



Little Guide to Things Women Worry About While They're Pregnant

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Should I Choose A Doctor or Midwife?

Many women today put much thought into who they would like to care for them during their pregnancy. Some women are staying with the traditional OB/GYN doctors, and still some women are choosing to have a midwife care for them. The decision is simply a personal one. It is basically choosing between a more medical approach and a more personal, yet certified approach.

The Medical Approach

The medical approach can either be with a doctor or an obstetrician. Those women with high risk pregnancies or those who will deliver by C-section will probably need to choose the medical approach. The doctor feels that the caregiver should be prepared at all times in case of an emergency. A doctor may also feel that you should not go through your pregnancy or delivery without the use of medical equipment that is available.

Midwife Approach

The personal, yet certified, approach to pregnancy is through a midwife. One main thought a midwife has is that the mother should have choices about her pregnancy, labor, and delivery. They also believe that most of the time, medical equipment is not necessary. But midwives also believe that when a problem arises during a woman's pregnancy, a doctor needs to be involved.

Choosing a midwife

When you start your search for a midwife, you will want to know how much training she has had. You may also want to know if she has a good working relationship with the medical staff at the hospital in case something should go wrong during labor or delivery. In general, choose a Midwife that will have the same beliefs that you do about your care during pregnancy. If money is an issue, you may want to find out if having a midwife is going to be covered by insurance. Or, which way will be the less expensive way to go. In other words, you will want to know how much your prospective midwife is going to charge you.



There are midwives that work in birthing centers in the hospital. Most of them are able to go into the delivery room with you if you choose to have your baby at the hospital. They encourage family involvement as much as possible. They also try to accommodate the mother and her wishes when it is medically possible.

The birthing room of the midwife is devoid of the medical and sterile look. Instead you will find a family friendly atmosphere that encourages family and friends to come and take your mind off your labor pains.

The midwife may also be available for six weeks after the birth of your baby. She will come to your home for postpartum checkups. She will not only be there for your physical health but also as your support person that will help you deal with any concerns you may have.

So, the most important thing to consider in choosing your caretaker is what needs do you want fulfilled during your pregnancy?

How to Write a Birth Plan

If you, as a pregnant woman, have specific requests that you want granted during your labor and birth, it may be wise to have everything planned out and written down in advance of the big event. This will ensure that all those that will be involved in the birth of your child will know your wishes and be prepared to grant them. Labor and delivery are really not the time to get involved in any lengthy discussions. You will have all you need to do just to keep your breathing in control and bring your child into the world.

Listed below are a few issues you and your partner may want to discuss and plan.

- Who you want to have with you during your labor.
- Do you want to bring your own music?
- Can you wear any of your own clothes?
- Do you want your partner with you at all times?
- Do you want to wear your contacts?
- Do you want to drink clear liquids instead of having an IV?



- Do you want fetal monitoring or let your labor run its course if mom and baby are doing ok?
- Do you want to use a birthing chair, stool, pool or tub?
- Do you want to be coached to push or do it on your own?
- What kind of position do you want to be in while pushing during delivery?
- If you want pain relief, do you want message, acupuncture, etc or medication? If medication, what kind?
- How do you want to birth to go? Would you like to view the birth, and have partner help?
- Do you want to hold your baby right away, and partner to cut the umbilical cord?
- After delivery do you or your partner want to be present at all times during the newborn procedures?
- Do you plan to breastfeed?
- Do you want your baby fed on a schedule or when it's hungry?
- Do you want your baby in your room at all times or just for feeding?
- If you have a boy, do you want him circumcised at the hospital or not at all?
- If you have other children, do you want them to meet the new baby as soon as possible?

You can certainly get more detailed than this. Once you have a pretty good idea of what you want in your birth plan, take it to your health care provider for further comments and suggestions. You may want to ask your health care professional if there is a specific form you can fill out for them to make it easier. The main point is, if you do have any special issues you want dealt with, please have them be known on paper in advance. Make sure to pack a copy in your suitcase and give one to your partner, as well as your health care provider.

What to Expect During an Ultrasound

Pregnant women often cannot wait until the arrival of their baby. They want to admire the little miracle that is growing within and show pictures to friends and family. With the technology of the ultrasound, women no longer have to wait the full nine months to see their babies.



