

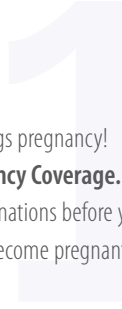
My **EMPOWERED** Pregnancy™

# CHECKLIST



## The First Trimester

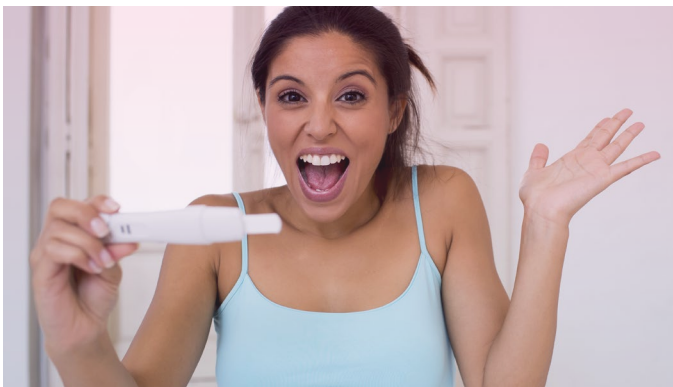
### WEEKS 0-7



- **Download ME Preg.** Your ultimate guide for all things pregnancy!
- **Review Your Insurance Policy Regarding Pregnancy Coverage.**
- **Vaccinations Before Pregnancy.** Receive your vaccinations before you're pregnant; wait one month following vaccinations to become pregnant.
- **Visit The Dentist to Maintain Good Oral Health.**
- **Start Taking a Prenatal Vitamin.**
- **Congratulations!** You have a positive pregnancy test (Weeks 4-5).
- **Interview & Choose Your Health Care Team.**
- **Schedule Your First Prenatal Visit For Around Week 8.**
- **Exercise Options.** Talk with your health care team about your exercise program. Don't begin a vigorous routine now.
- **Depression & Preeclampsia.** Discuss any symptoms with your health care team.
- **hCG and Progesterone Levels.** These levels may be checked due to a history of miscarriage & ordered before your first visit.
- **Lifestyle Changes.** Avoid high-mercury seafood. Cut out deli meats & foods high in sugar & refined carbohydrates. Remove or limit caffeine. Eliminate smoking & alcohol. Unless medically advised or prescribed, stop any & all drugs (over the counter, illegal or otherwise). Use optimal hygiene. Stop changing cat litter pans. No sharing drinks & food with small children to prevent infections being passed to you & your developing baby.

### WEEKS 8-12

- **Your First Prenatal Visit is Today.** It will involve a complete medical history, a pap smear, a blood test, urine test, blood pressure & weight. An ultrasound will confirm your baby's heartbeat & gestational age. Share all concerns, questions & symptoms with your health care team.



- **Blood Pressure.**
- **Beginning Weight.**
- **Rh Factor: Positive or Negative.**
- **hCG and Progesterone Values,** if applicable.
- **Toxoplasmosis & Cytomegalovirus Screenings,** if applicable.
- **Genital Herpes,** if applicable.
- **Urine: Group B Strep (GBS), Positive or Negative.**
- **Urine: Protein, Ketones or Sugar.**
- **Ultrasound: Heart Rate.**
- **Ultrasound: Gestational Age & Estimated Due Date.**
- **Ultrasound: Cervix Closed.**
- **Ultrasound: Placenta, Posterior or Anterior.**
- **Ultrasound: Note Abnormalities such as Placenta Previa & Tilted Uterus.**
- **Ultrasound: Measure Estimated Placental Volume (EPV).** This measurement will make sure that your placenta is the correct size to nourish your baby adequately.
- **Further Tests.** Your health care team will help you decide if these tests are right for you:
  - **Chorionic Villus Sampling (CVS)** may be considered if you are over age 35 or have a family history of genetic disorders. The MaterniT<sup>21</sup>PLUS blood test is another option.
  - **A Nuchal Translucency Screening Test (NTS).** Screens for chromosomal abnormalities.
- **Begin Your Pregnancy PUR\$E.** Save \$10 per week for ultrasounds around Weeks 28, 32 & Week 36.
- **Decide on Your Pregnancy Announcement for Family & Friends.**
- **Buckle Up.** Keep your baby safe in utero while in any vehicle.
- **Research Childcare Facilities.**
- **Fever.** If at any time during your pregnancy you have a fever, call your health care team immediately.

