



BirthDayNews

SECOND TRIMESTER

Getting comfortable	2
Exercises to ease pregnancy and delivery	3
How to deal with common symptoms	4
Staying healthy	5
Checkups and tests	6
Planning for baby	7

Welcome to your second trimester!

This issue of BirthDayNews will give you an idea of some of the things to expect during the next few months.

Take time to enjoy your pregnancy

Take this time to enjoy your pregnancy – you'll probably find the weeks of your second trimester to be the easiest. Your second trimester is when your risk of miscarriage drops dramatically.

Your body is hard at work growing your baby. You're starting to gain weight faster – about a pound each week. Eating well is essential to your health and your baby's health. It's important not to skip meals or restrict eating to lose weight. Follow your midwife's or doctor's advice on healthy eating and weight gain.

What's happening with your body

Your breasts may start to leak a whitish fluid called colostrum (your first breast milk). This might continue for the rest of your pregnancy. Your breasts are getting ready to breastfeed.

You may notice short, rhythmic motions that can last several minutes. This means your baby has hiccups! You don't need to do anything about hiccups. They'll stop soon and won't hurt either of you. You may also notice that your baby kicks and stretches more. You may even be able to see your baby squirming under your clothes.

What's going on with your baby

During the second trimester your baby:

- Begins to hear and can be startled by loud, sudden noises.
- Can start to blink.
- Develops fingerprints and footprints.

By the end of the sixth month, your baby is about 14 inches long and weighs about 1.5 to 2 pounds. Your baby will continue to grow quickly during the rest of your pregnancy.

Your baby is also very active now. Sometime between 16 and 22 weeks, you'll start to feel the baby's movements. At first, it may feel like intestinal gas. Later, you'll realize that this is fetal movement.

Getting comfortable

The best ways to lie down and get up

Sleep is very important for a healthy pregnancy. Here are some ways you can rest comfortably and safely.

On your side

Lie on your side with a pillow under your head. Place a pillow or blanket between your legs. Place another pillow or rolled up blanket behind your back for more support.

In the three-quarter position

Lie on your side with your bottom arm behind you and your bottom leg straight down. Bend your upper leg and rest it on a firm, fat pillow and bend your upper arm up.

On your back (up to 20 weeks)

- Use pillows to support your head and shoulders. Place a pillow or folded blanket under your thighs to help keep your knees bent for greater relaxation. (Do not place it under your knees where it may slow circulation.)
- Let your legs and feet roll outward. Roll one or both legs side to side to relieve lower back pain. Bend your elbows slightly. Let your hands rest on your thighs or on the bed. If you feel dizzy, faint, or nauseated, turn onto your left side.
- Don't lie on your back after 20 weeks. It can block blood flow you and your baby need.

Getting up from a lying position

From a bed: Roll to one side and pull your knees up. Move your knees and feet to the edge of the bed. Push up to a sitting position with your arms. Swing your legs over the side of your bed.

From the floor: Bend knees up, feet on the floor. Roll onto your side. Roll over onto your hands and knees. Bring one knee forward, and use it to push yourself up to a standing position.

The safest ways to sit down, get up, and lift things

As your baby grows, you may need to change how you get up, sit, and lie down. Here are ways to stay comfortable and move more easily.

Sit up straight

Keep your back straight and use your leg muscles to lower yourself onto the seat. Slide back into the chair. Sit tall with your weight evenly distributed. (The back of the chair should support your back and shoulders.) Rest your feet flat on the floor or on a footstool right in front of the chair.

Ease your way out of a chair

To get up, press your upper back against the chair and slide your bottom forward. Turn sideways so you're sitting on the edge of the chair. Push on the seat or arms of the chair and stand up.

Be careful when lifting

Stand facing the object you want to lift. Bend your knees and lower yourself slowly to a squatting position. Keep your back straight and your knees and feet well apart. Don't lift anything that you have to strain to pick up. Stand up using your leg muscles to avoid back strain.



Exercises to ease pregnancy and delivery

The muscles in your lower abdomen, lower back, and around the vagina hold up your growing baby and play an important role during delivery. Here are some exercises that can strengthen them.

Kegel squeeze

This exercise works the Kegel muscles. These muscles hold up the pelvic floor, which includes the vagina, rectum, and urinary tract. These are the same muscles you use to stop the flow of urine. This exercise is done by tightening, holding, and then relaxing these muscles.

Here's how to find your Kegel muscles:

- Try to stop the flow of urine when you are sitting on the toilet. If you can do it, you've found the right muscles. Don't do this as a routine exercise.
- Squeeze the muscles you would use if you were trying to stop passing gas. If you have a "pulling" feeling, those are the right muscles.
- Lie down and put your finger inside your vagina. Squeeze as if you were trying to stop urine from coming out. If you feel tightness on your finger, you're using the right muscles.

Now that you know which muscles to use:

- Squeeze them in and hold for a count of three.
- Relax for a count of three.
- Do this 10 to 15 times in a row, which is a set.
- Do 6 to 10 sets every day
- Do a total of 80 to 100 every day.
- When you can do a set without getting tired, gradually increase the time you squeeze up to a count of 10, and then relax for 10.



