

GETTING TO KNOW EACH OTHER



Below are questions your session leader will ask to help participants get to know each other and feel included. Participation is optional. Please share only what you feel comfortable sharing. You may keep this handout for your own reference.

1. When is your baby due?
2. What would you like to learn from these sessions?
3. What is one thing you've heard about pregnancy from your family or friends?
4. Where do you get most of your information about pregnancy? (friends and family, your health care provider, online, social media, etc.)
5. Have you identified any resources to support you during and after pregnancy?
6. Do you have any worries or concerns about pregnancy that you'd like to share?

WATCH AND LEARN

Watch videos on how to have a healthy pregnancy at marchofdimes.org/videos

STAYING HEALTHY DURING PREGNANCY



✓ **Go to all of your prenatal care checkups, even if you feel fine.**

Prenatal care is health care you get during pregnancy. At each visit your health care providers check on you and your growing baby. Your prenatal care team may include a doctor, nurse practitioner, nurse, physician assistant, midwife, social worker, nutritionist, doula, childbirth educator and home visitor.

One of the most important things you can do at your prenatal care checkups is to share your questions and concerns with your health care providers. Concerns may range from physical discomforts (back pain, feeling tired, etc.) to stresses in your life including depression, abusive relationships or exposure to toxic chemicals at work.

Be sure to write down your questions and before your prenatal visit so you don't forget. Your prenatal care team wants to help you feel well during pregnancy and have a healthy baby. Getting early and regular prenatal care can help you have a full-term baby. Full term means your baby is born between 39 weeks and 40 weeks, 6 days. Being born full term gives your baby the time they need in the womb to grow and develop.

✓ **Don't use tobacco, drink alcohol, use marijuana or other drugs or herbal products not prescribed by your provider.**

These substances can harm your baby's developing brain. If you need help to quit, tell your provider. Also stay away from secondhand smoke. This is smoke from someone else's cigarette, vaping pen, cigar or pipe.

✓ **Tell your provider about any medicine you take.**

This includes prescription and over-the-counter (OTC) medicine, herbal products and supplements. Don't take any medicine without talking to your provider first. Not all medicines are safe to take during pregnancy. You may need to change to a medicine that's safer for you and your baby. When you're taking any medicine:

- Don't take more than your provider says to take.
- Don't take it with alcohol or other drugs.
- Don't use someone else's medicine.

If you're taking a medicine for a health care condition like seizures or high blood pressure, call your provider as soon as you learn you're pregnant. This way, you and your provider can decide if there's a safer drug to use during pregnancy. Don't stop taking a prescription medicine without talking to your health care provider first. If your provider has approved a prescription medicine for you to take during pregnancy and you wish to be part of a related research study about the safety of medicine during pregnancy, talk to your provider or visit mothertobaby.org to learn more.

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STAYING HEALTHY DURING PREGNANCY



✓ **Eat healthy foods and do something active every day.**

Every day eat healthy foods that are full of vitamins, minerals and fiber. These healthy nutrients can help your baby grow and develop. Try to stay away from junk food. When you avoid junk food, you also stay away from unhealthy fats, extra sodium (salt) and sugar.

Eating healthy and doing something active every day (like walking for 30 minutes) can help you feel your best and can help you gain the right amount of weight. Gaining the right amount of weight during pregnancy is key to help you avoid certain pregnancy complications. Talk to your provider if you have trouble knowing which foods are healthy or if you need help finding healthy foods within your budget.

✓ **Take a prenatal vitamin with 600 micrograms of folic acid in it every day.**

Folic acid, a B vitamin also known as folate, is an important vitamin for pregnant people. When taken before and during early pregnancy, it can prevent major birth defects of the brain and spine (also called neural tube defects). Because it may be hard to get the recommended 600 micrograms of folic acid during pregnancy from foods alone, pregnant people should take a daily vitamin that contains 600 micrograms of folic acid.

✓ **Take care of your mental health.**

Most people experience some extra stress during pregnancy. Some will have anxiety or depression that needs to be treated with counseling or sometimes medicines. People exposed to a lifetime of stress (such as that caused by dealing with racism) are at a higher risk of anxiety and depression, as well as other health conditions such as high blood pressure.

Anxiety and depression may cause you to have trouble sleeping and concentrating, be cranky, lonely, fearful or frustrated. It's important for you to share these feelings with your provider so that the two of you can work on a plan to help address stress and depression. There are some non-medical ways to cope with stress. These include exercise, meditation, yoga and talking with a trusted friend.

✓ **Protect yourself from infections.**

- Wash your hands often with soap and water for at least 30 seconds.
- Handle foods safely whenever you wash, prepare, cook and store them. Foods to avoid during pregnancy include raw meat, fish, eggs and unpasteurized foods.
- To protect yourself from COVID-19, wear a mask that completely covers both your mouth and nose. Practice social distancing by staying 6 feet apart from others. Stay away from people who are or who may be sick.
- Protect yourself from insect bites, like mosquito bites or tick bites. Talk to your provider about which insect repellents are effective and safe during pregnancy.
- Ask someone else to clean your cat's litter box. This keeps you safe from toxoplasmosis.
- Get tested for sexually transmitted infections (also called STIs). STIs are infections you can get from having unprotected sex with someone who's infected. Testing for STIs is a part of prenatal care. If you have an STI, getting treatment early can help protect your

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STAYING HEALTHY DURING PREGNANCY



baby. If you have sex, have it with only one person who doesn't have other sex partners. Use a condom if you're not sure if your partner has an STI. Ask your partner to get tested and treated for STIs.

- Talk to your provider about other ways to prevent infections like staying up-to-date with your vaccinations, getting tested for Group B Strep (GBS) and having regular dental checkups.

✓ Stay away from harmful chemicals at home and work

Certain chemicals in our lives may cause harm to you or your baby. If you have concerns about your exposure to chemicals at work or at home, discuss this with your provider. If possible, share the names of the chemicals you are exposed to, including chemicals you may come in contact with when you practice hobbies, like jewelry-making.

