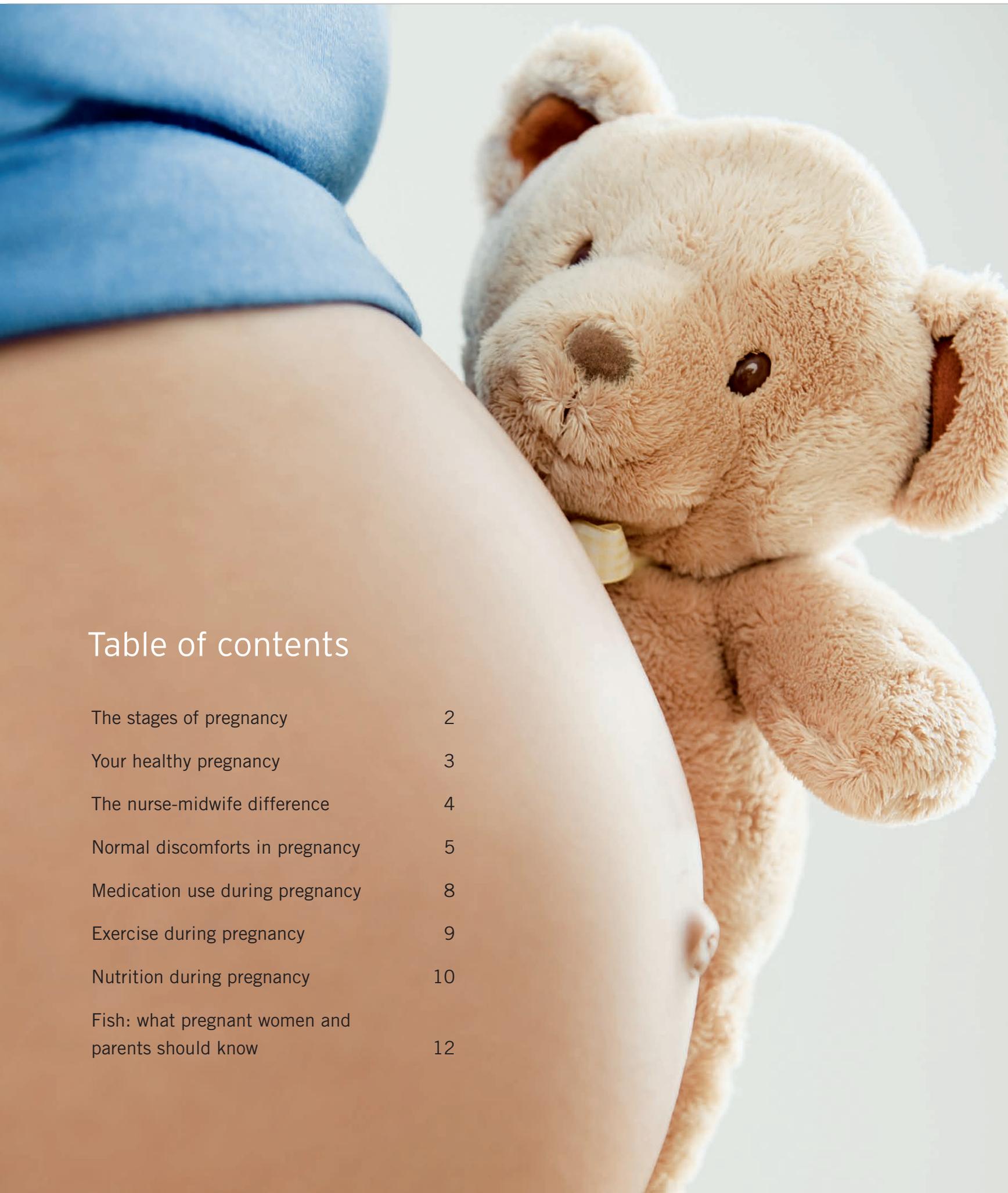


# My pregnancy

Weeks 1–20





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# Congratulations on your pregnancy

Thank you for trusting UCLA Health with your maternity care. We look forward to supporting you and your family through every step of this exciting journey. It is our goal to provide safe, high-quality care for you, your newborn and your family.

