

PATIENT EDUCATION



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Pregnancy • EP032

A Partner's Guide to Pregnancy

Pregnancy is an exciting time for you and your partner. If you are like most parents-to-be, you are both thrilled and anxious. Although your partner is the one experiencing the changes of pregnancy, you can help by understanding these changes and being prepared and supportive.

This pamphlet explains

- *your role as a supportive parent before and during pregnancy*
- *how to estimate the due date*
- *physical and lifestyle changes during pregnancy*
- *how to help during labor and delivery*
- *sex during and after pregnancy*
- *being supportive after the baby is born*

Becoming a Parent

Your job as a parent begins long before your baby is born. Women who have an involved and supportive partner are more likely to give up harmful behaviors, such as smoking, and lead healthier lives. Babies may be born healthier as well, with lower rates of **preterm** birth and growth problems. Women who are well-supported during pregnancy may be less anxious and have less stress in the weeks after childbirth.

Estimating the Due Date

A normal pregnancy lasts about 40 weeks from the first day of the woman's **last menstrual period (LMP)**.

Weeks of pregnancy are divided into three **trimesters**. Each trimester lasts about 3 months.

The estimated date that the baby will be born is called the **estimated due date (EDD)**. This date is based on the LMP or an **ultrasound exam**. The LMP and ultrasound dating methods often are used together to estimate the EDD. Keep in mind that only 1 in 20 women actually give birth on their estimated due date. The American College of Obstetricians and Gynecologists (ACOG) offers an app that includes an EDD calculator (search for "ACOG" on Google Play or the iTunes App Store; select "EDD Calculator" on the main screen).

Pregnancy Countdown

Educating yourself about the changes that your partner will go through during pregnancy is a great first step in offering support and encouragement. It can be helpful for you to go to some or all of your partner's prenatal care visits. Most women have monthly prenatal care visits. In the last trimester, visits usually become more frequent.

Pregnancy: First Trimester

The first 13 weeks of your partner's pregnancy are called the first trimester. During this time, most women need more rest than usual. Women in early pregnancy also may have symptoms of nausea and vomiting. Although commonly known as "morning sickness," these symptoms can occur at any time during the day or night.

What to Expect. Early pregnancy can be an emotional time for a woman. Mood swings are common. It is not unusual for you to have ups and downs as well. Pregnancy and parenthood are huge life changes, and it can take time for you to adjust. Listen to your partner and offer support.

Prenatal Care Visits. The first prenatal care visit is usually the longest. Your partner will have her blood and urine tested. All pregnant women should be tested for *human immunodeficiency virus (HIV)* and *syphilis*. Testing for other *sexually transmitted infections* also is recommended for some women. Your partner may have an ultrasound exam to confirm pregnancy. It may be possible to see or hear the baby's heartbeat during this exam.

Your partner will be asked about her family and personal health history. It is helpful for the father to give a family and personal health history as well. Some conditions are inherited (passed down) from parents. Prenatal testing is available for some genetic disorders in the first and second trimesters. Having any of these tests is a personal choice. Some couples want to know in advance if they are at risk or whether their child will have a disorder, but others would rather not know. Your *obstetrician* or a *genetic counselor* can discuss testing options with you and help you decide.

Mid-Pregnancy: Second Trimester

For most women, the second trimester of pregnancy (weeks 14–27) is the time they feel the best. As your

Intimate Partner Violence

Many pregnant women are abused by their partners. Abuse during pregnancy can pose a risk to both the woman and her baby. Dangers of this violence include miscarriage, vaginal bleeding, low birth weight, and injury. The National Domestic Violence hotline offers assistance with addressing this difficult family issue. Call 1-800-799-SAFE (7233).

partner's abdomen grows, the pregnancy becomes more obvious.

What to Expect. In the second trimester, many women begin to feel better physically. Energy levels improve, and morning sickness usually goes away.

Your partner will start to feel the baby move. This typically happens at about 20 weeks of pregnancy, but it can happen earlier or later.

Many couples take childbirth classes at the hospital where they plan to have the baby. Classes are a great way to learn what to expect during labor and delivery and how to support your partner during childbirth. You also can meet and talk with other expecting parents.

Prenatal Care Visits. At each prenatal visit, your partner's health is checked to make sure all is well with her and the pregnancy. At 18–20 weeks of pregnancy, an ultrasound exam may be done to check the baby's development. If you and your partner want, you may be able to find out the baby's sex. Your partner may have a blood test for *gestational diabetes*.

Late Pregnancy: Third Trimester

The last trimester usually is the most uncomfortable for your partner. It also can be a very busy time as you prepare for the baby.

What to Expect. In the third trimester of pregnancy (weeks 28–40), your partner may feel discomfort as the baby grows larger and her body gets ready for the birth. She may have trouble sleeping, walking quickly, and doing routine tasks. It is normal for both of you to feel excited and nervous.

