

Your Guide to Pregnancy

Start Smart
for Your Baby.

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)
- **Breastfeeding support and resources.**
- **Help obtaining a breast pump.**
- **Assistance if you are experiencing feelings of depression or anxiety.** (Contact us for support if you feel sad, overwhelmed or “down” or are thinking about harming yourself or others.)
- **Methods to help you decrease or stop smoking, drinking alcohol, or using drugs.**
- **Weekly text and email programs, if offered by your plan.**
- **Over-the-counter medicines that may be available at no cost to you.** (Ask your doctor or call us for more information.)

Visit your health plan website for more information!

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

Your Doctor’s Name

Your Doctor’s Phone Number

Contents

2	First Things First – Prenatal Care	18	Preparing for Labor and Delivery
4	What to Avoid During Pregnancy	20	Vaginal Delivery and Cesarean Section
6	Changes During Pregnancy	21	Elective Deliveries
8	Potential Pregnancy Problems	22	Your Body After Delivery
9	Chronic Health Conditions	24	Birth Control and Family Planning
12	Breastfeeding Is Best	26	Planning Ahead
13	Starting Breastfeeding	28	Your First Few Weeks at Home
14	Gearing Up for Baby	31	After Delivery Checklist
16	Pre-Delivery To-Do Lists	32	Words to Know

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

First Things First – Prenatal Care

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



Care Managers

A care manager is a nurse or a social worker who can help you during your pregnancy. They can help you find resources and answer questions about your pregnancy and medical care. If you have a care manager, write their phone number here:

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

20-Week Ultrasound

At this point in your pregnancy, your baby is about the size of a bell pepper. Your 20-week ultrasound will make sure your baby is growing properly and everything is in the right place. AND you can find out the sex of your baby!

YOUR PRENATAL VISITS

It is important to go to all of your prenatal visits. This is true even if you feel well. People who don't get prenatal care risk having babies who are born too small and are at higher risk of infant death.

During your prenatal visits, your doctor will:

- Perform tests and ultrasounds to check on you and your baby.
- Suggest a prenatal vitamin to give you the nutrients you need to carry a healthy baby.
- Monitor your baby's growth and confirm your due date.
- Address your questions or concerns.

Your prenatal visits will most likely be:

- Every 4 to 6 weeks during the first 28 weeks of pregnancy.
- Every 2 to 3 weeks from 28 to 36 weeks of pregnancy.
- Once per week from 36 weeks of pregnancy to delivery.

MEDICATIONS DURING PREGNANCY

Not all medications are safe to use during pregnancy. Talk to your doctor before starting, changing, or stopping any medicine. That includes over-the-counter and herbal medication. Prescription opioids like codeine and oxycodone can cause your baby to have drug withdrawal after birth.

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 (September-March) to protect yourself and your unborn baby. The flu vaccine is safe at any time during pregnancy.

Your baby cannot get the flu vaccine until they are 6 months old. If you get the vaccine while you are pregnant, you will pass on antibodies to protect your baby. The vaccine does not give you the flu.

Join the millions of parents who protect themselves and their babies by getting a flu shot.

TDAP

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

Make sure any caregivers or family members who will be around your baby get their vaccines, too.

Important Vaccines

It is important to get flu and Tdap vaccines before you have your baby. If you cannot get them before you deliver, make sure you get them in the hospital after you give birth. These shots are safe even if you are breastfeeding.

Additional Resources

Check out the back of the book for resources to help you anytime during your pregnancy and after.

What to Avoid During Pregnancy

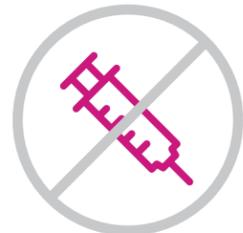
When you are pregnant, it is important to think about what you put into your body. The things listed below can cause:

- Preterm birth.
- Birth defects.
- Miscarriage.
- Stillbirth.



ALCOHOL

- Can cause serious birth defects called fetal alcohol spectrum disorders (FASDs).
There is no known safe amount or safe time to drink alcohol when you are pregnant.



STREET DRUGS

- Can cause birth defects and problems with your placenta.
- Can expose you to infections like hepatitis C and HIV that can be passed to your baby.
- Can cause severe withdrawal symptoms in your baby after delivery.

Avoid all street drugs when you are pregnant.



SMOKING AND SECONDHAND SMOKE

- Is the leading cause of preventable death in the U.S.
- Can cause babies to be born too early or too small.
- Increases the risk of miscarriage and crib death (also known as sudden infant death syndrome, or SIDS).

Avoid all forms of tobacco (including e-cigarettes) when you are pregnant.



MARIJUANA

- Contains chemicals that can cause harm to your baby's brain development.
- May make it hard to care for your baby.

