

**OPERATION DUE DATE**



PROJECT  
**Alive & Kicking™**  
*A foundation devoted to the expected baby*

## MOM & BABY CHECKLIST

### The First Trimester

#### Weeks 0-7

- \_\_\_ **Vaccinations Before Pregnancy.** It's best that you receive your vaccinations before you become pregnant. A preconception exam will determine if you need to be vaccinated. Women are generally advised to wait one month following any vaccination to become pregnant. Your health care team may or may not advocate vaccinations during pregnancy. Research any vaccination or medication recommended to you during pregnancy.
- \_\_\_ **Congratulations!** You have a positive pregnancy test (Weeks 4-5).
- \_\_\_ **Review Your Insurance Policy Regarding Pregnancy Coverage.**
- \_\_\_ **Select a Health Care Team.** Interview OBs, Midwives, and other Health Care Professionals.
- \_\_\_ **Schedule Your First Prenatal Visit During Weeks 8-12.**
- \_\_\_ **hCG and Progesterone Levels.** These hormone levels may be checked especially if you have a history of miscarriage. This test may be ordered before your first visit.
- \_\_\_ **Request Estimated Placental Volume (EPV).** This measurement will make sure your placenta is the correct size to nourish your baby adequately. Measure EPV at every ultrasound.
- \_\_\_ **Make Changes to Your Lifestyle.** Avoid seafood high in mercury; enjoy one seafood entrée per week. Cut out deli meats and foods high in sugar and refined carbohydrates. Remove or limit caffeine. Eliminate smoking, drinking alcohol, and the use of any and all drugs (over the counter or otherwise unless specified by a health care provider). Use the best hygiene possible. Stop changing cat litter pans and cease sharing drinks and food with small children to prevent infections that pose a major risk to pregnant women and their developing babies.
- \_\_\_ **Talk about an Exercise Routine with Your Health Care Team.**

#### Weeks 8-12

- \_\_\_ **Your First Prenatal Visit is Today.** You will provide your health care team with your complete medical history including any preexisting medical conditions, a pap smear, a blood test, a urine test, blood pressure and weight. An ultrasound will confirm your baby's heartbeat and gestational age according to your baby's size. Share any and all concerns, questions, and symptoms during this visit.
  - \_\_\_ **Blood Pressure**
  - \_\_\_ **Beginning Weight**
  - \_\_\_ **Rh Factor, Positive or Negative.**
  - \_\_\_ **hCG/ Progesterone Values, if applicable.**
  - \_\_\_ **Toxoplasmosis/Cytomegalovirus (CMV) Screening, if applicable.**
  - \_\_\_ **Genital Herpes, if applicable.**
  - \_\_\_ **Urine: Group B Strep (GBS), Positive or Negative.**
  - \_\_\_ **Urine: Protein, Keytones or Sugar**
  - \_\_\_ **Ultrasound: Heart Rate**
  - \_\_\_ **Ultrasound: Gestational age and Estimated Due Date**
  - \_\_\_ **Ultrasound: Cervix Closed**
  - \_\_\_ **Ultrasound: Placenta, Posterior or Anterior.**
  - \_\_\_ **Ultrasound: Note abnormalities such as Placenta Previa and Tilted Uterus.**
  - \_\_\_ **Ultrasound: Cord Insertion Site, Central, Marginal or Velamentous.**
- \_\_\_ **Begin Your Pregnancy PUR\$E by saving \$10/week.** Saving \$10 per week will pay for a recommended ultrasound around Weeks 28-30 if your insurance does not cover this expense.
- \_\_\_ **Further Tests.** Your health care team will help you decide if these tests are right for you.
  - \_\_\_ **Chorionic Villus Sampling (CVS)** (Weeks 11-13) may be considered if you are over age 35 or have a family history of genetic disorders. This test is more invasive than a blood test and has potential risks. If you choose against CVS, an alternative is the **MaterniT21™PLU** genetic blood test. This simple blood test can be done as early as Week 10.
  - \_\_\_ **A Nuchal Translucency Screening Test (NTS)** (Weeks 11-14) screens for chromosomal abnormalities. This test gives families important information on potential outcomes as early as possible. Combined first trimester and second trimester screening results may detect chromosomal abnormalities such as Down syndrome and Trisomy 18.

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### The Second Trimester

#### Weeks 13-18

- \_\_\_ **The Quad Marker Screen (Weeks 15-20).** This is a two-part test. A blood test determines if you are at a higher or lower risk of carrying a baby with a birth defect such as Down syndrome or an Open Neural Tube Defect (NTD) such as Spina Bifida or Trisomy 18. This blood test is followed by an ultrasound. Discuss with your health care team if this test is the right choice for you.
- \_\_\_ **Be Aware of Your Sleeping Position.** Sleeping on your left side may improve blood flow to your baby.
- \_\_\_ **Be Aware of Fetal Hiccups.** Your baby may hiccup; learn your baby's hiccup timetable. Although some babies hiccup until delivery day, by Week 32 hiccups should lessen in frequency and duration. If beyond Week 32, your baby suddenly begins experiencing hiccups, is experiencing hiccups that last longer than 15 minutes, or is having a series of hiccups 3-4 times within 24 hours, ask your health care team to evaluate you as your baby may have umbilical cord issues.
- \_\_\_ **Be Aware of Intrahepatic Cholestasis (ICP).** This is a liver disorder affecting 1-2 women per 1000 that may occur during pregnancy. Itching is the most common symptom.
- \_\_\_ **Research Childcare Facilities.**
- \_\_\_ **Recheck EPV at Every Ultrasound.**

