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Teddi mellencamp baby condition

Teddi Mellencamp of The Real Housewives of Beverly Hills recently joked about being pregnant. The mother of two children (and soon to be three) posted a photo on Instagram and joked, I am, every time someone says, you're still pregnant!? Yes, still 🤰🏻!t worry, I'll tell ya!! @What are your best tips and tricks for the last weeks of this pregnancy?? Please drop it below! Teddi Mellencamp | Jeff Kravitz/FilmMagic for iHeartMedia Like many expectant mothers, Mellencamp is eager to meet her latest addition. Mellencamp joked about getting pregnant forever in December. As she entered her third trimester, she commented, Wow. Here I am, heading into my third trimester – wondering where time has gone.... and on the same feeling as I've been pregnant for 17 months. Although this has been my strongest pregnancy, I often feel everything is perfect and nothing is perfect at the same time. She joked about using her pregnancy as an influence for Valentine's Day too Mellencamp first shared a sweet Valentine's Day post. ♥BE MINE♥LIKE 4EVR♥ Conversation hearts really know how to put words how I feel about you @tedwinator, she wrote along with a wedding photo. But when it emerged that perhaps her husband was late with her Valentine's Day delivery she joked about using her pregnancy as leverage to score the perfect gift. It doesn't have to be something special, I've only been pregnant with your child for nine months. Love you @tedwinator 🍷🍷♥ *tag your loved ones who may need this 'subtle' reminder. She included a video clip in which she waited for Dorit Kemsley for lunch. But he wrote it down, I'm waiting for Edwin's Valentine's gift. Stassi Schroeder of Vanderpump Rules commented, This is 🍷. Mellencamp replied, @stassischroeder I'm stalking your instastori to see what you @thegoodthebadthebogie get so I can get more @tedwinator. It's been a 'long' pregnancy in January she joked about being pregnant for years. Hey guys, you know... I've been a preggers for 25 thousand years. She also did a bikini shot to show what a baby food bump looks like versus a real baby bump. She also shared some funny child humor about her pregnancy as well. Today Cruz woke up and looked me with excitement in his eyes and said, 'mommy, are you ready to defecate this baby yet?'. Although the pregnancy seems to have been a long time, she shared some highlights in a previous post. My favorite of these pregnancies will remain committed to being physically active every day, having the energy to run around with my kids, keep filming Housewives, running @goallinbyteddi & recording @tedditeapodcast (previous pregnancies got me on binging partial @greysanatomy and read 50 Shades). Plus, she recently shared a fun new workout outfit to her Instagram story. Mellencamp recently received a Mirror exercise programme. He recorded a video in which he set up the Mirror and then tried it. Mirrors are run by applications that users to access a number of exercises for different levels of fitness. Mellencamp was spotted doing stationary lung and apparently focused on the instructor talking to him in the Mirror. He followed the Mirror's training with a family hike. John Wolfsohn/Getty Images Real Housewives of Beverly Hills star Teddi Mellencamp has just revealed she is pregnant with her third child. The reality TV personality and husband Edwin Arroyave already have two children together: Slate, 6, and Cruz, 5. Other celebrities, including Erika Jayne of RHOBH, have congratulated Teddi on the news. Real Housewives of Beverly Hills star Teddi Mellencamp has some big news: She's pregnant with her third child! The reality TV personality already shares two children—Slate, 6, and Cruz, 5—with husband Edwin Arroyave. Teddi shared the news with Us Weekly and revealed that she has been keeping things under wraps for a while now. I was in my second trimester, 14 weeks, she said. Everything was good and I was clear, so I was just starting to get to the point where I was sharing it with everyone. Plus, now I have a bump, so there's no more hiding I can do! Besides Teddi and Edwin are already parents to two, Edwin also has a 10-year-old daughter named Isabella from a previous relationship. Teddi told the publication her children were excited about their growing family. They've been talking about it for a long time and it's actually been my son who's been like, 'Mom, we need to have another baby,' and I never wanted to get his wish, Teddi explained. So when we told him, he went over the roof. Very excited. Teddi says her children are so stoked, in fact, that they've called her 'their baby,' and they have a name chosen for it's a boy or a girl — they're ready! Teddi also shared the news on her Instagram, and was immediately inundated with celebratory comments. Congrats again Teddi, says actress Garcelle Beauvais. Like a blessing. Congratulations honey, writes Real Housewives of Dallas star Stephanie Hollman. This content is imported from Instagram. You may be able to find the same content in other formats, or you may be able to find more information, on their website. RHOBH star Erika Jayne also told Us that she's so excited for baby Teddi. I loved watching Teddi's trip and can't wait to squeeze this little bundle of excitement! He said. Teddi said she underwent IVF to conceive Slate and Cruz, but this baby was a surprise. My husband said, 'I don't want to see you through IVF anymore - it was brutal,' Teddi recalled. It was so many rounds, but this time we really didn't do anything! I'm on vacation! Just have fun with my family! That was a real surprise. I don't even know me because I don't have the usual cycles. imported from [embed-name]. You may be able to find the same content in other formats, or you may be able to find more information, on their website. This couple is now thinking of buying a bigger car (I'm like... We're going to start. to see the minivan! What's going on!? Teddi says), and Teddi says she's just starting to believe she's pregnant. I've only in the last few weeks been a little more hesitant to do the things I normally do because it sinks because I have a baby in my stomach, she said. This content is created and maintained by third parties, and imported onto this page to help users provide their email addresses. You may be able to find more information about this and similar content on the Verywell Family piano.io using only high-quality sources, including peer-reviewed studies, to support the facts in our article. Read our editorial process to learn more about how we fact-check and keep our content accurate, reliable and trustworthy. Glass HC, Costarino AT, Stayer SA, Brett CM, Cladis F, Davis PJ. 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Comparison of singletons and the results of a double birth of a baby born at or before age 32 minguu. Obstet Gynecol. 2008;111(2 Pt 1):365-371. doi:10.1097/aog.0b013e318162688f Vohr BR, Wright LL, Poole WK, WK, Sa. Neurodevelopmental results of babies with very low birth weight < 32 weeks of pregnancy between 1993 and 1998. Pediatrics. 2005;116(3):635-643. doi:10.1542/peds.2004-2247 Page 2 Verywell/Bailey Mariner At 30 weeks pregnant, your baby is still developing, but they are more focused on weight gain than in previous weeks as they prepare for birth. In the meantime, you should make sure to check in with your mental health as you juggle your duties, which may include pre-registering with your chosen birthplace and looking into options such as cord blood banking. 30 Weeks Pregnant Is How Many Months? 7 months and 2 weeksWhich Trimester? Third TrimesterHow Many Weeks to Go? At 10 weeks At 30 weeks, a baby is about 10 3/4 inches (27.4 centimeters) from the top of their head to the bottom of their buttocks (known as the length of the crown buttocks), and the baby's height is about 15 1/4 inches (38.9 centimeters) from the top of their head to their heel (long crown-heel this week, this week), babies weigh more than 3 1/4 pounds (1,523 grams). Verywell/Bailey Mariner At week 30, your baby's main body system is all formed and is in the process of maturing. Now it is time for the baby to start gaining weight very quickly to prepare for life outside the womb. Your baby may have been getting hiccups for a while. But, they are very common in the last trimester of pregnancy. That little rhythmic movement is the contraction of the respiratory muscles. Studies show that as early as 10 weeks before delivery, hiccups stimulate the brain and can play an important role in its development. At 30 weeks, the baby is still very premature. However, the chances of a baby surviving continue to increase and the risk of major defects associated with prematurity decreases. With special treatment in the NICU after childbirth, survival at 30 weeks is as high as 98%. Explore some of your baby's 30 week achievements in this interactive experience. Along with other third trimester symptoms such as Braxton Hicks contractions, fatigue, and swelling, you may also find that you are dealing with the return of emotional symptoms such as mood swings and new physical symptoms such as wrist discomfort. Another first trimester symptom that can return during the third trimester is a change in mood. Disturbed sleep, physical discomfort, worries/foys about childbirth and the elderly, body image problems, and many other problems can contribute to changes in emotions and mood. Carpal tunnel syndrome (CTS) is often associated with repetitive computer work, but it is also a common problem in pregnancy, especially in the third trimester. Up to 62% of expecting mothers report cts symptoms. Pregnancy-related weight gain and water retention can put pressure on the median nerve in your hands that cause pain, tingling, numbness, or weakness in your hands and fingers. It can also make grasping objects difficult. Taking care of yourself mentally and physically is important throughout pregnancy, but with the third trimester, you are you find that you need a little extra support to feel your best. Emotional ups-and-downs are an expected part of pregnancy and just having that knowledge can help you feel a little better. But it's also important to do what you can to support your mental and emotional well-being—for you and your baby. Some simple things you can do to help take care of your mental health include: Finding a comfortable position to rest at night. Eat a healthy and balanced diet throughout the day. Engage in some safe physical activity. Spend some quality time socializing your spouse, family, and friends. Ask for help and support when you need it. Talk to your doctor or mental health care provider about how you feel. Carpal tunnel syndrome is a common problem during the third trimester, which means you may want to take a break from activities that require repetitive hand movements and keep an eye on your symptoms to share with your doctor. To help dampen the discomfort associated with carpal tunnel syndrome, try: Take a break from activities that require repetitive hand movements, such as using a computer or craft. Splint your wrist in a neutral position to relieve pressure on the nerves. (This can be very helpful at night because many people unknowingly sleep with their wrists bent over, which causes blating symptoms and disrupts rest.) Talk to your healthcare provider about stretching and hand strengthening exercises. Talk to your healthcare provider about safe pain medications, physical therapy, or other treatments if your symptoms worsen. Continue to take your prenatal vitamins, eat healthy foods, and drink plenty of water. Get a little practice and practice Kegel exercises. Spend quality time with friends and family. Take a break from repetitive hand gestures. Plan your hospital route and take a trial. Have you practiced your route to a hospital or maternity center yet? Do you have an alternative route plan if needed? Now it's time to get ready and practice your route to a hospital or maternity center so you're ready to travel when the time comes. When you consider your itinerary, be sure to learn where to check in inside the hospital or maternity center during regular hours and hours, as well as when it's time to go. If you haven't already, talk to your spouse and his or her health care provider about pre-registration with the hospital, which can help make check-in easier when the time comes. During your routine prenatal exam this week, your doctor will: Take your weight and blood pressure Have you give a sample Your symptomsRequest your body for swellingListen for your baby's heart rateMeasure your fund height (which should be about 30 centimeters, give or take a few centimeters). If you carry twins or multiples, you are at greater risk for preterm labor than your singleton pregnancy counterparts. As As Your provider will likely monitor your pregnancy and your baby's growth more closely. You may also have some additional tests such as more frequent ultrasounds, non-stress tests, or biophysical profiles. At this point in pregnancy, most women see their provider for regular prenatal visits every two weeks, so your next appointment will likely be around week 32. In some situations, such as high-risk pregnancies, your doctor can order additional testing after 32 weeks. These tests can include: Blood from your baby's umbilical cord and

placenta contains stem cells. These specialized blood cells can be used to treat many diseases including cancer. You have the option of collecting this blood, freezing, and storing it after the birth of your baby. The main drawback for most parents is the cost. However, if you have a family member with health problems who will benefit from your child's cord blood, it may be the right choice for you. Your healthcare provider can help you make the right decision for your family. You can choose to go collecting and storing your child's cord blood for your family's personal use, but hate to see the health benefits go to waste. Another option is to donate your cord blood to a commercial bank. Public storage banks do not charge you, and they provide cord blood to anyone who needs it and fits. With prenatal appointments every two weeks and more to consider as your expected due date, things can start to feel a little busier. To keep yourself organized and feel in control, try keeping a few lists such as things to bring on your next prenatal visit, things you want to achieve, and things you can delegate to your partner or supportive friends and family. Page 3 Vervyell/Bailey Mariner At 31 weeks pregnant, your baby practices some of the skills they need after birth such as blinking and breathing. Your body may also be practicing — with Braxton Hicks contractions and maybe some leaky colostrum. 31 Weeks Pregnant Is How Many Months? 7 months and 3 weeksWhich Trimester? Third TrimesterHow Many Weeks to Go? 9 weeks At 31 weeks, a baby is more than 11 inches (28.3 centimeters) from the top of their head to the bottom of their buttocks (known as the length of the crown buttocks), and the baby's height is about 15 3/4 inches (40.3 centimeters) from the top of their head to their heel (crown-heel length). babies weigh about 3 3/4 pounds (1,707 grams). Vervyell/Bailey Mariner At the beginning of 31 weeks, ultrasound can take small movements of your baby's blinking eyelids. Research shows that babies at 31 weeks blink very slowly — about 6 to 15 times per hour (compared to adults, which flashes 19-20 times per minute). Breathing movements increased from 10% to 20% at 28 weeks to 30% to 40% after 30 weeks. At 31 weeks, the baby is at its last very preterm category. With each week that the baby finishes in utero, the chances of survival without the defects associated with prematurity get better. Babies will still need special care in the NICU for at least a few weeks, but at 31 weeks, the survival rate is up to 99%. Explore some of your baby's 31 week achievements in this interactive experience. Whether you plan to breastfeed or not, at 31 weeks pregnant, your breasts are getting ready. In fact, you may even have noticed a creamy, yellowish, or thin, foamy substance occasionally leaking from your nipples. Your uterus also tends to get ready for labor with some exercise contractions. During pregnancy, your breasts grow and prepare to make milk for your baby. You begin to make a small amount of milk first, known as colostrum, at the beginning of week 16. It can even start leaking from your nipples in the second trimester, but it is more common to notice leaks during the third trimester. About half of all pregnant women will experience this type of leakage in the third trimester. Whether or not your breasts leak colostrum at all does not reflect your body's ability to produce breast milk. —Allison Hill, MD, OB/GYN If you haven't experienced occasional uterine muscle tightening, you may be starting to feel it now. If you have felt them, they may begin to become stronger. Unlike effective contractions, Braxton Hicks is irregular, goes with activity, and does not move closer together or increase intensity. Be sure to discuss increased uterine contractions with your provider. How you plan to feed your baby is a personal decision. Just as you've considered your birth preferences to share with your birth support provider and team, use the time before the baby arrives to weigh up feeding options and decide what feels best for you and your family. It can be shocking or scary to see it coming out of your nipples when you least expect it, but a small amount of leakage during pregnancy is normal. Here's what you need to know: A small amount of colostrum may leak during sexual activity, and that's normal. Not all expect mothers to divulge colostrum, so you don't have to worry if you don't see it; lack of leakage doesn't mean that your breasts aren't getting ready to make breast milk—they are! Although a slight white or yellow discharge is normal, you should always feel comfortable calling your doctor to discuss any changes that concern you. You can wear tissues or breast pads feeding on your bra to prevent stains. You don't make large amounts of colostrum, so if you have a leak during pregnancy, you may only notice a drop or two or stain on your bra. This is its good that you have been dropping your baby's feeding options for a while now. In addition to reading about breastfeeding and bottle feeding, ask lactation consultants, also friends and family about the pros and cons of various methods. Questions you can ask include: Hearing different perspectives and experiences can help you determine what you want to do. As you approach the expected due date, you also want to: Take the time to practice labor breathing during Braxton-Hicks contractions. Engage in some of the safe physical activity you enjoy. Talk to lactation professionals and other mothers to learn more about eating options and support. Discuss your feelings about feeding your child with your partner. Talk to your doctor about any symptoms that concern you. Exploring dining options with your partner can be one of the more stressful aspects of transitioning to parent. When considering eating options, it is important for both of you to assess, in a sustainable way, what each of you expects to do, and, ultimately, what is realistic for you and your new baby. Often, parental stress occurs when there is a gap between hope and reality. Even simple well-intended questions, such as, "Are you planning on breastfeeding?" can be loaded. —Shara Marrero Broftman, PsyD When talking about this decision, use your words wisely. Tedden carefully in conversations about feeding methods. Instead of asking, Are you planning on breastfeeding? ask, What do you think we should feed our babies? You may return to your provider's office again next week for another prenatal examination. For the most part, it will be the same old routine. In addition to regular screening, your provider may offer a whooping cough vaccine (pertussis) (also called Tdap) between 27 and 36 weeks. If you fall into the high-risk category, your provider may schedule a prenatal test starting next week. These tests may include: Amniotic fluid is the fluid that surrounds and protects your baby in the womb. The amount of amniotic fluid increases during your pregnancy. Around week 34, the level peaked at an average of 1 1/2 liters (800 milliliters). Too little or too much amniotic fluid can mean there is a problem — or it may cause problems going forward. Low levels of amniotic fluid (oligohydramnios) are conditions that occur in 1% to 5% of pregnancies. Oligohydramnios can be caused by fluid leaking at the end of pregnancy, problems with the placenta, or problems with the baby. It also cannot have a known cause. You may not have any symptoms, but your provider may suspect that your amniotic fluid is low if your lump or your baby appears smaller than expected at this stage of your pregnancy. To diagnose this condition, your provider will measure the amniotic fluid using ultrasound. Your pregnancy is also likely to be closely monitored and you may have to have additional tests such as non-stress tests and contraction stress tests. While low fluid can be a sign of fetal pressure, it has no impact on fetal outcomes in most cases. However, it is that your provider may recommend you give a little before your due date. The opposite of too little amniotic fluid is too much amniotic fluid. Excess amniotic fluid (polyhydramnios) occurs in about 1% of pregnancies. Polyhydramnios can occur if you are pregnant with more than one baby, have gestational diabetes, or have a baby with birth defects. In some cases, the cause is unknown. If you have polyhydramnios, you may measure larger than expected and you may have symptoms such as shortness of breath, abdominal discomfort, and pressure on your pelvic area. Your provider may find polyhydramnios during routine ultrasounds. The condition most commonly occurs in the last trimester and generally does not harm you or the baby. As a new parent, you'll have a lot of decisions to make — from where the car seats are to buy to how you're going to feed your baby. The people around you will have a lot of opinions — and not all of them will help. Do your research and seek advice from trusted sources such as your provider, pediatricians, and family and close friends. Don't forget: only you and your partner can decide what's best for you and your growing family. Page 4 At 32 weeks pregnant, it is very likely that your baby has turned heads down in your womb preparing for birth. Your baby is also getting better at regulating their body temperature — an important development for life outside the womb. In the meantime, you may notice a change in your baby's movements because they have less room to move. 32 Weeks Pregnant Is How Many Months? 8 monthsWhich Trimester? Third TrimesterHow Many Weeks to Go? At 8 weeks At 32 weeks, a baby is more than 11 1/2 inches (29.3 centimeters) from the top of their head to the bottom of their buttocks (known as the length of the crown buttocks). Babies are about 16 1/4 inches (41.6 centimeters) tall from the top of their heads to their heels (crown heel length). This week, babies weighed more than 4 pounds (1,901 grams). At 32 weeks, 85% of babies are head down. Don't worry if your baby hasn't
