Congratulations on your pregnancy!

This is the start of an incredible journey. BirthDayNews is here to help you understand the changes you and your baby will go through during the next nine months. We want to help you feel empowered to care for your body and baby, and to ask your doctor questions along the way.

What to expect: your changing body

Every part of your body changes during pregnancy. Some changes, such as weight gain and frequent urination, are caused by your growing baby. Others are caused by changing hormone levels, especially emotional ups and downs and changes in sexual desire.

Love and emotional support are important right now. Talk to family and friends, and ask for help when you need it—even if it just means having a hand to hold in the waiting room during a checkup.

Unless your health care provider says otherwise, you can continue to have sex. Be sure to discuss how you’re feeling about sex with your partner. Some women experience an increased interest in sex; others have a reduced interest. Both are normal.

Your baby’s first few weeks

By 4 weeks, your baby’s heart, brain, lungs, and eyes are already forming. By the end of week 12, your little one is up to three inches long.

The stages of pregnancy

First trimester: conception until week 12
Second trimester: weeks 13 to 28
Third trimester: week 29 to birth (around 40 weeks)

During your pregnancy, you’ll have several prenatal doctor visits. These are typically scheduled:
- Before week 12
- Week 16
- Between weeks 24 and 28
- Week 32
- Week 36
- Week 38
- Every week after week 38
Simple dos and don’ts for a healthier baby

Do take vitamins, including folic acid.
Take a prenatal or one-a-day vitamin with folic acid every day. Folic acid, or folate, is a B vitamin that helps prevent certain kinds of birth defects that affect the brain and spinal cord.

Do get regular exercise.
Most types of exercise, including running, bicycling, and swimming, are safe as long as you listen to your body and don’t overdo it. Drink lots of water and talk with your provider if you have any concerns.

Don’t drink alcohol.
Alcohol can affect your baby’s growth, cause birth defects, and even cause you to lose your baby. If you think you have a problem with alcohol, you can call Behavioral Health Access Services at 1-888-287-2680.

Don’t smoke.
If you do, your baby smokes too. Smoking has been linked to miscarriage, stillbirth, low birth weight, and the risk of a child growing up to smoke.

Don’t use recreational drugs.
Even small amounts of drugs such as cocaine, heroin, or methamphetamine can cause severe injury or be fatal to your baby. Marijuana used by pregnant women is linked to babies with lower birth weight. Marijuana use may also affect the mental and behavioral development of the child. If you have a problem with drugs, you can call Behavioral Health Access Services at 1-888-287-2680.

Avoid hot tubs and saunas.
Sitting in a hot tub or sauna raises your body temperature. This may not be good for your baby, especially in the first trimester.

Get a flu shot.
We recommend that you get a flu shot to reduce your chances of catching the flu. The shot is safe for you and your baby.

Avoid people with viruses.
Some viruses – including chicken pox and shingles – can harm your baby. If you are exposed – call your provider.

Be safe around young children.
Always wash your hands with warm water and soap after changing a child’s diaper or wiping a child’s nose or drool. Some bacteria and viruses common in young children can cause problems for a developing baby.
How to deal with common symptoms

**Morning sickness (nausea)**
- Don't use alcohol or tobacco.
- Eat plain crackers before getting out of bed.
- Eat several small meals throughout the day.
- Drink plenty of fluids, especially if you’ve been vomiting.
- Avoid spicy, fried, greasy, or strong-smelling foods.
- Get up slowly after sitting or lying down.
- Sniff lemon wedges to hide odors.
- Turn on the exhaust fan when preparing meals.
- Try taking 25 mg of vitamin B6 three times a day.
- Don't take any medications not recommended by your doctor or midwife.

**Feeling tired**
- Take naps and go to bed early.
- Drink less fluid after 8 p.m. to avoid getting up during the night.
- Try mild exercise to boost your alertness.
- Avoid caffeine and sugar.
- Ask for help with household chores.
- Go outdoors for fresh air and daylight every day.

**Nosebleeds**
- Place a cold cloth on the bridge of your nose and lie down.
- Avoid decongestant sprays.
- Use a cool mist vaporizer if your house is dry.
- Dab petroleum jelly in your nostrils.

**Dizziness or light-headedness**
- Avoid standing or sitting for long periods of time.
- Stand up slowly.
- Eat small meals and snacks frequently.

