



I see women in magazines walking around in high heels during their pregnancy. Isn't that dangerous or bad for you? What shoes should I really be wearing during pregnancy?

A You gotta love Christina Aguilera for her commitment to the stiletto! If you are already feeling wobbly on your feet, adding heels to the mix might be a dangerous combination. But an interesting study published in the December 2007 issue of the journal *Nature* showed that women are made to balance that extra frontal weight that comes with pregnancy. One of our lower lumbar vertebrae is wedge-shaped and more square than men's, and when body size is taken into account, one of our critical hip joints is actually 14 percent larger. Additionally, our back muscles compensate for the extra front load (that's the source of your back pain), so you can feel confident knowing that we're designed to *not* fall over. But if sky-high heels still have you stressing, skip them for awhile. Flats are good, but don't go too low as some can stress your calf muscles and offer little support to your feet. Instead, try a one-inch kitten heel or a sliver wedge to flatter your legs and keep your feet squarely on the ground.



BIG BABIES

By the end of the third trimester, most women feel as though that 6-pound baby they are carrying really must weigh closer to 20 pounds! For some women, however, carrying a large baby is a real health concern called fetal macrosomia. Kathryn Alexander and William Camann, M.D., co-authors of *Easy Labor: Every Woman's Guide to Choosing Less Pain and More Joy During Childbirth*, explain the risk factors and potential complications of this condition that affects up to 4 percent of pregnancies.



What is fetal macrosomia?

According to Ms. Alexander and Dr. Camann, "Macrosomia literally means 'large body', while the term 'suspected fetal macrosomia' refers to an estimated fetal weight (before birth) of around 9 pounds or more."

What are the risk factors for macrosomia?

Though the primary risk factor is maternal diabetes, according to Ms. Alexander and Dr. Camann, additional risk factors may include, "excessive weight gain during pregnancy, being clinically obese at the time of conception and a prolonged pregnancy (extending beyond its due date)."

How will macrosomia affect both mom and baby?

Errol R. Norwitz, M.D., Co-Director of Maternal-Fetal Medicine at Yale-New Haven Hospital, notes "There are two main concerns about fetal macrosomia: 1) failure to progress during labor, resulting in cesarean delivery, and 2) a condition called shoulder dystocia which can lead to neurologic, vascular and/or orthopedic injury in the baby."

How can macrosomia be prevented?

Ms. Alexander and Dr. Camann explain that, "At present, the only preventative approach to macrosomia is the healthy maintenance of blood sugar in women whose pregnancy is complicated by diabetes. The association between the mom's weight at the start of her pregnancy and her weight gain during pregnancy has led to the suggestion that optimal weight in the mom at the time of pregnancy and a limitation of weight gain (beyond the recommended pregnancy weight gain) may be useful preventive approaches, but it is not known for certain that these strategies will prevent macrosomia."