



DRUGS

ESSENTIAL INFORMATION FOR EXPECTANT MOTHERS

ALCOHOL &

TO PROTECT YOUR BABY'S HEALTH & WELL-BEING.

PREGNANCY




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A Do It Now Foundation Publication

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■ Contents

Foreword

Good News & Bad News	5
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Chapter 1

From Here to Maternity	6
Baby Beginnings	7

Chapter 2

'Everyday' Drugs	
Alcohol, Tobacco, and Caffeine	10
Street Drugs, I	
Uppers, Downers, and Painkillers	13
Street Drugs, II	
Marijuana and Other Drugs	16
Prescription and Non-Prescription Drugs	19
Non-Drugs Dangers	20

Chapter 3

Aftercare, I	
Beating the Blues	21
Aftercare, II	
Breastfeeding	22

Chapter 4

Miracle in the Making	
Handle with Care	23

D.I.N. 211

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**Published and Distributed by
Do It Now Foundation
P.O. Box 27568
Tempe, AZ 85285**

**ISBN
0-89230-190-2**

■ Foreword

Good News & Bad News

There's good news and bad news about having babies.

The good news is that a baby born today is more likely to be born healthy and to live longer than babies born at any other time in the 20th century (and probably all the centuries before that).

Not only that, but *having* a baby is easier today than ever before, too. New advances in reproductive science and medicine—and the “borrowing” of older techniques like breathing exercises and birthing chairs—make pregnancy and childbirth safer for baby-to-be and more comfortable for mom.

That's the good news.

The bad news is that the job of being a mother is bigger and starts sooner now than ever before.

Now the *good* news about the *bad* news is that the bad news is also good news (*great* news, in fact, depending on how you look at these things). Because just as we have a greater responsibility to safeguard the health and safety of our children in today's complex world, we also have an unprecedented opportunity to care and provide an ideal environment for them even before they're born.

That's what this booklet is all about.

Because of all the advances in medical knowledge made in understanding pregnancy in recent years, none has been quite as powerful (or nearly as magical) as the love and concern of a mother for her baby. And the form that love takes before birth is no less important than the form it takes after, and quite possibly even more so.

This, then, is not a book about waiting—at least not about waiting for *something else* to happen. It's a book about creating, about shaping the most powerful force in the world—a healthy new life.

► Chapter 1

From Here to Maternity

In many ways, prenatal health care today is more complicated than it was only a few years ago and involves a lot more than simply visiting a doctor and getting eight hours sleep at night—although that’s still important, too.


Mothering an unborn baby today involves attending to the total needs of mother and child—emotional and psychological needs as well as physical and nutritional. And taking care of all



Tools of the Trade.
Modern medicine often incorporates age-old delivery techniques, including midwives and birthing chairs. (16th Century woodcut by Martin Caldenbach.)

those needs often requires changes in a mother’s habits and lifestyle, from exercising regularly and eating sensibly to just plain learning how to relax.

Probably the most important single thing an expectant woman can do to protect her future baby’s health is to get drug- and alcohol-free—and stay that way.



*The most important thing an expectant woman can do to protect her baby's health is to get drug-free (**and** alcohol-free)—and stay that way.*

And even though for some women that may require the biggest change of all (or at least the most *uncomfortable* change of all), there's still no better time to start than now.

Because over the past dozen years or so, we've learned a lot of disturbing facts about the effects of drugs and alcohol during pregnancy.

We've learned that many popular drugs like alcohol and tobacco can pose serious risks to unborn babies.

And we've discovered that nearly every drug a pregnant woman uses—whether commonplace chemicals like caffeine or exotic ones like cocaine—ends up in her baby's body, too, and often in higher—and more harmful—doses than in the mother.

And at this point, there's still one more bit of good/bad news to consider.


The good news is that most problems related to drug use in early pregnancy are probably preventable as long as a woman discontinues use as soon as she discovers that she's pregnant.

The bad news is that most experts fear that if she postpones that decision for even a short time, the decision—when it *does* come—may not be soon enough.

And they say so for a growing number of reasons. And one growing reason in particular.

Baby Beginnings

Like Christmas packages, babies come in an assortment of sizes, shapes, and colors. But even though the wrapping may be entirely different, inside all babies are basically the same and all start from similar beginnings.



Nearly every drug a pregnant woman uses ends up in her baby's body, too, and often in higher—and more harmful—doses than in the mother.

