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Pregnancy Edition

July/August 2011

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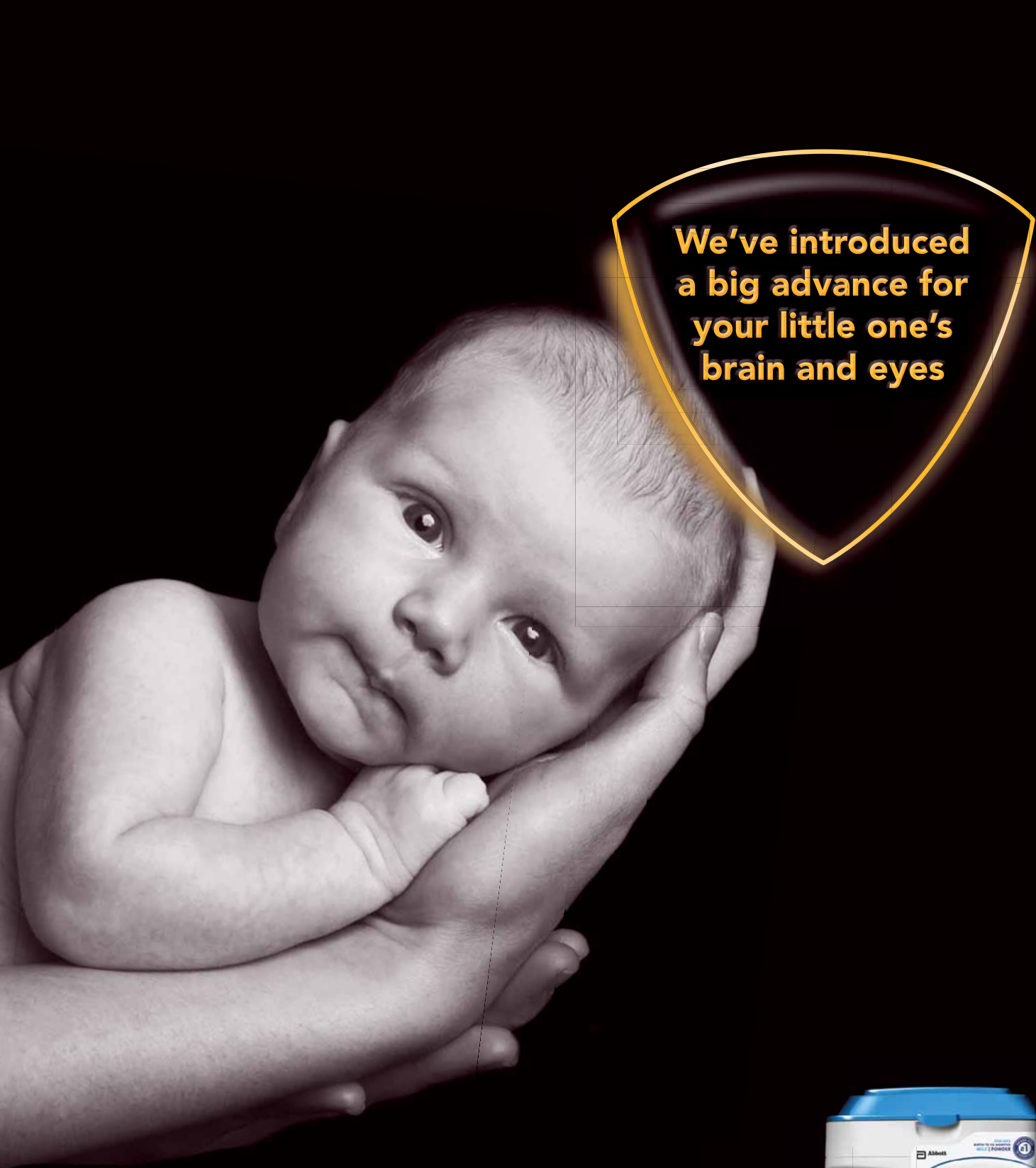
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healthy start ▶ GOOD FOR YOU THIS MONTH

BABY STEPS



fit tip

FIT FORM

Can't always make it to your regular aerobics class now that you're expecting? Take a brisk walk instead, says WebMD prenatal expert Sarah McMoyler, RN, BSN. "Just go out 10 minutes and back 10 minutes," she says. "Most women find that 10 minutes out turns into 15 and then 20 and then becomes part of their regular pregnancy routine." McMoyler suggests aiming for a good walk at least three times a week.

JAVA JOY

No need to ditch the joe, says WebMD prenatal expert Sara DuMond, MD. "Recommendations about caffeine state that moderate intake during pregnancy is fine," she says. "Moderate" means up to 200 mg per day—think one 8-ounce cup of brewed coffee (about 130 mg) or one or two sodas, depending on type (about 50 to 80 mg each).



the buzz

pack smart



DIAPER BAG DO'S

While packing your diaper bag, don't forget these key items:

- **Hand sanitizer** to help keep germs at bay and for when you can't wash your hands
- **Diaper pad** so you can change your baby on any surface
- **Disinfecting wipes** to wipe down shopping carts, high chairs, and other things baby touches
- **Extra pacifiers and toys** to keep baby happy
- **Empty plastic bags** for stashing trash
- **Change of clothes** for when baby's clothes are soiled

BABY BUDGET

Babies are expensive. But there are two things parents-to-be can't skimp on: cribs and car seats, says Sara DuMond, MD, an OB/GYN and WebMD prenatal expert. "Safety guidelines for these change periodically, and out-of-date and extremely old or used cribs or car seats can pose safety risks," DuMond cautions. Things like clothes and diapers, she says, don't have to be expensive to do their job.

get ready




size check



SMALL WONDER

In week seven of your pregnancy, your baby is just bigger than the top of a pencil eraser, his nostrils are visible, and his brain is developing rapidly.