## The Second Trimester

### WEEKS 13-18

- **Research Parental Leave.**
- **Plan Your Babymoon.** ACOG advises it's best to travel Weeks 14–28.
- **The Quad Marker Screen.** Decide if this is right for you as it determines a high or low risk of birth defects.
- **Be Aware of Your Sleeping Position.** Discuss this with your health care team.
- **Measure Fundal Height (Week 16).**
- **Be Aware of Intrahepatic Cholestasis of Pregnancy (ICP).** This liver disorder causes itching.

### WEEKS 19-23

- **Plan Your Baby's Gender Reveal.**
- **Preeclampsia.** May occur during the last half of pregnancy and after childbirth. Typically there's a rise in blood pressure & protein may be present in your urine. Be evaluated at every visit.
- **Depression.** Please discuss any symptoms of depression with your health care team.
- **Your Baby's 20-Week Ultrasound.** Examines your baby's anatomy & uterine environment. Assesses the umbilical cord & placenta for insertion (central, marginal or velamentous), normal development & position. Count ten fingers & ten toes!
- **Find Out The Sex of Your Baby.**
- **Amniotic Fluid** is the watery fluid inside the amniotic membrane (sac). Polyhydramnios or Oligohydramnios may cause complications & close monitoring may be needed.
- **Start Your Baby's Movement Journal.** Learn your baby's movement patterns now so you can begin daily Movement Counting at Week 28.
- **Register at Your Favorite Stores.**
- **Be Aware of The Symptoms of Preterm Labor.** These contractions differ from Braxton Hicks. Indications are regular painful contractions, four or more contractions per hour that may or may not become stronger, & may include low backaches, spasms or twinges. Other signs are alterations in your vaginal secretions such as bleeding, spotting, or water emitting or oozing from your vagina. Call your health care team & go to Labor & Delivery (L&D) or the ER for evaluation.
- **Cord Blood Stem Cells.** Research & decide by Week 34 if this is right for you.
- **Start Preparing Your Nursery.**

### WEEKS 24-27

- **Research, Tour & Decide Where to Deliver Your Baby.**
- **Research & Choose Your Baby's Pediatrician.**
- **Research Sibling & Infant CPR Classes.**
- **Glucose Challenge Screening for Gestational Diabetes.**
- **Be Aware of Fetal Hiccups.** Your baby may hiccup; know your baby's hiccup timetable. Some babies' hiccup until delivery day but by Week 32 hiccups should lessen in frequency & duration. Past Week 32, if your baby suddenly begins having hiccups, has hiccups that last longer than 15 minutes, or is having a series of hiccups 3–4 times within 24 hours, ask to be evaluated to make sure your baby is well & there are no umbilical cord issues.

## The Third Trimester

### WEEKS 28-32

- **Begin Daily Movement Counting Around Week 28.** Ideally 3 times a day – record every kick, move, punch, nudge, jab, flip, roll, & twirl (not hiccups) for 10 movements. Movement counting may take 5 – 60 minutes & lets you know your baby is well.
- **Research Childbirth Classes.**
- **Schedule Maternity Photo Shoot.**
- **Depression.** Please discuss any symptoms of depression with your health care team.
- **Begin Working on Your Birth Plan.**
- **Glucose Challenge Screening for Gestational Diabetes.**
- **Request Ultrasounds Around Weeks 28 & 32.** These examine your baby's umbilical cord & placenta for normal development & position making sure that your baby is well. If a Doppler ultrasound is not done, a 3D ultrasound may be performed outside the office. Depending on the results, further monitoring or ultrasounds may be needed.



- **Doppler Ultrasound.** This checks the blood flow within the umbilical cord. It can detect umbilical cord issues & may prevent further complications with frequent monitoring.
- **Now is The Perfect Time for Your Baby Shower.**
- **Nuchal Cord.** This is extremely common; most babies wriggle their way out of one! Still, all nuchal cords have the potential to be problematic. If your baby starts having changes in patterns of movement or heart decelerations when monitored, this may be the probable cause. Closer monitoring may be recommended.
- **Preeclampsia.** May occur during the last half of pregnancy and after childbirth. Know the signs. Be evaluated at every visit.
- **Vaccinations During Pregnancy.** Influenza (Inactivated) & Tdap vaccinations may be recommended.
- **Vaccinations for Others Before Your Baby Arrives.** The Tdap vaccine is suggested for relatives, friends & caregivers.
- **Request Third Trimester Testing.** Around Week 30, consider including two Fetal Non-Stress Tests (NSTs) per week & one Biophysical Profile (BPP) with a Doppler Ultrasound every other week now.
- **Continue to Monitor Your Baby's Movements.** Your baby's movements & heart rate will basically stay the same now. Continue movement counting preferably three times a day. A change in your baby's movements such as speeding up or slowing down, or changes in sleep-wake cycles can be a sign that your baby is not well; call your doctor, midwife, or health care team. If you are unable to reach them, go to L&D or the ER. Always trust your instincts.

