



THE MOTHER'S GUIDE TO
Pregnancy



SuperiorHealthPlan.com

SHP_20174087A

Congratulations on your pregnancy! We hope you find this book useful during pregnancy and as you prepare to have your baby. As a reminder, we also provide the following*:

- **A 24-hour nurse advice line** (Call us and select “Nurse” at the prompt)
- **Help finding a ride** to and from your doctor’s appointments or the hospital
- **Breastfeeding support and resources**
- **Help obtaining a breast pump at no cost to you**
- **Assistance if you are experiencing the baby blues** (feeling sad, overwhelmed, “down” or thinking about harming yourself or others)
- **Methods to help you quit smoking, alcohol or drugs**
- **Weekly text and email program**
- **Over-the-counter (OTC) items may be available at no cost to you.** Ask your doctor or call us for more information.

*Restrictions and limitations may apply.

Fill in your Doctor’s information here for easy reference:

Doctor’s Name

Doctor’s Phone Number



STAR/CHIP 1-800-783-5386
STAR+PLUS 1-866-516-4501

Relay Texas/TTY 1-800-735-2989

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SuperiorHealthPlan.com

Last but not least,
congratulations on your
pregnancy! Soon there will
be someone new in the
world who thinks you are
really special!

Superior HealthPlan is here for you every
step of the way.

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This book is available in other languages.
Please call Member Services for more information.



Care Managers

A care manager is a nurse or a social worker who can help you during your pregnancy. He or she can help you find resources and answer questions about your pregnancy and medical care. Write your care manager's phone number here:

If you would like to speak with a care manager, contact your health plan.

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Write down questions that you have for your doctor before the visit (refer to the available notes section at the end of this booklet).

First Things First — Prenatal Care

It is important to see your doctor as soon as you think you are pregnant. Studies show that getting prenatal care early can help you have a healthier baby.

YOUR FIRST PRENATAL VISIT

Your first prenatal visit is important to provide valuable information about your baby's health. Your doctor will do blood tests to check on you and your baby. These tests are very important and need to be completed as soon as you find out you are pregnant. Call us if you need help scheduling or getting to your visit. Our phone number is listed on the inside front cover of this book.

REGULAR DOCTOR VISITS

It is important to go to all of your prenatal visits, even if you are feeling well. Your prenatal visits will be:

- Every 4 weeks during the first 32 weeks.
- Every 2 to 3 weeks from 32 to 36 weeks.
- Every week from 36 weeks.

PRENATAL VITAMINS

Your doctor will recommend prenatal vitamins to make sure that you are getting all of the nutrients your body needs to carry a healthy baby. These vitamins have folate to help your baby's brain and spinal cord form well. The vitamins will also have the calcium and iron that your body needs during pregnancy.

FLU VACCINE

Getting the flu when you are pregnant can make you much sicker than other people. It is important to get the flu shot as early as possible during flu season to protect yourself and your unborn baby.

Your baby cannot get the flu vaccine until he or she is 6 months old. If you get the vaccine while you are pregnant, you will pass on antibodies to protect your baby. Flu vaccines are safe for you and your baby. They do not give you the flu. Ask your doctor about getting the flu shot.

TDAP

It is important to get the Tdap vaccine when you are pregnant. Tdap is one vaccine that protects against 3 diseases: tetanus, diphtheria, and pertussis (whooping cough). Pregnant women should get this vaccine after their 20th week of pregnancy, even if they have gotten the vaccine in the past.

Remember

It is important to try and get these vaccines before you have your baby. If you can't, make sure you get them after your delivery. These vaccines are safe even if you are breastfeeding.

Things to Avoid During Pregnancy

As your baby grows, steer clear of things that could harm your baby. Preterm birth, low birth weight, birth defects, miscarriages and stillbirths can all be caused by the things on this list.

SUBSTANCE	WHAT IT DOES TO YOUR BODY AND YOUR BABY
Alcohol	It can cause serious mental and physical defects in your baby. There is no safe amount of beer, wine or booze during pregnancy.
Street Drugs	They can cause birth defects and problems with your placenta. Infections such as hepatitis C and HIV can also be passed on to your baby.
Smoking & Second-Hand Smoke	Smoke can cause very serious health problems for your unborn child. It is also associated with SIDS (sudden infant death syndrome). If you want to stop smoking, ask your doctor or us for help. If you can't quit, cut back as much as possible.
Stress	A little stress is okay, but too much stress has been associated with preterm and low birth weight births. Reach out for help if you are under a lot of stress.
Prescription Opioids	These are strong drugs used for pain, like codeine and oxycodone. One problem with using these drugs during pregnancy is neonatal abstinence syndrome (NAS). Babies with NAS have drug withdrawal after birth. Breathing, feeding problems, and seizures can occur. Try not to take these drugs during pregnancy. If needed, take them exactly as prescribed. If you have been taking opioids for a long time, talk to your doctor. Do not stop them suddenly. Treatment such as methadone or buprenorphine can help you quit opioids safely.
Certain Foods & Drinks	<p>Raw meat or eggs, deli meat, raw or smoked fish, unpasteurized milk and soft cheeses can carry germs that will cause infections in your baby. Deli meats and smoked fish are okay to eat if they are heated.</p> <p>Fish with large amounts of mercury such as shark, swordfish, king mackerel and tilefish should be avoided during pregnancy. Babies exposed to mercury can have brain damage, hearing, and vision problems. Limit canned tuna to two cans per week.</p> <p>Too much caffeine during pregnancy may be associated with preterm birth, low birth weight, and miscarriage.</p>

! If You Want To Quit Smoking

- Smokefree.gov or call 1-800-QUIT-NOW

! If You Are in an Abusive Relationship

- National Domestic Violence Hotline 1-800-799-2333

! If You Need Help with Alcohol or Substance Abuse

- National Council on Alcoholism and Drug Dependence: **1-800-622-2255**
- Federal Substance Abuse and Mental Health Services Administration's Treatment Referral Routing Service: **1-800-662-4357**

“Knowing the items that could harm my baby and me was very helpful. I knew about some of the things, but not all of them.”