Where they all start from is conception—the split-second link-up of the mother's egg cell and the father's sperm, and that's the same in all babies whether they're conceived in Africa or Australia—or in a test tube.

We're not going to spend much time discussing those beginnings.

What we *will* say is that lots of changes take place in the embryo from Day 1 of conception until the beginning of babyhood—from the building of bones and blood vessels and brain tissue to the shaping of arms and eyes and legs.

Many of the most important changes take place in the first month or two of pregnancy.

During this time the fetus is hard at work on its own—growing and changing from a pinpoint-sized egg to an inch-long embryo with miniature versions of soon-to-be eyes, ears, and lungs.

By the end of just the second month, the heart is beating and a brain and nervous system have begun to form.

And that's when things can start to get tricky.

Because a number of things can go wrong in the first, critical months of pregnancy. And during this time, when many women don't even realize that they *are* pregnant, one thing that often goes wrong happens when mothers-to-be use drugs or alcohol.

Although no month is ever “safe” for chemical use—and no doses of drugs are “safer” than others—drugs taken in the first months of pregnancy carry the highest risks of damaging organs and tissue.

Drugs used later in pregnancy, particularly after the fifth month, are more likely to slow growth or affect development of the brain and nervous system, often showing up later in life as learning or behavioral problems.

But the range of drug-related problems doesn't end there.

Women who use addictive drugs, such as heroin or barbiturates, give birth to addicted infants.

And women who inject drugs or who trade sex for crack (or other chemicals) gamble on infecting their unborn children with AIDS.

Given all the changes happening inside her—and all the potential threats on the outside—an expectant woman needs to take care to keep drug and alcohol use to an absolute minimum throughout her pregnancy.

That's where this booklet comes in.

Because there *are* steps a pregnant woman can take to insure a happier pregnancy for herself and a safer one for her child. And the first step is simply being informed about possible problems and being prepared to handle them before they happen.

That, and a little loving care from mom, is the best formula of all for a growing baby.

Because nothing beats the love and concern of a mother in keeping her child healthy, safe, and happy. And since babies, like Christmas, only come every so often, they need all the care they can get.

Chapter 2

‘Everyday’ Drugs

Alcohol, Tobacco, and Caffeine

Alcohol

Rule #1: If you drink, so does your unborn baby. Rule #2: The more you drink the greater your chances of harming your child.

We’ve known that heavy use of alcohol causes birth defects and behavioral problems in infants for many years.

But only recently have doctors discovered that light-to-moderate drinking carries equally serious risks. And one study even linked pre-conception drinking by the *father* to reduced birth weight and delayed growth in the infant.

Still, the most dreaded of all alcohol-related birth defects is Fetal Alcohol Syndrome. FAS symptoms include:

- **Growth Retardation:** Below-normal size and weight at birth. Affected children may never “catch up” in later life.
- **Facial Changes:** Alcohol-induced malformations include a small head, narrow eyes, a flat nose, and a thin upper lip. Bones, muscles, skin, eyes, heart and sex organs may also be damaged.
- **Behavioral Changes:** Restlessness, irritability, poor coordination, and hyperactivity. Many children suffer mild to moderate mental retardation and learning disabilities.

Researchers believe that the full-blown Fetal Alcohol Syndrome may occur in as many as two of every 1,000 live births in this country. It is the leading form of preventable birth defect with mental retardation.

And for every child born with the full Fetal Alcohol Syndrome, 10 others suffer other alcohol-related problems.

For every child born with Fetal Alcohol Syndrome, as many as 10 others suffer less severe alcohol-related defects.

So, if you're pregnant, how much alcohol is *too much*?

According to the U. S. Surgeon General's Office, there is *no* safe level of use. *Any* drinking poses risks to an unborn baby.

While FAS is most likely to occur in children of "heavy drinkers"—women who have five or more drinks per day—as little as one or two drinks a week can raise the risk of miscarriage or stillbirth. And even an occasional drink may affect nervous system and intellectual development.

And that's a chance that more and more women today are saying they just won't take.

Tobacco

We really *have* come a long way, baby. What's questionable is just what some of us have gotten ourselves *into*.

Because in spite of the constant barrage of studies linking tobacco use with disease, smoking rates among women continue to soar—as do levels of such once-"male-only" health problems as lung cancer and heart disease. And studies show that smoking is just as harmful to unborn babies.

