

**Pinn Point on Women's Health**

Hosted by **DR. VIVIAN W. PINN**,  
Director of Office of Research on Women's Health

Guest Speaker: **DR. CATHERINE SPONG**,  
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ANNOUNCER: From the National Institutes of Health in Bethesda, Maryland, the Nation's research agency, this is Pinn Point on Women's Health with Dr. Vivian Pinn, Director of the Office of Research on Women's Health.

Now here's Dr. Pinn.

DR. PINN: Welcome to another episode of Pinn Point on Women's Health.

Each month in this podcast, we try to take a look at some of the latest developments in the area of women's health and the medical research that affects our lives. For our podcast today, I am delighted to welcome Dr. Catherine Spong, who is Chief of the Pregnancy and Perinatology Branch of the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development, here at the National Institutes of Health. Dr. Spong will tell us about NICHD and about some of the research related to our topic today,

which is preterm births and healthy pregnancy in just a few minutes.

But first, some hot flashes from the world of women's health research coming up just in 60 seconds when we continue with Pinn Point on Women's Health.

[Commercial break.]

DR. PINN: Welcome back to Pinn Point on Women's Health.

I want to take a look again today at some of the hot flashes in the news regarding women's health research. Where we often hear a lot of questions and concerns about what happens as women and men get older and their shape? Well, there was a report in the April 7, 2009, Rapid Access Report of the Journal Circulation, Heart Failure, that showed that, in fact, increased waist size may be a predictive heart failure, even when measurements of body mass index, or "BMI" as we call it, "fell within normal range.

These results were from a study connected by investigators at the Beth Israel Deaconess Medical Center in Boston, and the study does, again, suggest that a larger waist circumference may be associated with increased risk of

heart failure in middle-aged and older population men and women.

Interestingly, they found that in the population that they studied, 34 percent of the women were overweight and 11 percent were obese, while 46 percent of the men were overweight and 10 percent were obese, but these were two Swedish populations that were studied. However, we know that even in this country, we need to be concerned about our rates of obesity, and we have had reports earlier about the effects of obesity on our health.

The major point that we should take away from this study is that it does reinforce the importance of maintaining a healthy weight, and that previous research has looked at different types of heart disease and related health issues, but whatever the study, they have all been pretty consistent in determining that excess body weight increases a person's risk of heart disease.

Secondly, let's get a little optimism into our hot flashes today. There was recently a report from the Women's Health Initiative. We know that is the largest prevention study of postmenopausal women that was funded by the National Institutes of Health, but a study that actually was

featured in Time magazine based on a report from the Women's Health Initiative followup study that indicated that optimistic women appeared to live longer. So are you one of the glass-half-empty or glass-half-full people? Well, think about it.

Looking at women who were in the Women's Health Initiative study, and that is over 100,000 women who were over the age of 50, they found that with taking into account all of the other factors that we know may affect health status in lifestyle, including income, education, controlling one's blood pressure, whether or not you are physically active, that in the study, they still saw optimists had a decreased risk of death compared to pessimists. So what is it about being positive? Well, we know that it does bring good benefits. We think that all along, and here is another side study from the Women's Health Initiative that suggests that is the case.

And I want to conclude our hot flashes today with a note of congratulations to Dr. Nancy Nielsen. Dr. Nancy Nielsen is president, currently, of the American Medical Association, being just the second woman in the history of that organization to serve as its president, and she

recently was awarded the highest American Medical Women Association's award for Women in Medicine, and that is the Elizabeth Blackwell Award.

This award recognizes outstanding contributions to the cause of women in the field of medicine. Obviously, in her role as president of the AMA, Dr. Nielsen is taking a lead in health care and health issues for both women and men in this country, and we want to congratulate her on this well-deserved award.

We will have more updates in the next podcast, but coming up next, we will visit with Dr. Spong for a discussion on healthy pregnancy and preterm birth.

We will be right back with more Pinn Point on Women's Health.

[Commercial break.]

DR. PINN: Welcome back to Pinn Point on Women's Health.

Today, we are going to have a discussion with Dr. Catherine Spong, who is Chief of the Pregnancy and Perinatology Branch of the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development, here at the NIH, and we are excited that Dr. Spong has joined us today,

and she is going to talk to us about healthy pregnancy and reducing the risk for preterm birth.

I should point out that as we began the recent issues of addressing women's health and research, there was a lot of focus on looking at issues that were away from women's reproductive systems, but we know that even with focusing on other issues like heart disease and mental health issues and GI issues, that there is still so many issues related to women's reproductive health that we need to know more about, and so we continue to stress that if we look at women's health, look at it across the lifespan, that we also must focus on women's reproductive years.

