Nine Months To Prepare For A New Life

By Carla Gossen

...Oh, so you're having a baby? When are you due? Well, you're just a little thing... or maybe — my gawd, you're huge! Is this your first? Are you going natural? Breast or bottle? Do you want a boy or a girl? Do you have any names in mind?

These are all questions or statements every expectant mother has heard at least once during her pregnancy. The concern is expressed by friends, family, co-workers, acquaintances, even strangers, coming in contact with mothers-to-be. Fathers-to-be get their share of comments, too.

According to the Office of Public Health Statistics, the most recent figures reveal that in Louisiana 72,730 babies were born in 1991. Lafayette Parish takes credit for almost 3,000 of these deliveries.

As a whole the wait encompasses physical, emotional and behavioral changes from all involved; mother, father, siblings, other family members, friends and even acquaintances. The nine months require much care, mainly on the part of the mother.

Karen Case, RNC and Director of Children's Services at Women's Hospital, says, "It's important that parents spend the prenatal period preparing for the delivery, for the care of the baby once it is brought home and the actual parenting experience.

She adds, "There is quite a bit of education that can go on which will help them with their expectations."

According to Case, her job is to teach parents about the non-medical side of having a baby. She explains, "If parents are well informed about the changes that occur, although they may be drastic changes, education can help the couple know what to expect. Education can give anticipatory guidance.

On the other hand is the medical care that occurs during the nine month pregnancy. There are a whole host of things that the expecting mother should and should not do to ensure the best possible development of the fetus.

Dr. Donald Michael, local obstetrician, suggests monthly visits for the first 28-30 weeks of the pregnancy, then every two weeks until the last month when the visits should be weekly. Each pregnancy is different, but if there are no problems this schedule is the norm.

As far as weight gain is concerned, Michael reported the standard gain to be 28-30 pounds throughout the entire pregnancy. Breaking this amount down would give the mother 2½ pounds allowable every month in the beginning and 1 pound per week in the last 2-3 months. Poor weight gain can be a problem. Obese patients, however, can gain only 10 lbs. and still have a nice birth weight baby.

A basic diet with plenty of vegetables and carbohydrates is important to the growing fetus. According to Michael, the mechanism of the baby getting nutrients is such that the baby tends to get what it needs unless there is significant malnutrition or extremely poor eating habits.

Mother's behavior and habits attribute directly to the well-being of the growing fetus. Addictions such as smoking and alcohol or drug abuse can result in low birth weight, premature delivery or growth retardation. In the last 30 years most of the prenatal care advances relate to knowing what effects such habits as smoking and alcohol have on the fetus, Michael said.

Other advances are related to the detection and prevention of congenital problems. They are usually genetically transmitted and can be now prevented in most cases.

"A lot of people today are aware of the significance of genetic problems. For instance, they know that a history of Down's Syndrome, Spina Bifida, Jewish descent and deformities or retardation should be reported," Michael added.

There are tests that can detect problems with the fetus, the newest of which is Chronic Villus Sampling. This test is done early in the pregnancy to detect chromosomal problems. Another is Amniocentesis. It is a normal process to conduct either test. They are usually done if the history check warrants it due to past genetic problems.

Another more commonly used procedure is the ultrasound or sonogram which uses soundwaves that travel at two million cycles per second aimed at the fetus and reverberate back with a picture of what the waves detect. This test can detect fetal size, development and growth patterns, as well as confirmation of the due date. There is controversy surrounding whether this is a necessary procedure, and if it is performed, how often it should be done during the pregnancy.

Michael reports that none of these tests tell 100 per cent about the baby. There is a selectivity regarding the information that can be obtained from them and should only be used in the right situation, he said.

Some diseases exist that can be damaging to the fetus; German measles, certain viral illnesses, diabetes, heart disease, or any other condition the mother might have. High blood pressure is one of the most common problems that can affect the outcome of the pregnancy.

Side effects of pregnancy on the mother are common. Michael says moodiness and crying spells can occur regularly or sporadically. There is a definite decrease in sexual desire in many cases, but not all. Some women actually feel better when they are pregnant. These side effects are a variable thing and the changes are normal.

When these changes occur, the mother needs a lot of understanding from friends and family.

Gradually over the past several years conventional thinking on an expectant mother should stop sexual activity has changed. Sexual activity during pregnancy may decrease, but there are only a few strict limitations regarding when the activity should stop.

Some specific reasons for discontinuing sexual relations are a history of premature labor, bleeding, discomfort or pain during intercourse. If none of these problems exist, couples can continue having sex all the way to the end of the pregnancy until the mother's water breaks, Michael said.

This advice is confirmed by Dr. Charles H. Stewart, local gynecologist. Stewart says that sexual relations should not be limited during pregnancy unless there is a specific reason to do so, such as those listed above.

In addition, Stewart tells patients with herpes to stop intercourse at about six weeks prior to the due date. An active lesion would result in the baby needing to be delivered by cesarean section.

Stewart said, "I tell my patients, if it hurts, quit, if it doesn't hurt, it's O.K.

Years ago some doctors did tell their patients to stop having sex at seven and a half months, reported Stewart. He added that he never adopted this line of thinking because some physicians did.

Change is inevitable during pregnancy. There are a myriad of things happening to the mother's body. In the beginning, sleepiness and fatigue take over. Then, it is highly possible that feelings of nausea take precedence over any other maternal feelings. Or an even greater possibility is the ravishing desire to eat any and everything in sight.

As time passes, the growing fetus occupies an ever expanding place in the womb.

This growing belly directs the mother's mind to conjure up dreams of wearing a belt or fitting into jeans. To what the end of being pregnant to even the smallest bit of joy could be derived from being able to see her toes, if just for a second.

There are other changes in daily life that may render some adjustment. It is common to...
experience an increase in the frequency of urination and a dark line appears down the front of the stomach from the navel to the pubis. Pregnant women may even become clumsy or absentminded to the point of annoyance.

There is an old wives tale that says a woman is supposed to be her most beautiful when she is pregnant. Probably stated because of the beauty associated with the creation of life.

This creation is confirmed several times throughout the pregnancy and in various ways. First, at the positive result of the first pregnancy test, when the fetal heartbeat is heard over the OBGYN's Doppler, when the ultrasound scan is seen and when the kicking and pushing from the fetus are felt. These are only a few signs and each mother has her own confirmations that make pregnancy known.

According to Michael, fathers, too, are affected by the developmental period and the changes occurring around them. Dads are encouraged to visit the doctor with the mother and to be an active participant in the pre-birth and birth process. He says they can and should play a great part in the process.

"Mothers are carrying the baby, but the couple is pregnant," commented Michael. The father is generally a very willing and happy participant with expectations, excitement and concern for his mate and the baby to be.

There can be a range of mixed emotions that fathers are feeling with the upcoming arrival of a new life, added Michael. It is common for them to feel jealousy or even intolerance, but these are feelings that should be reported and dealt with positively.

The medical profession is so much more in tune with what exactly happens in the womb, when it should occur and whether or not everything is going smoothly.

Although a perfect outcome can not be guaranteed, the combined effort of the mother and the physician can improve the quality of prenatal care.