#### Weeks 19-23

- \_\_\_ **Preeclampsia.** This condition can occur during the last half of your pregnancy and is typically hallmarked by a rise in blood pressure. Protein may be present in your urine. Your health care team should evaluate you at every visit beginning at Week 20 to make sure that you are not exhibiting any signs or symptoms of preeclampsia.
- \_\_\_ **Your 20-Week Ultrasound.** This ultrasound examines your baby's anatomy and his or her uterine environment. Both the umbilical cord and placenta should also be carefully assessed for normal development and position. Recheck EPV. Count ten fingers and ten toes!
- \_\_\_ **Start Your Baby's Movement Journal.** Get to know your baby and start jotting down when he or she begins moving. Knowing your baby's movement patterns will enable you to move easily into **Kick Counting**, beginning around Week 28, and will allow you to easily recognize a change in your baby's movements.
- \_\_\_ **Register at Your Favorite Stores.** Decide on your baby's necessities and register now!
- \_\_\_ **Be Aware of the Symptoms of Preterm Labor.** These contractions are different than Braxton Hicks. A few indications of preterm labor are contractions at recurring intervals, four or more contractions per hour that *may* or may not become stronger, and contractions that *may* include low backaches, spasms or twinges. Other possible signs are alterations in your vaginal secretions such as bleeding, spotting, or water emitting or oozing from your vagina. If you experience any of these symptoms call your health care team and go to Labor and Delivery (L&D) for further evaluation.
- \_\_\_ **Measure Fundal Height.** Fundal height measurements will let you and your health care team know if your placenta is supplying adequate nourishment to your baby.
- \_\_\_ **Cord Blood Stem Cells.** Begin to think about what you would like to do with your baby's cord blood as your decision must be made prior to delivery day. Cord blood stem cells are not embryonic stem cells, so collecting, storing, and using them is not controversial.
- \_\_\_ **Amniotic Fluid, Polyhydramnios and Oligohydramnios.** Amniotic fluid (AF) is the watery fluid surrounding your baby inside the amniotic membrane (sac) and is an essential part of pregnancy and fetal development. Too much amniotic fluid, polyhydramnios, or too little amniotic fluid, oligohydramnios, may cause complications. During an ultrasound, if either condition is diagnosed, you will be closely monitored for your baby's level of mobility.

#### Weeks 24-27

- \_\_\_ **Decide Where to Deliver Your Baby.**
- \_\_\_ **Research Pediatricians.**
- \_\_\_ **Research Childbirth, Sibling and Infant CPR Classes.**
- \_\_\_ **Glucose Challenge Screening.** This version of the Glucose Tolerance Test is usually done between Weeks 26-28. You will be screened for Gestational Diabetes, a type of diabetes present only when you are pregnant.

For a week by week guide to your pregnancy journey and the latest research, visit our website, [www.projectaliveandkicking.org](http://www.projectaliveandkicking.org).  
This information is not intended to replace medical advice and care.

