worry. Your eyes will likely return to normal within a few weeks of delivery.

When to seek medical help for eye changes

Contact your health care provider immediately if you have a new onset of blurred vision or blind spots at any time. If you have diabetes or high blood pressure, work with your health care provider to closely monitor your vision. Diabetic retinopathy requires treatment before, during and after pregnancy. To minimize vision complications from retinopathy, see an ophthalmologist regularly. If you're concerned about any changes in your vision, you may want to talk to an eye doctor.

Faintness and dizziness

1st, 2nd, 3rd trimesters

Feeling a little faint? It's common for pregnant women to experience lightheadedness, faintness or dizziness. These sensations can result from circulatory changes during pregnancy, such as decreased blood flow to your upper body because of the pressure of your uterus on the blood vessels in your back and pelvis. You're particularly susceptible to this early in the second trimester, when your blood vessels have dilated in response to pregnancy hormones but your blood volume hasn't yet expanded to fill them.

Dizziness or faintness may also occur during hot weather or when you're taking a hot bath or shower. When you're overheated, the blood vessels in your skin dilate, temporarily reducing the amount of blood returning to your heart.

Low blood sugar (hypoglycemia), common in early pregnancy, also can cause dizziness, as can having too few red blood cells (anemia). Finally, stress, fatigue and hunger can make you feel dizzy or faint. Less commonly, the flu, diabetes, high blood pressure or a thyroid disorder may contribute to faintness or dizziness.

Prevention and self-care for faintness and dizziness

To prevent faintness and dizziness, follow these suggestions:

- Move slowly as you get up from lying or sitting down, and change positions slowly.
- Move or walk at a slower pace. Take frequent rest breaks.
- Avoid standing for long periods of time.
- Avoid lying flat on your back. Instead, lie on your side, with a pillow tucked under your hip.
- Avoid getting overheated. Stay away from warm, crowded areas. Dress in layers. Make sure your bath or shower isn't too hot. Leave the door or window open to keep the room from getting too hot.
- Eat several small meals or snacks each day instead of three large meals. Munch on snacks such as dried or fresh fruits, whole-wheat bread, crackers or low-fat yogurt.

- Stay physically active to help with your lower body circulation. Good activities include walking, water aerobics and prenatal yoga.
- Drink plenty of fluids, particularly early in the day. Sports drinks may be most effective.
- Eat foods that are rich in iron, such as beans, red meat, green leafy vegetables and dried fruits.

When to seek medical help for faintness and dizziness

It's always a good idea to tell your health care provider if you've been feeling faint or dizzy.

If faintness or dizziness is severe and occurs with abdominal pain or vaginal bleeding, it may be a sign of ectopic pregnancy, in which the fertilized egg attaches outside the uterus, or another serious complication. Always report significant vaginal bleeding to your health care provider.

Falls

1st, 2nd, 3rd trimesters

You've taken a tumble and are terrified that you may have hurt your baby. It's easy to panic if you fall during pregnancy. But your body is designed to protect your developing baby. An injury would have to be severe enough to seriously hurt you before it would directly harm your baby.

The walls of your uterus are thick, strong muscles that help keep your baby safe. The amniotic fluid also serves as a cushion. And during the early weeks of pregnancy, the uterus is tucked behind the pelvic bone, so there's even more protection. If you do fall, you can take comfort in knowing that your baby most likely won't be hurt.

In late pregnancy, a direct blow to the abdomen can give rise to placental abruption, in which the placenta separates from the wall of the uterus. This complication is very unlikely unless you've been injured. But if you break a bone, the possibility of this complication means that you must be evaluated.

Prevention and self-care for falls

When you're pregnant, your sense of balance is thrown off as your uterus grows. With this in mind, take a few extra precautions to avoid tripping or falling:

- Wear stable, flat shoes with soles that provide good traction. Put away your heels or pumps for the duration of your pregnancy.
- Avoid situations that require careful balance, such as climbing ladders or standing on stools.
- Take a little extra time when going up and down stairs, during tasks that require several changes of position or in situations that pose a risk of falling, such as walking on an icy sidewalk or wet surface.

When to seek medical help for falls

If you're worried about the welfare of your baby after a fall, see your health care provider for reassurance. Most practitioners want to hear about any spills you take after the 24th week of pregnancy because the possibility of placental abruption must be considered.

Seek medical attention immediately if:

- Your fall results in pain, bleeding or a direct blow to the abdomen
- You're experiencing vaginal bleeding or leaking of amniotic fluid
- You feel severe pain or tenderness in your abdomen, uterus or pelvis
- You have uterine contractions — abdominal tightening that may or may not be painful
- You notice a decrease in fetal movement

In most cases, your baby will be fine. But your health care provider may want to monitor the fetal heart rate or do blood tests to make sure the placenta wasn't injured.

False labor

See **"False labor vs. true labor"** under **Contractions**

Fatigue

1st, 3rd trimesters

"I'm so tired!" This is one of the most common refrains of pregnancy. Most women are more tired than usual in pregnancy. During the early months, your body is working hard — pumping out hormones, producing more blood to carry nutrients to the fetus, speeding your heart rate to accommodate the increased blood flow and changing the way you use water, protein, carbohydrates and fat. High progesterone levels actually make you sleepy in a direct way. During the last couple of months of pregnancy, carrying the extra weight of the baby is tiring.

In addition to physical changes, you're dealing with a range of feelings and concerns that may sap your energy and disturb sleep. It's natural to have conflicting feelings about a pregnancy, whether it's planned or unplanned, your first or your fourth. Even if you're overjoyed, you're probably facing added emotional stresses. You may have fears about whether the baby will be healthy, anxiety about how you will adjust to motherhood and concerns about increased expenses. If your job is demanding, you may worry about being able to stay productive throughout pregnancy.

These concerns are normal and natural. It's important to recognize that emotional issues also play a part in how you feel physically.

Prevention and self-care for fatigue

Remember that it's normal to feel tired during pregnancy. Fatigue is a

sign from your body that you need extra rest. Don't push yourself. Here are some ways to keep fatigue from getting the best of you:

- *Rest.* Accept the fact that you need extra rest during these nine months, and plan your daily life accordingly. Take naps when you can during the day. At work, finding time to sit back comfortably with your feet up can renew your energy. If you can't nap during the day, maybe you can take one after work or before dinner or your evening activities. If you need to go to bed at 7 p.m. to feel rested, do it. It may help if you avoid drinking fluids for a few hours before bedtime so that you won't have to get up as often during the night to go to the bathroom.
- *Avoid taking on extra responsibilities.* Cut down on volunteer commitments and social events if they're wearing you out.
- *Ask for the support you need.* Get your partner or other children to help out as much as possible.
- *Exercise regularly.* Regular physical activity will increase your energy level. Moderate exercise, such as walking for 30 minutes a day, can help you feel more energized.
- *Eat well.* Eating a nutritious, balanced diet is more important now than ever. Make sure you're getting enough calories, iron and protein. Fatigue can be aggravated if your diet is short on iron or protein.

Medical care for fatigue

No medications for fatigue are safe or effective during pregnancy. Avoid stimulants such as caffeine, which may be harmful in high doses.

Fears about baby, pregnancy

See **Irrational fears**

Feet, enlarged

2nd, 3rd trimesters

If you like shopping for shoes, you'll appreciate this aspect of pregnancy. Your feet may be spreading, changing your shoe size. Hormonal changes that relax the ligaments and joints in your pelvis in preparation for delivery also relax all the other ligaments and joints in your body, including those in your feet. While these changes are normal and necessary, they can make the arch ligament of the foot (the plantar fascia) stretch under your body's extra weight. As a result, the arch may lose some of its supporting strength, and your feet grow flatter and wider. They may be as much as a full shoe size larger.

On top of these changes, your feet may swell due to the normal fluid retention of pregnancy. And if your weight gain is significant, your feet may carry a little extra fat.

The swelling in your feet should go down shortly after delivery. But it can take up to six months for the other changes in your feet to reverse themselves and your feet to return to their normal size and shape. If the plantar fascia has been stretched excessively, your feet may be permanently larger.

- ***Prevention and self-care for enlarged feet***

As your feet expand, it's important to wear shoes that will provide comfort and support for your feet and ankles. Buy a couple of pairs of shoes that fit you well now and will remain comfortable if your feet continue to grow. Avoid narrow-toed or high-heeled shoes. Look for low heels, non-skid soles and plenty of space for your feet to spread out.

Canvas or leather shoes are good choices because they allow your feet to breathe. Good running shoes are a wise choice. You should also be able to find work and dress shoes that meet these criteria. If your feet are aching and tired at the end of the day, try wearing elasticized slippers.

- ***Medical care for enlarged feet***

Some shoes and orthotic inserts are specially designed for pregnancy. They're meant to make your feet more comfortable and reduce back and leg pain. Ask your health care provider for a recommendation.

Flu

See **Influenza**

Food aversions

- ***1st trimester***

Early in pregnancy, you may find yourself repulsed by certain foods, such as fried foods or coffee. Even the smell of these foods may send a wave of nausea through your stomach. You may have a mildly metallic taste in your mouth that contributes to the problem. Most food aversions disappear or weaken by the fourth month of pregnancy.

Food aversions, like so many other complaints of pregnancy, can be chalked up to hormonal changes. Most pregnant women find that their food tastes change somewhat, especially in the first trimester, when the hormones are having the strongest impact. Food aversions can be accompanied by a heightened sense of smell and, at times, increased salivation, making your distaste even more acute.

- ***Prevention and self-care for food aversions***

As long as you continue to eat a healthy diet and get all the nutrients you need, appetite changes aren't a cause for concern. If your aversion is to

coffee, tea or alcohol, that works in your favor because you'll find it easier to give up these foods. But if your aversion is to healthy foods such as fruits or vegetables, you'll have to find other sources of the nutrients they provide.

Food cravings

1st trimester

You may not have had the classic pickles-and-ice-cream craving. But chances are you've had a strong desire for certain types of food during your pregnancy. Most expectant mothers do experience food cravings, which are likely caused by pregnancy hormones.

You may wonder if a food craving is a signal from your body that you need the nutrients in that food. But such body signals are unreliable. A craving for ice cream doesn't mean your body needs the saturated fat. And even if you're not in the mood for citrus fruits, it doesn't mean you don't need vitamin C.

Most food cravings disappear or weaken by the fourth month of pregnancy. Cravings that last longer may be a sign of iron deficiency and the anemia that results.

Prevention and self-care for food cravings

As long as you're eating a healthy diet and getting the nutrients you need, you don't have to worry about changes in your food tastes. It's OK to indulge occasionally. However, try not to use your cravings as an excuse for overeating. You can respond to cravings without compromising your own or your baby's nutritional needs.

Try to satisfy your food urges without filling up on empty calories. For example, if you crave chocolate, choose chocolate frozen yogurt rather than ice cream or a frozen chocolate bar, or if you crave sweets, try trail mix instead of candy. If you have a craving for a food that you know isn't the best choice, try diverting your attention by taking a walk, reading a good book or playing a computer game. Usually an exercise-related distraction is most successful.

When to seek medical help for food cravings

Rarely, some pregnant women have a craving for unusual, inedible and possibly harmful substances. These may include items such as clay, laundry starch, dirt, baking soda, ice chips or frost from the freezer, ashes or road salt. Such uncommon cravings result from a disorder known as pica. It can be dangerous and may be caused by an iron deficiency. If you experience a craving to eat something that isn't food, report it to your health care provider.

Forgetfulness

- ***1st, 2nd, 3rd trimesters***

  You misplace your keys, forget an appointment, can't focus on your work. If you feel like you've turned into a scatterbrain since getting pregnant, you're not alone. Some women become more forgetful or absent-minded during pregnancy. You may have trouble concentrating and feel like you're in a fog. These symptoms, similar to what some women experience premenstrually, are a temporary effect of hormonal changes.

- ***Prevention and self-care for forgetfulness***

  Consider these tips to feel more in control:
  - Accept that being a little absent-minded during pregnancy is normal. Getting uptight about it will just make it worse. Now's the time to have a sense of humor.
  - Reduce the stresses in your life as much as possible.
  - Keep lists at home and at work to keep from forgetting things you need to do. Some women benefit from using an electronic organizer.

- ***Medical care for forgetfulness***

  No medical treatment has been shown to improve mental alertness. The herbal remedy ginkgo is touted as a memory booster, but it's not considered safe for use during pregnancy.

Gas and bloating

- ***1st, 2nd, 3rd trimesters***

  Gas, bloating, flatulence — more fun aspects of being pregnant! Under the influence of pregnancy hormones, your digestive system slows down. Food moves more slowly through your gastrointestinal tract. This slowdown serves an important purpose: It allows nutrients more time to be absorbed into your bloodstream and to reach the fetus. Unfortunately, it can also cause bloating and gas. The problem may be aggravated during the first trimester, when many women have a tendency to swallow air in response to nausea.

- ***Prevention and self-care for gas and bloating***

  To minimize the amount of gas and bloating you experience during pregnancy, follow these suggestions:
  - Keep your bowels moving. Constipation is a common cause of gas and bloating. To avoid it, drink plenty of liquids, eat a variety of high-fiber foods and stay physically active on a regular basis. (See also **Constipation.)**
  - Eat small, frequent meals, and don't overfill your stomach.

- Eat slowly. When you eat in a hurry, you're more likely to swallow air, which can contribute to gas. Take a few deep breaths before meals to relax.
- Avoid gas-producing foods. These vary from one person to another, but some common culprits include cabbage, broccoli, cauliflower, brussels sprouts, onions, carbonated beverages, fried foods, greasy or high-fat foods, rich sauces, and, of course, beans.
- Don't lie down immediately after eating.

Medical care for gas and bloating

Don't take an antacid for gas, bloating or indigestion without talking to your health care provider first. Many antacids contain sodium, which can increase swelling and water retention. They may also contain aluminum, which can cause constipation and aggravate the problem. Antacids that contain magnesium can lead to diarrhea.

Gum disease

1st, 2nd, 3rd trimesters

An old saying has it that "a woman loses one tooth with every pregnancy." While that's clearly a tale from the days before professional dental care, you are more susceptible to dental problems when you're pregnant. The oral changes of pregnancy are linked to an increased amount of plaque, the sticky, colorless film of bacteria that coats your teeth. Hormonal changes also make your gums more susceptible to the damaging effects of plaque. If plaque hardens, it turns into tartar.

When plaque and tartar build up along the part of your gums around the base of your teeth (gingiva), they can irritate your gums and create pockets of bacteria between your gums and teeth. This condition is called gingivitis, a form of gum disease. Gingivitis is characterized by red, swollen, tender gums that may easily bleed, especially when you brush your teeth (see also **Bleeding gums).**

Many pregnant women are affected by gingivitis to some extent. It usually starts in the second trimester. If you already have some degree of gum disease, it's likely to worsen during pregnancy.

Left untreated, gingivitis can develop into a more serious form of gum disease called periodontitis. This gum infection can cause teeth to loosen and fall out. And serious gum disease poses even more threats to a pregnant woman. It may increase your risk of having a preterm or low-birth-weight baby and also may increase your risk of developing preeclampsia.