JANET B.
Mom-to-be

Doctors say it is usually ok to exercise while you are pregnant.

Exercise

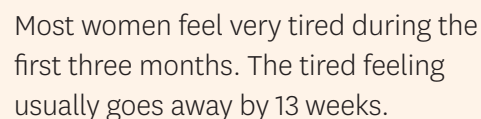
Remember to talk with your doctor before starting any exercise program.

- Try to exercise at least 2 to 3 times per week for 20 to 30 minutes each time.
- Drink plenty of water before, during, and after you exercise.
- Avoid lifting heavy weights.
- Avoid exercising outside on very hot days.
- If you are feeling tired or short of breath, take a break. Don't push yourself too hard.

During pregnancy, your body goes through many changes. These changes are called pregnancy changes. Some changes can help you through them. Some of the changes are emotional, some

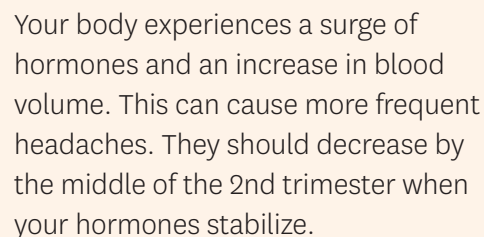


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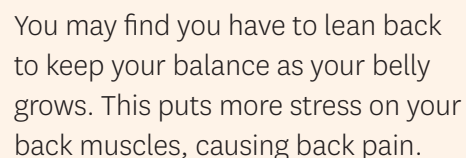
Feeling sick to your stomach. Some may vomit or throw up. It can happen any time of the day — not just in the morning. It usually begins in the first month of pregnancy. In most cases, it gradually goes away by the end of the 13th week and it is almost always gone by week 20.

This is a period of fast growth and development for the baby. The baby has developed all of his or her body parts and organs.



Many women have heartburn while pregnant. Your hormone changes during pregnancy change your whole digestive system. Also your growing womb pushes on your stomach.

The baby continues to grow and develop quickly. By the 22nd week you should be able to feel the baby moving.



Your ankles, feet, and hands may become swollen in the last few months of pregnancy.

The baby continues to gain weight and develop important organs like the lungs and increase brain size.

are a natural part of pregnancy. Understanding these
ome are physical, and some are changes to your routine.



WHAT CAN I DO?

- Take a nap or take a few rest periods each day.
 - Ask family or friends to help you with housework or tasks.
 - Avoid having an empty stomach by eating frequent, small snacks like crackers, toast, pasta, or broth.
 - Ginger capsules and vitamin B6 can help
 - Avoid spicy, fried, and greasy foods.
 - There are prescription drugs that can help.
-
- Talk to your doctor about any medicines you may be able to take.
-
- Ask your doctor about antacids.
 - Eat 5 or 6 small meals throughout the day.
 - Wait an hour or two after you eat before lying down.
 - When lying down, prop up your head and back with pillows.
 - Avoid caffeine in teas, coffees, and colas.
 - Avoid high fat foods, spicy foods, and chocolate.
-
- Keep your back straight and bend with your knees when you lift things off the ground.
 - Wear low-heeled shoes with good support.
 - Wear a support belt to lift your belly.
 - Drink at least 6 to 8 glasses of water a day.
 - Put your feet up and rest as often as you can. Do this a few times each day.



Eating Right for You and Your Baby

Making healthy eating
choices during pregnancy
is very important for your
baby's health.

- Choose fresh or canned fruits when available.
- Eat fresh or frozen vegetables.
- Eat less fat.
- Go easy on butter, margarine, and fried foods.

10% OF BABIES

born in the United States are premature.

— Centers for Disease Control and Prevention

Potential Pregnancy Problems

It is important to know the warning signs that indicate you or your baby are at risk. Share all your symptoms with your doctor.

PRETERM LABOR AND DELIVERY

Normal pregnancy lasts about 40 weeks. A baby born before 37 weeks is called a preemie. Since they are not fully developed, they can have the following problems:

Babies born early can have many short-term problems. Because they are not fully developed they can have:

- Breathing problems
- Trouble feeding
- Bleeding on the brain, causing injury.

- Risk of serious and life-threatening infections.
- Behavioral problems
- Long-term issues with their lungs, vision and hearing.

WHAT CAN YOU DO?

If you have any signs of early labor, see your doctor immediately. There may be medicines they can give you to stop the labor.

Know About Risk Factors

There are many known risk factors for preterm delivery.



RISK FACTORS

Previous preterm delivery

Pregnant with multiples

Certain infections

Substance use

Short time period between pregnancies

Stress



WHAT SHOULD I DO?

