

Pregnancy

Day 2: The Experience

Grades 9 and 10, Lesson #14

Time Needed

one class period

Student Learning Objectives

To be able to...

1. List at least four common symptoms of early pregnancy and recognize that not every pregnant woman will experience them.
2. Cite three reasons early pregnancy testing is important and describe how it is done and for whom.
3. Identify at least three physical changes pregnant women commonly experience.
4. Identify at least three emotional or social changes men *and women* commonly experience during pregnancy.

Agenda

1. Explain the lesson's purpose.
2. Use Pregnancy Worksheet 2, in small groups, to introduce the changes of pregnancy and to dispel misconceptions. **
3. Discuss the Worksheet. Explain pregnancy testing: its importance, how it is done and how it is accessed.
4. Answer students' questions (written and oral) about pregnancy.
5. Tally scores and present Awards.

Material Needed

Materials for student “teams” (up to ten per class period):

Pregnancy Worksheet 2

Three per class period of:

Baby Expert Award (or one per student, if you prefer not to make the activity competitive.)

Visual Aids, optional:

small clean jar with a lid
latex glove
a speculum

To obtain a speculum, check with a local family planning clinic (Public Health Department, Planned Parenthood, etc.) or gynecologist. In King County (WA), one plastic speculum is available free, if a teacher drops in to any Public Health family planning clinic and asks for the health educator. For clinic locations, see: <http://www.metrokc.gov/health/locations/index.htm>.

Activities

1. Explain the lesson's purpose, providing a transition from yesterday's lesson (13):

During the last lesson we examined pregnancy in terms of what happens to the fertilized egg (the developing baby) in the course of nine months.

*Today, we'll look at pregnancy in terms of what happens to the developing **parents** in those same nine months. Some of you already know a lot about pregnancy, because you or someone you love has been pregnant in the last few years ... or because you've had classes like this one before. Others may not know as much, right now. By end of the period, today, you'll all know:*

- A) the common early symptoms of pregnancy,*
- B) the physical changes a woman is likely to experience over the nine months,*
- C) the emotional and social changes both parents may experience,*
- D) and when and how pregnancy tests are done.*

2. Begin by eliciting students' current knowledge about the experience of pregnancy and uncover any myths they may believe. We suggest using Pregnancy Worksheet 2, in small groups, to accomplish this:

Have the class divide into groups of exactly three students. (That is important, so everybody will have an equal shot at bonus points and an award. If the number of people is not evenly divisible by three, have one or two 2-person groups, but no groups larger than three. Give each group one copy of the Worksheet.

Have everybody sign the top of the Worksheet. Then explain:

*I will give you ten minutes to write down **everything you know** in response to the questions on the Worksheet. Here's how: I want you to pass the Worksheet from person to person, with each person adding one fact he or she knows (or thinks) is true, initialing his or her contribution. When a person can't think of any more answers, it's OK to pass the Worksheet on to the next person ... but the three people in the whole class who contribute the most true facts about pregnancy will get an award and bonus points.*

Discuss any knowledge gaps. Discuss the **reasons** and **treatments** for the changes. The point is to help with early pregnancy detection, to defuse dangerous myths and misconceptions, to de-romanticize pregnancy and to promote appreciation and support for friends and partners experiencing pregnancy. These notes will help:

(A) EARLY SYMPTOMS OF PREGNANCY

Failure to menstruate is usually the earliest symptom. But it should be emphasized that (1) not every woman stops menstruating completely at the very beginning of pregnancy, and (2) periods can be late, or "missed" for quite a number of reasons of which pregnancy is only one.

Breast changes occur with pregnancy. The same sort of fullness and aching many women experience premenstrually, continues and gets more pronounced during pregnancy. The areolas (the dark area around the nipples) may get darker. The nipples may tingle.

Nausea and, perhaps, **vomiting** may occur in early pregnancy. We call this “morning sickness” because it often, though not always, happens in the morning. Eating small, frequent meals (instead of three big meals) may help control morning sickness. Drinking plenty of fluids between meals may help, too.

Tiredness is common throughout pregnancy, but especially in the first trimester.

Increased vaginal fluid can be noticeable (only if it is thick, smells odd, or burns or itches is it likely to signal a problem).

Frequent urination is a common early sign. It often disappears after two or three months and then recurs in late pregnancy.

NOTE: None of these symptoms is proof of pregnancy. They are simply signs that a woman, if she has had intercourse (or sexual touch with ejaculation on the labia) might be pregnant. One or more signs mean that she should get a pregnancy test.

(B) OTHER PHYSICAL CHANGES OF PREGNANCY

Hunger is to be expected. The woman is trying to meet nutritional needs greater than (though certainly not double) her usual needs. Generally, she needs about 300 more calories per day than she did before becoming pregnant,¹ 500 if she is under age 14.² The effects of under-nutrition on the baby’s birth weight are greatest (as are most pre-natal influences) in the first trimester. Besides simply increasing her caloric intake, a pregnant woman needs extra folic acid and calcium ... especially if she is a teen and has not finished growing herself. Whether she feels unusually hungry or not, it is crucial that a woman **not** try to lose weight during pregnancy. In fact, it’s important to eat a variety of healthy foods and to **gain** weight; her doctor or midwife can tell her how **much**.

