Chapter 5

GET THE SCOOP ON. . .

What's going on with your body ▪ What's going on with your head ▪ Thinking pregnant — even before you are ▪ How pregnancies are dated ▪ Pregnancy symptoms ▪ How you and your partner may feel about being pregnant ▪ Home pregnancy test tips

The First Month: Great Expectations

The first month of pregnancy is a month like no other. While you're likely to have baby-making on the brain, you'll spend most of this month playing the role of the Lady in Waiting: waiting for ovulation to occur and then waiting to do a home pregnancy test. Even if your gut instinct is telling you that this was your lucky month, you won't know for certain whether or not you've managed to hit the reproductive jackpot until the end of the month, so you're pretty much destined to spend the entire month in pregnancy purgatory!

In this chapter, we tell you what to expect on a week-by-week basis during each of the first four weeks of pregnancy. You'll get the inside scoop on what's going on with your body, what's going on with your head, and — after conception has occurred — what's going on with your baby.

Each week-by-week section also includes answers to the most-asked questions for each week of

pregnancy — our so-called "Hot List." This month, we'll be tackling everything from how pregnancies are dated to pregnancy testing do's and don'ts to early pregnancy symptoms.

We'll be sticking with this format in Chapters 6 through 13, too, so that you can quickly zero in on the real need-to-know information for each of the remaining months and weeks of pregnancy. (Pregnancy can be stressful enough without your pregnancy book driving you crazy, too.)

Week 1

The first week is all about putting in time, waiting for your period to end and the baby-making season to begin.

If this is your first month of trying, you may be eagerly loading up on ovulation predictor kits and rereading the armloads of "how to get pregnant books" that you loaded up on at the library. (Come on, 'fess up. You didn't leave any books for anyone else to check out, now did you?)

If you're a veteran of the trying-to-conceive scene, you may be feeling a little less enthused — or possibly even downright discouraged by now. (The trying-to-conceive roller-coaster ride can get pretty tiresome pretty quickly.)

What's going on with your body

Because pregnancy is dated based on the first day of the woman's last menstrual period, the first day of your pregnancy is actually the first day of your last period. So this month starts out with your menstrual cycle.

Assuming you manage to conceive this month, your uterus will begin to undergo a rather remarkable metamorphosis that will see it increasing in capacity by up to 1,000 times over the course of your pregnancy. Its weight will increase dramatically at the same time: while your prepregnant uterus weighs approximately 2.5 ounces (70 grams), by the time you're ready to give birth, your uterus will be a much heftier 2½ pounds (1,100 grams).

What's going on with your head

Assuming your pregnancy is planned, you're probably already thinking like a pregnant woman and considering the effects of your actions on the long-term health and well-being of your baby-to-be. You've probably got a million-and-one questions on the "is this safe?" theme, in fact — questions we'll attempt to answer both in this chapter and in the remainder of this book.

The Hot List: This week's must-ask pregnancy questions

Here are the answers to some of the more pressing questions that are likely to be running through your head this week.

Should I give up my morning coffee now that I'm trying to conceive?

While the medical profession has done a fair bit of flip-flopping about the caffeine issue over the years, most experts today agree that excessive quantities of caffeine can be harmful to the developing baby. Some recent studies have linked caffeine to decreased fertility, an increased risk of miscarriage (in women who consume more than five cups per day), stillbirth, premature labor, lower birthweight, and Sudden Infant Death Syndrome (SIDS).

Where things get tricky, of course, is in trying to get the experts to agree on what constitutes a "safe" amount of caffeine consumption during pregnancy — whether that means cutting out caffeine entirely or keeping your caffeine consumption in the moderate range (something in the neighborhood of 100 milligrams of caffeine per day), in which case you'd still be okay having your morning coffee. (A single, 5-ounce cup of coffee, mind you — not an entire pot!)

Watch Out!

If you're in the habit of consuming large amounts of caffeine, you might want to wean yourself off caffeine or reduce your caffeine consumption gradually. Giving up caffeine "cold turkey" can trigger headaches and flulike symptoms.

Of course, you may want to limit your consumption of caffeine during pregnancy for some entirely different reasons:

- Caffeine tends to act as a diuretic, drawing both fluid and calcium from the body.
- Caffeine can interfere with the absorption of iron.
- Caffeine can heighten mood swings.
- Caffeine can heighten the breast tenderness that many women experience during early pregnancy.
- Caffeine can cause insomnia — something that tends to be a problem for pregnant women anyway.

Caffeine is found in more foods than you may realize. If you want to cut back your consumption of caffeine, it's important to know which foods to avoid or to limit (see Table 5.1). Note: The amount of caffeine found in a typical serving of food can vary considerably, which is why we have chosen to provide a range for each of the foods and beverages listed in Table 5.1.

Table 5.1. The Caffeine Content of Food and Beverages

Item	Milligrams of Caffeine	Average Range
Coffee (8 oz. cup)		
Brewed, drip method	184	96–288
Brewed, percolator	128	64–272
Instant	104	48–192
Decaffeinated, brewed	4	3–6
Decaffeinated, instant	2	1–5

Item	Milligrams of Caffeine	Average Range
Tea (8 oz. cup)		
Brewed, major U.S. brands	64	33–144
Brewed, imported brands	96	40–176
Instant	48	40–80
Iced (12 oz. glass)	70	67–76
Some soft drinks (12 oz.)	36	30–60
Cocoa beverages	4	2–20
Chocolate milk beverages (8 oz.)	5	2–7
Milk chocolate (1 oz.)	6	1–15
Dark chocolate, semi-sweet (1 oz.)	20	5–35
Baker's chocolate (1 oz.)	26	26
Chocolate-flavored syrup (1 oz.)	4	4

Source: U.S. Food and Drug Administration and National Soft Drink Association

It's also important to remember that caffeine can be found in certain over-the-counter drug products, too, including certain brands of headache tablets, cold remedies, and wakeup pills. (Of course, you'll want to steer clear of all but the most essential medications while you're trying to conceive in order to avoid exposing your baby to anything potentially harmful.)

Watch Out!

While beverages such as decaffeinated coffees, teas, and soft drinks can stand in for some of the caffeinated beverages that may have served as mainstays in your prepregnancy diet, you'll want to avoid overrelying on them. Not only are these beverages lacking in the important nutrients that can be found in other beverages such as milk and juice; if consumed in large-enough quantities, certain elements in decaffeinated coffees and teas may deplete your body of iron and calcium.

Is it okay to have the occasional serving of alcohol while I'm trying to get pregnant?

While candlelight and champagne may help set the stage for romance, this is one time in your life when you'll want to stick with the nonalcoholic bubbly. The reason is simple: alcohol can be extremely damaging to the developing baby. According to the March of Dimes, more than 40,000 babies are born with some degree of alcohol-related damage each year.

Babies born to mothers who drink heavily during pregnancy are often born with Fetal Alcohol Syndrome (FAS) — the leading known cause of preventable mental retardation. Approximately 30 percent to 40 percent of babies born to women who consume more than two drinks per day during the first trimester will suffer from fetal alcohol syndrome at birth. Babies with FAS are abnormally small at birth and don't catch up with other babies the same age after birth. They are also born with facial malformations, central nervous system dysfunction, and varying degrees of major organ system malfunction — a pretty rough start in life for any baby — and things don't get better as they grow older. Studies have shown that adolescents and adults with FAS experience psychological and behavioral problems that make it difficult for them to hold down a job and live on their own.

A related syndrome — Fetal Alcohol Effect (FAE) or Fetal Alcohol Spectrum Disorder (FASD) — is a milder version of FAS. Approximately 10 times as many babies are born with FAE as with FAS.

But, wait: there's more bad news. Consuming alcohol during pregnancy also increases the risk that a woman will experience a

Watch Out!

Women who consume an average of one alcoholic beverage per week during pregnancy are three times as likely to end up with children with serious behavior problems at age six or seven.

miscarriage or give birth to a low-birthweight baby or a baby with learning disabilities, behavioral problems, and/or a lower IQ.

Because alcohol can have such a devastating effect on the developing baby, we recommend that you avoid alcohol entirely while you are trying to conceive and during the entire time that you are pregnant. Drinking at any stage of pregnancy can affect your baby's brain. It's simply not worth gambling with your baby's health. Besides, if you do manage to hit the reproductive jackpot this month, you'll spend the next nine months worrying about the potentially harmful effects of that single glass of champagne on your baby-to-be.

And, of course, smoking and the use of recreational drugs are definitely to be avoided during pregnancy, too. See Chapter 2 for more on why you may want to kick these two particular lifestyle habits before you continue with your baby-making plans.

Do I need to avoid taking headache tablets and other over-the-counter medications while I'm trying to conceive? What about my prescription medications?

Nearly 2,500 years ago, the Greek physician Hippocrates warned that for the safety of the developing baby, drugs should be administered to pregnant women only from the fourth to the seventh month. Three millennia later, we're continuing to heed his warnings about the dangers of using medications during pregnancy — although we now realize that the period of greatest risk is during the earliest weeks of pregnancy.

The period of greatest vulnerability for the developing baby is approximately 4 to 10 weeks from the first day of your last

Watch Out!

The best time to talk about the risks of taking certain medications during pregnancy is before you start trying to conceive. If you become pregnant unexpectedly, contact your doctor's office as soon as you find out that you are pregnant so that you can talk about which medications you can continue to take safely and which you should avoid.

menstrual period — the period during which the baby's major organs are being formed. Exposure to a harmful substance during this period can result in either birth defects or miscarriages.

If the fetus is exposed to a harmful substance prior to this — that is, during the first two weeks after conception — either it will be unaffected by the exposure or the cells will die and the pregnancy will not continue.

A drug taken during the second and third trimesters may alter the growth and physiological and biochemical functioning of the developing baby.

Depending on the fetal age, drug potency, and dosage taken, a medication may

- be toxic to the developing baby;
- cause a variety of birth defects;
- interfere with placental functioning, thereby affecting the flow of oxygen and nutrients from the mother to the baby;
- alter the mother's biochemistry, something that indirectly affects the baby as well.

There are three basic categories of drugs you need to be concerned about during pregnancy: lifestyle drugs, over-the-counter products, and prescription medications. We talked about the harmful effects of lifestyle drugs in Chapters 2 and 3, so we won't repeat that discussion again, but we're going to devote the next few pages to talking about the care you need to exercise when using over-the-counter products and prescription medications during pregnancy.

Over-the-counter products

The fact that a particular drug is available over-the-counter (or that it's sitting in your own medicine cabinet) is no guarantee that it's safe during pregnancy. As Table 5.2 shows, even a seemingly harmless product such as aspirin poses particular risks during pregnancy. You'll note that each of the drugs in this table has been assigned a particular risk factor using a rating system designed by the FDA to classify drugs for use during pregnancy.

Table 5.2. Active Ingredients in Common Over-the-Counter Medications

FDA Risk Factor A: These drugs have been demonstrated not to pose any risks to human fetuses.

FDA Risk Factor B: These drugs are believed not to pose any significant risk to human fetuses, based on what has been learned from animal or human studies.

FDA Risk Factor C: These drugs may or may not be harmful to human fetuses. The data is inconclusive, either because no studies have been done or because any adverse effects that have been demonstrated have shown up in animal rather than human studies.

FDA Risk Factor D: These drugs are known to pose a threat to human fetuses, but they may be commonly found in cases where the benefits of using the drug outweigh these risks.

FDA Risk Factor X: These drugs have been proven to cause fetal abnormalities in humans and should not be used by under any circumstances during pregnancy. (In other words, Category X drugs are FDA-approved, but they are not to be used by pregnant women.)

Active Ingredient	FDA Risk Factor	Where You Can Find It	Possible Problems During Pregnancy
Acetaminophen	B	Commonly found in aspirin substitutes such as Actifed Cold and Sinus; Alka-Seltzer Plus; Comtrex; Contac Cold and Flu; Coricidin; Drixoral Cold and Flu; Excedrin; Maximum Strength Midol; Robitussin Cold; Sinutab; Sudafed Cold; Sudafed Sinus; TheraFlu; TYLENOL; Triaminic Cough; Vicks Nyquil	Doesn't appear to be linked to birth defects.
Aluminum hydroxide	Not rated (NR)	Commonly found in antacids such as Gaviscon, Maalox	Doesn't appear to be linked to birth defects. Chronic or excessive use may be associated with neonatal calcium or magnesium imbalance.
Aspirin (acetylsalicylic acid)	C; but D (if full dosage is used in third trimester)	Commonly found in aspirin compounds such as Alka-Seltzer, Ascriptin, Genuine Bayer, Ecotrin, Excedrin, St. Joseph, Vanquish	No apparent link to birth defects, though some studies disagree. In large doses close to term, causes clotting disorders with possible fetal and maternal hemorrhage. Other possible effects are low birthweight, prolonged gestation and labor, and neonatal cardiac problems.

