

Congratulations!

You are creating and nurturing a new life. This changes your world in ways that may be hard to imagine. Your adventure will be filled with joy and surprises. *Enjoy your journey!*

Exercise

Exercise helps reduce your risk of gaining too much weight and lowers the risk for diabetes, high blood pressure, premature birth, and needing a Cesarean Section.

If you have been exercising—that's great, continue. If not, start slowly, try walking for 10 minutes each day and gradually increase that to 40 minutes each day.

Guidelines

- Exercise is important unless your health care provider has advised against it.
- If you find yourself out of breath, decrease the intensity.
- You sweat more during pregnancy, so be sure to drink plenty of fluids.
- Work longer, not harder. Forty minutes of walking at a moderate pace is better than 10 minutes of fast walking if you're out of breath.
- After your 5th month, avoid exercising on your back, as this decreases blood flow to you and your baby.
- Avoid any exercise that could cause you to fall. As your baby grows, your center of gravity changes.

Recommended

Walking, hiking, swimming, cycling, yoga, low-impact aerobics, and resistance exercises using weights or elastic bands.

Not recommended

Horseback riding, downhill skiing, rock climbing, scuba diving.

Travel

Traveling by car, bus, or airplane is generally safe for healthy pregnant women. Always consult your provider before any extended travel.

Guidelines

- Wear your seat belt.
- Bring a pillow for long journeys.
- Drink lots of fluids, avoid caffeine.
- Pack nutritious snacks and water.
- Request an aisle seat.
- Wear compression socks on airplane or long car rides.
- Bring a pair of loose-fitting shoes in case your feet swell.
- Plan to get up, use the bathroom, and walk around every 2 hours.
- Each airline has different rules about how late in pregnancy a woman may fly. You may need a doctor's note in your third trimester.

Sex

Sex is safe and does not harm the baby. It's normal to have:

More interest in sex—More blood flow to the pelvic area and larger, firmer breasts may enhance your interest and enjoyment.

Less interest in sex—Tender breasts, nausea, fear, and fatigue may make sex out of the question for a while.

Mixed feelings and thoughts about sex—It is normal to think and feel differently about sex now. Open communication is important for your relationship.

You may feel

- Very sexy and attractive
- That the baby is watching
- Very unattractive
- Tired or fatigued
- Not interested
- Guilty
- Awkward
- Uncomfortable
- Distracted

As pregnancy progresses, be creative with position changes. Gentle hugs or caresses can be a sweet substitute for intercourse.

Do not have sex if you have

- Vaginal or abdominal pain.
- Blood or fluid leaking from your vagina.
- Been advised against it by your provider.

Nausea

Some women feel a bit queasy in early pregnancy. The rapid increase in hormones causes nausea (morning sickness). It may occur any time, day or night, lasting minutes, hours, or all day. This is draining, yet usually improves by the 2nd trimester.

What you can do

- Eat dry crackers before getting out of bed, wait 5-10 minutes, then get up slowly.
- Eat small amounts of food frequently throughout the day. Try a bite or two every half-hour.
- Do not eat large meals on an empty stomach.
- Try taking your prenatal vitamin before bed.

Try these to settle your stomach

- Ginger cookies, ginger ale, or ginger tablets.
- Cut-up fruit, such as watermelon or cantaloupe.
- Flavored popsicles.
- Mix equal parts of water and juice. Try 1 tsp every 5 minutes until you can take larger sips.
- Melba toast, dry bagel, dry toast.
- Sea bands may help.

STOP - AVOID - LIMIT - LISTEN- LEARN

What to stop

Smoking, alcohol, recreational drugs

All of these increase the risk of miscarriage, bleeding, smaller babies, premature babies, developmental delays, and other serious complications. Once you know that you're pregnant, it is best to stop them completely. Talk to your health care provider if you need help.