Prenatal Care Visits. Visits may become more frequent as the due date approaches. Your partner may have more tests. She may have a vaginal exam to see if she is nearing labor. The obstetrician may try to estimate the baby's weight and find out the baby's position in the uterus in preparation for birth.

Lifestyle Changes

Your partner needs to make her health a top priority during pregnancy, and you can support her by doing this too. Eat healthy meals together, and make sure that she gets plenty of rest. Exercise during pregnancy also is important. It promotes healthy weight gain, lowers risks of certain complications, and may help with some of the aches and pains of pregnancy. It is especially important for your partner to avoid harmful substances such as smoking, alcohol, and illicit drugs.

No amount of alcohol is considered safe during pregnancy. Illegal drugs, such as heroin, cocaine, methamphetamines, and prescription drugs used for a nonmedical reason, can harm a developing baby. And although marijuana is legal in some states, its use is not recommended during pregnancy. Women who use these substances may have other unhealthy behaviors, such as poor nutrition, that are known to be harmful during pregnancy.

Smoking is something that both you and your partner should avoid. Smoking during pregnancy increases the risk of serious complications, including fetal growth problems and preterm birth. Secondhand smoke also is harmful. Pregnant women who breathe in secondhand smoke have an increased risk of having a low-birth-weight baby. Infants and children who are around secondhand smoke have higher rates of asthma attacks, respiratory infections, ear infections, and *sudden infant death syndrome (SIDS)* than those who are not. For all of these reasons, smoking should not be allowed in your home or car.

Sex

Many couples worry whether it is safe to have sexual intercourse during pregnancy. Unless your partner's obstetrician or other health care professional has told her otherwise, you can have sex throughout pregnancy. Sex is not harmful because the baby is protected within the uterus and is cushioned by fluid. You may need to try new positions as your partner's belly grows. Also, keep in mind that intercourse may be uncomfortable at times for your partner.

Getting Ready for Labor and Delivery

At 39 weeks of pregnancy, the baby is considered *full term*. Labor can start any day. There is plenty you can do to help make labor and delivery go as smoothly as possible:

- Tour the hospital. The tour is a good time to ask about the hospital's policies on who can be in the room during labor and delivery, whether you can stay overnight in the room, and if you can take pictures or videotape the birth. Also ask about parking areas at the hospital and where to check in.
- Install a rear-facing car seat. Your baby cannot leave the hospital unless you have an infant car seat. Plan to get a rear-facing car seat well before the due date and make sure it is installed correctly. The "Parents Central" web site at www.safercar.gov offers tips on choosing and installing the car seat that is best for your baby.
- Get vaccinated. If it is flu season (October to May), get a flu shot. The Centers for Disease Control and Prevention and ACOG recommend that everyone 6 months of age and older get the flu vaccine each year. They also recommend that everyone who will be in contact with the baby receive a dose of the *tetanus toxoid, reduced diphtheria toxoid and acellular pertussis (Tdap) vaccine* at least 2 weeks before. This vaccine prevents *pertussis* (whooping cough), a very contagious illness that can be serious in infants. Babies do not get the pertussis vaccine until 2 months of age.

Labor and Delivery

When your partner starts labor, your role as labor coach begins. Now is the time to use the coaching skills you learned in childbirth class. If your partner wants pain medications—or does not want medications—respect and support her decision.

Every woman's labor is different. There is no way of knowing how long your partner's labor will last. It may last between 10 hours and 20 hours. It might be longer or shorter for some women.

During this time, you can

- help distract your partner by playing games with her or watching a movie during early labor
- take short walks with her, unless she has been told to stay in bed
- time her contractions
- massage her back and shoulders between contractions
- offer comfort and words of support
- encourage her during the pushing stage

Sometimes babies are born by *cesarean delivery*—through an incision in the mother's abdomen and uterus. A cesarean delivery is major surgery. Although some are planned in advance, many are unexpected. If your partner has a cesarean delivery, she usually needs more time to recover.

Some partners decide not to attend the labor and birth. Even if you are not in the room, your partner will get plenty of help during labor and delivery from the hospital staff. Friends or family members can offer support. You also can hire a childbirth assistant called a *doula*.

After the Baby Is Born

After the baby is born, you most likely can take your new family home after 1–2 days. If your partner had a cesarean delivery, she and the baby may need to stay in the hospital longer.

The weeks and months after birth are called the *postpartum* period. Your partner's body will be going through dramatic changes as she recovers from the physical stress of birth and adjusts to caring for a newborn.

Postpartum Depression

The first weeks and months after having a baby are a time of adjustment. New parents often are overwhelmed by the demands placed on them. It is very common for new mothers to feel sad, upset, or anxious after childbirth. Many have mild feelings of sadness called postpartum blues or "baby blues." When these feelings are more extreme or last longer than a week or two, it may be a sign of a more serious condition known as *postpartum depression*.

