UCLA Health

Your Pregnancy

UCLA Health OBGYN and UCLA BirthPlace pregnancy education

Congratulations on your pregnancy! Thank you for trusting UCLA Health with your pregnancy care. We look forward to supporting you and your family through every step of this exciting journey. It is our goal to provide safe, high-quality care for you, your newborn and your family.

UCLA Health is committed to equitable care and helping you to reach your best health.

We want your birth to be a safe and empowering experience.

We will…

- Treat you with dignity and respect at all times.
- Work with you to learn how we can best support you.
- Give you clear information, using an interpreter if you would like one, so you understand your options and can make the choice that is right for you.
- Respect your values and personal boundaries.
- Respect your culture, race, gender, sexual orientation, functional needs, preferences, nationality, language and religion.
- Welcome and actively involve those you wish to include, such as family, friends and doula, as part of your team.
- Have trained chaperones to help make sure sensitive exams and procedures are done in a safe, comfortable and professional way.

We invite you to let us know if we fail to meet these commitments.
For more information, visit respect.uclahealth.org.

Thank you again for choosing UCLA Health for your care. We are honored to serve you during this important time in your family's life!

Prenatal Education Materials

We are pleased to provide you with education for every stage of your pregnancy. This material will help you and your family prepare for your pregnancy and the arrival of your baby. If you have any questions or concerns, please do not hesitate to reach out to your care team.

Before Your First Prenatal Visit

Your Pregnancy

Preparing for Labor and Delivery

What to Expect After Labor and Delivery

Before Your First Visit with a Health Care Provider

Your pregnancy test is positive or you think you're pregnant because you've missed a period and might have other signs of pregnancy. You may experience a wide range of emotions and want to know what to do next.

The most important next step is to make an appointment with a doctor or other member of the UCLA Health team for your first prenatal visit. Before that visit, take care of yourself, learn about the early signs of pregnancy and read below to learn how to prepare for your first prenatal visit.

When should I schedule my first prenatal appointment?

Make your first appointment as soon as you think you're pregnant, ideally in the first 3 months of pregnancy. You can consider bringing your partner.

Who will I see during my first visit?

At UCLA Health, you have choices when it comes to who you can see for your pregnancy care.

At the UCLA BirthPlace Santa Monica, located at UCLA Santa Monica Medical Center, we offer an integrated model of care that includes attending physicians, resident physicians and certified nurse-midwives. If you are looking for a nurse midwife for your pregnancy care, your first prenatal appointment will be with an obstetrician to see if you are a good candidate. If you are looking for an obstetrician, you can choose a doctor from our Santa Monica OBGYN clinic.

At the UCLA BirthPlace Westwood location at the Ronald Reagan UCLA Medical Center, we offer a care team that includes nurses, resident doctors, attending doctors and specialists, working together to care for you and help you during your pregnancy, labor and delivery. You can choose an obstetrician from our Westwood OBGYN clinic.

How to prepare for your first visit:

1. Know your medical history, as well as your partner's medical history and your family history.
2. Make a list of prescription medications you are taking, including vitamins, over-the-counter medications and herbal supplements.
3. Write down the questions you want to ask your care team.
4. Start taking a prenatal vitamin if you have not already done so.

What should I expect at my first visit?

Your first prenatal visit will likely be your longest visit. Your care team will ask about your medical history (menstrual cycle, birth control, past pregnancies, previous surgeries, family history and medications). They will also perform a physical exam and order routine lab tests. Your care team will let you know what your expected due date is and may perform an ultrasound.

What is the schedule for the rest of my prenatal appointments?

During pregnancy, regular visits with your OBGYN provider are important to help keep you and your baby healthy. While each pregnancy is different, you will usually see your OBGYN provider every 4 weeks until you reach 32 weeks. Please see our Schedule of Prenatal Care for more information.

What symptoms might I have during the early part of my pregnancy?

The early signs of pregnancy can vary, but one of the first signs is typically a missed period.

Are there warning signs I should know?

Understanding the signs of an ectopic pregnancy — a pregnancy that develops outside the uterus — as well as miscarriage are important. Learn more about an ectopic pregnancy and miscarriage and their warning signs in the following pages.

If you are not yet pregnant but are planning for a future pregnancy, here are 10 things to discuss during a visit with your gynecologist:

1. **Pregnancy goals:** It is important to discuss your "reproductive life plan" with your gynecologist. Talk through how many children you want to have and how many years apart you would like them to be.
2. **Medical conditions**: If you have any medical problems, please discuss how these might affect pregnancy and how pregnancy might affect your health.
3. **Medications**: Check with your gynecologist to see if the medications you are taking are safe for pregnancy.
4. **Supplements**: Folic acid is very important during pregnancy. Ask your gynecologist how much you should be taking and for how long.
5. **Family history and genetic conditions**: Be prepared to discuss you and your partner's family health history. Collect information from family members about any diseases that run in your family.
6. **Lifestyle and social situations**: If you smoke, drink alcohol or use marijuana or other drugs, let your gynecologist know. Also, discuss your work and home environment and any factors that may affect a healthy pregnancy.
7. **Immunization**: During pregnancy, infections such as rubella and chickenpox can cause congenital birth defects. Ask your gynecologist how to see if you are protected from these diseases by vaccination or prior exposure.
8. **Infectious diseases**: Be prepared to discuss any history of sexually transmitted infections, such as chlamydia, gonorrhea, herpes or HIV.
9. **Maintaining a healthy weight**: Discuss your ideal pre-pregnancy weight and how to reach and maintain that before you get ready for pregnancy.
10. **Healthy mind for healthy pregnancy**: Discuss how you feel about your life and your mental health in general. Ask your gynecologist how mental health conditions may affect or be affected by pregnancy.

Early Signs of Pregnancy

There are many early signs of pregnancy. The most common signs are:

- Frequent urination
- Missed period
- Nausea or vomiting (“morning sickness”)
- Tender, swollen breasts
- Tiredness, fatigue

Other signs and symptoms that you might have during the first three months of pregnancy include:

- Bloating of the belly
- Constipation
- Cramping
- Food cravings or avoidance
- Headache
- Heartburn
- Light spotting
- Mood swings
- Nasal congestion

These early signs and symptoms do not necessarily mean that you are pregnant. They could mean that something else is happening within your body, such as an illness. You can also be pregnant without having these symptoms.

If you missed a period or are having any of the common signs of pregnancy, take an at-home pregnancy test. Always talk with your health care provider to confirm a positive at-home pregnancy test. Your provider will do a physical exam and may do a pregnancy test. If your at-home pregnancy test is negative but you think you are pregnant, talk with your health care provider.

If you are pregnant and have not already started taking a daily prenatal vitamin, start now. These vitamins give you the nutrients you need to help your baby grow and develop.

Ectopic Pregnancy

Normally, pregnancy happens when a fertilized egg attaches to the lining of the uterus. A pregnancy that develops outside the uterus is called an ectopic pregnancy. This usually occurs in a fallopian tube. Because of this, it's often called a tubal pregnancy. Sometimes an ectopic pregnancy will happen in an ovary, in the cervix or the abdomen.

When a fertilized egg implants in a fallopian tube, it does not have enough room to grow or enough blood flow to keep it healthy. So, the pregnancy cannot continue as it normally would. Because it can result in serious complications, it's important to know the signs and symptoms of an ectopic pregnancy and when to seek help from your care team.

Signs of an Ectopic Pregnancy

Symptoms of an ectopic pregnancy often happen 6 to 8 weeks after the last normal menstrual period and include:

- Abdominal or pelvic pain
- Dizziness
- Shoulder pain
- Vaginal bleeding

Don't ignore the symptoms of ectopic pregnancy. If the fertilized egg grows in the fallopian tube, it can cause the tube to rupture. Call your doctor if you have any signs or symptoms of an ectopic pregnancy.

Diagnosing an Ectopic Pregnancy

If your doctor suspects you may have an ectopic pregnancy, but you do not have the symptoms of a fallopian tube rupture, your doctor will likely perform:

- A blood test for pregnancy
- A pelvic exam
- An ultrasound

Treatment for an Ectopic Pregnancy

An ectopic pregnancy cannot be moved to the uterus, so it always requires treatment. The two most common treatments are:

- Medication to stop the pregnancy from growing further
- Minimally invasive surgery to remove the affected fallopian tube. Sometimes a small opening is made in the fallopian tube to remove pregnancy instead of removal of the entire tube

Follow-up visits are needed for both treatments. Once you have had an ectopic pregnancy, you are at higher risk of having another one. That's why knowing the signs and symptoms of ectopic pregnancy is so important. If you have any concerns, please contact your care team.

Miscarriage

Miscarriage is loss of a pregnancy that is in the uterus. About 1 in 5 to 1 in 10 pregnancies end in miscarriage. This happens most often in the first three months of pregnancy.

Although miscarriage is relatively common, the loss can feel overwhelming. Knowing the causes and risks for miscarriage can help, as can talking to others who have gone through a similar experience.

Causes of Miscarriage

Most miscarriages happen because of abnormal fetal development. About half of early pregnancy losses happen because the fetus has genetic or chromosomal problems. Sometimes, the cause of a miscarriage is unknown.

Risk Factors

The risk factors for miscarriage may include:

- Being exposed to harmful chemicals
- Being pregnant at age 35 or older
- Being underweight or overweight
- Having an autoimmune disorder
- Having certain chronic conditions, such as high blood pressure, thyroid disease or diabetes
- Having existing uterine or cervical problems
- Having previous miscarriage(s)
- Smoking cigarettes, drinking alcohol or using drugs

Signs of a Miscarriage

Symptoms of a miscarriage can include:

- Mild to severe pain or cramping in your abdomen or lower back
- Passing of pregnancy tissue or fluid
- Vaginal bleeding (with or without pain)

Diagnosing a Miscarriage

To diagnose a miscarriage, your health care provider may perform:

- A pelvic exam
- An ultrasound

Other tests may include:

- Blood tests to check pregnancy hormone levels
- Tissue tests if you have passed pregnancy tissue
- Chromosomal tests if you have had a miscarriage before

There are different types of miscarriages, including:

- **Threatened**: If you're bleeding but your cervix hasn't begun to dilate, there is a threat of miscarriage.
- **Complete**: All pregnancy tissue has passed
- **Incomplete**: Only some pregnancy tissue passes; some tissue stays in the uterus
- **Missed**: There is no fetal heartbeat or growth, but the embryo doesn't pass out of the uterus.
- **Septic**: This is a miscarriage that becomes infected. This can be a severe infection and demands immediate care.
- **Recurrent**: When a person has three or more miscarriages

Treatment for a Miscarriage

For a threatened miscarriage, your health care provider may recommend resting until there is no bleeding or pain.

If tests show that you have had a miscarriage in the first three months of pregnancy, you may have a few choices. Talk with your provider about the treatment that's best for you. Treatment choices include:

- **Expectant management**: If you have no signs of infection, you might decide to let the miscarriage happen on its own. You'll be checked often during this time. Medical or surgical treatment will be needed if the pregnancy tissue does not leave the uterus naturally.
- **Medical management**: This treatment involves taking medication to help pass the pregnancy tissue and placenta.
- **Surgical management**: You may need surgery to remove the pregnancy tissues if they haven't naturally passed or you have signs of an infection. During this procedure, you will be given anesthesia and then your doctor dilates your cervix and removes tissue from the inside of your uterus.

Pregnancy After Miscarriage

After a pregnancy loss, the idea of getting pregnant again is exciting for some and worrying for others. The good news is that most women can have a baby after miscarriage. Before you start trying to get pregnant again, make sure you've healed both physically and emotionally. Check with your doctor to make sure your body is ready for another pregnancy. If you don't want another pregnancy right away, use birth control.

Coping with a miscarriage

A miscarriage is processed by each person differently and in their own unique way. No matter how the loss affects you, the following strategies could help:

- Find a support group or seek counseling.
- Let others help you, especially if you have other children.
- Take care of yourself, physically and mentally.
- Talk to your partner, family members or friends.

