

Dr. Glenn D. Posner
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ORIGYNS
205-1355 Bank St.,
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Congratulations on your pregnancy!

What are the office hours?

The office is open for patient care Monday through Friday (except for statutory holidays) from 8:00am to 3:00pm daily.

When is Dr. Posner available?

Dr. Posner sees his obstetrical patients on Thursdays. Occasionally, this day may change due to schedules at the Ottawa Hospital.

How often will I see Dr. Posner, and what will happen at these visits?

Visits are usually every 4 weeks until you are 28 weeks pregnant. From 28 to 36 weeks you will be seen every 2 weeks. From 36 weeks on and until you deliver your baby, you will be seen every week. You will see both the nurse and Dr. Posner at every visit.

After your visit with Dr. Posner, please remember to make your next appointment before leaving the office.

The following are tests that will be offered to you during your pregnancy:

- If your last menstrual period is unknown, a dating ultrasound will be arranged during your first 12 weeks.
- At 12 to 14 weeks you will be offered eFTS. This test is an early screening for some genetic/chromosomal disorders.
- At 18-20 weeks a routine ultrasound is ordered to check your babies' growth and development.
- Between 25 to 28 weeks a GCT test will be ordered to check your blood sugar. This is a one hour test. Fasting is **not** required.
- At 28 weeks, **if** you have an "Rh Negative" blood type, you will receive an injection (WinRho) to prevent you from forming antibodies to your baby.
- Between 27 and 32 weeks, you will be offered a pertussis vaccine to help protect your baby when born from whooping cough.
- At 36 weeks you will do a vaginal swab for Group B Streptococcus (GBS). The nurse will explain to you how to do this.
- At 38 to 40 weeks, the doctor will offer a pelvic exam to check the status of your cervix.
- If you have not delivered your baby by 41 weeks and 3 days (10 days past your due date), you will be offered an Induction of Labour.

In case of an emergency, who do I call?

If you are pregnant and **over 20 weeks pregnant** and think you have a problem concerning your pregnancy such as

- 1) Reduction of fetal movements (less than 10/day after 24 weeks)
- 2) Sudden gush of fluids
- 3) Cramps, contractions, backache and pressure in the pelvis
- 4) Bleeding and/or sudden severe pain
- 5) Severe headache or flashes of light, nausea, and abdominal pain
- 6) Fever and severe vomiting or any other serious health problem

Please contact Dr. Posner's office at 613-721-2907 or call 613-737-8012 and/or go to The Ottawa Hospital, General Campus, and go directly to the 8th floor. This is the Obstetrical Unit. You will be seen in Triage. If you are under 20 weeks gestation and require urgent medical attention, go to the closest emergency room.

Where will I deliver my baby?

Dr. Posner's privileges are at The Ottawa Hospital, General Campus.

Who will deliver my baby?

Dr. Posner undertakes all his deliveries at The Ottawa Hospital (General Campus) where he shares his on call schedule with a group of 12 other obstetricians. If he is not on duty the day you present to the hospital in labour, the obstetrician who is on duty will deliver your baby.

For your Information: The following medications are considered safe during pregnancy

For headaches: Tylenol

For cough and cold: Robitussin DM

For sore throat: Tylenol and Bradosol lozenges

For constipation: Colace or fiber supplements such as Metamucil

For hemorrhoids: Proctosedyl or Anusol ointments

For allergies: Benadryl

For heartburn: Tums or Gaviscon

If you are in doubt please feel free to contact the office before taking any medication. You can also consult MOTHERRISK tel: 1-416-813-6780 or visit their website: <http://motherrisk.org>.

Non-Insured Services

The Ministry of Health will no longer insure certain services under the Ontario Health Insurance Plan. These include services such as completion of letters or forms for insurance benefits, notes for medical leave or return to work certificates, compilation of charts for legal proceedings, etc.

These services, if required will be billed to you at current Ontario Medical Association rates. Please speak to Dr. Posner's administrative assistant concerning these fees.

We require 24 hours notice for cancellation of an appointment.

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Pre-Admission Instructions for The Ottawa Hospital, General Campus

Congratulations on your pregnancy!

The Ottawa Hospital requests that you pre-register at the General Campus for the birth of your baby preferably after the 32nd week of your pregnancy. Please call the Admitting Department of the Ottawa Hospital, General Campus Monday to Friday between the hours of 0800 and 1600 at 613-737-8200. Please have available the following information:

- Your Name, Address and your own date of birth
- Name of your obstetrician (Dr. Glenn Posner) and the name of your family Doctor if you have one.
- Next of Kin information
- Health Card number and any supplementary insurance for private or Semi-private accommodation

You can then complete the rest of the registration when you are admitted to hospital.

Dr. Glenn D. Posner

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Supply Suggestions for your Labour

- Footwear (eg. Slippers, slip on shoes, flipflops for the shower)
- Bathrobe, warm socks, extra underwear, comfortable clothes for your hospital stay and for going home
- Hair elastics and hair brush
- Heavy flow Sanitary Pads
- Personal Toiletries (toothbrush, toothpaste, mouthwash, soap, shampoo, hand lotion)
- Extra pillows (for Mom and support person)
- Relaxing music source with headphones
- Reading material or something to keep you occupied(cards, small games, sudoku)
You may also bring a computer tablet or smart phone
- Camera, Video camera
- Snacks! (no peanut or nut products)

Baby Items

- Undershirts
- Socks or pair of booties
- Soft hat
- 1 receiving blanket
- 1 heavier blanket
- Sleepers
- If you are not breastfeeding, your formula of choice(optional)
- Outerwear
- Car seat!



