



Speaker's notes:

NOTE: Refer to module outline for goal, objectives, class outline, equipment, resources required and references.

If this is the first class:

- Welcome participants to class.
- Housekeeping: bathroom, breaks, length of session, ground rules/respect.
- Have participants introduce themselves (name, due date, HCP, anything they would like to share about the pregnancy).
- Provide an outline of topics to be discussed.
- Provide the choice of prenatal handout (depending on your organization, this may be *Healthy Beginnings* or *A Healthy Start for Baby and Me*) for each expectant mother.
- Provide a list of community resources.

Suggestion: on a flip chart, list the topics to be discussed in this session.

- Pregnancy time lines
- Baby's growth and development
- Physical changes
- Preterm labour
- Emotional Changes
- Partner Adjustments
- Additional Resources



Speaker's notes:

- Pregnancy is a time of change for everyone - mother, baby, partner and relationships. From the time of conception to the birth of your baby, your body will go through an exciting transformation. Your baby will grow from two single cells into a unique little person with her own distinct personality and characteristics. From the time of conception, her eye colour, hair colour, height, and general temperament are predetermined.
- In this session, we will review pregnancy timelines, how your baby grows, some common physical discomforts and emotional changes, partner adjustments, and where to get support and care in your community.

Suggested Activity: Empathy Belly

Time: 10 minutes

Purpose: To demonstrate how it feels to carry the extra weight due to the pregnancy.

Materials: Backpack and 25 lbs of free weights (approximately 11.5 kg).

Note: Some organizations may have an off-the-shelf "empathy belly" and can use that instead.

Instructions:

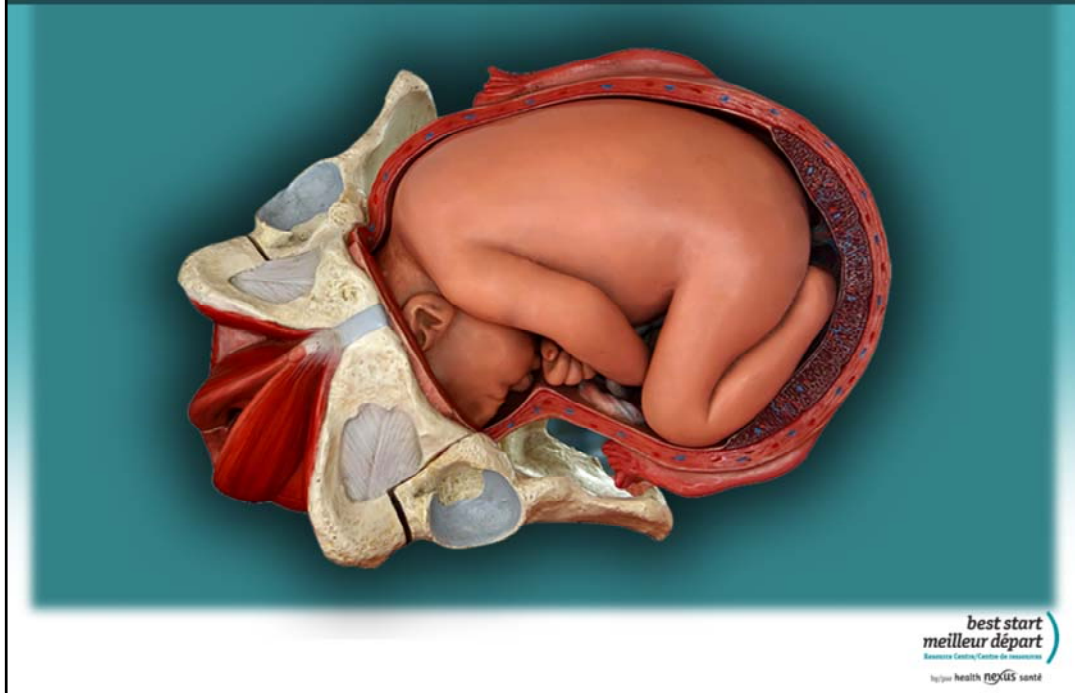
- Wrap the weights in a towel and place them in the backpack.
- Demonstrate how to put the pack on backwards, so it is at the front.
- Have the partners take turns putting on the pack and do simple tasks such as picking up things on the floor, doing dishes, preparing food on a counter, getting up from a supine position, etc.
- Discuss how the body adjusts and what makes up that 25 lbs. besides the baby.