Talk to your doctor about medicines like 17P or other ways to help prevent another preterm infant.

Carrying more than one baby means you will need to get extra rest and see your doctor more often.

Make sure you get tested and treated for all of your infections and tell the doctor about any symptoms you may be having.

Avoid smoking, drinking alcohol and using illegal drugs during pregnancy.

Wait at least 18 months before getting pregnant after your last delivery.

Serious types of stress caused by things like divorce, a death in the family, losing a job, financial problems, or a lack of social support can lead to preterm delivery. Reach out for help if you are experiencing high levels of stress.

CHRONIC HEALTH CONDITIONS

If you had chronic health conditions before getting pregnant, you could be at higher risk for complications during pregnancy. Some of the conditions that could affect your pregnancy are heart disease, diabetes, high blood pressure, and obesity. Talk to your doctor about the best way to manage these conditions while you are pregnant.

DIABETES DURING PREGNANCY (GESTATIONAL DIABETES)

If you develop high blood sugar during pregnancy, it is called gestational diabetes. High blood sugar in the first trimester can increase the risk of birth defects and miscarriage. During the second and third trimesters diabetes can raise the chance that:

- Your baby will be very large. This can make labor hard, increasing the risk of needing a c-section.
- Your baby may have low blood sugar when they are born.
- Your baby has an injury during birth.

Glucose Screening

If you have a history of high blood sugar during a previous pregnancy, you will be screened for gestational diabetes in the first trimester.

Everyone else should be screened after 24 weeks.

HIGH BLOOD PRESSURE DURING PREGNANCY (PIH/PREECLAMPSIA)

PIH stands for pregnancy-induced hypertension. This is a type of high blood pressure that can happen during pregnancy. It can cause serious health problems for you and your baby. If you are getting PIH, your blood pressure will go up and your body will hold on to fluid.

Signs of PIH

- Your hands, feet, and face are puffy.
- Your vision changes. You may see bright or dark spots.
- You have pain on the upper right side of your belly.
- You have headaches that do not go away with medicine.

If you have any of these signs, call your doctor right away.

BABY BLUES

Feeling the “baby blues” during pregnancy is common. It does not only occur after delivery. Almost everyone feels overwhelmed and unsure of themselves at times when they are pregnant.

If you are feeling sad or worried more often than not, you might have depression. Reach out for help from your doctor, friend, partner, or the national helpline — 1-800-273-TALK (8255) if you think you are depressed. You can also reach out to us or complete the Prenatal Wellness Survey in the front of this packet and mail it in to us. We will contact you by letter or phone regarding your survey and the ways we can help.



What is the Neonatal Intensive Care Unit (NICU)/Special Care Nursery (SCN)?

Most babies are born healthy and stay with their mom after delivery. If your baby is born early or is noted to have other problems, he or she might need to spend some time in the NICU/SCN.

The NICU and SCN are special areas of the hospital. These areas have staff and special equipment to care for high risk newborns.

24-Hour Nurse Advice Line

Call the number on the inside front cover if you have questions when your doctor's office is closed or you are not sure if you should go to the emergency room.



Can I Breastfeed?

Almost all women can breastfeed! Do not worry if your breasts are small or if you are thin. All shapes and sizes can make the milk your baby needs.



Using Formula

If you use powder formula, **ONLY** mix it as directed. Diluting the formula with extra water can cause serious problems for your baby.

Bodies burn almost 20 calories to make an ounce of breast milk. If your baby eats 19-30 ounces a day, that is anywhere between

380
..... to
600
CALORIES
BURNED

— Women's Health

Deciding to Breastfeed

Before your baby arrives, it's time to start thinking about if you want to feed your baby breast milk or formula.

BREAST MILK IS GREAT FOR YOUR BABY

Doctors and health organizations agree that breastfeeding is best. You may already know that breast milk is packed with the perfect mix of nutrients your baby needs. Breast milk has special ingredients, like antibodies, that only you can provide.

It is easier to digest. And helps your baby's brain develop. It may even improve your baby's IQ.

It helps protect babies against the following:

- Ear aches
- Colds, coughs, and wheezing
- Diarrhea
- Childhood leukemia

It also helps protect against diseases later in life.

Adults who were breastfed as babies have less tendency to become overweight as well as a lower chance of getting the following:

- Diabetes
- Asthma
- Some cancers



BREASTFEEDING A PREMATURE BABY

Breastfeeding is very important if your baby arrives early. You will produce milk that will nourish your baby with extra calories, vitamins, and protein.

The live cells in breast milk will help protect your premature baby from infection.

BREASTFEEDING IS GOOD FOR YOU TOO!

- Breastfeeding helps you recover from childbirth.
- Breastfeeding creates a special bond between mother and baby.
- Breast milk is always ready when your baby gets hungry. That means no trips to the store to pick up formula and fewer bottles to wash! You can feed your baby right away in the middle of the night. You will not need to mix formula.
- It protects your health. It also lowers your chance of getting breast cancer, ovarian cancer, and diabetes.
- Did you know that you could burn hundreds of calories a day just by breastfeeding? Breastfeeding can help you get back to your pre-pregnancy weight.
- It is FREE!
- Breastfed babies are healthier so you may have fewer trips to see the doctor.

