

WHAT TO EXPECT WHEN YOU'RE EXPECTING

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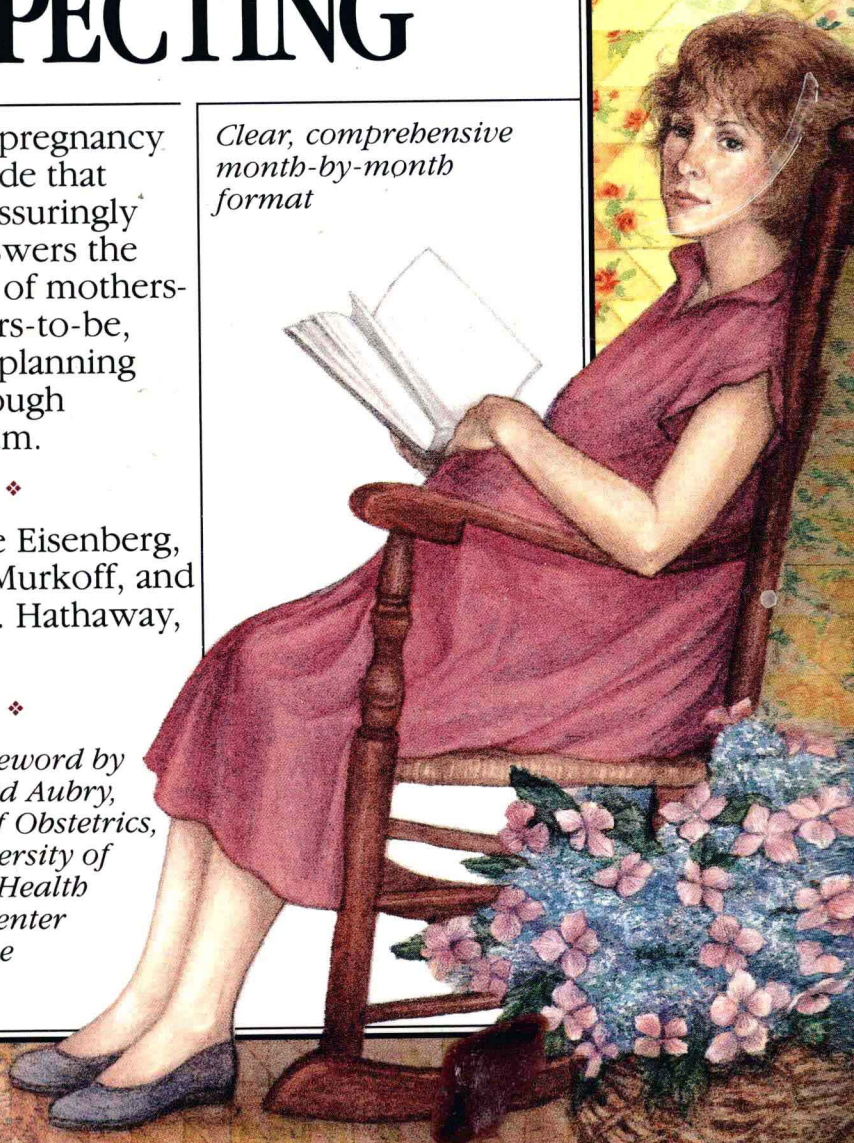
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The pregnancy guide that reassuringly answers the concerns of mothers-and fathers-to-be, from the planning stage through postpartum.

*Clear, comprehensive
month-by-month
format*

By Arlene Eisenberg,
Heidi E. Murkoff, and
Sandee E. Hathaway,
B.S.N.

*With a foreword by
Dr. Richard Aubry,
Director of Obstetrics,
State University of
New York Health
Sciences Center
at Syracuse*



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Arlene Eisenberg

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Assistant Chairman and Director of Obstetrics, Department of Ob-Gyn,
State University of New York Health Sciences Center at Syracuse*

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To Emma, who inspired this book while still in the womb, who did her best to keep us from writing it once she was out, and who, we trust, will put it to good use one day.

