



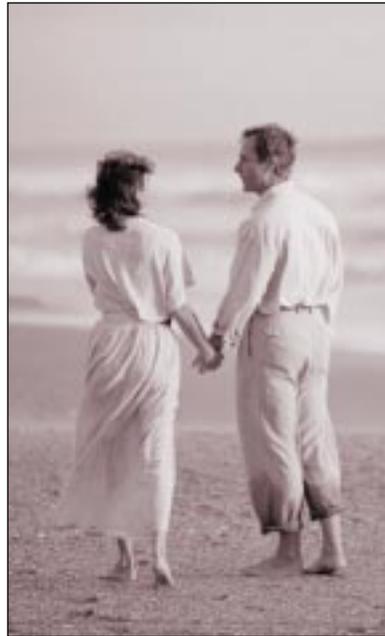
Planning Your Pregnancy

So you're planning to have a baby. Congratulations, and welcome to the first leg of a journey that will transform your life. As great as it is, though, being a parent is a major commitment that's filled with challenges and choices. By planning ahead and making needed changes now—before you become pregnant—you are more likely to be prepared. Certain aspects of pregnancy can't be controlled, but there are some things you can do. Good care and a healthy lifestyle before and during pregnancy increase the odds that you'll end your 40-week journey (and begin a whole new one) with a healthy baby in your arms.

Before You Become Pregnant

If you plan for your pregnancy, you can make choices that are good for your baby. Also, if you are prepared, it will help your body handle the stress of pregnancy, labor, and delivery.

Many women don't know they are pregnant until several weeks after they have *conceived*. These early weeks are key for the baby growing inside you. It's during this time, for instance, that the brain and other organs start to form. Poor health, smoking, drinking alcohol, and using certain drugs can harm normal growth. A healthy body and lifestyle will help promote it. That's why getting proper health care before you even begin trying to get pregnant is so important. It will decrease the chance that either you or your baby will be exposed to harmful things. It also will provide a chance to lower any risks and find and treat any medical problems that you may have.



The Pre-Pregnancy Checkup

If you're planning to become pregnant and have already planned a pre-pregnancy checkup, good for you—it's a smart move. If not, do so right away. As a part of this visit, your doctor will ask about your medical and family history, medications you take, any past pregnancies you've had, and your diet and lifestyle. Be open and honest when you respond to these questions. Your answers will help your doctor decide whether you need special care during pregnancy.

This is also a time for you to ask questions. You can seek advice or discuss concerns you might have. There's no such thing as a stupid question, and your health care team is there to inform and guide you.

Your Medical History

Some women have medical conditions—such as *diabetes*, high blood pressure, and seizure disorders—that can cause problems during pregnancy. If you have such a condition, the treatment may vary around the time of pregnancy. Ask your doctor what changes, if any, need to be made to bring your condition under control before you try to get pregnant.

Even if a health problem is well managed, the demands of pregnancy can cause it to worsen. To keep such conditions in check, you may need to make lifestyle changes, see your doctor more often, or get other special care during pregnancy. (The effects of these conditions during pregnancy are discussed in Chapter 14.)

Medications, Herbal Remedies, and Supplements

Many women use medications, remedies, and nutritional supplements to promote their health. Sometimes drugs, herbs, and even vitamins can have the opposite effect during pregnancy. Some medications—including those bought over the counter—can be



Keeping a Menstrual Calendar

When you are thinking of becoming pregnant, you'll want to keep track of your menstrual cycle. By charting your menstrual periods on a calendar for a few months, you'll be able to spot patterns in your cycle (how many days your periods last, for instance, and whether your cycle is typically 25 or 30 days long). You'll also be able to pinpoint the days that you are most fertile—it is most often halfway between the start of one period and the start of the next. To use the calendar, simply circle the days that you menstruate each month. If you can, chart your cycle for a few months and bring the calendar along with you to your checkup.

Jan. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Feb. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29
March 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
April 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
May 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
June 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
July 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Aug. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Sept. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
Oct. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Nov. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
Dec. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

harmful to your baby and shouldn't be taken while you are pregnant. For instance, isotretinoin, a drug to treat acne, can cause ***miscarriage*** or birth defects. Certain medications used to treat high blood pressure can cause kidney problems in the ***fetus***. Herbal remedies (blue cohosh, for instance) may be harmful, too. Just because something is natural doesn't mean it's safe.

