The First Trimester

Are you pregnant? Although the proof is in the pregnancy test, many women intuitively know that they are, some even before they miss their menstrual period. Some begin to feel symptoms like nausea, aversion to certain smells, sore breasts, larger breasts, fainting and fatigue a week after conception.

Changes to Your Body

You will begin to notice changes in your body due to increased hormone production. Tender breasts, mood swings and tiredness are a few of the changes as your body prepares to support the pregnancy. It is an exhilarating time as you approach this major milestone in your life.

Tender Breasts

Your breasts will feel fuller, heavier and become more sensitive, the areola (the area around the nipple) gets darker. Wearing a comfortable support bra or sports bra will help alleviate some soreness.

Nausea and Vomiting

Many women experience nausea and/or vomiting in early pregnancy. Nausea tends to be worse in the morning but for some women, it can be in the evening or last all day. You may also notice a change in your sense of taste and smell; and you may develop an aversion to certain types of food. The following tips may help.

* Have smaller meals instead of a large one.
* Quell the nausea with dry snacks like sour plums.
* Have a piece of dry toast or a cream cracker before getting out of bed in the morning.
* Drink plenty of fluid (water or fruit juices) in small quantities to avoid dehydration.
* Ginger is a natural remedy for nausea. Try adding it to your cooking.
* Low-fat milk or yoghurt may lower the acidity of the stomach contents, so try consuming some in the morning.
Avoid eating fried, oily, fatty and spicy food.

Avoid trigger factors such as noise, jerky movements, smells or odours of food.

Get enough rest so you wake up in a relaxed mental state.

Wear motion sickness bands on your wrists. This is based on the principle of acupressure.

For very severe cases of nausea and vomiting, talk to your doctor about hypnosis.

**Fatigue**

You will get tired easily as your body prepares to support the pregnancy. Your heart pumps faster and harder, your pulse quickens and your breathing increases. Try to get as much rest as you can.

**Frequent Urination**

You may urinate more often because during pregnancy, the volume of blood in your body increases, causing more fluid to be processed. As your uterus grows, it will also press on your bladder. The same pressure may cause you to leak urine when sneezing, coughing or laughing. If you are losing sleep due to frequent trips to the bathroom, drink less before going to bed. Avoid drinks that contain caffeine, such as coffee, tea and cola, as these can cause you to urinate more.

Let your doctor know if you feel pain or a burning sensation during urination, or if there is blood in your urine. This may be a sign of a urinary tract infection (UTI). To prevent this, drink plenty of water during the day and go to the bathroom whenever you feel the urge.

**Heartburn**

During pregnancy, the placenta produces the hormone progesterone, which relaxes the muscles of the valve that separates the oesophagus (the tube that carries food from the throat to the stomach) from the stomach. This allows gastric acids to seep back up the oesophagus, causing an uncomfortable burning sensation known as heartburn. To prevent heartburn, drink plenty of water and eat small, frequent meals. Avoid fried food, carbonated drinks, citrus fruit or juices and spicy food.
Constipation
Your stomach and intestines take longer to empty their contents due to hormonal changes, thus leading to constipation. To maintain regular bowel movement, eat plenty of wholegrain food, fruit and vegetables, and drink lots of fluid. Regular physical activity may help. Talk to your doctor if your constipation persists.

Dizziness
Changes in blood circulation may make you feel a little dizzy. Stress, fatigue and hunger may make you feel worse. Avoid prolonged standing. Lie down and rest should you feel dizzy. When you need to get up from a sitting or lying down position, do so slowly, as any sudden movements may cause your blood pressure to drop.

See your obstetrician immediately if you have severe dizziness accompanied by abdominal pain or vaginal bleeding. This may be an early sign of an ectopic pregnancy—a condition in which the fertilised egg is implanted outside the uterus. This can be life-threatening as it may cause internal bleeding.

