

Weight Gain



- Weight gain due to increased blood volume, uterine growth, placenta, fetus, amniotic fluid, breast tissue.
- Total up to 25 to 35 lb.

What can you do?

- Watch and record your weight.
- Weight gains of more than 1kg per week may indicate excess fluid retention or HTN.
- Talk to your doctor.
- Maintain posture and proper body position.

Stretch Marks

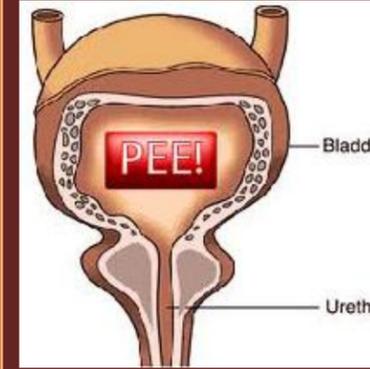


- Pinkish stretch marks on the abdomen, breasts, thighs, or buttocks.
- Due to hormonal changes and rapid increase in weight and size.

What can you do?

- Use stretch mark cream.

Fluid Retention



- Due to uterine pressure mom needs to pee often.
- The increased pressure on the bladder is most significant in the first and third trimesters of pregnancy (London, et al., 2011, p. 186).
- May lead to Urinary Tract Infection (Day, 2010).
- Increased BP may cause swelling.

What can you do?

- Pee frequently and do not reduce fluid intake (AHS).
- Lying on left side, elevating legs, and wearing supportive hose and comfortable shoes may help to relieve the swelling (Barbetta, 2009).

Heart and Lungs



- Due to increased blood volume and higher Oxygen demand and pressure from enlarged uterus.
- Pulse may increase by 10-15 beats per minute.
- Clotting factors increases the risk of thrombosis.
- Due to higher oxygen demand some women may experiences lightening, dyspnea during 38 weeks (Mosby). May also experience nose bleeding.
- Fetal bypasses fetal lungs (Hannon, et al., 2010)

What can you do?

- Learn and practice relaxation technique.
- Stop smoking (Day et. al, 2010; Potter, 2009).

Anxiety, Stress and GHTN

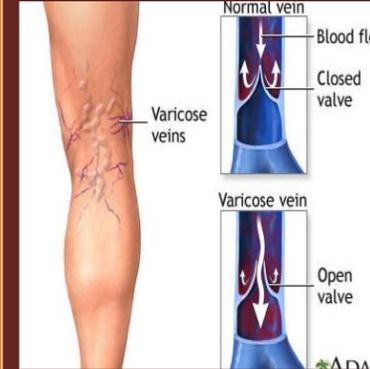


- May experiences anxiety, tension and physical awkwardness and insomnia.
- May lead to heart attack and stroke.

What can you do?

- Proper nutrition and exercise is very important (Potter and Perry, 2009).
- Get support from family and friends.
- Learn and practice non-pharmacological relaxation techniques such as guided imagery, music therapy, message and biofeedback (Hannon, Pooler, & Porth, C. M., 2010, p. 202). Keep life simple (AHS, 2011).

Varicose Veins



- Due to increase blood volume and pressures.
- Swelling of veins occurs around legs and vaginal opening.
- Common during late pregnancy.

What can you do?

- Avoid standing for long periods (AHS, 2011).
- Lift your feet while resting.
- Walk often and perform simple activity.
- Do not cross legs while sitting.
- Do calf stretch (AHS, 2011).

Breast Tenderness

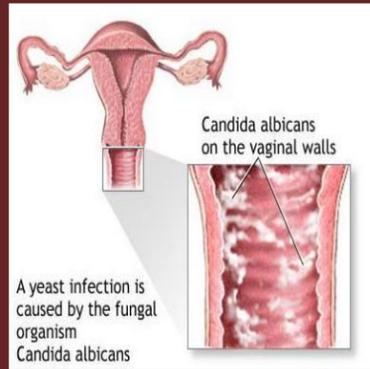


- Due to hormonal changes (Barbetta, 2009).
- Milk glands increase in size and number due to changes in estrogen and progesterone levels.
- Superficial veins are more prominent and nipples become more erectile and areola darkens (London et al., p.185, 2011).

What can you do?

- Wear a supportive bra (Alberta Health Services).
- Wear the bra to bed (Barbetta, 2009).
- Do not use soap to clean it may cause dryness. Use only water (Pregnancy Guide, 2011).

Yeast Infections



- Due to increased vaginal discharge, a pregnant woman is more susceptible to yeast infections.
- Yeast infections are characterized by a thick, whitish discharge from the vagina and itching (Day, et al., 2010).

What can you do?

- Yeast infections are highly treatable.
- Always consult your physician before taking any medication for this condition.
- Shower daily and advice against douching and wash hand often (Barbetta, 2009).