The ultrasound for pregnancy was designed for not only watching the fetus as it grows, but also to check for multiple births, for diagnosing complications and to check for major birth defects.

For the woman who is going in for her first ultrasound, and is wondering just how safe it is and what will be happening, we've listed the standard procedure for when and why ultrasounds are taken during the pregnancy.

First of all an ultrasound is a procedure where the nurse or other health care provider will rub a device, called a transducer, that has conduction gel on it, across the woman's abdomen. Sound waves from the transducer will produce an image on a monitor allowing the mother and the health care provider an opportunity to have the first look at the baby. A second type of ultrasound is sometimes used earlier in a pregnancy. Instead of rubbing a transducer over the abdomen, there may be a probe inserted into the vagina, producing the same results on the monitor. Either way it is painless and very safe for both the mother and the baby when done by a properly trained individual. There are also no sensations from the sound waves. The only discomfort may come from the full bladder, as it is sometimes required by the doctor during the procedure. It is not recommended that a woman receive any ultrasounds from any other individuals than those medically trained to do so.

Ultrasounds can be performed at different times during a woman's pregnancy, but the first one is usually performed in the first trimester when the woman is anywhere from 8-10 weeks into her pregnancy; this will help estimate the number of weeks of pregnancy.

In the second trimester another ultrasound may be done to check the baby's growth and size and also to check for any major developmental concerns at the same time.

In the third trimester an ultrasound may be done to determine if there is too little or too much amniotic fluid (the protective liquid surrounding the baby). And once again to check on the baby's growth.

The routine ultrasounds usually take about 20 minutes each and will provide your health care provider with information that will benefit the care of both mother and baby during the pregnancy. With the technology of the ultrasound, you don't have to wait nine months to show off pictures of your new baby.



VBAC or Not?

A normal, vaginal birth usually allows a mother the chance to bond with their child immediately after the birth. However, not all women have that choice due to an emergency c-section.

It is reported that an overwhelming amount of women are given cesareans that really do not need them. Some of these women feel they want to try VBAC (vaginal birth after cesarean) with their future pregnancies.

If you have experienced a cesarean birth previously, and now wish to have a vaginal birth with this pregnancy, it is important to know both the pros and cons. It is possible in most cases if the conditions are right. If you have had only one previous cesarean, you will have a better chance of succeeding with a vaginal birth than if you've had multiple cesarean births.

You may be encouraged to choose a midwife-nurse to help you through your pregnancy. Please talk with her and be very honest about the fact that you would like to try a VBAC. Also ask how much success she has had with VBACs. She needs to be able to deliver all the important information to your medical doctor, so it is highly important that you be honest with her. She is your advocate.

Cesareans come with certain risks

Cesarean sections, or C-sections, as they are called, may seem like a fairly easy solution to childbirth, but in reality it does come with certain risks. Risks such as problems with infections, hemorrhaging, damaging internal organs, long lasting pain, and problems with the bladder.

The greatest risk during a VBAC is the possible rupturing of the uterus incision from the previous cesarean birth. Even though the risk is under 1%, the rupture can occur very suddenly and become life threatening.

Studies have shown that a vertical incision used during the cesarean will be more likely to rupture than a horizontal incision. The horizontal incision is cut at a lower part of the uterus, making it able to withstand more pressure.



Studies have also shown that if the labor is allowed to happen naturally, and without the use of drugs to induce labor, the process may go smoother, and there may be less likelihood of rupture.

Choose a mid-wife

As was mentioned earlier, if you have made the decision for a VBAC, then it may be worth your while to hire an experienced mid-wife. She will be there for any questions and concerns you may have. The mid-wife will be directed by an obstetrician and therefore, will be knowledgeable about how you need to prepare for your delivery.

One final note. It is in no way encouraged to deliver at home, by either your mid-wife or your doctor with a VBAC. You will need trained professionals on hand to watch over and monitor your progress during labor and delivery.

The decision for a VBAC is up to you. Talk with your doctor and research. Find other women who have done what you wish to, in your community or on online message boards for support. And, remember, it's not important how you bring your baby into this world. The important thing is how you raise him once he's here.