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Food Fight

How to manage morning sickness



Q ▶ I am eight weeks pregnant and so nauseated that just the sight of food makes me queasy. Is there anything I can do?

A ▶ So-called morning sickness affects about three-quarters of all pregnant women in their first trimester—and, unfortunately, most women who get it have it all or much of the day, not just in the morning. Women with multiples are more at risk than women carrying a single baby, and those who've had feelings of nausea in one pregnancy are more likely to suffer them again in a subsequent pregnancy. But for most pregnant women, the nausea and vomiting stop around the end of the third month of pregnancy.

In the meantime, you can try eating small meals throughout the day so your stomach is never empty and keeping simple snacks such as crackers by your bed to nibble on before you get up in the morning. Say no to dishes that are steaming hot—they give off stronger smells than cold or room-temperature foods. And stay clear of fatty foods, which take longer than carbohydrates to digest, as well as spicy, acidic, and fried foods, which can upset your stomach.

Try to drink plenty of fluids, since dehydration can also make you feel ill. And call your doctor if you are vomiting constantly, cannot keep liquids down, feel dizzy when you stand up, or are urinating infrequently. These are all signs of dehydration that require medical attention.



Hansa Bhargava, MD
WebMD MEDICAL EXPERT

True or False?

Although it's **FALSE** that sleeping on your stomach is unsafe while you're pregnant, you'll probably start finding it uncomfortable. The main concern with any sleeping position during pregnancy is the potential for cutting off blood supply to the placenta and fetus.

Q ▶ I'm six months pregnant, and my husband and I still want to have sex. Is it safe?

A ▶ Yes, it is safe to have sex unless your pregnancy is high-risk—for example, if you have placenta previa (when the placenta blocks the cervix), your doctor has placed a cerclage or surgical stitch to keep your cervix closed, or you are in preterm labor. Your baby is in a protected environment inside the amniotic sac and is buoyant from the amniotic fluid. Also, your cervix is blocked by a mucus plug, so there's no risk of the penis "bumping" the baby.

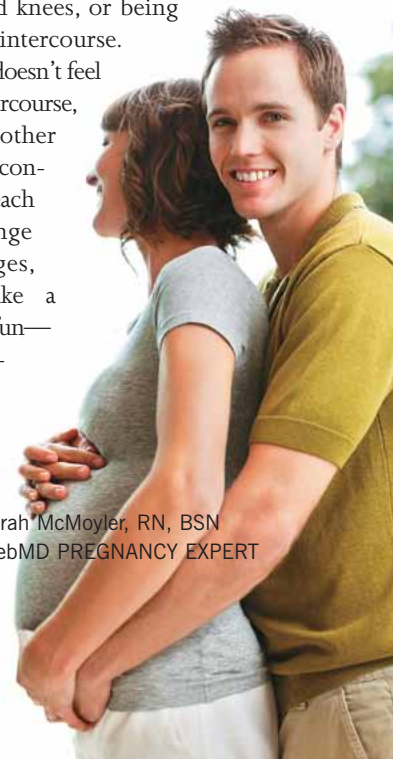
The main issues around sex for expectant women are usually desire and/or comfort. Some women feel voluptuous and enjoy their growing breasts and new curves; others take awhile to come to terms with the dramatic physical changes their bodies are undergoing. A pregnant woman's partner can help her feel more attractive and receptive to romance by reassuring her that she looks beautiful and her body is exciting.

That said, pregnant women shouldn't spend too much time flat on their back. So consider lying on your side, getting on your hands and knees, or being on top during intercourse.

If a woman doesn't feel like having intercourse, there are other options for connecting with each other: Exchange foot massages, cuddle, or take a bath. Just have fun—the baby is coming soon!



Sarah McMoyler, RN, BSN
WebMD PREGNANCY EXPERT



TOP: TOM GRILL/GETTY IMAGES; CLERKENWELL/GETTY IMAGES

Reviewed by
Hansa Bhargava, MD
WebMD MEDICAL EDITOR



Fantastic Four

The must-have nutrients every pregnant woman needs

By Stephanie Watson, WebMD Contributing Writer

A heaping bowl of rocky road ice cream—possibly topped with pickles—might sound pretty good to you right now, but while you're indulging your pregnancy cravings, you also need to be mindful of your baby's growing body during these oh-so-important nine months. We've honed in on the four nutrients your baby—and you—can't do without during your pregnancy.

B Healthy

One of the absolute pregnancy essentials is the B vitamin, folic acid. Taken early in your pregnancy when your baby's brain and spinal cord are developing, folic acid can help prevent—yes, prevent—neural tube birth defects such as spina bifida and anencephaly.

"It's critical for those first few weeks of cell division and, in particular, closure of the spinal cord and completion of the brain," says prenatal nutrition specialist Melinda Johnson, MS, RD, a lecturer at Arizona State University's College of Nursing & Health Innovation.

Ideally, you should have been taking 400 micrograms (mcg) of daily folic acid throughout your childbearing years—long before your baby was even a glimmer in your mind. Once your baby bump starts growing, boost your intake to 600 to 800 mcg. Fortified breakfast cereals, spinach, and black beans are all excellent sources, but you'll probably need to take a prenatal vitamin to make sure you're getting all the B you need.