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Table 5.2. *(continued)*

Active Ingredient	FDA Risk Factor	Where You Can Find It	Possible Problems During Pregnancy
Bacitracin Zinc	C	Commonly found in antibiotic ointments such as Betadine Brand First Aid Antibiotics, Neosporin, and Polysporin	Doesn't appear to be linked to birth defects.
Benzocaine	NR	Commonly found in topical anesthetics such as Anbesol, Dermoplast, Hurricaine	Reports of use during pregnancy are not available.
Bisacodyl	NR	Commonly found in laxatives such as Correctol, Dulcolax	Reports of use during pregnancy are not available.
Bismuth Subsalicylate	C	Commonly found in products for upset stomach, indigestion, and so on, such as Pepto-Bismol	Because of aspirinlike effect with salicylates, use in pregnancy should be restricted to the first five months in amounts that do not exceed the recommended dosages.
Black Cohosh	NR	Found in health food stores and in products such as Awareness Female Balance, Remifemin	Products nonstandardized. Avoid during pregnancy.
Blue Cohosh	C	Blue Cohosh Root Liquid. Also known as Beechdrops, Blueberry Root, Blue Ginseng, Papoose Root, Squawroot, Yellow Ginseng.	Can stimulate uterine contractions and cause birth defects and other toxicity in some animals. Avoid in pregnancy, especially first trimester. Products nonstandardized.
Brompheniramine Maleate	C	Commonly found in antihistamines such as Dimetapp, Robitussin Allergy & Cough	May be associated with birth defects. Use of antihistamines in last two weeks of pregnancy increases the risk of a neonatal eye problem known as retro-lental fibroplasia.
Caffeine	B	Commonly found in Excedrin, Maximum Strength Midol, Vanquish, Vivarin	Doesn't appear to be linked to birth defects. High doses may be associated with miscarriage and infertility.

Calcium Carbonate	NR	Commonly found in calcium supplements and antacids such as Caltrate, Gas-X with Maalox Extra Strength, Rolaids, Tums	No adverse effects proven with usual dosages.
Camphor	C	Commonly found in antiitch and local anesthetic products and nasal inhalers such as Anbesol Cold Sore Ointment, Triaminic Vapor, Vicks VapoRub	No adverse effects from topical use.
Chlorpheniramine Maleate	B	Commonly found in antihistamines such as Actifed Cold & Sinus, Alka-Seltzer Plus, Chlor-Trimeton Allergy, Comtrex Maximum Strength, Contac, Coricidin, PediaCare, Sinutab, TheraFlu, Triaminic, Maximum Strength TYLENOL Allergy, Vicks 44m Cough & Cold	Doesn't appear to be linked to birth defects. See brompheniramine.
Cimetidine	B	Found in antacids such as Tagamet HB	Doesn't appear to be linked to birth defects. Animal research has suggested possibility of impaired sexual development of male fetuses. Use other antacids in pregnancy.
Clemastine	B	Antihistamine found in products such as Tavist	Doesn't appear to be linked to birth defects. See brompheniramine.
Clotrimazole	B	Commonly found in antifungal/yeast infection products such as Gyne-Lotrimin 3, Lotrimin AF	Doesn't appear to be linked to birth defects.
Dexbrompheniramine	C	Commonly found in antihistamines defects. See brompheniramine.	Doesn't appear to be linked to birth such as Drixoral
Dextromethorphan	C	Commonly found in cough suppressants such as Alka-Seltzer Plus Cold and Cough, Benylin Cough, Comtrex, Contac Severe Cold, Coricidin HBP, Dimetapp DM Cold, Robitussin, Sudafed Cold and Cough, TheraFlu, Triaminic, TYLENOL Cold, Vicks 44	Link to birth defects has not been completely ruled out. Use as directed by your physician and avoid alcohol-containing preparations.
Dimenhydrinate	B	Commonly found in antinausea products such as Dramamine	May be responsible for cardiovascular defects and hernias in the fetus, but research inconclusive. See brompheniramine.

(continued)

Table 5.2. *(continued)*

Active Ingredient	FDA Risk Factor	Where You Can Find It	Possible Problems During Pregnancy
Diphenhydramine	B	Commonly found in antihistamines such as Benadryl, Excedrin PM, Nytol, Sominex Original, TYLENOL Severe Allergy, Unisom Sleepgels	May be responsible for cleft palate and other birth defects, but research inconclusive. See brompheniramine.
Docusate	C	Commonly found in laxatives such as Phillips' Liqui-Gels, Senokot-S, Surfak	Chronic use may cause fetal magnesium imbalance.
Doxylamine	A	Used as a sleep aid in products such as Alka Seltzer Plus Night-Time Cold, Unisom SleepTabs, Vicks NyQuil	Safe in pregnancy. May be used as a treatment for morning sickness in combination with vitamin B6.
Echinacea	C	Herbal product also known as American Cone Flower, Black Susans, Hedgehog, Indian Head, Kansas Snakeroot, Scurvy Root	No reports of use in pregnancy available. Products nonstandardized. Avoid in pregnancy.
Ephedrine	C	Commonly found in decongestants such as Primatene Tablets and Mist	May be responsible for heart-rate disturbances, minor birth defects, hernias, and clubfoot, but research inconclusive.
Famotidine	B	Found in antacids such as Pepcid	Doesn't appear to be linked to birth defects.
Garlic	C	Herbal product/Nutritional supplement.	Appears to be safe as a food flavoring. Products non-standardized. Avoid high-doses in pregnancy.
Ginger	C	Herbal product. Sometimes used for nausea and vomiting.	Doesn't appear to be linked to birth defects. Products nonstandardized.

Ginkgo Biloba	C	Herbal product found in BioGinkgo 27/7, BioLean Free, Centrum Performance, Ginkai, Ginkgo 5, Ginkgold, One-A-Day Memory & Concentration, Phyto-Vite, Quanterra Mental Sharpness	No reports of use in pregnancy available. Products nonstandardized. Probably best to avoid in pregnancy.
Guaifenesin	C	Commonly found in expectorants such as Benylin, Primatene Tablets, Robitussin, Sudafed Cold, Vicks 44E	Doesn't appear to be linked to birth defects.
Hydrocortisone (topical)	C	Commonly found in topical and hemorrhoid sprays and ointments such as Anusol HC-1 Cortaid, Cortizone, Preparation H Hydrocortisone Cream	No reports of use in pregnancy available.
Ibuprofen	B	D (if in third trimester)	Commonly found in aspirin substitutes such as Advil, Motrin IB. No apparent link to birth defects, but third-trimester use can cause fetal cardiac malfunction. Avoid while trying to conceive.
Lactase	NR	Commonly found in products for lactose intolerance such as Lactaid	No report of use in pregnancy available.
Loperamide	B	Found in antidiarrheals such as Immodium	Doesn't appear to be linked to birth defects.
Magnesium Carbonate, Magnesium Hydroxide, Magnesium Trisilacate		Commonly found in antacids such as Gaviscon, Maalox, Phillips' Milk of Magnesia, Rolaids	No adverse effects proven with usual dosages. Chronic or excessive use may be associated with neonatal calcium or magnesium imbalance.
Meclizine	B	Commonly found in antinausea products such as Bonine, Dramamine	Causes birth defects in some animals, but no apparent link to birth defects in humans. See Brompheneramine.
Melatonin	C	Also known as MEL, a nutritional supplement.	No reports of use in pregnancy available. May inhibit ovulation in high daily doses. Avoid in pregnancy.

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Table 5.2. *(continued)*

Active Ingredient	FDA Risk Factor	Where You Can Find It	Possible Problems During Pregnancy
Menthol	NR	Commonly found in cough and sore throat preparations and in soothing ointments such as BenGay, Hall's Cough Drops, Listerine, Robitussin Cough Drops, Vicks Cough Drops	No reports of use in pregnancy available.
Miconazole	C	Commonly found in products used to treat yeast/fungal infections such as Desenex, Lotrimin, Monistat	Doesn't appear to be linked to birth defects.
Oxymetazoline	C	Commonly found in nasal decongestant sprays such as Afrin, Neo-Synephrine, Vicks Sinex	No apparent link to birth defects, but excessive use could impair uterine blood flow.
Passion Flower	C	Also known as Apricot Vine, Corona De Cristo, Fleur De La Passion, Maypop, Passiflora, Passion Vine, Water Lemon	No reports of use in pregnancy available. Products nonstandardized. Avoid in pregnancy.
Permethrin	B	Found in antiscabies preparations such as Acticin, Elmite, and Nix	Considered the treatment of choice for pubic and head lice, and scabies.
Phenylephrine	C	Commonly found in nasal decongestant sprays and hemorrhoid creams such as Alka-Seltzer Plus, Neo-Synephrine, Preparation H, Vicks Sinex	Causes birth defects in animals. May be responsible for minor birth defects: hernia and clubfoot. (These studies do not apply to topical creams.) Excessive use could impair uterine blood flow.
Pseudoephedrine	C	Commonly found in decongestants such as Actifed, Advil Cold and Sinus, Aleve Sinus & Headache, Alka-Seltzer Plus, Benadryl Allergy & Sinus, Chlor-Trimeton Allergy/Decongestant, Comtrex, Contac, Dimetapp, Drixoral, PediaCare, Robitussin Cold, Sinutab, Sudafed, TheraFlu, Triaminic, TYLENOL Allergy, TYLENOL Cold, Vicks 44D, Vicks DayQuil, Vicks NyQuil	May be responsible for heart rate disturbances, minor birth defects, hernias, and clubfoot, but research inconclusive.

Psyllium (a natural fiber that promotes normal bowel movements)	NR	Commonly found in laxatives such as Metamucil	No reports of use in pregnancy available. Since it is not absorbed into the bloodstream, it is felt to be safe to use.
Pyrethrins with piperonyl butoxide	C	Commonly found in antilice lotions and shampoos such as Rid	Along with permethrin, preferred drug for lice infestations in pregnancy.
Ranitidine	B	Found in Zantac 75	Doesn't appear to be linked to birth defects.
St. John's Wort (hypericum perforatum)	C	Herbal products containing Hypericum extract, Klamath weed, John's wort, amber touch-and-heat, goat-weed, rosin rose, millepertuis	Rare reports of use in pregnancy available. Products nonstandardized. Possible contamination with other substances.
Simethicone	C	Commonly found in antiflatulents such as Gax-X, Maalox, Phazyme	May be associated with cardiovascular birth defects, but cause and effect not likely.
Sodium Bicarbonate	NR	Commonly found in antacids such as Alka-Seltzer	No adverse effects with usual dosages.
Sodium Chloride (table salt)	NR	Commonly found in nasal sprays such as Ocean Nasal Mist	Safe for use during pregnancy.
Valerian	B	Herbal products containing Valerian root, radix, valerianae, Indian valerian, red valerian	Possible adverse fetal and maternal effects. Should be avoided in pregnancy.

Note: Some drugs have more than one rating. This is because they may be more dangerous at certain parts of the pregnancy, in certain dosages, or in combination with other drugs. Consult your physician for details.

Original material based on the latest data available as of June 2003. Reference material includes *The Unofficial Guide to Having A Baby* by Ann Douglas and John R. Sussman, M.D. New York: John Wiley and Sons, 1999. *Before You Conceive* by John R. Sussman, M.D., and B. Blake Levitt. New York: Bantam Doubleday Dell Books, 1989. *Drugs in Pregnancy and Lactation* (fifth edition, 1998) by Gerald G. Briggs, Roger K. Freeman, and Sumner J. Taffe. Baltimore: Williams and Wilkins, 1998. (Plus updates Volume 11 Number 2, June 1998 through Volume 16 Number 2, June 2003). *Physician's Desk Reference*. Oradell, NJ: Medical Economics Publishers, 2002. *Drugs and Pregnancy* by Larry C. Gilstrap III and Bertis B. Little. New York: Elsevier Science Publishing Co., Inc., 1992.

As helpful as these ratings can be to caregivers and pregnant women, they tend to oversimplify the highly complex issues involved. That's why it's so important for caregivers to review the sources of information available to them when recommending or prescribing medications. They should consult such reliable sources such as *Drugs in Pregnancy and Lactation,* make use of teratogen/pregnancy risk-lines (a.k.a. hotlines), tap into the *Physician's Desk Reference* or *PDR* (the so-called "bible" of FDA-approved information about prescription and nonprescription drugs that also includes a compendium of the package inserts that manufacturers are required to package with their products), and so on.

Decisions about the use of medications during pregnancy must take many factors into account, including the specific individual circumstances that necessitate the use of a medication, the dose and method of administration, the timing and duration of exposure in the pregnancy, and the simultaneous use of other drugs. All factors being equal, it is generally best to use drugs that have been available longer and therefore have more of a track record in pregnancy. No pregnant woman wants to be a guinea pig, if she can avoid it.

Prescription drugs

Over-the-counter drugs aren't the only drugs that can be harmful to the developing baby. Some of the most harmful drugs are those used to treat such serious medical conditions as epilepsy, heart disease, and cancer.

Bright Idea

You can find out more about the safety of particular types of medications by contacting the March of Dimes at the address below:

March of Dimes Birth Defects Foundation
National Office
1275 Mamaroneck Avenue
White Plains, NY 10605
1-888-MODIMES
www.modimes.org

If you take prescription drugs regularly, it's important to find out whether it's safe to continue taking these medications during your pregnancy. In some cases, your doctor will advise you to stop taking the drug because the risks to the fetus are greater than the benefits the drug provides. In other situations, she may advise you to continue taking the drug because the developing baby is more likely to be harmed by the condition the drug is treating (for example, epileptic seizures) than the medication itself.