Pelvic tilt

This exercise helps with back pain and abdominal muscle tone.

- Get on your hands and knees on the floor with your back straight.
- Breathe in and relax your back.
- Breathe out, tighten your stomach muscles, and curl your tailbone down. Your back will arch toward the ceiling.
- Hold for a count of 5.



- Then breathe in again and relax.
- Repeat 8 to 10 times.

Tailor stretch

This exercise stretches your inner thighs.

- Sit on the floor with the soles of your feet together.
- Gently let your knees open down toward the floor until you feel a mild stretch. Don't push down on your legs with your hands.
- Hold and slowly count to 5. Relax.
- Repeat 5 times, twice a day.

How to deal with common symptoms

Bleeding gums

Gum infections have been linked to an increased risk for premature labor. We recommend that you visit your dentist early in your pregnancy for an examination and any needed cleaning or repair work. To keep your gums healthy:

- Use a softer toothbrush.
- Floss gently.
- Use mild toothpaste, such as Sensodyne.



Heartburn

- Don't take Alka Seltzer because it contains aspirin. Using an antacid, such as Tums, Rolaids, Maalox, or Mylanta, is considered safe during pregnancy.
- Don't eat too much at one meal.
- Eat several small meals throughout the day.
- Eat sitting up.
- Don't lie down right after eating.
- Avoid food and beverages that are greasy, spicy, or have caffeine.

Leg problems (cramps, varicose veins, swelling)

- Get regular exercise.
- Don't stand or sit in one place for too long.
- Avoid sitting with your legs crossed.
- Put your feet up whenever you can.
- Avoid curling or pointing your toes.
- When you get a leg cramp, pull your toes gently up toward you to stretch the calf muscle.
- Circle your feet in one direction and then the other to help your blood circulate.
- Consider buying support hose designed for varicose veins.

Headaches

- Eat and drink small amounts throughout the day.
- Exercise regularly.
- Try relaxation techniques for headaches caused by stress and tension.
- Use a humidifier for headaches caused by sinus congestion.
- Take acetaminophen (Tylenol) and follow the package instructions. Don't take ibuprofen, naproxen, or aspirin products during pregnancy.

Constipation

- Eat a high-fiber diet of fresh fruits, vegetables, and whole grains.
- Drink small amounts of water throughout the day.
- Talk to your midwife or doctor before taking laxatives or stool softeners.



Water retention

- Fluid retention may make contact lenses uncomfortable. Consider switching to glasses.
- Avoid standing for long periods.
- Put your feet up whenever you can.
- Avoid tight pantyhose or shoes.
- Lie on your left side when possible.
- If you're going to be in the car for long periods, take breaks regularly to empty your bladder and stretch your legs.
- Call your health care provider's office if you have sudden puffiness of the face or hands. It may be a sign of kidney problems or high blood pressure.

Backaches

- Wear low-heeled shoes with good support.
- Don't stand in one place for long periods.
- Sleep on your side with a pillow between your legs.

In the second and third trimester, backaches that come and go at regular intervals may be a sign of preterm or premature labor. Call your midwife or doctor if you experience this.

Staying healthy

Use your seatbelt

Always buckle up when you travel on the road. How to buckle up when you're pregnant:

- Buckle the belt snugly.
- Push the lap belt below your tummy, across your lap.
- Place the shoulder belt above the baby and across your shoulder.



Sign up for classes

Find out about classes for pregnancy, breastfeeding, and infant care in your area. They offer information about staying healthy during your pregnancy, safety for your baby, and the decisions you need to make after your baby is born.

Stay physically active

Most exercise is safe during pregnancy. Talk to your midwife or doctor for recommendations about your current exercise program or starting a new one. Medical issues, such as bleeding, spotting, or high blood pressure, may cause your provider to recommend that you stop certain activities.

Here are some tips to keep you safe when you exercise:

- Warm up before and cool down after you exercise.
- Do not get overheated.
- Drink water before, during, and after exercise.
- Stop and sit down if you feel dizzy or faint.
- After 20 weeks, avoid exercises or stretches that require you to lie flat on your back.

What is preterm labor?

Preterm, or premature, labor begins before the end of 36 weeks of pregnancy. Babies born during this time are called premature.

The following increase your risk for preterm labor:

- Past history of preterm labor or preterm birth
- A pregnancy with more than one baby
- Something unusual in the structure or functionality of your uterus
- Smoking
- Use of alcohol or drugs
- Severe kidney or urinary tract infection
- Dehydration (loss of fluid)

Possible symptoms of premature labor

- Menstrual-like cramps that come and go
- Regular contractions (a tight,



intense cramp), or 6 or more contractions within one hour, lasting more than 20 to 30 seconds

- Bag of waters breaks (this can be a gush of fluid from the vagina or a steady trickle of clear, pink, or greenish-brown fluid)
- Blood or thick bloody fluid coming from the vagina
- Severe pelvic pressure that won't stop

What to do if you have early contractions

- Go to the bathroom and urinate. A full bladder can cause pressure on the uterus resulting in cramping or contractions.
- Drink 3 to 4 glasses of fluid. You may be dehydrated, which can cause contractions.
- Lie down on your side and feel around your abdomen for any tightening of the uterus.