**Breast tenderness**
- Wear a supportive bra with wide shoulder straps — the cup should cover your entire breast.
- Wear a bra at night.
- Roll your shoulders to ease sore muscles.

**Increased vaginal discharge**
- Wash as usual.
- Don't use tampons and don't douche.
- Keep underwear clean and dry.
- Wear panty liners.

**Call us if you have any of these symptoms**

Call your health care provider or, after regular office hours, call the Consulting Nurse Service at 1-800-297-6877.
- Bleeding from your vagina.
- Sudden gush or leaking of fluid from your vagina.
- Puffiness in your hands and face.
- Severe, constant headaches.
- Blurred vision or seeing spots.
- Dizziness.
- Pain in your belly or severe cramping.
- Persistent nausea or vomiting.
- Painful or burning urination.
- Itchy or irritating vaginal discharge that is yellow, greenish, or thick like cottage cheese.
- Sores or blisters in the vaginal area.
- Fever of 100.4°F or higher.
- You feel strongly that something is wrong.

How can we help?

We want you to have a safe and supportive environment throughout your pregnancy, labor, and delivery. We respect your beliefs, culture, and family, and want to help you feel as comfortable as possible.

Taking a childbirth class will help you learn about your and your baby’s changing bodies, and touring your hospital or birth center will help you get to know where you’ll be giving birth.

If you can’t take a class, we can recommend library books and videos. Pregnancy guides are available in Chinese, Spanish, Russian, Vietnamese, Somali, and Korean. Just ask us, and we will mail one to your home.

And if you have any questions or concerns, always ask your provider. We are here for you, every step of the way.
Routine tests for most pregnancies

<table>
<thead>
<tr>
<th>TEST</th>
<th>CHECKS FOR</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete blood count</td>
<td>Anemia (low iron in blood)</td>
<td>Severe anemia may cause low birth weight and other conditions.</td>
</tr>
<tr>
<td>Blood type, Rh status, antibodies</td>
<td>Your blood type, Rh status, blood group antibodies</td>
<td>If you have Rh-negative blood and become pregnant with a baby that has Rh-positive blood, your body may have an immune reaction and produce Rh antibodies. Your health care provider can give you information about testing and treatment for this condition.</td>
</tr>
<tr>
<td>Hepatitis antigen</td>
<td>Hepatitis B</td>
<td>If you have hepatitis B, your baby must be treated at birth and will need a hepatitis B vaccine twice more before six months of age.</td>
</tr>
<tr>
<td>Serology</td>
<td>Syphilis, a sexually transmitted disease</td>
<td>Syphilis can be treated to prevent possible complications for your baby.</td>
</tr>
<tr>
<td>Rubella antibody</td>
<td>Immunity to German measles</td>
<td>German measles contracted during pregnancy can cause some birth defects.</td>
</tr>
<tr>
<td>Urine</td>
<td>Infections and kidney disease</td>
<td>It’s possible to have a healthy baby even if you have HIV; your doctor will discuss the options.</td>
</tr>
</tbody>
</table>

**OTHER COMMON TESTS**

<table>
<thead>
<tr>
<th>TEST</th>
<th>CHECKS FOR</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chickenpox antibody</td>
<td>Immunity to chickenpox</td>
<td></td>
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<tr>
<td>Sickle cell trait</td>
<td>Sickle cell anemia</td>
<td></td>
</tr>
<tr>
<td>Blood sugar</td>
<td>Diabetes</td>
<td></td>
</tr>
<tr>
<td>Ultrasound</td>
<td>Baby’s growth, position, and more</td>
<td>Ultrasounds are common early in pregnancy to check on a baby’s development. At 20 weeks, an ultrasound checks that all organs are growing well, and to check for problems in development, including heart defect, spina bifida, kidney issues, or cleft lip. The photo that results from this exam is called a sonogram.</td>
</tr>
</tbody>
</table>
Special screening tests