Can I travel while I'm pregnant? Are there any special things I should do? Are some ways of travel better than others? Is timing important? Are seat belts safe during pregnancy?

The answers to these questions depend on whether your pregnancy is high risk (with problems needing special care), how far along you are in your pregnancy, and your comfort. Most women can travel safely until close to their due date. You just need to follow a few simple guidelines. Of course, it's always best to discuss your plans with your doctor. This pamphlet provides tips for safe and pleasant travel while you are pregnant.

When to Travel

Most pregnant women travel in the greatest comfort during the second trimester (14-28 weeks of pregnancy). By this time your body has adjusted to pregnancy. You may be feeling less tired. Morning sickness often is no longer a problem. The number of problems you are having is at its lowest. Toward the end of your pregnancy, it may be harder for you to move around and sit for a long time.

The best thing to do is follow your body's signals. How you feel is one of the best guides to your well-being and safety. This is true on the road and at home.

Travel during pregnancy is safe in most cases. It is not advised, though, for women who have health problems that need special medical care. If you are unsure if travel is safe for you, ask your doctor.

Getting There

When choosing how to travel, think about how long the trip will take. The quickest way may be the best. You may choose a car, bus, train, plane, or ship. Motorcycles are not advised. No matter how you travel, take extra steps to ensure your comfort and safety. Here are some hints that apply to any type you choose:

- Walk around often—every hour or so. This will keep swelling down and help make you more comfortable.
- Wear comfortable shoes, support stockings, and clothing that doesn't bind. Choose natural fabrics like cotton or wool that absorb sweat.
- Take some crackers, juice, or other light snacks to prevent nausea.
- Do not take any medication not prescribed to you before checking with your doctor. This includes prescription and over-the-counter drugs, such as motion-sickness pills and laxatives.

You may want to have a checkup before you leave. If you plan to be away for more than a few weeks, ask your doctor for the name of a doctor in the area where you will be staying in case of an emergency. Take a copy of your medical record with you if you are going far from home.

If you plan to travel late in your pregnancy, check with your doctor. Going into labor away from home can pose problems.

Keep your travel plans as easy to change as you can. Problems can come up before you

Travel can disrupt your daily routine. If you follow a sensible routine and stay alert to your body's signals, problems should be few. You should:

- Sleep on a firm mattress. Sit in chairs with strong back support, and stretch your back muscles from time to time.
- Eat three balanced meals a day. You'll have more energy and feel better.
- Add fiber to your diet to ease constipation. This can be a problem during pregnancy, and even more so during travel.
- Try to get more sleep, and rest often so you won't feel tired and fussy. Allow for extra rest after long flights to get over jet lag.

Foreign Travel

If you are thinking about a trip out of the country, discuss your plans with your doctor. This will help you decide if foreign travel would be safe for you. The doctor can also advise you on steps you should take in advance. Plan ahead to allow time for any shots you may need. Be prepared to take a copy of your medical record with you.

The Centers for Disease Control and Prevention (CDC) has an International Travelers Hotline on disease and world travel. The number is (888) 232-3228. Facts on world travel and disease are on the CDC web site (www.cdc.gov). There may be other foreign medical travel services near you that can help you prepare for your medical needs during a trip.

Here are some points to think about:

Unsafe Food and Water. Travel in other countries brings you in contact with diseases that are not common in the United States. Natives of a country are used to the organisms found in the food and water, but the same organisms can make a visitor ill. This is true of travel to cities or rural areas.

Traveler's diarrhea may be a minor nuisance to someone who is not pregnant. It is a greater concern for pregnant women, though. Talk with your doctor about using medication to prevent diarrhea. The best way for you to avoid getting diarrhea is to avoid unsafe food and water. Be sure to:

- Drink only pure bottled water, bottled or canned soft drinks, hot tea, or broth. Iodine used to purify water may not be safe for pregnant women.
- Don't use ice in your drinks and don't use glasses that could have been washed in impure water. Drink out of the bottle or use paper cups.
- Avoid fresh fruits and vegetables unless they have been cooked or can be peeled.
- Stay away from raw or lightly cooked meat. It can contain organisms that cause toxoplasmosis. This disease may injure the fetus.
- Make sure the milk you drink has been pasteurized.

If you do get diarrhea, drink plenty of fluids. Do not take any medication without checking with a doctor first. A doctor can arrange for medication that is safe for use during pregnancy.

Malaria. Malaria is a tropical infection passed on by mosquito bites. It produces anemia and flu-like symptoms. It can result in miscarriage, stillbirth, small babies, and other problems. To avoid mosquito bites in areas where malaria may be a problem, wear long-sleeved clothing and use mosquito netting and bug sprays or lotion.

No drug fully protects you from getting malaria. A drug called chloroquine can help prevent and treat malaria, though. It is safe for use during pregnancy. You must start taking it before

leave that could cause you to cancel your trip.

By Land

A car can be a good way to travel, especially if you are not going far. Make each day's drive short enough to be fun. Ten hours on the road is tiring even when you aren't pregnant. No more than 5 or 6 hours of driving each day is a good target.

Always wear a seat belt. Some women worry that a seat belt will hurt the fetus if the car stops quickly or if there is an impact. Unless the mother has a serious injury, the fetus is not likely to be harmed. The fetus is cushioned in a fluid-filled sac inside the uterus, which is protected by muscles, organs, and bones. If you are in an accident, though, you should see your doctor to make sure that you and your fetus are okay.

If your car has an air bag, you should still wear your seat belt. If the air bag does open, the gas in the bag is harmless.