The D List

"You are building a whole new skeleton, which takes a whole lot of calcium," Johnson says. "To prevent your body from dipping into its own calcium store, which is your bones, you need to make sure you're getting it from your diet."

Supply your baby with enough bone-building raw materials—and keep your own bones strong—by getting at least 1,000 milligrams (mg) of calcium a day. Three daily dairy servings will supply the calcium you both need. Not a big fan of milk? Johnson suggests drinking calcium-fortified orange juice or soy milk. You can also take a calcium supplement, but because your body

can absorb only a small amount at a time, divide your total dose into two 500-mg doses twice a day instead of taking the whole 1,000 mg at once. Pair calcium with vitamin D to improve your body's absorption.



Brain Builder

You need to eat a lot of fat right

now, but we're not talking cheeseburgers and fries. The kind of fat your baby requires is the healthy, omega-3 variety—polyunsaturated fatty acids called DHA, ARA, and EPA. "Omega-3 is the ideal fat for the baby's brain," Johnson says. "It's critical for the baby's brain development and also the nervous system."

Go heavy on the omega-3s during your pregnancy, and you might improve your child's cognitive ability, vision, and motor skills. Your health may benefit, too. A recent study of new moms shows omega-3s may lower the risk of postpartum depression.

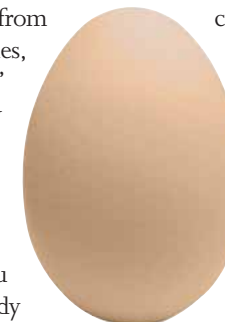
Because your body can't make omega-3 fatty acids, the only way to get them is from your diet. Here's the problem: Fatty fish is a top omega-3 source, yet mercury worries make many moms-to-be think there's something fishy about seafood. But Johnson says you can have fish twice a week by eating low-mercury varieties, such as canned light tuna, salmon, and pollock.

Pumping Iron

There's a good reason iron is high on your prenatal vitamin's ingredient list. This important mineral helps your blood carry oxygen to your body, and you need it even more now that your heart is pumping for two. "The burden of pregnancy on a woman's iron stores is huge," Johnson says. If you're low on iron your baby will be, too, and you'll both be at risk for anemia.

Three servings of iron-rich foods such as lean meat, chicken, dried beans and peas, and green leafy vegetables should give you most of the 27 mg you need each day. Eggs are another great source of iron, and they're also high in two other important nutrients for pregnant women—protein and choline. "Choline is essential for brain development. A lack of it can actually cause birth defects," Johnson says.

Watch what you eat during pregnancy, but don't beat yourself up for splurging on rocky road ice cream—or any other treat—once in a while. After all, you've got nine whole months to eat healthy. ■



Get more mom-to-be nutrition advice.



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Supply Demands

By Katherine Kam, WebMD Contributing Writer

When you're pregnant, it's a delight to browse the baby stores for those adorable outfits, colorful playthings, and stylish strollers. You might be tempted to scoop up lots of baby gear all at once, but so much shopping can be overwhelming, not to mention expensive.

Relax. Realistically, you'll have plenty of time before your baby needs sippy cups, a high chair, or a potty. In the early months, your baby requires only a few essentials. For example, you can't take your baby from the hospital unless you have an infant car seat. And once you get home, your baby will need diapers, clothing, and a safe place to sleep.

As you prepare to welcome your baby home, make sure you have these important items on hand.

HOT SEAT This one's a biggie. Every state requires parents to have a proper car seat before they can leave the hospital with their baby. Your baby must be in a rear-facing seat until he or she is age 2. If you borrow a car seat, make sure it's not damaged and has not been recalled.

If you're not sure how to install a car seat properly, ask your pediatrician where you can find expert help, says Benjamin S. Danielson, MD, medical director of the Odessa Brown Children's Clinic at Seattle Children's Hospital. He says his hospital recommends a car seat-fitting specialist to parents. You can also call your local AAA chapter to find out whether it runs a car seat safety inspection station near your home. Many fire stations and police stations offer free car seat inspection on a drop-in basis, too.

CRIB NOTES A stable bassinet or crib offers your newborn a safe, comfortable place to sleep. If you start with a bassinet

or cradle, follow the manufacturer's instructions on safe use, taking into account the weight and size of your baby.

As for cribs, look for one with slats that are no more than 2 3/8 inches apart, and make sure the mattress fits snugly into the crib so your baby can't slip into any gaps on the sides. Avoid headboards and footboards with cut-outs, which could trap a baby's head.

Keep your baby's crib clear. While it's tempting to spruce it up with stuffed animals, pillows, or heavy quilts, these things can impair your baby's breathing or pose a suffocation hazard.

Some doctors even caution against using any blankets in the crib. As an alternative, the American Academy of Pediatrics suggests using baby sleeper clothing—no covers needed.

SOFT SELL Newborns need only a few baby couture basics: four to six one-piece gowns (called onesies), two to three one-piece, footed sleepers, four to six

undershirts, one blanket sleeper (according to the season), two to three pairs of socks or booties, a few bibs, a hat with a brim, and a sweater or outerwear for cold weather.

As for linens, you should have on hand three to four crib sheets, two waterproof crib pads, and three to six receiving blankets for swaddling your baby.

Although your newborn won't be ready for a bath until the umbilical stump falls off, prepare by getting a small bathtub. You'll also need four to six baby wash-

cloths, two to four hooded bath towels, mild soap, and baby shampoo.