3D Ultrasound Videos - A Great Gift or Dangerous?

It has been stated that just in the year 2000 alone, some 2.7 million women, that is about 67 percent of the pregnant women, had prenatal sonograms.

The purpose of ultrasounds is that they are taken in order for the doctor to check on the development and growth of the baby. The parents are then given a simple 2D picture of their fetus to take home and cherish.

Now, it seems that those simple 2D pictures have turned into a money making market promoting 3D fetal videos burned on DVDs and sold to parents to enjoy. The prices can range from a 2D fetal picture selling at \$75 to a full blown package consisting of a 20 minute video that is set to music and some wallet size pictures and some larger size fetal photos that are suitable for framing selling for \$285. The ads for these videos and photos appear in several different parenting magazines.



Although the whole concept of prenatal videoing can seem a little thrilling and somewhat comforting to the parents of the fetus, the question arises as to the safety to the unborn child.

The first question of safety comes with knowing that someone besides a medical or trained professional may be running an ultrasound machine on you and your baby unsupervised.

Some studies have been shown that over the years it has been proven that ultrasound has not been proven to be harmful to the mother or the baby. However, the FDA is still raising concerns about the unsupervised usage of the ultrasound machine.

Ultrasound is a form of energy

Ultrasound waves vibrate at 100 times the frequency of normal sound, causing a variety of affects on tissue. One of them being, heat. Another affect is noise reaching decibels of 100, which causes fetuses to move.

Similar studies on animals being exposed to ultrasound have shown that fetal brain tissue does become heated and studies are now done on how this heating of brain tissue affects development.

In a study in 1998, a study on a live guinea-pig showed that the temperature of the brain of the fetus rose about 8 degrees Fahrenheit.

So, before answering an ad in your favorite parenting magazine, or before allowing someone to take an unsupervised 20 minute video of your fetus, do some research and form your own opinions and conclusions. That way you will have the comfort of knowing that you did your homework.

Braxton Hicks Contractions

How they got their name

Braxton Hicks contractions got their name way back in 1872. An English doctor by the name of John Braxton Hicks termed the contractions that women experience before going into actual labor.



They are labeled as “labor practice”

Braxton Hicks contractions will appear as early as the second trimester of your pregnancy. But, they are most commonly noticed in your third trimester. They are called labor practice because your uterine muscles will tighten up for sometimes 2 minutes before they relax again.

The causes of Braxton Hicks contractions

Medical professionals are not completely sure what exactly causes these contractions, but, they all agree that they are important for toning the muscles of your uterus and keeping the blood flowing to your placenta. The Braxton Hicks contractions are not associated with the dilation of the cervix during labor, but are said to play a part in softening the cervix.

Situations that may bring about Braxton Hicks contractions

- When your baby or you have been quite active
- When your belly is being touched by someone
- When there is fullness in your bladder
- After you have had sexual intercourse
- If you become dehydrated

Stopping the Braxton Hicks contractions

- Change body positions
- If you are sitting down, get up and go for a walk
- If you have been standing, lay down
- Try a warm bath lasting less than 30 minutes
- Drink some water, since Braxton Hicks contractions can be brought on by dehydration
- Drink some herbal tea or a glass of milk

If you do not feel any relief from these contractions, contact your doctor



The difference between Braxton Hicks contractions and true labor

Below are some properties of Braxton Hicks contractions. True labor will be just the opposite of these properties.

With Braxton Hicks contractions:

- Your contractions will not get any closer together
- Your contractions will not grow in strength
- Your contractions will only be felt in the front
- Your contractions won't increase in length
- There will not be a change in the dilation of your cervix

Braxton Hicks contractions are said to be annoying at most, but none the less, they do play an important roll in getting your body ready for labor and delivery of your precious miracle. So hang in there, it won't be long, now.

Bleeding During Your First Trimester

The first three months of your pregnancy is termed as the first trimester. Vaginal bleeding during this first trimester can be a little scary, and yet, it is normal in most instances. Statistics state that one out of three women will experience bleeding at some time during their pregnancy, and this is most likely during the first trimester. As stated earlier, some of this is normal and some of the bleeding is a sign that something is not quite right. The first bit of advice to tell you is that if you do experience any kind of bleeding, no matter how insignificant you think it might be, you need to let your doctor or healthcare provider know.

