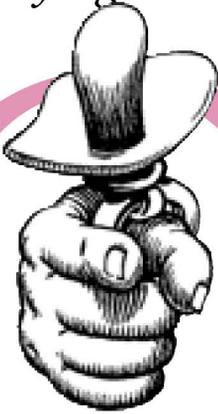


From the authors of the *New York Times* bestsellers
YOU: On a Diet, *YOU: Staying Young*, and *YOU: Being Beautiful*

YOU



HAVING A BABY

The Owner's Manual to a Happy and Healthy Pregnancy

MICHAEL F. ROIZEN, MD
MEHMET C. OZ, MD

Pregnancy YOU-Q: Your Quality of Life Quiz

When somebody puts the words *pregnancy* and *test* in the same sentence, you expect to read about a little stick that gives you a yes or no, pregnant or not. We're betting this pregnancy test is like none you've ever taken. For one thing, it isn't going to give you an A or an F, a pass or a fail. This test is about something bigger: about understanding yourself and all the experiences that make up pregnancy. Some are exciting, some are stressful, and some may even be a bit painful.

This test is designed to help you get a sense of how you're experiencing your pregnancy: how you feel about yourself, your journey, and the promise of parenthood. We will give you an overall score at the end of the test that will serve as a beacon to help you navigate that journey and guide your ship to calmer waters.

Take the test as often as you like, especially as you grow and learn about yourself during these nine months. Your score may change along the way—and that's because you will too.

YOUR Quality of Life: Sex

Answer each of the following questions on a scale of 1 to 5, 5 being this is Very True of Me:

	Not at All True of Me				Very True of Me
	1	2	3	4	5
1 I am not that interested in sex with my partner.					
2 I worry that my partner will lose interest in me sexually because I am pregnant.					

Now check the box that best describes your feelings about this statement:

	Much More Than 1	Somewhat More Than 2	About the Same As 3	Somewhat Less Than 4	Much Less Than 5
3 My interest in sex is _____ it was before I got pregnant.					

Sex Score

For this test, add up your scores for each question.



This score should range between 3 and 15.

Interpreting Your Score

Your interest in sex will change somewhat during the course of pregnancy. In the first trimester, you're likely to feel generally ill, not sexy. The middle trimester is the one in which most women report feeling best, so your interest in sex may go up again. By the third trimester, changes in your body and worries about hurting the baby may decrease your interest in sex again.

Keeping that in mind, if your score is:

3 to 6: Your interest in sex may actually have gone up since you got pregnant. Hooray for hormones! Remember that your body is going to change a lot over the course of pregnancy, and your interest in sex may vary during that time.

7 to 11: Your interest in sex is about what it was before you got pregnant. All of those changes in your body haven't dampened your sexuality. Enjoy.

12 to 15: You're showing less interest in sex than you may be used to. Don't be too hard on yourself. Your body is going through a lot of changes.

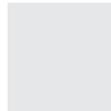
YOUR Quality of Life: Cognitive

Answer each of the following questions on a scale of 1 to 5, 5 being this is Very True of Me:

	Not at All True of Me	1	2	3	4	Very True of Me
1 I have a lot of difficulty making decisions.						
2 I have difficulty remembering things, even for a short period of time.						
3 I have difficulty concentrating for more than a few minutes at a time.						

Cognitive Score

For this test, add up all of your scores.



This score should range between 3 and 15.

Interpreting Your Score

There seems to be little that is helpful about difficulties making decisions, remembering, and concentrating, particularly for women who are trying to maintain a high level of job performance during pregnancy. As frustrating as these experiences may be, think of them as evidence of the transformative power of pregnancy. Plus, they may be good for a few laughs when it's all over.

If your score is:

3 to 6 : Congratulations. Even though you're pregnant, you're sharp as a cat's claw. Somehow, being pregnant has given you laser focus.

7 to 11: Chances are, you're having a few lapses in thinking. You may feel more indecisive than you did before you got pregnant, and you may have more trouble remembering things than usual. That's quite normal during pregnancy, though it can be annoying.

12 to 15: You seem to be having a lot of trouble thinking since you got pregnant. Some moderate thinking problems are quite common in pregnancy. If you feel that you have slipped quite a bit, then you need to review aspects of your lifestyle. Are you eating properly? Are you getting enough sleep? If you have other kids already, are you getting some help taking care of them?

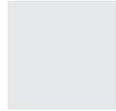
YOUR Quality of Life: Craving and Appetite

Answer each of the following questions on a scale of 1 to 5, 5 being this is Very True of Me:

	Not at All True of Me				Very True of Me
	1	2	3	4	5
1 I find that I can eat only foods that I used to eat before I was pregnant, and no new foods.					
2 I find that there are times when I am highly interested in a particular food.					
3 I feel like I am eating less than I did before I was pregnant.					
4 I am eating mostly foods that are not nutritious.					
5 I am experiencing a lot of nausea now that I am pregnant.					

Craving and Appetite Score

For this test,
first add up scores
for questions
1, 2, 3, and 4.



X

Then, multiply it
by the score
on question 5.



=

Final
Craving
Score



This score should range between 4 and 100.

Interpreting Your Score

During pregnancy, it's crucial that you get good nutrition. Your body is working overtime to keep up your energy and to help you build the brain and body of your developing baby. Pregnancy is not necessarily a time to be adventurous about food. Indeed, in evolutionary terms, there is probably good reason to eat only the foods that you've eaten successfully in the past. Morning sickness actually evolved as a protective adaptation. Early in pregnancy, your body is protecting your baby from anything that might be harmful to it. Still, even if you are experiencing a lot of nausea, you need to do your best to feed your baby and to take your prenatal vitamins.

If your score is:

4 to 30: You are probably eating fairly well. Do keep track of how much you're eating and focus on foods that will give you energy and also help your developing baby. If you do experience some nausea, remember that it is quite normal. Listen to our plan in chapter 3 to help you figure out your diet and do your best to provide your baby with the building blocks for a healthy brain and body. And don't forget your vitamins.

31 to 50: Nausea is affecting your eating. You may not be making the best choices about your food, so it's important to listen to your body. At the same time, there may be simple changes you can make to your diet that will make you feel a bit better and will give your baby the nutrients needed for development. Listen to chapter 3 to help you plan your diet. And don't forget your vitamins.

51 to 70: You're experiencing moderate nausea, which is affecting the way you eat. In addition, you may be having some cravings. It might be time to make a few midcourse corrections and to work on your diet to give your baby the nutrients needed for healthy brain and body development. Chapter 3 will give you some great suggestions to get started. And don't forget your vitamins.

71 to 100: Nausea is having a huge effect on what you eat. Pregnancy can be hard on your body and on your frame of mind. It's hard to think happy thoughts with your head in the toilet bowl. If you're in your first trimester, remember that that's when the nausea is usually worst. If you can get through it, you can face anything. You'll need to make the best choices you can about foods. Listen to chapter 3 to help plan your diet. And don't forget your vitamins.

YOUR Quality of Life: Body Image

Answer the following questions about your feelings in the *last four weeks* (using the scale indicated)

	Never	Rarely	Sometimes	Often	Very Often	Always
	1	2	3	4	5	6
1 Are you so worried about your body shape that you feel you ought to be on a diet?						
2 Has being with women who are not pregnant made you feel self-conscious about your shape?						
3 Has eating even a small amount of food made you feel fat?						
4 Has thinking about your shape interfered with your ability to concentrate?						
5 Has being naked (such as when taking a bath) made you feel fat?						

	Never	Rarely	Some-times	Often	Very Often	Always
	1	2	3	4	5	6
6 Have you felt ashamed of your body?						
7 Have you been particularly conscious about your shape when in the company of other people?						
8 Has worry about your shape made you feel you ought to exercise?						

Body Image Score

For this test, add up all of your scores.



You should have a number between 8 and 48.

Interpreting Your Score

8 to 16: You don't seem to be at all worried about your body. In many ways, that is good. Make sure, though, that you are still keeping in shape. Eat balanced meals and nutritious foods. Exercise is good for you and for your baby. See our exercise plan on this PDF.

17 to 32: You have a small amount of concern about your body image, but it is not excessive. Pregnancy is a time of changes in your body. At the same time, you do need to make sure to take care of your body. A healthy body is good for you and your baby, and it will make it easier for you to have a body you like after you give birth. Make sure that you eat balanced meals and nutritious foods. Remember that exercise is good for you and for your baby.

33 to 48: You have quite a bit of concern about your body. It's really crucial that you exercise during pregnancy and that you eat balanced, nutritious meals. You

are eating for you and for your baby. It is possible that you have gained too much weight and that your doctor may recommend ways to help solve any problems that have come up. However, it is also possible that your weight gain is quite normal.

YOUR Quality of Life: Overall Score

To get a sense of how you're doing overall right now, we're going to create a total score for Quality of Life. Enter the scores from the four tests that make up the Quality of Life survey in the boxes as shown below.

Sex Score	Cognitive Score	Craving and Appetite Score	Body Image Score	Quality of Life Score		
<input type="text"/>	<input type="text"/>					
x 3	x 3					
<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	=	<input type="text"/>

This score ranges between 30 and 238.

On many tests, you aim to get the highest score possible. This test is a little different. When your Quality of Life score is low (close to 30), your life is in balance.

Trying to maintain your quality-of-life balance during pregnancy is a bit like trying to walk on a four-inch-wide gymnastics balance beam with your pregnant body. It's not as easy as it looks, and it doesn't look easy. It is also possible you have not gained enough weight and are overly concerned about your own shape without attending to what your baby may need. If that describes you, see your OB as soon as possible, and perhaps a nutritionist, to make sure you are not underfeeding the baby unintentionally.

So most people are probably not perfectly in balance. Remember that for every gymnast who nails a perfect routine on the balance beam at the Olympics, there are hundreds

who slip a little or even fall flat. The trick is just to keep getting up there and trying to balance again.

Interpreting Your Overall Score

30 to 70: Congratulations! You have achieved some real balance in your pregnant life. There's still a lot ahead of you, but you're quite centered so far.

71 to 150: Like most pregnant women, there are days when you have it together and days when things seem beyond your grasp. Keep listening to the audiobook. We have a lot of tips to help keep you centered.

151 to 238: Between your nausea, your inability to think straight, and your negative feelings about your body, you're probably looking at pregnancy as more like a never-ending traffic jam than an Olympic gymnastics event. All the same, you're in the middle of one of life's peak experiences. We have a lot of tips here to make your worst days more bearable. Hang in there, and keep listening.

YOU-Q: The Worry and Anxiety Quiz

There's an old joke that a developmental psychologist had a child and then wrote a book about her theory of how children develop. Then the psychologist had her second child and wrote a book on individual differences in children. Then she had a third child and quit the field and took up yoga. Pregnancy is the same way: No two pregnancies are alike, even your own. So it's natural to be a bit worried, somewhat stressed, and even a bit blue when you're going through pregnancy. This test helps gauge those levels, so you know what you can do to make the most of your pregnancy.

PART I: Worry

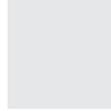
To get started, answer the following questions on a scale of 1 to 5, 5 being you are Very Worried.

I worry . . .	Not at All Worried 1	2	3	4	Very Worried 5
1 about the pain of childbirth.					
2 about the delivery of my baby.					
3 that I will have a miscarriage.					

I worry . . .	Not at All Worried 1	2	3	4	Very Worried 5
4 that my baby will not be healthy.					
5 that my baby will have a birth defect.					
6 that pregnancy has made me gain too much weight.					
7 that pregnancy has hurt my appearance.					
8 that I will have difficulty caring for my baby.					
9 that the baby will hurt my relationship with my partner.					
10 that things I did before I got pregnant will hurt my baby now.					
11 about getting good health care for me and my baby.					
12 that I will be a bad parent.					
13 that I will not be able to afford my baby.					

Worry Score

For this test, add up all of your scores.



You should have a number from 13 to 65.

Issues

Worry is clearly a natural part of pregnancy. First, pregnancy (and particularly a first pregnancy) involves a tremendous feeling of venturing into the unknown. Humans are wired to treat unknown situations with avoidance, and worry is the emotional expression of the activity of the avoidance system. Some amount of worry is probably quite adaptive, though. Because worry is associated with avoidance behavior, it serves as a mechanism that prevents women from engaging in potentially risky behaviors that they might have engaged in prior to pregnancy. Thus, a moderate amount of worry is likely to be healthy.

Another reason why pregnant women experience worry is through misattribution processes. That is, women experience a lot of discomfort over the course of pregnancy. There's physical discomfort from body states that are changing rapidly. There's also mental discomfort from changes in hormonal balances over the course of pregnancy. Some of these discomforts have an obvious cause. For example, the baby kicks and causes pain. For others, the cause of the discomfort may be less obvious. In these cases, women may attribute their discomfort to whatever is bothering them at the moment, whether it is actually causing the issue or not. So a woman may end up worrying about finances, not so much because finances are a potential problem but because thoughts about finances are a good attribution for the current level of discomfort she is feeling.

Finally, high levels of worry are problematic. High levels of worry are associated with rumination, or repetitive thoughts about the source of worry. Rumination can help maintain the level of worry and stress, so the cycle of rumination needs to be broken. Rumination also causes attention problems, because the object of rumination displaces other thoughts. In addition, high levels of worry create chronic stress. There are important medically relevant effects of high chronic stress, including changes in eating patterns, constriction of blood flow to the fetus, and lowered immune system function. So while a moderate level of stress is helpful, high levels of chronic stress must be addressed.