FEED BACK If you plan to breastfeed, consider buying nursing bras and bringing them to wear at the hospital. A breast pump is useful, too; it can stimulate more milk if you pump right after a feeding, according to Danielson. "If breast milk production is a little bit slow, which can happen with first babies especially, a breast pump is sometimes a good way to help deal with that," he says. Pumping breast milk also

allows Dad to help feed the baby during the night, he adds.

If you go the formula route, ask your pediatrician for a recommendation. Be sure to have several baby bottles and nipples on hand. Stock up on about six small 4-ounce bottles for your newborn. When your infant reaches 4 to 6 months, you'll want to switch to larger 8-ounce bottles.

If you choose plastic bottles, look for certified BPA-free models, the American Academy of Pediatrics advises. While most U.S. manufacturers stopped using BPA in

Reviewed by
Sara DuMond, MD
WebMD BABY CARE EXPERT



baby bottles in 2009, it's still smart to stay away from clear plastic baby bottles with the recycling number "7" and the imprinted letters "PC," according to the AAP. They might contain BPA, a controversial chemical researchers are studying for possible effects on human health.

But you can still go with plastic. Just look for opaque plastic bottles made of polyethylene or polypropylene, which contain no BPA. Disposable bottle liners also tend to be BPA-free. You can buy glass bottles, although they're heavier and break more easily.

BOTTOM LINE For disposable diapers, buy newborn sizes, as well as the next size larger to prepare for your growing baby. For the first few weeks, you'll need about 10 to 11 disposable diapers per day, so buy accordingly. For cloth diapers, have about 48 on hand, as well as three to five diaper covers and a diaper pail.

Don't forget diaper wipes and a diaper bag, too.

WALK TALK Pick a sturdy, conventional stroller with brakes that lock the wheels firmly and a seat belt and crotch strap that are attached securely to the frame. Steer away from umbrella strollers. They're light and handy for toddlers, but they're not a good choice for babies who can't sit up yet.

A front or back carrier is a good way to keep your baby snuggled close to you as you move about.

SAFETY FIRST Before your baby starts to crawl, you'll want to baby-proof your home with cabinet locks, safety gates, covers for electrical outlets, and other safety products.

But in the earliest months, you'll need to stock only a few key first-aid items: a rectal (not ear) thermometer (rectal thermometers more accurately take a baby's core body temperature), infant acetaminophen to relieve pain and fever, and a diaper rash cream or ointment. "You'll want something that's soothing and protective," Danielson says. "It's nice to have something on hand for a rash that shows up." ■



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Trade tips with other new moms on the [parenting boards](#).



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Your body, Your baby

A trimester-by-trimester look at how
you and your baby are growing

By Gina Shaw, WebMD Contributing Writer



Congratulations—you're pregnant! And you're probably curious and a little anxious about what's going to happen with your body and your baby over the next nine months. Here are some highlights.

THE FIRST TRIMESTER You've Got a Secret

For most women—especially first-time moms—it's almost impossible for anyone to tell they're pregnant during the first trimester. As a brand-new expectant mother, you're not showing much, if at all, and the only telltale outward sign might be that smile you just can't suppress.

But inside, both your baby and your body are already working at top speed, like the Apple factory before a new iPad launches. During the next 13 weeks, your baby will:

- Grow from a tiny cluster of cells called a blastocyst (about the size of the head of



a carpenter's nail) at week three of pregnancy to about 3 inches long (think the length of your car key) by week 12.

- Develop pigment in her eyes (still hidden behind sealed lids), form a tiny tongue with taste buds, and build a full four-chambered heart beating at about 180 beats per minute.

- Form all of her major organs and body systems—a critical time of structural development. The period between eight and 10 weeks' gestation is perhaps the single

most crucial time for fetal development, says Annette Perez-Delboy, MD, assistant professor of obstetrics and gynecology at Columbia University Medical Center and a maternal-fetal medicine specialist.

Meanwhile, there's a lot going on with you, too:

- Your heart is rerouting much of its effort toward baby's temporary digs, your uterus. By the end of the first trimester, a significant amount of your cardiac output goes to the uterus.
- Your uterus is expanding from the size of a closed fist at conception to about the size of a small melon at 13 to 14 weeks.
- You may be noticing some of the first physical signs of pregnancy: breasts that are sore or tingle at the slightest touch, skin that's drier or oilier than usual, and "morning sickness"—which may or may not restrict itself to the a.m. hours. As many as 70% to 80% of pregnant women have it, but not feeling morning sickness

CULTURAMASTERFILE



doesn't mean there's anything wrong with the baby.

THE SECOND TRIMESTER Pregnancy Honeymoon

Doctors often call this the "honeymoon trimester." Many women have put the nausea, sore breasts, and fatigue of the first trimester in the rear-view mirror. You're big enough to proudly show off a growing belly but not yet so ungainly that turning over in bed requires help.

During this trimester, your baby will:

- Triple in length—more or less—from about 6 inches at week 14 or 15 to about 14 inches at 27 weeks. At the start of this trimester, she'll be about the size of a peach. By the end, she'll be more like an eggplant.
- Begin to hear the cacophony of sounds inside your uterus—your pounding heart, swooshing blood as it rushes through your veins, and the gurgles of your stomach digesting lunch.
- Develop fine downy hair called lanugo, which usually shows up first around the eyebrows and upper lip.

