Welcome!

We are truly delighted that you’ve made the decision to have a homebirth and use us as your midwives! It is such an honor to attend women and their families during this very special time and we do it with great joy! This Welcome Packet is filled with information you’ll find useful during your pregnancy: information about the practice, our philosophies, a list of supplies to gather for your birth, and information about when to call your midwives. We’re happy to answer questions, should you have any after reading this packet.

Contact Us…

We encourage you to call promptly if you have a question you need answered or if you have concerns that need some attention. The best way to reach us is by calling our cell phones.

Jessica: Cell- 508-254-4424
Home- 508-295-0237
Email- Jessica@homebirthmatters.com

Sarafina: Cell- 904-234-1196
Pager- 617-579-1717
Email- Sarafina@homebirthmatters.com

About this Practice…

Birth Matters Midwifery Care is a homebirth practice in which there are two primary midwives, Jessica Petrone and Sarafina Kennedy. Sometimes, an apprentice accompanies us. This is the accepted standard of care in the homebirth setting. There is much to do at a homebirth, and as a team, we’re able to provide the best midwifery care for you and your baby. We all attend as many of your visits as we can in order to build comfortable relationships. It is your decision how involved our apprentice is with your care.

Services Offered

- Home Birth
- VBAC (Vaginal Birth After Cesarean)
- Health History Review
- Postpartum care through week six
- Comprehensive prenatal care
- Pregnancy Lab Work
- Water birth
- Nutritional Counseling
- Newborn Screening Exam
- Natural Childbirth Classes
- Insurance Billing
- Breastfeeding Support

Jessica Petrone, Midwife (CPM)

My experience in birth includes my work as a doula, my completion of a 3 year midwifery apprenticeship in a very busy homebirth practice and being a mother of four, with the last being an unassisted home birth attended only by my husband and myself. My own births led me to become a doula which led me to become an apprentice and in turn, a midwife. But that’s the abbreviated version!

I have been attending homebirths since 2006. I’ve had the joy of attending breech births, waterbirths, twins and VBAC’s. Combined, we have been to over 500 births.

I am a member of the Massachusetts Midwives Alliance, I am the chairperson for the MANA Stats Statewide Database Project, a research database which compiles the statistics of homebirth midwives. I also serve on the Postpartum Working Group with the MA Dept of Public Health as a representative of the Massachusetts Midwives Alliance. I am a member of ALACE (Association of Labor Assistants and Childbirth Educators), and a member of the Birth Year Network (a Southeastern Mass, Cape and Islands Birth Resource Network). I hold certifications in CPR and Neonatal Resuscitation. I also continued my formal education remotely through the National College of Midwifery in Taos, New Mexico www.midwiferycollege.org; where upon completion of my undergraduate studies I earned a degree in the Science of Midwifery.

Sarafina Kennedy, Midwife (CPM)

For as long as I can remember, my mother has told me the story of my own birth. I was a VBAC (vaginal birth after cesarean), born in Belgium. My mother, in labor with me for 24 hours, lay in bed for most of the active phase with a woman hired by the hospital applying pressure to my mother’s sacrum with her knee. This woman was a called a “kines-therapist,” and specialized in massage and bodywork for childbirth. I have always loved this story, but as I grew up, I began to realize that there is no one in the American maternity care system doing the work of a kines-therapist. It was not until college that I first learned what a doula was, and realized that the woman present at my birth played the role of doula for my mother. At that moment I realized that I wanted to bring that element of support and compassion that my mother felt from her kines-therapist to birthing women and I began to feel called to birth. Years later while I was attending graduate school, I trained to be a doula and began practicing in the Boston area. The first birth I attended was in 2005. I was the doula for a third-time mother who had a quick and beautiful birth. I distinctly remember being awestruck at the things that were wonderful: how the mother looked, how powerful labor was and how
amazing it was to see a baby emerging from a woman’s body. I also distinctly remember the things that we not so wonderful, including the placing of an IV at 8 cm, the TV blaring throughout the birth, the sterility of the room and the absence of the doctor. I knew there had to be a better way for women to give birth, one that would honor the process, acknowledge its power, and celebrate and support the women doing the work.