That's because tobacco smoke contains over 4,000 different chemicals which cross the placenta linking mother and child, and end up in the fetal bloodstream. These chemicals reduce the amount of oxygen available to the fetus, and can also cause—or contribute—to longer-term problems, including:

- **Higher risks of miscarriage and premature birth.** Researchers say that as many as 18,925 miscarriages a year are attributable to smoking during pregnancy.
- **Increased risk of infant death in the first year.** Some experts believe the risk of infant death rises as much as 20-30 percent in pregnant smokers.

- **Slowed growth and low birth weight.**
- **Bleeding and problems in delivery.**
- **Higher levels of infant heart and lung disease.**

More than one recent studies have even warned of a possible “Fetal Tobacco Syndrome.” Linked to women who smoke two or more packs of cigarettes a day, the syndrome includes many of the problems—including facial malformations, small body size, and mental retardation—usually associated with FAS.

Researchers think tobacco is most harmful in the last six months of pregnancy, so if you’ve tried to quit in the past, try again.

And if you’re due next month and haven’t stopped yet, try anyway. *Any* reduction in smoking is better than none at all.

If you’ve already quit, congratulations. *You really have* come a long, long way. So has your baby.

Caffeine

Caffeine is the all-time, all-around, all-American drug.

We down more than *35 million pounds* of caffeine every year in coffee and colas and other caffeine-containing beverages alone. And that doesn’t include the hundreds of over-the-counter drug products—from aspirin and diet aids to allergy and asthma medicines—that also contain the drug.

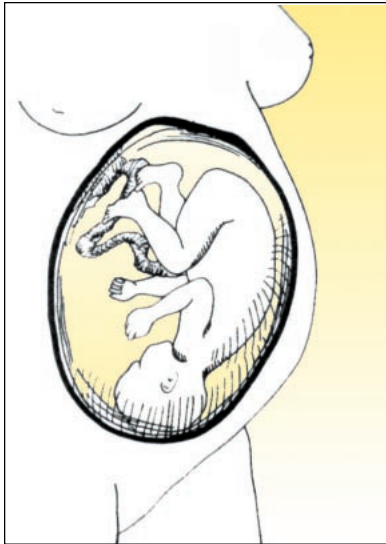
Still, caffeine’s never been given a completely clean bill of health for all of us all the time.

Animal studies linking it with possible birth defects (in doses equivalent to three or four cups of coffee a day) convinced the U.S. Food and Drug Administration to remove caffeine from its safe additives list back in 1980. The FDA also advises pregnant women to avoid the drug.

Recent studies have expanded those findings. One showed that two or three cups of coffee each day can double the risk of delayed fetal growth. And some researchers have linked a *single* cup of coffee a day with increased risks of miscarriage.

That’s why you might want to rethink the value of coffee and other caffeine drinks in you life if you’re pregnant—for at least as long as you’re pregnant.

Because caffeine *is* a drug and it *does* cross the placenta to the fetus. And even if it doesn't cause serious troubles, it *can*



The Mother-Child “Connection.” *The placental barrier was once thought to screen out harmful substances, like drugs and alcohol. Today, we know better.*

cause sleeplessness, anxiety, and irritability—all of which can be a problem, whether you're thirty years or thirty weeks old.

■ **Street Drugs, I** Uppers, Downers, and Painkillers

Stimulants


Amphetamines (Biphphetamine®, Dexedrine®, Desoxyn®)

Cocaine and cocaine free base (“crack”)

Street “speed,” “crystal meth,” “ice,” and over-the-counter “herbal ecstasy”

Stimulant drugs are often called “uppers” because they produce feelings of energy and alertness.

Doctors occasionally prescribe them to control weight and treat fatigue, although on nowhere near the scale of a few years ago—mostly because the drugs create more problems than they ever helped resolve.



Reports have tied use of cocaine during pregnancy to high rates of miscarriage, bleeding in childbirth, and possible fetal stroke.

No matter which type of upper you're talking about—whether cocaine, methamphetamine, or their smokable versions, “crack” and “ice”—stimulant drugs are trouble when taken during pregnancy.

Potential problems can include:

- Heart, brain, and liver damage.
- Abnormal bone and organ development (stomach, kidneys, intestines).
- Miscarriage, stillbirth, premature birth.
- Sudden infant death—estimated at 5-10 times the rate of drug-free newborns.

Experts worry most about cocaine and “crack”—and with good reason. Reports have tied the drugs to high rates of miscarriage, bleeding in delivery, and fetal stroke. Cocaine-exposed children are also smaller and weigh less.

“Crack babies” suffer most.