And of course, central to that are the issues related to a healthy pregnancy and reducing, of course, the risk for preterm birth.

So I am going to turn to Dr. Spong. Thank you for being with us today.

DR. SPONG: Thank you.

DR. PINN: What I want you to do is start this discussion by explaining what is preterm birth, why is it important, and why should we be striving for healthy pregnancies.

DR. SPONG: So preterm birth is clearly a major public health problem, with tremendous impacts on the health of our Nation, in fact. It occurs in about 12 percent of pregnancies. About one out of every eight pregnancies is a preterm birth, accounting for over half-a-million preterm births in the United States each year.

Infants who are born preterm have significant complications. They are the leading cause of neonatal death or death within the first year of life. If they survive that initial period, there are other complications, including blindness and visual impairment, deafness, or hearing impairment, and then complications such as cerebral palsy where the baby may have difficulty with their motor system.

In addition, babies who are born preterm have a higher risk of having learning disabilities and intellectual disabilities, and even getting past all of that, babies who are born with a low birth weight, which is very common with preterm birth infants, have a higher risk of heart disease and stroke later in life.

So trying to prevent preterm birth and optimizing pregnancy outcome could, in fact, improve our health as a

nation in the future.

DR. PINN: Which women should be concerned about perhaps delivering a baby preterm?

DR. SPONG: There are a number of different risk factors associated with preterm birth. The most well-studied, the most well-characterized are women who have had a prior preterm birth.

In addition, women who are carrying multiple gestations, twins or triplets or higher order multiples, are at much higher risk of delivering preterm; women who have medical problems or problems with their cervix or their uterus; and then women at extremes of age, under the age of 17 or over the age of 35.

DR. PINN: Let me just ask you to comment on that last point again because we know that today, so many women are postponing having their first pregnancy. So we are seeing a trend toward women who are a bit older. I don't think they are really old, but older than it used to be in having first babies. So can you expand a little bit on how much there really might be an increased risk for women who, say, are over 30 or over 35?

DR. SPONG: You are absolutely right. Women are

getting older. The average age of a woman having a pregnancy is getting older. Women are more commonly using artificial reproductive technologies, and there are more twins and triplets and multiple gestations. That might be part of the reason driving the increase in preterm birth, where, in fact, there's been a 16-percent increase in preterm births over the last decade, and those are some of the factors that relate to it.

DR. PINN: That's pretty impressive, a 16-percent increase --

DR. SPONG: Over the last decade.

DR. PINN: -- over the last 10 years when, in fact, medical science has been advancing. So, obviously, there's some other factor in play here.

Well, what can be done to prevent a preterm birth?

DR. SPONG: There are a number of different things that a woman can do to try to optimize her pregnancy outcome and to try to prevent a pre-term birth. We have one intervention that can be used as a preventative measure. This is a medication that has been studied in a number of different studies, and it has been recommended by the American College of Obstetricians and Gynecologists to be

offered to women who have had a prior preterm birth; thus, they are at very high risk for a subsequent preterm birth.

This is a medication known as progesterone. Progesterone is a hormone that is naturally made during pregnancy. In fact, the word "progesterone," pro meaning "for" and gesterone meaning "gestation," it is a naturally occurring hormone that's made by the corpus luteum, which is on the ovary and is where the egg is released from.

So progesterone has been studied and has been found to be beneficial when given to women starting at around 16 weeks and continuing through 37 weeks, up to 37 weeks, women who have had a prior preterm birth, and have shown a reduction of about one-third in preventing a subsequent preterm birth.

There has been another study that has been done looking at women with shortened cervix, and it's been suggested that it might also be beneficial in that population, but there are ongoing studies to determine whether or not that is accurate.

So the recommendation from the American College of OB/GYN is to offer progesterone to women who have had a prior preterm birth in a subsequent pregnancy.

DR. PINN: Now, suppose this is my first pregnancy. I don't know. Except maybe I am in my early thirties, I don't really know whether I am at risk for preterm delivery or not. What should I do in general to make sure that I have a healthy pregnancy, and what can I do as a woman, not as a woman physician but as a woman, to have the best birth outcome of my baby?

DR. SPONG: That's an excellent question.

The best time to start preparing for pregnancy is before that pregnancy even occurs and to try to optimize your health in order to optimize your pregnancy's outcome.