<table>
<thead>
<tr>
<th>TEST</th>
<th>WHAT IT MEANS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nuchal translucency (NT) ultrasound</td>
<td>This screening test may be done at 11 to 14 weeks of pregnancy. An NT ultrasound measures the thickness of the fluid at the base of the baby's neck to check for chromosomal problems and other conditions.</td>
</tr>
<tr>
<td>Combined screen</td>
<td>This screening test may be done at 11 to 14 weeks of pregnancy, and includes results from an NT ultrasound along with a blood test. The blood test examines hormone levels and tells you the chance that your baby has Down syndrome or trisomy 18, a developmental condition that may be life-threatening to your baby.</td>
</tr>
<tr>
<td>Integrated and sequential screen</td>
<td>Each of these screening tests has two parts that include a blood test and a special ultrasound test called an NT ultrasound. The first part is a blood test and NT ultrasound done at 11 to 14 weeks. The second part includes a blood test done at 15 to 22 weeks. The complete screening test uses the results of both blood tests and the ultrasound to tell you the chance that your baby has Down syndrome, trisomy 18, or spina bifida, in which there is incomplete closing of the baby's backbone.</td>
</tr>
<tr>
<td>Cell-free DNA test</td>
<td>This screening test is done only on high-risk women, who will be 35 years or older at the time of delivery, have already had a child with a chromosomal problem, or had another type of screening test with abnormal results. The test, done at 10 to 22 weeks, is the most accurate blood screen to detect Down syndrome and other chromosome problems. It can also tell the sex of your baby and screen for sex chromosome abnormalities. If the test detects an abnormality, we recommend a diagnostic test such as CVS or amniocentesis. If you have a cell-free DNA test, an AFP blood test at 15 to 22 weeks is still recommended to screen for spina bifida.</td>
</tr>
<tr>
<td>Chorionic villus sampling (CVS)</td>
<td>The test, done at 10 to 22 weeks, can tell you for certain if your baby has a chromosomal problem. This is an invasive procedure and usually only done if you’ve had a positive screening test or already had a child with a chromosomal problem. It involves placing a needle through the cervix and taking a small sample of placenta tissue. The risk of miscarriage after CVS is 1 to 2 in 100 women.</td>
</tr>
<tr>
<td>Alpha-fetoprotein (AFP)</td>
<td>This screening test is done between 15 and 22 weeks. It is done along with a combined screen or cell-free DNA test (it is included in the integrated, sequential, and quad screens). It is a blood test that looks for alpha-fetoprotein (AFP), a protein normally produced by the baby. The level of AFP in the blood can help identify neural tube problems in the baby such as spina bifida.</td>
</tr>
<tr>
<td>Quad screen</td>
<td>This screening test involves one blood sample taken between 15 and 22 weeks. It tells you the chance that your baby has Down syndrome, trisomy 18, or spina bifida.</td>
</tr>
<tr>
<td>Amniocentesis (amnio)</td>
<td>This is a diagnostic test done between 15 and 22 weeks that can tell for certain if your baby has a chromosomal problem. It is done if you’ve had a positive screening test, if you are age 35 or older, or if you have a family history of birth defects. With the help of an ultrasound to guide the provider, a needle is placed into your abdomen. A small amount of amniotic fluid from the sac surrounding your baby is taken. The risk of miscarriage after amniocentesis is about 1 in 400 women.</td>
</tr>
<tr>
<td>Anatomy ultrasound</td>
<td>This test is done around 20 weeks. At this stage in your pregnancy, an ultrasound may find problems with your baby's development, such as a heart defect, spina bifida, kidney problem, or cleft lip. Although this test will not diagnose chromosome problems, it may show signs of them or other health conditions.</td>
</tr>
</tbody>
</table>

Prenatal testing for specific conditions can provide information about your baby’s health and development. Testing can provide reassurance that your baby is healthy. It can also alert you and your provider to a concern, or help prepare you for a child with special needs.
Genetic diseases: Are you a carrier?

A simple blood test can screen for rare genetic (inherited) conditions. Inherited conditions are passed down by parents to their children. Conditions are usually tested based on family history and ethnicity. Some inherited conditions are more common in certain ethnic groups than others.

Often, a child is only born with one of these conditions when both parents carry the same gene for a condition. Carriers usually have no symptoms of their condition, and most carriers have no family history of the condition.

Both parents will need to give a small blood sample to see if one or both are carriers of any of these conditions. If tests show both parents are carriers, an amniocentesis or CVS can be done to tell if the baby has the condition.