What to avoid

Fish that may contain mercury or other contaminants—Shark, swordfish, king mackerel, and tilefish are all high in mercury. Other fish, such as striped bass, bluefish, salmon, and fish from local rivers and lakes may contain high levels of PCB's and other industrial pollutants. Limit all fish, including canned tuna, to less than 12 oz each week. Shellfish, if cooked properly, is not considered harmful.

Aspirin or non-aspirin pain medications (*Motrin, Ibuprofen, Aleve, Advil*)—These may cause bleeding or complications for the baby. *Tylenol* (Acetaminophen) is generally considered safe. Sometimes aspirin will be recommended for certain conditions.

Cat litter and soil—These may contain toxoplasma, a harmful parasite. Your cat is safe, but the poop may not be. Do not change cat litter while pregnant. When gardening, wear rubber or leather gloves and wash fruits and vegetables well.

Hot tubs and saunas—These can cause dehydration, overheating, dizziness and fainting. Otherwise warm baths can be very soothing.

Herbs—Because many herbs can be harmful to your baby or start labor, always ask your provider first and use caution. This is a partial list of herbs to avoid: black/blue cohosh, buckthorn, cascara, ephedra, feverfew, mandrake, mugwort, senna, tansy, and yarrow.

Foods that may contain bacteria or parasites

For example E.coli, Listeria, Salmonella, and Toxoplasma may be found in the following list of foods. All of these may cause serious food poisoning or illness in pregnant women and children under 5.

Unpasteurized juice

Raw meat, raw fish, and raw shellfish—Sashimi, ceviche, raw oysters, and carpaccio.

Soft cheeses—Brie, feta, blue, goat, camembert, gorgonzola, and Mexican soft cheeses.

Some deli meats—Salami, liverwurst, and hot dogs may be contaminated. Hot dogs should be well cooked.

What to limit

Caffeine—It's best to limit yourself to 200 mg each day, which is 2 servings of 8 oz or less each day.

Artificial sweeteners—Not enough is known about their effects. Occasional use is considered safe.

Peanuts—Your family history is unique and guidelines are changing. Discuss whether you need to limit your intake with your provider.

When to go to the hospital

Listen to your body

As your baby's birth approaches, it's normal to have mixed feelings about the birth process, meeting your baby, how you will recover and being a mom.

Ask your provider

Talk to your provider for guidelines about when you should call or go to the hospital. Keep their instructions handy, program important phone numbers into your smart phone and post them in your home where everyone can easily find them.

Useful websites

Cordblood.com
NurseBarb.com
Parentsguidecordblood.org

Learn about Newborn Stem Cell Preservation Options

Your baby's newborn stem cells have the potential to treat many serious conditions should you or your family need them in the future. It's important to consider the options for these valuable stem cells before you deliver so that you can make an informed choice, otherwise they are discarded and will not be available.

When deciding what is best for you and your family, it is important to know all of your options.

Preserving for your family— Private storage allows you to retain ownership of your newborn's stem cells and store them specifically for your family. This makes them available immediately if your health care provider approves them for a suitable use.

This service is provided by newborn stem cell preservation providers which charge a fee for collection, processing, and storage.

Public donation—Allows your family to offer your baby's cord blood stem cells to the public network at no cost. Your donation may then be made available to any patient who requires them. Your family does not retain ownership of the stem cells once they have been donated. As a result, there is no guarantee that they will be available if they're ever needed by a family member.

No preservation—Means that the cord blood and cord tissue will be discarded as medical waste after the baby's birth. Once discarded, they cannot be retrieved for future use.

Call your provider if:

- Your contractions have been coming every 5 minutes.
- Your water bag has broken.
- You have vaginal bleeding.
- The baby's movements have decreased.
- You have a fever over 100° F.

LAB TESTS

1st trimester

Prenatal blood tests—Tests for anemia, blood type, antibodies, Vitamin D, and a Hgb A1c, which tests for diabetes.

Blood & RH type—Your blood type is determined by 2 factors:
1. Blood group—O, A, B, or AB.
2. Rhesus (Rh) status is either positive (+) or negative (-).
When a woman is Rh(-) and the baby's dad is Rh(+), RhoGAM injections are given to prevent antibodies from forming that could harm this or future babies.

