

**H2F P3T  
Program**

**Pregnancy Guide**

## **Disclaimer**

The views expressed are those of the authors and do not reflect the views of the Department of Defense, Department of the Army, or the U.S. Government.

## **Disclosure**

This certifies the authors, families, and spouses/partners do not have any financial relationships with any industry that is relevant to the subject matters discussed in this handout.

## **Congratulations!**

This is an exciting time in your life. This resource provides insight into the changes you will experience throughout pregnancy. As pregnancy progresses you will experience changes that impact mental, physical, nutritional, sleep, and spiritual health. This document guides you through common changes and considerations for all five domains of Holistic Health and Fitness.

# Outline

Safety Considerations

Common Physical Concerns Throughout Pregnancy

Spiritual Readiness

Mental Readiness

Sleep, Cognitive, Nutritional and Physical Readiness:

- First Trimester

- Second Trimester

- Third Trimester

- Labor and Birth

Appendix

- Cozean Screen

- Breath, Core, and Pelvic Floor Connection

- Additional Resources

- Army Regulation

# Safety Considerations

Please consult and be cleared by your medical provider before starting or continuing this program if any adverse reactions or setbacks occur.

Recommendations	Recommended to Avoid
Drink water and take frequent breaks - Dehydration can lead to fatigue, dizziness, and other complications (i.e. premature labor).	Exercise in the heat and humidity
Use the “talk test” - You should be able to speak a sentence without having to pause for breath.	Participation in hot yoga
Progress sets/reps/exercises as tolerated (pain free)	Contact sports or any activity that involves a greater chance of falling
Adjust exercises/sessions as needed	Exercises on the back past 20 weeks unless cleared by medical provider
	Olympic lifting past about 20 weeks unless cleared by medical provider

# Safety Considerations

Please consult and be cleared by your medical provider before starting or continuing this program if any adverse reactions or setbacks occur.

	<b>STOP exercising and contact medical provider</b>	<b>Pause activity/exercise and REST</b>	<b>Ask for a PFOT or PFPT Referral</b>
<b>Notes</b>		<p>Sit down and drink water until symptoms subside or resume exercise the next day.</p> <p>When restarting, make sure to include longer rest breaks between sets and/or exercises.</p> <p>If symptoms continue with restarting exercise, contact medical provider.</p>	<p>If you have already tried performing the exercises in a pain free range of motion.</p> <p>Can continue to work out as long as symptoms don't increase. Adjust exercises as tolerated.</p>
<b>Signs/Symptoms</b>	Swelling of face and hands	Difficulty breathing	Pain/Discomfort
	Severe headaches	Nausea	Incontinence
	Persistently dizzy or lightheaded	Dizzy or lightheaded	Leaking
	Palpitations or chest pain	Vomiting	Heaviness in the vagina
	Difficulty walking because of pain	Excessive muscle soreness or pain	Bulging of the stomach
	Vaginal bleeding or excessive discharge	Fatigue	Pelvic pressure
	Water breaks	Sudden sharp pain	

\*PFOT or PFPT (Pelvic Floor Occupational Therapist or Pelvic Floor Physical Therapist)

# Common Physical Concerns in Pregnancy

This is not an exhaustive list, but if you are experiencing any of the following concerns, please notify your medical provider.

- Feeling heaviness or pulling in your pelvis.
- Problems with leaking urine or feces/incontinence.
- Feeling like your bladder doesn't fully empty when you use the bathroom.
- Constipation and hemorrhoids.
- Pain in your lower back or pelvis.
- Pain at the pubic bone, including when you are walking, going up stairs, moving in bed, and shifting weight from one leg to the other (Symphysis Pubis Dysfunction).
- Round ligament pain.

You can ask for a referral to a physical therapist, pelvic floor occupational therapist or pelvic floor physical therapist (PFOT or PFPT) to help you find relief from symptoms.

# Spiritual Considerations

Consider journaling or reflecting on these topics and questions throughout your pregnancy.

## **Identity- “Who am I?”**

- What do you believe it means to be a parent?
- What kind of parent do you want to be?
- How high does parenthood rank in your life (i.e. in comparison to work, marriage, relationships, etc.)? Explain why.

## **Community- “With whom do I spend my life?”**

- Who is the best parent you know? And why are they exceptional?
- What mature parents do you trust to ask questions for advice, and are you willing to receive it?
- Who can you call to help with your child if/when you are overwhelmed? Explain why.

## **Hope- “What do I believe about the future?”**

- How do you want your children to think about the future (i.e. optimistic, pessimistic, realistic, or a combination of all)? Why?
- How would you explain to your children how you have thrived and struggled with hope in your life?
- What specifically do you want to teach your children about hope?

## **Legacy- “What will I leave behind?”**

- What kind of impact do you want your children to remember most about you?
- If you were to read a book or listen to a podcast about parenthood, what topics would benefit you most?
- What do you believe parenthood should look like after your children become adults?