Before you go to the hospital, learn as much as you can about breastfeeding. You can read books, go to classes, and talk to friends to learn about the benefits of breastfeeding.

Starting Breastfeeding

Now that you have made the decision to breastfeed, here is how to get started right after your baby is born. Your baby will likely be alert after birth and seek the breast.

BREASTFEEDING FOR THE FIRST TIME

If possible, nurse your baby for the first time with skin-to-skin contact within one to two hours after you give birth. This contact has many positive effects for your baby:

- Maintains regulated body temperature after birth.
- Maintains heart rate, respiratory rate, and blood pressure after birth.
- Your baby is more likely to latch on faster during breastfeeding.
- Your baby is more likely to breastfeed exclusively and for a longer period of time.

WHAT IS SKIN-TO-SKIN CONTACT?

You should continue skin-to-skin contact for the first few weeks at home. Here are some tips for performing skin-to-skin contact:

- Wash your hands well before starting.
- Have your baby wear only a diaper.
- Remove your shirt or wear a shirt with buttons. Remove your bra.
- If you have a shirt with buttons, use the open shirt to wrap around your baby. If you're not wearing a shirt, use a light blanket to cover you and baby.
- Sit in a location where you can lean back a bit. Half lying, half sitting is good for your baby's breathing.

- Put your baby against your bare chest. Baby should be facing you, tummy to tummy.
- If you are in a cold room, you may put a cap on baby's head.
- Enjoy this time with your baby for at least an hour.

ROOMING IN

Rooming in means the baby stays in their bassinet in your hospital room. By keeping your baby close, it is easier to learn their cues and notice any early signs of hunger. Feeding when your baby starts to act hungry is called feeding "on demand". Rooming in and feeding on demand have both been shown to help promote successful breastfeeding.



Lactation Consultant

You may have a Lactation Consultant (a specialist in breastfeeding) available to you while you are in the hospital. You may also contact them after you leave the hospital. The International Lactation Consultant Association can also help you find a specialist in your area!

Visit www.ilca.org/why-ibclc/falc.



“You and your baby gain many benefits from breastfeeding. Breast milk is easy to digest and has antibodies that protect your baby from infections.”

DR. JACK KLEIN
Obstetrician



“I really appreciated
the program. I was happy
to know I had help when
I needed it.”

NICOLE R.
Mom-to-be



Gearing Up for Baby

If you haven't already started getting supplies for your baby-to-be, now's the time to start! Use this checklist to help you find the things you need. Ask friends and family members if you can borrow items.

Remember

While it's nice to have these items, love is the greatest gift you can offer your baby. The thing your baby needs most is you!

TO WEAR:

- ☐ Booties or socks
- ☐ Hats
- ☐ Onesies
- ☐ Sweaters
- ☐ Stretch suits with feet
- ☐ Sleepwear, one-piece pajamas, or nightgowns
- ☐ _____
- ☐ _____

FOR BATHING:

- ☐ Baby bathtub
- ☐ Baby lotion for after the bath
- ☐ Baby shampoo
- ☐ Baby washcloths
- ☐ Hooded bath towels
- ☐ Liquid baby soap
- ☐ _____
- ☐ _____

FOR SLEEPING:

- ☐ Bassinet or cradle
- ☐ Crib and mattress
- ☐ Tight fitting crib sheets
- ☐ Small, light receiving blankets
- ☐ Waterproof pads
- ☐ _____
- ☐ _____

FOR EATING:

- ☐ Bibs
- ☐ Bottles and nipples for breast milk or formula

- ☐ Bottle and nipple brushes
- ☐ Burp cloths or cloth diapers for spit-ups
- ☐ _____
- ☐ _____

FOR BREASTFEEDING:

- ☐ Breast pump
- ☐ Lanolin cream to soothe sore nipples (you might be able to get this at no cost with a prescription from your doctor)
- ☐ Nursing pads to wear in your bra (you might be able to get this at no cost with a prescription from your doctor; or try using a sanitary pad cut in half)
- ☐ _____
- ☐ _____

FOR CHANGING:

- ☐ Diapers
- ☐ Diaper pail
- ☐ Baby wet wipes
- ☐ Diaper rash cream
- ☐ Changing pad and table
- ☐ Diaper bag and changing pad to go in your diaper bag
- ☐ _____
- ☐ _____

FOR LAUNDRY:

- ☐ Fragrance-free soap. These are much less likely to bother your baby's skin
- ☐ _____
- ☐ _____

FOR HEALTHCARE:

- ☐ Cool mist humidifier to ease baby's breathing when the air is dry
- ☐ Medicine dropper to measure medicine
- ☐ Nasal suction bulb
- ☐ Thermometer
- ☐ _____
- ☐ _____

FOR TRAVEL:

- ☐ Blankets to cover your baby while you are outside
- ☐ Front pack or backpack to carry your baby in for the first six months
- ☐ Infant car seat
- ☐ Stroller
- ☐ _____
- ☐ _____

OTHER USEFUL SUPPLIES:

- ☐ Playpen
- ☐ Rocking chair
- ☐ Safe toys
- ☐ Safe baby swing (avoid the kind that hangs from a doorway)
- ☐ Pacifiers, if you decide to use them
- ☐ _____
- ☐ _____

Pre-Delivery To-Do List

The wait is almost over. Your little one will be here soon! We know this is a busy time for you, so we want to help you with a checklist of things to do before heading to the hospital.