changed. Some babies wait a little longer. In fact, it takes up to 37 weeks for the full 97% to turn into a position. Your provider will continue to monitor your baby's position at every prenatal visit. Your baby starts wearing brown fat (the type of fat needed to stay warm after leaving the uterus) in the middle of the second trimester. At 32 weeks, your baby's body has also increased the production of proteins and enzymes needed to generate body heat, meaning they can now regulate their body temperature better. Most babies display surprising reflexes or Moro for 32 weeks. Loud noises or movements can cause the baby to appear suddenly remove their arms and legs from their bodies then bring them back. Babies are born with surprising reflexes, but disappear a few months after birth. Your baby also showed evidence of cycling through the stage of bedtime and waking up, and their brain activity now suggests active sleep. At 32 weeks, the baby will reach a mini milestone and moved from a very premature category to a moderate premature category. The baby's lungs continue to develop at this stage, and they still need a few more weeks to reach maturity. Otherwise, babies are very much in the finishing-touches stage of development. However, babies born at 32 weeks will still need several weeks of care in a special care nursery or NICU — but the survival rate for babies born at this stage is 99%. Explore some of your baby's 32 week milestones in this interactive experience. As your baby gets closer to maximizing space in your growing uterus, you may notice some changes in the way they move. Symptoms associated with the size of your stomach, such as aches and pains and heartburn, may also get a little worse. As your baby gets bigger, there is less room for them to move in your womb. You may start to notice their previously brave kicks being replaced by swaying, squirming, tapping, and nudging. The kind of movement you feel doesn't seem to feel it. If you have not experienced heartburn during your pregnancy, it can still appear. If you've had it all along, it could get worse in the third trimester. On top of pregnancy hormones that slow digestion and make it easier for stomach acid to return to the esophagus, your uterus is now large and heavy enough to put a lot of pressure on your stomach. Heartburn occurs in about 22% of pregnancies in the first trimester, 39% in the second trimester, and up to 72% in the third trimester. At this point in pregnancy, you are likely to divide your time between managing discomfort and preparing for the arrival of the baby. This week, you might want to start thinking about what you want to take to the hospital for delivery day. Heartburn can be plain uncomfortable or even painful. While you may not be able to avoid it completely during pregnancy, dietary and lifestyle changes can help. Here are some common tips you can try that can help relieve heartburn: Avoid bending over or lying down right after eating (try to wait at least an hour)Don't eat right before you go to bed often, snacks instead of three large Ones Even slowly and chew your food wellTalk to your provider about safe over-the-counter medications such as antacids or alternative treatments such as acupuncture Packing hospitals or maternity center bags you can You feel better prepared for the arrival of your baby. You might want to pack some items for the new little people you're meeting with. Make sure you know the rules of a hospital or maternity center about dressing your baby with clothes you bring from home (as some don't do it). Here are some items you might want to collect and organize in advance. Before you pack, find out what your hospital or maternity center will provide. Copy of your birth placental blood card (if you're banking personally)Home clothes for you (choose something comfortable that you wear when you're about six months pregnant)Health insurance card and identification (now pad pads (bring whatever medication you drink regularly, but what to talk your care team once you've been accepted — you may need to get your dose prescribed by an on-site practitioner)Candy, lollipops, or other hard candiesNursing pads and wipes (you'll need them to prevent scratching)PillowPhone chargers, battery packs, and phone or video equipmentBring home (in colored pillowcases to distinguish them from hospital pillows or maternity centers)Pregnistration forms for hospitals (bring an extra set, even if you've already delivered them)Socks and nightgowns (make open-in-the-front nursing nightgowns if you plan on breastfeeding)Pillows (for safer walking during labor) and extraNASC easily digestible socks such as plain cracker socks (deodorant, toothbrush, toothpaste, mouthwash, shampoo, soap, hairbrush, hair ties, lotion, contact lenses and solution, glasses, lip balm, etc.) Two clothes that are easy to put home for babies (just in case), boots, baby hats, onesies, etc. Make sure you and your partner pack all night bags. Even if you don't plan to stay, you may be there longer than you expected. Take a form that could add during the following to the day of delivery. Any labor support tools that you and your partner have discussed (speakers for soft music, massage oils, stress balls, etc.)Change clothes (pack bathing clothes if you have a water birth plan)Papers or notes from the delivery class that you might want to refer to everyone you want to call or text once labor kicks in and/or the baby arrives ChargerPhone, extra battery packs, and any photo/video equipmentNASC, as well as changes to vending machinesToiletries, prescription glasses, and any medications you takeWatch with second hand (for contraction time if you don't have a smartphone) you may be returning to your provider's office for another regular visit this week. You know your prenatal visit routine pretty well now, which usually includes: Answer your questionBlood pressure checkDiscussion of symptomsFundal height measurement (now about 32 centimeters, give or take a centimeter or two)Listen to your baby's heart rate checkSet up a weight check just as your baby keeps growing late into your pregnancy, so too The recommended weight gain for people with a normal body mass index (BMI: 18.5 —24.9) at the beginning of pregnancy is 25 to 35 pounds. In most cases, you should earn about a pound a week. Based on these loose guidelines, you may have gained about 23 pounds from from your pregnancy until now. Because every pregnancy is different, talk to your provider about how much weight you've gained to find out if you're on the right track. Your provider may feel your stomach to check your baby's position. As you approach your due date, the baby should switch to a head down position. You'll probably stick to your visit schedule every other week until you reach 36 weeks. At that point, most providers want to see you every week until you submit. Your next regular prenatal visit is likely to be about 34 weeks. Tests for bacteria called group B strep (GBS) are recommended between 36 and 38 weeks. If your pregnancy is considered high risk, you carry more than one baby, or your provider wants to check on your baby's well-being, you may be scheduled for additional tests starting week 32. Non-fetal stress tests (NST) monitor a baby's heart rate as they move. For this test, you are connected to an external fetal monitor. The baby's heart rate should rise as they move, but sometimes it takes a while to observe this pattern if the baby is sleeping. When the test is reactive or shows two or more increases in heart rate in 20 to 40 minutes, it is a good sign that the baby is fine. If the baby's heart rate does not go up or down during testing, your provider will likely order more testing. Biophysical profiles (BPP) are offered after 32 weeks for high-risk pregnancies and those with complications. It is also sometimes given to pregnant people who have passed their due date. BPP does not hurt. It begins with a detailed ultrasound in which technicians examine your amniotic fluid levels, the tone of the baby's muscles, and their body and breathing movements. Since digestion can stimulate these movements, you may be asked to eat before you come for the test. Ultrasound is generally followed by a non-stress test, in which the baby's heart rate and possible uterine contractions are monitored. For this part, you will be asked to lie on your side while two monitoring belts are secured around your stomach. Your provider may instead call a modified biophysical profile, which is a combination of non-stress tests (NST) and amniotic fluid measurements. After reviewing the results of a modified BPP or BPP, your provider will determine if it is in your best interest (and your baby's) to deliver earlier than planned. A contraction stress test monitors how well your baby handles contractions. For this test, you are connected to a fetal monitor. If you do not experience contractions yourself, you may be asked to stimulate your nipples to induce contractions or you may be given medication to initiate contractions. Depending on the baby's response to your contractions, your provider determine whether the baby will be able to get enough oxygen during labor. The umbilical artery doppler is an ultrasound of the umbilical cord to check the blood flowing into the baby. This novel artery carries oxygen to the nutrition for the baby. Problems with blood flow may indicate problems with pregnancy or the growth of the baby. With just eight weeks to go before your expected due date, time may feel like it's simultaneously accelerating and slowing down. Now, you may have become professional in listening to your baby—and don't stop now. Take your body cue for when to slow down or light through and remember that in a few short weeks, you will be nearing the finish line. Page 5 Vervyell/Bailey Mariner At 33 weeks pregnant, your baby shows off their sucking and swallowing skills and continues to practice their breathing muscle
movements. In the meantime, you may find that you are out of breath because of the diaphragm and lungs you have to fight your uterus for space in your stomach. 33 Weeks Pregnant Is How Many Months? 8 months and 1 weekWhich Trimester? Third TrimesterHow Many Weeks to Go? At 7 weeks At 33 weeks, a baby is more than 11 3/4 inches (30.2 centimeters) from the top of their head to the bottom of their buttocks (known as the length of the crown buttocks), and the baby's height is nearly 17 inches (42.9 centimeters) from the top of their head to their heel (crown-heel length). babies weigh a little more than 4 1/2 pounds (2,103 grams). The bones of Vervyell/Bailey Mariner Baby are now fully developed, but are still rather soft and easy to understand, especially the plates on their skulls. These bones need to remain supple to pass through the narrow birth canal. In fact, one or two spots will remain soft even up to a year after your baby is born. These areas, called fontanelles, are normal skulls that allow space for the baby's brain to continue to develop. Weak suction reflexes appear around the 28th week. Now your baby starts coordinating and practicing sucking and swallowing. Your baby can also show rooting reflexes by turning their head and opening their mouth in response to touch or cheek stimulation. A premature baby born at 33 weeks still has little maturity to do. Babies born around the 33rd week will need a little special care before going home. There is still a risk of disability due to prematurity, but babies born at this stage have a 99% chance of survival. Pregnancy can cause pain and pain that you don't expect, and rib pain may be one of them. You may also find that with this new or growing discomfort, you are more often out of breath. During pregnancy, your ribs expand, your uterus puts pressure on your chest, and your baby may push or kick into your ribs. This combination of events can cause anything from occasional pain to swelling of the cartilage on the chest wall called costochondritis. About 62% of pregnant people report dyspnea or shortness of breath. Pregnancy and hormones cause changes in your entire body — including your respiratory system. Inside trimester, your growing uterus takes up so much space in your stomach that it squeezes your diaphragm and lungs, which can affect your breathing. Like many common third trimester complaints, sometimes the only thing you can do to eliminate the fullness of symptoms such as ribs and shortness of breath is to be patient. You'll probably feel better after your baby is born in a few weeks. That said, there are a few things you can do to help manage the discomfort right now. Rib pain and shortness of breath often go hand in hand in the third trimester. Here are some tips to overcome pain and discomfort: Change position when you are uncomfortable Pay attention to your posture (reaching your arms above your head while you sit or standing upright may give your lungs a little extra space to take up air when you feel out of breath)Perform your labor breathing techniquesPhysing your body and your muscles with prenatal exercise or yogaAke pregnancy rest and rest during the day comfortable and loose clothing While shortness of breath is common, contact your provider or go to the emergency room if you have difficulty breathing, you have chest pains, your body is swollen, or you have pain that will not go away or get worse. Nowadays, there is a lot of focus on your upcoming delivery and delivery, and of course, taking care of your new arrival. It is important to remember that you should take care of yourself After childbirth and childbirth as well. That means thinking ahead to your recovery period and collecting some postpartum supplies. If you end up having vaginal delivery, the following items can make your recovery easier: Anesthetic spray. You can use this pain relieving spray after a bathroom visit or after changing pads to turn off your vaginal area. Donut pillows. Sitting on a pillow of this type takes pressure off the sensitive area between your vagina and the rectum (perineum). Fairy bottles. Fill the plastic spraying container with warm water and indirectly spray the area of your vagina while urinating to extinguish the sting and soothe the delicate tissue. Sitz's bath. This shallow basin is located above your toilet. Fill with warm water and soak your bottom to reduce pain and encourage healing. Stool softener. Having your first bowel movements after childbirth can be daunting, especially if you have hemorrhoids on top of everything that happens to your vagina during childbirth. Ask your provider to recommend a soft stool softener that can make the experience easier. Regardless of the type of delivery you have, these items can be very helpful. Comfortable clothes. Make sure you have comfortable lounge pants to put at home You may prefer one that has a loose or adjustable waist if you have C-section.Heavy-flow maxi pads. Whether you give birth vaginally or via C-section, you will experience postpartum vaginal bleeding for up to six weeks. (Tip: You can also use pads to make soothing ice Simply open the pads, spray aloe vera gel into the center, soak it with witch hazel, and place it in the zipper closing bag in the freezer.) Ibuprofen. These over-the-counter anti-inflammatory drugs can help with perineal pain, cramps, and post-birth bleeding. Talk to your healthcare provider about the optimal dosing schedule for you. Nipple cream. Massaging a little modified lanolin ointment after breastfeeding can help prevent and cure your nipple pain. (Tip: Applying the stated breast milk can do the same.) Nursing pads. These useful pads are available in disposable and reusable materials and will absorb breast milk leakage when you are not actively breastfeeding and protect the sore nipples from rubbing. Nursing or pumping bras. The first allows easy access to breastfeeding, while the latter can withstand the flanges of the breast pump in a hands-free place. Have you noticed your pregnant partner cleaning up a lot lately? The explosion of energy of this organization is called nesting, and is considered an instinctive way in which parents-to-prepare for birth. Some people begin to experience the need to nest now, while others experience it much earlier or not at all. As a partner, it is your job to ensure that the pregnant person in your life is not overly self-imposed. At this point in pregnancy, your partner should not climb stairs, use supplies of harmful cleaners such as bleach, or lift heavy objects. Offer help and assistance whenever needed. It does not harm also to get into nesting yourself. Consider making the life of a new parent a little easier on yourself by stocking up on groceries and toiletries that aren't easily damaged now. At the same time, collect some make-ahead food to keep it stuffed in your freezer. Since you may still be on schedule each week, you may be returning to your provider's office for a checkup next week at 34 weeks. You may be offered a whooping cough vaccine between 27 weeks and 36 weeks as recommended by the CDC. Screening tests for group B strep (also called GBS or beta strep) typically last between 36 and 38 weeks. Preeclampsia is a serious pregnancy-related condition that affects your blood pressure, as well as several organs in the body including your kidneys, liver, and central nervous system. Between 2% and 8% of pregnant people develop preeclampsia. The condition usually appears in the third trimester but providers will filter out signs throughout pregnancy on each prenatal visit. Your risk for preeclampsia increases if you have certain risk factors. You may be more likely to develop preeclampsia if: You're African AmericanYou bring your first childYou're younger than 20 older than 35 yearsYou have a body mass index (BMI) of more than 30You have health conditions such as high blood pressure, kidney disease, diabetes, or autoimmune disordersYou carry twins or multiplesYou have had them before your Mother you baby with other people experiencing preeclampsiaWhile water retention in pregnancy is normal, if you experience significant swelling in your hands or face, your provider will evaluate you for other signs of preeclampsia, or high blood pressure induced pregnancy. There are also other signs of preeclampsia that you should be aware of. Notify your provider immediately if you have: Difficulty breathingHeadachesNausea and vomitingPain in your upper abdomen or weight gain your shoulders An increase if you have mild preeclampsia, your provider will continue to check your blood and urine pressure regularly. They might ask you to check your blood pressure at home, too. If they haven't already, your provider will also ask you to do a daily kick count to monitor your baby's wellbeing at home. Most preeclampsia people continue to have healthy babies, as long as their condition is detected and treated in a timely manner. Severe preeclampsia needs to be hospitalized. Providers will usually try to safely take your baby to 34 weeks, but you may have to give it early preventing further complications from preeclampsia, such as seizures or HELLP syndrome. If nesting instincts have kicked in, use it to your advantage when you have energy. You've probably done all the preparatory work for your labor and delivery, so this week is a great time to start learning about the postpartum period and get ready to take care of yourself and your newborn baby after giving birth. Page 6 At 34 weeks pregnant, your baby enjoys their time moving in their amniotic fluid, which peaks in terms of volume this week. In the meantime, you may travel more frequently to the bathroom and to your healthcare provider's office. 34 Weeks Pregnant Is How Many Months? 8 months and 2 weeksWhich Trimester? Third TrimesterHow Many Weeks to Go? At 6 weeks At 34 weeks, a baby is more than 12 1/4 inches (31.1 centimeters) from the top of their head to the bottom of their buttocks
(known as the length of the crown buttocks), and the baby's height is nearly 17 1/2 inches (44.2 centimeters) from the top of their head to their heel (crown-heel length). The baby weighs about 5 pounds (2,312 grams). Vervyell/Bailey Mariner Layers of thick, waxy, creamy cheese that covers your baby's skin have thickened until now. In week 34, vernix begins to come out of the amniotic fluid. Scientists believe that when babies ingest vernix in liquid, it can help with the development of their stomach and intestines. The amniotic fluid volume your baby is born with is at its peak of about 34 weeks. There is about 1 1/2 liters (800 milliliters) of fluid that surrounds the baby, and the baby moves in the amniotic fluid, swallows it, and inhales it into the amniotic fluid contributing to muscles and bones of the baby, digestive system, and lungs. At 34 weeks, the baby passes from moderate premature to late premature. A late premature baby may look like a full-term baby, but still not fully matured. Babies born at 34 weeks can experience some health problems such as ailing, difficulty feeding, or difficulty breathing. The survival rate of babies at 34 weeks is greater than 99%, and the risk of major defects associated with prematurity is as low as 5%. Explore some of your baby's 34 week achievements in this interactive experience. If you haven't already, you'll probably notice that your trips to the bathroom are becoming even more frequent. You might even see some leaking between trips. Frequent urination returns towards the end of pregnancy when the baby and your stomach are at their greatest and puts extra pressure on your bladder. You may find yourself using the restroom more often, especially at night. Not only can pressing on your bladder cause frequent bathroom breaks, but it can also bring new symptoms: leaking urine. Urine that leaks when you cough, sneeze, laugh, or engage in any physical activity is called stress incontinence. Stress incontinence affects about 41% of pregnancies. In early pregnancy, increased urination is often associated with hormonal changes, whereas at the end of pregnancy, pressure from your growing baby and uterus tends to be blamed. Frequent urination is just part of pregnancy, and unfortunately, there's not too much you can do about it. In the third trimester, leaking urine may also be part of your pregnancy experience. Here are some tips to help you get through these last few weeks: Don't try to limit your fluid intake to urinate less; continue to drink plenty of fluids. Stay away from caffeine which is a diuretic (meaning it can make you pee more). Go when you have to go; Don't hold him. Lean forward when you pee to help you completely empty your bladder. Go more often; empty your bladder so there is less urine to leak. Cross your legs when coughing, sneezing, or laughing. Wear a pantyliner or pads to catch any leaks. Incorporate kegel or pelvic floor exercises into your daily routine. Have you talked to your healthcare provider about perineal massage? If so, and you're interested in getting started, this is the week to get started. This practice helps improve the plasticity of your perineum (the area between the vagina and anus), reducing the chances of you tearing and episiotomy; incisions into the perineum during labor. [For massage] You or your partner will place two fingers inside your vagina and apply pressure straight down for two minutes. Then apply the same pressure to each side for an additional four minutes. For best results, do this every day for the rest of your pregnancy. —Allison Hill, MD, OB/GYN You should get your how-tos directly from your doctor or midwife, here are some make-it-easier tips: Use a warm compress. Put a warm rag in your perineum for about 10 minutes before the massage. Wash your hands. Anyone who does a massage should clean hands (with trimmed and cleaned nails). Find the right position: Some women prefer to sit on their beds with their knees against the wall and their feet on a bench. Use lubricants. According to Dr. Hill, water-soluble lubricants such as vitamin E oil or almond oil applied directly to your finger (or your partner's) can make massage more comfortable and hydrate the perineum. Try it in the tub. You can make massage easier, and warm water can help your skin stretch. It is necessary to make sure you are there when your pregnant partner talks to his or her health care provider about perineal massages this week, as pregnant women may turn to their partner to help with their daily practice. While the above can give you a sense of what's involved, you'll definitely find it helpful to have the full instructions described to you during the visit if you're inclined to help with this—and your partner asks you to do so. Carrying twins or multiples? This could be very well be your last prenatal visit. The average twin pregnancy lasts about 35 weeks. For others, this 34-week checkup will consist of standardized tests and steps: Weight pressure checkBlood TestUrine testSwelling checkFundal height measurementListening to baby's heartbeatDiscussion of symptomsAnswering your questionWeight gain is recommended for those who have a normal body mass index (BMI: 18.5 —24.9) at the beginning of pregnancy is 25 to 3 pounds. However, everyone is different, so follow your doctor's advice when it comes to your pregnancy weight gain. Based on these loose guidelines, you may be up about 25 pounds since the beginning of your pregnancy. Your provider may feel outside your stomach to check your baby's position. As you approach your due date, the baby should switch to a head down position. Your provider monitors your baby's growth on each appointment by checking the height of your funds (measurements from your pubic bone to the top of your uterus) and feeling your uterus. Ultrasound measurements can also be used to estimate the size and weight of your baby. You may be offered a whooping cough vaccine (pertussis), also called Tdap, during this visit. The CDC recommends pregnant women receive this vaccine between 27 weeks and 36 weeks. During your next prenatal visit, it's a good idea to ask your health care provider about their attitude when to cut the baby's umbilical cord. Both the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP) recommend waiting at least 30 to 60 seconds after birth before clamping the umbilical cord. The World Health Organization (WHO) goes a step further and recommends waiting one to minutes (or longer) after giving birth. Childbirth. The practice is to clamp the cord immediately after birth, this practice is commonly known as delayed cord clamping, and can offer a number of health benefits to babies with relatively little risk. Since you may still be on every other week's schedule, you may be returning to your doctor's office for an examination in two weeks at 36 weeks, after which your provider will want to see you once a week until you deliver. Between 36 weeks and 38 weeks, your health care provider will screen you for group B strep (also called GBS or beta strep), bacteria found in your genital tract. It's present in about a quarter of all healthy women, and while it may not cause problems for mothers, it can be for babies. In some situations, such as a high-risk pregnancy, or if there are concerns for your health or the health of your baby, your provider may order additional testing. These tests can include: As you approach the term, you and your provider will start talking more about making final preparations for labor and delivery. Preterm birth is defined as giving birth before 37 weeks. About 12% of mothers expect to give birth to their babies prematurely. One study of more than 34 million U.S. births between 2007 and 2015 showed that about 6% of shipments occurred between 34 and 36 weeks. During your appointment, your provider will check your baby's position. If your baby is breech at 34 weeks—which means that instead of head down, the bottom or legs of your baby lead—that doesn't mean that your baby will remain in that position come labor day. Only 3% to 4% of full-term births are breech. At this point in pregnancy, about 14% of babies breech, but by the 36th week, that number shrinks to 9%. —Allison Hill, MD, OB/GYN Regardless, your healthcare provider is likely to go beyond what you can do to help change the baby and what might happen if your baby doesn't change. Currently, most breech babies are born by planned Caesarean section, but a planned vaginal birth of a single breech baby can sometimes be an option. Hands-to-Belly First Procedure. your provider can suggest an external cephalic version (ECV), also called a hands-to-belly procedure, to get the baby in an optimal position. It is generally offered for breech babies between week 32 and week 37. With this procedure, your provider (and possibly assistant) applies firm pressure on your stomach in an attempt to encourage the baby to turn around. You may be given terbutaline, a drug that extinguishes uterine contractions, and/or epidural to block pain. Usually, ultrasound is also used as a guide. More than half of ECV's efforts were successful, according to the American College of Obstetrics and Gynecologists. Warning: Some babies who have successfully turned their heads down return to breech positions before labor day. Methods at Home There are also several methods at home to make your baby change that you can try. However, it is important to consult with providers before trying this: Acupuncture and moxibustion: According to a report in the Journal of Maternal-Fetal & Neonatal Medicine, acupuncture combo plus moxibustion can be effective for completing breech presentations. Acupuncture involves inserting skinny needles into certain points on the mother's body to stimulate the baby to move painlessly, while moxibustion involves burning herbs and applying their heat to a specific area of the mother's body to encourage