Please do not hesitate to ask your health care team for additional support and resources.

Your Pregnancy

The Stages of Pregnancy

The average pregnancy lasts about 40 weeks, as timed from the first day of your last menstrual period. If you have regular monthly periods, the date you became pregnant is usually about two weeks after the first day of your last menstrual period.

The stages of pregnancy are divided into three trimesters. Each trimester lasts about three months, or 14 weeks. Each stage is described in terms of weeks. For example, a “33 and 2/7 weeks” pregnancy indicates that the woman is 33 weeks and 2 days into her pregnancy. The following outlines the common breakdown:

- **First trimester: 0 - 13 and 6 / 7 weeks (months 1- 3)**
- **Second trimester: 14 - 27 and 6 / 7 weeks (months 4 - 6)**
- **Third trimester: 28 - 40 and 6 / 7 weeks (months 7 - 9)**

For more information, see our prenatal care timeline.

Determining Your Baby’s Estimated Due Date

You will find out the estimated due date of your child at your first prenatal visit. Your care team will use a combination of information to determine your most accurate due date. Only about 1 in 20 women actually deliver on their estimated due dates. However, the estimated due date helps your health care team track your baby’s gestational age so we can monitor and record your baby’s growth. The estimated due date also helps your care team create a schedule for tests needed during your pregnancy.

Your Healthy Pregnancy

One of your responsibilities while pregnant is to take good care of your health. Having a healthy lifestyle can help you feel more comfortable as your body changes. Even more important, staying healthy can help reduce the chances of you or your baby having serious medical problems. Below are some of the most important things to think about before and while you are pregnant.

Your OBGYN provider will guide you through your pregnancy. It is important to make and keep all appointments recommended by your obstetrician or certified nurse midwife. This includes office appointments and any testing.

Diet and exercise

Eating a healthy diet before and during pregnancy boosts your health and is essential to help your baby grow. Exercising regularly and maintaining a healthy body weight is also important before and during pregnancy. Your doctor or midwife can let you know your ideal pregnancy weight. Overweight birthing parents risk developing medical problems such as high blood pressure and diabetes. Underweight birthing parents may deliver low-birth-weight babies. See Nutrition and Exercise for more details.

Daily vitamins

Your doctor or midwife will recommend daily prenatal vitamins. These vitamins give you enough nutrients to properly nourish your baby. Before you become pregnant, it is a good idea to start taking prenatal vitamins that have Folic acid. Folic acid 400 micrograms (mcg) per day helps decrease the risk of your baby having neural tube defects (spina bifida). See Nutrition for more details.

Ongoing health conditions

If you have a health condition, such as diabetes or high blood pressure, it could affect your pregnancy. Please talk to your health care provider about keeping medical issues under control.

Prevent infection

Don't eat undercooked meat, deli meat, unpasteurized dairy or raw eggs while you're pregnant. These foods could contain dangerous bacteria or parasites. You should also avoid all contact with cat droppings and cat litter while pregnant. Flies and other insects in contact with cat droppings can carry infections. Droppings and litter can contain a parasite that can make your developing baby seriously ill or even cause death. Make sure your vaccines are up-to-date, including seasonal flu, COVID-19 and whooping cough (Tdap). See Nutrition, Tdap Vaccine and Group B Strep Screening for more information.

Harmful substances

Do all you can to avoid exposure to toxic and chemical substances, such as lead and pesticides. Exposure to these could damage your baby's health. If any imaging that uses ionizing radiation is needed (such as X-rays or CT scans), please talk to your health care provider about any possible risk to your baby. This does not include ultrasounds, which are safe during pregnancy.

Domestic violence

Birthing parents whose partners physically abuse them before they are pregnant have an increased risk of violence during pregnancy. Have a plan to protect yourself and your baby. Your doctor or midwife is ready and willing to help you find resources to deal with domestic violence. For additional support, please visit the National Domestic Violence Hotline.

Avoid alcohol and drugs

Drinking alcohol, smoking (including marijuana) or taking drugs while pregnant can greatly harm your baby's health. Please let us know if you have been using any substances so far during pregnancy. We're happy to provide you with resources to help you stop. Also, tell your health care team about any medications (prescription and over-the-counter) that you take. Some medicines are not safe for your developing baby.

Stop smoking

Birthing parents who smoke are more likely to have premature and low birthweight babies. Both of these factors can increase your baby's chance of having long-term medical problems. Babies exposed to tobacco smoke are more likely to die from sudden infant death syndrome (SIDS) than babies who are not exposed. Even being exposed to secondhand smoke (from someone physically near you who smokes) can increase your chance of having a low birthweight baby.

There are also dangers from "third-hand" smoke — tobacco particles, chemicals and gasses left on hair, clothing and furniture. Please talk to your care team about ways to stop smoking. The California Smokers' Helpline (1-800-NO-BUTTS) is a free service to help people quit smoking.

Ask us for help

If you have questions about these topics or any other issues, please talk to your UCLA Health care team. We want to help you have a healthy, happy pregnancy.

Schedule of Pregnancy Care

During pregnancy, regular visits with your OBGYN provider are important to help keep you and your baby healthy.

How Often to See your Doctor or Nurse Midwife

Each pregnancy is unique, but in general, you will see your doctor or nurse midwife every four weeks until you reach 32 weeks. You will then have appointments every two weeks until 36 weeks. After this, you will have an appointment every week. The first visit is usually the longest. You should allow 45 minutes. The remaining visits are usually 10 to 15 minutes.

What to Expect at Each Visit

If you will be delivering at UCLA Santa Monica Medical Center with our nurse midwives, most of your appointments will be with the midwife team. However, the first appointment will be with an obstetrician, who you will also see for a few other key visits during your pregnancy care.

First trimester (first 3 months of pregnancy)

8 - 13 weeks: Make your first appointment as soon as you think you're pregnant. This will be your longest visit. Your partner may want to come to this visit. Your provider will ask about your medical history (menstrual cycle, birth control, past pregnancies, family history and medications) and will perform a physical exam and routine lab tests. They will provide a due date and they may conduct an ultrasound. Keep in mind that few women give birth on their actual due date, but it provides a timeline for tests and procedures. Your due date does not change and allows your care team to monitor the progress of your pregnancy.

11 - 13 weeks: An ultrasound appointment is made with a doctor trained in maternal and fetal medicine. This ultrasound is a noninvasive test that will:

- Measure the back of baby's neck and helps screen for Down syndrome and Edward's syndrome
- Confirm your baby's due date (this is the most accurate way to do so)
- Determine the number of fetuses you're carrying and check the placenta
- Diagnose an ectopic pregnancy (when pregnancy develops outside the uterus) or miscarriage
- Examine the uterus and pelvic anatomy
- Examine the uterus and pelvic anatomy
- In some cases, detect fetal abnormalities

Noninvasive prenatal testing for birth defects:

- A safe, simple blood test that can be performed as early as 10 weeks
- May be recommended earlier if a blood test or ultrasound is abnormal
- All birthing parents receive this screening test

Second trimester (3rd to 6th month of pregnancy)

During this time, you will have an appointment with your care team every four weeks. At each visit, you will have your blood pressure and weight checked, and your doctor or nurse/midwife will measure the baby's heartbeat.

15 - 20 weeks: You will see your OBGYN doctor and have a blood test to screen for neural tube defects. This test is run through the State of California. Because of this, the results will not be available through the myUCLAHealth portal. Once the office receives a copy of your report, we will contact you.

15 - 22 weeks: A different sample of your blood, taken between 15 and 22 weeks of pregnancy, checks your risk of having a baby with certain genetic conditions or birth defects. Abnormal test results may mean you'll need additional testing. You may have this blood test more than once during your pregnancy, as it can much more accurately detect an abnormality than just a single screening.

Additional screening tests that may be recommended to you during this time include:

Amniocentesis:

- Offered to birthing parents between weeks 15 and 20 of pregnancy who have a high risk of carrying a baby with chromosomal abnormalities.
- Involves inserting a long, thin needle through your abdomen into the baby's amniotic sac to withdraw a small amount of fluid.
- The sample is checked for chromosomal disorders and open neural tube defects, such as spina bifida.
- Some women feel a bit of cramping during or after the procedure.
- Avoid any heavy activity for 24 hours after an amniocentesis.
- If you are carrying twins or other multiples, your doctor may need samples from each amniotic sac.
- In some cases it's not possible to complete an amniocentesis due to the positions of the baby or placenta, the amount of fluid, or other reasons.

18 - 22 weeks: You will have an ultrasound with a maternal fetal medicine doctor to look at your baby's anatomy and determine the baby's sex, if you would like to know. This ultrasound will:

- Assist in prenatal tests, such as an amniocentesis
- Check the amount of amniotic fluid
- Check blood-flow patterns
- Check fetal growth
- Check for any abnormalities
- Measure the length of the mother's cervix
- Observe fetal behavior and activity

Genetic testing (carrier testing):

- Your care team may recommend genetic testing if you or your partner have a family history of genetic disorders or if you have given birth to a baby with a genetic abnormality
- Genetic disorders are often passed on from parent to child
- If your baby does end up having health issues, knowing in advance can give you time to prepare and can also help your doctor or midwife provide your baby with extra support at birth

Examples of genetic disorders that can be diagnosed before birth include:

- Cystic fibrosis
- Duchenne muscular dystrophy
- Hemophilia A
- Thalassemia
- Sickle cell anemia
- Polycystic kidney disease
- Tay-Sachs disease

If screening test results come back abnormal, your care team may recommend genetic counseling and further testing.

Chorionic villus sampling (CVS):

- May be offered to birthing parents who have an increased risk for carrying a baby with chromosomal abnormalities or who have a family history of a genetic defect
- Usually performed between 10 – 13 weeks of pregnancy
- Tests placental tissue for chromosomal and genetic abnormalities
- Doesn't provide information on neural-tube defects, such as spina bifida; will also need a follow-up blood test for neural-tube defects between 15 and 20 weeks of pregnancy
- Some people aren't suitable candidates or get incomplete results; a follow-up amniocentesis may be an option

Cell-free DNA and maternal serum alpha-fetoprotein (MSAFP) screening tests:

- Screen your blood for markers that may show your baby is at higher risk for certain genetic diseases and birth defects
- When used together, these screenings and blood tests are very effective at finding chromosome abnormalities, such as Down syndrome and Patau syndrome
- Can identify the fetal sex (optional)

24 - 28 weeks: During this time, you will continue to see your care team every four weeks. We also recommend that you have a glucose test to check for gestational diabetes. Please allow 1 hour for this blood test.

Third trimester (last 3 months of pregnancy)

Once you reach this stage, your visits will happen every two weeks until 36 weeks of pregnancy, and then every week until you deliver. At each visit, your provider will measure your blood pressure, weight and the baby's heartbeat. They will also check the position of your baby. You may also have an ultrasound to check the growth of your baby.

28 - 34 weeks: You will talk to your care team about childbirth, breastfeeding and care after your baby is born. We will offer the tetanus, diphtheria and pertussis vaccine around this time. Depending on your Rh blood type, you may also need a Rhogam shot. Please ask your care team if you have questions about this shot.

36 - 37 weeks: Your provider will test you for Group B streptococcus, a bacteria that can cause serious infections in newborns if not treated during labor.

About 1 in 4 people have a bacteria called Group B streptococcus that normally lives in the vagina and rectum. Rarely, newborns can get seriously ill if exposed to this bacteria during delivery.

You'll be tested for Group B Streptococcus with a swab of the vagina and rectum between weeks 36 and 37 of pregnancy. If you test positive, your doctor may give you antibiotics during labor to help protect your baby from infection.

After 37 weeks: Weekly visits will happen with your OBGYN doctor or nurse midwife. They may check your cervix for dilation and to see if your baby is in the head-down position.

After 40 weeks: Your OBGYN doctor or midwife may recommend testing between 40 and 41 weeks to check your baby's well-being. This includes a quick ultrasound to measure the amniotic fluid around the baby and 20 minutes of monitoring the baby's heart rate. If you are still pregnant at this time, your care team may also discuss options for inducing labor.

