



Baby Love Birth Center
3046 DEL PRADO BLVD S. #2E CAPE CORAL FL 33904
(239) 540-9010 PHONE (239) 549-2229 FAX
WWW.WATERBIRTHBABY.COM

Baby Love Birth Center



Have your Baby your Way!

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Director of Midwifery Services

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Staff Midwife



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questions to ask at your next visit.



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Philosophy of Care

At Baby Love Birth Center, we believe that pregnancy and birth are a normal part of life. We also believe that, with proper prenatal care, emotional support, and educational preparation, most healthy women will have an uncomplicated pregnancy and normal birth. We respect the right of pregnant women to choose a care provider and birth place that best meets her needs and those of her family. We expect that babies and children be treated with love and compassion. While we appreciate the technology of medical science, we support a philosophy of non-intervention unless complications require.

Birth is an everyday event, but for your baby, it is the first and only time s/he will experience the transition to human life. We acknowledge that every birth is a unique event for the baby, the mother, and the entire family. We want to celebrate with you, while maintaining the highest standards of safety and appropriate care.

We believe that "the educated consumer is our best customer" and expect that you and your family will educate yourselves to make decisions regarding your care and that of your baby.

We also support the right of newborns to optimal nutrition, emotional support, and intellectual stimulation through breastfeeding. The research supporting "nature's perfect food" clearly demonstrates the superiority of breastmilk in establishing optimal health, intelligence, and emotional attachment.

The primary purpose of prenatal care is to prevent complications during pregnancy, birth, and postpartum through screening of the woman and baby at regularly scheduled visits. Prenatal care at Baby Love Birth Center is conducted as a partnership between the woman and her family and the midwives. Our goal is to help you to an experience that is safe and satisfying. We want to know what is important to you and to your family, so that we may provide truly individualized care.

Professional Staff

All care at Baby Love Birth Center is provided by Midwives. All of the Midwives are nationally certified by board examination.

Certified Nurse Midwives (CNM) are Registered Nurses who have additional education in the art and science of Midwifery. CNMs provide not only prenatal care and management of birth and postpartum, but also provide routine gynecological care such as pap smears and birth control. CNMs are licensed in the state of Florida as Advanced Registered Nurse Practitioners (ARNP) and can write prescriptions.

Licensed Midwives (LM) provide primary maternity care for women with lowrisk pregnancies, offering complete prenatal care, birth and postpartum care.

Midwife is an old English term meaning "with woman". Midwifery is the care of women throughout the reproductive life cycle.

We utilize the Midwives Model of Care, which includes:

- Monitoring the physical, psychological, and social well-being of the mother throughout the childbearing cycle
- Providing the mother with individualized education, counseling, and prenatal care, continuous hands-on assistance during labor and delivery, and postpartum support
- Minimizing technological interventions
- Identifying and referring women who require obstetrical attention

The application of this woman-centered model of care has been proven to reduce the incidence of birth injury, trauma, and cesarean section.



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The midwives are assisted by trained assistants and student midwives. You always have the right to decline the participation of students in your care or at your birth.

The staff does not include physicians; we rely on the skill of the midwives to remain within their scope of practice in accordance with Midwifery Standards of Care and state laws and regulations. If a prenatal problem requires evaluation by a physician, an appointment will be made with the perinatologists at Maternal Fetal Medicine.

Eligibility for Care

Very few pregnant women are unable to avail themselves of the option to have their baby with a midwife in the birth center. Women of any age who begin their pregnancy in a healthy state generally remain healthy and have a normal delivery. You must attend all scheduled prenatal visits and recommended classes in order to remain eligible for care at Baby Love Birth Center. We expect that you and your family will take responsibility in following the guidelines for care, comply with recommendations from the midwives, and follow state and local laws and regulations.

Florida birthing centers regulations state that these conditions may require that a woman be cared for in a hospital by a nurse midwife or physician:

- Chronic High Blood Pressure
- Heart Disease
- Kidney Disease
- Current addiction to drugs or alcohol
- Diabetes
- Unstable Thyroid Disorder
- Bleeding or Blood Clotting Disease
- rH Sensitization (not simply having rH negative blood type)
- Prior Cesarean Section
- Multiple Pregnancy (i.e twins)
- 7 or more childbirths
- Toxemia (Pre-eclampsia)
- History of Placental Abruption

Except for women with these conditions, all pregnant women are eligible for care by the midwives at Baby Love Birth Center. Pregnant clients are evaluated by the midwives to ensure they remain healthy and normal and eligible to continue care.

Transfer out of Care

Fewer than 20% of women who start prenatal care at a birth center will end up having their baby in a hospital.

Common reasons for transfer during pregnancy are high blood pressure, diabetes, and preterm labor. The birth center is only appropriate for healthy, normal pregnancies. Women with pregnancy complications need the higher level of care available in a hospital. If you develop any of these conditions, we will assist you in finding a practice to transfer to.

At Baby Love Birth Center, our rate of hospital transfer during labor is about 10%; of the clients who transfer during labor, roughly 50% will deliver by cesarean section.



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The most common reason for hospital transfer during labor is "stalled labor". This can be very frustrating for the woman, her family, and for the midwife and staff of the birth center, but ultimately moving to the hospital for birth is the safest course of action.

In cases of stalled labor, the decision to transfer to the hospital is generally made by the woman, her family, and the midwife together and there is ample time to prepare for transfer. The woman is usually driven to Cape Coral Hospital by a family member and the midwife will accompany them to give report to hospital staff. There is always an OB on call at the hospital for "walk ins" and the nurses are very familiar with our client's wishes to avoid unnecessary interventions and you will be well taken care of.

Cape Coral has very comfortable birthing rooms, complete with couches for family and friends, and tubs/showers for labor. Birth Balls and other labor tools are readily available. IV pain medication and epidural anesthesia are available. Cape Coral practices "rooming-in" – your baby will remain in your room with you the entire time (unless a medical complication arises); even in the event of cesarean, you will be able to hold baby skin to skin in the OR (Gentle Cesarean).

You still have the right to discuss and agree to all aspects of care, including routine IV insertion, fetal monitoring, medications and vaccinations for your baby.

Typical hospital stay after a vaginal birth is 2 days; you may choose 24 hour discharge if you are well and your pediatrician agrees.

You always retain the option to decide to transfer voluntarily to the hospital.

Emergencies in the birth center

True "emergencies" are rare in low-risk pregnancies, however, the staff is trained to anticipate and manage common obstetrical complications such as newborn breathing difficulties and maternal bleeding.

All birth staff are trained in adult CPR and Neonatal Resuscitation. Oxygen and IV supplies are prepared at all births, as are medications to control bleeding. Should an emergency complication not resolve with midwife management, we transfer to the hospital via 911. Newborns are taken to Health Park, because they have the NICU. Typically, the father goes with the baby and we get the mom there as soon as she is ready to travel.



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Prenatal Care

Our routine prenatal care follows standard guidelines, but differs in important aspects. We follow a standard schedule of prenatal visits:

- Initial Prenatal visit with bloodwork, pap smear, and physical examination by a midwife.
- Monthly prenatal visits until 32 weeks of pregnancy.
- Visits every two weeks until 36 weeks of pregnancy.
- Weekly visits until delivery.
- 6-8 week postpartum visit
- Prescription of Birth Control
- Ongoing Women's Health Care and Annual Examinations

In addition, we provide:

- Prenatal visits that last for 20-30 minutes
- Unlimited phone calls to the midwife
- Midwife presence in the birth center the entire time you are in labor, monitoring mom and baby's well being and providing emotional support
- Birth assistant during birth and postpartum recovery, providing on-on-one care and teaching
- Full physical exam of newborn after birth, with report faxed to your pediatrician
- Happy Birthday party with cake & champagne or sparkling cider, after the birth
- Baby keepsake Footprints & Family Photo and Birth announcement on our web site
- Daily phone calls/texts after birth
- A home visit within 5 days of birth; complete examination of mom & baby; breastfeeding support
- Newborn screening (PKU) done during the home visit
- 2 week postpartum office visit (required for 1st time moms and those with stitches)
- All lab work done in our office
- First trimester Ultrasounds done by Samantha at Baby Love (except for clients with Medicaid)
- Comprehensive Nutrition Education – Free class!
- Complete Preparation for Childbirth via 4 week HypnoBirthing® Childbirth Education Class. \$90 for the class, book, and CD. Classes are held on 4 Thursday evenings or a Saturday and Sunday.
- Breastfeeding support and education, including Breastfeeding Class – Free!; telephone support by a lactation consultant; in-home lactation support if needed.
- Labor Support (Doula) – you may make arrangements for a private labor coach/supporter to assist you and your partner and family during birth. There is a list of local doulas on our website.



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Labor, Birth, and Postpartum at the Birth Center

We expect that you will labor at home until labor is active. You will have access to the midwife by telephone or for an office evaluation if needed, during early labor.

Once you and the Midwife have decided that it is time for you to come to the birth center, the Midwife will meet you at the birth center.

Once you arrive at the birth center for birth, the Midwife will be in the birth center the entire time you are in labor and for at least 2 hours after the birth. A birthing assistant will be present for the birth and postpartum. Students may request participation in your birth and you retain the right to decline.

Our home is your home during labor and birth. You will bring your own snacks and drinks and wear your own clothes. You are free to invite your friends and family to support you and witness the birth. We welcome your other children to be at the birth, or immediately available to greet their new sibling, however, all children must have a designated support person (other than their parents) while at the birth center.