# Mental Readiness Considerations

## When should you reach out for help?

- Uncharacteristic forgetfulness
- Disinterested in favorite hobbies
- Exhausted, but having issues staying/falling asleep
- Difficulty with simple decisions/questions
- Loss of appetite
- Low energy
- Increased irritability/more emotional

## Specific Signs of Postpartum Depression

- Withdrawing from family and friends
- Difficulty bonding with your baby
- Intense irritability or anger
- Feelings of worthlessness, shame, or guilt
- Thoughts of harming yourself or your baby
- Fear that you're not a good parent

# Mental Readiness Resources

- Military One Source
  - 1 (800) 342-9647
  - **Website:** [militaryonesource.mil](https://militaryonesource.mil)
- BDE Chaplain
- Occupational Therapy
- Behavioral Health
- Readiness and Resilient (R2) Performance Center
- Military and Family Life Counselor (MFLC)
- VA/DOD apps: Couples Coach, Virtual Hope Box, Mindfulness, Breathe to Relax

# **First Trimester**

# Sleep Changes

Largely due to hormonal changes it's normal to feel like you need more sleep. Hormonal changes, nausea, and digestion issues can lead to insomnia. If you are having trouble sleeping, please discuss it with your OBGYN, Certified Nurse Midwife, or your H2F Occupational Therapist.

You may also experience an increase in urinary urgency and may find you have to get up multiple times a night to use the bathroom. It is normal to have to go to the bathroom every 2-4 hours during the day and once during the night. If you find yourself getting up multiple times in the night due to urinary urge and frequency, ask your medical provider for a referral to see a pelvic floor occupational therapist or pelvic floor physical therapist (PFOT or PFPT).

# Cognitive Changes

Changes occur to your body and brain during pregnancy that can impact cognition. You may experience trouble remembering things, trouble concentrating, and difficulty with other executive functions.

Use to-do lists and write down things to help you remember important tasks, information, and events.

**For more information check out:**

[https://www.mja.com.au/system/files/issues/208\\_01/10.5694mja17.00131.pdf](https://www.mja.com.au/system/files/issues/208_01/10.5694mja17.00131.pdf)

# Nutritional Changes

Consume nutrient dense foods such as fruits, vegetables, low fat dairy products, seafood, eggs, beans and peas, unsalted nuts and seeds, lean meats, poultry, and whole grains.

If you are experiencing morning sickness, you may need to consume smaller meals more frequently throughout the day and sip on fluids between meals. You can also try keeping crackers on your nightstand and eating a small amount before you rise in the morning.

Increase	Limit	Avoid
64-96oz (8-12 cups) of water/day	Caffeine consumption <200mg/day	Alcohol
Essential fatty acids, linoleic, alpha linoleic and 300mg of long chain polyunsaturated fatty acid docosahexaenoic acid (DHA) <ul style="list-style-type: none"> <li>- Salmon</li> <li>- Anchovy</li> <li>- Herring</li> <li>- Grass Carp</li> </ul>	Added sugar <5-10% of calories	Raw or not fully cooked meat, sausage, fish, eggs (i.e. cookie dough or some salad dressings)
	Saturated fat <5-10% of calories	Soft cheeses
	Sodium <2300mg/day	Smoked fish
	Increased calorie intake (focus on nutrient dense foods instead)	Fish high in mercury <ul style="list-style-type: none"> <li>- Shark</li> <li>- Swordfish</li> <li>- Mackerel</li> <li>- Tile fish</li> </ul>
	Albacore tuna, yellow-fin tuna, halibut, and similar fish to 1 serving per week	

Proper Food Handling	
<b>Clean</b>	Wash hands, work surfaces, and utensils immediately after contact with food.
<b>Separate</b>	Keep foods separate when cooking.
<b>Cook</b>	Cook to proper temperatures.
<b>Chill</b>	Properly package and chill food once done eating. Do not eat food that has been left out for longer than 2 hours.

# Physical Changes

- Due to an increase in estrogen and progesterone, the mammary glands enlarge causing increased tenderness and swelling in the chest. You may find a bra without underwire that still provides support is more comfortable.
- Your areolas will enlarge and darken. They may become covered with small, white bumps called Montgomery's Tubercles.
- The veins around your breast will become more noticeable.
- Increase in urination, up to every 2 hours, is common with the uterus growing and increasing pressure on your bladder.
- Mood swings and irritability may be more common, like premenstrual syndrome, due to the increase in hormones.
- Morning sickness is most common in the first trimester due to the increased level of hormones. Even though it usually occurs in the morning, it can happen throughout the day.
- As the uterus grows, it presses on the rectum and intestines and can lead to constipation. If this occurs, please consult your medical provider on safe ways to decrease constipation.
- The digestive tract will slow down due to high levels of progesterone. This can result in heartburn, indigestion, constipation, or gas.
- An increase in blood flow to the uterus is needed, so cardiac volume and output increases by 40-50% throughout pregnancy. This also may increase your heart rate.
- Due to the demands of pregnancy, you may experience extreme tiredness.
- Clothes may feel tighter as the fetus grows.