Regardless of what stage of pregnancy you are in, the flu vaccine is offered throughout flu season while supplies last for pregnant and lactating mothers.

Screening during this phase may include:
Fetal monitoring, which checks the heartbeat of the fetus. During labor, your care team may use a continuous fetal monitor that is placed on your abdomen. Your baby's heart rate may change depending on what's happening inside your uterus. An abnormal fetal heart rate may indicate that your baby is having a problem, such as not getting enough oxygen; if this happens, your doctor will talk to you about options to keep the baby healthy, such as a cesarean (c-section) delivery.

Your UCLA Health OBGYN care team is here to help you through your pregnancy. These visits are an ideal time to discuss any pregnancy-related concerns.

Pregnancy Timeline Checklist

First trimester: (first 3 months of pregnancy)

6 - 10 weeks: Pregnancy confirmation visit

- ◯ Ultrasound to confirm your baby's due date
- ◯ History taking and physical exam, which may include a pap smear
- ◯ Blood draw for routine labs: Checking for blood type, anemia, genetic screen, Hepatitis, Syphilis, HIV, Gonorrhea, Chlamydia, bacteria in the urine, and verifying immunity to Rubella and Varicella

10 weeks: Nurse visit

- ◯ Blood draw for genetic screening (if desired)

12 - 13 weeks: Ultrasound

- ◯ Ultrasound done with a specialist, which can detect certain rare, but severe birth defects early

Second trimester: (months 4 - 6)

This is a good time to announce your pregnancy – the chance of miscarriage is lower after the first 3 months of pregnancy.

16 weeks: Visit with care team

- ◯ Check your blood pressure, weight and baby's heartbeat
- ◯ Blood draw that screens for neural tube defects

20 - 22 weeks: Anatomy ultrasound

- ◯ Ultrasound done with a specialist to look at fetal anatomy
- ◯ If an in vitro fertilization (IVF) pregnancy, an ultrasound of the baby's heart will be done at 22 weeks with the pediatric cardiologist

24 weeks: Visit with care team

- ◯ Check your blood pressure, weight, size of uterus and baby's heartbeat
- ◯ Blood draw for a gestational diabetes screening test and to check for anemia
- ◯ Pre-register at UCLA Santa Monica Hospital and schedule childbirth classes and hospital tour

Third trimester: (months 7 – 9)

28, 32 and 34 weeks: Visits with care team

- ◯ Check your blood pressure, weight, size of uterus and baby's heartbeat
- ◯ Whooping cough booster (Tetanus, diphtheria, and pertussis vaccine) is offered as early as 27 weeks, usually given at 28 – 32 weeks
- ◯ Rhogam shot if your blood type is Rh negative, at 28 weeks
- ◯ Consider birth control options for after your baby is born. If you are interested in tying your tubes, there is paperwork that must be done early, so please tell your care team
- ◯ Decide how you want to feed your baby; contact your insurance to get a breast pump
- ◯ Find a pediatrician (doctor for your baby)
- ◯ Get a car seat and have it installed and inspected
- ◯ Consider if you want your baby circumcised (if male)
- ◯ Schedule cesarean section (c-section) if one is planned

Reminder: Time to stop flying – most airlines won't let you fly after 35 weeks.

36 weeks: Visit with care team

- ◯ Check your blood pressure, weight, size of uterus and baby's heartbeat
- ◯ Screening for Group B streptococcus, which is a vaginal and anal swab to test for a bacteria that can be harmful to the baby at the time of a vaginal delivery
- ◯ Ultrasound to see if the baby is head down and check baby's size
- ◯ Discuss labor precautions
- ◯ Consider if you have any birth preferences and your plan for pain management in labor

37, 38, 39 and 40 weeks: Visits with care team

- ◯ Check your blood pressure, weight, size of uterus and baby's heartbeat
- ◯ If planning on vaginal birth, labor induction methods are usually offered at 39 weeks
- ◯ Discuss induction of labor by 41 weeks if you have not delivered by that time

Routine Tests During Pregnancy

At UCLA Health, we want you and your baby to be healthy throughout your pregnancy. We also want to check for health challenges that you or your baby might face so we are fully prepared to care for you.

Below are some of the most common tests we'll ask you to have during your pregnancy. Your OBGYN doctor or nurse midwife may recommend other tests as well, depending on your health needs. For information about which tests are recommended, please see our **Pregnancy Timeline Checklist**.

These tests are routinely recommended as part of your pregnancy care. They help identify conditions that could complicate your pregnancy.

Complete Blood Count

In some cases, this test is done three or more times during pregnancy. Your red blood cell number shows whether you have enough healthy red blood cells. Your white blood cell number shows how many infection-fighting cells are in your blood. It's normal for this level to be slightly high during pregnancy. Your platelet count can show whether you have problems related to blood clotting. The reference ranges provided by the lab are not specific to pregnancy. Your care team will send you a message if there is an abnormal value that is concerning.

Blood Type

This test checks your blood type (A, B, AB or O) and your Rh factor (positive or negative). If you are Rh negative, a RhoGAM shot is recommended during, and possibly after, your pregnancy to reduce the chances of fetal anemia in future pregnancies.

Urinalysis

A urine test is done to check for urinary-tract infection, diabetes or preeclampsia (a serious illness that includes very high blood pressure).

Urine Culture

These are tests for bladder and kidney infections, which are common during pregnancy.

Rubella

This is a blood test to see if you've had a rubella (German measles) infection or if you've been vaccinated against this disease. An "immune" result is normal and means that you should not be become infected with this disease during pregnancy.

Hepatitis B

Hepatitis B is a virus that infects the liver. If you test positive for hepatitis B, your care team can help prevent your baby from becoming infected by vaccinating him or her within the first hours of life. It's still safe for you to breastfeed if you test positive for Hepatitis B.

Human immunodeficiency virus (HIV)

This is a virus that attacks the immune system. A pregnant person with HIV could pass the virus on to their baby. However, medications and other strategies are used to protect at-risk newborns.

Other sexually transmitted infections (STIs)

Syphilis, chlamydia and gonorrhea can cause complications for you and your baby. If you have a sexually transmitted infection, your care team will treat you for it during pregnancy and retest you later to see if the treatment worked.

Pap smear and Human Papilloma Virus (HPV)

This is a cervical-cancer screening. If you are due for a pap smear during your pregnancy, your OBGYN doctor will complete it during your physical exam.

Tuberculosis (TB)

If you test positive for this serious lung infection, your OBGYN doctor will recommend a chest X-ray — usually after you deliver. Medications and other strategies can help protect your baby and close family members from becoming infected with tuberculosis.

Genetic counseling

Genetic counseling is different from genetic testing. Genetic counselors have advanced training in genetics, and they can let you and your partner know your risk of having a child with a genetic disorder. They will review your medical and pregnancy history, as well as your family history. Genetic counselors help advise individuals and couples who are pregnant or are thinking of becoming pregnant. They can explain what causes certain conditions, how these conditions are passed down, how doctors test for them and manage them, and what the usual prognosis is.

If you have the following family history, you may want to seek genetic counseling:

- You or your partner have a family history of or have a child with any of the following conditions:
    - Intellectual disability
    - Neural tube defects, such as spina bifida
    - Chromosome abnormalities, such as Down syndrome
    - Single gene defects, such as cystic fibrosis or Phenylketonuria
    - Cleft lip or palate
    - Visual or hearing impairments
    - Heart defects
    - Cancers
    - Short stature
    - Learning disabilities
    - Psychiatric disorders
    - Other genetic disorders
- If you have had more than one miscarriage, stillbirths or infant deaths
- If you or the father of the baby has a parent with an "autosomal dominant disorder," which is a mutated gene that could cause genetic disorders, such as Huntington's disease or any inherited disorder present in many generations of your family
- If both parents of the baby are carriers for an autosomal recessive disorder (meaning you both have the gene but are not affected yourself); parents usually discover this through a screening or because they already have a child who is affected
- If the birthing parent is a carrier of an X-linked disorder, such as hemophilia
- If both parents of the baby are known carriers of a balanced chromosome abnormality

Genetic counseling

You may also want to seek genetic counseling if you have any of the following:

- A blood test that shows a high risk for Down syndrome, neural tube defects or Edward's syndrome
- Birthing parent is 35 years or older at the time of delivery
- Male partner is 50 or older
- Birthing parent or baby has been exposed to harmful drugs, chemicals, radiation or infection
- Birthing parent's ultrasound shows abnormalities in the baby or there are other abnormal test results
- The parents have certain health concerns, including:
    - Schizophrenia
    - Depression
    - Alcoholism
    - Diabetes
    - Seizure disorder
    - Thyroid disorder
    - Other conditions that are linked to birth defects, including certain medications
- There is an infertility issue and your doctor suspects a chromosome abnormality
- You used assisted reproductive techniques to get pregnant, or you are donating eggs or sperm for those purposes
- You are thinking of getting pregnant, but know that you and your partner are at high risk for genetic disorders because of family or personal medical history
- If the birthing parent is a carrier of an X-linked disorder, such as hemophilia
- If both parents of the baby are known carriers of a balanced chromosome abnormality

Other reasons to seek genetic counseling include:

- You have a great deal of anxiety about birth defects
- You and the baby's father are related by blood

Ultrasounds

Ultrasound scans are safe because there is no radiation. An ultrasound uses high-frequency sound waves to show an image of your internal organs, to check your baby's development and health and verify your baby's due date. The number of ultrasounds you'll need depends on several things, including your and your baby's health, your prior test results and any complications during your pregnancy. There are two kinds of ultrasounds that doctors use during pregnancy:

- **Abdominal ultrasound**: A water-based gel is placed on your abdomen and used to move a probe around your abdomen and capture images.
- **Transvaginal ultrasound**: The doctor or technician inserts a small ultrasound probe into your vagina. Your doctor might use this kind of ultrasound in early pregnancy because it provides a clearer image.

Some birthing parents may feel a slight pressure from the probe on their abdomen or in their vagina, but it's not usually painful. For those allergic to latex, the test uses a latex sheath to cover the transvaginal probe. Please let your care team know if you have a latex allergy.

If you have questions about any of these tests, please talk to your UCLA Health care team.

Medication Use During Pregnancy

You may be nervous about taking medications while you're pregnant. That's understandable. In many cases, medications are needed to manage your health, and not taking important medications can be dangerous.

Always talk to your doctor or nurse midwife before starting or stopping any prescription medications during pregnancy. Each medication may affect your baby differently. The goal is to find a medication that treats your condition without causing harm to your fetus.

The following medications are generally considered safe during pregnancy. Carefully read and follow package directions:

Symptom or condition	Generic medication name	Precautions
Allergies	Diphenhydramine hydrochloride, Loratadine	
Constipation	Magnesium hydroxide, Methylcellulose, Psyllium	
Constipation, stool softener	Docusate sodium or bisacodyl	
Cough	Dextromethorphan Dextromethorphan-guaifenesin	
Diarrhea	Bismuth subsalicylate	
Dry nose	Neti pot, Sodium chloride nasal spray	
Fevers, aches and pain	Acetaminophen	No more than 3,000 milligrams in 24 hours
Gas	Simethicone	
Heartburn	Aluminum-magnesium hydroxide, Calcium carbonate	
Hemorrhoids	Hydrocortisone cream, ointment and suppositories, Phenylephrine hemorrhoidal gel, Tucks pads or witch hazel	
Insomnia (trouble sleeping)	Diphenhydramine hydrochloride	

Itching	Diphenhydramine hydrochloride 1% Hydrocortisone cream	
Lice	Pyrethrins-piperonyl butoxide	
Local anesthesia (for dental work, minor procedures)	Procaine injections	Must be used without epinephrine
Nasal congestion	Pseudoephedrine, Triprolidine-pseudoephedrine, Sodium chloride nasal spray	Talk to your provider if using before 12 weeks
Sore throat	Throat lozenges	
Yeast infections	Clotrimazole 7-days of Miconazole nitrate	No more than 3,000 milligrams in 24 hours

Do not take Motrin, Aleve or Advil unless recommended by your doctor.
See an expanded list of medications at mothertobaby.org/fact-sheets.

