

## **Caring For Your Baby Before Birth**

By J. Michael Arnold, MD  
Health Focus Contributor

Prenatal care starts with both the parents and the physician caring together. In today's world prenatal care ideally starts before a couple ever conceives: vaccinations are up to date; that the mother is getting adequate folic acid, calcium, and vitamins in her diet; eating a healthy diet; and smoking cessation. All of these things can improve the optimal pregnancy if they are started before the pregnancy actually begins. The best outcomes have been shown with the earlier the mother starts to maximize her health and those efforts put in before conception.

There are several health conditions that can be specifically looked at during prenatal care. Weight, blood pressure and the mother's urine are routinely checked for protein and glucose. The mother's growing uterus is checked for appropriate interval growth, her legs are checked for swelling and questions asked about any abnormal discharge, fetal activity, cramping or pain.

Blood pressure is checked first to make sure her blood pressure is normal. If she has high blood pressure during the course of the pregnancy and swelling, sudden weight gain, protein in her urine, headaches and visual changes occur, this is called toxemia. If it is left untreated or if the mother does not get prenatal care and has out-of-control toxemia, this can have extremely severe consequences with jeopardy to themselves as well as the child.

Observing weight gain is to look at the mother's nutritional status. There are many different opinions about how much is healthy weight gain and not healthy weight gain during pregnancy. There is fairly universal agreement that weight loss during pregnancy should be avoided, although it is fairly common to see some weight loss during the first trimester when mothers have morning sickness. This is usually made up for fairly rapidly during the second trimester after the morning sickness resolves. Excessive weight gain of more than forty pounds can contribute to the mother developing

gestational diabetes, an excessively large baby, and increases her risk of having a cesarean section.

Heart rate is regularly checked during the pregnancy. The normal heart rate during pregnancy is between 120 and 160 beats per minute. Momentary elevations in that rate are normal and healthy, but prolonged elevations above 160 generate concern. The normal rate drops to 110 can also be seen with a variety conditions at term but as a rule, these need to be looked for if the heart rate is below 120 beats per minute.

As the pregnancy progresses and the uterus grows, the top of the uterus, referred to as the fundus, can be felt at the end of the first trimester. At twenty weeks into the pregnancy (the halfway point in the forty-week pregnancy), the top of the uterus should be at the bellybutton. With each week, the top of the uterus should grow one centimeter above the bellybutton until one gets to thirty-six weeks of pregnancy.

Fetal motion can be felt at about sixteen weeks of pregnancy, though commonly it is not felt until nearly twenty weeks of pregnancy. The baby being active inside is a healthy sign and overall decreased activity or sudden decrease in activity may lead to some questions and further testing to ensure that indeed normal growth and development is occurring.

The tests that you and your doctor may choose to have done during the course of the pregnancy vary from one physician to another and one patient to another. Personally, I encourage blood testing, looking for fetal anomalies, at about sixteen to eighteen weeks of pregnancy. I encourage the testing because for those parents who choose to carry a pregnancy where a child has a birth defect or other problem, this gives us the opportunity to optimize the care of the pregnancy and the outcome of that child.

If it does have a defect that requires special attention, these tests will give us time to prepare for the coming of this child and the special needs that he/she will have. These special needs may include needing a cesarean delivery or delivery in a tertiary care center. Without early diagnosis and evaluation, not only does one lose the opportunity to potentially save the child's life, but the delay could lead to a less than optimal outcome and further disability for the child later. The concern about anxiety that every parent will have if there is a problem identified, I believe, as a parent, is more than offset by the

advantage one gets by optimizing the prenatal care and environment they bring their child into and improving their child's long-term outcome.

Diabetes in pregnancy is another issue that can be quite controversial among obstetricians. There are some obstetricians that are extremely aggressive about testing and monitoring for diabetes in pregnancy and others who are vigorously against testing for diabetes in pregnancy at all except in people who have strong risk factors. But whether one tests or not, healthy diet reduces the risk of mom needing a cesarean section and the baby getting diabetes in later life.

Our future generations depend on us and it all begins with preparing for pregnancy and once pregnant, close observation for any health problems and a good dialog with your physician to get understanding of their opinion on issues. Feel free to challenge your physician about why they recommend what they recommend. For one patient, anxiety may be disabling. For another patient, the goal may be to optimize every aspect of their child's future, regardless what handicaps that child may be born with.

For most patients, the reassurance of having a normal evaluation is in and of itself the most worthwhile aspect of these studies. It takes courage and commitment to be a parent. Courage to see your children as they are and help them to become the best they can be, and the courage and commitment to discipline one's self, give up the things they enjoy – chocolate, cigarettes, alcohol, or for some, extreme sports. This commitment and discipline has great rewards for the child, for the parents and for our future society.

*J. Michael Arnold, MD is an OB/GYN physician at NorthReach Healthcare Twin Cities OB/GYN Clinic. For more information or to schedule an appointment, he may be reached at 715-735-0544.*