

A Partner's Guide to Pregnancy

- Why is it important to be supportive during your partner's pregnancy?
- How long does pregnancy last?
- How is the due date estimated?
- What happens during the first trimester of pregnancy?
- What happens during the second trimester of pregnancy?
- What happens during the third trimester of pregnancy?
- What lifestyle changes do my partner and I need to make during pregnancy?
- Do I need to quit smoking if my partner is pregnant?
- Is it safe to have sex during pregnancy?
- How can I help prepare for labor and delivery?
- How can I help my partner during labor and delivery?
- When can we take our baby home from the hospital?
- What is postpartum depression?
- What are the signs and symptoms of postpartum depression?
- How can I feel involved when my partner is breastfeeding?
- When is it OK to have sex again after the baby is born?
- Glossary

Why is it important to be supportive during your partner's pregnancy?

Women who have an involved and supportive partner during pregnancy are more likely to give up harmful behaviors, such as smoking, and lead healthier lives. Babies may be born healthier as well, with lower rates of **preterm** birth and growth problems. Women who are well supported during pregnancy may be less anxious and have less stress in the weeks after childbirth. You can be supportive by educating yourself about pregnancy, going with your partner to **prenatal care** appointments, and joining her in making healthy lifestyle choices.

How long does pregnancy last?

A normal pregnancy lasts about 40 weeks from the first day of the woman's **last menstrual period (LMP)**. Weeks of pregnancy are divided into three **trimesters**. Each trimester lasts about 3 months.

How is the due date estimated?

The estimated date that the baby will be born is called the **estimated due date (EDD)**. This date is based on the LMP or an **ultrasound exam**. The LMP and ultrasound dating methods often are used together to estimate the EDD. Keep in mind that only 1 in 20 women actually give birth on their estimated due date.

What happens during the first trimester of pregnancy?

During the first trimester (the first 13 weeks), most women need more rest than usual. They may have symptoms of nausea and vomiting. Although commonly known as "morning sickness," these symptoms can occur at any time during the day or night. Early pregnancy can be an emotional time for a woman. Mood swings are common. It is not unusual for you to have

ups and downs as well. Pregnancy and parenthood are huge life changes, and it can take time for you to adjust. Listen to your partner and offer support.

What happens during the second trimester of pregnancy?

For most women, the second trimester of pregnancy (weeks 14–27) is the time they feel the best. As your partner's abdomen grows, the pregnancy becomes more obvious. Many women begin to feel better physically. Energy levels improve, and morning sickness usually goes away. Your partner will start to feel the baby move. This typically happens at about 20 weeks of pregnancy, but it can happen earlier or later.

Many couples take childbirth classes at the hospital where they plan to have the baby. Classes are a great way to learn what to expect during labor and delivery and how to support your partner during childbirth. You also can meet and talk with other expecting parents.

What happens during the third trimester of pregnancy?

The last trimester (weeks 28–40) usually is the most uncomfortable for your partner. It also can be a very busy time as you prepare for the baby. Your partner may feel discomfort as the baby grows larger and her body gets ready for the birth. She may have trouble sleeping, walking quickly, and doing routine tasks. It is normal for both of you to feel excited and nervous.

What lifestyle changes do my partner and I need to make during pregnancy?

Your partner needs to make her health a top priority during pregnancy, and you can support her by doing this too. Eat healthy meals together, and make sure that she gets plenty of rest. Exercise during pregnancy also is important. It is especially important for your partner to avoid harmful substances such as smoking, alcohol, and illegal drugs.

No amount of alcohol is considered safe during pregnancy. Illegal drugs, such as heroin, cocaine, methamphetamines, and prescription drugs used for a nonmedical reason, can harm a developing baby. And although marijuana is legal in some states, its use is not recommended during pregnancy. Women who use these substances may have other unhealthy behaviors, such as poor nutrition, that are known to be harmful during pregnancy.

Do I need to quit smoking if my partner is pregnant?

You and your partner should both avoid smoking. Smoking during pregnancy increases the risk of fetal growth problems and preterm birth. Secondhand smoke also is harmful. Pregnant women who breathe in secondhand smoke have an increased risk of having a low-birth-weight baby. Infants and children who are around secondhand smoke have higher rates of asthma attacks, respiratory infections, ear infections, and **sudden infant death syndrome (SIDS)** than those who are not. For all of these reasons, smoking should not be allowed in your home or car.

Is it safe to have sex during pregnancy?

Unless your partner's **obstetrician** or other health care professional has told her otherwise, you can have sex throughout pregnancy. You may need to try new positions as your partner's belly grows. Also, keep in mind that intercourse may be uncomfortable at times for your partner.

How can I help prepare for labor and delivery?