Rubella—Most women were vaccinated as children, so they and their babies are not at risk for developing German measles and having an affected baby.

Infections—There are tests for hepatitis B, syphilis, HIV, and bladder infections. You may also be tested for chickenpox, toxoplasmosis, chlamydia, gonorrhea, and TB.

PAP smear—Tests the cervix for pre-cancerous cells.

1st trimester ultrasound (U/S)—A vaginal probe is often used. This provides the best view of the baby. It sounds scary, yet is perfectly safe and painless. U/S is also used to determine if a woman is having a miscarriage. Unfortunately, about 1 in 5 pregnancies will end in miscarriage. This can be devastating. One miscarriage does not increase the risk of more in the future.

Genetic carrier testing—You may be offered a test to determine if you are a carrier of common genetic conditions, such as cystic fibrosis, Tay-Sachs, or sickle cell. The mother is tested first, if positive the baby's dad is tested. Carriers don't show any signs of disease. Only when both parents are carriers is there a chance of having an affected baby.

2nd trimester

AFP/Quad Screen—Performed at 15 to 20 weeks, but is most accurate between 16 to 18 weeks. This helps find serious genetic disorders (Down Syndrome, Trisomy 18) or spinal cord or neural tube defects (NTD). About 70% of babies with these genetic conditions and about 90% with NTDs are found. If the test is positive, further testing with ultrasound and amnio is offered.

Level 2 ultrasound—Usually performed after 18 weeks. The baby's growth, brain, limbs, heart, stomach, and kidneys are evaluated. Often the baby's sex can be determined. This ultrasound helps detect most conditions, but cannot detect every possible problem.

Diabetes screening tests—Between 24-28 weeks, a 1-hour glucose test is performed. If this is elevated, then a follow up 3-hour glucose tolerance test will be done to determine if gestational diabetes is present. If positive, this is managed with more frequent prenatal visits, nutritional, and diabetes education, yet some women will need insulin or other medications.

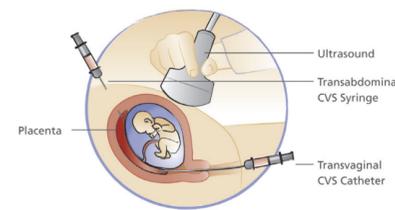
3rd trimester

Group B strep culture—A swab of the vaginal and rectal canals is obtained between 35 to 37 weeks. This tests for a bacteria that occurs in about 20–35% of women who usually have no symptoms. In a few rare cases, infection with this bacteria can cause serious harm to the baby. Less than 1% of women who have Group B strep will have an affected baby.

Optional tests

NIPT (Non-Invasive Prenatal Testing)—As early as week 10, the mother's blood is used to determine if the baby's DNA has Down Syndrome and other serious genetic conditions. Accuracy is over 99% with no risk of miscarriage.

CVS (chorionic villus sampling)—Best performed between 10 to 12 weeks. Often offered to women over 35 or if NIPT testing was positive. Guided by a level 2 ultrasound, a small catheter is inserted through the abdomen or vagina. A very small amount of chorionic villi, which develops into the placenta, is removed. The cells are analyzed for genetic conditions and the baby's sex can be determined. CVS is 98 to 99% accurate for the conditions it addresses, but cannot test for everything. When performed by experienced physicians, the risk of miscarriage is less than 1 in 400.



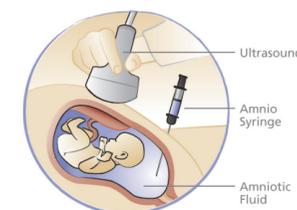
Either a syringe or catheter is used to obtain the cells, not both.

NT (nuchal translucency)—This ultrasound measures the baby's neck (nuchal) fold thickness at 11 to 14 weeks to screen for Down Syndrome. The detection rate is 60 to 80%.