Our team of skilled and caring doctors, midwives, nurses and staff is committed to providing you with the best possible birth experience. UCLA Health offers maternity care through a fully integrated BirthPlace program. Our locations include Ronald Reagan UCLA Medical Center and UCLA Medical Center, Santa Monica, both of which feature state-of-the-art, family-centered birthing and neonatal care facilities.

UCLA Health offers the most advanced, specialized maternity and pediatric care, 24/7. You will have access to world-class neonatologists (newborn-infant specialists), surgeons, pediatric anesthesiologists, medical intensivists (critical-care physicians) and highly skilled support staff.

Most newborns stay in postpartum rooms with their mothers. However, some babies need more advanced care. In these cases, moms remain in their postpartum rooms while their babies are cared for in the neonatal intensive care unit (NICU). Both Ronald Reagan UCLA Medical Center and UCLA Medical Center, Santa Monica have top-quality NICUs. We staff our NICUs with neonatology experts who work closely with your obstetrician or midwife.

In most cases, you know in advance at which UCLA location you will deliver your baby. While we anticipate that your baby's birth will be complication-free, it is important to be prepared if a higher level of care is necessary. If you or your unborn baby needs specialized care, we may transfer you to a different UCLA medical center. If this happens, don't worry. Be assured that:

- Transferring mother and baby between hospitals is in the interest of providing the safest and most optimal care.
- You and your family will be partners in your transfer decision.
- We will help make the transition as seamless and stress-free as possible for you. This is of utmost importance to us.

Your obstetrician or midwife will discuss possibilities like a hospital transfer with you during your prenatal sessions. To simplify any necessary hospital transfers, **please complete the enclosed consent admission forms and return them to your obstetrician or midwife's office at your next appointment.**

Thank you again for choosing UCLA Health for your maternity care. We are honored to serve you during this important time in your family's life!

Sincerely,

Your UCLA Health care team

# The stages of pregnancy

The average pregnancy lasts approximately 40 weeks, as timed from the first day of your last menstrual period (LMP). Fertilization and implantation do not actually begin until conception. Conception is typically about two weeks after the first day of your LMP, during ovulation. These additional two weeks are added to the beginning of your pregnancy — before you are technically pregnant. These added weeks explain why your pregnancy officially lasts 40 weeks, or 10 months.

The stages of pregnancy are divided into three trimesters. Each trimester spans approximately three months, or 12 to 13 weeks. Each stage is described in terms of weeks. For example, a “33 and 2/7 weeks” pregnancy indicates that the woman is 33 weeks and two days into her pregnancy. The following outlines the common breakdown:

- **First trimester:** 0–13 and 6/7 weeks (months 1–3)
- **Second trimester:** 14–27 and 6/7 weeks (months 4–6)
- **Third trimester:** 28–40 and 6/7 weeks (months 7–9)

## Determining your baby's estimated due date

The day your child is scheduled to be born is called the estimated due date (EDD), and it is determined from the first day of your LMP. Only about 5 percent of women actually deliver on their estimated due dates. However, the EDD helps your health care team establish your baby's gestational age so they can monitor and record the baby's growth during your pregnancy. The EDD also serves as a reference point so your health care provider can create a schedule for required tests throughout your pregnancy.

If you can't provide a reliable LMP (which some women can't, so don't worry), your provider may use an ultrasound exam during your first trimester to better determine your baby's EDD. If you have undergone in vitro fertilization (IVF), a fertility procedure for women who need support getting pregnant, your provider will use the embryo's age and date of uterine transference (the date your health care provider transferred your embryo to your uterus) to determine your EDD.



# Your healthy pregnancy

One of your main responsibilities while pregnant is to take good care of your health. Maintaining a healthy lifestyle can help you feel more comfortable as your body changes. Even more important, staying healthy can help reduce the chances of you and your baby developing serious medical problems. Here are some of the most essential health issues to consider before and while you are pregnant.

Your provider will guide you through your pregnancy, step by step. It is most important you make and keep all appointments as recommended by your provider. This includes office appointments, routine lab testing and any specialized testing.