About half of all pregnancies, in fact, are unintended. So it is really important for women who could become pregnant to have optimized their health during this time.

DR. PINN: Tell us what optimizing your health means. So what are we telling women who are of the reproductive age or approaching the reproductive age? What should they be keeping in mind they need to do?

DR. SPONG: There is a number of things they can do. One, some very simple ones, if they smoke cigarettes, they should stop smoking cigarettes, and they should stay

away from people who smoke cigarettes and be away from secondhand smoke. Cigarettes are unhealthy for both the mothers and for the infants. Exposure to cigarette smoke not only increases the risk of low birth weight, but also can increase the risk of Sudden Infant Death Syndrome.

It is important to attain a healthy body weight. Obesity can complicate pregnancy. There, in fact, is a Web site called MyPyramid.gov that lists dietary guidelines for women and has a special section for women who are pregnant and allows you to look at what you can see to achieve a healthy weight.

Obesity is clearly associated with complications for both the mom and the baby during pregnancy. It is important for a woman to eat a proper and to eat a healthy diet. A well-balanced diet is clearly important. MyPyramid.gov can explain some of these basics, and the general rule of thumb is to eat a wide variety of foods, but moderation overall is key.

There are certain nutrients that are very important. Vitamin B12 and folic acid have been shown that if these levels are low, you can increase your risk of having a neural tube defect. These defects, this is a class

of birth defects that begins early in development, often before the woman actually recognizes that she is pregnant.

DR. PINN: Before you go on, I am going to stop you because you mentioned about taking folic acid and vitamins, and we know that that is a topic that comes up very often. So I want you to continue in a moment, but I am going to ask you again to reiterate the business about what a woman who may be planning or may not be planning but knows that she is of reproductive age, has the possibility of becoming pregnant, should take.

Explain again about folic acid and vitamins. Let's just make that point very clear because I think it is an important point.

DR. SPONG: Absolutely. So all women of child-bearing age should take a supplement containing 400 micrograms of folic acid each day. You can either take that as a supplement, or you can eat cereal that is fortified with folic acid. You can't get that much through diet alone unless you eat the fortified cereal or take the supplement.

Folic acid is contained in leafy green vegetables, and importantly, if a woman is at very high risk for a neural tube defect or if she has had a baby with a neural

tube defect, she needs even higher levels of folic acid. She needs 4 milligrams of folic acid each day.

Vitamin B12 is another important nutrient, and a recent NICHD study showed that women who have low levels of Vitamin B12 are also at risk for having a baby with neural tube defects.

So a woman who normally eats meat and fish and consumes eggs and dairy products probably is getting enough B12, but a woman who doesn't, a woman who is a vegan or who consumes little or no animal products is going to be at risk, and they should take a supplement containing 2.4 micrograms of Vitamin B12 each day.

DR. PINN: Now, you were explaining neural tube defect. Let's reiterate that again, since I interrupted you, because if women are wondering why should I be taking Vitamin B12 and why should I be taking folic acid, what is a neural tube defect anyway, explain again what that is and what it means to the infant or the child.

DR. SPONG: So a neural tube defect is when the baby's spine doesn't form normally. Spina bifida is when there is a failure or fusion of the neural tube, and the baby can have paralysis of their legs, and they can have

problems with their brain. They can also have problems with their bowel and their bladder.

A very severe form of neural tube defect is anencephaly, which is when the baby's brain and the baby's head actually doesn't form, and that is usually fatal.

DR. PINN: Now, taking these vitamins, is that expensive, or are they low cost? Are there special vitamins, special supplements, or can any woman in our audience probably get access without worrying about breaking her pocket book?

DR. SPONG: Right. So these could be obtained in any prenatal vitamin. If a woman was interested, women of reproductive age, it is recommended that you can just take a prenatal vitamin each day, and that would be very healthy for you and would contain the folic acid and the Vitamin B12, and these are not expensive.

B12, in general, can be consumed. So, if you ate a healthy, well-balanced diet, if you were not a vegan or didn't consume animal products, you would be able to get the B12 that you need, but the folic acid, you will either need the fortified cereal or a vitamin supplement.

DR. PINN: Now, I interrupted you as you were

going through some of the important things to preserve a healthy pregnancy. I apologize for that, but I really wanted you to stress some of those points we have just gone over again because I wanted to make sure those in our audience really picked up the emphasis in those areas, but do you want to continue on some of the other points? Yes.

DR. SPONG: One very important thing is for women who have chronic medical conditions, if you have high blood pressure, if you have a thyroid disorder, the ideal thing would be to optimize that condition prior to pregnancy. It will not only improve your pregnancy outcome, but it will also make you more healthy.