Combined screening—A blood test that measures pregnancy proteins at 10 to 14 weeks is combined with the NT (nuchal translucency ultrasound) measurements to assess risk of Down Syndrome and Trisomy 18. The detection rate for these conditions is approximately 85%.

Combined integrated or sequential screening—This utilizes results from the Combined screening done at 10 to 14 weeks and the AFP/Quad Marker test done at 15 to 20 weeks to screen for Down Syndrome, Trisomy 18, and neural tube defects. The detection rate for these conditions is approximately 90 to 95%.

Amniocentesis—Best performed between 16 to 20 weeks. Often offered to women 35 or older or those with certain positive screening tests. Guided by a level 2 ultrasound, a pocket of fluid is located to sample. A needle is inserted into the mother's abdomen. Some fluid is withdrawn (the baby makes more). The cells in the fluid are analyzed for genetic conditions, and the baby's sex is determined. The amniotic fluid is also tested for AFP to help detect neural tube defects. There is greater than a 99% accuracy rate. When performed by experienced physicians, the risk of miscarriage is less than 3 in 1000.



The incredible power of newborn stem cells

Your baby will be born with a powerful resource that has incredible potential for healing — **the newborn stem cells** in their umbilical cord. This is your once-in-a-lifetime opportunity to preserve these cells and potentially help prepare your family for a healthier tomorrow.

30 YEARS

Newborn stem cells have been saving lives in transplant medicine for three decades.

80+ DISEASES

Established uses exist for treatment of serious blood and immune disorders.¹

500+ CLINICAL TRIALS

Clinical trials have been initiated to study newborn stem cells in regenerative medicine.²

The process is easy!



Enroll



Collect



Preserve

View our digital brochure for more information: cordblood.com/learn

Speak with a Newborn Stem Cell Educator at **1.888.CORD BLOOD** (1.888.267.3256).



References: 1. Mayani, H., Wagner, J.E. & Broxmeyer, H.E. Cord blood research, banking, and transplantation: achievements, challenges, and perspectives. *Bone Marrow Transplant* 55, 48–61 (2020). <https://doi.org/10.1038/s41409-019-0546-9>. 2. www.clinicaltrials.gov.

Place Sticker Here

Provider Name _____

Phone _____

Barbara Dehn is a Nurse Practitioner with over 25 years of experience caring for women. She appears regularly on television and has a health blog www.NurseBarb.com.



DISCLAIMER: This document is intended solely to serve as a guide to your pregnancy and to provide you with basic information about the symptoms, cautions, and nutritional concerns related to your pregnancy. This document does not provide a comprehensive explanation of all aspects of your pregnancy or even those aspects of your pregnancy that are discussed in this document. This document is not intended to be—and you should not use it as—a substitute for medical advice or prenatal care given by a licensed health care provider. Be sure to see a licensed health care provider for prenatal care to help ensure your health and the health and well-being of your new baby.

©2022 Blue Orchid Press, LLC. All rights reserved. Blue Orchid is a trademark of Blue Orchid Press. No part of this document may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording, or by any information storage and retrieval system, without permission in writing from Blue Orchid Press, LLC.

1st TRIMESTER

From 1 to 12 weeks

Pregnancy is 40 menstrual weeks. Start counting on the 1st day of your last menstrual period. For example, when you are one week late for your missed period, you are five weeks pregnant.

Your body

Energized, elated—Perhaps you're overjoyed with the news and it's all you can think about. You may have dreamed about this and now that it's real, you can't help smiling to yourself.

Ambivalent—"How did this happen?" "I'm not ready." It is normal to have mixed feelings; that's why you get 9 months to prepare.

Fear—It's normal to have concerns about all of the upcoming changes in your body and in your life.

Fatigue—You may be sleeping and waking at odd hours. Try to rest whenever you can.

Bloated—Your tummy pops out, your clothes are tight. This is from water weight gain, not the baby.