Although there is still a great deal we don't know about the effects of drug use during pregnancy, the Food and Drug Administration (FDA) rates drugs on the basis of their safety during pregnancy. Prescription drugs are assigned to one of the previous five categories, based on their relative safety during pregnancy, as previously discussed earlier in this chapter.

As you can see from Table 5.3, only a handful of prescription drugs are considered absolutely safe to take during pregnancy.

Table 5.3. FDA Ratings for Prescription Drug Use During Pregnancy

FDA Risk Factor A: These drugs have been demonstrated not to pose any risks to human fetuses.

FDA Risk Factor B: These drugs are believed not to pose any significant risk to human fetuses, based on what has been learned from animal or human studies.

FDA Risk Factor C: These drugs may or may not be harmful to human fetuses. The data is inconclusive, either because no studies have been done or because any adverse effects that have been demonstrated have shown up in animal rather than human studies.

FDA Risk Factor D: These drugs are known to pose a threat to human fetuses, but they may be commonly found in cases where the benefits of using the drug outweigh these risks.

FDA Risk Factor X: These drugs have been proven to cause fetal abnormalities in humans and should not be used by under any circumstances during pregnancy. (In other words, Category X drugs are FDA-approved, but they are not to be used by pregnant women.)

Name of Drug	FDA Risk Factor	Possible Problems	What You Need to Know
A. Antihistamines			
Allegra (fexofenadine)	C	Reports of use during pregnancy are not available.	Product too new to evaluate. Use over-the-counter product like chlorpheniramine if treatment necessary.
Claritin (loratidine), Zyrtec (ceftrizine)	B	Limited reports of use during pregnancy are available.	Product too new to evaluate. Use over-the-counter product like chlorpheniramine if treatment necessary. Cetrizine is a reasonable alternative (especially after the first trimester) if chlorpheniramine is not effective.
Hismanal (astemizole)	C	Limited reports of use in pregnancy available.	Product too new to evaluate. Use over-the-counter product like chlorpheniramine if treatment necessary.

B. Antibiotics/Anti-infectives

1. Antifungals			
Terrazol (terconazole)	C	No known link to birth defects.	Use as directed by your physician for vulvo-vaginal yeast infections.
Diflucan (fluconazole)	C	Possible birth defects with continuous use at higher doses.	Should be avoided in pregnancy, if possible.
Fulvicin (griseofulvin)	C	May be associated with conjoined twins.	Avoid.
Mycostatin (nystatin) oral or cream	B	Doesn't appear to be linked to birth defects.	A possible alternative to terconazole.
2. Antimalarials			
Aralen (chloroquine)	C	May be responsible for various birth defects. Research inconclusive.	A safer alternative than quinine.
Paludrine (proguanil)	B	Doesn't appear to be linked to birth defects.	May be best choice for malaria prophylaxis in pregnancy.
Quinine	D	Possible birth defects.	Use alternatives if possible.
3. Antituberculosis			
Isoniazid (INH)	C	Toxic in animal embryos; may cause neurological abnormalities.	Use only as directed by your physician.
Myambutol (ethambutol)	B	Doesn't appear to be linked to birth defects.	Use only as directed by your physician.
Rifampin (antituberculosis)	C	Possible increase in fetal anomalies.	Use only as directed by your physician.

(continued)

Table 5.3. *(continued)*

Name of Drug	FDA Risk Factor	Possible Problems	What You Need to Know
4. Antivirals			
Famvir (famciclovir)	B	Reports of use during pregnancy are not available.	For treatment of genital herpes. Avoid use during pregnancy, if possible.
Retrovir (zidovudine-AZT)	C	Doesn't appear to be linked to birth defects.	Effective in preventing maternal-fetal transmission of HIV.
Valtrex (valcyclovir)	B	Reports of use during pregnancy are not available.	For treatment of genital herpes. Avoid use during pregnancy, if possible.
Zovirax (acyclovir)	B	Reports of use during pregnancy are not available.	For treatment of genital herpes. Avoid use during pregnancy, if possible. Recent evidence suggests it may be warranted in certain situations.
5. Cephalosporins			
Keflex (cephalexin), Ceclor (cefaclor), Duricef (cefadroxil), Suprax (cefixime)	B	Doesn't appear to be linked to birth defects.	Use only as directed by your physician.
6. Quinolones			
Cipro (ciprofloxacin), Floxin (ofloxacin)	C	Doesn't appear to be linked to birth defects.	Should be avoided in pregnancy unless no safer alternatives exist.

NegGram (nalidixic acid)	C	Causes birth defects in animals.	Should be avoided in pregnancy unless no safer alternatives exist.
Noroxin (norfloxacin)	C	May be associated with birth defects.	Should be avoided in pregnancy unless no safer alternatives exist.
7. Penicillins			
Amoxicillin, ampicillin, cloxacillin, dicloxacillin, penicillin	B		Use only as directed by your physician.
8. Sulfonamides (Sulfa Drugs)			
Bactrim, Septra (sulfamethoxazole)	B	May be associated with birth defects. Not confirmed. If administered near term, may cause neonatal jaundice.	Use only as directed by your physician.
9. Antitrichomonas			
Flagyl, Protostat (metronidazole)	B	Controversy regarding safety during pregnancy.	Should be avoided in first trimester and used only if absolutely necessary in second and third trimesters.
10. Urinary Antibiotics			
Macrodantin/Macrobid (nitrofurantoin)	B	Doesn't appear to be linked to birth defects.	Avoid using near term or with suspected G6PD deficiency (a genetic disorder that weakens red blood cells).
Monurol (fosfomycin)	B	Reports of use during pregnancy are not available.	Taken as a single dose.

(continued)

Table 5.3. *(continued)*

Name of Drug	FDA Risk Factor	Possible Problems	What You Need to Know
11. Scabicides/Pediculocides (Anti-lice and Scabies)			
Kwell (lindane shampoo)	B	May be associated with nerve damage and anemia.	Use permethrin or pyrethrins with piperonyl butoxide for lice infestations in pregnancy. See Table 5.2.
12. Other			
Augmentin (clavulonate/amoxicillin)	B	May be associated with spina bifida. Not confirmed.	Use only as directed by your physician.
Betadine (povidone–iodine)	D	Prolonged use or use near term may cause fetal thyroid disorder.	Use only as directed by your physician.
Betasept, Hibiclens (chlorhexidine gluconate)	B	Doesn't appear to be linked to birth defects.	Used as a presurgical skin cleanser.
Biaxin (clarithromycin)	B	Doesn't appear to be linked to birth defects.	Related to erythromycin, but newer.
Cleocin (clindamycin)	B	Doesn't appear to be linked to birth defects.	Use only as directed by your physician.
Erythromycin	B	Doesn't appear to be linked to birth defects. Possible maternal liver toxicity with certain forms (estolate or ethylsuccinate esters).	Preferred drug in pregnancy for chlamydia.
pHisoHex (hexachlorophene)	C	Causes birth defects in animals in high doses.	Avoid in pregnancy, especially on mucous membranes or injured skin.

Vibramycin, Doryx (doxycycline), Minocin (minocycline), tetracycline	D	May cause various birth defects, tooth discoloration, and possible bone damage.	Avoid during pregnancy.
Zithromax (azithromycin)	B	Doesn't appear to be linked to birth defects.	Related to erythromycin, but newer.
C. Antilipemics (Cholesterol-Lowering Drugs)			
Lipitor (atorvastatin), Mevacor (lovastatin), Lescol (fluvastatin), Pravachol (pravastatin), Zocor (simvastatin)	X	Theoretically toxic to fetal development.	Do not use during or prior to pregnancy.
Lopid (gemfibrozil)	C	May be associated with birth defects.	Rarely necessary during pregnancy.
Questran (cholestyramine), Colestid (colestipol)	B	Doesn't appear to be linked to birth defects.	Has limited use during pregnancy.
D. Cancer Drugs			
Adriamycin (doxorubicin), fluorouracil, methotrexate, Cytoxan (cyclophosphamide), Idamycin (idarubicin), Novantrone (mitoxantrone), Oncovin (vincristine), Platinol (cisplatin), Vesanoid (tretinoin Oral)	D	Highly toxic. Multiple birth defects, neonatal bone-marrow suppression, and intrauterine growth restriction.	Benefits must clearly outweigh the risks. Occupational exposure to these agents by pregnant women is potentially toxic in the first trimester.
Novadex (tamoxifen)	D	Toxic in animal studies. Possibly carcinogenic as well.	Avoid in pregnancy and for at least two months before conceiving.

(continued)

Table 5.3. *(continued)*

Name of Drug	FDA Risk Factor	Possible Problems	What You Need to Know
E. Muscle Relaxants			
Flexeril (cyclobenzaprine)	B		Use only as directed by your physician.
Parafon Forte (chlorzoxazone), Robaxin (methocarbamol), Norflex (orphenadrine).	C	Doesn't appear to be linked to birth defects.	Avoid during pregnancy.
F. Cardiovascular Drugs			
1. Angiotensin-Converting Enzyme Inhibitors (ACE Inhibitors)			
Capoten (captopril), Vasotec (enalopril), Zestril (lisinopril)	D	Toxic to fetus. Causes birth defects even in second and third trimesters.	Avoid during pregnancy.
2. Antihypertensives (Blood Pressure Medications)			
Aldomet (methyldopa)	C	Doesn't appear to be linked to birth defects.	Discuss switching from your current antihypertensive to methyldopa or labetalol with your caregiver.
Inderal (propranolol)	C	Decreased heart rate, low blood sugar, possible growth restriction.	Consider switching to methyldopa or labetalol.
Lopressor (metoprolol)	C	First-trimester reports lacking; mild neonatal hypotension and decreased heart rate a possibility.	Consider switching to methyldopa or labetalol.

Normodyne (labetalol)	C	First-trimester reports lacking; mild neonatal hypotension and decreased heart rate a possibility.	Preferred to methyldopa by some maternal-fetal medicine specialists.
Tenormin (atenolol)	D	May be associated with low birth weight and intrauterine growth restriction (IUGR). Otherwise similar to labetalol.	Consider switching to methyldopa or labetalol.
3. Calcium Channel Blockers			
Calan (verapaml), Norvasc (amlopidine), Procardia (nifedipine)	C	Not proven to be safe during pregnancy. Possible temporary fetal/neonatal cardiovascular functional abnormalities.	Consult your cardiologist.
4. Cardiac Drugs			
Lanoxin (digoxin)	C	Maternal overdose may be toxic to developing baby.	Consult your cardiologist.
5. Vasodilators			
Nitroglycerin	B	Doesn't appear to be linked to birth defects.	Also used for treatment of excessive uterine contractions/premature labor.
G. Central Nervous System (CNS) Drugs			
1. Analgesics (Pain Relievers)			
Darvon, Darvocet (propoxyphene)	C/D	May be associated with multiple birth defects. Not confirmed. Neonatal withdrawal symptoms if used for prolonged periods.	Narcotic analgesics are generally preferred for occasional use in pregnancy when acetominophen is not effective.

(continued)

Table 5.3. *(continued)*

Name of Drug	FDA Risk Factor	Possible Problems	What You Need to Know
2. Anticonvulsants (Epilepsy Drugs)			
Depakene (valproic acid), Depakote (sodium valproate)	D	High incidence of cranial, facial, and limb defects, including cleft lip and palate, and underdeveloped fingers. Impaired physical and mental development, congenital heart defects.	Untreated epilepsy poses a greater risk than valproic acid. The minimum effective dosage should be used.
Dilantin (phenytoin, diphenylhydantoin)	D	Fetal Dilantin syndrome. (High incidence (2%-26%) of cranial, facial, and limb defects, including cleft lip and palate, and underdeveloped fingers. Impaired physical and mental development, congen-ital heart defects.	Untreated epilepsy poses a greater risk than phenytoin. The minimum effective dosage should be used.
Mysoline (primodone)	D	High association with birth defects.	Untreated epilepsy poses a greater risk than primidone. The minimum effective dosage should be used.
Phenobarbital	D	Barbiturates cross the placenta and are stored in higher concentrations in the fetus than in the mother. Possible effects include fetal addiction, fetal bleeding and coagulation defects, and possible malformations.	Avoid except in cases in which seizure disorders can't be treated with safer medications.
Tegretol (carbamazepine)	C	Possible birth defects.	Preferred drug for grand mal seizures. Discuss medication strategy with your neurologist.
Zarontin (ethosuximide)	C	Possible birth defects.	Preferred drug for petit mal epilepsy, especially during first trimester.