You may choose to travel by bus or train. Buses have narrow aisles and small bathrooms. Trains have more space for walking around. They are wobbly, though, so balance might be a problem. Bumpy rides do not induce labor.

By Air

As a rule, flying is safe during pregnancy. Most airlines in the United States allow pregnant women to fly up to 36 weeks of pregnancy. Metal detectors used for airport security checks are not harmful to the fetus. Here are some tips for a comfortable flight:

- Try to get an aisle seat so that you can walk around and get to the bathroom easily. The front of the plane often has a smoother ride. A seat just behind the wall that divides first class and coach has extra leg room.
- The cabin can be both hot and cold even on a short flight. Wear a few layers of light clothing that will allow you to bundle up or remove a layer or two.
- Eat lightly to avoid being sick. On many flights you can get special meals if you order in advance. Because the air in the cabins is dry, drink plenty of fluids.

By Sea

Ship cruises can be a relaxing way to travel. Sea travel may upset your stomach, though. If you've never been on a ship before, this is not a good time to try it. If you think your stomach can stand the ship's motion, check on cruise rules for pregnant women. Your doctor can tell you about medication you can take if you get seasick. Also find out what to do about medical care while the cruise is on the open sea.

Feeling Your Best

Walking is one of the best ways for pregnant women to keep fit. Sightseeing often involves an ample amount of walking. Walk as much as you wish until you tire. Swelling, often a problem, can be reduced by walking. Other ways to control swelling are to put your feet up and avoid salty foods.

How to Wear Your Seat Belt

For safety, wear a lap-shoulder belt every time you travel in a car during your pregnancy. If only a lap belt is available, use it.

Place the lap belt under your abdomen and across your upper thighs so that it fits as snugly and comfortably as possible. Put the shoulder belt between your breasts and across your shoulder. Adjust your seat so that the belt doesn't rub your neck.

Never slip the shoulder belt off your shoulder. Seat belts worn too loosely or too high on the abdomen can cause broken ribs or injure your abdomen.

For safety, wear a lap-shoulder belt every time you travel in a car during your pregnancy.



Exercise During Pregnancy

- Is it safe to exercise during pregnancy?
- Are there certain conditions that make exercise during pregnancy unsafe?
- What are the benefits of exercise during pregnancy?
- How much should I exercise during pregnancy?
- What changes occur in the body during pregnancy that can affect my exercise routine?
- What precautions should I take when exercising during pregnancy?
- What are some safe exercises I can do during pregnancy?
- What exercises should I avoid during pregnancy?
- What are warning signs that I should stop exercising?
- Why is it important to keep exercising after my baby is born?
- Glossary

Is it safe to exercise during pregnancy?

If you are healthy and your pregnancy is normal, it is safe to continue or start most types of exercise, but you may need to make a few changes. Physical activity does not increase your risk of miscarriage, low birth weight, or early delivery. However, it is important to discuss exercise with your obstetrician or other member of your health care team during your early prenatal visits. If your health care professional gives you the OK to exercise, you can decide together on an exercise routine that fits your needs and is safe during pregnancy.

Are there certain conditions that make exercise during pregnancy unsafe?

Women with the following conditions or pregnancy **complications** should not exercise during pregnancy:

- Certain types of heart and lung diseases
- **Cervical insufficiency** or **cerclage**
- Being pregnant with twins or triplets (or more) with risk factors for **preterm** labor
- **Placenta previa** after 26 weeks of pregnancy
- Preterm labor or ruptured membranes (your water has broken) during this pregnancy
- **Preeclampsia** or pregnancy-induced high blood pressure
- Severe **anemia**

What are the benefits of exercise during pregnancy?

Regular exercise during pregnancy benefits you and your baby in these key ways:

- Reduces back pain
- Eases constipation
- May decrease your risk of **gestational diabetes**, preeclampsia, and **cesarean delivery**
- Promotes healthy weight gain during pregnancy

How much should I exercise during pregnancy?

The Centers for Disease Control and Prevention recommend that pregnant women get at least 150 minutes of moderate-intensity aerobic activity every week. An aerobic activity is one in which you move large muscles of the body (like those in the legs and arms) in a rhythmic way. Moderate intensity means you are moving enough to raise your heart rate and start sweating. You still can talk normally, but you cannot sing.

Examples of moderate-intensity aerobic activity include brisk walking and general gardening (raking, weeding, or digging). You can divide the 150 minutes into 30-minute workouts on 5 days of the week or into smaller 10-minute workouts throughout each day.

If you are new to exercise, start out slowly and gradually increase your activity. Begin with as little as 5 minutes a day. Add 5 minutes each week until you can stay active for 30 minutes a day.

If you were very active before pregnancy, you can keep doing the same workouts with your health care professional's approval. However, if you start to lose weight, you may need to increase the number of calories that you eat.

What changes occur in the body during pregnancy that can affect my exercise routine?

Your body goes through many changes during pregnancy. It is important to choose exercises that take these changes into account:

- **Joints**—The *hormones* made during pregnancy cause the ligaments that support your joints to become relaxed. This makes the joints more mobile and at risk of injury. Avoid jerky, bouncy, or high-impact motions that can increase your risk of being hurt.
- **Balance**—During pregnancy, the extra weight in the front of your body shifts your center of gravity. This places stress on joints and muscles, especially those in your pelvis and low back. Because you are less stable and more likely to lose your balance, you are at greater risk of falling.
- **Breathing**—When you exercise, *oxygen* and blood flow are directed to your muscles and away from other areas of your body. While you are pregnant, your need for oxygen increases. As your belly grows, you may become short of breath more easily because of increased pressure of the *uterus* on the diaphragm (a muscle that aids in breathing). These changes may affect your ability to do strenuous exercise, especially if you are overweight or obese.