Constipation and indigestion—Your intestines slow down to absorb more nutrients and water. Increase fluids, fresh fruits, and veggies. For indigestion or gas, try 3 chewable papaya tablets after meals.

Cramping and pelvic pressure—It's a scary feeling. Your uterus is expanding slowly and may cause menstrual-like cramps. If you are doubled over in pain, call your health care provider.

Tender and swollen breasts—You may wonder where you got these new breasts, seemingly overnight? The nipples can be very tender. A good support bra helps.

No appetite, food aversions, enhanced sense of smell—Some foods are appealing, others may make you feel sick.

Frequent urination—This is normal; it's your growing uterus pressing on the bladder. If you have burning, call your provider.

Your baby

Incredible growth and development—A single microscopic cell will become a baby.

6 weeks—The baby has a beating heart, eyes, limb buds, and is 1/2 inch long.

8 weeks—Webbed fingers and toes have formed. All major organ systems are developing.

12 weeks—The fingers and toes have separated and the genitals have appeared. The baby is 3 1/2 inches long.

Nutrition

Remember to take your prenatal vitamin daily.

Eat small, healthy snacks or 1/2-sized meals more frequently—Your baby is tiny and needs very little now. If possible, try to eat a balanced diet.

Graze—On fruit, nutritional bars, crackers, small pieces of cheese, sips of milk, or drinkable yogurt.

Even when you're not hungry—Try to feed the baby every few hours.

Increase your fluid intake—Drink at least 6 glasses of water per day.

To do list

- Have your prenatal lab tests.**
- Discuss prenatal genetic testing options**—There are many tests available that help detect genetic and inherited conditions in your child. Find out what options are available, what is covered by your insurance, the benefits, risks, and limitations.
- Discuss your risk of preterm birth**—About 1 in 10 babies are born too early. It's best to know whether you're at risk, the signs of premature labor, and what the plan is if this occurs.
- Discuss your risk of developing high blood pressure**—This can lead to serious consequences for mom and baby, including pre-eclampsia, and it's important to develop a plan for how to manage this.
- Call your insurance company**—See what's covered. Now is not the time for surprises.
- Try to rest as much as possible**—Your body is creating a baby. That requires a lot of energy! Don't be surprised if you are tired when you wake up and crave a nap by 3 P.M.
- Keep a journal**—Write letters to your baby with your hopes and dreams for your future together.
- Try to exercise**—If you have the energy, try walking at a relaxed pace to help with fatigue and your overall sense of well being.
- Have a good sense of humor**—This helps with all the body changes that are completely out of your control.
- Ask about preserving newborn stem cells**—Your baby's umbilical cord is a rich source of powerful newborn stem cells. Preserving them can provide access to a world of potential treatments today and in the future. To learn more, call **1.888.267.3256** to speak with a Newborn Stem Cell Educator or visit **cordblood.com**.

Call your provider if you:

- Are bleeding.
- Have a severe headache.
- Have severe abdominal pain.
- Have vomiting or diarrhea lasting more than 12 hours.
- Have a fever over 100°F.
- Have any concerns.

2nd TRIMESTER

From 12 to 28 weeks

This is the fun part of the journey. There have been changes in your body that amaze and surprise you. You're feeling better, you look great. Is it the glow? You bet!

Your body

Better sleep, increased appetite, more energy, a little tummy showing.

Baby's movement—Becomes noticeable by 23 weeks.

Some difficulty with breathing is expected now—Take your time walking and climbing stairs.

Bleeding gums may occur—Continue to see your dentist regularly. If it's heavy bleeding, check with your provider.

Varicose veins—Wear support stockings, avoid crossing your legs, and put your feet up whenever you can.

Stretch marks—Lotion will help the itching, try bike shorts to help your skin support the weight of your growing tummy.

Skin changes—Acne on your face, back, or chest from hormonal changes. (No one ever tells you this.) You may also notice darker pigmentation on your face; it's OK to use sunscreen.

Ligament pain—The small twinges or side aches that you may feel when you walk up stairs or get out of bed. These are normal and occur because the uterus is growing so much.

