



Your guide to a
**HEALTHY
PREGNANCY**



Public Health
Agency of Canada

Agence de la santé
publique du Canada

Canada 

**TO PROMOTE AND PROTECT THE HEALTH OF CANADIANS THROUGH LEADERSHIP,
PARTNERSHIP, INNOVATION AND ACTION IN PUBLIC HEALTH.**

—Public Health Agency of Canada

Également disponible en français sous le titre :
Votre guide pour une grossesse en santé

To obtain additional information, please contact:

Public Health Agency of Canada

Address Locator 0900C2

Ottawa, ON K1A 0K9

Tel.: 613-957-2991

Toll free: 1-866-225-0709

Fax: 613-941-5366

TTY: 1-800-465-7735

E-mail: hc.publications-publications.sc@canada.ca

© Her Majesty the Queen in Right of Canada, as represented by the Minister of Health, 2021

Publication date: February 2021

This publication may be reproduced for personal or internal use only without permission
provided the source is fully acknowledged.

PRINT Cat.: HP35-133/2020E
ISBN: 978-0-660-34842-1

PDF Cat.: HP35-133/2020E-PDF
ISBN: 978-0-660-34841-4

Pub.: 200017





YOUR GUIDE TO A HEALTHY PREGNANCY

















If you are pregnant or are planning to become pregnant, this guide is for you!

Having a baby can be a wonderful experience, but it can also be a time of uncertainty. Many parents have questions and concerns as they face all the changes that pregnancy brings. With advice coming from everyone, it is tough to know who to listen to. That is why having accurate information is so important! It will help you to make good decisions about how to take care of yourself before, during and after your pregnancy.

COVID-19

For the latest information on COVID-19 and pregnancy, visit [Canada.ca](https://www.canada.ca) and search "COVID-19 and pregnancy".

In this guide, you will find important facts and questions related to a healthy pregnancy. They include:

 PRENATAL NUTRITION	4	 SEXUAL HEALTH	46
 FOLIC ACID	12	 IMMUNIZATION	50
 ALCOHOL	16	 BREASTFEEDING	54
 TOBACCO AND VAPING	20	 COMMON COMPLAINTS	60
 CANNABIS	24	 YOUR DEVELOPING BABY	66
 ORAL HEALTH	28	 PREPARING FOR BIRTH	70
 PHYSICAL ACTIVITY	32	 POSTPARTUM	76
 EMOTIONAL HEALTH	38	 HELPFUL RESOURCES	80



PRENATAL NUTRITION

Your nutritional health, before and during pregnancy, influences the health of your developing baby.

IMPORTANT FACTS

- **Eat a variety of healthy foods each day**

Vegetables and fruits, whole grain foods and protein foods are all part of healthy eating during pregnancy and contribute to the nutritional health of you and your baby. Try making half your plate vegetables and fruits at meals and snack times. Choose foods that have little to no added sodium, sugars or saturated fat. If you are not able to eat a variety of foods due to nausea or vomiting, speak to your health care provider.

- **Choose foods with healthy fats instead of saturated fat**

Foods like nuts, seeds, fatty fish and vegetable oils contain healthy fats, such as omega-3 fatty acids. You need more omega-3 fatty acids when you are pregnant to support the growth of your baby's brain and tissues.

- **Choose fish low in mercury**

Vary the types of fish you eat and follow advice from Health Canada to limit your exposure to mercury in fish. Check with your local, provincial or territorial government for any advisory on local fish.

- **Eat a little more food each day than you normally would**

During your second and third trimesters, you need more calories to support the growth of your baby. You need just a little more food each day, such as an extra snack or small meal.



- **Make water your drink of choice**

It is important to drink plenty of water while you are pregnant. Water carries nutrients to your body and to your growing baby, takes away waste products from your baby and from you, keeps you cool, helps prevent constipation and helps control swelling. Make water the easy choice by carrying a reusable water bottle. White milk and unsweetened fortified plant-based beverages are also healthy drink options.

- **Be mindful of your caffeine intake**

Many women have caffeine during pregnancy. Caffeine is safe in small amounts. Try to keep your caffeine intake below 300 mg a day, which is about two 8-oz (237 mL) cups of coffee. As caffeine can also be found in other drinks and chocolate, your daily total should include all sources of caffeine. This includes coffee, tea (including black, oolong, white and green tea), caffeinated soft drinks (for example, cola beverages) and energy drinks, chocolate and herbs such as guarana and yerba mate.

Some herbal teas, such as chamomile, are not safe to drink when you are pregnant. Avoid teas with aloe, coltsfoot, juniper berry, pennyroyal, buckthorn bark, comfrey, labrador tea, sassafras, duck root, lobelia, stinging nettle and senna leaves. Also avoid kombucha tea. Other herbal teas, such as citrus peel, ginger, orange peel and rose hip, are considered safe in moderation (two to three cups per day).





- **Healthy eating is more than the foods you eat**

Being mindful of your eating habits is also important during pregnancy and can help you make healthier food choices. Take time to eat and limit distractions during mealtime. Plan your meals and snacks. Include culture, food traditions and taste preferences as part of healthy eating.

COMMON QUESTIONS



What are some healthy snack ideas?

Healthy snacks help keep you energized. Prepare snacks in advance to save you time. Chop extra vegetables when cooking. Make muffins or granola bars and store them in the freezer. Keep fruit on the counter and put roasted chickpeas and nuts in your bag for when you get hungry on the go.

KEY MESSAGE



Eating well can give you the nutrients you need to feel good, have energy and support a healthy pregnancy. Follow Canada's food guide and take a daily multivitamin that contains folic acid (see page 12 for more information).



How do I eat healthily while following my budget?

Healthy eating does not have to cost more. Fresh, frozen, canned and dried foods can all be healthy options. If you are not already doing so, try setting a budget for groceries each week or each month and plan your meals around foods that are on sale at your grocery store. When shopping, stick to your list, compare prices and choose lower-cost brands to help save money. Plant-based protein foods such as beans, lentils and other legumes are generally inexpensive. Use them in your meals several times a week.

How much weight should I gain?

How much you need to gain depends on your weight before pregnancy. The following recommendations are based on your body mass index (BMI) before you became pregnant. BMI is calculated by comparing your weight to your height (BMI = weight (kg)/height (m)²).

BMI	RECOMMENDED WEIGHT GAIN
Below 18.5	12.5 to 18 kg (28 to 40 pounds)
Between 18.5 and 24.9	11.5 to 16 kg (25 to 35 pounds)
Between 25.0 and 29.9	7 to 11.5 kg (15 to 25 pounds)
30 and more	5 to 9 kg (11 to 20 pounds)



How can I get enough iron?

Iron is important for healthy blood. You need to get enough iron so your baby can develop properly and build up a good store of iron for after the birth. To increase your iron intake, eat foods rich in iron such as beans, peas and lentils, tofu, whole grain foods, lean meats, poultry, fish and eggs.