3. Antidepressants

Celexa (citalopram)	C	Limited reports of use during pregnancy available.	A selective seritonin re-uptake inhibitor (SSRI). See Prozac.
Effexor (venlafaxine)	C	Limited reports of use during pregnancy available.	Unrelated to other antidepressants.
Luvox (fluvoxamine)	C	Reports of use during pregnancy are not available.	An SSRI used to treat obsessive-compulsive disorder (OCD).
Paxil (paroxetine)	B	Limited reports of use during pregnancy available.	An SSRI. See Prozac.
Prozac (fluoxetine)	B	Limited reports of use during pregnancy available.	Because there is longer follow-up data for this drug than for newer SSRIs, this is probably the best choice of antidepressant for use during pregnancy.
Remeron (mirtazapine)	C	Reports of use during pregnancy are not available.	A tetracyclic antidepressant chemically unrelated to tricyclics, SSRIs, and monamine oxidase (MAO) inhibitors.
Serzone (nefazodone)	C	Reports of use during pregnancy are not available.	An SSRI. See Prozac.
Sinequan (doxepin)	C	May be associated with birth defects.	When antidepressants are needed in pregnancy, the SSRI drugs appear to be the safest.
Tricyclics including Elavil (amitriptyline), Surmontil (trimipramine), Tofranil (imipramine)	D	Possible facial, head, limb and central nervous system defects; possible neonatal withdrawal symptoms.	Avoid in pregnancy if possible.

(continued)

Table 5.3. *(continued)*

Name of Drug	FDA Risk Factor	Possible Problems	What You Need to Know
Wellbutrin (bupropion)	B	Reports of use during pregnancy are not available.	Mechanism of action unrelated to other antidepressants.
Zoloft (sertraline)	B	Limited reports of use during pregnancy are available.	An SSRI. See Prozac.
4. Narcotic Analgesics			
Codeine	C/D	May be associated with multiple birth defects. Not confirmed. If used for prolonged periods or in high doses at term.	Use only as directed by your physician.
Dilaudid (hydromorphone), OxyContin, Percodan, Tylox, (oxycodone), Synalgos-DC (dihydrocodeine), Vicodin, Lortab (hydrocodone)	B/D	Reports of use during pregnancy are not available. Falls into Risk Factor D if used for prolonged periods or in high doses at term.	Use only as directed by your physician.
Demerol (meperidine)	B/D	May be associated with hernias. If used for prolonged periods or in high doses near term, baby may experience withdrawal, respiratory depression, growth restriction, and neonatal death.	Use only as directed by your physician.
Heroin (diacetylmorphine)	B/D	Possible chromosome damage. If used for prolonged periods or in high doses near term, baby may experience withdrawal, respiratory depression, growth restriction, lagging intellectual development, and neonatal death.	Do not use during pregnancy.

Methadone	B/D	Risk Factor D if used for prolonged periods or in high doses near term, baby may experience withdrawal, respiratory depression, growth restriction, and neonatal death.	Use only as directed for treatment of narcotic addiction.
Morphine	B/D	May be associated with hernias. If used for prolonged periods or in high doses near term, baby may experience withdrawal, respiratory depression, growth restriction, and neonatal death.	Use only as directed by your physician.
Talwin (pentazocine)	B/D	Risk Factor D if used for prolonged periods or in high doses near term, baby may experience withdrawal, respiratory depression, growth restriction, and neonatal death.	Use only as directed by your physician.
Ultram (tramadol)	C	Possibly toxic in animals at high doses—related to codeine but not addictive.	Too new to recommend over traditional narcotic pain-relievers.
5. Nonsteroidal Anti-inflammatory Drugs (NSAIDs)			
Anaprox (naproxen), Ansaid (flurbiprofen), Clinoril (sulindac), Motrin (ibuprofen), Ponstel (mefenamic acid), Voltaren (diclofenac)	B/D	Doesn't appear to be linked to birth defects. Risk Factor D if used in the third trimester or near delivery, this drug can cause neonatal pulmonary hypertension.	Should not be used by women trying to conceive. May impair implantation.
Celebrex (celecoxib), Daypro (oxaprozin), Relafen (nabumetone), Vioxx (rofecoxib)	C/D	Doesn't appear to be linked to birth defects. Risk Factor D if used in the third trimester or near delivery, this drug can cause neonatal pulmonary hypertension.	Should not be used by women trying to conceive. May impair implantation.

(continued)

Table 5.3. *(continued)*

Name of Drug	FDA Risk Factor	Possible Problems	What You Need to Know
6. Sedatives and Hypnotics			
Ambien (zolpidem)	B	Reports of use during pregnancy are not available.	Relatively new, so if sleeping pill is absolutely needed, most doctors will prescribe a barbiturate, narcotic, or antihistamine for occasional use only.
Benzodiazepines such as Valium (diazepam), Xanax (alprazolam), Klonipin (clonazepam), Ativan (lorazepam)	D	Possible birth defects, neonatal depression, "floppy baby" syndrome, neonatal withdrawal.	Avoid, especially in first trimester. Severe panic disorders may need to be treated in the second and third trimesters.
7. Stimulants/Appetite Suppressants			
Fastin, Adipex-P (phentermine)	C	May be associated with stillbirth.	Avoid during pregnancy and preconceptionally.
Meridia (sibutramine)	C	Causes birth defects in animals at higher doses.	Avoid during pregnancy.
8. Tranquilizers			
Lithium	D	Possible changes in newborn heart rhythms and thyroid function; possible goiter, jaundice, electrolyte imbalance. Possible birth defects, especially of the heart.	Avoid during pregnancy.

Phenothiazines such as Trilafon (per-phenazine), Compazine (prochlorperazine), Fluphenazine	C	Research regarding birth defects is inconclusive. Possible neurological effects on fetus when taken close to term.	Avoid using these drugs near term. It may be safe to use some of these drugs for the treatment of severe nausea and vomiting in the first trimester.
H. Anticoagulants (Blood Thinners)			
Coumadin (warfarin)	D	High incidence of birth defects (for example, "Fetal warfarin syndrome"); may lead to fetal hemorrhage or death.	Do not use these drugs during pregnancy. Heparin is the drug of choice when anticoagulation is necessary.
Heparin	C	Fetal and maternal complications possible with prolonged use.	Generally preferable to Coumadin (warfarin) when anticoagulation is needed in pregnancy.
Plavix	B	No birth defects in two animal studies. Used in one successful human pregnancy	If medically warranted, should continue through pregnancy.
I. Diuretics			
Lasix (furosemide)	C	Possible electrolyte imbalance, increased fetal urine output.	Should be used only in cases of severe hypertension and other cardiovascular disorders.
Thiazides such as Dyazide, Maxzide, Aldactazide (hydrochlorthiazide), Diuril (chlorothiazide)	D	Bone-marrow depression, possible birth defects, decreased platelet count (poor blood clotting), electrolyte imbalance.	Should be used only in cases of severe hypertension and other cardiovascular disorders.
J. Gastrointestinal Drugs			
1. Antidiarrheal			
Lomotil (diphenoxylate)	C	Doesn't appear to be linked to birth defects.	Related to narcotic meperidine. (Demerol).

(continued)

Table 5.3. *(continued)*

Name of Drug	FDA Risk Factor	Possible Problems	What You Need to Know
2. Antiemetics (Antinausea)			
Phenergan (promethazine), Tigan (trimethobenzamide), Compazine (prochlorperazine)	C	Doesn't appear to be linked to birth defects. Frequent use in later part of pregnancy may be associated with neonatal jaundice, depression, and withdrawal symptoms.	An option for severe morning sickness (hyperemesis gravidarum).
Reglan (metoclopramide)	B	Doesn't appear to be linked to birth defects.	Also used when needed to stimulate breast milk production in nursing mothers.
3. Antisecretory Drugs			
Cytotec (misoprostil)	X	Causes miscarriage and birth defects.	Do not use during pregnancy.
Pepcid (famotidine)	B	Reports of use during pregnancy are not available.	Use only as directed by your physician.
Prilosec (omeprazole)	C	No birth defects in animals, but effects unclear in humans.	Avoid during pregnancy, especially prior to week 20.
Prevacid (lansoprazole)	B	Reports of use during pregnancy are not available.	Structurally similar to omeprazole. Avoid during pregnancy, especially prior to week 20.
Zantac (ranitidine)	B	Doesn't appear to be linked to birth defects.	Use only as directed by your physician.

K. Hormones			
1. Adrenal			
Cortisone, Hydrocortisone (forms other than topical)	D	Possible birth defects. Possible neonatal adrenal suppression and electrolyte imbalance.	Switch to prednisone if necessary.
Dexamethasone	C	Birth defects in animals; no observed birth defects in humans. Possible neonatal adrenal suppression and electrolyte imbalance.	Switch to prednisone if necessary.
Prednisone	B	Doesn't appear to be linked to birth defects. Possible neonatal adrenal suppression and electrolyte imbalance.	Preferred adrenal steroid during pregnancy. Should be used instead of other corticosteroids whenever possible.
2. Antidiabetic Drugs			
Diabinase (chlorpropamide)	D	Suspected birth defects, low blood sugar, fetal death.	Change to insulin if your diabetes cannot be controlled by diet alone.
Glucophage (metformin)	B	Appears to be the safest of the oral diabetes drugs. Used frequently as a treatment for ovulation problems associated with polycystic ovarian syndrome (PCOS).	Though insulin is the drug of choice for the treatment of diabetes during pregnancy, this drug may be preferred for women of childbearing age who are not planning a pregnancy.
Glucotrol (glipizide)	C	Doesn't appear to be linked to birth defects.	Change to insulin if your diabetes cannot be controlled by diet alone.
Glynase (glyburide)	D	Possible birth defects with first trimester use.	Change to insulin if your diabetes cannot be controlled by diet alone.

(continued)

Table 5.3. *(continued)*

Name of Drug	FDA Risk Factor	Possible Problems	What You Need to Know
Insulin	B	Low blood sugar. Maternal insulin shock can result in fetal death.	Your dose may have to be adjusted during pregnancy. Consult your physician.
Orinase (tolbutamide)	D	Possible birth defects, low fetal platelet count, low blood sugar, fetal death.	Change to insulin if your diabetes cannot be controlled by diet alone.
3. Antiprogesterone Drugs			
RU486 (mifepristone)	X	Causes abortion.	Do not use during pregnancy.
4. Antithyroid			
Propylthiouracil (PTU), Tapazole (methimazole)	D	May cause various birth defects and fetal/neonatal hypothyroidism.	PTU is the drug of choice for treatment of hyperthyroidism during pregnancy.
Radioactive Iodine	X	Causes birth defects.	Do not use during pregnancy.
5. Estrogens			
Clomid, Serophene (clomiphene)	X	Though rated X by manufacturer, no birth defects are proven.	A fertility drug. Should be used only after possibility of pregnancy has been ruled out.
DES (diethylstilbestrol)	X	Reproductive organ defects and future reproductive problems.	Should not be used during pregnancy.
Oral contraceptives including the morning-after pill (contain estrogen and/or progestogen)	X	Possible genital anomalies like with DES. Possible advanced neonatal bone age with resulting short stature.	Stop taking your oral contraceptives as soon as pregnancy is confirmed. (You should take a pregnancy test as soon as possible if you suspect that you may be pregnant.)

6. Progestogens			
Crinone	Not rated.	Doesn't appear to be linked to birth defects.	Used for the treatment of infertility, luteal phase deficiency, and assisted reproductive technologies in first 10 weeks of pregnancy.
Prometrium, Micronized progesterone (progesterone)	B	Doesn't appear to be linked to birth defects.	Used for the treatment of infertility, luteal phase deficiency, and assisted reproductive technologies in first 10 weeks of pregnancy.
Provera (medroxyprogesterone)	D	Possible birth defects.	When used to treat abnormalities or absence of menstruation, pregnancy must be ruled out first.
7. Thyroid			
Synthroid (levothyroxine), Armour thyroid (thyroid hormones)	A	No adverse effects with appropriate doses.	Use only as directed by your physician. Dose may need to be adjusted during pregnancy.
L. Asthma Drugs-Bronchodilators			
1. Sympthomimetics			
Alupent (metaproterenol), Max air (pirbuterol), Ventolin, Proventil (albuterol), Serevent (salmeterol)	C	No apparent link to birth defects in normal inhaled doses.	Generally available as inhalers. Use as directed by your physician in minimum effective doses.
2. Antispasmodics			
Aminophyllin, TheoDur (theophyllin)	C	May be associated with birth defects.	One of a number of acceptable treatments for chronic asthma during pregnancy.

(continued)

Table 5.3. *(continued)*

Name of Drug	FDA Risk Factor	Possible Problems	What You Need to Know
3. Other Asthma			
Singulair (montelukast)	B	Animal studies reassuring. No reports of use in pregnancy available. Doesn't appear to be linked to birth defects.	Use as directed by your physician in minimum effective doses.
M. Other			
1. Acne			
Accutane (isotretinoin)	X	Increased risk of miscarriage and birth defects.	Stop using the drug at least one month prior to attempting pregnancy.
Retin-A (tretinoin)	C	No proven adverse effects when used topically.	Not to be confused with Accutane (above) or cancer drug Vesanoid (tretinoin oral). However, because of its similarity to Accutane, should avoid in pregnancy, especially first trimester.
2. Antimigraine			
Amerge (naratriptan)	C	Possibly toxic in animals at higher doses.	Limited reports in human pregnancy—avoid in pregnancy.
Imitrex (sumatriptan)	C	No apparent link to birth defects, but data lacking. Possible increase in risk of miscarriage.	Avoid in pregnancy.
Midrin (isometheptene)	C	Reports of use during pregnancy are not available.	Use only as directed by your physician.