To Howard, Erik, and Tim, without whom this book would not have been possible—in more ways than one.

To Rachel, Wyatt, and Ethan, who showed up a little late for our first edition, but whose gestations contributed plenty to this one.

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Heidi E. Murkoff, and Sandee E. Hathaway

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“Excellent. I recommend it to all my new patients. I have a 17 month old. This book was a bible even for me—a pediatrician.”

—Claudia Somes, M.D.



“**What to Expect When You’re Expecting** has been my pregnancy bible.”

—Cynthia Cravens Allen,
Kentucky



“Wonderful. Well organized, readable.”

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“Your book . . . has been a godsend. I’ve faithfully read each chapter prior to beginning that month and have been reassured by your calm and compassionate writing.”

—Carol Rozner, California



“Contains useful information not available in other books.”

—Jim Wiley, M.D.



“Your calm and confident style fills me with courage for our transition to parenthood.”
—Diane Wheeler, California



“Very reassuring to the new mother.”
—Ralph Minear, M.D.



“Your books have not left my night table for 18 months (except when they went to the hospital with me)! Your information is always *right on schedule*, clear, concise and unbiased.”
—Lori Slayton, New Jersey



“Excellent—we used it as our bible during pregnancy.”
—Bruce Oran, M.D.



“[It] has seen me through my first pregnancy . . . providing a concise, user-friendly source of information . . . Thanks to your book, I feel our daughter had a head start on life.”
—Victoria Schei, Ontario



“Extremely helpful. I’ve used this book as a valuable resource with my patients.”
—Saundra Schoichet, Ph.D.
Clinical Psychologist



A MILLION THANKS

Books and babies have a lot in common. Both take plenty of time, hard work, dedication, and care (not to mention a healthy dose of worry) to turn out the best possible product. Both also require the cooperation of a team of concerned people. We've been lucky to have a fine team involved in the creation of our book, all of whom we gratefully thank:

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Richard Aubrey, M.D., Professor of Obstetrics and Gynecology and Assistant Chairman and Director of Obstetrics, Department of Ob-Gyn, State University of New York Health Sciences Center at Syracuse, our invaluable medical advisor. Dick's wise, caring, perceptive, informed critique has added immeasurably to the quality of this book. We feel privileged to

have worked with such a remarkable physician.

The American College of Obstetricians and Gynecologists (particularly Mort Lebow, Florence Foelak, and Kate Ruddon), the American Academy of Pediatrics (particularly Michelle Weber and Carolyn Kolbaba), and *Contemporary Pediatrics* (and editor Jim Swan) for supplying us with voluminous quantities of information and material, being available to answer our questions, and for helping us to keep our books up-to-date.

The many physicians who clarified points or answered our questions, including John Severs, Irving Selikoff, Michael Starr, Michelle Marcus, Roy Schoen, and the hundreds who answered questionnaires and have given us input at ACOG meetings.

Three men without whom this book (and those that followed) would literally not have been possible: Howard Eisenberg, Erik Murkoff, and Tim Hathaway. It's guys like these that give husbands and fathers a good name, and we thank them for their inspiration and support.

Those who were so instrumental in the success of the first edition, including designer Susan Aronson Stirling, cover illustrator Judith Cheng, and book illustrator Carol Donner; Henry Eisenberg M.D., Ann Appelbaum, and Beth Falk, and, of course, Mildred and Harry Scharaga, better known as Mimi and Gramps.

Friends like Sarah Jacobs who have offered ideas and insights.

The hundreds of readers who have written, phoned, or spoken to us over the years, for all their comments and suggestions.

Another Word From the Doctor

Often, people who notice my name on the front cover of this book call to thank me for writing it. I thank them, in return, for their calls and compliments—and then explain that I *didn't* write it. My role, I tell them, was not author but medical advisor—in charge of the dotting of every anatomic “i” and the crossing of every biologic “t.”