## Diet and exercise

Eating a balanced diet before and during pregnancy boosts your overall health and is essential for nourishing your growing baby. Exercising regularly and maintaining a proper body weight is also important before and during pregnancy. Your health care provider can advise you about your ideal pregnancy weight. Overweight women risk developing medical problems like high blood pressure and diabetes. Underweight women may deliver low-birth-weight babies.

## Daily vitamins

Your physician or midwife will recommend daily prenatal vitamins. These vitamins provide you with the nutrients necessary to properly nourish your baby.

## Ongoing health conditions

If you have a pre-existing health condition, such as diabetes or high blood pressure, it could affect your health while you're pregnant. Talk to your health care provider about getting any current or pre-existing medical issues under control.

## Prevent infection

Don't eat undercooked meat or raw eggs while you're pregnant. These foods could contain dangerous bacteria and parasites. You should also avoid all contact with cat feces (poop) and cat litter while pregnant. Flies and other insects in contact with cat feces can also carry infections. Feces and litter can contain a parasite that causes a health condition called toxoplasmosis, which can make your developing baby seriously ill or even cause death. Your provider can order a simple blood test before or while you're pregnant to determine whether you've been exposed to the parasite.

Avoid travel to Zika-affected areas. If travel is unavoidable, consult with your provider. Visit [cdc.gov/zika/geo](https://www.cdc.gov/zika/geo) for more information.

## Harmful substances

Do all you can to avoid exposure to toxic and chemical substances such as lead and pesticides. Exposure to these toxins could damage your baby's health. Radiation exposure (e.g., through abdominal X-rays) could also put your baby at risk for certain health concerns.

## Domestic violence

Women whose partners physically abuse them before they are pregnant may risk more abuse while they're carrying their babies. Have a plan to protect yourself and your baby. Your physician or midwife is ready and willing to assist you find social, legal and community resources to help you deal with domestic violence.

## Avoid alcohol and drugs

Consuming alcohol and/or drugs, including marijuana, while pregnant can greatly harm your baby's health. Also be sure to tell your health care provider about any medications (prescription and over the counter) you currently take. Some medicines are unsafe for your developing baby.

## Stop smoking

If you're a smoker, stop smoking now. Numerous studies show that smoking mothers are more likely to have premature and low-birth-weight babies. Both of these factors can increase a baby's chance of developing long-term medical problems. Smokers' babies also are more likely to die from sudden infant death syndrome (SIDS) than nonsmokers' babies. Even being exposed to secondhand smoke (from someone physically near you who smokes) can increase your chance of having a low-birth-weight baby. You may also face dangers from "third-hand" smoke — tobacco particles, chemicals and gasses left on hair, clothing and furnishings.

## Ask us for help

Do you have questions about these or any other health issues? Talk to your UCLA Health provider. We want to help you have a healthy, happy pregnancy!

# The nurse-midwife difference

UCLA's nurse-midwives partner with women to provide the care and support they need to achieve their preferred birthing experiences in the safety of a hospital setting. UCLA midwives view childbirth as a natural physiological process, and that process can be a little different for every mother. We provide a midwifery model of care that utilizes:

- Watchful waiting and nonintervention in normal processes
- Shared decision-making, acknowledging that many times women and their families know what is best for their pregnancy and birthing experience
- Appropriate use of interventions and technology for current or potential health problems
- Consultation, collaboration and referral with other members of the health care team as needed to provide optimal health care

We work hard to provide a space with minimal interruptions for your labor and birth. Families in our care express an increased sense of control during their labor and birth experience. We encourage mothers to move, walk and use alternative pain management techniques during labor. We work with you to find your most comfortable position for childbirth, whether that means sitting upright, squatting, lying on your side or using a birthing stool.

Our continuous support helps you labor more comfortably and effectively, while our judicious use of technology ensures your safety.



## Personalized care

UCLA's nurse-midwives spend time getting to know you and your family during your pregnancy. We talk extensively with you about your labor and birth preferences. During your pregnancy, you will have an opportunity to meet all of our team members.