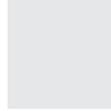
PART II: Depression

Answer each of the following questions on a scale of 1 to 5; 5 being this is Very True of Me:

	Not at All True of Me 1	2	3	4	Very True of Me 5
1 I am sad all the time.					
2 I am disappointed in myself.					
3 I frequently feel like crying.					
4 I don't consider myself as worthy as I used to.					
5 I am irritable all the time.					
6 I often have thoughts of harming myself.					
7 I feel I have many bad faults.					
8 I feel that the future is hopeless.					

Depression Score

For this test, add up all of your scores.



This score should range from 8 to 40.

Issues

Depression is a potential problem during and after pregnancy. The rapid changes in hormone levels during pregnancy influence mood. Short-term and short-lived changes in mood are common during pregnancy, but a sustained period of depression should be brought to the attention of your doctor as quickly as possible.

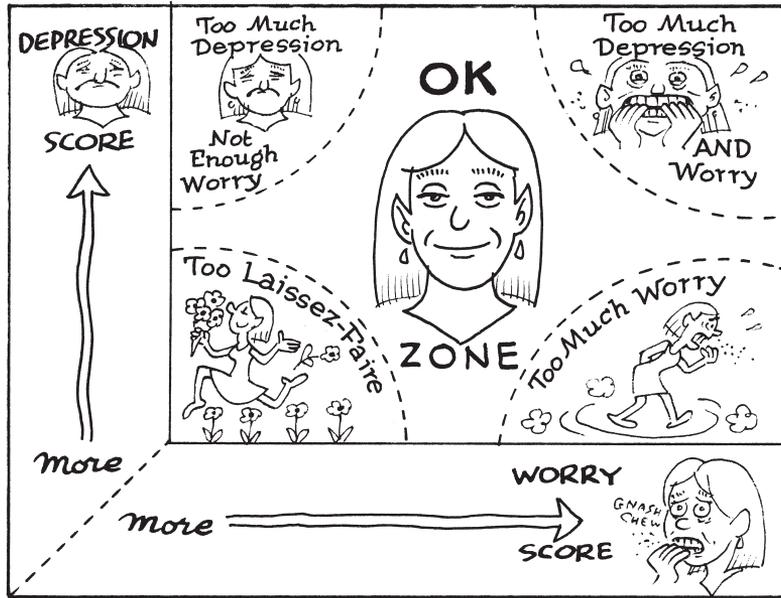
Visualizing Where You Are

During pregnancy, depression and worry also belong right in the middle of a bell curve. Too little of them, and you probably aren't taking things seriously enough. You might end up engaging in behaviors that hurt you or the baby. Too much, and you may be suffering from a problem that requires your doctor's attention. So, just like Baby Bear in "Goldilocks and the Three Bears," you want to be just right. To figure out where you are, take your score on the worry test and approximate your level on the chart on the next page. Then take your score on the depression test and mark it on the left side. Now draw a line upward from your mark on the worry test. Draw a line to the right from your mark on the depression test. Put a big dot at the point where the lines cross. You are here—er, there!

We have labeled the regions of this depression/worry territory. There's a section in the middle, and that's about where you want to be. A moderate amount of worry and a little mood swinging are normal in pregnancy. If you're there, you don't need to feel bad or worried about the amount that you feel bad or worried.

The other regions on the graph require some attention.

If you live at the bottom left, you're just too *laissez-faire*. You ought to be at least a little worried about pregnancy. You need to be alert to what you are doing to maximize your health and your baby's health.



If you live at the bottom right, you are not that moody, but you are definitely worrying too much. Too much worry and anxiety during pregnancy is a problem.

If you live at the top left, then you are not that worried, but you are showing signs of depression. Depression is common during pregnancy, but it is still something to be taken seriously.

If you live at the top right, then you are experiencing both a lot of worry and some signs of serious depression. This is a matter that you should take up with your doctor immediately.

Your Pregnancy Plan

Use This Checklist to Arrive at
Life's Most Amazing Destination

*W*e don't care if you've traveled to the top of Everest, to the bottom of the ocean, or to any city, coastline, or monument in any of the 195 countries around the world. We think you'll agree that the most amazing journey of your life is the one that you're taking right now. The coolest part about this trip? The destination is like no other, and it's all yours. When you reach the Promised Land of Parenthood, you'll discover that it's filled with laughter, tears, love, challenges, burps, insomnia, exhaustion, first words, tooth fairies, violin lessons, baseball catches, report cards, Legos, Barbies, driver's ed, and all of the ups, downs, and upside downs that parenthood has to offer.

First things first: You gotta get there, and this is what our plan is all about. In this forty-week flight of pregnancy, you serve as the pilot of a plane (your body) that's carrying one, two, or more VIP passengers. Of course, there are copilots (your partner and/or your doula) and air traffic controllers (your doc or midwife) who will help you arrive safely and sanely. But as you know, the main responsibility for guiding this jet* falls into your lap (or what used to be a lap). This plan contains everything you need to know—from choosing the best fuel to performing physical inspections—to

* Note we did not use the phrase "jumbo jet."

have a great takeoff, a smooth ride, and the perfect landing. We'll show you how to weather the storms of stress, and we'll even try to help you put some parts of your life on autopilot so that you can sit back and enjoy all there is to see during this amazing flight.

Before you accuse us of a literary flight delay by beating this metaphor into the tarmac, the comparison does make perfect sense in a very important way: As is the case with flying, the most vulnerable times during a pregnancy are at takeoff (right around conception) and landing (at delivery). Throughout the book, we've given you the background and biology about the way your body works so that you can understand why that's so—and how the things that you do very much influence those beginning and end points. Here you'll find a cheat sheet containing our best advice to help get you to the gate safely and happily. Because after the flight is over and you introduce your very special passenger to the world, that's when the real journey begins.

Please fasten your seat belt and enjoy your flight.

FASTEN SEAT BELTS

NO SMOKING

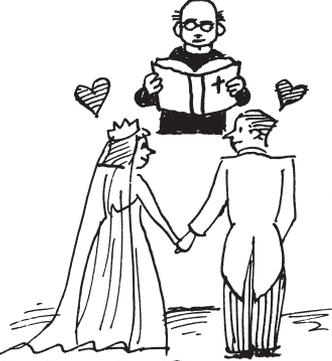
Filing of Flight Plan

ATC Take Off Clearance

Take Off

Passenger Boarding

Taxiing



Week 0

RALPH!

ATC Landing Clearance

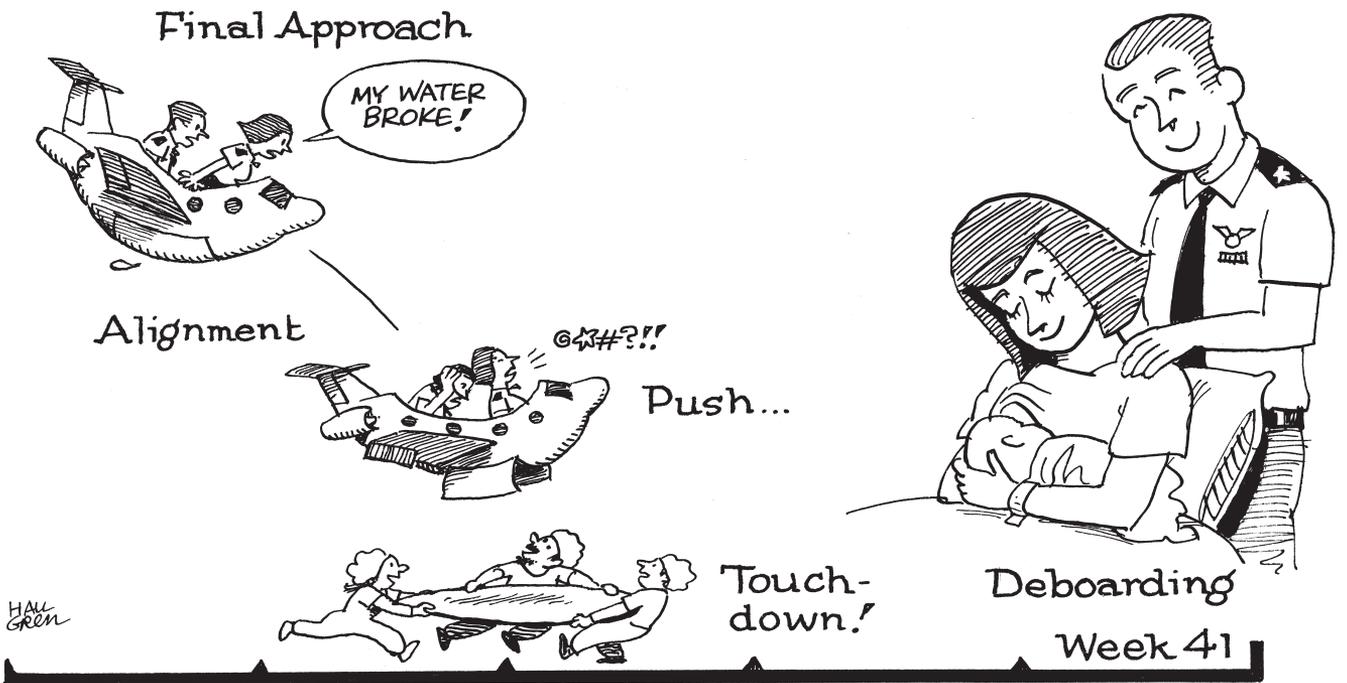
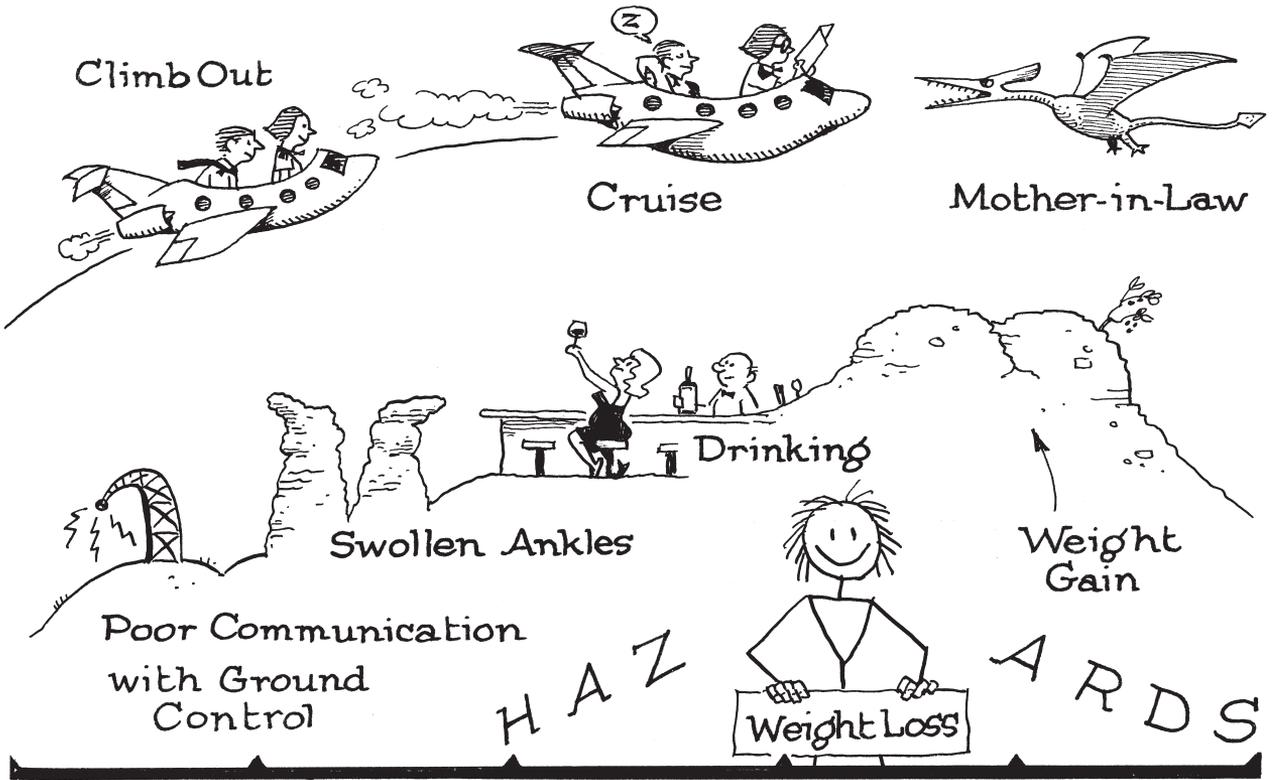
Emotional Turbulence

