

The Pregnancy Quiz Answers

1. Pregnancy lasts:

D, A & C

Pregnancy last 9 calendar months, 10 lunar months, 266 days from the date of conception or 280 days from your last period. All of this winds up being fairly irrelevant, because babies generally come when they are ready. Approximately 95% of babies will be born two before or two weeks after their "expected due date."

2. Nutrition in pregnancy is:

C. Very important, make what you eat count.

Contrary to popular belief, you are not eating for two, nor are you using vitamins as a sole source of nutrients. It is important to get a variety of foods, including protein (about 80-100 grams per day), and yet, you only need between 300-500 extra calories per day during pregnancy.

3. Ultrasound is:

B. Recommended only if complications arise.

The College of OB/GYNs says that the long term effects of ultrasound, if any, are not known, and therefore we should use ultrasound only for specific indications. Routine ultrasound does *not* help reduce the number of birth defects or significantly improve outcomes.

4. Sex during pregnancy is:

A. Allowed at any point, following only a few small precautions.

Pregnancy is definitely a time when sexual relationships change. There may be more sex or less frequency, but more enjoyment, more sensuality, freedom from birth control or conception trials. The one thing that is important is communication. Between partners it is especially important to discuss your needs and desires. With your care provider it is important to see what restrictions, if any are needed. The most common restrictions are: no sexual activity if you are bleeding, suspect that your water has broken, have a history of pre-term labour, have an active sexually transmitted disease, or do not feel like having sex.

5. Labour is:

A. Good for the baby.

Believe it or not, labour is great for babies! Labour helps prepare them for life outside the womb. It causes certain chemical changes in their bodies that will aid them in making this change and the stimulation prepares them for breathing, also helping to expel mucous and water in their mouth, nose and lungs. Even in the case of a caesarean section, labouring beforehand should not be looked at as a waste of time, but rather of great benefit for the baby. Labour also has benefits for the mother, so take a childbirth class and discover what you probably didn't know.

6. Labour medications are:

D. All of the above.

Labour medications are in wide spread use in the United States and a few other countries. There are popular myths that drugs do not cross the placenta, affect the mother, the baby or labour, and these are all false assumptions. Definitely there are times when medications are of benefit, but this should be on an as needed basis. It is very difficult to predict ahead of time, even if you have previously had a baby, what your labour will be like. Another myth is that medications will remove all of your pain. This is not so, even the epidural at its highest dosage will leave you with pulling and pressure sensations. This can lead to an increase in stress, even though pain may be decreased. So learn all of your options and make the decision that is best for you when the time comes.

7. Childbirth classes are:

B. Medically proven to help during labour and birth.

Childbirth classes are a great idea, even for those who have been there before. It has been proven to help reduce fear (which is not conducive to relaxation), prepare you for what to expect and for the not so expected. Although, they cannot guarantee you that you will have a short and easy labour, so be wary of the ones that try to promise such things.

8. Forceps are:

D, B & C .

Forceps are used less frequently than in the past and have a better reputation now. Before the caesarean surgery became safer, they would use forceps to do what is called a "high" forceps delivery. Nowadays these are replaced with caesarean surgery. Today we still use forceps, and in some cases vacuum extractors, of mid or outlet deliveries. These types of births do not pose the same risks as doing a high forceps delivery. This decision should also be made at the time of birth, by your carers. He or she will probably feel more comfortable with one or the other, and that is where their expertise lies. We have seen an increase in "instrumental" (forceps & vacuum extractor) deliveries with the increase in regional anaesthesia.