That initial hospital birth, as well as my experiences in the hospital since then, have given me the motivation and bravery I have needed to pursue homebirth midwifery. After attending my first homebirth in July of 2007, I knew my view of birth would be forever changed. I felt for the first time that I was seeing birth the way it was meant to be. I was called to the profession in the way that a priest is called to the church, and I knew I was willing to give my time, energy and life to women giving birth at home.

Throughout my training I completed a 2.5 year apprenticeship with two busy homebirth midwives as well as an internship at a busy birth center in Texas. I have also spent time volunteering at a birth center in Bali, Indonesia. I supplemented my hands on training with a three year academic program at Birthwise Midwifery School in Bridgton Maine.

My philosophy of birth is that it is a safe, natural, beautiful and powerful process for women and families. In addition, I view midwifery as a very important aspect of reproductive choice for women: in the same way that women may chose to have to have their babies in the hospital, they should also have the option to birth at home, and have a full range of choices throughout the birth. I believe that a midwife, as a woman supporting other women and their families in childbirth, plays an empowering and important role in helping to create the birth a woman desires. A midwife is solidly allied with women; she listens to women and trusts birth. She is skilled and professional. She is also loving, nurturing and caring.

I firmly believe that women and families need to be supported in birth and that improving women's experiences of birth and pregnancy is vital to giving women empowerment, strength and worth through having control over their bodies, minds and physical situations. Therefore, what interests me most about supporting pregnant, birthing and postpartum women and their families is the opportunity to safeguard and enhance their entire experience throughout each of those three phases. I am interested in the opportunity to build relationships with women and learn about their lives and experiences in order to help give them the birth experience they want and deserve. I am also interested in the hands-on aspect of midwifery work, using different skills and visualizations to help women manage pain, and teaching skills postpartum to help them grow healthy families.

**Philosophy**

Birth is a normal healthy experience and homebirth is an excellent option for women in good general health. As midwives, we offer woman-led care, supported by education, respect, and love. We believe that once they’re provided with all the information, women are the best at deciding what’s right for their bodies. Every woman has the right to safe, satisfying health care and every family has the right to participate in decisions regarding pregnancy and birth, and to share the experience of that birth in a family-centered environment. Every pregnancy and birth is as different as the women experiencing them. For this reason, our care is catered to each woman as an individual. As midwives, we trust in the birth process; knowing that a woman who is relaxed and comfortable with her surrounding will have a more positive birth experience. We believe birth to be ideal when it is unhindered and undisturbed. We also believe birth is sacred, intimate and spiritual in nature; the extension and conclusion of the loving act that created life in the first place. Babies are meant to come through safely, gently and unharmed. We fully embrace that this is your birth and baby, not ours. We will not interfere with the mother-baby bonding after the birth.

Some may paint home birth midwives as dangerous radicals opposed to the medical establishment. We however, are not “anti-doctor” or “anti-hospital.” Indeed, there’s a tremendous calling for dedicated doctors and hospitals and we’re thankful for their skills. Therefore, we won’t hesitate to refer to a physician or to transport to a hospital if it becomes necessary to do so.

**Apprentices**

Upon realizing the calling to become a midwife, it was essential to learn about birth in the most unhindered setting: home. Thus, the search for a home birth midwife willing to teach and pass on her skills began. We are ever so grateful to our mentors and the women they have served for allowing us to observe and participate in their births. Textbooks, study groups, workshops and the like have supplemented our learning along the way. But, the age-old apprenticeship style of learning is at the very heart of midwifery. It’s essential and superior to any other method. We are committed to continuing the passing on of skills and knowledge and will have at least one apprentice in our practice. There is much to do at a homebirth and you will see just how essential apprentices are. You’ll get to know and trust the apprentice during your prenatal appointments and may request less or more involvement of the apprentice at any time. Birth Matters subscribes to the home birth standard of care, which involves a skilled team of midwives. This provides you with the very best level of care and is the safest arrangement for your birth.

