Foreword

This booklet is for those of you who are pregnant, planning pregnancy, or want to know about pregnancy. Although it does not answer everything you may want to know, an effort has been made to answer the questions most frequently asked.

Care of the pregnant woman is often carried out by a medical team of which a physician is the head. It is not unusual if, where the word "Doctor" is used, some other member of the medical team will provide you with care and information. However, the final decision about your care will come from your doctor.

Everything mentioned in this booklet refers to things that generally happen to pregnant women but, of course, there are always many exceptions to the rule.

PRENATAL CARE was first published by the Children's Bureau in 1913, and was substantially revised in 1962. This new edition was written by Mrs. Marion Slatin, Assistant Professor of Public Health Nursing, University of Nebraska College of Nursing, Omaha, Nebraska. We are indebted to Mrs. Slatin for her fine work, and to Charles A. Field, M.D., Associate Professor, Department of Obstetrics and Gynecology, University of Nebraska College of Medicine, for his technical consultation and invaluable assistance. We would also like to express our gratitude to Morris Green, M.D., Professor and Chairman, Indiana University School of Medicine, Indianapolis, Indiana, and to Ralph W. Gause, M.D., Senior Medical Consultant, The National Foundation, for their careful review of the manuscript. The illustrations are the work of Richard Swartz.
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So You Are Expecting A Baby

This may be your first pregnancy or you may have been pregnant before. You may be pleased and happy about it, or you may be unhappy. We hope this booklet will help you go through this pregnancy without too many problems. It seeks to answer questions mothers and fathers often have.

Although having a baby is normal, and women have had babies since the beginning of time, if you have not yet been to your doctor or clinic, it's a good idea to go without putting it off any longer.

Why See A Doctor?

☐ By going to your physician you will make sure you really are pregnant.

☐ For your health and the health of your baby, medical care should be started early in your pregnancy. Yes, it is normal to have a baby, but being pregnant is a strain on your body and medical care can often prevent trouble you or your baby may have later.

☐ If you do not have a physician and do not know where to go for medical care, call your local hospital or health department or county Medical Society. Someone there will help you.

How Do I Know If I Am Pregnant?

☐ You will probably have missed a menstrual period, although some women spot, or have a small flow the first few months of pregnancy.

☐ Your breasts may become tender or larger.
You may have some morning nausea or be sick to your stomach.
You may be urinating more frequently than you usually do.
You may find that you tire more easily than is usual for you.

These are the early signs of pregnancy and since women can miss a menstrual period without being pregnant and nausea or vomiting is not present in all pregnant women, the only sure way of knowing you are pregnant is to see your doctor. Sometimes, a urine laboratory test is done to see if you are pregnant. Your doctor can usually tell you if you are pregnant after an examination.

What Happens At The First Examination?
This examination will probably take more time than any later examination because several things may be done. They are:
Medical history—Questions are asked about previous pregnancies, including miscarriages, when you started menstruating, if you are regular with your periods and if you have problems when you menstruate. You are asked about any previous illness you have had or any one in your family has had. This history is important because it may mean the doctor will want to take special care because something in your history may affect you or your baby during the pregnancy.

Laboratory work—A small amount of blood will be taken from a vein in your arm. Several tests are done with this blood. Your blood type is learned this way, if you are anemic (low blood) and what the Rh factor is. The Rh factor is explained on page 38.
Physical examination—You will be weighed and your height measured. Your blood pressure will be taken. Your eyes, ears, nose, throat and teeth will probably be checked in case anything needs attention. Your heart and lungs will be listened to with a stethoscope. Your breasts and abdomen will be examined. An internal or pelvic examination is done. This is a way of measuring you to see if your pelvis is large enough for your baby. A cancer test is done at this time—a test that all women should have once a year.

Ask and tell—At this examination tell your doctor if you have any physical, financial or marital problems. The doctor may be able to help you, or suggest you see someone who can help. If you have any questions about your pregnancy, do ask. Sometimes doctors or nurses assume you know. There is no such thing as a foolish question. If at any time later, a problem arises or if you have questions, speak to someone on your medical team.

What About Examinations After The First One?

The frequency of examinations varies, but usually you will return to see the doctor or someone on the health team about once a month during the first six months of your pregnancy. The last few months, examinations are more frequent. These examinations will probably take less time. Your weight, blood pressure and urine are tested. Although these visits are short, they are important. It is a way to learn if your pregnancy is progressing normally. Your abdomen will be measured to see how the baby is growing and the baby's heart beat will be heard by listening to your abdomen about halfway through your pregnancy.

When Is The Baby Due?

This is figured from the beginning of your last menstrual period. Count ahead 9 months and add 7 days; for example, if the first day of your last period was July 15, count ahead 9 months, this brings you to April 15, now add 7 days and you get to April 22. This means April 22 is your expected date of delivery. This is only a good guess. It is very common for women to deliver two weeks before or after due date. Some women even vary more than this. As you come close to your date to deliver, your doctor will probably be able to be more exact about the date.
What Is Happening?

How Do I Get Pregnant?

When you had your first menstrual period, your body was telling you that your reproductive system was maturing and you could become pregnant. Every month, about midway between two menstrual periods, an egg from the ovary moves down the tube. Usually, one month an egg comes from one ovary and the next month an egg comes from the other ovary. If you should have sexual relations (intercourse) with a man at this particular time, the sperm or seeds from the man will meet the egg. The sperm enters the egg and it is then fertilized. The fertilized egg travels down the tube into the uterus (womb) and starts to grow in your womb and develops into a baby. As soon as the egg is fertilized, much of what the baby will look like is determined—if you will have a boy or girl, if the baby's eyes will be blue or brown, what kind and color of hair the baby will have and so on.

These pictures are what a woman's and a man's reproductive organs look like.
If you do not have sexual relations when the egg is in the tube, the egg will pass out of your body through the vagina. The egg is very tiny and you can not see it.

**Why Do Some Women Have Twins?**

Twins or multiple births occur about one time in 90 pregnancies. There are two types of twins—fraternal and identical. Fraternal twins occur if two separate eggs are fertilized by two different sperm. Each baby will look differently and one may be a boy and the other may be a girl.

Identical twins result from one fertilized egg which divides completely in two and each develops separately. These children will look alike, and be the same sex.

**How Does My Baby Grow?**

You remember it was mentioned that the fertilized egg starts to grow in your womb or uterus. What happens is that the egg starts to divide in itself and grows into a cluster or group of cells and attaches to the wall of your uterus. It takes about 40 weeks or 10 lunar (moon) months, or 9 calendar months for your baby to develop completely. At the end of this period of time your pregnancy is called “full-term.”

By the time you are 4 weeks pregnant or one lunar month

![Diagram of a developing fetus at six weeks and ten weeks](image)
your baby, called an embryo, is \( \frac{1}{4} \) inch long. This is about 6 weeks after your last menstrual period. The baby is very tiny and yet important development has taken place. Organs, such as the heart, brain and lungs are beginning to form. The placenta or afterbirth is developing. The umbilical cord, which is like a tube through which the embryo is fed from the placenta and carries wastes away from the baby, is also developing. Your baby is well protected in a sac of liquid called amniotic fluid. It will grow in this sac until it is born. The liquid protects the baby from bumps and pressure.

At two lunar months or 8 weeks of pregnancy the embryo is called a fetus. Fetus means young one. The fetus starts to look like a human being. Notice in the picture you can see the arms and legs starting to form. The head is large in proportion to the rest of the fetus because the brain is developing rapidly.

The fetus at three lunar months only weighs about an ounce and is about 3 inches long. Now your baby shows signs of being a boy or a girl. The nails on the baby’s fingers and toes are developing. Even a little hair on the head is starting to grow.

At 16 weeks the fetus is about 6 1/2 inches long and weighs about 4 ounces. Your uterus or womb is getting larger and
you might be needing to wear maternity clothes now.

The fifth lunar month or 20 weeks, the doctor may hear your baby’s heart beat and you may have felt the baby move. This movement is called ‘quickening.’ When you feel your baby move, it is because the baby is stretching its arms or legs. You feel just a fluttering movement. When you feel this movement, write down the date and tell your doctor. Movement is usually felt about midway in your pregnancy and so is another way to check on the date that you may be delivering your baby.

At the sixth lunar month or 24 weeks the fetus looks like a miniature baby except the skin is wrinkled, red and there is practically no fat under the skin. The baby is about 12 inches long and weighs about 1½ pounds. You are probably feeling the baby move now and perhaps can even see it move. The baby changes its position from one side to the other.

Seven lunar months or 28 weeks, your baby takes a spurt in growth and weight from this time on. The baby is about 15 inches long and weighs about 2½ pounds, and is covered with a fuzz or down and a creamy substance called vernix caseosa. The vernix protects the baby’s skin from the liquid he is in. You may have heard that a baby can survive better if born at this time than if born during the 8th month. This is not true. The closer to full-term the baby is born, the better chance the baby has to live.

Eighth lunar month or 32 weeks, the fetus is about 16½ inches and weighs about 4 pounds. Babies born now look like little old people because their skin is so wrinkled. Often, at this time, your baby takes a position in your womb and will keep it until he is born.

At 36 weeks the fetus is about 19 inches long and weighs about 6 pounds. There is some fat under his skin so it is less wrinkled. The baby is gaining about ½ pound a week. You probably are noticing how rapidly you are gaining weight also. If your baby is born now, his or her chances of survival are good.

Tenth lunar month or 40 weeks, you are full term. The baby weighs about 7 to 7½ pounds and is about 20 inches long. The fuzz or downy hair has disappeared, and fingernails may protrude beyond the ends of the fingers.
What Should I Eat And How Much Weight Should I Gain?

