

 THE SECOND TRIMESTER 

The second trimester is from 14 to 26 weeks. It is the easiest trimester. You are now past any significant risk of miscarriage, and you usually can expect to feel better physically.

**Prenatal care:** You will still be seen every 4 weeks throughout the second trimester. These visits are usually brief, where we check your urine for protein and glucose, check your blood pressure, and weigh you. After 20 weeks, we measure the size of your uterus to follow the growth of the fetus. The size of your uterus in centimeters should approximately equal the number of weeks of pregnancy. The only routine lab test done during this time is the Alpha Feto-Protein Test (AFP), or Quad Screen. This is an optional genetic screening test for spina bifida (and other neural tube defects), where the brain and spinal column do not form properly. If the test is normal, it excludes greater than 90% of cases of open neural tube defects. The chance that the baby has a problem like this is approximately one in one thousand. The test is not conclusive for spina bifida, but merely indicates the need for further tests. If the first test is abnormally high, a second test is done along with an ultrasound. The test may be abnormal if you are carrying twins, or if you are farther in your pregnancy than we thought. Sometimes, it also indicates mild placental abnormalities, which may place you at high risk for preterm labor, toxemia or a small birth-weight baby. The only conclusive test for spina bifida is amniocentesis.

For the sake of the baby, it would be best to diagnose spina bifida before delivery. Babies with an open neural tube defect should be delivered by Cesarean section, and be prepared for immediate surgery. If you decide to proceed with the initial screening test, you do not have to proceed to amniocentesis: It is up to you how far along the "decision tree" you would want to travel. Since this test does give us valuable information that we use to give you better prenatal care, we do recommend that you undergo the AFP test, keeping in mind its limitations. The test may also show an increased risk of Down's syndrome, which again can only be diagnosed by amniocentesis. If normal, the test can exclude 70% of cases of Downs.

An ultrasound, or sonogram, is routinely done in the second trimester. You may wish to bring your husband for the visit. Some insurances do not cover ultrasound exams in our office; in these circumstances, you will be referred to a radiologist for the test. The ultrasound will confirm the due date, number of babies present, overall growth and development, and placental location. A normal ultrasound is very reassuring, but cannot be used to exclude the possibility of birth defects.

#### **Some highlights of the second trimester:**

Fetal movement: You can expect to begin to feel the baby move anywhere from 17 to 20 weeks. At first, the movements feel like muscle twitches or gas rumbling, but as time moves on, you will be able to discern actual "kicks".



Round ligament pains: Usually at around 16-20 weeks, you begin to notice occasional sharp stabbing pains low on either the right or left side. The pains do not indicate any problems. They are just the round ligaments--ligaments that hold the uterus in proper position--stretching and having occasional spasms.

Travel: The second trimester is the best time to travel. There are no restrictions on travel at this time. Just avoid pushing yourself too hard, and also avoid prolonged sitting in one position, as in long car rides or plane trips. Make sure you get up to walk every hour or two.

Possible signs of trouble: The chances of miscarriage are greatly reduced in the second trimester, but you should call us if you have bleeding of any kind. Also call if you have "menstrual cramps" occurring 4 or more times in an hour. Other signs of trouble would be a very watery discharge or a large gush of fluid.

Nutrition: Now that you are past the nausea and vomiting stage of pregnancy, it is time to concentrate on proper nutrition. You should gain 1/2 to 3/4 of a pound per week. Eat a normal diet, but add extra calcium sources (dairy, eggs, calcium- enriched orange juice) and extra protein sources (meat, dairy, eggs, legumes). "Junk foods" do no harm, but are empty calories. If your weight gain is excessive, these are the foods to cut back on. Eat enough fruits, vegetables and grains to try to avoid constipation. Salty foods will cause fluid retention, so avoid these.

Childbirth classes: Now is the time to reserve a spot in childbirth classes, if you plan to take them. A list of childbirth instructors is available in our office. The classes usually do not begin until you are 30-32 weeks, but you should sign up now. When you are around 26 weeks, you

should call the hospital to arrange a tour of Labor & Delivery if you wish to do so. The hospital tours are usually booked up more than a month in advance. Call 410-368-6000 and ask for the Health Education Department.

Hospital Pre-Admit Forms: If you have not already done it, please send in the Pre-Admit Form to the hospital. This will save time and hassles later on. If you did not receive a form, please ask in our office for the forms.