Alternative:

Consider replacing the weights with a watermelon (or two). Follow up with a nutrition activity where you cut up the watermelon and enjoy a nutritious snack at the break.

**Source: Adapted from Teri Shilling Idea Box for the Creative and Interactive Childbirth Educator.*

You and Your Baby



Speaker's notes

- During your pregnancy, you will be hearing a great deal of new terms, such as placenta, cervix, and amniotic fluid. Here is an inside look at the environment your baby is growing in.
- Your baby is growing inside your uterus. This muscular pear-shaped organ stretches throughout pregnancy (show charts) to accommodate your growing baby. The top part of the uterus is called the fundus and the lower part is called the cervix. The cervix will thin and open during labour. When you are fully dilated (10 cm), you will likely have the urge to push the baby through the vagina (unless you have an epidural), which is also called the birth canal. Your health care provider will support you through this process.
- Along with your baby, your uterus contains the placenta and amniotic sac. The amniotic sac, also known as the bag of waters, is a membrane that surrounds your baby and it contains the amniotic fluid. By the end of the pregnancy, there are over two cups (500 ml) of amniotic fluid surrounding the baby. The fluid helps to regulate baby's temperature, acts as a shock absorber, and facilitates his movement. Did you know that the baby also practices "breathing" the amniotic fluid in and out of his lungs which helps them to develop? Or, that the amniotic fluid is completely replaced every few hours? The baby swallows the fluid and also excretes sterile urine into it.
- The placenta is an organ that develops during pregnancy and it usually attaches to the upper wall of the uterus. It is connected to your baby by the umbilical cord. The placenta produces hormones and transfers oxygen and nutrients to your baby and removes waste products from your baby. Unfortunately, the placenta does not act as a barrier to alcohol, tobacco, drugs and other substances. Following the birth of your baby, you will need to birth the placenta.

Suggestions for Facilitator

- Use the **Growing Uterus** (*Schuchardt*) charts to further explain the differences between a non-pregnant and full-term pregnant woman. Highlight the physiological differences mentioned above.

Pregnancy Time Lines



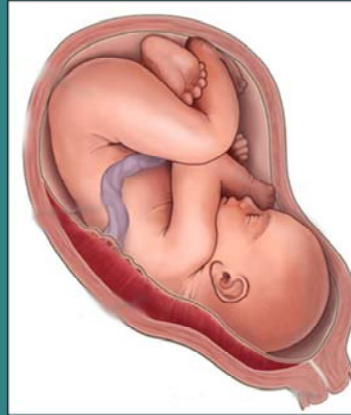
1st Trimester (Weeks 1-12)

- 1st Month
- 2nd Month
- 3rd Month



2nd Trimester (Weeks 13-28)

- 4th Month
- 5th Month
- 6th Month



3rd Trimester (Weeks 29-40)

- 7th Month
- 8th Month
- 9th Month

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Speaker's notes:

- How long does pregnancy last? Are you confused by the weeks, months, and trimesters?
- Let's start with how your due date is calculated. Pregnancy usually lasts 40 weeks or 280 days from the first day of your last period. To figure out your due date, count nine calendar months plus seven days from the first day of your last menstrual period. Only about 4% of babies are born on their actual due dates, while about 85% are born a week before or after (usually after).
- If you want to determine your due date, you can go to the Society of Obstetricians and Gynaecologists website at www.sogc.org and search "due date calculator".
- An ultrasound between 8 and 14 weeks is the most accurate way to determine your due date. Ultrasounds are able to estimate your baby's size and determine the estimated due date based on that. Your health care provider will let you know if your due date has changed based on an ultrasound.
- Each pregnancy has three parts and each part is called a trimester. Each trimester is about three months long.

Your Growing Baby (1-12 weeks)



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Speaker's notes:

- By the end of the first trimester, your baby is about 3-4 inches (7-10 cm) long and weighs about an ounce (28 grams). An ounce is about the weight of a slice of bread.
- In these short weeks, your baby's brain and spine are developing, his face and limbs are forming, and his arms and legs are moving.
- Did you know that his heart is already beating and his sex is determined? Towards the end of your first trimester, your health care provider can hear the baby's heart through a Doppler, which is a hand-held, portable ultrasound tool used for fetal monitoring. The heart rate is very fast, 110 to 160 beats per minute!

