Session 1

**Goals for a Healthy Pregnancy**

1. Eating well for me and my baby
2. Exercising, what can I do, what should I do, what should I avoid
3. Self-care, making room for a new member of the family

**Personal Inventory**

Many women find that they have some things they would like to change about their lifestyle once they become pregnant. Pregnancy is a special time when women/couples may find they are more open to making changes, especially if it will help their baby.

1. Look at the items below. Decide how happy you feel about your current habits, and decide which need improvement. Circle the number that shows how you feel about that area, from “1” meaning it doesn’t need any change to “6” meaning it needs a lot of change.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Doing well** | **Could be better** | **Need help** |
| **Getting regular exercise** | 1 | 2 | 3 | 4 | 5 | 6 |
| **Eating a balanced, healthy diet** | 1 | 2 | 3 | 4 | 5 | 6 |
| **Smoking** | 1 | 2 | 3 | 4 | 5 | 6 |
| **Exposure to second hand smoke** | 1 | 2 | 3 | 4 | 5 | 6 |
| **Drinking alcohol in my pregnancy** | 1 | 2 | 3 | 4 | 5 | 6 |
| **Doing street drugs** | 1 | 2 | 3 | 4 | 5 | 6 |
| **Decreasing the stress in my life** | 1 | 2 | 3 | 4 | 5 | 6 |
| **Having people I can count on** | 1 | 2 | 3 | 4 | 5 | 6 |
| **Having a good relationship with my partner** | 1 | 2 | 3 | 4 | 5 | 6 |
| **Having fun, balancing work and home** | 1 | 2 | 3 | 4 | 5 | 6 |

1. Weight gain is a natural part of a healthy pregnancy. Please circle the following information regarding your weight and fill in your goal for weight change over your pregnancy:

I believe I am currently: underweight just right overweight (circle one)

For this pregnancy I would like to gain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Out of the above areas listed, please describe the area(s) that you think you need to work on the most to ensure the health and well-being of your baby:

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* **If you have concerns about your score on the inventory please talk to a midwife from you team**