These can be bad for you and your baby:

- Paint and paint thinner
- Weed killer
- Lead
- Liquids with strong smells, like turpentine

What can you do:

- Wear gloves or a face mask if you have to work with strong chemicals.
- Tell your provider and dentist that you are pregnant before you get an X-ray.

For more information, visit mothertobaby.org.

✓ Get help if your partner abuses you.

Abuse is never OK. It's not OK if your partner hits, kicks or pushes you. It's not OK if your partner yells at you, scares you or calls you names. Doing these things could hurt you and your baby.

What can you do:

- Tell a friend or your provider. Don't keep it a secret.
- Find another place to stay. Ask a friend if you can stay with her. Or find a women's shelter that can take you in.
- Call the free the National Domestic Violence Hotline for help: 1-800-799-SAFE (7233). Talk this over with your provider who can provide you with resources and support.

✓ Always wear your seat belt in the car.

Wear the lap belt and the shoulder strap. Make sure they both fit snugly. Put the lap belt under (not across) your belly and over your hips. Put the shoulder strap between your breasts and off to the side of your belly. Never place it under your arm. Slide your seat back as far as you can.

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COMMON DISCOMFORTS OF PREGNANCY

Most of these discomforts are common side effects of pregnancy. But in some cases, they may be signs of more serious problems. Talk to your health care provider if you have any of these discomforts during pregnancy.

1. BACKACHE

Backaches are common during pregnancy, especially in the later months.

What you can do:

- Stand up straight with your chest up and your shoulders back and relaxed.
- Try to avoid twisting movements.
- Squat (rather than bend from your hips) when you have to lift heavy things, like older children or groceries.
- Don't lock your knees. If you have to stand for a long time, try to rest one foot at a time on a stool or box.
- Sleep on your left side and put a pillow between your legs and under your belly. You may also use a body pillow. If your mattress is soft, put a board between it and the box spring to make it feel firmer.
- Talk to your health care provider about exercises and stretches you can do to help strengthen your back muscles. Try putting a heating pad or ice pack on your back.
- If your back pain is severe, ask your health care provider for a referral to a back pain specialist.
- When sitting, try sitting in chairs that have good back support. Put a small pillow behind your lower back for extra support.
- Wear shoes with low heels and good arch support. Don't wear flat heels or high heels. Wear maternity pants that have a wide elastic band that goes under your belly. You may want to try wearing a belly-support girdle made just for pregnant people.

- Talk to your provider before you take any pain medicine. This includes prescription and over-the-counter medicine, supplements and herbal products.

2. BREAST CHANGES

You may notice these changes to your breasts during pregnancy:

- Breast tingling, swelling and tenderness are caused by increased amounts of hormones in your body.
- Your breasts get bigger as your milk glands get bigger and you build up fat in your breasts. By 6 weeks, your breasts may have grown a full cup size or more.
- Itchiness and stretch marks are caused when your breasts grow and your skin stretches.
- Leaking may happen as you get closer to your due date. The leaking is colostrum. Colostrum is a clear, sticky liquid that comes out of your breasts right after birth before your breast milk comes in. Colostrum may leak on its own, or it may leak when you're having sex or putting pressure on your breasts. This is normal, you will continue to make colostrum throughout your pregnancy.

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COMMON DISCOMFORTS OF PREGNANCY

What you can do:

- Wear a support or maternity bra with wide straps. These bras usually include extra hooks so you can adjust the size as your body changes. You can wear the bra when you sleep to help make you more comfortable during the night.
- If you exercise, make sure your bra gives you good support.
- If your breasts itch, use lotion. Talk to your health care provider about what kind to use.
- If the soreness in your breasts doesn't go away or is severe, call your provider.
- If you've had breast surgery or implants, tell your provider.
- Put breast pads in your bra if you're leaking colostrum.

3. CONSTIPATION

Constipation is when it's hard to have a bowel movement. It's a common problem during pregnancy. It may be caused by hormone changes and the pressure of your growing belly on your intestines. An upset stomach and constipation also may be caused by the iron in your prenatal vitamins. Talk to your provider about any symptoms you may be having.

What you can do:

- Drink lots of water. Prune juice can help, too.
- Eat foods that are high in fiber, like fruits, vegetables, beans and bran cereal. When shopping, choose breads, tortillas and pastas that are made from whole grains.
- Do something active every day. Walking is a good option.

- Eat dried fruit, like prunes or dates, every day.
- Ask your health care provider about medicines you can take.
- If you haven't had a bowel movement in 3 days, call your provider.

4. HEARTBURN

Heartburn is a painful, burning feeling in the throat or chest. Heart burn is common during pregnancy. You may have heartburn for the first time during pregnancy, especially during the second and third trimesters.

What you can do:

- Eat small, low-fat meals and snacks.
- Eat slowly, don't rush.
- Drink fluids between meals, not with meals.
- Avoid foods that cause heartburn, like greasy or fatty foods, spicy foods, citrus products (like oranges or orange juice) and chocolate.
- Wait 1 to 2 hours after eating to lie down, especially before bedtime.
- Wear loose-fitting clothing.
- Ask your health care provider if you can take an antacid.
- Raise your head up on pillows when you sleep.

WATCH AND LEARN

Watch videos on how to have a healthy pregnancy at marchofdimes.org/videos

COMMON DISCOMFORTS OF PREGNANCY

5. VARICOSE VEINS AND SWOLLEN LEGS

Varicose veins are enlarged veins that are raised above the skin's surface. Swollen legs during pregnancy can make varicose veins worse.

What you can do:

- Don't stand for long periods of time.
- Rest with your legs up.
- Wear support tights or stockings.
- Get up and move around often.
- Sleep on your left side. This takes pressure off the vein that returns blood from the lower parts of your body to your heart.
- If you experience redness or pain in your legs, talk to your provider.

6. HEMORRHOIDS

Hemorrhoids are swollen veins in and around the anus that may hurt or bleed. Lots of people get them during pregnancy.