the same. Chiropractic adjustment: An une aligned pelvis can make it difficult for the baby to get out of the breech position. However, getting the right chiropractic adjustment can improve that situation. Although the study was older and smaller, a report in the Journal of Manipulative and Physiological Therapeutics found that 82% of practitioners had successfully transformed babies with chiropractic care. Some of the methods that people say work but have no scientific evidence to support them include: Apply a cold packet: Place a packet of ice or a bag of frozen peas wrapped in a light cloth over your stomach where the baby's head is located. Use gravity: Lie flat on the ground with a stack of pillows under your hips for 10 to 15 minutes each day. Shine a light: Point the flashlight at your pubic bone to encourage the baby to come towards the light to move down. At 34 weeks, you are nearing the final stretch of pregnancy, but you may still have some time before the baby is here. Now it's time to really hone the to-do list items you really want to do before your little one's arrival so you're ready to go whenever the baby decides to make their appearance. Page 7 Vervyell/Bailey Mariner At 35 weeks pregnant, most of your baby's development is complete, but your little one more than puts these last few weeks before giving birth to good use. In the meantime, you will probably do your best to manage general discomfort and sleep before the arrival of the baby. 35 Weeks Pregnant Is How Many Months? 8 months and 3 weeksWhich Trimester? Third TrimesterHow Many Weeks to Go? At 5 weeks At 35 weeks, a baby is more than 12 1/2 inches (32 centimeters) from the top of their head to the bottom of their buttocks (known as the length of the crown buttocks), and the baby's height is close to 18 inches (45.5 centimeters) from the top of their head to their heel (crown-heel length). babies weigh about 5 1/2 pounds (2,527 grams). Baby Vervyell/Bailey Mariner may look fully developed at 35 weeks, but there's still a lot of growth going on that you can't see. The end of pregnancy is another time of rapid brain growth for your baby. In fact, the baby's brain weight grew by about a third over the last 4 to 5 weeks before the full period. Your baby is also weight steadily, putting on about 8 ounces (half a pound) each week. With each ounce, more fat develops under the baby's skin and their skin becomes less wrinkled. They might need a little bit, with some oxygen right after giving birth, but they have a more than 99% chance of survival and are at a much lower risk of lifelong disability due to prematurity. Along with other third trimester symptoms such as Braxton Hicks contractions, fatigue, swelling, and frequent urination, you may also experience some headaches and difficulty sleeping in these past weeks. Headaches can occur at any point in your pregnancy, but they are most common in the first and last trimesters. While early pregnancy headaches often occur thanks to increased blood volume and hormones, headaches in later pregnancy are more frequent due to worsening posture, sleep problems, and stress. Between the difficulty of finding a comfortable position, night sweats, heartburn, having to get up to urinate all night, and anxiety/excitement about childbirth, it's no wonder you don't sleep well. Studies show that about 78% of pregnant women report sleep problems, and 98% say they wake up at night. Between discomfort such as headaches and disturbed sleep in these past weeks, it can be difficult to get the rest you need ahead of the arrival of the baby, but there are things you can do for comfort. If a third trimester headache is bothering you right now, here are some things you can do to feel better: Use a warm or cold compress. Place a warm compress near your eyes and nose for sinus headaches, or wrap an ice pack in a towel and place it at the base of your neck to help relieve tension headaches. Schedule a prenatal massage. Pregnancy-friendly massage therapy can help relieve the tension that causes headaches in your neck and shoulders. Keep your blood sugar stable. Eating small but frequent meals throughout the day can help you keep your blood sugar levels stable and ward off hunger-related headaches. Practice good posture. Try to always tilt your pelvis forward to prevent your lower back from shifting further that way. At the same time, engage your stomach and buttocks so that those muscles can become natural corsets. Maintain a regular sleep schedule. And, when on your side in bed, put a pillow between your knees. This supported position better distributes weight, helping to relieve tension that causes headaches and other discomfort. Avoid food triggers. Chocolate, yogurt, old cheese, peanuts, yeast bread, cured meats and sour cream can all kick in a headache. Break. Try to rest in a dark and quiet place. Ask about acetaminophen. While pain relievers such as aspirin and Advil (ibuprofen) are not recommended for most pregnant women, Tylenol (acetaminophen) Ok. Always consult your healthcare provider before taking any medications, including over-the-counter options. And remember: All drugs should be used sparingly. Know when to call a doctor. Tell your doctor if you have a severe headache that doesn't go away or gets worse, you have a new or different headache, you have a high history of pressure, or you have other symptoms such as swelling of the hands and face, difficulty breathing, or blurred vision. And sleep disorders will continue through the first few weeks of postpartum when you take care of your newborn. You may not be able to get a full night's sleep uninterrupted for a while, but there are some tips to help you get as much sleep as you can: Drink plenty of fluids during the day to stay hydrated, but start limiting your intake at night to reduce the number of night trips to the bathroom. Avoid foods that can give you heartburn and eat too close to bedtime. Get a little safe exercise during the day. If you take a nap, do it at the beginning of the day. Make your room a comfortable temperature; many experts recommend lowering the temperature for sleep. Cover the bed layers so you can add and remove them easily. Use bed and body pillows to find a comfortable position on your side. Avoid electronics and televisions before going to bed, and consider reading instead. Try to maintain a consistent schedule with sleep and wake up at the same time every day. Try relaxation techniques or meditation at night to prepare for sleep or go back to sleep after waking up. Talk to your doctor about a safe remedy if you need it. If you have a dog at home, you should prepare it for your new arrival. To help alleviate the anxiety your pet might feel—and create a safe environment for babies—try this advice: Contact your vet. Make sure your pet is up to date on all vaccinations. Use baby products now. Give your dog a chance to become familiar with the smell of the baby before the baby arrives using the baby's own lotions, creams and shampoos. Play the baby's voice. As much as possible every day, play realistic baby coos and cry during intervals of 10 to 15 minutes, suggests the American Society for the Prevention of Cruelty to Animals (ASPCA); Fast mobile app search can help you find what you're looking for. When it's on, offer your dog a curl, pat and treat. After you turn off the sound, ignore your pet for a while. These exercises can help condition your dog to look forward to the baby's voice, instead of being afraid of them. Try a blanket. After a few hours, the baby swaddle blankets will hold on to their scent. Bring home a used blanket so your pet sniffs before taking your baby home from the hospital. Make a fake entry. When returning home after the birth of the baby, ask others to enter the house first. This way, your dog can have a minute or two of excessive excitement before you and your newly expanded family members You'll probably see your provider for a prenatal visit next week at 36 weeks. After next week's appointment, you'll start seeing your health care provider every week until you deliver. Between next week and week 38, you will have a screening test for bacteria found in the vagina of about 1 in 4 pregnant women. It's called Group B (also called GBS or beta strep). If there are concerns for your health or the health of your baby, your doctor may also order additional tests such as: As you approach the term, much of the discussion will center around childbirth and childbirth. Giving before 37 weeks is called preterm birth. About 12% of births occur prematurely. In the United States, a large study of more than 34 million births between 2007 and 2015 showed that about 6% of women gave between 34 and 36 weeks. Your provider monitors your baby's growth throughout pregnancy. At birth, most full-term newborns weigh between 5 pounds 11 ounces (2,600 grams) and 8 pounds 6 ounces (3,800 grams). Babies who weigh more than 8 pounds 13 ounces (4000 grams) at birth are considered to be large babies. When Large Isn't Large If your doctor or midwife has told you that your baby looks big, there is no need to panic. Determining whether the baby is, in fact, large while still in the womb is not appropriate. In fact, a third of women who were part of a 2015 study published in the Maternal and Child Health Journal were told that their baby may be big even though near the end of the third trimester. But only one in five of them actually gave birth to babies over 8 pounds, 13 ounces - the usual threshold for labeling a large baby. Concern Over Size While it is impossible to know how much your baby weighs while they are still in your womb, your doctor may attempt to estimate their size and weight through examinations and ultrasounds. Risk factors such as gestational diabetes, previous large infant labor, or a large baby's family history, are also considered. Although rare, having a larger-than-average baby can lead to some complications. You may
have longer and more difficult labor, may require a C-section, and the baby may experience some birth injuries and require a longer stay in the hospital. So, having a better idea of the size of your baby can help you and your provider prepare for childbirth. Your doctor will discuss your options for delivery based on the estimated size of the baby, the size and shape of your pelvis, your overall health, and the condition of your baby. According to the American College of Obstetricians and Gynecologists: You can still have spontaneous vaginal delivery. Just because your health care provider suspects your baby may weigh more than 8 pounds and 13 ounces doesn't mean you should induce labor or schedule a Caesarean section. However, you can consider the C-section. If the estimated baby weighs more than 11 pounds (5,000 grams) without diabetes, or 9 pounds 15 ounces (4,500 grams) with diabetes, a Caesarean section may be a safer option. Labor induction is not necessary or recommended. After giving birth, things will not it's all about the baby. So with only a few weeks left until the full term, be sure to take some time to Cut yourself some slack and rest when you can. Now is the time to prioritize your well-being and start to feel comfortable with incomplete projects and ask for help. Page 8 Vervyell/Bailey Mariner At 36 weeks pregnant, you are officially nine months along. Yes, you read it correctly. Although you will usually hear references about nine months of pregnancy, in fact, a full term is closer to 10 months (and sometimes a little more) when all is said and done. But you're on the stretch of home now and as you continue to prepare for the baby's arrival, they're doing the same. 36 Weeks Pregnant Is How Many Months? 9 monthsWhich Trimester? Third TrimesterHow Many Weeks to Go? At 4 weeks At 36 weeks, a baby is nearly 13 inches (32.9 centimeters) from the top of their head to the bottom of their buttocks (known as the length of the crown buttocks), and the baby's height is nearly 18 1/2 inches (46.8 centimeters) from the top of their head to their heel (crown-heel length). The baby weighs about 6 pounds (2,745 grams). Vervyell/Bailey Mariner Chances is good that your baby is now in a head down position, ready for their birthday. At 36 weeks, up to 93% of babies refuse, and after 37 weeks, 97% of babies are in a head down position for birth. The baby's sleep-wake cycle becomes more developed. At 36 weeks, your baby will continue to show active sleep but now has a different sleep period than a quiet sleep as well. At 36 weeks, the baby's eyelids have a smooth margin and are almost completely formed. Babies born at 36 weeks are considered prematurely late or short-term. They are very close to being ready to be born, but they are still ripe. After delivery, they may not need any help, or they may need a little help. Most babies at this stage do very well. The survival rate at 36 weeks is more than 99%. Explore some of your baby's 36 week achievements in this interactive experience. Your baby bump hasn't finished changing. Just when you feel familiar with its size and shape, it will change again, and as you approach labor one big change to be named is the baby dropping into your pelvis. If your stomach suddenly looks different, don't panic. When the baby shifts position and descends to the pelvis it is called lightning. Once your baby settles on the pelvis, you may feel like you finally have more room to breathe. Of course, trade-offs put more pressure on your pelvic area. First-time mothers can experience this decline 2 to 4 weeks before giving birth. The second time, however, it may be later and not until labor begins. There is no clear correlation between when your baby goes down and when labor begins. —Allison Hill, MD, OB/GYN You may continue to continue to become bigger and heavier. Plus, once the baby drops, the rest of the baby will be a lot of pressure in your pelvis causing aches, pains, and a weight. Some women described the feeling as akin to squeezing a bowling ball between their legs. This is a key sign of rapid growth for your baby and your weight gain during the third trimester. You may have experienced this when you were pregnant with your first child. Allison Hill, MD, OB/GYN While you may have experienced this when you were pregnant with your first child, you may not have experienced this when you were pregnant with your second. Pelvic pain is common in this late stage of pregnancy. It affects 1 in 5 women. Although you can't really prevent this pain, you can do a few things to help alleviate your discomfort: Wear a pregnancy pelvic support belt. Ask your doctor if it is safe to take a warm bath. Sit down or lie down with your feet up. Review the signs of labor so you can distinguish between labor pressure and pain. Most importantly, hang in there. You're near the end of pregnancy now. It won't be long before the source of the pressure is born and you feel relieved. While your pregnant partner prepares to ask his or her health care provider any lingering labor questions, it behooves you to do the same. Here are some points you might want to cover with your doctor or midwife and/or partner: Review how to calculate contractions: You may also consider downloading an app specifically designed to help you do this when it all starts. Going to how long each stage of labor usually lasts: Review the birth plan so you can be your partner's advocate. Brainstorm different types of disorders and support for different stages of childbirth (and be aware that, although they may be useful to some people, your partner may or may not be in the mood for them at this time). You can expect regular checkups during regular visits this week: Weight checkUp pressurbloodSwelling checkFundal height measurementListening to baby's heartbeatDiscussion of symptomsAnswering questions You recommended pregnancy weight gain for women who have a normal body mass index (BMI: 18.5-24.9) before pregnancy is 25 to 35 pounds. In the third trimester, it is expected that you may gain about a pound a week. So, by week 36, you may have gained about 27 pounds from the beginning of your pregnancy. Of course, every pregnancy is different, so talk to your doctor about how

together to attach or seal your cervix to protect your pregnancy. Now, as early as a few weeks before delivery, a change in your cervix can loosen that protective plug. Part or all of the mucus plug may fall out. It can appear as a thick discharge tinged with brown or red stripes. When there are pink or red patches along with the loss of the plug, it is known as a bloody show. Of course, some women go through the plug without noticing it. Although the loss of mucus plugs is one of the signs your body is preparing for labor, it does not always indicate that the big moment is right around the corner; it could be hours, days, or weeks. That said, if you lose your plug now, let your healthcare provider know your next prenatal appointment. Rest assured, your baby is not at increased risk for infection as a result of this. At this point in the Self-care should include balancing the loose ends and taking time out for yourself as you will soon join the new additions. While many mothers are working to save their entire family and medical leave for after the baby arrives, others want to take some time before birth as well. While it's certainly not possible for everyone, I like to encourage patients to try and take some time off from work — even if it's only a few and a half days, even if you feel fine — at the end of pregnancy. This is really your last chance to take some time for yourself before your baby changes your life. —Allison Hill, MD, OB/GYN Nesting in the third trimester of pregnancy usually means getting ready and organized for your new arrival. This can include cleaning, last-minute preparation in the nursery, shopping, collecting the supplies you need after you get home with the baby, pre-cooked meals or other preparations. In animals, nesting is a killing instinct to prepare their nests for the birth and safety of their children. In humans, there is no good evidence to say the common behavior we call nesting is the result of biological impulses. It may be more of an awareness that it is easier to get things done before there is a new baby to care for and it is helpful to be prepared when you come home with the baby. If you have a car seat; a safe place for the baby to sleep; diapers; tissues; one clean week; And baby hat, you're good. If you're not planning on breastfeeding, then add bottles and formulas to the shortlist you should have as well. If needed, your baby's spouse or visitor can come in and get anything else you feel you need once your new baby arrives. Work on your nest if you want, but not on it. Continue practicing Kegels and perineal massage. Take some time for yourself before the baby arrives. Create a list of last-minute work and delivery questions. While your pregnant partner is discussing her questions, concerns, and thoughts with you and her health care provider, feel free to acknowledge your own delivery day anxiety as well. Ask your own questions about your spouse's midwife or doctor, seek advice from experienced parents, and talk to your partner. It's not uncommon for those in your position to worry about many of the same things as mother-to-be, such as getting to the hospital or maternity center on time, or feeling nervous watching the birth. Other common concerns include: Being in a wayDo not provide test supportDo not be a good advocate for your partnerAny your loved ones in pain Remember that whatever you feel fine and natural, especially if this is your first. Feel free to discuss your feelings with healthcare providers, partners, and other experienced family members. You're used to prenatal visit routines now. You can expect to: Step on the scalePerhaps your blood pressure urine samplesHave an exam to check your body for swellingGet high measurements of your fundsListen into your baby's heart rateMenasay your provider feels outside your stomach to position your babyDiscuss all your symptoms Have a cervical examination to check for signs of upcoming childbirthHave time to ask questions and get answers Whether you plan to have a Caesarean section or not, take this opportunity to talk to your health care provider about what-if this surgical procedure. After all, 32% of all shipments in the United States end up through the C-section, according to the Centers for Disease Control and Prevention —some planned, some not. While some Caesareans are pre-scheduled due to concerns such as placenta previa, breech or transverse presentation, or multiples, more often than not, determining whether the baby comes out vaginally or by C-section does not occur until you are actually in labor. —Allison Hill, MD, OB/GYN Whether the C-section is part of your plan or not, ask your doctor or midwife questions such as: What are the most common reasons you might recommend C-sections during labor? Can I see my baby being born? Can my partner be indoors? Do my arms need to be tied during the procedure? When can I hold my baby after C-section? How soon can I breastfeed after surgery? What postoperative pain medications are given? Is it safe for my baby if I'm a nurse? How long does recovery usually last? What does a C-section scar look like? If you have scheduled a C-section and are sure that you don't want to get pregnant again, you might consider tubal ligation (having a tube bound). If, so be sure to talk to your provider about this plan; some women choose to complete both procedures at the same time, but advanced planning is required. Now that you've graduated for a weekly prenatal visit, you'll be back in the office again next week. If you haven't already, you can expect playback for Group B strep, which usually finishes between week 36 and week 38. If your pregnancy is considered high risk, or if there are concerns for your health or the health of your baby, your doctor may order additional testing. These tests can include: Under special circumstances, this week may be accompanied by certain procedures such as cervical removal or induction discussion. According to the study, the probability of giving birth to a baby between 37 and 38 weeks is 24% to 29%. If you received a cervical exam early in your pregnancy, where a surgeon sews around your cervix to help prevent premature birth, this is the week when your health care provider will remove the stitches. Studies show that only 11% of mother delivers within 48 hours of the removal procedure. The average time from cerclage removal to delivery is 14 days. Day. your health or baby, your healthcare provider may recommend labor induction. Labor induction is when doctors use a variety of interventions to initiate labor before it occurs naturally. Labor can be brought in artificially by: Drugs such as Pitocin, a synthetic form of the hormone oxytocinPunkuring amniotic sacs with devices such as hooks, allow fluid to releaselike membranes, a procedure in which your provider uses their finger to separate the cervix from the amniotic sac without damaging it Foley catheter-like devices are placed through the cervix and then expanded to widen the cervix. If you experience a small burst of nesting energy this week, use it wisely. Do your best to focus only on the most important items in your to-do list, leave the rest to another time or, better yet, ask your partner or a supportive friend or family member to help. Remember that it is equally, if not more, important to prioritize yourself during this late stretch of pregnancy. Page 10 Vervelly/Bailey Mariner At 38 weeks pregnant, your baby is approaching full time and complete maturity. You may actually breathe a little easier as the baby moves lower to your pelvis reducing upper abdominal pressure. That said, just waking up to get a glass of water might feel like a chore. 38 Weeks Pregnant Is How Many Months? 9 months and 2 weeks/Which Trimester? Third TrimesterHow Many Weeks to Go? At 2 weeks At 38 weeks, a baby is more than 13 1/2 inches (34.6 centimeters) from the top of their head to the bottom of their buttocks (known as the length of the crown buttocks), and the baby's height is nearly 19 1/2 inches (49.3 centimeters) from the top of their head to their heel (crown-heel length), the baby weighs about 7 pounds (3,186 grams). Vervelly/Bailey Mariner It is important to note that the figures above are general guidelines based on averages. Your baby may be slightly larger or smaller than this measurement at birth. In fact, the length of healthy newborns (height) can range from 17 3/4 inches (45 centimeters) to nearly 22 inches (55 centimeters), while their birth weight can range from 5 1/2 pounds (2,500 grams) to 10 pounds (4,500 grams). Your baby sheds soft and smooth hair (known as lanugo) that covers their body in utero. Most of this hair usually disappears before a full-term baby is born — although some hair may remain on the baby's shoulders and arms. The color of your baby's eyes may be dark blue-gray now (and at birth), but that doesn't mean it will stay that way. The color of your baby's last eyes will depend on how much protein called melanin your baby produces. But, it can take up to a year to slice, or the part of the eye that color, to reach the final color of brown, blue, green, hazel, or somewhere in between. Pregnancy is considered full at 39 weeks. From 37 weeks to 38 weeks and 6 days, babies are considered early. While the baby is just about about for births at 38 weeks, there are still some last-minute developments that occurred over the last week or two in the uterus. Explore some of your baby's 38-week milestones in this interactive experience. Your body is not much larger or more awkward than at the end of pregnancy, and you may experience symptoms to prove it. The simple act of walking can become uncomfortable during the third trimester. Between carrying extra weight, your uterus taking up almost any room inside your stomach, and your baby's head putting pressure between your legs, you may find yourself waddle into pregnancy. Not only do you have a large stomach and extra weight that throws