Pregnancy information


<table>
<thead>
<tr>
<th>WHO MIGHT BE A CARRIER?</th>
<th>TEST NAME</th>
<th>CONDITION(S) IT CAN DISCOVER</th>
<th>FOLLOW-UP</th>
</tr>
</thead>
<tbody>
<tr>
<td>All pregnant women</td>
<td>Cystic fibrosis carrier testing</td>
<td>Cystic fibrosis, a disorder that affects mostly the lungs</td>
<td>Amnio or CVS</td>
</tr>
<tr>
<td>Asian, Mediterranean, African, African American, Caribbean, Middle Eastern, or South American descent</td>
<td>Thalassemia screen, including hemoglobin electrophoresis</td>
<td>Thalassemias, which are blood disorders that can cause types of anemia, Hemoglobinopathies, blood disorders that include sickle-cell anemia</td>
<td>Amnio or CVS</td>
</tr>
<tr>
<td>Ashkenazi Jewish descent</td>
<td>Ashkenazi panel</td>
<td>Cystic fibrosis, Tay-Sachs, a disorder that affects the brain and spine, Canavan disease, which causes damage to nerve cells in the brain, Familial dysautonomia, a nerve disorder, Blood syndrome, Fanconi anemia, which can lead to leukemia or other cancers, Gaucher disease, which can affect the blood, liver, and other organs, Mucolipidosis type IV, a developmental condition, Niemann-Pick type A, which affects the nervous system</td>
<td>Amnio or CVS</td>
</tr>
<tr>
<td>French Canadian or Cajun descent</td>
<td>Tay-Sachs WBC</td>
<td>Tay-Sachs</td>
<td>Amnio or CVS</td>
</tr>
</tbody>
</table>

Your prenatal test coverage

Coverage for prenatal tests and exams varies by health plan. Some prenatal tests, even if recommended by your providers, may not be covered depending on your health plan. If you are not at high risk and would like to have certain tests for reassurance, you may need to pay out of pocket.

Check your benefit booklet or call Kaiser Permanente Member Services at 1-888-901-4636 for information about your coverage for prenatal testing. To get an estimate for out-of-pocket expenses, contact your local Kaiser Permanente Washington Business Office.
### Choosing the best foods for baby and you

When you are pregnant, your baby lives and grows on what you eat. A woman who eats healthy foods is more likely to have a good pregnancy, give birth to a healthy baby, and have a good supply of breast milk.

Your body will need about 300 extra calories a day during pregnancy. Here are general guidelines about good nutrition during pregnancy.

<table>
<thead>
<tr>
<th>FOOD GROUP</th>
<th>SERVING SIZE</th>
<th>DAILY SERVINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dairy products (and alternatives)</td>
<td>• 1 cup milk, yogurt, ice cream, or cottage cheese</td>
<td>4 or more servings daily during pregnancy and breastfeeding</td>
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<tr>
<td></td>
<td>• 1 to 2 ounces cheese</td>
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<tr>
<td></td>
<td>• 1 cup fortified orange juice or fortified soy-based cheese</td>
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<tr>
<td>Citrus/vitamin C-rich fruits and vegetables</td>
<td>• 1 orange or large tomato</td>
<td>1½ or more servings daily during pregnancy and breastfeeding</td>
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<tr>
<td></td>
<td>• 3/4 cup orange or grapefruit juice</td>
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<tr>
<td></td>
<td>• 3/4 cup mixed vegetable, carrot, or tomato juice</td>
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<tr>
<td></td>
<td>• 1/2 grapefruit</td>
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<tr>
<td></td>
<td>• 1 stalk or 1/2 cup chopped broccoli</td>
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<tr>
<td></td>
<td>• 1/2 medium green pepper</td>
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<tr>
<td>Dark green and deep yellow vegetables</td>
<td>• 1 cup raw or 1/2 cup cooked spinach, collards, kale, mustard greens, dark green lettuce, bok choy, Swiss chard, or broccoli</td>
<td>1 to 2 or more servings daily during pregnancy and breastfeeding</td>
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<tr>
<td></td>
<td>• 1/2 cup carrots, winter squash, sweet potatoes, yams, or apricots</td>
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<td></td>
<td>• 1 cup cantaloupe cubes</td>
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<tr>
<td>Other fruits and vegetables</td>
<td>• 1/2 cup corn, green beans, peas, grapes, cauliflower, or applesauce</td>
<td>1½ or more servings daily during pregnancy and breastfeeding</td>
</tr>
<tr>
<td></td>
<td>• 1 apple, banana, potato, peach, or pear</td>
<td></td>
</tr>
<tr>
<td>Protein</td>
<td>• 2 to 3 ounces of fish, lean meat, chicken, turkey, or liver</td>
<td>3 or more servings daily during pregnancy and breastfeeding</td>
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<tr>
<td></td>
<td>• 1 cup cooked beans, lentils, or peas</td>
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<tr>
<td></td>
<td>• 1/2 cup nuts</td>
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<tr>
<td></td>
<td>• 8 ounces tofu</td>
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<tr>
<td></td>
<td>• 2 eggs or 3 egg whites</td>
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<tr>
<td></td>
<td>• 4 tablespoons peanut butter</td>
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</tr>
<tr>
<td>Whole grain breads and cereals</td>
<td>• 1 slice of bread, 1 roll, biscuit, or muffin</td>
<td>9 or more servings daily during pregnancy and breastfeeding</td>
</tr>
<tr>
<td></td>
<td>• 1/2 hamburger bun, 1/2 English muffin, or 1/2 bagel</td>
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<td></td>
<td>• 1 tortilla or 2 taco shells</td>
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<tr>
<td></td>
<td>• 3/4 cup ready-to-eat cereal</td>
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<tr>
<td></td>
<td>• 1/2 cup cooked cereal, rice, pasta, or grain</td>
<td></td>
</tr>
<tr>
<td>Fats</td>
<td>• 1 tablespoon oil (canola, olive, safflower, or corn), mayonnaise, margarine, salad dressing, avocado, or nuts</td>
<td>1 to 2 or more servings daily during pregnancy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 or more during breastfeeding</td>
</tr>
<tr>
<td>Water and other fluids</td>
<td></td>
<td>8 glasses daily (not counting coffee, tea, and soft drinks)</td>
</tr>
</tbody>
</table>
Special food advice for pregnancy