Exercise During Pregnancy

Exercising or being active for at least 30 minutes a day can boost your health during pregnancy. Movement is a great way to reduce pregnancy-related symptoms such as backache, constipation, bloating and swelling. Exercising may also help pregnant parents with gestational diabetes, as it can help normalize blood-sugar levels. Working out can also improve your sleep, mood, posture and energy.

If you had an exercise routine before becoming pregnant, you can usually continue to safely follow it throughout your pregnancy. Exercising does **not** increase your risk of miscarriage, low birth weight or early delivery. If you did not have an exercise routine before pregnancy or have medical complications, you should talk with your health care team before beginning an exercise program during pregnancy.

Aerobic exercises, such as swimming, walking, pregnancy yoga and riding a stationary bike, are safe during pregnancy, even if you are a beginner. If you were a runner before your pregnancy, you can usually continue running during pregnancy. You may need to change your routine, however, to protect your baby and your changing body.

If you have not exercised recently, begin slowly, with a few minutes of physical activity per day. Increase your routine by 5 minutes every week until you are able to remain active for 30 minutes.

Avoid the following physical activities during pregnancy:

- Scuba diving
- Any activity that could lead to a fall, such as gymnastics, bicycling, snow and water skiing, snowboarding, surfing or horseback riding
- Long periods of holding your breath
- Exercising at high altitude (higher than 6,000 feet)

Follow these guidelines when exercising:

- Listen to your body and do exercises that you tolerate. If you feel short of breath, or have abdominal cramping, contractions or bleeding, rest and hydrate. When you next exercise, consider a lower intensity activity.
- Do not exercise in hot, humid weather. Avoid hot yoga.
- Do not exercise if you have a fever.
- Wear clothing that keeps you cool.
- Wear a supportive, well-fitted bra.
- Drink water often to prevent overheating and dehydration.
- Be sure to eat before and after exercising to avoid dizziness and fainting.

If you have questions about exercise, please talk to your UCLA Health care team.

Nutrition During Pregnancy

A woman of normal weight before pregnancy needs an extra 300 calories each day after the first 3 months of pregnancy; she also needs to drink at least eight to 12 cups of water a day. Always take your prenatal vitamins and other supplements as recommended by your care team.

Recommended Pregnancy Weight Gain

BMI category	Single baby	Twins
Underweight (BMI less than 18.5)	28 - 40 pounds	Unknown. Talk to your care team.
Normal weight (BMI 18.5 – 24.9)	25 - 35 pounds	37 - 54 pounds
Overweight (BMI 25.0 – 29.9)	15 - 25 pounds	31 - 50 pounds
Obese (BMI 30 or greater)	11 - 20 pounds	25 - 42 pounds

(Source: Institute of Medicine)

To keep you and your baby healthy, try to avoid these foods and substances during pregnancy:

- Recreational drugs, including marijuana
- Alcohol
- Certain herbal teas (commercially available herbal teas are fine)
- Smoking cigarettes, e-cigarettes and other tobacco products
- Raw or undercooked fish, meat or eggs (please see recommendations for fish on the following pages)
- Sprouts (raw or lightly cooked)
- Unpasteurized milk, cheese or juice
- Soft, mold-ripened cheeses (Camembert, Brie and blue-veined cheeses)
- Hot dogs and deli meats are best avoided, but if eaten they must be well-heated to 160 degrees Fahrenheit.
- Refrigerated pâté and meat spreads (OK if canned)
- Smoked seafood
- Liver

Important Nutrients During Pregnancy

You will need an extra amount of nutrients to fuel yourself and your growing baby. Please speak with your care team to see if any supplements are right for you. Whenever possible, try to get the below nutrients into your diet through high quality food sources:

- **Calcium** builds strong bones and teeth. Milk and other dairy products, such as cheese and yogurt, are the best sources of calcium. If you have trouble digesting milk products, you can get calcium from other sources, such as broccoli, fortified foods (cereals, breads and juices), almonds and sesame seeds, sardines or anchovies with the bones and dark green leafy vegetables. You also can get calcium from calcium supplements. **Aim for 1,300 milligrams per day if you're between 14 to 18 years old and 1,000 milligrams per day for if you're between 19 and 50**.

- **Choline** is important for the development of your fetus's brain and spinal cord. Although your body makes some choline on its own, it doesn't make enough to meet all your needs while you are pregnant. It's important to get choline from your diet because it is not found in most prenatal vitamins. **You can get choline in chicken, beef, eggs, milk, soy products and peanuts. Aim for 450 milligrams per day**.

- **Iodine** is essential for healthy brain development. It can be found in iodized table salt, dairy products, seafood, meat, some breads and eggs. **Aim for 220 micrograms per day**.

- **Iron** helps red blood cells deliver oxygen to your fetus. Having enough iron in your diet helps your body make the extra blood you and your baby need during pregnancy. In addition to taking a prenatal vitamin with iron, you should eat iron-rich foods, such as dried beans and peas, lentils, whole or enriched grains, enriched breakfast cereals, egg yolks, beef, turkey, clams, shrimp and dark green leafy vegetables. You also should eat foods that help your body absorb iron, including orange juice, grapefruit, strawberries, broccoli and peppers. **Aim for 27 milligrams per day**.

- **Folic acid** (folate) helps prevent birth defects of the brain and spine and helps the fetus and placenta grow and develop. It can be found in fortified cereal, enriched bread and pasta, legumes, peanuts, cashews, dark green leafy vegetables, orange juice, citrus fruits and beans. We recommend that you take a daily prenatal vitamin with 400 micrograms of folic acid per day, as it can be hard to get enough folic acid from diet alone. **Aim for 600 micrograms per day**.

- **Omega 3** is good for your baby's brain and eye development, especially in the last months of pregnancy. You can find it in fish (salmon, anchovies, sardines and trout), olive and canola oils, nuts (walnuts and almonds), seeds and avocados. Docosahexaenoic acid (DHA) is the ideal form of omega 3s, ready for your body to use. There are many foods rich in DHA and it is usually advertised on food packages. Look for DHA milk and eggs (if eating DHA eggs, must eat the yolk where the DHA is stored). **Aim for 650 milligrams per day**.

- **Vitamin A** forms healthy skin and eyes and helps with bone growth. Too much vitamin A can be harmful to the fetus, so do not take extra supplements. You can find it in found in carrots, green leafy vegetables and sweet potatoes. **Aim for 750 micrograms per day if you're 14 to 18 years old; 770 micrograms per day if you're 19 to 50**.

- **Vitamin B6** helps form red blood cells and helps your body use protein, fat and carbohydrates. Eating foods high in B vitamins is a good idea, including pork, chicken, bananas, beans and whole-grain cereals and breads. **Aim for 1.9 milligrams per day.**

- **Vitamin B12** maintains the nervous system and helps form red blood cells. It can be found in meat, fish, poultry and milk (vegetarians and vegans should take a supplement). **Aim for 2.6 micrograms per day.**

- **Vitamin C** promotes healthy gums, teeth, bones, and is important for a healthy immune system. You can get the right amount of vitamin C in your daily prenatal vitamin, and also from citrus fruits and juices, strawberries, broccoli and tomatoes. **Aim for 80 milligrams per day if you're 14 to 18 years old; 85 milligrams per day if you're between 19 and 50.**

- **Vitamin D** helps build bones and teeth and helps promote healthy eyesight and skin. Good sources of vitamin D are fortified milk and breakfast cereal, fatty fish (salmon and mackerel), fish liver oils, mushrooms, and egg yolks. **Aim for 600 international units per day.**

Find more information at dietaryguidelines.gov/resources/2020-2025-dietary-guidelines-online-materials/food-sources-select-nutrients.

Recommended Daily Servings During Pregnancy

Vegetables: 3 servings

- Dark green, red and orange are best.
- Examples of 1 serving:
    - 1 cup of raw cubed vegetables
    - 2 cups of leafy vegetables

Fruits: 2 servings

- Fresh fruit is healthier than fruit juice.
- Examples of 1 serving:
    - 1 small apple, orange or peach
    - 16 grapes
    - ½ grapefruit
    - ½ cup dried fruit

Protein: 6.5 servings

- Examples of 1 serving:
    - 1 oz. of cooked lean meat, poultry or fish (see fish safety sheet)
    - 1 egg
    - ½ ounce of nuts or seeds
    - ¼ cup of cooked beans or lentils
    - ¼ cup (2 ounces) of tofu
    - 2 tablespoons of peanut or other nut butters

Dairy: 3 servings

- This group is calcium rich and protein rich.
- Examples of 1 serving:
    - 1 cup of milk or calcium fortified soy, rice or almond milk
    - 1 cup of yogurt or frozen yogurt
    - 2 cups of cottage cheese
    - 1.5 ounces hard cheese
- Calcium options for people who do not eat dairy products are calcium fortified juices, cereals, canned fish with bones, green leafy vegetables (except spinach) and tofu.

Grains: 8 servings

- At least half of the servings should be whole grain.
- Examples of 1 serving:
    - 1 slice of bread
    - ½ bagel, bun or English muffin
    - 1 small tortilla n
    - ½ cup granola or oatmeal
    - ½ cup cooked rice (brown rice preferred) or pasta
    - 1 cup breakfast cereal

Source: United States Department of Agriculture

Fish: What Pregnant Women and Parents Should Know

Many people do not currently eat the recommended amounts of fish. Fish contain important nutrients for developing fetuses, infants who are breastfed, young children and the general public.

During pregnancy and while breastfeeding, you can eat 8 to 12 ounces (2 or 3 servings) of a variety of fish* each week from choices that are lower in mercury. For young children, give them 2 or 3 servings of fish each week, in portions appropriate for the child's age and calorie needs. Safe options include salmon, shrimp, pollock, light canned tuna, tilapia, catfish and cod. The nutritional value of fish is important for growth and development before birth, in early infancy for breastfed infants and in childhood.

Avoid four types of fish: tilefish from the Gulf of Mexico, shark, swordfish and king mackerel. These types of fish are high in mercury. Also, limit white (albacore) tuna to 6 ounces per week.

When eating fish you or others have caught from streams, rivers and lakes, pay attention to fish advisories on those water bodies. If advice isn't available, adults should limit such fish to 6 ounces per week and young children should be limited to 1 to 3 ounces per week, without any other fish intake.

When adding more fish to your diet, ask your care team about your calorie needs.

For more information, please visit the FDA website: fda.gov/food/consumers/advice-about-eating-fish.
* Of note: This advice refers to fish and shellfish collectively as "fish."

Pregnancy Discomforts
Normal Discomforts in Pregnancy

Throughout pregnancy, expectant parents often experience a range of common discomforts. The following are some of the most common pregnancy discomforts and safe strategies you can use to help ease them:

Backache

- Be mindful of your posture, especially if you have upper and lower back pain.
- Bleeding gums
- When lifting from the ground, bend at the knees.
- When sleeping, try lying on either side with your upper leg bent and your lower leg straight. Place a pillow under the knee of the upper leg.
- Avoid standing for long periods of time. When standing, place one leg up on a stool, which will take some of the pressure off your lower back.
- Wear comfortable shoes with good arch support. You may notice that your feet grow during pregnancy.
- Exercises such as pregnancy yoga, walking, swimming and stretching may help. Avoid hot yoga.
- Ask for backrubs.
- Get a pregnancy massage.
- Use a heating pad or ice pack. Be careful not to place these directly on your skin to avoid burns.
- Avoid excess weight gain.
- Your breasts will enlarge throughout your pregnancy. You may need to wear a supportive bra.
- Consider wearing a maternity belt to support your pelvis and to help avoid upper back strain.
- If you're uncomfortable in the last months of pregnancy, avoid leaning forward when doing work.
- Relax in a warm bathtub, but not a hot tub or Jacuzzi.
- Avoid getting overtired. Aim for plenty of sleep and rest periods.
- Consider making an appointment with a physical therapist or occupational therapist, as they can offer safe exercises and suggest ways to modify your movements so you're more comfortable.
- Acupuncture is a safe option that may help back pain.