There is plenty you can do to help make labor and delivery go as smoothly as possible:

- Tour the hospital. The tour is a good time to ask about the hospital's policies on who can be in the room during labor and delivery, whether you can stay overnight in the room, and if you can take pictures or videotape the birth. Also ask about parking areas at the hospital and where to check in.
- Install a rear-facing car seat. You cannot take your baby home unless you have an infant car seat. Plan to get a rear-facing car seat well before the due date and make sure it is installed correctly. The "Parents Central" web site at www.safercar.gov offers tips on choosing and installing the car seat that is best for your baby.
- Get vaccinated. If it is flu season (October to May), get a flu shot. The Centers for Disease Control and Prevention and the American College of Obstetricians and Gynecologists recommend that everyone 6 months of age and older get the flu vaccine each year. They also recommend that everyone who will be in contact with the baby receive a dose of the **tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) vaccine** at least 2 weeks before.

How can I help my partner during labor and delivery?

During this time, you can

- help distract your partner by playing games with her or watching a movie during early labor
- take short walks with her, unless she has been told to stay in bed
- time her contractions
- massage her back and shoulders between contractions
- offer comfort and words of support
- encourage her during the pushing stage

Some partners decide not to attend the labor and birth. Even if you are not in the room, your partner will get plenty of help during labor and delivery from the hospital staff. Friends or family members can offer support. You also can hire a childbirth assistant called a **doula**.

When can we take our baby home from the hospital?

After the baby is born, you most likely can take your new family home after 1–2 days. If your partner had a **cesarean delivery**, she and the baby may need to stay in the hospital longer.

What is postpartum depression?

It is very common for new mothers to feel sad, upset, or anxious after childbirth. Many have mild feelings of sadness called **postpartum blues** or “baby blues.” When these feelings are more extreme or last longer than a week or two, it may be a sign of a more serious condition known as **postpartum depression**. Often, women with postpartum depression are not aware they are depressed. It is their partners who first notice the signs and symptoms.

What are the signs and symptoms of postpartum depression?

The following are signs of postpartum depression:

- The baby blues do not start to fade after about 1 week, or the feelings get worse.
- She has feelings of sadness, doubt, guilt, or helplessness that seem to increase each week and get in the way of her normal routine.
- She is not able to care for herself or her baby.
- She has trouble doing tasks at home or on the job.
- Her appetite changes.
- Things that used to bring her pleasure no longer do.
- Concern and worry about the baby are too intense, or interest in the baby is lacking.
- She feels very panicked or anxious. She may be afraid to be left alone with the baby.
- She fears harming the baby. These feelings may lead to guilt, which makes the depression worse.
- She has thoughts of self-harm or suicide.

If your partner shows any of these signs, tell her of your concerns. Listen to her and support her. Assist in getting her the professional help she may need.

You also should be aware that all new parents can have postpartum depression. Talk to a health care professional if you have any of the signs.

How can I feel involved when my partner is breastfeeding?

Medical experts agree that breastfeeding provides the greatest health benefits for most women and their babies. Some partners feel left out when watching the closeness of breastfeeding. But if your partner has chosen to breastfeed, there are ways you can share in these moments:

- Bring the baby to her for feedings.
- Burp and change the baby afterward.
- Cuddle and rock the baby to sleep.
- Help feed your baby if your partner pumps her breast milk into a bottle.

When is it OK to have sex again after the baby is born?

There is no set “waiting period” before a woman can have sex again after giving birth. Some health care professionals recommend waiting 4–6 weeks. The chances of a problem occurring, like bleeding or infection, are small after about 2 weeks following birth. If your partner has had an **episiotomy** or a tear during birth, she may be told to not have intercourse until the site has completely healed.

Glossary

Cesarean Delivery: Delivery of a baby through surgical incisions made in the mother’s abdomen and uterus.

Doula: A birth coach or aide who gives continual emotional and physical support to a woman during labor and childbirth.

Episiotomy: A surgical incision made into the perineum (the region between the vagina and the anus) to widen the vaginal opening for delivery.

Estimated Due Date (EDD): The estimated date that a baby will be born.

Last Menstrual Period (LMP): The date of the first day of the last menstrual period before pregnancy that is used to estimate the date of delivery.

Obstetrician: A physician who specializes in caring for women during pregnancy, labor, and the postpartum period.

Postpartum: A term that generally refers to the first weeks or months after childbirth.

Postpartum Depression: Intense feelings of sadness, anxiety, or despair after childbirth that interfere with a new mother's ability to function and that do not go away after 2 weeks.

Prenatal Care: A program of care for a pregnant woman before the birth of her baby.

Preterm: Born before 37 completed weeks of pregnancy.

Sudden Infant Death Syndrome (SIDS): The unexpected death of an infant and in which the cause is unknown.

Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis (Tdap) Vaccine: A vaccine that includes a combination of tetanus toxoid, diphtheria toxoid, and acellular pertussis.

Trimesters: The three 3-month periods into which pregnancy is divided.

Ultrasound Exam: A test in which sound waves are used to examine internal structures. During pregnancy, it can be used to examine the fetus.

If you have further questions, contact your obstetrician–gynecologist.

FAQ032: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

Copyright May 2016 by the American College of Obstetricians and Gynecologists