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## MOM & BABY CHECKLIST

### The Third Trimester

#### Weeks 28-32

- \_\_\_ **Begin Kick Counting Around Week 28.** By simply counting your baby's kicks ideally three times a day or if your schedule does not permit, once in the morning and once in the evening, you get to know your baby's kick patterns. A discrepancy may alert you to the possibility of a potential problem. Visit *My Pregnancy, Third Trimester, Week 28* for Kick Counting directions.
- \_\_\_ **Request an Ultrasound Around Week 28.** This ultrasound will examine the position of your baby's umbilical cord and check for the normal development and position of the placenta. Your health care team may determine that you need this ultrasound, or that you are high risk. If your insurance company does not cover your ultrasound, use your Pregnancy PUR\$E towards this test. According to Dr. Collins, an ultrasound now could possibly detect a potential problem with the umbilical cord or placenta. The umbilical cord is a definite risk factor during the third trimester of pregnancy and could compromise your baby. As mentioned in Week 28, UCAs, including nuchal cords, true knots, twists, torsion, kinks and long or short cords, account for 16 percent of the 26,000 yearly deaths in utero in the USA. That is at least 71 untimely deaths each and every day in our country. Dr. Collins states a UCA is not a "rare condition or event" and should be watched for especially in the last trimester of pregnancy. If you and your health care team determine that your baby should receive further monitoring, it is comforting and reassuring to know that your baby will receive extra care and observation. The four main reasons for monitoring your baby are: to ensure that your baby is comfortable in utero, to check that his or her heart rate is normal and steady with no significant deceleration (decels) present, to be sure that your placenta is working properly and not showing signs of aging or failure, and to check for signs of preterm or premature labor. Recheck EPV.
- \_\_\_ **Ask Your Health Care Team to Look for ALL Potential Cord Problems.** A Cord Blood Flow Doppler Test (Cord Doppler Test) can be easily performed by a simple push of a button during any ultrasound. This test is performed to check the blood flow within the umbilical cord. It can be used to detect umbilical cord issues such as a nuchal cord (the cord encircling the baby's neck), knots, kinks, twisting, torsion, or if the cord is too long or too short. Early detection of all cord issues can allow mom to be monitored more frequently and may help prevent further complications.
- \_\_\_ **Ask Your Health Care Team to be Aware of and Monitor Your Baby's Nuchal Cord.** A nuchal cord is extremely common and most babies can wriggle their way out of one. Still, all nuchal cords have the potential to be problematic. If your baby has a nuchal cord that remains in place, discuss with your health care team about the need for closer monitoring.
- \_\_\_ **Request a Fetal Non-Stress Test (NST) and a Biophysical Profile (BPP).** These tests can be done as a one-time occurrence based on symptoms, or they can also be done regularly for a high-risk patient or even just a worried mom.
- \_\_\_ **Fetal Non-Stress Test.** A NST will monitor and evaluate your baby's heartbeat. This test usually starts in the third trimester for moms who have certain conditions and expected babies who need special care and monitoring, or as early as Week 28 for high-risk moms.
- \_\_\_ **Biophysical Profile.** A BPP combines both fetal heart rate monitoring (NST) and a fetal ultrasound. Your baby's breathing, heart rate, movements, muscle tone and amniotic fluid levels are calculated and scored. A score of 8-10 is the ultimate goal. A score of 6 or less indicates that you and your baby need further testing or immediate delivery.
- \_\_\_ **Vaccinations at Week 28.** Influenza (Inactivated) and Tdap vaccinations may be recommended now; research and discuss receiving them with your health care team. The Tdap vaccine is also suggested for relatives, friends and caregivers who will spend time with your baby.
- \_\_\_ **Request Additional Third Trimester Testing.** Around Week 30, speak with your health care team about the possibility of including two NSTs per week and one BPP (one with a Cord Doppler Test) every other week for the remainder of your last trimester. Continue your kick counting if possible three times a day.
- \_\_\_ **Continue to Monitor Your Baby's Movements.** A change in your baby's movements such as speeding up or slowing down, or changes in sleep-wake cycles can be a sign of a distressed baby. Call your health care team with any concerns. If you are unable to reach them or feel an urgency to have your baby checked, just go to L&D or the nearest Emergency Room (ER). Always trust your instincts. Continue kick counting preferably three times a day.

#### Weeks 33-42

- \_\_\_ **Inform Your Insurance Company of Your Expected Baby's Arrival.**
- \_\_\_ **Prepare for Breastfeeding.**

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## MOM & BABY CHECKLIST

### The Third Trimester Continued

- \_\_\_ **Stripping Membranes.** Avoid unnecessary, frequent or forceful cervical exams that may push bacteria closer to your baby. You may not be asked before “stripping” or “sweeping” of your membranes is performed. If you have tested positive for GBS tell your health care team not to strip your membranes.
- \_\_\_ **Prepare to Introduce Your Baby to Your Pets.** Let your pets become familiar with new scents and your baby’s furniture. With no surprises, homecoming introductions will be a success!
- \_\_\_ **Recheck for GBS at Weeks 35-37.** If you were negative for GBS earlier in your pregnancy, be rechecked now! This test is extremely important because moms who test positive for GBS must be given antibiotics during labor to prevent the transmission of this potentially lethal germ to their babies. If your baby develops a fever within the first three months following delivery, have your baby checked in the ER immediately.
- \_\_\_ **Request an Ultrasound Around Week 36.** As mentioned above in Weeks 28-32, this ultrasound will examine the position of your baby’s umbilical cord and check for the normal development and position of the placenta. Your health care team may determine that you need this ultrasound, or that you are high risk. If your insurance company does not cover your ultrasound, use your Pregnancy PUR\$E towards this test. Recheck EPV.
- \_\_\_ **Continue to Monitor Your Baby’s Movements.** Movements *may or may not* feel like specific punches and kicks. They can instead feel more like twirls, twists and jiggles but should not decrease in strength or movement. Pay close attention to these movements and always trust your instincts. Continue kick counting as suggested three times a day.
- \_\_\_ **Be Informed About Meconium.** Your baby could possibly pass meconium, a solid greenish-brown waste in utero prior to delivery. If your water breaks or you notice a greenish-brown leakage indicating the presence of meconium in your amniotic fluid, call your health care team and go to L&D immediately.
- \_\_\_ **Your Plan if Your Baby Does Not Arrive by His or Her Due Date.** Discuss with your health care team what your plan is if your baby does not arrive by his or her due date. How long beyond your expected due date you will be allowed to wait if labor does not begin spontaneously? Will special tests be performed? Is an induction feasible? What about scheduling a C-Section? Ask many questions, assess the pros and cons to each option, and then make the best-informed decision for you and your baby. Continue kick counting ideally three times a day until delivery day.

### NOTES: