



boys

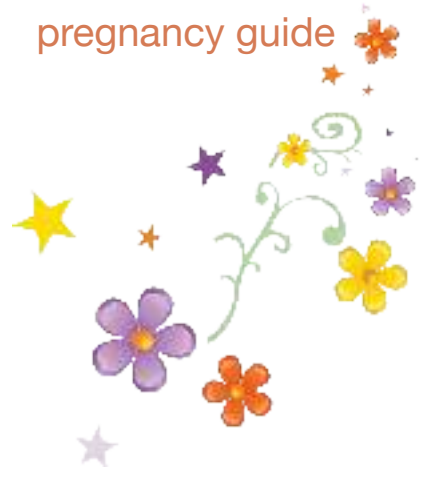
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girls



pregnancy guide





Congratulations – you’re pregnant! The birth of a baby is one of the most significant life experiences for a woman and her partner. Now that you’re expecting a baby, you may have many questions, and even some concerns, about your baby’s development, your health during pregnancy, and giving birth.

Know that Life Healthcare is there for you – every step of the way. We hope that this pregnancy guide will assist in answering some of your questions. However, if you have any further questions or need assistance with any concerns, you are welcome to contact your chosen Life Healthcare maternity unit and talk to any of our maternity nursing specialists.

Coping with common pregnancy niggles

As you go through the various stages of your pregnancy, it is quite natural to experience physical and emotional niggles and find yourself thinking about issues you’ve never thought about before. No matter what’s on your mind, know that your midwife/GP/obstetrician and antenatal teacher are all there to help and support you before and after your baby is born. Don’t hesitate to talk to them.

nausea/morning sickness

Nausea affects most moms sometime during their pregnancy. It is usually experienced in the mornings of the first trimester of pregnancy, but may occur at other times of the day and pregnancy as well. It could be caused by pressure from the foetus; reflux and changes in the metabolism; and changes in hormones.

How to cope

- Have a snack such as a dry biscuit and a hot drink before getting out of bed; then get up slowly.
- Have regular small meals and snacks in between to keep your blood sugar level constant, and have a snack before going to bed.
- Have regular sips of water to prevent dehydration from vomiting.
- Get lots of rest as being tired can make you feel a lot worse.

sleeplessness

Sleeplessness during pregnancy could be ascribed to various causes like physical discomfort; anxiety about the pending birth and ability to cope with a new lifestyle; nightmares as a result of this anxiety; or pressure on your bladder resulting in frequent visits to the toilet.



How to cope

- Avoid caffeine throughout the day.
- Rest often for short periods.
- Establish a relaxing routine before bedtime.
- Do breathing and other relaxation exercises, especially before bedtime.
- Read a good book before bedtime.
- Try putting pillows under your tummy, between your knees and behind your back to find a comfortable sleeping position.

thrush

Because of hormonal changes and changes in the pH balance of vaginal secretions, thrush is more common during pregnancy.

How to cope

- Consult with your midwife/GP about a suitable antifungal cream or pessaries for both you and your partner, as the infection can be passed between you during intercourse.

heartburn

During pregnancy acidic digestive juices could back-up into the oesophagus with a resulting burning sensation. The relaxed stomach valve that is the cause of this is due to pregnancy hormones. Your growing baby can put pressure on your stomach and compound the problem.

How to cope

- Avoid large meals. Rather have regular small meals and snacks in between. Apples and raw veggies are often helpful.
- Avoid fatty and spicy foods.
- Avoid acidic foods like tomatoes and tomato sauce.
- Avoid caffeine.
- Don't drink liquids with meals as this could aggravate your problem.
- Stay in an upright position after meals.
- Drink lots of water.
- Try to sleep in a more upright position – use pillows to prop yourself up.

mood swings

Mood swings often occur during pregnancy. Stress and exhaustion can contribute to fluctuating feelings. Anxiety about childbirth and parenting, as well as hormonal changes can also make you feel very emotional.