We encourage you to take childbirth preparation classes, consider hiring a doula and write a birth plan. Your midwife team will serve as a strong advocate for you throughout your pregnancy, birth and after your baby is born.

## About UCLA's nurse-midwives

Our UCLA midwifery group has been a collaborative practice within the UCLA Department of Obstetrics and Gynecology since 2002. Our certified nurse-midwife team members hold master's degrees in nursing, are board-certified by the American Midwifery Certification Board and are credentialed to practice midwifery at Ronald Reagan UCLA Medical Center and UCLA Medical Center, Santa Monica.

UCLA nurse-midwives attend the births of nearly 450 babies every year, many of which do not require surgical or anesthetic methods of delivery and induction:

- Our program's cesarean section rate is 12 percent, compared to the national average of 31 percent.
- We induce birth (stimulate labor with medication or other techniques) in patients about 10 percent of the time. The national inducement average is 22 percent.
- About half of the mothers we work with choose epidurals. The national average for choosing an epidural is 61 percent.
- Only 1 percent of mothers in our care require episiotomies (small, surgical cuts to enlarge the vaginal opening). The national average for episiotomies is 12 percent.

## Contact us

If you are wondering if a nurse-midwife is the right health care provider for you and your baby, give us a call at 310-899-7500 for an initial consultation. Mothers, babies and their families are our sole focus.

UCLA Nurse-Midwives  
[obgyn.ucla.edu/nurse-midwives](http://obgyn.ucla.edu/nurse-midwives)  
Patient information: 310-794-4434  
Appointments: 310-899-7500

# Normal discomforts in pregnancy

Throughout pregnancy, expectant mothers often experience a range of common bodily discomforts. The following are some of the most common pregnancy discomforts and things you can do to alleviate them.

## Backache

- Be aware of your posture, especially if you have upper and lower back pain.
- When lifting from the ground, bend at the knees.
- When sleeping, try lying on your side with your upper leg bent up and your lower leg straight. Place a pillow under the knee of the upper leg.
- Avoid standing for prolonged periods. When standing, place one leg up on a stool, which will take some of the pressure off your lower back.
- Exercises such as pregnancy yoga, walking, swimming and stretching are beneficial.
- Ask for backrubs.
- Get a pregnancy massage.
- Use a heating pad or ice pack. Do not use a heating pad on your abdomen.
- Avoid excess weight gain.
- Wear a supportive bra to avoid upper back strain.
- Avoid leaning forward when doing work.
- Relax in a warm bathtub, but not a hot tub or Jacuzzi.
- Avoid getting overfatigued. Maintain adequate sleep and rest periods.
- Consider making an appointment with a physical therapist and/or occupational therapist. These professionals can offer safe exercises and suggest ways to modify your movements so you're more comfortable.

## Bleeding gums

- It is important to have regular dental checkups, cleanings and any necessary dental work during pregnancy.
- Softened gums, caused by hormonal changes in pregnancy, can lead to dental problems.
- Consider using a softer toothbrush.

## Breast tenderness/breast changes

- Normal changes:
  - Breasts become larger, firmer and more tender.
  - Breasts may become nodular (lump-like).
  - You may feel tingling, throbbing, heaviness and fullness.
  - Nipples may change colors; areolas may darken.
  - Superficial veins may appear more prominently.
  - Striae (stretch marks) may appear.
  - Montgomery glands enlarge.
  - Colostrum (the “first milk”) may be present after week 12.
  - There may be brown patches around the areola.
- Unusual changes:
  - Orange peel appearance
  - Nipple retractions
  - Nipples that are swollen, hard, red, hot, tender, cracked or have hard lumps
- Wear a well-fitting bra. Purchase a nursing bra in the last month of pregnancy.
- Avoid underwire bras.
- If there is colostrum, wash the nipple area with water only.

