

# A Father's Guide to Pregnancy



If you are like most expectant fathers, you are both excited and anxious about this big step in the lives of you and your partner. You can help your partner by understanding the changes she is going through and by being a prepared and supportive father-to-be.

This pamphlet explains

- why the father's role is important to a healthy pregnancy
- the physical and emotional changes your partner will experience during pregnancy
- sex during and after pregnancy
- what happens during prenatal care visits
- how to help during labor and delivery
- what fathers can do after the baby is born

## Becoming a Father

A father can play an important role in his partner's pregnancy. Your job as a father begins long before your baby is born. Research has shown that women with supportive partners have fewer health problems in pregnancy and more positive feelings about their changing bodies.

## Physical and Emotional Aspects of Pregnancy

Pregnancy lasts about 40 weeks, which is equal to 9 months. The 9 months of pregnancy are divided into three 3-month periods called *trimesters*.

The “due date” that you are given by your partner’s health care provider is only an estimate of when the baby will be born. Most babies are born 2 weeks before or after the due date. The due date is based on the day the mother’s last menstrual period started. Several web sites offer “due date calculators” that you can use, or try this simple formula: take the date of the first day of her last menstrual period and subtract 3 months. Then add 7 days to get the due date.

Do not be surprised if this due date changes. Most women receive an *ultrasound* examination at 18–20 weeks of pregnancy. This exam gives an estimate of the actual age of the fetus. The due date may be changed as a result.

### *Early Pregnancy: First Trimester*

The first 14 weeks of your partner’s pregnancy is called the first trimester. During this time, most women need more rest. Women in early pregnancy also may have symptoms of nausea and vomiting. Although commonly known as “morning sickness,” these symptoms can occur at any time during the day or night.

Early pregnancy can be an emotional time for a woman. Mood swings are common. You may have mixed feelings as well. You may feel left out as she focuses on her changing body and emotions. One way to feel more involved is to go with your partner to her prenatal care visits and when tests are performed. Read books about pregnancy together and talk about what you have read. Listen to your partner and offer support.

#### **Domestic Violence**

Many pregnant women are abused by their husbands or partners. Abuse during pregnancy can pose a risk to both the woman and her baby. Dangers of this violence include miscarriage, vaginal bleeding, low birth weight, and injury. The National Domestic Violence hotline offers assistance with addressing this difficult family issue. Call 1-800-799-SAFE (7233) or TTY 1-800-787-3224.

### *Mid-Pregnancy: Second Trimester*

For most women, the second trimester of pregnancy (weeks 14–28) is the time they feel the best. As the woman’s body adjusts to being pregnant, she usually begins to feel better physically. Her energy level improves, and morning sickness usually goes away.

As your partner’s abdomen grows, the pregnancy becomes more obvious. Soon you both will be able to feel the baby move and listen to the heartbeat during prenatal care visits.

### *Late Pregnancy: Third Trimester*

In the third trimester of pregnancy (weeks 28–40), your partner may feel some discomfort as the baby grows larger and her body gets ready for the birth. She may have trouble sleeping, walking quickly, and doing routine tasks.

It is normal for both of you to feel excited and nervous as you wonder when her labor will start.

## **Pregnancy and Sex**

Many couples worry whether it is safe to have sexual intercourse during pregnancy. Unless your partner's health care provider has told her otherwise, you can have sex throughout the entire 9 months. Sex is not harmful because the baby is protected within the *uterus* and is cushioned by fluid. There may be times when your partner does not feel comfortable enough to have intercourse. You two can experiment to find which positions are easiest for her.

If the health care provider says that you and your partner should not have intercourse, there are other ways to be intimate during her pregnancy. Cuddling, kissing, fondling, mutual masturbation, and oral sex can fill the void until you can have intercourse again.

## Lifestyle Changes

It is important for your partner to have a healthy lifestyle while she is pregnant. You both can change your daily habits to include a well-balanced diet, plenty of rest, and exercise.

While she is pregnant and breastfeeding, your partner must not smoke or drink alcohol. For you and other family and friends who may spend time with your partner, not smoking around her also is important because the chemicals in secondhand cigarette smoke can harm your unborn baby. Secondhand smoke is harmful after the baby is born as well. Babies exposed to secondhand smoke have an increased risk of developing asthma and sudden infant death syndrome.