**Information retrieved from:**

<https://www.hopkinsmedicine.org/health/wellness-and-prevention/the-first-trimester>

# **Second Trimester**

# Sleep Changes

Sleep tends to improve during the second trimester as energy improves and nausea subsides. If you are having trouble sleeping, you can reach out to your OBGYN, Certified Nurse Midwife, or your H2F Occupational Therapist.

# Cognitive Changes

Cognitive changes like trouble remembering things typically stabilize throughout the second trimester.

# Nutritional Changes

In addition to the first trimester's guidelines:

- Add an additional 340 calories per day.
- Add a bedtime protein and carb snack like Greek yogurt, peanut butter toast, or cheese stick and berries.
- It is perfectly normal for your tastes to change during pregnancy. Find foods that you like or can tolerate.

# Physical Changes

- Usually, the second trimester is the most enjoyable as your hormones level out. This means a decrease in morning sickness, tiredness, and breast tenderness.
- Your appetite may increase.
- Fetus movement may be felt around 20 weeks.
- Usually by 20 weeks the belly is more visible.
- Discomfort, stretching, and sometimes pain in the side and lower stomach will start occurring as the ligaments make room for the fetus. It is not uncommon for the belly to become itchy.
- Frequent urination may decrease due to the uterus growing out of the pelvic cavity.
- You may experience congestion, nosebleeds, and gums can bleed more easily due to hormone changes affecting blood flow/mucous membranes.
- Varicose veins and hemorrhoids may appear. If you experience hemorrhoids, please consult your medical provider on ways to reduce constipation.
- White vaginal discharge is normal. Please consult your medical provider if discharge is colored or bloody as this is a sign of possible complications.
- Backaches are common due to stretching of the muscles, ligaments, and weight gain occurring in your body.
- Skin pigmentation may change on the face or abdomen due to hormones.
- Heart burn and indigestion may continue. Ask your medical provider for help if you are experiencing these symptoms.

**Information retrieved from:**

<https://www.hopkinsmedicine.org/health/wellness-and-prevention/the-second-trimester>



# **Third Trimester**

# Sleep Changes

Nighttime awakenings happen more frequently in your third trimester. If you are having trouble sleeping, you can reach out to your OBGYN, Certified Nurse Midwife, or your H2F Occupational Therapist.

# Cognitive Changes

Memory, concentration, and focus can decrease during the third trimester.

Use to-do lists and writing things down to help you remember important tasks, information, and events.

# Nutritional Changes

In addition to the previous trimester's guidelines:

- Aim for an additional 450 calories above your baseline per day.
- Add a morning snack that includes sources of carbohydrate and protein.

# Physical Changes

- An increase in body temperature because the fetus radiates heat.
- Increased urination returns due to added pressure on the bladder.
- The fetus presses on the vein responsible for returning blood to the heart, resulting in a decreased blood pressure.
- Swelling in the ankles, hands, and face is common because of fluid retention. At your next appointment please notify your OBGYN or CNM of swelling.
- Hair growth is common due to increases in hormones. Hair texture can also change.
- Leg cramps are common.
- Braxton-Hicks contractions may begin to happen at irregular intervals in preparation for childbirth.
- Stretch marks can begin to appear.
- Colostrum may begin to leak from your nipples in preparation for breast feeding.
- Itchy or dry skin may persist around the stomach.
- Libido may decrease.
- Skin pigmentation, including dark patches of skin on the face may become more apparent.
- Constipation, heartburn, and indigestion may continue. Ask your medical provider for help with these concerns.
- White vaginal discharge will increase.
- Backaches can increase in intensity.
- Varicose veins and hemorrhoids may increase in severity.

**Information retrieved from:**

<https://www.hopkinsmedicine.org/health/wellness-and-prevention/the-third-trimester>

# Labor and Birth

Below is a link regarding information for labor and birth. This link discusses signs of labor, false labor, stages of labor, managing labor pain, inducing labor, and Cesarean birth.

There are multiple options for positioning during labor and deliver. For more information on options for positioning during labor and pushing, please consult your OBGYN, CNM, or doula.