When your meal does not include meat, poultry or fish, include a source of vitamin C to help your body absorb iron from foods. Sources of vitamin C include broccoli, cantaloupe, citrus fruits, kiwis, mangos, potatoes, strawberries, sweet peppers and tomatoes. Taking calcium supplements or calcium-containing antacids with meals, or drinking coffee or tea at mealtimes, can reduce the amount of iron absorbed by the body. If you are taking calcium supplements or drinking coffee or tea, it is best to do so one to two hours after you eat.

To help meet your iron needs when you are pregnant, take a daily multivitamin that contains 16 to 20 mg of iron. A health care provider can help you find the multivitamin that is right for you.





Is there anything that is not safe to eat while I am pregnant?

Yes. You can lower your chance of getting food poisoning by avoiding the following foods:

- raw or unpasteurized dairy products
- raw or undercooked meat, poultry and seafood
- raw fish, such as sushi, raw oysters, clams and mussels
- unpasteurized juices, such as unpasteurized apple cider
- raw sprouts, such as alfalfa, clover, radish and mung beans
- hot dogs straight from the package without further heating
- non-dried deli-meats such as bologna, roast beef, ham and turkey breast
- refrigerated pâté, refrigerated meat spreads and refrigerated smoked seafood
- raw or lightly cooked eggs or egg products that contain raw eggs (for example, homemade Caesar vinaigrette, cookie dough, cake batter, sauces)
- the following pasteurized and unpasteurized cheeses: soft cheeses (such as Brie and Camembert), semi-soft cheeses (such as Havarti) and blue-veined cheeses (such as Roquefort and Stilton)

For more information on prenatal nutrition, see page 80.





FOLIC ACID

Your baby's brain, skull and spine form during the first few weeks of pregnancy, before you may even know you are pregnant. In order for them to form properly, you need to have enough folic acid in your body.

IMPORTANT FACTS

- If you could become pregnant, are planning a pregnancy or are pregnant, you need to take a multivitamin with 0.4 mg of folic acid every day. A health care provider can help you find the multivitamin that is right for you.
- You need more folate while breastfeeding to support the healthy growth and development of your baby. Take a multivitamin with 0.4 mg of folic acid every day.
- Folic acid is a B vitamin important for the healthy growth of your unborn baby's spine, brain and skull, especially during the first four weeks of your pregnancy.
- The neural tube is the part of the developing baby that becomes the brain and spinal cord. Neural tube defects (NTDs) occur when the neural tube does not fully close. This results in spine, brain and skull defects, which can lead to stillbirth or lifelong disability.
- Folic acid helps reduce the risk of your baby being born with a NTD.
- Taking a multivitamin does not reduce or replace the need for a healthy, well-balanced diet that includes folic acid (called folate when naturally found in food). Dietary sources on their own are not enough to reach the required folic acid level to protect against NTDs. You still need to take a multivitamin with folic acid.

KEY MESSAGE



If you could become pregnant, are planning a pregnancy or are pregnant, you need to take a multivitamin with 0.4 mg of folic acid every day.



COMMON QUESTIONS



Will more folic acid further reduce my NTD risk?

No. There is strong evidence that 0.4 mg folic acid per day is enough to reduce the risk of NTDs. Talk to your health care provider before increasing your dose to more than 1 mg per day, which is the typical dose in prenatal vitamins. Do not take more than one daily dose of your supplement as described on the product label.

Should I take “natural folate”?

Popular media and some scientific literature talk about taking “natural folate” (5-methyltetrahydrofolate) with certain medical conditions. These recommendations need to be taken with caution because only folic acid has been proven to reduce the risk of NTDs in clinical trials. Also, women who are deficient in vitamin B12 may be less responsive to 5-methyltetrahydrofolate, but do respond to folic acid.





Do some women need more folic acid?

Yes, some women may need a higher dose of folic acid.

This can include women with:

- a previous pregnancy with an NTD
- a family history of other folic acid-related birth defects
- a family history of an NTD or a male partner with a family history of an NTD

Women with certain medical conditions or on certain medications may also require a higher dose of folic acid. Talk to your health care provider if you think this applies to you.

For more information on folic acid and pregnancy, see page 80.





ALCOHOL

Prenatal alcohol exposure is the most commonly known cause of preventable developmental disability in Canada. It can result in fetal alcohol spectrum disorder (FASD), a term used to describe the impacts on the brain and body of individuals exposed to alcohol during pregnancy. FASD is a lifelong disability.

IMPORTANT FACTS

- Alcohol is a teratogen, which means it can harm your developing baby.
- Alcohol consumption can be harmful at any point throughout your pregnancy because your baby's brain and central nervous system are under development during this time.
- If you drank before you knew you were pregnant, talk to your health care provider to learn more. It is never too late to stop drinking.
- If you are finding it hard not to drink alcohol in pregnancy, reach out to someone (health clinic, social services, family) who can help you get the support you need. It is healthier to reduce drinking as much as possible.

COMMON QUESTIONS



How much drinking causes FASD?

Despite extensive research, there is no known safe amount of alcohol to drink in pregnancy.

KEY MESSAGE



The safest choice for a woman who is pregnant or planning to become pregnant is not to drink alcohol.



Do children grow out of FASD?

FASD is a lifelong disability. Strategies, supports and interventions, such as educational assistance, speech-language therapy and structured environments, help to increase positive outcomes, behaviours and well-being.

If my baby is exposed to alcohol, will they have FASD?

Alcohol affects everyone differently and the impact on a developing baby depends not only on the quantity and frequency of alcohol use, but on other factors such as genetics, nutritional status, age and trauma. Some babies will be more affected than other babies will.

Will my partner's drinking cause FASD?

No. FASD is caused by alcohol passing through the umbilical cord to the baby during pregnancy. However, a partner's drinking can have a strong impact on your own drinking. Partners can be supportive by asking what they can do to help you avoid drinking alcohol.

For information on drinking alcohol while breastfeeding, see page 57.

For more information on fetal alcohol spectrum disorder, see page 80.







TOBACCO AND VAPING

When you or the people around you smoke or vape, your baby smokes too. A smoke- and vape-free environment is best for both you and your developing baby.

IMPORTANT FACTS

- Smoking tobacco during pregnancy results in serious risks for both you and your baby. It has been shown that smoking cigarettes during pregnancy increases the risk of complications, such as low birth weight, stillbirths, miscarriage, decreased fetal growth, premature births, placental abruption and sudden infant death syndrome (SIDS).
- Exposure to second-hand smoke while pregnant also results in serious risks for both you and your baby.
- Like tobacco cigarettes, e-cigarettes (vaping) can expose your developing baby to nicotine, as well as other harmful substances.

COMMON QUESTIONS



I only smoke a few cigarettes a day. Should I still quit?

Yes. All tobacco smoke is bad for both you and your baby. The sooner you quit completely, the better.



KEY MESSAGE

Quitting smoking or vaping during pregnancy can have considerable positive health impacts for both you and your baby.





What about vaping while pregnant?

While e-cigarettes contain fewer harmful chemicals than tobacco cigarettes, they may still contain nicotine. Your baby can be exposed to nicotine in the womb when you vape. Talk to your health care provider about your options for quitting nicotine during pregnancy.