away your center of gravity, but in preparation for childbirth, your ligaments and joints loosen. These changes can make you feel a little unstable in your legs. As a result, your chances of falling are higher. If you feel extra awkward or are having more trouble moving, take it as a sign to rest. As you rest, consider brushing the basics you learned in your birth class, including signs of childbirth. You may need to try harder than usual to maintain your balance over the last few weeks. Here are some tips: Wear comfortable, flat shoes. Take your time and move slower. Be careful when you reach for something. Stay alert to your surroundings. Avoid climbing and situations that can cause your balance loss. Wear a pregnancy support belt. Engage in safe exercises such as pregnancy yoga. Eat small meals throughout the day and drink plenty of fluids to prevent dizziness. You are getting closer to the baby's birthday now, so you will want to look for signs of childbirth. You may soon know that it's time, but for some expecting mothers, it can be hard to say. Here are some signs of labor you're looking for: Loss of mucus plug: Clear mucus discharge or blood-stained/lightening. Baby down to pelvis Water breaking: Clear leakage, dripping water from your vaginaDiscomfort: Pain or cramps in your stomach or lower backContract: Regular tightening and softening of your uterine muscles and growing in intensity you may not see all these signs, and some may appear before labor begins. For example, your mucus plugs could fall out and your baby could drop a few weeks before you give birth. Contractions can begin without your water breaker or your water can break without any visible contractions. It's easy to say it's labor when your water breaks and contractions begin. But, if you only have a few cramps, it may not be obvious. So, call your doctor or head to the hospital if you think you are You're in a lot of pain, you're bleeding from your vagina, or your baby doesn't seem to be moving as much. Now that the last weeks of pregnancy are here, be sure to on you and your partner. Take the time to relax or enjoy the activities together not only to distract both of you from the waiting game but to enjoy being just the two of you before your baby arrives and your family grows. You're getting really close now. There aren't many prenatal visits left this week. In fact, at this point, you never know when it's your last. This week, you'll be doing typical checks and exams, including: Weight box pressure checkCheck testUrine testSwelling checkFundal height measurementListening to baby's heartbeatChecking the position of the babyChecking your cervixDiscussing your symptomsAnswering your questions you and your baby are still gaining weight over the last few weeks. It is expected that you will gain about a pound a week at this point, so you may have put on about 29 pounds by now. For those with a normal body mass index (BMI: 18.5–24.9) at the beginning of pregnancy, the recommended weight gain during pregnancy is 25 to 35 pounds. However, everyone and pregnancies are different, so talk to your doctor about how much weight you've gained to make sure you're on the right track for you. Now it's time to share it with your healthcare provider (and your partner), no matter how silly or outrageous they may seem. Your provider can help allay your fears and offer a reality check. Some of the concerns that generally top the mom list include: Now that you're scheduled for a weekly prenatal visit, you'll be back for another appointment next week at 39 weeks. Depending on your situation, your provider may order additional tests to check the health of your pregnancy and the baby, such as: Childbirth often does not look like what you see on TV or in movies, starting with when the water breaks. Do you know what to expect? In the United States, a major study of more than 34 million births showed that 24% to 29% of women expecting delivery between 37 and 38 weeks. The water bag that breaks during labor is the amniotic sac. The sac consists of two membranes, and they hold the amniotic fluid that surrounds your baby. Your water breaker is also called the rupture of the membranes. If your water breaks naturally (without intervention), it may emit liquid or just droplets. You may soon know, or you may not be so sure. Amniotic fluid: Clearly like what you want, like your body temperature, doesDoes it smell like urine — if you are not sure if your water has been damaged or not, change your underwear, put on pads, and wait. If the liquid is really urine, nothing else is likely to happen. But, if it's amniotic fluid, it will continue to get wet. Clear, you should contact your health care provider who is likely to get you to the hospital. If your water comes out, broken but you haven't contracted, your provider may want you waiting for it allows the water to start over the next few hours if your water breaks at this stage of pregnancy, childbirth (either through natural development or induction) will immediately reduce the risk of infection of you and your baby. With just one week until you and your baby are considered full term, it won't be long until you meet your baby. Try to find saline as all the preparations you have done to date. Instead of keeping your focus entirely on your baby and their upcoming birth, take this time to focus on you and your partner. If this is your first child, try to enjoy these last moments as a family first. If you have other children, be sure to spend quality one-on-one time with them as well. Page 11 Vervelly/Bailey Mariner At 39 weeks pregnant, you and your baby are considered full term. You may feel like it's time, and it could very well be. Not all women remain pregnant long enough to give at the 40-week mark. Pregnant 39 Weeks Is How Many Months? 9 months and 3 weeks/Which Trimester? Third TrimesterHow Many Weeks to Go? 1 week At 39 weeks, a baby is nearly 14 inches (35.4 centimeters) from the top of their head to the bottom of their buttocks (known as the length of the crown buttocks), and the baby's height is more than 19 3/4 (50.5 centimeters) from the top of their head to their heel (crown-heel length), the baby weighs about 7 1/2 pounds (3,403 grams). Vervelly/Bailey Mariner It is important to know that the weight and length measurements provided above are approximate. Your baby may be larger or smaller than the average at birth, and that's still normal. The length of birth (height) of a healthy newborn can range from 17 3/4 inches (45 centimeters) to nearly 22 inches (55 centimeters), and the birth weight of a healthy newborn can range from 5 1/2 pounds (2,500 grams) to 10 pounds (4,500 grams). Your baby's organs are fully formed and able to function normally outside the womb. But, that doesn't make the last days of pregnancy less important. During this time: The baby's brain and lungs continue to grow and develop. Babies still gain about 1/2 pound a week. The baby is getting ready for labor and birth. Your baby's immune system is also getting stronger. During pregnancy, you pass antibodies on to your baby to build up their immune system and help them fight diseases and infections. While the baby has been receiving your antibodies from the placenta since week 13, most of the antibodies you gave them during pregnancy transfer over the last few weeks. A full-term baby is a baby born between 39 weeks and 40 weeks 6 days. Babies born during this time frame have the best health outcomes. Explore some of your baby's 39 week achievements in the experience This. You may still experience most, if not all, of the symptoms your third trimester has to date, this, on a more interesting note, your body also tends to make real steps in preparation for the birth of your baby. At 39 weeks, your baby is more than likely head down and located low in your pelvis. As the baby's head gradually inches closer and closer to your cervix, pressure should help prepare your cervix to begin to soften, shorten, and thin out. This process is called maturation or effacement. To give birth to your baby, your cervix must efface (soften, shorten and thin) and open or widen. For some women, effacement and dilation come slowly and steadily for weeks. For others, it all happens rather quickly during labor. Changes in the cervix occur, in part, because you experience an increase in a hormone called prostaglandins. Prostaglandins help make the cervix ready for childbirth and birth, but they can also carry loose stools. Ready to give birth to your baby? Once you have a full term, it is usually safe to take steps to encourage labor. There are a few things you can do at home that might gently push the baby out. If your provider isn't trying to keep you from going into labor for whatever reason, you can try: Take a walk: Some believe that being upright and moving encourages the baby to slide further down and puts pressure on your cervix to make it all move along. Stimulate your nipples: Nipple stimulation spurs the release of oxytocin, which can stimulate contractions. (You can massage your breasts, apply a warm compress, use a breast pump, or ask your partner to help.) Having sex: Some believe that prostaglandins in semen can encourage childbirth. Others note that oxytocin released during orgasm is what can help coax the baby out. There is no scientifically proven theory. That said, if you're ready for it and it'll help take your mind off being 39 weeks pregnant, it's worth a try. Take evening primrose oil: Evening primrose oil (Oenothera biennis) contains linolenic acid, which can stimulate the production of prostaglandins. While scientific evidence to support this is in short supply, it seems safe, but talk to your provider before starting this supplement. Continue to take your prenatal vitamins and drink plenty of water. Continue with your Kegels workout and daily perineal massage. Take a walk. Try intercourse, orgasm, and/or nipple stimulation to help spur
childbirth. Take the time to relax before the big day. Sexual intercourse, female orgasms, and nipple stimulation can help encourage childbirth. But all of the above is likely to do nothing but mother-to-be relaxed and in the mood. If he's medically to go into labor (meaning her health care provider hasn't explicitly said otherwise) and you're both interested in trying to start something this way, do what you can to make her feel comfortable. But remember: Intercourse is not allowed if your partner's water has been damaged. Intercourse is not recommended if your partner is bleeding. It's her orgasms and pleasures that will spur the release of release need to occur inside the vagina for semen prostaglandins to do their job. Certain sex positions may be more comfortable for him than others. You'll have the usual measurements, examinations, and discussions on this weekly visit, including: Severe pressure checkBlood TestUrine testSwelling checkFundal height measurementListening to baby's heartbeatChecking the position of the babyDiscussion of symptomsCervical examinationAnswering your question Take this time with your provider to ask any lingering questions about labor and delivery. Of course, if you think of something later, you can always call the office. You're at the end of your pregnancy. If you are in a normal body mass index (BMI: 18.5–24.9) before becoming pregnant, it is recommended that you gain about 25 to 35 pounds during pregnancy. So, you may have gotten more or less depending on your situation and your doctor's recommendations. At 39 weeks, your doctor or midwife can offer to disasm or sweep your membranes. They can perform this procedure during internal exams if the cervix has begun to widen. To disasm the membrane, your healthcare provider will use a beloved finger to gently separate the membrane that attaches the amniotic sac to your uterine wall. This procedure can stimulate natural prostaglandins and initiate contractions. While not every doctor or midwife routinely offers the procedure, it can reduce the need for induction and decrease your chances of becoming a post-term (past the 40 weeks and due date you expect). Know, however, that this procedure can cause discomfort (similar to menstrual cramps) and you may experience some spots up to three days after, but all of them are perfectly normal. You have a very good chance of delivering this week or next week. A major study of more than 34 million U.S. births between 2007 and 2015 showed that 54% to 60% of those expecting had their babies between 39 and 40 weeks. Many mothers fear that the umbilical cord may wrap around the baby's neck, known as a nuchal cord. While it is true that this is a common occurrence (present in 20% to 30% of births), nuclei rarely inhibit the decline or delivery of babies, according to research in the Journal of Midwifery and Reproductive Health. A potential concern is not that the baby cannot breathe, but that the blood flow through the cord will stop. But the two arteries and blood vessels in the umbilical cord are protected by a thick substance called jelly Wharton, which cushions the vessels from serious damage. —Allison Hill, MD, OB/GYN Most of the time, the umbilical cord is loosely wrapped, so your health care provider can easily slide it over the baby's head during labor. However, if the umbilical cord is wrapped tightly, your doctor or midwife cut the cord before your baby is born. Born. general but more dangerous. This can lead to complications in babies such as low blood pressure, difficulty breathing, and, in some cases, death. Rest assured, however, that if the baby is in trouble due to a nuchal cord, your doctor will deliver the baby immediately and possibly via an emergency C-section. You have managed to reach full term, which means you can expect to meet your baby every day now. As most will tell you, however, it's still a bit of a waiting game. Some women feel a little impatient and ready to go. If you're in that group, that's okay. As long as your provider hasn't expressed any concerns, go ahead and try some safe methods to start labor naturally. Do your best to enjoy yourself. Babies will still come at their own time, so even if you have to wait longer than you expected, at least you're having fun in the meantime. Page 12 At 40 weeks pregnant, you have reached the milestone everyone has been counting down from the beginning. Hopefully, you'll welcome your new baby this week. Whether it happens or you find yourself late, the road ahead is a short one. Although women at this stage of pregnancy are often ready for their pregnancy to end, the feeling that comes with the reality of a big day can take a lot of surprises. 40 Weeks Pregnant Is How Many Months? 10 months/Why trimester? Third TrimesterHow Many Weeks to Go? 0 weeks At 40 weeks, a baby is about 14 1/4 inches (36.3 centimeters) from the top of their head to the bottom of their buttocks (known as the length of the crown buttocks), and the baby's height can stretch more than 20 inches (51.7 centimeters) from the top of their head to their heels (crown-heel length), babies may weigh close to 8 pounds (3617 grams). Vervelly/Bailey Mariner Your newborn can measure almost on average above. However, normally for a healthy newborn to be smaller or larger than those numbers. A healthy full-term baby can be between 17 3/4 inches (45 centimeters) long to nearly 22 inches (55 centimeters) long. It is also normal for a healthy newborn to weigh anywhere between 5 1/2 pounds (2,500 grams) to 10 pounds (4,500 grams). This week, your baby is on target at 40 weeks, which is considered a full term. Babies born in full term face less risk and generally have better health outcomes. After months of nothing more than the occasional peek at your little one through an ultrasound, it's time to get ready to meet your baby face-to-face. Your newborn baby might not look the way you'd expect it to. The perfect, fat babies in magazines are usually a few weeks old. Right after birth, newborns are wet and often show signs of a healthy birth They're just natural. The baby's skull will be soft and supple, allowing for a smoother transition through the birth canal, but can also leave it with a temporary cone-shaped head if you give it a vagina. Your new baby may be possible some vernix lining (wax, a white substance that covers their skin in utero) and lanugo (thin and soft hairs that cover their skin in utero). The baby's eyes may be quite swollen. Their hands and feet may be blue. There may be white dots, acne, or a red rash on the baby's face or skin. The baby's breasts and genitals may be swollen. Although the look of your baby may be a little strange at first, this variation in appearance is a normal expectation in a healthy newborn. As time goes on, your baby will look increasingly ready for their magazine cover shoot. After the baby is born, there are several procedures and tests that will take place soon, and a few more that will last for the first few days: Skin to skin: Right after delivery, your health care provider can suck mucus and amniotic fluid from your baby's mouth and nose, dry the baby, and place it on your stomach or chest for skin-to-skin contact — and your first hug. If you can't hold your baby right away, it's likely because they show signs of distress or you have a C-section, in which case they may need to be evaluated by a pediatric first. Umbilical cord: Your spouse or your health care provider will cut the umbilical cord officially separating the baby from the placenta that nourishes them throughout pregnancy. Weight and length: These initial measurements can be taken immediately after birth, or they may be delayed to facilitate skin-to-skin time for the baby. This measurement will be repeated at each future pediatric visit. APGAR score: Hospital or birth center staff will assess the baby's skin color, heart rate, respiratory efforts, muscle tone, and reflexes; this assessment forms the baby's APGAR score. APGAR scores are measured at one to five minutes after your baby is born and can usually be done while the baby is on your chest. Eye drops or ointments: Unless you refuse, the health care provider will apply antibiotic eye drops of erythromycin or ointment to the baby's eyes to help prevent infection. Vitamin K injections: Usually administered within six hours of birth, vitamin K injections are important to ensure proper blood clotting, which reduces the risk of the baby's brain and other bleeding. Hepatitis B vaccine: The American Academy of Pediatrics (AAP) recommends that all newborns receive spruce from the hep B vaccine within 24 hours of birth. You will be required to sign a parental consent form for this routine procedure. Hearing test: To test their hearing, babies' ears are exposed to sound through headphones while notes played on their heads determine how well the tone sounds. PKU test: This is also called a newborn screening test and is most likely performed when your baby is between 24 to 48 hours old. For this test, your healthcare provider baby heels to collect a few drops of blood to test for up to about 50 different diseases, including phenylketonuria (PKU), galactosemia, and congenital hypothyroidism. (What exactly was tested tested varies by state.) Circumcision: If you decide to circumcise your child, the procedure will be offered in the hospital within a day or two after birth. Is it possible, however, to delay or reject the procedure completely. For example, many Jewish families delay circumcision until eight days after birth in a religious ceremony known as milah brits. Many other families choose not to circumcise at all. At 40 weeks pregnant, you're full term, but if you don't have your baby this week, you're not alone. Only 19% of women actually give birth during the 40th week, with 14% giving birth at 41 weeks or more. —Allison Hill, MD, OB/GYN With babies coming on their own schedule more often than not, you may still find
yourself still waiting for your little one's arrival this week. Patience is definitely the key. When you give birth, you can expect to experience several stages: The first stage includes initial labor, active labor, and transition. The second stage is pushing and giving birth. The third stage is after the birth of the baby with the delivery of the placenta. Here's a look at parts of the workforce. With early labor, you will experience telltale uterine contractions. The initial (latent) phase of labor can consist of irregular, not very painful contractions that last 30 to 45 seconds. But it can also consist of painful contractions from the beginning. —Allison Hill, MD, OB/GYN With each contraction, your cervix is constantly open (dilated) and thin (efface). Unlike Braxton Hicks, labor contractions don't stop when you shift positions. They start at the back and move ahead of your stomach, and they feel stronger than the contraction exercises you've experienced until now. This early stage of delivery can last a day or two, so contact your doctor or clinic to let them know and get instructions. Active labor can begin when the cervix widens anywhere from 3 to 6 centimeters. Once you enter the active stage of early labor, your cervix can widen by about 1 centimeter per hour. During active labor: Contractions become more regular and occur more closely together. Contractions are stronger, longer, and more painful. The baby moves down towards the birth canal. You will want to go to a hospital or maternity center at some point during this stage of labor. Dr Hill recommends going when contractions are strong and have been consistently three to five minutes apart for at least a few hours: you can ask your partner to help you track your contractions. You can do this with notepads and timers or you can consider using a mobile app designed to make this task easier. Stay in touch with your healthcare provider to determine best for you to go to your chosen location of birth. Keep in mind the anticipated travel times when determining departure times, as traffic at certain times of the day can make your journey a little slower than you'd like. The transition is the last part of the first stage of labor. It is usually considered the hardest part, but also often the shortest. Shortest, transition, long and intense contractions. The time between contractions is short, making it difficult to rest or relax. This is the time when the cervix opens to its widest point. During the transition you may start shivering or experience nausea and begin to vomit. Although unpleasant, this is usually completely normal. When you reach a full dilation of 10 centimeters, you enter the second stage of labor. The second stage can last anywhere from 20 minutes to several hours. You will feel the pressure of your baby's head between your legs along with a strong urge to push. However, if you have an epidural, the sensation can be muted. When it's time to push, it may feel like you have to move your stomach. Your provider will help you figure out when it's time to push. Any urge helps move the baby to the birth canal. During the push stage, your baby's head will begin to emerge from your vagina with each contraction. When the baby's head remains visible without slipping back inside, the baby crowns. Once your baby's head is visible, you will continue to push as you or your provider helps guide your baby into the world. The second stage can take a little longer with an epidural than without one. However, it shouldn't really impact your ability to push when it's time. After your baby is born, you will enter the final stage of labor: give birth after birth or placenta. During this stage, you begin to experience contractions again and you may have to push again. — as you prepare for the birth of your baby and the transition from pregnancy to postpartum. If you have reached 40 weeks and you are still waiting to meet your baby, your best advice is to just do your best to be patient. This may not be what you want to hear, but it's important to remember that babies come when they're ready. In the meantime, you can keep trying to encourage your baby to get into position and help get labor on the way with: Go walk/Talk to your nurse or Shill instructor One of the most common reasons that your baby isn't coming out is that they may not be in the right position. Encourage your baby to get down to the pelvis by staying active, walking around, and gently stretching your hips and groin. —Allison Hill, MD, OB/GYN Once your baby is here, it can be very easy to ignore your own needs. But whether you have a Caesarean or vaginal birth, you will recover from one of the most physically and mentally demanding experiences a person can see. It will be important to make sure that you and your loved ones do what you can to support the recovery process. To relieve vaginal pain and perineum: Use an anesthetic spray to numb the area. Soak your bottom in a warm sitz bath to soothe the pain. Wear frozen maxi pads. (Soak the pads with witch hazel and spray alo vera gel to the middle, fold it and place it in a zip bag in the freezer.) Use as needed for up to 20 minutes at a time. Sit on a doughnut pillow to take the pressure off your sensitive perineum area. Ask your provider about taking ibuprofen to reduce pain, cramps, and post-birth bleeding. You can use this instead of toilet paper after urinating. Ask your health care provider about taking a gentle stool softener as constipation after childbirth is common. Drink plenty of fluids and eat foods high in fiber to prevent or relieve constipation as well. To soothe sore breasts: Consider wearing nursing pads in between meals to protect sore nipples from rubbing clothes. To reduce painful swelling of the engorgement, apply a cold compress on your breasts. Talk to your doctor about using safe pain medications. If necessary. In addition, if you experience worrying physical symptoms, such as fever, excessive bleeding, inflamed C-section scars, pain, chills, or difficulty breathing, do not wait until your postpartum examination to seek treatment and guidance from your doctor or midwife. Many new mothers do not feel ready for the postpartum period. Dealing with the physical recovery of childbirth and changes in health care support during this period can be overwhelming and can have an impact on your mental health. Regardless of what you might see in the ad, you'll find it hard to find new mothers who don't experience crying attacks after the birth of their baby. Postpartum blues (also known as baby blues) are common in the first two weeks after delivery. However, symptoms that continue beyond the early weeks or become more severe may be a sign of postpartum depression. It's not what you feel, exactly. This is how often you feel it, how long you feel that way, and how much it interferes with your daily functions. —Shara Marrero Brofman, PsyD While feeling postpartum blues is expected, experiencing postpartum depression or anxiety requires special attention. Postpartum depression affects as many as 1 in 5 women after birth. If you experience one or more of the following symptoms, seek the help of your health care provider as soon as possible: Feeling crying and overwhelmed for more than three weeks Unknowingly crying/Feeling cannot enjoy your baby; want to spend time with baby/Experiencing intense anger/Perianis anxious thoughts about your injured baby/Being can't sleep when exhausted; want to sleep all the time; Or more than usual/Pondering endangers yourself, your baby, or others/Agiding a dramatic shift in appetite Assuming your family would be better off without you Even though your pregnant partner is doing heavy lifting of labor and childbirth, you are still an important part of the whole process, especially when it comes to offering encouragement and support; time contraction; and help measure when it's time to go to a hospital or maternity center. Keep in mind the time-by-second contractions, using the stopwatch feature on your phone or app. You will time each of your partner's contractions from start to finish to find out how long the contractions are. Next, you will have the distance between the beginning of one contraction and the beginning of the next contraction. This is how far your partner's contractions go. Record all this information and repeat the process several times to check regularity. Only do it when there seems to be a change (and/or once every hour). You or a partner should talk to a healthcare provider once you believe that the workforce has begun. Your doctor or midwife will give you instructions on when to go to the hospital. Feel free to go straight to the hospital if: Your partner's water has been damaged but he or she has no contractions. Your partner's bleeding out of the vagina. Your partner is in a lot of pain. The baby doesn't move as much as before. If you are unsure what to do, go to a hospital or maternity center. Staff can evaluate the situation and decide if it's time to accept or if you have to go home and wait a little longer. Take directions from the hospital or maternity center staff, as well as your partner, when she is giving birth — and know that just being there and holding her hand (if it brings her comfort) may be the best thing you can do at the time. If you'd rather not see the actual birth, voice it to the staff so you can be positioned on the head of the bed (or elsewhere). After your partner and baby are discharged from the hospital and you come home for the first time as a new family, you may feel unsure of the best way to help, especially if your partner is breastfeeding — something that is uniquely the mother's responsibility, if she chooses. Do what you can to help your partner focus on his or her own recovery, as well as the care of your newborn baby. Bring her water while she's breastfeeding. Change baby diapers. Learn how to bury a baby after breastfeeding and how to slam it to