What precautions should I take when exercising during pregnancy?

There are a few precautions that pregnant women should keep in mind during exercise:

- Drink plenty of water before, during, and after your workout. Signs of *dehydration* include dizziness, a racing or pounding heart, and urinating only small amounts or having urine that is dark yellow.
- Wear a sports bra that gives lots of support to help protect your breasts. Later in pregnancy, a belly support belt may reduce discomfort while walking or running.
- Avoid becoming overheated, especially in the first trimester. Drink plenty of water, wear loose-fitting clothing, and exercise in a temperature-controlled room. Do not exercise outside when it is very hot or humid.
- Avoid standing still or lying flat on your back as much as possible. When you lie on your back, your uterus presses on a large vein that returns blood to the heart. Standing motionless can cause blood to pool in your legs and feet. Both of these positions can decrease the amount of blood returning to your heart and may cause your blood pressure to decrease for a short time.

What are some safe exercises I can do during pregnancy?

Whether you are new to exercise or it already is part of your weekly routine, choose activities that experts agree are safest for pregnant women:

- **Walking**—Brisk walking gives a total body workout and is easy on the joints and muscles.
- **Swimming and water workouts**—Water workouts use many of the body's muscles. The water supports your weight so you avoid injury and muscle strain. If you find brisk walking difficult because of low back pain, water exercise is a good way to stay active.
- **Stationary bicycling**—Because your growing belly can affect your balance and make you more prone to falls, riding a standard bicycle during pregnancy can be risky. Cycling on a stationary bike is a better choice.
- **Modified yoga and modified Pilates**—Yoga reduces stress, improves flexibility, and encourages stretching and focused breathing. There are even prenatal yoga and Pilates classes designed for pregnant women. These classes often teach modified poses that accommodate a pregnant woman's shifting balance. You also should avoid poses that require you to be still or lie on your back for long periods.

If you are an experienced runner, jogger, or racquet-sports player, you may be able to keep doing these activities during pregnancy. Discuss these activities with your health care professional.

What exercises should I avoid during pregnancy?

While pregnant, avoid activities that put you at increased risk of injury, such as the following:

- Contact sports and sports that put you at risk of getting hit in the abdomen, including ice hockey, boxing, soccer, and basketball
- Skydiving
- Activities that may result in a fall, such as downhill snow skiing, water skiing, surfing, off-road cycling, gymnastics, and horseback riding
- "Hot yoga" or "hot Pilates," which may cause you to become overheated
- Scuba diving
- Activities performed above 6,000 feet (if you do not already live at a high altitude)

What are warning signs that I should stop exercising?

Stop exercising and call your obstetrician or other member of your health care team if you have any of these signs or symptoms:

- Bleeding from the vagina
- Feeling dizzy or faint
- Shortness of breath before starting exercise
- Chest pain
- Headaches
- Muscle weakness
- Calf pain or swelling
- Regular, painful contractions of the uterus
- Fluid leaking from the vagina

Why is it important to keep exercising after my baby is born?

Exercising after your baby is born may help improve mood and decreases the risk of **deep vein thrombosis**, a condition that can occur more frequently in women in the weeks after childbirth. In addition to these health benefits, exercise after pregnancy can help you lose the extra pounds that you may have gained during pregnancy.

Glossary

Anemia: Abnormally low levels of blood or red blood cells in the bloodstream. Most cases are caused by iron deficiency or lack of iron.

Cerclage: A procedure in which the cervical opening is closed with stitches in order to prevent or delay preterm birth.

Cervical Insufficiency: Inability of the cervix to retain a pregnancy in the second trimester.

Cesarean Delivery: Delivery of a baby through surgical incisions made in the mother's abdomen and uterus.

Complications: Diseases or conditions that occur as a result of another disease or condition. An example is pneumonia that occurs as a result of the flu. A complication also can occur as a result of a condition, such as pregnancy. An example of a pregnancy complication is preterm labor.

Deep Vein Thrombosis: A condition in which a blood clot forms in a vein in the leg or other area of the body.

Dehydration: A condition that results from loss of water from the body.

Gestational Diabetes: Diabetes that arises during pregnancy.

Hormones: Substances made in the body by cells or organs that control the function of other cells or organs. An example is estrogen, which controls the function of female reproductive organs.

Oxygen: A gas that is necessary to sustain life.

Placenta Previa: A condition in which the placenta lies very low in the uterus, so that the opening of the uterus is partially or completely covered.

Preeclampsia: A disorder that can occur during pregnancy or after childbirth in which there is high blood pressure and other signs of organ injury, such as an abnormal amount of protein in the urine, a low number of platelets, abnormal kidney or liver function, pain over the upper abdomen, fluid in the lungs, or a severe headache or changes in vision.

Preterm: Born before 37 completed weeks of pregnancy.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

FAQ118: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not indicate an exclusive manner of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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Prenatal Development: How Your Baby Grows During Pregnancy

- How does pregnancy begin?
- What is the placenta?
- How will my uterus change during pregnancy?
- How long does pregnancy last?
- How is the length of my pregnancy measured?
- What is an estimated due date (EDD)?
- How is my EDD calculated?
- What happens during weeks 1–4 of pregnancy?
- What happens during weeks 5–8 of pregnancy?
- What happens during weeks 9–12 of pregnancy?
- What happens during weeks 13–16 of pregnancy?
- What happens during weeks 17–20 of pregnancy?
- What happens during weeks 21–24 of pregnancy?
- What happens during weeks 25–28 of pregnancy?
- What happens during weeks 29–32 of pregnancy?
- What happens during weeks 33–36 of pregnancy?
- What happens during weeks 37–40 of pregnancy?
- Glossary

How does pregnancy begin?