## Risks

Most pregnancies proceed normally, without problems. Sometimes, however, health problems in the mother may increase the risks of complications for both the mother and the baby. For example, pregnant women with *diabetes* are at greater risk for miscarriage, birth defects, and having a large baby. High blood pressure that has been present before pregnancy may affect the growth of the baby.

Also, some women develop high blood pressure or diabetes for the first time while they are pregnant. Your partner will be monitored throughout pregnancy for these conditions.

As a father-to-be, you can make sure your partner sees her health care provider regularly—starting as soon as she can—and follows his or her instructions to stay as healthy as possible.

## Prenatal Care

Your partner will have regular health care appointments during her pregnancy. At each visit, her health is checked, as well as that of the growing baby. Most women have monthly prenatal care visits. In the last trimester, visits usually become more frequent.

If your partner is agreeable, it may be helpful for you to go to some of your partner's prenatal visits. At one of the early visits, you and your partner will be asked about your personal and family health histories. Some diseases run in families and are passed down from parent to child. If you have a strong family history of a certain disease, you may have a *gene* for the disease that can be passed to your baby. Be sure that your partner knows your history if you cannot be there. For some of these diseases, prenatal tests can be done to find out if the baby may be affected.

Your partner may have these tests and exams at the first visit:

- Complete physical exam with blood and urine tests
- A *pelvic exam* with a *Pap test*
- Blood pressure, height, and weight measurements

All pregnant women are offered testing for *human immunodeficiency virus (HIV)* and are given a routine test for *syphilis*. Many women also receive routine tests for other *sexually transmitted diseases*.

Later prenatal care visits may include the following tests and exams:

- Checking the baby's heart rate. By about week 12, the health care provider may be able to hear the baby's heartbeat.
- Measuring your partner's blood pressure
- Testing her urine for signs of diabetes
- Measuring her weight
- Measuring the height of the uterus to gauge the baby's growth
- Checking the position of the fetus (later in the pregnancy)

Some tests are performed at certain times. For example, at weeks 18–20, an ultrasound exam usually is done to check the baby's development. It also is sometimes possible to find out the baby's sex. Other tests include the following:

- Screening tests for birth defects (between weeks 8 and 20)
- Blood test to screen for *gestational diabetes* (between weeks 24 and 28)
- Screening test for group B streptococcus (between weeks 35 and 37). This infection can be passed from mother to baby during birth.

In addition to these tests, others may be given depending on a woman's risk factors or health history. Her health care provider will explain which tests are recommended for your partner and tell you when they need to be done.

### Things To Think About Before The Birth

- Do you want to cut the umbilical cord? You may be asked if you want to cut the cord after the baby is delivered. Talk with your health care provider and your partner if you are not sure.
- Do you know your partner's wishes regarding pain relief during labor? You and your partner can discuss the options beforehand. Remember, however, that decisions about pain relief should be made by your partner, and that her decisions may change when she is actually in labor. Offer support for whatever she decides.

- Are you planning to stay with your partner in the hospital after the baby is born? If you have other children, confirm arrangements for their care if you do plan to stay. Pack an overnight bag with the things you will need.
- Do you know how you will get to the hospital? If you are driving, plan the route to the hospital, and map out a backup route in case there is a delay. Consider the following things ahead of time to ensure that the trip to the hospital is smooth:
  - Transportation. Is your car reliable? Is the gas tank filled? Will you be available at all times, or do you need to ask someone else to fill in if necessary?
  - Communication. Can your partner reach you at any time of day? Does she have your cell phone number? Office number? Can you reach her at any time?
  - Time of day. Find out how much time the drive will take at different times of the day.
  - Time of year. Do not forget to allow for bad weather. If your baby is due during snow season, make a backup plan.

## Labor and Delivery

As your partner nears weeks 38–40, her labor can start any day. There is plenty you can do to help make the labor and delivery as smooth as possible.

### *Getting Ready*

Learning about labor and delivery, being familiar with the hospital, and installing an infant car seat are good ways to prepare for the birth:

- Enroll in childbirth classes. Classes are a great way to learn what to expect during labor and delivery. You also will learn how to support your partner during childbirth. Classes may be offered at the hospital where your partner will give birth.
- Take a tour of the hospital. During

the tour is a good time to ask about the hospital's policies on who can be in the room during labor and delivery (even cesarean births), whether you can stay overnight in the room with your partner and baby, and if you can take pictures or videotape the birth. Do not forget to find out where to park the car at the hospital.