3. Urinary Tract Antispasmodics			
Cystospaz (flavoxate)	B	Reports of use during pregnancy are not available.	Avoid in pregnancy.
Detrol (tolterodine tartrate)	C	Possibly toxic in animal pregnancies at high doses.	Avoid in pregnancy.
Ditropan (oxybutynin)	B	Reports of use during pregnancy are not available.	Avoid in pregnancy.
Urospaz (l-hyoscyamine)	C	May be associated with birth defects.	Avoid in pregnancy.
4. Weight Loss/Fat Blocking			
Xenical (orlistat)	B	Reports of use during pregnancy are not available.	Avoid in pregnancy.
5. Immunologic			
Copaxone (glatiramer)	B	Used to treat multiple sclerosis (MS). Animal studies reassuring. No reports of use in pregnancy available.	Benefits appear to outweigh risks. Start in the second trimester, if possible.

Note: Some drugs have more than one rating. This is because they may be more dangerous at certain parts of the pregnancy, in certain dosages, or in combination with other drugs. Consult your physician for details.

Original material based on the latest data available as of June 2003. Reference material includes *The Unofficial Guide to Having A Baby* by Ann Douglas and John R. Sussman, M.D. New York: John Wiley and Sons, 1999. *Before You Conceive* by John R. Sussman, M.D., and B. Blake Levitt. New York: Bantam Doubleday Dell Books, 1989. *Drugs in Pregnancy and Lactation* (fifth edition, 1998) by Gerald G. Briggs, Roger K. Freeman, and Sumner J. Taffe. Baltimore: Williams and Wilkins, 1998. (Plus updates Volume 11 Number 2, June 1998 through Volume 16 Number 2, June 2003). *Physician's Desk Reference.* Oradell, NJ: Medical Economics Publishers, 2002. *Drugs and Pregnancy* by Larry C. Gilstrap III and Bertis B. Little. New York: Elsevier Science Publishing Co., Inc., 1992.

Before we wrap up this discussion, we want to say a quick word about antidepressants.

There's been a lot of misinformation in the media in recent years about the supposedly harmful effects of antidepressants on the developing baby. We want to counter some of that misinformation by presenting the facts. A study conducted at the University of California in Los Angeles concluded that there is no increased risk of birth defects or neonatal complications associated with the use of three selective serotonin reuptake inhibitors (SSRIs) — specifically, fluoxetine, paroxetine, and sertraline — during pregnancy. So that's one worry you can scratch off your list if your doctor has prescribed antidepressant medications for you.

Which herbal products are safe to use during pregnancy?

As you've no doubt gathered by now, there's no easy answer to this question. Because herbal products are treated as dietary supplements rather than as drugs by the Food and Drug Administration, herbal product manufacturers don't have to jump through the same product approval hoops as their pharmaceutical industry counterparts. Consequently, there isn't as much data available about the safety and effectiveness of herbal products.

But that's not even the worst of the problem. More troubling still is the lack of product standardization in the herbal products manufacturing sector. According to Donald L. Sullivan, R. Ph., Ph.D., author of *The Expectant Mother's Guide to Prescription and Nonprescription Drugs, Vitamins, Home Remedies, and Herbal Products,* the quality and strength of a particular herb may vary from brand to brand and even from manufacturing batch to manufacturing batch. As a result, it's hard to be sure about exactly what you're getting.

Because there's so little hard data to work with when it comes to evaluating the safety of herbal products, some health-care professionals advise moms-to-be to steer clear of all herbal products

Watch Out!

Don't fall into the trap of assuming that herbal products are safe because they're natural. Natural or not, many herbal products contain highly protent ingredients that may be harmful to you and your baby. In fact, it has been estimated that approximately one quarter of the world's prescription drugs are derived from plants.

during pregnancy. That may be a case of overkill, but in the absence of much hard, scientific data about the safety of herbal product use during pregnancy, we can understand why a lot of healthcare professionals choose to err on the side of caution.

If you do decide to use herbal products during pregnancy, you'll want to keep the following guidelines in mind:

- Talk to your doctor or midwife about the types of herbal products you've been using before you start trying to conceive. That way, she can let you know which products should be avoided during pregnancy. At a minimum, your healthcare provider needs to know which types of products you've been using, how much you've been taking, and in what form (i.e., tea, infusion, tincture, salve, or capsule).
- Try to avoid using any herbal products during the first trimester. This is the key period of organ and tissue formation, so exposure to potentially dangerous herbal products can be particularly damaging to the developing baby.
- If you're planning to use any herbal products that are known for their ability to stimulate the uterus, proceed with extreme caution.
- Make sure that you're clear about which product you're using. Some products have similar names but may pose varying degrees of risk to you and your baby (e.g., blue cohosh versus black cohosh).
- Avoid products that contain more than one type of herb. It can be difficult to figure out how much of each herb

you are getting and to pinpoint any the source of any reactions that occur.

- If you are trusting the recommendations of a third-party (in other words, someone other that your healthcare provider), make sure that this person has the training and experience necessary to be recommending herbal products to pregnant women and that she's basing her recommendations on the most respected herbal product information available — for example, the recommendations of Commission E in Germany, which reviews and evaluates the scientific evidence regarding herbal therapies and makes recommendations regarding their safety.
- Don't exceed the recommended doses for herbal products. Whenever you exceed the recommended dosage, you put your own health as well as the health of your baby at risk.
- Be aware of the potential for dangerous drug interactions. Certain types of herbal products are known to interact with medications and anesthetics while others have been found to interfere with blood clotting. If you were to require medication during labor or your baby had to be delivered via cesarean section, you could run into trouble if you had been taking the wrong type of herbal product — particularly if your healthcare provider was unaware of the types of products you had been using or unaware of the side effects associated with using those particular herbal products.
- Treat herbal products with the respect they deserve. Mother Nature can pack a pretty powerful pharmacological punch. It's better to be safe than sorry when there's so much on the line — namely the health of you and your baby.

Week 2

You're still not officially pregnant — but you're working on it. The countdown to Ovulation Day is officially on and you're

determined to do your part to arrange for a midfallopian rendezvous between sperm and egg.

What's going on with your body

Now that your period has ended, the lining of your uterus begins to build up so that it will be able to provide the most hospitable implantation environment possible in the event that you manage to conceive during this cycle.

If you had some sort of high-tech spy camera that allowed you to get a sneak peak at all the action going on inside your body right now, you'd see that your ovaries are pretty much action central.

You see, each month your body has a bit of a contest, with about 15 to 20 eggs vying for Egg of the Month rights. During most months, only one of the eggs ripens and is released but, in certain cycles, you release more than one egg. (This is, of course, one of the ways you end up with twins. See Chapter 15 for more about twins and other multiples.)

If this seems a bit wasteful on Mother Nature's part (throwing away 95 percent of the eggs she starts to "hatch" each month), you ain't seen nothing yet! Of the 6 to 7 million eggs that you were born with, all but 40,000 were destroyed naturally by the time you reached puberty; and, of these, only about 400 will be released through ovulation during your childbearing years.

And when you consider how much waste is built into the male reproductive system, Mother Nature suddenly seems downright stingy with those eggs. A typical man will produce 12 trillion sperm over his lifetime — approximately 1,000 sperm per second. And yet it only takes one sperm to fertilize an egg.

So why the reproductive overkill?

Well, for starters, only 1 percent of sperm manage to complete the journey from the upper part of the vagina into the uterus. Then they have to make it into the fallopian tube that has an egg (50 percent of sperm take a wrong turn at this point, ending up in the wrong fallopian tube).

Then those sperm that made it into the right tube (you know, the ones that actually read the road map!) have to make their way past some rather formidable obstacles like the muscle contractions and hairlike fibers that are designed to propel the egg forward but that also end up forcing some sperm backward at the same time. The net result? Fewer than 200 sperm ultimately find their way to the egg.

At that point, the competition gets particularly fierce. There can only be one winner (unless, of course, we're talking about a multiple birth). Once a sperm manages to penetrate the egg successfully, the egg locks out all competing sperm. Finally, a single sperm has emerged victorious on this episode of *Sperm Survivor!*

You're likely to notice some other changes to your body this week as well, by the way, the most noteworthy preovulatory symptom being a change to the quantity and quality of your cervical mucus. Not only is it becoming more abundant: it's also taking on a slippery, "egg white" consistency. (See Chapter 3 for more about these and other fertility signals.)

What's going on with your head

If this is your first month of trying, you're probably still having fun with the Bedroom Olympics part of the operation. (And, chances are, your partner is pretty enthused about the proceedings, too!)

If, however, you've been at this for a while, you may be feeling more like a lab rat than a seductress. (If that's the case, you may want to flip back to the section on keeping the sizzle in your sex life in Chapter 3. You don't want baby-making to turn into a chore.)

The Hot List: This week's must-ask pregnancy questions

Here are the answers to some of the pregnancy questions that are likely to be running through your head this week.

Note: You're likely to have a lot of "how do I get pregnant?" questions, too. (And why not? You've got baby-making on the

brain!) You'll find the answers to those kinds of questions in Chapter 3.

What can I do to increase my odds of conceiving a baby of a particular sex?

In a word, nothing.

While you've no doubt heard about the Shettles method and other low-tech methods of timing intercourse to increase your odds of conceiving a baby of a particular sex, a 1995 study conducted by the National Institute of Environmental Health Sciences concluded that there's no hard evidence to prove that any of these low-tech gender selection methods actually work. (This shouldn't be any huge surprise since even state-of-the-art high-tech sex-selection methods aren't able to offer couples much better than 75 percent odds of getting a baby of the desired sex — which is, incidentally, the very same success rate that is often attributed to the Shettles method.) So while it's okay to have fun with these methods, you shouldn't take them too seriously or — worse — paint the nursery on the basis of the gender of the baby you *think* you're getting!

And here's something else to consider: if you limit the number of times you have intercourse in the hope of conceiving a baby of a particular sex (the Shettles method, for example, suggests that you try to time intercourse as close to ovulation as possible if you hope to conceive a boy and that you abstain during the days leading up to your one shot at glory), you simultaneously decrease your odds of conceiving, period. So if you want to experiment with the Shettles method and other low-tech methods of sex selection, you'll have to wait a little longer, on average, to hit the reproductive jackpot.

What do the terms gestational age and fetal age mean?

The terms *gestational age* and *fetal age* are used to date your pregnancy.

The term *gestational age* refers to the length of time since the first day of your last menstrual period. If your gestational age is four weeks, this means that it has been four weeks since the first day of your last period. (This is because, thanks to this particular method of dating a pregnancy, you're technically two weeks pregnant the moment you conceive!) Note: Sometimes your doctor or midwife will say that you are four weeks LMP (last menstrual period). It all means the same thing.

The term *fetal age,* on the other hand, refers to the age of your developing baby, counting from the estimated date of conception. The fetal age is typically two weeks less than the gestational age although if your menstrual cycle is markedly shorter or longer, your dates are likely to be off. This is one of the reasons why your doctor or midwife will pay particular attention to the date calculations on any ultrasounds you may have as well as the fundal measurements (measurements of the height of your uterus) that are done at your regular prenatal checkups. It's all a way of cross-checking the accuracy of your due date and ensuring that your baby's development is pretty much on track.

As you've no doubt noticed by now, we chose to organize this book according to gestational age rather than fetal age. In other words, the first week of pregnancy in this book is the week of your last menstrual period. This is because most women are used to using this method of tracking their stage of pregnancy and find it annoying to have to subtract two weeks if the pregnancy book they are reading happens to be structured on the basis of fetal age.

But just to eliminate any possible confusion, we'll make a point of mentioning your baby's fetal age from time to time, too. (Never let it be said that we don't try to give our readers the best of both worlds!)

What workplace hazards do my partner and I need to be aware of now that we're trying to conceive?

While a number of reproductive hazards in the workplace have been identified in recent years, according to the National

Institute for Occupational Safety and Health (NIOSH), there is still much that we do not know about the effects of various types of workplace environments on human reproduction. This is because, most workplace chemicals have not been tested on humans, and, in many cases, there is limited animal data as well.

Here's a quick summary of the little we *do* know about the reproductive fallout of certain types of workplace hazards on both female and male workers.

Reproductive hazards for the female worker

When the workplace environment has an effect on the reproductive system of a female worker, it tends to affect her in one of the following ways:

- by throwing her menstrual cycle out of whack;
- by affecting her fertility;
- by increasing the likelihood that she will experience a miscarriage or stillbirth;
- by increasing her odds of giving birth prematurely or of giving birth to a low birthweight baby or a baby with a birth defect or a developmental disorder,
- by increasing the risk that her baby will go on to develop some sort of childhood cancer.

Such exposure can happen by breathing in harmful substances, ingesting harmful substances, or by having harmful substances come into contact with the skin.

To minimize the risk to yourself and your baby, you should

- wash your hands whenever you come into contact with hazardous substances and again before eating or drinking;
- avoid any direct skin contact with chemicals;
- review all material safety data sheets (MSDSs) at your workplace so that you will know exactly what types of reproductive hazards you may face on the job (see Tables 5.4 and 5.5 for a summary of the key reproductive hazards women face on the job);

- participate in all safety and health education, training, and monitoring programs offered by your employer;
- use personal protective eqiupment (gloves, respirators, and personal protective clothing) and follow safe work practices and procedures to reduce your exposure to workplace hazards.