Even common nutritional supplements could be harmful. For instance, some multivitamins contain high levels of vitamin A, which has been shown to cause severe birth defects if taken in large doses during pregnancy.

If you take any medications, herbs, or supplements, let your doctor know. Better yet, take the bottles along with you to your



When Should I Stop Birth Control?

Depending on what you use, you may need to switch to another form of birth control a few months before trying to get pregnant. This is because some methods can affect your fertility even after you are no longer using them. When you stop taking ***oral contraceptives*** ("the Pill"), for instance, it may be a few months before ***ovulation*** resumes and your menstrual periods become regular. That makes it harder for you to know when you're fertile, so it may take longer to conceive. Periods that aren't regular also make it harder to pinpoint your due date once you become pregnant. If you do conceive while or shortly after using birth control pills, do not worry. It does not cause birth defects as once believed.

There may be a delay in getting pregnant after stopping other forms of hormonal birth control, such as implants and injections. If you're using either method and want to become pregnant, have your doctor remove the implants or stop the injections a few months before you try to conceive. Use a backup method, such as condoms and spermicide, in the meantime.

If you have an ***intrauterine device (IUD)***, be sure to have it removed before trying to get pregnant. If you become pregnant with an IUD in place, your doctor will need to remove the device right away so that its presence doesn't lead to infections or pregnancy loss.

pre-pregnancy checkup. You may need to stop using them or switch to others before you try to get pregnant. For more information about harmful agents during pregnancy, see Chapter 5.

Your Family History

Some health conditions occur more often in certain families or ethnic groups. If a close relative has a certain condition, you or your baby could be at greater risk of having it. Your doctor will ask if any family member has diabetes, high blood pressure, seizure disorders, or mental retardation, for instance. Your doctor also will ask if any relatives have a history of twin pregnancies. Ask your closest relatives about their health history before your visit. This way, you'll have the information your doctor needs to detect any risk factors.

Based on your family history or ethnic background, you may be at risk for having a baby with a genetic disorder—a condition that's passed from parent to child. In that case, it's wise to seek genetic counseling before trying to become pregnant. Genetic counselors have been specially trained to assess the risk of inherited disorders. They can help couples understand their chances of having a baby with such a condition. Genetic counseling involves taking a detailed family history and sometimes doing a physical exam and lab tests to pinpoint the risk of inherited disorders. (Even if you show no signs of having a certain disorder yourself, it's possible to be a “carrier” and pass it along to your baby.) For further information about these disorders, see Chapter 13.

Past Pregnancies

Your doctor will review your obstetric history. He or she will ask about any previous pregnancies and any problems you may have had during them.

If you had a problem in a past pregnancy, that doesn't



mean it will happen again or that you shouldn't try to get pregnant. Some problems do recur in later pregnancies, but most do not—especially if you receive proper care before and during your pregnancy.

Women who have lost a pregnancy often fear that it will happen again. It's true that 1 in 5 known pregnancies ends in miscarriage and many more occur before a woman even knows she is pregnant. However, most women who miscarry once go on to have normal pregnancies and healthy babies the next time around.

If you have chosen to end a prior pregnancy, you may worry that you'll have trouble getting pregnant again. You may fear you will not be able to carry a baby to term. Most doctors agree that having a single abortion has no effect on future pregnancies. It is possible, though, that having more than one abortion might increase the risk for a low-birth-weight or *preterm* baby. Even in that case, the chance of having a healthy baby is good.

Be sure to let your doctor know if a past pregnancy was complicated by diabetes, high blood pressure, premature labor, preterm birth, or birth defects. If you and your doctor keep a close eye on your health and take steps to reduce your risk, the odds are that problems such as these won't happen again.

Your Lifestyle

Diet

You and your baby will start out with a good supply of the nutrients you both need if you eat right before you become pregnant. A balanced diet is important at all times in your life, but it's vital during pregnancy. The food you eat is the main source of nutrients and energy for your baby. As the baby grows and places new demands on your body, you'll need more calories and nutrients. If you eat a healthy diet before you are pregnant, it's much easier to make minor changes to your diet while you are pregnant.