Your nutrition is always important but when you are pregnant it has even a greater bearing on your health and your baby's health. If you eat well, you will probably help prevent problems during your pregnancy. There is also a relationship between the foods you eat and the condition of your baby. There have been studies that show that when a pregnant mother eats enough protein foods, there is a better chance that her baby will develop normally, both physically and mentally. Foods are a source of vitamins, minerals, proteins, carbohydrates and fats. All of these your body needs, and your baby needs for proper growth and development.

The foods you should eat each day can be grouped into four general kinds—milk group, meat group, vegetable and fruit group and bread and cereal group.

*Milk Group:* Four servings a day will fill your needs in this group. These foods are important for the growth of bones and teeth. They also contain protein which builds body tissue. One quart of milk a day which may be skim milk if you find you are gaining too much weight will take care of all 4 servings. You may use buttermilk, dry milk or evaporated milk also. Notice that cheese and ice cream are also included. If you do not like milk, try making milk soups or puddings.
Meat Group: Two or more servings a day should be eaten of foods from this group. These foods are the ones highest in protein that are so important for your baby. When you eat peas, nuts or beans, the protein is not as good as in meat, fish, poultry or eggs. Some examples of serving size in this group is a medium sized hamburger, two thin slices of meat loaf, two frankfurters, a fryer chicken leg, or a cup of cooked peas or beans.

Fruit and Vegetable Group: Four or more servings from this food group each day will give you the vitamins and minerals you and your baby require. The vitamins in these foods, especially in the green leafy and yellow vegetables, help you resist infection and are also needed for the development of your baby. Citrus foods such as oranges, grapefruit or tomatoes should not only be eaten every day, but to get the most vitamins from them, eat them uncooked. Fruit juice is just as good as the whole fruit. Fruit drinks are often not as nutritious.
Bread and Cereal Group: Four or more servings a day should be included in your daily food intake from this group. This group of foods has vitamins, but is also high in carbohydrates and calories and are what we commonly call the fattening foods. One serving is \( \frac{1}{2} \) cup of cooked grits, cereal, macaroni, spaghetti, rice or one slice of bread.

If you cannot afford these foods on your budget, speak with your doctor or someone on the medical team. They may be able to help you.

There may be some food listed that you do not like or are not used to eating. Tell your doctor, nurse or nutritionist. There is probably a substitute food that you can eat that will provide the nutrition necessary for you.

Desserts, candies and fatty foods are high in carbohydrates. They are not high in vitamins—just calories. If you have to watch your weight because you are gaining too much, this is the first place to cut down.

Water or fluids are as important as solid foods because they help regulate elimination of wastes from your body through perspiring, urinating and bowel movements. Tea and coffee may be included as long as you find that it does not keep you awake at night.

Some doctors will tell you to cut down on your salt intake. Sudden spurts of weight gain may be related to the amount of salt you eat. Your tissues may be absorbing the water and you will notice that your fingers or face get puffy. If your doctor tells you to cut down on salt, eliminate foods that are salty, such as bacon, ham, potato chips, salty snack foods and luncheon meats. You can cook your foods without salt and the rest of the family can add salt to the foods they eat.

A moderate amount of alcoholic beverages will have no
known effect on you or your baby. These, however, are high in calories and do not have any value in your nutrition.

Cravings for food—sometimes women want unusual foods. It is said that cravings may be due to something lacking in your diet or it may be that you are just pampering yourself. You can satisfy most of the desires without harm to yourself as long as they agree with your digestion and you do not consume an excessive amount. To be on the safe side, tell your doctor, nurse or dietitian about your cravings. They can best decide if the foods are all right or not.

How Much Weight Should I Gain?

The average weight gain is about 20–25 pounds during your entire pregnancy. Just see how much the pregnancy adds to your normal weight:

- Full term baby: 7-8 pounds
- Placenta or afterbirth: 1-1½ pounds
- Amniotic and body fluids: 3-5 pounds
- Enlarged womb or uterus: 2 pounds
- Enlarged breasts: 2 pounds

When we talk about pregnancy, we usually divide it in thirds or trimesters. In the first third or trimester of your pregnancy, you generally gain little or no weight. During the second trimester, you should normally gain about ½ pound a week or about 2—2½ pounds a month. The last trimester you will gain about ½ to 1 pound a week or 4 to 5 pounds a month. You remember I mentioned how quickly the baby is growing towards the end of your pregnancy. This is why your biggest weight gain is during the last three months.

The reasons why it is best not to become overweight during your pregnancy is:

- The extra weight causes a strain on your back and leg muscles which may cause you pain and make you tire easily.
- If you should become overweight, it is more common for you or your baby to have complications or problems.
- When you gain too much weight when you are pregnant, it will be more difficult for you to get back your normal figure.
The following chart is one which shows the average weight gain during pregnancy. You can chart your own weight gain here and see how you compare.

## Prenatal Gain in Weight

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![Graph showing weight gain across pregnancy weeks.](image)

- **Gain**: Weight increase above average
- **Lost**: Weight decrease below average

**Weeks Gestation**

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Things You Will Want To Know About Your General Health

As was mentioned earlier, pregnancy is a normal and healthy experience. Because of this, you should be able to continue with your usual way of life. In fact, because you should be taking extra care of yourself, you may feel better than ever.

Do I Need More Sleep And Rest?

When you are pregnant, you may notice that you tire more easily. Everyone lives and works in her own fashion. You may have several children and are kept busy working at home. You may be working at a job outside your home. You may be going to school. This may be your first pregnancy. You may be at home with a great deal of time for yourself. No matter what your way of life, the average woman needs about 8 hours of sleep. Some people need more and some get along perfectly well with less. Sleep as much as you need to feel rested.

Rest periods at which time you really relax, even if it is for a short period of time will help conserve your energy. If you are at home, lie down morning and afternoon. If you are at work or at school, sit down with your feet up for a few minutes at lunch and break time. You can probably find easier ways to do things. For example, try sitting down when you are ironing. Spread out the housework over several days rather than doing everything on one day.

Everyone's situation is different, but see if others in the family can help with some chores. Perhaps one or more of your children, or your husband or mate can help you so that you will have a chance to relax.

Can I Exercise?

Outdoor exercise gives you a chance to get some sunshine and fresh air. Walking is generally recommended because it
uses the muscles of your entire body and strengthens some of the muscles you will use in labor. If you are used to participating in certain sports, check with your doctor to find out if they can be continued. Usually, you are permitted to participate in moderation. Late in your pregnancy your body makes you awkward and you will probably slow down.

Lifting heavy objects and moving furniture should be avoided. Stretching will not harm you or the baby. Just do not reach for things from a chair or ladder where you might lose your balance and fall.

Later on in this pamphlet you will learn about exercises which will help you in labor.

What Things Should I Know If I Work Outside My Home?

It is best for you not to work or play to the point of getting tired. However, if you must work to support yourself or your family, tell your doctor. Your physician might contact your employer or be able to refer you to a social worker, or someone who in turn may help you find a less tiring job. A local community organization may help you financially.

There are some things you might be able to do on the job which will keep you from getting too tired. If you have a job where you stand most of the day, during rest periods sit down and put your feet up. If you have a job where you sit in one position, if possible, get up and walk around.

You may be working at a job where certain chemicals are dangerous to you when you are pregnant. When you know you are pregnant tell the nurse or your supervisor in the plant so you can be transferred to a safe area if this is necessary.

You should not be working at a job that requires heavy lifting or moving.

If things are going well during your pregnancy and you feel up to it, the chances are you can work during your entire pregnancy. Your doctor will tell you when and if you should stop working.

Can I Travel When I Am Pregnant?

Travel does not have any bad effect on you. If you are going to travel a long distance, an airplane or train is the most comfortable and least tiring way to go because you can
get up and move around. If you travel by automobile, change your position frequently. Sitting in the back seat with your legs up is helpful. You should stop every two hours for 10 to 15 minutes to avoid getting overtired and so that you have a chance to stretch, walk about and this is a good time for you to go to the bathroom.

Late in your pregnancy, it is probably wise not to go on a long trip. This is so because you may have your baby at an inconvenient time or place.

**Birth Control—Is Spacing Children Necessary?**

For your health and your future babies, you should not have children too close together. It is a good idea to speak with your doctor about birth control even while you are pregnant. You will be told about the various methods you can use and which are the best and safest methods for you. Your mate and you will have time to discuss and choose the method that will be satisfactory to you both.

The basis for preventing a pregnancy is keeping the man's sperm from reaching your egg. There are several ways to do this. Some methods work better than others. Some things you can buy in a drug store and others you must get through a doctor. There are new methods constantly being developed. The following are some commonly used methods of birth control:

**The Pill**—The usual way the birth control pills work is to not allow an egg to come from the ovary so that the sperm has nothing to fertilize. This is a safe and very effective method as long as you follow your directions well. The people taking care of you at the clinic, or your doctor, make sure that there is nothing about your health that would prevent you from taking birth control pills.

**Intrauterine Device**—Usually a loop, shield or coil, is a small piece of material, usually plastic, which a doctor places in your uterus or womb and which stays there. We are not sure how it works, but think it does not allow the egg to stay in the womb.

**Diaphragm**—This is a round rubber cap that you fill with birth control jelly or cream that you place in your birth canal so that the sperm cannot get to the egg. A diaphragm must be fitted to your size by the doctor.
Rhythm Method or “Safe Days”—This method allows you to have sex relations when you do NOT have an egg in your tubes. The egg is usually in your tube about half way between menstrual periods. If you plan to use this method, discuss this with your doctor as “safe days” vary with women.

Foams, Creams, Jellies and Tablets—these birth control items you can buy at a drug store. They work when you insert the foam or one of the other things in your vagina, before sex relations. They kill the sperm.