Not all fish are safe to eat

Several types of fish may contain unhealthy amounts of mercury, which can affect your baby’s brain development. The U.S. Food and Drug Administration recommends that pregnant women avoid eating:

- Tuna steaks (Bluefin or bigeye)
- Swordfish
- Shark
- King mackerel
- Tile fish

You can safely eat up to 12 ounces of other fish, including shellfish, each week. Watch for general public health warnings about shellfish in your area.

For more information, see the healthy fish guide:
http://www.doh.wa.gov/communityandenvironment/food/fish/healthyfishguide

Milk alternatives

If you can’t drink milk, these foods are also high in calcium: broccoli, greens, canned salmon or sardines with bones, tofu, calcium-fortified orange juice, soy cheeses, lactose-reduced milk, and fortified soy milk.

Avoiding food-based bacteria

Listeria and toxoplasma are bacteria that can cause serious problems in an unborn baby. Both are found in undercooked meats (including deli meats and hot dogs), certain cheeses and unpasteurized milk products, and unwashed fruits and vegetables.

- Avoid all soft cheeses imported from other countries (brie, feta, Camembert, Roquefort, queso blanco, and queso fresco); deli meats; any food beyond its “best if used by” date.
- Wash fresh fruits and vegetables with water.
- Wash your hands with warm, soapy water after touching raw meat.
- Thoroughly cook all meat, poultry, and seafood.
- Heat leftovers until steaming hot.

Eat sweets sparingly

You can eat sugar, fructose, and honey, but they don’t provide nutrition beyond their calories. If you have diabetes or are overweight, you will need to monitor your sugar intake more carefully. Sugars and sweets can be part of the extra calories needed in pregnancy, but substituting them for other foods will provide fewer nutrients for your baby.
Staying safe throughout your pregnancy

Be smart with your medications

Your baby takes any medications you take. Tell your doctor about all prescription medications you’re taking, and check with your provider before taking any other medications. If you take medication for depression, tell your provider. He or she may prescribe a different medication now that you are pregnant.

Here are suggestions for how to treat common conditions that may arise during your pregnancy. If you have questions about other over-the-counter medication, you can ask your pharmacist.

