Mothers: TRIMESTERS OF PREGNANCY

**First Trimester:**
- 6th month
- 3rd month
- 9th month

**Second Trimester:**
- Lumbar vertebrae
- Uterus
- Rectum
- Bladder
- Vagina

**Third Trimester:**
First Trimester

MOTHER WILL HAVE:

*Missed Period*

-Morning Sickness-

_Swelling of the Breast_

+probably Pee alott+

^She will Gain around 2-4 Pounds.^
Second Trimester

*mother doesn't have that much discomfort

*mother doesn't have that much discomfort

**ApPETite INCREASES**

*bELLY GetS BiGgER

begins to fE eL fETaL m O V E m E n Ts

~H e a r t H e H e a r T b E a T ~

+her PoStURe WiLl ChanGe+

She's gained around 10-12 pounds.
Third Trimester

- Posture changes
- Backaches and leg cramps occur
- Tiredness and shortness of breath
- Kicks from the baby disturb mother's sleep
- Lightening occurs

By the end of this trimester, mother has gained a total of 24-30 pounds.
Baby's Development in 3 Trimesters

Fetal Growth From 8 to 40 Weeks

FIRST TRIMESTER
SECOND TRIMESTER
THIRD TRIMESTER

Embryo at 8 Weeks
Fetus at 12 Weeks
16 Weeks
20 Weeks
24 Weeks
28 Weeks
32 Weeks
36 Weeks
40 Weeks
FIRST TRIMESTER

+ Cell multiplication
+ Egg attaches to Uterus
+ The baby's heart begins to beat
+ Fetus grows face, eyes, ears, limbs, bones, and other organs.
+ Through the 3rd month the fetus becomes 1 inch long.
+ Nostrils, mouth, teeth buds, eyelids, fingers, toes, and all organs are present.
SECOND TRIMESTER

When the fetus gets to 4 months it is then 3 in. And weighs 1 oz.

The fetus can suck its thumb, swallow, hiccup, and can move around.

Facial Features on fetus are clearer.

When the fetus gets to 5 months it then is 6½-7 inches long and weighs 4-5 oz.

Hair, eyelashes, eyebrows, and other organs mature.

Fetus becomes active.

When the fetus gets 6 months old, it then becomes 8-10 in. long and weighs 8-12 oz.

Fat is deposited, but the skin on the fetus is still wrinkled.

Breathing Begins
THIRD TRIMESTER

When the baby gets to 7 months it becomes 10in. Long, and weighs 1½-2lbs. Fetus may react to loud noises with a reflex jerking action.

When the fetus is at 8 months it moves its head down position. It is 14-16in and 2½-3lbs. At 9 months the fetus is 7-18in. long and 5-6lbs. The weight gain continues until 1 week before birth.

Fetus skin becomes smooth as fat deposits continue.

Fetus gets antibodies from mothers blood. Fetus descends into the pelvis, ready for birth.
A pregnant woman's nutrition directly influences the course of the pregnancy and normal fetal development, and also the long-term health of the mother and child. In the first half of pregnancy, nutrition requirements mainly concern quality, while in the second half, quantity is also an issue, to ensure fetal growth. Proper nutritional habits should already be established at the start of this second life - if possible even before conception.
Nutritional requirements

The pregnant mother's body is subject to greater demands to ensure fetal development as well as the growth, health and functioning of the uterus, placenta and amniotic fluid. A daily increase of 150 calories in food is recommended at the start of pregnancy, which will reach an extra 250 calories by the end of pregnancy. The average weight gained is between 20-26 lbs. An additional intake of 1/3 oz. of protein a day during the entire pregnancy is recommended to build up, maintain, and regenerate body tissue in both the fetus and mother. Glucose, the basic stuff of carbohydrates is the main source of energy drawn on by the fetus. A intake of carbohydrates is needed for a problem-free pregnancy. Fats with fatty acids are critical for the development and functioning of the baby's nervous system.
minerals and vitamins

Calcium
• Needed for strong bones and teeth.
• Muscle contraction and nerve function.

FACT: Calcium transfers from the mother to the fetus during pregnancy.

Iron
• Needed for red blood cell production, to prevent anemia.

FACT: It is increased because the mother's blood volume increases.

Folic Acid
• Needed for blood and protein production, effective enzyme function.

FACT: This vitamin promotes the development of the fetal central nervous system and prevents developmental defects of the neural tube (Spina Bifida).
Screening Test

Maternal Serum Screening

HIV Test

Diabetes Test

Blood Type
DiAGNOSTiC Tests

- Ultrasound
- Amniocentesis
- Chorionic Villi Sampling (CVS)
- Alpha-Fetaprotein (AFP)
Ultrasound is a technique using sound waves to make a video image of an unborn baby to check for specific health problems.