soothe and sleep. Ask what supplies you can pick up at the store. Most importantly, remember that in the days, weeks, and months ahead, you will both work to learn a number as strong as your newborn, become a parent, and perhaps even live as a family five, or more, if the baby has siblings. Try to be patient and understand each other — and yourself. If you find yourself still pregnant and in your doctor's office or midwife you Sunday, hang on. Know that you are not officially considered post-term until you are 42 weeks pregnant. The due date is not an exact science; things like irregular periods and inaccurate menstrual history can throw away the calculation of the day of delivery. Regardless, your health care provider can offer to disasm your membranes in an attempt to start labor on your visit this week. If you don't give birth within a week, you'll probably have a non-stress test and/or biophysical profile (BPP) to check the baby's overall heart rate, movement and wellbeing. Your healthcare provider will review the results to determine if induction is recommended. Postpartum CareThe American College of Obstetricians and Gynecologists (ACOG) positions postpartum care as an ongoing process. After your treatment at birth, you should get in touch with your doctor within 3 weeks and you should see your doctor for a thorough postpartum exam no later than 12 weeks after the birth of your baby. Care should be prioritized based on need and those at high risk of postpartum depression or other health problems should come into contact with their doctor and see their doctor sooner. During your comprehensive postpartum appointment, you can expect a pelvic exam to ensure that your uterus, ovaries, and cervix have returned to their pre-pregnancy statePap test to check for abnormal cervical cellsPerineum exams to review swelling and/or episiotomy or tear recoveryBreast exams to look for abnormal growths and blocked milk ductsCaesarean rare exams (if applicable) Postpartum depression screeningYour Yes, physically possible to conceive immediately after birth. Take this opportunity to also talk about your manpower and delivery and clear up any questions you may have. Share how you feel both physically and emotionally as a new parent. Feel free to review pregnancy-related health issues such as hemorrhoids, varisin, and skin changes. And it raises problems that may have been recently cut, such as urinary or anal stress incontinence. Chances are that you may only meet your baby this week, but how you give birth will ultimately depend on many factors. Even if you plan to give birth vaginally, it could help to be familiar with alternatives if you are faced with a change of plan. Research shows that you have a good chance of having your baby this week. In a major U.S. study of more than 34 million births, 54% to 60% of those expecting had their babies between 39 and 40 weeks. A caesarean section is an operation to deliver a baby. With this surgical procedure, instead of going through the birth canal, born through incisions in the abdomen and uterus. Approximately 32% of babies born in the United States arrive by C-section. (C-section), change of plans due to unforeseen complications such as undated labor or concerns for the health of the mother or baby during the delivery process. If you have a Caesarean birth, you can expect the following: An anesthesiologist will give you an epidural or spine, if you don't already have one, leaving you with the sensation that you can't take a deep breath. Try not to panic; you breathe just fine and you're being closely watched. Your stomach will be rubbed with an antibiotic cleanser. Curtains and curtains will be placed above and around you to prevent infection and protect you from witnessing surgery if that's your preference. (Some maternity facilities offer clear curtains if you wish.) Your arms may be tied loosely to an armrest that is placed away from your body. (This is just to remind you not to touch any part of your stomach that has been sterilized.) Once you are numb, your healthcare provider will make an incision in your stomach through the skin, muscles, fat, peritoneum (lining of the abdominal cavity), uterus, and finally the amniotic sac. When it's time to give birth to a baby, you'll feel pushing, pulling, pressing, and the possibility of nausea, but no pain. Once your baby is delivered, they will be evaluated by a pediatrician. Most providers will bring the baby to you so you can see it first. Your healthcare provider will then deliver your placenta; checking and cleaning your uterus; and close your incision, which is the longest part of the whole procedure. After your incision is closed, you will spend about an hour in the recovery room before being sent to your postpartum room. Unless your baby is being monitored or cared for, or your hospital or maternity center has another policy, your baby will join you at the bedside in recovery. Most likely, you will stay in the hospital for about four days. Your stitches or staples are likely to be removed about 8 to 10 days after surgery. Whether you are basking in the light of your pregnancy or struggling through challenges, try to appreciate these last moments with your baby before they are born. Most importantly, be sure to give yourself the credit you deserve for all the hard work your body has done growing and nurturing your baby, and embracing that power as you transition to a new parent. Page 13 Welcome to the beginning of your pregnancy journey. Your healthcare provider calculates your due date from the first day of your last menstrual period (LMP). So, your 40-week pregnancy countdown actually starts now, about two weeks before you conceive your child. At 1 week, you are not yet pregnant but this is an important preparation time. While your body begins a new cycle to achieve pregnancy, you and your partner can prepare by openly about your feelings and expectations, make healthy lifestyle choices, and choose a doctor if you don't already have one. If you've already took a pregnancy test and seen a pink telltale line, you're probably further away than you think. Most home pregnancy tests detect pregnancy about two weeks after conception, so you may want to skip to week 4. Which trimester? First TrimesterHow Many Weeks to Go? 39 weeks Although no baby has yet grown, your body is getting ready for pregnancy. During your menstrual period, the lining of the uterus spills along with the unfertilized eggs of the last cycle. After three to seven days of menstruation, your ovaries begin to prepare the eggs to be released in ovulation, and the lining of your uterus begins to thicken to receive the egg after fertilization. You have not been able to attribute any symptoms you felt during the first week to pregnancy. This week's discomfort is brought about by menstruation. Thus, you may feel the way you usually do during your period. Some women don't have many menstrual symptoms at all, but for others, fluctuating hormones can cause such typical problems: BloatingCrampsFatigueBreast tendernessHeadacheFood cravingMoodiness Now is the time to create the most welcoming environment and promote health possible for your baby-to-be. If you've eaten well and lead an active lifestyle, that's great. If your lifestyle could use a little health boost, it's never too late to start. Small changes can make a big difference in your overall health and the health of your future pregnancy. A healthy and balanced diet full of nutritious foods gives your body the vitamins, minerals and nutrients you need when you expect. Good nutrition gives you energy and helps keep some common pregnancy discomfort at bay. A nutritious diet also improves the health of your pregnancy and impacts on the long-term health of your child. Folate is a natural form of vitamin B9 found in food. It is essential for your health and the health and development of the baby that grows during pregnancy. But, it's not always easy to get all the folate you need every day through the food you eat. Folic acid is a synthetic form of folic supplements found in many prenatal vitamin products, but you can also find supplements with an active form of folate (often labeled as L-methylfolate or 5-MTHF). Health organizations such as the CDC, the American College of Obstetricians and Gynecologists, and others recommend that women of child bearing age who do not have a high risk of having a child with neural tube defects (NTD) take 400 micrograms (mcg) of folic acid daily. Taking folic acid supplements helps prevent congenital defects, including cleft lip and palate, and neural tube defects, such as spina bifida. You can take folic acid supplements yourself, as part of a daily multivitamin, or in prenatal prenatal Taking the correct amount of [folic acid] before pregnancy and during the first trimester reduces the chance of birth defects by 75%. —Allison Hill, MD, OB/GYN It's not all about what you add to your routine; it's also about what you take. When trying to conceive, it is more important than ever to avoid alcohol, drugs, and tobacco products, including e-cigarettes. This habit can affect babies and cause genetic disorders, respiratory problems, low birth weight, fetal alcohol syndrome, and other health problems. Getting ready to carry your child includes preparing your body and mind. Hormonal changes, stress, and anxiety can affect your mental health and the impact of pregnancy. However, thinking about your needs and taking care of your mental health before you become pregnant can help when you are expecting and after you give birth. Make sure you get enough rest, identify your social support system, manage stress and anxiety, and talk to your mental health provider if you have other mental health problems. Add some nutritious food to your diet. Start taking vitamin B9, or multivitamins or prenatal vitamins containing folic acid or L-methylfolate.Make healthy lifestyle choices by not taking or using
medications and, if you smoke, try to quit. Prepare physically and mentally for pregnancy. Pregnancy is between couples, and that means both parties need to take care of their health and well-being. Before trying to conceive, partners can be screened and treated for possible sexually transmitted infections (STI). Partners can also improve their reproductive health by limiting alcohol and quitting tobacco and recreational drug use. Studies show that men who drink excessively, smoke, or use drugs can experience problems with their sperm, making conception more difficult. In addition, it is also important to talk about how you both feel about pregnancy and your expectations. Starting a pregnancy with a healthy conversation can help you both maintain good communication skills and strong connections as you go through this journey and successfully transition to parenting together. If you don't already have a doctor or midwife, you'll want to put that at the top of your to-do list. And, if you have a health care provider, but don't yet have the promise of prejudice, it's time to make it. Think of your prejudicial visits as an opportunity for you and your health care provider to control the things you can control in pregnancy. These visits can increase your chances of having a healthy baby. —Allison Hill, MD, OB/GYN During a pre-pregnancy visit, your doctor or midwife may recommend prenatal vitamins, review your history and your vaccine, screen you for sexually transmitted infections, and give you a physical exam. It is also an opportunity to identify lifestyles, nutrition, exercise, and other personal habits that can impact your pregnancy. You. talk to your doctor and do everything you can to keep him under control. You should also ask your doctor about the safety of any medication, over-the-counter medication, or herbal supplement you take. You may see your doctor right after you get a positive result on a pregnancy test at home because some doctors order a blood test to confirm the pregnancy. However, you will be more likely to see a doctor for your first prenatal visit around week 8. Week 1 is a great time to think about starting prenatal vitamins if you haven't already. Prenatal vitamins can not replace proper nutrition, but they can fill in the gaps of a less than perfect diet. They are also a great way to feel confident that you are getting all the nutrients you need, even if you have healthy eating habits. Prenatal vitamins usually contain iron, calcium, vitamin D, and other vital nutrients such as folic acid. However, each brand can contain different vitamins and minerals, so read the label carefully or ask your doctor for recommendations or prescriptions. A healthy pregnancy begins even before you become pregnant. So when you anticipate a trip, you and your partner can work to get and stay healthy together. As you look ahead, week 2 is the key to the rest of your pregnancy, as it brings the opportunity to conceive. Women with regular menstrual cycles ovulate about 10 to 20 days after the first day of their period. So, write down your menstrual date starting and pay attention to your body's fertility signals. The time of sex in five days of ovulation gives you the best chance of getting pregnant. Page 14 This is the second week of your 40 week pregnancy journey. Just like the first week, you're still not technically pregnant, but you're closer than ever to that goal. During week 2, your body is getting ready to ovulate. To maximize your chances of creating a new life, it is time to pay attention to your body's subtle fertility signals and spend quality intimate time with your partner. Remember, your health care provider calculates your due date and a 40-week countdown from the first day of your last period. So, if you've just had a positive pregnancy test and think you're pregnant for two weeks, then you're really going to be week 4. Why trimester? First TrimesterHow Many Weeks to Go? 38 weeks Although there is no fetal development at the moment, it is coming, and your body is preparing it. In the first day of your last period, so, if you've just had a positive pregnancy test and think you're pregnant for two weeks, then you're really going to be week 4. Why trimester? First TrimesterHow Many Weeks to Go? 38 weeks Although there is no fetal development at the moment, it is coming, and your body is preparing it. In the first day of your last period, so, if you've just had a positive pregnancy test and think you're pregnant for two weeks, then you're really going to be week 4. Why trimester? First TrimesterHow Many Weeks to Go? 38 weeks Although there is no fetal development at the moment, it is coming, and your body is preparing it. 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In the first day of your last period, so, if

lifestyle choices such as adding more nutritious foods and folate-rich foods to your daily eating plan and trying to keep stress under control. Get ready for next week's big milestone — conception! Many people believe that pregnancy officially begins with the fertilization of eggs. Others believe it starts with an implantation or a positive pregnancy test. Which way you think about it, conception is a big event because that little fertilized egg will grow and develop into your child. Conception page 15! Although the beginning of your pregnancy journey begins two then in week 1, the beginning of your baby's development begins this week. Although you will not know if you are officially pregnant until the end of the 4th week or at the 5th week, during the 3rd week, a new small life begins to take shape. Which trimester? First TrimesterHow Many Weeks to Go? Fertilizing 37 weeks, or joining eggs and sperm, is the first step in your child's development. This week fertilized eggs grow from a single-cell zygote into a cell ball called blastocyst. From zygote to blastocyst, your tiny baby measures 0.1 mm–0.2 mm (100-200 microns), or about the size of a pin head. Vervelly/Bailey Mariner After fertilization, the egg is called zygote. Zygote begins to divide from one cell into two, then two into four, and then four into eight, and so on. As it does, it travels through the fallopian tubes to the uterus — a journey that takes three to five days. Once in the uterus, and about five days after fertilization, the cell ball becomes blastocyst. During the development of the 3rd week, one baby can be two. Identical twins come from the same eggs and sperm with the same genetic material. Fertilized eggs can be divided into two groups of identical cells at different stages, such as the two-cell stage or blastocyst stage. But, it usually happens during the first week after conception. Fraternal twins are another possibility this week. Fraternal twins do not come from the same eggs and sperm. It takes two eggs and two sperm to have fraternal twins. So, if you release two eggs during ovulation and each egg is fertilized by different sperm, then you will have two zygotes or separate fraternal twins. During the 3rd week, you have not been able to say that you are pregnant, and you do not necessarily have physical symptoms. You may, however, experience some emotional symptoms. When you think about the beginning of this new journey, it might fill you with excitement. Alternatively, you may feel nervous and anxious as you wait to take the pregnancy test. Of course, you can go back and forth between emotions or even experience it all at the same time. It's all very normal. Pregnancy can be an emotional roller coaster, even earlier this. When your tiny baby reaches your uterus, it will find a place to stick or implant into the uterine wall. When digging, it sometimes causes a small amount of bleeding or spotting. If you don't see spots around the time of implantation, that doesn't mean you're not pregnant. Not all women have these symptoms. Blood is a natural byproduct of the embryonic burrow to the uterine wall and delicate, newly ruptured blood vessels. —Allison Hill, MD, OB/GYN Implantation and spotting/implantation are more likely to occur next week, during week 4. However, it can happen as early as six days after ovulation, so at the end of week 3. Week 3 and 4 is a bit of a waiting game. Keep taking care of yourself try to eat well, be active, and stay positive. Start or continue adding healthy foods to your daily diet to get all the nutrients you need to nourish your body and your growing baby — especially iron and folate. It's not always easy to get all the nutrients you need through your diet, so start or continue taking prenatal vitamins. Vitamins are not a substitute for healthy eating, but they help fill the void. Staying active can help you maintain a healthy weight, give you energy, improve your mood, and reduce stress. The American College of Obstetricians and Gynecologists (ACOG) recommends 150 minutes of physical activity per week. But don't overdo it. And, don't forget to talk to your doctor before starting an exercise program if you have health problems. Positive affirmations are thoughts and phrases that you repeat for yourself. They can help you overcome any fear or anxiety you have while you wait for a pregnancy test. Try saying something like, My body is ready and able to raise a baby. Of course it doesn't harm to think positively. Now is a good time for partners to drive healthier lifestyle choices by participating in them. Go shopping together to choose some healthy food options and cook them together. Get some fresh air, take a walk, and spend some time engaging in the physical activities you both enjoy. Stay away from alcohol and other harmful substances together. It's easier to make good choices and stick with changes when you support and encourage each other. Take a look at some pregnancy books and consider buying a pregnancy test at home to do when it's time to test. It is still too early to take the pregnancy test at home at week 3. But, in the middle or end of next week, you may be able to detect the pregnancy hormone hCG in your urine with a sensitive initial test. Pregnancy books can provide information, tips, answers to questions, and even a little humor. Some books are great resources to help ease your mind, and others are fun and reliable when you need a good laugh. Week 3 puts you in between ovulation and taking a pregnancy test. It leaves you with little time on your hands. The wait may be easy or a little stressful. Try to resist the temptation to take the initial test. Instead, stay busy with researching healthcare providers, hanging out with friends, or doing things you enjoy. Again, there is no need to schedule a prenatal appointment first. However, if you have not yet decided on a doctor or midwife, you can use this time to further scope out what kind of healthcare provider you would like to see throughout the who. Check with local friends and family who recently had a baby for their recommendations. Next, make some appointments with some practitioners. Let them know that you are in the market for a new provider and You want to have an early meeting to get to know them and ask questions. Don't be afraid to hold your OB/GYN or midwife to a high standard. Nowadays, you may not even know what's important to you. As your pregnancy progresses and you learn more about your choices, you may find that the provider you choose doesn't fit your goals anymore — and that's okay. —Allison Hill, MD, OB/GYN The two-week wait between ovulation and taking a pregnancy test can be interesting, but difficult. If you've been trying to get pregnant for a while or you're undergoing fertility treatment, a two-week wait can feel like an eternity. You may obsess over and analyze each twin and tingling looking for signs of pregnancy. You probably spend a lot of time worrying about all the what-ifs. Excitement, anxiety, and worry are all normal emotions, but it's important to try to manage them. Stay busy and find ways to distract you when worries return. Talk about your feelings with your partner, then do something fun together. Alternatively, reach out to your friends or online group to help you get through the long days of waiting. Pregnancy tests detect human chorinik gonadotropin (hCG). This pregnancy hormone rises rapidly in your body after implantation, but during the 3rd week, it is too early to detect hCG. Even the most sensitive tests won't take pregnancy hormones until some time next week. It's hard to wait. Uncertainty can be very anxiety-inciting, but there is something to be said for accepting your lack of control. It can actually be a huge relief. —Shara Marrero Brofman, PsyD Testing is too early unreliable because it can lead to incorrect results. If it's negative, it doesn't mean that you're not pregnant — it could be too early to tell. You can avoid that disappointment if you're waiting a little longer. If you undergo fertility treatment, testing too early can result in false positives. Tests can take the rest of the hCG from your trigger shot. That doesn't mean you're pregnant, and that doesn't mean you're not. This means you'll have to test again later when the time is right. It may be difficult to wait, but the best time to take a pregnancy test is after you have missed your period. Week 3 brings the dawn of an amazing new life. You can't yet feel it or see it, but it makes its way to your uterus, where you'll find the perfect place to call home for the next 37 weeks. Implantation may occur by the end of this week, but most likely your small creation will attach and start the next stage of growth next week. The end of the 4th week also brings the possibility of a positive home early pregnancy test. Page 16 Vervelly / Bailey During the 4th week, the little life that you and your partner created just a week ago is instilling and settling into her new home in your womb, where it will grow and develop over the next 36 weeks. Along with implantation, an increase in the pregnancy hormone hCG appears. By the end of this week, there may be enough hCG to detect sensitively pregnancy test at home. 4 Weeks Pregnant Is How Many Months? 1 monthWhich Trimester? First TrimesterHow Many Weeks to Go? 36 weeks Starting week 4, your baby is called an embryo. Only 0.2 mm, your small embryo is about the size of a poppy seed. Vervelly/Bailey Mariner When a fertilized egg is in the uterus and attaches to the wall of the uterus it is called implantation. Implantation usually occurs six to ten days after ovulation. So, if that does not happen at the end of the 3rd week, your baby shoots will dig into the lining of your uterus this week. Inside your fertilized egg are all the cells that will develop into your baby and what your baby needs to survive for the next nine months. The inner cells begin to turn into organs and parts of