Bleeding gums

- It's important to have regular dental checkups, cleanings and any necessary dental work during pregnancy.
- Softened gums, caused by hormonal changes in pregnancy, can lead to dental problems.
- Consider using a softer toothbrush.

Breast tenderness and changes

- **Normal changes include:**
    - Breasts become larger, firmer and more tender.
    - Breasts may become nodular (lump-like). It can be normal to feel breast tissue extending into the armpits.
    - You may feel tingling, throbbing, heaviness and fullness.
    - Nipples may change colors; areolas may darken.
    - Superficial veins may be more visible.
    - Stretch marks may appear.
    - Glands around the nipple may enlarge.
    - Colostrum (the “first milk”) may be present after week 16.
    - There may be brown patches around the areola of the nipple.

- **Unusual changes to discuss with your provider include:**
    - Orange peel appearance (stippling of the skin of breast).
    - Nipple retraction inward.
    - Nipples that are swollen, hard, red, hot, tender, cracked or have hard lumps.

In general, wear a well-fitting bra. Purchase a nursing bra for the last month of pregnancy. Avoid underwire bras during this time. If there is colostrum (“first milk”), wash the nipple area with water only.

Congested or bloody nose

- A cool mist humidifier
- A saline rinse or Neti pot
- Breathing strips
- Nasal sprays, but please first consult your doctor
- Peppermint oil lightly applied to your temples or sinuses

These treatments are not recommended for bloody noses. For a bloody nose, apply pressure by pinching your nose together for 5 minutes, and contact your doctor if there is no improvement.

Constipation

When you're pregnant, your body produces extra progesterone. Progesterone relaxes your intestines, or bowel, so they don't have to work as hard to push waste out of your body. This can lead to constipation. To keep your digestive system running smoothly, try to:

- Eat fresh fruit instead of fruit juice whenever possible.
- Eat crisp, cooked vegetables instead of overcooked vegetables.
- Slowly increase the fiber in your diet. Consider adding chia seeds and fiber powder supplements (Psyllium husk). See the “Grains” section.
- Always drink 2.5 – 3 liters (10 – 12 cups) of fluids daily.
- Give yourself time to go to the bathroom before leaving your house. Try to stay on a regular schedule. See the "Hemorrhoids" section.
- Exercise regularly, unless your health care team has told you not to.
- Do not use oral mineral oil while pregnant. It reduces the amount of vitamins your baby will receive.
- For safe over-the-counter medications during pregnancy, see “Medication use during pregnancy.” Make sure all medications are first approved by your doctor.

Swelling

Mild swelling of your hands and ankles is normal. It may worsen in hot weather or with long periods of sitting or lying on the same side while sleeping. Try these strategies to ease the swelling:

- When sitting, try not to cross your legs.
- If you must stand for long periods, try resting with your feet up for at least 20 minutes, 2 - 3 times a day.
- Drink 2.5 – 3 liters (10 – 12 cups) of fluids daily.
- Sit in a warm (not hot) bath with water up to your waist.
- Do not wear socks or pants with tight bands.
- Wear full-length support stockings (compression socks), especially when traveling by plane.
- Elevate your legs when sitting.
- Eat protein-rich foods.

Faintness or dizziness

Low blood pressure, low blood sugar and dehydration can make you feel dizzy. It's normal to feel occasional faintness or dizziness due to all the changes taking place in your body when you are pregnant.

- Move slowly. When getting up to stand from a sitting or lying position, move slowly.
- Avoid hot baths or showers.
- Eat frequent small meals, 5 – 6 times a day or up to every 2 hours, as needed. Avoid becoming very hungry.
- Avoid prolonged exposure to heat.
- Avoid tight clothing.
- If possible, avoid standing for long periods of time; if you need to stand for long periods, move your feet as much as possible.
- Avoid lying flat on your back once you reach the last 3 months of pregnancy.
- Notify your doctor or nurse midwife if you have frequent faintness or dizziness.
- If you feel like you are about to faint, lie down to avoid injury.

Fatigue or feeling very tired

Fatigue is normal, especially in the first and last few months of pregnancy. Here's what you can do:

- Rest as much as possible.
- Limit household chores or social activities for a while, if possible.
- Eat a well-balanced diet.
- Exercise if at all possible. A short walk may help.
- Avoid excessive caffeine (no more than 200 milligrams per day).
- Anemia can also cause fatigue. If you are diagnosed with anemia, take iron as discussed with your doctor or nurse midwife. Dietary sources of iron are red meat, lentils and green leafy vegetables.
- Notify your care team if you have sudden or more severe fatigue.

Headaches

Headaches are common in pregnancy. Sometimes certain foods can cause headaches. Pay attention to the timing of headaches and food you have eaten. Some examples of foods that may cause headaches are processed foods or foods containing MSG or aspartame. Tension makes headaches worse. Practice relaxation techniques daily (such as meditation, deep breathing or muscle relaxation). The below tactics can help, too:

- Reduce stress as much as possible.
- Try applying an ice pack or heating pad to the back of your neck.
- Get a neck massage.
- Drink 2.5 - 3 liters (10 - 12 cups) of fluid daily.

- You can also try 1 cup of coffee. Do not eat or drink more than 200 milligrams of caffeine per day (no more than one cup of coffee).
- You may take Tylenol (acetaminophen) occasionally as needed. Please let your care team know if you are requiring it regularly.
- New headaches with visual changes or upper abdominal pain and blood pressures of 140/90 or higher should be checked by your care team for high blood pressure or other pregnancy problems.
- Please see “Medication use during pregnancy.”

Heartburn

- Avoid spicy foods.
- Avoid citrus, tomato sauces, mint and carbonated drinks.
- Chew your food well and eat slowly. Try not to eat on the run. Eat at a slow pace when possible.
- Avoid caffeine.
- Avoid reclining right after eating and avoid eating late in the evening.
- Raise your head on pillows when you sleep.
- Wear clothes that are loose fitting at the waist.
- When picking up objects, bend at the knees instead of at the waist.
- When heartburn happens, take sips of water. Relax and take a few deep breaths. Sit down, raise your hands over your head and bring them down again quickly. Repeat several times.
- See “Medication use during pregnancy.”
- Notify your health care team if your heartburn continues.

Hemorrhoids

Increased pressure from your baby on your rectum and perineum, along with your body’s increased blood volume, can cause hemorrhoids. These painful, inflamed veins may feel like small, fluid-filled sacs. These strategies can help:

- Avoid constipation. See the "constipation" section.
- Keep the anal area clean.
- See the “Medication use during pregnancy” section.

Nausea and vomiting

- Eat small, frequent meals. Try to eat before you get hungry.
- Avoid strong food and other environmental odors as much as possible.
- Avoid triggers that make you nauseous.
- Avoid fatty or spicy foods.
- Eat a few crackers when you get out of bed in the morning.

- Whole grains and legumes might help by reducing the acidity in your stomach.
- Sit up after eating. Try to avoid lying down right after eating.
- Take sips of water throughout the day.
- Avoid drinking fluids right before or right after eating.
- When possible, allow 30 minutes before and after eating before engaging in activity.
- Drink sips of diluted sports drinks.
- Ginger (gum, candy, chews, tea) sometimes helps nausea.
- Try acupressure wrist bands.
- Multivitamins might make nausea worse. Do not take them on an empty stomach. Try taking them be fore bedtime. If this does not help, temporarily stop the vitamins (prenatal vitamins containing DHA), but do take a folic acid supplement of 0.4 milligrams (400 micrograms) daily.
- Get as much rest as possible.
- If you have a lot of saliva production, spit it out instead of swallowing it.
- Ask your health care team about vitamin B6 supplements and doxylamine supplements.
- Taking vitamin B6 supplements may decrease nausea during the first 3 months of pregnancy. Start with B6 (10-25 milligrams) every 6 –8 hours and do not take more than 200 milligrams daily.
- Notify your care team if you are vomiting so much that you cannot keep fluids down or lose 5% or more of your pre-pregnancy body weight.

Vaginal discharge

It's normal to have an increase in vaginal discharge during pregnancy. If you have vaginal itching or burning, it might be a yeast infection. Avoid wearing panty liners or mini pads as much as possible, as these trap moisture and increase the risk of yeast infections.

Contact your care team if you have any of the following changes: itching, burning or foul odor.

Cold or flu symptoms

If you get the common cold or influenza (flu) while pregnant, here are some things you can do to help yourself feel better:

- Get lots of rest and avoid strenuous physical activity.
- Drink plenty of fluids (water or water with electrolytes, such as Pedialyte). Warm drinks with or without honey can soothe a sore throat and decrease mucous and congestion.
- For a sore throat, you can use lozenges, such as Cepacol, or zinc gluconate lozenges (like Cold-Eeze). You can buy these over the counter.

- You can use a saline nasal spray or Rhinocort nasal spray for a stuffy nose.
- If you're really suffering, Sudafed in small doses can be safe after 14 weeks of pregnancy. You can also try saline rinses or drips to dry out your nose. Nasal strips, steam, or vapor rub can help open up nasal passages.
- You can take Robitussin DM or Mucinex DM for coughing. For headache, you can take Tylenol up to 3000 milligrams per day, divided into doses of 1000 milligrams every 8 hours.
- Tylenol (acetaminophen) may be taken as needed for fevers above 100.4 degrees Fahrenheit.
- If you test positive for COVID-19, please refer to the U.S. Centers for Disease Control (CDC). If you feel you need to see your provider before your isolation period ends or if you have scheduled appointments that fall within that window, please contact your care team.
- Obtain a home oxygen pulse oximeter. You can purchase these online or at a local drugstore.
- Stay home. Do not leave your home, except to get medical care, until your health care team says it's OK. Do not go to work, school or public areas, and do not use public transportation or taxis.
- Watch for contractions, bleeding or leaking of fluid. If you are more than 24 weeks pregnant, please also make sure there is not a decrease in your baby's movement.
- As much as possible, stay in a different room from other people in your home. If possible, use a separate bathroom. If you must be in the same room as other people, wear a facemask to prevent spreading germs to others.
- Encourage all of your household and close contacts to get tested for COVID-19. Notify anyone you've been around in the 14 days before your positive test.
- Schedule an ultrasound between 28 - 32 weeks, or 3 - 4 weeks after your positive COVID-19 test.

If you think you may have COVID-19, please do a home test. The most common symptoms are chills, trouble breathing, severe fatigue, loss of smell or taste or any of the following that are not due to a chronic condition:

- Cough
- Sore throat
- Muscle aches
- Diarrhea
- Nasal congestion
- Runny nose
- Nausea or vomiting

Most people with COVID-19 do not have all of these symptoms. Most cold and flu-like symptoms are caused by viruses and will get better on their own without antibiotics.

If you have a fever above 101.4 degrees Fahrenheit, trouble breathing, oxygen levels less than or equal to 94% using a pulse oximeter, or concerns about your pregnancy, please call your care team.

Tetanus diphtheria and pertussis vaccine
Frequently Asked Questions

What is pertussis (whooping cough)?

Pertussis, or whooping cough, is a severe cough that is highly contagious. It's named for the "whooping" sound people with pertussis make when they breathe. In newborns, whooping cough is a life-threatening illness that makes it tough for babies to eat or even breathe. The tetanus diphtheria and pertussis vaccine can prevent it.

Should I get this vaccine if I'm pregnant?

Yes. The tetanus diphtheria and pertussis (Tdap) vaccine is recommended between 27 and 36 weeks of pregnancy, with each pregnancy. The vaccine is safe for pregnant women, and it gives your baby immunity and protection for the first 2 months of their life before they get their own vaccine.

If I recently received a Tdap vaccine, should I get another now that I'm pregnant?

Yes. This vaccine is recommended during every pregnancy to allow the transfer of antibodies to the baby.