<table>
<thead>
<tr>
<th>CONDITION</th>
<th>SAFE TREATMENT OPTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache, aches, fever</td>
<td>Acetaminophen (Tylenol)</td>
</tr>
<tr>
<td>Common cold</td>
<td>Try resting and drinking plenty of liquids before taking medications.</td>
</tr>
<tr>
<td>Nasal congestion</td>
<td>Try saline nose spray (Ocean, Ayr) first. If this doesn’t work, try a decongestant nasal spray like oxymetazoline (Afrin) or phenylephrine (Neo-Synephrine). Don’t take oral decongestants, such as pseudoephedrine or phenylephrine (Sudafed, Actifed). The antihistamine chlorpheniramine (Chlor-Trimeton) is safe to take, but it can cause drowsiness. Avoid other antihistamines (diphenhydramine, loratadine) unless recommended by your provider.</td>
</tr>
<tr>
<td>Cough</td>
<td>Cough drops (honey drops, hard candies) or a humidifier are good options. Avoid zinc-containing products. You may try products with guaifenesin or dextromethorphan. Avoid cough liquids that list alcohol as an ingredient.</td>
</tr>
<tr>
<td>Constipation</td>
<td>Drink more fluids. You can try products with psyllium (Metamucil), magnesium hydroxide (Milk of Magnesia), or docusate sodium (Dulcolax).</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>Loperamide (Imodium) with plenty of water to avoid dehydration</td>
</tr>
<tr>
<td>Indigestion and heartburn</td>
<td>Calcium carbonate (Tums, Rolaids) or aluminum hydroxide and magnesium hydroxide (Maalox, Mylanta). Don’t use antacids that have sodium bicarbonate (such as baking soda).</td>
</tr>
<tr>
<td>Nausea and vomiting</td>
<td>Vitamin B6 (up to 75 mg daily).</td>
</tr>
<tr>
<td>Vaginal itch or infection</td>
<td>Clotrimazole (Gyne-Lotrimin, Mycelex).</td>
</tr>
</tbody>
</table>

Partner violence

Some partners may react to a woman’s pregnancy with violent behavior. Any injury to you could also hurt your unborn baby. If your partner or anyone else threatens or hurts you, seek help right away. You can call the National Domestic Violence Hotline at 1-800-799-7233 or ask your provider at Kaiser Permanente for help.

About that kitty litter box

Cat feces can carry the bacteria that cause toxoplasmosis, which is dangerous to your baby. If you have a cat, ask someone else to clean the litter box. If you have to clean the litter box, wear rubber gloves and a face mask. After cleaning a litter box or working in a garden, wash your hands thoroughly.
Q Which practitioner is right for me?
A One of the first choices a pregnant woman makes is choosing a caregiver. In addition to obstetricians/gynecologists (ob-gyn), many family physicians care for pregnant women and deliver babies.

Midwives are also popular choices, with the number of births attended by certified nurse-midwives doubling in the past decade. Certified nurse-midwives are registered nurses with midwifery certification. Licensed midwives attend a smaller number of births in the United States — mostly home births — and their training varies depending on state licensing requirements.

If you have had a C-section, you will want to have care with an ob-gyn, or with a family physician or midwife who practices with ob-gyns in a hospital setting. If you have diabetes, high blood pressure, a chronic illness, or have had a previous pregnancy complication that might influence this pregnancy, it’s best to see an ob-gyn.

Q What does my health insurance cover?
A Because most health plans vary, we recommend that you call Kaiser Permanente Washington Member Services at 1-888-901-4636 to check your medical coverage. It is important for you to know if you will have copays, deductible cost shares, or specific expenses for your prenatal and hospital care during and after pregnancy. This is also a good time to check on health coverage for your newborn. For example, some families may want to plan for the cost of circumcision, complex care, or special services.

Q How much weight will I gain?
A It depends on how much you weigh when you get pregnant. Women with a healthy weight before pregnancy usually gain 24 to 35 pounds during pregnancy. Discuss weight gain with your health care provider to learn what’s healthy for you.

Q Will my baby’s heart rate tell us if it’s a boy or girl?
A Your baby’s heart rate does not indicate whether it’s a boy or girl. A baby’s heart starts beating around six weeks after your last menstrual period, and sometimes you can hear it by week 12 of pregnancy. We use a Doppler — an ultrasound device — to magnify the sound. The normal heart rate range for any baby is 120 to 160 beats per minute.