- Install an infant car seat. You will need a safety seat for your baby's first ride home from the hospital. Plan to get a safety seat well before the due date and make sure that it is installed correctly. You will need time to practice using the seat in your car before your baby's first car ride.

### *What to Expect*

When your partner starts labor, your role as labor coach begins. Every pregnancy is different, and there is no way of knowing how long your partner's labor will last. Labor happens in three stages. It may last between 10 hours and 20 hours (see "Stages of Labor" box). For some women, it lasts much longer, while for others it is much shorter. Your role during this time is to give your partner emotional support and comfort.

If an emergency occurs during labor or delivery, you may be asked to leave the room. You should leave right away. It is not meant to exclude you. Although there may not be time to explain why at that moment, someone will explain the reasons to you later.

Sometimes babies are born by cesarean delivery—through an incision in the mother’s abdomen and uterus. It is a possibility with all deliveries. A cesarean birth is major surgery. Although some are planned in advance, many happen unexpectedly. If your partner has a cesarean delivery, she will need more time to recover.

### *How to Help*

Although your partner is the one giving birth, there is plenty you can do to help during labor and in the delivery room:

- Help distract your partner during the first stage of labor. Listen to music with her or watch a movie.
- Unless she has been told to stay in bed, take short walks with your partner.
- Time her contractions.
- Offer to massage her back and shoulders between contractions.
- Help her with the relaxation techniques you learned in childbirth class.
- Encourage her during the pushing stage.

Some fathers decide not to attend labor and birth. If you make this decision, there are other ways to support your partner. Take an active role in caring for her and the baby after the birth, before and after they leave the hospital.

### **The Postpartum Period**

The postpartum period is the first 6 weeks after birth. Your partner’s body will be going through dramatic changes as she recovers from the physical stress of birth and adjusts to caring for a newborn.

### *At the Hospital*

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

## **Stages of Labor**

### **First Stage**

- Mild contractions begin that are 5–15 minutes apart, and each one lasts 60–90 seconds.
- Your partner’s water may break, resulting in a trickle or a gush of fluid.
- Your partner’s cervix dilates (opens).
- As the first stage progresses, contractions get stronger. They come as often as 3 minutes apart and each one lasts about 45 seconds. If your partner wants pain-relieving drugs, they will be given at this time.
- If the baby’s head is pressing on your partner’s backbone, she may have back pain. She may feel the urge to push but should not do so until the health care provider tells her to push.

### **Second Stage**

- Contractions may slow. They are about 2–5 minutes apart and last 60–90 seconds.
- She is told to push or bear down with each contraction.
- The baby’s head begins to show and the doctor guides the baby out.

### **Third Stage**

- The umbilical cord is cut.
- The *placenta* is delivered.

While your partner is resting, you can help spread the news to family and friends. Have a list on hand of the phone numbers of the important people to call from the hospital. When it is time for your partner and baby to be discharged from the hospital, you will need to have the car seat installed in the car before you will be allowed to drive away.

## *At Home*

Most women will feel tired and sore for a few days to a few weeks after childbirth. Women who have had a cesarean delivery may take longer to heal. Also, having a new baby in the house can be stressful. You, your partner, and any other children you have need to adjust to a new lifestyle. Talking over your concerns with your partner and with others can help you cope. You also can talk to other parents about how they adjusted to a new baby.

**Postpartum depression.** The first days and weeks after having a baby is a time of adjustment. It can be trying for both of you. New parents often are overwhelmed by the demands placed on them. It is very common for new mothers to feel sad, upset, or anxious after childbirth. Many new mothers have mild feelings of sadness called postpartum blues or “baby blues.” When these feelings are more extreme or last longer than a week or two, it may be a sign of a more serious condition known as postpartum depression. Postpartum depression also can occur several weeks after the birth. Women with a history of depression are at greater risk for this condition.