Morning Sickness

Eat Too Much

Heartburn





Fuel Levels: Nutrition

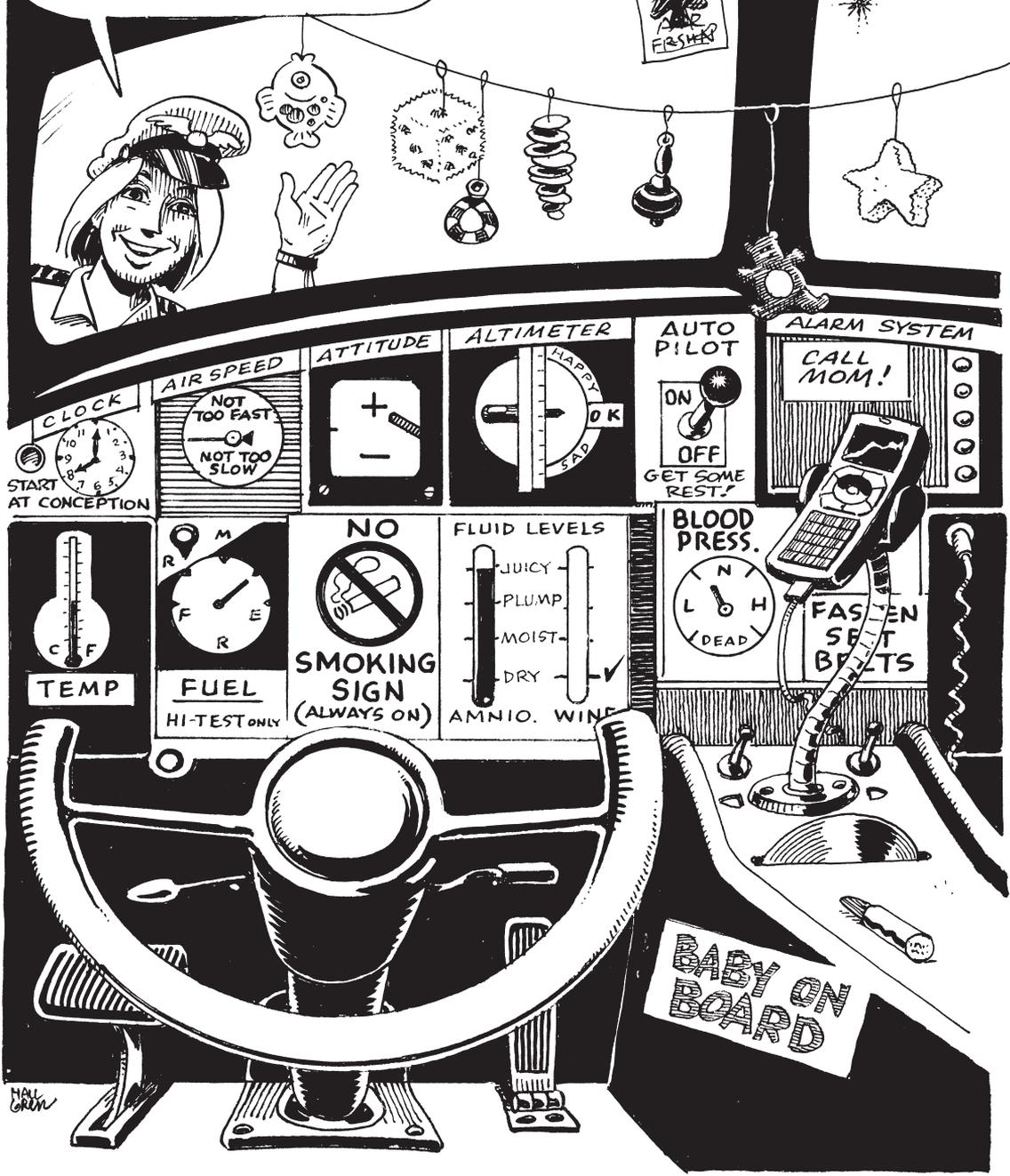
If you've listened to this audiobook, you surely know that the greatest way you can influence the health of your child is through the foods you choose to eat and the ones you choose not to eat. Your nutrition directly influences your child's, as the placenta supplies all the nutrients he needs. The tricky part about pregnancy is that either end of the extreme isn't good. Eat too much or the wrong kind of food, and you run the risk of developing health problems for both you and your child. Eat too little, perhaps because of extreme pregnancy-related nausea, and you might not be supplying your child enough nutrients to develop properly.

While there's certainly an ideal fuel plan, which includes healthy foods, prenatal vitamins, calcium, DHA, and other nutrients, the most important thing to remember is that there's plenty of wiggle room. Forty weeks is a mighty long time, and if on some days you stray from the ideal, that's perfectly normal—and perfectly okay. Your body and your baby are pretty darn resilient. The key is for you to think about your fuel plan over the long run, making as much of an effort as you can to provide the highest-quality fuel that you can.

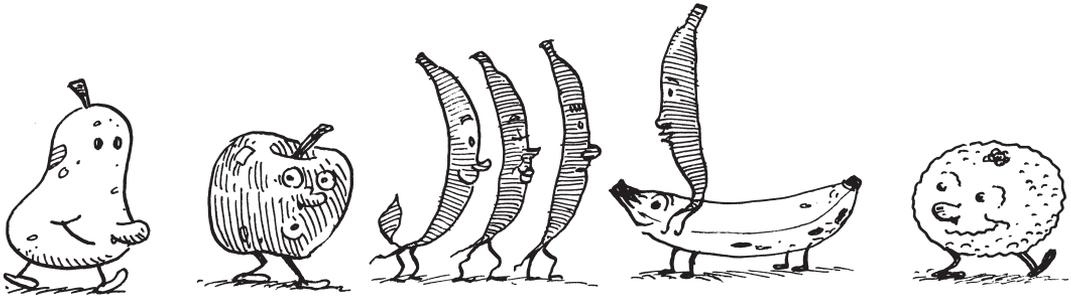
Good Fuel

- Fruits
- Leafy green vegetables
- Cruciferous vegetables—broccoli, cauliflower, arugula, cabbage, and Brussels sprouts—help detoxify your liver so that it can metabolize chemicals from the outside world as well as all your raging hormones
- Fish (non-bottom-feeders, especially salmon and trout)
- Lean poultry (skinned and nonfried)
- Lean meat (meat that has less than 4 grams saturated fat per serving; anything with *loin* in the name usually works)
- Legumes
- Beans (with Beano to reduce to accompanying gas cramps)

WELCOME TO YOUR FLIGHT! TAKE A LOOK AROUND YOUR DASHBOARD...



MAX GREEN



- Nuts (especially walnuts, which have much higher omega-3 fatty acids content than other nuts)
- Cereal grains
- Low-fat yogurt and pasteurized cheese
- Soy products (tofu, tempeh, edamame)
- Oats
- Whole grain wheat products
- Foods that contain flavonols, like broccoli, radishes, onions, tomatoes
- Organic skim milk (watch calorie counts on alternative milks such as rice milk. You may choose to limit soy milk to one to two glasses daily because of phytoestrogens; there's concern that they cause feminization of the brain and other organs, including sex organs)

Bad Fuel

- Saturated fats (from four-legged animals and palm and coconut oil) and trans fats (anything “partially hydrogenated”)
- Simple sugars
- Syrups
- High-fructose corn syrup
- Refined bleached flour or non-100 percent whole grains
- Soda, carbonated drinks
- Bottom-feeding fish such as shark, swordfish, tuna (higher risk of mercury)

- Any foods that have any potential safety issues, like undercooked meats and eggs, and foods where there's any question about refrigeration
- Alcohol
- More than 200 g caffeine (one cup of regular coffee or two cups of black tea) per day

Optimum Daily Fuel Levels

- Nine or more servings (fistfuls) of fruits and vegetables
- Three or more servings of whole grain and other grain products
- Three or more servings of lean protein in the form of poultry, fish, lean meat, eggs, nuts, beans, lentils, and soy
- Five or more grams of fat in the form of omega-3s (like walnuts, flax, or avocados); five grams of omega-9s (olive oil), and five grams of omega-6s (corn and nut oils)

Nausea-Fighting Fuel Plan

Crackers upon waking

Chicken broth

Iced drinks

Cold foods (weaker smell than hot foods, which can trigger queasiness)

Brown rice

Peanut butter (either by the spoonful or on crackers or whole wheat bread with honey and/or banana)*

Baked potato with salsa and/or low-fat sour cream or shredded mozzarella

Hummus and baby carrots

High-fiber cereal with skim milk or low-fat milk

Hot cereal

Yogurt

* In healthy peanut butter, the oil will separate out from the peanuts. Or try a real nut butter like walnut or almond. Some commercial peanut butter is usually made from the worst nuts, which cannot be sold on their own.



Egg salad
 Sliced turkey
 Bagel and cream cheese
 Rice cakes
 Canned soups (low sodium)

Marinated, baked tofu
 Pasta with tomato sauce
 Almonds, walnuts
 Frozen blueberries
 Frozen fruit pops

Optimum Vitamin Levels

Vitamins

A

Optimum for Pregnant Women

More than 7,500 IU twice a day is too much; watch for extra vitamin A in other fortified products, like protein bars, breakfast bars, and meal-replacement products.

B1 (thiamin)

25 mg

B2 (riboflavin)

25 mg

B3 (niacin)

At least 30 mg

B5 (pantothenic acid)

At least 30 mg

B6 (pyridoxine)

3 mg twice a day

B9 (folic acid)

400 mcg

B12

400 mcg twice a day

Biotin

300 mcg

C

400 mg twice a day. Remember, it's water soluble, so you need two doses over the day.

D	600 IU twice a day
E	200 IU twice a day (or, preferably, 200 IU of mixed tocopherols)

Minerals

Calcium	600 mg three times a day when pregnant; twice a day prior to pregnancy
Iron	15 or 20 mg twice a day while pregnant, and once a day afterwards
Magnesium	200 mg three times a day; twice a day prior to pregnancy
Selenium	100 mcg twice a day
Potassium	Four fruit servings plus a normal diet should do it
Zinc	10 mg twice a day

Additional vitaminlike substances you should get daily:

Lycopene	10 tablespoons (400 mcg) of tomato sauce a week should do it.
Lutein	A leafy green vegetable a day (40 mcg) should do it.
Quercetin	Hefty portions of onion, garlic, celery, or lemon juice in addition to the above at least once a day should do it.
DHA omega-3	A minimum of 200 mg to 300 mg per day through fish, fortified foods, or supplements. More and more prenatal vitamins are including this important nutrient, but double-check to see if your vitamin does. If it doesn't, please discuss with your doctor whether you should get DHA supplements—either standard or especially targeted to pregnant women. Recent research indicates that more DHA omega-3 may be even better; we like 600 mg to 900 mg a day.

Red-Light Toxins: Avoid

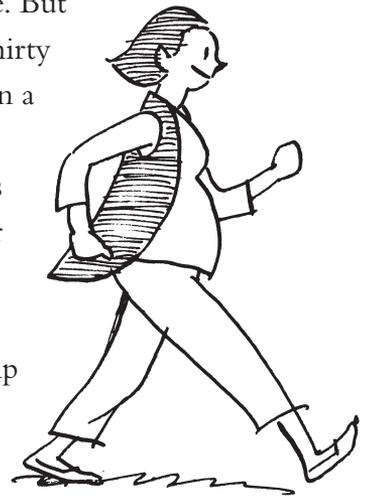
- Tobacco.
- Hot dogs, lunch meats, and saturated fats. They contain nitrates and methy-
lates, which unwind DNA that's not supposed to be unwound.
- Alcohol.
- Marijuana.
- Radon. Splurge for a \$10 kit and leave it in the basement overnight to
check if your house is leaking this dangerous gas from the soil.
- Lead.
- Turpentine, toluene, and paint thinner
- Hard plastic bottles that contain bisphenol-A. (Look for the number 2 or 4,
but not 3, 6, 7, 8, or 9 inside the triangle on the bottom of the bottle.) A 1
is acceptable, but it's not reusable.

Note: You can check the Environmental Working Group website (www.foodnews.org) for items that are high on the pesticide content list. And if you want to go more natural and organic, visit the website of Green and Chic (www.greenandchic.com) for products that are environmentally friendly.