Condoms or Rubbers—This method of birth control is used by the man and can be purchased at the drug store. The man puts the condom on his penis or organ to catch the sperm so they do not enter your vagina.

You will probably want to discuss the various birth control methods with your husband or mate so that you will use something with which both of you will be satisfied.

Sterilization—This method prevents pregnancy, but at the time of this writing, is irreversible. In other words, if you are sterilized, you can never become pregnant again. Sterilization is frequently desired by those who have all the children they should ever want. There are times when a doctor recommends sterilization for some medical reason.

A woman is sterilized by having her tubes cut and tied. This is called a tubal ligation. A man can also be sterilized. This is called a vasectomy. The tubes on each side of the scrotum are cut and tied.

Sterilization does not interfere in having normal sex relations.

Since sterilization is an end to childbearing, both man and woman should discuss this method thoroughly with each other and with the doctor.

Abortion—This is not a birth control method because it is not something that prevents a pregnancy; it interrupts the pregnancy. Abortions are usually performed early in pregnancy, the majority being done within the first three months of pregnancy. If an abortion is indicated, it should only be done under competent medical supervision.
Some Questions About Personal Hygiene And Appearance

The first few months you are pregnant, your body does not change much in shape. About the time you are 4 months along you will notice that your clothes are getting tight. You will probably be most aware of your skirts and slacks becoming too snug around the waist. Now you are ready for maternity clothes. Most clothes you buy or make from maternity patterns are suitable for you to wear. You will notice that maternity clothes are not tight fitting. The dresses hang from the shoulders and do not press tightly against your abdomen. Slips should fit the same way. Slacks and underpants should be loose and allow for your waistline to expand. You will notice that pants and underwear often come with elastic in the area your abdomen will be growing the most.

Girdles And Bras

If you have never worn a girdle, there is no need for you to start now, especially if you are early in your pregnancy. You may find that a maternity girdle gives you the support you need because you are having backaches (what to do for backache on page 29) or your abdomen is extra large. If you have had several pregnancies, your abdominal muscles may be lax and a girdle will be comfortable.

A good supporting brassiere is important for your posture, appearance, and will support your breasts in a normal uplift position. It is important to see that the cup is large enough and that the underarm is built up high enough to cover all the breast tissue. Wide shoulder straps will give you the most comfort and support. If you are planning to breast feed your baby, buy nursing bras. You can wear these during pregnancy and for as long afterward as you nurse your baby.

If at all possible, have a sales person help fit you for your...
girdle and bra. You want the best possible fit for support and comfort.

How Do I Keep My Stockings Up?

A maternity garter belt can be worn to hold your hose up. Panty hose may be comfortable to wear. Do not wear round garters, elastic bands, or rolled stockings. Any tight garter encircling your leg may cause your legs to swell or cause varicose veins.

What Kind Of Shoes Should I Wear?

Your shoes are one of the most important part of your clothing at this time. Are you far enough along in your pregnancy yet to have noticed that your posture is changing? If not, you will notice this before long. As your abdomen gets larger, your posture changes. Proper fitting shoes that give your feet support and have low to medium heels will help you keep your balance and may help prevent leg ache, backache and fatigue. Moccasins, ballet type shoes and sneakers give little or no support. You can test your shoes to see if they are giving enough support by placing a shoe on a firm surface such as a table or the floor. Press your thumb down on the part of the shoe that comes under your arch. If the shoe gives under this pressure, it will not give good support to your foot.

Can I Take Baths?

During your pregnancy, you may find that you are perspiring more than you usually do. You get rid of wastes through your skin. Bathing every day will refresh, stimulate and relax you. There is no reason why you can not take a bath any
time during your pregnancy. The only objection to a tub bath is that you may lose your balance due to your large abdomen and it is easy to slip or fall while climbing in and out of a tub. If you prefer tub baths to showers you may want some one around to help you in and out of the tub when you get large and lose some of your usual coordination.

Should I Douche?

Do not take a vaginal douche unless your doctor tells you to do so. Bathing or washing yourself with a washcloth and a mild soap, always washing from the front or the vaginal area toward the back, or rectal area, is adequate for general cleanliness. Deodorant sprays are not particularly effective.

Douching may be advised by your doctor because you have a large amount of vaginal discharge or an infection. You will be told what kind of solution to use in your douche. If you are required to douche, use a bag, not a bulb syringe and do not hang or hold the bag higher than 1½ to 2 feet above the vagina. If the bag is held too high the solution rushes in too rapidly. The douche tip should not be inserted in your vagina more than three inches.

How Should I Care For My Breasts?

The importance of a supporting brassiere has been men- tioned already. You may notice a fluid oozing from your nipple. This fluid dries and forms a crust which is almost impossible to see. Wash your breasts when you shower or take a bath to remove this crust. Wash your breasts at the beginning of your bath or shower using a clean wash cloth and warm water. Some doctors prefer that you do not use soap when washing breasts. This is a question you will want to ask. Wash the nipple first and with a circular motion gradually wash away from the nipple. Use the circular motion until the entire breast is washed.

Sometimes you may secrete fluid that you will want to wear a gauze pad in your bra to keep it from coming through on your clothing.

If you are planning to nurse the baby, tell your doctor. A cream for your nipples or some special care may be sug- gested.
Is There Anything Special About The Care Of My Teeth?

Good dental care is necessary because your teeth are important to enable you to chew your food well. Brush your teeth when you awaken, after each meal, and before going to sleep at night. There is no basis for the old saying, “For every child a tooth is lost.” See your dentist soon after you become pregnant. If you have cavities they should be filled to prevent further decay. Tell your dentist you are pregnant as he will take extra care of you. If you should need a great deal of dental work, tell your doctor as there may be some special instructions for you and your dentist.

Can I Have Sexual Intercourse During Pregnancy?

Your feelings about having sex while you are pregnant vary. Some of you may feel you want more sex and others of you may want less. You may even feel that you do not want to be near your male partner, however this is usually temporary and you soon will behave in your normal way. When your abdomen becomes large, pressure on your abdomen may be uncomfortable. Some women find that their desire for sex decreases when they are about 7 or 8 months pregnant and that you can not participate very well. You and your partner may need to experiment with various positions that may be more comfortable.

There are times when your doctor will suggest that you do not have intercourse. It may be because you have had previous miscarriages and it is feared that you may have another one. It may be due to fear that you might give birth to the baby before your due date. Some doctors feel you should not have intercourse late in pregnancy and others feel you can have intercourse throughout your pregnancy. Your doctor is the best judge of this because he knows you and your condition.

What About Medicines And Drugs?

During your pregnancy, it is wise not to take any drugs or medicines unless prescribed by your doctor. This means even an aspirin. Many drugs pass through your body to your baby and can have a harmful effect on your baby. If you are taking any medicines or drugs, tell your doctor what you are taking. He will let you know if you can continue to take them. If you
are using addictive drugs such as barbiturates, heroin, speed, you should tell your doctor. Your doctor will try to help you with this problem. Infants have been born addicted to drugs and they have withdrawal problems just as adults. If the doctor does not know the baby is withdrawing, the baby's condition can be very serious or even fatal.

**May I Smoke?**

Of course, smoking is not good for your health at any time. However, when you are pregnant smoking becomes a hazard to your baby’s health. The chances of having a baby with a low birth weight are higher in mothers who smoke than in those who do not. If you do smoke, try to cut down on the number of cigarettes and if possible cut them out entirely. This is a good time to “kick the habit.”
Your Feelings
And The Family

Women react differently towards their pregnancy. You may be happy or just trying to make the best of the situation. You and the baby's father may find that both of you are looking forward to having the baby and are closer than ever before. However, this is not true for everyone. Even if you are happy about being pregnant, you will find that there are times you are unhappy. This is quite normal. As you become heavier and have trouble moving about, you may be wondering if it is worth it all. You may find yourself worrying about the time when you have to go to the hospital, about labor, financial problems, or if the baby will be normal. These are things most women are concerned about.

Are Mood Changes Normal?
Your emotions during pregnancy change quickly. You will find yourself happy and in a few minutes you will want to cry. You may suddenly become irritable then swing back into high spirits. This is true with most pregnant women.

What Can Be Done About These Feelings?
It will help to talk to your male partner, friends and relatives. Ask questions about things with which you are concerned. Your doctor and other members on the health team want to answer questions that concern you. If there are parent classes for expectant mothers and fathers in your community, plan to attend them. You will learn about the care of yourself and baby, and also have the opportunity to meet other pregnant women with whom you can discuss your feelings.
Recreational Activities

Recreation is as necessary now as any other time in life. You need to do some relaxing things. Visit friends or have friends come to you. If you enjoy sewing, knitting or crocheting, you may enjoy making things for the baby. Church activities may be enjoyable. If you like more active recreation, dancing or bowling may be fun. Do avoid crowds as you may find yourself uncomfortable in such a situation.

What Can The Family Do To Help?

Men, this is for YOU. You are very special during this time. Give that girl of yours a hand with things around the house. She needs your help, love and patience more than ever. If you can, go to the doctor with her. There may be some things the doctor would like to discuss with both of you. Do something special on those “blue” days by taking your lady out to a movie, drive, or if the budget can stand it, out to dinner. Take her out. Go for a walk together. Help her with the children if there are others. Patience and understanding will bring rewards. You may find her pretty hard to live with right now, but pregnancy doesn’t last forever!
Some Common Complaints And What To Do About Them

I Am So Tired!

Being fatigued during your first few months of pregnancy is not abnormal. As your pregnancy progresses, you will feel less tired. The only thing for you to do is to get plenty of sleep at night and rest occasionally during the day. If possible, don't overdo things to the point of exhaustion.