What you can do:

- Soak in a warm bath.
- Use an over-the-counter spray or cream to help relieve pain. Ask your provider which ones are OK to use.
- Eat foods that are high in fiber, such as fruits, vegetables and whole-grains.
- Drink lots of water.
- If you are constipated, try not to strain when you're having a bowel movement.

7. LEG CRAMPS

Leg cramps in your calves (lower legs) and even in your feet are common in the second and third trimesters. They often happen at night and can wake you up. We're not exactly sure what causes leg cramps in pregnancy.

What you can do:

- Try foods that are high in magnesium. These include whole-grain bread and pasta, beans, nuts, seeds and dried fruit.
- To ease a cramp, extend your leg out straight and flex your foot so that your toes come toward your body.
- Stretch your legs before you go to bed.
- Do something active every day.
- Drink lots of water.
- Wear comfortable and supportive shoes.

8. MORNING SICKNESS (ALSO CALLED NAUSEA AND VOMITING OF PREGNANCY OR NVP)

Most pregnant people have morning sickness. Morning sickness is nausea (feeling sick to your stomach) and vomiting that happens during pregnancy, usually in the first few months. It can be triggered by smells and can last all day and happen any time of day or night.

WATCH AND LEARN

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COMMON DISCOMFORTS OF PREGNANCY

What you can do:

- Eat five or six small meals a day and drink lots of water.
- Eat foods that work for you and are nutritious, like nuts, fruits or crackers. Spicy or fatty foods may upset your stomach.
- Eat healthy snacks between meals to keep your stomach from being empty.
- Eat a few crackers before you get up in the morning to settle your stomach. Keep them by your bed.
- Try to avoid smells that upset your stomach.
- Tell your provider if these tips don't work to ease your morning sickness, you're losing weight, you have very little urine, your urine is dark or has blood in it, or you can't keep any food or drink down. Your provider may be able to prescribe medicine to help you feel better that's safe for you and your baby.
- It's not safe to use marijuana to treat morning sickness or any other symptoms of pregnancy. Before you take any over-the-counter medications or herbal supplements to treat morning sickness, talk to your provider.

9. SCIATICA

Sciatica is pain down the leg that can get worse as your baby begins to put pressure on the sciatic nerves. These nerves run from the spine through the pelvis and down the legs. Sciatica usually starts in the buttocks and moves down the back of the thigh. Sometimes it can cause leg numbness or weakness.

What you can do:

- Lie on your side on a firm mattress.
- Try putting a warm or cool ice sock over the painful area.
- Talk to your provider about a referral to a specialist who treats patients during and after pregnancy.

10. STOMACH ACHES AND PAINS

It's normal to have aches and pains as your belly stretches to make room for your growing baby. You may have some contractions as your body gets ready for labor, but it's not normal to have four or more contractions in an hour, unless you are at least 37 weeks pregnant. See signs and symptoms of preterm labor at the end of this handout.

What you can do:

Call your health care provider, especially if you have stomach pain is severe, gets worse or doesn't go away. Or if you have stomach pain with other symptoms, like vomiting or signs and symptoms of preterm labor.

11. FEELING TIRED

Your body works hard during pregnancy. You may need more rest than you did before you got pregnant.

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COMMON DISCOMFORTS OF PREGNANCY

What you can do:

- Take short rests during the day.
- Go to bed a little earlier each night.
- Ask your partner, family or support network to help around the house to give you time to rest.
- If you're so tired you can't do your normal activities, tell your provider.

12. URINE LEAKAGE

Urine leakage earlier in pregnancy is caused by hormones. Later in pregnancy, it's caused by the weight of your baby pressing down on your bladder.

What you can do:

- Wear a sanitary pad or panty liner.
- Do pelvic exercises (also called Kegel exercises) to help strengthen the muscles that control the flow of urine. To do them, squeeze the muscles you use to stop yourself from urinating. Hold the muscles tight for 10 seconds and then release.

13. VAGINAL DISCHARGE

You may have an increase in vaginal discharge during pregnancy. The discharge should be clear, white and sticky.

What you can do:

- Wash with a mild soap and rinse well.
- Don't douche. Douching means using water or other liquids to clean the vagina.
- Tell your provider if you see blood or if you have a lot of discharge that smells bad or causes itching or burning. These could be signs of infection. Tell your provider if you feel a trickle or rush of water. This happens when your water breaks.

SIGNS AND SYMPTOMS OF PRETERM LABOR

If you have any of these signs or symptoms before 37 weeks of pregnancy, you may be having preterm labor:

- Change in your vaginal discharge (watery, mucus or bloody) or more vaginal discharge than usual
- Pressure in your pelvis or lower belly, like your baby is pushing down
- Constant low, dull backache
- Belly cramps with or without diarrhea
- Regular or frequent contractions that make your belly tighten like a fist. The contractions may or may not be painful.
- Your water breaks.

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PRENATAL CARE



Prenatal care is health care you get during pregnancy. Prenatal care provides an opportunity you to discuss concerns and learn about resources and ways to optimize your health. At each visit, your health care provider checks on you and your growing baby.

Go for your first prenatal care visit as soon as you know you're pregnant. And go to all your prenatal care checkups, even if you're feeling fine.

Getting early and regular prenatal care can help you be healthy and have a full-term baby. Full term means your baby is born between 39 weeks and 40 weeks, 6 days. Being born full term gives your baby the time they need in the womb to grow and develop.

Who can you go to for prenatal care?

You can get prenatal care from lots of providers, including:

- An obstetrician
- A family practice doctor
- A certified midwife or certified nurse-midwife
- A family nurse practitioner
- A women's health nurse practitioner
- A physician assistant

How often do you have prenatal checkups?

Most pregnant people can follow a schedule like the one below. Some prenatal visits may be virtual.

- Weeks 4 to 28 of pregnancy. One checkup every 4 weeks (once a month).
- Weeks 28 to 36 of pregnancy. One checkup every 2 weeks (twice a month).
- Weeks 36 to 41 of pregnancy. One checkup every week (once a week).