The nutritional needs of the fetus are small at first, but there's one nutrient that's vital for normal development from the start: folic acid. This B vitamin helps prevent *neural tube defects* (abnormalities of the brain, spine, or their coverings). It's also

believed that folic acid helps prevent ***cleft lip, congenital heart disease***, and other birth defects. See the box and Chapter 6 to find out more about this important vitamin.

Your doctor will want to know about your diet, so think about these questions before your checkup:

- Are you a vegetarian? If so, do you eat dairy products?
- Do you have any food allergies?
- Do you have trouble digesting milk and other dairy products?
- Do you ever fast?
- Are you trying to lose weight?
- Do you have an eating disorder (***anorexia nervosa*** or ***bulimia***)?

Folic Acid: The Vital Vitamin

Folic acid, taken before pregnancy and for the first 3 months of pregnancy, can reduce the risk of neural tube defects. The U.S. Public Health Service suggests that all women (even if they are not trying to get pregnant) consume 0.4 mg of folic acid a day. Although folic acid is found in foods such as leafy dark-green vegetables, citrus fruits, and beans, it's hard to eat enough of them to meet the requirement. Breads and cereals are supplemented with folic acid, but they also do not contain enough of the vitamin to meet the requirement. For this reason, doctors advise women to take a daily vitamin with the nutrient.

Women who have had a previous pregnancy that involved a neural tube defect have a higher than average risk of the problem recurring. Such women should take 4 mg daily—10 times the amount normally recommended—for 1 month before conception and during the first 3 months of pregnancy. These women should take folic acid alone rather than as part of a multivitamin. That way, they don't risk overdosing on the other vitamins contained in multivitamin formulas.



Weight

Keeping your weight in a normal range before and during pregnancy is good for your health and your baby's. Excess weight can cause high blood pressure or diabetes. It also puts a strain on the heart. This strain becomes even greater during pregnancy, when your heart works harder to supply blood to you and your baby.



Being too thin, though, can lead to trouble getting pregnant. Being underweight may raise the odds of delivering a low-birth-weight baby. These babies are not easier to deliver and are at risk for problems during labor and after birth.

A woman who's slightly underweight most often can make up the difference by gaining a few extra pounds during pregnancy. But a woman who is overweight should never try to lose weight while she's pregnant. A low-calorie diet could deprive her baby of nutrients needed to grow and develop. In either case, the safest bet is to reach a healthy weight well before you get pregnant. Your doctor can give you advice on the best ways to do that or refer you to a nutritional specialist if needed.

Fitness Level

Good health at any time in your life involves getting plenty of exercise. The type and amount you can do safely during pregnancy depends on your health and how active you are before you are pregnant (see Chapter 5 for specific guidelines).





Fit or Fat?

Fat is the form in which energy is stored. If you consume too many calories, your body stores the excess as fat. To lose 1 pound, you must use up 3,500 of these stored calories.

Body weight alone isn't a good measure of fat. Exercise burns fat and builds muscle—and muscle is heavier than fat. So a fit woman can have an above-normal body weight, but a below-normal amount of fat. A woman who is not very active, by contrast, may weigh just as much as a fit woman but have more fat and less muscle.

A method for evaluating your weight is “body mass index” (BMI), which compares height to weight. To find out your BMI, find your height on the left-hand column of the chart below. Next, read across the column until you find the weight that's closest to yours. Then look at the bold-faced number at the top of the column. That number is your BMI. Having a BMI above 25 means that you need to shed some pounds. Any amount above 29 is thought to be obese.

Body Mass Index Chart

	19	20	21	22	23	24	25	26	27	28	29	30	31	32
Height (inches)	Weight (pounds)													
58	91	96	100	105	110	115	119	124	129	134	138	143	148	153
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186
65	114	120	126	132	138	144	150	156	162	168	174	180	186	192
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229
72	140	147	154	162	169	177	184	191	199	206	213	221	228	235
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249

Adapted from the National Institutes of Health, National Heart, Lung, and Blood Institute. Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults. Washington, DC: U.S. Government Printing Office, 1998

It is best to exercise regularly before getting pregnant. If you are just starting out, decide on your goals—do you want to improve your heart and lung function, strengthen your muscles, or both? Then choose the exercises that will help you meet your goals. It's best to start with walking, swimming, or bicycling. If you are not used to a lot of exercise, discuss safety guidelines with your doctor ahead of time and take it slow at first. Your target heart rate is a good guide to tell how hard you are working.