Can newborns get this vaccine?

No. That's why it's important for birthing parents and others who will be in close contact with the newborn to get it. Infants cannot be vaccinated for whooping cough until they are 2 months old. In the meantime, they are at risk of catching this serious illness.

I didn't get a Tdap vaccine during pregnancy. Do I still need it?

Yes, if you did not get this vaccine during pregnancy, make a point to get your vaccine right after your baby is born.

I'm breastfeeding my baby. Is it safe for me to get the Tdap vaccine?

Yes. This vaccine is a safe option for breastfeeding parents (and their babies) who did not get the vaccine while they were pregnant. You may pass on some antibodies to your baby in your breast milk that can help protect against whooping cough. It takes about 2 weeks for your body to pass on the protective antibodies. That's why it's best to get the vaccine while you're pregnant. That way, you pass on immunity to your baby starting with your very first feeding.

Are there other ways to protect my baby against whooping cough?

The best thing you can do is to get your Tdap vaccine. Also, make sure that all family members and any caregivers are up to date on their vaccines. If they are not up to date on this vaccine, ask that they get it at least 2 weeks before being in close contact with your baby. Do your best to surround your baby with a "safe cocoon" of vaccinated caregivers. The vaccine for adults is a combination vaccine to prevent three serious diseases: tetanus, diphtheria and — most important for a pregnant mother and her baby — pertussis, or whooping cough.

Group B Strep Screening
Frequently Asked Questions

What is Group B streptococcus?

Group B streptococcus (also called group B strep) is a kind of bacteria that lives naturally in the digestive, urinary and reproductive tracts of men and women. In women, it often lives in the vagina and rectum. Group B strep is not sexually transmitted and usually does not cause serious illness. You can carry the bacteria without having any symptoms. This means you are "colonized" by the bacteria; however, it is not contagious. Also, how much bacteria you carry can change. Your number of bacteria may reach such a low level that it can't even be detected.

Why do I need a Group B streptococcus screening test?

Most pregnant people colonized with group B strep have no symptoms or health effects. However, for some women, group B strep can cause infection during pregnancy. The most serious issue is that a woman carrying these bacteria can transmit it to her baby during delivery. This can be life-threatening for the newborn.

When should I get tested?

You will be tested for group B strep between 36 - 37 weeks of pregnancy. Your health care team member will use a swab to take a sample from your vagina and rectum. If group B strep is found in your urine during pregnancy, you are considered a carrier and no further testing is needed.

What if I test positive?

Your care team will give you IV antibiotics during labor to prevent you from passing group B strep to your baby during delivery. Antibiotics get rid of some of the bacteria that can harm your baby during birth. Antibiotics for group B strep only work if they are given while you are in labor. The most common antibiotic given for group B strep is penicillin. If you're allergic to penicillin, please let your care team know. We may recommend allergy testing during pregnancy and may need to do special testing on the swab to see what other antibiotics are safe.

How can group B streptoccus affect a newborn?

Even though it's rare for a baby to get group B strep, it can be serious when it happens. In rare cases, the bacteria can cause dangerous infections in the baby, such as pneumonia or meningitis.

What if I already had a baby with a group B streptococcus infection?

If group B strep was present in a previous delivery, you are considered high risk for passing this bacteria to your baby during labor and delivery. Your provider won't screen you. Instead, you will automatically get antibiotics during labor.

Pregnancy Frequently Asked Questions
Common Questions and Answers About Pregnancy

Can I drink caffeine during pregnancy?

Moderate caffeine consumption is safe during pregnancy. It's not recommended to drink more than 200 milligrams of caffeine per day. That is about 12 ounces, or 1 cup of regular coffee. Keep in mind that caffeine is also found in tea, chocolate, energy drinks and soft drinks.

Is it safe to see my dentist during pregnancy?

Yes! Good oral health and control of oral disease protects your overall health and quality of life before, during and after pregnancy. It also has the potential to reduce the transmission of harmful bacteria to your children.

Please see your dentist for routine care during pregnancy. If you haven't had a checkup in the past 6 months, now is a great time to go. Prevention, diagnosis and treatment of oral diseases, including needed dental X-rays and use of local anesthesia, are considered safe in pregnancy.

How can being overweight or obese cause problems during pregnancy?

Excess weight during pregnancy is associated with complications, including high blood pressure, preeclampsia, early birth and gestational diabetes. Obesity during pregnancy also increases the risk of excessive birth weight, birth injury, cesarean birth and birth defects, especially neural tube defects, heart defects and cleft palate.

Can I travel during pregnancy?

Yes. During any long trip, make sure you get up and move at least every 2 hours to help prevent blood clots. Airplane travel is safe, though most airlines will not let you travel after 36 weeks. Please check the U.S. Center for Disease Control (CDC) website for guidance on what areas are safe for travel during pregnancy. If you choose to travel late in pregnancy, there is a chance you may deliver elsewhere. Please let your doctor know about any travel plans and take a copy of your health records with you.

How should I wear my seatbelt in pregnancy?

You should always wear your seatbelt in the car. It is important to wear both the lap and shoulder belt. The lap belt should be low on your hips, below your belly, and fit snugly across your hips and pelvic bone. Place the shoulder belt across your chest (between your breasts) and over the mid-portion of your collar bone (away from your neck). It should fit snugly to protect you and your baby from harm. Never place the shoulder belt under your arm or behind your back. Airbags are designed to be used with seatbelts for extra safety. If you are in a car accident, please call your doctor or nurse midwife right away, even if you are not hurt.

Can I still have sex while pregnant?

Yes. You can safely engage in intercourse throughout pregnancy unless you have bleeding, early labor, pain with intercourse, ruptured membranes or your doctor recommends avoiding sex. Different hormone levels and pregnancy symptoms, like nausea and tiredness, can temporarily reduce your sex drive.

Can I continue to work during pregnancy?

For most patients, the answer is yes. Most people can continue to work throughout their pregnancy without any issues. If you're having a hard time fulfilling your work responsibilities due to the discomforts of pregnancy, please let your care team know.

Keep this advice in mind:

- If you are pregnant and work at a desk or on a computer, we recommend taking frequent breaks, getting up and walking around once an hour, maintaining good posture while sitting and trying not to slump or slouch.
- Jobs that require standing for long periods are often hard on the pregnant body, causing back and leg pain. If you have to stand, we recommend you try to keep your feet slightly apart, avoid locking your knees, keep your pelvis tucked in and take breaks often. Ask if you can sit on a tall stool rather than stand. Wear good, comfortable, well-fitted and low-heeled shoes.
- If you have a job that often requires heavy lifting, pulling, pushing, or other physical labor, talk with your care team about whether it is safe to continue.
- If you work with chemicals, radiation, heavy metals, gases or biological agents (viruses, bacteria, fungi, or parasites) you may need to take extra precautions during pregnancy.
- If your job requires travel, try to schedule it during the middle of your pregnancy (between weeks 14 and 28). This is the safest time for travel and a time when early pregnancy symptoms have hopefully faded. Air travel is not recommended after 36 weeks of pregnancy.

Preparing for Labor & Delivery

By having conversations with your care team during your visits, taking childbirth classes and gathering emotional and physical support for the experience, you can prepare for labor and delivery.

Laboring at home

Before you go to the hospital, try a combination of activity and relaxation to help you stay comfortable during early labor. Talk through your plan with your partner or doula to prepare. You may find these activities helpful:

- Eating easily digestible foods
- Having a massage
- Keeping lights dim
- Listening to calm music
- Sitting on a yoga ball
- Staying hydrated
- Taking a shower
- Trying to nap
- Walking

From 37 weeks on, know the plan and what you want to bring to the hospital for labor and birth. Consider who will care for any other children or pets when you go into labor, and have a back-up plan.

Call your doctor if you have decreased fetal movement, leaking water, spotting or bleeding or increasing contractions that are painful. Keep in mind travel time to arrive at the hospital when you are in active labor. Know which symptoms are abnormal and know the signs of early labor.

What happens when you arrive at the hospital?

A care team will greet you when you arrive. It may include an OBGYN doctor, nurse midwife, resident doctor and a nurse that will oversee your care.

When you are admitted to your labor room, you will need to:

- Change into a gown (either your own or a hospital gown)
- Provide a urine specimen
- Have your vital signs checked (blood pressure, heart rate, temperature, breathing rate, and oxygen levels)
- Have your baby's heart rate and your contraction pattern checked
- Get an IV placed and lab blood tests conducted
- Answer admission questions and discuss your birth preferences
- Have a vaginal exam

Please feel free to bring things that help you feel comfortable during labor and birth, such as a music playlist, battery operated candles, a special blanket or pillow or a yoga ball (we provide peanut balls).

We will discuss recommendations to help you have a healthy outcome as needed. These recommendations may include special medications, procedures such as vacuum or forceps to help with a vaginal birth or a cesarean section. Your care team will give you clear explanations and information so you can make the right decision for you and your baby, when ready.

In most cases, you'll know in advance which UCLA Health location you'll deliver your baby. While we anticipate that your baby's birth will be complication-free, it's important to be prepared if a higher level of care is necessary. If you or your unborn baby needs specialized care, we may transfer you to a different UCLA Health location. If this happens, don't worry. Keep in mind that:

- Transferring a birthing parent and baby between hospitals is in the interest of providing the safest and most optimal care.
- You and your family are partners in your transfer decision.
- We will help make the transition as seamless and stress-free as possible for you. This is of utmost importance to us.

Your obstetrician or nurse midwife will discuss possibilities like a hospital transfer with you during your prenatal sessions. To simplify any necessary hospital transfers, please complete the admissions form.

Abnormal Symptoms in Pregnancy

If you have any of the following symptoms, call your obstetrician or certified nurse midwife. Trust your instincts. If you have a concern about your well-being or the well-being of your baby, please call.

Signs of Early Labor

- **Frequent cramping**: If you feel frequent cramping (more than 2 times in 20 minutes or 6 times in 1 hour), empty your bladder, recline on your left or right side and drink water. If you have cramping and tightening that happens at the same time, call your provider.
- **Contractions**: Contractions may feel like menstrual cramps or a tightening of the uterus; it may or may not be painful. Braxton Hicks contractions are normal (occasional tightening without severe pain). Contractions may also happen with dull lower-back pain or a feeling of pelvic pressure.
- **Vaginal discharge**: Your vaginal discharge may change, becoming bloody, watery or mucus-filled — or increase in volume.

Premature Rupture of the Membranes (Water Bag Breaks)

It is normal to have a milky white vaginal discharge in pregnancy. It is not normal to have clear watery or bloody discharge. If you have a gush of water or a continued trickle of fluid, call your doctor and go to the hospital immediately.

Vaginal Bleeding

- **Before 37 weeks**: Call your doctor or nurse midwife if you have bleeding before 37 weeks of pregnancy.
- **After 37 weeks**: You may have light bleeding with mucous, light brown discharge or pink-tinged urine. This is especially true if you are having contractions, recently had intercourse or have had a recent vaginal exam.
- **Bright red bleeding** like a menstrual period is never normal. If you have this, call your doctor or nurse midwife and come to the hospital.
- **Spotting after sex or exercise** can be normal, usually lasting 1 - 2 days.

Decrease in the Baby's Movement

Most patients first feel their baby move between 18 and 25 weeks of pregnancy. It will not be regular at first. The baby is moving, but his or her movement is still too small to feel on a regular basis.

Once you start to feel movement, take mental note of your baby's normal movement pattern. If you notice your baby is not moving as often or as vigorously as usual, do a kick count:

1. It is best to do a kick count after you have eaten or had something cold to drink.
2. Lie down on your left side.
3. Have a notepad and pen to keep track of the movements.
4. Note the time you start. Place all your attention on baby's movements. Try to avoid distractions, like having the TV on or playing music. Count how many times baby moves.
5. The goal after 28 weeks is to feel 10 movements within 2 hours.
6. Any movement counts — kicking, rolling, jabbing and fluttering.

If you do a kick count after 28 weeks and don't feel 10 movements in 2 hours, or you don't feel the baby moving at all, go to our labor and delivery unit.