Prevention and self-care for gum disease

Because your teeth are more susceptible to the harmful effects of bacteria

while you're pregnant, it's important to keep up good dental hygiene. Follow these preventive dental care steps to keep your gums healthy:

- Brush your teeth with fluoride toothpaste at least twice a day and after each meal when possible. Brush before bedtime and again in the morning. To further reduce bacteria in the mouth, brush your tongue when you brush your teeth.
- If brushing your teeth triggers nausea, rinse your mouth with water or with anti-plaque and fluoride mouthwashes.
- Floss your teeth thoroughly each day. Flossing removes plaque between your teeth and helps massage your gums. Waxed and unwaxed floss are both fine.
- You may need more frequent dental exams when you're pregnant. Even if you're not having problems with your teeth or gums, schedule an appointment to have your teeth checked and cleaned at least once during your nine months. Dental X-rays can be performed without risk to the baby.
- Good nutrition can help keep your teeth and gums healthy and strong. Vitamins C and B-12 are particularly important for oral health.

Medical care for gum disease

If you have severe gum disease, have it treated promptly to avoid problems with your pregnancy. Contact your dentist and your health care provider if you have signs and symptoms of periodontitis:

- Swollen or recessed gums
- An unpleasant taste in your mouth
- Bad breath
- Pain in one of your teeth, especially with hot, cold or sweet foods
- Loose teeth
- A change in your bite
- Drainage of pus around one or more teeth

Treatment for severe gum disease may include special cleaning techniques and antibiotics. In some cases, surgery may be necessary. If you need major dental work while pregnant, you'll want to thoroughly discuss your options with both your dentist and your regular health care provider to ensure safety.

Hair coloring

See **Coloring your hair**

HCG tests

1st trimester

Human chorionic gonadotropin (HCG) is a protein hormone produced in

the placenta of a pregnant woman. The test to determine whether you're pregnant detects the presence of HCG in your urine or blood. During the early weeks of pregnancy, HCG is important in the corpus luteum, which is the mass of cells that remains in the ovary after the egg's release from a mature follicle (the sac where the egg develops in your ovary). In a normal pregnancy, production of HCG increases steadily, doubling about every two or three days during the first 10 weeks. Levels then fall slowly during the remainder of the pregnancy.

The HCG test is routinely used to confirm pregnancy, either in a home test of urine or a blood or urine test at a clinic or lab. It takes six to 12 days after fertilization before HCG can be detected in urine.

Abnormal levels of HCG can indicate problems such as ectopic pregnancy, impending miscarriage or development of an abnormal mass of cells in the uterus after fertilization (molar pregnancy). In an ectopic pregnancy or one destined to end in miscarriage, the rate of increase of HCG is much slower than normal. If your health care provider suspects one of these problems, you may be given several blood HCG tests over a number of days to determine whether the hormone is increasing at a normal rate.

A higher-than-usual HCG level may indicate a multiple pregnancy or a molar pregnancy. HCG tests are also used to monitor women after a molar pregnancy, miscarriage or ectopic pregnancy to make sure the pregnancy tissue is gone.

Headaches

1st, 2nd, 3rd trimesters

Many pregnant women are troubled by headaches. Early in pregnancy, increased blood circulation and hormonal changes can cause headaches. Other possible causes include stress or anxiety, fatigue, nasal congestion, eyestrain, and tension. If you suddenly eliminated or cut down on caffeine when you learned you were pregnant, this "withdrawal" also can cause headaches for a few days.

If you suffer from migraines, they may stay the same, improve or worsen when you're pregnant. They might be worse in the first trimester, then improve in the second.

Prevention and self-care for headaches

One way to avoid getting headaches is to determine what triggers them and avoid those things. Triggers may include cigarette smoke, stuffy rooms, eyestrain and certain foods. Here are some other suggestions for minimizing the pain of headaches:

- Get plenty of sleep each night, and rest during the day when possible.

- Drink plenty of liquids.
- Soothe a sinus headache by applying a warm washcloth to the front and sides of your face, around your nose, eyes and temples. If you feel a tension headache coming on, apply an ice pack or cold compress to your forehead and the back of your neck.
- Take a warm shower or bath.
- Massage your neck, shoulders, face and scalp, or ask your partner or a friend to give you a massage.
- Practice relaxation techniques and exercises, such as meditation.
- Get some fresh air. Take a walk outside if possible.
- Minimize the stresses in your life. Although some stresses can't be avoided, you can boost your coping skills. If you're under more stress than you feel you can handle, it might be helpful to talk to a therapist or counselor. Talk to your health care provider about it.

When to seek medical help for headaches

Contact your health care provider right away if you're having headaches that are severe, persistent or frequent, or that are accompanied by blurred vision or other vision changes. If you have high blood pressure, it's important to report any headache.

Talk to your health care provider before taking any pain relievers or headache medications, including aspirin or ibuprofen (Advil, Motrin, others), which could cause problems if they're taken during pregnancy. Acetaminophen (Tylenol, others) is a better choice during pregnancy. It appears to be very safe. It's usually the first choice for pain and fever relief during pregnancy.

If you have migraines, talk to your health care provider about how to manage them during pregnancy. Don't take any migraine medications without checking with your health care provider. He or she may tell you to avoid some medications used to treat migraines, including aspirin, propranolol and especially ergotamine-containing medications.

Heartburn

3rd trimester

More than half of all pregnant women get heartburn — and for many, it's their first experience with it. Heartburn, also called gastroesophageal reflux disease (GERD), actually has nothing to do with your heart. It's caused by the backward flow of stomach contents passing up into the esophagus, the tube that carries food from your mouth to your stomach. When this happens, stomach acids irritate the lining of the esophagus. The resulting burning sensation at about the level of the heart gives the condition its misleading name.

Heartburn is more common during pregnancy for a number of reasons. Pregnancy hormones cause your digestive system to slow down. The wave-like movements of the esophagus that push food down into your stomach become slower. Your stomach also takes longer to empty. These changes give nutrients more time to be absorbed into your bloodstream and to reach the fetus. But they can also cause indigestion and heartburn. The muscle between the stomach and the esophagus also relaxes, which may allow stomach acids to move upward.

In addition, during the later months of pregnancy, your growing uterus continually pushes on your stomach, moving it higher and higher and compressing it. The pressure can force stomach acids upward, causing heartburn.

The typical symptom of heartburn is a burning discomfort behind the breastbone or a burning feeling in your chest. It may feel like indigestion, a sour stomach, pain in the upper abdomen or a feeling of fullness after eating a small amount of food. You may have a burning sensation in your chest when you lie down, bend over or exercise. Some people describe a backing up of sour liquid into their throat or mouth, especially when they're lying down or sleeping. You may belch, feel bloated or have more saliva than usual. Occasionally, GERD will also give the sensation of a lump in the throat.

Prevention and self-care for heartburn

Heartburn is unpleasant, but you can take steps to prevent it or treat it:

- Eat more frequent but smaller meals. For example, have five or six small meals a day rather than three large meals.
- Some foods are more likely to cause irritation than are others. Determine which foods give you heartburn, and avoid them. Stay away from fatty, greasy or fried foods, coffee and tea, chocolate, peppermint, alcohol, carbonated beverages, very sweet foods, acidic foods such as citrus fruits and juices, tomatoes and red peppers and highly spiced foods.
- Drink plenty of fluids, especially water.
- Don't smoke. Cigarette smoking increases stomach acidity — and, of course, it's bad for your baby.
- Sit with good posture when eating. Slouching can put extra pressure on your stomach.
- Wait an hour or longer after eating before you lie down.
- Avoid eating for two to three hours before you go to bed. An empty stomach produces less acid.
- Avoid movements and positions that seem to aggravate the problem. When picking things up, bend at the knees, not the waist.

- Avoid lying flat on your back. When resting or sleeping, prop yourself up on pillows to elevate your head and shoulders, or raise the head of your bed 4 to 6 inches.

Medical care for heartburn

If heartburn is a significant problem, your health care provider may prescribe an antacid to reduce stomach acid. Don't take any antacid or acid blocker without consulting your health care provider, however. Antacids often are high in salt and can increase fluid buildup in body tissues during pregnancy.

Avoid heartburn medications that contain aspirin, such as Alka-Seltzer. Report to your health care provider any history of ulcers, gastrointestinal disturbances or hiatal hernia. Rarely, the problem is severe enough to warrant a procedure called endoscopy to view the inside of your esophagus. When GERD is severe, it can be treated appropriately during pregnancy.

Heart rate — fast heartbeat or rapid pulse

2nd, 3rd trimesters

Throughout pregnancy your heart pumps more blood, faster, than it does normally. This helps meet the fetus's needs for oxygen and nutrients, which are carried in the blood through the placenta.

As the heart pumps 30 percent to 50 percent more blood, your heart rate speeds up as well. Your heart beats progressively faster throughout pregnancy. By the third trimester, your heart rate may be 20 percent faster than it was before you were pregnant.

Medical care for fast heart rate

Because of increases in blood volume, many pregnant women develop heart murmurs. Their occurrence is normal because more blood is flowing through your heart valves. Occasionally, however, the murmur may sound different enough that your health care provider will investigate the cause. Heart murmurs can result from changes in the heart valves, as in mitral valve prolapse, or from damage caused by rheumatic fever.

Hemorrhoids

2nd, 3rd trimesters

Some pregnant women develop hemorrhoids — varicose veins in the rectum. Hemorrhoids are caused by increased blood volume and pressure from the uterus on the veins in your rectum. The veins may enlarge into firm, swollen pouches underneath the mucous membranes inside or outside the rectum. Hemorrhoids may occur for the first time during pregnancy or become more frequent or severe.

Constipation also can contribute to hemorrhoids because straining can enlarge the rectal veins. Constipation is common throughout pregnancy, especially during the later months, when your uterus may push against your large intestine. (See also **Constipation.)**

Hemorrhoids can be painful, and they may bleed, itch or sting, especially during or after a bowel movement. Usually, hemorrhoids recede or disappear after birth.

Prevention and self-care for hemorrhoids

The best way to deal with hemorrhoids is to avoid constipation. This is especially important if you've had them before getting pregnant. To prevent hemorrhoids and ease the discomfort, try the following:

- Avoid becoming constipated by eating high-fiber foods, fruits and vegetables and drinking plenty of fluids.
- Exercise regularly, which can help keep bowel movements regular.
- Avoid straining during bowel movements, as this puts pressure on the veins in your rectum and can aggravate or cause hemorrhoids. Put your feet on a stool to reduce straining, and avoid sitting on the toilet for long periods of time.
- Keep the area around your anus clean. Gently wash the area after each bowel movement. Pads of witch hazel may help relieve pain and itching. You can refrigerate the pads, which may be more soothing when applied cold. You may also want to try a warm sitz bath — a shallow basin that fits over the toilet and allows you to submerge your buttocks and hips.
- Use an ice pack to provide some relief.
- Try warm soaks in a tub or sitz bath to help shrink hemorrhoids and provide relief. Add an oatmeal bath formula or baking soda to the water to combat itching.
- Avoid sitting for long periods, especially on hard chairs.

Medical care for hemorrhoids

Stool softeners or bulk-producing laxatives may help, but consult your health care provider before using any over-the-counter remedy for hemorrhoids. If self-care measures don't work, your health care provider may prescribe a cream or an ointment that can shrink them.

Occasionally a hemorrhoid may become filled with blood clots (thrombosed). If this happens, the swollen vein won't shrink to its normal size. Minor surgery may be needed to remove the hemorrhoid.

Heparin

See **"Anticoagulants"** under **Medications**

Herbal medications

- ***1st, 2nd, 3rd trimesters***

It's best not to take any herbal products while you're pregnant. Because herbals aren't regulated by the Food and Drug Administration, companies that make herbal products don't have to prove the safety or quality of their products. Herbal products can be dangerous to your health and your pregnancy. Popular herbs that could cause problems include echinacea, ginkgo and St. John's wort, among many others. Be sure to talk with your health care provider about any herbal products you're taking or planning to take.

Hiccups

See **Baby's hiccups**

Hip pain

- ***3rd trimester***

It's not uncommon to feel some soreness or pain in your hips during pregnancy, especially when you're sleeping on your side at night. In preparation for the birth of your baby, the connective tissues in your body soften and loosen up. The ligaments in your hips stretch, and the joints between the pelvic bones relax. The greater flexibility makes it easier for the baby to pass through the pelvis at birth.

In late pregnancy, your heavier uterus might contribute to changes in your posture, adding to your hip soreness. Hip pain is often stronger on one side because the baby tends to lie more heavily to one side.

- ***Prevention and self-care for hip pain***

Exercises to strengthen your lower back and abdominal muscles may ease hip soreness. Warm baths and compresses and massage also may help. Try elevating your hips above the level of your chest for a few minutes at a time.

Hunger

- ***1st, 2nd, 3rd trimesters***

Do you feel like raiding the refrigerator constantly since you got pregnant? Feeling hungrier than usual is normal — most women experience an increase in appetite throughout pregnancy. That makes sense because you need about 300 extra calories a day to nurture your baby's growth and development.

Some women have the opposite problem: a lack of appetite due to nausea. Or you may be hungry for a certain type of food, such as fruits, chocolate, mashed potatoes or cereal. Especially during the first trimester, hormonal changes can cause changes in appetite.

As long as you're eating a variety of nutritious foods, you don't have to be too concerned about appetite changes, including increased hunger and cravings. If you're frequently hungry, eat small meals throughout the day. Focus on eating low-fat, healthy foods. If you're frequently nauseated, try eating small amounts of bland foods throughout the day. If nausea or lack of appetite makes you eat less once in a while, don't worry that your baby will be harmed. The fetus gets first dibs on the nutrients you consume. (See also **Nausea throughout the day.)**

Increased perspiration

See **Perspiration**

Indigestion

See **Gas and bloating; Heartburn**

Influenza

- ***1st, 2nd, 3rd trimesters***

Influenza affects your respiratory system — your nose, throat and lungs — rather than your intestines.

- ***Prevention and self-care for influenza***

The Centers for Disease Control recommends the flu shot for women who will be beyond their first trimester of pregnancy during the flu season (October to April). Talk with your health care provider about whether that applies to you.

In addition, it's important to wash your hands often, especially before touching your eyes or mouth. Use soap and warm water to wash all skin surfaces, rubbing vigorously for 15 to 30 seconds. Encourage those around you to cover their mouths when they cough or sneeze.

If you think you have influenza, talk with your health care provider. Drink plenty of fluids so that you stay hydrated.

- ***Medical care for influenza***

Seek medical care if you have signs of dehydration (see also **Dehydration after stomach flu).**

Insomnia

- ***2nd, 3rd trimesters***

You go to bed exhausted, sure you'll nod off the minute your head hits the pillow. Instead you find yourself wide awake, watching the minutes tick by. Or you wake up at four in the morning, unable to fall back asleep. Insomnia — a condition in which you have problems falling asleep or

staying asleep — is very common during pregnancy. Considering all the changes you're going through, both physically and emotionally, it's not surprising that your sleep is affected.