If you are aware of what causes bleeding while you are pregnant, you will be more able to recognize any symptoms that are unusual or abnormal.

What causes the bleeding?

When the egg that is fertilized attaches itself to your uterus lining, you may notice a little bit of bleeding. This kind of bleeding is called implantation bleeding. The bleeding will be lighter colored than menstrual bleeding. For some women who do



not realize they are pregnant, they will mistake this light bleeding as a period. For the most part this bleeding will be painless. Your doctor will probably ask that you avoid any heavy lifting or sex for a while. You may also be required to take some bed rest to allow the fertilized egg to attach itself better, if you have a history of high risk pregnancy or infertility.

When pregnant your cervix will experience an extra supply and flow of blood to it. After intercourse or a pelvic exam, you may have some bleeding, which is going to be normal.

Unfortunately, when bleeding occurs in the first trimester, it can also be a sign of a miscarriage. Don't let this fact put you in a panic though, because at least half of the first trimester bleedings are not the result of a miscarriage.

A tubal pregnancy happens when the embryo attaches itself outside of the uterus. When this happens, there can be very serious internal bleeding. The tubal pregnancy needs to be removed from the mother to save her life. Other symptoms of a tubal pregnancy are abdominal pain that is worse on one side of your body than the other, a feeling of being lightheaded, and feeling the need to have a bowel movement.

These are just a few of the causes of bleeding. Your doctor or healthcare provider will be able to give more information if it is needed.

When should you call your doctor?

- If you experience a slight amount of bleeding, remember to tell your doctor on your next visit.
- If your bleeding lasts more than one day, call your doctor.
- If you experience bleeding that ranges from moderate to heavy, and/or you have bleeding with pain, cramps, fever, and chills and/or have tissue that is passing from your vagina, then call your doctor immediately.

Be prepared to answer questions from your doctor, and take a pelvic exam. You may also have some lab tests done and/or an ultrasound to check on the status and growth of your baby or pregnancy. The treatment you will receive will depend on the cause of your symptoms.



Remember, that not all first trimester bleeding is serious, but it is important to know the facts so you will be more aware and better prepared for a healthier pregnancy.

What Signs Mean I Should Call My Doctor?

When we become pregnant, most of us close our eyes and imagine going through the different stages of our pregnancy and labor with the ‘normal’ things happening that are supposed to happen -- and then giving birth to this beautiful little child. None of us wants to even think about, much less deal with, what could possibly happen to turn or ‘normal pregnancy’ into an unplanned adventure.

Ectopic pregnancy

Starting your pregnancy off with the egg attaching itself outside the uterus or womb is called an ectopic pregnancy. Below are some signs or symptoms that may show up that will tell you that it is time to call the doctor immediately.

- Vaginal bleeding you feel that is not normal
- Pain in your shoulder
- Pain in your abdomen
- Feeling weak and dizzy

These symptoms don’t always mean you have an ectopic pregnancy, but you definitely need to be on the safe side.

Pregnancy induced hypertension

Pregnancy induced hypertension, or PIH, is high blood pressure bought on by pregnancy. It is a major disorder and needs to be monitored. PIH can be detected early on in your pregnancy. If you should have PIH and do not make or keep any prenatal appointments, the result may be bad for your health, as well as your baby’s. Your baby may be born prematurely, stillborn or with growth retardation. There are no for sure agreements as to what does cause PIH, but there are symptoms or signs that your body is telling you to call your doctor right away.

- You have gained 4-5 pounds in one week



- Your hands and face have become swollen
- After 12 hours or a resting period, the swelling in your ankles has not gone down
- There is protein in your urine
- You experience severe headaches and/or blurry vision
- You are starting to see spots in front of your eyes
- You are having severe pain over your stomach or under your ribs

You may not experience all of these signs or symptoms, but if you experience any, it is important to call your doctor.

It is also important to note that there is a certain amount of swelling in the ankles and feet that is normal. But normally, the swelling will go down after 12 hours or after you have had some rest. If the swelling doesn't go down and you feel your face and hands start to swell, you need to call your doctor.