**What to Expect…**

**Complete Prenatal Care**

Prenatal appointments are very relaxed, with most appointments lasting an hour. We love to come to your home for these visits, but you are also welcome to come to us. We always start with any questions you may have and take as much time as is necessary to answer them. You can decide if you’d like to have private appointments or bring
your family/friends. Children are always welcome and we encourage you to bring them. We talk about all things related to pregnancy, labor, birth, babies, joys, fears, etc! We go over the importance of nutrition, optional testing, trusting birth, breastfeeding, and other topics throughout the course of the pregnancy. We really get to know each other and look forward to each of the visits! At each appointment we’ll take your blood pressure, check your urine, go through our well-pregnancy checklist, listen to your baby’s heartbeat, measure your fundus and feel what kind of position your baby is in at the moment.

Prenatal care begins with a comprehensive visit wherein we’ll take your medical history, conduct a physical exam, possibly do lab work and complete a fun questionnaire. This initial appointment lasts an hour and a half and we begin to get to know one another. You can expect to have monthly appointments until 28 weeks, then every two weeks until your 36th week. At 36 weeks you’ll have a home visit. This is a really exciting time and the whole birth team comes, as well as anyone else you’d like to invite! From that point on, you’ll have weekly appointments until you have your baby!

If you require additional visit(s) beyond the routine schedule of visits, special care appointments can be made. There will be an additional fee for each of these.

Homebirth Care

When labor starts, the birth team will arrive and provide labor support throughout your labor, birth and for several hours afterwards. We will talk frequently when your labor starts and mutually decide when to arrive based on weather, traffic, geography, etc. Upon arrival, we quickly check the baby’s heart rate, take maternal vital signs, chart the progress of labor and consult physician services if needed. If everything is going smoothly, you’ll receive as much or as little labor support as you desire. Our goal is to foster an environment suitable for a comfortable, unhindered, undisturbed birth.

We keep your house exceptionally clean. We are respectful and responsive to you, your family, and your baby. Your perineum will not be cut; it will be supported. We will not direct you when to push, nor will we count when you’re pushing. **Your baby will remain with you at all times.** There is no need for your baby to be taken away to be weighed, measured or “cleaned up”. We will not announce your baby’s gender; that’s your privilege not ours! This is extraordinarily important for the baby; we will talk about this before the birth. We will do a complete newborn exam right beside you. Most of our babies are pink, robust, healthy and perfect. If there is a question, we will consult the pediatrician that you have lined up for your baby. If everything is fine (as it almost always is) you can plan a visit with the pediatrician for 48-72 hours after the birth. You’ll be given a list of pediatricians that come to the home for the first visit. Of course, you are welcome to find a pediatrician not on our list. Do ask if they come to the home, you may be surprised to find out that they do!

The birth team will cook a meal (just remember we’re midwives, not chefs), start laundry, clean up the birth area and generally tidy up a bit. We will tuck you into bed with your newborn and get you started on breastfeeding. Naturally, you will have received complete postpartum instructions prior to birth.

Complete Post-Partum Care

In the days immediately after your home birth, it’s ideal for you to stay around your house taking care of your baby and your personal hygiene. It is not ideal to bring your baby to a crowded office where sick children are or have been, exposing your newborn to the heat of the summer or the cold of the winter. There will be two or three home visits during the first week after your baby is born. During these visits, both mom and baby are checked to ascertain their overall health and well-being. We answer breastfeeding questions, talk about baby care, go over what to expect in the days and weeks to come, etc. You’ll receive information on the Newborn Screen Exam (formerly known as the PKU Test) and decide if it’s a test you want done. If so, we conduct it in your home during the first week. You’ll also receive the proper paperwork to get your baby a social security card and birth certificate. Postpartum care continues along these lines with office visits at two and six weeks.

By 36 weeks, please have selected a pediatrician for your baby. We can provide a list of pediatricians that will come to you for the first visit which is really lovely! Otherwise, we can give you a handout of things to consider when selecting your pediatrician. We encourage you to ask the pediatrician if they come to the home, do they support breastfeeding, their stance on immunizations, etc.