I Have To Urinate So Frequently

You remember that this is one of the first signs of pregnancy. You have to urinate because the growing uterus presses against your bladder. About the third month of pregnancy you will find that this will not be as much of a problem. In the last month of your pregnancy, the desire to empty your bladder frequently will reoccur. At this time, it is due to the baby pressing against your bladder as it is getting ready to be born.

There is nothing much you can do to prevent frequent urination. It is normal. If however you have a burning sensation when you urinate, tell your doctor as this is something the doctor will want to find the cause.

I Have “Morning Sickness”

Early morning nausea is a common complaint during the first few months of pregnancy. About half the number of pregnant women have some nausea. This is usually due to body changes that take place early in pregnancy and generally ends about the third month. Usually, nausea and vomiting occurs only in the morning. A few of you may have it throughout the day. If vomiting continues and you can not
keep fluids down you should report this to your doctor.

Morning sickness can often be relieved by eating a dry piece of toast or a cracker about a half-hour before getting out of bed in the morning. When you get up, move slowly. These suggestions may be difficult if you have a job or youngsters who have to get off to school. It may mean waking up a half-hour before usual so that you can do these things. An alarm clock will jar you into a quick awakening. If you can avoid its use, do so.

Greasy, fried foods and any food that you know disagrees with you should not be eaten at this time. Unsweetened popcorn has helped some women. Eating 5 small meals a day often works better than 3 large meals, and small amounts of ginger ale or coke are often helpful.

What Can I Do About Heartburn?

Heartburn has nothing to do with your heart. It is a burning sensation caused by indigestion.

Do NOT take baking soda or sodium bicarbonate to relieve your heartburn. Try some of the same hints as with morning sickness—5 small meals instead of 3 large meals a day. Avoid greasy, fried foods and other foods that you know do not ordinarily agree with you.

Tell your doctor about heartburn because there are some medicines which he can prescribe for you if you are uncomfortable. Don't take medicines as advertised on television, radio or in magazines.

Why Am I Constipated?

This is due to body changes of your digestive system. There are several things you can do to relieve constipation. Drink lots of water—6 to 8 glasses a day. Eat fruits and vegetables, preferably raw ones as they add roughage to your diet. Exercise every day as this keeps your body toned up. Make a habit of going to the bathroom every day at the same time. If you continue to be troubled after trying these things, tell your doctor about it. Do not take enemas or harsh laxatives on your own.
Why This Backache?

As your pregnancy progresses, your posture changes because your womb is growing and your pelvic bone joints relax. This causes your back to ache. To help prevent strain, low heeled supporting shoes and a supporting girdle may be helpful (see pages 19 and 20).

Good posture is important in preventing backache. Remember that if there is someone around who can lift things for you, have someone else do it.

There are several exercises which should help you. Show someone on the health team what and how you are doing the exercise to make sure you are doing them correctly.

The squatting position helps to avoid back strain and to strengthen muscles you will use in labor. This position is a good one to take to reach low drawers or for lifting a child or object from the floor:

Lower your body slowly into a squatting position by using the wall as a support. Keep your feet parallel and heels on the floor.

Hold onto a heavy piece of furniture. Squat down on your heels and allow your knees to spread apart. Keep your heels flat on the floor and your toes straight ahead.

Pick up your child or object from the floor by squatting. Hold your child or object close to your body. Rise slowly, using your leg muscles.
The following exercise, called the "Pelvic Rock" increases the flexibility of your lower back, and strengthens your abdominal muscles. It not only relieves backache, but will help improve your posture and appearance. Practice it every day and try walking and standing with your pelvis tilted forward. This provides your baby with a cradle of bone in which to lie instead of your abdominal wall.

When you practice the pelvic rock standing up you can use a chair. Stand about 2 feet away from the back of the chair and bend slightly forward from your hips. Place your hands on the chair back and keep your elbows straight. Rotate your hips backward and sag with your abdominal muscles. You have a real "sway back" this way. Flex your knees slightly and then slowly rotate your hips forward. Tuck your buttocks under as if someone were pushing you from behind.

Practice the pelvic rock lying on your back, knees bent and feet flat on the floor. Tighten your lower abdominal muscles and muscles of the buttocks. This causes the tailbone to be elevated and the small of your back pressed into the floor. Then—relax your abdominal and buttock muscles. As you do this, arch your back as high as you can. Repeat tightening
your abdominal and buttock muscles being sure that the small of your back presses tightly into the floor.

There are other exercises which you can be shown at prenatal classes or by someone of the health team.

**Why Do I Find Myself Short of Breath?**

Difficult breathing or shortness of breath is due to the baby taking up so much space in your abdomen. This will go away as soon as the baby is born.

Moving slowly conserves your breath. Lying flat may be difficult and you may feel more comfortable in using more than one pillow. Lying on your side may also help.

**Why These Varicose Veins?**

Varicose veins are an enlargement of your veins. They usually occur in your lower legs, but may extend up into the pelvic area or exist as hemorrhoids. Your enlarged uterus presses on your abdominal veins and interferes with the return of blood from your legs. Frequently, these varicose veins get smaller and disappear during the first few weeks after you have your baby.

It is wiser to try to avoid problems than cure them. You can help avoid varicose veins by not wearing round garters or tight clothing. If at all possible, do not stand in one place for a long period of time. If you have a job that requires you to stand, walk about at break time to circulate the blood. If you can, sit down and put your feet up occasionally. Do not sit with your legs crossed or with the pressure of a chair under your knees. Sitting down jobs such as being a secretary or assembly line worker often aggravate varicose veins.

The position shown in the picture, where you can either lie on a bed, couch, or floor and raise your feet and legs up in the air, resting your heels against the wall is a good position to take if you have varicose veins or swelling in your legs. Take this position for 2 to 5 minutes several times a day if possible.
You may be asked to wear elastic bandages or elastic stockings during the day. “Support” hose will help you some, but they are not as effective as elastic hose. If you are told to wear elastic stockings, put them on before you get up in the morning, before your veins get filled with blood. Take your hose off at night before you go to bed and wash them in mild soap. If you are using elastic bandages, they should be put on before getting out of bed in the morning and taken off at night. Apply the bandages spirally with a firm, even pressure. Begin at the foot and move up the leg until you are above the varicose veins. Your doctor or nurse will help show you how to apply elastic bandages.

If you have varicose veins around your vaginal area, try to take frequent rest periods by lying down with a pillow under your buttocks. This position elevates your hips and gives you some relief.

What Can I Do About Hemorrhoids or “Piles”?

Again, prevention is important. Try to prevent from becoming constipated (see page 28) so you need not strain when you have a bowel movement. Straining may cause hemorrhoids to protrude through your rectum. If this should happen, tell your doctor. The doctor or nurse will show you how to push them back into the rectum.

The position in the illustration, of lying down on your side with your hips on a pillow will help relieve your hemorrhoids.

An ice bag or a compress of clean gauze or fabric soaked in cold witch hazel or a solution of Epsom salts will give you relief.

If your hemorrhoids bleed, let your doctor know.
Why Do I Have Leg Cramps?

Leg cramps are more common during the later months of your pregnancy and are generally due to pressure of the enlarged uterus. You can get some relief from leg cramps by holding on to a back of a chair, standing about 6 inches away from it. Slide the foot of which leg is cramping as far back as you can and keep the heel on the floor. This stretches the calf muscle and helps relieve the cramp.

If you are lying down and someone is around to help, extend the cramped leg and have another person push down against your knee and push up against the sole of your foot so that your foot is at a right angle to your leg.

If cramps continue, tell your doctor. There may be other suggestions for you.

Why Do I Have This Vaginal Discharge?

During pregnancy, there is an increase in vaginal secretions. It is usually nothing to be concerned about. However, if you notice that the discharge has one of the following things you should tell your doctor.

☐ yellow or greenish in color
☐ bad odor
☐ heavy and frothy
☐ causes burning or itching
☐ bloody

There is always a possibility that you may have an infection that should be treated.

The Skin On My Abdomen And Face Look Peculiar!

You may notice pink or reddish streaks on your abdomen and breasts. This is due to stretching of your skin. These streaks grow lighter in color or a silvery-white after pregnancy. There is not too much you can do about stretch marks. Do not gain an extra amount of weight. Skin changes do not occur in all women. This is probably because some skin is more elastic.

Some women notice blotches on their face. Do not become upset as they go away right after you have your baby.
I Have Lower Abdominal Discomfort!

This is frequent during the last 2 to 3 months of pregnancy. Your pelvic joints are more moveable and getting your body ready for the baby to be delivered. There are other possible reasons for this discomfort such as being constipated, having an infection or even appendicitis. So let your doctor know if you are uncomfortable.

You may notice on yourself or have seen in other pregnant women that the walk is almost a waddle.
What Are The Complications Of Pregnancy?

Although I mentioned that childbearing is normal, the line between health and sickness can be difficult to draw because there are so many changes going on in your body. Early and continuous care during your pregnancy will help prevent illness. Most complications will give you some warning and immediate care by your doctor will help you prevent serious illness to both you and your baby. Some of the first warnings of a complication may show up in a change in your blood pressure, urine or weight. This is why these are usually checked each time you go to the doctor.

What Should I Look For Between Checkups?