Dizziness and Fatigue



- Due to low BP and uterus compressing major arteries, low blood sugar and low iron and sudden position change.
- Common during the first trimester.
- At 3rd trimester however many women report bursts of energy.

What can you do?

- Get up and change position slowly and hold on stable structures for support and balance (AHS).
- Rest often, maintain proper nutrition, drink enough fluids and get extra calories (Barbetta, 2009, AHS).

Nausea and Heartburn

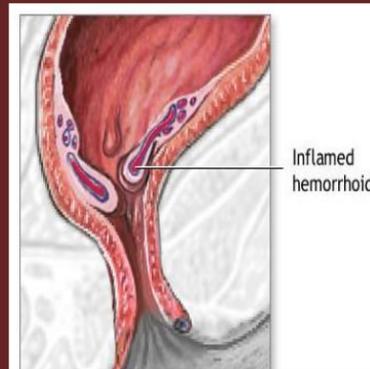


- Due to hormonal changes, stress, traveling, and certain foods high in protein and fat and pressure on the intestines and stomach.
- Common in the first trimester.
- Vomiting may cause dehydration.

What can you do?

- Eat small and frequent meal, take snacks of dry crackers and avoid lying down after eating.
- Eat carbohydrates diet such as bread, pasta, bananas and green vegetables.
- Drink plenty of water (Barbetta, 2009).

Constipation

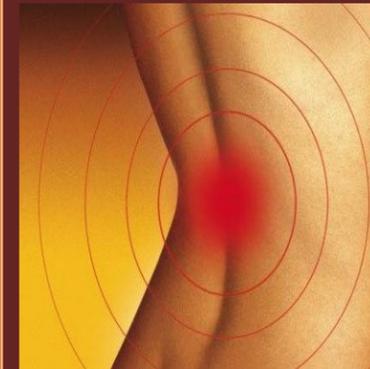


- Due to interference with digestion and bowel movement.
- May cause hemorrhoids due to the pressure on the rectum and perineum.

What can you do?

- Increase fluid and fiber intake.
- If needed check with your physician for a medication such as laxatives.
- Do not sit in hot tub during pregnancy – the hot tub temperature may adversely affect the baby inside (AHS, 2011).

Pains and Discomforts



- Due to weight gain and changing posture backache and pain around pelvic area is common.
- Body movement and postural changes.

What can you do?

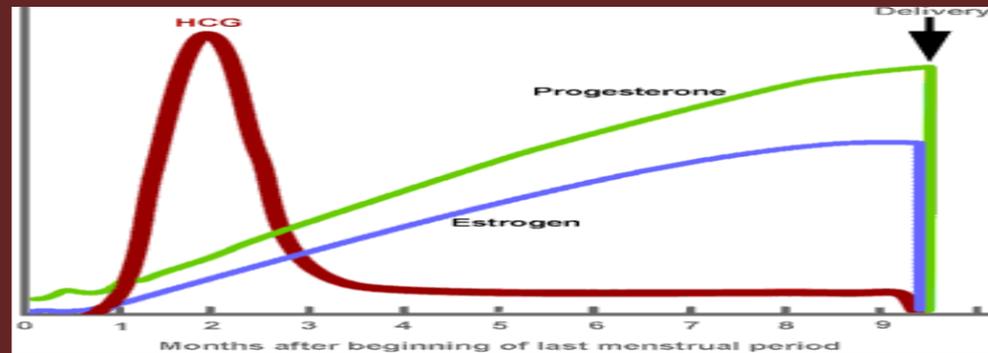
- Maintain proper posture.
- Massage helps to manage pain (AHS, 2011).
- Do not lift heavy weight.
- Use proper lifting techniques for smaller weight.
- Consult your doctor about your pain and use pharmacological and non-pharmacological pain management techniques (AHS, 2011).

Timeline: Anatomical Changes During Pregnancy



London, et al, 2011, p. 187.
 During first trimester up to 5 lb, and up to 15 lb during 2nd and 3rd trimester.
 Increases curvature and compress other abdominal organs.
 Breech Presentation: Baby enters the birth canal with the buttocks or feet first.
 Breech Position may require Caesarean section (C-section).

Timeline: Hormonal Changes During Pregnancy



The McGill, 2011.
 HCG (Human Chorionic Gonadotropin) helps progesterone production and controls menstrual cycle.
 Estrogen, Progesterone, Prolactin and Oxytocin are important for healthy pregnancy and lactation. Oxytocin helps to soften the cervix and help birthing process.

Timeline: Cervical Dilation During Labour



Medi Visuals, 2011.
 Latent phase: 0-3 centimeters
 Active Labor: 4-7 centimeters
 Transition: 8-10 centimeters
 Complete: 10 centimeters. Mom is ready to push.