Although many women sleep more during the first trimester than before they were pregnant, hormonal changes may make it harder for some women to sleep through the night. As your growing uterus puts pressure on your bladder, the frequent need to urinate can get you out of bed to go to the bathroom several times a night.

As the baby gets larger, you may find it harder to find a comfortable position for sleeping. An active baby also can keep you awake. Heartburn, leg cramps and nasal congestion are other common reasons for disturbed sleep in the later months of pregnancy.

Then there's the natural anticipation, excitement and anxiety you're bound to feel about your baby's arrival. You may have worries about the health of the baby and the changes the baby is going to create in your life. These feelings can make it hard to relax your mind and body. You may have frequent and vivid dreams about birth and the baby, which can also contribute to insomnia.

Although insomnia can be frustrating for you, it won't hurt your baby.

Prevention and self-care for insomnia

Worrying about lack of sleep will only compound the problem. If you have difficulty falling or staying asleep, try these suggestions:

- Start winding down before going to bed. Take a warm bath or do relaxation exercises. Ask your partner for a massage.
- Make sure your bedroom is a comfortable temperature for sleeping and that it's dark and quiet.
- Cut down on your fluids in the evening.
- Exercise regularly, but avoid overexertion.
- The best position for sleeping in late pregnancy is on your left or right side, with your legs and knees bent. Lying on your side takes pressure off the large vein that carries blood from your legs and feet back to your heart. This position also takes pressure off your lower back. Use one pillow to support your abdomen and another to support your upper leg. You can also try placing a bunched-up pillow or rolled-up blanket in the small of your back. This will help relieve pressure on the hip you're lying on.
- Don't lie awake worrying about not sleeping. Get up and read, write a letter, listen to relaxing music, or do needlework or some other calming activity.
- If possible, take short naps during the day to make up for missed sleep at night.

Medical care for insomnia

No medications for insomnia, including herbal remedies, are completely safe to use during pregnancy. If anxiety is keeping you awake at night, ask your health care provider about relaxation exercises that may help, or use the relaxation techniques you learned in childbirth classes.

If you're concerned that you may have a serious sleep disorder, consult your health care provider. If ongoing disturbing dreams or nightmares are causing you distress, it might be helpful to talk with a therapist or counselor.

Irrational fears

1st, 2nd, 3rd trimesters

What if something is wrong with my baby? This is a universal fear among expectant parents. As they head toward the birth experience, all women and men have some fears, especially about the health and condition of the baby. You may also have fears about labor — such as not making it to the hospital in time, having a Caesarean delivery or being exposed in front of strangers.

It's normal to feel a moderate amount of worry that doesn't respond to reassurance. But fears that are all-consuming and interfere with your day-to-day functioning may need attention.

True, some babies are born with problems, and sometimes babies die. But serious problems and death occur in only a small percentage of cases. The numbers are in your favor.

Prevention and self-care for irrational fears

Sit down and make a list of your fears. Share them with your partner or labor companion. Talking about your fears can lighten an unnecessarily heavy emotional load. You might also want to talk with your practitioner and with other expectant mothers, perhaps in a pregnancy class or online chat room. When you voice your fears, they have less power over you.

Childbirth preparation classes offer a unique opportunity to talk with other couples who have the same worries. The instructor also can help address fears about giving birth.

When to seek medical help for irrational fears

If your fears are interfering with your functioning, especially if they're keeping you from eating or sleeping, talk to your health care provider. If you're extremely anxious, particularly if you have a specific reason to fear for your baby's health, your health care provider may do an ultrasound evaluation of the fetus or other prenatal tests. Although the tests can't detect every potential problem, they can tell you a great deal about the health of the fetus. The tests, along with your health care provider's

reassurance, can help you let go of some of your fears and get on with caring for yourself and your developing baby.

If nothing seems to reduce your anxiety, your health care provider may recommend professional counseling.

Irritability

See **Mood swings**

Itchiness

2nd, 3rd trimesters

You expected to get bigger, more easily fatigued … but itchier? It happens to about one-fifth of pregnant women. The itchiness may be on your abdomen or all over your body, and it may cause patches of red, flaky rash. Skin stretching over the abdomen probably accounts for some of the itching and flaking. Generalized itchiness usually goes away shortly after you give birth.

A common skin problem called pruritic urticarial papules and plaques of pregnancy (PUPPP) also can occur during pregnancy. With this condition, you break out with itchy bumps called papules or plaques on your abdomen or possibly on your thighs, buttocks or arms.

Rarely, women have a specific cause for general itchiness called cholestasis of pregnancy. In this condition, bile isn't cleared from the liver as quickly as it should be. It causes components to build up in the skin, triggering severe itching.

Prevention and self-care for itchiness

Scratching isn't the best way to relieve an itch. Try these measures:

- Moisturize your skin with lotion, creams or oils.
- Wear loose clothing made from natural fibers, such as cotton.
- Use an oatmeal bath formula.
- Avoid getting overheated because you'll probably itch more if you're too warm.

When to seek medical help for itchiness

If self-care measures don't provide relief for your itches, your health care provider may prescribe medication or other treatment techniques that can help. PUPPP can be treated with prescription medications.

If severe itching develops late in your pregnancy, your health care provider may order blood tests to check your liver function. Cholestasis of pregnancy can cause severe itching. Very rarely, it can also cause vomiting, loss of appetite and fatigue. This problem goes away after the baby is born.

Labor pains

See **Contractions**

Lactose intolerance

1st, 2nd, 3rd trimesters

Pregnant women are commonly told to drink milk. But this advice doesn't sit well with those who avoid milk and milk products because of lactose intolerance. People with lactose intolerance have trouble digesting lactose, the sugar in milk, because they have low levels of the enzyme lactase.

Lactose intolerance is a common condition, affecting about 15 percent of the adult white population in the United States and 75 percent or more of the adult black, American Indian and Asian-American populations.

Signs and symptoms of lactose intolerance include loose stools, diarrhea, abdominal bloating and pain, gas, nausea, and rumbling or gurgling in the stomach and bowels. The signs and symptoms occur after you consume milk or other dairy products.

For many women, the ability to digest lactose improves during pregnancy, especially as the pregnancy progresses. So even if you're normally lactose intolerant, you may find that while you're pregnant you can consume milk and other dairy products without any bothersome signs and symptoms.

Because people with lactose intolerance often avoid milk products, they may not get enough calcium in their diet. The Institute of Medicine recommends a daily calcium intake of 1,000 milligrams (mg) for women age 19 and older, including pregnant women, and 1,300 mg for pregnant teens under age 19. It can be hard to meet this requirement if you don't consume milk and other dairy products, which are the best sources of calcium.

Prevention and self-care for lactose intolerance

If you have lactose intolerance or dislike milk or other dairy products, it's important to make sure you're getting enough calcium in your diet. Consider the following suggestions:

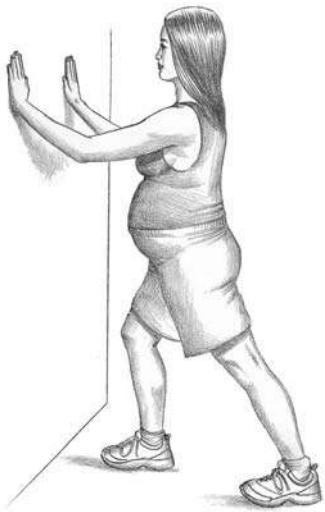
- Most people who are lactose intolerant can drink up to a cup of milk with meals without causing symptoms. If that amount bothers you, try reducing the portion to half a cup, twice a day.
- Try using lactose-free or lactose-reduced products, including milk, cheese and yogurt.
- Yogurt and fermented products such as cheeses are often better tolerated than regular milk. The lactose in yogurt is already partially digested by the active bacteria cultures in yogurt.
- Try using lactase enzyme tablets such as Lactaid and Lactrase, which help with lactose digestion. They're not effective for everyone.

- Choose a variety of other calcium-rich foods, such as sardines or salmon with bones, tofu, broccoli, spinach and calcium-fortified juices and foods.

Medical care for lactose intolerance
No medical treatment is necessary for lactose intolerance. But if you're concerned about not getting enough calcium in your diet, talk with your health care provider. Many calcium supplements are available to choose from.

Leg cramps

2nd, 3rd trimesters
Cramps in the lower leg muscles are fairly common in the second and third trimesters. They most frequently occur at night and may disrupt your sleep. Although the exact cause of leg cramps is unknown, slow blood return, fatigue or pressure from the uterus on nerves in your legs may cause the problem.



Prevention and self-care for leg cramps
Here are some tips for relieving the discomfort of leg cramps or calf tenderness:

- Stretch the affected muscle. Try straightening your knee and gently flexing your foot upward.
- Walk. You may find it uncomfortable at first, but it helps relieve the cramping.
- Do exercises to stretch your calf muscles, particularly before bed.
- Wear support hose, especially if you stand a lot during the day.
- Take frequent breaks if you sit or stand for long periods.
- Apply local heat.
- Massage your calves.
- Try resting with your legs up on pillows or the arm of a sofa.
- Wear shoes with low heels.

When to seek medical help for leg cramps
If leg cramps persist, talk to your health care provider. They might be caused by a circulation problem. Call him or her if you notice redness, swelling or an increase in pain or if you have a history of a blood-clotting disorder or thrombophlebitis, which is a blood clot and inflammation in a vein.

Lightening

3rd trimester

As you approach your due date, you may feel that the baby has settled deeper into your pelvis (dropped). The common term for the descent of the baby's head into the pelvis is *lightening.* You may indeed feel lighter, as the position relieves some of the pressure on your diaphragm and stomach. You can breathe again, and digestion is easier. At the same time, you'll probably feel the need to urinate more often because of the increased pressure on your bladder.

If this is your first baby, lightening may occur weeks before the onset of labor. In women who have had children, it usually doesn't happen until labor begins.

When lightening does occur, your abdomen may shift down and forward, or sag lower. The change may be noticeable enough that your friends comment on it. Or you might not be aware of it at all. Some women feel pressure or aches and pains in their pelvic area and groin. You may feel sharp twinges in the vagina or perineal area as the baby's head presses on the pelvic floor.

When to seek medical help for lightening

Lightening is usually a sign that the baby's head is engaged — that it has moved below the upper part of the pelvis in preparation for birth. Your health care provider can examine you during the last weeks of pregnancy to check whether engagement has occurred. Nothing needs to be done in response to this event except to prepare for your baby's delivery.

If your baby has dropped and you have other signs of labor, such as regular contractions, contact your health care provider. (See also **Contractions.)**

Lightheadedness

See **Faintness and dizziness**

Linea nigra

1st, 2nd, 3rd trimesters

The barely noticeable pale line that runs from your navel to your pubic bone, called the linea alba ("white line"), often darkens during pregnancy. Then it's referred to as the linea nigra ("black line"). As with so many other changes that occur during pregnancy, skin darkening is the result of hormones that cause the body to produce more pigment. You can't prevent the linea nigra, but it will fade after delivery. (See also **Skin changes.)**

Lower abdominal pain

See **Abdominal discomfort or cramping**

Mask of pregnancy

1st, 2nd, 3rd trimesters

More than half of all pregnant women develop mild skin darkening on the face. Commonly called the mask of pregnancy, this brownish coloration is also known as chloasma or melasma. It can affect any woman who's pregnant, though women who are dark-haired and fair-skinned are more susceptible. Melasma usually appears on sun-exposed areas of the face, such as the forehead, temples, cheeks, chin, nose and upper lip. It tends to be matching on both sides of the face (symmetrical).

Melasma is often aggravated or intensified by exposure to sunlight or other sources of ultraviolet (UV) light. The condition usually fades after delivery, although it may not fade completely, and it can return with additional pregnancies.

Prevention and self-care for mask of pregnancy

Because exposure to sunlight often worsens skin darkening, protect yourself from getting too much sun:

- Always wear sunscreen with a sun protection factor (SPF) of 15 or greater when you're outdoors, whether it's sunny or cloudy. The sun's UV rays can reach your skin even when the sky is overcast.
- Avoid the most intense hours of sunlight, during the middle of the day.
- Wear a wide-brimmed hat that shades your face.
- If your mask is extreme, covering makeup may help.

Medical care for mask of pregnancy

Avoid creams or other agents that bleach the skin. If your skin darkening is extreme, your health care provider or a dermatologist may prescribe a medicated ointment. If melasma persists long after you've delivered your baby, consult a dermatologist. He or she may recommend a medicated cream or ointment or a chemical peel.

Medications

1st, 2nd, 3rd trimesters

When pregnant, you're still susceptible to all the usual illnesses that the general population faces. And pregnancy itself can give rise to health conditions that require treatment.

But many women have concerns about using medications during pregnancy. Should you avoid all medications? Which medications are safe? What if you're already taking a drug to treat an ongoing health condition? Should you stay on it?

As a general rule, it's best to use caution and avoid use of medications during pregnancy. Some drugs can cause an early miscarriage or harm

the developing fetus. Exposure to drugs is thought to account for 2 percent to 3 percent of birth defects. Very few drugs have been proved to be completely safe in pregnancy, but many have been found to be safe enough that their benefits outweigh any tiny, unknown risk. Before you take any medicine — prescription or over-the-counter — check with your health care provider for specific advice based on your health history and the medication in question. A pharmacist also can provide general guidelines.

If you have a health condition that requires regular medication, or were taking a medicine regularly before getting pregnant, your health care provider will evaluate whether it's safest for you to continue taking the medication, discontinue it or switch to a different medication that poses less risk to you and your baby. *A medication that was important for your health before pregnancy most likely will be important during pregnancy, too.* It's always best to outline a plan regarding medications when you anticipate becoming pregnant.

Below is a guide to the risks for pregnant women regarding some commonly used medications.

Acne medications. Don't take any medications for acne without your health care provider's advice. Some drugs used to treat acne can harm a fetus. These include:

- *Isotretinoin (Accutane).* This acne medication, taken orally, is known to cause birth defects such as hydrocephalus, cardiac abnormalities and ear defects. Women who take Accutane must wait at least three months after stopping use of the drug before becoming pregnant.
- *Hormonal therapy.* Hormones, including estrogen and the anti-androgens spironolactone and flutamide, are sometimes used to treat acne, but shouldn't be taken during pregnancy.
- *Tetracyclines.* These antibiotic medications are often used to treat acne. They may cause slowed bone growth and discolored teeth in babies as well as severe liver disease in expectant mothers. They shouldn't be used during pregnancy.

(See also **Acne.**)

Allergy medications. Allergy remedies include antihistamines, decongestants, nasal sprays and allergy shots. During pregnancy, avoid most antihistamines and decongestants unless your health care provider recommends them. Your health care provider can help you select medications that minimize the risk to your baby.