You are free to record, videotape, and photograph any part of your labor and birth.

The well-being of the mother and baby will be monitored by the midwife and birthing assistant in an unobtrusive manner, so as to ensure safety while preserving a relaxed and calming environment.

We encourage you to hire a labor support professional (doula), as the staff will be readily available, but we do not guarantee hands-on labor support. The Midwife and Birth Assistant have many duties in addition to managing your comfort during labor.

We will encourage you to eat and drink during labor. We will direct your family and support people to assist you in remaining comfortable. You will be encouraged to remain active and upright during labor, as this has been demonstrated to shorten labor.

Various modalities are available to cope with the discomfort of labor, and you will be thoroughly prepared through your relationship with the midwife and prenatal education classes in the HypnoBirthing Method.

We have several birth balls, hot and cold packs, aromatherapy, and massage tools available. The luxurious labor/birth tubs will provide you with tremendous relief and you have the option to have your baby in the water (waterbirth).

We do have pharmaceutical pain relief available, but epidurals are not an option. We stock Nubain, an injectable pain reliever; however, we discourage its use due to the effects on the baby's desire to breathe after birth. We now have nitrous (aka laughing gas) which is widely used in the UK and Europe. It is extremely safe and doesn't slow labor or affect baby's breathing after birth.

The midwife is in attendance throughout your labor and for the birth and immediate postpartum. After the birth, the midwife will examine you and perform vaginal repair (stitches), with anesthesia, if needed.

The midwife or assistant will also examine the baby before discharge, but this physical examination does not replace care by a pediatrician. You must have a pre-arranged pediatrician and your baby must be examined by your pediatrician within 72 hours of birth.

The minimum stay after delivery is 4 hours. The maximum is 24 hours. If you voluntarily stay beyond 12 hours, there is an additional charge. Typically, families go home about 6 hours after birth. We will encourage you to have a meal, a nap, and to establish breastfeeding before going home. We will also have a little birthday celebration, with cake and champagne or sparkling cider.



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You will be followed at home by telephone. The midwife and/or birthing assistant will be in regular contact with you. A home visit by a nurse will be arranged sometime between 3 and 5 days after birth, at which time the newborn screening (PKU) can be performed. Lactation counseling via telephone or in-home can be provided.

You will return to the office for a 2 week postpartum visit, if you desire (we recommend that first-timers and those with stitches attend). Your pregnancy care concludes with a 6-8 week postpartum visit, with pap smear (if needed) and provision of birth control. You can then continue with your annual exams at the birth center and have access to routine gynecological care.

We do not perform circumcisions. We can refer you to a physician for circumcision, if your desire. We do not encourage routine circumcision; however, we leave the choice to you.

We hope you will enjoy your time as a client of Baby Love Birth Center.

We appreciate the opportunity to get to know you and your family and to provide your care. We welcome feedback on ways to improve our services and encourage you to get involved in spreading the word about the option for client-centered pregnancy care and baby-centered birth.

We hope you will join us in changing the world one baby at a time by embracing non-violence, respect for the individual, and support for families.



Laboratory Testing in Pregnancy

A number of lab tests are recommended for all women during prenatal care.

If you have concerns about any of these tests, talk to your midwife.

No test is perfect. There may be a problem even if the test does not show it. Also, the problem may not exist even if the test does show it. Your baby also may have a problem that the test was not designed to find.

Blood Tests

Blood tests check for a number of things:

- Blood type and antibody screen. Your blood type could be A, B, AB, or O. It can be Rh positive or Rh negative. If your blood lacks the Rh antigen, it is Rh negative. Problems can arise when the baby's blood has the Rh factor and the mother's does not. The mother's body may react as if it were allergic to the baby.
- Hematocrit and hemoglobin. Levels in your blood are measured to check for anemia (low iron).
- Syphilis. Syphilis is an STD. If you have un-treated syphilis, you could pass it to your baby.
- German Measles. Your blood will be checked for signs of immunity to German measles (rubella). If your blood test shows you are not immune to rubella, you should avoid exposure to the illness and get the vaccine after the baby is born.
- Hepatitis B virus. Hepatitis B infects the liver and you can pass it to your baby.
- Human immunodeficiency virus (HIV). HIV is the virus that causes AIDS (acquired immunodeficiency syndrome). Pregnant women are tested even if they do not have special risk factors. If you were to have HIV, there is a chance you can pass it to your baby. There are medications that can reduce this risk.

Urine Test

You will test your own urine at each prenatal visit. This test checks the levels of sugar (glucose), protein, and leukocytes (white blood cells). The urine test also is used to check for infections of the bladder and kidneys. If these problems occur, they can be treated.

Pap test

If you are due for a pap smear, we will offer it to you. The pap test can detect early signs of cervical cancer.

Gonorrhea & Chlamydia

A sample may be taken from your cervix to check for STDs. If any of these conditions are found, they can be treated.

Panorama Genetic Blood testing

A relatively new blood test is now available that can detect Down Syndrome and other related disorders simply from a sample of mom's blood. The test is just about as accurate as an amniocentesis, with no risk of miscarriage. The test can also detect the sex of the baby and blood type. It can also be done as early as 10 weeks of pregnancy.



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Ultrasound (Sonogram)

A test that creates an image of your baby from sound waves. This is done by moving a device (called a transducer) over your abdomen or in your vagina.

We recommend two routine ultrasounds during your pregnancy:

- 1) 8-12 week to confirm or set your due date. For accuracy, this ultrasound is usually performed with a special device placed in your vagina.
- 2) 20-22 weeks is designed to look for visible signs of certain birth defects. If the baby cooperates and you want to know, the person performing the scan can give you their estimate of the baby's sex.
- 3) Other ultrasounds may be ordered, for example, if on physical exam the baby seems to be growing slowly, or the level of amniotic fluid appears to be low, or the baby appears to not be in head-down position at term. The Midwife will discuss her concerns with you before ordering an ultrasound.

Non-Stress Test

Done in the office by the assistant, this test involves recording the baby's heartbeat for 20 minutes. It is typically recommended when the due date has passed.

BioPhysical Profile

A special ultrasound used to check various markers of fetal well-being. It is typically recommended when the due date has passed.

Genetic Tests

Some genetic tests are offered to all pregnant women. Others may be offered due to your medical history or family history. Examples include testing to see if you carry the gene for cystic fibrosis, a lung disease more common in Caucasians; testing for the gene for sickle cell disease, a blood disorder more common in people of African ancestry; Canavan's disease, more common in French Canadians; Tay Sachs disease, more common in Jewish people of eastern European ancestry.

Glucose Screening

To test for diabetes. Usually done at about 28 weeks, you may be offered an earlier test if you have a strong family history of diabetes or had problems with diabetes in past pregnancies.

Group B Streptococcus (GBS)

To test for GBS, samples are taken from the vagina, and rectum at about 36 weeks. You will get detailed information about this test towards the end of your pregnancy.



Common Pregnancy Questions and Danger Signs

Work

Most of the time, a healthy woman with a pregnancy without problems can keep working if her job poses no more risk than daily life. Discuss with the midwife the type of work you do both at your workplace and at home.

There could be hazards in your workplace:

- Do you work around chemicals, gas, dust, fumes, or radiation?
- Do you have to lift heavy loads, work at heights, or use high-speed machines?
- Do you stand for most of your day?

Most women are able to work into their last weeks of pregnancy. Some may need to make some changes. We can provide you with a letter for your employer to remind them of how they can accommodate your needs, such as regular breaks or a chair.

Travel

Most women can travel safely until close to their due date. Airlines no longer restrict travel based on gestational age, not do they require permission for pregnant women to fly on commercial planes.

For most women, the most comfortable time to travel is in the middle of pregnancy.

We do not recommend flying after about 34 weeks of pregnancy, because sitting in an airplane seat is very uncomfortable at that point in pregnancy.

Here are some hints that apply no matter what type of travel you choose:

- Use safety and lap belts.
- Walk around every hour and a half or so.
- Wear comfortable shoes and clothing that doesn't bind.
- Take some crackers, juice, or other light snacks with you to help prevent nausea.
- Drink plenty of fluids.
- Do not take motion-sickness pills and laxatives unless you check with your midwife.
- Take a copy of your medical record with you if you will be far from home.
- You may want to have a prenatal visit before you leave.
- If you plan to travel very late in pregnancy, check with your midwife. Going into labor away from home can cause problems you may not be prepared for. (For example, your insurance may not cover a delivery in another city.)

Home Life

Taking care of the home and family still must be done. More work may need to be shared with your partner or others. Be sure you get enough rest. You should limit lifting or moving heavy things and try to stay away from cleaning products, fumes, or paints.

Nutrition and Weight Gain

Healthy snacks are a good way to get the nutrition and extra calories you need. Pick snacks that are not high in sugar or fat. Fruit, cereal, and low-fat yogurt are good choices. Avoid candy, soda, and chips.



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You may feel better if you eat small meals six times a day, especially toward the end of pregnancy. To make these mini-meals, divide the number of servings of the basic foods needed each day into smaller portions. Milk and a sandwich made with meat, chicken, fish, peanut butter, or cheese with lettuce and tomato makes an excellent mini-meal. Other ideas are milk and fresh fruits, fruit juices, cheese and crackers, raw vegetables, and soup.

A woman of normal weight before pregnancy should gain 25-35 pounds. Women who are underweight should gain about 28-40 pounds. Women who are very overweight should gain about 15 pounds.