You may be the first one to notice symptoms which are at times referred to as the “danger signals”. They are:

- Bleeding, no matter how slight, from any place—vaginal, rectal, breast nipple, or coughing blood
- Swelling or puffiness of your face or hands and a sudden excessive weight gain
- Severe, continuous headache
- Dimness, blurring of vision, or flashes of light or spots before your eyes
- Sharp or continuous pain in your abdomen
- Severe or continuous vomiting
- Chills and/or fever
- Sudden escape of fluid from the vagina
If you should have any of the above symptoms, notify your doctor right away. Do not wait for your next checkup. If anything is wrong, treatment should be started immediately. I hope you are not frightened. Sometimes symptoms are nothing serious. Do you remember, I mentioned that slight bleeding from your vagina is possible the first few months of pregnancy and yet now I mention it as a danger signal. The important thing to realize is that your doctor is the one who can best decide if any of these symptoms are serious to you and your baby.

**Miscarriage**

A miscarriage, or, medically speaking, abortion, means that the baby is born before it has developed enough to live outside your body. The majority of miscarriages occur during the first three months of pregnancy. A miscarriage may follow a fall, infection or health problems. About one in every ten pregnancies ends this way. If you notice any bleeding from your vagina, go to bed immediately even though bleeding does not always mean that you are having a miscarriage. Call your doctor and save the pads you wear to catch the blood, clots and tissue. The doctor will want to inspect these.

Miscarriages are not usually dangerous to you and most women have little difficulty becoming pregnant again and have a normal baby.

Do NOT ever try to start a miscarriage or abortion on your own or go to someone to have this done outside of a regular medical clinic or doctor. Too often these kinds of abortions cause many serious problems and can be a threat to your life.

**Severe Vomiting**

On page 27 morning sickness was discussed which is a common complaint. However, if you keep vomiting and cannot keep anything down, you should report this to your doctor. You need to be nourished and so does your baby. If you keep vomiting neither of you are getting the foods and liquids you need.

**Anemia Or Low Hemoglobin Or Low Blood Count**

The actual amount of your blood increases when you are pregnant. Hemoglobin is a substance in your blood that car-
ries oxygen to all your tissues and to your baby. You may be anemic because you are not eating enough foods high in iron. When you are pregnant you need more iron than usual. Foods high in iron are lean meats, liver and eggs. Often your doctor will prescribe iron pills to give you the added iron you need. Be sure to keep these pills, like all medicine, in a safe place, so other children cannot accidentally eat them.

You may be anemic due to other blood disease such as Sickle Cell. This disease is most common among black people. You are checked to see if you have this disease when your laboratory work is done on your first or an early visit to the doctor. If you should have this kind of blood disease you will be told about it by your doctor and you will be given whatever special care that may be necessary.

**Bladder And Kidney Infections**

You are more likely to get a urinary infection now because of changes in this part of your body. You may have symptoms such as abdominal pain, chills, fever, frequent or burning on urination and possible blood in your urine. If you have such problems, contact your doctor as there are certain medicines he can prescribe for you to help clear this infection. One important thing you can do is to drink as much water as you possibly can if you should have a urinary infection.

**Toxemia**

This is a complication which may be very serious. At the time of this writing, medical scientists do not know why this complication may occur in some women. The important thing is that it can be treated. You should notify your doctor immediately if you have a sudden weight gain, or swelling of your feet and hands, severe headaches, dizziness, blurred vision, or spots before your eyes.

Changes in your urine and an increase in your blood pressure may be signs of toxemia.

As long as problems are found early, taken care of immediately, and you follow the instructions that are given you, the chances are that toxemia can be controlled at home. This is a serious enough complication that some women must be hospitalized to be cared for properly because it can be dangerous both for you and your baby.
Rh Factor

At your visit when your blood is taken for laboratory examination, it is checked to see if you have a substance called Rh in your blood. If you have this substance you are Rh positive; if you do not your blood is Rh negative. If both you and the father of the baby are Rh negative there is no problem. However, if you are Rh negative and the father of the baby is Rh positive, the baby's blood may be Rh positive. If that is so, your body may manufacture an antibody which affects your baby's Rh positive blood cells. Antibodies are normally useful because they protect you against many common diseases, but at this time they can make the baby anemic.

Fortunately, this is not a big problem with your first pregnancy even if you are Rh negative. Only about 15% of white women are Rh negative. This is much less common in Black women.

If you should be a woman who is Rh negative, your doctor will do certain tests to find out just how much affect it is having on your blood and your baby's blood. It may be necessary to deliver the baby before it is full term before the baby is seriously affected.

There is a medicine that you may be given after each pregnancy to protect each baby of your future pregnancies from this problem. It is effective for the greater majority of women. Your doctor will tell you more about this if you should need the medicine.

German Measles Or Rubella

You may know this disease as “three day measles”. If you should get this disease just prior to, or early in your pregnancy, your baby may be harmed. If you learn that you have been in contact with anyone who has German measles, tell your doctor as he may want to do some tests on you and will also want to be extra careful in examining your baby when it is born.

Venereal Diseases

Gonorrhea, clap, or whites should be treated if you have this infection. Your baby does not inherit this disease but it
may effect the baby. Precautions will be taken by your doctor to minimize any harm. There are state laws where every baby born has drops put in its eyes to protect the baby from Gonorrhea because it can make the baby blind. The problem for you if the disease is not treated is that after you deliver the baby the infection may spread throughout your reproductive organs and possibly cause you to become sterile.

Syphilis germs can get through the placenta and infect the baby before it is born. If you are treated early while you are pregnant, the baby will not get the disease. Your blood is checked routinely for syphilis at the early laboratory examination so if your doctor finds that you have this infection he can treat you immediately.

**Premature Birth Or Low Birth Weight**

A premature baby is one who is born before it is mature and who weighs less than 5 1/2 pounds. Medical scientists know why some babies are premature, but at this time no cause for many prematures can be found. Some of the things you can do to prevent a premature or low birth weight infant is to make sure you are under a doctor's care and follow suggestions, eat a balanced diet, and do not smoke. The reason for concern about a premature infant is that it has less chance of surviving than a full-term, normal weight baby because its body functions may not be developed enough to continue after birth. The baby may have breathing problems or his brain may not be fully developed.

It is important that in case your baby is born earlier than expected you be in the hospital so that it can get all the immediate attention it needs. Therefore, if you should have regular abdominal pains or a gush of water from your vagina, let your doctor know at once as you may be in labor and ready to have the baby.
Going To The Hospital And What Happens

One of the reasons that you and your baby do well at the time of delivery is that you will have the baby in a hospital or under competent medical supervision. You will have expert people help you. Laboratory work can be performed and equipment is available should either you or your baby need it. The greater majority of women who have babies need nothing special, but if you are one of the few that do, it is reassuring to know that a hospital has almost any emergency equipment you or your baby may need.

If you are going to have a home delivery, you will need to make special preparations. The doctor or nurse will help you with this.

What Should I Prepare Before Going To The Hospital?

About two weeks before you expect to deliver your baby, pack a bag with personal things you will want to take to the hospital. You will probably want to include the following:

- Bathrobe
- Gown—the first day or so you will probably be wearing a hospital gown
- Bedroom slippers
- Bras
- Toothbrush and toothpaste
- Comb, brush and hair curlers
- Cosmetics
- Books or magazines

The hospital furnishes sanitary napkins and some furnish sanitary belts. If you are planning to write cards or letters take along writing paper, stamps and a pen or pencil.

Pack the baby's clothes that you plan to take the baby home in and tell the person who will be coming to get you where you put them. Depending upon the weather, the baby
will need a blanket, sweater and cap. If it is warm weather, all you need is a couple of diapers, safety pins, shirt and receiving blanket.

Plan on how you will get to the hospital. You may find it convenient to have telephone numbers in an obvious and handy place to call your husband, friend, mother or a taxi cab when you are ready to go. It is usually an exciting time and it is easy to forget phone numbers. Have the doctor's phone number on your list as you will want to call him to either find out if it is time to go to the hospital or to tell him that you are going.

What Happens When I Get To The Hospital?

Usually, you go to the admitting office. If there is time, you will be asked for certain information for your records; if not, the person who brings you to the hospital will give any information needed. You are then taken to a maternity admissions room or labor room where you undress and put on a hospital gown. The doctor will probably check you in much the same way as you were checked on your first examination. If you are in labor, the hair is shaved around the vaginal or pubic area so the skin can be carefully cleaned, and you are given an enema to clean out your lower bowel and rectum. As the baby comes down the birth canal, you will feel as if you have to move your bowels. This is just the pressure of the baby and nothing else after the enema. The cleansing of
your bowel also makes for more room for the baby to be born.

While you are in the labor room, you will be checked periodically to see how fast your cervix is dilating. This is done by a vaginal or rectal examination. Someone will probably be with you all the time you are in the labor room and help you with your breathing exercise. The father of the baby may be allowed to stay with you. This is something both your doctor and the hospital may decide. Various hospitals and doctors have different rules and regulations as to fathers in the labor and delivery rooms.

While you are in the labor room, you will receive medication for pain if this is necessary. The regional type anesthetics are also given here or may be given to you when you go into the delivery room.

During the second stage of labor, when your baby is about to be born, you will be moved to the delivery room. Here is where your baby is born and the episiotomy is done if it is necessary. The afterbirth or placenta separates from the inside of the uterus and it too is delivered. Most mothers see their baby right after delivery—especially if they do not have anesthesia that puts them to sleep.

What Is A Caesarean Delivery?

This delivery is an operation whereby the baby is delivered through a cut or incision in your abdomen rather than through your birth canal. Babies are only delivered this way if your doctor feels it is necessary. You remember when I mentioned that your pelvis is measured on your first examination. This helps tell the doctor if you can have your baby through the birth canal or if, perhaps, you may need a Caesarean. However, there are other reasons for having to have this type of delivery. If you should have to have this operation, you may have to stay in the hospital a few days longer while the abdominal wound heals than if you delivered your baby vaginally. Otherwise, your hospital stay is about the same as for other mothers. Often, once you have had a Caesarean, other children will need to be delivered in the same way. Your doctor will be the best judge of whether or not this is necessary in future deliveries.
What Is A Breech Baby?