Excessive Vomiting

If you are vomiting, try to take sips of water or an electrolyte drink. If you are unable to keep any fluids down, call your care team.

High Blood Pressure

High blood pressure is a blood pressure of 140/90 or higher on two occasions 4 hours apart. Either number may be high.

Contact your care team if you have the following symptoms during your last 3 months of pregnancy. These symptoms could be warning signs that you need further testing:

- Changes in vision
- Severe headaches
- Severe pain in the upper right side of your abdomen
- Sudden weight gain and swelling in your face and hands
- Sudden, severe vomiting

Other Concerning Symptoms

If at any time you have pain with urination, fever, calf or leg pain, sudden shortness of breath or any other concerning symptoms, do not hesitate to reach out to your care team.

Early Labor

Understanding Early Labor

According to the American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine, a full-term pregnancy is 39 weeks to 40 weeks and 6 days.

Preterm labor, or premature labor, means you go into labor before 37 weeks. If you are in preterm labor, it means one or more of the following:

- You are having uterine contractions and your cervix is beginning to change. Cervical changes include thinning of the cervix or dilation (opening of the cervix).
- Your water (the amniotic sac) has broken.

Symptoms

You may be in preterm labor if you:

- Feel your water break, which may come as an uncontrollable gush or as a steady trickle.
- Have pressure in your pelvis or lower abdomen. This can be normal if it's not your first pregnancy.
- Experience dull, lower back pain that is nearly constant.
- Feel cramping in your abdomen (and may have diarrhea).
- Notice a change in vaginal discharge — becoming bloody, watery or mucus-filled — or the amount increases.
- Feel your uterus tightening more than six times per hour (which may or may not be painful).

The symptoms of preterm labor may resemble other medical conditions. If you feel as if you may be going into early labor, call your obstetric doctor or nurse midwife right away.

Early labor and birth

Premature babies — babies born before 37 completed weeks of pregnancy — often have a low birth weight (less than 5.5 pounds) and are small. Because their organs are not fully mature, they have a higher risk of complications. It is harder for them to stay warm and fight off infections. They may also have trouble breathing, eating and digesting food. Babies who are born before 28 weeks are even more vulnerable because their bodies are not ready for life outside the womb.

Diagnosis

If your care team suspects you are in early labor, they may send you to our labor and delivery unit for evaluation. Your team will likely place a monitor over your abdomen to check your baby's heartbeat and how often you are having contractions. We may also do a pelvic exam to see if your cervix has started to change. We may examine you several times over a period of a few hours. We may do an ultrasound, either over the abdomen or vaginally, and other tests.

We might also give you medications to temporarily delay delivery, prevent infection and help protect your baby's lungs and brain.

Managing Pregnancy and Labor Pain

For most birthing parents, the contractions of labor are an uncomfortable experience. Managing this discomfort and staying relaxed will improve your labor experience and help your labor to progress. Attending a birth class can equip you with many helpful tips and suggestions on managing the discomfort of labor with or without medications. It can also help you make an informed decision about what will work best for you and your partner. We support whatever safe method you choose to help you with labor.

Pain management methods you might learn before your delivery include things such as acupressure, hypnobirthing, yoga breath awareness, essential oils and mindful awareness. Practice and planning are important. Think about what techniques might work best for you and practice with your partner or labor coach before the big day.

Other common approaches to managing labor and pregnancy discomforts include:

- Walking
- Moving into different positions that promote the labor process and ease the pain, such as:
    - **Remaining upright while leaning or kneeling forward**: Try leaning forward over a birth ball or your bed
    - **Squatting**: You can hold onto the back of a sturdy chair while you squat, or squat against a wall
    - **Half squatting** while holding a bar or other form of support
    - The hands and knees position with an arched back
- Slow, focused breathing
- Focusing methods, such as turning your attention to parts of your body that are not in pain
- Massages
- Birthing or yoga balls (you are welcome to bring them with you)
- Peanut balls (available in our labor and delivery units)
- Getting in the shower (we do not have tubs)

Some medications can safely help lower the amount of pain and discomfort you feel, including:

- **Morphine**: A combination of IV and intramuscular morphine shots given in early labor if contractions are painful and you need to rest.
- **Nitrous oxide**: This self-administered gas is given via a face mask, and can help “take the edge off" of pain.

Epidural for Pain Relief During Childbirth

Is an epidural right for me?

Childbirth is an intense process. The nature and degree of pain will vary among different birthing parents. It is often described as the worst cramping a person has ever felt. Some experience labor pain as a severe pulling, twisting or burning pain that can be felt in the abdomen or back.

Only you can make the decision to have an epidural. Epidurals are safe and effective. Having an epidural can drastically decrease your discomfort during labor. With your pain reduced, you will be able to rest before delivery and prepare for the birthing process.

What is an epidural?

Epidural anesthesia is a form of pain relief. It is the most common choice of pain control for birth in U.S. hospitals. Medications are delivered through a narrow tube called an epidural catheter. These medications decrease the impulses of nerves in your abdomen and the lower half of your body, which causes a decrease in pain sensation. An anesthesia doctor will place this catheter in your lower back.

It is normal to experience numbness, mild weakness in your legs and changes in temperature. Contrary to popular belief, an epidural will not significantly slow down the course of labor. The goal of the epidural is to significantly reduce labor pains. You may still feel your contractions, which will allow you to know when to push during delivery.

What should I expect during the epidural process?

The anesthesiologist will ask you about your medical history and perform a physical exam before the epidural is placed. You will need to have an IV with IV fluids before the placement of the epidural catheter.

The anesthesiologist will try to work with your contractions; however, you will likely have some contractions during the procedure. You will be asked to sit at the edge of the bed or lie on your side and curl your back. After your lower back is cleaned, you will feel a pinprick and burning sensation as numbing medicine is used to prepare your back for the procedure. It is important to be still while the epidural is being placed. If you feel like you have to move, please tell your anesthesiologist. Once the catheter is placed, it is secured to the back with tape.

Within 20 minutes, you will feel significant pain relief. It is normal to have some numbness, but your care team can change the dose to minimize weakness in your legs.

What are the possible side effects of the epidural?

You might have some itching or nausea. Please let your care team know if you do. Sometimes we can alter the epidural medication to help this.

Less commonly, you might have a temporary decrease in blood pressure or an increase in body temperature.

After the epidural is removed, you may have some back soreness at the site of the epidural. This will usually go away in a couple of days. In about 1 out of 100 cases, the epidural may cause a headache. Please let your anesthesiologist know if this happens.

There is an extremely small risk of neurologic issues, which are usually temporary. Please consult your anesthesiologist if you have further questions.

Planning Your Child's Birth

We know you have many choices in deciding where to give birth to your child. Thank you for considering UCLA, which is consistently ranked among the finest hospitals in Southern California. By choosing us, you can rest assured you and your baby will receive the excellent and personalized care you want with the technology and safety you need. For more information, visit uclahealth.org/medical-services/birthplace/planning-your-childs-birth.

What to Expect After Labor and Delivery
Preparing to Go Home

During your “golden hour” of bonding with your baby, you will begin breastfeeding, skin-to-skin contact and your recovery. After this time, your new family will move to your postpartum room.

The care team on the postpartum unit will continue to provide support by monitoring you and your baby’s vital signs. They will also monitor your bleeding following birth. Comfort care is provided with ice pads, tucks pads and anesthetic spray for your perineum and bottom.

Many people will check on you to provide education and support. You can expect your nurse and care partner (nursing assistant) to check on you during the 24 – 48 hours of your stay.

Additional members of your care team who may check on you include a:

- Pediatrician (your baby’s doctor) or nurse practitioner to do the newborn exam and discuss this with you
- Nurse who will do newborn testing
- Breastfeeding consultant to help you breastfeed
- Birth certificate clerk
- Social worker, as needed for providing resources

Our care team, along with our educational programs and materials, help you prepare for this new chapter of life with your newborn.

Discharge milestones

Before you and your baby leave our hospital, your health care team will want to make sure that you have met the following milestones:

Diet

You are tolerating a normal diet.

Out of bed

You are able to move and function in a normal manner.

Lab work

All necessary testing has been completed.

IV fluids/saline lock

All intravenous lines have been removed.

Skin-to-skin
before and after feeds

You are comfortable using skin-to-skin contact with your baby.

Hand expression

You have learned to hand express milk comfortably and effectively.

Lactation support

You know how to ask for lactation help while you are in the hospital and you know where to look for breastfeeding support after you are home.

Help at home

You have received information on where to find help after you are discharged from the hospital.

Vaccinations

You have received important vaccines that protect you and your baby from serious illnesses, such as the T-dap (whooping cough) vaccine. Other vaccines (e.g., flu) will be offered as necessary.

Car seat

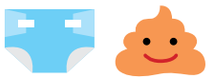
You have a car seat for your infant, as the law requires.

Ride home

You have arranged for transportation home.

Prescriptions

You have the prescriptions you need to take with you.



Wet diaper/stool

The number of wet and poopy diapers should be appropriate for the age of your baby in days.

Bath

You have learned how to bathe your baby and have received instructions on how to give a sponge bath, which is to be done until the cord falls off; a bath in a basin is to be given after the cord falls off.

Birth certificate

You have completed all the paperwork necessary to process the birth certificate.

Feed on demand

You are able to recognize your baby's feeding cues.

Latch assessment

The nurses and lactation consultants have assessed your breastfeeding.

Hearing screening

Your baby has received a hearing screening.

Pulse oximetry screen

The oxygen level in your baby's blood has been measured by putting a pad on his or her right hand and foot. This is a screening test for certain heart conditions.

Hepatitis B vaccine

Your baby has received a hepatitis B vaccine.

Newborn screen test

A blood sample has been taken from your baby to screen for conditions that can affect your baby's health and survival.

Discharge bilirubin test

Your baby's bilirubin level has been tested. Elevated bilirubin levels can be dangerous and may require treatment.

Follow-up appointment

You have been asked to make an appointment with your pediatrician within roughly two days after going home.

Emotional Challenges After Giving Birth

If you have any symptoms of "baby blues" or postpartum depression, please call your obstetrician or certified nurse midwife. Trust your instincts. If you have a concern about your well-being or the well-being of your baby, please call your provider.

The birth of your baby is an exciting time that brings with it many emotions. These emotions, along with other factors, can lead to challenges.

Before you go home from the hospital, you will complete a questionnaire called the Edinburgh Postnatal Depression Scale. This is a self-assessment scale for postpartum depression. You will complete the same questionnaire at your 6-week follow-up appointment with your obstetric provider. The questionnaire asks about your feelings over the past 7 days. You can complete it at any time. If your score adds up to 13 or higher, please contact your mental health, obstetric or primary care provider.

Baby Blues vs. Postpartum Depression

Most women experience "baby blues" after giving birth. This is because of body changes and stressors. Some women develop postpartum depression, which is major depression due to hormonal and psychological factors. Postpartum depression sometimes develops during pregnancy. Fathers and non-birthing parents can also develop postpartum depression.

Both the baby blues and postpartum depression are common, and there is no reason to feel shame or guilt for having symptoms. A person can also have both the baby blues and postpartum depression.

	Baby Blues	Postpartum Depression
Timeframe	• Usually starts 3 – 5 days after childbirth and can last up to 2 – 3 weeks. • You might notice symptoms for a few minutes or hours each day with periods of happiness and pleasure in between.	• Usually starts 1 – 3 months after childbirth but can begin at any time during the first year. • Usually starts gradually, but can also happen quickly. • Sometimes starts around the time of weaning off breastfeeding or the first menstrual period after childbirth. • You will notice symptoms most of the day, more days than not.