Nausea and Vomiting
 Urinary Frequency
 Liver @ 2 Wk.
 Heartbeat @ 4 Wk.
 Sex Differentiation @ 7Wk.
 Fetal HR by Doppler @ 10 Wk.
 Kidneys Produce Urine @ 10 Wk.

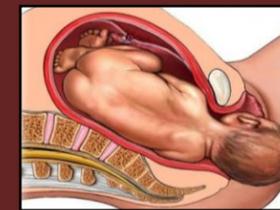
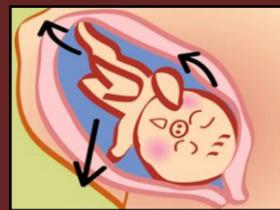
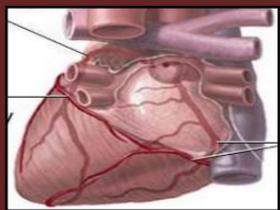
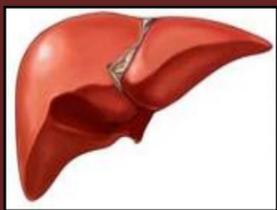
Introspective Thought Begins @ 12 Wk.
 Hormone Production Starts @12 Wk.
 Bone Formation Starts @ 12 Wk.
 Vernix Caseosa and Lanugo Forms @ 15 Wk.
 Mother Feels Quickening @ 20 Wk.
 Sucks and Swallows Amniotic Fluid @ 20 Wk.
 Screening Test of STI and Rh begin at 28 @ Wk.

High Risk Clients Have NST & GBS Test @ 36 Wk.
 Mother Excited And Anxious @ 24 Wk.
 Rh Immunoglobulin For -Ve Mom @ 32 Wk.
 Eyelids Opens For The First Time @ 26 Wk.
 C-Section Booked If Malpresented @ 36 Wk.
 Full Term Starts @ 38 Wk.
 Post Term Starts @ 42 Wk.

First Trimester

Second Trimester

Third Trimester



Factors Affects Labor

- Passageway**
- Size of pelvis
 - Type of pelvis
 - Ability of the cervix to dilate and efface.
- Passenger Fetus**
- Fetal head (size and presence of molding) and attitude (flexion or extension of extremities)
 - Fetal lie and presentation such as part of the fetal body entering the pelvis first in a single- or multiple-gestation pregnancy.
- Powers Physiological Forces**
- Frequency (times and number), duration and intensity of contractions and strength of pushing effort and duration of labor.
- Fetal Position**
- Right (R) or Left (L) side of the maternal pelvis.
 - The landmark of the fetal presenting part: Occiput (O), Mentum (M), Sacrum (S), or Acromion process (A).
 - Anterior (A), posterior (P), transverse (T), depending on the landmark is in the front, back, or side of the pelvis.

Key Message From This Presentation

- Always talk to your doctor and health care providers if you notice any unusual changes and sign and symptoms such as difficulty breathing, dizziness, fever and pain (AHS).
- Be cautious to read and obtain information from public websites (Miller, Jones, Graves & Sievert, 2010).
- During pregnancy – always ask pharmacist before you take over the counter (OTC) medications (AHS).
- Discomfort due to the pregnancy may vary from woman-to-woman. Always talk to your healthcare provider (Hannon, 2010).
- Learn and practice primary disease prevention technique like washing hands and covering mouth while coughing (Potter, 2009).
- Enjoy the changes and get available support from your friends and family (Pregnancy Guide, 2011).
- Balance diet, nutrients and adequate level of fluids is very important to keep you and your baby healthy (London, et al., 2011).
- Get immunized (AHS).

Definitions (In Alphabetical Order)

Full Term: Some health care institution consider 37 week as full term.

GBS: Group B streptococcus test to see the presence of bacteria in the body.

GHTN: Gestational Hypertension- Gestational hypertension or pregnancy-induced hypertension (PIH) is defined as the development of new arterial hypertension in a pregnant woman after 20 weeks gestation without the presence of protein in the urine.

Guided imagery and music therapy: GIM Therapy refers to all forms of music-imaging in an expanded state of consciousness, including not only the specific individual and group forms that Bonny developed, but also all variations and modifications in those forms created by her followers.

HTN: Hypertension (HTN) or high blood pressure is a cardiac chronic medical condition in which the systemic arterial blood pressure is elevated.

Insomnia: Sleeplessness- is most often defined by an individual's report of sleeping difficulties.

NST: A nonstress test (NST) is a screening test used in pregnancy. A cardiotocograph is used to monitor the fetal heart rate.

Rh Immunoglobulin: Immune Globulin is a medicine given by intramuscular injection that is used to prevent the immunological condition known as Rhesus disease (or hemolytic disease of newborn).

Thrombosis: Thrombosis is the formation of a blood clot inside a blood vessel, obstructing the flow of blood through the circulatory system.

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