You may need checkups more often if you're at risk for having problems with your pregnancy. For example, you may need more checkups if you:

- Are older than 35
- Had problems in a previous pregnancy
- Have health conditions like diabetes or high blood pressure

What happens at your first prenatal care visit?

You have the opportunity to ask questions about your pregnancy and talk to your health care provider about any concerns you may have.

Your provider asks you about your health and your family's health:

- Your current health includes health conditions you have, like diabetes and high blood pressure. It also includes any medicines you take, such as prescription and over-the-counter medicine, supplements and herbal products. Some of these can hurt your baby during pregnancy. Tell your provider about any medicine you take.
- Your family health history includes health conditions and treatments that you, your partner and everyone in both your families have had. Preterm birth is an important part of family health history. Go to marchofdimes.org/familyhealthhistory to download a family health history form. Fill it out and share it with your provider.

WATCH AND LEARN

Watch videos and view pictures on how your baby grows each week during pregnancy. marchofdimes.org/weekbyweek

PRENATAL CARE



- Prenatal care is medical care you get during pregnancy. At each visit, your provider checks on you and your growing baby. Getting early and regular prenatal care can help you have a full-term baby.
- Your pregnancy history includes if you've been pregnant before or if you've had trouble getting pregnant. Tell your provider if you've ever had a preterm birth (before 37 weeks of pregnancy).
- Your provider checks your weight and blood pressure. If your provider thinks you may be at risk for having high blood pressure, they may want to treat you with low-dose aspirin to help prevent it. If you have high blood pressure, talk to your provider to see if treatment with aspirin is right for you.
- You get a pelvic exam and a Pap smear.
- You get routine blood and urine tests. You also get a blood test for HIV, unless you say no.
- Your provider tells you your due date. You may get an ultrasound to check your baby's age.
- Your provider will check if you are up-to-date on immunizations and recommend any you may need.
- Your provider prescribes a prenatal vitamin. These vitamins are made just for pregnant people. Your prenatal vitamin should have 600 micrograms of folic acid in it.
- Your provider offers you prenatal tests, including screening tests for certain genetic diseases and birth defects.

What happens during later prenatal checkups?

- You can ask questions about any symptoms that bother you—including if you feel anxious or depressed.
- Your provider checks your weight, blood pressure and possibly your urine at each visit.
- Your provider checks your baby's heartbeat after about 10 to 12 weeks. You can listen, too.
- Your provider measures your belly to check how much your baby is growing. They start doing this when you're about 20 weeks pregnant.
- Your provider gives you a pelvic exam as you get close to your due date.

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PRENATAL SCREENING

Prenatal tests are medical tests you get when you're pregnant. They help your provider find out how you and your baby are doing. Some prenatal tests are standard like a pap smear, blood pressure checks and urine tests. Your provider will check you for infections like syphilis, gonorrhea, HIV, chlamydia, hepatitis B and possibly COVID-19. Other standard tests are done at certain times during your pregnancy to screen you for conditions like gestational diabetes. You may get other tests during pregnancy. Talk to your provider about which tests are right for you.

FIRST TRIMESTER

Cell-free fetal DNA screening (also called noninvasive prenatal screening or testing). This screening tests your blood for your baby's DNA to see if he may have certain genetic conditions, like Down syndrome. You can have this test after 10 weeks of pregnancy. Your provider may recommend the test if an ultrasound shows that your baby may have a birth defect or if you've already had a baby with a genetic condition. The test isn't recommended if you're not likely to have a baby with a genetic condition or if you're pregnant with multiples (twins, triplets or more).

Chorionic villus sampling (also called CVS). Tissue from the placenta is tested to see if your baby has a genetic condition like Down syndrome. The test usually is done between 10 and 13 weeks of pregnancy. Your provider may want you to have a CVS if:

- You're older than 35.
- Genetic conditions run in your family.
- Your first-trimester screening shows that your baby is at increased risk for genetic conditions.

Early ultrasound (also called first-trimester ultrasound). This helps your provider confirm that you're pregnant. It also dates the pregnancy, so you know how old your baby is.

First-trimester screening. This test checks a blood sample to see if your baby may be at risk for some genetic conditions like Down syndrome and heart defects. You get an ultrasound as part of this test. The test usually is done at 11 to 14 weeks of pregnancy.

Genetic counseling. Genetic counseling helps you find out about how genes, birth defects and other medical conditions run in families, and how they can affect your health and your baby's health. A genetic counselor asks you questions about you, your partner and your families to learn about medical conditions that may run in your families. These genetic conditions can include birth defects like cystic fibrosis, heart defects and sickle cell disease.

Your insurance may or may not cover the cost of genetic carrier screening or counseling. The decision to get genetic screening tests is personal.

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PRENATAL SCREENING

You may want to get genetic counseling if:

- You're older than 35.
- You or your baby's father (or biological donor) has already had a baby with a genetic condition or birth defect.
- Genetic conditions run in your family.
- Prenatal test results say that your baby may have a genetic condition.
- You and the baby's father (or biological donor) are blood relatives (such as first cousins).

SECOND TRIMESTER

Maternal blood screening. This test is also called quad screen because it measures four substances in your blood. This screening tests blood to see if your baby may be at risk for some genetic conditions like Down syndrome. The test is done at 15 to 22 weeks of pregnancy.

Amniocentesis (also called amnio). The fluid around the baby called the amniotic fluid is tested to see if the baby has a genetic condition like Down Syndrome. The test usually is done at 15 to 20 weeks of pregnancy. Your provider may want you to have an amnio for the same reasons as for CVS.

Ultrasound. This helps your provider check for birth defects and make sure your baby is growing. The test usually is done at 16 to 20 weeks of pregnancy.

Glucose screening test. This is a test to see if you may have gestational diabetes. The test is done at 24 to 28 weeks of pregnancy.

Kick counts (also called fetal movement counts). Your provider may ask you to keep track of how often your baby moves. Tell your provider if you notice any changes, especially if your baby moves less often.