Physical Inspection: Your Body

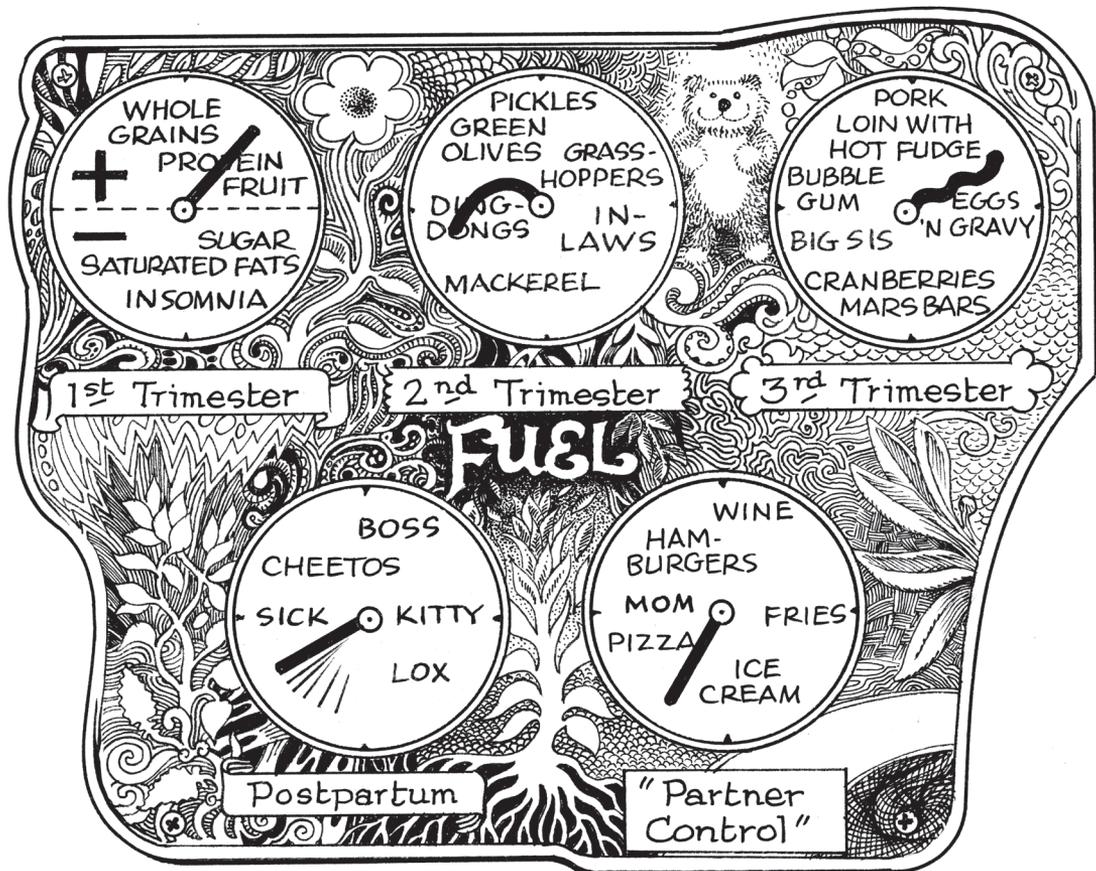
Look out the window of the airport terminal before your flight, and you'll see the captain checking her plane to make sure that everything is in good condition before takeoff. You too should be aware of the physical status of your own body, and you should perform regular checks before and throughout your pregnancy. Get your teeth checked and immunizations updated three months prior to the time you might want to get pregnant, and start the right vitamins at least three months in advance as well. Keeping your body strong through regular physical activity provides the best environment for your child, not to mention that it is preparing you for the physical and mental rigors of caring for a newborn.

- We recommend resistance training three times a week. It will help keep your muscles strong, so you can better withstand the demands of pregnancy, as well as those of parenthood. Focus on moves that will keep your core (the muscles in your trunk area) strong. You'll also get more benefits if you do exercises that challenge your balance and make you work one arm or leg at a time. See our program on this PDF and our pregnancy videos (named after this book), which include specific workouts for each trimester as well as routines to prepare your muscles for the marathon of childbirth and to regain your fitness and shape after delivery.
- Walk, walk, walk. There may be times when you're tired, whopped, and feel as if you've been run over by a gaggle of baby carriages. The last thing you want to do is exercise, and that's totally understandable. But most times, you should be able to manage a walk. Aim for thirty minutes a day to help keep your energy level up and maintain a moderate level of fitness.
- If your back or knees or any other part of your body is feeling especially achy, we recommend swimming or water aerobics. In fact, we recommend them even if you don't feel achy. Take advantage of your increased buoyancy; water not only provides a good environment for your baby but will help you maintain your fitness in a safe and virtually injury-free environment.
- Tighten up your pelvic area. We recommend doing Kegel exercises daily. They help strengthen your entire pelvic floor, which will help you withstand the demands of labor and help you bounce back after pregnancy.
- Monitor your weight gain (and thus your risk of weight-related troubles). Don't sweat over daily numbers, because there's too much daily fluctuation when you're carrying. Instead weigh yourself weekly and track your progress over each trimester. Major differences, both up and down, warrant discussion with your doc or midwife.



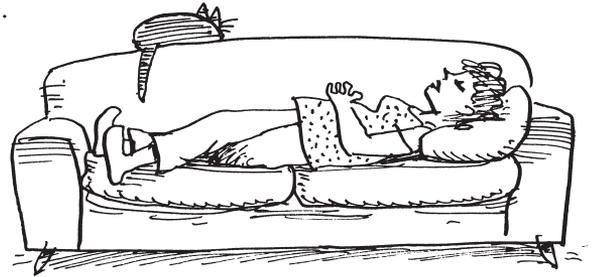
Turbulence: Stress Levels

We all prefer flights where there's absolutely no turbulence: no bumps, no seat belt tightening, no jitters. In most cases, the problem isn't the turbulence, it's the fear of the unknown—the thought that something bad is going to happen, when it's simply just a bit of a rough patch. Pregnancy works the same way: Stressors are just rough patches, and the best way to avoid stress is to prepare for the expected challenges and minimize the unexpected. Here are some preventive measures that you can take, trimester by trimester, to keep your stress to a minimum.



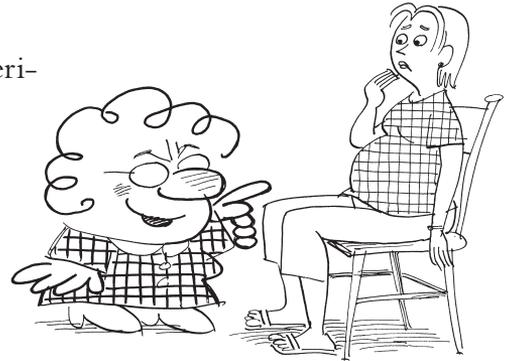
Preconception and First Trimester

- Choose a doctor or midwife whose values and reputation match what you are looking for. Ask acquaintances for recommendations, or call the labor and delivery floor and ask nurses or staff whom they would see if they were having a baby.
- Have appropriate prenatal screening tests recommended by your provider (more details below).
- Discuss the impact of any meds you may be taking (blood pressure, antidepressants, and so on) and whether you need to switch to an alternative in order to minimize the impact on your pregnancy .
- Contact your health insurance company and know the scope and details of your plan's benefits.
- Aim for at least seven hours of sleep nightly: record your favorite late-night TV shows, watch them in the early evening, and get to bed early; catch a nap during the day.
- Enlist your partner to help with housework and pet care (especially with the cat litter, even though if you thoroughly cleanse your hands after changing the litter box, you have no increased risk of contracting toxoplasmosis), or treat yourself to some household help if you can afford it.
- Take up a relaxing, low- or nonimpact exercise such as prenatal yoga, swimming, or walking.
- Tell one person at work that you are expecting, so she can cover for you when you need to go for a checkup or escape to the ladies' room for a nap.
- If you will need to move before baby is born, start looking now and try to move before the third trimester.



Second Trimester

- Meet with HR at work to discuss maternity leave policy and formulate a plan.
- Seek out at least one support person you can confide in who has been through pregnancy before: mother, sister, friend.
- Seek support from other pregnant women, either online (at www.realage.com/youhavingababy; or the website Pregnancy and Children, developed by the nonprofit agency Adoption Services, at www.pregnancyandchildren.com) or in person. Prenatal exercise classes are a great place to meet other moms-to-be, as is your local Y or even your doc's or midwife's practice.
- Sign up for birthing, baby care, breast-feeding, and (if necessary) sibling classes, and encourage your partner to come along.
- Spend time with your partner. Go on dates or just relax together. Remember to keep romance in your relationship; it's a sure way to stay connected during a distracting time.
- Treat yourself to a prenatal massage by an experienced masseur.
- Listen to music that brings joy or calm to your life.
- If you have long-standing issues with your mother, try to deal with them, either by yourself or with the support of a professional.



Third Trimester

- Tour the hospital.
- Get the nursery ready: Buy supplies and decorate, but have your partner paint and lay the carpet.
- Interview doulas if you will be using one.



- Choose a pediatrician.
- Plan for assistance immediately postpartum (doula, baby nurse, nanny, grandma) and for care of other siblings and pets while you are at the hospital.
- If you will be using day care, reserve a spot even if you don't plan to return to work for several months.
- Practice good sleep hygiene.
- Prepare your baby supplies.
- Pack your bag for the hospital.
- Prepare meals for the freezer or get a good supply of take-out menus (meals are a great baby shower gift!).
- Discuss baby names with your partner or use our baby naming program at www.realage.com.

Copilot To-Do List

- Deal with the wheels: If you drive a pickup or subcompact, you should upgrade to a four-door car, since newborns can't ride in the front seat. Also, make sure that you have a safety-approved infant car seat prior to your baby's arrival.
- If you haven't already, contact a lawyer and write wills and health proxies; also, if appropriate, establish trusts.
- If you do not already carry life insurance, consider purchasing a policy.
- Help out around the house as much as possible: cooking, cleaning, laundry, child care, pet care.
- Be a sympathetic listener.
- Discuss with your partner what role she wants you to play at delivery and which special items she may want during labor (photos, candles, music).



Postpartum

- Sleep (or at least rest) when the baby sleeps.
- Delegate or ignore all nonessential tasks.
- If you don't regularly rely on housekeeping help, invest in a weekly house cleaner for the first few weeks (another great shower gift!).
- Monitor your moods.
- Enlist breast-feeding support, if necessary. Lactation consultants are often available at hospitals and birthing clinics; others make house calls. Info is also available through La Leche League International (www.llli.org).
- Limit visitors—ideally, to those who are helping you.
- Get out of the house and go for a stroll—with or without baby.
- Join a new-moms group (check your local Y) or mommy-and-me exercise group (such as Strollercize).



- If you plan to return to work and use in-home child care, interview nannies.
- Ask for help; don't try to be Supermom.
- Relax, trust your instincts, and enjoy being a mom!



Air Traffic Control: The Role of Docs and Midwives

It's pretty amazing how hundreds of flights go into and out of airports every day, taking off and landing at intervals that seem like mere seconds. Pilots can't do it alone; they need the help, guidance, and expertise of air traffic controllers, who can see the big picture of what's happening in the skies all around them. Your traffic controllers (docs, nurses, midwives, and other supporters) are there to do the same thing: to help guide you, to help steer you in a different direction if need be, and to keep the big picture in mind. We want you to understand what they do and that it is perfectly, absolutely, undeniably A-OK for you to call if and when you need their guidance.

Ideally, you should have a preconceptual (yup, you heard that right) visit with your provider to make sure that you are in optimal health before becoming pregnant. But don't worry if you discover that you are pregnant before having a chance to meet with your doctor or midwife; these conversations and tests will occur during your first prenatal visit. Most women's first prenatal visit occurs between six and eight weeks after the first day of their last menstrual period. As long as your pregnancy is considered low risk and is progressing normally, you will visit your doctor monthly for the first twenty-eight weeks, then every two weeks until thirty-six weeks, and weekly thereafter. If you go beyond forty weeks, your doctor will want to see you once or twice a week until you give birth.

Note: Weight, blood pressure, and urine samples are taken at all visits.

Preconceptual Visit or First Prenatal Visit:

- Health history.
- Immunization history. Ideally, you should be up to date at least three months prior to pregnancy so that you do not contract immunization-preventable infections while you are carrying. Being immunized will also help you pass healthy antibodies to your child during breast-feeding.
- Partner's health history.
- Health history of close family members and direct blood relatives: father, mother, sisters, brothers, grandparents.
- Discussion of any medical problems you may have and medications you may be taking.
- Conversation about drug, alcohol, and/or tobacco use.
- Assessment of risks for exposure to communicable diseases through sexual practices, work, travel, or changing the cat litter.
- Physical exam, including weight and blood pressure.
- Pelvic exam and Pap smear to check for cervical cancer and other infections.
- Urine sample to test for infection, protein content, and sugar.
- Blood sample for blood type, Rh status, anemia, syphilis, hepatitis B, immunity to rubella (German measles), immunity to chicken pox (if you can't remember having had it), and HIV. The last test is optional but recommended and is mandatory for pregnant women in certain states, as the risk of transmission can be decreased by altering regular obstetrical practices.
- Depending on your ethnic background and medical history, a blood sample may be taken to assess risk for genetic disorders such as cystic fibrosis, sickle-cell disease, thalassemia, Tay-Sachs, and diseases common to those of certain patterns of ancestry.
- A tuberculosis skin test may be offered if it hasn't been done in recent years or if you have a history that suggests exposure to the TB bacteria.
- A prescription for prenatal vitamins with folic acid and a DHA supplement.



First Prenatal Visit

- A test to confirm pregnancy (may be urine or blood).
- Determination of due date based on the first day of your last menstrual period. If you are uncertain, an early ultrasound may be done to confirm the dates of your pregnancy.
- Discussion of nutritional, exercise, and sexual guidelines; appropriate weight gain; common symptoms of pregnancy and those that require immediate attention—both emotional and physical.
- Glucose challenge test if you're at high risk for diabetes (family history, obesity), you have a prior incidence of gestational diabetes, or you previously had a very large baby.
- Your provider may perform an ultrasound to refine your due date and look for a fetal heartbeat.

Second-Trimester Visits

- Beginning with your twelve-week visit, your provider will listen for your fetus's heartbeat.
- Your provider will check your hands, feet, and face for swelling; if at risk, you'll undergo a workup for preeclampsia.
- Beginning at your twenty-week visit, your provider will measure your abdomen to check the fetus's growth.
- Between eighteen and twenty weeks, a sonogram is commonly done to see whether your baby's health and growth are progressing normally.
- Between twenty-four and twenty-eight weeks, every pregnant woman receives a glucose screening test for gestational diabetes.
- Your provider may check your blood once more for anemia.
- Blood test for Rh antibodies if you are Rh-negative and your partner is Rh-positive or unknown; if antibodies are not detected, you will be given an injection of Rh immune globulin at twenty-eight weeks.



- In addition, your provider will ask questions to ensure that you are staying in good mental and physical health as your pregnancy progresses. For instance, you'll be asked about fetal movement and the pattern that is developing, so that you can learn to monitor this important health tool.

