

# Second Trimester Information

Congratulations! You have completed a period that for many women is very difficult and you are now entering what many people refer to as the “honeymoon period” of pregnancy.

Here are a few tips to help you through this period.

## 1. Diet

Hopefully by now, your appetite is improving. You can now eat similarly to when you weren't pregnant, always making sure to eat balanced meals. Try to eat your sources of protein (meat, fish, poultry, and peanut butter), carbohydrates (pasta, rice, and potatoes), vitamins and roughage (vegetables and fruits). Also, make sure that you continue to take your prenatal vitamins and increase your calcium intake (dairy products such as milk or cheese).



## 2. Common Symptoms

As your uterus now grows beyond your pelvic bones, you will start to feel new sensations. You may experience some lower abdominal pressure and along with it the necessity to void more frequently. As long as you feel that you are emptying your bladder and you are not having burning with urination, this is probably normal. Some patients (especially if you already have had a baby) feel some increased pressure in the vagina. Some patients will feel a “pulling” sensation on the sides along the lower abdomen, especially with sudden movements. This usually represents the so-called round ligament discomfort. Please feel free to discuss these and any other symptoms that you may find unusual so that we can help you.



There are a few symptoms that may not be normal. If you experience any bleeding, markedly increased discharge or vaginal pressure, moderate to severe discomfort or pain, you should call us as soon as possible! Also, if you have a prior history of miscarriage or difficulties in carrying a baby full term, please discuss this with us.



### 3. Common Tests

During this period, we do the majority of tests to make sure that your baby is developing well. You may have personal or other reasons to not want some of these examinations and you should obviously discuss them with us.

a. Sonograms/Ultrasounds:

Sonograms utilize high frequency (not audible) sound waves to look at the structure of the baby. Between 6-12 weeks, they are done to check the baby if you have pain, bleeding or are unsure about how far along you are in pregnancy. At 16-20 weeks, this test is utilized to look carefully at the structure of the baby. At this stage, it can detect many birth defects and many times, the sex of the baby. You must understand that sonograms are not perfect tests. Sometimes, we'll see something that may not mean anything for your baby; other times a birth defect can be present and a sonogram will not be able to see it.

b. First Trimester/Sequential Screening:

These tests were introduced relatively recently. They are best done at 11-13 weeks. They consist of various combinations of blood samples and an ultrasound of the baby's neck and/or presence of the nasal bone. The purpose is to identify fetuses with higher risk of Down syndrome and/or Trisomy 18. The detection rate for these conditions is in the range of 90%. Depending on these measurements, your baby might be at increased risk for these birth defects. It is important that you understand that these tests do not diagnose any condition and that the majority of abnormal test results are false alarms. If these tests come back abnormal, more specific tests may have to be performed to determine whether or not a fetal abnormality is present.

c. Chorionic Villus Sampling (CVS):

This test checks for abnormalities in the structure or number of chromosomes. It involves taking a small amount of placental tissue at 10-12 weeks of pregnancy and sending it for analysis. The advantage is that the results can be obtained quicker (5-7 days) than with an amniocentesis and earlier in pregnancy. The disadvantage is that there might be a slightly higher miscarriage rate. If you are interested in this procedure, we can schedule you for a consultation with a specialist.

d. Amniocentesis:

This test is also to check for abnormalities of the structure or number of chromosomes. It involves taking some fluid from the sac that surrounds the baby and sending it for analysis. It is usually done between 15 and 20 weeks. The advantage is a lower miscarriage rate than CVS. The disadvantage is that it takes longer to get the results (10-11+ days) and that you get them back later in pregnancy.

e. Alphafetoprotein (AFP):

This test is a simple blood test that measures certain chemicals or hormones in your blood. The ideal time to perform it is between 16 and 20 weeks of pregnancy. The main utility of this test is to detect spinal defects or Down syndrome, although it will also detect some other less common problems. Depending on the level of these chemicals, your baby may be at increased or decreased risk for these conditions. It is important to understand that this test does not diagnose any condition and that the majority of abnormal tests are false alarms. If this test comes back abnormal, more specific tests may have to be performed to determine whether a fetal abnormality is present.



## Contact Us

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