For more information about reproductive safety and health, contact the National Institute for Occupational Safety and Health at 1-800-35-NIOSH or www.cdc.gov/niosh.

Table 5.4. The Key Chemical and Physical Agents that Pose a Reproductive Hazard to Female Workers

Type of Workplace Hazard	Potentially Exposed Workers	Potential Effects
Cancer treatment drugs (e.g. methotrexate)	Healthcare workers, pharmacists	Infertility, miscarriage, birth defects, low birthweight
Carbon disulfide (CS_2)	Viscose rayon workers	Menstrual cycle changes
Ethylene glycol ethers such as 2-ethoxyethanol (2EE) and 2-methoxyethanol (2ME)	Electronic and semiconductor workers	Miscarriages
Ionizing radiation (X-rays and gamma rays)	Healthcare workers, dental personnel, atomic workers	Infertility, miscarriage, birth defects, low birthweight, developmental disorders, childhood cancers
Lead	Battery makers, solderers, welders, radiator repairers, bridge repainters, firing range workers, home remodelers	Infertility, miscarriage, low birthweight, developmental disorders

Type of Workplace Hazard	Potentially Exposed Workers	Potential Effects
Physical labor, strenuous (e.g., prolonged standing or heavy lifting)	Workers in many occupational groups	Miscarriages later in pregnancy, premature delivery

Source: National Institute for Occupational Safety and Health

Table 5.5. Disease-Causing Agents That Pose a Reproductive Hazard to Female Workers

Agent	Potentially Exposed Workers	Potential Effects	Preventive Measures (where applicable)
Cytomegalovirus (CMV)	Healthcare workers, workers in contact with infants and children (e.g., daycare workers)	Birth defects, low birthweight, developmental disorders	Good hygenic practices such as handwashing
Hepatitis B virus	Healthcare workers	Low birthweight	Vaccination
Human immunodeficiency virus (HIV)	Healthcare workers	Low birth-, weight childhood cancers	Universal precautions
Human parvovirus B19 (fifth disease)	Healthcare workers, workers in contact with infants and children (e.g., daycare workers)	Miscarriage	Good hygenic practices such as handwashing
Rubella (German measles)	Healthcare workers, workers in contact with infants and children	Birth defects, low birthweight	Vaccination prior to pregnancy if no preexisting immunity

(continued)

Table 5.5. *(continued)*

Agent	Potentially Exposed Workers	Potential Effects	Preventive Measures (where applicable)
Toxoplasmosis	Animal-care workers, veterinarians	Miscarriage, birth defects, developmental disorders	Good hygiene practices such as handwashing
Varicella zoster virus (chickenpox)	Healthcare workers, workers in contact with infants and children (e.g., daycare workers)	Birth defects, low birthweight	Vaccination prior to pregnancy if no preexisting immunity

Source: National Institute for Occupational Safety and Health

Reproductive hazards for the male worker

Female workers aren't the only workers affected by workplace reproductive hazards, of course. Male workers can also be affected. When such exposure occurs, the male workers reproductive health is typically affected in one of the following ways:

- **Reduction in the number of sperm:** Some reproductive hazards can slow or even stop the production of sperm, something that can result in reduced fertility or even sterility.
- **Change in the shape of the sperm:** If the shape of the sperm is affected by hazards in the workplace, the sperm may have difficulty swimming to or fertilizing the egg.
- **Sperm transfer problems:** If hazardous chemicals collect in the epididymis, seminal vesicles, or prostate, the chemicals may kill the sperm, change the way the sperm swim, or attach to the sperm and be carried to the egg.
- **Sexual performance:** Hormonal changes and severe stress can interfere with male sexual performance, something that can have an indirect effect on fertility.

- **Sperm chromosomes:** Reproductive hazards can affect the chromosomes found in sperm. If the sperm's DNA is damaged, it may not be capable of fertilizing an egg; or it may result in an unhealthy conception if fertilization does occur.

Workplace substances that are harmful to male workers can also be indirectly harmful to their families. Certain substances that are unintentionally brought home from the workplace may affect his partner's reproductive system and/or the health of his unborn child.

See Table 5.6 for list of some of the better-documented male reproductive hazards in the workplace.

Table 5.6. Male Reproductive Hazards in the Workplace: Type of Exposure and Observed Effects

Type of Exposure	Lowered Number of Sperm	Abnormal Shape of Sperm	Altered Sperm Transfer	Altered Hormones/ Sexual Performance
Lead	X	X	X	X
Dibromo-chloropropane	X			
Carbaryl (Sevin)		X		
Toluenediamine and Dinitrotoluene	X			
Ethylene dibromide	X	X	X	
Plastic production (styrene and acetone)		X		
Ethylene glycol monoethyl ether	X			
Welding		X	X	
Perchloroethylene			X	

(continued)

Table 5.6. *(continued)*

Type of Exposure	Lowered Number of Sperm	Abnormal Shape of Sperm	Altered Sperm Transfer	Altered Hormones/ Sexual Performance
Mercury vapor				X
Heat	X		X	
Military radar	X			
Kepone			X	
Bromine vapor	X	X	X	
Radiation	X	X	X	X
Carbon disulfide				X
2,4-Dichlorophenoxy acetic acid (2, 4-D)		X	X	

Source: National Institute for Occupational Safety and Health

Studies to date indicate that some men experience the health effects listed here from workplace exposures. The amount of time a worker is exposed, the amount of the hazard to which the worker was exposed, and other personal factors may all help to determine whether or not an individual is affected.

Note: The data listed for kepone, bromine vapor, and radiation exposure reflects situations in which workers were exposed to high levels as a result of a workplace accident.

Watch Out!

Video display terminals (VDTs) have been linked to a smorgasbord of health complaints, including eye strain and neck, back, hand, shoulder, and wrist pain. In fact, 25 percent of pregnant VDT workers develop carpal tunnel syndrome — a condition in which pressure on a nerve passing through the wrist to the hand causes numbness, pain, tingling, and, in some cases, mild weakness of the hand and fingers. Fortunately, exercise breaks of about 15 minutes every 2 hours and ergonomically correct equipment can help to prevent many of these problems.

Week 3

If you haven't ovulated already, you should be ovulating at any moment now (unless, of course, your cycles are highly irregular, in which case all bets are off!) But assuming you were blessed with a textbook 28-day cycle, ovulation typically occurs on day 14 of your menstrual cycle — in other words, yesterday.

Assuming your partner has done his reproductive duty, there should be ample quantities of sperm camped out inside your fallopian tubes, waiting for that newly released egg to saunter by. The moment of truth has finally arrived.

What's going on with your baby

If Lady Luck is on your side (remember, the odds of conception happening during your first cycle of trying are *not* in your favor), the sperm and egg will manage to hook up as planned. Here's a blow-by-blow description of what may happen in the deepest, darkest recesses of your fallopian tubes and your uterus while you're simply going about your daily business.

- The sperm and the egg unite, joining 23 maternal chromosomes to 23 paternal chromosomes and beginning the miraculous process that — should all go according to plan — will eventually lead to the birth of a healthy newborn.
- The fertilized egg (now known as a zygote) embarks on a three-day journey from the fallopian tube to the uterus. It then undergoes another two to three days of development in the uterus before implanting in the uterine wall.
- The uterine wall is soft and porous thanks to the hormonal changes associated with the first half of the menstrual cycle. By this point in the cycle, the uterine lining is between ⅙ and ⅓ of an inch thick — ideal (im)planting conditions!
- A small amount of spotting (implantation bleeding) may occur approximately 10 days following conception. You may initially mistake this spotting as the start of a menstrual period that never actually shows up.

What's going on with your body

If you and your partner have been trying to conceive for some time, you may strongly suspect that you are pregnant even before the pregnancy test actually comes back positive.

Part of this, of course, may be wishful thinking: you're hoping like crazy that this is the cycle when you've actually managed to conceive. But at least a part of this feeling may be based in biological fact. Studies have shown that some women are able to detect hormonal changes, however slight, from the time that the body begins to produce human chorionic gonadotropin (hCG) — about seven days after conception.

But if you don't notice anything particularly out of the ordinary until you've missed your first period, you're certainly in good company. Most women don't experience any of the classic symptoms of early pregnancy — morning sickness, fatigue, and tender breasts — until after their first missed period.

If, on the other hand, you aren't consciously planning a pregnancy, it may take you even longer to consider the possibility that you might be pregnant. After all, if you aren't specifically on the lookout for possible symptoms of early pregnancy, the milder symptoms may go unnoticed or be confused with premenstrual symptoms. You may explain away your feelings of fatigue by thinking about how hard you've been working lately and wonder if the touch of nausea you experienced when you woke up this morning was caused by something you ate for dinner last night — and you may give premenstrual hormonal changes credit for your tender breasts. Because these symptoms can be mild or even nonexistent, you could be well into your third month of pregnancy before you decide that it's time to dash down to the drugstore to purchase a home pregnancy test.

What's going on with your head

This week can feel a lot like reproductive purgatory. After all the excitement of the midcycle Bedroom Olympics, it can be a bit of a letdown to have to wait a good 10 to 12 days (12 days if you want a fairly accurate home pregnancy test result, 10 days if

you're a bit of a gambler!) to find out whether or not all your baby-making efforts have paid off.

Of course, if you're not consciously planning a pregnancy, it's pretty much business as usual — except, of course, for that nagging worry about the condom that broke, those couple of missed birth control pills, or whatever reproductive curveball you may be dealing with this month.

The Hot List: This week's must-ask pregnancy questions

You're probably starting to think — okay, make that obsess — about the possibility that you could be pregnant, which is why a lot of the questions that are running through your head this week have to do with whether or not you're actually pregnant and how and when to do a pregnancy tests.

And, of course, if your gut instinct is telling you that you might be pregnant, a second category of pregnancy questions will start to drive you crazy in the middle of the night — questions of the "Is it safe to do this if I'm pregnant" variety!

What are the most common early pregnancy symptoms?

Find yourself running to the bathroom every couple of minutes to check for any signs of your period? You're certainly in good company. Most would-be expectant mamas tend to get a wee bit obsessed with the whole "am I pregnant?" question at this stage of the game.

You may find the list of early pregnancy symptoms in Table 5.7 helpful when you're trying to decide whether or not to take the pregnancy test when it's finally time to test.

But first a small caveat. It's possible to have some of the pregnancy symptoms listed in Table 5.7 and yet not be pregnant at all — just as it's possible to not have any of these symptoms at all and yet be 100 percent certifiably pregnant. (It's pretty rare to get off entirely scot-free in the pregnancy symptom department, but, hey, it can happen!)

Table 5.7. Early Pregnancy Symptoms

Symptom	When It Occurs	What Causes It to Occur During Pregnancy	Other Possible Causes
Menstrual changes			
A missed period	Around the time that your period is due — typically four weeks after the first day of your last menstrual cycle, but a little sooner or a little later depending on your typical cycle length.	Rising levels of progesterone fully suppress your menstrual period.	Jet lag, extreme weight loss or gain, a change in climate, a chronic disease such as diabetes or tuberculosis, severe illness, surgery, shock, bereavement, or other sources of stress. Note: Taking birth control pills can also cause you to miss a period.
A lighter-than-average period	Around the time that your period is due.	Your progesterone levels are rising, but they are still not high enough to fully suppress your menstrual period — something that can make it extra tricky for your doctor or midwife to pin down your due date.	May also be experienced by birth control pill users.
A small amount of spotting	Approximately 1 week after conception.	This type of spotting may occur when the fertilized egg implants in the uterine wall about a week after conception has occurred. Note: Only a small percentage of women experience implantation bleeding, so don't panic if you don't.	May be experienced by users of birth control pills and women with fibroids or infections. Some women routinely experience midcycle spotting. Spotting may also be one of the earliest signs of an impending miscarriage. (See Chapter 17.)
Abdominal cramping			
Abdominal cramping (periodlike cramping in the lower abdomen and pelvis and/or bloating and gassiness)	Around the time that your period is due.	Abdominal cramping may be triggered by the hormonal changes of early pregnancy. Some women describe this cramping as a feeling like their period is about to start.	PMS, constipation, irritable bowel syndrome.

Breast changes			
Breast tenderness and enlargement	Breast tenderness can set in as early as a few days after conception. It doesn't typically last beyond the first trimester. The other breast changes occur as the first trimester progresses and continue throughout your pregnancy.	Breast tenderness (e.g., tender, tingly, swollen breasts) and enlargement are caused by the hormonal changes of early pregnancy. You may also notice some changes to the appearance of your breasts: the areola (the flat area around the nipple) may begin to darken and the tiny glands on the areola may begin to enlarge.	Premenstrual syndrome (PMS), excessive caffeine intake, or fibrocystic breast disease.
Nausea, food aversions and cravings, heightened sense of smell			
Morning sickness (a catchall term that is used to describe everything from mild nausea to severe vomiting that can lead to dehydration)	2 to 8 weeks after conception.	Scientists believe that morning sickness is somehow linked to high levels of progesterone and human chorionic gonadotropin (hCG), but they aren't sure of the particular mechanisms involved. Note: Morning sickness tends to be worse during the morning, when your blood sugar is at its lowest, but it can make life miserable at any time of day.	Flu, food poisoning, or other illnesses.
Food aversions and cravings (e.g., a metallic taste in the mouth and/or a craving for certain types of foods)	2 to 8 weeks after conception.	Food aversions and cravings are triggered by the hormonal changes of early pregnancy.	Poor diet, stress, or PMS.
Heightened sense of smell	2 to 8 weeks after conception.	The heightened sense of smell that many pregnant women experience is the result of the hormonal changes of early pregnancy.	Illness.