How to cope

- Share your feelings with your partner, or confide in a close family member, friend, or counsellor.
- Set aside time to rest regularly.



tiredness/fatigue

It is normal to feel tired during pregnancy especially during the first trimester – remember that your body is growing a new life. Tiredness could also be due to anaemia.

How to cope

- A well balanced diet with lots of green and other vegetables, fruit, nuts, and milk is important.
- Eat less refined foods (e.g. sugars, carbohydrates)
- Regular exercise and regular rest are essential.
- Consult with your doctor with regard to safe vitamin and mineral supplements such as iron, magnesium and calcium.

backache

Backache may sometimes be experienced during pregnancy due to a changed posture, or due to the ligaments softening in preparation for child birth.

How to cope

- When standing and walking, straighten your back and tuck in your tummy. Resist the urge to hollow your back and push out your tummy.
- Don't lift heavy objects, and when you have to pick up anything, bend your knees, not your back.
- Always sit on a straight-backed chair.
- Avoid high heeled shoes.
- Have a relaxing back massage, but be careful of aroma oils during pregnancy.
- Do back strengthening exercises like pelvic lifts (on your back on the floor); or while standing, do straight leg lifts to the back.

constipation

The same hormones that are responsible for loosening your joints and causing back ache, can affect your intestinal movements. Because of slower intestinal movements, more nutrients are absorbed, but you can also become constipated. Constipation can also be caused by iron supplements, the higher levels of progesterone during pregnancy, or pressure on your bowels from your growing baby.



How to cope

- Your diet should include lots of wholegrain fibres from fruit and vegetables. Do not eat refined foods, e.g sugars, carbohydrates.
- Also eat other wholegrain foods like whole-wheat bread, brown rice and cereals.
- Drink lots of water.
- Do regular exercise.
- Speak to your doctor/midwife to change your iron and/or calcium supplements, as well as the antacids you're taking.
- Consult your midwife/GP before using laxatives.

shortness of breath

During the later stage of pregnancy, displacement of your lungs, stomach and other organs occur naturally due to the size of your baby. Your womb increasingly pushes up on your diaphragm, preventing it from moving properly during breathing. This may cause shortness of breath as there is less space for your lungs to expand and fill up with air.

How to cope

- Rest more often, and while lying on your back, breathe in deeply while expanding the tummy as much as possible. This manipulates the diaphragm to make space for the lungs to expand and fill up with air.
- Avoid getting too hot. Keeping cool will help you to feel less breathless.

bladder weakness

As your baby grows, there is more pressure on your bladder which decreases the capacity of your bladder and may cause you to urinate involuntarily when you laugh, cough or sneeze. Weak pelvic muscles can also compound the problem.

How to cope

- Pelvic floor exercises should be done right from the start of pregnancy (and even before), by contracting the muscles surrounding the anal and vaginal areas (as if you're holding back urine). Hold for a count of five, then relax. Repeat 10 times. Do this as part of an exercise programme mornings and evenings, and in between as often as you remember.
- This is a very good practice to keep up for the rest of your life.



leg cramps





If you are affected by leg cramps or spasms (a common problem during the second and third trimesters), especially at night – it may be due to slower circulation, a decrease in magnesium and calcium levels, or an increase in phosphorous levels.





How to cope

- Stretch the affected muscle and then give it a good rub until the muscle begins to relax.
- Increase circulation by exercising your legs every night just before getting into bed.
- Flex your foot (toes turned up) when you feel a cramp coming on.
- Elevate the foot of your bed about 20 cm.
- Bedclothes should be loose.
- Consult your midwife/GP about magnesium and calcium supplements.

Pregnancy calendar

My age in weeks	My average weight	My average length from crown to rump	How I am growing	What I look like
				Embryonic stage
1			Seven days after ovulation the fertilised egg starts to implant into the lining of the uterus.	
2			By day ten I am firmly embedded. A placenta is formed – the vital link between mommy and me. I am now called an embryo. My inner cells form into two layers, and later into three. Each of these layers will grow to be different parts of me. One layer becomes my skin, eyes, ears, brain and nervous system. The second layer grows into my stomach, intestines and lungs, whilst the third layer becomes my blood, muscles, heart and bones. My heart starts beating.	
3				
4	0.4g	5mm		
5			Dramatic changes start happening to me. My nervous system is starting to develop.	
6	1.5g		All my major organs and systems are forming. My facial features are evident.	
7			My brain can be seen inside my skull. My head comprises almost half of me.	
8	3g	28-30mm	My limb buds are visible, as well as the beginnings of eyes and ears. Pregnancy can be confirmed by ultrasound.	