Exercise

Exercise can help strengthen muscles used in labor and delivery and lessen some of the discomforts of pregnancy. It may give you more energy and make you feel better.

Your balance changes while you are pregnant. You tire more easily. It takes longer to recover, too. Caution should be the rule:

- Avoid getting overheated.
- Limit outdoor exercise in hot weather.
- Avoid exercise that makes you very tired.
- Drink lots of water.
- Wear good support shoes and bra.

The type of exercise you can do now depends on your health and on how active you were before you became pregnant. This is not a good time to take up a new, hard sport. If you were active before, though, you can continue to be, within reason. If, for example, you played tennis, you can likely still play unless you have special problems or feel very tired. The following activities are especially good during pregnancy:

- Swimming
- Brisk walking
- Prenatal exercise classes
- Yoga
- Pelvic Rocks (Cat and Cow)
- Kegels (to strengthen vaginal muscles)

Emotional Changes

Pregnancy is a time of emotional changes. Especially early on, the hormones in your body may cause mood swings. Being very tired in early and late pregnancy may also make you feel irritable or depressed. Regular rest, relaxation, and exercise will help your mental as well as physical well-being.

Abuse

Abuse of women by their male partners is one of America's most common problems. This may be physical, sexual, or emotional abuse. Men who abuse their partners often abuse their children, too. If you are being abused, tell your midwife. She can help you get in touch with support services, such as crisis hot lines, domestic violence programs, legal aid services, or counseling. Shelters exist for abused women and children. A close friend, counselor, or clergy member may also be able to help.



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Relationships

Many women have mixed feelings over pregnancy and parenthood. You may be afraid and unsure about pregnancy, birth, and your body and self-image. You may worry about being a parent. Discussing these issues openly with your partner, friends, and midwife can help you work through them. If you find that you are having a lot of anxiety or stress adjusting to becoming a mother, please let your midwife know, so that she can help you to identify resources to assist you.

Sex

Some people worry about having sex during pregnancy. They may be afraid it will cause a miscarriage or pre-term labor or hurt the baby. For a healthy woman with a normal pregnancy, sex is safe throughout pregnancy. The baby is well cushioned by amniotic fluid. For your comfort, you and your partner may want to try different positions. Your midwife may advise you to limit or avoid sex if there are signs of problems in your pregnancy. Both you and your partner may find your sex drives change now. Some women find they have a lower sex drive, some greater. Some see no change at all. Your partner's feelings change, too. Share your feelings with each other.

Siblings

Children are welcome to be at the birth center for the birth of their sibling, but they must have their own support person (not your husband). That support person must be willing to forgo witnessing the baby's birth if the child chooses not to be in the room for the birth.



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Danger Signs

Preterm Labor Labor that starts before 37 weeks of pregnancy is preterm.

Signs of Preterm Labor

Sometimes the signs that preterm labor might be starting are fairly easy to see. Other times, the signs are mild and harder to find. Call your midwife right away if you have any of these signs:

- Vaginal discharge
 - Change in type (watery, mucous, or bloody)
 - Increase in amount
- Pelvic or lower abdominal pressure
- Low, dull backache
- Abdominal cramps, with or without diarrhea
- Regular contractions or uterine tightening

High Blood Pressure

High blood pressure can occur for the first time during pregnancy. The cause is unknown. If it is not treated, it can be very serious. Many women do not have symptoms. Others, though, may have some or all of these signs:

- Headaches
- Swelling, especially of the hands and face
- Dizziness
- Blurred vision or spots in front of the eyes
- Sudden or uneven weight gain
- Stomach pain
- Protein in the urine

Labor

In the last weeks of pregnancy, your uterus might start to tighten. These irregular cramps are called Braxton-Hicks contractions. They are normal. Many women have them.

- One good way to tell true labor from false labor is to time the surges (contractions). Time how long each lasts and how long it is from the start of one to the start of the next. It is hard to time labor pains if they are weak.

Page the midwife right away if:

- **You are bleeding from the vagina, more than spotting.**
- **The surges (contractions) come 5 minutes apart or closer.**
- **You have constant, severe pain. Page the midwife right away.**
- **If you are more than 6 weeks from your due date and have more than six contractions in an hour, you may be in preterm labor. Page the midwife.**

False labor often happens just at the time in pregnancy that you expect to go into labor. This makes it hard to tell it from true labor. Sometimes only a pelvic exam can show if true labor has begun. Don't wait too long to call your midwife if you think you are going into labor.



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True Versus False Labor		
Type of Change	True Labor	False Labor
Timing of surges (contractions)	Regular and, as time goes on, get closer together	Often irregular and do not consistently get closer together
Change with movement	Surges (contractions) continue, despite movement or rest	Contractions may stop when you walk or rest, or may even stop with a change of position
Location of surges (contractions)	Usually felt in the back and move around to the front, but may be felt in the front first	Often felt in the abdomen
Strength of surges (contractions)	Increase in strength steadily	Do not get much stronger
Time of day	Usually starts in the middle of the night or very early morning (as a general rule)	More likely to happen in the evening and then stop once you lie down to sleep



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Physical Changes of Pregnancy

As your baby grows, it is normal for you to have some discomforts. Some of these may occur only in the early weeks of pregnancy. Others may occur only at the end. Still others may appear early, then go away, only to return.

Backache

Backaches are common. They are usually caused by the strain put on your back by your growing uterus and by changes in your posture.

Try doing some of these things to help your back feel more comfortable:

- Change position.
- Wear low-heeled shoes.
- Avoid lifting heavy things or children.
- Do not bend over at the waist to pick things up. Squat down, bend your knees, and keep your back straight.
- Place one foot on a stool or box when you have to stand for a long time.
- Sleep on your side with one knee bent. Support your upper leg on a pillow.
- Apply heat, cold, or pressure to your back.
- Do Pelvic Rock exercises regularly.
- See a chiropractor regularly during pregnancy.

Breast Changes

Early in pregnancy, your breasts begin to grow and change to prepare for breast-feeding your baby. They will feel firm and tender. As your breasts grow, wear a bra that fits well and provides support.

Your nipples may stick out more and get darker. This will help your baby to breast-feed. Some women's nipples do not stick out but sink inward (retracted nipple). If you have retracted nipples, your midwife may suggest that you wear special breast shells at the end of pregnancy and for the first few weeks of nursing.

Breathing Problems

Many women feel short of breath in early pregnancy due to the influence of pregnancy hormones. In later pregnancy, as the baby grows, the uterus takes up more room. Your lungs do not have as much room to expand, so you may be short of breath.

A few weeks before you give birth, the baby's head will move down in your pelvis, or "drop". When the baby drops, it may be easier to breathe.

Constipation

At least half of all women are constipated at some point during pregnancy. Changes in **hormones** slow food's passage through your body. During the last part of pregnancy, your uterus may press on your rectum. This may add to the problem. Some things may help:

- Drink lots of liquids. Include fruit juices, such as prune juice.
- Eat foods high in fiber, such as raw fruits and vegetables and bran cereals.
- Exercise each day—just walking is fine.



Leg Cramps

In the last part of pregnancy, you may have leg cramps. Stretching your legs before going to bed can help ease cramps. Avoid pointing your toes when stretching or exercising. Eating a banana every day has helped some women.

Frequent Urination

You will need to urinate often during the first 12-14 weeks of pregnancy. This feeling may go away in the middle of pregnancy. In the last few weeks, you may need to urinate more often again. If you also have pain, fever, or a change in the odor or color of your urine, you may have an infection. Contact your midwife right away.

Hemorrhoids

Very often, pregnant women who are constipated also have hemorrhoids. Hemorrhoids are varicose (or swollen) veins in the rectum. They are often painful. Straining during bowel movements and having very hard stools may make hemorrhoids worse. Speak to a midwife if they are bothering you as there are remedies and prescription meds to help.

Inability to Sleep

After the first few months, you may find it hard to sleep. This often happens in the last weeks of pregnancy. Your abdomen is large, and it is hard to get comfortable.

To get the rest you need:

- Take a warm bath at bedtime.
- Lie on your side with a pillow under your abdomen and another between your legs.
- Rest for short breaks during the day.
- Take Magesium/Calcium before bed.

Indigestion

Indigestion is also called "heartburn". It is a burning feeling in the stomach that seems to rise up into the throat.

Changes that take place in your body during pregnancy may make indigestion worse. Changes in your hormone levels slow digestion and relax the muscle that keeps the digested food and acids in your stomach. Also, your growing uterus presses up on your stomach. For relief:

- Eat five or six small meals a day instead of three large ones.
- Chew dried Papaya or Papaya enzyme capsules with every meal.
- Wait an hour after eating before lying down. Do not eat before going to bed.
- Many medications for heartburn are safe to use in pregnancy, but always first check with your midwife.



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Lower Abdominal Pain

As the uterus grows, the muscles that support it are pulled and stretched. You may feel this as sharp pains or a dull ache in your abdomen. Resting and changing your position seem to help the most.

Nausea and Vomiting

Nausea and vomiting are common during the first 12-14 weeks of pregnancy, but sometimes happen throughout pregnancy. This is called "morning sickness," but it can occur any time during the day. Here are some tips to make you feel more comfortable:

- Eat dry toast or crackers before getting out of bed in the morning.
- Get up slowly and sit on the side of the bed for a few minutes.
- Eat five or six small meals each day. Try not to let your stomach get completely empty.
- Avoid unpleasant smells.
- Contact your midwife if nausea or vomiting is severe.
- Prescription medications are available and work well and are safe.