Fertilization, the union of an **egg** and a **sperm** into a single **cell**, is the first step in a complex series of events that leads to pregnancy. Fertilization takes place in the **fallopian tube**. Over the next few days, the single cell divides into multiple cells. At the same time, the small cluster of dividing cells moves through the fallopian tube to the lining of the **uterus**. There it implants and starts to grow. From implantation until the end of the eighth week of pregnancy, the **baby** is called an **embryo**. From the ninth week of pregnancy until birth, it is called a **fetus**.

What is the placenta?

The **placenta** is formed from some of these rapidly dividing cells. The placenta functions as a life-support system during pregnancy. **Oxygen**, nutrients, and **hormones** from the mother are transferred across the placenta to reach the baby, and waste products from the baby are transferred to the mother for removal.

How will my uterus change during pregnancy?

During pregnancy, the lining of your uterus thickens and its blood vessels enlarge to provide nourishment to the fetus. As pregnancy progresses, your uterus expands to make room for the growing baby. By the time your baby is born, your uterus will have expanded to many times its normal size.

A normal pregnancy lasts about 40 weeks from the first day of your last menstrual period (LMP). Pregnancy is assumed to start 2 weeks after the first day of the LMP. Therefore, an extra 2 weeks is counted at the beginning of your pregnancy when you are not actually pregnant. Pregnancy "officially" lasts 10 months (40 weeks)—not 9 months—because of these extra weeks.

How is the length of my pregnancy measured?

Pregnancy can be divided into weeks and sometimes days. A pregnancy that is "36 and 3/7 weeks" means "36 weeks and 3 days of pregnancy." The 40 weeks of pregnancy often are grouped into three *trimesters*. Each trimester lasts about 12–13 weeks (or about 3 months):

- First trimester: 0 weeks–13 and 6/7 weeks (Months 1–3)
- Second trimester: 14 and 0/7 weeks–27 and 6/7 weeks (Months 4–7)
- Third trimester: 28 and 0/7 weeks–40 and 6/7 weeks (Months 7–9)

What is the estimated due date (EDD)?

The day your baby is due is called the estimated due date (EDD). Only about 1 in 20 women give birth on their exact due dates. Still, the EDD is useful for a number of reasons. It determines your baby's *gestational age* throughout pregnancy so that the baby's growth can be tracked. It also provides a timeline for certain tests that you will have throughout your pregnancy.

How is my EDD calculated?

Your EDD is calculated from the first day of your LMP. But when the date of the LMP is uncertain, an *ultrasound exam* may be done during the first trimester to estimate the due date. If you have had *in vitro fertilization*, the EDD is set by the age of the embryo and the date that the embryo is transferred to the uterus.

What happens during weeks 1–4 of pregnancy?

- The dividing fertilized egg moves down the fallopian tube toward the uterus.
- At about 5 days after fertilization, the cluster of dividing cells enters the uterus.
- At about 8–9 days after fertilization, the cluster of cells (now called a blastocyst) attaches to the lining of the uterus.

What happens during weeks 5–8 of pregnancy?

- The placenta begins to form.
- The brain and spinal cord begin to form.
- The tissues that will form the heart begin to beat. The heartbeat can be detected during an ultrasound exam at about 6 weeks of pregnancy.
- Buds for limbs appear with paddle-like hands and feet.
- The eyes, ears, and nose begin to develop. Eyelids form, but remain closed.
- The genitals begin to develop.
- By the end of the eighth week, all major organs and body systems have begun to develop.

What happens during weeks 9–12 of pregnancy?

- Buds for future teeth appear.
- Fingers and toes start to form. Soft nails begin to form.
- Bones and muscles begin to grow.
- The intestines begin to form.
- The backbone is soft and can flex.
- The skin is thin and transparent.
- The hands are more developed than the feet.
- The arms are longer than the legs.

What happens during weeks 13–16 of pregnancy?

- Eyebrows, eyelashes, and fingernails form.
- Arms and legs can flex.
- External sex organs are formed.
- The placenta is fully formed.

- The outer ear begins to develop.
- The fetus can swallow and hear.
- The neck is formed.
- Kidneys are functioning and begin to produce urine.
- In male fetuses, the testicles begin to descend from the abdomen.
- Genitals become either male or female at week 14.

What happens during weeks 17–20 of pregnancy?

- The sucking reflex develops. If the hand floats to the mouth, the fetus may suck his or her thumb.
- The skin is wrinkled, and the body is covered with a waxy coating (vernix) and fine hair (lanugo).
- The fetus is more active. You may be able to feel him or her move.
- The fetus sleeps and wakes regularly.
- Nails grow to the tips of the fingers.
- The gallbladder begins producing bile, which is needed to digest nutrients.
- In female fetuses, the eggs have formed in the ovaries.
- It may be possible to tell the sex of the baby on an ultrasound exam.

What happens during weeks 21–24 of pregnancy?

- Real hair begins to grow.
- The brain is rapidly developing.
- The eyes begin to open.
- Finger and toe prints can be seen.
- The lungs are fully formed but not yet functioning.

What happens during weeks 25–28 of pregnancy?