Students are likely to raise the issue of “**cravings**.” Cravings for **healthy foods** from the basic food groups may simply be her body’s response to a particular nutritional need.

Cravings, however, for “junk and “non-foods” are of serious concern. **Junk-foods** may not directly harm the fetus, but they fill the woman up. She is less likely to eat enough protein, fruits, vegetables, and dairy and cereal products if she fills up on soft drinks and chips. As for **non-foods** or non-nutritive substances, there’s an eating disorder called *pica*, the onset of which may occur during a young woman’s first pregnancy. Some pica is harmless, but explain to your class that non-foods such as earth, ice, clay, chalk, starch and soap, commonly eaten in some cultures during pregnancy, may harm and even threaten the lives of both the mother and the baby. In the woman, they can take the place of real foods and, depending upon what substances she is eating might interfere with the absorption of important nutrients or cause dental injuries, constipation, infection or lead poisoning. It’s unclear whether pica is a cause or a consequence of iron-deficiency anemia in pregnant women. In the baby, a mother’s pica may contribute to prematurity, low birth weight, smaller

head circumference, irritability and death, again, depending upon what the mother's eating.^{3,4,5,6}

Heartburn is fairly common during pregnancy. A misnomer, it has nothing to do with the heart. It is a type of indigestion. Smaller, unhurried meals with less greasy foods may help. Sometimes changes in diet don't work. Emphasize, however, that no medicines, even over-the-counter treatments for heartburn should be used during pregnancy without approval from a doctor or midwife.

Constipation is common, during pregnancy. Regular exercise and plenty of fluids and raw vegetables and fruits may help. Again, no medicine without prior approval!

Skin markings sometimes accompany pregnancy. These can include "stretch marks" on the abdomen and breasts. The term "stretch marks" is misleading: they are not caused by weight gain, but rather by pressure from the normal changes in the uterus and breast tissue and by hormones. Emphasize that they can not be avoided by dieting during pregnancy. Other skin markings may include varicose veins. These are also not "preventable" ... elevating the legs or wearing support hose may help. They are not a threat to health, though. Skin changes can also include: a vertical dark line on the abdomen, blotches on the face, rashes, and more (or less) acne than usual.

Other benign side effects of pregnancy may include: **backache, heaviness or aching in the pelvic area, insomnia, faintness, feeling fetal movement, leg cramps, weight gain and of course a swelling abdomen.** Give people credit for listing the latter only if they called it "the abdomen" or "the uterus" ... not "the stomach."

Other changes can signal serious problems. A woman should see her doctor or midwife if she notices any of these: **vaginal bleeding; unusual vaginal discharge** (if it burns or itches, smells odd, gets thick or changes texture); **painful urination; reduced amount of urine per day; swelling of hands, feet or face; chills or fever; severe abdominal cramps.**

(C) EMOTIONAL AND SOCIAL CHANGES FOR MEN AND WOMEN, DURING PREGNANCY

Almost any answer is legitimate, here, because people's experiences of pregnancy vary tremendously. Accept — and express understanding of — any of the following:

Afraid, worried, anxious (regarding childbirth, the baby's health, the health of one's pregnant partner and one's self, the major changes in one's lifestyle/finances/schooling/employment)

Proud (of one's ability to procreate, to assume adult responsibilities, to care for another)

Happy, excited (about embarking on an adventure, seeing a birth, giving birth, parenting an infant, being a family in a new way)

Loving and close (with one another and with other family members; with the fetus, especially later in pregnancy as it starts to seem more "real")

Stressed and distant (from one another and other family members, especially if you aren't communicating about all these feelings)

Varying feelings about own (or partner's) changing body (more attractive, sexy, womanly ... less attractive, sexy, womanly)

Jealous, left out (of the attention being lavished on partner and on the fetus)
Guilty (for having caused the pregnancy, if it wasn't planned, and even sometimes if it was)

Angry (at self and/or partner for causing the pregnancy, if it wasn't planned or discussed ahead of time; at partner or family for lack of support; at family and friends for unsolicited advice; at health care providers for not being responsive enough; at the fetus for influencing your life in this way, even if the pregnancy was planned)

Depressed, overwhelmed (by the new responsibilities, the physical, financial, emotional and social demands)

Healthy, fit (especially if you pay attention to nutrition, exercise and sleep needs and get prenatal care)

Exhausted, unhealthy (especially if you ignore nutrition, exercise and sleep needs and don't get prenatal care)

Lonely (if you withdraw from, or don't have a support system, or if your friends just seem to drift away ... especially a problem for teens)

Nurturing, solicitous (of partner and/or self)

Emphasize that feelings are temporary. If negative ones don't disappear after a few days, the person needs to try talking about them — with one's partner, a friend or family member, or a professional. Alcohol and other drugs do not make feelings disappear, except temporarily, and can, for the pregnant woman, damage the fetus. Suicide, sometimes attempted by pregnant teens, is a permanent solution to a temporary feeling. Running away, like drugs, may bring temporary relief, but will not solve the problem or permanently change the feelings.