So any type of chronic medical condition, you should check in with your doctor and make certain that the medication that you are on is acceptable for pregnancy and to make certain that you are in the best shape that you can for becoming pregnant.

And one final thing is when you check with your doctor is to make certain your immunizations are up to date. It is not uncommon for women to not remember what their immunizations were and whether they are immune to rubella and German measles. These are conditions that can be very,

very dangerous during pregnancy. They can pose serious problems for the baby.

Your chances are going to be very small for getting these conditions, but it is something that can be completely prevented. So our recommendation would be to talk with your doctor and make certain that your immunizations are up to date and, if not, to get those up to date before you became pregnant.

DR. PINN: Well, I noticed that you said if you were thinking about getting pregnant, these are the things you should do, but then you also told us that about half of all pregnancies, at least in this country, are unintended pregnancies. So should your message be that every woman of reproductive age should be taking care of her health, even if she does not intend to get pregnant—does not intend to get pregnant? Pardon me. But also, what if you do develop and—or I shouldn't say "develop." What if you do become pregnant and it was unintended? What should we know about that?

DR. SPONG: Your point is incredibly well taken.

All women should do these things because over half of all pregnancies are unintended, and so it is really

important to optimize your health at all times because then you will be in the best shape that you can be.

If you do happen to become pregnant and you weren't expecting it, one thing to do is to contact your healthcare provider because starting prenatal care early will allow you and your doctor to check for things to optimize your pregnancy, and they can examine you and look over any potential problems early and set a schedule for regular checkups to make certain everything is going well.

It is important to continue your well-balanced diet and to continue your exercise, as well as to continue taking your vitamins and folic acid. Very important not to smoke or to use illicit drugs during pregnancy, these are not good for you, and they are not good for your baby, and not to drink any alcohol. Alcohol causes serious birth defects, and no amount of alcohol has been found to be safe during pregnancy.

DR. PINN: Could you say a little bit about Fetal Alcohol Syndrome? That is sort of beyond what we are really focusing on, but you did mention that it is important not to take alcohol, not to drink alcohol while you are pregnant. It might be worth just giving a warning about Fetal Alcohol

Syndrome.

DR. SPONG: So Fetal Alcohol Syndrome is a condition that has some specific criteria. They include specific cranial facial defects, as well as developmental delay and learning abnormalities later in life. Often, these children have mental retardation or learning impairment.

Fetal alcohol syndrome itself is associated with alcohol exposure during pregnancy. There is a broader category called Fetal Alcohol Spectrum Disorder, and this actually affects about 1 in 100 pregnancies in the United States. The criteria is not as stringent. You are not going to meet all of the criteria for Fetal Alcohol Syndrome, but, in fact, you will still have some of the neural developmental problems, as well as the developmental delay and learning impairment in many of these conditions.

DR. PINN: Thank you. I think that is sort of worth picking up on that extra point.

Well, let's say I am pregnant, whether I intended to be or not, but I am pregnant. Now I have heard about the possibility of delivering my baby before term, before it is due to come. What are the symptoms or signs? What might I

experience that might cue me in that perhaps I might be heading toward a preterm delivery, and what should I do once I experience these symptoms?

DR. SPONG: So preterm delivery is a very difficult condition to predict, and there are two different types of preterm delivery. There is the spontaneous preterm delivery, which occurs just on its own, and then there is the indicated preterm delivery where a baby is delivered early because either the mom or the baby is having problems, and it is going to be safer for that baby to deliver early.

The symptoms that you are questioning are more along the spontaneous route, and that is when a woman will often notice that you will have continued uterine contractions, painful uterine contractions. When someone has contractions, these can come and go. The uterus itself is a muscle, but when you have continued painful uterine contractions, more than four to six in an hour, especially if you are preterm, you need to contact your healthcare provider to let them know that this is going on, so that they can evaluate you to determine whether or not, in fact, you are in preterm labor.

DR. PINN: We have been discussing preterm

delivery and preterm labor. I know we have a very sophisticated audience, but for just the occasional person out there who maybe has never had a pregnancy, explain what the usual duration of pregnancy is, and at what time during that process, if delivery were to occur, we would call it preterm?

DR. SPONG: So pregnancy usually lasts 40 weeks, and the estimated date of confinement, or the EDC, or your due date is at 40 weeks, 40 weeks and zero days.