You're changing, too—inside and out:

- Most pregnant women begin to "show" during the second trimester. You likely gained less than 5 pounds during your first trimester, but now the number on the scale is edging relentlessly upward. As your second trimester proceeds, you'll gain an average of 1 to 2 pounds per week.

- Your internal organs will relocate to accommodate your growing uterus. Your rib cage will move upward by as much as two inches.

THE THIRD TRIMESTER Nearing the Finish Line

During the third trimester, Perez-Delboy says, "It's all about weight gain—for baby and mom." As delivery day nears, you may be feeling fatigued, ungainly, and short of breath, but you may also be enjoying the beauty of your rounded belly. Meanwhile, inside that belly, your baby:

- Is becoming "safer for the outside" with every passing day. In a high-level neonatal intensive care unit like Perez-Delboy's, a fetus born at 24 weeks has about a 50-50 chance of survival. By 28 weeks—just four short weeks later—about nine in every 10 babies born survive.

- Is beginning to "practice breathe"—not air, but amniotic fluid.

- Is active enough that you might detect a hand, foot, or elbow poking at you through your abdomen.

- Has grown from the size of an eggplant or large papaya at the beginning of the trimester to about the size of a small pumpkin by the time those first contractions start.

Your body's getting ready, too:

- As the baby's head moves lower—a process called "engagement"—you may be feeling

more pressure on your bladder but less up near your ribs. It's a mixed blessing. You'll have to go to the bathroom more often, but breathing and eating will be easier.

- Some women find a clear or yellowish substance known as colostrum leaking from their nipples, while others don't produce a drop until after baby is born.

- Your weight gain is probably slowing down, but your feet and hands may look as if someone inflated them with a bike pump. This common condition, called edema, goes away quickly after birth—but if you notice very sudden swelling, especially in your hands or face, call your doctor.

During the first few weeks of gestation, it might be hard to believe you'll ever reach the fabled 40-week mark, when you finally get to meet your baby. But after giving birth, women sometimes look back at their pregnancy with feelings of nostalgia. So enjoy these brief months when your baby lives nestled under your heart as you anticipate the moment when he's snuggled in your arms instead. ■



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Former Spice Girl
Melanie Brown,
aka Mel B, adds
to her own all-girl
group and sings
the joys of
motherhood the
third time around

Bplus



By Jenna Bergen, WebMD Contributing Writer

“I’ve been eating a lot. All day long,” Melanie Brown says. The singer-songwriter who shot to international stardom in the mid-’90s as “Scary Spice,” the edgy, big-haired member of the best-selling, award-winning British pop group the Spice Girls, is expecting her third child and sharing a common mom-to-be confession. “I don’t stop. I eat when I want and what I want.”

Stopping is something the 35-year-old Brown, commonly referred to as Mel B, seems nearly incapable of doing. Since embarking on a solo career in 2001, she has released two albums, written a best-selling autobiography, appeared as Mimi in the Broadway production of *Rent*, won the hearts of fans on the fifth season of *Dancing With the Stars*, hosted the second season of Oxygen’s hit weight-loss show *Dance Your Ass Off*, and starred in her own reality series, *Mel B: It’s a Scary World*, on the Style Network. Her next big venture, set to start this August: appearing as a judge on the pop-star search competition *The X Factor Australia*.

And then, there’s a new baby about to arrive. Brown’s due to give birth to her first baby with husband Stephen Belafonte in August and, now in her third trimester, sees here-and-there indulgences as one of the best parts of pregnancy.

“I was like this with my last two pregnancies, too,” says Brown, already the proud mom of daughters Phoenix, 12, and Angel, 4 (both from previous relationships) as well as stepmom to Belafonte’s 7-year-old daughter, Giselle. “When I’m really into my fitness routine, I eat super clean, super protein, super organic—super, super healthy. But since I’ve been pregnant, I kind of indulge in the things I wouldn’t usually indulge in,” she says, like the occasional burger or pizza.

What the Los Angeles resident has been eating a lot of: Belafonte’s home-cooked meals. “I’m married to a good cook who cooks really healthy—well, mainly healthy—food,” says Brown, laughing. “Yesterday, he came home and whipped up chicken and vegetables in this amazing curry sauce. I’ve got my own gourmet chef on hand, so I’m very lucky.”

Body Knowledge

The devout fitness enthusiast was working out an hour a day prior to her pregnancy. But the high-energy cardio junkie hasn't had a single date with the treadmill since revealing her newest baby bump.

"For the first four months, I felt really sick—I was just trying to get through the day without actually throwing up, so I haven't really worked out since I've been pregnant," says Brown, who normally gravitates toward a mix of heart-pumping workouts like spinning, boot camp, and hiking. "It was strange because, with my last two pregnancies, I never had morning sickness. So it was a bit shocking, to say the least. But I'm finally getting out of that phase and starting to feel good."

Despite being a little more curvaceous than she's used to, Brown, who tantalized audiences with her burlesque act, *Peep Show*, at the Planet Hollywood Resort & Casino in Las Vegas in 2009 and who's currently the face of the U.K. negligee line Ultimo Lingerie, hasn't lost her body confidence. "I don't mind if sometimes I'm curvier and sometimes I'm more ripped. I enjoy all the different phases," Brown says. "Don't get me wrong: Sometimes it can get uncomfortable when you're pregnant and you don't feel sexy because everything is swollen and a bit tender. Everyone has her up and down days. But it's just about making the most of the situation that you're in. Being pregnant is a beautiful thing."