THIRD TRIMESTER

Group B strep test. Group B strep is an infection you can pass to your baby during birth. The test checks fluid from your cervix and rectum to see if you have Group B strep. The cervix is the opening to the uterus (womb) where your baby grows. The test is done at 35 to 37 weeks of pregnancy.

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ROLE PLAY

TALKING TO YOUR HEALTH CARE PROVIDER

One volunteer plays the role of the health care provider, and the other plays Ali, a pregnant person who identifies as a woman. Act out the conversation you think the health care provider and Ali have.

Health care provider

- You're a busy health care provider in a clinic. Ali is in for her first prenatal care visit.
- You're just finishing the visit and have asked Ali if she has any questions.
- As you're getting ready to walk out of the room, you see that Ali is not standing up to leave.
- You ask her again if she has any questions. She starts telling you about her friend who never went to prenatal care appointments.
- You feel yourself getting impatient.

Ali

- You're just finishing your first prenatal care visit.
- Your provider starts to leave the room, but you don't get up to leave with her.
- You would really like to tell your provider about a pain you've been having, but you feel embarrassed.
- You don't know your provider well. In fact, this is the first time you've seen her.
- You would like to ask her why you have to come see her every month when you're feeling fine and lose pay when you take off work.
- You tell her about a friend who never went to prenatal care appointments.

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TIPS FOR A SUCCESSFUL APPOINTMENT

- ✓ **Write down anything you want to discuss with your provider before your visit.**

It's easy to forget these questions and concerns during an appointment. If you don't understand something your provider has said, ask them to repeat it until you understand.

- ✓ **If your visit is remote, arrange ahead of time to be in a private place where you can get good internet connection, like a school or library.**

- ✓ **When you make your appointment, ask if your health care provider speaks the same language you do.**

If they don't, ask if they can refer you to a provider who does. Or they may be able to have an interpreter at your visit.

- ✓ **Ask about costs and fees.**

Does your provider take your insurance? Is there a co-pay? Do you have to pay for services at each visit?

- ✓ **When you meet your provider for the first time, tell them what you want them to call you (by your first name or last name).**

- ✓ **Ask if your provider will see you all throughout your pregnancy, labor and birth.**

Or will you see other providers, too?

- ✓ **Tell your provider about any problems you have getting prenatal care, like getting time off work, transportation to your prenatal visits, or childcare issues.**

For example, tell them if you can't get time off from work, if you don't have transportation or if you don't have child care.

- ✓ **Tell your provider about your medical history and the baby's father's (or biological donor's) medical history.**

This includes problems with pregnancy or other conditions, like diabetes or heart problems.

- ✓ **Tell your provider about any medicine you take, including prescription and over-the-counter drugs, herbal products or supplements.**

- ✓ **Tell your provider if their advice or treatment does not agree with your beliefs.**

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GESTATIONAL DIABETES



Diabetes is a medical condition in which your body has too much sugar (called glucose) in your blood. This can damage organs in your body, including blood vessels, nerves, eyes and kidneys.

Gestational diabetes is a kind of diabetes that can happen during pregnancy. It usually goes away after you give birth. But if you have it, you're at high risk of having it again in another pregnancy. You're also more likely to develop diabetes later in life.

What problems can gestational diabetes cause for your baby?

If your diabetes is untreated, your baby is more likely to:

- Be very large and need to be born by cesarean birth (also called C-section). This is surgery in which your baby is born through a cut that your doctor makes in your belly and uterus (womb).
- Have health complications after birth, including liver and breathing problems and low blood sugar.
- Be stillborn. This is when a baby dies in the womb after 20 weeks of pregnancy but before birth.

Who is at risk for gestational diabetes?

You're at increased risk for gestational diabetes if:

- You're overweight or gained a lot of weight during pregnancy.
- Diabetes runs in your family.
- You had a baby weighing 9 pounds or more, gestational diabetes, or stillbirth in a past pregnancy.
- You have had problems with blood sugar or insulin in the past.
- You have high blood pressure or heart disease.
- You're Asian, Black, Hispanic, American Indian/Alaska Native or Pacific Islander.

How do you know if you have gestational diabetes?

Your health care provider will decide when it is time to be screened for gestational diabetes. Most pregnant people get a glucose screening test as a regular part of prenatal care. This test can tell if you have gestational diabetes. It's usually done at 24 to 28 weeks of pregnancy. Your provider may give you the test earlier or provide additional testing if they think you're likely to develop gestational diabetes. Pregnant people with gestational diabetes during pregnancy will also get tested 4 to 12 weeks after the baby is born because they are at higher risk of developing diabetes. If the test is normal, they need to get tested again every 1 to 3 years.

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GESTATIONAL DIABETES



How is gestational diabetes treated?

Eating healthy foods and being physically active may be enough to control your gestational diabetes. You may need to meet with a nutritionist or dietitian to learn about what foods are good to eat and what to limit and portion sizes. Do something active (like walking) for 30 minutes each day at least 5 days per week. You may be asked to check your blood sugar several times a day. You can do this with a special finger-stick device or use a newer monitoring device. Some people with gestational diabetes need treatment with medicine. Your health care provider will want to check on you and your baby frequently as you get closer to your due date. You and your provider can decide on the kind of treatment that's right for you.

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PREECLAMPSIA

Preeclampsia is a serious blood pressure condition that can happen after the 20th week of pregnancy or up to 6 weeks after birth. It's when a pregnant person has high blood pressure and signs that some of their organs, like the kidneys and liver, may not be working properly.

What are the signs and symptoms of preeclampsia?

If you have any of these signs of preeclampsia, call your health care provider:

- Swelling of fingers, legs, toes and face
- Severe headaches
- Nausea and vomiting
- Blurred or disturbed vision and dizziness
- Severe stomach pain in the upper belly on the right side and under your ribs, or in the shoulder area
- Sudden weight gain of 2 to 5 pounds in a week
- Trouble breathing or feeling anxious
- Flu-like symptoms or just not feeling right

If you are postpartum, be sure to tell your health care team that you have recently had a baby.

