

Chapter
1

Pregnancy Care

Everything you need to know—trimester by trimester

"Your body is now shaping a new life—every small thing matters."



A normal pregnancy lasts 40 weeks (9 months, 7 days or 280 days). Delivery between 37 and 42 weeks is considered full-term.

Trimester	Duration
First trimester	0–12 weeks
Second trimester	13–28 weeks
Third trimester	29–40 weeks

1. WHAT TO DO AS SOON AS YOU CONFIRM PREGNANCY

Your First Doctor Visit

- Book an appointment with your obstetrician as soon as possible.
- Get your height, weight, and blood pressure checked.
- Inform your doctor of any existing conditions, allergies, or medications.

Folic Acid

- 400 µg (micrograms) daily—take after breakfast in the morning.
- If pregnancy is planned, start 1–2 months before conception.
- Continue throughout the entire pregnancy—not just the first 3 months.
- Helps develop the baby's brain and spinal cord; prevents neural tube defects.

Note

- The dose is in µg (micrograms), not in mg (milligrams)—this distinction is critical.
- If a previous pregnancy had a neural tube defect, your doctor may prescribe 5 mg (high dose).

Iron and Calcium

- One tablet each daily—as advised by your doctor.
- Iron—on an empty stomach in the morning, with lemon water—vitamin C improves absorption.
- Calcium—after dinner at night.
- Do not take iron and calcium together—they block each other's absorption.

2. ESSENTIAL TESTS DURING PREGNANCY—WHEN AND WHY

Reassurance for mothers

All these tests are routine—there is no need to panic. Results are always interpreted alongside your doctor's clinical judgement.

First Trimester (0–12 Weeks)

1. **Complete Blood Count (CBC)**
   - Checks haemoglobin (Hb)—low Hb causes fatigue, dizziness, and pregnancy complications.
   - Normal Hb—≥11 g/dl.
   - Anaemia levels: Mild (10–10.9), moderate (7–9.9), severe (<7).
2. **Thyroid Test (TSH)**
   - Abnormal thyroid function can affect the baby's growth and brain development.
   - Reference—first trimester TSH <2.5, second–third trimesters. TSH <3.0.
   - Always confirm the reference range with your laboratory and doctor.
3. **Blood Sugar Screening**
   - Fasting sugar—<92 mg/dl
   - Postprandial (PP) sugar—<120 mg/dl
   - Higher values indicate risk of gestational diabetes mellitus (GDM).
4. **Blood Group +Rh Typing**
   - If the mother is Rh negative, extra care is needed during pregnancy.
   - Ask your doctor about anti-D injection.

5. **Urine Routine**
   - Detects infection (UTI)—if untreated, increases risk of preterm labour.
6. **TORCH Screening (Toxoplasmosis, Rubella, CMV, Herpes, HIV)**
   - IgM positive → recent (active) infection.
   - IgG positive → past infection—usually not a concern.
7. **Vitamin D, B_{12}, Ferritin—Optional but Useful**
   - Low ferritin = iron deficiency. Low vitamin D = weak bones, back pain, infant problems. Low B_{12} = weakness + anaemia.
8. **Double Marker Test + NT Scan (10–13 weeks)**
   - NT scan: Measures fluid at the back of the baby's neck. NT <3.0 mm is normal.
   - Double marker: PAPP-A and free β-hCG—screens for Down syndrome, trisomy 18.
   - Result always interpreted with mother's age + NT scan combined.
   - This is a screening test, not a diagnosis.

Important

- Double Marker and Quadruple tests are screening tools only—they do not diagnose.
- If high-risk, confirmatory tests like amniocentesis or CVS are performed.

9. **Dating Scan (6–8 weeks)**
   - Confirms pregnancy location, gestational age, and whether twins are present.

