



NEW BEGINNINGS . . .

a newsletter dedicated to the pregnant family.

No. 3

Weeks 22-25 of Pregnancy

Pregnancy

By now you are entering the 6th month of your pregnancy. This is the last month in the second trimester. Many people find the second trimester to be a calm time. Most of the discomforts of early pregnancy have disappeared and there is a general feeling of well-being and renewed energy.

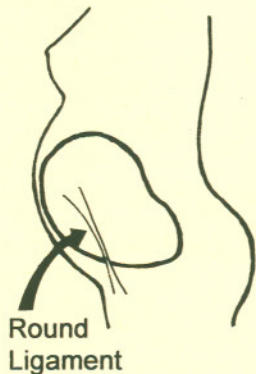
Even at this seemingly 'quiet' time, your baby has experienced a dramatic period of growth. As the baby grows, your uterus and abdomen increase in size. These changes can bring about new needs and new adjustments in your life.

This newsletter contains information especially related to concerns surrounding this time in your pregnancy. If you have any further questions or concerns, please contact one of your health care providers. Keeping your prenatal appointments is one of the most important things you can do for your unborn baby.

Physical Changes and Concerns

Round Ligament Pain

The uterus is suspended in the pelvic cavity by several ligaments. One pair of ligaments, the round ligaments, help steady the uterus during pregnancy. Round ligaments stretch as the uterus enlarges. If you move too quickly, you may notice a quick, sharp pain in the lower abdomen. This is a result of stretching of the ligament. This is a normal occurrence. It is uncomfortable for you, but not harmful for the baby.



Comfort measures are:

- pelvic rock to relieve the stretch
- avoid prolonged sitting; pain can occur when you stand up after sitting
- rest in a side-lying position to relieve stretching

Swelling (edema)

Some swelling of the feet and legs is normal. This is especially true in the second and third trimesters of pregnancy. It is due to pressure of the baby against the main blood vessels in the groin area. **Normal** sodium and water retention also occurs.



Methods of decreasing swelling include:

- elevate feet and legs several times a day.
- sleep with legs slightly elevated.
- avoid binding clothes (for example tight slacks, knee highs).
- lie on the left side when resting (a side-lying position – especially the left side – helps your heart and kidneys remove extra fluid from your body).
- drink more water to help flush the system of extra sodium and wastes.

CAUTION: Call your health care provider immediately if you have:

- 1) Swelling that is present in the morning (after a night's rest in bed).
- 2) Swelling of the face and hands.
- 3) Either of these symptoms accompanied by a sudden weight gain (more than 3 pounds in one week).

These signs may indicate a problem called pre-eclampsia (toxemia).

Constipation

Constipation may occur during pregnancy due to the growing uterus pressing against the bowel. This slows bowel activity. **To avoid or relieve this problem follow these basic rules:**

- 1) Try to have a bowel movement at the same time each day. (If you are not accustomed to a bowel movement every day, make sure your regular pattern is maintained.)
- 2) Eat a diet high in roughage, raw fruits and vegetables and whole grain breads and cereals.
- 3) Drink extra amounts of water daily (10 glasses per day suggested).
- 4) **Avoid** strong laxatives that may start labor.
- 5) Drink warm liquids in the morning.
- 6) Maintain a daily exercise routine such as walking.

DO NOT STOP TAKING YOUR IRON SUPPLEMENT!

It is needed to carry oxygen in the blood for you and your baby!

Leg Cramps

The weight of your growing uterus may exert pressure on blood vessels and nerves to the legs. This may cause leg cramps. Leg cramps may also be caused by an imbalance of calcium, phosphorus and magnesium in the body.

Relief measures include:

- 1) Straighten the affected leg and point your toes toward your head. Your partner can help you with this.
- 2) Stretch calf muscles by:
 - (a) standing about 12"-18" away from the wall and ...
 - (b) leaning forward into the wall
 - (c) don't bend your knees.
- 3) Elevate your legs periodically throughout the day.
- 4) Soak cramped muscle in warm water.
- 5) Check with your health care provider about possible dietary changes.

Emotional Changes

Introversion

Introversion, or turning inward, is common in pregnancy. You may find you are more content to stay home and do dishes and not in such a hurry to continue with outside activities. This can be upsetting to someone who has been active. You must understand that these changing feelings are normal. Both partners need to be aware of these changes. Discuss feelings and work together to overcome blocks to communication.

Body Image

Another aspect of body image is body boundary. This is a zone of separation that you feel between your body and other objects or people. You may see your body as very delicate and easily harmed. This change you sense may be so noticeable that you may find yourself walking far away from objects to protect your body. Remember, these changes in body image are normal.

Dependency

During some phase of pregnancy, men and women commonly show a desire to be mothered. This increased need to feel loved must be met for both of you. This makes it easier for you to transfer that love to your baby. Talk to one another. Work at meeting each other's needs. You can also gain support from family, friends and health care providers.