A preterm delivery is a delivery that occurs before 37 weeks. So any baby who is born at 35 weeks, 28 weeks, 24 weeks, those are all preterm deliveries.

DR. PINN: Just for that clarification. Now, if I come in and you are my physician and I come in, you look at me and you say, "Oh, my goodness, we think you are going to deliver this baby, and you are only at 35 weeks," what would you do? What should you look for your physician to do or your healthcare provider, your nurse, whoever, your midwife, whoever is taking care of you? What should that person do or ask you to do? Can you prevent labor once it is underway and it is preterm, or how can you best assure that you will still have a healthy baby at this point?

DR. SPONG: The ability to stop preterm labor is something that obstetricians have been really trying to work on for many, many, many years, and we have had a lot of difficulty with finding medications that can stop preterm labor itself.

If, in fact, you come in and you are in preterm labor and perhaps you are at 28 weeks or 26 weeks, you are very early in pregnancy. The goal would be to try to stop that labor because you still have so much time, that the baby would ideally develop in utero.

What your physician would likely do is talk with you, take a look at the baby, do an ultrasound, see the size of the baby, make certain that the baby looks okay to try to stop that labor, and make certain that you are doing all right, that it is okay to try to stop that labor, and might give you a medication, a tocolytic to try to stop the labor.

In addition, at the same time, you may be given a medication called a corticosteroid. Typically, that is given as a two-dose regimen over 24 hours, with the hope that by getting that on board, the baby would have a better chance once it was born early of having its lungs working well, of not bleeding into its brains, of having its

intestines working well, preventing conditions called "Respiratory Distress Syndrome" or intraventricular hemorrhage or necrotizing enterocolitis. So corticosteroids have been shown to try to improve the outcome of the baby.

Another medication that has recently been studied and been found to be beneficial for babies who are potentially going to be born early is magnesium sulfate. Now, we have used magnesium sulfate as obstetricians for many years as a tocolytic agent, as an agent to stop labor, but, in fact, we have shown in a recent trial from the Maternal Fetal Medicine Network that exposure to magnesium sulfate prior to a preterm delivery can actually reduce the rate of cerebral palsy.

So, if you are at risk for delivering early, these are two medications that you might be exposed to, that you might be given by your physician to try to optimize the outcome for your baby.

DR. PINN: You have mentioned a number of things that we know about healthy pregnancy and preventing preterm delivery, and you have talked a bit about some of the research that has been completed or has given us some indications of how to deal with this unwanted episode in a

pregnancy of a woman.

Tell us what are some of the other research that may be going on, especially research that your institute, the National Institute of Child Health and Human Development—sorry—the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development may be sponsoring or others may be sponsoring that really we are looking forward to helping us get more answers related to this topic.

DR. SPONG: We have several studies going on to identify the causes of preterm labor and testing means to prevent it, but one thing we spoke about earlier was trying to prevent neural tube defects. As with preterm birth, neural tube defects sometimes occur even while a woman is taking folic acid and Vitamin B12.

NICHD has a trial in progress right now of women who are pregnant with a child with spina bifida, also known as myelomeningocele, and this is a very interesting trial that is randomizing women to repair of the spinal defect either during pregnancy, right in midgestation, or after delivery, which is the standard time to repair that spinal defect.

This trial is ongoing, and if someone is carrying

a child with a neural tube defect, you might want to consider participating in this trial. The trial ultimately will have 200 participants, and right now, we have over 150 of them recruited. Information on this trial can be found at a website, [www.spinabifidamoms.com](http://www.spinabifidamoms.com)—again, [www.spinabifidamoms.com](http://www.spinabifidamoms.com)—and will really help to answer whether fetal surgery or surgery during the middle of pregnancy at a time when maybe you could prevent some of the sequelae that the spina bifida will cause during that development is better than repairing it at the standard time after delivery, understanding that doing this during the middle of pregnancy can also have some consequences.

So it is a very interesting trial and will provide some needed answers to this condition.

DR. PINN: We are actually talking about intrauterine surgery.

DR. SPONG: Yes.

DR. PINN: And it is going well, so that women should not fear that, in fact.

DR. PINN: Absolutely. We have over 150 of the 200 women already randomized in this trial.

The NICHD is also working with practitioner groups

to translate the results of the studies that we have into positive steps. There is a new Child and Maternal Health Education Program that the institute is working on with the Coalition of Practitioner Groups to translate NICHD research findings into practice guidelines for preconception care, pregnancy, and labor and delivery.

DR. PINN: What research do you think we should be developing to help us deal with or help us protect the concept of healthy pregnancies?