your baby's body. The outer cells begin to form the placenta. It is difficult to know if you experienced symptoms of early pregnancy during the 4th week. Many of the first signs of pregnancy are the same as common premenstrual symptoms. However, you may notice basal triphasic body temperature patterns or implantation spots. Of course, some women have no signs as early as this. Altering hormones in your body can cause symptoms similar to those you get before menstruation. Bloating, fatigue, mood swings, soft breasts, and even mild cramps are common signs of early pregnancy. If you track your basal body temperature (BBT) on the chart, you probably know that consistent temperature increases indicate ovulation. A chart showing ovulation has two phases or a temperature level. Sometimes, there is a second or third-degree increase in consistent temperatures that begins about seven to twelve days after ovulation. The chart with three different temperature levels is called triphasic (three phases), and it is a sign of possible pregnancy. But, it's not a sure sign because not all pregnancy charts show triphasic patterns, and not all triphasic charts end in pregnancy. Around the time your baby implants or digs into your uterus, you may experience a small amount of vaginal spots or minor bleeding. But, do not worry if you do not have a place of implantation because not all women have or pay attention to these symptoms. The wait for testing is almost over, but it can still be stressful. So, use this time to try to stay busy and care about yourself. Eating well, getting a little physical exercise, and taking some extra time to rest can go a long way to helping you combat symptoms like fatigue and mood swings. Try to stay busy and find other things to focus on to make time run faster and give your mind a break from mind testing. It's hard for partners to wait for pregnancy test results as well. It's only natural that you two are on edge. Take this time to distract yourself with some fun Activities. It's almost time to take the pregnancy test. You might want to buy one this week or early next week. Your baby starts producing hCG before it attaches to the uterus, but once implantation occurs, hCG levels in your body rise rapidly. Sensitive early pregnancy tests can detect small amounts of hCG in your urine as early as 10 days after conception. If you do the initial test, it may change exactly as you expect. However, testing too quickly can also lead to false negative results or false positives. By the end of week 4, levels of the human pregnancy hormone chorionic gonadotropin (hCG) are increasing in your body. When hCG levels rise, it can sometimes (but not always) cause symptoms of early pregnancy. The problem is, there may still not be enough hormones in your body to be detected by pregnancy tests. Many patients test too early, get negative results, and then get the false impression that they are not pregnant. —Allison Hill, MD, OB/GYN On the other hand, an early positive pregnancy test may indicate a chemical pregnancy. A chemical pregnancy is one that ends shortly after implantation. While some women may want to know about this loss, many don't. It's hard to wait. Uncertainty can be very anxiety-inciting, but there is something to be said for accepting your lack of control. It can actually be a huge relief. —Shara Marrero Brofman, PsyD Meanwhile still a week of waiting, extraordinary events occurred during week 4. By the end of the week, the implantation will be complete, and you'll have a small embryo. You might even receive some early positive news. Next week, the wait is finally over. When taken correctly, home pregnancy tests are about 99% accurate on the first day of a missed period. So, get ready for the official big news! Page 17 You are officially pregnant! You may have seen something missing this week — your period. The missed period is that usually causes most women to take a pregnancy test. That positive result can bring a flood of reactions from excitement to fear. And, while your baby may be too small to see, at 5 weeks pregnant, you may already feel its presence both physically and emotionally. 5 Weeks Pregnant Is How Many Months? 1 weekWhich Trimester? First TrimesterHow Many Weeks to Go? 35 weeks At 5 weeks, babies measure about 1/17 inch or 1.5 mm. It's about the size of a strawberry seed. Babies grow rapidly, and the main organ systems of their bodies begin to form, especially the brain and heart. Vervelly/Bailey Mariner At this time, your small embryo begins to elongate and the appearance of tadpoles thanks in part, to the development of an all-important neural tube that runs from top to bottom of the embryo. (This tube will grow into the spinal cord and brain.) There's a little wink to the baby's body as it develops. Inside your embryo, cells separate into three layers to form different body systems: The ectoderm or outer layer begins to form the nervous system, including your brain and spinal cord. It will also create your baby's skin, hair and nails. The mesoderm or middle layer becomes your baby's circulatory system with the development of your baby's heart and blood. It will also develop into bones, muscles, and kidneys. The endoderm or inner lining will eventually become your baby's lungs, intestines and liver. The sac of pregnancy is a ball of fluid that forms around your developing baby. At 5 weeks, your embryo is too small to see, but the pregnancy sac may be visible on an ultrasound. Explore some of your baby's week 5 achievements in this interactive experience. Levels of hCG pregnancy hormones in your body are on the rise, which is not only brings positive pregnancy tests but also early pregnancy symptoms. It is important to know, however, that some women do not experience any symptoms and the lack of symptoms in no way reflects the health and well-being of their growing baby. Even after experiencing symptoms in a previous pregnancy can not predict how you will feel this round. The absence of menstruation is often one of the first signs of pregnancy that warns women to take a pregnancy test. Increased production of progesterone during pregnancy prevents the lining of your uterus from shedding and helps maintain your pregnancy. Your breasts may feel soft, tingling, or larger. You are more likely to experience an early breast change if you tend to notice it before menstruation. Your body works hard, and you experience a lot of physical and emotional changes. It is perfectly normal to feel tired and need a nap. Fatigue is considered a universal symptom at the beginning of this pregnancy. Nausea, with or without vomiting, is one of the most common pregnancy discomforts. The exact cause is unknown, but experts believe a rapid rise in pregnancy hormones may be the cause. This is typical for the first three months, although it can last longer. And, despite its so-called morning sickness, nausea can come at any time of the day. Frequent urination is a common complaint even at the beginning of this pregnancy. These pregnancy hormones cause increased blood flow and fluids in your body. So, your kidneys work overtime to get rid of waste. There is nothing universal emotion or feeling that any pregnant woman is experiencing and your feelings about your pregnancy can change from week to week or even hour to hour. Whether you are excited to know you are pregnant or not, it is important to know that pregnancy can be emotionally complicated. Keep in mind that your reactions—whether positive, negative, or normal things. You might even surprise yourself with your reaction. The most important thing is that you don't feel guilty about about you feel. —Shara Marrero Brofman, PsyD Most women know what they expect during week 5. Knowing that you are pregnant can be overwhelming, but so is the thought of all you have to do to prepare for the next 35 weeks. Take a deep breath and take one step in time. If you haven't already, it's time to take the big test. A positive home pregnancy test on the first day of your missed period is up to 99% accurate. Continue to take folic acid supplements or prenatal vitamins. When your baby's nervous system is formed, folate is an essential nutrient that helps prevent neural tube defects. A healthy pregnancy diet is balanced, and you can still enjoy some less nutritious treats now and then. However, some foods can increase your risk of disease and infection, which can be dangerous for your developing baby. You'll want to stay away from: Unpasteurized cheeses, such as brie and fetaRaw or milk or juice without permissionUncooked or undercooked meat, poultry, seafood, and eggsUncooked smoked seafood such as lox or seafood jerkyFishes that contain high levels of mercury such as swordfish, fish tiles, sharks, mackerel, and tunaRaw bigeye dough including cookie dough and cookie dough It is usually harmless to have pets such as cats or dogs But , all animals have the potential to cause harm or transmit disease to their humans. You can take care of yourself, your unborn baby, and your pet healthy and safe by talking to your doctor and veterinarian about the best way to take care of your pet while you are expecting and after you bring home your new baby. While you may be hyper-focused on scheduling—and going to—your first prenatal appointment, you should also consider making an appointment to see a dentist. In fact, the American Dental Association, the American Congress of Obstetricians and Gynecologists (ACOG), and the American Academy of Pediatrics (AAP) all encourage women to see a dentist while pregnant. The same hormonal changes that bring nausea and tenderness of the breast can lead to inflammation of the gums (pregnancy gingivitis). If neglected, gestational gingivitis can lead to a more serious gum infection called periodontitis, which increases the likelihood of preterm birth. Staying away from toxic substances during your entire pregnancy is wise. However, the first trimester is
very important. During the embryonic stage, your baby's organs and tissues develop. This is a sensitive time when outside influences can affect parts of your baby's body as they form. You should also avoid harmful substances such as alcohol, smoking (including secondhand smoke), and recreational drugs as well as potentially dangerous activities such as sitting in a hot tub, riding a roller coaster, or getting a tattoo. Knowing that you and is a parent that will soon become difficult for both parents whether your pregnancy is planned for or not. While she's probably going through physical symptoms, you're both going through a natural emotional roller coaster. Compassion and empathy around is always the way to go. Try your best not to minimize stress or insecurity. At the same time, both sides should seek emotional and practical support from books and friends. —Shara Marrero Brofman, PsyD Once you know you are pregnant, go ahead and call a doctor to schedule your first prenatal appointment. Don't forget to have the date of your last menstrual period ready to share. Your doctor may want you to go to the office or to the lab to have your blood withdrawn before your appointment. A blood test can confirm a home urine pregnancy test. If you are at high risk or undergo fertility treatment, you may have blood drawn to check these numbers several times. You may also have an ultrasound this week to check the pregnancy sac. Your embryo is too small to see, but the pregnancy sac may be visible when your hCG level is about 2000 mIU/mL. Now that you know you're pregnant, you may be wondering about your due date, worried about the health of your pregnancy, or worried about travel plans and upcoming dangers. Your doctor will calculate your due date on your first prenatal visit, but you can find out for yourself. Pregnancy lasts 280 days or 40 weeks from the first day of your last period. Ignore the year, take the first day of your last period, subtract three months, and add seven days. An ectopic pregnancy is a pregnancy outside the uterus, usually in the fallopian tubes. This occurs in about 1% to 2% of pregnancies. Ectopic pregnancies are dangerous, so symptoms such as vaginal bleeding, pain, and dizziness should be immediately reported to your doctor. If you are at risk for an ectopic pregnancy, or there are concerns about your pregnancy, your doctor will book a blood job and an ultrasound. Pregnant women should avoid traveling to areas in the United States and around the world where there is a risk of contracting the Zika virus. The resulting virus and fever can cause several birth defects, including microcephaly in which the baby develops a smaller-than-normal head and possible brain damage. Zika is spread by infected mosquitoes and through sexual contact with infected people. Since there is no vaccine and no cure, it is important to check the CDC's Travel Health Notice to see the latest areas where the Zika virus is spreading. If you have to travel to an area where the risk of Zika is high, talk to your doctor first. Learn how to properly prevent mosquito bites and protect yourself when engaging in sexual activity. Week 5 brings great news. Amazing how the two small or plus signs can be so life-changing. When it starts to sink in, you may feel the symptoms of your first pregnancy. Next week may be possible increased symptoms, your first prenatal doctor's visit, and the possibility of seeing a small heartbeat. Page 18 While the reality of pregnancy may still be sinking, your body and your baby are changing rapidly. By week 6, more of your baby's organs are starting to form, and you may begin to feel the full force of your pregnancy hormones. 6 Weeks Pregnant Is How Many Months? 1 month and 2 weeksWhich Trimester? First TrimesterHow Many Weeks to Go? At 34 weeks At 6 weeks, your baby has a crown butt length (CRL) of about 5 millimeters (almost 1/4 inch). Vervelly/Bailey Mariner Your embryos don't yet look like babies, but there's a lot going on in that little early life. During the 6th week, the small heart begins to beat. The neural tube was closed this week. The neural tube continues to be your baby's brain and spinal cord. The embryo now has an optical ventricle, which will later form the eye. Other distinguishing features, such as the nose, ears and jaw, begin to form. Shots of limbs that will become arms and legs grow. The digestive, reproductive and urinary systems are at a very early stage of development. Explore some of your baby's 6th week achievements in this interactive experience. On the outside, you may not look different, but you may feel a little different this week. Pregnancy hormones often kick in around week 6. Symptoms of pregnancy are unpredictable. They may be really strong for some but light or not very noticeable to others. They might last all day, or they might come and go. They can certainly be a source of concern. So, if you have questions or concerns about symptoms, it's okay to call your doctor. Fatigue is a normal part of early pregnancy. Pregnancy hormones, especially progesterone, can make you feel tired. Your body also works hard, adjusting to all the physical and emotional changes that pregnancy brings. Lack of sleep, poor eating, excessive stress, and anemia can also contribute to a lack of energy. Up to 80% of pregnant women experience nausea and vomiting in the first trimester. Nausea and pain in your stomach may be dubbed morning sickness, but for many, it's really a disease all day because it can hit at any time of the day — including in the middle of the night. The exact cause is unknown, but the spike in human chorionic gonadotropin (hCG) flowing through your body is a possible culprit. Two to three weeks after conception — which is around the 6th week of your pregnancy — often when the morning sick disease begins. —Allison Hill, MD, OB/GYN Nausea and vomiting aren't the only things that cause you to run to the bathroom. During pregnancy, the amount of blood pumped by the heart every minute increases by 30% to 50%. Because of the amount of blood and fluid flowing through the you increase, your kidneys start working more efficiently, which leads to more efficient, which leads to more efficient. Your kidney changes begin immediately and peak between week 16 and week 28. In addition, your bladder sits right in front of your uterus. As your uterus grows, it pushes against the bladder, which means you will feel the urge to urinate more often. Just as different people experience different pregnancy symptoms, they also handle them differently. You should probably try a few different things before you find what works best for you. Feeling tired is your body's way of telling you it wants to rest. If you can, take a nap. But, if responsibility during the day prevents you from sneaking away for extra sleep, you can try to deal with fatigue in other ways, including: Sleeping a little early at night. Sleep and wake up at the same time every day. Avoid caffeine. Get nutritious meals and snacks during the day. Drink enough fluids, but limit drinks at night to reduce night shower trips. If you often use the bathroom to urinate, that's good news. You may get enough water, and staying hydrated is essential to your health and your baby's growing health. Don't hold it—go when you have to. Try to empty your bladder completely by leaning forward while you urinate. Don't limit your fluids to try to go away less often. You can limit the night fluid to prevent having to go so much at night if you get enough during the day. Although it can be troublesome, it is very important not to hold your urine for a long period of time. —Allison Hill, MD, OB/GYN Likewise, if you don't urinate more than usual, this could be a sign that you may need more fluids — or that you may be ignoring your body's cues. Aim for at least 10 to 12 glasses a day. Drink to quench your thirst. Increase fluids if you exercise or you go out in hot weather. To keep nausea and vomiting at bay (or at least try to tame it): Eat a small snack that is often throughout the day instead of three large meals. Bite into bland soda crackers about 15 minutes before getting out of bed. Avoid warm places, as being hot tends to increase the feeling of nausea. Do not lie down immediately after eating. If you feel very nauseous and have no appetite, it's okay to skip meals. You're not going to harm your growing baby. Instead, focus enough to stay hydrated and feel better. —Allison Hill, MD, OB/GYN Also, research in Integrative Medicine Insights notes that ginger is a safe, effective, and inexpensive treatment for pregnancy-induced nausea and vomiting. You can consume raw ginger or capsules of ginger or lollipop, or ginger tea. But if nothing works for you, feel free to ask your health care provider to prescribe safe anti-nausea medications. Beyond the obvious physical discomfort of nausea and vomiting, there is an emotional toll as well. Symptoms of early pregnancy can be difficult, and if you are not ready for the news first, you may not have much support. Unfortunately, nausea usually begins during the window when women are encouraged to stay closed on the news of their pregnancy, making asking for help and understanding much more difficult. If you feel sick, it is important for your mental health to ask for support when you need it. And don't try to minimize how bad you feel. —Nitzia Logothetis, MSc, MA, MHC-LP You can always contact your doctor and share how you feel. Alternatively, talk to a trusted friend or family member you can count on to help you while keeping your secret. You may get some tips to help you feel better physically, and some support to help you feel better mentally and emotionally. Exercise is important during the first trimester and throughout pregnancy. In fact, the American College of Obstetricians and Gynecologists (ACOG) recommends that most pregnant women participate in moderate exercise for 20 to 30 minutes most days. Research
shows that couples are more likely to stick with healthy lifestyle choices such as exercising when they participate in them together. Plus, it will give you both a chance to relieve stress. That said, understand if the choices to rest on top of the sport in these early weeks. Although exercise has been shown to help nausea by releasing natural endorphins, some women feel too tired to do so. —Allison Hill, MD, OB/GYN You may not see your doctor until week 8 or even some later, but some women will have their first prenatal appointment at the beginning of week 6. Prepare yourself by gathering some important information that your healthcare provider is likely to request during your first visit. (You might even want a designated pregnancy notebook to write it all down, so your notes and questions are always in the same place.) Some of the things you might want to record before your initial visit include: At the same time, write down the question or concern you want to ask. Reviewing popular questions posed by other moms-to-be is an excellent way to get started. Not all prenatal appointments will include ultrasound. You are more likely to have an early ultrasound if you are taking fertility medication, have a history of miscarriage or ectopic pregnancy, or if there are concerns such as pain or bleeding. At 6 weeks pregnant, doctors can use an initial ultrasound to: See pregnancy tactics, yolk sacs, and small embryos (fetal masts) to verify pregnancy in the wombMeasure the size of the pregnancy sac and embryos to get a more accurate estimate of how far you are and your due dateDetermine if there is more than one small heart rate between 90-120 beats per minute you will see your health care provider a lot for the duration of your pregnancy. In general, you can expect to enter every month until you are 28 weeks along. Together, weeks 28 to 36, your visit is likely to increase to two appointments a month. Once you reach the 36-week mark, plan a weekly checkup. (Although typical, this schedule is not true for all pregnancies. If you're considered a high risk, for example, you may see your healthcare provider more often.) During pregnancy, symptoms such as urinary frequency and spotting can be perfectly normal or a sign that something else is going on. It is always ok to call your doctor to ask about new symptoms, especially if you are worried. Urinary tract infection (UTI) is a common bacterial infection in pregnancy. But because traditional signs of UTI — such as urgency and frequency of urination — are typical in pregnancy, you may not realize that you even have an infection. Therefore, it is important to be aware of other symptoms of UTI, such as pain, burning, or discomfort when urinating; blood or mucus in the urine; and cloudy or foul-smelling urine. If you experience any of these, contact your healthcare provider who can confirm and treat antibiotic infections. Many parents expect to delay sharing big news for fear of miscarriage, which is a common concern in the first trimester. You may analyze any small or sick twins. But, small cramps and even a little bleeding can be quite normal. On the other hand, if you have spots that last more than a day or two, severe bleeding, or painful cramps, call your doctor or go to the emergency room. Ultrasounds can help health care teams figure out what's going on. I have had patients who experienced a large amount of bleeding in their first trimester continue to have very normal pregnancies. However, it is difficult to distinguish what is normal and what is not without getting an ultrasound. —Allison Hill, MD, OB/GYN Your baby's heart starts beating this week, and you may even have a chance to see it if you're scheduled to see your healthcare provider. There's still a long way to go, but your tiny embryos grow and develop more and more every day. Next week, the baby continues to grow as you continue to feel the effects of your body changes and hormones. Page 19 Vervelly/Bailey Mariner At 7 weeks pregnant, you may feel as you expect, but you haven't looked that way. You may have gained a few pounds or even lost weight due to morning sickness. But, no matter your outside appearance, there are certainly some big changes going on inside. 7 Weeks Pregnant Is How Many Months? 1 month and 3 weeksWhich Trimester? First TrimesterHow Many Weeks to Go? At 33 weeks At 7 weeks, the baby is slightly more than 1/3 inch long (about 1 centimeter). Vervelly/Bailey Mariner Still so small, by the end of the week your baby-to-be will be about double the size of last week. The body's systems and physical features are constantly evolving. Developing, the baby's mouth, nostrils, ears and eyes kicked into high gear last week, this week they began to look increasingly clear. Eyelids and tongue began to form. The umbilical cord is starting to form. This lifeline connects babies to the placenta to carry oxygenated blood and nutrients to your baby while taking waste. Your embryos are likely on the second set of their kidneys. The baby is through three sets or stages of renal development while in the womb. Explore some of your baby's week 7 achievements in this interactive experience. As for you, morning sickness and frequent urination can continue or begin this week. Along with these symptoms, you can also notice changes in your skin, vaginal discharge, and sense of smell. Remember, everyone and every pregnancy is different. You may experience one, several, many, or all of these symptoms. Your cervix gets a lot of attention at the end of pregnancy when you wait for it to efface and widen. But, actually, there's a lot going on in this area right now. Increased hormones and blood flow during pregnancy increase the production of cervical mucus, dubbed leukore. You may see it as a thin discharge, milky white, odorless. These cervical mucus gather and clump together to become your mucus plug. It's exactly what you think: a plug made of mucus. Its job is to close the opening of the cervix to protect you and your growing baby by preventing bacteria from entering the uterus. That's probably your only outward sign of pregnancy right now. More blood flowing into your face can give you a reddish glow while pregnancy hormones can make your skin more oily and shiny than ever before. Light is not a myth. Although not everyone gets it, if your cheeks have a reddish glow, it is likely caused by a large increase in blood flow during pregnancy. —Robin Evans, MD While the telltale baby bump hasn't arrived yet, you may feel bigger than usual thanks to gas, bloating, and constipation. You can create an increase in progesterone for it. Progesterone relaxes fine muscle cells, making the small and large intestines move more slowly resulting in more water absorption and tighter stools. Evancan can turn your sense of smell into a superpower. These are interesting symptoms that some believe help pregnant women avoid harm. But, it may matter if you struggle with morning sickness and the slightest smell of the offending smell can send you running into the bathroom. Eating well (or doing your best to when managing nausea), drinking enough fluids, resting, and making time for yourself are constants on the list each week. In addition, this week you may want to give your skin and digestive tract some extra attention. To defate your irregular stomach and relieve discomfort, continue to drink plenty of water, exercise less, and eat more insoluble fiber, such as whole grains, flax, fruit fruits skins, vegetables, brown rice, and lentils. Since it is easy to drink regular water throughout the day, I like to recommend hot water with squeezed lemon, or tossing fresh ginger, mint, cucumber, berries, or any fruit into your glass. —Dana Angelo White, MS, RD Light pregnancy may be due to increased blood flow, but pregnancy hormones may also have a hand in it. Hormones may cause glands on your skin to pump more oil. The oil can give you softness, but it can also cause prenatal acne. If your light is walking in the path of acne, take care of your skin by washing with a gentle cleanser every day and using an oil-free moisturizer. Some topical treatments such as benzoyl-peroxide and antibiotic creams or certain solutions are considered safe, but salicylic acid, Retin-A (tretinoin), Accutane (isotretinoin), and others are not. Your best bet is to check with your healthcare provider before treating breakouts. It's natural for pregnant parents to feel out of place in their own skin right now. They're expecting, but they haven't looked like it yet, and they may feel bigger even though there's no baby bump to talk about. Meanwhile, their breasts and skin also undergo changes. You —perhaps the only one aware of pregnancy—may want to show that you're noticing a slight change. But be gentle. Know that well-intended positive comments can make your pregnant partner feel self-conscious and anxious. Listen to your partner and how they talk about pregnancy and their bodies so you can offer the best support. This appointment is a longer-than-average appointment where there is much to do. For example, your health care provider will take a blood and urine sample, you may have a pap smear, and perhaps an ultrasound to confirm that your baby is growing and developing. After your first prenatal visit, you usually see your healthcare provider for a prenatal checkup about once a month to 28 weeks (7 months). Then, you'll go more often. Nausea and vomiting are common in 70% to 80% of pregnancies. Severe nausea and vomiting are much less common but can be dangerous for mothers expecting and developing babies. Prolonged hyperemesis gravidarum, extreme nausea with uncontrolled vomiting that can lead to dehydration and weight loss. It affects up to 2.3% of pregnancies. Symptoms usually begin early in pregnancy, peak around the 9th week, and subside at the 20th week. If you suspect you may have hyperemesis gravidarum, talk to your healthcare provider. Remember that it is just