Skin Changes

The hormones in your body often cause some normal changes on your skin. Some women have brownish, uneven marks around their eyes and over the nose and cheeks. This is called **chloasma**. These marks usually disappear or fade after delivery, when hormone levels go back to normal. Being in the sun tends to make the marks darker.

In many women, a line running from the top to the bottom of the abdomen becomes dark. This is called the linea nigra. In others, streaks or stretch marks may appear on the abdomen and breasts as they grow. This is caused by the skin tissue stretching to support the growing baby. There is no way to prevent stretch marks. They may slowly fade after pregnancy.

Swelling

Some swelling (called edema) is normal in pregnancy. It happens most often in the legs and usually in the last few months. It may happen more often in the summer. Swollen hands and face may mean there is a problem. Let your midwife know if they swell. You can help reduce the swelling in your legs if you:

- Put your legs up when you can.
- Drink lots of water (8-10 cups per day)
- In addition water, drink beverages containing electrolytes – Coconut Water is the best, but Sports Drinks are a good alternative.
- Soak in the tub or in a pool or the ocean. Immersing for 20 minutes in deep water pushes the swelling out of your feet and back into circulation so it can be removed by the kidneys.
- Wear support pantyhose or stockings.

Never take medicines (fluid pills) for the swelling.

Tiredness

You may often feel tired during pregnancy—especially in the beginning and at the end. If you get enough exercise and rest (including naps) and eat a healthy diet, you are likely to feel better.



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Varicose Veins

Varicose veins are swollen veins. They appear most often in the legs but can appear near the vulva and vagina. They are caused by pressure from your uterus on your veins. They often occur if you must stand or sit for a long time. They are usually not serious. They can be uncomfortable, though. You may have aching, sore legs.

For some relief:

- Put your legs up when you can. Lie down with your legs raised.
- Try not to stand for a long time.
- Do not wear anything that binds your legs, such as tight bands around stockings or socks.
- Try wearing support stockings, or your midwife can recommend special stockings.
- If you must sit a lot on the job, stand up and move around from time to time.
- Take the supplement called Leg Vein by Nature's Way.

A word about Chiropractic Care

As much as the discomforts of pregnancy are considered normal, there is growing evidence that regular chiropractic care can relieve and even prevent most of them.

Preexisting but unnoticed imbalances in your spine and pelvis can become stressed during pregnancy, leading not only to discomfort, but also cause problems during birth including prolonged labor and malpositioned babies.

Chiropractors work specifically with your pelvis throughout your pregnancy to restore a state of balance and create an environment for an easier, safer birth.

There are many wonderful Chiropractors in our community and if you are seeing one, we encourage you to continue.

We are collaborating with Dr John Edwards of Mama's Chiropractic Clinic. He provides full family health care, with a special focus on pregnant moms and infants. To make an appointment or get more information, call 239-549-6262 (MAMA).



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The Due Date

A normal pregnancy lasts about 280 days (about 40 weeks), counting from the first day of your last menstrual period. A normal range, however, is from as few as 259 days to as many as 294 days (37–42 weeks). The 40 weeks of pregnancy are divided into three trimesters. These last about 12–13 weeks each (or about 3 months):

- 1st trimester: 0–13 weeks (Months 1–3)
- 2nd trimester: 14–27 weeks (Months 4–6)
- 3rd trimester: 28–40 weeks (Months 7–9)

The day your baby is due is called the "estimated date of delivery," or EDD. Although only about 1 in 20 women deliver on their exact due date, your EDD is useful for a number of reasons. It is used as a guide for checking your baby's growth and your pregnancy's progress. The EDD gives a rough idea of when your baby will be born. First time moms usually go past their due date by at least a week.

The First Trimester

- Your breasts may become larger and more tender.
- Your nipples may stick out more.
- You may need to urinate more often.
- You may feel very tired.
- You may feel nauseated and even vomit.
- You may crave certain foods or lose your appetite.
- You may have heartburn or indigestion.
- You may be constipated.

The Second Trimester

- Your appetite increases and nausea and fatigue may ease.
- Your abdomen begins to expand. By the end of this trimester, the top of your uterus will be near your rib cage.
- The skin on your abdomen and breasts stretches and may feel tight and itchy. You may see stretch marks.
- Your abdomen may ache on one side or the other, as the ligaments that support your uterus are stretched.
- A dark line, the linea nigra, may appear down the middle of your stomach from your navel to your pubic hair.
- You may get brown patches (chloasma, or the "mask of pregnancy") on your face.
- Your areolas, the darker skin around your nipples, may darken.
- Your feet and ankles may swell if you are on your feet too long.

The Third Trimester

- You can feel the baby's movements strongly.
- You may be short of breath.
- You may sleep poorly and not feel rested.
- You need to urinate more often as the baby drops and puts pressure on your bladder.
- Colostrum—a yellow, watery pre-milk—may leak from your nipples.



Nutrition Information

In addition to reading this packet, you are invited to attend our FREE Nutrition Class. The class is held on the 3rd Tuesday of every month from 7-9pm. Please call to register or ask any nutrition questions Betsey Lunsford 239-481-8730.

Dietary Guidelines

It is recommended that you eat a well-balanced diet during your pregnancy. It is true that since the demand on your body has increased that your appetite will increase somewhat as well. It is more important, however, to change how and what you eat as opposed to the amount you eat. Eating small frequent meals throughout the day is better than the typical three large meals. You should also start thinking about healthy food choices.

Protein- This is a key dietary element during pregnancy. Protein contains amino acids which is the makeup of all organ tissue, including your baby's. Protein will also help in the process of blood volume expansion in the pregnant mother. This is very important to the health of your pregnancy. Lack of adequate blood volume can induce a pregnancy related illness called preeclampsia. Protein will also prevent a dramatic drop in blood sugar levels if it is incorporated into the diet often enough. This will reduce your risk of experiencing certain symptoms such as nausea, dizziness, headache and fatigue (as long as it is directly related to hypoglycemia). We advise getting 60-80 gm of protein daily. This can be easily done by eating a protein rich food with every meal and snack. Check the labels of all of the food you eat to get a general idea of your protein intake. There are many handouts included in this packet giving examples of healthy protein choices.

Fruits & Vegetables- Vitamins and minerals contained in fruits and vegetables are essential to growing healthy babies. Important vitamins such as C, E, A, K & all B's along with minerals Calcium, Iron, Magnesium, Copper, Zinc, Potassium, Phosphorus & Manganese are in various fruits and vegetables. Usually the more colorful a fruit/veggie is, the more nutritional value it contains. You should include 3 servings of vegetables (1 raw), and 2 servings of fruit (1 raw) daily. A vitamin/mineral chart is included in this packet for your review.

Breads & Whole Grains- Breads and whole grains are necessary for nutrients and maintaining proper blood glucose levels. They contain vitamins such as E & B, and minerals including magnesium, selenium and zinc. Whole grain foods have more nutritional value and are considered a lower glycemic food. This means that it does not increase blood glucose levels as rapidly as simple carbohydrates (i.e. White bread, white flour pasta, saltines), which is better for your body. Look for the words "100% whole grain" when buying foods such as bread, pasta, crackers, cereal, etc. You should eat 3-5 servings of whole grains daily.

Fats & Oils- Fats and oils are needed to help your body absorb the fat-soluble vitamins A,D,E &K. Fats and oils also contribute to a fine-textured (stretchable) skin, build healthy cells-especially cell membranes and fats build brains-cells and the myelin-fatty insulating sheath that surrounds each



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nerve fiber that carries messages faster to the brain. Fats make hormones, form a protective cushion for your organs and carry flavor-are pleasurable to eat! They are concentrated sources of calories. The food energy or calorie need is greatly increased during pregnancy to a minimum of 2500-3000 calories per day. Recommendation: 3-5 servings per day.

Essential Fatty Acids are the basic building blocks and the main nutritional components of fats. The body can make all but 2 of these EFA's-essential for life and health. They can be supplied only by food-seafood and plant foods-or supplements: linolenic and linoleic.

Omega 3 fatty acid or linolenic acid-found in canola oil, flax oil, soybeans, wheat germ, pumpkin seeds, eggs and walnuts and seafood such as salmon. Avoid hydrogenated fats and eat very little saturated fat-solid at room temperature. An unsaturated fat is liquid at room temperature.

Omega 6-linoleic is found in many oils such as safflower, sunflower, corn and sesame. Too much omega 6 and not enough omega 3 is consumed in the typical American diet.

Water

We consider water intake to be one of the most primary factors of health during pregnancy and labor. Water helps with the expansion in blood volume during your pregnancy. It is also used to produce amniotic fluid for your baby. Water will also hydrate all your organs to ensure good function. When you do not get enough water you can become dehydrated. This is a concern particularly during pregnancy and labor. During pregnancy dehydration can cause irritability contractions of the uterus, headache, dizziness, constipation, urinary tract infection, and swelling of the hands and feet. By drinking **64-100 oz.** of water daily you will keep you and your baby well hydrated. In addition, we recommend daily consumption of an electrolyte beverage; Coconut Water is preferred, but Sports Drinks are acceptable. If you work on your feet or are outside often, consume at least 24 ounces of an electrolyte beverage every day.

Exercise

Active moms are healthy moms! The first trimester may not be the ideal time to start on a new exercise regimen, as your fatigue may make this impossible. However, after your energy returns, you should incorporate 20-30 minutes of exercise into your daily routine. Exercise will help keep weight gain in a normal range (along with good diet), keep swelling down, keep endurance level up (necessary for labor), and will give you an overall sense of well-being.