Substance Use

Most women know that heavy smoking, drinking, and drug use during pregnancy can have a harmful effect on their baby's health. But what many don't know is that even using these sub-

Target Heart Rate for Nonpregnant Women

To check your heart rate, locate the pulse on the inside of your wrist. Count your pulse for the first 10 seconds after you stop exercising. Multiply this number by 6 to calculate how many times a minute your heart is beating. To find your target heart rate as well as the heart rate it may be unsafe to exceed, find the age category closest to yours on the table below and read across.

Age (years)	Target heart rate (beats per minute)
20	100–150
25	98–146
30	95–142
35	93–138
40	90–135
45	88–131
50	85–127
55	83–123
60	80–120
65	78–116
70	75–113

National Heart, Lung, and Blood Institute, American Heart Association. Exercise and Your Heart. NIH Publication No. 93-1677. Washington, DC: U.S. Government Printing Office, 1993

stances only once in a while, or in small doses, still can do harm. This is also true of medications that are not used as prescribed.

Women who smoke or drink alcohol may have a harder time getting pregnant. What's more, there's growing evidence that if your partner smokes, drinks, or uses drugs, it can lower his fertility, damage his sperm, and have a harmful effect on the fetus. At the very least, living with someone who smokes means that you are likely to breathe in harmful amounts of secondhand smoke. In turn, your developing baby is exposed. This is also a risk for the baby after he or she is born.

If you smoke tobacco, drink alcohol, or take drugs, now is the time to quit. Even if you can't quit, cutting back helps. It takes patience and plenty of support to end a habit—especially if it's long-standing. Don't be afraid or ashamed to ask for help. Your doctor can suggest ways to get through the early stages as well as refer you to support groups. Giving up something that you rely on to relax or to deal with stress may be one of the hardest things you'll ever do, but it also will be one of the most worthwhile.

Your Environment

Some substances found in the home or the workplace may make it harder for a woman to conceive or could harm her fetus. If you are planning to get pregnant, look closely at what's around you. Think about the chemicals you use in your home or garden. Some hobbies, such as stained glass and darkroom work, might expose you to harmful substances. Find out from your employer whether you might be exposed at work to toxic substances such as lead or mercury, chemicals such as pesticides or solvents, or radiation. Then discuss your level of exposure with your doctor as well as your employee health division, personnel office, or union representative. If you do come into regular contact with a substance that may be harmful, take steps to avoid it (see "Harmful Agents" in Chapter 5).

Radiation, a form of energy sent out in invisible waves, is used in certain medical and industrial jobs. It's also used to take X-rays to diagnose disease. Women who are planning a pregnancy

and who come into contact with radiation at work should ask for monthly exposure readings. The amount of radiation used to take a chest X-ray or single dental film won't affect fertility or harm a fetus. It's wise, though, to avoid being exposed as much as you can and to wear abdominal shields if you have an X-ray done. However, the level of radiation used to treat diseases such as cancer is much higher and can be harmful during pregnancy.

Infections

Certain infections during pregnancy can cause severe birth defects or illness in a fetus. These infections may be prevented with proper **vaccination**. Before you start trying to get pregnant, ask your doctor if you need to be immunized against measles, mumps, tetanus, polio, hepatitis, chickenpox (varicella), or rubella (German measles). Try to get your childhood vaccination record before your pre-pregnancy checkup. Even if you were vaccinated as a child, though, your immunity to certain diseases may have worn off.

Some vaccines cannot safely be given during pregnancy. If you need vaccines, get them at least 3 months before trying to conceive. During this time, keep using birth control. If you are planning a trip to a country where you might come into contact with diseases that aren't common in the United States, you may need other vaccines. (For more information, see "Travel" in Chapter 5 and "Vaccines" in Chapter 16).

Other infections that can be harmful during pregnancy are those passed on by sexual contact—**sexually transmitted diseases (STDs)**. These diseases can affect your ability to conceive and can infect and harm your baby. The most common STDs are:

- ▶ ***Chlamydia***
- ▶ ***Gonorrhea***
- ▶ ***Genital herpes***
- ▶ ***Genital warts***
- ▶ ***Trichomoniasis***

- › ***Hepatitis B virus***
- › ***Syphilis***
- › ***Human immunodeficiency virus (HIV)***

Using condoms and spermicide regularly will lower your risk of getting an STD. A woman who isn't using these forms of birth control (for instance, if she's trying to conceive) is at a higher risk of getting an STD if she has sex with more than one partner or if her partner has sex with someone else.