Your Growing Baby (13-28 weeks)



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Speaker's notes:

- By the end of the second trimester, your baby is 14 inches (35 cm) long and weighs two pounds (1 kg). Imagine holding two pounds of butter or a two pound hand weight.
- During this time, your healthcare provider can continue hear your baby's heartbeat .
- Between 18 and 25 weeks, you will start to feel your baby move. It may feel like a light flutter.
- Your baby can suck her thumb and hiccup and she can open her eyes. Her teeth are already developing inside her gums.

Your Growing Baby (29-40 weeks)



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Speaker's notes:

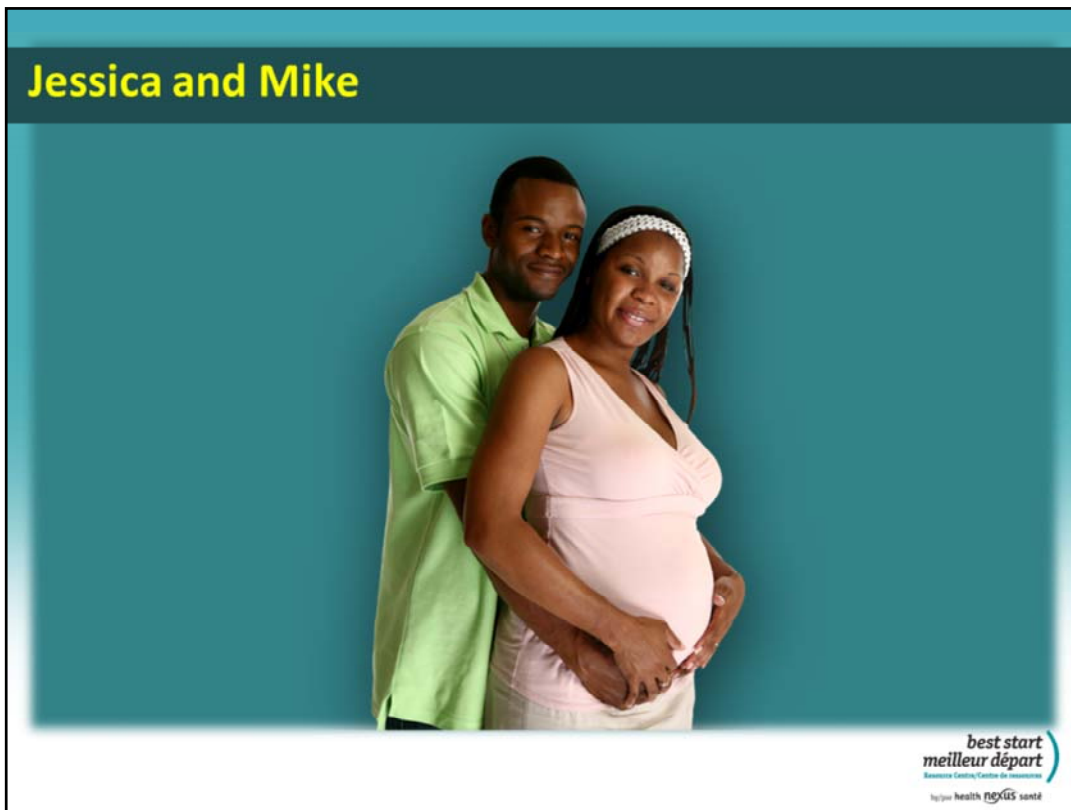
- By the end of the third trimester, your baby is 20 inches (50 cm) long and weighs about 7.5 pounds (3.5 kg)
- During these final weeks of fetal development, your baby can hear your voice and other sounds. This is a great time to read stories, talk or sing to him.
- His skin becomes less wrinkled as he gains more weight.
- He may be less active because there is less room to move inside the uterus. He is likely to get into a head down position in preparation for labour and birth, usually after 34 or 35 weeks of pregnancy.

Video Clip



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- Show a short (e.g., 5 minute) video clip or embedded “widgets” that you have chosen to show from *The Biology of Prenatal Development*
http://www.ehd.org/products_bpd_dvd.php , <http://www.ehd.org/get-free-videos.php>
- A short slide show of fetal development (i.e. *Healthy Journey: Your Contemporary Guide to Pregnancy—Roadmap of Pregnancy*)
<http://www.webmd.com/baby/ss/slideshow-fetal-development>



Mike and Jessica are expecting their first baby. Jessica has been feeling tired and a bit irritable lately. She has been trying to eat properly but finds eating in the morning upsets her stomach. Mike is excited about being a dad but concerned about Jessica's lack of energy and mood swings. Mike is wondering if it will be like this the whole pregnancy. Should they be concerned?