Checks:
- If fetus is developing on schedule.
- For defects involving skeleton, other organs can also be detected.
- Verification of due date.
- May reveal sex.
Amniocentesis

Process of withdrawing a sample of the amniotic fluid surrounding the unborn baby with a special needle and testing that fluid for indications of specific birth defects, or other health problems.
Chorionic Villi Sampling (CVS) is a test that gives a complete picture of the genetic makeup of the developing fetus. It involves taking a sample of the chorion, either with the vagina and cervix, or through a needle inserted in the abdominal wall. Its examination can help in identifying any defects in the baby.
Alpha-Fetoprotein (AFP) is a blood test that measures the amount of alpha-fetoprotein (AFP) in the mother's blood and the amniotic fluid. It is generally performed in the 15th to 18th week of pregnancy. High levels of AFP could indicate that the baby has a neural tube defect (NTD). This defect manifests itself as spina bifida (deformity of the spinal column) or (the absence of all or part of the brain). Abnormally low levels could be a sign of increased risk of Down syndrome or other chromosomal defect. 95% of the time there is no past family history of these conditions.
Maternal Serum Screening

Maternal serum screening (or MSS) is offered between 15 and 20 weeks. The MSS checks for a protein produced by the growing fetus called alpha-fetaprotein (AFP) as well as two hormones produced by the placenta. These substances cross the placenta into the mother's blood stream and can be detected with a simple blood test. The levels of these substances can help identify women at higher risk of having babies with chromosomal abnormalities like Down syndrome or neural tube defects like spina bidfa.
When HIV is transmitted from a mother to her child, this usually occurs during delivery. If a woman knows she is HIV-positive early on, she and her doctor can take steps to reduce the chance of passing HIV on to her baby. These steps include the use of perinatal antiretroviral therapy, delivering the baby by cesarean section and avoiding breastfeeding. The Canadian Pediatric Society recommends that HIV testing be offered routinely to all women as early as possible during pregnancy and, in some cases, later in the pregnancy as well.
The glucose loading test (GLT), usually performed at 26-28 weeks, is a blood test that performs one hour after taking a flavored glucose drink. It screens for diabetes which may arise during pregnancy. There is no fasting preparation for this test. An elevated GLT indicates the need for further testing.
The test determines your blood type. For women whose blood type is RH negative, an injection of Rhogam is given at 28 weeks of pregnancy and again postpartum if your baby is RH positive. These injections prevent antibody formation which could affect future pregnancies.
nutritional recommendations

- Oils & Fats
- Pastries/Snacks
- Meat, Fish, Eggs, Legumes
- Milk & Milk Products
- Fruits
- Vegetables
- Grain Products & Potatoes
FACT: Women benefit greatly from exercising during their pregnancy.

Benefits From Exercising

Safe exercise

Exercises To Try
BENEFITS

YOU WILL:
- Feel better
  - relieve backaches, improve posture, strengthening & Toning Muscles in back, butt, & Thighs.

FACT: REDUCES CONSTIPATION
- Look better:
  - exercise increases blood flow to skin & gives you a healthy glow :).

- Prepare You & Your Body for Birth.
SAFE EXERCISE

FACT: it all depends on when you start & if your pregnancy is complicated. If you have exercised before pregnancy... CONTINUE!!!!

Limit exercise if:

- Pregnancy-induced high blood pressure
- Early contractions
- Vaginal bleeding
- Premature rupture of your membranes, breaking early.
Exercises to try:

Many women enjoy:

- Dancing
- Swimming
- Water aerobics
- Yoga
- Pilates
- Biking
- Walking

FACT: AVOID BOUNCING
Medical Care:

- **Your First Visit**
  - You should call and schedule your first examination during the first 6 to 8 weeks of your pregnancy, or when your menstrual period is 2 to 4 weeks late.
  - You can expect to have a full physical, including a pelvic and rectal examination. A blood sample will be taken and used for a series of tests.
Medical care:

Routine Visits and Testing

If you're healthy and there are no complicating risk factors, you can expect to see your health care provider:

• every 4 weeks until the 28th week of pregnancy
• then every 2 weeks until 36 weeks
• then once a week until delivery

At each examination, your weight and blood pressure are usually recorded. The size and shape of your uterus may also be measured, starting at the 22nd week, to determine whether the fetus is growing and developing normally.
You can decide where and how you give birth.

1. Normal Delivery at a hospital
   Labor usually starts spontaneously between 37 and 42 weeks of pregnancy.

2. Assisted delivery at a hospital
   Assisted deliveries take place when complications arise. There are two types of delivery processes:
   a) The Ventose or vacuum
      A suction cap is attached to the baby’s head, which enables medical staff to pull him out
   b) Forceps
      This instrument is positioned on either side of the baby’s head to gently pull him out

3. Home birth
   This is a normal delivery at home by a nurse or midwife.
SOURCES

• www.epigee.org
• http://www.indiaparenting.com/
• http://www.womenshealthmatters.ca
• http://www.healthandage.com
• www.google.com
• Class Book & Notes