Steroid and nonsteroid nasal sprays are generally safe to use during pregnancy, although if you use them, do so with a health care provider's

supervision. Allergy shots are safe for pregnant women who were already receiving them before they got pregnant, although most caregivers don't start them during pregnancy. (See also **Allergies.)**

Antacids and acid blockers. Antacids are generally safe when taken as directed, but their side effects might be bothersome. Sodium, a common ingredient in antacids, can worsen swelling and water retention. Other possible side effects are diarrhea and constipation. Because antacids can reduce your absorption of other medications and vitamins, take them at least an hour apart from other medications or vitamins.

Acid blockers, both histamine (H-2) blockers and proton pump inhibitors, are considered safe to use under a health care provider's supervision. H-2 blockers include cimetidine (Tagamet), famotidine (Pepcid) and ranitidine (Zantac). Proton pump inhibitors include esomeprazole magnesium (Nexium) and omeprazole (Prilosec). (See also **Heartburn.)**

Antibiotics. If you get a bacterial infection, such as a sinus infection or strep throat, your health care provider may prescribe an antibiotic. Most antibiotics, including penicillin, are safe to use during pregnancy, but the exceptions are serious. Always make your health care provider aware of your pregnancy when an antibiotic is to be prescribed.

Anticoagulants. Anticoagulants decrease the clotting ability of blood and help prevent harmful clots from forming in the blood vessels.

- *Heparin.* Heparin is the medication of choice for pregnant women who require an anticoagulant medication. Heparin may be prescribed for women who have a hereditary clotting disorder or who are at risk of developing blood clots while pregnant. Because heparin doesn't cross the placenta, it's safe to use during pregnancy and doesn't harm the fetus.

  Heparin is administered by injection. The treatment must be stopped briefly at the time of delivery to prevent excessive blood loss. Management of heparin treatment is a job for an experienced obstetrician.
- *Low molecular weight heparins.* New, low molecular weight heparins (dalteparin, enoxaparin) also are safe in pregnancy and have some advantages. However, they're extremely expensive.
- *Warfarin.* Warfarin (Coumadin) is another anticlotting drug, but it has been shown to cause birth defects and is not used during pregnancy.

If you've had blood clots or are at risk of developing them, your health care provider will determine what the best course of treatment is for you.

Antidepressants and mood stabilizers. Women who are using medications for depression, anxiety and other mood disorders may need to change their use of these drugs during pregnancy. If you were taking any antidepressant or other psychiatric medication before becoming pregnant, talk to your health care provider about whether you should keep taking it. Medications used for these conditions include the following:

- *Tricyclic antidepressants.* Use of this family of drugs during pregnancy causes concern. More effective medications are now available, so there's rarely a need to consider using this group of drugs during pregnancy.
- *Selective serotonin reuptake inhibitors (SSRIs).* Multiple studies have evaluated use of fluoxetine (Prozac, Sarafem), sertraline (Zoloft) and paroxetine (Paxil) during pregnancy and haven't found evidence of increased risk of birth defects. The effect these medications may have on the unborn child's future behavior is unknown. These drugs usually should be continued if they were prescribed for serious depression.
- *Other antidepressants.* Bupropion (Wellbutrin) hasn't been shown to cause birth defects. However, its future effect on children and adults exposed during their mother's pregnancy is unknown. Bupropion is also sold as a stop-smoking aid under the name Zyban.
- *Mood stabilizers.* Lithium (Lithobid), valproic acid (Depakene) and carbamazepine (Tegretol) are used to treat bipolar disorder. If used during pregnancy, they may harm the developing fetus. If you're using any of these drugs and want to become pregnant, first talk to your health care provider or a perinatal specialist about their risks and benefits. Lithium and valproic acid are strongly linked to birth defects.

Cold medications. A wide variety of medications, including dozens of types of decongestants, cough syrups and nasal sprays, are marketed to treat the symptoms of the common cold. Most of these drugs have at least some concern attached with their use in pregnancy. The medicines may relieve signs and symptoms, but they don't cure or shorten the illness. If you're pregnant, the best treatment plan for a cold includes rest, fluids, increased humidity and time. Often you and your health care provider can find an approach to your cold that minimizes risk to your pregnancy. (See also **Colds.**)

Laxatives. Constipation is a common aggravation of pregnancy. Nonprescription laxatives are generally safe, but check with your health care provider for a recommendation. Overuse of laxatives can cause diarrhea and a degree of dependence. It's best to try to prevent constipation. (See also **Constipation.**)

Pain relievers

- *Acetaminophen.* This nonaspirin medication is sold under various brand names, including Tylenol. In recommended doses, it's considered safe to use during pregnancy. In addition to relieving pain, acetaminophen can lower a fever.
- *Aspirin.* Avoid taking aspirin when you're pregnant, unless your health care provider specifically recommends it. Maternal use of aspirin has been associated with some birth defects and bleeding problems in the mother or infant.
- *Ibuprofren and other nonsteroidal anti-inflammatory drugs (NSAIDs).* Ibuprofen (Advil, Motrin, others), indomethacin (Indocin), ketoprofen (Orudis) and other NSAIDs should be used during pregnancy only under a physician's direction, as they could pose risks to the fetus.
- *Narcotics.* Some pain relievers combine acetaminophen with a narcotic medication such as codeine or oxycodone. Brand names include Tylenol with Codeine, Darvocet, Vicodin and Percocet. Oxycodone medications have not been linked with birth defects, but they have high addiction potential and may cause withdrawal or other problems in the infant if used for many days in the last weeks before delivery. These medications are never appropriate for noncancer chronic pain, due to their addictive potential.

For pain relief, you might also consider nonpharmaceutical alternatives. For example, if you have a headache, try resting, avoiding light and using a cool pack on your head. For sore muscles or aches caused by arthritis, try a warm bath or massage.

For more specific information about medications used to treat other conditions, see **Headaches; Herbal medications; Morning sickness.**

Melasma

See **Mask of pregnancy**

Migraines

See **Headaches**

Mood swings

1st, 2nd, 3rd trimesters

One minute you're giddy with happiness. A few minutes later, you feel like crying. Especially in the first trimester and toward the end of the third trimester, mood swings are common. Your emotions may run from exhilaration and joy to exhaustion, irritation, weepiness or depression. If you've typically experienced premenstrual syndrome, you may have more extreme mood swings when you're pregnant.

What causes this moodiness? Some of it may be linked to pregnancy-related discomforts such as nausea, frequent urination, swelling and backache, all of which can interfere with sleep. Fatigue, changing sleep patterns and new bodily sensations can all influence how you feel. You may also be adjusting to a new body image, especially during your first pregnancy. Your fatigue and discomfort are reasons enough to feel stressed emotionally, and in turn, feeling down can affect how you feel physically.

Mood changes may also be caused by the release of hormones and changes in your metabolism. Just as fluctuations in progesterone, estrogen and other hormones are linked to the blues many women feel before their period or after giving birth, these hormonal changes may play a role in the mood changes of pregnancy.

In addition, pregnancy brings a number of new stresses to your life. Adjusting to lifestyle changes and preparing for new responsibilities may leave you feeling up one day and down the next. Added financial responsibilities are another common source of stress, as are worries about the health of the baby and your ability to be a good parent.

Pregnancy has a major impact on your body, your relationships and many other aspects of your life. It's a time when you need extra support from your partner, family, employer and community. Unfortunately, that support isn't always there.

Mood swings are normal during pregnancy and are usually nothing to worry about. But they can make it more difficult to cope with stress. When stress builds up to uncomfortable levels, it can cause fatigue, insomnia, anxiety, poor appetite or overeating, headaches, and backaches. Stress over a long period of time can contribute to potentially serious health problems.

If you're coping well with stress — you're feeling energized rather than drained, and you're functioning well — some added stress won't be a hazard to your health or your baby's health.

Prevention and self-care for mood swings

Simply knowing more about why you're feeling moody — and knowing that these mood swings are temporary — can help you weather the storms, as can the following healthy habits. And practicing these habits may even help you prevent mood swings altogether:

- Keep yourself healthy and fit by eating a nutritious diet, getting plenty of sleep, avoiding alcohol, cigarettes and drugs, and exercising regularly. Exercise is a natural stress reducer and can help prevent backache, fatigue and constipation.
- Boost your support network. This may include your partner, family, friends and a support group. A good support network can provide emotional support and help with tasks around the home.

- Be sure to make time to relax each day. Try relaxation techniques such as meditation, guided mental imagery and progressive muscle relaxation. These kinds of relaxation exercises are often taught in childbirth classes.
- Accept that you may not be able to accomplish everything you did before getting pregnant. Cut back on unnecessary activities that are contributing to your stress or discomfort.

When to seek medical help for mood swings

Moods that interfere with your ability to function may be more than a passing case of fatigue, stress or the blues. Exaggerated mood swings that last more than two weeks may be a sign of depression. Mild depression is quite common in pregnant women. If you're consistently feeling sad, weepy or worthless and you notice that your eating and sleeping are affected, your work is disrupted or you take less pleasure in things you normally enjoy, you may be experiencing depression.

If your mood swings seem to be more than you can handle alone or if you have signs and symptoms of depression, talk to your health care provider about them. Depression is a serious disease that you have no more control over than strep throat. During pregnancy, depression may be treated with counseling, psychotherapy, medications or a combination of those. Be sure to seek help if you have the signs and symptoms of depression.

Morning sickness

1st trimester

Morning sickness is one of the classic signs of early pregnancy. The majority of expectant mothers — up to 70 percent — experience nausea and vomiting.

Although these signs and symptoms are commonly known as morning sickness, the name is misleading because nausea and vomiting can occur at any time of the day. The signs and symptoms typically first start at four to eight weeks of gestation and subside by 13 to 14 weeks. But some women have nausea and vomiting beyond the first trimester. Morning sickness may be more severe in a first pregnancy, in young women and in women carrying multiple fetuses.

The cause of morning sickness isn't completely understood, although the relaxation of the stomach muscle probably plays a part. The stomach empties somewhat more slowly under the influence of pregnancy hormones. Another possible cause is the rapidly rising levels of estrogen produced by the placenta and fetus. Emotional stress, fatigue, traveling and some types of food may aggravate the problem.

Although morning sickness can be quite distressing, it seldom leads to more serious problems such as dehydration or significant weight loss. Morning sickness doesn't affect your baby or mean that your baby is sick. In fact, nausea is generally a sign the pregnancy is progressing well.

Prevention and self-care for morning sickness

Dietary measures. You may be able to alleviate nausea by keeping some food in your stomach — by avoiding having a stomach that's completely empty or completely full. Here are some other dietary suggestions for preventing or relieving nausea:

- Eat smaller meals or snacks frequently throughout the day.
- Before getting out of bed in the morning, eat a couple of soda crackers or a piece of dry toast. Rise slowly, allowing some time for digestion to occur before you get up.
- Have a small snack at bedtime and when you get up to go to the bathroom at night.
- Avoid foods and smells that trigger nausea.
- Drink fewer fluids with your meals.
- Eat more carbohydrates, such as white rice, dry toast or a plain baked potato.
- Try eating low-fat, bland foods or high-protein foods such as peanut butter on apple slices, nuts, cheese and crackers, milk and yogurt. Other good choices are gelatin desserts (Jell-O), popsicles and chicken broth. Some women find it helpful to eat salty and tart foods in combination, such as pretzels and lemonade.
- Avoid foods that are high in fat and salt and low in nutrition. Avoid greasy, rich and spicy foods.
- Suck on hard candy.
- If you're in the habit of drinking ginger ale when you're feeling nauseated, you may have science on your side. Several studies have found a benefit from ginger in reducing nausea and vomiting, with no apparent risks. Some ways to consume the spice include ginger soda or tea, ginger snaps or ginger in capsule form. You can also buy whole ginger root. Cut a slice or grate it and boil it. Let it steep for about five minutes, then sweeten it with honey if you like.

Lifestyle and alternative measures. Some other simple steps that you might find helpful are as follows:

- Keep rooms well ventilated and free of cooking odors and cigarette smoke, which can aggravate nausea.
- Get plenty of fresh air. Take a walk or try sleeping with a window open.

- Rest. The fatigue that's common in early pregnancy can contribute to nausea. Lying down may help.
- Some studies have shown a benefit from acupressure and acupuncture. Acupressure involves stimulating points in the body without use of needles or electricity. Elastic bands worn on the wrists may help counter morning sickness. These bracelets exert a steady pressure over an acupressure point on the inside of the wrist. Because these bands are also used for seasickness, you can usually find them at boating stores or travel agencies.
- The iron in prenatal vitamins may cause nausea. Switching to a children's chewable vitamin with folic acid may help. Talk to your health care provider before changing your vitamins.
- Ask your health care provider about taking a vitamin B-6 supplement. Studies have found that this vitamin reduces nausea and vomiting during pregnancy. The recommended dosage is 25 milligrams three times a day.

When to seek medical help for morning sickness

In rare instances, nausea and vomiting may be so severe that you can't maintain proper nutrition and fluids and gain enough weight. Severe or persistent nausea and vomiting may also be caused by other rare but serious diseases, such as liver disease or thyroid disease.

Call your health care provider if:

- Morning sickness doesn't improve, despite trying self-care remedies
- You're vomiting blood or material that looks like coffee grounds
- You lose more than 2 pounds
- You have prolonged, severe vomiting

Severe cases of nausea and vomiting may require treatment with medications, including antiemetics, which control nausea. Some women find relief with over-the-counter antacids or with motion sickness drugs or antihistamines. Your health care provider will discuss your options with you. (See also **Nausea throughout the day.)**

Mucous discharge

3rd trimester

As you approach your delivery date, you may notice an increase in mucous discharge from your vagina. During pregnancy, the opening of the cervix becomes blocked with a thick plug of mucus that keeps bacteria and other germs from entering the uterus. As you get closer to labor, your cervix begins to thin and relax, and the mucous plug may loosen, causing the discharge to increase and thicken. The plug is sometimes dislodged as thick, stringy or blood-tinged mucus. (See also **Bloody show.)**

- ***Prevention and self-care for mucous discharge***
  Mucous discharge is normal toward the end of pregnancy. If you want something to absorb the flow, use sanitary napkins rather than tampons. Keep your genital area clean, and wear cotton underwear. Avoid tight or nylon pants, and don't use perfume or deodorant soap in the genital area.

- ***When to seek medical help for mucous discharge***
  Call your health care provider if your discharge is foul smelling, yellow, green or causes itching or burning. These could be signs of an infection. Mucous discharge before 35 weeks could be a sign of preterm labor. Report it to your health care provider.

Mucous plug

See **Bloody show**

Nasal congestion

See **Allergies; Colds; Stuffy nose**

Nausea

See **Morning sickness**

Nausea throughout the day

- ***1st trimester***
  What if you don't just have morning sickness — you also have afternoon, evening and night sickness? Because the nausea and vomiting of pregnancy are commonly referred to as morning sickness, you may wonder if there's something wrong if you're experiencing these symptoms throughout the day. In fact, morning sickness is a misnomer because nausea can occur any time of day.