- The eyes can open and close and sense changes in light.
- Lanugo begins to disappear.
- The fetus kicks and stretches.
- The fetus can make grasping motions and responds to sound.
- Lung cells begin to make **surfactant**.

What happens during weeks 29–32 of pregnancy?

- With its major development finished, the fetus gains weight very quickly.
- Bones harden, but the skull remains soft and flexible for delivery.
- The different regions of the brain are forming.
- Taste buds develop, and the fetus can taste sweet and sour.
- The fetus may now hiccup.

What happens during weeks 33–36 of pregnancy?

- The fetus usually stays in a head-down position in preparation for birth.
- The brain continues to develop.
- The skin is less wrinkled.
- The lungs are maturing and getting ready to function outside the uterus.
- Sleeping patterns develop.

What happens during weeks 37–40 of pregnancy?

- The fetus drops lower into the pelvis.
- More fat accumulates, especially around the elbows, knees, and shoulders.
- The fetus gains about 1/2 pound per week during this last month of pregnancy.

Cell: The smallest unit of a structure in the body; the building blocks for all parts of the body.

Egg: The female reproductive cell produced in and released from the ovaries; also called the ovum.

Embryo: The developing organism from the time it implants in the uterus up to 8 completed weeks of pregnancy.

Fallopian Tube: One of a pair of tubes through which an egg travels from the ovary to the uterus.

Fertilization: Joining of the egg and sperm.

Fetus: The developing organism in the uterus from the ninth week of pregnancy until the end of pregnancy.

Gestational Age: The age of a pregnancy calculated from the number of weeks that have elapsed from the first day of the last normal menstrual period.

Hormones: Substances made in the body by cells or organs that control the function of cells or organs. An example is estrogen, which controls the function of female reproductive organs.

In Vitro Fertilization: A procedure in which an egg is removed from a woman's ovary, fertilized in a laboratory with the man's sperm, and then transferred to the woman's uterus to achieve a pregnancy.

Oxygen: A gas that is necessary to sustain life.

Placenta: Tissue that provides nourishment to and takes away waste from the fetus.

Sperm: A cell produced in the male testes that can fertilize a female egg.

Surfactant: A substance produced by cells in the respiratory system that contributes to the elasticity of the lungs and keeps them from collapsing.

Trimesters: The three 3-month periods into which pregnancy is divided.

Ultrasound Exam: A test in which sound waves are used to examine internal structures. During pregnancy, it can be used to examine the fetus.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

If you have further questions, contact your obstetrician–gynecologist.

FAQ156: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

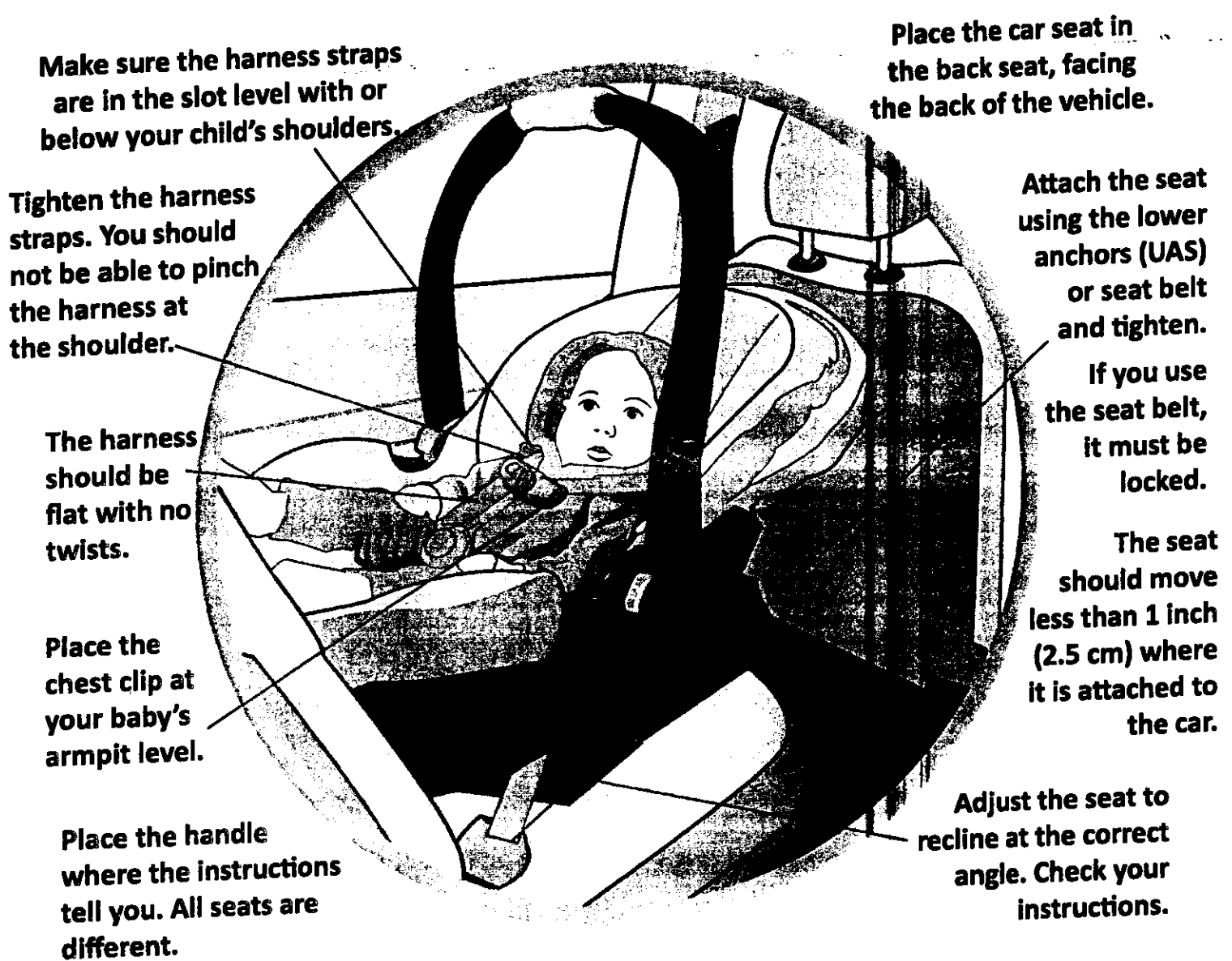
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Infant seat