My age in weeks	My average weight	My average length from crown to rump	How I am growing	What I look like
				Foetal stage
9	45g	5cm	I am now referred to as a foetus. My head is still relatively large.	
10			My arms and legs are growing longer. My fingers and toes have nails.	
11			A scan can show whether I am a boy or a girl. My ears, nose and mouth can be seen.	
12	60g	10cm	My eyes have formed and are covered with skin which will become eyelids. My heart is beating at 170-175 beats per minute.	
13			The placenta and all my organs are fully formed. My muscles are developing and being coordinated	
14	100g	12.5cm	by my brain, so that I can stretch my arms and legs, and open and close my mouth. 20 milk teeth are already in place.	
15			My facial features are clearly defined.	
16	150g	16cm	I am covered by fine downy hair known as lanugo.	
17			My hair is beginning to grow. My eyelashes can be seen, but my eyes are still closed.	
18	250g	20.5cm	I start practising breathing movements.	
19			My individual fingerprints are formed. I make rapid skeletal movements and mommy can feel fluttering or movements.	
20	360g	25cm	She makes a special note of the date she feels the first movement. I am now called a baby.	
21			Muscle and nerve links begin forming. Some fat is beginning to be deposited beneath my red wrinkled skin.	
22	460g	27.5cm	I gain most weight and begin to mature.	
23			I keep practising breathing and can feel touch. I can hear and respond to noises outside mommy's uterus.	
24	650g	30cm	I love it when she talks to me and plays me music.	

My age in weeks	My average weight	My average length from crown to rump	How I am growing	What I look like
25			My heartbeat can be heard clearly through a stethoscope.	
26	900g	32.5cm	My eyelids open and my eyes are visible. My eyes are blue, but may change after birth. My sleeping and waking patterns are established.	
27			My taste buds are completely formed.	
28	1.2kg	35cm	My skin is covered with vernix. (Vernix is a waxy white substance with moisturising effect thought to protect my skin from the amniotic fluid.) My lungs are now capable of breathing. I can distinguish mommy's voice from others. I can hear her heartbeat and her tummy rumbling.	
29			Layers of fat are deposited under my skin. My eyebrows and lashes are fully developed. The hair on my head grows longer.	
30	1.5kg	37.5cm	My eyes are open and I am beginning to focus. My brain continues to grow and I have a strong sense of taste.	
31			If I am male my testes descend now.	
32	1.8kg	40cm	I am actively breathing. The lanugo disappears from my face and my skin is less wrinkled.	
33			I look like a baby. My head is now proportionate to my body.	
34	2.3kg	42.5cm	My eyes focus and blink and become sensitive to bright light.	
35		44cm	My fingernails reach to the end of my fingers. All my organ systems are functional. The lanugo disappears from my body.	
36	2.7kg	45cm	I am moving, passing urine, hiccupping and swallowing amniotic fluid. Fifty percent of my full term weight is added during the last two months of pregnancy.	
37			I am ready to be born at any stage. My head is firm and my skull is the largest circumference of all my body parts.	
38	3kg		During this time I will turn and my head will become fully engaged, in other words I will move into the right position to be delivered. Vernix now disappears from my skin.	
39			My intestines contain my first bowel movement.	
40	3.4kg	50cm	All my sleeping, moving and kicking patterns are evident.	



Labour

early signs of labour

■ Show

This refers to the release of a brown mucous 'plug' (discharge) from the vagina, indicating that the labour process is about to start. It could be experienced a week or two before the end of your pregnancy. This is not a cause for concern; your body is just getting ready for labour.