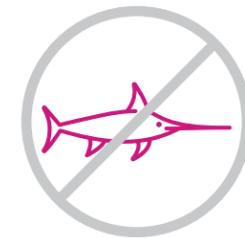
Do not use any form of marijuana when you are pregnant.



SOME MEDICATIONS

- Not all medications are safe to use during pregnancy.
- Prescription opioid pain medications like codeine and oxycodone can cause your baby to have drug withdrawal after birth.

Talk to your doctor before starting or stopping any medications (including over-the-counter and herbal supplements).



CERTAIN FOODS AND DRINKS

- **High-mercury fish (like shark, swordfish, king mackerel, and tilefish):**
Mercury is a toxin and can cause serious problems with your baby's development.
- **Raw/unpasteurized/undercooked foods or processed meats:**
Can carry harmful germs that cause infections in you and your baby.
- **Caffeine:** High caffeine intake during pregnancy can harm your baby's growth.

Avoid high-mercury fish. But you can eat up to 2 servings per week of low-mercury fish (like light canned tuna).

Only eat fully cooked food when you are pregnant.

Drink no more than 12 ounces of caffeinated beverages (1 to 2 cups of coffee) per day.

Did You Know?

You may have heard that e-cigarettes or vapes are safer than cigarettes and can help you quit smoking. But they usually contain the same harmful chemicals as cigarettes (like nicotine). Nicotine is an addictive poison. It can damage a developing baby's brain and lungs. E-cigarettes may also contain other substances that are harmful to a developing baby. These include toxic heavy metals, flavorings, and cancer-causing chemicals. They can also cause severe lung problems and death.

Is CBD Oil Safe?

Experts are still learning about the effects of CBD oil, especially in pregnancy. Early results are concerning. CBD oil has been associated with liver damage, extreme sleepiness, and dangerous interactions with other drugs. There have been reports of CBD products being mixed with harmful substances, like pesticides and heavy metals. Experts say it's best for people not to use CBD products while pregnant.

Changes During Pregnancy

Stay Active

Doctors say low-impact exercise is good for you when you're pregnant. So stay active to feel better!

- Remember to talk with your doctor before starting any exercise program.
- Start slow, especially if you are new to exercise.
- 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. It can reduce swelling.
- Avoid lifting heavy weights or exercising outside on very hot days.
- Listen to your body. Don't push yourself too hard. If you are feeling tired or short of breath, take a break.

Things like swimming, stretching, or walking will help you maintain a healthy weight while pregnant and get your body ready for labor.

Exercise during your pregnancy can offer the following benefits:

- Fewer backaches.
- Less constipation, swelling, and bloating.
- Less pregnancy weight gain.
- Faster recovery time after delivery.
- Better sleep.
- More energy.
- Less trouble getting back to your pre-pregnancy weight.

TRIMESTER



FIRST TRIMESTER (1-13 WEEKS)

This is a period of fast growth for your baby. They are developing all of their body parts and organs.



SECOND TRIMESTER (14-27 WEEKS)

Your baby is growing quickly. By the 22nd week, you should be able to feel your baby moving.



THIRD TRIMESTER (28-40 WEEKS OR BIRTH)

Your baby will continue to gain weight and develop important organs like the lungs and brain.

SYMPTOM DESCRIPTION

Feeling Tired Feeling very tired during the first three months of pregnancy is common. The tired feeling usually goes away gradually by 13 weeks.

Nausea You may feel sick to your stomach. People who are pregnant may vomit. It can happen at 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.

Headaches During the second trimester, your body experiences a surge of hormones and an increase in blood volume. This can cause headaches. They should decrease by the middle of the second trimester when your hormones become more stable.

Heartburn Having heartburn while pregnant is common. Hormone changes during pregnancy change your whole digestive system and your growing womb pushes on your stomach.

Back Pain Back pain is common in the last half of pregnancy. You may find you have to lean back to keep your balance as your belly grows. This puts more stress on your back muscles, causing back pain.

Swelling Your ankles, feet, and hands may become swollen in the last few months of pregnancy. This is not due to excess salt intake.

During pregnancy, your body goes through many changes. These changes are natural but can be uncomfortable. Below are some tips on how to feel better while your body adjusts to support your growing baby.

If you have trouble with your symptoms after taking these steps, talk to your doctor.

Check out your health plan website for more information.

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

You support your baby's health when you make healthy eating choices during pregnancy:

- Eat fresh or frozen fruits and vegetables. Frozen has just as many nutrients and may be more affordable and easier to find.
- Canned fruits and veggies are also a good choice. Look for vegetables with lower sodium and fruit in its own juice with no added sugar.
- Eat less fat and go easy on butter, margarine, and fried foods.
- Choose drinks with less or no sugar. Substitute soda with flavored water.

Potential Pregnancy Problems

It is important to know the warning signs that you or your baby are at risk. Going to all of your prenatal appointments can catch these problems early or prevent them.