How to keep your child safe in the car

A rear-facing seat gives the best protection for your baby's head, neck and spine in a sudden stop or crash. You can use either a rear-facing only seat or a larger, rear-facing convertible seat as long as your baby fits correctly.

How to use your child's infant car seat



Read your vehicle manual and follow the instructions for your seat.

Infant seat

How to keep your child safe in the car

Helpful tips for using your infant seat

- Install the seat at the most reclined angle allowed for your newborn. Check your instructions.
- Do not use items that did not come with your seat.
- Dress your baby in light layers and add blankets over top once he or she is safely buckled. Bulky coats and bunting bags are not safe for the car seat.
- Take your baby out of the car seat when you arrive. A car seat is not a safe place for your baby to sleep.
- Make sure your seat is safe to use. You can find a checklist, videos and other resources on our website.



When is your baby ready for the next seat?



- Check the labels on your seat to find out when your baby will reach the seat's height or weight limits.
- Once your child has outgrown the infant seat, use a larger, rear-facing seat.
- Keep your child rear facing for as long as he or she still fits the larger, rear-facing seat.

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FREQUENTLY ASKED QUESTIONS
FAQ001
PREGNANCY



Nutrition During Pregnancy

- How can I plan healthy meals during pregnancy?
- How does MyPlate work?
- What are the five food groups?
- Are oils and fats part of healthy eating?
- Why are vitamins and minerals important in my diet?
- How can I get the extra amounts of vitamins and minerals I need during pregnancy?
- What is folic acid and how much do I need daily?
- Why is iron important during pregnancy and how much do I need daily?
- Why is calcium important during pregnancy and how much do I need daily?
- Why is vitamin D important during pregnancy and how much do I need daily?
- How much weight should I gain during pregnancy?
- Can being overweight or obese affect my pregnancy?
- Can caffeine in my diet affect my pregnancy?
- What are the benefits of including fish and shellfish in my diet during pregnancy?
- What should I know about eating fish during pregnancy?
- How can food poisoning affect my pregnancy?
- What is listeriosis and how can it affect my pregnancy?
- Glossary

How can I plan healthy meals during pregnancy?

Planning healthy meals during pregnancy is not hard. The United States Department of Agriculture has made it easier by creating www.choosemyplate.gov. This web site helps everyone from dieters and children to pregnant women learn how to make healthy food choices at each mealtime.

How does MyPlate work?

With MyPlate, you can get a personalized nutrition and physical activity plan by using the "SuperTracker" program. This program is based on five food groups and shows you the amounts that you need to eat each day from each group during each trimester of pregnancy. The amounts are calculated according to your height, prepregnancy weight, due date, and how much you exercise during the week. The amounts of food are given in standard sizes that most people are familiar with, such as cups and ounces.

What are the five food groups?

1. Grains—Bread, pasta, oatmeal, cereal, and tortillas are all grains.
2. Fruits—Fruits can be fresh, canned, frozen, or dried. Juice that is 100% fruit juice also counts.
3. Vegetables—Vegetables can be raw or cooked, frozen, canned, dried, or 100% vegetable juice.
4. Protein foods—Protein foods include meat, poultry, seafood, beans and peas, eggs, processed soy products, nuts, and seeds.
5. Dairy—Milk and products made from milk, such as cheese, yogurt, and ice cream, make up the dairy group.

Are oils and fats part of healthy eating?

Although they are not a food group, oils and fats do give you important *nutrients*. During pregnancy, the fats that you eat provide energy and help build many fetal organs and the placenta. Most of the fats and oils in your diet should come from plant sources. Limit solid fats, such as those from animal sources. Solid fats also can be found in processed foods.

Why are vitamins and minerals important in my diet?

Vitamins and minerals play important roles in all of your body functions. During pregnancy, you need more folic acid and iron than a woman who is not pregnant.

How can I get the extra amounts of vitamins and minerals I need during pregnancy?

Taking a prenatal vitamin supplement can ensure that you are getting these extra amounts. A well-rounded diet should supply all of the other vitamins and minerals you need during pregnancy.

What is folic acid and how much do I need daily?

Folic acid, also known as folate, is a B vitamin that is important for pregnant women. Taking 400 micrograms of folic acid daily for at least 1 month before pregnancy and 600 micrograms of folic acid daily during pregnancy may help prevent major birth defects of the baby's brain and spine called *neural tube defects*. It may be hard to get the recommended amount of folic acid from food alone. For this reason, all pregnant women and all women who may become pregnant should take a daily vitamin supplement that contains the right amount of folic acid.

Why is iron important during pregnancy and how much do I need daily?