Jessica and Mike should not be concerned because pregnancy is a time of change. Symptoms such as nausea and vomiting, moodiness, and fatigue are common in pregnancy and there are often things you can do to help alleviate them. Be sure to mention any discomforts or changes to your healthcare provider.

Suggested Activity: The best and worst changes in pregnancy (see alternative activity on next slide)

Purpose: To encourage participants to explore both positive and negative changes during pregnancy.

Materials: blank paper, pen or pencils

Instructions:

- Divide the class into 2 groups.
- Provide each group with a blank piece of paper and a pen or pencil.
- Ask one person per group to be the note-taker.
- Assign one topic per group:
 - List the best changes they have noticed during pregnancy (or top 3).
 - List the worst changes they have noticed during pregnancy (or top 3).
- Share the findings between the groups.

What is Happening to Me?



Suggested Activity: Picasso Pregnancy

Time: 20 minutes

Purpose: To help participants identify common pregnancy discomforts and to encourage the learners to generate solutions to those discomforts while building group rapport. This activity helps to increase their confidence and builds on their existing and collective knowledge. This is a fun activity to cover anatomy and physical adaptations to pregnancy and can also be used as a group building activity.

Materials: Flipchart paper and markers.

Instructions:

- The prenatal educator divides the participants into two larger groups (or more for very large groups). Each group is provided with chart paper and markers. The prenatal educator instructs the groups to use their art skills to draw the silhouette of a pregnant person. Once they have done that, the group is instructed to mark any areas of discomforts they have been experiencing throughout their pregnancy with an X. The prenatal educator will give each group 5 minutes to complete this task.
- Once the time is up, the prenatal educator will invite the group back and ask each group to present one or two of their ideas. The prenatal educator will ask the large group “What do you think contributes to this discomfort?” and follows up with asking for suggestions on ways to cope.
- For example: Group A identifies low back pain as a common pregnancy discomfort. The prenatal educator asks what might cause low back pain in pregnancy. Participant answers “weight gain”. The prenatal educator clarifies 80% of pregnant people experience back pain and explains that the hormone relaxin, as well as postural changes, can contribute to those changes. The prenatal educator asks for some suggestions on coping and participant replies “massage”. The prenatal educator agrees and then teaches the group how to do a pelvic tilt and reviews proper postural alignment.
- The prenatal educator needs to be prepared to address some other common pregnancy discomforts that participants may not be as comfortable sharing like haemorrhoids, constipation and breast changes.

Source: Adapted with permission from the Institute of Childbirth Educators.

What is Happening to Me?

Key hormones:

- Human chorionic gonadotropin (hCG)
- Progesterone
- Estrogen
- Relaxin
- Oxytocin



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- At times it feels like your body is not your own. Changing hormone levels are responsible for many of the physical and emotional changes that occur during pregnancy. Let's talk about some of reasons why you may feel the way you feel.
- *Human chorionic gonadotropin (hCG)* is also called the "pregnancy hormone". It is the one which indicates pregnancy in early pregnancy tests. It is also the one which causes nausea.
- *Progesterone* is the most important hormone in pregnancy. Heartburn, acid reflux, and indigestion are related to high levels of which relaxes the stomach and bowels to increase absorption of nutrients. This hormone relaxes the uterus and prevents it from contracting too much during pregnancy. It is also the hormone which causes shortness of breath.
- *Estrogen* is the hormone responsible for making the uterus grow and increasing its blood supply throughout pregnancy. It also increases vaginal mucous production and stimulates the development of breast ducts in preparation for breastfeeding.
- *Relaxin* is the hormone that relaxes and softens ligaments and cartilage in the body during pregnancy, including the cervix. It is responsible for expansion of the pelvic joints during labour and birth, to allow the baby to move through the birth canal more easily.
- *Oxytocin* causes the uterus to contract during labour and it is also responsible for the milk let-down reflex for breastfeeding.
- By the end of your pregnancy your blood volume will increase by 30-50% to support your growing placenta. As a result your heart rate increases by 10-15 beats per minute to provide additional oxygen and nutrients to your baby. Your body requires more oxygen so you will notice that you breathe faster and deeper and may feel breathless at times.

Common Changes - First Trimester

Coping with nausea and vomiting

- Get out of bed slowly.
- Eat small, healthy meals and snacks.
- Eat foods that appeal to you.
- Avoid spicy, fried, or fatty foods.