Symptoms	• Sadness • Crying • Weepiness • Irritability • Frustration • Moodiness • Worry • Anxiety • Trouble concentrating • Forgetfulness	In addition to symptoms of baby blues, individuals have: • Sadness that doesn't go away • Fear that you can't take care of your baby • Feeling inadequate and guilty • Trouble concentrating or making decisions • Lack of interest in things you used to enjoy • Changes in appetite with weight gain or loss • Sleep problems: too little or too much • Trouble sleeping, even when you are exhausted and your baby is sleeping • Excessive worry about your baby or no feelings at all • Thoughts of harming yourself or your baby • Feelings of hopelessness, with no belief life will ever get better • Irrational thinking; seeing or hearing things that are not there

Risk factors	• History of premenstrual syndrome (PMS)	• History of severe premenstrual syndrome (PMS), premenstrual dysphoric disorder or postpartum depression • Personal or family history of de pression or anxiety • Stopping psychiatric medications • Mood changes while taking birth control pills or fertility medications
Causes	• Rapid hormonal changes • Physical and emotional stress of pregnancy and delivery • Trouble with breastfeeding • Transition from hospital to home • Physical discomforts • Emotional letdown after pregnancy and birth • Anxiety about increased responsibility • Chronic sleep deprivation and fatigue	In addition to factors that cause baby blues: • Lack of support, social isolation • Prior perinatal loss • History of abuse or neglect of the mother • Disappointment over the common myth of the postpartum period being an exhilarating time for all mothers • Mother or baby with medical problems • Conflict in the relationship with partner or spouse • Colicky or fussy baby • Financial stressors

What do I do?	• Get support: Ask for help and talk to someone you trust. • Rest and sleep whenever possible. • Rest and sleep whenever possible. • Eat a balanced diet: Avoid caffeine, alcohol and foods high in fat or sugar. • Go outside, take a walk and enjoy the sunshine.	• Postpartum depression is treatable. If not treated, it can lead to long-term depression. • Talk to your doctor if you have symptoms of depression. • A combination of therapy and antidepressant medications is often the most effective treatment.

If you are feeling “down” most of the time or “not your usual self,” professional help is available. If you have thoughts of harming yourself or your baby, please contact your doctor immediately or go to the emergency department.

Resources:

Maternal Outpatient Mental Health Services (MOMS) Clinic at UCLA Health

The MOMS Clinic provides assessments by an experienced reproductive psychiatrist to women who may be suffering from perinatal mood disorders, anxiety or psychosis after childbirth.

UCLA Perinatal Intensive Outpatient Program

310-825-4138

Women's Life Clinic

310-825-9989

LA County Mental Health Clinic Access Line

(Medi-Cal insurance)
800-854-7771

LA County Perinatal Mental Health Task Force

Provides information for women and their families on postpartum depression and anxiety.

maternalmentalhealthla.org

Caring Support: **Call 211**

Postpartum Support International: **Call 800-944-4773**

National Women's Health Information Center

Medline Plus

Behavioral health resources through private insurance:

Phone number usually found on the back of your insurance card.

Birth Control After Delivering Your Baby

Pregnancy spacing is a personal decision based on many factors. There are risks to the mother and the baby if there is less than 12 – 18 months or more than 5 years between pregnancies. Some of the risks to the baby are premature birth, birth defects, low birthweight and autism. Risks to the mother include high blood pressure, miscarriage and bleeding.

To give your body proper time to heal, your health care team may recommend no sexual intercourse for 4 – 6 weeks after childbirth.

Birth Control While Breastfeeding

There are many birth control methods that are safe to use while breastfeeding. Talk to your doctor about your options and preferences.

Types of Birth Control

There are many effective birth control methods. Talk to your doctor about the side effects and benefits of these methods before you decide.

In general, it isn't safe to use birth control pills, patches or rings that contain a hormone called estrogen for the first 3 weeks after childbirth due to a higher-than-normal risk of blood clot formation. You can start all other methods safely right after delivery. If possible, choose your next birth control method before you give birth. If your choice involves a hospital procedure, it might be possible to make the arrangements before you go home with your baby.

Implant

An implant is a tiny capsule implanted into the skin of your upper arm contains a hormone called progestin. This hormone keeps your ovaries from releasing eggs for up to 3 years. Your doctor or midwife will use a local anesthetic to insert or remove your implant.

Intrauterine device (IUD)

There are both hormonal and non-hormonal IUDs. Depending on the type of IUD you choose, it must be replaced every 3 – 12 years. Talk to your doctor or midwife about the risks and benefits of IUDs.

Injection

A progesterone-like drug prevents pregnancy by stopping eggs from being released by the ovaries. It is effective for about 3 months, so it's used for temporary birth control. If you want to keep using it, you need to get additional shots. You can get the shot before you leave the hospital.

Combined pills

You must wait for 3 weeks after your baby is born before using what are called “combined” birth control pills. Birth control pills usually contain estrogen and progestin hormones. You take these pills daily to prevent eggs from being released by the ovaries.

This type of birth control offers several health benefits, including regulating your menstrual cycles and often making them shorter and lighter. This is helpful for women who have iron deficiencies due to heavy bleeding. Combined pills may also help prevent certain ovarian and endometrial cancers. Women with certain medical conditions, such as uncontrolled high blood pressure, diabetes, migraines with aura or a risk of clots may not be able to take these pills.

Mini-pill

Unlike traditional (combined) birth control pills, the mini-pill includes only one hormone: progestin. You can start taking the mini-pill right after delivery. When you take it daily, the mini-pill thickens your cervical mucus and keeps sperm from reaching your eggs.

Patch

This skin patch releases estrogen and progestin hormones into your bloodstream to prevent pregnancy. You may not be able to use the patch if you have medical conditions, such as uncontrolled high blood pressure, diabetes, migraines with auras or a risk of developing blood clots. Like pills, patches require you to wait for at least 3 weeks after delivery before using.

Hormonal vaginal ring

The ring, which is placed inside the vagina, releases estrogen and progestin to prevent pregnancy. Some medical conditions may make it dangerous for you to use the ring. This birth control method requires you to wait for at least 3 weeks after having your baby before using it.

Spermicides

You insert these foams or creams into your vagina to kill sperm. Spermicides may also help protect you against sexually transmitted infections (STIs), especially when used with latex condoms.

Male condom

This is a thin tube made of latex or another natural material that your male partner places over his penis. Sperm collects in the end of the condom. Latex condoms can also help protect you from contracting sexually transmitted infections (STIs).

Female condom

You insert this latex or natural material liner into your vagina. Like male condoms, female latex condoms can help prevent some sexually transmitted infections (STIs).

Natural family planning

This strategy is also called the “rhythm method.” It uses the timing of sexual activity to avoid your “fertile” days. It also includes monitoring your body temperature, watching for changes in your cervical mucus and possibly using ovulation prediction kits. This method may carry a high risk of unexpected pregnancy.

If you are breastfeeding, the timeframe during which you are fertile could be challenging to predict. This may make natural family planning a difficult method right after childbirth. Please talk to your doctor for more information.

Withdrawal method

This approach requires your male partner to withdraw his penis from your vagina before he ejaculates. This method may also carry a high pregnancy risk.

Permanent methods

Female sterilization, or “tying the tubes”, can be done in the hospital right after delivery or on an outpatient basis 6 weeks after your baby is born.

Vasectomy

Vasectomy is a permanent birth control measure for men. It involves a doctor cutting or clamping the tubes that carry sperm from the man’s testes.

For more information about birth control, visit Family Planning.

Child Car Seat Safety

Many young children are hurt every year while riding in cars. A simple way to prevent injuries is to use car seats and seat belts correctly.

If you're a new parent, it's important to learn how to install your baby's car seat. If you're not sure you're doing it correctly, get help.

Car Seat Safety Guidelines

Follow these recommended safety guidelines from the American Academy of Pediatrics (AAP):

- Premature infants should have car seat tests before they leave the hospital to make sure they are safe sitting in a semi-reclined position.
- Babies and toddlers must ride in the back seat. Front airbags could injure or kill them.
- It's OK to place rolled blankets on both sides of an infant so they fit snugly in the car seat and to add a diaper or light blanket under the baby's crotch strap.
- Toddlers (ages 1 – 2) must ride in rear-facing car seats, following the manufacturer's height and weight requirements.
- Always adjust the car seat so your child's head does not bend forward.
- Infants and toddlers should ride in rear-facing car seats until age 2 or until they reach 40 inches tall or weigh 40 pounds. Make sure the car seat meets the rear-facing height and weight requirements.
- Do not dress your baby in heavy layers while in the car. Bulky clothes like winter coats and snowsuits could be dangerous in case of a crash.

Avoid these common car seat mistakes:

- All children should ride in the back seat until age 13.
- Do not switch to a forward-facing seat too early.
- Never use a pre-owned car seat.
- Make sure the car seat is installed correctly. Follow directions carefully and make sure it fits snugly.

For more information, visit Healthy Children.

Infant Safe Sleep

Your newborn will use a lot of energy to grow quickly! Newborn babies sleep up to 16 to 17 hours total per day. From 4 to 12 months of age, babies usually sleep 12 to 16 hours total per day. Here are tips and resources to create a safe sleep space for your baby.

Where should my baby sleep?

- Keep your baby in your room near your bed for at least the first 6 months after birth.
- Place your baby on a firm, flat surface, covered only by a fitted sheet.
- Do not use a car seat, carrier, swing or similar place for sleep.

What are the ABCs of safe sleep?

- **A - Alone**. Babies are safest when they sleep alone.
- **B - Back**. Always put your baby on their back when sleeping. Place baby in a wearable blanket or sleeper and offer a pacifier at nap and bedtime after breastfeeding is established**.**
- **C - Clutter free crib in caregiver's room.** A shared room and separate surface for baby to sleep is recommended for at least 6 months after birth. There should be no pillows, blankets or toys in the crib. What other tips will help my baby sleep safely?
    - Breastfeed if possible
    - Avoid exposure to smoke, alcohol and illicit drugs
    - Avoid overheating and dress appropriately for temperature
    - Practice supervised awake tummy time to promote development
    - Avoid commercial positioning devices; check CPSC.gov for information about safety recalls
    - Stop swaddling when baby can roll over independently

Resources for Parents

The UCLA BirthPlace Classes

A variety of classes are offered through the UCLA BirthPlace, including childbirth preparation, breastfeeding and baby care. For more information, visit uclahealth.org/medical-services/birthplace/classes-tours.

Breastfeeding Support

The UCLA BirthPlace offers breastfeeding support through their Lactation Clinic, classes and educational materials. For more information, visit uclahealth.org/medical-services/birthplace/breastfeeding-support.

Maternal Outpatient Mental Health Services (MOMS) Clinic

The MOMS Clinic provides full psychiatric assessments by an experienced reproductive psychiatrist to women who may be suffering from perinatal mood disorders, anxiety and postpartum psychosis. For more information, uclahealth.org/medical-services/obgyn/clinical-services/obstetrics/moms-clinic.

Postpartum Pelvic Floor Health Program

The Postpartum Pelvic Floor Health Program offers a unique multidisciplinary approach to postpartum pelvic floor care and rehabilitation, committed to helping you optimize your pelvic floor health during and after pregnancy and birth. For more information, visit uclahealth.org/medical-services/obgyn/clinical-services/obstetrics/postpartum-pelvic-floor-health-program.

UCLA Mattel Children's Hospital

UCLA Mattel Children's Hospital cares for the physical and emotional well-being of children, from newborns to young adults. For more information, visit uclahealth.org/hospitals/mattel/about-our-hospital.

Find a UCLA Health Pediatrician

The UCLA Health Provider Directory can help you find a pediatrician close to home.
ou find a pediatrician close to home. To find a pediatrician, uclahealth.org/providers.

UCLA Health General Pediatrics

UCLA Health General Pediatrics provides innovative health care services from birth to 21 that focus on your child's specific needs. For more information, visit uclahealth.org/medical-services/general-pediatrics.

Immediate Care

UCLA Health has many clinics that offer walk-in immediate care services for children and adults. Find the closest Immediate Care clinic to you, check estimated wait times or join a virtual queue for an immediate care video visit at uclahealth.org/immediate-care.

Emergency Care

To find the closest UCLA Health emergency care to your home, visit uclahealth.org/emergency.