Iron is used by your body to make a substance in red blood cells that carries oxygen to your organs and tissues. During pregnancy, you need extra iron—about double the amount that a nonpregnant woman needs. This extra iron helps your body make more blood to supply oxygen to your baby. The daily recommended dose of iron during pregnancy is 27 milligrams, which is found in most prenatal vitamin supplements. You also can eat iron-rich foods, including lean red meat, poultry, fish, dried beans and peas, iron-fortified cereals, and prune juice. Iron also can be absorbed more easily if iron-rich foods are eaten with vitamin C-rich foods, such as citrus fruits and tomatoes.

Why is calcium important during pregnancy and how much do I need daily?

Calcium is used to build your baby's bones and teeth. All women, including pregnant women, aged 19 years and older should get 1,000 milligrams of calcium daily; those aged 14–18 years should get 1,300 milligrams daily. Milk and other dairy products, such as cheese and yogurt, are the best sources of calcium. If you have trouble digesting milk products, you can get calcium from other sources, such as broccoli, dark, leafy greens, sardines, or a calcium supplement.

Why is vitamin D important during pregnancy and how much do I need daily?

Vitamin D works with calcium to help the baby's bones and teeth develop. It also is essential for healthy skin and eyesight. All women, including those who are pregnant, need 600 international units of vitamin D a day. Good sources are milk fortified with vitamin D and fatty fish such as salmon. Exposure to sunlight also converts a chemical in the skin to vitamin D.

How much weight should I gain during pregnancy?

The amount of weight gain that is recommended depends on your health and your *body mass index* before you were pregnant. If you were a normal weight before pregnancy, you should gain between 25 pounds and 35 pounds during pregnancy. If you were underweight before pregnancy, you should gain more weight than a woman who was a normal weight before pregnancy. If you were overweight or obese before pregnancy, you should gain less weight.

Can being overweight or obese affect my pregnancy?

Overweight and obese women are at an increased risk of several pregnancy problems. These problems include *gestational diabetes*, high blood pressure, *preclampsia*, *preterm* birth, and *cesarean delivery*. Babies of overweight and obese mothers also are at greater risk of certain problems, such as birth defects, *macrosomia* with possible birth injury, and childhood obesity.

Can caffeine in my diet affect my pregnancy?

Although there have been many studies on whether caffeine increases the risk of *miscarriage*, the results are unclear. Most experts state that consuming fewer than 200 milligrams of caffeine (one 12-ounce cup of coffee) a day during pregnancy is safe.

What are the benefits of including fish and shellfish in my diet during pregnancy?

Omega-3 fatty acids are a type of fat found naturally in many kinds of fish. They may be important factors in your baby's brain development both before and after birth. To get the most benefits from omega-3 fatty acids, women should eat at least two servings of fish or shellfish (about 8–12 ounces) per week and while pregnant or breastfeeding.

What should I know about eating fish during pregnancy?

Some types of fish have higher levels of a metal called mercury than others. Mercury has been linked to birth defects. To limit your exposure to mercury, follow a few simple guidelines. Choose fish and shellfish such as shrimp, salmon, catfish, and pollock. Do not eat shark, swordfish, king mackerel, or tilefish. Limit white (albacore) tuna to 6 ounces a week. You also should check advisories about fish caught in local waters.

How can food poisoning affect my pregnancy?

Food poisoning in a pregnant woman can cause serious problems for both her and her baby. Vomiting and diarrhea can cause your body to lose too much water and can disrupt your body's chemical balance. To prevent food poisoning, follow these general guidelines:

- Wash food. Rinse all raw produce thoroughly under running tap water before eating, cutting, or cooking.
- Keep your kitchen clean. Wash your hands, knives, countertops, and cutting boards after handling and preparing uncooked foods.
- Avoid all raw and undercooked seafood, eggs, and meat. Do not eat sushi made with raw fish (cooked sushi is safe). Food such as beef, pork, or poultry should be cooked to a safe internal temperature.

What is listeriosis and how can it affect my pregnancy?

Listeriosis is a type of food-borne illness caused by bacteria. Pregnant women are 13 times more likely to get listeriosis than the general population. Listeriosis can cause mild, flu-like symptoms such as fever, muscle aches, and diarrhea, but it also may not cause any symptoms. Listeriosis can lead to miscarriage, stillbirth, and premature delivery. **Antibiotics** can be given to treat the infection and to protect your unborn baby. To help prevent listeriosis, avoid eating the following foods during pregnancy:

- Unpasteurized milk and foods made with unpasteurized milk
- Hot dogs, luncheon meats, and cold cuts unless they are heated until steaming hot just before serving
- Refrigerated pate and meat spreads
- Refrigerated smoked seafood
- Raw and undercooked seafood, eggs, and meat

Glossary

Antibiotics: Drugs that treat certain types of infections.

Body Mass Index: A number calculated from height and weight that is used to determine whether a person is underweight, normal weight, overweight, or obese.

Cesarean Delivery: Delivery of a baby through surgical incisions made in the mother's abdomen and uterus.

Gestational Diabetes: Diabetes that arises during pregnancy.

Macrosomia: A condition in which a fetus grows very large.

Miscarriage: Loss of a pregnancy that occurs before 20 weeks of pregnancy.

Neural Tube Defects: Birth defects that result from incomplete development of the brain, spinal cord, or their coverings.

Nutrients: Nourishing substances supplied through food, such as vitamins and minerals.

Preeclampsia: A condition of pregnancy in which there is high blood pressure and protein in the urine.

Preterm: Born before 37 weeks of pregnancy.

Trimester: Any of the three 3-month periods into which pregnancy is divided.

If you have further questions, contact your obstetrician–gynecologist.

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