Is it okay for me to smoke after the baby is born?

The best choice for you and your baby is to stay smoke-free. If you start smoking again, you are putting your baby at risk from the harmful effects of second-hand smoke and your own health at risk from the effects of smoking.

I want to quit. Where can I find help?

Talk to your health care provider for support and advice towards a smoke-free life. You can find additional help to quit smoking by visiting the quit smoking website at www.gosmokefree.gc.ca/quit or call 1-866-366-3667 toll-free and talk to a quit coach.

For more information on tobacco and vaping during pregnancy, see page 80.





CANNABIS

Cannabis legalization in Canada has raised many questions about cannabis use during pregnancy. More women are turning to cannabis to treat pregnancy-related symptoms, but there is no evidence that cannabis is safe during pregnancy.

IMPORTANT FACTS

- **There is no known safe amount of cannabis use during pregnancy.**

Cannabis use during pregnancy can expose your baby to the active ingredient, THC. Like oxygen and nutrients, THC can cross the placenta to reach your baby. THC can also remain in your body for several weeks after last use because it is stored in fat cells.

- **Cannabis can affect the healthy growth and development of your baby.**

Research shows that using cannabis during pregnancy can cause lower birth weights. Some studies have also shown that cannabis may affect your baby's brain development, learning and physical development, and may also lead to behavioural issues later in life. However, more research is needed to fully understand the health effects of cannabis during pregnancy. The safest option is not to use cannabis during pregnancy.

KEY MESSAGE



There is no known safe amount of cannabis use during pregnancy.



- **Talk to your health care provider if you are using cannabis while pregnant.**

Pregnancy can be difficult. It is understandable that you might want to find ways to help relieve your symptoms. Have an honest discussion with your health care provider, who can help you find support or alternative therapies.

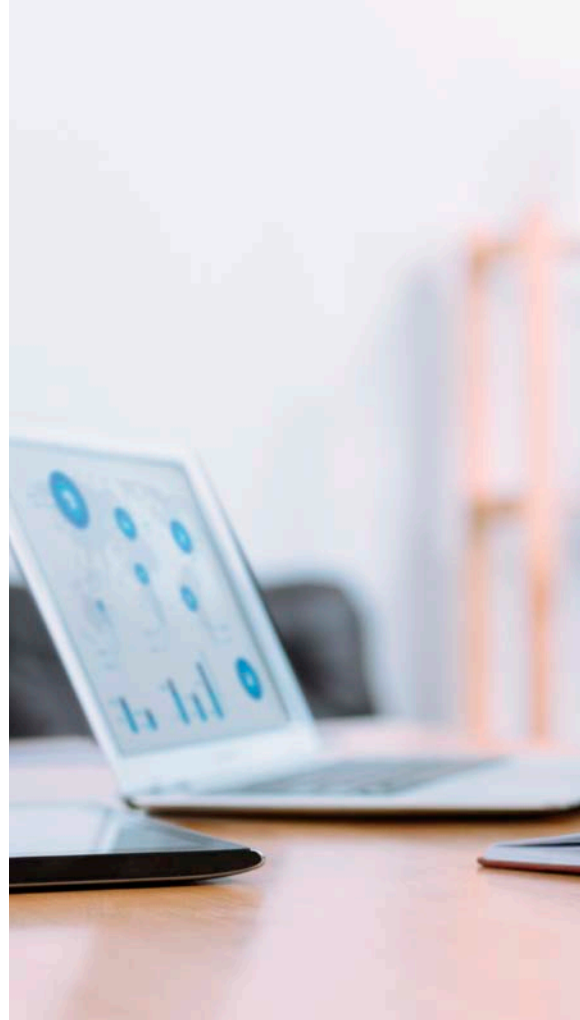
COMMON QUESTIONS

Can I use cannabis to treat morning sickness?

Using cannabis to treat morning sickness, or other pregnancy-related symptoms, is not recommended. Talk to your health care provider about alternative solutions.

Can I use medical cannabis during my pregnancy?

Medical cannabis is no different from other sources of cannabis and has the same effects on your baby. If you are using cannabis for medical reasons, talk to your health care provider about your options.





What about CBD products?

Can I use them during my pregnancy?

We do not know about the effects of CBD during pregnancy. Until more is known, it is safest not to use CBD while pregnant. CBD products may also contain trace amounts of THC.

For information on cannabis use while breastfeeding, see page [59](#).

For more information on cannabis and pregnancy, see page [80](#).





ORAL HEALTH

Your hormones change during pregnancy. This can affect your oral health by increasing your risk of gum disease (gingivitis) and infection of the bone that supports your teeth (periodontitis). Periodontitis has also been associated with poor pregnancy outcomes, such as having a pre-term delivery or a baby with low birth weight. How periodontitis may lead to these poor outcomes is not yet understood.

IMPORTANT FACTS

- Consequences of periodontitis for you may include tooth loss, heart or respiratory disease and complications with diabetes.
- You are more at risk of tooth decay if you suffer from morning sickness while pregnant.

COMMON QUESTIONS



How do I keep my mouth clean while pregnant?

- Brush your teeth twice daily for at least 2 minutes, using a soft toothbrush and fluoride toothpaste
- Floss daily (even if your gums bleed)
- Drink fluoridated water where available

KEY MESSAGE



Have your teeth cleaned and your oral health checked by an oral health professional, preferably in your first trimester of pregnancy. Be sure to mention that you are pregnant.



If I vomit from morning sickness, how can I decrease the risk of tooth decay and erosion?

Rinse your mouth with water or a fluoride mouthwash immediately after vomiting. After rinsing, wait at least 30 minutes (to further reduce the acid in your mouth) and then brush your teeth.

How do I avoid tooth decay while pregnant?

Try to avoid soft, sweet and sticky snacks, which are high in carbohydrates and sugar. These will lead to dental plaque, which could lead to tooth decay and gum disease.

What is pregnancy gingivitis?

Your gums are more sensitive because your estrogen and progesterone hormones have increased. Bacteria along the gum line may cause your gums to become swollen, red or irritated. Most of the time, pregnancy-related gum problems will disappear after childbirth. If they continue, contact your oral health professional.

For more information on oral health and pregnancy, see page 80.







PHYSICAL ACTIVITY

Exercise is part of a healthy lifestyle
and has many benefits in pregnancy.

IMPORTANT FACTS

- **Exercise is safe and encouraged for healthy pregnant women who are receiving prenatal care.**

Exercise can:

- Help you sleep better
- Improve your mood and energy level
- Help prevent you from gaining excess weight
- Help with constipation, backaches and bloating
- Help you build strength for labour and birth

- **Aim for 150 minutes of moderate intensity physical activity each week.**

If you are just starting out, begin with mild activities like walking. Even 10 minutes a day will help. Gradually increase this time to at least 150 minutes each week and be active a minimum of 3 days a week. Moderate activity is safe for most pregnant women, but there are some situations where exercise is not recommended.

