

NIH News in Health

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Pregnancy and Beyond

Make Healthy Choices for Yourself and Your Baby

You're having a baby! Now what? When you're about to be a new mom, it can feel like there's a lot to do and learn. You'll likely hear well-meaning advice from family, friends, and even total strangers. You may feel a mix of emotions. Whether you're overjoyed or overwhelmed—or both—you can take steps to keep yourself and your baby healthy throughout pregnancy, and after.

"First, don't expect the worst. Expect the best," says Dr. Kimberly Yonkers, a researcher and psychiatrist at Yale University. "While some information or statistics might seem scary, keep in mind that the vast majority of the millions of pregnancies in the U.S. each year are healthy."

Sometimes it's helpful to focus on the positive aspects of pregnancy, and on the things you can control, like what you eat and how much you exercise. There may even be a silver lining to "morning sickness," the nausea and vomiting you might get during pregnancy. One NIH-funded study found that nausea and vomiting early in pregnancy is associated with reduced risk for pregnancy loss.

Healthy eating is always important, but it's even more so during pregnancy. A well-balanced diet can help ensure that you and your baby get all the nutrients you both need. Select a variety of fruits, vegetables, whole grains, lean meats or other protein sources, and low-fat dairy products.

Be sure to get enough of the vitamin folate, found in foods like orange juice and leafy green vegetables. Experts recommend that all women of child-bearing age add to, or supplement, their diet by taking 0.4 mg (400 micrograms) of folic acid, a form of folate, every day. Taking folic acid supplements at least a month before becoming pregnant and throughout the first 3 months of pregnancy can lower a baby's risk for certain birth defects by as much as 70%. Other nutrients that play essential roles during pregnancy are found in most **prenatal** vitamins.

For your baby's safety, avoid certain foods such as raw fish, undercooked meat, deli meat, and unpasteurized cheese. Fish and shellfish can contain varying levels of methylmercury—a toxic metal—that may harm an unborn baby. During pregnancy, choose options that generally have low levels of this metal, such as shrimp, canned light tuna, salmon, pollock, and catfish. Pregnant women can eat up to 12 ounces of these fish each week.

While you may want to eat twice as healthy while pregnant, try not to eat twice as much. In an NIH study of more than 8,000 pregnant women, 73% gained more than the recommended amount of weight. The study found that gaining too much during pregnancy can raise the risk for gestational high blood pressure, cesarean section, and larger infants.



"It's common for women to think that when they're pregnant, they can 'eat for two.' But that's a myth," says Dr. Uma Reddy, an obstetrician and gynecologist at NIH. "You only need to eat a little more during pregnancy, not double the amount you usually eat." In general, pregnant women need to eat about 300 extra calories per day.

Keeping your body moving while you're pregnant can help you stay strong, feel and sleep better, and prepare your body for birth. Walking groups for moms and prenatal yoga classes might be a good place to find support and community while staying active. "With a few consider-

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Definitions

Prenatal

Before birth, or during pregnancy.

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ations, most women can continue their regular levels of physical activity throughout pregnancy," Reddy says.

Since gaining too much or too little weight during pregnancy can raise the risk of problems for both you and your baby, talk to your health care provider about the right amount of weight gain based on your pre-pregnancy weight. Ask about how much food you should eat, the nutrients you'll need, and the amount and type of physical activity that's safe for you.



Wise Choices After Baby Arrives

As you adjust to being a mom, be sure to take care of yourself too!

- **Connect with other moms.** Look for a moms' group in your community or online.
- **Make time for yourself.** Do something you enjoy, like listening to music, reading a book, watching a favorite show, or taking a hot bath without interruption.
- **Be realistic.** No need to strive for perfection. Do what you can.
- **Ask for help.** Don't be afraid to ask family and friends for help, whether it's caring for the baby or doing household chores.
- **Rest when the baby rests.** Sleep is just as important for you as it is for the baby.

Also talk to your doctor about any medications and supplements you take, chemicals or potentially toxic things you're exposed to, and any habits or behaviors you may be concerned about, like alcohol or drug use. Together, you can make a plan to help keep yourself and your developing baby safe.

You might be surprised to learn that some aspects of your health might be easier to improve while you're pregnant. "Our research is showing that previously existing depression often improves, substance misuse significantly decreases, and that women generally get rid of a lot of negative health habits during pregnancy, at least temporarily," Yonkers says.

For instance, some women may find that changes like eliminating alcohol or cutting back on caffeinated coffee is easier than before pregnancy, or they may just feel less interested in these drinks. "Smoking is another habit that women often find is easier to control during pregnancy," Yonkers says.