You're more likely than other people to have preeclampsia if you're:

- Pregnant for the first time
- Older than 35
- Having high blood pressure
- Pregnant with more than one baby (twins, triplets or more)

If you have preeclampsia, you may need to stay in the hospital so your provider can closely monitor you and your baby. You may need medicine to help control your blood pressure. If your preeclampsia is severe, you may need to have your baby early.

If your provider thinks you're at high risk of having preeclampsia, they may want to treat you with low-

dose aspirin to help prevent it. Talk to your provider to see if treatment with aspirin is right for you.

TAKE ACTION

Ask your provider about low-dose aspirin.

Tell your provider if you have **even one** of these risks for preeclampsia:

- You've had preeclampsia before.
- You're pregnant with multiples.
- You have high blood pressure, diabetes, kidney disease or an autoimmune disease like lupus.

Tell your provider if you have **more than one** of these risks:

- You've never had a baby before, or it's been more than 10 years since you had a baby.
- You're obese.
- Your sister or mom has had preeclampsia.
- You had complications in a previous pregnancy, like your baby had a low birthweight.
- You're 35 or older.
- You're African-American. African-American women are more likely than other women to have preeclampsia.

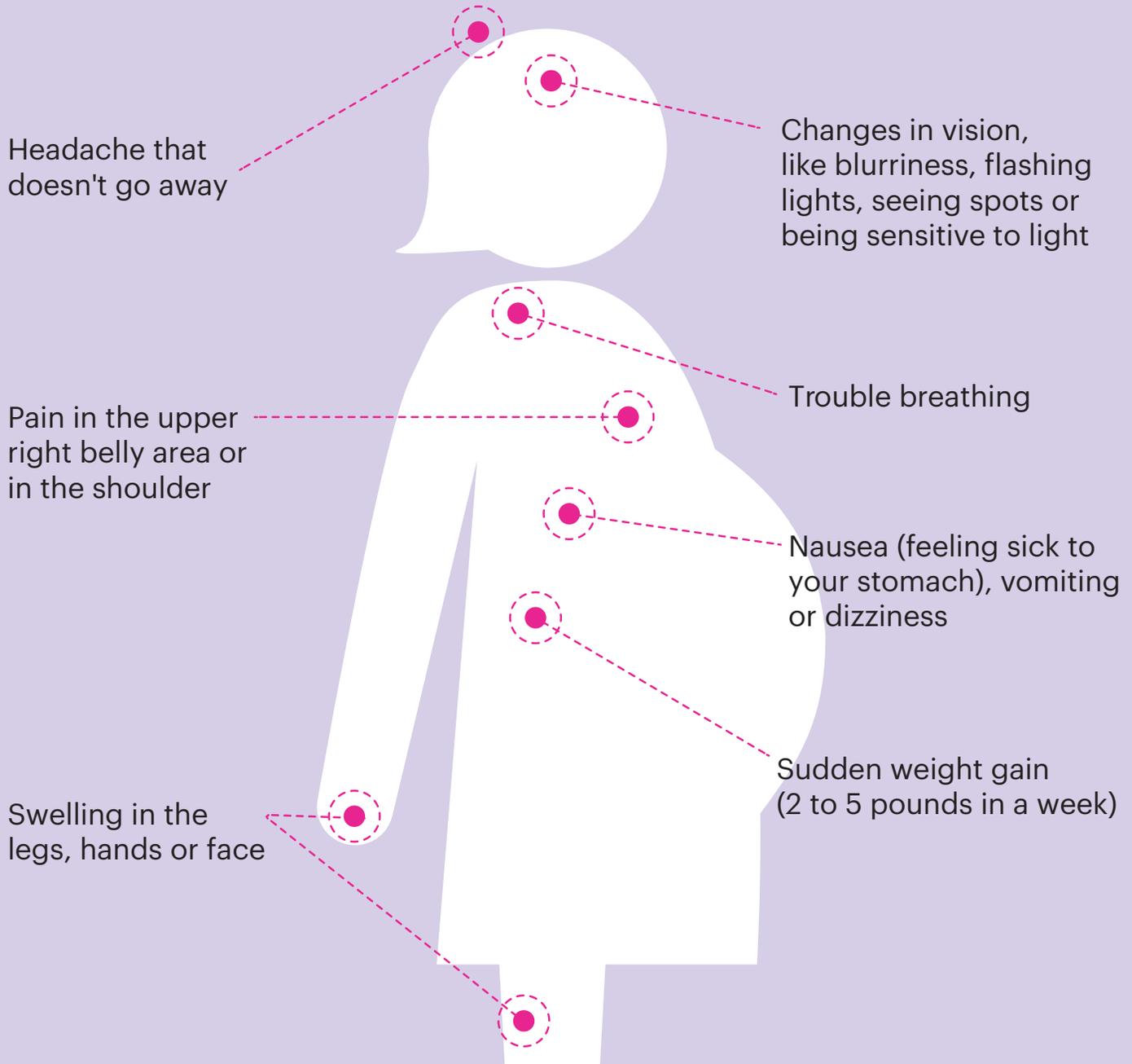
Certain stresses in your life, like having low income or little education or health care, can increase your risk for preeclampsia. Talk to your provider about all your risks for preeclampsia to see if low-dose aspirin is right for you.

Visit marchofdimes.org/preeclampsia for more information.

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SIGNS AND SYMPTOMS OF PREECLAMPSIA



Signs and Symptoms

Contact your health care provider if you're experiencing any of these symptoms or believe you have preeclampsia. Visit marchofdimes.org/preeclampsia for more information.

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PRETERM LABOR



Preterm labor is labor that happens too early, before 37 weeks of pregnancy. Babies born too soon are more likely than babies born full-term to have problems at birth and later in life.

WHAT ARE THE SIGNS AND SYMPTOMS OF PRETERM LABOR?