## Congested or bloody nose

- Pregnancy increases your blood circulation, which means your respiratory tract linings fill up with more blood.
- The following may help:
  - A cool mist humidifier
  - A saline rinse or Neti pot
  - Breathing strips

## Constipation

- Eat fresh fruit when possible, instead of fruit juice.
- Eat crisp, cooked vegetables instead of overcooked vegetables.
- Slowly increase the fiber in your diet. See the “Grains” section on page 11.
- Always drink 2.5 to 3 liters (10–12 cups) of water daily.
- Give yourself time to go to the bathroom before leaving your house. Try to stay on a regular schedule. See the “Hemorrhoids” section on page 7.
- Exercise regularly, unless your health care team has advised otherwise.
- Do not use mineral oil in pregnancy. It affects the uptake of some vitamins, which means your baby will receive less of those vitamins as well.
- For safe over-the-counter medications during pregnancy, see “Medication use during pregnancy” on page 8. All medications should be approved by your health care provider.

## Edema (swelling)

- Mild swelling of the hands and ankles is normal. It may worsen in hot weather.
- When sitting, try to avoid crossing your legs.
- If you must stand for long periods, try resting with your feet up for at least 20 minutes, two to three times a day.
- Drink 2.5 to 3 liters (10–12 cups) of water daily.
- Sit in a warm (not hot) bath with water up to your waist.
- Do not wear socks or pants with tight bands.
- Wear full-length support stockings.
- Eat protein-rich foods.



## Faintness/dizziness

- Low blood pressure, low blood sugar and dehydration can make you feel dizzy.
- It is normal to feel occasional faintness or dizziness due to all the changes taking place in your body when you are pregnant.
- Move slowly. When getting up to stand from a sitting or lying position, do so slowly.
- Avoid hot baths or showers.
- Eat frequent small meals, five to six times a day. Avoid becoming very hungry.
- Avoid prolonged exposure to heat.
- Avoid tight clothing.
- If possible, avoid standing for long periods of time; if you do, move your feet as much as possible.
- Do not lie flat on your back once you reach the third trimester.
- Notify your health care provider if you experience frequent faintness/dizziness.

## Fatigue

- Fatigue is normal in pregnancy, particularly in the first trimester and later in the third trimester.
- Rest as much as possible.
- You might need to limit household chores or social activities temporarily.
- Eat well.
- Exercise if at all possible. A short walk might be invigorating.
- Avoid caffeine.
- Notify your provider if you have sudden or more severe fatigue.



## Headaches

- Sometimes certain foods can cause headaches. Try to pay attention if there is a connection between headaches and food you have eaten. Some examples are processed foods or foods containing MSG or aspartame.
- Tension makes headaches worse. Practice relaxation techniques daily.
- Reduce stress as much as possible.
- Try applying an ice pack or heating pad to the back of your neck.
- Get a pregnancy massage.
- Drink 2.5 to 3 liters (10–12 cups) of water daily.
- Ask your health care provider if it is OK to sometimes drink a cup of coffee, not more than one cup a day.
- See “Medication use during pregnancy” on page 8.

## Heartburn

- Avoid spicy foods.
- Avoid citrus, tomato sauces, mint and carbonated beverages.
- Chew your food well and eat slowly. Try not to eat on the run. Eat at a quiet leisurely time when possible.
- Avoid caffeine.
- Avoid reclining immediately following meals and avoid eating late.
- Raise your head on pillows when you sleep.
- Wear clothes that are loose fitting at the waist.
- When picking up objects, bend at the knees instead of at the waist.
- When heartburn occurs:
  - Take sips of water.
  - Relax and take several deep breaths.
  - Sit down, raise your hands over your head and bring them down again quickly. Repeat several times.
- See “Medication use during pregnancy” on page 8.
- Notify your health care provider if your heartburn persists.

## Hemorrhoids

- Increased pressure from your baby on your rectum and perineum, along with your body’s increased blood volume, can cause hemorrhoids.
- These painful, inflamed veins may feel like small, fluid-filled sacs.
- See the “constipation” section on page 6.
- Keep the anal area clean.
- Practice Kegel exercises.
- See the “Medication use during pregnancy” section on page 8.