When you're pregnant, your teeth and gums might be the last thing on your mind. But your gums are more likely to become inflamed or infected because of the changes in your body. Make sure you keep up your regularly scheduled checkups. And, wash those hands! "A lot of people forget about handwashing, but this simple action makes a big difference and can really help you avoid some



Web Links

For more about healthy pregnancy, click the "Links" tab at: newsinhealth.nih.gov/issue/Jan2017/Feature1

viruses that can be dangerous to your unborn baby," Reddy says.

You may be tempted to schedule an earlier delivery. As eager as you might be to meet your new baby, studies show that it's important to wait until at least 39 weeks of pregnancy unless there are medical reasons to deliver early.

There's a lot to think about when you're pregnant. It's normal to have a variety of strong emotions during this period. But if you're struggling with certain feelings or thoughts, it's important to seek help. "Get help and talk to someone you trust," says NIH's Dr. Triesta Fowler, a pediatrician and coordinator of the *Moms' Mental Health Matters* initiative. "You're important and you matter. Though the baby is often the primary focus, women need to understand that they are just as important."

NIH and its partners created the *Moms' Mental Health Matters* initiative to raise awareness among pregnant and new mothers, their families, and health care providers about depression and anxiety during pregnancy and after the baby is born. Resources include an action plan for depression and anxiety, and conversation cards to help women and their families talk more easily about their feelings. Free materials are available in both English and Spanish at www.nichd.nih.gov/ncmhcp/initiatives/moms-mental-health-matters.

Getting early and regular prenatal care is the best thing you can do to keep yourself and your baby healthy while you're pregnant. Every woman and each pregnancy is unique. See your health care provider throughout your pregnancy to ask about what's right for you, and to help you stay physically and mentally healthy. ■

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How to Spot and Prevent Deep Vein Thrombosis

When the Clot Thickens

Lots of things can cause pain and swelling in your leg. But if your symptoms stem from a blood clot deep in your leg, it can be dangerous. Blood clots can happen to anyone, anytime. But some people are at increased risk. Taking steps to reduce your chances of a blood clot forming in your veins can help you avoid potentially serious problems.

Blood clots can arise anywhere in your body. They develop when blood thickens and clumps together. When a clot forms in a vein deep in the body, it's called deep vein thrombosis. Deep vein blood clots typically occur in the lower leg or thigh.

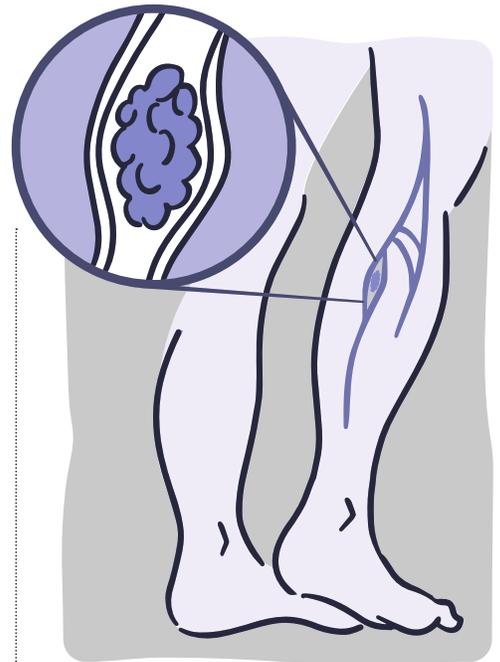
"Deep vein thrombosis has classic symptoms—for example swelling, pain, warmth, and redness on the leg," says Dr. Andrei Kindzelski, an NIH blood disease expert. "But about 30–40% of cases go unnoticed, since they don't have typical symptoms." In fact, some people don't realize they have a deep vein clot until it causes a more serious condition.

Deep vein clots—especially those in the thigh—can break off and travel through the bloodstream. If a clot lodges in an artery in the lungs, it can block blood flow and lead to a sometimes-deadly condition called pulmonary embolism. This disorder can damage the lungs and reduce blood oxygen levels, which can harm other organs as well.

Some people are more at risk for deep vein thrombosis than others. "Usually people who develop deep vein thrombosis have some level of thrombophilia, which means their blood clots more rapidly or easily," Kindzelski says. Getting a blood clot is usually the first sign of this condition because it's hard to notice otherwise. In these cases, lifestyle can contribute to a blood clot forming—if you don't move enough, for example. Your risk is higher if you've recently had surgery or broken a bone, if you're ill and in bed for a long time, or if you're traveling for a long time (such as during long car or airplane rides).

Having other diseases or conditions can also raise your chances of a blood clot. These include a stroke, paralysis (an inability to move), chronic heart disease, high blood pressure, surgical procedure, or having been recently treated for cancer. Women who take hormone therapy pills or birth control pills, are pregnant, or within the first 6 weeks after giving birth are also at higher risk. So are those who smoke or who are older than 60. But deep vein thrombosis can happen at any age.