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Written and Prepared at South Dakota State University by:
Carla Dieter, MS, RN And Carol Bergen, MS, RN

Advisory Panel:

Milton Mutch, MD, Obstetrician-Gynecologist, Sioux Falls, SD

Linda Marchand, CHE, District Nutrition Supervisor, Nutrition Services, South Dakota Department of Health, Rapid City, SD

Nancy Spyker, MS, RD State Nutritionist, South Dakota Department of Health, Pierre, SD

Colleen Winter, BSN, RN, Assistant Administrator, Maternal and Child Health, South Dakota Department of Health, Pierre, SD

Jan Mueller, RN, ACCE, Childbirth Education Coordinator, Sioux Valley Hospital, Sioux Falls, SD

Gail Stafford, RN, Nurse Midwife, Indian Health Services, Rosebud, SD

Verna Schad, MS, RN, Acting Nurse Consultant, Indian Health Services, Cheyenne River Eagle Butte, SD

Nutrition and Physical Activity

Food Myths

There are some common beliefs and sayings that frequently surround food and pregnancy. One phrase is "You must eat for two now." There is some truth in this statement. Take in more nutrients in some food groups such as dairy products and protein. This does not mean eating double portions. Follow the nutrition plan found in the first newsletter.

Food Cravings

Cravings for food during pregnancy are so common they are considered a normal part of pregnancy. Adjust your diet to include foods such as whole grain breads, crackers, cereals and pastas without exceeding the recommended calorie allowances. By doing this, you won't feel guilty satisfying those cravings. Remember, you still need proper amounts from all of the food groups.

Packed Lunches and Fast Foods

Many women need to either brown bag their lunch or eat at a fast food restaurant for their noon meal. Fast food restaurants may have low fat food choices, a salad bar, or both. However, the majority of foods prepared at fast food restaurants are high in fat due to the method of preparation. You may grow tired of the limited variety and cut down on your intake of needed foods.

A packed lunch causes few problems if creativity is used. Early in the pregnancy, pack your lunch the evening before rather than in the morning when you may feel nauseated.

Later in the pregnancy, prepare your lunch in the morning when you have more energy. Include a wedge of cheese or a container of yogurt. This will help supply the needed calcium in the diet. Pack carrots, sliced cucumbers or apples. They can be used for mid-morning or afternoon snacks.

Physical Activity – Kegels (exercises for the pelvic floor) Many women are not aware of the muscles of the pelvic floor. These muscles are used when urinating. They also support the growing uterus. They form a sling from your front bone (called the pubis) to your tailbone (coccyx). When you exercise the pelvic floor muscles, you increase their tone. This increases support. The pelvic floor muscles also surround the outlet through which the baby must pass. These muscles need to stretch and relax at the time of birth. To find these muscles, practice stopping and starting your flow of urine. Once these muscles are located, you should "exercise" them daily. It can be done anytime, any place.

- This exercise (kegels) can be practiced at times other than during urination.
- Not noticeable to others.
- Tighten the muscles – hold for 10 seconds – release slowly. Be aware of the release in the vagina. (This is where relaxation is needed at birth).
- Tighten ten times in a row.
- Exercise 5-10 times or more a day.
- Continue this exercise the rest of your life.
- Should be restarted after delivery.
- Helps to strengthen vaginal muscles.
- Helps to lessen episiotomy discomfort.
- Improves support to pelvic organs.

Family Relationships

Sexuality

Most women report that their sexual desires change in some way during pregnancy. For women who were always worried about becoming pregnant, sex during pregnancy may be enjoyed for the first time. Other women may feel a loss of desire. They may unconsciously view sexual relations as harmful to herself and her baby. Some couples may fear sexual relations will bring on early labor. Both of these concerns are unfounded. In a **healthy pregnancy without complications** there is no reason to stop love making. Intercourse can continue up to the time of delivery if it is comfortable for the couple.

You and your partner should be aware that changes in sexual interest may occur. Look at this as a change, not a loss of interest in the partner. Some of these changes are due to the increased hormone levels in pregnancy. Other factors may include fatigue, morning sickness, and the changing body image.



Your other children may also need to be included in the reality of this baby. A trip to the health care provider's office with you to hear the baby's heartbeat is an exciting way to include them.

Premature Labor

We have discussed premature labor in our last newsletter. To review, premature labor refers to labor which begins before the 38th week of pregnancy. Infants born before the 38th week may not be ready for life outside the womb. Symptoms include:

- 1) Abdominal/menstrual-like cramps
- 2) Lower back discomfort
- 3) Fluid leaking from vagina. This could be bleeding or leaking of the fluid that surrounds the baby.
- 4) Pelvic pressure

It is difficult to determine if you are in premature labor. Preterm labor does not always hurt. Contact your health care provider immediately if **ANY** of these symptoms are present.

Fetal Growth and Development (24 weeks)



- Weight – 1 ½ - 2 lbs
- Length – 12"
- Skin – pink to red
- Nostrils open
- Eyebrows and eyelashes present
- Eyelids open
- Movements stronger

U.S. Department of Health and Human Services



Health Resources and Services Administration
Maternal and Child Health Bureau