Modern Mom

There are many reasons Brown, who does everything from cooking and playing Scrabble with her little ones to carting them to the Kids' Choice Awards, loves being a mom. "It teaches you not to focus on yourself. And you have an instant, built-in 'truth panel,'" she says. "Your kids will tell you exactly what they think of you or if they're upset. It's a big responsibility, but fantastic. It sort of makes you grow up and appreciate what you have and where you are in your life."

Have the responsibilities of motherhood slowed the jet-setting star? "I have a 12-year-old, so I really can't imagine life

without kids," says Brown, who compares the last Spice Girls tour in 2007 to a "traveling circus." "I had Angel and Phoenix with us and all of the other girls had their kids with us, too." She laughs, then turns serious. "I guess, before kids, I could just pick up and leave whenever I wanted to,

but now I pretty much do that anyway: I just bring my kids."

Brown does, however, admit that kids make life more stable. "With Phoenix in school, you can't just take off for a month at a time without considering school and homework, and you want to make sure

Simply being able to have a baby growing inside you, to feel all that joy and the flickerin' and the kickin'... you're able to really wrap your head around how great Mother Nature can actually be. //



your kids have a certain amount of consistency. But I've always said that kids should enhance your life, not hinder your life. So I just try to make the most out of being with my kids. You have to have a life for yourself somewhere in the mix of being a wife and mum.

"It's a juggling act," Brown adds. "I juggle stuff on a weekly basis, between time by myself, time with my husband, and good, well-spent time with the kids. I do that every single week and if I didn't, I think I would go insane. I just do it week-by-week, and it somehow manages to get done."

Attitude Adjustment

As for whether she's having a boy or girl, Brown is letting herself enjoy the anticipation. "I didn't know with Phoenix or Angel, and I don't know with this baby. There are so many things you have to be prepared for that I think it's nice to have a little bit of surprise. As long as the baby is healthy, I mean, who cares?"

Brown's attitude toward pregnancy hasn't always been so happy-go-lucky. Like most moms, she's mellowed over the years. "With your first baby, you watch all the shows, you read all the books—you kind of terrify yourself because you realize how many things can go wrong. You over research it. It isn't a bad thing, but it makes you a little bit nervous, which is what I did with Phoenix. But with the second and third baby, you're a bit more of an old hat. You're more relaxed about everything."

While many women are feeling the pressure to embrace more natural birth options, Brown is content to take the comfortable route and isn't afraid to say so. "I experienced a lot of pain with my first delivery 12 years ago, so I'm going to opt for as little pain as possible and have an epidural."

The same goes for breastfeeding. If she can do it, as she did with her first two babies, great. If not, well, life will go on. "It is extra-special to breastfeed and it is really healthy [for the baby], but not every woman can do it. I hope I'm able to, but if you can't you can still get that connection by feeding

Spice of Life

Mel B's Top 5 Tips for Enjoying Pregnancy

Write it down. "Keep a diary and try to enjoy your pregnancy as much as possible," says former Spice Girl and expectant mom Melanie Brown, who's kept a journal since she was young. "You won't believe how quickly the time goes."

Wear vibrant colors and comfy dresses. "Bright colors just set your day off [right] and make you feel a little more relaxed and a little happier," says the impeccably posh fashionista. "I've also been living in these silky, flowy dresses from [Danish designer] Charlotte Sparre that are just perfect for being pregnant."

Relax about workouts. Missing a few sweat sessions doesn't mean you'll be cursed with a post-baby bod forever. "Because I'm not working out during my pregnancy, I can't wait to do it," says Brown. "Once the baby is born, I've got the baby into a routine, and my body is somewhat back into sync—I'll get right back on that running machine."

Keep your due date on the down-low. To dodge future stress, keep your baby's proposed b-day quiet. "I don't like to put dates out there because there is so much pressure leading up to it," says Brown. "And then, if you're overdue, there's the whole stress of having to say you're five days overdue or you're a week overdue...and that can get really frightening."

Carve out couch time. While Brown is often busy running to meetings and carting around the kids, she also spends many evenings with her feet propped up in front of the TV. "I think it's important to have the best of both worlds [while you're pregnant]," she says. "If you work during the week, make sure to relax on the weekends."—J.B.

your baby with a bottle. It's not as intimate, but you can still get that bonding."

Present Day

As for what's next: In addition to prepping the nursery and preparing for her trip Down Under, Brown's currently working on her third solo album. "I like to stay creative," she says. "I like working." She's also looking forward to the debut of the Spice

Girls' Broadway musical, *Viva Forever*, which will feature many of the group's songs.

For now, appreciating the moment is front and center. The mere state of being pregnant brings her great happiness. "Simply being able to have a baby growing inside you, to feel all that joy and the flickerin' and the kickin'...you're able to really wrap your head around how great Mother Nature can actually be," she says fondly. ■

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Labor Day

It's perfectly normal to feel a bit nervous, but knowing what to expect during each stage of labor can make delivery go that much smoother

By Christina Boufis, WebMD Contributing Writer

Unlike in the movies, labor and delivery aren't always scripted. No one knows exactly what triggers labor, though hormones are suspected to play a role. And though labor is divided into three stages, each woman may not go through it the same way. For first-time moms, labor can last 12 to 24 hours, on average. For some women it will be faster and for others slower. Here's what you need to know.