A number of studies comparing birth outcomes among drug-using women found crack smokers' children were smaller, lighter, and had more neurological problems than other drug-exposed infants.

Serious trouble is most common in women who use cocaine throughout pregnancy. But even short-term use can cause problems, including poor muscle control and disturbed behavior (difficulty staying alert, poor emotional responses).

And for cocaine injectors, even one-time use may be all it takes to infect an unborn child with the AIDS virus.

If you're pregnant—or are thinking about pregnancy—and you're using cocaine or other stimulants, stop now.

Because speed (in all its forms) really *does* kill. And it causes all kinds of other problems, too.

Depressants

Barbiturates (Amytal®, Nembutal®, Seconal®, Tuinal®)

Non-Barbiturate Sedatives (Dalmane®, Placidyl®, Doriden®)

Tranquilizers (Valium®, Librium®, Ativan®, Xanax®, Miltown®)

Depressant drugs are often called “downers” because they slow body systems down. Doctors prescribe depressants to induce sleep, relieve anxiety, or to otherwise calm the nervous and help the restless to relax.

Like stimulants, depressants pose their greatest risks to baby-to-be during the first months of pregnancy. Typical problems include:

■ **Sleeping Pills.** Infant addiction and severe, life threatening withdrawal. Breathing problems, internal bleeding. Poor coordination, slow reflexes.

■ **Tranquilizers.** Infant addiction and withdrawal. Defects in lips and mouth. Damage to heart and arteries. Malformed joints. Deafness. Mental retardation.

Just a few years ago, we didn’t realize how many depressant drugs could be dangerous during pregnancy. But all that’s changed.

We now know that depressants can be harmful, both during pregnancy and after. In fact, one study released in 1995 even showed that children born to women who used phenobarbital—long thought to be the one of the least harmful of all the depressant drugs—continue to show lower I.Q. than their peers as they grow up.

On the other hand, we’ve also learned that using depressant drugs usually isn’t necessary. Today, physicians and psychiatrists rely more on non-drug methods of managing stress and teaching relaxation than in the past.

So if you don’t need depressants, don’t use them.

And if you *do* have a prescription for a depressant drug, talk with your doctor about continuing your treatment *as soon as you discover that you’re pregnant*.

Together you can review your reasons for using depressants and determine if the benefits outweigh the possible risks for your baby.

Narcotics

Opiates (codeine, heroin, morphine)

Synthetics (Demerol®, Darvon®, Talwin®, Percodan®, methadone) and some “designer drugs” (fentanyl, “China white”)

A lot of people think all drugs are narcotics.

Medically, though, *narcotics* are drugs that relieve pain and induce sleep. Some narcotics, especially Demerol, are given to ease the pain of labor, while codeine is a common ingredient in prescription cough medications.

Probably the one thing *everyone* knows about narcotic drugs is that they’re addicting. And they’re not just addicting to the mother, if she uses them during pregnancy. The fetus is just as addicted as the mother—and is born that way.

Withdrawal symptoms—which include vomiting, weight loss, and anxiety—are particularly dangerous for newborn babies. And even though the symptoms eventually pass, drug-related problems don’t always stop there.

Babies exposed to narcotics face higher risks of miscarriage, AIDS, and early death. And many suffer slowed growth, learning disabilities, and other problems throughout life.

■ Street Drugs, II

Other Drugs

Marijuana

Since marijuana is so widely used in the United States, it shouldn’t be surprising that it’s also commonly used during pregnancy. About 19 million women of child-bearing age are current smokers, and 8.3 percent of all expectant women smoke pot at least occasionally during pregnancy.

They shouldn’t. If you’re pregnant and smoke pot, chemicals from the drug pass through the placenta to your unborn child. THC (marijuana’s main psychoactive chemical) is stored in the fatty tissues of the body—including the fetus—and may stay there days or weeks after smoking.

Babies exposed to narcotics face higher risks of miscarriage, AIDS, and early death. And many suffer other problems throughout life.

Pot-related problems during pregnancy include:

- Changes in hormone levels that control fetal growth.
- Low birth weight and smaller birth size.
- Stillbirth, miscarriage, and premature birth.
- Behavioral problems in newborns: shivers, irritability, difficulty adjusting to light.

Although marijuana has not been found to cause birth defects with occasional use, some pot chemicals produce malformations in animals at high doses. One human study tied heavy marijuana use to FAS-like facial changes in exposed infants.