Like them, I'm pleased and excited about what these authors have done. What I wrote in my foreword in 1985 is every bit as true today. But with this complete revision, the book that I enthusiastically endorsed then is now even better.

It's even more up-to-date and more comprehensive, dealing in much greater depth with high-risk pregnancies, second pregnancies, and pregnancy loss. These topics are handled with sensitivity, clarity, and accuracy, avoiding the scare-on-every-page approach. The authors take the sensible view that, yes, there are things to be concerned about; any responsible mother-to-be would be concerned.

But then they add what is so often omitted elsewhere: “Here are some commonsense things you can do to avoid that complication.”

That constructive approach, I am sure, is what has helped this book, written by non-physicians, win such wide acceptance among doctors and other health care providers in the first place. It's not only recommended (or given) to new patients by many ob/gyns, but used by those physicians and their spouses as well. My young residents read it to learn what patients are wondering and worrying about, so they'll be better prepared when they begin their own practice.

Clearly, expectant parents love this book. Physicians respect it. Those are two good reasons for the resounding success of *What to Expect When You're Expecting*. And if it didn't sound so appallingly unscientific, I'd hypothesize a third: babies appreciate it too.

Richard Aubry, M.D.,
M.P.H., F.A.C.O.G.

A Word From the Doctor

These are the best years in history to be expecting a baby. In recent decades, there has been a remarkable improvement in the outcome of human pregnancy—for mothers as well as for infants. Women enter pregnancy healthier; they get better, more complete prenatal care; and the hospital maternity wing has replaced the kitchen table and the four-poster as the place to have a baby.

Yet more can be done. To those of us in academic medicine it is becoming increasingly clear that superior doctors and superior equipment aren't enough. Further reductions in pregnancy and childbirth risks will require actively participating expectant couples as well. In order to participate more, couples will have to be more completely and accurately informed, not just about the climactic birth experience, but about the all-important nine months that precede it; not just about the risks that pregnancy presents, but about the steps parents can take to minimize and eliminate risks; not just about the medical aspects of pregnancy, but about psychosocial and lifestyle factors as well.

How can parents become so informed? High schools and colleges, have no time or place in their curricula for Babymaking 101. Professionals who provide obstetrical care have a time problem, too. And, they are sometimes overly scientific in their explanations and insufficiently sensitive to the psychological and emotional needs of expectant parents.

Consumer advocates have vaulted into the void with books, magazine articles, and classroom instruction. They are often tremendously helpful, but almost as often they're medically inaccurate, unnecessarily alarming, and/or disproportionately focused on the inadequacies of the health care profession, driving a wedge of suspicion and doubt between parents and their obstetrical caregivers.

The need for a book that provides accurate, up-to-date, and medically sound information with proper emphasis on nutrition, lifestyle, and the emotional aspects of pregnancy has long been apparent. Now, I believe, that need has been met in a highly readable and eminently practical month-by-month format.

The three authors—each an experienced “consumer” of maternity care—have given us that essential consumer perspective. They have wisely concentrated on giving expectant parents the information that will allow them to intelligently play their central role in the entire process, without threatening the doctors and nurse-midwives with whom they must work closely and congenially.

What to Expect When You're Expecting is lively in style, accurate, current, and well-balanced overall. But four aspects of its structure and content deserve special comment:

- ❖ The book's thoughtful family-centered approach to childbearing—with involvement of the husband throughout the pregnancy process and with a chapter responding to his special needs and problems—is excellent and important.
- ❖ Its practical chronological arrangement—sensibly answering all the big and little, trying and troubling questions that come up month after month—makes for timely reassurance and easy bedside-table reference.
- ❖ The book's emphasis on pre-

pregnancy and pregnancy nutrition and lifestyle, and its commonsense approaches to lactation and the psychosocial dimensions of motherhood, make it particularly valuable and unique.

- ❖ Its accurate and up-to-the-minute medical detail—particularly the clarity of its sections on genetics, teratology, preterm labor, delivery, cesarean section, and again, lactation—is outstanding.