PREPARING FOR BABY

- ☐ Choose a doctor for your baby.
- ☐ Take childbirth classes. These classes can help you and your partner prepare for labor and birth.
- ☐ Take parenting classes. These classes help you learn how to care for your new baby.
- ☐ Tour the hospital where you plan to deliver and pre-register, if possible.
- ☐ Have a plan for when you go into labor (childcare/transportation).
- ☐ Make plans for some help after you get home from the hospital with the new baby.
- ☐ Set up a safe place for baby to sleep.
- ☐ Wash all baby clothes and sheets.
- ☐ Make a meal plan for after you deliver. Ask friends and family to help.
- ☐ Get an approved car seat installed for the trip home. (You will not be allowed to take your baby home without it.) Contact your local firehouse for assistance with installing your car seat.
- ☐ Write a letter to your baby

PACK YOUR BAG FOR THE HOSPITAL

For Me

- ☐ Insurance card
- ☐ Extra underwear
- ☐ Maternity bra and nursing pads
- ☐ Loose clothes to wear on the way home
- ☐ Nightgown
- ☐ Robe
- ☐ Slippers or warm socks (nonslip)

Toiletries:

- ☐ Toothbrush and toothpaste
- ☐ Deodorant
- ☐ Shampoo and conditioner
- ☐ Hairbrush
- ☐ Lip balm
- ☐ Headband or ponytail holder
- ☐ Your own bath towel
- ☐ Contacts or glasses
- ☐ Cell phone and charger

What helps you relax?
Here are some ideas other women found helpful:

- ☐ Relaxing music
- ☐ Relaxing lotions or scents
- ☐ Small fan to keep cool

For My Baby

- ☐ Baby blanket
- ☐ Diaper bag
- ☐ Baby wipes
- ☐ Onesie or undershirt
- ☐ Baby keepsake book
- ☐ Outfit for photos
- ☐ Ask your friends and family to bring along a camera to capture baby's first day!

OTHER

Child Safety Seats

Motor vehicle crashes are the leading cause of death among children in the United States. Placing your baby in an age and size appropriate restraint system lowers the risk of serious and fatal injuries by more than half.

Preparing For Labor & Delivery

Once you get closer to your delivery date, your body will start preparing for your baby's arrival.

FALSE LABOR

Before true labor begins, you may feel your womb tighten up. This squeezing is called Braxton Hicks, also known as practice contractions or false labor pains. Your contractions are probably just practice contractions if they:

- Are not painful.
- Do not have a regular rhythm.
- Are more than 10 minutes apart.
- Go away after drinking two glasses of water or after a short walk.

Practice contractions are okay late in pregnancy.

SIGNS OF TRUE LABOR

There are several signs that you are in true labor. Call your doctor immediately when you notice these signs:

Water breaks

This means that the bag of water around your baby has broken. You may feel fluid coming from your vagina. If you think your water has broken, don't use a tampon, get in the tub, or have intercourse. Call your doctor.

True contractions

Unlike practice contractions, true contractions will get stronger and more frequent over time. You will feel your entire womb squeezing. Some women say they feel like a belt is getting tighter and tighter around them. If your contractions are less than 10 minutes apart, this may mean that true labor has begun.

Back Labor

You may feel pain in your lower back that is associated with the womb contracting (squeezing). This is labor occurring in your back. This pain may spread to your lower belly and could even spread to your legs.

WHAT SHOULD I DO IF I THINK I'M IN LABOR?

- Call the doctor and prepare to go to the hospital.

Once you arrive in the hospital you will most likely:

- Be sent to the labor and delivery unit.
- Register.
- Get checked by a nurse or doctor.
- If you are in active labor, you will be admitted to a room to have your baby!

! Managing Pain During Delivery

There are many different medicines for pain control during childbirth. Talk to your doctor about what method is right for you.

⚕ IV Pain Medication

Some pain medications can be given through a tube (IV) in your hand or arm. These take the edge off of mild contractions.

⚕ Epidural Anesthesia

An epidural is a way to give numbing medicines into the space outside your spinal canal. A tube is placed into this space through your lower back. This is a safe and effective method of pain control.



If you are having signs of labor and are more than 3 weeks before your due date, this is an emergency. You could be in preterm labor. Seek medical attention ASAP.



Medications Your Baby Will Get

Your baby will receive several medications in the hospital to keep him or her healthy.

- **Eye ointment:** to prevent eye infections/blindness.
- **Vitamin K shot:** to help your baby's blood clot.
- **Hepatitis B vaccine:** to protect your baby from Hepatitis infection.



Vaginal Delivery & Cesarean Sections

Most women will have a vaginal delivery — delivery through the birth canal (vagina). About 1 in 3 babies born in the US is born by Cesarean Section, also known as c-section. Learn about both types of deliveries below.

VAGINAL DELIVERY

Vaginal delivery is the childbirth method most experts recommend for full term healthy babies. It consists of 3 stages:

Stage 1: Labor

Labor is hard work! It is usually the longest part of childbirth. At first, your contractions may feel like strong cramps — sort of like when you have your period.

As labor continues:

- Your cervix slowly opens (dilates).
- Your contractions get stronger, longer, and closer together.

Stage 1 ends when your cervix opens all of the way. It will measure 10 centimeters across. This is when you are completely dilated.