PRETERM LABOR AND DELIVERY

Pregnancy normally lasts about 40 weeks. A preterm baby is one born more than 3 weeks early. They are sometimes called “preemies.”

Premature babies can have many problems, including:

- Immature lungs.
- Infections.
- Bleeding in the brain.
- Trouble feeding.
- Eye problems.

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

The signs of labor include:

- Regular contractions.
- Vaginal bleeding.
- Period-like cramps.
- Constant, dull lower back pain.
- Increased pressure in your lower pelvic area.
- Fluid leaking from your vagina. If it doesn't smell like urine, it might be amniotic fluid.

According to the Centers for Disease Control and Prevention, 10% of babies born in the United States are premature.

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

Most babies are born healthy and stay with their parents after delivery. If your baby is born early or is noted to have other problems, they might need to spend some time in the NICU or 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 back of your health plan ID card if you have questions when your doctor's office is closed or you are not sure if you should go to the emergency room.

Chronic Health Conditions

People who had chronic health conditions before becoming pregnant could be at higher risk for problems during and after pregnancy. These conditions could include diabetes, heart disease, high blood pressure, obesity, anxiety, or depression. Make sure your doctor knows about any of these conditions so they can help you manage them while you are pregnant.

DIABETES DURING PREGNANCY

Having diabetes before or very early in pregnancy can increase the risk of birth defects and miscarriage. If you develop high blood sugar later in your pregnancy, it is called gestational diabetes. Gestational diabetes can put your baby at risk of a birth injury or other issues. Other potential complications include:

- Your baby may be very large, which can increase the chance of needing a C-section or having a birth injury.
- Your baby may not grow well. Smaller babies have a higher risk of stillbirth and immune or breathing problems.
- Your baby may have low blood sugar when they are born.

GLUCOSE SCREENING

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

Everyone else should be screened between 24 and 28 weeks.

PREECLAMPSIA

People who have high blood pressure before or during pregnancy may develop a condition called preeclampsia. Preeclampsia can lead to life-threatening events in the last half of pregnancy, during labor, or after the baby is born. People can develop organ failure and have strokes or seizures. It can slow the growth of your baby and may lead to a preterm delivery. Symptoms include headaches, visual changes, and upper belly pain. Sometimes there are no symptoms at all. That is why your blood pressure is checked at every doctor visit.

Risk factors for developing preeclampsia include a past history of preeclampsia and having a chronic medical condition. Talk to your doctor about your risk factors and any symptoms you may have.

The following are symptoms of preeclampsia:

- 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, call your doctor right away.

DEPRESSION AND ANXIETY IN PREGNANCY

Feeling sad, irritable, hopeless, or worried more often than not? These can be symptoms of depression or anxiety. Feeling the “baby blues” 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 answer yes to either of the following questions, you could have depression:

- During the past month, have you often been feeling down, depressed, or hopeless?
- During the past month, have you often had little interest or pleasure in doing things?

If you are having these feelings, reach out for help from your doctor, a friend, or your partner. There is support available to you. You can find our resources page in the back of this book.

Know Your Risk

There are many known risk factors for preterm delivery.

RISK FACTORS

WHAT SHOULD I DO?

Previous preterm delivery

Talk to your doctor about medication and other ways to prevent preterm birth.

Pregnant with multiples

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

Certain infections

Make sure you get tested and treated for all of your infections and tell your doctor about any symptoms you have.

Substance use

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

Short time period between pregnancies

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

Stress

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.





Breastfeeding Is Best

Have you decided to feed your baby breast milk or formula? Parents and doctors agree that breastfeeding is best.

BREAST MILK IS GREAT FOR YOUR BABY

Did you 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 it helps your baby's brain develop. It may even improve your baby's IQ.

Breast milk helps protect your baby against:

- Allergies.
- Earaches.
- Colds, coughs, and wheezing.
- Diarrhea.
- Becoming overweight.
- Diabetes.
- Asthma.
- Some cancers, like childhood leukemia.

BREASTFEEDING A PREMATURE BABY

Breastfeeding is even more important if your baby arrives early. You will produce milk that will nourish your baby with extra calories, vitamins, and protein. Breast milk will help protect your premature baby from infection.

BREASTFEEDING YOUR BABY IS GOOD FOR YOU, TOO

- It helps you recover from childbirth.
- It creates a special bond between you and your baby.
- It 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. Plus, you don't have to worry about mixing!
- It lowers your chance of getting breast cancer, ovarian cancer, and diabetes.

- It can help you get back to your pre-pregnancy weight. Your body uses a lot of energy to produce breast milk. You can burn hundreds of calories a day just by breastfeeding.
- You may have fewer trips to see your baby's doctor since breastfed babies are healthier.
- It is free.

Your body burns a lot of calories making milk to feed your baby. Keep you and your baby strong by maintaining a healthy diet. Check out your health plan website for healthy eating tips!