Third-Trimester Visits

- Your provider will continue to monitor the fetal heartbeat at every visit and document your perception of consistent fetal movement.
- Continue to monitor the growth of the fetus by belly measurement.
- Check for swelling of your hands, feet, and face.
- Check the fetus's position. If it's not in head-down position near the time of delivery, your provider will offer you options.
- Check the adequacy of your pelvis for vaginal delivery and the condition of your cervix.
- If your glucose screening test showed high blood sugar, you will be administered a glucose challenge test.
- Between thirty-five and thirty-seven weeks, as part of a pelvic exam, you will be screened for the presence of group B streptococcus in your vagina.
- If you were anemic early in your pregnancy or didn't have your blood checked in the second trimester, you may have your blood tested again for anemia.
- If you are at high risk for sexually transmitted diseases, you will be re-tested.
- If you had placenta previa or low-lying placenta earlier in your pregnancy, you will have another ultrasound to determine the location of the placenta, and the delivery mode will be planned as necessary.
- If your pregnancy is high risk or you experience certain problems, you may have a biophysical profile or nonstress test to help with decisions about the timing of your delivery.
- If you go past your due date, your provider will conduct an ultrasound to check the amount of amniotic fluid and may also order a nonstress test or biophysical profile to determine the baby's condition. These tests may be

given once or twice a week until you either go into labor naturally or are induced.

Prenatal Tests

In every pregnancy, there is a chance of having a baby with a birth defect or a genetic condition. You and your doctor will discuss which screening and/or diagnostic tests are appropriate for you, depending on your risk factors.

Screening Tests

Screening tests are not designed to diagnose a genetic syndrome but to provide a more accurate risk estimate for certain conditions, such as Down syndrome. There's no test (as of now) available during pregnancy that will rule out all possible genetic diseases and guarantee a healthy baby (see box on the carrier test). If you have any concerns regarding diseases that run in your family, it may be worthwhile to meet with a genetic counselor to discuss the risks for your baby and appropriate testing options during pregnancy.

Common screening tests include:

- First-trimester screening. Typically consists of blood work and an ultrasound to measure the thickness of the skin at the back of the fetus's neck (called nuchal translucency), which indicates if there's a risk that the fetus has Down syndrome.
- Maternal serum screening, sometimes called a quadruple check, which is performed in the second trimester.
- Combined test using components of the first two.
- Screening for a group of common birth defects, called open neural tube defects, can be performed between fifteen and twenty weeks by measuring a chemical, called alpha fetal protein, in the mother's blood.

The Universal Carrier Screening Test

Genetic diseases can affect 3 to 4 percent of all children, but many of these conditions remain hidden in our DNA until a man and woman sharing the same grave genetic defect have a child. Now, modern science is enabling us to analyze the DNA extracted from a mother and father's saliva or blood, to see if they carry the gene mutations that lead to serious genetic diseases. (Testing for just one genetic disease today can cost from several hundred to several thousand dollars, and many conditions are so rare, testing for them does not make sense unless you know that you are in a high-risk group.) Thanks to recent advances in genetic sequencing technology, comprehensive carrier screening is now available. A nonprofit organization called the Beyond Batten Disease Foundation is working in partnership with the National Center for Genome Resources to create a low-cost universal carrier screening test for 400 of the most devastating genetic diseases. It's the first time that you can be tested for so many diseases at once at a cost of less than \$500. Beginning in early 2010, the test will be available to potential parents through their healthcare providers. For more info about the test, please visit www.beyondbatten.org or call 1-877-6BATTEN.

- A comprehensive ultrasound evaluation in the second trimester, typically performed between eighteen and twenty weeks, evaluates growth, screens for birth defects, and looks for any physical markers suggestive of a chromosomal abnormality.

Diagnostic Tests

Diagnostic tests differ from screening tests in that they can provide a yes or no answer about certain genetic conditions. Diagnostic tests include:

- Chorionic villus sampling (also called CVS) in the first trimester, typically performed between ten and twelve weeks. A small sample of cells, which

contain the same genetic information as the baby, is removed from the developing placenta and analyzed to detect chromosomal problems.

- Amniocentesis is typically performed between sixteen and twenty weeks. About 2 tablespoons of amniotic fluid, containing some of the baby's cells, are removed. From these cells, a picture of the baby's chromosomes (also called a karyotype) can be made; this can rule out a number of genetic syndromes. Using the fluid from the amniocentesis, screening can also be performed for open neural tube defects.

Passenger Status: Fetal Development

At an airport, the passenger screening comes before the flight. In your pregnancy journey, screening actually happens before the pregnancy (ideally) or at the first visit and continues throughout the flight. Of course, much of that screening falls into your provider's hands (see above), but you too can be on alert for signs and signals that your passenger is uncomfortable. (In this case, you, the pilot, also have to assume the role of flight attendant to help your passenger get what he or she needs.) These are some checks you can perform to make sure that things are progressing the way they should be:

- In the middle of the second trimester, you'll become aware of your baby's movement patterns. This serves as a powerful tool to determine whether he's contented or if the environment of the womb may be uncomfortable. Your doc or midwife will provide guidelines for calling her if you perceive any significant change in your baby's movement.
- When your baby is growing normally and maintaining the right amount of amniotic fluid, you'll notice that you need to wear larger jeans. If this is not happening, call your provider. She will monitor the size of your belly at visits, but between visits, you're in charge. To measure the size of the baby.
- Monitor yourself for leaks or discharges. If you start to leak urinelike fluid

through your vagina and you are not near your due date, you should call your OB. If it is tinged with blood, it may be a signal that your body is preparing to go into labor. If you detect an unusual odor, or if the fluid is bloody and heavy, call your provider immediately; you may be advised to have someone drive you to the hospital to get it checked out.

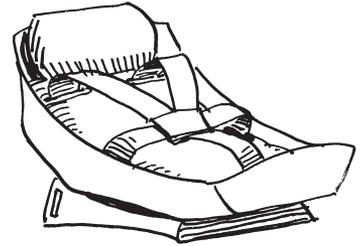
Safe Landing: Labor and Delivery

The approach to your final destination can be the most nerve-racking experience of the entire trip. Whether you're giving birth in a hospital, your home, or a tub of warm water, your first time can be a tough one—emotionally and physically—mainly because it's all a big unknown. Use this checklist to do as much as you can to prepare for the big event.

- Develop a flexible birthing plan. While we admire any pregnant woman who comes up with a birthing plan describing in detail how she wants her delivery to go, we know from experience that you need to be somewhat flexible, because life is unpredictable. The best approach: Pick a birthing team that shares your values and philosophies. In collaboration with your doc or midwife, you can then decide what kind of overall birth you want to have; for instance, a home birth with only calming words for pain management versus an elective C-section with lots of pain management—you get the idea.
- Tour the facilities where you're going to have the baby. The more you can familiarize yourself with the whos, whats, and wheres, the more comfortable and relaxed you'll be during delivery—and that plays a huge role in how your experience goes.
- Decide who is going to be in the delivery room with you for the birth.
- Have your bag packed and ready to go. There's nothing worse than scrambling to find your fuzzy slippers when contractions are coming fast and furious. Enlist your significant other to make sure that the bag gets there at

approximately the same time you do and before junior does. Don't forget to include some nonessential items (like photos of your family) too.

- Know your pain management options well before you actually need to employ one of them.
- Discuss options for banking cord blood. We support this practice, but you'll need to make the decision well before delivery, so that the delivery team can take care of it at the time of the birth.
- Have your safety-approved car seat ready to go. No seat, no child coming home.



Taxi to Gate: Postpartum Issues

Once you've landed safely and the ten fingers and ten toes have all been accounted for, the real journey begins. In the first part of your parenthood journey—say, taxiing from the runway to the gate, or the first month or so after delivery—there are a number of issues you'll need to focus on to give the best care to your child, as well as to yourself.

- Decide whether or not to breast-feed. We enthusiastically support breast-feeding for all babies, though we recognize there are reasons why a mom may choose not to. The health benefits of breast-feeding for both you and your baby are enormous. If you're having trouble, you don't have to give up; and there are lactation consultants at the hospital to help you. If you are destined for formula, ensure that it contains DHA to help your baby's brain.
- One of the great challenges you'll have early on is dealing with sleeping and feeding issues. Although you will need to wake up to feed your baby frequently at first, you can immediately take steps to help him distinguish night from day. Most important, you want to teach your child to soothe himself to go to sleep, so that he doesn't learn to rely on rocking or binkies or other crutches that will just make sleeping a bigger challenge as he gets older.

- Keep your eyes on potential health problems that can occur in the month after delivery. There's never harm in calling your doctor if you're unsure of something or something doesn't feel quite right. A mother's instinct can be one of a physician's most powerful diagnostic tools.
- Don't neglect yourself. While you're certainly focusing the vast majority of your attention on your newborn, you don't want to put yourself at the back of the line. That means you need to keep an eye on potential medical problems that can affect new moms and monitor your own mental and physical health.

YOU TOOL 1

EXERCISE

We all know that pregnancy is not the time to be thinking about running ultramarathons, flattening your belly, or training for the Iditarod. But that doesn't mean that you should throw out exercise altogether. In fact, it's more important than ever, as you strengthen your body to handle the rigors of pregnancy, labor, and motherhood.

The aim is to stay fit and flexible. It's not about trying to get faster or lift more weight, it's about knowing that slow and steady wins the race. After all, pregnancy is a marathon, not a sprint, and anything you can do to build your endurance and improve your blood flow will help you make it to the twenty-sixth mile.

Here you'll find three exercise programs: one whole-body workout for during pregnancy, one short program to prepare for specific labor and delivery positions, and one to start immediately after giving birth.

*Workouts designed and written by Tracy Hafen and Joel Harper
(www.fitpackdvd.com).*

PREGNANCY WORKOUT

Start with one-pound handheld weights, or no weights if you haven't exercised previously, and gradually increase the weight when the entire workout seems easy to accomplish. Increase the resistance by one-pound increments if possible, and don't increase more than once per week or use weights over five pounds. Whenever you have weights in your hands, keep your hands in sight, and always breathe. Perform two or three days a week and not on consecutive days.

Estimated time: less than thirty minutes depending on how much you want to do. See www.realage.com, doctoroz.com, and fitpackdvd.com to order a DVD that includes workouts for each trimester and another for right after delivery.



1. Marching Mom

(warms up your entire body)

Walk in place with lifted knees for thirty seconds.

Swing your arms with your elbows at right angles.

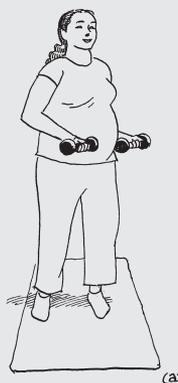
Keep your shoulders relaxed, down away from your ears.

Remember to keep your hands in sight. Take nice, deep breaths. Use your knees and ankles as cushions, and think floating, not pounding.

2. Rocky Mom

(warms up shoulders and arms, and increases muscular endurance)

Stand with your feet shoulder-width apart, knees barely bent, and hands at the sides of your waist, palms up. Start with your left arm and punch straight out in front of your chest, rotating your arm as you do, so that your palm faces down at the end of the punch. Alternate arms and punch twenty times with each arm. You can use furniture for balance; sometimes your center of balance may feel off. *(Advanced: Simultaneously kick your heel up toward your buttocks, using the same leg as arm.)*



3. Overhead Punch

(warms up legs, shoulders, and arms; also helps with balance and muscular endurance)

While in a semilunge with your left foot forward and holding your left hand weight up by your left shoulder, elbow pointing down, punch straight up with your right hand. If you want to work more with balance, come up and down on your back toe as you punch up. Be slow and deliberate; no bouncing or flinging. Do ten times with each arm and then switch so your right leg is forward and repeat.





4. Car Seat Carry

(conditions biceps and shoulders)

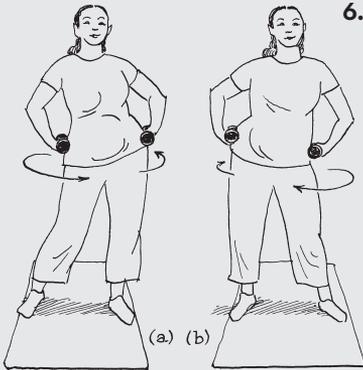
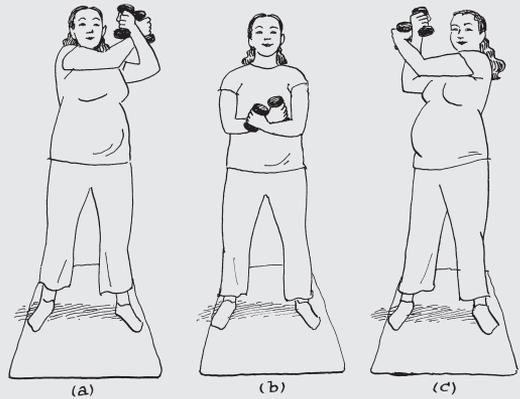
Stand with your feet shoulder-width apart and your knees barely bent. Cross your arms at your wrists in an *X* in front of you, like a shield, with palms facing you. Lift and lower your arms in unison ten times. Then switch the front arm to the back and repeat with ten more times. Use furniture for balance if necessary. *(Advanced: Balance on your toes.)*

5. Lullaby Baby

(conditions arms and shoulders, and adds core stability and balance)

Stand with your feet shoulder-width apart and your knees barely bent. Cross your arms at your wrists in an *X* in front of you, like a shield, with palms facing you. Swing and lift your arms to your upper left side, then down in front of your belly, and then to your upper right side. Go back and forth ten times, then switch arms for ten more.