(continued)

Table 5.7. *(continued)*

Symptom	When It Occurs	What Causes It to Occur During Pregnancy	Other Possible Causes
Increased need to urinate and/or constipation			
Increased need to urinate	As early as 2 to 3 weeks after conception.	The increased need to urinate is triggered by increased blood flow intake.	A urinary tract infection, uterine fibroids, or excessive caffeine to the pelvic region and by the production of human chorionic gonadotropin (hCG) during early pregnancy.
Constipation	As early as 2 to 3 weeks after conception.	Progesterone relaxes the intestinal muscles, resulting in varying degrees of constipation.	Inadequate intake of high-fiber foods or inadequate consumption of fluids.
Decreased energy level			
Fatigue	Anytime during the first trimester.	Fatigue is caused by increased levels of progesterone (which acts as a sedative) and an increase in your metabolic rate (your body's way of ensuring that it will be able to support the needs of you and your developing baby).	Not getting enough sleep, not eating properly, flu, illness, or some other medical condition.
Changes to the reproductive organs			
Changes to the cervix and the uterus (the cervix takes on a slightly purplish hue, and both the cervix and uterus begin to soften)	About 6 weeks.	These changes are caused by the hormonal changes of early pregnancy. Note: These changes can often be detected by your doctor or midwife during a pelvic examination.	A delayed menstrual period.

Adapted from *The Mother of All Pregnancy Books* by Ann Douglas (John Wiley and Sons, 2002). See www.themotherofallbooks.com.

What household toxins should I be avoiding at this stage of the game?

According to the March of Dimes, it's best to steer clear of cleaning products like oven cleaners, which contain highly toxic ingredients. More run-of-the-mill household cleaners that contain ammonia or chlorine are unlikely to be harmful to the developing baby (unless, of course, you mix these two products, in which case you'll create toxic fumes that are dangerous to everyone!), but it's still best to err on the side of caution by wearing rubber gloves and using the products in a ventilated area. If you can swing it, you might want to hand over the really heavy-duty cleaning jobs to someone else while you are pregnant — or at least during the first trimester when using strong-smelling cleaning products will tend to trigger nausea.

You'll also want to avoid these environmental toxins, as they may also pose a risk to the developing baby:

- **Lead:** Lead can be found in lead-based paint (found in 80 percent of homes built before 1978); lead-crystal glassware and certain types of ceramic dishes; the wicks of certain types of scented candles (lead particles are then released into the air when the candles are burned); and certain types of arts and crafts materials (for example, oil paints, ceramic glazes, and stained glass materials). Lead can occasionally show up in drinking water if a home has lead pipes, lead solder on copper pipes, or brass faucets. (Your state health department can tell you how to get your pipes tested for lead.) You'll reduce the amount of lead that shows up in your drinking water by running the tap for

Bright Idea

Looking for some less-toxic alternatives to your usual household cleaner? Check out the tip sheet entitled "Safe Substitutes at Home: Non-Toxic Cleaning Products," available on the Environmental Protection Agency Web site at es.epa.gov/techinfo/facts/safe-fs.html.

30 seconds before using it for drinking or cooking and by only using water from the cold tap for these purposes.

- **Organic solvents:** A Canadian study found that first-trimester exposure to such organic solvents as alcohols, degreasers, paint thinners, and varnish removers increased the risk of giving birth to a baby with a major birth defect by about 13 times. Other studies have demonstrated an increased risk of miscarriage. So it's probably best to avoid using these products during pregnancy, and during the first trimester in particular.
- **Pesticides:** Pesticides contain poisons that can, in large quantities, be harmful to the developing baby. (Some studies have indicated that high levels of exposures may contribute to miscarriage, preterm delivery, and birth defects.) If you're reluctant to sublet your digs to assorted creepy crawlies for the next nine months, you may decide to go with a less-toxic alternative like boric acid (available in hardware stores). If you can't avoid using a pesticide, you'll want to have someone else apply the chemicals and vacate the premises for the amount of time recommended on the product instructions; remove food, dishes, and utensils from the area where the pesticide is being used; turn off the air conditioning and close all windows to avoid unnecessary air circulation; and have someone else ventilate the room and wipe down all surfaces where food will be prepared before you arrive back on the scene.
- **Insect repellents:** The safety of insect repellents during pregnancy has not been fully demonstrated, so you'll want to avoid using these products or — if their use is absolutely unavoidable — you'll want to apply these products to your clothing rather than to your skin. (Use gloves or an applicator to avoid getting the insect repellent on your hands.) Note: If you live in an area where West Nile Virus is a concern, you'll want to talk to your healthcare

Watch Out!

Your baby's immature liver and kidneys can't process and eliminate toxins as quickly as your organs can. That's why substances that are hazardous to you are many times more hazardous to your developing baby. Consequently, it's a good idea to avoid exposing yourself to cleaning products with powerful odors (such as chlorine and ammonia-based products), paints, solvents, lawn-care products, and other powerful chemicals.

provider about the risks and benefits of using insect repellents as a means of preventing West Nile Virus during pregnancy. See Chapter 7 for more on this issue.

How can I be sure that my drinking water is safe?

The only way to be sure is to have your water tested. After all, that crystal-clear glass of water may contain a lot more than you bargain for. In recent years, some studies have indicated that drinking water that is high in certain chlorine byproducts may pose an increased risk of miscarriage and poor fetal growth.

If you're concerned about the quality of your drinking water, you can arrange to have it tested to ensure that it meets health and safety standards. (Note: You may also wish to go this route if you are concerned that your drinking water may have become contaminated with pesticides, lead, or other environmental toxins.) If that sounds too complicated, you may simply want to switch to bottled water once you start trying to conceive.

Should I pack away my electric blanket?

While the jury is still out on the issue of whether or not it's safe to use electric blankets during pregnancy, you may want to find other ways of staying warm. (Assuming you even have to worry about staying warm, that is! Increased levels of progesterone, usually take care of the problem for you.) Some preliminary studies have linked electric blanket use during pregnancy to an increased risk of miscarriage and an increased incidence of childhood brain cancers. Of course, the same studies found that sewing machine use in pregnancy was associated with a

decreased occurrence of childhood leukemia, which only goes to show how important it is to take the results of these studies with a grain of salt. If you look hard enough, you can find a study for or against pretty much anything!

A friend told me I shouldn't be changing the kitty litter anymore. What's she talking about?

Your friend is trying to help you to avoid contracting toxoplasmosis — a disease that can be spread through uncooked meat or via cat feces and that can be extremely harmful or even fatal to the developing baby. Toxoplasmosis can lead to miscarriage, stillbirth, or a variety of problems, including vision problems, hearing loss, and learning disabilities.

Damage to an otherwise healthy newborn can be prevented if the toxoplasmosis is detected promptly and treated with antibiotics, which is why two states — Massachusetts and New Hampshire — have started routinely screening infants for toxoplasmosis. Screening makes sense in this situation because a mother can pass toxoplasmosis on to her baby without exhibiting any symptoms herself. Likewise the baby may be symptom-free until an eye infection or other problem develops months or even years after birth, at which point some damage has been done.

Unless you're sure you've developed immunity to toxoplasmosis (an $80 blood test can tell you for sure), you'll want to have someone else change the kitty litter for you or — the very least — wear gloves and wash your hands thoroughly once you've done the deed. A pregnant woman who becomes infected with toxoplasmosis for the first time in her life has about a 40 percent chance of passing the infection on to her baby, and the earlier in pregnancy the infection occurs, the greater the cause for concern.

You'll also want to wear gardening gloves when you're working in your garden, by the way, because there's always the chance that you'll uncover some buried treasure from a neighborhood cat. (Note: Even if you happen to live in a 100 percent cat-free neighborhood, you should plan to wear gloves to protect yourself

from pesticide exposure.) And, of course, you'll want to thoroughly wash the soil off any vegetables you bring in from the garden, just in case the soil has been contaminated with cat feces.

Here are some other tips on avoiding toxoplasmosis during pregnancy:

- Cook all meats thoroughly, especially pork and lamb. Meats should be cooked to an internal temperature of 160°F throughout and should be pink or brown, not red.
- Wash your hands thoroughly each time you handle raw meat. To minimize the risk of infection, avoid touching your eyes, nose, or mouth while your hands are contaminated with raw meat juices.
- Disinfect cutting boards, utensils, and all other items used in food preparation when you are working with raw meat.
- Thoroughly wash and/or peel raw fruits and vegetables before serving.
- Don't allow other foods to come into contact with raw meat or unwashed fruits and vegetables.
- Avoid children's sandboxes as they are often used as litter boxes by cats.
- Keep your cat indoors to prevent it from hunting birds or rodents and avoid feeding your cat raw or undercooked meats.

Watch Out!

If you've been test-driving your maternal instincts on a pet mouse or a pet hamster, you'll want to be careful about handling your pet and cleaning its cage while you're pregnant. Mice and hamsters can carry lymphocytic choriomeningitis virus (LCMV) — something that can lead to mental retardation, blindness, and seizures in a baby born to a woman who contracts this virus during pregnancy. This virus tends to be particularly nasty because you only have to breathe in dust from the feces of affected animals to pick up the virus, so you'll either want to wear gloves and a protective mask while you're cleaning your pet's cage or, better yet, you might want to send your pet on an extended vacation to visit a friend or relative who feels up to playing surrogate parent to a rodent.

Note: You can stroke your cat. You just want to make sure you wash your hands well afterwards.

Week 4

This is the week when you finally find out whether or not all your baby-making efforts have paid off. By the middle to end of this week, you should be able to get a reasonably accurate result from a home pregnancy test. (Of course, this assumes that you've been blessed with one of those textbook 28-day cycles and that you ovulated on schedule. If it hasn't been at least 10 to 12 days since conception occurred, you won't get a positive pregnancy test result even if you are pregnant.)

What's going on with your baby

By the time the pregnancy test comes back positive, your baby will have completed the first two weeks of his or her gestational development. And what an eventful two weeks it's been! Your baby has been doubling in size every 24 hours. As Alexander Tsiaras and Barry Werth note in their book *From Conception to Birth: A Life Unfolds* (Doubleday, 2002), if your baby's growth were to continue at that pace for the remainder of your pregnancy, your baby would be larger than the sun by delivery day.

Of course, your baby is anything but mammoth at this stage of the game — between 0.36 and 1 millimeter in length. But don't be fooled by your baby's microscopic size: the groundwork for its various body systems is being put into place even though your baby looks anything but human right now. The ectoderm layer of cells will evolve into your baby's nervous system (including the brain); the endoderm layer will become your baby's gastrointestinal tract, liver, pancreas, and thyroid; and the mesoderm will become your body's skeleton, connective tissues, blood system, urogenital system, and most of your baby's muscles.

Then, on the 13th day after conception, your baby's umbilical cord is formed. It will serve as a combination food pantry,

oxygen tank, and waste-disposal system in the months leading to birth, delivering oxygen and nutrients to your developing baby and helping to get rid of waste products.

What's going on with your body

The biggest thing you're likely to notice about your body this week is the fact that you've missed a period. (Of course, if your cycles tend to be erratic at the best of times, the fact that your period hasn't arrived may be a distinct nonevent as far as you're concerned.)

Some women end up experiencing some light spotting around the time that their period was due. You may notice some light spotting about 10 days after the fertilized egg implants in the uterine wall. Of course, if the spotting occurs any later on in pregnancy and/or is accompanied by any of the symptoms of an ectopic pregnancy or a miscarriage (see Chapters 7 and 17), you'll definitely want to get in touch with your doctor or midwife right away.

What's going on with your head

You may find yourself second-guessing the pregnancy test results and calling all the pregnancy test kit help lines to ask for help in confirming that your positive really is a positive. (Hey, you want to be *positively* positive, right?) If you're like most newly pregnant women, you may still be finding it a little hard to believe that all the baby-making theory you've been reading up on for the past few months actually works when you put it into practice.

> "Our second pregnancy was the closest thing we had to having an unplanned pregnancy. It wasn't really, as we weren't taking precautions, but it did happen a little sooner than I expected. I struggled with coming to terms with being pregnant for the first few months."
>
> — Jacqueline, 34, pregnant with her second child

How you may be feeling

Now that this pregnancy thing is a done deal, you may find yourself experiencing a mix of emotions — everything from shock to panic to euphoria. After all, it's one thing to *think* about having a baby: it's quite another to find out you have one on order!