Starting Breastfeeding

Great, you made the decision to breastfeed! You can get started right after your baby is born. Your baby will likely be alert after birth and will seek the breast. Here are some tips to make breastfeeding a little easier.

BREASTFEEDING FOR THE FIRST TIME

If possible, nurse your baby for the first time with skin-to-skin contact within 1 to 2 hours after you give birth. This contact helps your baby:

- Regulate body temperature after birth.
- Maintain heart rate, respiratory rate, and blood pressure after birth.
- Latch on faster when breastfeeding.
- Breastfeed exclusively for a longer period of time.

Immediate breastfeeding also helps your uterus contract and decreases the chance of heavy bleeding.

COLOSTRUM

Colostrum is the first breast milk your body will make. It is a thick, yellowish liquid that is packed with nutrients to help protect your baby from infections. You will only make a few teaspoons of this for the first couple of days, but it is usually all your baby needs. After a few days, your breasts will begin to feel fuller and more firm as your milk comes in. It is important to feed frequently during this time since your baby's sucking will tell your body to start making more milk.

ROOMING IN

"Rooming in" is when your baby stays in their bassinet in your hospital room. Keeping your baby close lets you 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.

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. Almost everyone can breastfeed after giving birth to their baby!

Lactation Consultant

You may have a lactation consultant (a breastfeeding specialist) available to you while in the hospital. You can contact them after you leave the hospital, too. Check our resources page in the back for more information!

Facts About Formula

If you can't (or choose not to) breastfeed, formula is also a healthy choice! Talk to your doctor about the formula that is right for your baby. If you choose a powder formula and plan to use tap water to make it, make sure your water supply is safe. Have your water checked for lead if you live in an older home or if you're worried about your water.

Mix formula from powder exactly as directed. **Adding extra water to make it last longer can harm your baby.**

Gearing Up for Baby

You are already doing so much to have a healthy pregnancy. Here are some helpful items to have when your baby arrives. To be kind to yourself and your budget, try to gather these items throughout your pregnancy instead of all at once.

Getting ready for a new baby doesn't have to cost a fortune. Ask family or friends if they have clothes they would be willing to give or lend to you. Garage sales and thrift stores are great places to find like-new clothes and other baby essentials. Be sure to wash clothes and supplies so they are clean for your baby.



FOR SLEEPING

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



FOR BREASTFEEDING

- Breast pump
Call your health plan for help getting one!
- 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. You can also try using a sanitary pad cut in half.



TO WEAR

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



FOR LAUNDRY

- Fragrance-free soap
This is much less likely to bother your baby's skin.



FOR CHANGING

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



FOR EATING

- Bibs
- Bottles and nipples for breast milk or formula
- Bottle and nipple brushes
- Burp cloths or cloth diapers for spit-ups



FOR BATHING

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



FOR HEALTHCARE

- Cool-mist humidifier to ease your 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 6 months
- Approved infant car seat
You will not be allowed to take your baby home without it! Call your health plan if you need help getting one. Visit [National Highway Traffic Safety Administration at NHTSA.gov](http://NationalHighwayTrafficSafetyAdministration.gov) and search "car seats and booster seats" to find where you can get your car seat installed properly. Your local hospital may also be able to help you.
- 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)



The Greatest Gift: Love

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!

Pre-Delivery To-Do Lists

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 YOUR BABY

- Choose a doctor for your baby.** You will need to schedule an appointment within 1 week after delivery AND before your baby is a month old. You can schedule these while you're still in the hospital!
- Take childbirth classes.** These classes can help you and your birthing 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 preregister, if possible. Visit your health plan website for a list of questions to ask during the tour.
- Do you have other children? **Plan child care** for when you deliver. If you need help, call Child Care Aware at 1-800-424-2246 to find out your options.
- Do you have a ride to the hospital?** Your health plan can help you find transportation.
- Set up a safe place for your baby to sleep.** Visit your health plan website to learn more about safe sleep.
- Wash all baby clothes and sheets** with fragrance-free detergent.
- Make a meal plan for after you deliver.** Ask friends and family to help.
- Write a letter to your baby.**
- Get an approved car seat.** Call your health plan for help getting one. Visit National Highway Traffic Safety Administration at NHTSA.gov and search "car seats and booster seats" to find where you can get your car seat installed properly. Your local hospital may also be able to help you.

Fast fact: 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.

Start Packing Your Bag Around Your 33rd Week

That way, you have some time to pick up anything you're missing before your baby arrives.

Start Planning

Decide which birth control is best for you before you deliver. You may be able to get it started before you leave the hospital. Ask your doctor.

PACK YOUR BAG FOR THE HOSPITAL

This list is just a suggestion. You should pack anything else that will make you feel comfortable during labor and while you recover in the hospital.