All in all, I believe that this excellent book, should be *required reading* not only for expectant parents, but for doctors and nurses who are training to provide obstetrical care and for professionals already providing it. That is, I know, a long way out on a limb for a generally cautious medical school professor to go. But I say it out of strong conviction: the belief that only with properly informed and responsible consumers and providers working together can we draw near our common goal—healthy babies, mothers, and families. And, ultimately, society.

*Richard Aubry, M.D.,
M.P.H., F.A.C.O.G.*

Why This Book Was Reborn

Fourteen years ago, just hours before I delivered Emma, the baby who inspired it, my co-authors and I delivered the proposal for *What to Expect When You're Expecting*. In conceiving it, in researching it, in writing it, our goal was simple and single-minded: to bring reassurance to expectant parents.

Fourteen years later, our goal hasn't changed. But to help us meet the goal more fully, our book has.

The first copy of *What to Expect* was barely off the presses when we began to collect material in a folder marked "ADD." Though we managed to include the most significant new information, at least briefly, in subsequent printings, squeezing in a line here and a line there, the ADD file soon became a pile of files, then a boxful. When it started to become a

roomful, we decided it was time to begin petitioning our publisher for the opportunity to begin a major revision, so that *all* our ADDs could finally be added.

Much of what we've revised reflects revisions in obstetrical practice. But many more of the changes reflect the input from a source we value as highly as any obstetrical journal or text: expectant parents. On a page at the end of the first edition of *What to Expect*, we asked readers to write and let us know if there was anything they worried about or experienced during pregnancy and postpartum that we didn't cover or didn't cover adequately. And though we received many letters from readers who said they felt we'd covered it all, we received others from readers who'd felt we hadn't.

Planning Ahead

If you aren't pregnant yet but are in the planning phase, turn to the last chapter of this book first. There you

will find everything you need to know about getting a head start on a successful pregnancy and a healthy baby.

So, as requested, we've added more on second and subsequent pregnancies, more on chronic medical conditions that affect pregnancy, more on what to do if you get sick, more on coping with common (and not-so-common) pregnancy symptoms, and more on complications that may occur (but please, please, to spare yourself unnecessary worry, do not read this section unless a complication *does* occur).

More important than what we've changed, though, is what has stayed the same—namely, all that readers have told us they've appreciated about *What to Expect*. The practical step-by-step advice. The empathetic approach. The easy-to-read explanation of things medical. And, of course, the reassurance.

No book on pregnancy can anticipate and elaborate on every conceivable concern or situation and still fit comfortably on a single bookshelf. (After all, consider that no two pregnancies are identical and over 3½ million pregnancies take place each year in this country.) But we hope you'll find that this edition of *What to Expect When You're Expecting* comes close.

Thanks to you, our readers, for all the support and suggestions you've given us. And do keep those cards and letters coming. We'll do our best to keep responding.

Heidi E. Murkoff
New York City

What's in a Month?

There are several ways to count time in pregnancy: week by week for 40 weeks, month by month for ten four-week months, or month by month using the traditional nine months. We chose to divide *What to Expect When You're Expecting* into traditional months because so many women keep track of their pregnancies this way, because nine months are easily divided into trimesters, and because more women will have symptoms and experiences in common over the course of a month than in the limited span of a week.

So when using this book, remember that the first month begins seven days after the first day of your last menstrual period. If, for example, your last menstrual period began on March 5, your first month began on March 12. Your

second month would then begin on April 12, your third on May 12 and so on. Your due date would be nine months later, on December 12.

When weeks are specified, however, for example in reference to first hearing the fetal heartbeat, we are talking about the number of weeks since the first day of the last menstrual period. If March 5 was a Sunday, 17 weeks into your pregnancy would be completed 17 Sundays from that day, or July 2. When counting 40 weeks to delivery, you would end up with a slightly earlier due date than when counting months, in this case December 10.