(Advanced: To work balance, straighten the leg opposite the side you are coming up on; resist arching your back and keep a neutral spine.)



6. Baby-Go-Round

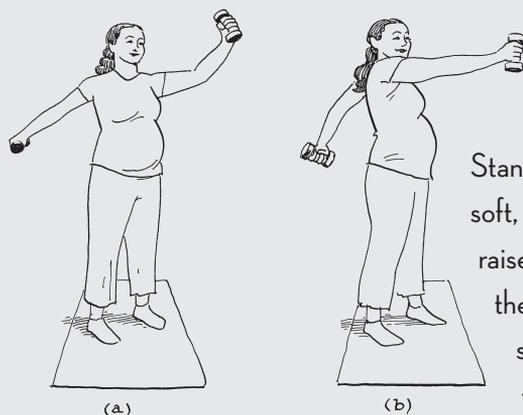
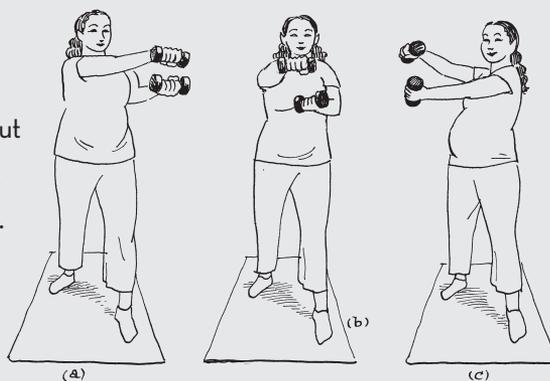
(relaxes hips and back)

With feet shoulder-width apart and weighted hands on your waist, rotate your hips in a circular motion five times in each direction. Concentrate on elongating your spine and pulling the top of your head away from your tailbone as far as you can.

7. Car Seat Reaches

(works core, back, and arms)

While in a left-foot-forward lunge with arms out in front of you at shoulder height, put your left palm up and right palm down six inches above. Reach out shoulder height at a diagonal to your left, the front, and then right and front ten times. Switch so that your right leg is forward and your right palm is up and left palm is down; do ten more. (*Advanced: Lunge down with each reach and come up between reaches.*)

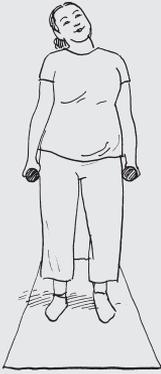


8. Swing

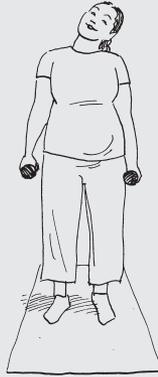
(strengthens upper body and mobilizes shoulders)

Stand with your feet slightly apart and your knees soft, with arms by your sides. Hold in your tummy and raise your left arm to the front and your right arm to the back, palms facing each other. Stop just below shoulder height. Don't swing your arms; control the movement. Lower your arms to the starting position and bring your left arm to the back and

your right arm to the front. Repeat twenty times, switching arms each time. Keep your hips facing forward.



(a)



(b)

9. Listening for Baby

(helps relieve neck and shoulder tension)

With your feet directly below your knees and continuing to hold your hand weights relaxed down at your side, inhale. As you exhale, slowly tilt your head to the right until you feel a stretch in your neck. Hold for two deep breaths. Slowly bring your head to the center, then tilt your head to the left. Hold while you breathe deeply two times. Repeat.

10. Crib Time

(strengthens back and arms)

Stand in a partial lunge with your left foot in front. Lean forward slightly at your hips. Rotate your torso barely to the left, so that your right shoulder is a little in front of the left, and let your arms hang straight down from your shoulders, with the palms facing each other.

Use a rowing motion to pull your elbows up and back, lifting the weights to the sides of your rib cage ten times. Repeat with the right leg in front and the left

shoulder forward. Keep the natural arch in your lower back throughout the exercise. (*Advanced: Do a full lunge as you lower the weights and come up as you row back; make sure that your front knee always stays above your ankle and does not move forward past your big toe.*)



(a)



(b)



11. Back Scratch

(stretches upper back and triceps)

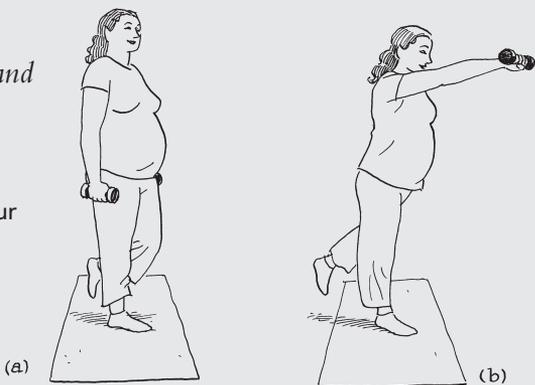
Without weights, grab your right elbow above your head with your left hand and slowly walk your right hand down your back. When you feel the stretch, hold for three deep breaths. Relax your shoulders down away from your ears. Repeat on the other side.

12. Supermom

(strengthens shoulders, butt, back of upper leg, and back; improves balance)

With feet together and hands at your sides, lift your left foot off the ground. Once you have your balance, lift your right arm up in front of you to shoulder height and simultaneously extend your left leg behind you, keeping your toes two to six inches from the floor. Bring your arm and leg back to the starting position between repetitions. Do ten and then switch sides. Think length rather than height as you reach.

(Advanced: Lift both arms simultaneously and keep your back foot lifted between repetitions.)



13. Pelvic Tilt

(lengthens the lower back and strengthens abs)

Stand comfortably with weighted arms relaxed down at your sides. Slowly tilt your pelvis back (tuck your hips under) by contracting your lower abdominals to lift your pubic bone up toward your navel as your lower back flattens and lengthens. Visualize your hips as the rim of a fishbowl; you want to spill water out the back only. Do five times.



14. Up the Stairs

(strengthens lower body and conditions arms and shoulders)

Rest the weights on opposite upper arms with your elbows up in front of you like a genie. Step back with your right foot into a mini left lunge and then lift your right knee up in front of you fifteen times. Switch sides and do fifteen more. Make sure that your back foot points directly forward on the mini lunge. Keep your upper body still and erect throughout the exercise. *(Advanced: Take a deeper lunge and straighten the lifted leg in front of you with the foot a few inches off the floor.)*



(a)



(b)



15. Two Things at Once

(stretches shoulders and upper back)

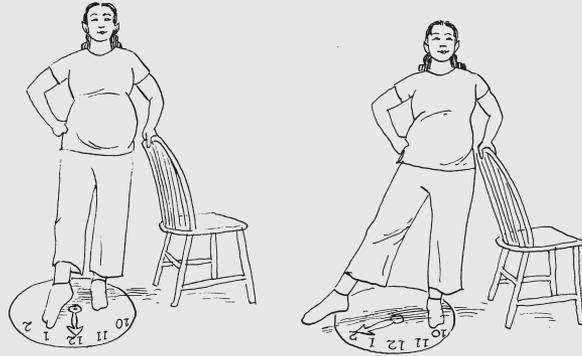
Stand with your feet shoulder-width apart, knees slightly bent. Reach both of your arms to the left at shoulder height while looking over your right shoulder. Hold the stretch and take three deep breaths. Moving slowly, reverse sides, reaching to the right while looking over your left shoulder. Repeat once. Keep your shoulders relaxed and down, and for variety during the pose, twist your hands in unison.

16. Soccer Mom

(strengthens legs, hips, and buttocks)

Hold on to a chair for balance. Lift your right leg forward, toe pointed, until it's high enough to give you a little challenge. Pause. Then bring your right leg back to the starting position with your foot flexed and then lift it at a two o'clock angle with the toe pointed. Pause.

Repeat ten times and then switch legs. Try to keep your leg straight and lift only as high as you can without tucking your pelvis under or feeling discomfort in or near your hips. Keep the natural arch in your lower back at all times.



17. Seated Curtsy

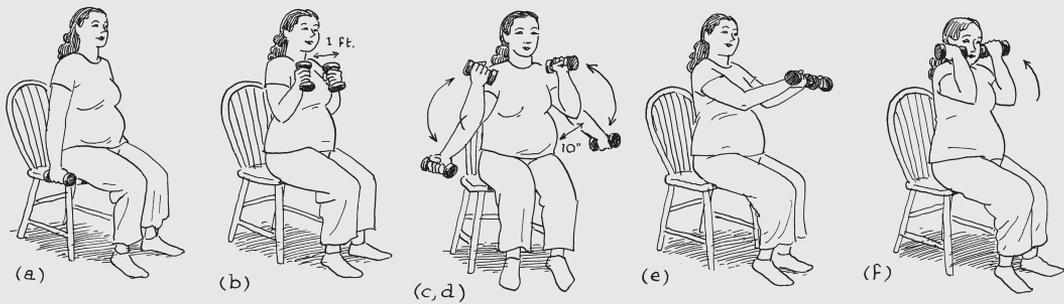
(stretches hip muscles)

Sit in a sturdy chair and lift your left leg up, placing your left ankle on top of your right knee. Maintaining a straight spine, rest your left hand on your left knee. Take your right hand and gently pull up your left foot as if you wanted to look at the bottom of your foot. If you don't feel any stretch in this position, gently press your left knee down and think of a string pulling your lower back gently toward your calf. Take four deep meditational breaths, then switch sides and repeat with your right leg up. If you are not feeling the stretch, place your elbow on your up knee and lean farther forward; resist arching your back.

18. Twin Scoop

(conditions biceps and shoulders)

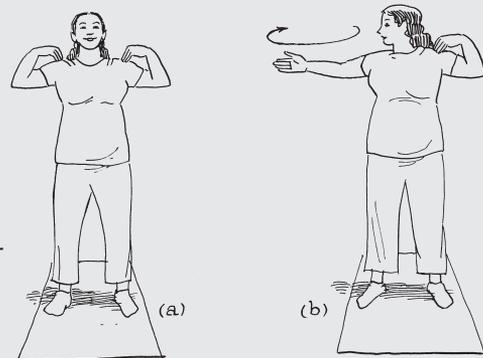
While seated and with your elbows slightly back and chest lifted, curl your arms up (palms facing each other). Do fifteen times. Then turn your palms up, extend your elbows away from your hips, and curl fifteen times. Then bring your arms in front of you so that your upper arms are parallel to the floor and curl for another fifteen. Finish with alternating side to forward, side, forward, and so on, fifteen times. Keep your back neutral and abs engaged. If you need support, rest your sacrum (the bottom of your spine) and upper back against the back of the chair. Keep your heels directly below your knees.



19. Ladybug Reach

(lengthens chest, neck, and arm muscles)

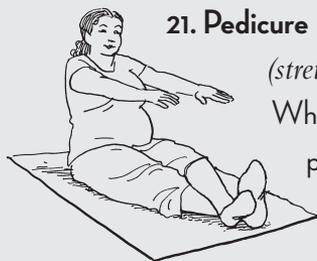
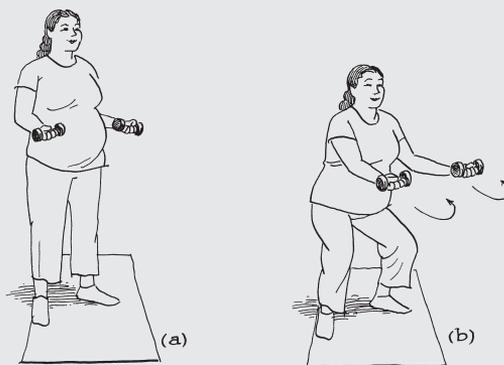
While standing, place your fingers on your shoulders and raise your elbows to your sides, shoulder height. As you inhale, reach out with one arm, making an arc with your hand. Follow the moving hand with your gaze. Focus on opening your chest. Exhale and bring your fingers back to the top of your shoulder. Alternate sides, five times each arm.



20. Pie Out of the Oven

(strengthens lower and upper body)

Stand, using a chair for support if needed, with your feet a little wider than shoulder-width apart and your legs turned out with your toes pointing slightly outward. Place your hands at your hip bones, palms facing up. Squat, taking your hips slightly back and down toward the floor and keeping your knees pointing in the same direction as your toes. As you squat, reach your arms forward from your hips and circle them upward and back in as you press yourself up, as if you were taking a pie out of the oven. Do fifteen times. After the last one, hold the squat position with weights on your hips for ten counts and do five Kegels (see page 216), squeezing the muscles you use to control your urine flow. Hold for two counts each. Maintain normal breathing. (*Advanced: Do biceps curls while in the hold.*)



21. Pedicure Reach

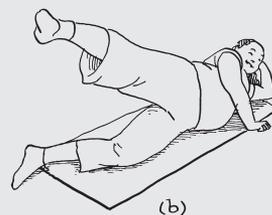
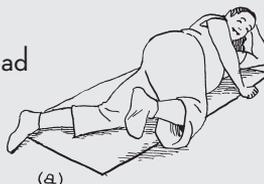
(stretches hamstring and calf muscles)

While sitting on the floor with your legs straight out in front of you, place your left leg with bent knee on top of your right straight leg and relax it there. While maintaining a straight spine, lean forward and reach your hands out in front of you at shoulder height. Take notice of your right foot and imagine that the sole of your foot is flush against a board. Pull the toes of your bottom foot straight back toward your knee. Take three deep breaths and switch sides.