For You

- Insurance card
- Extra underwear
- Nursing 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, head wrap, or ponytail holder
- Bath towel
- Contacts or glasses
- Cell phone and charger

For Your 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 your baby's first day!



Bring Items That Help You Relax

Some people bring relaxing music, lotions or scents, or a small fan to keep cool.

Child Safety Seats

You will not be allowed to take your baby home without a car seat. Visit National Highway Traffic Safety Administration at NHTSA.gov and search "car seats and booster seats" to find where you can get your car seat installed properly. Your local hospital may also be able to help you.

Preparing for Labor and 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 OK 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:

Your Water Breaks

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

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. The pain may spread to your lower belly and legs.

True Contractions

Unlike practice contractions, true contractions will get stronger and more frequent over time. You will feel your entire womb squeezing and increased pressure in your lower pelvic area. Some people 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.

Medications Your Baby Will Get

Your baby will receive several medications in the hospital to keep them healthy.

Eye ointment: Prevents eye infections/blindness.

Vitamin K shot: Helps your baby's blood clot.

Hepatitis B vaccine: Protects your baby from hepatitis infection.

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 phenylketonuria (PKU).

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.



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

Call your 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.
- Be taken to a room to have your baby (if you are in active labor).

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

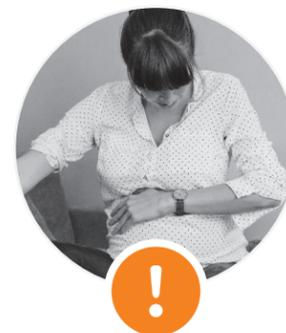
Some pain medications can be given through a tube (IV) in your hand or arm. These take the edge off mild contractions.

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.

Nitrous Oxide (Laughing Gas)

While typically used at the dentist's office, nitrous oxide is a gas that, when breathed in, helps reduce anxiety and ease pain. The effects are fast-acting and you can stop at any time if you feel uncomfortable. Since it lasts for a short period of time, most people experience fewer side effects than with other medications.



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.

Vaginal Delivery and Cesarean Section

Vaginal delivery is the most common type of delivery. About 1 in 3 babies born in the U.S. are born by cesarean section, also known as C-section. Learn about both types of deliveries below.

Induced Labor

Sometimes, your 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 riskier for the baby to remain inside the womb than to be born.

If your 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.

VAGINAL DELIVERY

Most births will be through vaginal delivery — delivery through the birth canal (vagina). Vaginal delivery is the childbirth method most experts recommend for full-term, healthy babies. It consists of 3 stages:

1 Labor

Labor is hard work! It is usually the longest part of childbirth. At first, your contractions may feel like strong cramps. As it continues, your cervix slowly opens and the contractions will get stronger, longer, and closer together. It ends when your cervix opens all of the way – about 10 centimeters across.

2 Pushing and Delivery

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

3 Delivery of the Placenta

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

After an uncomplicated vaginal delivery, you and your baby will usually get to go home after 1 to 2 days of resting in the hospital. The doctors will want to make sure you and your baby are OK.

C-SECTION

A C-section is a surgical procedure used to deliver a baby through incisions in your abdomen and womb. C-sections are needed when it is too risky to deliver vaginally.

If your doctor recommends a C-section and you have not already received an epidural, you will receive some anesthesia to numb your lower body. You will probably be awake for the procedure. In the case of an emergency delivery, you may be given general anesthesia and put to

sleep. The doctor will make an incision in your abdomen and womb. Then your baby and your placenta will be delivered through that incision. After your incision is closed, you will be able to see and hear your baby for the first time.

After an uncomplicated C-section, you and your baby will usually stay in the hospital for 2 to 4 days. Your doctors will want to make sure you can walk to the bathroom, pass gas, and eat and drink without vomiting before you go home.

Elective Deliveries

Elective deliveries are deliveries you plan in advance by choice. Elective deliveries should never be done before 39 weeks.

BABIES BORN AT LESS THAN 39 WEEKS

Infants are healthiest when they are born at or after 39 weeks of gestation. Babies born earlier than 39 weeks may have to spend extra days in the hospital after delivery.

They can have:

- Breathing problems.
- Trouble feeding.
- Jaundice (yellow skin).
- Trouble staying warm.
- Learning and behavioral problems.

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



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.

To find out more about the most common medical reasons for a planned early delivery, check out your health plan website.

Images used by Centene Corporation under license from the March of Dimes. © 2013 March of Dimes Foundation.

Your Body After Delivery

Be sure to see your doctor after you deliver for follow-up and ongoing care. These visits are called postpartum visits and are important for making sure your body is healing after delivery. Medical experts recommend you have your first visit within 3 weeks of giving birth. A second, comprehensive visit should occur before you reach 12 weeks postpartum. Talk to your doctor about the best schedule for your needs.