as normal as having as many symptoms as having only a few, and it is always ok to call your doctor to ask any symptoms if you are worried. The discomfort of your early pregnancy continues next week, along quickly and the development of your baby. During the 8th week, your small embryo begins to look increasingly similar to that of a small human. Page 20 You are two months pregnant! At 8 weeks pregnant, your baby's arms and legs grow as their facial features begin to form. And, while the world hasn't been able to see your baby's growing bump, you may notice that your clothes are starting to feel tight at the waist. 8 Weeks Pregnant Is How Many Months? 2 monthsWhich Trimester? First TrimesterHow Many Weeks to Go? At 32 weeks At 8 weeks, babies are usually between 1/2 and 3/4 inch (1.5 to 2 centimeters) long, about the size and shape of kidney nuts. Some parents even dub their baby a small bean around this time, especially after a glimpse of the baby on an early ultrasound. This week, your baby's physical features become more visible, the body system and organs continue to develop, and the baby begins to look increasingly like a small human. Vervelly/Bailey Mariner Looks like your baby's tadpole is fading (including the embryo's tail) as the body begins to straighten. The arms and arms buds get longer while the fingers and toes form inside the nubby, the hands and feet are like paddles. The digestive system of the baby including the intestines develops. But, there is not enough space inside the small embryo for the intestines, so they move to the umbilical cord. Once there is space, they will move to its place in the baby's stomach. The baby's nose and upper lip became visible. Small folds of the eyelid develop. Ears begin to form on the outside of the baby's head as they continue to develop on the inside. Your baby's genitals become ovarian or testicles, but they are not yet visible. It will be a little longer before you can have an ultrasound or other prenatal testing to study sex. Explore some of your baby's week 8 achievements in this interactive experience. As you may have heard, pregnancy symptoms are inconsistent from one person to the next and from one pregnancy to the next. So, this is not a symptom you should have at the moment. They may have started last week, they might start next week, or you might get lucky and not experience it at all. Morning sickness and fatigue are likely to continue this week, but you may (or may not) also experience mild cramping, dizziness, and breast changes. Although you can't see much difference, your uterus begins to grow. This normal and natural uterine expansion can cause some mild stretching and cramp pain. Constipation, gas, and diarrhea can also cause a slight abdominal discomfort in early pregnancy. Sometimes, light twins are usually not a concern. However, if cramps and pain are severe, frequent, or constant, contact your doctor or go to the emergency room to check it out. There are several problems that can cause dizziness during pregnancy. Pregnancy hormones that cause vessels to relax and dilate can bring low blood pressure and a feeling of dizziness or lightheadedness. Hormones can also affect the inner ear, which can upset your balance or hearing and cause dizziness and vomiting. Other causes of dizziness include low blood sugar from not eating, dehydration from not drinking enough fluids, moving suddenly from sitting or lying down to standing, or having low iron levels in your blood (anemia). If you feel dizzy, lie down. Rest, food and water drinks should help. However, if dizziness persists, contact your doctor. Breast changes begin in early pregnancy. Pregnancy hormones directly affect your breasts as they begin to prepare your body for the arrival of your baby. As the milk-making tissue in your breasts grows, you may notice your breasts getting bigger. You may also notice the blood vessels on the surface skin of your breasts as more blood flows into the area, the nipples and areola may become darker, and your breasts may feel full and sore. When the idea of pregnancy begins to settle down, you may think about your weight and changing body. But, with nausea, dizziness, and frequent urination bothering you, it can be challenging just to stay comfortable and keep some food and fluids down. After the official weighing on your first prenatal visit, you may be wondering about pregnancy weight gain. It's healthy, natural, and it's expected for pregnant women to gain about two to four pounds during the first trimester. Of course, everyone is different, and it is also normal for women to lose weight during the first trimester due to nausea and vomiting. You can alternate between feeling nauseous - and not appetite - and being voracious, especially early on, thanks to complex hormonal interactions including progesterone, insulin, leptin, and ghrelin. —Allison Hill, MD, OB/GYN If you find you avoid a lot of food, make sure you stay hydrated and take those prenatal vitamins. (Lower them with foods you can tolerate to help curb vitamin-related nausea.) And if you feel more hungry than ever, go ahead and answer your cravings with nutritious and whole foods that will satisfy. Ah, retail therapy — and now you have a good reason. While you may not show enough, you may notice your outfit fits a little tighter. You don't need to shop in the maternity department yet (unless you want to), but a few pairs of pants with a stretched waist will help you feel more comfortable. Look through the intimate department, too. Your pre-pregnancy bra may also get firmer and put pressure on your already sick breasts. A new, more comfortable size or style can make a difference. Consume some healthy snacks in day is one way to fight some pregnancy discomfort. Eating snacks and snacks more often can provide more energy throughout the day, fending off dizziness associated with low blood sugar, and preventing empty stomach nausea from sneaking up on you. So, keep going easy-to-grab snacks, such as apples and peanut butter or hummus and whole wheat ribbon chips, are within reach. Continue taking prenatal vitamins. Stay hydrated by drinking 10 to 12 glasses of water a day. Talk to your partner about genetic testing. Healthy snack supplies. Find comfort with stretchy pants and a more suitable bra. Consider seeking the guidance of a mental health professional. While your pregnant partner may not have exercised the baby's stomach, it won't last much longer. If you're hoping to document the progression of the bump, now's a good time to start taking those monthly pictures. At the same time, know it's okay if you two want time alone to process everything that's going on. While you do that, take the time to pamper your partner and yourself. If you soon become a parent spending time nurturing your own mental well-being, it can only be good for your baby. You may have seen your doctor at the beginning of week 6. But week 8 is a common time for the first prenatal visit. It's probably your longest and most comprehensive appointment. Your doctor will record the date of your last menstrual period to determine your due date. You'll share your full medical, psychological and menstrual history, including hospitalizations, illnesses and past pregnancies. You'll also talk about your family's health history, particularly regarding chronic diseases, diseases, and genetic birth defects and chromosomes. The physical exam will include measurements of your blood pressure, height and weight. You may also have a breast exam and pelvic exam with a Pap test if you haven't had it recently. Although you do not need to perform a blood test at each prenatal visit, you may need to urinate in a cup to screen urine at each visit, depending on your risk factors. An 8-week ultrasound is not a must, so you may or may not have one. Some insurance plans will not cover more than a certain amount of ultrasound, so this one may be considered unnecessary. Plus, not all health care providers feel an early ultrasound is necessary. Some women have multiple ultrasounds during pregnancy, while some do not have them. No standards or rules were set. If you are healthy and there are no complicated factors, you can expect to see your health care provider in about a month, when you are 12 weeks pregnant. Typical visits every four weeks continue until the 28th week. After that, every two weeks to 36 weeks, then once a week until you deliver. If you opt for prenatal testing, it usually starts in the next few weeks. First trimester screening occurs between week 10 and week 11 which may include one or both of these tests: A screening test tells you what are the chances your baby may have the disorder. They can't tell you if your baby really has the condition. Whether this test is right for you is a decision between you, your partner, and your healthcare provider. With everything that happens in your body during the first few weeks of pregnancy, it's important to know it's time to call for help or see a doctor. It's easy to put things in the back of your mind or think of them as normal. But, seeking immediate help for problems as they arise, can make all the difference. If you've ever experienced concerns or challenges that revolve around body image, weight, or control over your body, pregnancy has a way of bringing all those problems to light. Know that it is always OK to seek support from mental health professionals to navigate this potentially complex issue and engage in self-care. —Shara Marrero Brofman, PsyD To help find a suitable mental health professional near you, consider reaching out to Postpartum Support International. Regardless of what the name is, the group focuses on perinatal (pre-birth) issues as well. Some pregnancy symptoms are reassuring because it makes you feel pregnant. But, some symptoms can be scary. Strange pain and twinges or spotting can certainly cause concern. You should always feel comfortable contacting your healthcare
provider's office to ask questions about your symptoms. However, you should definitely call or go to the hospital in the following circumstances: you should also make that call if you can't resist anything, you have a fever, you get sick when you urinate, or you just feel incorrect. If you see your healthcare provider this week, you're most likely receiving a lot of information and answering some of your questions. You may feel better about some of your concerns, or you may have more questions now. Nothing to worry about. You'll see your doctor regularly from here on out. Plus, you can (and should) call the office if there's something you can't wait for. Next week, your baby and uterus continue to grow as you begin the third month of your pregnancy. You may feel the full force of morning sick illness, though, as it peaks around week 9. Page 21 The first two months of pregnancy are behind you. At 9 weeks pregnant, morning sick illness peaks, and you may be dealing with mood swings, heartburn, and other pregnancy symptoms. Meanwhile, your baby grows, looks more human, and even moves. 9 Weeks Pregnant Is How Many Months? 2 months and 1 weekWhich Trimester? First TrimesterHow Many Weeks to Go? 31 weeks At 9 weeks, babies are about 1 inch (2.5 to 3 centimeters) long. Babies grow quickly and take a much more human-like appearance every day. Physical features, organs, and body systems are constantly evolving. The body of Vervelly/Bailey Mariner Baby continues to straighten while the embryo's tail disappears. Their paddle-like hands and feet begin to change as small fingers and toes become more visible. The baby also has an ear lobe and their noses can be seen in the profile. The baby's eyelids continue to form and cover more eyes. The baby's heart and arterial system continue to develop while the ribs and sternum take The baby's pancreatic, liver and bile ducts are also formed at this stage. The baby moves, bends, and squirms. These movements are visible on ultrasound, but you can not feel them yet. Explore some of your baby's week 9 achievements in this interactive experience. As for you, morning sickness usually peaks this week. Other symptoms, such as fatigue and frequent urination, can continue. You may also be dealing with heartburn, itchy breasts, and emotional up-and-down pregnancies. Your emotions have probably taken you on a roller-coaster ride these last few weeks. You're not alone. In general, mood swings reach the hardest between week 6 and week 10, returning during the third trimester as you prepare mentally and physically for birth. Mood swings are expected and driven, in part, by fluctuations in estrogen and progesterone. These hormonal changes can affect mood-regulating levels of a brain chemical called a neurotransmitter. The physical, social, and emotional stress of pregnancy can all contribute to your ups and downs. When it comes to heartburn during pregnancy, you can blame those hormones again — especially progesterone. Progesterone relaxes the delicate muscles in your body and slows down digestion so you can absorb more nutrients from the food you eat. But, there is a sfinster at the top of the abdomen made of smooth muscles. It makes food and stomach acid go down. Because it relaxes, it is easier for food and acid to return to the esophagus, causing heartburn or indigestion. Breast pain is mentioned in week 8. In addition to pain, altering hormones, plus growing and stretching of the skin in your breasts, can cause hives. Itchy skin is more common in the second and third trimesters, but can begin as early as the first trimester. Applying a moisturizing body oil or lotion can help relieve discomfort. You may also notice your mood swings as you go to bed and try to find a more comfortable sleeping position. Just knowing that ups and downs is a normal part of pregnancy can help. You may be dealing with gas, bloating, and constipation. You can create an increase in progesterone for it. Progesterone relaxes fine muscle cells, making the small and large intestines move more slowly resulting in more water absorption and tighter stools. Evancan can turn your sense of smell into a superpower. These are interesting symptoms that some believe help pregnant women avoid harm. But, it may matter if you struggle with morning sickness and the slightest smell of the offending smell can send you running into the bathroom. Eating well (or doing your best to when managing nausea), drinking enough fluids, resting, and making time for yourself are constants on the list each week. In addition, this week you may want to give your skin and digestive tract some extra attention. To defate your irregular stomach and relieve discomfort, continue to drink plenty of water, exercise less, and eat more insoluble fiber, such as whole grains, flax, fruit fruits skins, vegetables, brown rice, and lentils. Since it is easy to drink regular water throughout the day, I like to recommend hot water with squeezed lemon, or tossing fresh ginger, mint, cucumber, berries, or any fruit into your glass. —Dana Angelo White, MS, RD Light pregnancy may be due to increased blood flow, but pregnancy hormones may also have a hand in it. Hormones may cause glands on your skin to pump more oil. The oil can give you softness, but it can also cause prenatal acne. If your light is walking in the path of acne, take care of your skin by washing with a gentle cleanser every day and using an oil-free moisturizer. Some topical treatments such as benzoyl-peroxide and antibiotic creams or certain solutions are considered safe, but salicylic acid, Retin-A (tretinoin), Accutane (isotretinoin), and others are not. Your best bet is to check with your healthcare provider before treating breakouts. It's natural for pregnant parents to feel out of place in their own skin right now. They're expecting, but they haven't looked like it yet, and they may feel bigger even though there's no baby bump to talk about. Meanwhile, their breasts and skin also undergo changes. You —perhaps the only one aware of pregnancy—may want to show that you're noticing a slight change. But be gentle. Know that well-intended positive comments can make your pregnant partner feel self-conscious and anxious. Listen to your partner and how they talk about pregnancy and their bodies so you can offer the best support. This appointment is a longer-than-average appointment where there is much to do. For example, your health care provider will take a blood and urine sample, you may have a pap smear, and perhaps an ultrasound to confirm that your baby is growing and developing. After your first prenatal visit, you usually see your healthcare provider for a prenatal checkup about once a month to 28 weeks (7 months). Then, you'll go more often. Nausea and vomiting are common in 70% to 80% of pregnancies. Severe nausea and vomiting are much less common but can be dangerous for mothers expecting and developing babies. Prolonged hyperemesis gravidarum, extreme nausea with uncontrolled vomiting that can lead to dehydration and weight loss. It affects up to 2.3% of pregnancies. Symptoms usually begin early in pregnancy, peak around the 9th week, and subside at the 20th week. If you suspect you may have hyperemesis gravidarum, talk to your healthcare provider. Remember that it is just as normal as having as many symptoms as having only a few, and it is always ok to call your doctor to ask any symptoms if you are worried. The discomfort of your early pregnancy continues next week, along quickly and the development of your baby. During the 8th week, your small embryo begins to look increasingly similar to that of a small human. Page 20 You are two months pregnant! At 8 weeks pregnant, your baby's arms and legs

to cope with the occasional headache without using medication. If sleep difficulties take their toll, take active steps in improving your sleep patterns. Start by considering your daily habits and establish a consistent, healthy and calming nighttime routine: Get exercise during the day; Daily physical activity can help you sleep better at night. Dinner is at least two hours before bedtime to help eliminate indigestion and food-related heartburn that might keep you awake. Enjoy a decaffeinated drink, but limit the no-night liquid to prevent having to wake up to urinate. (Don't forget to drink enough during the day!) Take a warm bath before going to bed to help you relax and get ready for bed. Turn off your TV, computer, tablet, or smartphone two hours before you go to sleep. This electronic exposure suppresses the production of melatonin, a hormone that helps prepare the body for rest. When you delay that signal, you make it harder to fall asleep. Try to sleep and wake up at the same time every day. You can usually treat occasional headaches yourself. However, in the past, you may have used the drug, now that you expect, try this alternative treatment first: Rest in a dark, quiet room. Relax with meditation or other relaxation techniques. Eat.Signal a warm or cold compress to your head or neck. Take a break from or smartphone screen. Talk to your doctor about safe medications and other treatment options. Let your doctor know if the headache is getting worse or more frequently. It's important to be open with your partner when it comes to your feelings about sharing your pregnancy news. Couples don't always agree about when to tell — and who knows. Be sure to communicate openly with your partner about your feelings and listen to your partner's thoughts and concerns. Talking about everything is key. Uninstall both reasons you want—or don't want—to share. And if you hit a crossroads, there may be a compromise. After all, it is always open to the concerns and reasons of others. —Shara Marrero Brofman, PsyD You, your partner, and your healthcare provider will talk about fetal genetic testing. This test takes two forms: screening test and diagnostic test. A screening test tells you the possibility that your baby may have a birth defect; diagnostic tests tell you with more than 99% certainty whether the baby has the disorder. —Allison Hill, MD, OB-GYN screening tests are often offered to those under the age of 35, while diagnostic tests are recommended for older women, although that's not a hard and fast rule. Two tests may be offered to you this week. Cell-free DNA testing (cfDNA) is a noninvasive prenatal test. CfDNA tests are sometimes recommended to women who meet one or more of the following criteria: For this test, your provider will order a simple blood test that can detect fetal DNA that is in your system. Screen tests for trisomies are most common (trisomy 13, trisomy 18, and trisomy 21), but not neural tube defects. Be aware that the results of this test also reveal the sex of the baby, so be sure to let your practitioner know if you'd rather want to find out. Currently, cfDNA is being studied for use in low-risk women, and its accuracy seems similar to that for high-risk women. Overall, it has the highest detection rate of all screening tests. —Allison Hill, MD, OB/GYN Because this is a screening test, however, all abnormal results must be confirmed with a diagnostic test. Talk to your healthcare provider to see if the test is the right choice for you. Insurance covers this test for women who are considered high risk, but some plans will cover low-risk women as well. At the same time, between week 10 and week 12, your healthcare provider can offer villus chorionic (CVS) sampling. Unlike cfDNA, this is a diagnostic test. It may be recommended to women who meet one or more of the following criteria: Age 35 or olderChoose a child with a genetic disorder (or chromosomal abnormality in pregnancy previous screening test resultsFrom a history of genetic disorders (one of the pairs) For this test, the doctor removes cells from chorionic villi, a finger-like structure in the lining of the uterus. The cells are part of the placenta and contain the same genetic makeup as the baby. Baby, disorders, such as Down's syndrome, Tay-Sachs disease, and fragile X syndrome. There are two variations of the test: transcervical CVS: Your healthcare provider uses ultrasound to guide a thin tube from the vagina into the cervix. Scattered there, the doctor gently removes a small sample of chorionic villi with suction. Transabdominal CVS: Instead of going through the cervix, doctors remove cells with needles inserted through the abdominal wall. While some found CVS painless, others experienced cramp-like periods during the procedure. Results are generally available immediately after a few hours or up to a few days. Sleep is very important throughout life. But, it is very important during pregnancy when sleep problems are common. A body pillow or pregnancy pillow can help you get into a more comfortable position to sleep as your body grows and changes. Pregnancy pillows are designed to support certain areas of the expecting mother's body, such as the back, abdomen and knees. They come in different styles such as C-shaped, U-shaped, and wedge-shaped, so you can choose the type that best suits your comfort. Pregnancy-shaped pillows and straight body pillows fall into this broader category. Pregnancy body pillows tend to wrap around the whole body, while typical body pillows are long and straight. They both provide comfort and support to help you get a better night's sleep. This week you may be nervous about prenatal testing or thinking of telling your family and friends what you expect. After this procedure, you may experience mild cramping and spotting. The doctor will give you instructions such as: RestAvoidHot heavy physical activity does not have sexual intercourse until the doctor tells you it is okay There is a small risk of infection, deformity of the limbs, or miscarriage after CVS. You'll be monitored a little later, but once you get home, you should tell your doctor if you're experiencing: Constant cramps or painPerlite fluid from your vagina or stomach The truth is, there's no right time —there's only a time that feels right for you. In the past, health professionals used to recommend women not to spread the word until completing their first trimester, when the risk of miscarriage dropped dramatically. Some people choose to tell some close individuals early in their pregnancy because they want their support no matter what happens. However, others keep their news very personal because of their culture, past experiences, or just their preferences. All of the above is fine and decisions must be made between you and your partner. —Shara Marrero Brofman, PsyD Remember, there are some less than ideal moments to share the news, and sometimes you may get a response you didn't expect. You still dealing with some pregnancy symptoms earlier this week. But, since morning sickness usually peaks during week 9, 9, may begin to notice it begins to fade as the day progresses. Of course, while symptoms such as nausea are made to fade, other symptoms (such as sleep problems) may appear or become worse. At the end of this week, the little one spills the embryonic degree and graduates to the next level of development. As you begin the 11th week, your baby is officially a fetus. Page 23 Verywell/Bailey Mariner At 11 weeks pregnant, your baby has reached an exciting developmental milestone. The embryo stage is complete, and your baby is now a fetus! But it's not just your baby that's growing this week. You may notice your hair and nails are getting longer, and it may be the beginning of a baby bump. 11 Weeks Pregnant Is How Many Months? 