3. Discuss pregnancy testing. As you describe them, it's desirable, though optional, to show:
 - a small clean jar with a lid (used by the woman to collect an early—morning urine sample),
 - a speculum (used to gently separate the walls of the vagina, so the health care professional can see the cervix),
 - a latex glove (worn by a health care professional when feeling the uterus)

Explain each of these three procedures:

Urinalysis looks for the hormone "HCG" (Human Chorionic Gonadotropin), a chemical secreted by the blastocyst and then by the chorionic sac and placenta. HCG prevents the uterus from shedding its lining (menstruating) so the embryo can implant and survive.

This hormone first gets into your bloodstream when the fertilized egg implants in the uterus (about six days after fertilization). The amount of hCG in the body then increases rapidly over the next few weeks, doubling in amount about every two days. By 14 days after fertilization (about the time a woman would expect her period), some pregnancy tests may be able to detect the hormone in her urine and give an accurate result. But in spite of their claims, most home pregnancy tests are not sensitive enough to guarantee an accurate result at this point. An accurate result is more likely a week after the expected period is due (about three weeks after fertilization ... three to four weeks after intercourse). This is when a woman's urine, especially the first urine in the morning, which is the most concentrated, should contain enough HCG to detect an existing pregnancy. In some cases a urine test can provide a false reading. This is usually a result of user error (test not performed correctly). In some rare cases, medicines, tumors and diseases can also produce a false reading. Because false readings can occur, it is important to see a medical provider to confirm the test result and have an exam.

In **examining the cervix** a health care provider looks for changes. A pregnant woman's cervix will be softer and more blue-colored than usual.

In **examining the uterus** the provider feels for enlargement. Even though it may not be noticeable to the woman for weeks to come, an experienced doctor, nurse practitioner or midwife can usually detect a change in the uterus' size about three or four weeks after fertilization.

Having an exam may be embarrassing or uncomfortable for a young woman, especially if it's her first, but it is not supposed to be painful. If it hurts, either (1) something is wrong (a tumor, an ectopic pregnancy, etc.) or (2) the woman is tightening her muscles (out of anxiety) or (3) the professional is insensitive or rough. A woman can always say, "stop" if she is too uncomfortable and she can come back or change providers. See Lesson 29 for more about pelvic exams, including a transparency illustrating a Pap Test.

Emphasize that there is no age limit on confidential pregnancy testing. Involving one's parents is terrific, if it is possible. But it is not required by law, and most doctors and clinics will respect a young woman's (or couple's) decision on the matter.

Discuss the importance of getting a pregnancy test as soon as pregnancy is suspected. If the pregnancy is carried to term, the earlier prenatal care can be initiated, the safer the pregnancy will be (for mother and baby). If the woman decides on abortion, it is safest and least expensive before twelve weeks' gestation. If the pregnancy is unplanned, the earlier the woman or couple or family starts thinking about the decision and communicating, the better ... for both of the reasons above. Teens, especially, tend to delay seeking prenatal care or abortion because they don't want to admit to themselves and those they love, that they are pregnant. That is sad. Ignoring a pregnancy doesn't make it go away. And, as mentioned earlier, trying to escape through alcohol and other drugs is **dangerous**.

4. Finally, answer students' questions (written and oral) about pregnancy and explain that the next lesson will review and expand upon ***what a person, male or female, can do to stack the deck in favor of his or her future child's health.***

5. If time allows, have students tally the correct answers they personally contributed to the Worksheet. Award the three top scoring individuals each a *Baby Expert Award*. If time is short, tally them outside of class and present the awards at the start of class tomorrow. Alternately, give each participating student a *Baby Expert Award*.

Pregnancy Worksheet 2: The Changes of Pregnancy

NAMES OF THE PEOPLE COMPLETING THIS WORKSHEET: PERIOD: _____

NOTE: The spaces on the right side of the page are for the initials of the person who contributed that particular fact.

A) List, below, all the **symptoms** a woman might notice, early in a pregnancy. In other words: how does she know she's pregnant?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

If you need more space, continue on a separate sheet of paper.

B) List the **physical changes** (body changes) pregnant women commonly notice ... not just at first, but over the whole nine months. In other words: what can a woman expect of her body?

1. _____
2. _____
3. _____
4. _____

C) List the **emotional** (feeling) and **social** (relationship) **changes** often experienced by men **and** women during pregnancy. If you think of a change only a future mother might feel, put (M) after it. If only the future father would feel it, put (F) after it. If both people may experience it, put (B).

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____



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