Q When will my baby be born?
A We calculate your baby’s due date by asking you when your last period began. Most babies are born between 37 and 42 weeks after the start of the last menstrual period (you may see this written or referred to as LMP). We set the “due date” for 40 weeks after your last period began. Sometimes your last menstrual period doesn’t give the right information and we calculate your due date from an ultrasound. When we give you a due date, it means that we expect your baby will be born sometime between two weeks before that date and two weeks after. A baby isn’t overdue until after 42 weeks.

Q What if someone in my house smokes?
A This is a good time for him or her to quit. Babies and children who live with smokers are more likely to die of sudden infant death syndrome (SIDS), get sick more often, stay sick longer, and have more coughs, colds, sore throats, ear infections, and asthma attacks. If a smoker close to you wants to quit, suggest that he or she call the Quit For Life® Program at 1-800-462-5327.
Pregnancy frequently asked questions

Q Can I have a vaginal birth after a cesarean section?
A If you have had a previous cesarean section, you may be able to have a vaginal delivery with your next pregnancy. Your health care provider will discuss your options with you.

Q What is cord blood banking?
A Blood from the umbilical cord and placenta of your baby contains a large number of blood-forming cells. These cells may be life-saving for someone who has a disease such as leukemia or lymphoma, or certain blood disorders such as sickle cell anemia. A cord blood transplant replaces a person’s diseased cells with healthy cells.
You can choose to have your cord blood collected after your baby is born and donated to a public cord blood bank or stored in a private cord blood bank. You must make arrangements for cord blood banking before the birth.
Talk with your health care provider about the options that may be available to you for cord blood banking. For more information, visit https://bloodcell.transplant.hrsa.gov/cord/options/index.html

Q What are the advantages of breastfeeding my baby?
A Breast milk is the ideal food for an infant’s health, growth, and development. The size of your breasts doesn’t matter. Having a cesarean section doesn’t matter. Here are some other benefits:

Advantages for baby:
- Provides all the nutrition needed for healthy growth and weight.
- May reduce number of cases of ear infections, colds and flu, and diarrhea.
- Lowers the risk for some health conditions and diseases such as certain cancers, diabetes, and heart disease.
- Reduces risk of sudden infant death syndrome (SIDS).

Advantages for you:
- Helps you lose the weight gained during pregnancy more quickly.
- Lowers your risk for breast and ovarian cancer, diabetes, osteoporosis, rheumatoid arthritis, and depression.
- Convenient and less expensive than formula.
- Creates a special bond between you and your baby.

The American Academy of Pediatrics recommends that infants be exclusively breastfed for the first 6 months and continue to breastfeed for 12 months or longer. Talk with your partner and family about breastfeeding as you prepare for your baby’s arrival.

Q Should I start thinking about child care?
A If you plan to return to work after your baby’s birth, now is the time to think about childcare as some facilities have long waiting lists. Some helpful tips:
- Talk to other parents and find out who cares for their children.
- Ask potential caregivers for a list of references, and check them out.
- Ask to see a caregiver’s state license.
- Make sure the caregiver is comfortable supporting breastfeeding for you and your baby.
- Listen to your intuition. Be sure you feel good about the caregiver.
- Have a backup plan in case your child can’t go to daycare, or your caregiver is ill.
Important names, phone numbers, and addresses

My health care provider during my pregnancy: __________________________

Phone number for appointments: __________________________

My obstetrical nurse: __________________________

Obstetrical nurse phone number: __________________________

The lab for blood tests is at: __________________________

The Radiology Department for scheduled ultrasound exams is at: __________________________

Consultants during my pregnancy (genetic, nutrition, prenatal, etc.): __________________________

Name of hospital for my delivery: __________________________

Hospital address: __________________________

Hospital phone number: __________________________

Kaiser Permanente Consulting Nurse Service
If you need help after your provider’s office hours, this service is staffed 24 hours a day by registered nurses and a doctor.

Call 206-901-2244 or 1-800-297-6877 (TTY 711)

Kaiser Permanente Resource Line
This is a free information service for Kaiser Permanente members, including information about prenatal and postpartum classes.

Call 206-326-2800 or 1-800-992-2279 (TTY 711)

Email: kpwa.resource-L@kp.org

Kaiser Permanente member website
Create an account at kp.org/wa, sign on, and get access to many helpful, secure services. But you don’t have to create an account to find useful information about pregnancy and birth.

Go to kp.org/wa and search for “pregnancy services.”

Contact us any time – we are here to help

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