2 months and 3 weeksWhich Trimester? First TrimesterHow Many Weeks to Go? 29 weeks At 11 weeks, the baby is about 2 inches (5 centimeters) long. Now, at the fetal stage, your baby's organ system will grow and mature until birth. It accounts for about half the length of their body. They will part ways and begin to take their final form after week 24. The appetite of buds develops. The eyes, nose, mouth and ears continue to form as the baby's face looks more human. The baby's body is getting longer and straighter. The fingers and toes are longer and without woven. Reproductive organs begin to form, but it is still a little too early to determine the sex of the baby on the ultrasound. The first signs of respiratory movement can be taken on an ultrasound. Small arms and legs move in the uterus, but you can not feel them yet. Explore some of your baby's week 11 achievements in this interactive experience. Your baby-to-be is growing fast, and so are some parts of your body. This week you may notice changes to your hair, nails, and stomach. If this is a second (or third, or more) pregnancy or you are carrying multiples, you may notice the beginning of a baby bump. However, if this is your first pregnancy, you may have a little longer to wait before you will start showing. Your hair can grow faster and fall out less, leaving you with thicker and longer tresses. Sometimes, the texture of the hair also changes, causing the hair to become drier or oilier than before. During pregnancy, estrogen and androgen hormones change the normal pattern of hair growth by shifting more hair to the growth phase and out of the shedding phase. —Allison Hill, MD, OB/GYN This hormonal hair change not only affects the top of your head. Some pregnant women also experience new hair growth on their face, abdomen, chest, and arms. For some, pregnancy hormones spur nails that grow faster and stronger. Meanwhile, others found that their nails split and broke more easily during pregnancy. Be healthy, enjoy. But, if you are dealing with extra unwanted body hair or weak nails, you may be wondering if there is anything you can do. If you choose to remove new body hair growth, it is considered safe to shave, wax, or use topical hair removers. However, permanent hair removal treatment is not recommended during pregnancy. It is a good bet that everything will return to normal within six months after you give birth to your baby. If your nails are brittle, keep them trimmed and avoid nail polish and chemical-laden removers, which can further weaken the nails. Like hair changes, your nails should return to their pre-pregnancy status by the time your baby is about six months old. Likes to take off from work once the baby arrives. You don't have to decide anything now, but it's smart to allow yourself plenty of time to discuss options like: Prenatal genetic screening can continue this week with a translucent test. Translucent screening is an ultrasound that measures the fluid-filled space behind the baby's neck. When the measurements are larger than expected, it is possible that the baby could have a genetic disorder such as Down syndrome. However, it's just a screening test. Out-of-reach results don't mean your child has chromosomal problems, but they do mean that your doctor will likely recommend more testing. Plus, the timing of this test is very important. False positives can result if a pregnancy date is incorrect. The best time for this ultrasound is between 11 weeks and 13 weeks 6 days. These tests are usually part of the first trimester screening, which also includes a blood test. Together, the tests provide more information. However, not all women have both parts of the screening. You may have a blood job, an ultrasound, or both. Your second regular monthly prenatal visit with your OB or midwife may be next week. This visit will be shorter than the first. If your health care provider hasn't discussed a chromosomal abnormality check, it's likely to happen next week. It's not uncommon to have some concerns about telling your boss that you're expecting. You may also be wondering or asking questions from family and friends about your diet. If you're working and feel nervous about telling your boss about your pregnancy, you may want to talk to a trusted colleague who has gone through the process at your workplace. This is a good opportunity to find out how your boss (or their manager), reacts to the news. You can also check the federal Pregnancy Discrimination Act to learn about your legal rights in the workplace. For example, this action prohibits your employer from shooting or lowering you because of your pregnancy. It is now also a excellent way to start researching: If you follow a vegetarian or vegan diet, you (or more likely may have concerns about your health and your baby's growing health. Rest assured, you can definitely have a healthy pregnancy on a vegetarian or vegan diet. Plant-based diets are often very nutritious. However, when vegetarian and vegan diets are unbalanced, they can lead to nutritional deficiencies. So, it is important to understand the nutrients you need and how to get them. When you follow a vegetarian or vegan diet, you want to make sure you get enough protein, vitamin B12, calcium, vitamin D, DHA, and iron. If you have questions or concerns about your diet, talk to your doctor and nutritionist for helpful dietary information. This week, your baby takes a big step from embryo to fetus. Small lives develop and look increasingly like little humans every day. Meanwhile, your uterus grows along with your baby, and it won't be long before your lump is visible. Next week, you can see a doctor for your monthly prenatal visit. On that promise, you might be able to hear your baby's heartbeat for the first time. Page 24 Verywell/Bailey Your Mariner three months together! At 12 weeks pregnant, you may feel some much needed relief from the symptoms of early pregnancy. Your baby looks like a small human being formed, and your uterus eventually grows and exits your pelvis. 12 Weeks Pregnant Is How Many Months? 3 monthsWhy Trimester? First TrimesterHow Many Weeks to Go? 28 weeks At 12 weeks, babies are usually about 2.5 inches (6-6.5 centimeters) long. Your baby finally looks like a little human being. All physical features and parts of the body are in place. There's just a lot of growing and ripe to do from now until the baby's birthday. Verywell/Bailey Mariner Baby skin is smooth and translucent (translucent). Bones, including skeletons, skulls, and long bones harden. Fingernails are formed. Your baby's vocal cords are formed. The baby's liver makes red blood cells. The pituitary gland begins to secrete hormones. But this week, there is finally enough room in the baby's stomach for the intestines to go to their last home. The placenta is fully functional and takes over the production of hormones to maintain pregnancy. Your pregnancy hormones are stable, and your uterus eventually makes its way up and out of your pelvis. Good news, the number of chorionic gonadotropin (hCG) humans flowing through your body is starting to level up. That might mean some relief from nausea and vomiting right now. Estrogen and progesterone ate also associated with nausea and pregnancy vomiting. So, since the placenta takes over the production of hormones, symptoms tend to subside. Unfortunately, morning sick illness does not go away for everyone. Some expect mothers to continue experiencing nausea with or without vomiting into the second trimester or throughout pregnancy. Your uterus is expanding to fill your pelvis. It now reaches your lower abdomen, where it may begin to protrude ever so little. The upper part of the uterus is called fundus. Your doctor can feel it by pressing your stomach just above the pubic bone. You may find that you don't walk into the restroom often enough. However, frequent urination only rests. This will come back as your pregnancy progresses. Up to 75% of pregnant women notice changes in skin pigmentation in pregnancy. Melasma (also called chloasma gravidarum and pregnancy mask) can appear as an irregular brown area on your forehead, upper lip and cheeks. These dark patches usually last until the pregnancy is over. Make no mistake, feeling comfortable and confident during pregnancy is good for you and part of self-care. Whether you are buying new or used clothes or borrowing some from friends, revamping your wardrobe is necessary. If not, you can start by adding some lower waist or maternity pants. They will be much more comfortable because your stomach begins to expand. If you're trying to hold back maternity clothing, consider a waist extender or pregnancy belly band to wear jeans and an unbuttoned shirt. These items can keep you in your pre-pregnancy clothes a little longer. When the nausea of the first trimester begins to fade, you may begin to feel a little hungry. Have some nutritious snacks on hand that are ready to go and easy to grab when you need a quick bite. Raw vegetables, fresh fruit, nuts and seeds, hummus and chips, yogurt and cheese are just some good options to help satisfy cravings while getting some extra nutrients. It wasn't long ago when parents didn't know the sex of their baby until it was revealed at birth. But, with today's technology, pregnant parents learn the news much faster. Between peaking in the womb with ultrasound and initial prenatal genetic testing, it won't be long before you and your partner have the option of knowing the sex of your baby. Some parents are curious, and some parents don't. It's good to discuss it with your partner to see if you're on the same page. You may be surprised to find that you and your partner have different thoughts about the subject. If you disagree, it's up to you to choose to learn—and understand—why you're opposite of taking. For example, some may want to study the sex of the baby before birth to help set up a nursery, choose a name, or even make room to deal with feelings of disappointment. On the other hand, others may not want to know gender so they can put aside stereotypical gifts and gender preconceptions, or simply enjoy one of life's biggest surprises. Your second prenatal may be this week. This appointment will be shorter than the first, but you will have some deja vu with tests and questions asked. As your waistline you to expand, it's time to seek comfort. You may not be ready for maternity clothes just yet, but you will soon. If you can borrow some maternity wear from a friend or family member, that's very helpful. But, if you're going to buy a new wardrobe, it's a little easier on a budget if you get multiple pieces at a time. Now is a good time to invest in a comfortable bottom. Week 12 may bring a little relief from the symptoms of early pregnancy. As your reward for the fielding that your rollercoaster hormones have risen, you may begin to see the beginning of a baby bump and get to hear your baby's heartbeat. Next week is the last week of your first trimester. Page 25 Verywell/Bailey Mariner You are in the last week of your first trimester. At 13 weeks pregnant, your baby can swallow and make urine. In the meantime, you may begin to notice some unwanted skin changes. 13 Weeks Pregnant Is How Many Months? 3 months and 1 weekWhich Trimester? First TrimesterHow Many Weeks to Go? At 13 weeks, a baby is approximately 3 inches (7.5 centimeters) long. Very soon/Bailey Mariner Hair follicles have begun to develop, and soft, fine hair called lanugo begins to appear. At 20 weeks, lanugo will cover your baby's body. The hair holds a substance called vernix on the baby's skin to coat and protect it from amniotic fluid. Your baby can swallow and swallow surrounding amniotic fluid. The baby's bladder can be seen with an ultrasound, and the kidneys produce urine that is part of the amniotic fluid. Ten small fingertips are developing a ridge that will hold the baby's eternal and unique fingerprints to be fully formed in a few weeks. The placenta gives your baby oxygen and nutrients. It also filters waste. Although now fully functional, she continued to grow and change throughout the pregnancy. As you near the end of the first trimester, nausea may begin to fade. However, you may still be dealing with constipation or heartburn. New symptoms may also appear as your pregnancy develops. White or clear whitish is normal, even when you are not pregnant. You may see more thin and whitish liquids than you did before. This is common and not a cause for concern. Fifty to ninety percent of pregnant women develop stretch marks. These purple or red stripes appear on the abdomen, breasts, or thighs. When they fade, they leave a pale line on the skin. Stretch marks tend to appear when the skin grows and stretches very quickly. Genetics and hormones also play a role. Pregnancy is a time of rapid growth, weight gain, and hormonal changes, so this is a common time to experience stretch marks. As the week progresses, you may be able to A little more. You may also want to try to keep the mother's stripes to a minimum and pay attention discharge that you may experience. Since your nausea is very likely to fade, now is a good time to start expanding your healthy eating options. This month is a great time to increase your intake of calcium, vitamin D and magnesium, as each helps with the baby's rapidly growing bones and teeth. —Dana Angelo White, MS, RD Some healthy options include: Calcium: Milk, broccoli, enriched foods such as soy milk, fruit juice, tofu, and magnesium cereals: Spinach, legumes, whole grains, legumes, whole grains, and avocado Vitamin D: Egg yolks, fatty fish, sardines, and fortified milk You cannot prevent stretch marks. But, you can try to keep them to a minimum with: There is really no way to prevent stretch marks. Often, these signs will fade over time. —Allison Hill, MD, OB/GYN You can moisturize your skin, but creams and lotions can't prevent stretch marks. Stretch marks develop in the second layer of the skin called dermis. Lotions and creams absorb into the upper layer of the skin (epidermis). You should also be careful that some products may contain unsafe ingredients during pregnancy. So, be careful. If you want to do something about your stretch marks after your pregnancy, you can consult a dermatologist about treatments or procedures to fade or remove them. Increased thin, clear, or white vaginal discharge is normal during pregnancy. You can overcome this by wearing a pantyliner and keeping the area clean and dry. However, changes in discharge can sometimes be a sign of infection. So tell your doctor if discharge: Is abundantChanges in color to yellow or greenHas a smell accompanied by pain, itching, or redness in the area Feel pain with your partner and not sure why? Don't worry—you're not the only one. Some couples experience symptoms of sympathetic pregnancy, also known as couvade syndrome, at the end of the first trimester. That's right —you might gain weight or feel nauseous together with your pregnant partner. According to a 2013 study published in the journal Medical Science Monitor, the frequency of couvade symptoms is associated with empathy. So, if you don't feel your best, you're not copy-cating for attention. You are just more emotionally sensitive and understand your partner's feelings. If you didn't see your health care provider for your second prenatal visit last Sunday, you'll probably be on your way this week. Your Doctor will check your WeightBlood pressureUrine The doctor or midwife can also use a Doppler — a handheld instrument placed in your stomach, above your uterus — to check your baby's heart rate. With this, you will hear the precious thump of your baby's heartbeat. Your next regular prenatal visit is about a week amniocentesis, if you, your partner, and the doctor decide, are usually done between the 15th week and the 20th week. If you want to try to keep stretch marks away or moisturize any lines that may appear, be sure to use the product safe materials. While evidence that creams and lotions are effective at preventing less stretch marks, they may be worth a try. At the very least, they can keep your skin moist and hydrated. It might even make your skin feel softer and smoother. Remember to choose natural products and talk to your doctor or dermatologist about ingredients you do not believe in. This week, your doctor can perform a procedure to protect pregnancy for mothers who have lost a child in the second trimester, have a history of painless cervical dilation in the second trimester, or have had cerclage before. It's also a good time to consider whether or not you're happy with your healthcare provider. If you have a history of cervical insufficiency, sometimes called incompetent or weak cervix, your health care provider can talk to you about getting cervical cerical. It is usually placed between week 13 and week 14 of pregnancy. During this procedure, you receive general anesthesia, spine, or epidural, while the surgeon sees around the cervix to help prevent it shortening and opening too early, leading to premature birth. Stitches can be removed at your healthcare provider's office at 37 weeks. Do it if you feel supported and listened to? Is your doctor or midwife responsive and respectful when you have questions or concerns? Know that if you don't think your healthcare provider is a good fit, you have every right — even an obligation — to switch. If you decide to change providers, be aware that the process is not complicated. All you need to do is sign a release to transfer your medical records. If you don't want to face your healthcare provider face-to-face, simply have your new provider process the release. This is the end of the first trimester. In 13 short weeks, your baby has grown from a small combination of egg and sperm into a fully formed small human. Of course, there is still little growing and ripe to do before that little life can survive on its own outside your womb. This may mean some relief from your early pregnancy symptoms and energy boost. Page 26 Verywell/Bailey Mariner You have reached your second trimester! You are now a third of the way through your pregnancy. At 14 weeks pregnant, you may feel better because early pregnancy symptoms such as nausea and fatigue begin to fade. Many pregnant parents consider this mid-middle trimester to be the easiest and most comfortable. 14 Weeks Pregnant Is How Many Months? 3 months and 2 weeksWhich Trimester? Second TrimesterHow Many Weeks to Go? At 26 weeks At 14 weeks, a baby is usually 3 1/2 inches (9 centimeters) long. It weighs a little more than 3 ounces (90 grams). Verywell/Bailey Mariner You can peek inside your uterus, you'll see little babies practicing how to frown, squint, make wrinkles. Wrinkles. Your baby may be writhing, stretching their arms, or even practicing breathing by taking amniotic fluid in and out of their lungs. External sex organs are formed. The intestine is already working on the first intestinal movement (called meconium). The liver makes bile. The thyroid gland begins to make hormones. Explore some of your baby's week 14 achievements in this interactive experience. You may already feel less nausea and fatigue, but if it hasn't started to feel better, hang in there. Those not-so-pleasant early pregnancy symptoms don't suddenly end on a certain date — and they technically don't all go away when you reach week 14. However, the symptoms of early pregnancy often begin to fade when the first trimester ends — perhaps just more of a gradual shift to feel better. In any case, you enter the least symptomatic phase of your pregnancy. When nausea and vomiting subside, fatigue tends to fade along with it. The exact cause of fatigue during pregnancy is unknown, but increased hormones in the first trimester are likely contributing factors. When your hormones level up at the end of the first trimester, you may begin to feel less tired — and perhaps even more energetic. However, this upswing does not apply to everyone. Fatigue may continue or even worsen as your pregnancy progresses. Breast tenderness also tends to subside after the first trimester. However, some people who are pregnant continue to feel discomfort as breast tissue grows and matures to make breast milk. Symptoms of early pregnancy can interfere with sexual desire in the first trimester. However, when nausea, vomiting, fatigue, and breast tenderness decrease—along with fears of harming early pregnancy—sexual desire may return. If there are concerns about having sex, your healthcare provider will let you know. In general, having intercourse during pregnancy is safe as long as there are no complications such as placenta previa or vaginal bleeding. After sexual activity, some mild cramps are normal. Mild contraction of your uterus is part of orgasm. They are irregular and fade quickly. Skin changes occur throughout pregnancy. One of the problems that may arise is the formation of new flies or changes in existing flies. Pregnancy can do funny things to flies like make it bigger or darker. While pregnancy is a possible cause of this change, it is always smart to have a new or changing fly that your healthcare provider sees. When you notice a decrease in early pregnancy symptoms and maybe even more energy, you may also feel a little less worried about something going wrong. Plus, your pregnancy belly is still at the point where you can move comfortably. This trimester most easily enjoyed. If you are worried about losing an early pregnancy (especially if you already have it was earlier) this week brought a little sigh of relief. By week 14, the risk of miscarriage dropped significantly. While some parents-to-be may not really feel relieved until after delivery when they hold a healthy baby in their arms, this is an important step to get to that point. If you're worried all the time, share your concerns with your healthcare provider. It might be helpful to get a referral to a mental health professional to help you through this time. Even though your babies grow up stable, they're still not big enough to weigh you. The second trimester is a great time to exercise and stay active. Unless your provider tells you otherwise, physical activity is safe and healthy during pregnancy. Experts recommend that pregnant people get at least 150 minutes of moderate exercise a week. Exercise reduces the risk of pregnancy complications such as gestational diabetes and caesarean sections. It also helps the body recover faster after birth. The second trimester is a great time to make specific plans for you and your partner. Once the baby arrives, it may not be as easy as you two to escape on your own. Having a babyroom is a great way to spend time together, connect (or reconnect), and relax before your life changes with a newborn. It can be a staycation at home, a weekend not far away, or a great trip. You'll want to check with your health care provider, but as long as you don't have any complications, travel is usually safe. The sweet place to travel during pregnancy is between 14 and 28 weeks. Since the morning illness of the first trimester may be over, and walking and moving are still comfortable, the trip tends to be more enjoyable during this time. First-time parents may benefit from taking maternity classes. They are often available in hospitals, maternity centers, private facilities, or online. There are plenty of options to choose from, although you may find your fellow prospective parents vying for a place. It's a good idea to sign up for classes when you're about 20 weeks along, which means now is a great time to start some early research. With your lead, your partner can cross this time off their to-do list. You may have your next regular monthly prenatal visit around week 16. If you choose to have amniocentesis, it usually occurs between week 15 and week 20. Your provider may recommend amniocentesis if you are: Have a family history of genetic disorders on your side or your partner's sideHad screenings that indicate possible problemsPreviously having a baby with birth defectsWill be 35 or older when your baby is bornA lot of your provider may recommend it, is not mandatory. This carries a very small risk (about 1 in every 200 to 400 may experience complications, including miscarriage). Make sure you take the time you need to make the best decision for you and your family. You, class, you may also want to check out some online options. Online classes tend to be flexible and allow you to learn at your own pace. If it's something you and your partner might be interested in, you'll find plenty of options in your research. If you are planning an adventure, be safe, and take appropriate precautions. Travel is generally safe for most of your pregnancy. However, nausea, vomiting, and fatigue can dampen the journey of the first trimester. Comfort can be more of an issue as you get into your third trimester. The second trimester is the ideal time for a vacation. Of course, there are some precautions that you should take regardless of when you travel. There are some pregnancy travel tips you can remember, many of which you can apply while you're still planning your trip. Here are some things to do to keep in mind as you plan, and move on, your pre-baby adventure: Always fasten your seat belt in the car or on the plane. Avoid areas where travel is not recommended. Check medical care at your destination (just in case!) Don't sit down for long. Get up and walk down the aisle on a plane or stop the car every 90 to 120 minutes to get out, stretch and walk around. Limit car travel to no more than 6 hours a day. Stay hydrated (especially during air travel). Talk to your doctor about your travel plans. Wear comfortable clothes. Security body scanners at airports are not harmful to your baby. However, if scanned makes you uncomfortable, you can request to be checked manually by a security agent. The amount of radiation exposure during one scan is equivalent to a chest X-ray of 0.01. —Allison Hill, MD, OB/GYN For many expectant parents, week 14 is the beginning of some of the most enjoyable months of pregnancy. Your baby is growing, the risk of miscarriage has decreased, and you are on your way to feeling better than you might feel in a while. Next week is likely more of the same as you continue to feel better and have more energy. You're also getting closer to seeing that baby bump. Everyone is different, but the stomach tends to pop at the beginning of the second trimester. Trimester.

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