Contractions—It's normal to feel a few mild contractions, 2 to 4 times each day now. These are often called Braxton Hicks contractions and are not dangerous. If you have 3 to 4 contractions in an hour, call your health care provider.

Anemia—If diagnosed, you will need extra iron. Eat more meat, green leafy vegetables, and beans. If you need an iron supplement, take with fruit juice, not with milk. Iron can cause constipation, so increase fluids, fiber, fruit, and veggies.

Your baby

12 weeks—Her muscles and bones start to grow, and she is 3 1/2 inches long.

16 weeks—His ears, eyelashes, and fingernails begin to develop. His legs get longer and his fingers open and close.

20 weeks—She is covered with fine hair, lanugo, and practices sucking. Her weight increases and she is now 7 inches long.

24 weeks—His eye movements begin. His lungs continue to develop and surfactant is produced, which is essential for breathing air.

28 weeks—Her skin becomes wrinkled, and she practices breathing movements. Her eyes open and close. A healthy infant who is born now has a good chance of survival. She is 10 inches long.



Nutrition

Now is a good time to eat a balanced diet. Your baby needs a variety of nutrients to grow and develop. Most women will gain 20 to 35 lb. during pregnancy.

Take your prenatal vitamin daily.

Protein—3 servings per day. Chicken, meat, fish, eggs, nuts, soybeans, beans.

Calcium-rich foods—3 servings (1200 mg) per day. Milk, yogurt, cheese, green leafy vegetables, almonds, sardines. If you don't tolerate dairy, then try calcium fortified juice or a supplement.

Vegetables and fruit—2 to 4 servings per day.

Bread, cereal, rice, pasta—6 to 9 servings per day.

Fats and oils—4 servings per day. Because a lot of food contains some fat, it's best to watch your intake. 1 serving is just 1 tablespoon of vegetable oil, mayonnaise, butter, or peanut butter.

When you indulge in favorite foods, savor and enjoy them.

To do list

- Have the AFP/Quad screen**—Performed at 15 to 20 weeks.
- Schedule a Level 2 Ultrasound**—Between 18 to 22 weeks.
- Start sleeping on your side**—At 20 weeks, right or left is OK as long as you're off your back. Try a body pillow.
- Take the 1-hour glucose test**—At 24 to 28 weeks.
- Get the RhoGAM injection**—At 28 weeks, if you are Rh(-).
- Start kick counts**—At 28 weeks, when a mom is resting and focused, she should feel her baby move at least 4 times in 1 hour. Talk to your provider about their guidelines.
- Who do you want with you during labor?**—Your partner and perhaps a friend, family member, or a doula.
- Ask about Kegel exercises**—This helps prevent leaking urine later on (which, unfortunately, may occur).
- Sign up for classes**—Prepared childbirth, breastfeeding, newborn care. Download *Your Personal Guide to Breastfeeding* at NurseBarb.com.
- Learn the benefits of preserving your baby's newborn stem cells**—They have established uses treating 80+ diseases and are being researched for how they may heal the body in countless new ways. To find out more, visit **cordblood.com** or call **1.888.267.3256** and a Newborn Stem Cell Educator can help answer all your questions.

Call your provider if you:

- Are bleeding.
- Have a severe headache.
- Have leaking from your vagina.
- Have severe abdominal pain.
- Have any feeling of pressure, or pain that comes and goes 3 to 4 times per hour.
- Have a fever over 100°F.

3rd TRIMESTER

From 28 weeks until delivery

Your journey may seem harder now. Your tummy is stretched as far as it can go, and yet every day it grows bigger. Just remember, in a few weeks you'll be meeting your baby.

Your body

For some of these symptoms, rest and regular exercise are the best remedies. For others, delivery brings relief. Some of your symptoms may be explained in the 2nd trimester section.

More clear vaginal discharge—Is normal.

Milk from the breast—Is normal.

Frequent urination—Is normal, unless it burns. It's from the baby pressing on your bladder.