**For more information check out:**

<https://www.womenshealth.gov/pregnancy/childbirth-and-beyond/labor-and-birth>

# Appendix

# Cozean Screen

**Instructions: Please check all that apply**

- ☐ I sometimes have pelvic pain (in genitals, perineum, pubic or bladder area, or pain with urination) that exceeds a '3' on a 1-10 pain scale, with 10 being the worst pain imaginable.
- ☐ I can remember falling onto my tailbone, lower back, or buttocks (even in childhood).
- ☐ I sometimes experience one or more of the following urinary symptoms:
  - ☐ Accidental loss of urine.
  - ☐ Feeling unable to completely empty my bladder.
  - ☐ Having to void within a few minutes of a previous void.
  - ☐ Pain or burning with urination.
  - ☐ Difficulty starting or frequent stopping/starting of urine stream.
- ☐ I often or occasionally have to get up to urinate two or more times at night.
- ☐ I sometimes have a feeling of increased pelvic pressure or the sensation of my pelvic organs slipping down or falling out.
- ☐ I have a history of pain in my low back, hip, groin, or tailbone or have had sciatica.
- ☐ I sometimes experience one or more of the following bowel symptoms:
  - ☐ Loss of bowel control.
  - ☐ Feeling unable to completely empty my bowels.
  - ☐ Straining or pain with a bowel movement.
  - ☐ Difficulty initiating a bowel movement.
- ☐ I sometimes experience pain or discomfort with sexual activity or intercourse.
- ☐ Sexual activity increases one or more of my other symptoms.
- ☐ Prolonged sitting increases my symptoms.

**If you have checked 3 or more boxes, it is recommended to schedule an appointment with a pelvic floor occupational therapist or pelvic floor physical therapist (PFOT or PFPT).**

**Source:**

[https://docs.wixstatic.com/ugd/d1026c\\_42a0fda8e5644930950d754619586614.pdf](https://docs.wixstatic.com/ugd/d1026c_42a0fda8e5644930950d754619586614.pdf)

# Breath, Core, and Pelvic Floor Connection

The core and pelvic floor go through a lot of changes during pregnancy and postpartum. We can use our breath to help us stay connected and engage the core and pelvic floor while working out.

Our core muscles are more than just your “6 pack”. They are a group of muscles that wrap around your trunk into your spine. Your pelvic floor is a group of muscles at the base of your pelvis that help hold in and release urine/feces and play a role in sexual gratification.

**Below is a way to coordinate your breath, core, and pelvic floor:**

- 1) Inhale and let your rib cage expand as you relax your core and pelvic floor.
- 2) Exhale while thinking of gently zipping up the middle of your core starting from your pubic bone, moving up to your rib cage. You should also feel your pelvic floor gently lift. This should be no more than 2-3/10 effort.
- 3) Repeat the above 4x taking approximately 3-4 seconds to inhale and 4-6 seconds to exhale.

# Additional Resources

Pelvic Floor Occupational Therapist or Pelvic Floor Physical Therapist (PFOT or PFPT)

- Specialize in the muscles of the pelvic floor, helps to restore function and movement, alleviate pain, strengthen muscles of and around the pelvic floor.
- Located within your local Army Medical Center or request an in-network off-site referral.

BDE Chaplain

Occupational Therapy

Behavioral Health

Readiness and Resilient (R2) Performance Center

Military and Family Life Counselor (MFLC)

Defense Health Agency Service Women's Health Education- Deployment Readiness Education for Service Women (DRES) App:

- <https://mobile.health.mil/Dres>
- Written by military medical providers to provide healthy practices and available resources to support service women's healthcare needs.

DHA Pregnancy & Childbirth Purple Book

Military One Source

- 1 (800) 342-9647
- <https://www.militaryonesource.mil/>
  - Chill Drills App (includes progressive muscle relaxation and imagery)
  - Family Advocacy Program (FAP)

Hear Her- from CDC (includes information for spouses, suggestions, and questions to ask SM's medical provider)

- <https://www.cdc.gov/hearher/index.html>

DOD/VA Apps

- Couples Coach - designed for partners who want to improve their relationship and explore new ways to connect. Couples choose missions—small commitments to improve your relationship—to work through on their own or with their partner. There are five levels of couples training with dozens of missions to choose from. Missions help couples increase positive communication and work through conflict. The app also includes comprehensive relationship information for couples living with PTSD.
- Virtual Hope Box- simple tools to help users with coping, relaxation, distraction, and positive thinking using personalized audio, video, pictures, games, mindfulness exercises, activity planning, inspirational quotes, and coping statements.
- Mindfulness - Learn how to practice mindfulness to reduce stress and improve emotional balance.
- Breathe to Relax - stress management tool which provides detailed information on the effects of stress on the body and instructions and practice exercises to help users learn the stress management skill called diaphragmatic breathing.



# **Pregnancy and Postpartum Army Regulation**

AR 350-1, F-5 (e) and (f) – Details requirements for P3T

AD 2022-06 – Details timelines for pregnancy and postpartum

FM 7-22 – Places P3T under H2F

DoD Memorandum Feb 16, 2023: Changes to Command Notification of Pregnancy Policy

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