  In one study of 160 pregnant women, less than 2 percent had nausea only in the mornings. For most women, nausea lasted throughout the day. Other research has found similar results. (See also **Morning sickness; Vomiting.)**

- ***When to seek medical help for nausea throughout the day***
  Nausea and vomiting can become a problem if you can't keep foods or fluids down and you begin to lose weight. Call your health care provider if your nausea and vomiting are severe or persistent.

Navel soreness

- ***2nd trimester***
  Along with the other aches and pains associated with your expanding

uterus, your navel area may feel tender or sore. This tenderness might be most noticeable as you pass the 20th week of pregnancy and then subside as your belly grows. You may feel most uncomfortable when sitting upright.

The stretching and separation of the two large bands of muscles that run along your abdomen also can cause some soreness around your bellybutton. (See also **Abdominal tenderness due to muscle separation.)**

Self-care for navel soreness

To relieve tenderness around your navel, use the pads of your fingers to massage your abdomen in a circular pattern, or ask your partner to do this for you. Apply a cold or warm compress to your bellybutton to soothe it. If pain around your navel is accompanied by severe loss of appetite, this could be a more serious problem. A call to your health care provider is in order.

Nesting instinct

3rd trimester

As your due date nears, you may find yourself cleaning cupboards, washing walls, organizing your closets, cleaning out the garage, sorting the baby's clothes or decorating the nursery. The powerful urge to clean, organize and decorate before the baby arrives is called the nesting instinct. It's usually strongest just before delivery.

Nesting gives you a sense of accomplishment before the birth and allows you to come home afterward to a clean house. The desire to prepare your home can be useful because it'll give you more time later to recover and spend time with your baby. But don't overdo it and wear yourself out. You'll need your energy for the hard work of labor.

Cleaning precautions. No evidence links normal use of household cleaners with birth defects. Always follow safety instructions from the manufacturer, and that goes double when you're pregnant. Never mix ammonia with chlorine-based products, such as bleach, because the combination produces toxic fumes. Wear gloves when cleaning, and don't directly inhale any strong fumes. (See also **Painting.)**

Nipple darkening

2nd trimester

Like other areas of the skin, the skin on or around the nipples often darkens during pregnancy. Skin darkening is the result of pregnancy hormones, which cause the body to produce more pigment. The increased pigment isn't distributed evenly like a smooth tan, but often appears as splotches of color.

Darkening of the nipples and other areas of skin typically fades after delivery. In the meantime, avoid using agents that bleach the skin.

Nipple discharge

See **Breast discharge**

Nosebleeds

1st, 2nd, 3rd trimesters

Some women have nosebleeds during pregnancy, even though they never or rarely did before. With the extra blood flowing throughout your body, the tiny blood vessels lining the nasal passages are more fragile and likely to rupture.

Prevention and self-care for nosebleeds

To stop a nosebleed:

- Sit up and keep your head elevated. Pinch the soft parts of your nose together between your thumb and index finger.
- Press firmly but gently, compressing the pinched parts of the nose toward the face.
- Hold this position for five minutes.
- Lean forward to avoid swallowing the blood, and breathe through your mouth. Apply ice — crushed in a plastic bag or washcloth — across the bridge of the nose.

To prevent a nosebleed:

- Be gentle when blowing your nose, and don't try packing your nose with gauze.
- Dry air may make you more susceptible to nosebleeds. Use a humidifier during the winter months.

When to seek medical help for nosebleeds

Call your health care provider if the nosebleed persists, if you have high blood pressure or if it occurs after a head injury.

Numbness in hands

See **Carpal tunnel syndrome**

Overheating

See **Warm, feeling**

Painting

1st, 2nd, 3rd trimesters

Pregnancy is a common time to launch a major redecorating project in

your home. Use caution if you're determined to do painting, stripping, wallpapering or furniture refinishing — or if your job involves painting. Try to avoid exposure, especially during the first trimester, to oil-based paints, lead, mercury (which is present in some latex paints) and other substances that have solvents (chemicals used to dissolve other materials). These substances may increase your risk of miscarriage or cause birth defects.

Most of the studies investigating the risks of these substances to pregnant women involved women who were exposed to paint fumes for long periods because of their occupation. Brief exposure to paints and similar compounds shouldn't pose a significant risk to the fetus. Still, it's best to be cautious. Minimize your exposure to potentially hazardous substances by following these rules:

- Make sure to work in a large, well-ventilated area.
- Wear protective gear, such as gloves and a face mask.
- Don't eat or drink in the work area.
- Consider letting someone else paint that room.
- Use all paints only as directed by the manufacturer. For example, don't use paints labeled for outdoor use indoors.

Pelvic pressure

3rd trimester

In the last weeks of pregnancy, you may feel a sense of pressure, heaviness, soreness or tenderness in your pelvic area. This is caused by the baby pushing into the pelvis and compressing the bladder and rectum. In addition, the baby is likely to compress some veins and cause blood to pool. Finally, the bones of the pelvis are being pushed outward a bit, causing further discomfort.

A feeling of pelvic pressure before the 37th week of pregnancy, however, may be a sign of preterm labor, particularly if the pressure in your pelvis or vagina seems to radiate toward your thighs, or you feel as if the baby is pushing down.

Prevention and self-care for pelvic pressure

If you experience pelvic pressure in the last weeks of pregnancy, you may find some relief by resting with your feet up. Kegel exercises also may help with pelvic soreness: Squeeze the muscles around your vagina tightly, as if you were stopping the flow of urine, for a few seconds, then relax. Repeat 10 times.

When to seek medical help for pelvic pressure

Call your health care provider or go to the hospital if you think you may

be experiencing preterm labor. In addition to pelvic pressure, other signs and symptoms of preterm labor include:

- Cramping in the lower abdomen. The cramps may be similar to menstrual cramps and may be continuous or come and go.
- A low, dull backache that radiates to the side or front of your body and isn't relieved by any change in position
- Contractions every 10 minutes or more often
- Clear, pink or brownish fluid leaking from your vagina

You don't have to have all of these symptoms to be in preterm labor. Take action even if you have only one. Your health care provider may ask you to come into the office or go to the hospital, or you may be advised to rest on your left side for an hour. If the symptoms get worse or don't go away after an hour, call your health care provider again or go to the hospital.

Perineal aching

3rd trimester

During the last month of pregnancy, after the baby has dropped into the pelvic cavity, you may feel a sensation of increased pressure or aching in the perineal area — the area between the vulva and the anus. This dropping, referred to as lightening, indicates that the presenting part of the baby, usually the head, is engaged in the upper portion of the pelvis. If this is your first pregnancy, lightening may happen several weeks before labor. If you've had a child before, lightening usually occurs just before labor. (See also **Lightening.)**

In addition to aching or pressure in the perineal area, you may feel sharp twinges when the fetal head presses on the pelvic floor.

Prevention and self-care for perineal aching

Those trusty Kegel exercises can strengthen your perineal muscles and may help with the aching. To do Kegel exercises, squeeze the muscles around your vagina tightly, as if you were stopping the flow of urine, for a few seconds, then relax. Repeat 10 times.

When to seek medical help for perineal aching

Your health care provider may examine you in the last weeks of pregnancy to see if the baby's head is engaged. If perineal aching or pressure grows stronger and is accompanied by a feeling of tightening or contractions, you may be in labor.

Perming your hair

1st, 2nd, 3rd trimesters

Many women wonder if it's safe to perm, dye or use other chemical

treatments on their hair when they're expecting. To date, there are no definitive answers. Studies using animals haven't identified any specific risks of birth defects or other problems. But only a few studies in humans have examined the effects of hair care chemicals or treatments on the developing fetus.

Given the lack of human studies, some health care providers advise women to put off having a perm until after the first trimester. The fetus is most vulnerable to adverse effects of exposure to chemicals and other substances during the first trimester. However, one disadvantage of perming your hair in late pregnancy is that often a great deal of hair is lost immediately after delivery, meaning you'll also lose a fairly large portion of the perm.

Perspiration

1st, 2nd, 3rd trimesters

The effects of pregnancy hormones on your sweat glands, along with your need to get rid of all the heat the baby produces, may leave you feeling a little damp. Increased perspiration during pregnancy makes heat rashes more common. Hot summer weather can be quite trying in late pregnancy. If you're pregnant during the summer, you may need to rest, drink cold liquids and take cool showers to avoid overheating. (See also **Warm, feeling.)**

Pica

See **Food cravings**

Pinkeye

1st, 2nd, 3rd trimesters

Pinkeye (conjunctivitis) is an inflammation or infection of the conjunctiva, the moist, delicate membrane that lines the inside of the eyelids and covers the whites of the eyes. Symptoms include redness of the eyes, itchiness or irritation, a gritty feeling in the eyes and watery eyes. In adults, pinkeye is most often a viral or bacterial infection. It can also be caused by allergies, chemical irritants in the eyes or the use of contact lenses, particularly extended-wear lenses. If you get pinkeye while pregnant, it won't affect your fetus.

Newborns can develop conjunctivitis if they're exposed to bacteria during birth. Bacteria from the mother's vagina can pass into the infant's eyes during birth. This condition is most often caused by the sexually transmitted bacteria that cause chlamydia or gonorrhea. Conjunctivitis in infants must be treated immediately to prevent serious eye damage and preserve sight.

To prevent eye infections, newborns are given silver nitrate eyedrops at birth. Irritation from the drops may cause a brief bout of pinkeye. It usually begins six to 12 hours after birth and clears up within two days.

Prevention and self-care for pinkeye

Pregnant women should make sure they have no active sexually transmitted disease that might affect their infant before birth or after delivery.

To help protect yourself from bacterial and viral conjunctivitis, follow these precautions, especially if someone else in your family has pinkeye:

- Keep your hands away from your eyes.
- Wash your hands frequently.
- Don't share washcloths, towels or pillowcases with anyone. Change these items frequently, and wash them in hot water and detergent after use.
- Replace your eye makeup containers and applicators regularly.
- Use and care for your contact lenses properly.

To soothe the discomfort of pinkeye, apply a compress — a clean cloth soaked in warm or cool water — to closed eyes. Warm water works well for bacterial or viral pinkeye, and a cool compress is best for pinkeye caused by allergies. These methods may provide some comfort, but pinkeye needs medical attention to rule out serious causes.

Medical care for pinkeye

Treatment for pinkeye depends on the cause. The bacterial form is treated with antibiotics, usually given as eyedrops or an ointment. Oral antibiotics may be used for certain types of bacteria. Conjunctivitis caused by a virus will disappear on its own after a few days.

Allergic conjunctivitis can sometimes be cured by avoiding the irritant causing the allergy. For example, if you're having an allergic reaction to a substance in a particular brand of contact lens solution, you may be able to solve the problem simply by switching brands.

Flushing out the eyes with water can treat conjunctivitis caused by some types of chemicals. Some cases of chemical conjunctivitis require immediate medical treatment, however. If you've gotten a chemical in your eye, flush the eye gently with cool, running water for at least 15 minutes. After covering the eye with a clean pad, go to a hospital emergency department.

If your infant has pinkeye caused by silver nitrate eyedrops, the signs will typically be very mild and should disappear within a couple of days. Talk to your baby's health care provider if they persist.

Pregnancy test

See **HCG tests**

Ptyalism

- ***1st trimester***
  Along with feeling nauseated, you may be experiencing excessive salivation. This is called ptyalism. It's a somewhat unusual side effect of pregnancy, but very real and can be annoying. However, it's not an indication that anything is wrong. It may be that you're not really producing more saliva, but that you're not swallowing as much as usual because of your nausea.

- ***Prevention and self-care for ptyalism***
  If you're experiencing ptyalism, it may be helpful to cut back on starchy foods. Otherwise, when your nausea begins to decrease, this problem is likely to ease off as well.

- ***When to seek medical care for ptyalism***
  Excessive salivation by itself doesn't require medical care. However, if you have pain with swallowing or difficulty swallowing, tell your health care provider.

Pubic bone pain

- ***3rd trimester***
  Some pregnant women are troubled by pain in the pubic bone. The sensation may be mild or sharp and feel like an ache or a bruise. The pain is caused by softening and loosening of your tissues and joints. As the cartilage that connects the two pubic bones in the center of your pelvis softens, your pubic bone may feel very sore when you're moving or walking. Some pregnant women feel this more than others, and some have it only later in their pregnancy. Pubic bone pain should disappear within a few weeks after you give birth.

- ***Prevention and self-care for pubic bone pain***
  To ease the discomfort of pubic bone pain, consider wearing a girdle or support pantyhose. It may also help to apply warmth to the area or take a warm bath.

- ***When to seek medical help for pubic bone pain***
  Very rarely, pubic bone pain may be caused by an inflammation of the joint that leads to some destruction of the tissues, called osteitis pubis. In this situation, the pain is constant, gets worse and may be accompanied by fever. If these signs and symptoms develop, contact your health care provider.

Puffy face

See **Swelling**

Quickening

2nd trimester

Quickening is the term for the first movements or kicks you feel from the fetus. In first pregnancies, this exciting development typically occurs by about 20 weeks' gestation, although you might feel the first movements a few weeks earlier or later. The movements might feel like a light tapping or the fluttering of a butterfly. At first you might attribute the sensation to gas or hunger pangs.

It's normal during the second trimester for fetal movements to be somewhat erratic — few and far between at first, or several movements one day and none the next. Later, the kicks and movements usually become stronger and more regular, and you'll be able to feel them by placing a hand on your lower abdomen. Feeling your baby move is a pleasant way to feel connected to your pregnancy. When you and your partner feel movements through your belly, you'll both begin to become more emotionally involved with your baby.

As your pregnancy progresses, you'll probably become aware of your baby's typical movement patterns. Each fetus has its own pattern of activity and development. The most active time is between 27 and 32 weeks. Activity tends to slow down in the last weeks of pregnancy. (See also **Baby movement, decreased.**) If you notice any major changes in your fetus's activity level after 22 weeks — such as an absence or slowdown of movement for more than 24 hours — contact your health care provider.

Rashes

2nd, 3rd trimesters

Red, itchy skin is probably not the pregnancy glow you had in mind. But some women develop rashes during pregnancy. Heat rashes, sometimes called prickly heat, are most common. They're caused by the increased perspiration and dampness triggered by pregnancy hormones (see also **Perspiration).** Other types of rashes also may appear during pregnancy.

Intertrigo. Increased perspiration can cause a rash called intertrigo, which is particularly common in overweight women. It's typically found in the sweaty skin folds under the breasts or in the groin area — warm, moist areas where fungi can thrive, causing infection with the resulting inflammation. Intertrigo should be treated as early as possible because the longer it goes on, the more difficult it may be to treat.

PUPPP. About one in every 150 pregnant women develop a severe rash with the tongue-twisting name pruritic urticarial papules and plaques of pregnancy (PUPPP). This condition is characterized by itchy, reddish,

raised patches on the skin. These itchy bumps are called papules, and the larger raised areas are called plaques. They usually show up first on the abdomen and often spread to the arms, legs and buttocks. In some women, the itching can be extreme. Although PUPPP can be miserable for the mother, it doesn't pose risks to the baby. The signs and symptoms should go away after you deliver.