Second Trimester (13–28 Weeks)

1. **Glucose Tolerance Test (GTT/OGTT) (24–28 weeks)**
   - 75 g glucose is given to drink → blood sugar tested 2 hours later.
   - PP >140 mg/dl → possible GDM.
2. **Quadruple Test (15–20 weeks)—if needed**
   - AFP, hCG, uE3, inhibin-A—four markers.
   - Very high AFP → risk of spinal defects. Low AFP + high hCG → high risk of Down syndrome.
3. **Level-II Anomaly Scan (18–22 weeks)**
   - The most important scan of the entire pregnancy.
   - Baby's brain, heart, limbs, kidneys, spine, and face—all examined in detail.
4. **Doppler scan—when indicated**
   - Measures blood flow in uterine arteries, umbilical cord, and baby's brain (MCA).
   - Indicated when—high BP, reduced foetal growth, or maternal diabetes/thyroid issues.

Third Trimester (29–40 Weeks)

1. **Growth Scan (28–32 weeks)**
   - Checks baby's weight, amniotic fluid levels, placenta position, and cord blood flow.
2. **Repeat Hb/CBC**
   - Anaemia is more common in this trimester—repeat testing is essential.
3. **Non-stress Test (NST)**
   - Monitors foetal movements and heartbeat in the final weeks.

4. **Presentation Scan (36 weeks)—4th ultrasound**
   - Checks the baby's position—is the head down?

Test Summary At a Glance

Time	Test/Scan
6–8 weeks	Dating scan
0–12 weeks	CBC, TSH, blood sugar, blood group, urine, TORCH, B_{12}/D_3
11–13 weeks	NT scan + double marker
15–20 weeks	Quadruple test (if needed)
18–22 weeks	Level-II anomaly scan
24–28 weeks	GTT/OGTT
28–32 weeks	Growth scan + Doppler
36–38 weeks	Presentation scan + NST

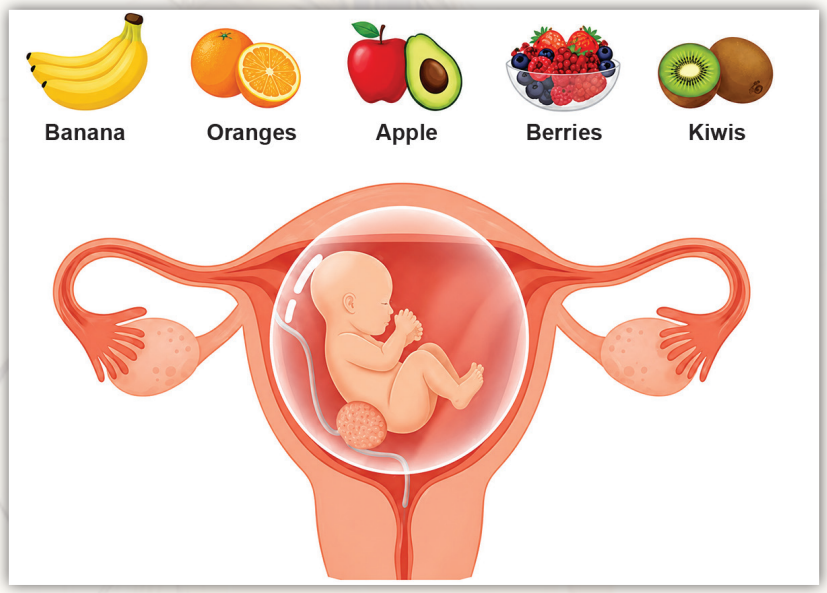
3. NUTRITION DURING PREGNANCY

"What you eat today becomes your baby's first strength."

You need an extra 350–450 kcal per day during pregnancy—a little more, not double.

What to Eat

- **Grains:** Chapati, rice, porridge, millet (*bajra*, *ragi*)
- **Vegetables:** Leafy greens, carrots, bottle gourd, spinach
- **Fruits:** Seasonal fruits, banana, apple, pomegranate, kiwi, berries
- **Protein:** Lentils, chickpeas, kidney beans, eggs, meat, fish
- **Dairy:** Milk, yoghurt, buttermilk, paneer
- **Dry fruits:** Almonds, peanuts, walnuts, dates
- **Healthy fats:** Ghee, mustard oil, olive oil
- **Water:** 10–12 glasses daily.



What to Avoid

- Excess fried, oily, or packaged/canned food.
- Caffeine (tea, coffee, cold drinks)—limit to 200 mg/day (approximately 1 cup).
- Excessive sweets—high blood sugar can cause GDM.
- Raw papaya, excess pineapple, and alcohol—avoid completely.
- Do not stay hungry for long—keep dates or jaggery on your bedside.