## Nausea and vomiting

- Eat small, frequent meals. Try to eat before you get hungry.
- Avoid strong food and other environmental odors as much as possible.
- Avoid triggers that make you nauseous.
- Avoid fatty or spicy foods.
- Eat a few crackers when you get out of bed in the morning.
- Whole grains and legumes might help by reducing the acidity in your gastrointestinal tract.
- Stay upright after eating. Try to avoid lying down right after eating.
- Take sips of water throughout the day.
- Avoid drinking fluids right before or right after eating.
- When possible, allow 30 minutes before and after eating.
- Drink sips of diluted sports drinks.
- Ginger sometimes relieves nausea.
- Try acupuncture wrist bands.
- Multivitamins might make nausea worse. Do not take them on an empty stomach. Try taking them before bedtime. If this does not help, temporarily stop the vitamins, but do take a folic acid supplement of 0.4 m (400 mcg) daily.
- Get as much rest as possible.
- If you have excessive saliva production, spit it out instead of swallowing it.
- Ask your health care provider about vitamin B6 supplements.
- Notify your provider if you are vomiting so much that you cannot keep fluids down.

## Vaginal discharge

- It is normal to have an increase in vaginal discharge in pregnancy.
- If you have vaginal itching or burning, it might be a yeast infection. Avoid wearing panty liners or mini pads as much as possible as these trap moisture and increase the risk of yeast infections.
- Contact your provider if you experience any of the following changes: itching, burning or foul odor.

# Medication use during pregnancy

You may be nervous about taking common medications while you're pregnant. That's understandable. However, in many cases, certain medications are necessary to manage your health. In other cases, not taking important medications can be dangerous.

If you take medications for pre-existing medical conditions (e.g., epilepsy or high blood pressure), talk to your health care provider before starting any new prescription or over-the-counter medications, including dietary and herbal supplements. Each medication may affect your baby differently. Ultimately, the goal is to find a medication that effectively treats your condition without causing harm to your fetus.

## Safe medications

The following medications are considered generally safe during pregnancy. Carefully read and follow package directions:

Generic medication name	Symptom/condition	Precautions
Acetaminophen	Fevers, aches and pain	
Aluminum-magnesium hydroxide	Heartburn	
Bismuth subsalicylate	Diarrhea	
Calcium carbonate	Heartburn	
Clotrimazole	Yeast infections	
Dextromethorphan	Cough	
Dextromethorphan-guaifenesin	Cough	
Diphenhydramine hydrochloride	Allergies, itching and insomnia	
Docusate sodium or bisacodyl	Constipation, stool softener	
Doxylamine succinate	Insomnia	
Hydrocortisone cream, 1%	Itching	
Hydrocortisone cream, ointment and suppositories	Hemorrhoids	
Loratadine	Allergies	
Magnesium hydroxide	Constipation	
Methylcellulose	Constipation	
Miconazole nitrate (seven-day course)	Yeast infections	
Neti pot	Dry nose, allergies or nasal congestion	
Phenylephrine hemorrhoidal gel	Hemorrhoids	
Procaine injections	Local anesthesia for dental work or minor procedures	Must be used without epinephrine
Pseudoephedrine	Nasal congestion (4 or 12 hour)	After week 12 of pregnancy
Psyllium	Constipation	
Pyrethrins-piperonyl butoxide	Lice	
Simethicone	Gas	
Sodium chloride nasal spray	Dry nose or nasal congestion	
Throat lozenges	Sore throat	
Tripolidine-pseudoephedrine	Nasal congestion	After week 12 of pregnancy
Tucks pads	Hemorrhoids	

For an expanded list of medications, visit: [mothertobabyca.org](http://mothertobabyca.org).

# Exercise during pregnancy

Exercising or being active for at least 30 minutes a day can boost your health during pregnancy. Exercise is a great way to reduce pregnancy-related symptoms, such as a backache, constipation, bloating and swelling. Research suggests that exercising may be beneficial for women with gestational diabetes as it can help stabilize blood-sugar levels. Physical activity can also improve your sleep, mood, posture and energy levels.

If you were physically active prior to becoming pregnant, you generally can continue to safely exercise throughout your pregnancy. If you were inactive before pregnancy or have medical complications, you should talk with your health care team before beginning an exercise program during pregnancy.