Stage 2: Pushing and Delivery

This stage may last 2 to 3 hours or more. Now that your cervix is completely dilated (fully opened), you may be ready to start pushing. Your contractions move your baby down to the birth canal to the opening of your vagina. You help your baby along by pushing.

Stage 2 ends when your baby is born. Don't be surprised if your baby's head is swollen or cone-shaped from squeezing through the birth canal. It will go back to normal soon.

Stage 3: Delivery of the Placenta

This stage usually begins right after the birth of your baby. It ends when the placenta is delivered.

INDUCED LABOR

Sometimes, the doctor may want to help get your labor started. This is called an induction. According to the American Congress of Obstetricians and Gynecologists (ACOG), labor should be induced only when it is more risky for the baby to remain inside the mother's womb than to be born.

If the doctor recommends an induction, you will get medications to jump start your labor or soften your cervix. Your bag of water may be broken by the hospital staff if it doesn't break on its own. Then you will go through the rest of the stages of vaginal delivery.

C-SECTION

A c-section is a surgical procedure used to deliver a baby through incisions in the mother's abdomen and womb (uterus). C-sections are needed when it is too risky to deliver through the birth canal.

If the doctor recommends a c-section you will receive some anesthesia to numb your lower body, if you did not already receive an epidural. You will probably be awake for the procedure except in the case of an emergency delivery. The doctor will make an incision in your abdomen and womb. Then your baby and your placenta will be delivered through that incision. Your incision will be closed and you will be able to see and hear your baby for the first time.

Elective Deliveries

Elective deliveries are deliveries you plan in advance for convenience. It is important to know why you should not choose to deliver your baby before 39 weeks without a medical reason.

BABIES BORN LESS THAN 39 WEEKS

A normal pregnancy lasts 40 weeks. Babies born even a little early (between 37 and 39 weeks) may require more days in the special care nursery (SCN) or neonatal intensive care unit (NICU). They may also have the following problems:

- Breathing problems.
- Trouble feeding.
- Jaundice.

- Trouble staying warm.
- Lower math and reading scores in first grade.
- Behavioral problems.

WHAT DO I NEED TO DO?

If your doctor recommends an induction or c-section before 39 weeks, ask questions. Make sure you understand the medical reason you are delivering your baby early.

DID YOU KNOW?

A baby's brain at 35 weeks weighs only two-thirds of what it will weigh at 40 weeks. The liver, lungs, eyes and ears continue to grow until 40 weeks.



35 weeks



39 to 40 weeks

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Tests Your Baby Will Get

Your baby will also receive some **screening tests** before they go home:

- **Hearing test**
- **Newborn screening tests:** a couple drops of blood will be taken from your baby's heel to test for a variety of disorders like hypothyroidism and PKU (phenylketonuria)
- **Newborn cardiac screen:** a sensor around your baby's hand or foot will check the infant's oxygen level to screen for serious heart defects.



"You don't know what to expect when you are pregnant. The program provided me with information to calm my worries."

NATALIE R.
Mom-to-be



Heading Home

You are likely to go home 1–2 days after vaginal delivery or 2–4 days following a c-section.





Check with Your Doctor

to find out when you can resume sexual and normal activities.



Your Body After Delivery

It is important to see your doctor about 4–6 weeks after giving birth. This visit is called a postpartum visit and is important to make sure your body is healing after delivery. The table below includes some typical symptoms you may experience when recovering from delivery, and some suggestions about how to handle them.

 SYMPTOM	 WHAT TO EXPECT AND WHAT YOU CAN DO
Feeling tired	<ul style="list-style-type: none">• Try to nap, eat, and shower when your baby is napping.• Eat a healthy diet and drink plenty of fluids.• Keep taking your prenatal vitamins.• Ask family and friends for help.
Cramps	<ul style="list-style-type: none">• This is expected for seven days or longer. It may get more intense while nursing.• You can take a mild pain reliever like Ibuprofen or Naproxen.
Sore and swollen breasts (if not breastfeeding)	<ul style="list-style-type: none">• Wear a firm bra that supports your breasts 24 hours a day.• Use cold packs for 1-5 days until your milk stops coming in.
Sore bottom, painful piles (hemorrhoids)	<ul style="list-style-type: none">• Use a cold pack for the first 48 hours.• Take a sitz bath (soaking your bottom in a small plastic tub with warm water).• Use cotton balls or pads soaked in witch hazel.*• Use a spray bottle to wash your bottom several times a day.• Use over-the-counter ointments and creams like hydrocortisone.*
Bleeding and discharge from your vagina	<ul style="list-style-type: none">• This is normal for the first few weeks after delivery.
Soreness, numbness, or itching around your cesarean incision	<ul style="list-style-type: none">• This is expected and should improve with time.• You can use the pain relievers prescribed by your doctor.• Hold your belly when you sneeze or cough.• Use pillows for extra support while feeding your baby.

* You may be able to get these items at no cost with a prescription from your doctor.

Your postpartum visit is very important to make sure your body is healing after delivery.



WHEN TO CALL THE DOCTOR?

- You are so tired that you can't take care of yourself or your baby.
- You have a temperature higher than 101.4.
- Severe cramping that is not resolved with pain medication.
- You have a sore, red, painful breast with chills, fever, and flu-like symptoms. You may have an infection called mastitis.
- You are having severe pain or are having a lot of trouble peeing or having a bowel movement.
- You pass blood clots larger than a golf ball or have severe vaginal bleeding that gets heavier.
- Your incision looks very red, is getting more painful, or is draining. This could be a sign of infection.