Although it's not known for certain what causes PUPPP, a genetic factor appears to be involved because the condition tends to run in families. PUPPP is more common in first pregnancies, and it rarely recurs in later ones.

Prevention and self-care for rashes

Most common rashes will improve with gentle skin care. Avoid scrubbing the skin, and use gentle cleansers. Minimize the use of soap. Oatmeal baths or baking soda baths can help relieve itchiness. Heat rash can be soothed by applying cornstarch after bathing, avoiding very hot baths or showers, and keeping the skin cool and dry.

To help prevent intertrigo, wear loosefitting cotton clothing, wash and dry the affected areas frequently — use a gentle cleanser or nonperfumed soap — and apply calamine lotion, baking soda or zinc oxide powder to the affected areas. You can also try blowing a fan or hair dryer on its lowest setting across moist areas.

Medical care for rashes

If self-care measures are ineffective or if your rash persists, worsens or is accompanied by other symptoms, call your health care provider.

If self-care fails to clear up intertrigo, your health care provider may prescribe a steroid, antibiotic or antifungal cream.

Treatment of PUPPP consists of oral medications or anti-itching creams. In particularly severe cases, a steroid cream may be prescribed.

Rectal bleeding

3rd trimester

Rectal bleeding is a very important sign that always requires evaluation. Fortunately, bleeding from your anus rarely indicates a problem with your pregnancy, and because of the age group of pregnant women, it's rarely related to serious colorectal disease either. Most often rectal bleeding is caused by hemorrhoids, which are fairly common during the last trimester and in the weeks following delivery (see also **Hemorrhoids).**

Another possible cause of rectal bleeding is a tiny crack or cracks in the anus (anal fissure). Fissures are usually caused by constipation, another common problem during pregnancy. Anal fissures are usually quite painful.

- ***Prevention and self-care for rectal bleeding***
  Hemorrhoids and anal fissures are often caused and irritated by constipation, so your best strategy is to stay regular. For tips on avoiding constipation, see **Constipation.**

- ***When to seek medical help for rectal bleeding***
  Always report rectal bleeding to your health care provider. He or she will want to check out the cause of the bleeding and may recommend another treatment for hemorrhoids. Bleeding accompanied by diarrhea with mucus and abdominal pain may indicate the possibility of an inflammatory bowel.

Red palms and soles

- ***1st, 2nd, 3rd trimesters***
  Two-thirds of pregnant women find that their palms and the soles of their feet become red. This skin change is more common in white women than in black women. The redness can appear as early as the first trimester and is the result of increased blood flow to the hands and feet. In addition to being red, these areas may itch. Like most skin changes of pregnancy, the redness fades after delivery.

- ***Self-care for red palms and soles***
  If your hands and feet itch, moisturizing creams may help.

- ***When to seek medical help for red palms and soles***
  If the redness in your palms and soles doesn't fade after delivery, talk to your health care provider. Red palms and soles can also be a sign of cirrhosis of the liver, lupus or an overactive thyroid, although in those cases other signs and symptoms are likely to be present as well.

Rib tenderness

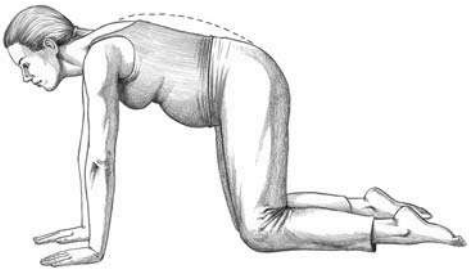
- ***3rd trimester***
  In the later months of pregnancy, the fetus runs out of room to stretch and may find it handy to rest his or her feet between your ribs. It's surprising how much those little toes and feet jamming into your rib cage can hurt.

  In addition to the pressure the baby is exerting, the shape of your chest is being altered to maintain room for your lungs while the diaphragm is pushed upward by the uterus. This reshaping pushes your ribs outward and can lead to pain between the ribs and the cartilage that attaches them to your breastbone.

  If the baby's position is hurting your ribs, try changing your own position. You can do the stretch explained here. Or try this: Take a deep breath

while raising one arm over your head, then exhale while you drop your arm. Repeat this movement a few times with each arm. Gently pushing the baby's feet or bottom away from the painful side also is quite safe.

Rib tenderness may disappear after the baby drops into your pelvis, which usually happens two to three weeks before delivery in first pregnancies — but usually not until labor begins in subsequent ones.



Try this stretch: Get down on your hands and knees, with your back relaxed but not sagging. Keeping your head straight and your neck aligned with your spine, round your back upward toward the ceiling. Allow your head to drop all the way down. Gradually release your back and raise your head to the original position. Repeat several times.

Round ligament pain

2nd, 3rd trimesters

Stretching of the round ligament can cause pain in the abdomen, pelvis or groin during the second and third trimesters. One of several ligaments that hold your uterus in place within your abdomen, the round ligament is a cord-like structure that's less than a quarter of an inch thick before pregnancy. At that time, your uterus is about the size of a pear.

As the uterus grows in size and weight, the ligaments supporting it become longer, thicker and more taut, stretching and tensing like rubber bands. If you move or reach suddenly, the round ligament can stretch, causing a pulling or stabbing pang in your lower pelvic area or groin or a sharp cramp down your side. Round ligament pain can be severe, but the discomfort usually goes away after several minutes. You may wake up at night with this type of pain after rolling over in your sleep. The pain can also be triggered by exercise. Round ligament pain may ease as your pregnancy progresses. It should go away after you have your baby.

Prevention and self-care for round ligament pain

Although round ligament pain is uncomfortable, it's one of the normal changes of pregnancy. The following suggestions may provide relief:

- Change the way you move. Sit down and get up more slowly, and avoid sudden movements.
- Sit or lie down when abdominal pain becomes bothersome.
- Apply heat by soaking in a warm bath or using a heating pad.

When to seek medical help for round ligament pain

If round ligament pain is severe, call your health care provider. He or she may suggest that you take acetaminophen (Tylenol, others) for pain relief.

Sometimes, abdominal pain is caused by a more serious condition, such as an ectopic pregnancy, ruptured ovarian cyst or appendicitis. Contact your health care provider right away or go to a hospital emergency department if you have any of the following signs and symptoms:

- Fever
- Chills
- Loss of appetite
- Pain when urinating
- Vaginal bleeding

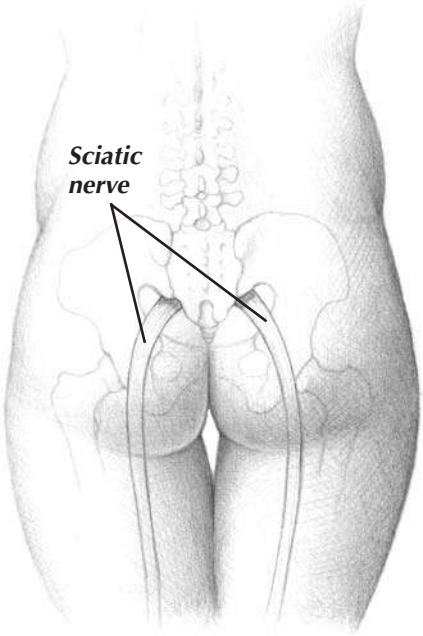
Rupture of membranes

See **Water breaking**

Sciatica

3rd trimester

Pain, tingling or numbness running down the buttock, back or thigh is called sciatica because it follows the course of the sciatic nerve. It's caused by pressure from the growing uterus, the baby or the relaxed pelvic joints on the sciatic nerve, which is a major nerve that runs from your lower back down the back of your legs to your feet. Lifting, bending and even walking may aggravate sciatica.



Although sciatica is no fun, it's generally not a cause for concern. When your baby changes position closer to the time of delivery, the pain is likely to ease. Occasionally, the problem is caused by a more serious condition called vertebral disk disease.

Prevention and self-care for sciatica

Warm baths, a heating pad and switching the side of your body that you sleep on may help with sciatic nerve pain. You may also find relief by changing your position regularly during the day, such as by getting up and moving around once every hour or so.

Swimming is another way to ease the discomfort. Being in the water temporarily takes some of the weight of your uterus off your sciatic nerve.

When to seek medical help for sciatica

Tell your health care provider if you're experiencing sciatica. Seek care if the numbness isn't transient, or if you're tripping when you walk or feel you can't move your foot with equal strength in all directions. He or she will want to rule out other, rarer causes of sciatica that could be more serious. It's fairly common to need physical therapy to help relieve sciatic nerve pain.

Shortness of breath

See **Breath, shortness of**

Skin changes

1st, 2nd, 3rd trimesters

Pregnancy hormones can spur several changes in your skin. For some lucky women, the main change is the famous healthy glow, which happens as a result of increased circulation in the tiny blood vessels just beneath the surface of your skin. But many women notice a variety of other, less desirable skin changes.

Skin darkening. This is one of the most common skin changes, occurring in 90 percent of all pregnant women. The darkening can affect your cheeks, chin, nose, forehead, navel, armpits, inner thighs and the area between your vulva and anus (perineum). In addition, the areas of skin that are already pigmented get even darker, most noticeably on or around your nipples and external labia — the thicker folds of tissue on both sides of your vagina.

When the pale line that runs from your navel to your pubic bone darkens, it's referred to as the linea nigra (see also **Linea nigra).** Skin darkening on the face is referred to as the mask of pregnancy, or melasma (see also **Mask of pregnancy).**

Skin darkening is likely the result of increased melatonin, which has important roles in the developing fetus. It typically fades after you give birth, although some areas of increased pigmentation, such as the nipples and labia, are likely to remain darker than they were before you were pregnant.

Vascular spiders. Vascular spiders (spider nevi) typically appear only during pregnancy. The name comes from the way they look — tiny, reddish spots with raised lines of tiny blood vessels branching out from the center, like spider legs. Caused by increased blood circulation, vascular

spiders are most likely to show up on your face, neck, upper chest or arms. They don't cause pain or discomfort, and they usually disappear within a few weeks after you give birth.

Stretch marks. Pink or purplish streaks on the abdomen, breasts, upper arms, buttocks and thighs are common in about half of the pregnant women. (See also **Stretch marks.)**

Acne. You may develop acne when you're pregnant, or your acne may improve. Some topical treatments can be used. (See also **Acne.)**

Moles and freckles. You may get new moles while pregnant, although they're usually not the type that are linked to skin cancer. Existing moles, freckles and skin blemishes may also become darker during pregnancy.

Itchiness. The stretching and tightening of the skin across your abdomen can leave it dry and itchy. Some women also experience itchiness all over their body. Heat rashes and other types of rashes also can cause itchiness. (See also **Itchiness; Rashes.)**

Red palms and soles. Two-thirds of pregnant women find that their palms and the soles of their feet become red. The redness fades after delivery. (See also **Red palms and soles.)**

Perspiration. Pregnant women often perspire more (see also **Perspiration).**

Rashes. Heat rashes are common during pregnancy, due to increased perspiration. Other rashes also may develop (see also **Rashes).**

Skin tags. Small, loose growths of skin may appear under your arms or breasts (see also **Skin growths or tags).**

Soft fingernails. Some women experience problems with their fingernails during pregnancy. This is temporary and not a sign of serious disease.

Self-care for skin changes

If areas of your skin have darkened and it concerns you, avoid getting too much sun. Skin darkening during pregnancy is made worse by exposure to sunlight or other sources of ultraviolet (UV) light. When you're outdoors, wear a sunblock with a sun protection factor (SPF) of at least 15. Remember that the sun's UV rays can still reach your skin even on cloudy or overcast

days. You may also want to wear a wide-brimmed hat that shades your face. Makeup can help with areas of skin darkening on your face.

For itchiness, keep your skin lubricated with a good moisturizing cream. Moisturize your nails as well as your hands, and wear rubber gloves when using detergents or cleansers.

When to seek medical help for skin changes

If your skin darkening or itchiness is extreme, talk to your health care provider. A medicated ointment may help the itching. Occasionally, a skin change might be a sign of something more serious. Contact your health care provider if:

- A particular mole changes noticeably in size or appearance. You may want to show any new moles to your health care provider. Even though moles caused by pregnancy are not related to skin cancer, you could develop a melanoma during pregnancy, and it's critical to detect these tumors early.
- Puffy eyelids occur along with a sudden weight increase — 5 pounds or more within a week. Sudden weight gain and puffiness could indicate developing preeclampsia.
- Severe itching develops late in your pregnancy without a rash.

Skin growths or tags

2nd, 3rd trimesters

When you're expecting, you may discover a few new skin growths under your arms, on your neck or shoulders or elsewhere on your body. These tiny, loose protrusions of skin, often called skin tags, are usually painless and harmless. They typically don't grow or change. No one knows what causes them. They often disappear after you give birth. But they're common after midlife.

Generally, skin tags aren't bothersome and don't require treatment. If the growths are irritating or cosmetically displeasing, they can easily be removed. Let your health care provider know if a skin growth changes in appearance.

Sleep, lack of

See **Insomnia**

Smell, sensitive sense of

1st trimester

You normally love the smell of bacon cooking and coffee brewing, but now that you're pregnant these odors make you gag. Your co-worker's perfume makes you feel sick, and you have to fight off nausea when you

fill up the gas tank. Research confirms that pregnant women have a sharper sense of smell — they notice odors that they don't normally notice, and previously acceptable smells become repugnant. This heightened sense of smell is also connected to the nausea and vomiting that many pregnant women experience. A variety of odors, such as foods cooking, coffee, perfume, cigarette smoke or particular foods, can trigger nausea.

A sensitive sense of smell may be due in part to the increase in estrogen during pregnancy. Like nausea, this symptom may indicate a rapidly growing placenta and embryo, and that's a good sign. In mice, the fluctuations in smell-controlling brain cells are linked to the hormone prolactin, a hormone which is also found in human pregnancy. Most women find this symptom to tightly parallel nausea in pregnancy, so it usually improves by 13 to 14 weeks.

Self-care for sensitive sense of smell

To keep your overactive olfactory cells from getting the best of you, be aware of the odors that trigger or aggravate your nausea, and avoid them whenever possible. You might have to eat lunch at your desk instead of the cafeteria. Or you may have to ask a co-worker not to wear a particular perfume or cologne until your nausea subsides, usually in the second trimester.

Snoring

1st, 2nd, 3rd trimesters

Up to a quarter of pregnant women snore, compared with about 4 percent of women the same age who aren't pregnant. Because of increased swelling in the nasal passages and nasal congestion during pregnancy, your upper airway is narrower. Narrowing of the upper airway can lead to snoring.

Although snoring is often the subject of jokes, it can have some serious consequences. Snoring can be related to high blood pressure (hypertension), and women who snore during pregnancy are at higher risk of pregnancy-induced high blood pressure (preeclampsia) and of having an infant who is considered small for gestational age. In one study, pregnant women who habitually snored had double the risk for high blood pressure and nearly 3.5 times the risk of slowed fetal growth, compared with nonsnorers.

Snoring may also be a sign of sleep apnea, a sleep disorder in which you stop breathing for short periods during sleep. The lack of oxygen disrupts the mother's sleep and may stress the fetus.