The best exercises for pregnancy are: Yoga/Pilates, Swimming, and Walking.

Doing kegel exercises during pregnancy every day will strengthen your pelvic floor muscles. This will help to decrease pelvic heaviness during pregnancy, shorten 2nd stage of labor, and will assist with postpartum recovery.

Pelvic Rocks are also an important exercise to do regularly during your pregnancy. By doing them regularly, you will strengthen your back and abdominal muscles. This will lead to less back pain during your pregnancy and to a faster recovery after the baby is born. Your midwife will describe them to you and explain how to do them properly.



Supplements

Prenatal Vitamins- There are many different prenatal vitamins that may suit your needs. Your prenatal vitamin should include iron, folic acid and calcium. A whole food (organic, such as Rainbow Light) prenatal vitamin is best, as it will be better absorbed into your system. You can purchase Rainbow Light Prenatal Vitamins at the birth center. Whole food supplements can be found at most health food stores and through our nutrition instructor for the most personal service. We are able to give prescriptions for pharmaceutical brand vitamins if needed.

You should take your prenatal vitamins daily, usually in the morning or afternoon with a meal as it will give more energy for the day and be assimilated with your food.

Calcium Citrate with Magnesium-

It is necessary to add an additional calcium supplement during pregnancy. Most prenatal vitamins do not contain enough calcium to meet the body's needs during pregnancy. Magnesium should be combined in this supplement as it will help with calcium absorption.

The dosage should be equivalent to 1000mg calcium/500 mg magnesium per day. This supplement is better taken before bed as it will also act as a sleep aid.

Fish Oil – A diet high in fish prevents many pregnancy complications, due to the Omega 3 fatty acids it contains. Sadly, many food fish now-a-days are contaminated with mercury and other environmental poisons. There is a list at the end of this section of fish we recommend and fish to limit or avoid. You can get all of the benefits of fish eating during pregnancy by taking a Fish Oil supplement. Natural Fish Oil supplements also are not safe, due to contamination. We recommend a “fake” Fish Oil supplement, such as Fisol by Nature's way (for sale at the birth center). 1 capsule per day (2-3 per day if you or your family have history of hypertension, diabetes or preterm birth)

Clinical studies show that 500 – 1000 mg of Fish Oil taken every day in pregnancy can prevent:

- ◇ Premature birth
- ◇ Low birth weight
- ◇ Gestational Diabetes
- ◇ Pre-eclampsia (a.k.a. Toxemia)

Omega 3 fatty acid supplementation during pregnancy and breast-feeding also is suspected to:

- ◇ Support baby's brain development
- ◇ Reduce the risk of Post-partum depression

Omega 3 fatty acids have also been shown to:

- ◇ Reduce the pain of menstrual periods (dose is 2 gms per day – 4 capsules of Fisol)
 - ◇ Treat PCOS (combined with low carb diet)
 - ◇ Reduce Menopause symptoms
 - ◇ Prevent Breast Cancer
 - ◇ Lower high Cholesterol and/or high Triglycerides and prevent heart attacks
-



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Red Raspberry Leaf Tea/Pregnancy Tea- This herb has been proven safe and beneficial to take during your entire pregnancy as it will tone and prepare the uterus for pregnancy and birth (please refer to the handout in this packet for more information). It is recommended that you drink 1 cup per day for the 1st trimester, 2 cups in the 2nd trimester, and 3 cups in the 3rd trimester. You are able to drink the tea hot or cold and will find it in most health food stores, in bags or loose. Please note: we are talking about Red Raspberry Leaf Tea, not Red Raspberry *flavored* tea.

We encourage you to drink Pregnancy Tea™ by Traditional Medicinals or plain Red Raspberry Leaf Tea throughout your pregnancy. In addition to eating well, taking prenatal vitamins, and exercising, Pregnancy Tea can help you have a healthy pregnancy and easier childbirth and recovery. The major component of Pregnancy Tea is Red Raspberry Leaf, which has been used by women for centuries. Raspberry Leaf is a tonic, which means that it supports the body by stimulating and nourishing. Tonics must be taken on a regular (i.e. daily) basis over time in order to promote optimal function.

Actions of Red Raspberry:

- **Uterine Toning:** contains Fragrine, an alkaloid, relaxes and tones the muscles of the pelvis and uterus. It makes the uterine muscle work more efficiently, decreasing cramping and discomfort in early labor and menstruation, and speeding labor (note: it does not stimulate contractions and is safe to take throughout pregnancy).
- **Nutrition Support:** Red Raspberry leaf is high in calcium, iron, magnesium, manganese, niacin, selenium, tin, citric acid, malic acid, tannic acid, and vitamins A, C, D and E.

We would like you to take at least 2 servings per day, increasing to 4 per day as you get closer to your due date. Pregnancy Tea can be a tasty and easy way to get additional nutrition and optimally prepare your body during pregnancy. It contains raspberry leaf 350 mg, strawberry leaf 350 mg, nettle herb 175 mg. Spearmint leaf, organic fennel fruit, organic rose hip, organic alfalfa leaf and organic lemon verbena leaf are added for their medicinal benefits and flavor.

Some clients prefer to use plain Red Raspberry Leaf tea, because it is less expensive and can be bought in bulk for convenience. If you choose to brew your own tea, we recommend adding equal parts Nettle to your tea. Nettle is a nourishing herb that prevents and treats anemia and contains vitamin K, making it an important herb in late pregnancy. Nettle also contains calcium, iron, potassium and vitamin A, D, E and K.

Others prefer taking their herbs in capsule or liquid extract form.

Tea can be drunk hot or cold. It may be easiest to brew up a large pitcher and put it in the refrigerator. You may sweeten the tea as you wish with sugar, honey, or stevia, a natural no-calorie sweetener.



Drugs & Medications

Some over-the-counter medications are safe to take during pregnancy, but some **are not**. We ask that in the event you are considering taking medication (OTC, prescription or herbal/homeopathic) that you first consult with your midwife. Your condition will be evaluated by the midwife and we will present all treatment options before discussing the use of medication. If you are currently taking any medications on a regular basis (prescription or otherwise) please discuss this with the midwife.

Safe Over-the-Counter Medications: Please consult the midwife before taking.

- Yeast infection: Monistat 7 day Vaginal Cream or equivalent
- Constipation: Metamucil/Colace/Milk of Magnesia
- Heartburn or indigestion: Tums/Roloids/Mylanta/Maalox:
(use sparingly; contains aluminum)
- Headache, pain relief, fever: Tylenol or Tylenol PM
- Allergy & congestion: Benedryl/Chlor-Trimeton
- Cough & cold: Robotussin DM/Dimatapp/Vicks VapoRub/Cough Drops
(Do not use products that contain decongestants such as pseudoephedrine)
- Nausea, vomiting: Emetrol

Safe Alternative Treatment Remedies:

- Yeast infection, constipation, heartburn: Acidophilus
- Cold/flu, any infection: Echinacea/Garlic/Vitamin C
- Skin rashes: Tea Tree Oil(topical)/Vitamin E (topical&oral)
- Constipation: Flax seed Oil (oral)/Chlorophyll
- Heartburn, indigestion: Papaya enzymes
- Nausea: Ginger/Peppermint Tea
- Urinary tract infection: Cranactin
- Cold/flu, congestion, allergy: Zicam
- Insomnia: Chamomile Tea
- Stress relief, mood swings: Rescue Remedy
- Bruising, muscle spasms, tissue swelling from trauma: Arnica
- Swelling in ankles/hands: Parsley Tea/Capsules(use sparingly), Cucumber
- Headache: Gelsemium



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Foods to Avoid in Pregnancy

While we encourage you to eat a variety of nutritious foods in during your pregnancy there are certain things to keep in mind:

Preventing Infection with Bacteria & Parasites:

Bacteria such as Listeria and Salmonella, and parasites can cause serious complications in pregnancy, including preterm birth, miscarriage, and injury to your baby. Raw and undercooked foods can harbor these dangers

- Avoid raw milk and any unpasteurized dairy products. Also avoid soft cheeses, such as Brie, Feta, Camembert, and Blue Cheeses.
- Avoid cold cuts, deli meat, prepared deli salads, and hot dogs.
- Avoid raw fish and seafood, such as Sushi and Oysters and Clams.
- Thoroughly cook all meat, poultry, and fish and reheat leftovers to above 165°.
- Wash fruits and vegetables thoroughly with a mild soap before eating.
- Wash your hands, knives, and all cutting surfaces with mild soap and water after handling uncooked foods.

Protecting your baby from contaminants in Fish:

Long-lived, larger fish, such as shark, swordfish, king mackerel, and tile fish have the highest levels of mercury in their meat. The FDA advises pregnant and nursing women to limit fish consumption to 12 ounces per week of cooked fish and to select smaller fish and eat a variety of fish. Locally caught fish in canals or reservoirs should not be considered safer than any other fish not tested directly.

For more information on mercury and fish:

<http://www.epa.gov/waterscience/fishadvice/advice.html>

There is also concern that farm-raised Salmon can have potentially dangerous level of PCBs, which have been shown to harm fetal brain development. Although no government warning currently exists on eating farm raised Salmon, you may want to either avoid this fish, or check into the existing evidence and decide for yourself.