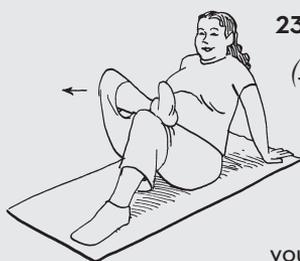
22. Kicking Toys

(strengthens obliques and legs)

Lie down on your left side and rest your head on your left hand or upper arm with your hips flexed and your knees bent at a 45-degree angle so that your heels are



in line with your spine. Lift your right leg, flex your foot, and tap your knee lightly on the ground in front of you. Lift the left leg back up and straighten it, kicking it in the air above your left foot. Do twenty times and then switch sides.



23. Hammock Stretch

(stretches hip muscles and hamstrings)

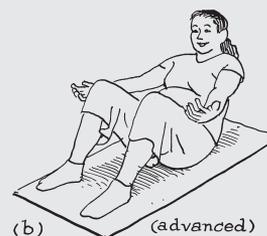
Sit on the floor with your hands behind you and your palms down, fingers pointing backward, and elbows slightly bent. Place your feet flat on the floor roughly two feet from your tailbone. Cross your right leg on top of your left leg so that your right ankle is just above your knee. Sit up straight. Focus on pressing your lower back toward your calf.

If you want a deeper stretch, gently press your right knee away from you. Hold for five seconds and then switch sides.

24. Seesaw Abs

(strengthens core muscles)

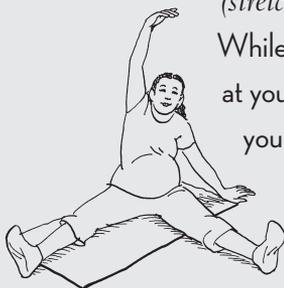
While sitting on the ground with your legs bent 90 degrees and your feet on the floor, place your hands behind your thighs for support. Slowly lean back to activate your abdominal muscles, and use them to gently pull your belly button in. Hold the



position for five counts; do it five times. (*Advanced: Instead of using your arms for support, extend your arms out to your sides.*)

25. Ballet Mom

(stretches muscles along trunk)

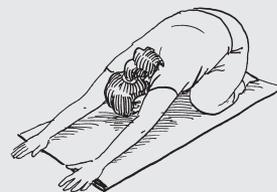


While seated with your legs in a V shape, place your left hand on the floor at your side and reach your right arm straight up over your head, leaning your upper body to the left while reaching up and over to the left with your right arm. Focus on reaching up more than over, so that both sides of your trunk stay elongated. Hold for two breaths and switch sides. Do two times.

26. Child's Pose

(stretches and releases your lower back and spine)

Kneel with your knees shoulder-width apart. Drop your hips toward your heels, placing your belly between your thighs and relaxing your head to the floor. Make sure that you do not rest your weight on your forehead and neck. You should avoid this pose if you have knee problems. Hold this pose for twenty seconds to two minutes. Perform Kegels during the pose.

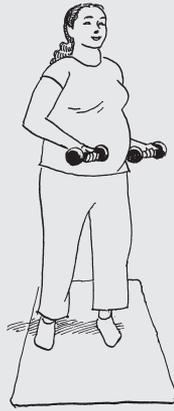




1. Marching Mom (a)



(b)



(a)



(b)

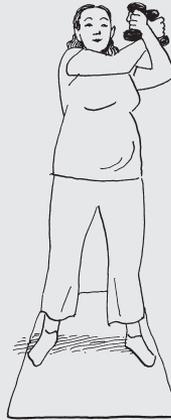
2. Rocky Mom



3. Overhead Punch



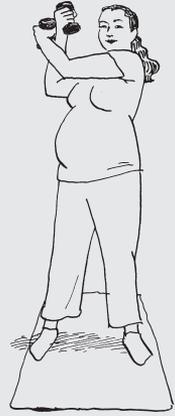
4. Car Seat Carry



(a)



(b)



(c)

5. Lullaby Baby



(a)



(b)

6. Baby-Go-Round

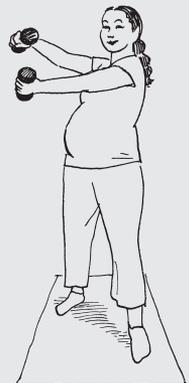


(a)



(b)

7. Car Seat Reaches



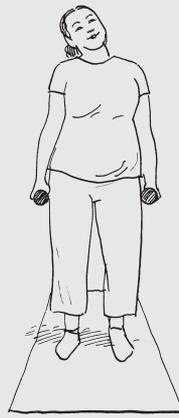
(c)



(a) 8. Swing



(b)



(a)

9. Listening for Baby



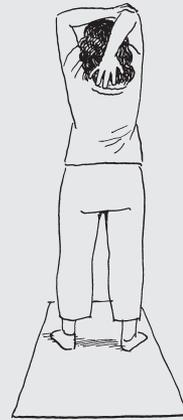
(b)



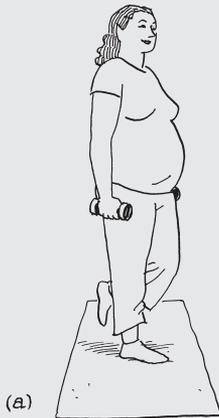
(a) 10. Crib Time



(b)

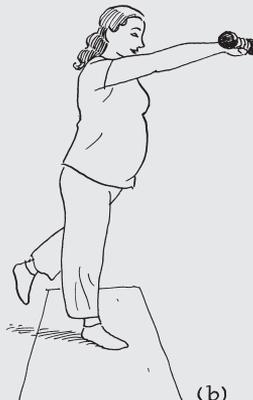


11. Back Scratch



(a)

12. Supermom



(b)



13. Pelvic Tilt



(a) 14. Up the Stairs



(b)



15. Two Things at Once



16. Soccer Mom



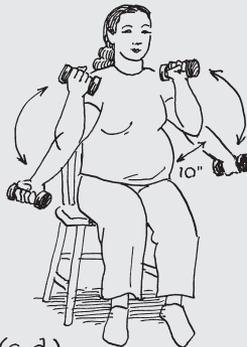
17. Seated Curtsy



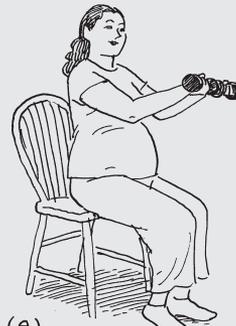
(a)



(b)



(c, d)



(e)

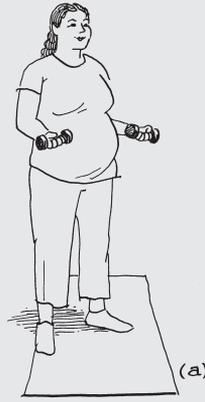


(f)

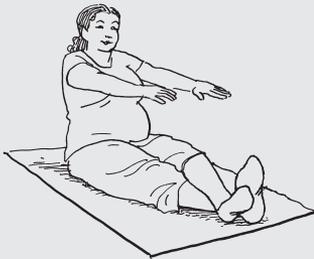
18. Twin Scoop



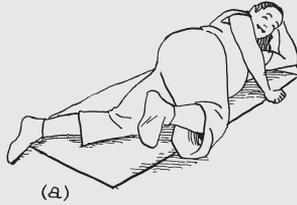
19. Ladybug Reach



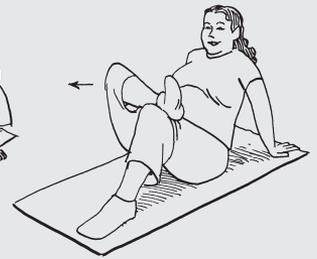
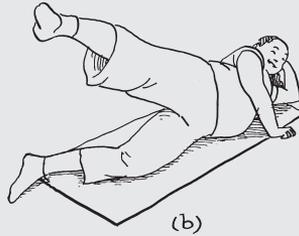
20. Pie Out of the Oven



21. Pedicure Reach



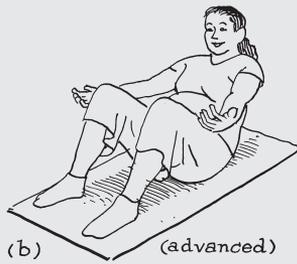
22. Kicking Toys



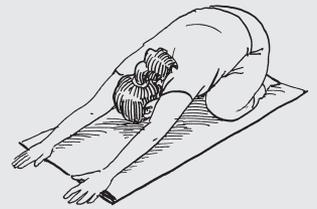
23. Hammock Stretch



24. Seesaw Abs



25. Ballet Mom



26. Child's Pose

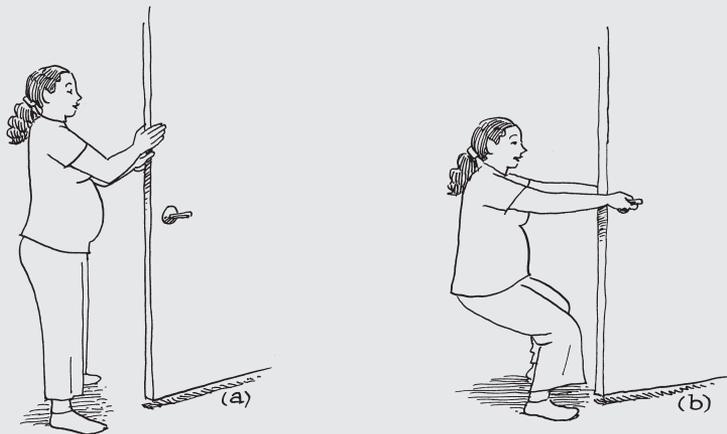
EXERCISES TO PREPARE FOR LABOR AND DELIVERY

Perform these three days a week during pregnancy. Many women find themselves trying several positions during labor and during the pushing phase. Some positions may feel more comfortable at certain points during labor or pushing, and other positions may seem better during other periods. You may also simply get fatigued using the same position for what could be hours. So it's smart to prepare your body for several labor and delivery positions. The following exercises will do that.

Estimated time: less than ten minutes.

1. Supported Squats

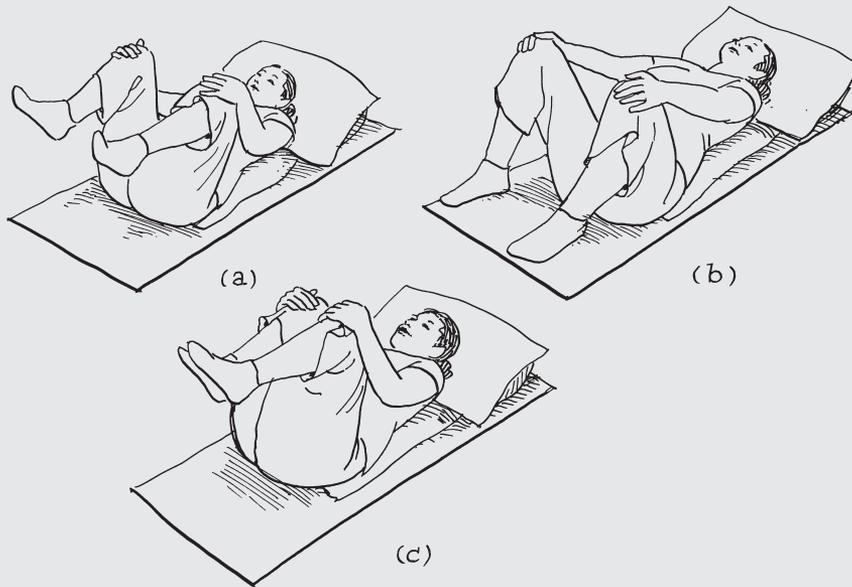
With feet shoulder-width apart and toes pointed forward or slightly out, clasp a very sturdy banister or rail at about chest height. Using your arms to support some of your weight, squat down as low as feels comfortable to your lower back and knees. Hold your lowest comfortable position for up to five seconds and come back up. Keep your focus forward. Try to work toward twenty repetitions.



This exercise is particularly useful if you plan on using squatting or hanging rope positions for the end stage of labor or for delivery. You will gain the flexibility necessary to reach this position and the strength and muscular endurance needed to maintain it.

2. Delivery Circles

Comfortably lie on three firm pillows, one under your lower and two stacked under your upper back so that your entire back and head are at an upward angle. Make sure one of the pillows



is under your right hip (and tilts you toward the left) to elevate the uterus off the inferior vena cava, since pressure on it can decrease the return of blood to the heart and decrease blood flow to the uterus. Place your hands below your knees, pull your knees up toward your chest, open them to the sides, and circle them down and around ten times. Then reverse the direction, taking the knees away from the chest, down and out to the sides, and around and up toward the chest again. Repeat ten times. Inhale on one circle and exhale on the next. Relax your face and mentally scan your body for tension, releasing it as you continue the circles.

This exercise stretches the lower back, opens the hips, and prepares your body for the most widely used (though not necessarily the most widely advocated) birthing position: on your back. You can increase the intensity and utility of this exercise by lifting up your head and tucking your chin slightly toward your chest. This engages the abdominals and neck muscles.

3. Rocking Table

If you need assistance, stack pillows under your abdomen for support during the exercise. It won't decrease its effectiveness.