Overweight women may be at particularly high risk of snoring-related problems. In one study involving 502 women who had just given birth, women who reported regular snoring during pregnancy were heavier before becoming pregnant and gained more weight during pregnancy.

Prevention and self-care for snoring

To minimize your chance of snoring, follow these tips:

- Sleep on your side rather than your back. Sleeping on your back can cause your tongue and soft palate to rest against the back of your throat and block your airway.
- Nasal strips may help increase the area of your nasal passages and airway.
- Keep your weight gain in check. Avoid gaining more than recommended based on your pre-pregnancy weight.

When to seek medical help for snoring

Contact your health care provider if you experience loud snoring, if your partner reports that it's very loud, if your snoring frequently wakes you up or if your partner thinks your snoring is interrupted by periods of stopped breathing. Most people with this problem are excessively sleepy during the day. These signs may indicate obstructive sleep apnea.

If you're diagnosed with sleep apnea, your health care provider may recommend treatment with continuous positive airway pressure (CPAP). This involves wearing a mask that's connected to a machine that gently blows air into your mouth and nose to keep your airway passages open. CPAP can improve sleep, prevent snoring and apnea, and may even improve your blood pressure.

Spotting

See **Vaginal bleeding**

Stretch marks

2nd, 3rd trimesters

Get a group of new or expecting moms together, and you're likely to hear something about stretch marks. Stretch marks are pink or purplish streaks that typically appear on the abdomen, breasts, upper arms, buttocks and thighs. About half of the pregnant women get them, especially during the last half of pregnancy.

Stretch marks aren't a sign of excessive weight gain. They're caused by a stretching of the skin along with a normal increase in cortisone, a hormone produced by the adrenal glands. The increase may weaken elastic fibers of the skin. Heredity is thought to play the biggest role in their development. Some women get severe stretch marks even though they've gained little weight during pregnancy.

Stretch marks usually don't disappear altogether, but after delivery they often fade gradually to light pink or white.

Prevention for stretch marks

Contrary to popular belief, no creams or ointments can prevent stretch marks or make them vanish. Because stretch marks develop from deep within the connective tissue underneath the skin, they can't be prevented by anything applied externally.

Stuffy nose

1st, 2nd, 3rd trimesters

Nasal stuffiness is a common problem in pregnancy, even if you don't have a cold or allergies. Nasal congestion and nosebleeds are more frequent because of the increased blood flow to the mucous membranes in your body. As the lining of your nose and airway swells, your airway shrinks. Your nasal tissue also becomes softer and more prone to bleeding. This nasal stuffiness is common in pregnancy and isn't inflammation of the mucous membranes of the nose (rhinitis). It can be annoying, however.

Rhinitis — in other words, a runny or stuffy nose caused by inflammation — is the body's strategy for getting rid of foreign invaders. Allergic rhinitis is caused by seasonal or perennial allergies. Nonallergic rhinitis is triggered by factors such as air pollution, smoke and infections.

When blood vessel changes are the cause of nasal congestion or stuffiness along with a very runny nose, the condition is called vasomotor rhinitis. It's often associated with overuse of nasal spray decongestants.

Prevention and self-care for a stuffy nose

Most pregnant women can tolerate a stuffy nose and other nasal symptoms without taking medications. If there's no accompanying problem such as a cold or allergies, no treatment is generally required. These tips may help keep your stuffy nose clearer:

- Use a humidifier in your home to loosen nasal secretions.
- Place a towel over your head and breathe the steam from a pan of water.
- Sleep propped up with your head elevated.

Medical care for a stuffy nose

Avoid over-the-counter remedies for your stuffed-up nose. Prolonged use of these medications can cause problems, and your nasal stuffiness may last for nine months. Try to deal with it using conservative means.

For other tips on dealing with nasal congestion related to inflammation, see **Allergies; Colds.**

Swelling

3rd trimester

At times, you may feel swollen while you're pregnant. Swelling (edema)

is common during pregnancy when your body tissues accumulate more fluid due to dilated blood vessels and increased blood volume. Warm weather can aggravate the condition.

During the last three months of pregnancy, about half of the pregnant women notice their eyelids and face becoming puffy, mostly in the morning. This is due to fluid retention and dilated blood vessels, which are expected in pregnancy. In the last few weeks of pregnancy, almost all women have some swelling in their ankles, legs, fingers or face. By itself, swelling is annoying but not a serious complication.

Prevention and self-care for swelling

If you have problems with swelling:

- Use cold-water compresses on swollen areas.
- Don't cut back dramatically on salt, although easing off on pretzels with rock salt might be a good idea. Although you may be advised to limit sodium to help with fluid retention, cutting back drastically on salt will cause your body to conserve sodium and water, which can make swelling worse.
- To relieve swelling in your legs and feet, lie down and elevate your legs for an hour in the middle of the afternoon. Using a footrest also may help.
- Swimming or even standing in a pool may provide some relief. Water pressure will compress your ankles, and your uterus will float just a bit, easing the pressure on your veins.

When to seek medical help for swelling

If you experience a sudden swelling of your face and hands — especially if you find you aren't urinating as often as usual — contact your health care provider immediately. Swelling in the face, especially around the eyes, may occasionally be a sign of preeclampsia.

Tanning

1st, 2nd, 3rd trimesters

If you're a sun worshiper, you may wonder if it's OK to keep tanning while you're pregnant. Tanning can't be endorsed at any time.

Many dermatologists and public health officials caution that there's no such thing as a safe or healthy tan. Ultraviolet (UV) radiation from the sun, tanning beds or sunlamps may cause skin cancer. It can also have a damaging effect on the connective tissues and can lead to premature aging of the skin, giving it a wrinkled, leathery appearance. Most skin cancers are clearly related to UV exposure, including some that cause premature death for thousands every year.

The mask of pregnancy — skin darkening on the face — is made worse by exposure to sunlight and tanning beds (see also **Mask of pregnancy).**

No controlled studies have examined the direct effects of tanning, tanning beds or self-tanning lotions on pregnant women. Although you won't get overheated on a tanning bed, you still have the other risks associated with UV radiation. As for self-tanning creams and lotions, the chemical that produces the tan, dihydroxyacetone (DHA), hasn't been studied in pregnant women. No evidence indicates that self-tanners are harmful, but there's no proof that they're safe, either.

Exposure to sunlight does provide some important benefits, such as increased vitamin D production and a sense of well-being. Sunlight can also affect mental health. There is good evidence that sunshine improves the mood of many healthy people and those suffering with disease. Remember, however, only a small amount of sunlight is needed for the body to manufacture vitamin D — much less sun exposure than it takes to get a suntan.

Tips for avoiding sun damage

- When you're outdoors, always wear a sunscreen with a sun protection factor (SPF) of 15 or greater, and reapply it often when you're outside for longer periods or when you're swimming. Remember that some of the sun's UV rays also reach your skin on cloudy or overcast days.
- Plan your outdoor activities to avoid the sun's strongest rays in the middle of the day. As a general rule, be particularly cautious between 10 a.m. and 4 p.m.
- Reduce your sun exposure by wearing a wide-brimmed hat that shades your face and long-sleeved shirts and pants.
- Wear sunglasses that provide 100 percent UV protection.
- Seek shade, such as at outdoor cafes with umbrellas or under covered porches.
- Drink enough water, and make sure you don't get overheated.
- If you're determined to use a self-tanning lotion, check with your health care provider first. And remember that self-tanners don't provide protection from UV rays.

Thirst

1st, 2nd, 3rd trimesters

You may notice that you're thirstier than normal while you're pregnant. That's perfectly healthy — increased thirst is your body's way of getting you to drink more water and other fluids. Your body needs extra fluids to replenish the amniotic fluid and maintain your increased blood volume.

Drinking more fluids also helps prevent constipation and dry skin and helps your kidneys dispose of the waste products being produced by the fetus.

Prevention and self-care for thirst
Drink at least eight glasses a day of water or other beverages. Caffeinated beverages stimulate urine production and so aren't the best choices. In addition to plain or sparkling water, good choices include a fruit juice fizz made with half juice and half sparkling water, vegetable juice, soup and a fruit shake made with skim milk. You have many fine choices for fluid replenishment in pregnancy. If you have been vomiting or you've had trouble with feeling faint, sports drinks such as Gatorade and Powerade may have some advantage.

When to seek medical help for thirst
Although increased thirst is normal when you're expecting, it can also be a symptom of diabetes. Gestational diabetes generally has no symptoms, but it's possible to develop full-blown diabetes during pregnancy. It can be hard to distinguish the subtle signs and symptoms of diabetes, such as fatigue, excessive thirst or excessive urination, from the typical changes of pregnancy.

Tooth, abscessed

1st, 2nd, 3rd trimesters
An abscessed tooth isn't good news for anyone, and being pregnant provides for no exception.

An abscess starts when a cracked tooth or deep cavity allows bacteria to enter the tooth's soft core (dental pulp), causing an infection. Pus builds up at the root tip of the tooth, located in the jawbone, and forms a pocket of pus — the abscess. An abscess can damage the bone around the tooth as well as lead to a general infection.

Prevention and self-care for an abscessed tooth
An abscessed tooth always requires skilled dental care. The only self-care is prevention by routine dental hygiene and preventive dental care. Preventive dental care is especially important during pregnancy, as oral changes seem to speed up the progress of dental disease. For tips on good dental hygiene, see also **Gum disease.**

Medical care for an abscessed tooth
If you have pain in your tooth or jaw or signs of an infection, such as a fever, call your dentist. A root canal will probably be needed to treat an abscessed tooth, and you may be given an antibiotic. If you need to have

major dental work done during pregnancy, talk to both your dentist and your health care provider about any special precautions that should be taken. Never delay your care because of the pregnancy.

Toxic substances, exposure to

1st, 2nd, 3rd trimesters

It's rare to be exposed to substances that are harmful to a developing fetus. But it can happen. Agents that are known to harm a fetus if a woman is exposed to them during pregnancy are called teratogens. They can cause a miscarriage or birth defects. Some substances may harm an infant through breast-feeding.

Substances known to be harmful include:

- Pesticides
- Heavy metals, such as lead and mercury
- Drugs used to treat cancer, such as methotrexate and aminopterin
- Ionizing radiation (X-rays)
- Some viruses, bacteria and protozoa

Organic solvents such as benzene are suspected to be harmful, although results of studies are inconclusive. Women who work in health care, farming, manufacturing, dry cleaning, printing, crafts businesses such as painting or pottery glazing, or electronics should be aware of the substances they're exposed to at work.

Industries in the United States are required to provide information to employees about hazardous substances in a workplace. As long as you and the company you work for follow Occupational Safety & Health Administration (OSHA) practices, it's unlikely that your fetus will be harmed. Proper clothing and safety measures can reduce or prevent exposure.

Fortunately, few birth defects are caused by environmental agents. Yet, it's best to avoid exposure to known or suspected harmful substances.

Talk to your health care provider about any exposure you have to chemicals, drugs, metals or radiation. You'll also want to tell the health care provider about any equipment in the workplace designed to minimize exposure, such as gowns, gloves, masks and ventilation systems. The health care provider can help determine if a risk exists and, if so, what can be done to eliminate it or reduce it. Although your health care provider will try to be helpful, he or she may not know of the specific use of an agent in a given industry.

It's a good idea to discuss any concerns you may have about being exposed to toxic substances with your employer or union representative. Several federal laws are designed to protect the health, safety and employment rights of pregnant working women. To find out about laws on workplace safety, contact your state or county health department.

Urinary incontinence

- ***2nd, 3rd trimesters***

  Sometimes, pregnant women and new mothers may pass urine involuntarily, especially when coughing, straining or laughing. During pregnancy, the baby is often resting directly on your bladder, and no one can stay dry with a baby bouncing on her bladder. Sometimes, damage at birth to the pelvic floor muscles and nerves to the bladder will cause urine leakage for a few weeks after birth. Fortunately, this problem usually improves within three months of giving birth. Unfortunately, the problem tends to recur later in life.

- ***Prevention and self-care for urinary incontinence***

  Research shows that doing Kegel exercises may help prevent urinary incontinence during pregnancy and after childbirth. These strengthening exercises help form a stronger, thicker support for your bladder, urethra and other pelvic organs. To do Kegel exercises, squeeze the muscles around your vagina tightly, as if you were stopping the flow of urine, for a few seconds, then relax. Repeat 10 times.

  If you do experience incontinence, wear protective undergarments or sanitary napkins.

Urinary tract infections

- ***1st, 2nd, 3rd trimesters***

  Many of the normal changes of pregnancy can increase your risk of urinary tract infections (UTIs) — infections of the bladder, kidney or urethra. It's very important to recognize and treat UTIs during pregnancy. These infections are a common cause of preterm labor. What's more, UTIs during pregnancy are more likely to be severe. For example, if you have a bladder infection that goes untreated, it may result in a kidney infection.

  You're also more susceptible to UTIs after giving birth. For a time after delivery, you may be unable to empty your bladder completely. The urine that's left provides a breeding ground for bacteria.

  Fortunately, bladder infections — even those that cause no signs and symptoms — can usually be found and treated before the kidneys become infected. Several screening methods are used to detect early evidence of infection. When treated early and properly, a UTI won't hurt your baby.

  If you have a UTI, you may feel pain or burning when you urinate. You might feel a frequent, almost panicky urge to go, or you might feel like you need to go again right after you've urinated. Other signs and symptoms include blood in the urine, strong-smelling urine, mild fever and tenderness over the area of the bladder. Abdominal pain and backache also may signal an infection.

Prevention and self-care for urinary tract infections

You can help prevent and clear up UTIs in several ways:

- Drink plenty of liquids, especially water.
- Urinate often — don't hold it or wait for long periods of time before you go. Holding in your urine can result in incomplete emptying of the bladder, which can lead to a UTI. Frequent urination is also helpful in clearing up a UTI.
- Lean forward while you urinate to help empty your bladder more fully.
- Always urinate after sexual intercourse.
- After you urinate, wipe from front to back.

Medical care for urinary tract infections

A urinary tract infection is diagnosed by testing a urine sample for bacteria. Treatment includes antibiotics to clear up the infection and acetaminophen to reduce fever. These medications are safe to take during pregnancy, though your health care provider needs to know of your pregnancy to choose the safest antibiotic. If you have a kidney infection, you may be admitted to the hospital for intravenous antibiotics. After your UTI is resolved, your health care provider might recommend that you continue taking antibiotic medication to lessen the chance of recurrence.

Urination, frequent

1st, 3rd trimesters

During the first trimester of pregnancy, your growing uterus pushes on your bladder. As a result, you may find yourself running to the bathroom more often than usual. You may also leak a small amount of urine when you cough, sneeze or laugh. By the fourth month, the uterus expands up out of the pelvic cavity, easing pressure on the bladder. Then, in the last few weeks of pregnancy, you may need to urinate more frequently again, when the baby's head drops into the pelvis, placing renewed pressure on the bladder. Frequent urination almost always goes away after you give birth.