Aerobic exercises such as swimming, walking, pregnancy yoga and riding a stationary bike are safe during pregnancy, even if you are a beginner. If you were a runner before your pregnancy, you can usually continue running during pregnancy. You may need to alter your routine, however, to protect your baby and your changing body.

If you have not exercised recently, begin slowly, with a few minutes of physical activity per day. Increase your routine by five minutes every week until you are able to remain active for 30 consecutive minutes.

## Avoid the following types of physical activity during pregnancy:

- Horseback riding
- Bicycling (unless on a stationary bike)
- Water skiing
- Scuba diving
- Skiing
- Any activity that could lead to a serious fall, such as gymnastics, snowboarding and surfing
- Prolonged periods of holding your breath during exhalation

## Follow these general guidelines when exercising:

- Avoid exercises that require you to lie on your back after the first trimester (this type of activity can reduce uterine blood flow).
- Do not exercise in hot, humid weather.
- Do not exercise if you have a fever.
- Wear clothing that keeps you cool.
- Wear a supportive, well-fitted bra.
- Drink water frequently to prevent overheating and dehydration.

Remember to consume the additional daily calories (extra food) your baby needs during pregnancy — particularly if you are exercising regularly.

**NOTE:** If you experience abnormal vaginal bleeding, difficulty breathing, chest pain, dizziness or uterine contractions while exercising, STOP immediately and rest. Call your health care provider if symptoms persist or worsen.



# Nutrition during pregnancy

A woman of normal weight before pregnancy needs an extra 300 calories a day after the first trimester; she also needs to drink at least 8 to 10 cups of water a day. Take your prenatal vitamins and other supplements as recommended by your provider.

## Recommended pregnancy weight gain

BMI category	Singleton	Twins
Underweight (BMI less than 18.5)	28 – 40 lbs.	*
Normal weight (BMI 18.5 – 24.9)	25 – 35 lbs.	37 – 54 lbs.
Overweight (BMI 25.0 – 29.9)	15 – 25 lbs.	31 – 50 lbs.
Obese (BMI 30 or greater)	11 – 20 lbs.	25 – 42 lbs.

Source: Institute of Medicine

\*Insufficient data to set standards for underweight women with twins and pregnancies with more than two babies.

## Foods and substances to avoid in pregnancy

- Recreational drugs including marijuana
- Alcohol
- Herbal teas
- Smoking cigarettes, e-cigarettes and other tobacco products
- Raw or undercooked fish, meat and eggs (see recommendations for fish on following pages)
- Sprouts (raw or lightly cooked)
- Unpasteurized milk, cheese or juice
- Soft, mold-ripened cheeses (Camembert, Brie and blue-veined cheeses)
- Hot dogs and luncheon meats are best avoided, but if eaten they must be well-heated (to steaming)
- Refrigerated pâté and meat spreads (OK if canned)
- Smoked seafood
- Liver (contains large quantities of preformed vitamin A)



## Important nutrients during pregnancy

During pregnancy, you will need an additional amount of specific nutrients. Speak with your practitioner if supplements might be required. Food sources for these nutrients are listed below.

### Iron

Clams, meat, poultry, fish, whole or enriched grain, fortified cereals, egg yolks, dried beans and peas, dark green leafy vegetables.

### Folic Acid

Leafy green vegetables, yeast extract, legumes, peanuts, cashews, whole grains, citrus fruits. (Eighty percent of the vitamin may be lost in cooking or storage.)

### Omega 3

Fish such as salmon, anchovies, sardines and trout. Olive and canola oils, nuts (such as walnuts and almonds), seeds and avocados. Docosahexaenoic acid (DHA) is the ideal form of omega 3s, ready for your body to use. There are many foods rich in DHA and it is usually prominently advertised on food packages. Look for DHA milk and eggs (if eating DHA eggs, must eat the yolk where the DHA is stored). Good for your baby's brain and eye development, especially in the last trimester.

### Calcium

See under "Dairy group."