When to call us

- Contractions continue for over an hour.
- Bag of waters breaks.
- You have vaginal bleeding.

Checkups and tests for specific conditions

High blood pressure

During your regular prenatal visits throughout the second trimester, your health care provider will check your blood pressure and weight to watch for pregnancy-induced hypertension, or high blood pressure. This condition is more common in first pregnancies and usually appears after week 28. It is sometimes associated with swelling and sudden weight gain. Treatment may include medication, bed rest, and frequent blood pressure monitoring.

Anemia

Your blood will be tested again to make sure you haven't developed anemia, or an iron deficiency.

Gestational diabetes

You will have a glucose screening blood test to assess if you have developed gestational diabetes.

Some people develop diabetes during pregnancy, which is called gestational diabetes. When this happens, your body produces more sugar in the blood than your body can handle. Gestational diabetes can cause serious problems for you and your baby. If you have gestational diabetes, we'll recommend a special diet to help control it.

Risk factors that increase your chance of developing gestational diabetes include:

- A family history of diabetes
- A previous baby that weighed more than 9 pounds at birth
- Obesity
- Being older than 35
- A previous stillborn baby

Gestational diabetes usually goes away after birth. People who have gestational diabetes are at higher risk for developing diabetes as they get older. If you have gestational diabetes during your pregnancy, be sure to let all of your future health care providers know.

Follow-up on Rh status

If the blood test done during your first trimester shows you have Rh-negative blood, your blood will be tested again for Rh antibodies. If you have Rh-negative blood and your baby has Rh-positive blood, your body may have an immune reaction and produce Rh antibodies. Your midwife or doctor can give you more information about treatment and testing for this condition. If you do not have Rh antibodies, we will recommend an injection called Rh immune globulin (RhoGam) around 28 weeks to prevent antibody production.

If you already have Rh antibodies, RhoGam cannot prevent further buildup. If this is the case, the antibody test will be repeated during your pregnancy to monitor the antibody level and to help plan for the care of your baby at birth.

Other second trimester tests

TEST	WHAT IT MEASURES
Alpha-fetoprotein (AFP)	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.
Quad screen	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.
Amniocentesis (amnio)	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 people.
Anatomy ultrasound	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.

Planning for the baby

The big day is getting closer! That means it's time to start planning and making decisions for your new baby.

Plan for baby's medical coverage

Please call Member Services toll-free at **1-888-901-4636** for information about adding your baby to your health plan.

Choose your baby's health care provider

This can be a family physician, pediatrician, naturopathic doctor, or nurse practitioner. Talk to your midwife or doctor about your choices.

Get ready to breastfeed

The changes in your breasts are your body's way of getting ready to breastfeed your baby. Attend a breastfeeding class, and talk to your midwife or doctor about breastfeeding.

If you're going back to school or work, talk with your employer or school staff about having a clean, private place to pump your breast milk. Washington state law requires employers with 50 or more employees to provide a clean, private space for nursing mothers to pump at work.

Decide about circumcision

It's your choice whether or not to circumcise your baby boy. This procedure involves surgically removing the foreskin from the baby's penis. Generally, there is no medical need to do it, but you may have strong religious, personal, or family reasons. Talk about it with your partner and your midwife or doctor before your baby is born. If circumcision is important to you, you'll need to request it.

Prepare a safe sleep space for your baby

- If you're buying a new crib, get one with a narrow space (2 3/8 inches or less) between the slats. Take a tape measure with you when you shop.
- Make sure the mattress fits snugly against the sides of the crib. A very firm mattress is best. If you can fit more than 2 fingers between the crib and the mattress, the mattress is too small.
- Do not use bumper pads. We advise against using older cribs, especially those built before 1974, because these cribs have widely spaced slats that can injure your baby. Newer cribs tend to have more safety features.
- Do not use cribs with drop-side rails. These were banned in 2011 due to safety issues.
- If you repaint or refinish a crib, use paints or finishes labeled nontoxic.
- If you are considering using a bassinet for your newborn, make sure the brand you buy has been certified as safe by the Juvenile Products Manufacturers Association (indicated by a JPMA seal on the package). While crib manufacturers are required to have all their new cribs comply with these standards, bassinet and cradle manufacturers may comply, but currently are not required to.



Considering cord blood banking

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 and donated to a public cord blood bank or stored in a private cord blood bank for a fee. You must make arrangements for cord blood banking before your child is born.

Talk with your midwife or doctor about your options, and for more information, visit: <http://bloodcell.transplant.hrsa.gov/CORD/Options/index.html>.

Contact us any time - we are here to help

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 in, 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."

Important names, phone numbers, and addresses

My midwife or doctor 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: _____