We are working right now on our research agenda for women's health for the coming decade. We wanted to jump out ahead of where we are now, say, look five years, ten years down the road. What would the ultimate goal be in terms of this topic, and what new research areas do you think we need to explore, or have you got them all covered already?

DR. SPONG: There is much work to be done.

I think you hit on one of the major questions, and that is the healthy patient, healthy woman in her first pregnancy, where we don't have really knowledge as to what is going to happen in that pregnancy. Yet, we know one out of eight is going to deliver preterm. We know that there is

a 10-percent risk of preeclampsia. We know that there are very high risks for that woman who has never had a pregnancy before, and this is a group of women that has not been well studied.

DR. PINN: I have asked you a lot of questions. I have let you continue some thoughts, and others, I have interrupted. So, as we are bringing this discussion to a close, let me ask you what have I not asked you that we should let our listeners know about, and then what would be your bottom line for this discussion we have had, your basic take-away message from this discussion?

DR. SPONG: I think the basic take-away message is that optimizing pregnancy outcome, improving pregnancy will translate into improved health long term, because by removing preterm birth, by removing low birth weight, you will improve the health of that baby, which will then improve the health of the grown adult.

DR. PINN: Bottom line, one should keep one's self healthy, and by doing that, we can keep our families healthy, and if we are going to bring new lives into the world, we can make sure we are doing all we can to bring healthy lives, healthy newborns into the world. I am sure

that is really oversimplifying your message, but --

DR. SPONG: That is exactly it.

DR. PINN: Well, I think this has been a very interesting and extremely important discussion because we know as women leave adolescence and go into their reproductive years, they are going to be in their reproductive years for a long time, for many, many years, probably the greatest part of their lives until they get into the postmenopausal years, where we are hoping to prolong life even more, and so looking at these issues related to pregnancy are so important not just for women who may become pregnant but for their care-givers and for members of their family, because the health of women and their families are all family and community issues.

So I thank you so much for being with us and bringing us such important points and most of all for your wonderful, clear explanations of so many facets of this discussion. I think that will be helpful to the audience. It was helpful to me.

DR. SPONG: Thank you for having me.

DR. PINN: Coming up next, a few final thoughts for this month when Pinn Point on Women's Health continues.

[Commercial break.]

DR. PINN: And now a few final thoughts. Let me first thank Dr. Catherine Spong of NICHD for being with us today and for bringing us such an excellent discussion of issues related to healthy pregnancy and how we can best prevent preterm delivery.

I want to remind you of a Web site that she told you about where you can find information to help guide you about dietary and other parameters to help protect your healthy pregnancy, and that is MyPyramid.gov. That is g-o-v for "government," which is a U.S. Department of Agriculture Web site, and Dr. Spong has told you about much of the information you can find at that Web site.

And another one that you might want to pay attention to is [health.gov/paguidelines](http://health.gov/paguidelines), and that is for physical activity guidelines, [health.gov/paguidelines](http://health.gov/paguidelines), to find out more information about physical activity recommendations during pregnancy.

But I want to just say the bottom line, I think, of the discussion that you heard today is that if you intend to get pregnant or even if you don't intend to get pregnant, since about 50 percent of pregnancies are unintended, you

shouldn't just sit back, take it easy, and hope for the best.

As she said to us, we have learned through this discussion today what women can do to maximize their chances for a healthy pregnancy and reduce the risk of giving birth prematurely, but the bottom line is one we have heard over and over, as we have heard and learned about conditions that can affect the health of women, and that is that we must eat correctly, that we must engage in at least more than a little bit of physical activity. We must take care of the health issues of ourselves, whether we intend to be pregnant or not, and that by doing that, we cannot only help to bring forth healthy babies and infants, but also to protect our ability to take care of ourselves, as well as our families.

So that was kind of a complicated way of saying we want to be healthy women. We want to learn from research, but some of this is common sense also. Take care of yourself. Be healthy.

And with that, thank you for joining us on another episode of Pinn Point on Women's Health. In a moment, the announcer will tell you where to send your comments and your suggestions for future episodes because we would like to

hear from you what topics you would like to hear about that we might feature on our podcasts.

I am Dr. Vivian Pinn, Director of the Office of Research on Women's Health at the National Institutes of Health in Bethesda, Maryland.

Thank you for listening to our discussion today.

ANNOUNCER: You can e-mail your comments and suggestions concerning this podcast to Angela Bates at [batesa@od.nih.gov](mailto:batesa@od.nih.gov).

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