Tired and irritable—From interrupted sleep. You may have less patience for family and friends. If you are feeling overwhelmed, are crying, feeling worried, or anxious, you may be depressed. It's best to talk with your health care provider about treatment options and also how to prevent postpartum depression.

Leaking urine—No one tells you about this, but it can happen.—Ugh!—Kegel exercises, 50 to 100 per day may help.

Heartburn—Try antacids and eating smaller meals more frequently. Sit up for a 1/2 hour after a meal. When you lie down, try your right side. (Your stomach empties to the right.)

Constipation—Increase fresh fruits, veggies, and water. Ask your provider about a stool softener.

Hemorrhoids—Sadly, we're not kidding about this either. Ask your provider about over-the-counter remedies. Prevent constipation by drinking more water.

Skin changes—Darker nipples, a line on your tummy and acne are normal.

Leg cramps—May occur at night when you're trying to sleep. Point your toes toward your tummy and try an ice pack. Increase your calcium intake.

Lower back pain and sciatica—Bend at your knees. Don't twist and bend at the same time. Try abdominal strengthening exercise for your core. Consider seeing a physical therapist or getting a massage.

Swelling feet and ankles—Elevate your legs, increase your water and protein intake. If severe, discuss with your provider.

Tingling or numbness in your hands—May indicate carpal tunnel syndrome. Try wrist splints to keep your wrists straight and discuss with your provider.



Your baby

Babies gain 1/4 to 1/2 pound every week!

At 28 weeks—The baby is 14 inches long and weighs about 2 lb. Your baby is growing rapidly now.

His lungs continue to mature and breathing movements begin.

Her sleep/wake patterns develop.

He starts to hiccup—From swallowing amniotic fluid, a good sign of normal development.

By 34 weeks—Many babies have snuggled into a head-down position, which most of them stay in.

By delivery—Most babies are 18 to 22 inches long and weigh between 6 to 9 lb.

Nutrition

You may find your appetite decreasing. It's important to eat a balanced diet because the baby is growing rapidly now.

Continue taking your prenatal vitamin daily.

Eat 5 to 6 small meals or snacks each day.

Avoid carbonated drinks—They make indigestion worse.

Be sure to eat 3 servings of protein and calcium each day: Good sources of protein—Hard-boiled eggs, beans, peas, sunflower seeds, cashews, almonds, or other nuts.

Good sources of calcium—Yogurt drinks, cheese, cottage cheese, calcium fortified juice, sardines, green leafy vegetables.

To do list

- Finalize names, get a car seat, and pack your bag.**
- Take a hospital tour and choose a pediatrician.**
- Group B strep screening between 35 and 37 weeks.**
- Planning to preserve your baby's newborn stem cells?**—Visit **cordblood.com** to get started or call **1.888.267.3256** to speak with a Newborn Stem Cell Educator. Take advantage of this once-in-a-lifetime opportunity.
- Discuss expanded newborn screening**—Tests your baby for a range of serious conditions.
- Keep important phone numbers handy**—Near your phone, or programmed into your cell phone.
- Be sure to discuss when to go to the hospital with your provider.**

Call your provider if you:

- Have a severe headache.
- Have bleeding or leaking fluid from your vagina.
- Have decreased or absent fetal movement.
- See white spots or have any other unusual visual changes.
- Have any feeling of pressure, or pain that comes and goes 3 to 4 times per hour.
- Have a fever over 100°F.



Your Personal Guide to: PREGNANCY



Welcome to the most incredible journey of your life. Inside you will quickly and easily find answers to your questions about:

- Sex
- Nutrition
- Your Body & Your Baby
- Prenatal Testing Options
- Saving Newborn Stem Cells
- What to Avoid
- And Much More

Barbara Dehn RN*
Nurse Practitioner



WITH COMPLIMENTS OF YOUR HEALTH CARE PROVIDER AND CBR®



*Barbara Dehn is a paid consultant of Cbr Systems, Inc.