If you suspect that you may have been exposed to an STD, see your doctor right away to be tested and treated. Your partner also should be treated. Neither of you should have sex until treatment is finished. STDs such as herpes, HIV, and hepatitis B



Are Your Immunizations Up-to-Date?

Although some vaccines are safe to receive during pregnancy, it's best to have all needed immunizations before you become pregnant. Women should have the following immunizations:

3 months before pregnancy

Measles–mumps–rubella vaccine (once if not immune)

1 month before pregnancy

Varicella vaccine*

Safe during pregnancy

Tetanus–diphtheria booster (every 10 years)

Hepatitis A vaccine*

Hepatitis B vaccine*

Influenza vaccine (if you will be in the second or third trimester of pregnancy during flu season)

Pneumococcal vaccine*

See Chapter 16 for more information about infections during pregnancy.

*These immunizations are given as needed based on risk factors. If you don't know whether you need one, check with your health care provider.

have no known cures. If your doctor knows that you have one of these conditions, though, he or she can take steps during your pregnancy and delivery to lower the risk of your baby being harmed by the disease or catching it from you.

Keep in mind, too, that many STDs have no symptoms in the early stages. The earlier an STD is found and treated, the lower the long-term risk.

Later Childbearing

These days, women are becoming mothers later in life than in prior generations. This may be because more women are working and living longer and healthier lives. Women also can use new techniques to promote their fertility. Older moms often worry that their age will affect their fertility and the health of their baby. There's no set age that is unsafe for women to become pregnant. For women older than age 35, the chances of



having a normal pregnancy and healthy baby are great—especially if they get good pre-pregnancy and ***prenatal care***. Even so, more mature mothers often have concerns about pregnancy that don't apply to younger mothers. Among them:

- ***Infertility.*** A woman's fertility slowly declines starting in her early 30s. After that time, it may take longer to get pregnant.
- ***Medical and obstetric problems.*** As women get older, conditions such as high blood pressure and diabetes tend to occur more often. Because pregnancy puts new demands on a woman's body, the risk of complications may be higher for expectant mothers with these problems. They are more likely

to need to visit the doctor more often, need special tests, stay in the hospital before their baby's birth, and require special care during labor and delivery.

- **Birth defects.** The risk of some birth defects increases with age, but it remains low well into a woman's 30s. In most cases, women age 35 and older are offered testing for genetic disorders and other medical problems before and during pregnancy. If there's a problem, it often can be spotted early enough to allow time to decide whether to become pregnant or continue a pregnancy. (For more information on birth defects, see Chapter 13.)
- **Breast cancer.** Because of changes that occur in women's breasts during pregnancy and after the baby is born, breast cancer screening through self-exams or breast exams by the doctor are less able to detect breast cancer. Thus, if you are planning a pregnancy and are age 40 or older, you may wish to have a **mammogram** (an X-ray of the breasts) before getting pregnant.

Planning Your Pregnancy Care

Aside from you and your partner, the person who will care for you during pregnancy is one of the most important players in your pregnancy. Choosing a caregiver isn't a choice to make lightly.

What's the best way to go about finding the right person? Some women are happy to stick with the health care provider they have been seeing for routine gynecologic care. Other women ask friends or relatives who have become mothers not too long ago. Still others choose the hospital or birthing center where they'd like to deliver their baby and ask the staff there to refer them to someone. (Keep in mind that your health insurance policy may restrict your choices.)

Three types of providers offer medical care for pregnancy and birth: obstetrician–gynecologists (ob-gyns), family practitioners, and certified nurse–midwives (CNMs).