For more information on PCBs and farm-raised salmon:

<http://www.ewg.org/reports/farmedPCBs/es.php>



The Lancet 2007; **369**:578-585

Maternal seafood consumption in pregnancy and neurodevelopmental outcomes in childhood (ALSPAC study): an observational cohort study

Seafood is the predominant source of omega-3 fatty acids, which are essential for optimum neural development. However, in the USA, women are advised to limit their seafood intake during pregnancy to 340 g per week.

We used the Avon Longitudinal Study of Parents and Children (ALSPAC) to assess the possible benefits and hazards to a child's development of different levels of maternal seafood intake during pregnancy.

Methods

11 875 pregnant women completed a food frequency questionnaire assessing seafood consumption at 32 weeks' gestation. Multivariable logistic regression models including 28 potential confounders assessing social disadvantage, perinatal, and dietary items were used to compare developmental, behavioural, and cognitive outcomes of the children from age 6 months to 8 years in women consuming none, some (1–340 g per week), and >340 g per week.

Findings

After adjustment, maternal seafood intake during pregnancy of less than 340 g per week was associated with increased risk of their children being in the lowest quartile for verbal intelligence quotient (IQ) (no seafood consumption, odds ratio [OR] 1.48, 95% CI 1.16–1.90; some, 1.09, 0.92–1.29; overall trend, $p=0.004$), compared with mothers who consumed more than 340 g per week. Low maternal seafood intake was also associated with increased risk of suboptimum outcomes for prosocial behaviour, fine motor, communication, and social development scores.

For each outcome measure, the lower the intake of seafood during pregnancy, the higher the risk of suboptimum developmental outcome.

Interpretation

Maternal seafood consumption of less than 340 g per week in pregnancy did not protect children from adverse outcomes; rather, we recorded beneficial effects on child development with maternal seafood intakes of more than 340 g per week, suggesting that advice to limit seafood consumption could actually be detrimental. These results show that risks from the loss of nutrients were greater than the risks of harm from exposure to trace contaminants in 340 g seafood eaten weekly.



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Best & Worst Seafood Choices



ECO-BEST

[Anchovies](#)

[Arctic char](#)

U.S. and Canadian farmed

Crab

[Dungeness](#), [snow](#) from Canada, [stone](#)

[Crawfish](#)

U.S.

[Halibut](#)

from Alaska

Herring

[Atlantic sea herring](#)

Mackerel

[Atlantic](#)

[Mahimahi/dolphinfish](#)

U.S., from the Atlantic

Mussels

[farmed blue](#), [New Zealand green](#)*

Oysters

[farmed Eastern](#), [European](#), [Pacific](#)*

[Sablefish/black cod](#)

from Alaska

Salmon -- wild from Alaska: [chinook](#),

[chum](#), [coho](#), [pink](#), [sockeye](#)

Scallops

[farmed bay](#)

Shrimp -- [Northern](#) from Newfoundland,

[U.S. farmed](#)

[Spot prawns](#)

[Striped bass](#) -- farmed

Sturgeon -- [farmed](#)



ECO-WORST

[Caviar](#)

wild sturgeon

[Chilean seabass/toothfish](#) **

Cod

[Atlantic](#)

[Grouper](#) **

Halibut

[Atlantic](#)

[Marlin](#)

[Monkfish/goosefish](#)

[Orange roughy](#)**

[Rockfish](#) -- Pacific (rock cod/boccacio)

Salmon

farmed or [Atlantic](#)**

[Shark](#)**

[Shrimp/prawns](#)

imported

[Skate](#)

[Sturgeon](#)

wild **

[Swordfish](#)** - imported

[Tilefish](#)**

Tuna

[bluefin](#)**



Sneaky Ways of Increasing Protein in Your Diet

Adequate protein (60-80 grams) helps prevent edema (swelling).

Protein Shakes—make with milk and soy or whey protein powder.

Roasted Soy Nuts—buy in health food store or make your own. Soak soy beans in water in refrigerator for 2 nights, changing water once (use discarded water for soups or plants). Drain and roast in 300 degree oven on lightly oiled and salted pan until light brown.

Cheese—add grated cheese to eggs, sandwiches, casseroles, salads, snakes (whole wheat crackers or celery).

Cottage Cheese—the cheapest and best source of protein! Add to gelatin salad, scrambled eggs, casseroles (lasagna and other Italian dishes), vegetable and cracker dip (blended cottage cheese, onions and spices).

Non-fat Dry Milk—add to hamburgers, meatballs, meatloaf, casseroles and breads.

Yogurt—blend with gelatin for interesting fruit salad, use in place of sour cream for dips.

Soy Flour—add to bread (1/4 cup) when baking.

Eggs—keep hard boiled and deviled eggs in refrigerator for snacking. Make custard for dessert.

Sunflower Seeds—add to sandwich spreads (chicken salad) and salads.

Wheat Germ—add to cereal, breads, cookies, baked goods, ice cream.

Brewer's Yeast—increases needed B vitamins and helps combat fatigue. Good for milk production too.

Liver—best source of just about everything! Cook and grind to combine with hamburger.

Granola—make your own from whole grain cereals (oatmeal, 4 grain cereal), wheat germ, coconut, nuts, sesame seeds, sunflower seeds, oil, honey, vanilla, cinnamon.

Combining Vegetable Proteins to Make Complete Proteins

rice + legumes • corn + legumes • wheat + sesame + soybeans • rice + sesame
beans + corn • rice + Brewer's yeast • vegetables + mushrooms/nuts/sesame seeds

Ideas to Incorporate Beans and Corn in Your Diet:

- *Marinated Salad*—kidney beans, corn, celery, onion and Italian dressing.
- Serve chili with cornbread. Eat Mexican food!

Dietary Iron—needed for blood manufacture for increased blood volume of mother and for baby. Oxygen carrying component of blood dependent on iron. Also, baby stores iron in liver for postpartum life.

Good Sources—liver, organ meats, whole grains, corn, beans and peas.



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Portion Size Eat a mixture of all food groups everyday.

Cereal, Pasta, Bread, Rice

<i>Serving Size</i>	<i>Food</i>
1 slice	Whole grain bread
1	Muffin, biscuit, tortilla
½	Bagel, hamburger bun, English muffin
½ cup	Pasta, rice, cooked cereal
3-4	Crackers
¾ cup	Dry cereal

Vegetables

<i>Serving Size</i>	<i>Food</i>
1 cup, raw Or ¾ cup cooked	Celery, tomato, cauliflower, corn, lettuce, carrots, broccoli, peas, zucchini, yellow squash, potato, cabbage, spinach, yams, greens (mustard, collard, beet, kale)

Fruit

<i>Serving Size</i>	<i>Food</i>
1	Orange, tangerine, mango, pear
1	Papaya, apple, banana, peach
2	Apricots, nectarines, plums
1 cup	Grapes
2/3 cup	Raisins
½ cup	Strawberries, cantaloupe, grapefruit
½ cup	Pineapple, cherries

Meat, Poultry, Fish, Dry Beans, Eggs, Nuts

<i>Serving Size</i>	<i>Food</i>
2 oz	Beef, veal, organ meats, lamb, chicken, turkey, pork, fish, shellfish
1 cup	Tofu, beans (kidney, lima, soy, lentil, navy, mung, black, peas)
¼ cup	Peanut butter
½ cup	Nuts, seeds
2	Medium eggs

Milk, yogurt, cheese

<i>Serving Size</i>	<i>Food</i>
1 cup	Low-fat, nonfat or soy milk
1 cup	Low-fat yogurt, pudding, custard
1.5-2 oz	Low-fat cheese
1.5 cups	Cottage cheese, ice cream



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Fat, oils, sweets—use sparingly

Foods with high fat or oil content: Cream, Half & half, Sour cream, Salad dressing, Margarine, Butter, Fries, Mayonnaise, Bacon, Sausage , Potato chips, Hot dogs, Cream cheese, Cooking oils

Foods with high sugar content: Honey, Molasses, Candy , Cake, Pastry, Cookies, Brownie, Doughnut, Jam, Jelly , Pickles, Maple syrup, White sugar , Brown sugar , Cupcake, Pie, Corn syrup



Mineral Chart Minerals are elements that originate in the soil and cannot be created by living things, such as plants and animals. Yet plants, animals and humans need minerals in order to be healthy. Plants absorb minerals from the soil, and animals get their minerals from the plants or other animals they eat. Most of the minerals in the human diet come directly from plants, such as fruits and vegetables, or indirectly from animal sources. Minerals may also be present in your drinking water, but this depends on where you live, and what kind of water you drink (bottled, tap). Minerals from plant sources may also vary from place to place, because the mineral content of the soil varies according to the location in which the plant was grown. (chart adapted from www.healthalternative2000.com.)