"Eating gas-causing foods will harm the baby"—this is a myth. A mother's normal diet does not harm the baby. Trust your body.

4. PHYSICAL AND MENTAL CARE

"A happy mother is the foundation of a healthy baby."

- Light exercise—slow walking, pregnancy yoga (with doctor's guidance).

- After 20 weeks, avoid lying flat on your back—left lateral position is better.
- Adequate sleep—8 hours at night, 1–2 hours rest in the afternoon.
- Manage stress—talk to family or your doctor when needed.
- Avoid distressing movies or shows—read, listen to music, do what makes you happy.

First Trimester

These are normal—

- Nausea, morning sickness, vomiting.
- Fatigue, changes in taste and smell.
- Breast heaviness, weight gain.
- Emotional ups and downs—this is hormonal, not your fault.

5. TRAVEL PRECAUTIONS

Mode of travel	Advice
Flight	Safest between 12 and 28 weeks. Most airlines restrict travel after 36 weeks. Walk every 1–2 hours on long flights.
Train	Generally safe between 12 and 34 weeks. Avoid crowds.
Car	Wear seatbelt below the navel. Take rest, breaks every 1–2 hours on long journeys.

6. SEXUAL ACTIVITY DURING PREGNANCY

Sexual activity is safe during all three trimesters in a normal, complication-free pregnancy.

Avoid sexual activity if
• Vaginal bleeding is present. • Placenta previa has been diagnosed.

(*Contd.*)

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- There is risk of preterm labour.
- Membranes have ruptured.
- Your doctor has advised against it.

7. WHAT TO AVOID

- No medication without your doctor's advice—including over-the-counter drugs.
- Avoid X-rays and exposure to toxic fumes or paint.
- Avoid stale, unhygienic, or undercooked food.
- Quit smoking and alcohol completely—no safe level exists in pregnancy.
- Do not lift heavy objects. Avoid swings and rides with jolting movements.



Doctor's pearls

- Check weight every month. An increase in 1st trimester: 2–3 kg, 2nd: 4–5 kg, 3rd: 4–5 kg—total 11–14 kg is normal.
- Monitor blood pressure regularly. High BP can lead to pre-eclampsia, which restricts foetal growth.
- Recheck blood sugar every 2–3 months. Safest treatment for GDM is insulin injection.
- Thyroid check every 3 months. Thyroid tablet should be taken every morning on an empty stomach.
- **Td injection twice:** At 16 and 20 weeks—protects both mother and baby.
- **Rh-negative mothers:** Anti-D injection is mandatory. After delivery, check baby's blood group and bilirubin.

Warning Signs—Go to Hospital Immediately if

- Vaginal bleeding (at any time)
- Severe abdominal pain or cramping

(*Contd.*)

(*Contd.*)

- Leaking fluid (membrane rupture)
- Sudden reduction in baby's movements
- Severe headache + visual disturbances + swelling of face/hands (pre-eclampsia)
- High fever (above 102°F)
- Difficulty in breathing
- Burning urination or very low urine output.

8. A MESSAGE FOR THE FAMILY

- Husbands and family members: Understand that the mother's mood, appetite, and sleep will change.
- Divide household responsibilities. Listen and support—do not criticise small things.
- "Other women manage fine!"—please never say this. Every mother and every pregnancy is different.

9. HOSPITAL BAG CHECKLIST

For the mother ✓	For the baby ✓
Aadhar card/ID	4–6 soft cotton baby clothes
Pregnancy records file	2–3 caps and socks
Current medications	Swaddle/blanket
Loose, comfortable clothing	Diapers/cloth nappies
Nursing bra/pads	Baby towel
Sanitary pads	Baby wipes
Mobile charger	Digital thermometer
Water bottle	Saline nasal drops
Snacks/dates	Diaper rash cream (Zinc oxide)



A Message for Every Mother

"Pregnancy is not an illness—it is the most beautiful preparation for a new life. Your body is performing a miracle every single moment. Trust yourself—you were made for this."