A breech baby is one who is not born head first. The baby may be born feet or buttocks first. With modern techniques you need not be worried if you learn that your baby is in breech position. Your doctor will let you know if your baby is breech and will explain to you what to expect.

Will The Doctor Use Instruments To Deliver My Baby?

Sometimes forceps are used to deliver your baby. This may be done for you or your baby's welfare. Many doctors use a forceps during the delivery of the baby to help relieve the pressure on the baby's head and spare you the bearing down efforts you make at this time during delivery. The use of instruments is decided upon by your doctor and will be done if it is best for you and your baby.
What Is The Recovery Room?

After your baby is born, you may be taken to a recovery room. Many hospitals today have a recovery room where you stay for an hour or two before going to your own room. It is a room where you will be watched more carefully and checked frequently for any excessive bleeding and unusual blood pressure. If there is no recovery room, you may stay in the delivery room for the hour or so. The father of the baby is not usually allowed in the recovery room.

What Is The Hospital Room Like?

A couple of hours after you have had your baby, you will be moved to your room. At this time you usually can see the father of the baby or a close relative. The room may be a private one or one that you share with one or more people. Some hospitals have "rooming-in" which means the baby is in the same room with you. The rooming-in arrangement allows you to take care of your baby. Many hospitals allow you to make a choice of this or if you prefer, you can be in a room and your baby in a nursery with other babies.
What About The Birth Of The Baby?

During the last few weeks of your pregnancy you are probably noticing changes that are telling you that you will be having your baby soon. Particularly, if this is your first baby, you may notice that your figure is different. The baby's head settles down into the bony part of your pelvis. This is called “lightening”. The baby is getting ready to come into the world. Sometimes this happens quickly and you suddenly find it is easier for you to breathe. At times “lightening” does not occur until after labor begins.

This last month is tiring. You are heavy, clumsy and just can't wait for it all to be over.

You may notice some tightening in your lower abdomen or even occasional cramps 3 or 4 weeks before your due date. This is called “false labor”. You may find that these cramps will go away when you walk around. False labor is less common if this is your first baby. However, it may be difficult for you to tell so contact your doctor if you are not sure.

What Are The Signs Of Labor?

There are three signs of true labor. They do not necessarily occur in any specific order and you may find that they occur in a different order with each pregnancy. The three things for you to watch for are:

- Regular contractions which are usually felt in your lower back that travel to the front of your abdomen. This is felt because your uterus is contracting or tightening to help push the baby out through your birth canal. Some women say that they feel only abdominal contractions or only a backache.

  Contraction of true labor are regular in time. They usually start about 15 to 20 minutes apart and last 30-45 seconds. As your labor proceeds, the contractions become more frequent and last about 60 seconds. This time, if you
walk around or lie down they will not go away. These con-
tractions push the baby against your cervix or mouth of your
womb. This helps dilate or open the cervix. The cervix
usually opens up to the size of a grapefruit before the baby is
born. If this is your first baby, most doctors suggest you
come to the hospital when your contractions are regularly 5
minutes apart. If you have had other children, much depends
upon your previous deliveries. It is usual for you not to wait
until contractions are that close together. Your doctor will
tell you when to come to the hospital.

Another sign is a pink “show.” As your baby pushes
against the cervix or neck of the womb, the cervix opens
and a mucus plug comes loose. It generally comes out with a
small amount of blood and so looks pink in color. This is
like a stopper falling through the mouth of a jar which is
too large for the stopper.

A gush of water from your vagina may mean that the bag
of water the baby has been in all during your pregnancy has
broken. Sometimes this happens at the beginning of labor and
sometimes it happens just before your baby is born. When
the bag of water breaks, let your doctor know.

What Makes My Labor Begin?

This is one of the mysteries of nature. Various animals are
pregnant for varying lengths of time. When the baby is ma-
ture, the mother's uterus or womb contracts and the baby is
born. As yet, no one knows why this occurs when it does.

How Can I Help During My Labor?

There are breathing exercises which you can practice while
you are pregnant. They will help relax you and reduce
muscle tension. Pain in labor is sometimes caused by muscu-
lar tension that opposes the progress of labor. Physical relaxation may reduce the pain. If you are able to relax, you will be able to use the rest periods between labor contractions to both reduce fatigue and build up your energy.

Lie down with your knees bent and feet on the floor as shown in the picture. Breathe in once as deeply as possible, then hiss or blow the air out slowly. Let yourself completely relax.

You can practice this exercise by pretending that you are having a contraction that lasts about 30–45 seconds. At the beginning of the contraction take a complete breath and blow it out. Then breathe deeply, slowly and rhythmically throughout the remainder of the contraction.

Another exercise that you can practice is abdominal breathing. This helps keep the abdominal wall relaxed and keeps the uterus from pressing against the lining of the abdomen.

Lie down as in the picture. Place your hands on your abdomen. Breathe in slowly and fully, allowing the abdominal wall to rise gently. Hold this position for a few seconds. Breathe out slowly and smoothly, allowing your abdomen to fall.

There are other breathing exercises besides these. You can learn about them and how to do them in prenatal classes or ask the doctor and nurse.

**How Long Will I Be In Labor?**

This varies with each individual and even each pregnancy. Generally speaking, if you have had at least one baby your labor will be shorter in length of time than with your first baby. On the average, labor with a first baby is 12 to 14
hours. The time is counted from the first true labor contraction and ends when the placenta or afterbirth is delivered. Labor is divided in three stages:

First stage: Contractions of the uterus which dilate or open the cervix so that the baby can pass through the birth canal.

Second stage: Baby is traveling down the birth canal and out the vaginal opening.

Third stage: The placenta and membranes pass out the vaginal opening.

Will I Have To Be Cut When The Baby Is Born?

A small incision or cut called an episiotomy is sometimes made out from your birth canal to make more room for the baby to be delivered. It prevents possible tearing of your tissue. This is done only if the doctor feels it is necessary. An episiotomy heals better and is easier to repair than if your tissues tear. The episiotomy also shortens this part of your labor.

Most doctors use stitches that are absorbed and do not need to be removed.
What Is Natural Childbirth?

This means that you will have your baby with little to no anesthesia or pain relieving medicines. Natural childbirth is a
method involving you receiving certain education while you are pregnant, and in which you get help from your doctor, nurses and the father of the baby. You use certain breathing and muscle relaxation methods at the time of delivery. Some women find that when they use the natural childbirth method they need no anesthetics or pain relievers at the time of delivery. This is not true for all women. It does not represent a failure if the mother does need an anesthetic or pain reliever.

If you are interested in natural childbirth, speak with your doctor to find out if he agrees with this method. This is important because it involves not only you and the father of the baby, but the doctor and people in the hospital to be effective.

Your doctor or nurse will help you find a group of persons who will instruct you. There are also a number of books which you may use to help teach you about this. Your doctor and nurse will suggest which ones to read.

What Should I Know About Analgesics And Anesthesia?

If your contractions cause you much discomfort, you may be given a medicine that will help relieve this. What you are given depends a great deal upon how your labor is progressing and how your baby is doing.

Medicines that relieve pain are called analgesics. Something that completely deadens feelings is called anesthesia. Very few women are given a general anesthesia. This is the kind that puts you to sleep. Many doctors do not like to use this because it often interferes with the baby's respiratory system and causes breathing problems. It also frequently makes you vomit. There are times when your doctor will want you to have general anesthesia.

Many women receive a regional anesthetic. They are used to block the nerves and so reduce discomfort. Usually this type of anesthetic has less effect on the baby than a general anesthetic.

Analgesia and anesthesia are something you will want to discuss with your doctor. Your doctor will explain what is planned and will probably go along with your desires as much as is possible at the time of delivery.
Your Hospital Stay
And Recovery

This chapter deals with your postpartum period, that is, after delivery or after childbirth.

When Can I Get Out Of Bed?
The first day after delivery you will probably do a lot of sleeping. Labor is hard work and you are tired. Depending on how you feel and if you had a normal delivery, you will be allowed out of bed as soon as you feel you want to get up. Actually, getting out of bed and moving around helps speed up your recovery.

How Long Will I Have To Stay In The Hospital?
Much depends on the kind of delivery you have had and how you are getting along. Generally speaking most women stay in the hospital from three to five days after delivery. If you have had a Caesarean, you may have to stay in the hospital a day or two longer or until your incision heals.

Will I Be Allowed Visitors?
The father of the baby or a close relative is allowed to see you as soon as you get back to your room. Most hospitals have visitors hours and will allow other people to see you. It is wise to tell relatives and friends that if they have a cold or are not feeling well not to visit you because you are susceptible to colds at this time.

Why Is My Abdomen Still Large?
Although your uterus is empty of the baby and afterbirth right after delivery, you will notice that your abdomen is not as flat as it was before pregnancy. It takes about 6 weeks for your uterus to return to its original non-pregnant size.
Is It Normal To Have Pain In My Abdomen?

Your uterus keeps contracting to return to its normal size. You may have “afterpains” for a few days. They feel like menstrual cramps. If this is your second baby or more, you may find that these pains are more uncomfortable than they were after your first baby. If they give you much discomfort, you will probably be given some medication to ease them. If you are breast feeding your baby, you may feel the contractions at that time. Breast feeding helps the womb contract and get back to shape.

What Can I Eat?

You are probably hungry after the hard work of labor. You usually eat a regular diet in the hospital and when you go home. Keep up the good food habits that you have had during your pregnancy. If you are breast feeding your baby, you will need more calories than a woman who is not breast feeding. You should get these calories by drinking another two glasses of milk and eating more meat or protein foods and another fruit or vegetable.