No matter which method your practitioner recommends for calculating your due date, keep in mind the nine-month format of this book when using it to follow your pregnancy's progress.

How This Book Was Born

I was pregnant, which about one day out of three made me the happiest woman in the world. And for the remaining two, the most worried.

Worried about the wine I'd sipped nightly with dinner, and the gin and tonics I'd downed more than a few times before dinner in my first six weeks of pregnancy—after two gynecologists and a blood test convinced me that I wasn't pregnant.

Worried about the seven doses of Provera one of the doctors had prescribed to bring on what she was certain was just a tardy period, but which proved two weeks later to be a nearly two-month gestation.

Worried about the coffee I'd drunk, and the milk I hadn't; the sugar I'd eaten, and the protein I hadn't.

Worried about the cramps in my third month, and the four days in my fifth month when I felt not even a flicker of fetal movement.

Worried about the time I fainted while touring the hospital I was to deliver in (I never did get to see the nursery), my middle-of-the-street belly-flop in the eighth month, and a bloody vaginal discharge in the ninth.

Worried, even, about feeling *good* ("But I'm not constipated. . . . I don't have morning sickness. . . . I'm not urinating more frequently—something must be wrong!").

Worried that I wouldn't be able to tolerate the pain during labor, or stand the sight of blood at delivery. And worried that because I couldn't squeeze out a drop of the colostrum all my books told me should fill my breasts by the ninth month, I wouldn't be able to breastfeed.

Where could I turn to find reassurance that all would be well? Not to the ever-growing stack of pregnancy books piled high on my bedside table. As common and normal as a few days of no fetal activity is in the fifth month, I couldn't find a single reference to it. As often as pregnant women take a tumble—almost always without harming their babies—I could find no mention of accidental falls.

When my symptoms, problems, or fears *were* discussed, it was usually in an alarming way which only compounded my concern. *Never* take Provera unless you would "absolutely abort," warned one volume—without

adding that a woman who has taken the drug has so slight an increased risk of birth defects in her baby that an unwanted abortion need never be considered. "There is evidence that a single drinking 'binge' during pregnancy may affect some babies, depending on the stage of development they have reached," cautioned another book ominously—disregarding studies which show that a few drinking sprees in early pregnancy, when many women indulge unknowingly, appear to have no effect on a developing embryo.

I certainly couldn't find relief for my worries by opening a newspaper, flipping on the radio or television, or browsing through magazines. According to the media, threats to the pregnant lurked everywhere: in the air we breathed, in the food we ate, in the water we drank, at the dentist's office, in the drugstore, even at home.

My doctor offered some solace, of course, but only when I was able to summon up the courage to phone. (I was either afraid my worries would sound silly or afraid of what I would hear. Besides, how could I spend two days out of three on the phone badgering her?)

Was I (and my husband, Erik—who worried about everything I worried about, and then some) alone in my fears? Far from it. Worry, according to one study, is one of the most common

complaints of pregnancy, affecting more expectant women than morning sickness and food cravings combined. Ninety-four out of every hundred women worry about whether their babies will be normal, and 93% worry about whether they and their babies will come through delivery safely. More women worry about their figures (91%) than their health (81%) during pregnancy. And most worry that they worry too much.

But though a little worry is normal for pregnant women and their mates, a lot of worry is an unnecessary waste of what should be a blissfully happy time. Despite all that we hear, read, and worry about, never before in the history of reproduction has it been safer to have a baby—as Erik and I discovered some seven and a half months of worrying later, when I gave birth to a healthier and more beautiful baby girl than I'd dared to dream possible.

Thus, out of our concerns, *What to Expect When You're Expecting* was born. It is dedicated to expectant couples everywhere (especially to my co-author and sister, Sandee, and her husband, Tim, whose first baby will be in a tight race with this book for publication), and written with the hope that it will help fathers- and mothers-to-be worry less and enjoy their pregnancies more.

Heidi E. Murkoff

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