Stage One: Latent Phase

What to expect: This stage of labor is the longest, and can range from 12 to 20 hours for women having their first baby. Labor begins when you have uterine contractions—which may be mild at first, occurring every 15 or 20 minutes—and when your cervix begins slowly dilating and effacing (thinning). It ends when your cervix is dilated 3 or 4 centimeters (about 1 to 1½ inches).

Contractions last anywhere from 30 to 70 seconds and can feel like a backache or menstrual cramps. As labor progresses, contractions become more regular, frequent, and intense, increasing to every seven to 10 minutes, then every five to seven minutes.

What to watch for: You may notice a “bloody show,” pink or brown-tinged mucus—a normal discharge as your cervix opens. This discharge may happen days before or at the start of labor.

The rupturing of amniotic membranes can occur spontaneously in stage one labor or later on in the process and feel like an obvious gush or just a feeling of wetness—or your water may not break until a doctor does this for you, says Tiffany A. Moore-Simas, MD, MPH, MEd, FACOG, director of the Obstetrics and Gynecology Research Division at the University of Massachusetts Medical School.

How to manage: It's good to call your physician when you begin contractions, but you may not need to go to the hospital yet. Healthy, first-time moms can usually go through this stage of labor at home, says Moore-Simas.

When should you go to the hospital? “When you're contracting every five minutes, that's a good time to come in,” says Moore-Simas. “If you're leaking fluid, that might [also] be the time to come in.”

Meanwhile, rest and make yourself as comfortable as possible, perhaps by listening to music or soaking in a warm bath.

Stage One: Active Phase

What to expect: At this stage, contractions are stronger and more painful, occurring about three minutes apart and lasting approximately 45 to 60 seconds. Your cervix is dilating much more rapidly, about 1.2 centimeters an hour, says Moore-Simas.

When your cervix dilates from 8 to 10 centimeters, you are in “transition stage,” the last part of stage one labor; contractions now come approximately every two to three minutes and last for a minute or more. You may feel nauseous and have increased back pain.

How to manage: At the hospital, your vital signs (temperature, blood pressure, pulse) will be taken. External monitors to check the baby's heart rate and your contractions will usually be placed on your abdomen. A nurse or doctor will do an internal exam to check dilation.

You may be offered various pain management options, including an epidural, an anesthesia that blocks pain.

Practical tips: Warm showers, particularly with a hand-held showerhead, can help reduce lower back pain. Gently bouncing on a birthing ball, receiving massage from a partner, listening to soothing music, and practicing deep breathing exercises can also help. Some women find relief by changing positions, walking, or getting down on their hands and knees.

Stage Two

What to expect: Often called the pushing stage, this part can last up to three hours if you've had an epidural—up to two

hours without it. At 10 centimeters (about 4 inches), you're fully dilated. Contractions may last longer than a minute and will usually occur every two to three minutes. As the baby's head descends into the pelvis/vagina area, you may feel pressure in your rectum (like the need to have a bowel movement) and the urge to push.

How to manage: “You don't ever want to push until somebody has told you you're fully dilated,” says Moore-Simas. Otherwise, pushing can cause the cervix to swell.

“Often the pushing happens in spurts of three over the course of one contraction,” she says. “You take a big, deep breath, and you want to push like you're really constipated,” says Moore-Simas, “with all your effort in your bottom.”

If necessary, you may have an episiotomy, a small incision in the area between the vagina and the rectum to ease delivery. This practice isn't done as much as it once was, says Moore-Simas, who estimates only 5% of her patients require episiotomies.

The progress of the baby's descent through the pelvis is measured in numbers called stations, until the baby crowns (when the top of baby's head becomes clearly visible at the opening of the vagina).

Stage Three

What to expect: The shortest stage of labor can take moments or last for 30 minutes. Contractions won't be as strong as you deliver the placenta (or afterbirth). If you have an episiotomy or you've torn tissue during delivery, you will be stitched up now.

Labor may be different for every woman, says Moore-Simas. But “at the end of the day, the goal is a healthy mom and baby. It's such a beautiful day and such a beautiful experience.” ■

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spotlight

pregnancy

Going back to the
office after baby?
Start planning now

Work It Out

By Linda Formichelli, WebMD Contributing Writer

The nursery is painted and the cabinets are stocked with newborn-size onesies. Now, it's time to think about how you'll get back to work after the baby's here. Linda Glass, an executive coach and career strategist, mom, and former director of Global Talent Strategies for Starbucks, shares her top four tips for transitioning back to the office.

Call for help. Arranging reliable care for your baby can help you get back into the work mindset while feeling reassured that your baby is being well cared for in your absence. Ask any candidates for referrals, and use Facebook to ask your local mom friends whether they've used the person or service and what their experiences have been. And start the search early, says Glass. "You can always get a car seat last minute, but a decision on what type of care you'll need for your child takes some research and time."

Start slow. Jumping from maternity leave to full-time work can be a shock, so if possible, ask your employer to let you start off with a part-time schedule for as long as you feel your workplace culture will allow—from a few weeks to a couple of months, says Glass. Alternatively, you can find out if your boss will be willing to let you schedule your first day back later in the week, say, on a Thursday.

That way, you have only two days of work and then you get the weekend with your baby. "You're not diving into the deep end with the schedule, but easing yourself back into it," Glass says.

Write it down. Before going back to the office, write down your family's priorities and take a look at the big picture. Where can you compromise? For example, how important is it for you to have the house sparkling clean? To eat home-cooked dinners every night? "There are so many needs and only so much time, so it's about using the hours most effectively," says Glass.