You can take simple steps to lower your chances for a blood clot. Exercise your lower leg muscles if you're sitting for a long time while traveling. Get out of bed and move around as soon as you're able after having surgery or being ill. The more active you are, the better your chance of avoiding a blood clot. Take any medicines



your doctor prescribes to prevent clots after some types of surgery.

A prompt diagnosis and proper treatment can help prevent the complications of blood clots. See your doctor immediately if you have any signs or symptoms of deep vein thrombosis or pulmonary embolism (see the Wise Choices box). A physical exam and other tests can help doctors determine whether you've got a blood clot.

There are many ways to treat deep vein thrombosis. Therapies aim to stop the blood clot from getting bigger, prevent the clot from breaking off and moving to your lungs, or reduce your chance of having another blood clot. NIH scientists continue to research new medicines and better treatment options.

If you think you may be at risk for deep vein thrombosis, talk with your doctor. ■



Wise Choices Clues of a Clot

Seek treatment if you have these symptoms. They may signal a deep vein clot or pulmonary embolism:

- swelling of the leg or along a vein in the leg
- pain or tenderness in the leg, which you may feel only when standing or walking
- increased warmth in the area of the leg that's swollen or painful
- red or discolored skin on the leg
- unexplained shortness of breath
- pain with deep breathing
- coughing up blood



Web Links

For more about deep vein thrombosis, click the "Links" tab at: newsinhealth.nih.gov/issue/Jan2017/Feature2

Health Capsules

For links to more information, see these stories online:
newsinhealth.nih.gov/issue/Jan2017/Capsule1

Palliative Care Improves Quality of Life

Palliative care is a special type of medical care. It's designed to ease the discomfort and stress of living with a serious or life-threatening illness, such as cancer or a heart condition. Two new NIH-funded studies add to growing evidence that palliative care can improve quality of life.

Palliative care works along with other therapies to ease physical symptoms and offer emotional and social support to patients and caregivers. It differs from hospice, or end-of-life care, which is offered to those whose illness is unlikely to be cured.

In one study, researchers followed 160 patients who were hospitalized for weeks while undergoing a bone

marrow transplant to treat cancer. Bone marrow transplants are difficult procedures that can lead to both physical and emotional distress. The patients were randomly assigned to receive either standard medical care or palliative care plus standard care.

After 2 weeks in the hospital, when treatment can be most difficult, patients who had palliative care reported less symptoms, a smaller drop in quality of life, and less depression and anxiety than those who had standard care. Patients who received palliative care also reported some improvements after 3 months.

In a related study, researchers reviewed 43 studies of palliative care.

The analysis included nearly 13,000 adults with serious illness and more than 2,400 of their caregivers. The research team found that palliative care improved quality of life and symptoms, but not survival.

"We need to find ways of integrating palliative care concepts in patients' usual care experiences so it isn't a luxury, but a standard part of health care for those living with serious illness," says team leader Dr. Dio Kavalieratos of the University of Pittsburgh School of Medicine. Further work will be needed to study the costs and long-term benefits of different types of palliative care. ■

Scleroderma Affects Skin and More

Scleroderma is a group of diseases that affect the body's connective tissue, which supports the skin and internal organs. Skin, blood vessels, or other tissues may become hard or thick. Swelling or pain may arise in muscles and joints. NIH recently updated its "Handout on Health" about scleroderma, so you can learn more about this unusual disorder.

Scleroderma can occur in people of all ages, races, and ethnic groups. For unknown reasons, it's more common in women than men.

Scleroderma symptoms vary widely and are similar to other diseases. This can make the condition hard to diagnose. There are 2 main types: localized and systemic.

Localized scleroderma usually affects only the skin, which becomes

hard and tight. It may improve without treatment. But severe cases can leave skin damaged.

Systemic scleroderma is often more serious. It can affect the skin, tissues under it, blood vessels, and major organs, such as the heart, lungs, and kidneys.

Scientists are not yet certain what causes scleroderma. It sometimes runs in families. But it also occurs in people without a family history of the disease. Scleroderma isn't contagious, so you can't "catch" the disorder from someone who has it.

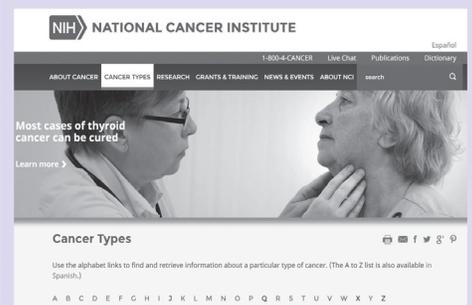
NIH-funded scientists are actively working to find related genes and test potential therapies and diagnostics. You can learn more about scleroderma at www.niams.nih.gov/Health_Info/Scleroderma. ■



Featured Website Types of Cancer

www.cancer.gov/types

There are more than 100 types of cancer. Most are named for the organs or tissues where the cancers occur. Some describe the type of cell that formed the tumor. This site lists dozens of cancer types, along with links to more detailed information.



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