Prevention and self-care for frequent urination

The following suggestions may help:

- Urinate as often as you need to. Holding in your urine can result in incomplete emptying of the bladder, which can lead to a urinary tract infection.
- Lean forward when you urinate to help empty your bladder more fully.
- Avoid drinking anything for a few hours before bedtime so that you have to get up less often during the night. Make sure you're still getting plenty of fluids during the rest of the day, however.

- Try Kegel exercises, which may enhance continence if done several times a day. Squeeze the muscles around your vagina tightly, as if you were stopping the flow of urine, for a few seconds, then relax. Repeat 10 times.
- If you leak urine during the day, wear unscented panty liners.

When to seek medical help for frequent urination

If you are urinating frequently and are also experiencing burning, pain, fever or a change in the odor or color of your urine, you may have an infection (see also **Urinary tract infections).** Contact your health care provider.

Urination with pain and burning

1st, 2nd, 3rd trimesters

Painful urination or a burning sensation when you urinate is often one of the first symptoms of a urinary tract infection (see also **Urinary tract infections).** Contact your health care provider promptly if you experience painful urination.

Vaginal bleeding

1st, 2nd, 3rd trimesters

As many as half of all pregnant women may experience spotting or vaginal bleeding at some point during their pregnancy, especially in the first trimester. Vaginal bleeding in pregnancy has many causes — some are serious and some aren't. The significance and possible causes of bleeding are different in each trimester.

First trimester. Many women have spotting or bleeding in the first 12 weeks of pregnancy. Depending on whether it's heavy or light, how long it lasts and if it's continuous or sporadic, bleeding can indicate many things. It may be a warning sign, but it may also be due to the normal events of pregnancy.

You may notice a small amount of spotting or bleeding very early in pregnancy, about a week to 14 days after fertilization. Known as implantation bleeding, it happens when the fertilized egg first attaches to the lining of the uterus. This type of light bleeding usually doesn't last long.

Bleeding in the first trimester can also be a sign of a miscarriage. Most miscarriages take place during the first trimester, although they can occur any time during the first half of a pregnancy. But bleeding doesn't necessarily mean you're having a miscarriage — at least half the women who bleed in the first trimester don't have miscarriages.

Another problem that can cause bleeding and pain in early pregnancy is ectopic pregnancy, in which the embryo implants outside the uterus,

usually in a fallopian tube. An uncommon cause of bleeding in the first trimester is molar pregnancy, a rare condition in which an abnormal mass — instead of a baby — forms inside the uterus after fertilization.

Second trimester. Although miscarriage is less common in the second trimester than in the first, a risk still exists. Vaginal bleeding is the primary sign of miscarriage.

Moderate to heavy bleeding in the second trimester may also indicate a problem with the placenta — placenta previa, in which the placenta lies too low in the uterus and partly or completely covers the uterus, or placental abruption, in which the placenta begins to separate from the inner wall of the uterus before birth. Both of these conditions are more frequent in the third trimester.

If bleeding occurs between 20 and 37 weeks, it may be a sign of preterm labor.

A cervical infection, inflamed cervix or growths on the cervix also can cause vaginal bleeding. Cervical bleeding is usually not a risk to the baby, but if it's caused by cervical cancer, it's very important that the diagnosis be made promptly. Occasionally, light bleeding from the cervix may be a sign of cervical incompetence, a condition where the cervix opens spontaneously, leading to preterm delivery.

Third trimester. Vaginal bleeding in the third trimester may be a sign of a problem with the placenta. In placental abruption, the placenta begins to detach from the inner wall of the uterus. The bleeding from this condition may be scant, heavy or somewhere in between.

In placenta previa, the cervix is partly or completely blocked by the placenta, which is normally located near the top of the uterus. The main sign of placenta previa is painless vaginal bleeding, typically near the end of the second trimester or the beginning of the third. The blood from placenta previa is usually bright red and may be scant but is usually fairly heavy. The bleeding may stop on its own at some point, but it nearly always comes back days or weeks later.

Light bleeding from weeks 20 to 37 may indicate preterm labor. Bleeding in the last weeks of pregnancy may be a sign of impending labor. The mucous plug that seals the opening of the uterus during pregnancy is passed out a few weeks before or at the start of labor. The discharge may have a small amount of blood in it (see **Bloody show).**

When to seek medical help for vaginal bleeding

Sometimes, bleeding in pregnancy is caused by a minor condition or normal process that requires no treatment. Other times, bleeding is a sign of a

serious problem. Be sure to have any bleeding during pregnancy evaluated by your health care provider. That's especially true after the first trimester.

Call your health care provider if you have slight spotting or bleeding, even if it goes away within a day. Contact him or her immediately or go to a hospital emergency room if you have:

- Any bleeding in the second or third trimester
- Moderate to heavy bleeding
- Any amount of bleeding accompanied by pain, cramping, fever, chills or contractions

You may need to be admitted to the hospital to find the cause of the bleeding. Treatment will depend on the cause.

Vaginal discharge

1st, 2nd, 3rd trimesters

Many women have increased vaginal discharge throughout pregnancy. This discharge, called leukorrhea, is thin, white and mild smelling or odorless. It's caused by the effects of hormones on the vaginal lining, which must grow dramatically during the pregnancy. It may increase throughout the pregnancy, becoming quite heavy. The high acidity of the discharge is thought to play a role in suppressing growth of harmful bacteria.

In the last few weeks of pregnancy, you may have a discharge that's blood tinged or a thick or stringy mass. This is probably the mucous plug that protects the cervix during pregnancy (see also **Bloody show).**

You'll also have a temporary vaginal discharge after giving birth. This discharge, called lochia, is caused by hormone shifts and will occur whether you had a vaginal or Caesarean birth. The discharge varies in amount, appearance and duration. Initially it's bloody, then it becomes paler or brownish after about four days and white or yellowish after about 10 days. You may occasionally pass a blood clot. This postpregnancy discharge can last from two to eight weeks. The amount should gradually diminish.

A discharge may also be a sign of a vaginal infection, which can be triggered by pregnancy hormones or medications such as antibiotics. If your vaginal discharge is greenish, yellowish, thick and cheesy, strong smelling or accompanied by redness, itching or irritation of the vulva, you may have a vaginal infection. Bacterial vaginosis is one common type of vaginal infection. It causes a foul-smelling gray to greenish discharge, and it's associated with preterm labor. It's treated orally or vaginally with metronidazole (Flagyl, MetroGel). Two other common types of vaginal infection during pregnancy are candidiasis (see also **Yeast infections)** and trichomoniasis. Neither presents a direct hazard to your baby, and both can be treated during pregnancy.

A steady or heavy watery discharge may be a sign that your membranes have ruptured (your water has broken). A vaginal discharge that's bloody or thick and mucus-like may indicate a problem with the cervix.

Prevention and self-care for vaginal discharge

To deal with the normal increased discharge of pregnancy, you might want to wear panty liners or a light sanitary pad. To reduce your risk of getting an infection:

- Do not douche. Douching can upset the normal balance of microorganisms in the vagina and can lead to a vaginal infection called bacterial vaginosis.
- Wear cotton underwear.
- Wear comfortable, loosefitting clothing. Avoid fabrics that don't breathe, tight slacks, exercise pants and leotards.
- There's some evidence that you can reduce your risk of yeast vaginal infection by eating 1 cup a day of yogurt containing live *Lactobacillus acidophilus* cultures.

When to seek medical help for vaginal discharge

Contact your health care provider if:

- You have abdominal pain or fever with a discharge.
- The discharge becomes greenish, yellowish or foul smelling.
- The discharge is thick and cheesy or curd-like.
- The discharge is accompanied by soreness, redness, burning or itching of the vulva.
- You have a steady or heavy discharge of watery fluid.
- The discharge is bloody or unusually thick.
- You've just had amniocentesis, and you have an increased vaginal discharge. This could indicate an amniotic fluid leak.

If you've already given birth, call your health care provider in the following situations:

- You're soaking a sanitary napkin every hour for four hours — don't wait the four hours if you become dizzy or notice increasing blood loss; call right away or go to the emergency room.
- The discharge has a foul, fishy odor.
- Your abdomen feels tender or your bleeding increases, and you're passing numerous clots.

Varicose veins

2nd, 3rd trimesters

The circulatory changes that support the growing fetus during pregnancy can also produce the unfortunate side effect of varicose veins. About 20

percent of pregnant women develop them. To accommodate the increased blood flow during pregnancy, blood vessels often become larger. At the same time, blood flow from your legs to your pelvis may be decreased. This can cause the valves in the veins in your legs to fail, leading to dilated, bulging veins. Vein problems may also show up as fine bluish, reddish or purplish lines under the skin, most often on the legs and ankles. Varicose veins tend to run in families. An inherited weakness in the valves of veins can make you more susceptible.

Varicose veins may cause no symptoms, or they may be painful or uncomfortable, causing sore, aching legs. The size of the veins usually decreases somewhat after birth.

Prevention and self-care for varicose veins

These measures can help prevent varicose veins, keep them from getting worse or ease the discomfort from them:

- Avoid standing for long periods.
- Don't sit with your legs crossed. This position can aggravate circulatory problems.
- Elevate your legs as often as you can. When sitting, rest your legs on another chair or a stool. When lying down, raise your legs and feet on a pillow.
- Exercise regularly to improve your overall circulation.
- Wear support stockings from the time you wake up until you go to bed. These stockings help improve the circulation in your legs. Ask your health care provider to recommend a good brand.
- Wear loose clothing around your thighs and waist. Socks and tight clothing on the lower legs are fine, but don't wear clothes that constrict the upper legs, such as underwear with tight leg holes. This can impede the return of blood from your legs and worsen varicose veins.

Medical care for varicose veins

Varicose veins generally don't require treatment. In severe cases, they can be removed surgically, but the procedure isn't normally done while you're pregnant.

Vomiting

1st trimester

Nausea and vomiting are common during early pregnancy and can occur at any time of day (see also **Morning sickness; Nausea throughout the day).** But sometimes vomiting is so severe that a pregnant woman can't eat or drink enough to maintain proper nutrition and stay hydrated. This

condition is called hyperemesis gravidarum, the medical term for excessive vomiting in pregnancy.

Hyperemesis gravidarum affects about one in every 300 pregnant women. It's characterized by vomiting that's frequent, persistent and severe. You may also feel faint, dizzy or lightheaded. If not treated, hyperemesis can keep you from getting the nutrition and fluids you need. You may become dehydrated, which is the most serious complication of this condition. Rarely, the loss of fluids and salts from vomiting can be severe enough to threaten the fetus.

The exact causes of hyperemesis aren't known, but it seems to occur more frequently when the pregnancy hormone human chorionic gonadotropin (HCG) is very high, as in multiple pregnancy and molar pregnancy (a rare condition in which an abnormal mass — instead of a baby — forms inside the uterus after fertilization). It's more common in first pregnancies, young women and women carrying multiple fetuses.

Prevention and self-care for vomiting

If you're vomiting only occasionally or about once a day, follow the self-care measures listed under **Morning sickness.**

When to seek medical help for vomiting

Contact your health care provider if:

- You have nausea and vomiting so severe that you can't keep any food down
- You're vomiting more than two or three times a day
- Vomiting persists well into the second trimester
- You have some of the signs and symptoms of early or mild dehydration, which include:
  - Flushed face
  - Extreme thirst
  - Small amounts of dark yellow urine
  - Dizziness that's worse when you stand
  - Cramps in your arms or legs
  - Headache
  - Dry mouth with thick saliva

Before treating you for hyperemesis, your health care provider will rule out other possible causes of vomiting, such as molar pregnancy, gastrointestinal disorders and thyroid problems.

Warm, feeling

2nd, 3rd trimesters

Overheated? It's not just because you're getting bigger or because the

weather is warm. During pregnancy, your metabolism — the rate at which your body expends energy at rest — speeds up. And you're probably perspiring more as a result of needing to lose all the heat your baby is making. This can leave you feeling too warm, even in winter.

Prevention and self-care for feeling warm

It's important to avoid getting overheated while you're pregnant. Follow these tips to keep cool:

- Drink plenty of water and other fluids. Carry a water bottle with you.
- Dress lightly in breathable fabrics such as cotton.
- Avoid exercising outside in the warmest part of the day. Take a walk before breakfast or after dinner, or go to a fitness center.
- Stay out of the sun as much as possible.
- Go for a swim, or take a tepid or cool shower or bath.
- When the temperature is over 90 F, stay in air-conditioned environments as much as possible.

Water breaking (rupture of membranes)

3rd trimester

When the amniotic sac leaks or breaks before labor begins, the fluid that has been cushioning the baby comes out in a trickle or gush. This dramatic event is known as the water breaking, or the rupture of membranes. Only about 10 percent of women experience this, however, and it usually occurs at home, often in bed. Your membranes are more likely to rupture sometime during labor, often during the second stage. When it happens, labor usually starts or becomes more intense.

Contact your health care provider if your water breaks. Most health care providers want to evaluate you as soon as it happens because there's a risk of infection after the membranes rupture. There are no deadlines, but generally, unless the baby is very immature, it's best that the baby is born within about 24 hours. Let your health care provider know if the fluid is anything other than clear and odorless. A greenish or foul-smelling fluid could be a sign of uterine infection.

If you're uncertain whether the leaking fluid is amniotic fluid or urine, have it checked by your health care provider. Many pregnant women leak urine during the later stages of pregnancy. In the meantime, don't do anything that could introduce bacteria into your vagina, such as having sex or using tampons.

Weepiness

See **Mood swings**

Yeast infections

1st, 2nd, 3rd trimesters

Yeast infections (candidiasis) are caused by the organism *Candida albicans,* which is found in small amounts in the vagina in about 25 percent of women. Normally, various organisms in the vagina tend to keep one another in check. But increased estrogen levels during pregnancy cause changes in the vaginal environment, which may throw off the natural balance and allow some organisms to grow faster than others.

Candida may be present without causing signs and symptoms, or it may cause an infection. Signs and symptoms of infection include a vaginal discharge that is thick, white and curd-like, itching, burning and redness around the vagina and vulva, and painful urination.

Although a yeast infection is unpleasant for you, it won't hurt your baby, and it can safely be treated during pregnancy.

Prevention and self-care for yeast infections

To help prevent yeast infections:

- Eat yogurt that contains live *Lactobacillus acidophilus* cultures — most yogurt does. It may help keep the right mix of bacteria flourishing in your body.
- Wear underwear or pantyhose with cotton crotches, as well as loose-fitting pants.
- Avoid wearing wet bathing suits or exercise clothes for long periods of time, and wash them after each use.

Medical care for yeast infections

Candidiasis is treated during pregnancy with a vaginal cream or a suppository containing an antifungal cream. These medications are available without a prescription, but don't use one without consulting your health care provider first. Your health care provider needs to confirm the diagnosis before you start treatment. Although oral preparations are available for treating yeast infections, most health care providers recommend topical treatment during pregnancy.

Once you've had a yeast infection while pregnant, it can be a recurring problem until after delivery, when it usually subsides. It may be necessary to treat yeast infections repeatedly throughout your pregnancy.