KEY MESSAGE



Build physical activity into your routine during pregnancy to help you stay healthy and feeling your best.



- **Listen to your body.**

In the early stages of pregnancy, some women can continue their pre-pregnancy exercise routines. Other women find it necessary to take it easy during the first weeks of pregnancy but can return to their usual exercise routine after their morning sickness or extreme fatigue subsides. Mild to moderate aerobic exercise, such as walking, helps your mood and keeps your energy up.

- **It is important to fuel your body, stay hydrated and avoid overheating.**

Eat a small snack 15 to 30 minutes before you exercise. Do not exercise on an empty stomach. Drink plenty of water before, during and after physical activity to avoid overheating and dehydration. Also, avoid being active outdoors on overly hot days.

COMMON QUESTIONS



What are the best choices for exercise in pregnancy?

There are several types of aerobic and resistance training activities that pregnant women can do to help stay healthy. Many pregnant women find exercising in the water, such as swimming or water aerobics, most comfortable. Choose activities that minimize your risk of falling or coming into contact with others. Exercises that you are already accustomed to doing (walking, swimming, low-impact aerobics, stationary cycling or moderate strength training) are good options. Adding yoga or gentle stretching can also be beneficial.







What about pelvic floor exercises?

Pelvic floor exercises, such as Kegel exercises, help to strengthen the pelvic floor muscles, which support the uterus, bladder and bowels. These muscles control the passage of urine and stools, and support your baby during pregnancy. Childbirth can stretch and weaken these muscles, which may cause urine control problems after birth when coughing, laughing or doing a physical activity. Doing pelvic floor exercises during pregnancy and after birth can help improve your bladder control. Talk to your health care provider about pelvic floor exercises.

I have never really been active. Should I start now that I am pregnant?

Physical activity is an important part of a healthy lifestyle and can help you feel your best during pregnancy. Unless you have a complication that prevents you from exercising, all pregnant women should be physically active. Start slowly and listen to your body. Do not start a new or more strenuous exercise program without first checking with your health care provider.

Are there exercises I should not do?

To prevent injury to your baby, avoid sports that can involve potential contact, such as ice hockey, soccer and basketball. Activities such as horseback or motorcycle riding, water-skiing, diving, parachute jumping or scuba diving can also be dangerous for your baby. Do not exercise to the point that you feel tired and overdo it.

For more information on physical activity, see page 80.





EMOTIONAL HEALTH

Everyone has a different pregnancy experience. It is normal to experience a range of feelings, from happiness to worry and stress. Your emotional health is linked to your physical health so it is important to be aware of how you are feeling and get the support you need.

IMPORTANT FACTS

- **Take care of your physical health to improve your emotional health.**

Your body is going through many physical and emotional changes. It is important to take care of yourself and figure out what you need to protect your emotional health. Eating well and staying active during your pregnancy can help regulate your mood. If you are feeling tired, try to take the time to relax and rest.

- **Share your thoughts and feelings with others.**

Try to be honest about your feelings. If something is bothering you, confide in your partner, friend, family member, health care provider or anyone you trust. Joining a peer support group for pregnancy can also be helpful as other expecting mothers can relate to your situation.

KEY MESSAGE



Remember to take care of your emotional health.





- **One in 10 women suffer from depression during pregnancy.**

Pregnancy can be an emotional time. Your moods change with your hormones, so it is okay to have negative feelings once in a while. Take the time to reflect on how you are feeling and learn the signs and symptoms of depression. You could be depressed if you have 5 or more of these symptoms for more than 2 weeks:

- Feeling sad, worthless, anxious or guilty
- Crying more than usual
- Having difficulty concentrating
- Being very irritable
- Experiencing frequent mood swings
- Feeling very tired or restless
- Sleeping more or less than usual
- Eating more or less than usual
- Lacking interest in the things you used to care about
- Having thoughts of death or suicide

Talk to your health care provider if you think you may be depressed.



COMMON QUESTIONS



Why am I fine one minute and in tears the next?

Your mood swings are a normal part of pregnancy. Changing hormone levels in your body affect your moods. While some women may feel mood swings throughout their pregnancy, mood swings are most common around the sixth to tenth week and then again in the third trimester.

What are antepartum depression and postpartum depression?

Antepartum depression is the medical term for depression during pregnancy. It is a common medical condition for pregnant women because of changing hormone levels. Family history, life experiences, your environment and a history of depression may increase your risk of antepartum depression. Untreated, antepartum depression can last up to a year after the birth of your child.

Postpartum depression (PPD) is the medical term for depression after the birth of your child. It can affect any new parent, including partners and adoptive parents. It is easy for new parents to neglect their own needs, so factors like sleep deprivation, not eating well and a lack of social support can also contribute to PPD. If left untreated, PPD can lead to chronic episodes of depression, so it is important to get the help you need if you think you are depressed.





Can I still use the medication I was prescribed before my pregnancy?

Some medications may affect your pregnancy. Speak to your health care provider about your medications.

Can I return to normal after being diagnosed with depression?

Yes. Depression, antepartum depression and PPD are treatable medical conditions. While everyone's experience is different, most people can return to feeling like themselves again with the proper care. The first important step is to start by talking to your health care provider.

For more information on emotional health and pregnancy, see page 80.





PARTNER SUPPORT DURING PREGNANCY

Pregnancy is usually a time of excitement but sometimes you may feel anxiety along with the joy. You and your partner likely have a long list of to-dos, all while coping with the changes and unknowns that come with pregnancy.

A partner's support is especially important for both you and your baby during this busy time. A woman who feels supported by her partner during and after pregnancy may feel happier and less stressed.

What can a partner do during pregnancy?

Whether you are new to parenthood or have been through this before:

- Learn about pregnancy and childbirth to encourage and support her.
- Go with her to appointments and help make decisions.

- Offer emotional support. Ask her what she needs, show affection, support lifestyle changes such as cutting back on alcohol, eating well, encouraging rest and taking walks together.
- Offer physical support—cleaning, cooking, and offering back and foot massages to ease stress and aches.
- After your baby arrives, talk about what support she needs and help in ways that you can, such as holding, changing and bathing your baby. If you have other children, you may want to handle more of their care. Give her breaks to rest, exercise or do other activities.



How can a partner get support during pregnancy?

Partners also need care and attention during pregnancy. You may feel like you are expected to do all the helping and giving. With all the attention on your growing baby, you may feel ignored by family and friends. You may worry about the safety of your partner and baby during childbirth. It is also common to feel nervous about your role during labour.

Try to support yourself too. Talk to your health care provider if you have concerns about your own health. Your partnership and family will be stronger if you both get the help and support you need.



SEXUAL HEALTH

Your baby is well protected by amniotic fluid and your uterus. Sexual activity will not harm your baby as long as you do not have complications such as preterm labour or placenta problems.

IMPORTANT FACTS

- Your interest in sex may change during your pregnancy. Some women have higher desires during pregnancy, while others are less interested because of fatigue, changes to their body or nausea.
- If you have a pregnancy with risk factors (multiple births, high blood pressure, placenta previa), talk to your health care provider.
- Most couples resume an active sex life sometime during the first year of their baby's life.