■ Contractions

Labour contractions are contractions of the uterus – they happen at regular and close intervals and become stronger as the intervals get shorter. It is possible for 'practice' contractions (Braxton Hicks contractions) to start from 16 weeks of pregnancy which are relatively painless.

■ Breaking of 'water' (amniotic fluid)

Amniotic fluid may leak from the uterus during or before contractions, or be released in a gush as a result of the rupturing of the membranes. Amniotic fluid is clear in colour and has a completely different smell to urine.

■ When should you seek medical assistance?

You need to call your doctor if you experience any of the following symptoms:

- Contractions or pain (at any stage of your pregnancy).
- If you don't feel your baby moving as often as you used to (your baby should move at least 10 times in 24 hours).
- If you have a watery, bloody or offensive smelling vaginal discharge.
- Dizziness or light-headedness.
- Feeling faint and/or seeing spots in front of your eyes.

when to go to the hospital

vaginal delivery

You need to go to the hospital when your contractions are strong and five minutes apart, and last for approximately 45 seconds. There are four stages of labour:

■ First stage

This is the dilation stage of your labour – from first labour symptoms until the mouth of the womb (cervix) is fully dilated to 10cm and thinned-out (effaced). First-time moms usually experience a dilation rate of 1cm in an hour and a half. Stay upright and mobile for as long as possible during this stage of labour, so that gravity can help the natural process of birth.

■ Second stage

This is the actual birth process and lasts for approximately an hour and a half. This is the time when the mother 'pushes'. The baby is pushed down the birth canal with every contraction. There is no longer any resistance from the cervix. This stage ends when the baby passes through your vagina.

■ Third stage

This is the time it takes for the afterbirth (placenta) to be expelled from the body and can take from five to thirty minutes. The continued contractions of the uterus aid this process. Most mothers are hardly aware of this happening, as they are so absorbed by the wonder of the new little life they brought into the world!

■ Fourth stage

The first hour after birth is crucial for bonding with your baby. After the baby has been dried, it is put skin to skin on your chest, which helps warm the baby. It also stimulates the release of more oxytocin in your body, which aids in the contraction of the uterus and stimulates milk to flow into the breasts. Try to nurse your baby as soon after birth as possible. This is a very special bonding time for parents and baby.

progress of labour



The head should be engaged (i.e. has started entering the pelvis) at the beginning of the first stage of labour.



The pushing urge is activated by the pressure of the baby's head against the pelvic floor.



After the head is delivered the face will slowly turn to one side and the shoulders will line up for delivery.

caesarean section

If you are booked for a scheduled caesarean section, do not have any food for eight hours before the operation. Get to the hospital three hours before the scheduled time.

On arrival at the ward, you will have to sign consent forms and then be put on a drip, before being seen by an anaesthetist.

During this procedure, you will be given either a general or epidural anaesthetic. The procedure takes about 30 minutes to perform. Your partner or a close relative is welcome to attend the birth in theatre.

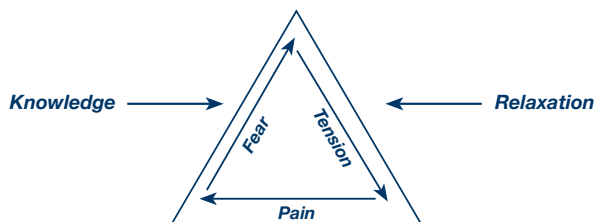
emergency caesarean sections

A caesarean section is often necessary during a normal delivery when the contractions of the uterus are not strong enough, or the baby's head does not descend into the birth canal; when the baby is too big to be delivered normally, or the baby shows signs of fatigue during labour.

breaking the fear, tension, pain cycle

Misconceptions and fear create tension which increases the sensation of pain. You may become afraid and turn tense because you experience pain. This causes muscular tension, and contractions could become longer and more severe.

Understanding the fear, tension and pain cycle can help you cope!



You can break this cycle by:

- Gaining knowledge of the labour process through education. Be informed about labour and what you can expect from it. This will reduce your level of fear. Discuss any fears with your doctor/midwife.

By implementing this your levels of pain could be drastically reduced.