Often, women with postpartum depression are not aware they are depressed. It is their partners who first notice the signs and symptoms. The following are signs of postpartum depression:

- The baby blues do not start to fade after about 1 week, or the feelings get worse.
- She has feelings of sadness, doubt, guilt, or helplessness that seem to increase each week and get in the way of her normal routine.
- She is not able to care for herself or her baby.
- She has trouble doing tasks at home or on the job.
- Her appetite changes.
- Things that used to bring her pleasure no longer do.
- Concern and worry about the baby are too intense, or interest in the baby is lacking.
- She feels very panicked or anxious. She may be afraid to be left alone with the baby.
- She fears harming the baby. These feelings may lead to guilt, which makes the depression worse.
- She has thoughts of self-harm or suicide.

If your partner shows any of these signs, tell her of your concerns. Listen to her and support her. Assist in getting her the professional help she may need.

You also should be aware that all new parents can have postpartum depression. Talk to a health care professional if you have any of the signs.

Breastfeeding

Breastfeeding is the best way to feed the baby. Breast milk has the right amount of all the nutrients the baby needs, such as sugar, protein, vitamins, and fat. It also strengthens bonding between mother and baby.

Some partners feel left out when watching the closeness of breastfeeding. But if your partner has chosen to breastfeed, there are ways you can share in these moments:

- Bring the baby to her for feedings.
- Burp and change the baby afterward.
- Cuddle and rock the baby to sleep.
- Help feed your baby if your partner pumps her breast milk into a bottle.

Sex After the Baby Is Born

There is no set “waiting period” before a woman can have sex again after giving birth. Some health care professionals recommend waiting 4–6 weeks. The chances of a problem occurring, like bleeding or infection, are small after about 2 weeks following birth. If your partner has had an *episiotomy* or a tear during birth, she may be told to not have intercourse until the site has completely healed.

Even if a woman is not having a period or is breastfeeding, she can become pregnant. Getting pregnant too soon after childbirth can increase the risk of certain pregnancy problems, such as preterm birth. It is a good idea to choose the birth control method that you will use before you start having sex again.

Finally...

Becoming a new parent is exciting, but it also can be stressful. Learning about the changes that happen during pregnancy and being a supportive partner throughout can help your partner have a better pregnancy and birth. Enjoy your new role and the new life soon to arrive.

Glossary

Cesarean Delivery: Delivery of a baby through surgical incisions made in the mother’s abdomen and uterus.

Doula: A birth coach or aide who gives continual emotional and physical support to a woman during labor and childbirth.

Episiotomy: A surgical incision made into the perineum (the region between the vagina and the anus) to widen the vaginal opening for delivery.

Estimated Due Date (EDD): The estimated date that a baby will be born.

Full Term: The period from 39 weeks and 0 days through 40 weeks and 6 days of pregnancy.

Genetic Counselor: A health care professional with special training in genetics and counseling who can provide expert advice about genetic disorders and prenatal testing.

Gestational Diabetes: Diabetes that arises during pregnancy.

Human Immunodeficiency Virus (HIV): A virus that attacks certain cells of the body’s immune system and causes acquired immunodeficiency syndrome (AIDS).

Last Menstrual Period (LMP): The date of the first day of the last menstrual period before pregnancy that is used to estimate the date of delivery.

Obstetrician: A physician who specializes in caring for women during pregnancy, labor, and the postpartum period.

Pertussis: Also known as whooping cough; a highly contagious infection of the respiratory system that causes a severe cough and can result in difficulty breathing. A vaccine called tetanus toxoid, reduced diphtheria toxoid and acellular pertussis (Tdap) can be given to prevent pertussis.

Postpartum: A term that generally refers to the first weeks or months after childbirth.

Postpartum Depression: Intense feelings of sadness, anxiety, or despair after childbirth that interfere with a new mother's ability to function and that do not go away after 2 weeks.

Preterm: Born before 37 completed weeks of pregnancy.

Sexually Transmitted Infections: Infections that are spread by sexual contact, including chlamydia, gonorrhea, human papillomavirus infection, herpes, syphilis, and infection with human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).

Sudden Infant Death Syndrome (SIDS): The unexpected death of an infant and in which the cause is unknown.

Syphilis: A sexually transmitted infection that is caused by an organism called *Treponema pallidum*; it may cause major health problems or death in its later stages.

Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis (Tdap) Vaccine: A vaccine that includes a combination of tetanus toxoid, diphtheria toxoid, and acellular pertussis.

Trimesters: The three 3-month periods into which pregnancy is divided.

Ultrasound Exam: A test in which sound waves are used to examine internal structures. During pregnancy, it can be used to examine the fetus.

This Patient Education Pamphlet was developed by the American College of Obstetricians and Gynecologists. Designed as an aid to patients, it sets forth current information and opinions on subjects related to women's health. The average readability level of the series, based on the Fry formula, is grade 6–8. The Suitability Assessment of Materials (SAM) instrument rates the pamphlets as "superior." To ensure the information is current and accurate, the pamphlets are reviewed every 18 months. The information in this pamphlet does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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