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Welcome to the Second Trimester!

(13-28 Weeks)

When to call your health care provider during your second trimester

Please call right away if you have:

- Unusual or severe cramping or abdominal pain
- Noticeable changes such as a decrease in your baby's movement after 28 weeks gestation (if you don't count six to 10 movements in one hour or less)
- Difficulty breathing or shortness of breath that seems to be getting worse
- Signs of premature labor including:
 - Regular tightening or pain in the lower abdomen or back
 - Any bleeding in the second or third trimester
 - Fluid leak
 - Pressure in the pelvis or vagina

Rh factor testing in the second trimester

Rh factor is an antigen protein found on most people's red blood cells. If you don't have the protein, then you are Rh- (negative). You will be given an injection of Rh immune globulin (called Rhogam®) during the 28th week of your pregnancy to prevent the development of antibodies that could be harmful to your baby. You will also be given an injection of Rhogam® after delivery if your baby has Rh+ blood.

If you are Rh- you may also receive this injection if you: are having an invasive procedure (such as an amniocentesis), had an abdominal trauma, had any significant bleeding during pregnancy, or if your baby needs to be turned in the uterus (due to breech presentation).

Oral Glucose Challenge Test During Pregnancy

What is an oral glucose challenge test?

The oral glucose challenge test is performed to screen for gestational diabetes. This test involves quickly (within five minutes) drinking a sweetened liquid (called Glucola), which contains 50 grams of glucose. A blood sample is taken from a vein in your arm about 60 minutes after drinking the solution. The blood test measures how the glucose solution was processed by the body.

Normal blood glucose levels peak within 30 to 60 minutes after drinking the glucose solution. A higher than normal blood glucose level does not always mean you have gestational diabetes.

When is the oral glucose challenge test performed?

Gestational diabetes is generally diagnosed between the 24th and 28th week of pregnancy. If you have had gestational diabetes in a previous pregnancy, or if your health care provider is concerned about your risk of developing gestational diabetes, the test might be performed earlier.

On the day of the test, please follow instructions given to you by your health care provider or the lab (if applicable).

General guidelines: You may eat a light breakfast on the day of the test, avoiding items with high sugar content, such as orange juice, pancakes, and doughnuts. Report to your specified location for the Glucola drink. After drinking Glucola, do not ingest any food or drink and do not smoke until your blood is drawn, one hour later. This can be done at the time of one of your prenatal visits.

Further diagnostic test

If your health care provider determines your blood glucose level was elevated, you will have an additional gestational diabetes screening test. If this test is indicated, your health care provider will provide you with information.

Depression During Pregnancy

Pregnancy has long been viewed as a period of well-being that is protected against psychiatric disorders. But depression occurs almost as commonly in pregnant women as it does in non-pregnant women.

If you have had any of the following symptoms, please notify your health care provider right away:

- Recurrent thoughts of death or suicide
- Depressed mood for most of the day, nearly everyday for the last two weeks
- Feeling guilty, hopeless, or worthless
- Difficulty thinking, concentrating, or making decisions
- Lost interest or pleasure in most of the activities during the day nearly everyday for the last two weeks

If you do have any of the above symptoms your health care provider may ask you the following two questions:

1. “Over the past two weeks, have you felt down, depressed, or hopeless?”
2. “Over the past two weeks, have you felt little interest or pleasure in doing things?”

If you answer yes to either one, your health care provider will administer a more in-depth depression screening.

What is the impact of depression on pregnancy?

- Depression can interfere with a woman’s ability to care for herself during pregnancy. You might be less able to follow medical recommendations, and sleep and eat properly.
- Depression can put you at risk for increased use of substances that have a negative impact on pregnancy (tobacco, alcohol, illegal drugs).
- Depression might interfere with your ability to bond with your growing baby. A baby in the womb is able to recognize the mother’s voice and

sense emotion by pitch, rhythm, and stress. Pregnant women with depression might find it difficult to develop this bond and instead might feel emotionally isolated.

Notes

How does pregnancy affect depression?

- The stresses of pregnancy can cause depression or a recurrence or worsening of depression symptoms.
- Depression during pregnancy can place you at risk for having an episode of depression after delivery (post-partum depression).

So what are my options if I'm depressed during my pregnancy?

- Preparing for a new baby is lots of hard work, but your health should come first. So resist the urge to get everything done. Cut down on your chores and do things that will help you relax. And remember, taking care of yourself is an essential part of taking care of your unborn child.
- Talking about your concerns is very important. Talk to your friends, your partner, and your family. If you ask for support, you'll find that you often get it.

If you are not finding relief from anxiety and depression by making these changes, seek your doctor's advice or a referral to a mental health professional.

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