Signs and symptoms of preterm labor include:

- A change in your vaginal discharge (watery, mucus or bloody), or more vaginal discharge than usual
- Pressure in your pelvis or lower belly, like your baby is pushing down or balling up
- Constant low, dull backache
- Belly cramps with or without diarrhea
- Regular or frequent contractions that make your belly tighten up like a fist. The contractions may not be painful.
- Your water breaks

If you have even one of these signs or symptoms:

- Call your health care provider or go to the hospital right away. If you have preterm labor, getting help quickly is the best thing you can do.
- When you see your provider, they may do a pelvic exam or a transvaginal ultrasound to see if your cervix has started to thin out and open for labor. If you're having contractions, your provider monitors them to see how strong and far apart they are. You may get other tests to help your provider find out if you really are in labor.
- If you're having preterm labor, your provider may give you treatment to help stop it or to help improve your baby's health before birth. Talk to your provider about which treatments may be right for you.

ARE YOU AT RISK FOR PRETERM LABOR?

Preterm labor can happen to anyone. But it happens more often to some people than others. Talk to your health care provider about risk factors for preterm labor. If you have one of the risk factors, it doesn't mean you'll definitely have preterm labor. It just means you're more likely to have preterm labor than a person without risk factors.

Risk factors for preterm labor:

You're more likely than other people to have preterm labor if:

1. You had a preterm birth in the past.
2. You're pregnant with multiples (twins, triplets or more).
3. You have problems with your uterus or cervix or you've had these problems in the past.

Other risk factors include:

- Having certain infections, like STIs
- Having health conditions, like diabetes, high blood pressure and preeclampsia
- Bleeding from the vagina in the second or third trimester
- Being overweight (weighing too much) or underweight (weighing too little), or not gaining enough weight during pregnancy

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PRETERM LABOR



Preterm labor is labor that happens too early, before 37 weeks of pregnancy.

Your baby could be born too soon and have serious health problems.

LEARN THE SIGNS AND SYMPTOMS OF PRETERM LABOR:



Regular or frequent contractions that may or may not be painful

Constant low, dull backache

Belly cramps with or without diarrhea

The feeling that your baby is pushing down

Change in your vaginal discharge or more vaginal discharge than usual

Your water breaks

WHAT YOU CAN DO:

If you have even one sign or symptom of preterm labor, call your health care provider right away.



When you see your provider, they may check your cervix to see if you're in labor. If you are, they may give you treatment to help stop labor or to improve your baby's health before birth.

- Smoking, drinking alcohol, using drugs or misusing prescription drugs
- Getting pregnant again too soon after having a baby. For most people, it's best to wait at least 18 months between having a baby and getting pregnant again.
- Having a lot of stress in your life
- Having preterm birth run in your family
- Working long hours or having to stand a lot
- Domestic violence. This is when your partner hurts or abuses you. It includes physical, sexual and emotional abuse.

WHAT CAN YOU DO TO REDUCE YOUR RISK OF PRETERM LABOR?

- Get to a healthy weight before pregnancy and gain the right amount of weight during pregnancy.
- Don't smoke and stay away from secondhand smoke.
- Get prenatal care as soon as you think you're pregnant. Go to every checkup, even if you feel fine.
- Don't drink alcohol, use drugs or misuse prescription drugs.
- Get treated for chronic health conditions, like high blood pressure, diabetes, depression and thyroid problems. Try to reduce stress. Ask your friends and family for help. Rest and relax whenever you can.

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PRETERM LABOR



- Tell your provider if your partner abuses you. Abuse often gets worse during pregnancy.
- Call your health care provider if you feel burning or pain when you pee. You may have an infection.
- Wait at least 18 months between giving birth and getting pregnant again.
- Learn the signs and symptoms of preterm labor.

ARE THERE TESTS FOR PRETERM LABOR?

Yes. Your health care provider can do some tests to see if you're having preterm labor:

- An internal exam to see if your cervix is opening
- A monitor on your belly to check for contractions and to record your baby's heartbeat
- Ultrasound to find out your baby's size and the length of your cervix
- Tests to see if your water has broken

If you're in preterm labor, you may get medicine to help stop your contractions. If your provider thinks you may have your baby early, they may give you medicine to help your baby's lungs develop and prevent infection in your baby. This can help prevent serious health complications in your baby.

WHY IS IT IMPORTANT TO WAIT AT LEAST 18 MONTHS BETWEEN PREGNANCIES?

Too little time between pregnancies increases your risk for preterm birth. The shorter the time between pregnancies, the higher your risk for preterm birth. Your body needs time to fully recover from your last pregnancy before it's ready for your next pregnancy.

If you're older than 35 or if you've had a miscarriage or stillbirth, talk to your provider about how long to wait between pregnancies.

Use effective birth control until you're ready to get pregnant again. Talk to your provider about birth control options.

To learn more about risk factors for preterm labor and preterm birth, go to:
marchofdimes.org/prematurebirth

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YOUR BABY'S MOVEMENT



You'll probably feel the little flutters of your baby's first movements around 18 to 22 weeks of pregnancy. It may feel like twitches, butterflies in your belly, gas bubbles or hunger pangs. There's a big difference when people first feel movements and what that movement feels like. Don't be tempted to compare yourself to others. If your placenta is in the way, you might not feel movements until your baby is bigger and stronger.

As your pregnancy progresses, those faint flutters will change into more distinct thumps and somersaults. By the third trimester, you will feel your baby's strong movements every day. It is NOT true that baby movements slow down toward the end of pregnancy. The baby is more crowded, but you should still feel plenty of kicks, punches and rolls. Each person will probably get a sense for about how much their baby moves. This knowledge of your baby's movements is important, and here's why.

Baby movement can be a sign of your baby's well-being. Decreased baby movement (or sometimes increased baby movement) may be a warning sign of a placenta problem or other problem for the baby. Pregnant people sometimes describe "a gut feeling" that something doesn't "feel right." It's especially important to monitor your baby's movement after a fall or impact to your belly.

Don't wait until your next scheduled visit to contact your health care provider if you have concerns about your baby's movements. Call right away and tell your provider about any concerns.