COMMON QUESTIONS



Can having sex cause a miscarriage?

Having sex during pregnancy will not cause a miscarriage. Most miscarriages happen because the fetus is not developing normally.

KEY MESSAGE



If your pregnancy is healthy and progressing without problems, sex is safe for you and your baby.

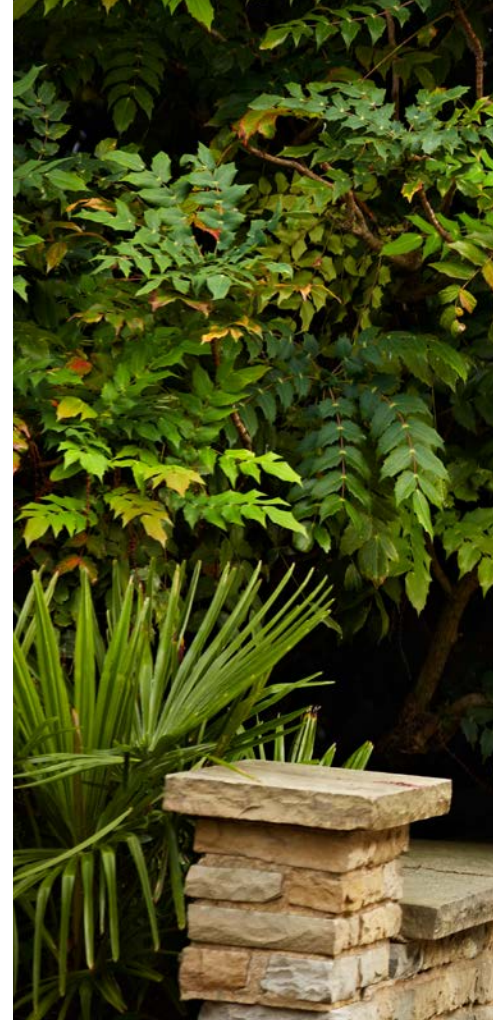


Should I still use protection while pregnant?

Pregnancy does not protect you from sexually transmitted infections (STIs), which can cause serious problems for you and your baby. If you are pregnant and are sexually active with a new partner or a partner who may be infected with an STI, use a condom to reduce your risk.

Talk to your health care provider if you have concerns or questions, or if you experience any pain or unusual symptoms during sex.

For more information on sexual health and pregnancy, see page 80.







IMMUNIZATION

Vaccination is important for you and your baby before, during and after pregnancy. Vaccines protect you and your baby from serious diseases, some of which can cause life-threatening complications.

IMPORTANT FACTS

- It is best to talk to a health care provider about vaccination when planning a pregnancy to review and update your vaccinations before becoming pregnant. You should be aware that there are routine vaccines recommended **before** and **during** your pregnancy.
- During **every** pregnancy, you should receive a Tdap vaccine that protects against tetanus, diphtheria and pertussis. The vaccine protects your baby against whooping cough (pertussis) after birth and before they can receive vaccines.
- Newborns can catch infections easily and have a higher risk of serious complications. When all family members' vaccines are up to date, you help protect them by preventing the spread of disease.
- Vaccination against influenza (flu) during pregnancy is highly recommended, especially during flu season (November to April). This is because the flu is more likely to cause severe illness in pregnant women.

KEY MESSAGE



Make sure your vaccinations are up to date to give you and your baby the best protection against vaccine-preventable diseases.



COMMON QUESTIONS



Are vaccines safe during pregnancy?

Yes. Most vaccines are safe when given during pregnancy. Inactivated vaccines (those containing whole or parts of killed germs that cannot infect you) are safe and many are recommended during pregnancy. Live vaccines (those containing weakened germs) are generally not given during pregnancy unless the risk of infection is high, such as during outbreaks.

For more information on immunization and pregnancy, see page 80.





CAN I GET VACCINATIONS WHILE BREASTFEEDING?

Yes. All routine vaccines provided in Canada are safe for breastfeeding women and their babies.

WHY ARE VACCINES GIVEN TO CHILDREN ON A SPECIFIC SCHEDULE?

Vaccination schedules are carefully studied and designed to give the best protection to your child when they need it most. During early childhood, children are most vulnerable to diseases so it is important to follow the vaccination schedule. If you have questions about your child's recommended vaccination schedule, talk to your health care provider.



BREASTFEEDING

Pregnancy is a great time to get ready for breastfeeding. Breast milk is the best food you can give your baby.

IMPORTANT FACTS

- There are many important reasons to breastfeed:
 - It helps your baby fight off sickness and disease.
 - It reduces the risk that your baby will have diarrhea, ear or lung infections, die of sudden infant death syndrome (SIDS) or be overweight/obese when they are older.
 - It also protects you from breast and ovarian cancer, diabetes and heart disease.
- Breastfeeding is natural but may take time for both you and your baby to learn.
- Support from other breastfeeding mothers is a great source of help and can build your confidence.

COMMON QUESTIONS



What about a Vitamin D supplement?

Babies who are breastfed should receive a daily vitamin D supplement of 10µg (400 IU), beginning from birth. Non-breastfed babies do not need a vitamin D supplement because it is added to commercial infant formula.



KEY MESSAGE

**Breast milk is so complete
it is the only food or drink
your baby needs for the
first 6 months.**



How can my partner/friend/family support me with breastfeeding?

Everyone plays an important role in supporting breastfeeding. Ask your family, friends and partner to help with meals and chores so you can focus on breastfeeding your baby. At feeding time, they can:

- Bring your baby to you when the baby shows early signs of hunger
- Bring you a glass of water
- Burp your baby and change their diaper

How do I know if my baby is getting enough breastmilk?

Your baby will want to breastfeed often in the first few weeks—8 or more times in 24 hours. Feeding often will help you make more milk. It will also help your baby gain back any weight they lose in their first few days. A sign your baby is feeding well is that they are having 6 or more wet diapers in 24 hours by day 6 and pooping often. As your baby grows, your milk will increase to keep up with your baby's needs.





Will skin-to-skin contact after birth help with breastfeeding?

Babies are often more alert and interested in feeding in the first hour after birth. Holding your baby skin-to-skin will help your body to start making milk and will wake up your baby's feeding reflexes. This means that your baby will start looking for the breast sooner and your milk production will increase. Skin-to-skin also helps your baby stay warm, reduces crying and stress, regulates your baby's blood sugar, promotes bonding, and helps you and your baby recover from the birth.

Can I drink alcohol while breastfeeding?

When a breastfeeding mother drinks alcohol, it passes into her breastmilk and to her child. The safest choice is not to drink alcohol if you are breastfeeding, especially when your baby is very young. But you do not have to stop breastfeeding if you have a drink once in a while. An occasional small drink can be okay as long as you plan for it carefully. This resource can help you plan:

- **Mixing alcohol and breastfeeding: Resource for mothers and partners about drinking alcohol while breastfeeding**





Should I stop breastfeeding if I am using cannabis?