### Vitamin D

Oily fish (e.g., salmon), egg yolks, yeast and mushrooms, and foods such as milk and cereal that are fortified with vitamin D. Exposure to sunlight for 20 minutes a day. People with darker-colored skin tones or who wear veiled clothing or use sunscreen may need to consume additional vitamin D. Speak with your health care provider.

### Vitamin B complex

Most B vitamins are found in various foods such as meat, egg yolks, legumes and whole grain products.

### Vitamin B12

Vitamin B12 is only found in foods of animal origin. Vegans need supplemental B12 in the form of cyanocobalamin.

## Recommended daily food groups servings during pregnancy

### Vegetables: 3 servings

Dark green, red and orange are best.

Examples of 1 serving:

- 1 cup of raw cubed vegetables
- 2 cups of leafy vegetables

### Fruits: 2 servings

Fresh fruit is healthier than fruit juice.

Examples of 1 serving:

- 1 small apple, orange or peach
- 16 grapes
- ½ grapefruit
- ½ cup dried fruit

### Protein: 6.5 servings

Examples of 1 serving:

- 1 oz. of cooked lean meat, poultry or fish (see fish safety sheet on page 12)
- 1 egg
- ½ oz. of nuts or seeds
- ¼ cup of cooked beans or lentils
- ¼ cup (2 oz.) of tofu
- 2 tablespoons of peanut or other nut butters

### Dairy group: 3 servings

This group is calcium rich and protein rich.

Choose fat-free or low-fat dairy products.

Examples of 1 serving:

- 1 cup of milk or calcium fortified soy, rice or almond milk
- 1 cup of yogurt or frozen yogurt
- 2 cups of cottage cheese
- 1.5 oz. hard cheese

Calcium options **for people who do not eat dairy products** are calcium fortified juices, cereals, canned fish with bones, green leafy vegetables (except spinach) and tofu.

### Grains: 8 servings

At least half of the servings should be whole grain.

Examples of 1 serving:

- 1 slice of bread
- ½ bagel, bun or English muffin
- 1 small tortilla
- ½ cup granola or oatmeal
- ½ cup cooked rice (brown rice preferred) or pasta
- 1 cup breakfast cereal

Source: United States Department of Agriculture

# Fish: what pregnant women and parents should know

Eat 8 to 12 ounces of a variety of fish\* each week from choices that are lower in mercury. The nutritional value of fish is important during growth and development before birth, in early infancy for breastfed infants, and in childhood.

## Who should know

- Women who are pregnant (or might become pregnant) or breastfeeding.
- Anyone who feeds young children.

## Why this advice is important

- Fish contains important nutrients for developing fetuses, infants who are breastfed and young children.
- Fish provides health benefits for the general public.
- Many people do not currently eat the recommended amount of fish.

## What to do

### 1. Eat 8 to 12 ounces of a variety of fish each week.

- That's 2 or 3 servings of fish each week.
- For young children, give them 2 or 3 servings of fish each week with appropriate portions for the child's age and calorie needs.

### 2. Choose fish lower in mercury.

- Many of the most commonly eaten fish are lower in mercury.
- These include salmon, shrimp, pollock, light canned tuna, tilapia, catfish and cod.

### 3. Avoid four types of fish: tilefish from the Gulf of Mexico, shark, swordfish and king mackerel.

- These types of fish are high in mercury.
- Limit white (albacore) tuna to 6 ounces per week.

### 4. When eating fish you or others have caught from streams, rivers and lakes, pay attention to fish advisories on those waterbodies.

- If advice isn't available, adults should limit such fish to 6 ounces per week and young children should be limited to 1 to 3 ounces per week, without any other fish intake.

### 5. When adding more fish to your diet, be sure to stay within your calorie needs.

For more information, visit: <https://www.fda.gov/Food/ResourcesForYou/Consumers/ucm393070.htm>

*\*Please note: This advice refers to fish and shellfish collectively as "fish."*



## Additional information

Your due date

Schedule of prenatal care

Routine tests during pregnancy

Patient rights and responsibilities

UCLA Obstetrics and Gynecology

Information: 310-794-7274

[obgyn.ucla.edu](http://obgyn.ucla.edu)