Midwife-Client Confidentiality

Professional confidentiality will be upheld. Your privacy is a matter if great importance to this practice. Details and events known to any member of the birth team will not be discussed with anybody without your permission, unless they are discussed anonymously.

Massachusetts General Law Concerning Home Birth

In Massachusetts, a family’s right to birth where and with whom they choose was upheld in a 1985 Superior Court decision. At this time, RN’s (Registered Nurses) may not attend home births, because their own nursing association does not allow them to do so unless they have been certified as Nurse Midwives and are working with the backing of an obstetrician. Currently, there is no licensure for Certified Professional Midwives (CPM) in Massachusetts. The National Association of Registered Midwives (NARM) certifies CPM’s. Direct Entry Midwives (DEM) have the option to certify as CPM under NARM.
Malpractice Insurance
It is difficult and prohibitively expensive for home birth midwives to obtain malpractice insurance; making it highly unusual for one to carry it. Birth Matters is no exception.

Continuing Education and Peer Review
We take every opportunity to continue my education so we may give you the best and safest care possible. We attend regular continuing education events and peer review meetings in addition to midwifery and childbirth seminars and conferences each year. Moreover, we continually update our Neonatal Resuscitation certification, and subscribe to numerous midwifery and childbirth journals and newsletters.

Above all, we welcome your comments about your birth experience. If you are unhappy about any aspect of our care or services, please let us know so we may improve. You may also write to the Massachusetts Midwives’ Alliance. This organization offers a grievance process to the clients of midwives who are members of MMA. All letters must be signed by you and are kept confidential. By filing such a grievance, you are also agreeing to binding arbitration in your case through the MMA.

The Midwife’s Right to Resign
The midwives reserve the right to resign at any stage of the pregnancy if they become convinced it is necessary to so. If such a situation arises, I/we will discuss with you our reasons for this decision. Thereafter, it is incumbent upon you, the expectant parents, to procure other medical care for the remainder of your pregnancy, birth, and postpartum period. Please refer to the Financial Agreement for information on refunds in this instance.

Payment Information
Midwifery care is vitally important; not just to us, but to the women we serve, the partners who love them and the babies they bear! Because it is important to us, we wholly invest our time and energy into making our services available and to serving those who desire them to the best of our abilities. As such, fair and timely compensation is only right. This is our calling and our passion. We love what we do. But, it is also the source of income that provides for our families and allows us to continue this work without compromising our philosophies!

Needless to say, we also don’t want a woman’s desire to experience a home birth to become a financial hardship to her and her family. We understand that while our fees are within the market price, that this is a fairly large out-of-pocket expense. For that reason, we offer a sliding fee scale for those who qualify. We’re also open to working out other, suitable, compensation plans. Such arrangements must be written up, agreed to and signed by both parties as a condition of Birth Matters taking you on as a client.

Whatever the fees and terms, payments must be made in accordance with the agreed upon financial sheet and/or addendum. This means making full payments in the appropriate time frame.

Ways You Can Pay For Your Home Birth

Insurance - It’s always worth trying this first, especially if you have a PPO. Some will pay readily, others can take some convincing, but persistence often pays off.

Publicity - Costs may be offset by promotional endeavors and/or assisting the expansion of my practice by bringing new qualifying clients. We will give you a 10% discount if you agree to actively market our services in at least ten complimentary locations/practices in your area, plus announce your home birth with the name of this practice in your largest local newspaper or write a published article promoting homebirth and my services, and also write about your birth story to share with other families on our website and on the Mothering.com forums. You can also receive $100 (payable at time of their birth) for any friend that you refer who has a home birth with Birth Matters (your friend will also receive a $100 credit).

Pre-Tax Medical Savings Accounts – Many employers offer reimbursement accounts that allow you to enjoy pre-tax savings on medical costs that are not covered by insurance. Ask your employer.

Loans - Explore low interest loans, interest free credit card advances, or loans from family.

Tax Returns - If you get one, this can help to ensure that your little one has a gentle entrance.