> "We weren't planning this one. It just happened. We had previously discussed waiting until we were in a house and financially sound. It was stressful when we discovered we were pregnant."
>
> — Andrea, 34, mother of one

Some women find that they need a little time to wrap their heads around the fact that they are pregnant, even if they were consciously planning a pregnancy. "Even though I very much wanted to get pregnant, it was still difficult to accept the reality, when I did conceive, that I would be host to a fetus for nine months, and then have to give birth to it!" recalls Tracy, a 31-year-old mother of one.

Of course, the adjustment tends to be a little greater if the pregnancy was completely unplanned, as was the case for 25-year-old Erika, who is currently expecting her third child. "I conceived while using an IUD," she explains. "I took the pregnancy test because I was four days late, and just wanted to rule out the possibility of pregnancy so that I could relax. Well, the test came back positive and I was in shock. This may sound horrible, but I bawled for almost an hour afterwards."

Jennifer, a 27-year-old mother of one, also hit the panic button initially when her pregnancy test came back positive: "Our pregnancy was unplanned — the result of failed contraception," she explains. "It was a surprise and initially not a welcome one. We had been married 2½ years, but had recently moved to New York City and were living in a tiny studio apartment. On top of that, I was five months into a new job. We were panicked and afraid at first, and briefly and irrationally considered not going forward with the pregnancy. After a couple of days, we

came to terms with the fact that we were going to be parents many years earlier than expected or planned. Now was as good a time as any, and fate brought us here."

Of course, some women are positively over-the-moon with excitement when they find out that there's a baby on the way. Amie, a 38-year-old mother of two, remembers what a thrill it was to get the happy news: "I was so excited I could barely contain myself. Finding out on Christmas Eve was so wonderful. I remember that night every year: the feelings I had inside — scared, excited, nervous. I was in heaven!"

> "Since I had just suffered a miscarriage and my period hadn't resumed, neither my husband nor I thought I was pregnant. I was over nine weeks pregnant when I finally took a blood test. The pregnancy didn't seem real until we saw our baby move her tiny arms and legs on ultrasound. Seeing a living, moving baby filled us both with incredible joy and awe and brought tears to our eyes."
>
> — Dawnette, 28, mother of one

Kim, a 35-year-old mother of one, also felt tremendous joy when she finally managed to conceive after three years of trying: "It was a magical time, one that I had waited for so long. I will never forget how wonderful I felt finally being pregnant."

How your partner may be feeling

You've no doubt seen the commercials on TV: a pregnant woman shows her partner the positive home pregnancy test result, and the two of them dance around the room.

Although scenes like this do get played out in some bedrooms across the country, in at least as many homes the scene is less than a scriptwriter's dream: for one reason or another, the partner is less than euphoric when presented with the news that there's a baby on the way.

There may be a lot of conflicting emotions going on inside his head.

He may have developed a full-fledged case of Breadwinner Syndrome — a deathly fear that he won't be able to adequately provide for the little bambino the two of you have just managed to conceive. "I think the biggest concern thing for me was the overwhelming sense of responsibility — knowing that a completely helpless life was now absolutely dependent on us for everything," recalls Bob, a 36-year-old father of three. "Now, every decision we made could have repercussions for this other life."

> "I was late, but I also had a pretty irregular cycle, so when I saw two lines on the little stick, one of which was pretty pale, I wasn't sure I really was pregnant. I showed my husband and he said, 'You're definitely pregnant.' I think we were both pretty shocked and amazed for the next couple of hours."
>
> — Jennie, 30, pregnant with her first child

Your partner may also be grappling with a question that has troubled generations of expectant fathers before him: Is it really okay to be having sex with *someone's mother*? (See Chapter 7 for more on how pregnancy affects your sex life, for better and for worse.)

Your partner may express his feelings of uncertainty by second-guessing the pregnancy test result — a reaction that isn't likely to score very many points with you, of course. "After I showed him the faint line, I had to convince him that it was positive," recalls Melissa, 24, who is pregnant with her first child. "Then he asked to see the instructions to make sure I did it right! He was a lot more convinced two days later when he watched me take a test first thing in the morning and it showed a definite positive. He was very enthusiastic and has been ever since."

Tracy, 31, mother of one, had a similar experience with her partner: "My husband was home, eating breakfast and reading

the newspaper the morning I took the pregnancy test," she recalls. "I tried to show him the stick, and he said, 'You peed on that, and I'm eating so keep it away.' He didn't even get up to hug me until I asked him to. He kept telling me not to get my hopes up, that it might be a false positive. He didn't see any reason to get excited or happy until the pregnancy was confirmed with a blood test."

In most case, guys who react like this are demonstrating healthy skepticism — not deliberately attempting to drive their partners crazy (although it may seem that way to you). Your partner may simply want to play it cool until he's sure the pregnant test result can be trusted. "My husband was very hesitant to believe the news, based on a home pregnancy test, which was disappointing to me because at that point I was sure," recalls Wendy, 30, who is pregnant with her first child. "However, when the doctor told us that they take positive home pregnancy tests as a 'yes,' he finally jumped for joy."

> "He was out of town and I called him at 6:00 a.m. to tell him. He was very sleepy and kept saying, 'Are you sure? Maybe it's wrong.' I was very frustrated because I wanted him to be excited and he didn't believe it was real. He finally believed the test from the doctor's office, which was done about three days later."
>
> — Laura, 31, mother of one

Of course, not all guys go into panic and/or denial mode when they're hit with the big news. Some are positively thrilled right from the start. "I told my husband when we went out to dinner," recalls Colleen, a 29-year-old mother of three. "I had a pair of knit booties wrapped up in a small gift box, hoping he would understand without me having to say anything. I was so nervous. He opened the box, looked at it, and started to cry. Then he smiled."

> "All in all, I'd have to say that my husband was much more excited than I. Our doctor had indicated that it would probably take about three months to get pregnant, and I was counting on that time to adjust to the idea of being a mom."
>
> — Susan, 29, pregnant with her first child

Michelle, a 28-year-old mother-to-be, has equally tender memories of watching the pregnancy test go positive with her partner (another woman). "Finding out we were pregnant was not unlike the typical TV commercial. My partner went and bought the pregnancy test. After being fully educated on all the different types of tests by the pharmacist, my partner chose one and we took our first test. It went according to script from there as we watched a pink line appear after two minutes. We were both ecstatic, with it being our first time with artificial insemination and our first child."

The Hot List: This week's must-ask pregnancy questions

At this point in your pregnancy, you're likely to have pregnancy tests on the brain, which is why this week's Hot List focuses on what's involved in getting your pregnancy confirmed.

How soon can I do a home pregnancy test?

If you suspect that you're pregnant, you should arrange to take a pregnancy test as soon as possible. That way, you can ensure that both you and your baby receive the best possible care during the months ahead.

You have two basic choices when it comes to confirming pregnancy: using an over-the-counter home pregnancy test or making an appointment to have your pregnancy confirmed by your doctor or midwife.

Home pregnancy tests

Home pregnancy tests are designed to detect the presence of hCG, the hormone manufactured by the blatocyst (the name

Moneysaver

You can save yourself the cost of a home pregnancy test if you're tracking your basal body temperature. If your period is late, you simply need to note whether your luteal phase — the number of days since you ovulated — is longer than normal. If you have 18 consecutive elevated temperatures or your temperature remains elevated for at least three days longer than your longest luteal phase to date, you're probably pregnant.

for the hollow clump of cells resulting from the meeting of sperm and egg) following implantation. Enough hCG is present in the urine to allow a pregnancy to be confirmed as soon as 9 to 12 days after conception, although it takes some pregnant women a little longer to test positive.

It may not be in your best interest to jump the gun on testing, however. A study reported in the October 2001 edition of the *Journal of the American Medical Association* concluded that the best time to do a home pregnancy test is a week to seven days *after* your period is due. While most women would argue that you would have to have the patience of a saint to wait that long, there's a case to made for waiting: if you get a false negative because you've tested too early — in other words, the test says you're not pregnant, when, in fact, you are — you might not be quite as careful about avoiding alcohol and other potentially harmful substances as you would if you believed that you were pregnant. The researchers involved in this study concluded that approximately 10 percent of pregnancies are missed when home pregnancy tests are performed on the day that a woman's period is due.

If you do decide to test early and you get a negative result, you'll want to take that negative test result as a "probably not pregnant" rather than a "definitely not pregnant" and either do another home pregnancy test in another couple of days if your period still hasn't started or get in touch with your doctor to see if she can order a more sensitive pregnancy blood test.

And until you know otherwise, you should continue to play the part of the mama-to-be by avoiding anything that could be potentially harmful to a developing baby.

Having your doctor or midwife confirm your pregnancy

If you decide to have your doctor or midwife confirm your pregnancy, she will order either a urine test or blood test.

The urine test you take at the lab is virtually identical to the urine test you can find in any home pregnancy test kit. You either urinate directly on the test stick or dip the test stick into a sample of urine. If your doctor wants you to bring in a sample of first morning urine, remember to keep it at room temperature.

The blood test you take to confirm pregnancy can be either qualitative (that is, a test that gives you a "yes/no" answer as to whether you are pregnant) or quantitative (it gives a rough idea of how pregnant you are providing your health-care practitioner with a reading of the level of hCG in your blood).

Your health-care practitioner is more likely to order a quantitative blood test if she has reason to believe that your pregnancy may be in jeopardy, if you've experienced a series of first-trimester miscarriages in the past, if ectopic pregnancy is a concern, or if she intends to start you on progesterone in an effort to prevent you from miscarrying (see Chapter 17). Quantitative blood tests are sometimes referred to as beta hCG tests, quantitative beta hCG tests, quantitative serum beta-hCG tests, human chorionic gonadotropin-quantitative, and beta-hCG-quantitative.

You may be asked to take a series of these tests to determine that the hCG levels are rising appropriately (doubling every 48 hours) and that your pregnancy is a viable, intrauterine pregnancy. The series of tests is known as serial beta-hCG tests or repeat quantitative hCG tests.

hCG can be detected in the blood of approximately 5 percent of pregnant women eight days after conception and in the blood of 98 percent of pregnant women by day 11.

Is there anything I can do to reduce my chances of getting a false test result?

Although home pregnancy tests are proven to be about 97 percent accurate, false positives and false negatives can occur. To ensure that you obtain the most accurate results possible, you should

- check that the test has not yet passed its expiration date;
- follow the test instructions to the letter, paying particular attention to the amount of time you have to wait before you read the results of the test and at which point the test results lose their validity (for example, a pregnancy test can change from negative to positive if you leave it sitting around long enough, so the reading it displays the next day if you happen to fish it out of the garbage can is totally irrelevant);
- make sure that you use your first morning urine (it has a higher concentration of hCG than the urine you pass later in the day);
- use a clean, soap-free container if your test requires that you collect a sample rather than test your urine while you urinate.

Note: Contrary to popular belief, taking contraceptive pills, antibiotics, and analgesics such as acetaminophen should not affect the results of your pregnancy test.

WATCH OUT!

Although the current generation of home pregnancy tests is highly accurate, it's still possible to get a false positive or negative. Your test results may be inaccurate if, 1) the urine has been improperly collected or stored, 2) the urine and the test kit are not at room temperature at the time you conduct the test, 3) there is blood or protein in your urine, 4) you have a urinary tract infection, or 5) you're approaching menopause.

Here are some important points to keep in mind when you're interpreting your test results:

- If you get a positive test result, you're probably pregnant. When errors occur during testing, they are most likely to result in false negatives.
- If your test comes back negative but your period still hasn't arrived a week later, test again. It's possible that you ovulated a few days later than usual during this particular cycle.
- If your test shows only a very faint positive, test again a few days later to see if your hormone levels have begun to increase.
- If your test is initially positive but a subsequent pregnancy test comes back negative, it's possible that you have experienced an early miscarriage. (See Chapter 17.)

By the way, don't make the mistake of assuming that there's no need to see your doctor or midwife now that you've managed to confirm your pregnancy via a home test. It's a good idea to start your prenatal care as soon as possible for the health of yourself and your baby. Besides, your healthcare provider may still want to confirm your pregnancy through a physical exam by checking for some of the physical signs of pregnancy (for example, a softening of the uterus and a change in the texture of the cervix) or perform a quantitative hCG blood test.

By the time this all happens, you'll have at least the first four weeks of pregnancy under your belt and you'll be ready to head into month two. The motherhood marathon has officially begun.

Just the facts

- It's a good idea to limit your intake of caffeine and to stop drinking alcohol entirely once you start trying to conceive. You'll also want to talk with your doctor or midwife about the advisability of taking any over-the-counter or

prescription medications and herbal products during pregnancy. (Remember, herbal products may be natural, but they can pack a powerful pharmacological punch.)

- There is little hard evidence to prove that timing intercourse a particular way increases your odds of conceiving a baby of a particular gender. It's okay to have fun with these so-called gender selection methods, but it's best not to take them too seriously.
- Be aware of any workplace hazards that may pose a threat to the baby you hope to conceive.
- While it's important to familiarize yourself with the symptoms of early pregnancy, you'll want to bear in mind that there's no such thing as a typical pregnancy, and that some women experience few, if any, symptoms.
- Resist the temptation to use a home pregnancy test too soon or you will simply be wasting your money. Your hCG levels need time to rise in order for the pregnancy test to come back positive.