There just aren't enough times you can be told to call your doctor if you feel something is wrong. There may be times when you are not sure if you are experiencing any of the above symptoms or signs, but you feel that you know something is not right. Follow that feeling and call. This is no time to think you may be imagining things.

What Should I Expect During My Glucose Test?

Gestational diabetes is a high blood sugar condition that some pregnant women get. And therefore, women need to be tested for this condition at about 24-28 weeks into their pregnancies. You may be tested earlier if your routine urine samples contain high amounts of sugar. A woman who has already been diagnosed with diabetes before becoming pregnant will not have to take this test.

The procedure is fairly simple

The first thing to tell you is to bring along a book, magazine, portable CD player, or something that will occupy your time for an hour or so. You will be given a sugar solution that will contain 50 grams of glucose. It will taste a lot like sweet soda. The nice thing is that it comes in cola, orange or lime flavors. That's the good news. The



bad news is that you have to drink it all within five minutes. Lots of places will keep some chilled, and even let you put it on ice if you need to, just to help you be able to drink it within your allotted time of five minutes. You will then need to wait an hour to be tested. (This is where your favorite kind of entertainment comes into play).

Taking a blood sample

After your hour is up, either your doctor or a lab technician will draw some blood from you. This test is to see how fast your body processes sugar. You will then need to wait a few days for the results to come back.

Some women may get nauseous

Some pregnant women will get nauseated after drinking the solution. A suggestion would be to eat something a few hours before the test. Because if you get sick and throw up after you drink the solution, you will have to reschedule to come back again. But, in reality, most women get through the test in fine shape.

If the results of this test come back with an abnormal reading, it does not always mean that you have gestational diabetes. As a matter of fact, most women who have an abnormal reading from this test don't end up with gestational diabetes at all. However, if you do have an abnormal reading of 13-140 milligrams of glucose per deciliter of blood plasma or higher, you will need to go on the next phase of the test called glucose tolerance test, or GTT. This test will be a fasting test. You will need to drink another glucose solution and be tested every hour for three hours.

If those results come back abnormal, then you and your doctor will decide where to go from there. Gestational diabetes will not harm you or your baby if it is regularly monitored and managed by your doctor.

What Can I Do To Help My Morning Sickness?

No one really knows for sure what the actual cause of morning sickness is. Most experts say it may be due to the physical changes your body is going through. Also the rapid increase in the hormone called 'human chorionic gonadotropin', or hCG, along with an increase in estrogen seems to coincidentally show up at the same time the nausea starts.



Studies have shown that about 75% of pregnant women suffer through morning sickness -- that can actually last all day. For most women it starts at about 4-6 weeks into the pregnancy and goes until about 14 weeks. Some women experience it for even longer periods of time.

These body changes can trigger an increase in your sense of smell or sensitivity to certain odors which can set off movement in your now very sensitive stomach.

Remedies to try

Nausea due to smells:

- When a meal is being cooked, open the windows or the exhaust fans on the stove.
- If you do most of your cooking in the microwave, there will be less smell.
- Carry with you a handkerchief or cloth with some kind of oil scent on it that will not make you nauseous. (Peppermint scent is often calming.)
- Eat cold foods which don't have as strong smell during preparation.

Nausea due to eating and drinking:

- Avoid foods that are spicy or greasy.
- Eat the foods your body craves when it craves them.
- Eat smaller portions of food more often during the day.
- Eat something salty just before a meal. It may be easier to keep your food down.
- Try not to drink liquids with your meal.
- Decaffeinated teas like peppermint and ginger will calm your stomach.
- Drinking small amounts of liquids through the day will keep you from being dehydrated.
- Cold food will cause a less nauseous feeling.

Other remedies for nausea:

- Getting too warm will bring on nausea.
- Being too tired can bring on nausea. Try to take periodic naps.
- Get as much sleep at night as possible.
- When you get out of bed in the morning, do it slowly.



- Have crackers or cereal (dry) on hand to eat if you need to in the morning.

If none of these remedies, or any others that you have tried, seems to work, talk to your doctor. There are anti-nausea medications and natural supplements that are available for you to try. But, it is important to talk to your doctor if your nausea doesn't subside. Good luck.