- *Obstetrician–gynecologists.* Ob-gyns are doctors who specialize in the reproductive care of women. After graduating from medical school, ob-gyns complete a 4-year course of specialized training in obstetrics and gynecology. To be certified, a physician must pass written and oral tests to show that he or she has obtained the knowledge and skills required for the medical and surgical care of women. A certified ob-gyn can become a Fellow of the American College of Obstetricians and Gynecologists. This group offers continuing educational programs to help physicians stay up-to-date with the latest medical advances.
- *Family practitioners.* Doctors in family practice provide general care for most conditions, including pregnancy. After completing medical school, family practitioners receive further training in family practice (including obstetrics) and become certified by passing an exam. They are able to care for normal pregnancies and deliveries.
- *Certified nurse–midwives.* CNMs are registered nurses who have been specially trained to care for women and their babies from early pregnancy through labor, delivery, and the weeks after birth. They have completed an accredited nursing program and have a graduate degree in midwifery. To be certified, they must pass a national exam and maintain an active nursing license. They also must have an arrangement with a qualified doctor to provide backup support. They are trained to care for healthy women with normal pregnancies and consult with or refer patients to a doctor if medical problems arise.

Other specialists are part of a team of health professionals that provides care based on an expectant mother's special needs. Some may be employed by the doctor's practice or the teaching hospital where the doctor works. Others are consulted as needed. Their qualifications differ, but each one has an important role in making sure your pregnancy and birth go well. Here's a brief look at who may be members of this team.

Physicians

- ▶ Residents are physicians who have graduated from medical school but are still in training at a teaching hospital.
- ▶ Pediatricians are doctors with specialized training in the medical care of infants and children.
- ▶ Neonatologists are pediatricians with special training in the medical care of newborns.
- ▶ Anesthesiologists are doctors who provide pain relief during labor and delivery. This also can be done by a nurse anesthetist.
- ▶ Maternal–fetal medicine specialists are ob-gyns with extra training in handling pregnancies complicated by medical or obstetric problems. Women most often are referred to them by their regular doctor.

Nurses

- ▶ Nurse practitioners perform duties such as taking medical histories, doing physical exams, and diagnosing and treating common illnesses. They are registered nurses who have completed further training and, in some cases, passed a certification exam.
- ▶ Registered nurses assist obstetricians in providing care, education, and medical counseling to women. They have graduated from nursing school and passed a number of exams.
- ▶ Labor and delivery nurses help care for women and their babies during labor, delivery, and right after birth.
- ▶ Neonatal nurses help care for newborns before they are discharged from the hospital.
- ▶ Postpartum nurses help care for the mother after birth.

Other

- ▶ Childbirth educators teach parents-to-be about pregnancy, childbirth, and parenting.

- ▶ Dietitians give advice on nutrition during pregnancy and breastfeeding.
- ▶ Genetic counselors evaluate a baby's risk of having birth defects and provide counseling to expectant parents.
- ▶ Social workers can provide counseling and information about community services for families.
- ▶ **Lactation** specialists are breastfeeding experts who can tell you more about such things as methods of breastfeeding and pumping your breast milk.
- ▶ Physician assistants work under the guidance of doctors and perform a variety of medical duties.

Another factor to think about is whether a pregnancy-care provider is in a group, collaborative, or solo practice. In a group practice, constant coverage is provided by two or more doctors. You may have a primary doctor but receive care from the other members from time to time. In a collaborative practice, a doctor and a nurse, certified nurse–midwife, or other health professionals work as a team. In a solo practice, one doctor provides complete care for all of his or her patients.

Your Baby's Birthplace

The day your baby enters the world may seem like it's ages away. But the setting for your newborn's delivery can have a big impact on your pregnancy care and your birth experience. Thus, it's wise to weigh your options before you are pregnant.

Your choices will depend on what your area offers, where your caregiver handles deliveries, and what your health insurance provider will cover. The areas for labor and delivery vary from one hospital to another. You will be given information about the choices available. You can tour the hospitals in your community to see which types of settings appeal to you.

Many hospitals offer birthing rooms where the family can stay with you and provide support. Birthing rooms share the staff and services of a more traditional labor and delivery suite, which may



Interviewing the Provider

Before you decide who will care for you during your pregnancy, visit different providers until you find one that you like and trust. Call the practice ahead of time to get basic questions about location, hours, and insurance out of the way before you meet with the doctor. During the interview, feel free to discuss anything that is of concern to you or your partner. Some questions to think about:

How close is the practice to your home or work? _____

Does the practice accept your insurance plan? _____

What are the provider's fees and how is payment handled? _____

Where does the doctor have hospital privileges? _____

How are urgent questions or emergency care handled? _____

What's the provider's belief about pain relief during labor, *fetal monitoring*, *episiotomy*, *cesarean birth*, breastfeeding, and other issues that interest you? _____

Is it likely that your doctor will deliver the baby? _____

What is the doctor's cesarean birth rate and how does it compare with the hospital's rate of cesarean births? _____

be needed if a problem occurs. They provide a comfortable setting for labor, delivery, and, in most cases, postpartum recovery. Some allow the entire birth process, including the postpartum stay, to happen in one room. These rooms are called LDRs (labor/delivery/recovery) or LDRPs (labor/delivery/recovery/postpartum).