Other research findings are less certain, including evidence for lasting changes in learning abilities or behavior in pot-exposed children. Still, experts agree that marijuana can cause delays in growth that make it more difficult for newborns to thrive.

So if you're a pot smoker, do yourself and your baby a favor: Leave marijuana alone. Because the simple fact is that turning on while pregnant can turn into trouble.

Inhalants

Inhalants are “invisible” drugs. That’s because many of the chemicals people sniff are not regarded—or restricted by law—as drugs.

They include products as common as gasoline and typewriter correction fluid.

Other inhalants include amyl, butyl, and isopropyl nitrite (“liquid incense”) and nitrous oxide.

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During pregnancy, even over-the-counter products like aspirin and antacids can pose risks if too many are taken too often.

Scientists say that sniffing solvents like glue, gasoline, and paint thinner may trigger a “Fetal Solvents Syndrome,” resulting in defects and retardation similar to FAS.

In addition, most inhalants reduce the flow of blood and oxygen to both mother and fetus and can raise blood pressure to dangerously high levels.

And since they easily cross the placenta, sniffing any inhalant can increase your chances of miscarriage or stillbirth, as well as raise the risks of poisoning from inhalant chemicals containing lead.

Hallucinogens

LSD (“acid”), MDA/MDMA (“ecstasy”), mescaline (peyote), psilocybin (mushrooms), PCP (“angel dust”)

Like most other drugs, hallucinogens can easily cross the placenta and circulate in an unborn child’s bloodstream.

And while most don’t appear to cause the type of damage or birth defects that was once feared, they do carry high risks of miscarriage and poisoning.

PCP is particularly dangerous. Unlike LSD, which passes rapidly through the body, PCP is stored for weeks in muscles and fat—including the fetus. One study showed that the drug accumulates in higher concentrations in the brains of newborn rats than in the brain of the mother.

The result? Human infants suffer reactions identical to the symptoms of the PCP high: rapid mood changes, staring, tremors, and facial twitching and grimacing. Long-term effects also reflect the drug’s presence, and include abnormal eye movements, poor coordination, and poor socialization and speaking skills.

■ Prescription and Non-Prescription Drugs

Many medications that you may have taken without a second thought before you were pregnant can cause problems during pregnancy. This includes drugs prescribed by a dentist or dermatologist as well as a personal physician, such as antibiotics, antihistamines, and birth control pills.

It also includes common non-prescription drugs that we buy over the counter in grocery stores and pharmacies. Aspirin and antacids, for example, are not generally considered hazardous drugs. But during pregnancy, both can pose serious risks—including heavy bleeding and complications in delivery—if too many are taken too often.

When drugs are taken can be just as important. An example involves the anti-acne drug Accutane® (isotretinoin). The FDA not only warns against its use by pregnant women, but also by those who *may soon become* pregnant.

Accutane produces major birth defects in one of four pregnant users when taken during the critical period of 28 to 70 days after the start of the last menstrual period. Another 40 percent of pregnancies miscarry, although the drug appears to have no effect on babies conceived after use is stopped.

Because we don't have all the answers about all the medicines prescribed by doctors, we can't simply advise expectant mothers to stop taking their prescriptions. But we can provide a few simple rules for making those medicines safer for mothers and their babies-to-be:

- Check with a doctor or clinic about your prescription medications as soon as you think you're pregnant.
- Avoid using all over-the-counter drug products unless taken under your doctor's supervision.
- Take medications only at prescribed times and in prescribed amounts.
- Look for chemical-free alternatives.

Probably the best thing you can do to protect your child is simply to ask questions. Ask your doctor, ask a pharmacist, or ask both. They may provide the most important answers to questions you'll ask in your—or your baby's—life.

Non-Drug Dangers

Vitamins

Many people believe that the more vitamins you take the healthier you will be. But vitamins are a supplement to—not a substitute for—proper nutrition. And when you're pregnant, starting with a healthy diet is even more important. Because while vitamin deficiencies are a well-known cause of certain birth defects, too many of the wrong kind of vitamin supplements can be just as dangerous.

How do you tell how many are too many?

Simple. Take your vitamins only in the recommended doses and if you forget your daily dose, don't try to "catch up" by doubling or tripling your dose. Check with your doctor in your first few months and don't take vitamins he doesn't prescribe. Together you can work out the best diet and vitamin plan to meet your needs—and your baby's.

AIDS/HIV Disease

AIDS (or HIV disease) is probably *the* drugs-and-pregnancy issue of all time. And for good reason.