Ask for Help

After delivery ask for help with housework and heavy lifting. But make sure you don't spend too much time laying down. Gentle moving will help you heal more quickly. Walking reduces your risk of a blood clot in your legs.



“[The program is] above and beyond, 'cause I never seen anything like this before.”

SARAH O.
Health Plan Mom

“If I were to get pregnant again, this plan and this pregnancy program would be my first choice, just because of the simple fact that they had so much to offer, and they do send out stuff like that, helpful stuff.”

ANDREA J.
Health Plan Mom

In the US, it is
estimated that

50%
OF PREGNANCIES
ARE UNPLANNED.

— The Shriver Report

Birth Control & Family Planning

It's important to start thinking about family planning and what birth control you are going to use after you have your baby. Thinking about your goals for having or not having more children is called a reproductive life plan. It is best for the health of your future baby and you to wait at least 18 months before getting pregnant again. There are many safe forms of birth control you can use.

CREATE A REPRODUCTIVE LIFE PLAN

Ask yourself these questions:

Would I like to have more children in the future?

How many children would I like to have?

How long do I want to wait before getting pregnant again?

What birth control method do I plan to use to avoid pregnancy until I'm ready?

How can I be sure I will be able to use this birth control method without problems?

ONCE YOU HAVE ANSWERED THESE QUESTIONS, YOU NEED TO ALSO ASK YOURSELF WHAT FACTORS YOU SHOULD CONSIDER BEFORE BECOMING PREGNANT AGAIN

Is my mental and physical health as good as I want it to be?

Can I stop smoking and/or using harmful drugs?

Do I have the financial resources to support another baby?

Have I finished school?

Do I have supportive relationships to help me if I have another baby?

Now that you have thought about taking control of your reproductive life, the rest of this section will talk about safe forms of birth control that work.

Planning Ahead

There are many safe forms of birth control you can use to fit your reproductive life plan. Below is a guide to help you find the best option for you and your planning needs.



NAME



EFFECTIVENESS



PRODUCT DETAILS

SHORT-TERM CONTRACEPTION

If you may want to have children within the next few years

Birth Control Shots
(Depo-Provera)

94%

Provide hormones that prevent pregnancy. You need to get the shot every 3 months. Typically stops periods temporarily. Some women gain weight from the shot.

Vaginal Ring
(NuvaRing®)

91%

A flexible, plastic ring you place into your vagina. It releases hormones that prevent pregnancy. You can put it in and remove it yourself. You will not feel it during sex. You need to replace it every 4 weeks.

Birth Control Pills

91%

Provide hormones that prevent pregnancy. Easy to use and very effective when taken correctly. You have to take them every day.

LONG ACTING REVERSIBLE CONTRACEPTION (LARC)

If you know you don't want to have children within the next few years

Birth Control Implant
(Nexplanon®)

99.95%

Small rod is placed under the skin of your upper arm and releases hormones that prevent pregnancy. Works for 3 years and is easily removed after 3 years. You return to your regular cycle after it is removed. There is a potential for irregular bleeding, headaches, or acne.

IUD

99.20%

T-shaped plastic device that is slid into your womb to prevent pregnancy. Good choice if you do not want to have children for several years. Sometimes this can be inserted in the hospital right after delivery. Mirena®, Skyla®, and Liletta® make your periods lighter. Paragard® has no hormones but can make your periods heavier.

PERMANENT CONTRACEPTION

If you know you don't want more children and want permanent birth control

Partner Vasectomy

99.85%

The tubes that carry sperm out of your partner's testicles are cut. Great option if you only have one partner. This can be done under local anesthesia.

**Tube Tying -
Tubal Ligation***

99.50%

The tubes that carry the eggs to the womb are blocked. This procedure can sometimes be performed right after your baby is born. If you want to get your tubes tied, talk to your doctor before you deliver. In some cases, a consent form has to be signed at least 30 days before the procedure.

CONDOMS

Condoms act as a barrier to stop the spread of STIs like HIV. Because they are only 82% effective in preventing pregnancy, **condoms need to be used with another form of birth control.**



Safe Sleeping

Safe sleep is important for your baby's health. It can help protect your baby from *sudden infant death syndrome (SIDS)*. SIDS is also known as crib death.

Risk factors for SIDS include:

- Smoking during pregnancy.
- Being premature.
- Sleeping position of the baby. Your baby should always sleep on his or her back unless your doctor tells you otherwise.
- Being around secondhand smoke.

Your First Few Weeks At Home

Everyone who goes home with a baby for the first time feels overwhelmed. It may be scary thinking about everything you need to do and know about having a new baby. Here are some great tips to help ease your worries about caring for your baby.

WHEN SHOULD YOUR BABY FIRST SEE THE DOCTOR?

It is very important to take your baby to see his or her doctor 3-5 days after birth and again before turning one month. It often helps to make your baby's doctor appointment before you leave the hospital. Babies less than one month old can get sick quickly. If your newborn looks sick, has a fever, is feeding poorly, or is sleeping too much, call your doctor right away.

WHAT SHOULD YOU DO ABOUT VISITORS?