There are also freestanding birthing centers that are not in a hospital. These centers may not offer all the services you may need if an emergency arises. Because of this, the safest places to give birth are thought to be a hospital or birthing center within the hospital complex.

When selecting your care, you may wish to ask about policies regarding fathers or others in the delivery room. Most hospitals



Evaluating Birth Sites

When you tour a facility, be sure to come with a list of questions about certain policies. For instance:

Who's allowed to be present at the birth? _____

Are there a limited number of birthing rooms (meaning you may be booked into a traditional delivery room if they are full)?

Does the hospital have set rules about the use of medical procedures such as fetal monitoring and intravenous (IV) lines during labor, or does it leave such decisions up to individual caregivers?

Are women in labor allowed to move about freely or are they required to stay in bed? _____

What special care (such as a Neonatal Intensive Care Unit) can the hospital provide if your baby is born with a medical problem?

Will your baby be allowed to room with you after birth, or will he or she need to stay in the newborn nursery? _____

Does the hospital or birthing center employ a lactation consultant or provide other services to help new mothers breastfeed?

Does the hospital have an anesthesiologist on site full time?

permit support people in both labor and delivery rooms. It is wise to know the hospital's policy in advance so you can plan.

If you have health problems during your pregnancy or complications are likely during birth, you may have to deliver at a specific hospital. It is possible that the hospital, which must be equipped to handle complex procedures, may not be near where you live.

Money Matters

The cost of having a baby is high. You should consider in advance how you will pay for it. If you have insurance, it's vital to make sure that you are covered for all that you think you are. Some health plans, for instance, don't include pregnancy care or will pay for only the most routine medical tests and procedures. That could become an issue if you develop problems during pregnancy or birth or have a baby with health problems. Read your policy to make sure you are covered. Also check to see how much of the cost of infertility treatments (if needed), obstetric care, prenatal tests, hospital charges, well-baby care, and postpartum birth control your insurer will cover.

If your coverage doesn't start until a certain date, you may want to think about delaying your pregnancy until then. Also make sure that the provider you'd like to see is part of the plan, as is the hospital where you want to deliver. In many cases, seeing a provider or going to a facility that's out of an insurance company's "network" means that you'll be out, too—that is, out-of-pocket for some or all expenses.

The Health Insurance Portability and Accountability Act, passed in 1996, protects most women who switch health plans during pregnancy or enroll in a plan after she becomes pregnant. This means that if you change jobs and insurance plans during your pregnancy, you cannot be denied insurance coverage for care related to your pregnancy. It does not matter how long you were with your insurance plan before you switched. Also, your newborn cannot be denied coverage as long as you sign him or her up for health insurance within 30 days of birth.



How Much Do Babies Cost?

To get a better idea of the impact a baby can have on your pocketbook, think about these questions:

Will you need to move to a bigger house or apartment to make room for the baby? How much more money will you need to pay for it? _____

How long will you take off work? Are you planning to leave your job? How much income will you lose? _____

Do you have a partner who earns enough to cover costs during your time at home? _____

If not, do you have money in savings you could use? How much? _____

Will you need to pay for childcare? What can you afford? _____

Can you get baby clothes and supplies from friends or relatives, or will you need to purchase these items? _____

Does your state or county have programs that can help you? (You may qualify for help even if you are working. Federal assistance programs also are available.) _____

Taking these steps before you even start trying to get pregnant may seem like a lot of work. Making plans ahead of time is well worth the time and effort, though. Starting your pregnancy with a healthy body will give your baby the best start in life. Knowing the issues involved in becoming a parent will make them seem more fun and less scary. You and your partner will be well prepared to deal with all that's in store during the thrilling months ahead.