Baby Shower Gifts - Some of our moms have asked for contributions toward a peaceful home birth rather than traditional baby shower gifts. Some moms have paid for their entire birth this way!
Birth Matters Home Birth Supplies List

How exciting it is to gather your birth supplies, it’s sort of like a scavenger hunt. Please let me know if you are having difficulty finding any of these items. No worries, this should be fun! Enjoy and indulge your nesting instincts!

☐ Please order a birth kit from either Peaceful Beginnings: 800-370-1683 - www.midwifesupplies.com or Birth With Love: 800-434-4915 - www.birthwithlove.com Please ask for the Birth Matters birth kit
☐ Please have a car seat installed for your baby
☐ 7-8 washed receiving blankets for the baby
☐ 3-4 hats for the baby (preferably not hand knit, as the fit is not always perfect at birth)
☐ 4-5 large clean bath towels
☐ 2 large leak-proof garbage bags
☐ 2 brown paper bags (grocery size) 1 for soiled linen, the other for trash
☐ 1 medium bowl for placenta (can be plastic, metal, disposable, etc.)
☐ 3 plastic grocery bags for placenta bowl
☐ 1 small unopened bottle of olive oil
☐ 6 quarts of Recharge (an electrolyte balance drink available at most supermarkets in asst. flavors)
☐ 1 bright flashlight, in working order
☐ 2 packages of under pads- super large- available at CVS, Walgreen’s, etc.
☐ 1 fitted plastic sheet to protect your bed from fluids - or plastic shower liner
☐ 6 washcloths - preferably white, you can rip an old clean towel
☐ 2 sets of clean sheets (1 for labor, 1 for afterwards)
☐ Bed pillows - at least 5, more if possible
☐ A good supply of ice- crushed or cubes is fine
☐ Sanitary napkins- maternity size or as large as you can find
☐ Diapers, shirts, gowns, for baby- washed and ready to wear
☐ Baby wipes- warmer is optional
☐ 2 rolls of high quality paper towels
☐ Hairspray or other fixative if you want a placenta print
☐ Honey
☐ Gas in your car
☐ Approximately $75.00 in cash
☐ Clean nightgown for mom (3), T-shirts (2-3), socks (2 pr)
☐ Telephone number to nearest maternity hospital and your pediatrician
☐ Food for the laboring family (and attendees). Food can be prepared in advance that is nourishing and easy to digest (such as chicken soup) and is a good meal that will be ready to eat after the birth, regardless of the time! Healthy snacks such as fruit, eggs, cheeses, whole grain breads, tea, honey, peanut butter without sugar, raisins, nuts, etc. Depending on the time of day and the length of the labor, the laboring family and midwives may need something more substantial - meals with protein such as sliced turkey, etc. Ordering out is an option as well.
☐ Optional: relaxation tapes, music, chap stick, cameras, camcorders, film, rice pack, chamomile tea, red raspberry tea, witch hazel, hydrogen peroxide, a commode or portable toilet if your bathroom is on a different floor, candles, etc. Herbals, homeopathics, etc., although we bring a large supply.

During labor, the bed is made as follows:
1. Clean fitted sheet and clean flat (top) sheet
2. Plastic mattress cover or shower curtain liner
3. Clean fitted sheet and top sheet. After delivery, the top sheets are removed and the clean sheets below are ready.

Postpartum herbal bath:
Thoroughly scrub tub and rinse. To make herbal tea, boil water, add herbs and let steep. Pour through sieve into tub filled with 5 inches of hot water. Don’t use soap to wash for the first week after birth. Bath can be taken as often as desired. Use any of these herbs: comfrey leaves or root, witch hazel root, yarrow blossoms, calendula blossoms, rose petals, fresh ginger root, 1 cup sea salt, 1 cup cider vinegar, 1 T goldenseal. I can give you ordering information for a pre-made herbal bath.
Signs That Labor May Begin

Please note that these are only signs that labor might begin... it still may be a while before labor actually sets in or becomes established. Some women have almost all of the signs and some women have either a few of them or none at all. Each labor is different; if nothing else, birth is unpredictable!