Breastfeeding provides many benefits to you and your baby. If you can, try to stop using cannabis while breastfeeding because THC can transfer through the breast milk, which can affect your baby's growth and development. Your baby might also become drowsy and have difficulty latching while breastfeeding.

Can I "pump and dump" if I want to use cannabis while breastfeeding?

No. THC can accumulate and store in your fat cells, as well as your breast milk, slowly releasing over time. Trace amounts of THC have been found in the body several weeks after last use and, for women who use cannabis regularly or heavily, can be found in the breast milk up to 6 days after last use. It is safest to avoid using cannabis altogether while breastfeeding.

For more information on breastfeeding, see page 80.





COMMON COMPLAINTS IN PREGNANCY

Pregnancy is a time of many changes for your body. Talk to your health care provider about any concerns you have.

Many pregnant women experience the following:

COMPLAINT	WHAT IS HAPPENING?	WHAT CAN I DO?
Back, pelvic and hip pain	The size and weight of your growing belly places more strain on your back. Pelvic and hip pain is a normal sign that your pelvic area is preparing for childbirth and that pregnancy hormones are causing your pelvic joints to relax.	<ul style="list-style-type: none">• Sleep on a firm mattress with a pillow between your knees.• Maintain good posture and wear low-heeled shoes.• Wear a prenatal belt around your hips.• Rest as much as you can and use heat and massage for painful areas.
Bloating and gas	Hormone changes during pregnancy slow down your digestion, allowing bacteria more time to produce gas.	<ul style="list-style-type: none">• Limit large meals and gas-producing foods.• Chew foods slowly and thoroughly.• Exercise regularly.
Breast changes (pain, tingling, tenderness)	As your body changes, your breasts change too (bigger, sore, nipples may change colour), in preparation for making breast milk.	<ul style="list-style-type: none">• During the day, wear a supportive maternity bra that fits well. At night, try a sleep bra to give you some support.• If your skin itches where it has stretched, avoid hot showers and baths and apply moisturizer.



COMPLAINT	WHAT IS HAPPENING?	WHAT CAN I DO?
Constipation	Constipation is common during pregnancy because food passes through your body more slowly when you are pregnant.	<ul style="list-style-type: none"> • Eat foods high in fibre, such as vegetables, fruit, whole grains, beans, lentils, nuts and seeds. • Drink plenty of water. • Be physically active. • Do not use stool softeners, laxatives or other medication to treat constipation without checking with your health care provider.
Fatigue	Most women struggle with fatigue during pregnancy, especially during the first and third trimesters. During the first few months, your body is supporting your baby's rapid growth and is experiencing many hormonal changes. These can leave you feeling tired. In the third trimester, the physical demands of carrying your growing baby can wear you out.	<ul style="list-style-type: none"> • Try to rest or nap as needed. • Get regular exercise. • Eat a balanced diet. • Drink plenty of water.



COMPLAINT	WHAT IS HAPPENING?	WHAT CAN I DO?
Heartburn	Heartburn is common during pregnancy because hormonal changes cause the digestive system to slow down. The pressure of the growing baby on your stomach can sometimes force stomach acid to move up to your throat.	<ul style="list-style-type: none"> • Eat slowly and smaller meals throughout the day. • Do not lie down right after eating. When you do lie down, raise your head and shoulders. • Avoid spicy, fried or greasy foods. • Avoid coffee, alcohol and smoking. • Some women take antacid medicines to help with heartburn, but not all antacids are safe for pregnant women. Check with your health care provider before using antacids.
Increased urination	Increased urination is very common, due to pressure on your bladder from your growing baby and to hormonal changes.	<ul style="list-style-type: none"> • Empty your bladder regularly. • Perform Kegel exercises. • Talk to your health care provider if you experience pain while urinating.
Insomnia (difficulty sleeping)	Changing hormones and the discomforts of pregnancy can make it hard to sleep.	<ul style="list-style-type: none"> • Keep a regular sleep schedule. • Rest when you can and use pillows to support your back or belly. • Maintain a cool and quiet sleeping environment. • Practise relaxation techniques.



COMPLAINT	WHAT IS HAPPENING?	WHAT CAN I DO?
<p>Leg cramps</p>	<p>Leg cramps are more common in the second and third trimesters of pregnancy and happen most often at night while sleeping.</p>	<p>Try to prevent cramping by:</p> <ul style="list-style-type: none"> • Staying hydrated • Being active • Doing calf stretches <p>If you get a leg cramp:</p> <ul style="list-style-type: none"> • Straighten your leg and flex your foot so that your ankle and toes point upward • Walk around • Stand on a cold surface • Massage your legs • Avoid stretching with toes pointed
<p>Nausea and vomiting (morning sickness)</p>	<p>Nausea and vomiting (morning sickness) is very common during pregnancy, and can affect women differently, ranging from mild to severe. Although some women find that nausea is worse in the morning, symptoms can occur at any time. Most women usually start to feel better after their first trimester, but for others, it can continue throughout the pregnancy.</p> <p>Nausea and vomiting can be stressful, exhausting and isolating. Talk to your partner, family and friends about how you are feeling.</p>	<ul style="list-style-type: none"> • Eat smaller meals throughout the day. Eat foods that appeal to you. • Limit fried or fatty foods. • Drink cold beverages with ice, taking small sips. • Drink beverages between meals and snacks. • Get out of bed slowly and eat soon afterward. • Get plenty of rest and minimize stress. • Reduce exposure to strong smells.



COMPLAINT	WHAT IS HAPPENING?	WHAT CAN I DO?
Skin changes	<p>Stretch marks, itchiness, skin pigment changes and other normal skin changes are common during pregnancy.</p> <p>Other normal skin changes that occur during pregnancy include blotchy skin and acne. Acne may either increase or clear up during pregnancy.</p>	<ul style="list-style-type: none"> • Creams and oils can help with skin dryness and may reduce itching. • Avoid hot shower and baths. Keep moisturizer in the fridge and apply it after bathing.
Swelling (edema)	<p>As your pregnancy progresses, your uterus puts pressure on the circulation to your legs and may cause mild swelling in your feet and ankles. Swelling can also be noticeable in your face and hands.</p>	<ul style="list-style-type: none"> • Drink plenty of water. • Rest with your legs elevated. • Contact your health care provider if swelling occurs suddenly and does not go away, particularly if your blood pressure is high. This may be a sign of pre-eclampsia.
Vaginal discharge changes	<p>A thick, milky-white discharge (leukorrhea) is normal throughout pregnancy, caused by increased estrogen levels. Leukorrhea is similar to the vaginal discharge you might experience between periods, only heavier.</p>	<ul style="list-style-type: none"> • Wear pads or panty liners. • Wear breathable, cotton underwear. • Do not use douches or wipes.
Varicose veins	<p>Varicose veins are common during pregnancy, particularly in women with a family history. They typically develop on the legs but can also affect the vulva. They are often only a cosmetic concern, but they can become painful.</p>	<ul style="list-style-type: none"> • Avoid prolonged standing and sitting. • Elevate your legs whenever possible. • Wear compression stockings. • Exercise regularly.