My Stitches Hurt, What Can Be Done?

You will receive special care around the area of your episiotomy. The first few days a heat lamp or analgesic (pain reliever) spray may be used. Later on you may take sitz baths. Sitz baths are just sitting in warm water. The nurse will also show you how to wash yourself properly around this area.

How Should I Take Care Of My Breasts?

If you are not planning to breast feed your baby, your doctor will probably prescribe some medication for you so that milk will not continue to come to your breasts. A good supporting bra will help relieve early discomfort that you may have. Ice bags applied to your breasts will make you more comfortable if they are filling up. Do not pump your breasts or express milk from them as this only stimulates more milk to come in. Wash your breasts with a mild soap and water.

If you have decided to breast feed your baby, wear a
nursing bra for both convenience in nursing and to give you support. Your breasts are larger and heavier when they are filled with milk. The first few days a liquid called colostrum will come from your nipples. This is nourishing for the baby. True breast milk comes in about three days after your baby is born. You will notice that it is blue-white in color and does not look like cows milk. If you put your baby to breast about every 3 to 4 hours, this will help stimulate the manufacture of milk. The nurse will help you in showing you how to breast feed your baby. Some babies are easier to start breast feeding than others.

If you are breast feeding, wash your breasts with plain water when you shower or bathe. Soap removes protective skin oils.

When Can I Take A Bath?

You will notice that you perspire more than usual after your baby is born. Some doctors suggest that you shower or sponge bathe for a week or two and then permit you to tub bathe. Other doctors feel that you can take a tub bath immediately. Check with your doctor about this.

I Am Constipated, What Can I Do?

Constipation is common during the first couple of weeks postpartum. Eat a diet that includes fresh fruits and vegetables. Your doctor may prescribe a mild laxative for you. Do not take harsh laxatives, especially so if you are breast feeding as they will cause your baby to have diarrhea. Even if you are not breast feeding, a harsh laxative may cause you uncomfortable cramping.

Why Am I Having A Problem Urinating?

Although most women have no problem, a few have trouble using a bed pan. Difficulty in urinating may be due to the anesthetic you received, the baby's size, discomfort from stitches and other reasons. It is important to empty your bladder within about 6 to 8 hours after you have had your baby. The nurse will give you a bed pan to use. If you should have a great deal of difficulty, you may be catheterized. A catheterization is placing a tube in the opening that leads to the bladder.
Why Do I Have A Vaginal Discharge?

The afterbirth was attached to the inside of your uterus. Now that it has come out you will have some bleeding. This is called "lochia". The first few days, lochia is bright red. It gradually subsides in amount and changes to a brownish colored discharge by the end of the first week. By the end of the second week, it is generally a yellow-white. By the time you are three weeks postpartum the lochia is usually over. This discharge does vary in women and you may find that it lasts longer for you. If you are very active and have a great deal to do when you get home, the chances are the lochia will last longer than three weeks. If, after you go home, the lochia smells badly or you notice anything unusual, let your doctor know.

Why Do I Feel So "Blue"?

Sometimes, for no apparent reason, you feel rather let down and depressed after you have a baby. You may find that you are irritable and cry easily. This is called "postpartum blues". It is common enough for it to have a name, however it is usually very temporary. It may occur when you are in the hospital or after you go home. It is due to changes in your body. If you feel like crying, just go right ahead. You will probably feel lots better afterwards. If these feelings last more than a week or so, or are especially upsetting, let your doctor know how you feel.

I Feel So Tired!

You need a great deal of rest and sleep after the birth of your baby. You should get as much rest as possible when you go home also. If it is at all possible, have some one help you when you go home. Sometimes husbands can arrange vacations, or relatives and friends can give you some assistance. Certainly, assign chores to your children and the baby's father to help relieve you of some of the responsibilities. Even a 3 year old can fetch a diaper for you and save you some steps. With proper rest and sleep, you will be able to get back to normal so much more quickly. Avoid heavy work for the first three weeks after having the baby.
When Will I Have A Regular Menstrual Period?

This varies with each individual. Most women, if they are not breast feeding, will have a menstrual period within 6 to 8 weeks. The first period may be longer or shorter than usual. This will straighten out within a couple of months. If you are breast feeding your baby, you may not menstruate for 5 or 6 months. If you should menstruate while nursing, continue to breast feed as it in no way interferes with the breast milk.

Do remember if breast feeding or not, your ovaries usually begin to function soon after delivery and you can become pregnant.

When May I Have Sex Relations Again?

Most doctors suggest that you wait about 3 to 6 weeks after you have had your baby. Each doctor gives advice on an individual basis, some suggesting that you wait until after your 6 week check up. However, do ask your doctor about this.

When Can I Start Birth Control So I Can Space My Children?

Much depends on the method you and your mate agree upon and what your doctor suggests. Some methods are started soon after you have your baby and some may be started after your 6 week check up. Speak with your doctor about this while you are in the hospital.

When Can I Go Back To Work Or School?

If it is at all possible for you to do so, wait until after your postpartum check up which is generally 6 weeks after you have had your baby. If you wait this period of time, you will probably be feeling up to working and you will have had some opportunity to get to know and enjoy your baby. Sometimes, it is just not economically possible for you to wait this long. If this is so, do consult with your doctor to make sure you are physically able to go back to work or school. It also depends on the type of work you do. Everyone is individual in how rapidly she recuperates and this even varies with each baby you may have so you can not use your last pregnancy as a guide nor can you do what a friend or relative has done.
What Exercises Will Help Me To Get Back Into Shape?

Some physicians suggest that you start exercises to strengthen your muscles within a few days after you have had your baby. This is on an individual basis and depends upon your condition and how your doctor feels about exercises. Getting up out of bed and moving around is almost always all right and helps strengthen your muscles. Nothing strenuous should be done until after the red bleeding has stopped.

Lying on your abdomen may help your uterus return to normal position. The exercises shown are commonly done but check with your doctor to see if they are all right for you to do.

1. Lie flat—breathe in deeply from your abdomen and expel—repeat about 5 times.

2. Lie flat with your arms at your side, then move your arms out to the side with your elbows stiff. Raise your arms over your head and bring your hands together. Repeat about 5 times.
Lie flat, then raise your head to touch your chin to your chest. Try not to move any other part of your body. Repeat several times.

The next exercises are more strenuous and should definitely not be done until the red bleeding stops. It is usually suggested that you do not do these during the first week postpartum.

Raise one knee and draw your thigh down on your abdomen. Lower your foot to buttock. Straighten your leg and lower it. Then do your other leg. Do this about 5 times.

Spread your legs slightly and slide your feet toward you so that your knees bend almost at a right angle. Raise buttocks and rest your body on the soles of your feet and shoulders. Press your knees together and contract the abdominal muscles.
Exercises you have done during pregnancy are usually all right for you to do now. There are other exercises which your doctor may suggest. The nurses in the hospital will show you what exercises to do, how to do them, and what day postpartum they can be started.

What Happens At The Postpartum Examination?

This examination is done at about 4–6 weeks after you have had your baby. Usually you receive an internal examination to find out if your uterus is back to its normal size and position. Your weight will be taken. Most women are just about back to their non-pregnant weight. Your blood pressure is checked. A laboratory test to find out what your hemoglobin is at this time may be done and a Pap smear (cancer test) is done if you are due for one. You may be receiving some advice on the spacing of your future children and receiving birth control if you have not before this time.

This is a good time to ask your doctor any questions that are on your mind about exercise, work, your health and anything else that you are concerned about. It is probably wise to write your questions down because we all seem to forget when we go for an examination.
What Does My Baby Need?

What Clothes Should I Get?

The laundry facilities you have available to you will be a factor in the amount of clothing you need for your baby. If you have easy access to a washer and dryer, or if you live in a climate where you can dry clothes out-of-doors easily, you need fewer clothes than if you must travel to a laundromat or elsewhere to wash and dry clothing.

Your baby grows very rapidly early in life, so for economy sake, do not buy very small size clothing. If you do, buy as few as you can possibly get by on.
You may use disposable diapers which are so common now, however this is more expensive than cloth diapers in the long run. Disposable diapers are nice when traveling with your baby. Some women use diaper service, especially the first few weeks to make things a bit easier on themselves or for a long period of time if they can afford it. Even if you should have diaper service or use disposable diapers, keep some extra cloth ones on hand for emergencies.

If you like to sew, you will find that patterns for a layette are available. The clothes you make or buy should be suited to the climate in which you live and the time of the year that the baby is born.

Here is a list of clothes that should see your baby through at least the first 6 months of life:

- Diapers 3-4 dozen
- Shirts 3-4
- Nightgowns or kimonos 3-4
- Sweater sets 2
- Waterproof pants 2
- Receiving blankets 3-4
- Heavy blanket or bunting 1

What Do I Need In Furniture And Bedding?

The most important item you will need for the baby is a crib or bassinet. You will not need a pillow as it is not used with infants. The mattress should be firm and fit the crib well so there is no space between the mattress and crib in which a hand or foot could get caught. Your baby should have his own bed. If your baby starts sleeping with you, it will be a difficult habit to break and it can be dangerous because you can roll over on the baby. If you find that you can not afford a bed at this moment in time, a basket, box or dresser drawer with a blanket for padding can be used for a short period of time. Place it on something solid like a table. The things you need for the bed are:

- Mattress protector if the mattress is not waterproof 1
- Crib sheets. Pillowslips are good to use for sheets in bassinets 3-4

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Provided by the Maternal and Child Health Library, Georgetown University
Waterproof pads—to place under baby to protect sheets 4-6
Crib size blanket—weight depends on climate and time of the year. Infant type sleeping bags may be used instead 2-3

A bureau with several drawers in which to store your baby's clothes is convenient. Babies are small and yet need much room for clothing. If you can not buy a dresser at this time, cardboard boxes can be used to store clothes.