(a) While on all fours (hands and knees), with your hands directly underneath your shoulders and your knees under your hips, slowly rock forward while inhaling and back while exhaling. Keep your spine in a neutral position. Do this ten times, keeping your elbows slightly bent.

(b) Then, while maintaining a neutral spine, shift your hips side to side ten times, not “wagging” your tail but shifting your body weight from side to side—especially your lower body weight. Keep the top of your head down so there is a straight line to your tailbone.

(c) Next do ten pelvic tilts with a relaxed neck, curling your tailbone under (pubic bone toward your navel). Return to neutral spine between each repetition. This is a relatively small movement involving the hips, pelvis, and lower back.

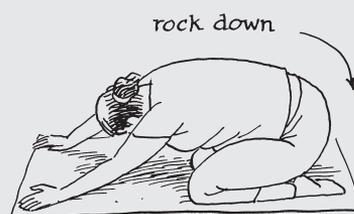
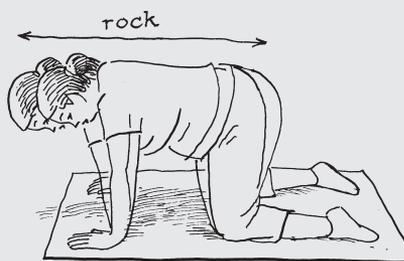
(d) Remaining on all fours, exhale and slowly lower your tailbone toward your heels, maintaining a neutral spine. Hold down for one deep inhale and exhale (roughly three seconds). On the next inhale, come back up to the starting position. Do ten times. You may need to open your knees out to the side some to accommodate your abdomen. Use pillow support as needed.

(e) Finally, still on all fours, come down to your elbows and put your hands into prayer position. Slowly rock forward while inhaling and back while exhaling. Keep your spine in a neutral position and your neck relaxed. Do this ten times.

These exercises prepare you for a variety of kneeling positions. Kneeling positions are particularly helpful during labor, especially if you have a posterior baby or extreme back pain with contractions.

4. Side-Lying Lifts

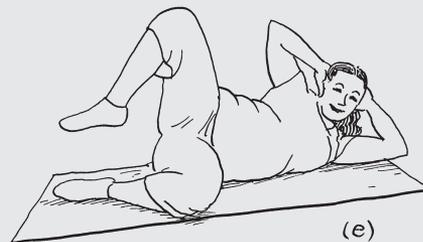
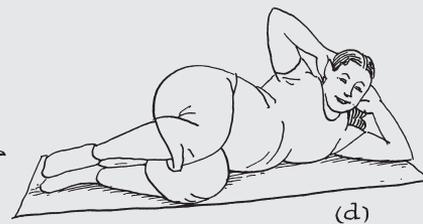
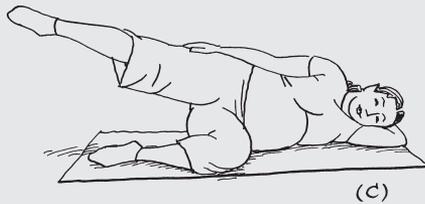
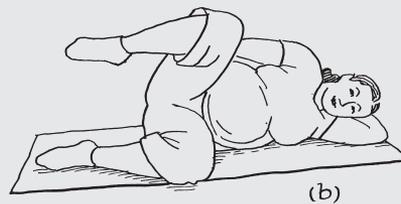
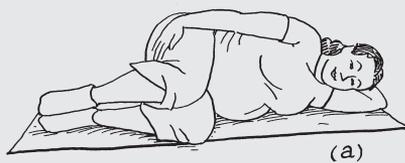
(a) Lie on your left side with your head resting on your left arm. Bend both legs about 90 degrees at the hip and knee, so that your knees are straight out in front of your hips. You can tuck a pillow between your knees and under your abdomen if necessary. (c) With your right hand resting on your right thigh, lift up your right leg, still bent, slightly higher than your shoulder and extend it straight down so that it is in line with your body, not out in front of you. Repeat

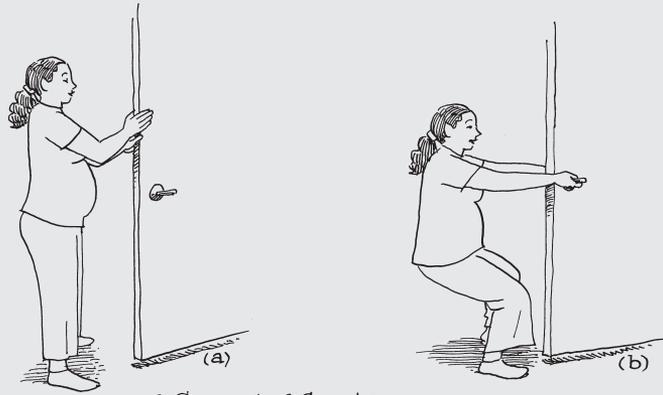


twenty times. (b) Do the exercise again, only this time, grab the back of your thigh with your right hand and use the strength of your arm to help lift your leg. Repeat twenty times. Breathe normally throughout the exercise.

(d) Continue lying on your left side, with your legs and hips now bent at a 45-degree angle. Slowly place your right hand behind your head and (e) simultaneously lift up your right leg and elbow several inches so that you are doing a side crunch. Focus on gently pulling in your lower abdomen. Do twenty times. Continue regular breathing. Repeat the exercises lying on your right side.

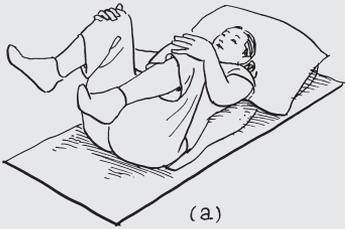
This exercise prepares you for the side-lying labor and delivery position, which will usually be on your left side. If you have an epidural, you may need to use your arm to help support your lifted leg, or the nurses will attach a support bar to the bed for you to use in this position, which is why we've included the second exercise in part b.



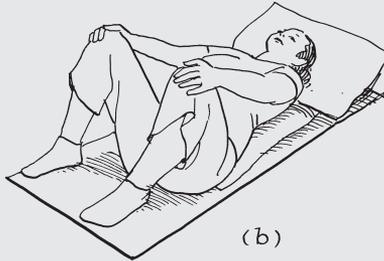


1. Supported Squats

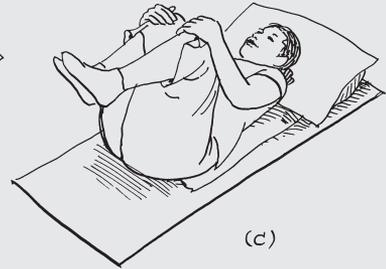
2. Delivery Circles



(a)

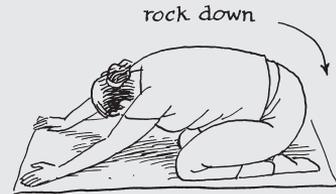
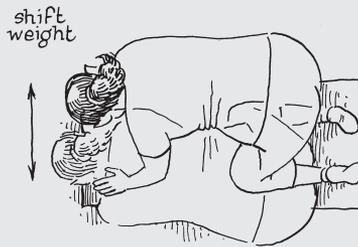
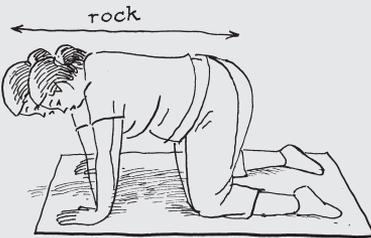


(b)



(c)

3. Rocking Table



4. Side-Lying Lifts



(a)



(b)



(d)



(c)



(e)

POSTPREGNANCY WORKOUT

Although you may not be able to resume a full workout schedule for a few weeks after giving birth, with your doctor's permission you can begin certain exercises as soon as the day after delivery if you've had a vaginal delivery with no complications. Starting some exercises right away will not only help you recover more quickly and get your shape back sooner, it will also help you feel more in control at a time when that sense may be in short supply.

If you've had a C-section, your doctor will likely recommend a much longer waiting period before you are cleared to begin them.

Start with walking and Kegel exercises (tightening the muscles that control urine flow), as well as light stretching. This program focuses on tightening your core: primarily your abdominal muscles and the ones in your lower back. The reason? When you're pregnant, your abdominal muscles stretch to accommodate the growing fetus. That decreases back stability, due to the stretching of the muscles and magnified by the hormones that are causing your ligaments and cartilage to relax. And it also leads to diastasis recti, when the rectus muscles that run lengthwise down your abdomen pull apart because of the large uterus distending the belly wall.

How do you know if you have a separation? Lie on your back with your knees bent and feet flat on the floor. Pull up your shirt, so that you can see your abdomen. Slowly curl your head and shoulders up off the floor. If you see a ridge or a bulge form down the center of your abdomen, you have a separation. You can also place a couple of fingers lengthwise along the center of your abdomen near your navel. Just barely lift your head and shoulders, and feel for a dip or crevice running lengthwise down the center of your abdomen. If one, two, or three of

Do Your Kegels!

It's always a good time to do your Kegel exercises—that is, contracting and relaxing the muscles that help control urine flow. The slower, the better. Do them before you're pregnant, while you're pregnant, after you're pregnant. You'll keep the entire area strong and tight, which will enhance your pregnancy and delivery experience, as well as your sex life.

Exercise Guidelines

First check with your doctor to make sure it's okay to exercise.

- Maintain a regular breathing pattern throughout all exercises. Don't hold your breath or strain.
- Wear a bra that provides good support but doesn't push against your breasts.
- After you've had your baby, nurse him just before exercise if possible. It will make you more comfortable during workouts.
- Drink plenty of water throughout the day, but especially when you're exercising. By the time you feel thirsty, you're already dehydrated.
- Exercise at a moderate intensity: a perceived exertion of 5 to 7 on a 10-point scale. If you become so out of breath that you cannot maintain normal conversation, or if you feel yourself overheating, stop. Once you've regained your breath and cooled down, resume at a more modest intensity.
- Avoid exercising on an empty stomach, but try to finish eating one to two hours before exercising.
- Avoid erratic, bouncy, or jerky movements while pregnant.
- Don't exercise on your back after the first trimester. Elevate your right hip by placing a pillow under it when doing exercises on your back.
- If you have any of these symptoms during exercise, stop and call your doctor: vaginal bleeding or spotting, unusual shortness of breath, visual disturbance, sudden headache, chest pain, unusual pelvic pain, racing heartbeat, amniotic fluid leakage, uterine contractions lasting longer than 30 seconds, preterm labor, or an unusual change in fetal movement patterns.

your fingers can fit widthwise in this gap, you probably have a mild to significant separation. This can lead to lots of back pain over time.

These exercises will help tighten your core and eliminate the separation. Ultimately, this can be your lifelong program for strengthening and maintaining your entire core area. (Note:

If you have diastasis recti, do not do crunches, sit-ups, or heavy lifting, which can aggravate a separation.)

- **Pull-ins:** Keep the natural arch of your lower back and draw your navel in toward your spine. You can do this standing, sitting, or lying down. Start by doing twenty or so a couple of times a day, beginning the day after you have the baby, and work up to doing fifty to one hundred of them twice a day.
- **Leg Slides Against the Floor:** Lie on your back with your knees bent and feet flat on the floor. Find your neutral spine position, with your lower back just slightly off the floor. While keeping your back completely still, slowly slide one foot out along the floor until the leg is straight and pull it back in again. The arch in your spine should remain constant. Once you can do twenty repetitions with each leg while maintaining a stable spine and without detecting any ridge or bulge in your abdomen, you can move on to our next exercise. You may liberally use pillows to support the area under the knees to help keep the lower back as close to the floor as possible, not arching the spine beyond its natural arch.
- **Leg Slides with One Leg Lifted:** Assume the same position as above. Lift one foot off the floor with the knee still bent. Extend the leg out as you did before, but this time keep your foot a few inches above the floor. Do twenty repetitions on each side while keeping a neutral spine. Once you can do the twenty repetitions while maintaining a neutral spine and flat abdomen, you can move on to the next exercise.
- **Single Leg Floor Touch:** From the same starting position, lift one leg off the floor, keeping the knee bent. Now lift up the other leg to meet that leg. Keeping one leg still and both knees bent, slowly lower one leg toward the floor until your foot touches the floor, and bring it back up. Once you can do twenty repetitions on each side with a stable, neutral spine move to the next exercise.
- **Leg Slides with Both Legs Lifted:** This exercise is just like the second exercise, except that your stationary, bent leg is also lifted off the floor. So you'll begin with both legs bent and lifted off the floor. Extend one leg out, keeping it a few inches above the floor, and bring it back in, the whole time maintaining a neutral spine and a level abdomen. When you can do twenty repetitions on each side with no signs of abdominal separation, move on to the next exercise.

- **Double Leg Floor Touch:** This is like the single leg floor touch, except that you lower both bent legs together until your feet touch the floor, and then bring them back up to the starting position. This exercise series is effective for strengthening your abdominal muscles and helping you get a sense for maintaining neutral spine.
- **Lean-Backs:** Stand with your feet about hip-width apart and your arms extended straight out in front of you. Keeping a neutral spine and your torso motionless, hinge at the knees to lean back slightly. Your body should create a straight line from your head to your knees. Engage your abdominal muscles to keep your back from arching. Do this with a wall within six inches of your back so that you will not accidentally fall, or have a significant other spot for you.