• Cervical discharge that's blood-tinged (brown, pink, red) Also known as the “mucous plug” or “bloody show”
• Loose stools or even a touch of diarrhea
• Cramping, almost as if your period is about to begin
• “Nesting” You may have an intense desire to clean or spruce up your house or you may even literally construct a nest of pillows, blankets, etc.!
• Surges (or a pre-menstrual feeling in the lower part of your belly) that are noticeable, but usually irregular, and usually do not last for very long. Uterine activity is intermittent and the surges vary in intensity, whereas in true, active labor the uterus settles into a regular, rhythmic pattern of activity that continues and intensifies. Taking a warm, relaxing bath (candles and soft music add a nice touch!) and/or changing position will often times “wipe out” prelabor, but if it is truly getting to be “baby-having time”, the surges will continue and become stronger regardless of what you do.
• An increase in the amount of vaginal discharge
• Bag of water begins to leak or breaks. (Some women think this is happening, but may be leaking urine!)
• Mood swings (!)

Call immediately if you are experiencing the following at any time:
• Bleeding from the vagina
• A sudden gush of fluid from the vagina or you think that the bag of waters is leaking or has released
• Meconium - stained fluid (brown, green, or black) is leaking from the vagina
• Blurred vision, dizziness, or feeling disoriented
• Extreme nausea or vomiting
• Chills and fever over 100° Fahrenheit, not accompanied by a common cold
• Baby’s hand, foot or cord appearing from the vagina
• Dizziness, blurred vision, or severe headaches
• Painful urination and/or burning when urinating
• Increased swelling or puffiness in the hands, feet or ankles (especially if sudden)
• Sharp pain in uterus; severe abdominal pain (does not let up)
• An extremely hot, cold, or “clammy” feeling
• Absence of fetal movements for 12 hours, from the time that significant, daily movement is apparent
• Increased, unusual thirst with reduced amounts of urine (or if you do not urinate for more than half a day despite normal fluid intake)
• Regular contractions and think this might be labor

Calls are returned promptly, so if urgent, please call our alternate numbers or call again if you have not received a return call within 15 minutes. Do not email us with an emergency! If you’re not sure, call.
PEDiatrician list

Southern Massachusetts

Dr. Heidi Brownlie
Family Medicine Associates of S. Attleboro
230 Washington St. S. Attleboro, MA 02703
(508) 761-5650

Wood, Nicole & Smith, Carol
Harbor Medical Associates
Pembroke – 781-826-8065
Scituate – 781-5457243
Weymouth – 781-952-1650 or 781-340-1702

Robertson, Laura & Summers, Deb
Pediatric Healthcare – Brockton
508-586-7334

Dr. Arlene DiJamco
223 Chief Justice Cushing Hwy, Suite 201
Cohasset, MA 02025
781-383-8380

Dr. Michelle Melicosta, MD - Pediatrics
111 Grossman Drive
Braintree, MA 02184

Dr. Cassandra Walcott, MD - Pediatrician
830 Oak St Ste 200w
Brockton, MA
http://www.pediatrichealthcarebrockton.com

Northern Massachusetts

Dr. Rodd Stockwell, MD – Family Medicine, Holistic Medicine
2 Central Street, Suite 203
Middleton, MA 01949
978-646-9388

Dr. Mark Su, Family Practice
65 Newburyport Tpke.
Newbury, MA 01951
978-465-9770
http://holisticfamilypractice.com

Dr. Carol Rainville, Naturopathic Doctor
162 Main Street
Wenham, MA 01984
978-468-4294

Dr. Darlene Ertha, Naturopathic
174 High Street, Suite 14
Ipswich, MA 01938-1220
978-356-5095
http://www.eightriversnaturalmedicine.com

Boston Area

Dr. James Bastian
Southern Jamaica Plain Health Center (affiliated with Brigham and Women’s Hospital)
640 Centre St
Jamaica Plain, MA 02130

Dr. Deborah Bershel, Family Practice
Davis Square Family Practice
260 Elm street suite 105
Somerville, MA
617-666-9577
http://davissquareinfo.com/