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Speaker's notes:

One of the most common discomforts of early pregnancy is nausea and vomiting. Also known as *morning sickness*, it can occur at any time of the day. It usually occurs between 7-12 weeks of pregnancy and subsides by 16 weeks. Nausea is related to the increased production of pregnancy hormones. Once your body adjusts to the new levels, your nausea subsides. Up to 80% of pregnant women experience some degree of nausea and vomiting. Twenty percent of women will experience these symptoms for a longer period of time. It is important to talk to your health care provider for tips about managing nausea and vomiting. For severe cases of nausea, there is medication which is safe to use during pregnancy.

Some helpful tips include:

- Eating a few crackers or dry toast, especially before getting out of bed in the morning.
- Getting out of bed slowly.
- Eating small meals or snacks frequently so your stomach does not feel empty.
- Eating foods that appeal to you.
- Avoiding spicy, fried, or fatty foods.
- Avoiding strong odours.
- Drinking small amounts of fluid during the day and avoid drinking fluids during meals.
- Using acupuncture wristbands marketed for motion sickness.
- Making sure you get enough sleep.
- Getting help and support from friends and family.

Additional information is available at Motherisk 1-800-436-8477

(www.motherisk.org/women/morningSickness.jsp) currently being revised.

Common Changes - First Trimester

Coping with fatigue:

- Pay attention to your body and rest when you are tired.
- Take naps during the day.
- Accept help from family and friends.



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During the first few months of pregnancy, you may **feel very tired**. Do not worry-it's normal to feel this way. The increased levels of progesterone (a pregnancy hormone) makes women feel more sleepy. Furthermore, a pregnant woman's metabolism increases and this consumes a lot more of her energy.

Some helpful tips include:

- Pay attention to your body and if possible, rest when you are tired.
- Take naps during the day if your schedule allows.
- Explore other ways that you can include rest during your day.
- Accept help from your partner, family and friends.
- Eat small amounts of healthy food many times during the day. Use Canada's Food Guide for examples or go to Eatright Ontario. (<http://www.eatrightontario.ca/en/MenuPlanner.aspx#> to find tips for meals and snacks during pregnancy.)

Common Changes - First Trimester

Coping with urgency:

- Drink less in the evening.
- Go to the bathroom every time you have an urge to urinate.
- Make sure your bladder empties completely.
- Try Kegel exercises.



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Have you found yourself **going to the bathroom more often** lately? During pregnancy your growing uterus puts pressure on your bladder, while at the same time, your kidneys are producing more urine.

Some helpful tips include:

- Drink less in the evening.
- Go to the bathroom every time you have an urge to urinate.
- Make sure your bladder empties completely.
 - Sit comfortably on the toilet relaxing legs and knees. Keep legs apart not together. Do not strain to urinate but let it flow out easily.
 - When you think you are finished bend forward and a little more may come out. This may become more difficult as you abdomen grows so try just small rocking movements.
- Try Kegel exercises.

Kegel exercises provide strength training for the muscles that surround your pelvic floor. Doing a series of Kegel exercises several times a day will strengthen the muscles that stretch during childbirth and may prevent stress incontinence (urine leaking when you cough, sneeze, or laugh). These exercises can be done in any position. To do a Kegel exercise, imagine you are trying to hold back urine and squeeze the muscles that you would use to do that. You can also describe it as sucking fluid through a straw. Don't hold your breath or tighten your stomach or buttocks. Hold for about 10 seconds. (If you are not able to hold for 10 seconds, work your way up to 10 over several days or weeks.) Repeat the *squeeze-hold-relax* routine 12-20 times (Simkin et al, p.95-96).

Common Changes - First Trimester

Coping with feeling faint:

- Take your time when getting up.
- Eat small, healthy meals and snacks.
- Contact your health care provider if the feeling does not go away.
- If you feel faint, sit down and put your head between your knees.
- Loosen tight clothing.
- Place a cool cloth on your forehead or back of your neck.
- Eat iron-rich foods.



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Feeling faint is common during pregnancy. This feeling is related to your higher hormone levels, changes in blood pressure and circulation system and possibly low blood sugar levels or low iron levels.

Some helpful tips include:

- Take your time when getting up from a sitting or lying position.
- Eat small frequent, nutritious snacks throughout the day.
- Eat iron-rich foods.
- If you feel faint, sit down and put your head between your knees.
- Loosen tight clothing .
- Ask someone to bring you a cool cloth to place on your forehead or back of your neck.
- Contact your health care provider if the feeling does not go away.