Heading Home

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

Check With Your Doctor

Find out when you can resume having sex and doing other normal activities. If you had high blood pressure or diabetes before or during pregnancy, make sure you get screened during your postpartum visit.

DISCOMFORT FROM NOT BREASTFEEDING

If you're not breastfeeding, your breasts may be sore and swollen until the milk stops coming in. This can take about a week or so. To ease some of the discomfort, wear a firm, supportive bra for 24 hours and use cold packs until your milk stops.

HEALING FROM A C-SECTION

If you delivered through C-section, you may have some soreness,

numbness, or itching around your incision. This is normal and should improve over time. Use the pain relievers prescribed by your doctor. Remember to hold your belly when you sneeze or cough and use pillows for extra support while feeding your baby.

If your incision looks very red, is draining, or is getting more painful, there may be an infection. Call your doctor.

Here are some common symptoms you may experience as you recover from delivery and some tips on how to handle them.

SYMPTOM	WHAT TO EXPECT AND WHAT YOU CAN DO	WHEN TO CALL YOUR DOCTOR
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. 	<ul style="list-style-type: none"> You are so tired that you can't take care of yourself or your baby. You have a temperature higher than 100.4.
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. 	<ul style="list-style-type: none"> Severe cramping that is not resolved with pain medication.
Sore bottom or 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.* 	<ul style="list-style-type: none"> You are having severe pain or are having a lot of trouble with urination or bowel movements.
Bleeding and discharge from your vagina	<ul style="list-style-type: none"> This is normal for the first few weeks after delivery. 	<ul style="list-style-type: none"> You pass blood clots larger than a golf ball or have severe vaginal bleeding that gets heavier.
Swelling, pain, and/or redness in your legs or calves	<ul style="list-style-type: none"> It is normal to have some swelling. You can lie on your left side when resting or sleeping. Put your feet up. Try to stay cool and wear loose clothes. Drink plenty of water. 	<ul style="list-style-type: none"> If you have more swelling in one leg than the other, this could be a blood clot.

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

Ask for Help

You just had your baby. It's good to ask for help! Your body has been through a lot, so be sure to take care of yourself. This will also help you be the best you can be for your baby.

Get some rest and ask for help with housework and heavy lifting. But make sure you don't spend too much time lying down. Gentle movement will help you heal more quickly. Walking also reduces your risk of having blood clots in your legs.



Birth Control and 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.



Using Birth Control While Breastfeeding

Breastfeeding can delay the return of your period, but you can become pregnant before it shows up. Make sure you start reliable contraception before you resume sexual activity.

Choose Your Hospital Wisely

Make it easy on yourself and schedule a labor and delivery tour of the hospital. Talk to the nurses about rooming in with your baby and birth control options. Discuss your delivery preferences so that, when the time comes, you can focus on you and your baby.

Visit your health plan website for a list of questions to ask. Some birth control methods are not available in some religious or rural hospitals. Be sure to talk to the hospital about what options are available before you deliver.

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 becoming pregnant again?

What birth control method do I plan to use until I'm ready to get pregnant?

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

CONSIDER WHAT FACTORS YOU SHOULD REFLECT ON BEFORE BECOMING PREGNANT AGAIN

Ask yourself these questions:

Do I feel mentally supported and physically healthy enough to be pregnant again?

Is there help available to stop smoking or misusing drugs before becoming pregnant again?

Do I have the financial resources to support another baby?

Does finishing school improve my and my baby's future?

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.

Did You Know?

There are some forms of birth control that can be started right after you deliver your baby. Talk to your doctor if you are interested in this.

Sexual Health

You can use condoms with another form of birth control. Condoms stop the spread of STIs, like HIV. There are many forms of condoms, and they are usually cheap (and sometimes free).

Stay in control of your body and visit GetTested.cdc.gov to find free, fast, and confidential STD/STI testing.

Planning Ahead

There are many safe forms of birth control you can use to fit your reproductive life plan. **It is best to wait at least 18 months before getting pregnant again.** A shorter period of time between pregnancies increases risks for you and your future baby. Talk to your doctor about the best options for you and your planning needs.



SHORT-TERM CONTRACEPTION

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

NAME	EFFECTIVENESS	PRODUCT DETAILS
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 people gain weight from the shot.
Vaginal Ring (NuvaRing®, ANNOVERA®)	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. Sometimes these can be inserted in the hospital right after delivery.

NAME	EFFECTIVENESS	PRODUCT DETAILS
Birth Control Implant (NEXPLANON®)	99.95%	A 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. You return to your regular cycle after it is removed. There is a potential for irregular bleeding, headaches, or acne.
IUD	99.20%	A T-shaped plastic device that is slid into your womb to prevent pregnancy. A 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 prefer permanent birth control.

NAME	EFFECTIVENESS	PRODUCT DETAILS
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.