An estimated 30-40 percent of children born to infected women are also infected—most by their mothers' IV drug use.

And cocaine is creating a new high-risk group: women (and men) who contract the disease via sexual activity as a means of exchange for crack cocaine. Crack-for-sex exchanges in New York City drove the syphilis rate up by 500 percent between in the late 1980s. And in recent years, sex-for-drug exchanges has helped propel HIV into the general, heterosexual population.

Women who believe they may be infected should consult a doctor for testing. Many public clinics perform confidential AIDS testing and offer counseling and treatment services.

Infected women should also be treated with AZT (zidovudine) or the newer anti-AIDS combination-drug therapies as early as possible. Studies have shown their value in preventing transmission of the AIDS virus from mother to child, without risk of birth defects or other harm to the child.

Chapter 3

Aftercare, I Beating the Blues

After your baby is born, you may get less sleep and have more minor aches and pains and frustrations than during pregnancy. Your child will require constant care and attention and there'll often be a lot to do in a little time.

Many women experience temporary feelings of depression and fatigue in the first days and weeks after delivery.


The feelings are so common that they even have a name: postpartum blues. And it shouldn't be surprising that some

From Mother to Child.
Mothers pass nutrients, immunity, and any chemicals they may be taking to their babies in breast milk.



women try parting with their blues with a few well-timed drinks or by taking some other drug.

Don't be surprised—or worry unnecessarily—if postpartum blues happen to you.



Many drugs taken after delivery—alcohol, cocaine, marijuana, and heroin to name a few—can be passed on to baby through breast milk.

Postpartum blues are a natural reaction to fluid and salt imbalances brought on by the stress and strains of delivery. And although they can be uncomfortable (and lots of women report they frequently *are*), these down-in-the-dumps feelings usually disappear on their own within 10 days or so.

Be aware: Drugs or alcohol will probably only make you feel low longer, and leave you a lot less prepared to handle new motherhood in the long run.

Aftercare, II Breastfeeding

If you choose to breastfeed your child—or to use your own milk to bottle feed—you'll have *another* good reason for limiting your use of drugs and alcohol.

Many drugs taken after delivery—alcohol, cocaine, marijuana, tobacco, and heroin, to name a few—are passed on to your baby through breast milk.

And because the human brain and nervous system continue developing long after birth, your child can be affected by any drugs you pass on at dinner time. One study of drinking by breastfeeding mothers found that exposed infants tended to crawl and walk later than normal.

Other drugs produce more immediate problems. Birth control pills, for example, can slow milk production, while caffeine and nicotine may upset your child's appetite.

And troublesome as it may seem sometimes, your baby needs his or her appetite—every bit of it.

Chapter 4

Miracle in the Making

Handle with Care

There are a lot of things we all want to give our children: a happy childhood, a college education, a sense of who they are, and satisfaction in what they are and what they eventually make of their lives.

But one of the most important things we can ever give our kids is the gift of health. Healthy babies start with healthy pregnancies.

And *that* can call for hard work, and maybe even some sacrifices.

Because babies are special they need special handling, including all the care and love and tenderness we can give. That kind of care starts early in pregnancy with a healthy diet, frequent medical attention, and careful management of any drugs you may use.

No one has all the answers about all the effects of drugs taken during pregnancy, just as there is no one simple solution or all-purpose advice for raising children.

But we *do* know that medications and mood-altering substances of all types pose risks to unborn babies. And while some dangers are more clearly established than others, a risk is still a risk. And chances are it is a risk you really don't want to take with your child.

We have a special responsibility for our unborn children. Their lives depend very much on the quality of our own lives and our own level of physical well-being.

And we all have those annoyingly perfect pictures of how we'd like our lives to be. Someday.



We want to stop smoking or cut back our drinking but haven't gotten around to it yet. Or we want to control our weight or start an exercise program, but there never seems to be enough time—or the time we have doesn't look like the right time.

Well, ready or not, *now* is the right time.

Because if the first step to protecting a child's health is being informed—finding out about possible problems before they happen—the second step is doing something about them.

So, if you're pregnant, see a doctor as soon as possible and as often as necessary. Stop using any drugs or medications your doctor hasn't approved and *all* so-called recreational drugs. And if you've tried to stop drinking or using a particular drug and think you need help—get it. It's the least you can do for your baby.

Our advice is that the oldest advice is still the best advice: An ounce of prevention *is* worth a pound of cure. And where your baby's health, safety, and future are concerned, it's worth even more than that. ■