A table for dressing and bathing your baby that is high enough for you to be comfortable is nice to have. Bending over a baby can be tiring. Your kitchen table may be a convenient place and a good height for you.

A diaper pail with a cover to hold soiled diapers is a necessary item. If you are using diaper service, you may find that you will be supplied with this.

What Baby Bath Supplies Will I Need?
The kitchen sink is quite convenient for a baby bath. The sink can be easily scoured and cleaned, and there you will not have to carry water. Some mothers use a bathroom sink or a plastic bathtub. Whatever it is, it should be large enough to place the baby in. In a couple of months, your baby will enjoy kicking and splashing in the water. Keep this in mind when you think about size.

A tray and jars for baby supplies can be purchased or you can make one. Save small food jars and covers. They can be placed on a tray you may have at home. The jars are for cotton or cotton balls, safety pins, oil, powder and soap. This makes it convenient for you at bath time. You can carry all the necessary supplies together this way. The supplies for your baby's bath are:

- Soft towels 2-3
- Soft washcloths 2-3
- Bath towel—large size to use as a pad to cover the table and place the baby on 2
- Cotton balls
- Powder (cornstarch is an excellent powder)
- Oil or lotion
- Mild unperfumed soap and soap dish

Provided by the Maternal and Child Health Library, Georgetown University
What Feeding Supplies Do I Need?

If you plan to breast feed your baby, you will not need much equipment. Two to three small bottles and nipples may be needed for boiled water and juice.

If you are planning to bottle feed you will want to have the following:

□ A sterilizer or large pot with a tight fitting lid that is big enough to hold a rack with 6 to 8 bottles.

□ 6 to 8 bottles which are made of glass or plastic. The plastic are more difficult to clean than glass. This is something you may want to keep in mind when you shop. Glass bottles do not break easily. The 8 ounce size bottles are the most economical to buy because the amount of formula you give your baby increases rapidly and the baby soon outgrows the small bottle. However, one or two 4 ounce or small size are handy for boiled water and juice. Disposable plastic bottles are available also. However, they are more expensive than bottles which can be reused.

□ Nipples—purchase about a dozen of these. Extra nipples are handy. So often something goes wrong with a nipple. This is frustrating for you and the baby if you are in need of an extra nipple and don't have one.

Most bottles you buy will come complete with some sort of cap or cover to protect the sterilized nipple. There are so many kinds that you may want to check on how to use the caps or put the nipple in before you ever make the first batch of formula.

You will want a 4 cup size measuring cup and measuring spoons, teaspoon and tablespoon sizes. Other things you may need to prepare a formula, you will probably have in your kitchen, such as a large mixing spoon and knife.

The baby's formula must be sterilized because babies can not resist as much bacteria or germs as older children and adults. There are several methods to use to sterilize bottles and formula. The most common method is "terminal sterilization". This seems to be the easiest to do and most simple to learn. You mix up the formula, pour it into the bottles according to the correct amount, cover, and then boil in the sterilizer. The nurses in the hospital will teach you more about this and other methods, such as where you need only one baby bottle.
Your Baby In Early Life

What Will My Baby Look Like At Birth?

Your baby may look wrinkled, scrawny and rather red in color or it may be chubby and less wrinkled. In any case, the head is large compared to the rest of the body. Some babies have a great deal of hair when born and some have so little that they look bald. Babies are usually covered with a white creamy substance called vernix at birth. The head may be a bit out of shape because of the tight squeeze in passing through the birth canal. The bones in your baby's head are flexible and have spaces between. You may have heard these spaces referred to as the "soft spots" or fontanelles. It is because of this that your baby's head can be compressed without harm during birth. The head may be misshapen but it takes on a proper shape within a week or so.
What Will The Baby Be Like The First Week Or So?

Most babies lose a few ounces of weight the first few days and are back up to their birth weight by the end of the first week.

Sometimes, the baby’s breasts are a little large or swollen. This may occur in both boys and girls. It will subside by itself.

A baby girl may pass a few drops of blood from her vagina. This, too, disappears and is nothing to be concerned about.

Babies move their arms and legs around rather actively. They may scratch themselves. You will notice scratch marks on the baby’s face. Some nurseries will even put shirts on the baby that cover its hands because of this.

Newborn babies usually do a great deal of sleeping. You may say that your baby does not know day from night in that it seems to sleep all day and is awake most of the night. Fortunately this is usually over in a couple of weeks. Try to have patience if this occurs. There just isn’t much you can do about it.

Newborn babies cry a great deal to make their wants known. Mothers learn to know their newborn baby’s cry pretty quickly and you will be able to distinguish a hunger cry from other cries.

How Soon Will I Feed My Baby After It Is Born?

Your baby will be brought to you for feeding about 12 hours after birth. Whether you breast feed or bottle feed, it is best to hold your baby in your arms to feed it. Most babies are fed every 3 to 4 hours.

Should I Breast Feed Or Bottle Feed My Baby?

This depends on several factors—which do you prefer, does the baby’s father prefer one method over the other, does your way of living allow for breast feeding. Other things that must be considered are if you produce a good supply of milk and if your general health is good.

Whether you decide to breast feed or bottle feed your baby, you should know that both methods are good. The closeness of your body to your baby’s for warmth and secu-
rity can be given as long as you hold your baby when you feed it. “Propping” a bottle is unwise because it falls out of the baby's mouth and the baby swallows air instead of milk, or there is a chance of the baby choking.

Some things that may help you decide which method to use in feeding your baby are the following advantages and disadvantages of breast feeding:

Advantages of breast feeding:

☐ Contributes to your health in stimulating the return of your uterus to proper size and position.
☐ Mother's milk is designed for babies. It is more easily digested.
☐ Some doctors feel babies receive certain protection from disease through breast milk.
Breast fed babies have fewer allergy problems.  
Saves you formula preparation time. The only thing you need do is wash your breasts.  
Breast feeding is less expensive than bottle feeding.  
Babies are less troubled with constipation.  

Disadvantages of breast feeding:  
You must maintain a good diet to nourish the baby and protect yourself. About the only foods you should avoid are "gas forming" foods such as cabbage and beans.  
If you work outside your home, breast feeding may be difficult to maintain.  
You must do the feeding of the baby. No one can relieve you of this responsibility as when you have a bottle and someone else can feed the baby. However, a bottle can be substituted for an occasional breast feeding.

When Is The Baby Bathed?  
Hospitals may or may not bathe the baby with soap and water for the first few days. This may vary with different hospitals. When you bring your baby home, sponge bathe it until the cord falls off and is healed. Wash the baby in the diaper region with each diaper change. Use warm water and mild soap. This helps prevent diaper rash. After the cord falls off and is healed, you can give your baby a tub bath. Complete baths need not be given every day, nor does the baby's hair have to be washed daily. If the baby "spits up" and it gets in its hair, you will want to wash the head so it will not smell sour. Bath time is a good time to play with your baby and give it a chance to "exercise" by kicking and moving around without clothing. Many mothers feel babies sleep better after a bath. Bathe the baby at a convenient time for you and the family. Oils, powders and lotion are not a necessity. A baby's skin is so lovely that it doesn't need anything special. You may notice your baby's skin is dry and scaly and you may want to use a small amount of oil on it. Whether you do this or not, the scaliness usually disappears in a few weeks.

What About Circumcision?  
If your baby is a boy, the doctor may feel he should be circumcised. The circumcision is a simple operation where a
fold of skin is removed from the tip of the penis. Some doctors feel removal of this skin will help keep the penis clean and others feel that a circumcision is not necessary. If the baby is to be circumcised, it is frequently done within the first few days of life and by the time you go home with the baby it is healed and will not require any special care. If it is not completely healed, a small amount of vaseline on some gauze bandage can be put on the penis to protect the diaper from sticking.

**How Should I Take Care Of The Cord?**

The cord dries up and falls off in about a week. In the meantime, do not tub bathe your baby. A little rubbing alcohol applied to the area helps keep it clean and dries it up. If your baby should bleed or have a foul smelling discharge from the cord, report it to your doctor.

**Birth Certificate Information**

While you are in the hospital, you will be asked information for the birth certificate. If you have the baby’s name chosen by this time, it will be on the birth certificate and you will not have to be concerned about getting it on at a later date. Birth certificate information is confidential. The information is sent to the registrar of births. Each State varies in cost of birth certificates. You can always get the birth certificate from the Bureau of Vital Statistics either in your community or State capitol. Your baby will need one for school entrance and other things in life, so when you get it, keep it in a safe, secure place.

**When Does The Baby Go Back To The Doctor?**

Most babies return for their first check up at about 4 weeks of age. All babies should be under medical supervision. Your baby will need immunizations to protect it from certain communicable diseases. The doctor will examine your baby to see that it is developing normally. You will be instructed on what to feed your baby, when and how. This is a good time to ask questions which you will undoubtedly have about your baby and his care.
What Your Baby Needs Most!

LOVE! There are times when you will wish you weren’t tied down, and the crying and lack of sleep can get the better of you, and you will wonder why you ever wanted to have a baby! Babies need love as much as milk. Play with your baby, cuddle your baby; learn to enjoy your baby.

Where Else Can I Get Help?

If you need help in learning how to bathe the baby, feed the baby, or have some questions to ask, check to see if there are public health nurses in your community. You can call and ask for a public health nurse to visit you. These nurses will be happy to see you at home and help teach you baby care. The booklet on Infant Care will give you more information on care of your baby.

Infant Care