If you'd like to learn more about these birth control options, visit your health plan website. You can learn more about potential side effects, when you can get pregnant next, and more.

Your First Few Weeks at Home

Going home with a new baby can be overwhelming. Here are some great tips to help ease your worries about caring for your baby when you first get home.

WHEN SHOULD YOUR BABY FIRST SEE THEIR DOCTOR?

It is very important to take your baby to see their doctor within the first week after birth and again before your baby turns 1 month old. It's a good idea to make these appointments before you leave the hospital. Babies less than 1 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's OK to limit visitors or set a schedule. If you do allow visitors, make sure they wash their hands before they hold your baby. Babies' immune systems are not fully developed, so they get sick easily, which can be dangerous. If anyone is not feeling well, ask them to come another time.

Ask anyone who will be around your baby to get Tdap and flu vaccinations.

HOW OFTEN SHOULD YOU FEED YOUR BABY?

Babies normally eat 8 to 12 times per day and average 1.5 to 3 ounces per feeding for the first week or two. Feed your baby anytime they seem hungry. If you wait until they are crying, it is often harder to calm them down for the feeding.

Watch for the signs! 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.



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 to 4 poopy diapers per day.

WHEN CAN YOU GIVE YOUR BABY A BATH?

Babies should receive only sponge baths until their umbilical cord has fallen off, which is usually 1 to 2 weeks after birth.

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

You should always put your baby on their back to sleep unless your doctor tells you not to. Use a crib or bassinet with well-fitting sheets. You and your baby should never sleep in the same bed. Never place your baby on sofas, waterbeds, or other soft surfaces.

Keep "stuff" out of your baby's sleep area. No soft objects, toys, pillows, loose bedding, or bumper pads. Check out what a safe sleep environment looks like on the next page and visit your health plan website to learn more.



How Can You Make Sure Your Baby Is Safe When Sleeping?

1 Make sure your baby's sleep area is in the same room, next to where you sleep.

2 Dress your baby in sleep clothing, such as a wearable blanket. Do not use a loose blanket, and do not overbundle your baby.

3 Always place your baby on their back to sleep — for naps and at night.

4 Use a firm and flat sleep surface, such as a mattress in a safety-approved crib, covered by a fitted sheet.

 Do not put your baby to sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.

 Do not smoke or let anyone else smoke around your baby.

 Do not put pillows, blankets, sheepskins, or crib bumpers anywhere in your baby's sleep area.

 Keep soft objects, toys, and loose bedding out of your baby's sleep area. Make sure nothing covers their head.

Source: <https://safetosleep.nichd.nih.gov/resources/caregivers/environment/look>

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:

- Sleeping position of the baby. Your baby should always sleep on their back unless your doctor tells you otherwise.
- Smoking during pregnancy.
- Premature birth.
- Being around secondhand smoke.

After Delivery Checklist

✓ SEE YOUR DOCTOR FOR YOUR POSTPARTUM VISITS.

- It is very important to see your doctor for follow-up care at least twice after you deliver.
- Your first postpartum visit is important for your recovery and should happen within the first 3 weeks after delivery. Your last visit should be by 12 weeks after delivery.

✓ TAKE YOUR BABY TO THEIR DOCTOR.

Your baby's first visits should be within 1 week of delivery and no more than 30 days after birth.

✓ WATCH FOR POST-BIRTH WARNING SIGNS.

Seek care ASAP for:

- Chest pain or shortness of breath.
- Seizures.
- Thoughts of harming yourself or your baby.

For additional post-birth warning signs, visit your health plan website.

✓ REVIEW "YOUR GUIDE TO LIFE AFTER DELIVERY."

This book has information about recovering from delivery, breastfeeding, caring for your baby, and more. The book can be found on your health plan website.

✓ COMPLETE THE PATIENT HEALTH QUESTIONNAIRE ON YOUR HEALTH PLAN MEMBER PORTAL.

✓ ASK FOR HELP WHEN YOU NEED IT.

Check out the list of helpful resources in the back of this book. Here is a quick look at some of the topics included in the list:

- Breastfeeding.
- Health insurance options.
- Affordable birth control options.
- Child care.
- AND MUCH MORE!



Have Your Blood Pressure Checked

It is important to get your blood pressure checked in the first week after delivery. If your blood pressure is high, you should call your doctor. Give us a call, too. We may be able to help get you a blood pressure cuff.

Words to Know

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 someone who is pregnant.

ANXIETY: An uneasy or troubled feeling.

BIRTH DEFECT: Physical or biochemical abnormality that is present at birth. It may be inherited or the result of environmental influence.

CERVIX: The lower, cylinder-shaped 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.

HEALTHCARE PROVIDER: A healthcare professional who provides services and care for you or your baby. Your provider may be an obstetrics and gynecology (OB-GYN) doctor, family doctor, nurse practitioner, nurse midwife, or other nurse with advanced training. Your baby's provider may be a pediatric doctor (pediatrician), family doctor, neonatologist, nurse practitioner, or other nurse with advanced training.