Connect with the boss. To help get your head back in the game, schedule time with your boss a few weeks before your return to familiarize yourself with projects you'll be working on, says Glass. Also, ask your boss whether she has any concerns about your return so you can reassure her that you're ready to get back to work. Some bosses worry that you won't be able to focus on work, that you'll be arriving late or leaving early, or that you'll soon quit to stay at home with your baby. ■

Reviewed by
Brunilda Nazario, MD
WebMD SENIOR MEDICAL EDITOR



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Class Act

Study up on the different types of birthing methods

By Annie Stuart, WebMD Contributing Writer

Are childbirth classes for everyone? Two Columbia University childbirth experts—Mary Lake Polan, MD, PhD, MPH, an adjunct professor in the Department of Obstetrics and Gynecology, and Jeanne M. Coulehan, CNM, MPH, clinical practice manager and midwife in the Division of Maternal Fetal Medicine—offer a resounding “yes.” But the thing to know, they say, is that “one size doesn’t fit all.” Childbirth classes vary in duration, curriculum, and approach, so do your homework before class begins. Find a class and instructor that match your personal philosophy of pregnancy and delivery, especially when it comes to the use of pain medications or medical intervention.

Polan favors a comprehensive approach, which many classes offer. They cover the gamut, from pregnancy to labor and delivery and beyond. “The more you know about what’s going on, the better you’re able to not be frightened and to deal with the pain,” Polan says. You also need to know about alternatives for pain relief or what happens if a problem suddenly develops during labor.

“Everybody should go to a childbirth class, even if you know you’re having a cesarean,” Coulehan adds. (Yes, there are childbirth classes tailored for this kind of delivery.)

Where should you begin? You can start with your obstetrician, midwife, or hospital for suggestions. Or ask friends and family members or search online for classes in your area.

As you hunt for options, remember this: “The goal is to have a healthy baby, not to have a peak experience,” says Polan.

Labor and delivery may seem endless when you’re in it. But it’s really only a day in this lengthy parenting affair.

Lamaze

Lamaze was one of the pioneers in childbirth education. Today, it remains the most widely used approach in the United States.

“With Lamaze, you’re taught breathing exercises to help you breathe through the pain and not tense up,” Polan says. You also learn other relaxation and distraction techniques, massage and communication skills, and positioning for labor and birth. And your childbirth partner or coach learns ways to support you throughout labor.

Use of medication and medical intervention isn’t considered verboten in Lamaze. Instead, you’re informed about your range of options. “It’s important not to feel that you’re a failure if you decide you want pain medicine,” says Polan.

In addition to guidance on labor and birth, Lamaze provides information about a healthy lifestyle, early postpartum care, and breastfeeding.

Bradley Childbirth Method

The Bradley approach strongly encourages the active involvement of the baby’s father. “Getting pregnant is a couple’s event, and I think having a baby is, too,” Polan says. “So it’s helpful if your husband or significant other understands what’s happening and can coach you through it.” There’s plenty of opportunity for labor rehearsals.

Bradley emphasizes what Coulehan calls an important life skill: progressive relaxation. “I tell patients, you’ll use it during the labor process, but you’ll also use it in life...to bring inner tranquility or calmness in times of stress.” (Stressful parenting, perhaps?)

Like Lamaze, Bradley informs you about wellness issues and natural approaches to birth along with how to handle worst-case scenarios. But it stresses trying to avoid medications and cesareans. Even so, Polan reminds prospective parents, “If your doctor says, ‘I know you wanted x, y, or z, but you can’t because there’s a problem here,’ you need to listen to whoever is delivering that baby.”



Coach Class

Doulas and midwives are two professionals you may want to add to your childbirth team. “But it’s not how many people you have with you,” says Columbia University childbirth expert Mary Lake Polan, MD, PhD, MPH. “It’s that they have a consistent and flexible approach to delivery.”

Doulas The training of doulas varies somewhat in scope, but they’re not certified to perform medical tasks. They provide emotional and physical support, as well as information to help you make knowledgeable decisions before, during, and after delivery. “They’re more commonly used when a partner is not available,” says Jeanne M. Coulehan, CNM, MPH, a nurse-midwife also with Columbia University. Or a woman might enlist a doula’s support when her partner is less than comfortable in the role of coach.

“I support patients who want doulas,” Coulehan says. But she doesn’t typically work with one, given that she provides similar advocacy services in her role as midwife.

Midwives With two to three years of training in midwifery school, midwives can deliver babies in most settings—home, birthing center, or hospital. Most have also completed nursing training and passed national and state licensing exams. Midwives can request an epidural, give narcotics, and do episiotomies (a small cut in the skin between the vagina and the rectum), Coulehan says. They have obstetricians as backups in the event of an emergency.

HypnoBirthing and Beyond

A range of other classes and offshoots can also aid your pregnancy and delivery.

HypnoBirthing is a natural childbirth approach that uses self-hypnosis and deep relaxation, Coulehan says. It encourages women to use their natural instincts to enhance the birthing process.

Birthing From Within focuses on staying aware throughout the birth, not focusing on a particular birth outcome.

The **Alexander Technique** can be used by anyone to promote ease of movement, flexibility, and coordination. These principles are great for improving comfort during pregnancy, easing delivery, and aiding recovery following birth.

Likewise, special **pregnancy yoga classes** can prepare you for labor and delivery. And if you’d rather not take a class with others, you can find instructors who teach one-on-one classes in your own home. ■

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Should you write a birthing plan? [Ask the experts.](#)  [WebMD.com](#)

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