## WEEKS 33-42

- **Inform Your Insurance Company of Your Expected Baby's Arrival.**
- **Make a Postpartum Plan.** Now is a great time to think about what happens after your baby arrives. Which visitors do you want in the hospital & at home? Meal-prep? Your self-care needs? It's OK to ask for help! This is a meaningful time for YOU & your baby.
- **Prepare for Breastfeeding.**
- **Buckling Baby Up.** Have your baby's installed car seat checked by a Certified Car Seat Technician. Your baby will soon be a passenger in your car, always remember to remove your baby when leaving the car, "Look before you lock."
- **Stripping Membranes.** Discuss the benefits & risks of possible methods of induction before your due date. 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.** Familiarize your pets with new scents & your baby's furniture.
- **Prepare Your Hospital & Diaper Bags.**
- **Choose a Photographer for Your Baby's First Pictures.**
- **Cord Blood Stem Cells.** Make your decision now.
- **Recheck for GBS at Weeks 35-37.** If you previously tested negative for GBS, be rechecked now! If you tested positive, remind your health care team or nursing staff of this on delivery day. Moms who test positive must be given antibiotics during labor. Be aware of the signs of GBS that your baby may exhibit in the months after birth; if this occurs be checked in the ER immediately.
- **Request an Ultrasound Around Week 36.** This examines your baby's umbilical cord & placenta for normal development & position making sure that your baby is well. If a Doppler ultrasound is not done, a 3D ultrasound may be performed outside the office. Depending on the results, further monitoring or ultrasounds may be needed.
- **Continue to Monitor Your Baby's Movements.** Your baby's movements & heart rate will basically stay the same now until delivery day.
- **Finish The Nursery & Babyproofing.**
- **Begin Thinking About Birth Announcement Ideas.**
- **Your Water Breaks or Labor Starts.** Call your health care team immediately.
- **Be Informed About Meconium.** If you notice a greenish-brown discharge in your amniotic fluid, call your health care team immediately, and go to L&D or the ER.
- **Your Plan if Your Baby Does Not Arrive by His or Her Due Date.** Discuss your plan & options. When should you expect delivery day? How long beyond your expected due date you will be allowed to wait if labor does not begin spontaneously? What special tests will be needed? Can you plan your delivery date? Is an induction feasible? What about scheduling a C-Section? Assess the pros & cons making the best-informed decision for you & your baby. Continue movement counting until delivery day.



# ME Preg

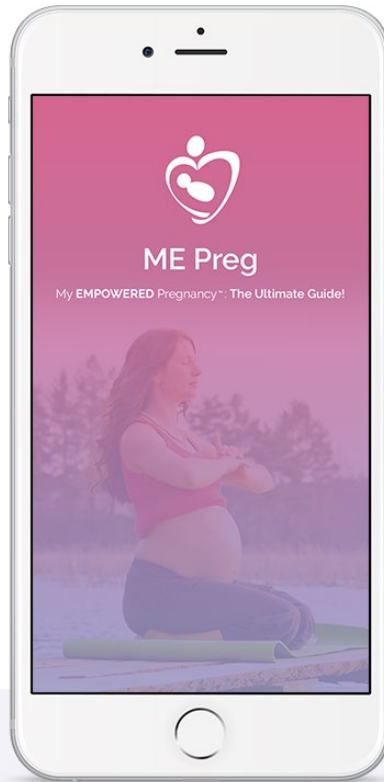
*The ultimate guide for all things pregnancy!*



Check off milestones with My EMPOWERED Pregnancy™ Checklist



Track baby's kicks and movements with My Baby Movement Tracker



Meditate with My Bump Time



Weekly developments, appointment tracker, plus so much more!

**Convenient. Simple. Informative.**  
Download ME Preg for FREE today!

Learn more about My **EMPOWERED** Pregnancy™ at [www.mepreg.org](http://www.mepreg.org).



*The Huffington Post* selected Project Alive & Kicking for The Next Ten campaign as one of the nonprofits that will shape the next decade!

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For more information, please contact us at [info@projectaliveandkicking.org](mailto:info@projectaliveandkicking.org).

Project Alive & Kicking is a 501(c)(3) nonprofit foundation.

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