<i>Nutrient—</i>	<i>Benefits/Deficiency Symptoms</i>	<i>Fruit Sources</i>	<i>Vegetable Sources</i>	<i>Nut/Seed Sources</i>
<p>Calcium—</p> <p>Adults need 1000 mg/day.</p> <p>Recommended supplement: Coral Calcium</p>	<p>Calcium eases insomnia and helps regulate the passage of nutrients through cell walls. Without calcium, your muscles wouldn't contract correctly, your blood wouldn't clot and your nerves wouldn't carry messages.</p> <p>If you don't get enough calcium from the food you eat, your body automatically takes the calcium needed from your bones. If your body continues to tear down more bone than it replaces over a period of years in order to get sufficient calcium, your bones will become weak and break easily. Deficiency may result in muscle spasms and osteoporosis.</p>	<p>Most fruits contain some calcium:</p> <p>Orange Blackberries Kiwi Tomatoes Lime Strawberry Lemon Grapes Apples Cantaloupe Bananas Peach</p>	<p>Artichoke Peas Squash - summer Broccoli Kale Lima Beans Squash - winter Spinach Carrots Avocado Asparagus</p>	<p>Almonds Brazil Nuts Pistachios Peanuts Walnuts Chestnuts Macadamias Pecans Sunflower Seeds Filberts/Hazelnuts Pumpkin Seeds Cashews Pine Nuts/Pignolias</p>
<p>Copper—</p> <p>The estimated safe and adequate intake for copper is 1.5 - 3.0 mg/day. Many survey studies show that Americans consume about 1.0 mg or less of copper per day</p>	<p>Copper is involved in the absorption, storage and metabolism of iron and the formation of red blood cells. It also helps supply oxygen to the body. The symptoms of a copper deficiency are similar to iron-deficiency anemia</p>	<p>Most fruits contain a small amount of copper, but kiwi fruit has a significant amount.</p> <p>Kiwi Fruit Bananas Blackberries Grapes Cantaloupe Apples Lemon Lime Orange Peach Strawberry Tomatoes</p>	<p>Most vegetables have some copper, but Lima Beans have a significant amount.</p> <p>Potatoes Artichoke Broccoli Cauliflower Carrots Cucumber Corn Green Pepper Kale Lima Beans Onions Mushrooms Peas Avocado Spinach Sweet Potato Squash summer, winter</p>	<p>Most nuts contain a trace amount of copper.</p>
<p>Iodine—</p> <p>Adults should get 150 mcgs per day.</p>	<p>Iodine helps regulate the rate of energy production and body weight and promotes proper growth. It also promotes healthy hair, nails, skin and teeth. In countries where iodine is deficient in the soil, rates of hypothyroidism, goiter and retarded growth from iodine deficiency are very high. In developed countries, however, because iodine is added to table salt, iodine deficiencies are rare.</p>	<p>Fruits grown in iodine-rich soils contain iodine.</p>	<p>Vegetables grown in iodine-rich soils contain iodine</p>	<p>Nuts grown in iodine-rich soils contain iodine.</p>
<p>Iron—</p> <p>Women and teenage girls need at least 15 mg a day, whereas men can get by on 10. Breastfeeding is the best insurance against iron deficiency in babies</p>	<p>Most at risk of iron deficiency are infants, adolescent girls and pregnant women. Iron deficiency in infants can result in impaired learning ability and behavioral problems. It can also affect the immune system and cause weakness and fatigue. To aid in the absorption of iron, eat foods rich in vitamin C at the same time you eat the food containing iron. The tannin in non-herbal tea can hinder absorption of iron. Take iron supplements and your vitamin E at different times of the day, as the iron supplements will tend to neutralize the vitamin E. Vegetarians need to get twice as much dietary iron as meat eaters.</p>	<p>While most fruits have some iron, probably the best source of iron for children is raisins, which are rich in iron. Other fruits which have a good amount of iron are:</p> <p>Blackberries Kiwi Strawberry Tomatoes</p> <p>Bananas Grapes</p>	<p>Vegetables:</p> <p>Lima Beans Peas Avocado Kale Spinach Broccoli Squash - summer Potatoes Sweet potato Squash - winter Corn Carrots Mushrooms</p>	<p>Most nuts contain a small amount of iron.</p>
<p>Manganese —2.0-5.0 mg/day for adults</p>	<p>The functions of this mineral are not specific since other minerals can perform in its place. Manganese does function in enzyme reactions concerning blood sugar, metabolism, and thyroid hormone function. Deficiency is rare in humans</p>	<p>Most fruits contain manganese, but the following fruits have a significant amount:</p> <p>Blackberries Strawberry</p>	<p>Most vegetables have some manganese, but these have a significant amount:</p> <p>Peas Lima Beans Sweet potato</p>	<p>Most nuts contain manganese, but the following nuts have a significant amount:</p> <p>Pine Nuts/Pignolias Pecans</p>

<i>Nutrient—</i>	<i>Benefits/Deficiency Symptoms</i>	<i>Fruit Sources</i>	<i>Vegetable Sources</i>	<i>Nut/Seed Sources</i>
<p>Magnesium—</p> <p>Adults need 310 to 420 mg/ day.</p>	<p>Magnesium is needed for bone, protein, making new cells, activating B vitamins, relaxing nerves and muscles, clotting blood, and in energy production.</p> <p>Insulin secretion and function also requires magnesium. Magnesium also assists in the absorption of calcium, vitamin C and potassium.</p> <p>Deficiency may result in fatigue, nervousness, insomnia, heart problems, high blood pressure, osteoporosis, muscle weakness and cramps.</p>	<p>Fruits:</p> <p><u>Kiwi</u> <u>Bananas</u></p> <p><u>Tomatoes</u> <u>Blackberries</u> <u>Strawberry</u> <u>Orange</u></p>	<p><u>Avocado</u> <u>Artichoke</u> <u>Peas</u> <u>Squash - summer</u> <u>Potatoes</u> <u>Corn</u> <u>Spinach</u> <u>Kale</u> <u>Broccoli</u> <u>Squash - winter</u> <u>Sweet potato</u></p>	<p><u>Brazil Nuts</u> <u>Cashews</u> <u>Almonds</u> <u>Pumpkin Seeds</u> <u>Pine Nuts/Pignolias</u> <u>Peanuts</u> <u>Walnuts</u> <u>Macadamias</u> <u>Sunflower Seeds</u> <u>Pecans</u> <u>Pistachios</u> <u>Chestnuts</u> <u>Filberts/Hazelnuts</u></p>
<p>Phosphorus—</p> <p>Adults need 700 mg/day</p>	<p>In combination with calcium, phosphorus is necessary for the formation of bones and teeth and of the nerve cells.</p> <p>Phosphorus is second to calcium in abundance in the body.</p> <p>It is very widely distributed in both plant and animal foods so it is unlikely that deficiency would be a problem.</p>	<p><u>Kiwi</u> <u>Tomatoes</u> <u>Blackberries</u> <u>Bananas</u> <u>Strawberry</u></p> <p><u>Orange</u> <u>Peach</u> <u>Lime</u> <u>Cantaloupe</u></p>	<p><u>Lima Beans</u> <u>Peas</u> <u>Artichoke</u> <u>Avocado</u> <u>Corn</u> <u>Potatoes</u> <u>Asparagus</u> <u>Broccoli</u> <u>Kale</u> <u>Mushrooms</u> <u>Sweet potato</u></p>	<p><u>Cashews</u> <u>Pistachios</u> <u>Walnuts</u> <u>Pecans</u> <u>Sunflower Seeds</u> <u>Brazil Nuts</u> <u>Pine</u> <u>Nuts/Pignolias</u> <u>Macadamias</u> <u>Filberts/Hazelnuts</u> <u>Pumpkin Seeds</u></p> <p><u>Almonds</u> <u>Peanuts</u> <u>Chestnuts</u></p>
<p>Potassium—</p> <p>Estimated Minimum Requirements 2000 mg/day for adults and adolescents</p>	<p>Potassium is essential for the body's growth and maintenance. It is necessary to keep a normal water balance between the cells and body fluids.</p> <p>Potassium plays an essential role in proper heart function.</p> <p>Deficiency may cause muscular cramps, twitching and weakness, irregular heartbeat, insomnia, kidney and lung failure.</p>	<p><u>Bananas</u> <u>Tomatoes</u> <u>Orange</u> <u>Peach</u> <u>Apples</u> <u>Blackberry</u> <u>Strawberry</u> <u>Y</u> <u>Cantaloupe</u> <u>e</u> <u>iGrapes</u> <u>Lemon</u></p>	<p><u>Avocado</u> <u>Potatoes</u> <u>Artichoke</u> <u>Kale</u> <u>Corn</u> <u>Spinach</u> <u>Onions</u> <u>Peas</u> <u>Squash</u></p> <p><u>Lima Beans</u> <u>Cauliflower</u> <u>Sweet potato</u> <u>Broccoli</u> <u>Carrots</u> <u>Asparagus</u> <u>Green Pepper</u> <u>Mushrooms</u> <u>Cucumber</u> <u>Summer, winter</u></p>	<p><u>Chestnuts</u> <u>Pistachios</u> <u>Cashews</u> <u>Pecans</u> <u>Sunflower Seeds</u> <u>Pumpkin Seeds</u> <u>Brazil Nuts</u> <u>Pine Nuts/Pignolias</u> <u>Filberts/Hazelnuts</u></p> <p><u>Almonds</u> <u>Peanuts</u> <u>Walnuts</u> <u>Macadamias</u></p>
<p>Selenium—</p> <p>Women need 55 mcgs/day</p>	<p>Selenium is a part of several enzymes necessary for the body to properly function. Generally, selenium functions as an antioxidant that works in conjunction with vitamin E.</p> <p>Selenium deficiency is rare in humans.</p>	<p>Fruits:</p> <p><u>Bananas</u> <u>Blackberries</u> <u>Apples</u> <u>Tomatoes</u> <u>Strawberry</u></p> <p><u>Kiwi</u> <u>Orat</u> <u>Pea</u> <u>Grap</u></p>	<p>Vegetables:</p> <p><u>Lima Beans</u> <u>Mushrooms</u> <u>Sweet potato</u> <u>Potatoes</u> <u>Spinach</u> <u>Squash</u></p> <p><u>Peas</u> <u>Kale</u> <u>Corn</u> <u>Onions</u> <u>Winter, summer</u></p>	<p>Most nuts contain selenium, but the following nuts have a significant amount:</p> <p><u>Cashews</u> <u>Peanuts</u> <u>Almonds</u> <u>Pecans</u> <u>Brazil Nuts</u> <u>Sunflower Seeds</u></p> <p><u>Pistachios</u> <u>Walnuts</u> <u>Chestnuts</u></p>
<p>Sodium—</p> <p>500mg/day for adults.</p> <p>Daily Value recommendation - no more than 2,400 to 3,000 mg/day</p>	<p>Sodium is required by the body to regulate blood pressure and blood volume. It helps regulate the fluid balance in your body. Sodium also helps in the proper functioning of muscles and nerves. Many people get far more sodium than they need, which tends to cause health problems.</p>	<p>Sodium occurs naturally in almost all fresh, whole fruits.</p>	<p>Sodium occurs naturally in almost all fresh, whole vegetables</p>	<p>Nuts:</p> <p><u>Peanuts</u> <u>Pumpkin Seeds</u> <u>Cashews</u> <u>Pistachios</u> <u>Chestnuts</u> <u>Macadamias</u> <u>Almonds</u></p>