YOUR DEVELOPING BABY

Learn more about how your baby
is growing and developing.

WEEKS OF PREGNANCY

FETAL DEVELOPMENT

Weeks 1–8

- Placenta begins to form.
- The brain and spinal cord begin to form.
- The tissues that will form the heart begin to beat. The heartbeat can be detected with ultrasound at around 6 weeks of pregnancy.
- Buds for limbs, with paddle-like hands and feet, appear.
- The eyes, ears and nose begin to develop. Eyelids form but remain closed.
- The genitals begin to develop.
- By the end of the eighth week, all major organs and body systems have begun to develop.

Weeks 9–12

- Buds for future teeth appear.
- Fingers and toes start to form. Soft nails begin to form.
- Bones and muscles begin to grow.
- The intestines begin to form.
- The backbone is soft and can flex.
- The skin is thin and transparent.
- The hands are more developed than the feet.
- The arms are longer than the legs.



WEEKS OF PREGNANCY	FETAL DEVELOPMENT
Weeks 13–16	<ul style="list-style-type: none"> • Arms and legs can flex. • External sex organs are formed. • The outer ear begins to develop. • The fetus can swallow and hear. • The neck is formed. • Kidneys are functioning and begin to produce urine.
Weeks 17–20	<ul style="list-style-type: none"> • The sucking reflex develops. If the hand floats to the mouth, the baby may suck their thumb. • The skin is wrinkled, and the body is covered with a waxy coating (vernix) and fine hair (lanugo). • The baby is more active. You may be able to feel your baby move. • The baby sleeps and wakes regularly. • Nails grow to the tips of the fingers. • The gallbladder begins producing bile, which is needed to digest nutrients. • In females, the eggs have formed in the ovaries. In males, the testes have begun to descend. • It may be possible to tell the sex of the fetus on an ultrasound exam.
Weeks 21–24	<ul style="list-style-type: none"> • The baby may hiccup. • The brain is rapidly developing. • Tear ducts are developing. • Finger and toe prints can be seen. • The lungs are fully formed but not yet ready to function outside of the uterus.



WEEKS OF PREGNANCY	FETAL DEVELOPMENT
Weeks 25–28	<ul style="list-style-type: none"> • The eyes can open and close and sense changes in light. • The baby kicks and stretches. • The baby can make grasping motions and responds to sound. • Lung cells begin to make a substance that will enable breathing.
Weeks 29–32	<ul style="list-style-type: none"> • With its major development finished, the baby gains weight very quickly. • Bones harden, but the skull remains soft and flexible for delivery. • The different regions of the brain continue to form. • Hair on the head starts to grow and the fine hair (lanugo) begins to disappear.
Weeks 33–36	<ul style="list-style-type: none"> • The baby usually turns into a head-down position for birth. • The brain continues to develop. • The skin is less wrinkled. • The lungs are maturing and getting ready to work outside of the uterus. • Sleeping patterns develop.
Weeks 37–40	<ul style="list-style-type: none"> • The baby drops lower into the pelvis. • More fat accumulates, especially around the elbows, knees and shoulders. • The baby gains about half a pound per week during this last month of pregnancy.

Adapted from The American College of Obstetricians and Gynecologists: [How Your Fetus Grows During Pregnancy](#).





PREPARING FOR BIRTH

As your due date approaches, your focus will begin to shift to labour and birth. While it is normal to feel a bit anxious about childbirth, preparing yourself mentally and physically for this powerful life event can help you feel calm and ready.

COMMON QUESTIONS



What can I do to prepare for birth?

- Make sure you have support—your partner, a relative, a friend. You will need some people to help you through labour, birth and new motherhood.
- Document your birth preferences and share them with your health care provider. Think about what you want to happen and what you would prefer if things do not go as planned.

For example, think about topics such as:

- Who you would like to be present at the birth
 - Preference of skin-to-skin contact
 - Your plan for pain relief during labour
 - When and by whom the umbilical cord will be cut
 - Other issues you feel are really important
 - Fears or concerns you may have
 - Choice about infant feeding
- If you have other children, make a plan for childcare.
 - Think about what you will need if you are having a hospital birth and pack your bag.







What are the early signs of labour?

- In the last few weeks prior to birth, your baby will 'drop'. Your baby's head will move down into your pelvis. Sometimes this does not happen until just before labour.
- In the last few days of your pregnancy, your vaginal discharge may change as the mucus plug that has sealed your cervix releases. This will look like a brownish or bloody discharge.
- You may have diarrhea.
- Your water may break (although for most this happens during labour).
- You may have irregular, periodic contractions. Sometimes they start as back pain.

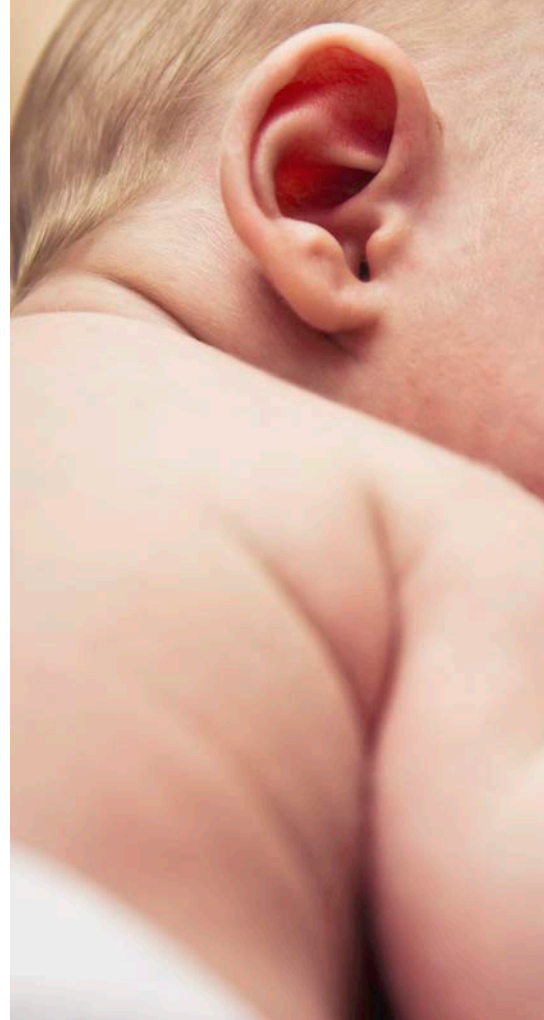


What is preterm labour? Could it happen to me?

Preterm labour (before 37 weeks of pregnancy) can happen to anyone (there are factors that increase the risks) and may lead to a preterm birth or your baby being born too soon. There are important signs to watch for, especially if they are *new* or *different* from before:

- Lower abdomen cramping/tightening (contractions)
- Trickle or gush of fluid, or bleeding, from your vagina
- Lower back pain/pressure or a change in lower backache
- A feeling that the baby is pushing down or of pressure in your pelvis
- An increase in the amount of vaginal discharge
- A feeling that “something is not right”

If you have any of the signs of preterm labour, **go to the hospital right away.**





Why is skin-to-skin contact important?