A new mother may be developing—or already have—postpartum depression if she has any of the following signs and symptoms:

- The baby blues do not start to fade after about 1 week, or the feelings get worse.
- She has feelings of sadness, doubt, guilt, or helplessness that seem to increase each week and get in the way of normal functions.
- She is not able to care for herself or her baby.
- She has trouble doing tasks at home or on the job.
- Her appetite changes.
- Things that used to bring her pleasure no longer do.
- Concern and worry about the baby are too intense, or interest in the baby is lacking.
- Anxiety or panic attacks occur. She may be afraid to be left alone with the baby.
- She fears harming the baby. These feelings are almost never acted on by women with postpartum depression, but they can be scary. These feelings may lead to guilt, which makes the depression worse.
- She has thoughts of self-harm or suicide.

Women with postpartum depression need to seek treatment. Often, women with postpartum depression are not aware that they are depressed. It is their partners who notice the signs and symptoms. If your partner shows any of these signs, assist her in getting the help she needs. Her health care provider can give additional information and suggest resources.

**Breastfeeding.** With few exceptions, breastfeeding is the best way to feed the baby. Mother’s milk has the right amount of all the nutrients the baby needs, such as sugar, protein, vitamins, and fat. It also strengthens bonding between mother and baby.

Some fathers feel left out when watching the closeness of breastfeeding. But if your partner has chosen to breastfeed, there are ways you can share in these moments:

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

**Sexual Intercourse.** There is no set “waiting period” before a woman can have sex again after giving birth. Some health care providers recommend waiting 4–6 weeks. The chances of a problem occurring, like bleeding or infection, are small after about 2 weeks following birth. If your partner has had an *episiotomy* or a tear during birth, the site may be sore for more than a week and she may be told to not have intercourse for a while. You two should discuss when to resume sexual intercourse with your partner’s health care provider.

When your partner does feel ready to have sex again, it is a good idea to use a water-based lubricant. Her vagina may be less moist than usual, especially if she is breastfeeding.

Even if a woman is not having a period or is breastfeeding, she can become pregnant. Research suggests that getting pregnant less than 6 months after giving birth can increase the risk of certain pregnancy problems, such as preterm birth. You should use some type of birth control when you start having sex again.

## Finally...

Pregnancy is a special time for a couple, but it also can be stressful. Your old roles are shifting and you need to adapt to new ones. Spending time with your partner will make the transition easier. Remember that fathers have important roles in pregnancy and birth that may contribute to a healthy pregnancy and help make labor and delivery easier. Working with your partner as a team will make the experience better for you, your partner, and your new baby.

## Glossary

**Diabetes:** A condition in which the levels of sugar in the blood are too high.

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

**Gene:** A DNA “blueprint” that codes for specific traits, such as hair and eye color.

**Gestational Diabetes:** Diabetes that arises during pregnancy.

**Human Immunodeficiency Virus (HIV):** A virus that attacks certain cells of the body’s immune system and causes acquired immunodeficiency syndrome (AIDS).

**Pap Test:** A test in which cells are taken from the cervix and vagina and examined under a microscope.



***Pelvic Exam:*** A manual examination of a woman's reproductive organs.

***Placenta:*** Tissue that provides nourishment to and takes waste away from the fetus.

***Sexually Transmitted Diseases:*** Diseases that are spread by sexual contact, including chlamydial infection, gonorrhea, human papillomavirus infection, herpes, syphilis, and infection with human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).

***Syphilis:*** A sexually transmitted disease that is caused by an organism called *Treponema pallidum*; it may cause major health problems or death in its later stages.

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

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

***Uterus:*** A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

This Patient Education Pamphlet was developed by the American College of Obstetricians and Gynecologists. Designed as an aid to patients, it sets forth current information and opinions on subjects related to women's health. The average readability level of the series, based on the Fry formula, is grade 6–8. The Suitability Assessment of Materials (SAM) instrument rates the pamphlets as “superior.” To ensure the information is current and accurate, the pamphlets are reviewed every 18 months. The information in this pamphlet does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

Copyright July 2009 by the American College of Obstetricians and Gynecologists. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, posted on the Internet, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without prior written permission from the publisher.

ISSN 1074–8601

Requests for authorization to make photocopies should be directed to the Copyright Clearance Center, 222 Rosewood Drive, Danvers, MA 01923.

To reorder Patient Education Pamphlets in packs of 50, please call 800–762–2264 or order online at [sales.acog.org](http://sales.acog.org).

The American College of Obstetricians and Gynecologists  
409 12th Street, SW  
PO Box 96920  
Washington, DC 20090–6920