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<p>Zinc—</p> <p>Women should get 12mg/day</p> <p>Vegetarians need about 50 % more zinc in their diet than meat eaters.</p>	<p>This metal is important in a number of key activities, ranging from protein and carbohydrate metabolism to the immune system, wound healing, growth and vision.</p> <p>Severe deficiency can contribute to stunted growth. Deficiency can sometimes be seen in white spots on the fingernails.</p>	<p>Most fruits contain a small amount of zinc, but the following have a significant amount: <u>Blackberries</u> <u>Kiwi</u></p>	<p>Most vegetables have some zinc, but these have a significant amount: <u>Peas</u> <u>Lima Beans</u> <u>Squash - summer</u> <u>Potatoes</u> <u>Corn</u></p>	<p><u>Brazil Nuts</u> <u>Pecans</u> <u>Cashews</u> <u>Almonds</u> <u>Walnuts</u> <u>Pumpkin Seeds</u> <u>Sunflower Seeds</u> <u>Pine Nuts/Pignolias</u></p>
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Vitamin Chart Vitamins are organic food substances found only in living things, i.e. plants and animals. They are essential for our bodies to function properly, for growth, energy and for our general well-being. With very few exceptions the human body cannot manufacture or synthesize vitamins; they must be supplied in our diet or in man-made dietary supplements. Some people believe that vitamins can replace food, but that is incorrect. In fact, vitamins cannot be assimilated without also ingesting food. That is why it is best to take them with a meal. Synthetic vitamin supplements can be of varying quality, so it is a good idea to get your supplements from a reliable source. (Chart adapted from www.healthalternative2000.com.)



<i>Nutrient— Daily amt needed</i>	<i>Information</i>	<i>Fruit Sources</i>	<i>Vegetable Sources</i>	<i>Nut/Seed Sources</i>	
Vitamin A— 8,000 for adult females - 12,000 if lactating	Vitamin A helps cell reproduction. It also stimulates immunity and is needed for formation of some hormones. Vitamin A helps vision and promotes bone growth, tooth development, and helps maintain healthy skin, hair, and mucous membranes. It has been shown to be an effective preventive against measles. Deficiency can cause night blindness, dry skin, poor bone growth, and weak tooth enamel. Alpha-carotene, beta-carotene and retinol are all versions of Vitamin A.	Most fruits contain vitamin A, but the following fruits have a significant amount: <u>Tomatoes</u> <u>Cantaloupes</u> <u>Watermelon</u> <u>Peaches</u> <u>Kiwi</u> <u>Oranges</u> <u>Blackberries</u>	<u>Sweet potato</u> <u>Kale</u> <u>Carrots</u> <u>Spinach</u> <u>Avocado</u> <u>Broccoli</u> <u>Peas</u> <u>Asparagus</u> <u>Squash - summer</u> <u>Green Pepper</u>	<u>Pistachios</u> <u>Chestnuts</u> <u>Pumpkin Seeds</u> <u>Pecans</u> <u>Pine Nuts/Pignolias</u> <u>Sunflower Seeds</u> <u>Almonds</u> <u>Filberts/Hazelnuts</u>	
Vitamin B1 (thiamine)— 1.1 mg for women - 1.5 mg if lactating.	Vitamin B1/thiamine is important in the production of energy. It helps the body cells convert carbohydrates into energy. It is also essential for the functioning of the heart, muscles, and nervous system. Not getting enough thiamine can leave one fatigued and weak. Note: Most fruits and vegetables are not a significant source of thiamine.	<u>Watermelon</u>	<u>Peas</u> <u>Avocado</u>	No nuts contain a significant amount of vitamin B1.	
Vitamin B2 (riboflavin)— 1.1 mg for women - 1.5 mg if pregnant/lactating.	Vitamin B2 or riboflavin is important for body growth, reproduction and red cell production. It also helps in releasing energy from carbohydrates. Note: Most fruits and vegetables are not a significant source of riboflavin.	<u>Kiwi</u>	<u>Avocado</u>	No nuts contain a significant amount of vitamin B2.	
Vitamin B3 (niacin)— 14 mg for women - 17- 18 mg if pregnant/lactating.	Niacin assists in the functioning of the digestive system, skin, and nerves. It is also important for the conversion of food to energy.	<u>Peaches</u> <u>Tomatoes</u> <u>Kiwi</u> <u>Bananas</u> <u>Cantaloupe</u> <u>Watermelon</u>	<u>Avocado</u> <u>Peas</u> <u>Potatoes</u> <u>Mushrooms</u> <u>Corn</u> <u>Kale</u> <u>Green Pepper</u> <u>Squash</u>	<u>Artichoke</u> <u>Asparagus</u> <u>Lima</u> <u>Beans</u> <u>Sweet potato</u> <u>Broccoli</u> <u>Carrots</u> Summer, winter	<u>Peanuts</u> <u>Pine Nuts/Pignolias</u> <u>Chestnuts</u> <u>Almonds</u>
Vitamin B5 (pantothenic acid)— 6 - 7 mg for women who are pregnant or lactating.	Pantothenic acid is essential for the metabolism of food as well as in the formation of hormones and (good) cholesterol.	<u>Oranges</u> <u>Bananas</u>	<u>Avocado</u> <u>Sweet potato</u> <u>Lima</u> <u>Beans</u> <u>Artichoke</u> <u>Broccoli</u> <u>Carrots</u>	<u>Potatoes</u> <u>Corn</u> <u>Squash - winter</u> <u>Mushrooms</u> <u>Cauliflower</u>	No nuts contain a significant amount of vitamin B5.
Vitamin B6 (pyridoxine)— 2 mg for women who are pregnant or lactating.	B6 plays a role in the creation of antibodies in the immune system. It helps maintain normal nerve function and acts in the formation of red blood cells. It is also required for the chemical reactions of proteins. The higher the protein intake, the more need there is for vitamin B6. Too little B6 in the diet can cause dizziness, nausea, confusion, irritability and convulsions.	<u>Bananas</u> <u>Watermelon</u>	<u>Avocado</u> <u>Peas</u> <u>Potatoes</u> <u>Carrots</u>	No nuts contain a significant amount of vitamin B6.	



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<p>Vitamin B9 (folate/folic acid)—pregnant women 600 mcgs and breastfeeding women should get at least 500 mcgs.</p>	<p>Folate and folic acid are both forms of B9. Folate occurs naturally in fresh foods, whereas folic acid is the synthetic form found in supplements. Your body needs folate to produce red blood cells, as well as components of the nervous system. It helps in the formation and creation of DNA and maintaining normal brain function, and is a critical part of spinal fluid. It has also been proven to reduce the risk for an NTD-affected (neural tube defect) pregnancy by 50 to 70 percent. Folic acid is vital for proper cell growth and development of the embryo. That is why it is important for a woman to have enough folate/folic acid in her body both before and during pregnancy.</p>	<p><u>Kiwi</u> <u>Blackberries</u> <u>Tomatoes</u> <u>Orange</u> <u>Strawberry</u> <u>Bananas</u> <u>Cantaloupe</u></p>	<p><u>Lima Beans</u> <u>Asparagus</u> <u>Spinach</u> <u>Artichoke</u> <u>Corn</u> <u>Potatoes</u> <u>Onions</u> <u>Squash--</u></p> <p><u>Avocado</u> <u>Peas</u> <u>Broccoli</u> <u>Sweet potato</u> <u>Kale</u> <u>Carrots</u> <u>Green Pepper</u> <u>Summer,</u> <u>winter</u></p>	<p><u>Peanuts</u> <u>Sunflower Seeds</u> <u>Chestnuts</u> <u>Walnuts</u> <u>Pine Nuts/Pignolias</u> <u>Filberts/Hazelnuts</u> <u>Pistachios</u> <u>Almonds</u> <u>Cashews</u> <u>Brazil Nuts</u> <u>Pecans</u> <u>Macadamias</u> <u>Pumpkin Seeds</u></p>
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Day 1	Day 2	Day 3	Day 4	Day5	Day 6	Day 7
Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
Snack	Snack	Snack	Snack	Snack	Snack	Snack
Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
Snack	Snack	Snack	Snack	Snack	Snack	Snack
Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
Snack	Snack	Snack	Snack	Snack	Snack	Snack

Water per 8oz

Diet Diary Write date next to each day. Include all food & drink and serving size of each. Cross off one water drop with every 8 oz of water consumed.