Skin-to-skin contact is the practice of placing your newborn baby directly on your bare chest right after birth (vaginal and caesarean), covering them with a blanket and ensuring this time is uninterrupted until after the first feeding. Skin-to-skin contact has many health benefits. It helps your baby stay warm, reduces crying and stress, promotes breastfeeding, regulates the baby's blood sugar, promotes bonding, and helps you and your baby recover from the birth.

Routine hospital procedures can sometimes get in the way of skin-to-skin contact, especially in the operating room for women who have a caesarean birth. Share your preferences for skin-to-skin contact with your health care provider and care team during birth.





POSTPARTUM

Your pregnancy and birth may quickly become a memory once you are caring for a newborn. While having a baby can be one of the most exciting times in your life, it can also be very challenging.

IMPORTANT FACTS

- Your body goes through many changes as you recover from giving birth. These changes are different for every woman.
- The first weeks after childbirth also are a time to bond with your baby and set up a routine for caring for your baby.
- A solid support system can help you navigate this new experience. Do not be afraid to lean on your family or ask a friend for help in the early days as a new mom.



KEY MESSAGE

Having a new baby is a physically and emotionally difficult time of life. Do not be afraid to ask for support.

COMMON QUESTIONS



How do I take care of my vaginal area after delivery?

It is normal for your vaginal area to be swollen, bruised and tender after you give birth. If you have stitches, you may feel even more discomfort. After birth, most women are given instructions on the use of acetaminophen or ibuprofen for pain and how to care for their vaginal area. You will want to ask about using peri bottles, ice packs (first 24 hours), sitz baths and sitting on a pillow/padded ring.





I had a caesarean birth. What do I need to know about recovery?

Recovering from a caesarean birth takes time. You will need to take it easy and avoid strenuous activities for the first few weeks. Treat your pain with the medication recommended by your health care provider. It is common to experience pain, bleeding or discharge for the first few weeks. Do not carry anything heavier than your baby and get help with driving and chores around the house.

How long will postpartum bleeding last?

In the first few days following delivery, you will have heavy, dark red bleeding and will likely pass some clots. The bleeding will slow down in the first week and turn pinkish-brown; after 10 days it will become whitish-yellow. By 6 weeks, any bleeding should have stopped.





When will I start ovulating again?

It is difficult to predict when you will start ovulating again. If you are breastfeeding, you may not ovulate for months, while some breastfeeding women will ovulate as early as the fourth week after birth. Women who are not breastfeeding will ovulate even sooner. You can ovulate before your menstrual period returns. With such unpredictability, it is very important to think about birth control options.

What are my options for birth control?

It is important to decide which birth control method is right for you and your partner before you begin having sex again. Talk to your health care provider about your choices.

**For more postpartum information,
see page 80.**



HELPFUL RESOURCES

For more information on pregnancy topics discussed in this guide, please see the following resources:



PRENATAL NUTRITION

- Visit [Canada.ca](https://www.canada.ca) and search:
 - [Canada's food guide](#)
 - [Pregnancy weight gain calculator](#)
 - [Mercury in fish](#)
 - [Food safety for pregnant women](#)



FOLIC ACID

- Visit [Canada.ca](https://www.canada.ca) and search:
 - [Folic acid and neural tube defects](#)
 - [Folic Acid: Are you getting enough?](#)



ALCOHOL

- Visit [Canada.ca](https://www.canada.ca) and search:
 - [Fetal alcohol spectrum disorder](#)
- The Society of Obstetricians and Gynaecologists of Canada: [PregnancyInfo.ca](https://www.pregnancyinfo.ca)



TOBACCO AND VAPING

- Visit [Canada.ca](https://www.canada.ca) and search:
 - [Exposure to second-hand smoke during pregnancy](#)
 - [Make your home and car smoke-free](#)
 - [Risks of vaping](#)



CANNABIS

- Visit [Canada.ca](https://www.canada.ca) and search:
 - [Thinking about using cannabis before or during pregnancy?](#)
- The Society of Obstetricians and Gynaecologists of Canada: [PregnancyInfo.ca](https://www.pregnancyinfo.ca)
- Centre of Excellence for Women's Health: [Women and Cannabis](#)



ORAL HEALTH

- Visit [Canada.ca](https://www.canada.ca) and search:
 - [Oral health tips for pregnant women](#)
 - [Oral health and pregnancy](#)
- Winnipeg Regional Health Authority: [Healthy Baby Teeth Start Here!](#)





PHYSICAL ACTIVITY

- Visit Canada.ca and search:
 - [Physical activity and your health](#)
- The Society of Obstetricians and Gynaecologists: [Exercise during pregnancy](#)
- Canadian Society for Exercise Physiology: [Canadian Guideline for Physical Activity throughout Pregnancy](#)



EMOTIONAL HEALTH

- Mood Disorders Society of Canada: [DepressionHurts.ca](#)
- Centre for Addiction and Mental Health (CAMH): [Postpartum depression](#)
- Best Start: [Life with a new baby is not always what you expected](#)



SEXUAL HEALTH

- Visit Canada.ca and search:
 - [Sexual health](#)
- The Society of Obstetricians and Gynaecologists of Canada: [Sex and pregnancy](#)



IMMUNIZATION

- Visit Canada.ca and search:
 - [Vaccination and pregnancy](#)
 - [A Parent's Guide to Vaccination](#)
- Immunize Canada: [Pregnant and breastfeeding women](#)



BREASTFEEDING

- Visit Canada.ca and search:
 - [10 Great Reasons to Breastfeed your Baby](#)
 - [10 Valuable Tips for Successful Breastfeeding](#)



POSTPARTUM

- The Society of Obstetricians and Gynaecologists of Canada: [Postpartum](#)



COVID-19

- Visit Canada.ca and search:
 - [Pregnancy, childbirth and caring for newborns: Advice for mothers during COVID-19](#)



IF I NEED MORE SUPPORT, WHERE CAN I FIND IT?

Most areas of Canada are serviced by a public health unit, which can be a great source of information and support. Public health units often provide many programs and services to help women and their families have healthy pregnancies and healthy babies. Contact your local public health unit to learn about all of the resources in your community that are available for expecting mothers.

CANADA PRENATAL NUTRITION PROGRAM (CPNP)

The Canada Prenatal Nutrition Program (CPNP) is a community-based program to help improve the health of pregnant women, new mothers and their babies who face challenges that put their health at risk, such as poverty, teen pregnancy, social or geographical isolation, substance use and family violence.

CPNP programming may include nutrition counselling, prenatal vitamins, food and food coupons, food preparation training, counselling in prenatal health and lifestyle, breastfeeding education and support, education and support on infant care and child development and referrals to other agencies and services.

For more information or to find if there is a CPNP project near you, visit [Canada.ca](https://www.canada.ca) and search "Canada Prenatal Nutrition Program".





NOTES: _____

Canada.ca