Emotional Changes
While you may be happily looking forward to having your baby, you may also feel anxious and sometimes depressed. It is natural to feel some anxiety about your baby’s health, your adjustment to becoming a mother, the financial demands and the responsibilities that come with raising a child. You will wonder how this will affect your relationship with your spouse and whether you will be a good parent. If you are working, you may worry about balancing the demands of family and career. These feelings are normal. Share your feelings with your spouse, other close family members and friends to get support and encouragement.
Your Baby’s Development

**Weeks 1 to 4**
Life begins when a sperm penetrates the outer wall of an egg and fuses with it. This takes place in the fallopian tube. The fertilised egg then moves down towards the womb and, within a few days, multiplies itself into a cluster of cells called the blastocyst. The inner group of cells develops into the baby while the outer group becomes the membranes (amniotic sac) in which the baby develops and the placenta which sticks to the wall of the uterus by a process called implantation. The placenta starts to nourish and protect the developing baby.

**Weeks 5 to 8**
Your baby’s head, heart, limbs and spinal cord begin to form. By the eighth week, the baby has a recognisable human form with developing limbs.

**Weeks 9 to 12**
The baby has a small body dominated by a large head as the brain and head grow more rapidly than the rest of the body. The vital organs—brain, lungs, liver, kidneys and intestines—are formed and functional. The heart starts to pump blood to all parts of the body.

**First Trimester Screening**
This prenatal test offers early information about the baby’s health. It is done between weeks 11 and 14 of pregnancy. First trimester screening poses no risk of miscarriage.

**Blood Test and Nuchal Translucency Ultrasound Scan**
There are two components to this test: a blood test to measure levels of two pregnancy-specific substances and a specialised ultrasound examination (Nuchal Translucency Ultrasound Scan) to measure the baby’s nuchal fold, which is a specific area at the back of the neck. The measurement indicates the risk of Down syndrome. The thicker the nuchal fold, the greater the risk.
Using your age and the results of the blood test and ultrasound, your obstetrician will be able to gauge your risk of carrying a baby with Down syndrome or Edwards syndrome. Both conditions cause mental retardation.

The results are given as a probability. It correctly identifies about 85 percent of women who are carrying a baby with Down syndrome. About 5 percent of women have a false-positive result, meaning that the test result is positive but the baby does not actually have Down syndrome. Generally, if the risk is one in 250 or higher, the test is considered positive.

If your risk level is low, first trimester screening can offer reassurance of a healthy pregnancy. If your risk level is moderate or high, you may choose to do more invasive diagnostic testing, such as Chorionic Villus Sampling (CVS) or amniocentesis (pages 40–41).

Because first trimester screening can be done earlier than most other prenatal screening tests, you will have the results early in your pregnancy. This will give you more time to make decisions about further diagnostic tests, medical treatment and the course of your pregnancy. If your baby is diagnosed with a genetic condition, you will also have more time to prepare for the possibility of caring for a child with special needs.
GESTATIONAL DIABETES

Some women develop diabetes when they are pregnant. This is known as gestational diabetes. In gestational diabetes, the pregnant woman’s blood sugar level is raised but will return to normal after delivery.

Risk Factors for Gestational Diabetes

- Family history of diabetes.
- History of repeated miscarriages or stillbirths.
- Overweight or excessive weight gain during pregnancy.
- The unborn baby is large.
- Twin pregnancy.

Effects on Mother and Baby

High blood sugar can be harmful to both mother and baby. Left uncontrolled, it may lead to urinary and vaginal infections as well as hypertension during pregnancy. It can also lead to miscarriage, stillbirth and premature birth. The delivery may be more difficult and chances of having a caesarean-section are higher.

After delivery, the baby may suffer from low blood sugar levels and jaundice, and may have breathing difficulties. When the baby grows up, he is also more likely to be obese or may develop diabetes later in life.

Treatment

If you suffer from gestational diabetes, your obstetrician will refer you to a dietitian who will have you follow a diabetic diet. If your blood sugar cannot be controlled by diet, insulin injections may be prescribed.