Common Changes - Second Trimester



- Less nausea
- More energy
- Change in body shape and size
- Linea nigra
- Mask of pregnancy
- Colostrum
- Back and joint pain
- Bleeding gums

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Speaker's notes:

- By the middle part of the pregnancy, most women begin to feel more energetic and more settled. You will also notice that your body's shape and size will begin to change. The hormones of pregnancy may cause some noticeable skin changes such as linea nigra (a brownish vertical line from your navel down to your pubic bone), the mask of pregnancy (cholasma), or darkening of the nipple and areola tissue.
- Your breasts become less tender and may start to secrete colostrum, which is the first breastmilk that is high in nutrients and antibodies.
- You may have some ligament pain or back pain.
- If you experience headaches, it could be due to dehydration.
- You may have noticed that your gums bleed more easily. Consider using a soft bristle toothbrush if that is the case. It is important to practice good oral hygiene and to continue to visit your dentist regularly. Research reveals that pregnant women with tooth decay and gum disease are at higher risk for preterm birth. If you do not have access to a dentist, call your local public health department.
- You may have nosebleeds, especially in the winter when the air is dry. A humidifier may help.

Some helpful tips include:

- Brush your teeth at least twice a day and floss once a day.
- Limit foods that are sugary or stick to your teeth.
- If you experience frequent vomiting, rinse your mouth with water to minimize erosion of tooth enamel.
- See a dentist at least once during your pregnancy.
- Remember to tell the dentist that you are pregnant.
- Drink lots of fluids, especially water.
- Do **pelvic tilts** throughout the day to strengthen abdominal muscles and relieve back pain (flatten your lower back by pulling in your stomach and buttocks).
- Check your posture, and use good body mechanics, when lifting, standing and sitting.

Common Changes - Third Trimester

- Practice contractions
- Swelling of ankles and feet
- Varicose veins
- Increased need to urinate
- Back pain
- Shortness of breath
- Indigestion/gas
- Heartburn
- Difficulty sleeping



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- The third trimester is the time when changes occur in preparation for labour, birth, and breastfeeding. Hormonal changes cause the cervix to soften and the uterus to become more responsive to oxytocin, which stimulates contractions and initiates labour. You may notice that your uterus tightens and relaxes often at the end of your pregnancy. These practice contractions are known as *Braxton-Hicks* contractions. Unlike the contractions you feel during true labour, these contractions are irregular and do not cause changes to the cervix.
- As your baby grows, your uterus expands and puts more pressure on the blood vessels, the bladder, and the pelvic ligaments. This may cause swelling of your ankles and feet, varicose veins in your legs, an increased urge to urinate, and back discomfort. At the same time, you may also experience shortness of breath, indigestion, and heartburn because your baby is pressing against your lungs and other organs.
- Your breathing improves by the end of the third trimester as he drops into position in preparation for birth (lightening).

Some helpful tips include:

- Eat smaller amounts more often during the day and do not drink fluids with meals, but 20-30 minutes after.
- Avoid long periods of sitting or standing and put your feet up throughout the day.
- Stretch your legs by bending your ankle and pointing your toes towards your nose. This will help relieve foot cramps.
- Sleep with your head propped on two or more pillows to help relieve heartburn.
- Avoid fried, spicy food and do not lie down right after eating.

When to Get Medical Help

- Vaginal bleeding.
- Leaking or a gush of fluid from your vagina.
- Abdominal pain.
- Decreased fetal movement.
- Unusual and constant headache.
- Visual changes (seeing spots or flashes).
- Persistent lower back pain.
- Regular contractions of the uterus before 37 weeks.

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Speaker's notes:

- Be sure to contact your healthcare provider or go to your local hospital if you experience any of the listed symptoms *at any time* throughout your pregnancy.
- Before 28 weeks, there is no reliable evidence to suggest that there is any regular pattern in a baby's movement.
- If you notice decreased movements after 28 weeks, do a fetal movement count:
 - Find a quiet comfortable place to sit or lie down.
 - Count your baby's movements for 2 hours, or until you have felt six movements, whichever comes first. If you do not feel at least six movements in 2 hours, contact your health care provider so you can be assessed.
- You may be asked to perform daily fetal movement counts if you have certain pregnancy risk factors.
- Other things to contact health care provider for:
 - Ongoing nausea and vomiting.
 - Dizziness or feeling unwell.
 - Vaginal bleeding or leaking of fluid.
 - Feeling that the baby is pushing down.
 - Any noticeable decrease in your baby's normal movement.
 - Sudden swelling of the face, hands, or feet.
 - Calf pain.
 - Unexplained rash.
 - Fever and chills (i.e., temperature above 38.3° C or 101° F).
 - Burning sensation when urinating.
 - Feeling overwhelmed, anxious, or sad.
 - If you are in a motor vehicle accident of any kind, have a fall or any injury to your stomach area.