Dr. Janet Levatin, MD & Homeopath
1101 Beacon Street, 5 East
Brookline, MA 02446
Phone: 617-738-4600
http://www.janellevatin.com/

Cathleen London, MD – Family Medicine
209 Harvard Street, Suite 200
Brookline, MA 02446
617-232-0616
http://www.drchaya.com/

Dr. Frederick Mandell, MD - Pediatrician
285 Clinton Road
Brookline, MA 02445

Dr. Richard Moskowitz, MD, Homeopath
173 Mt. Auburn Street
Watertown, MA 02472
617-923-4604

Beverly Wedda, MD - Primary Care
372 Washington St # 1
Wellesley Hills, MA 02481
781-235-5200
http://www.marinocenter.org/

Dr. Betty Wood, MD, Homeopath
24 Minot Avenue
Acton, MA 01720
978-635-0605
781-849-1000

Dr. Laura Zucker, MD – Family Practice
22 Mill Street, Suite 204
Arlington, MA 02476
781-648-9700

Dr. Ann Becker, MD - Pediatrician
332 Washington Street - Suite 275
Wellesley Hills, MA 02481
781-235-7730
Basic Nutrition Information

Good nutrition is vital during pregnancy. You never know what body system or body part you could be growing that day and you may as well give your baby the absolute best materials to build with. A pregnant diet should include about 300 calories over your normal diet and these calories should be added in the form of healthy nutritious food as described below.

Water
Consuming water is one of the most important elements of your diet during pregnancy. You need to keep hydrated and maintain your hydration throughout the day. In particular on days when you know it will be particularly hot and you may be prone to swelling.
Recommended amount: 6-8 glasses of water a day

Protein
Protein is the building block of muscles and is essential during pregnancy. Sources of protein include Beef, pork, lamb, chicken, fish, eggs, cheese, cottage cheese, tofu, peanut butter, dried beans or peas, nuts, seeds and GREENS!
Recommended amount: 6+ Servings

Vitamins and Minerals (in the form of Fruits and Vegetables)
Fruits and vegetables are great sources of vitamins, minerals. In particular vitamin C and vitamin A. Some fruits and vegetables that are great sources of vitamins and minerals include, mango, oranges, apples beets, kale and any other. Fruits and vegetables should be consumed raw as well as cooked to experience the full health benefits.
Recommended amount: 7 servings

Carbohydrates
Carbohydrates are the fuel that our bodies run on. They also convert quickly to sugar, so it's best to limit carbs. Foods that are carbohydrate based can also be right in B vitamins, iron and fiber. Sources include oatmeal, grains, tortillas, quinoa, rice, pasta, etc.
Recommended amount: 2 servings

Fats
Fats are necessary in the diet, as long as they are healthy fats. They provide vitamin A and essential fatty acids. Good healthy sources of fats include nuts, olives, avocados.
Recommended amount: use as desired

Salt
Sodium intake is needed during pregnancy to support the large prenatal expansion of tissues and fluids.
Recommended amount: Salt to taste

Iron
Iron deficiency is the most common cause of anemia in pregnancy. Iron needs markedly increase in pregnancy. Women taking iron supplements of more than 30 mg per day may have supplements of 2 mg copper and 15 mg zinc per day recommended. Do not take iron supplements unless prescribed by your midwife or health care provider. Eat foods high in iron such as beef, pork, lamb and organ meats; iron fortified cereals, dried beans, peas, or lentils; dark green leafy vegetables; peanut butter and molasses. Combine foods high in Vitamin C with iron-rich foods. Use cast-iron cookware, if possible.

Folic Acid
Folic acid is necessary for the synthesis of DNA and adequate Folic Acid prevents neural tube defects. The recommended daily amount is 400 micrograms a day in pregnancy. Folic acid can be found in liver, legumes, leafy green vegetables, brewers yeast.

Calcium
Calcium is necessary to build bones and teeth as well as form muscle. The recommended daily amount is 1200 mg. Calcium can be found in dairy produce, beet greens, kale, tofu, and spinach.