You are going to be exhausted when you first come home from the hospital. Try to hold off on having visitors in the beginning if you can. It is okay to limit visitors or set a schedule. If you do allow visitors, make sure they wash their hands before they hold the baby. If anyone is not feeling well, ask them to come another time. Babies' immune systems are not fully developed so they get sick easily, which can be dangerous. Ask anyone who will be around your baby to get Tdap and flu vaccinations.

HOW OFTEN SHOULD YOU FEED YOUR BABY?

Babies normally feed 8-12 times per day and average 1.5-3 oz per feeding for the first week or two. Feed your baby any time he or she seems hungry. Babies may smack their lips, stick out their tongue, move their head side to side, or put their hands in their mouth as a sign that they are getting hungry. If you wait until they are crying, it is often harder to calm them down for the feeding.

HOW DO YOU KNOW YOUR BABY IS EATING ENOUGH?

Weight gain is the number one way to tell if your baby is getting enough to eat. Your baby's doctor will check their weight at every visit. It is normal for babies to lose a bit of weight at first. They will catch up within a couple of weeks. Watch your baby's diaper changes. You should be seeing at least 6 wet diapers and 3-4 poopy diapers per day.

HOW CAN YOU MAKE SURE YOUR BABY IS SAFE WHEN SLEEPING?

You should always put your baby on his or her back to sleep (unless the doctor tells you not to) in a crib or bassinet. You and your baby should never sleep in the same bed. Never place your baby on sofas, waterbeds, or other soft surfaces. Do not use soft bedding, pillows, bumper pads, or stuffed toys in your baby's sleep area. Sheets should fit tightly and only use light blankets tucked around the mattress no higher than the babies chest.

WHEN CAN YOU GIVE YOUR BABY A BATH?

Babies should only receive sponge baths until their umbilical cord has fallen off.



Glossary

There are several words that doctors and nurses use to talk about pregnancy. Knowing what these words mean will help you understand what is happening to your body.

Amniotic Fluid: This is the protective liquid contained by the amniotic sac of a pregnant female.

Anxiety: An uneasy or troubled feeling.

Birth Defect: Physical or biochemical abnormality that is present at birth and that may be inherited or the result of environmental influence.

Cervix: The lower cylinder shape part of the uterus. It connects the uterus to the vagina. During birth, it widens and flattens so the baby can pass through.

Contraceptive: Something that is used to prevent pregnancy.

Contractions: A shortening of the uterine muscles occurring at intervals before and during childbirth.

Hemorrhoid: A swollen vein on or near the anus. Hemorrhoids are also known as piles.

Human Immunodeficiency Virus (HIV): A virus that attacks the body's immune system. HIV can lead to AIDS (Acquired Immunodeficiency Syndrome), a chronic life threatening condition.

Induction: A procedure used to stimulate uterine contractions during pregnancy before labor begins on its own.

Jaundice: When a chemical called bilirubin builds up in the baby's blood. It causes the skin to turn yellowish in color.

Lanolin: A waxy ointment that can be used to protect skin and to treat sore nipples.

Nursing: The method of feeding the baby with milk from the mother's breast.

Ovulate: To produce or discharge eggs from an ovary.

Pitocin: A medication used to start or induce labor.

Placenta (afterbirth): A flattened circular organ in the uterus of a pregnant woman that nourishes and maintains the fetus through the umbilical cord.

Postpartum: The period of time following childbirth.

Pre-term or Premature Labor: The presence of contractions between 20 and 37 weeks.

Prenatal: Describes pregnant women and their unborn babies. Prenatal care is medical care that you receive before your baby is born.

Prenatal depression: Feelings of sadness or hopelessness during pregnancy.

Progesterone: A hormone that prepares and maintains the uterus for pregnancy.

Reproductive Life Plan: A plan regarding when or if you want to have more children. The plan should include how you will stick to your decision and what methods you will use for birth control.

Rooting: A baby's instinctive search for food that helps you recognize when your baby is hungry.

Sudden Infant Death Syndrome (SIDS): The unexplained death, usually during sleep, of a seemingly healthy baby less than a year old. SIDS is sometimes known as crib death because the infants often die in their cribs.

Sperm: A male reproductive cell.

Sexually Transmitted Infections (STIs): Infections spread from person to person through sexual contact. STIs do not always cause symptoms and may go unnoticed. STIs can be harmful to you and your baby if you are infected while pregnant. Most STIs are curable with medicine.

Tdap: One shot that protects against 3 diseases: tetanus, diphtheria, and pertussis (whooping cough). This is a shot for adults.

Uterus: The pear-shaped, hollow organ in the female reproductive system where the baby grows until birth. The uterus is also called the womb. The uterus is connected to the vagina by the cervix.

Urinary Tract Infection (UTI): When germs affect the kidneys, bladder, or the tubes connecting the organs. It can result in frequent and sometimes painful urination. It can lead to more serious health problems that can affect the baby.

Vaccine: A shot or other medicine used to prevent diseases.

Vagina: A canal shaped opening in your body also called the birth canal. The vagina connects to the cervix which is connected to the uterus.



Tracking My Pregnancy

Date I found out I was pregnant

Date I first felt the baby move

Who was the first person I told about my pregnancy?

Pregnancy symptoms

Cravings

Did I find out if you were a girl or a boy?

Baby name choices

Baby's date of birth

Length

Weight

Name



Last picture of me pregnant.



First picture of me and baby.



Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.