Preterm Labour



Signs and Symptoms

- Cramps/stomach pains.
- Fluid or bleeding from the vagina.
- Back pain/pressure.
- Feels like baby is pushing down.
- Contractions.
- Increased vaginal discharge.
- “Something is not right”.

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Provide the pregnant women with a copy of *Preterm Labour Signs & Symptoms*.

Speaker's notes:

- Preterm (premature) labour is labour that starts before 37 completed weeks of pregnancy. One in every thirteen babies in Canada is born before 37 weeks of pregnancy.
- Preterm labour can lead to preterm birth. Preterm birth is when the baby is born between 20 and 37 weeks of pregnancy. Premature babies need to be cared for in special units in the hospital. Babies may have to stay in the hospital for a few weeks to a few months until they are strong enough to go home with their families. Premature babies are at risk for medical problems after they are born. Some premature babies are too small, too immature, or too sick to survive.
- It is not always easy for a woman to tell if she is having preterm labour. Many of the signs of preterm labour can feel the same as some of the normal things that happen in the second half of pregnancy. There are important signs to watch for, especially if they are new or different than before. Partners can help by knowing the signs of preterm labour and what to do if it happens.
- Signs and symptoms of preterm labour include:
 - Bad cramps or stomach pains that don't go away.
 - Trickle or gush of fluid or bleeding from your vagina.
 - Lower back pain/pressure, or a change in lower backache.
 - A feeling that the baby is pushing down.
 - Contractions, or change in the strength or number of them.
 - An increase in the amount of vaginal discharge.
 - Some women may just feel that “something is not right”.
- **If you have any of these symptoms, go to the hospital right way to be assessed by a doctor or midwife.** Tests and monitoring may be required. Your midwife can be paged to meet you at the hospital.

Risk Factors for Preterm Labour



- History of preterm labour.
- History of miscarriages.
- Cerclage/shortened cervix.
- Some infections.
- Premature rupture of the membranes.
- Pregnant with more than one baby.
- Underweight before getting pregnant.
- Not gaining enough weight during the pregnancy.
- Smoking/drug use.
- Under 18 or 35.
- Stress.
- Abuse.
- Some work environments.

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Speaker's notes:

Be alert for signs of preterm labour especially if you are at risk.

You may have an increased risk of having preterm labour if:

- You had preterm labour or a preterm baby in the past.
- You had several miscarriages.
- You had a suture placed in your cervix during the pregnancy (cerclage) or have been told you have a short cervix.
- You have a urinary tract infection or certain sexually-transmitted infections.
- Your water breaks before the 37th week. This is called premature rupture of the membranes.
- You are pregnant with more than one baby.
- You were underweight before getting pregnant or you are not gaining enough weight during the pregnancy.
- You smoke or take illegal drugs during the pregnancy.
- You are under the age of 18 or over the age of 35.
- You have a lot of stress in your life.
- You experience abuse in your life. Abuse can be physical, verbal, emotional, financial, and/or sexual.
- You do very hard physical work at your job or home.
- You work shifts; you stand for long periods of time at your work; you work in temperature extremes (like a bakery).

Emotional Changes

- Most of the time within the two last weeks...
 - Have you been sad, depressed or irritable?
 - Have you been unable to enjoy the things you used to enjoy?
 - Have you felt anxious, worried or panicky?
 - Have you cried more easily?
- Have you experienced any recent losses or stressful life events?
- Do you have a history of depression, anxiety or other mental health challenges?



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- Pregnancy is a time of transition and preparation. Your body, as well as your perspective of life is changing. Some questions you may be asking yourself may include: How is this baby going to change our relationship and our life? What kind of parent will I be? Why am I happy one minute and crying the next?
- Your mood swings are directly related to your changing hormone levels. Mood swings are most common during the first trimester (6th-10th week) and then again in the third trimester.
- While heightened emotions are normal in pregnancy, there may be times when they interfere with your daily life and relationships. Consider these questions and talk to your health care provider if you answer yes to any of them (see slide).
- It is also important to remember that symptoms of depression are often confused with common pregnancy symptoms. For example, sleep disturbances, loss of appetite, and difficulty concentrating may be signs of prenatal anxiety and depression.
- About 10% of pregnant women require some type of assistance for prenatal depression and anxiety (pg. 3—*Creating Circles of Support*).