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

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 a lactating breast.

OVULATE: To discharge an egg from the ovary.

PITOCIN: A medication used to start or induce labor or decrease bleeding after delivery.

PLACENTA (AFTERBIRTH): A flattened circular organ in the uterus that nourishes and maintains the fetus through the umbilical cord in the womb.

POSTPARTUM: The period of time (approximately 6 months) following childbirth.

PRENATAL: Describes pregnant people before they deliver their baby. Prenatal care is medical care you receive before your baby is born.

PRENATAL DEPRESSION: Feelings of sadness or hopelessness during pregnancy.

PRETERM OR PREMATURE LABOR: The presence of contractions between 20 and 37 weeks.

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

REPRODUCTIVE LIFE PLAN: A plan regarding when and 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.

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.

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.

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

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

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.

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.

Prenatal | Resources for You and Your Baby

Support for You

- Are you feeling sad, irritable, hopeless, or worried more often than not? You're not alone. Call the National Crisis Hotline at **1-800-273-TALK (8255) (TTY:711) 24 hours a day, 7 days a week.**
- If your relationship is causing you to question your safety or the safety of your baby, call **1-800-799-7233 (TTY:711) 24 hours a day, 7 days a week.**
- Visit AllianceforPeriodSupplies.org to find organizations dedicated to making period products accessible in their communities.
- Visit ChooseMyPlate.gov for tips on healthy eating!

Breastfeeding Support

- You may have a lactation consultant available to you! The International Lactation Consultant Association can also help you find a specialist in your area! Visit ilca.org and select the "Find A Lactation Consultant" option.
- For tips on breastfeeding, like pumping and storing milk, visit WomensHealth.gov/breastfeeding.

Community Resources

- We may be able to help you get a ride to your healthcare appointments. Just call us!
- If you need help with childcare, call Child Care Aware at **1-800-424-2246 (TTY: 711) Mon/Wed/Fri 9:30 am – 6 pm ET, Tues/Thurs 8 am – 4 pm ET** to find out your options.
- Diapers are expensive, but you need them to keep your baby clean and healthy. Visit NationalDiaperBankNetwork.org to find a diaper bank partner near you.
- WIC can provide you with free and healthy food, nutrition education, and screenings/referrals to other health services. They also provide formula for babies, breast pumps, and other breastfeeding resources. You can call the National Hunger Hotline at **1-800-548-6479 (TTY: 711), Monday to Friday from 7am to 10pm (ET)** or talk to your doctor, local health department or health plan to find out more about WIC. You can also visit feedingamerica.org/find-your-local-foodbank to find a food pantry near you.
- Farmers markets are great for finding affordable healthy food while supporting your community. Some even accept SNAP benefits! Visit AMS.USDA.gov/local-food-directories/farmersmarkets to find a market in your area.
- Public libraries are a great place to spend time with your baby, and they're free! Visit <https://librarytechnology.org/libraries/uspublic> to find one in your community.

Reproductive Health Options

- Your sexual health is more than just choosing when or if you get pregnant again. Visit Gettested.cdc.gov to find free, fast, and confidential testing near you.
- Visit Bedsider.org/methods or the Title X Family Planning Clinic Locator at opa-fpclinicdb.hhs.gov/ or to find clinics, resources, and support for low-cost (or free!) birth control.

Support for Decreasing Substance Use

- If you are concerned about how your medications can affect breastfeeding, talk to your doctor or call MotherToBaby for more information at **1-866-626-6847 (TTY: 711) Monday to Friday from 8 am to 5 pm. (ET).**
- If you are trying to quit smoking and are having trouble, ask for help. Call the Quit Smoking Hotline at **1-800-QUIT-NOW (1-800-784-8669) (TTY: 711) 24 hours a day, 7 days a week.** Or text **MOM to 222888** to sign up for a text program specially designed to help those who are pregnant quit smoking.
- If you are trying to decrease or stop alcohol or substance use, there's help available.
 - > National Council on Alcoholism and Drug Dependence **(1-844-289-0879) (TTY: 711) 24 hours a day, 7 days a week.**
 - > Federal Substance Abuse and Mental Health Services Administration's Treatment Referral Routing Service **(1-800-662-4357) (TTY: 711) 24 hours a day, 7 days a week.**

Visit your health plan website for tips on prenatal health and caring for your newborn!

You can learn more about:

- Vaccinations
- Baby-proofing your home
- Swaddling safely
- Lead testing for your home and water
- Car seat safety
- And more!

Contact us to learn about options for weekly emails and/or texts about your pregnancy and caring for your newborn baby.

Worried about healthcare coverage? Visit HealthCare.gov to learn about your options.