Some tips for taking care of your emotional health during pregnancy include:

- Stay active and eat well, including good sources of Omega-3 (explained in more detail in module on Healthy Eating).
- Exercise not only helps with mood but is a good way at managing stress.
- Take time to relax and rest when ever possible.
- Avoid stressful situations and people.
- Share your thoughts and feelings with someone you trust (*Healthy Beginnings*, pgs. 66-67).
- Be honest with your health care provider about your feelings throughout your pregnancy.

Things Can Change for the Partner Too...



- Concerned about pregnant woman's fatigue, mood swings, and changes to sexual relationship. ✓
- Worrying over finances. ✓
- Varying feelings about pregnant woman's changing appearance. ✓
- Feeling protective of the family. ✓
- Anticipating and preparing for birth. ✓
- Concerned about health of pregnant woman and baby. ✓

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Suggested Activity (if all participants have a partner present)

Purpose: To explore the variety of reactions when people find out they are expecting.

Materials: None

Instructions:

Go around the room and ask partners to describe how they felt, how they reacted, when their partner told them they were expecting. Note the variety of answers and summarize the range of emotions and concerns expressed. Acknowledge that partners may have different concerns and emotions about becoming a parent as compared to expectant mothers, but may also have similar concerns.

Alternative Activity:

Purpose: To explore in a visual way the reactions people may have when they find out they are expecting.

Materials: prepared cards with possible reactions to finding out you are expecting, coloured sticky dots of two different colours, sticky tack or masking tape

Instructions:

- Post prepared cards around the room
- Give pregnant women one colour of dots and partners a different colour. Have them place their dots on the feelings or concerns that they had.

Things Can Change for the Partner Too...



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Speaker's notes:

Waiting for parenthood is an emotional experience. At times you may feel excited, proud and confident, while at other times you feel helpless and uncertain about the future. It is important to talk to your pregnant partner or your close friends about these changes to your life and relationships.

During the pregnancy, partners may....

- Feel a loss of freedom and increased sense of responsibility.
- Think about life, immortality, and pride at continuing the family for another generation.
- Evaluate their job and financial situation.
- Become protective of their pregnant partner.
- Feel “left out” and not part of the pregnancy.
- Feel anxious or worried about their role in labour and delivery.
- Experience “sympathy” discomforts (Couvade Syndrome)--weight gain, cravings, nausea, backaches, etc.
- Feel that pregnant partner is less available to them emotionally, physically, and sexually.

Refer to *Pregnancy, Childbirth and the Newborn*, pg.54-58.

What About Intimacy During Pregnancy?



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- Sexual activity during pregnancy is safe and healthy in most cases. Did you know that intercourse will not hurt the baby because he is protected by the amniotic sac and amniotic fluid?
- The pregnant woman's desire and comfort levels change throughout her pregnancy. Some women feel more attractive and enjoy sex more, while others are less interested and feel insecure. In the first trimester, interest in sex is often diminished due to the effects of nausea, breast tenderness and fatigue.
- As the second trimester progresses, many women feel an increase in sexual desire related to having more energy and fewer physical discomforts and enjoying their "curvy new bodies" (Simkin, p.54). In the last trimester, women may have less desire again due to fatigue and their "growing bellies." (Simkin, p. 54)
- Your health care provider may advise you to avoid or limit intercourse if your pregnancy is high risk.
Reasons may include:
 - Being at risk for preterm labour.
 - Vaginal bleeding.
 - Placenta previa, when the placenta covers all or part of the cervix.
 - Leaking of amniotic fluid.
 - You or your partner having a sexually transmitted infection.
- With all these physical and emotional changes, it is vital to communicate your feelings and desires throughout the pregnancy. Remember that a healthy sexual relationship also includes other forms of intimacy such as cuddling, kissing, massaging, and holding hands.

For More Information



- Health care provider
- Local public health department
- Hospital or birthing centre
- Certified Doula
- Key websites such as the Society of Obstetricians and Gynaecologists of Canada - www.sogc.org

The information represents the
best practice guidelines at the time of publication.
The content is not officially endorsed by the Government of Ontario.
Consult your health care provider for information specific to your pregnancy.



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