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EATING HEALTHY

HOW MUCH WEIGHT SHOULD YOU GAIN DURING PREGNANCY?

Talk to your health care provider about weight gain during pregnancy. In general:

- If you were at a healthy weight before pregnancy, you want to gain about 25 to 35 pounds.
- If you were underweight before pregnancy, you want to gain about 28 to 40 pounds.
- If you were overweight before pregnancy, you want to gain about 15 to 25 pounds.
- If you were obese before pregnancy, you want to gain about 11 to 20 pounds.
- If you were at a healthy weight before pregnancy and are having twins, you want to gain about 37 to 54 pounds.

WHAT FOODS AND HOW MUCH SHOULD YOU EAT EACH DAY?

You need about 300 extra calories each day to support your baby's growth. The longer you're pregnant, the more food you need from certain food groups. Try to make half of your plate fruit and vegetables. Follow these guidelines:

Fruits

Eat 1½ to 2 cups per day in the first trimester and 2 cups per day in the second and third trimester. Be sure to carefully wash fruits to remove any pesticides.

½ cup of fruit is equal to:

- ½ cup 100-percent fruit juice
- ½ cup fresh, frozen or canned fruit (canned in juice not syrup)
- ½ a fruit (small orange, apple or banana)

Grains

Grains are healthy to eat during pregnancy. Try to choose whole grains like oatmeal, brown rice and whole grain bread and tortillas. Eat 6 ounces per day in the first trimester, 7 ounces in the second trimester and 8 ounces in the third trimester.

1 ounce of grain is equal to:

- 1 cup ready-to-eat cereal
- 1 slice bread
- ½ cup cooked rice, pasta or cereal
- 1 small pancake (4½ inches in diameter)
- 1 small tortilla (6 inches in diameter)

Dairy products

Eat 3 cups per day all throughout pregnancy. Low-fat and skim is best.

1 cup of dairy product is equal to:

- 1 cup milk
- 1 cup yogurt
- 2 small slices of cheese or 1/3 cup shredded cheese

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EATING HEALTHY

Protein

Eat 5 ounces per day in the first trimester, 6 ounces in the second trimester and 6½ in the third trimester.

1 ounce of protein is equal to:

- 1 tablespoon peanut butter
- ¼ cup cooked dry beans
- 1 ounce lean meat, poultry or fish
- 1 egg
- ½ ounce nuts (12 almonds, 24 pistachios)

Vegetables

Eat 2½ cups per day in the first trimester and 3 cups per day in the second and third trimesters. Be sure to carefully wash vegetables to remove any dirt.

- 1 cup of vegetables is equal to:
- 1 cup raw or cooked vegetables
- 1 cup vegetable juice
- 2 cups raw, leafy greens
- 1 large raw tomato

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VITAMINS AND OTHER NUTRIENTS DURING PREGNANCY

Eating healthy foods should give you all the nutrients you need during pregnancy. But it's hard to get all the folic acid and iron that you need through food alone. Taking prenatal vitamins along with eating healthy foods can help you get the nutrients you and your baby need during pregnancy.

WHAT ARE SUPPLEMENTS, MULTIVITAMINS AND PRENATAL VITAMINS?

A supplement is a product you take to make up for certain nutrients that you don't get enough of in food. For example, you may take a supplement to help you get more iron, calcium or vitamin D. Your provider may want you to take certain supplements if you're a vegetarian, if you have certain food allergies or if you can't eat certain foods.

A prenatal vitamin is a multivitamin (one pill with lots of nutrients in it) made just for pregnant people. Compared to a regular multivitamin, it has more of some nutrients you need during pregnancy. Your provider can prescribe a prenatal vitamin for you at your first prenatal care visit. You also can buy them without a prescription.

Talk to your provider about any vitamins and supplements you take. Don't take any vitamin or supplement without your provider's OK.

WHAT NUTRIENTS DO YOU NEED DURING PREGNANCY?

Here's what you need to know about seven important nutrients that can help you and your baby be healthy:

1. Folic acid. Folic acid is a B vitamin that every cell in your body needs for growth and development. If you take it before and during early pregnancy, it can help prevent birth defects of the brain and spine called neural tube defects.

During pregnancy, take a prenatal vitamin each day that has 600 micrograms of folic acid in it. If you're not pregnant yet, take a multivitamin each day that has 400 micrograms of folic acid. Most people don't need more than 1,000 micrograms of folic acid a day, so talk to your provider to make sure you get the right amount.

Good food sources:

- Leafy green vegetables, like spinach and broccoli
- Lentils and beans
- Cereal, bread, pasta and corn masa products, like tortillas and taco shells, that have folic acid added to them. Look for "fortified" or "enriched" on the package label.
- Orange juice

2. Iron. Iron helps keep your blood healthy. You need more iron when you're pregnant because your body makes more blood. During pregnancy, you need 27 milligrams of iron each day. Most prenatal vitamins have this amount. You also can get iron from food.

Good food sources:

- Lean meat, poultry and seafood
- Cereal, bread and pasta that has iron added to it (check the package label)
- Leafy green vegetables
- Beans, nuts, raisins and dried fruit

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VITAMINS AND OTHER NUTRIENTS DURING PREGNANCY

3. Calcium. You need calcium during pregnancy to help your baby's bones, heart, muscles and nerves develop. If you don't get enough, your body takes it from your bones and gives it to your baby. During pregnancy, you need 1,000 milligrams of calcium each day. You can get this amount by taking your prenatal vitamin and eating food that has calcium in it.

Good food sources:

- Milk, cheese and yogurt
- Broccoli and kale
- Orange juice that has calcium added to it (check the package label)

4. Vitamin D. Vitamin D helps your body absorb calcium. Your baby needs vitamin D to help his bones and teeth grow. During pregnancy, you need 600 IU (international units) of vitamin D each day. You can get this amount by taking your prenatal vitamin and eating food that has vitamin D in it.

Good food sources:

- Fatty fish like salmon
- Milk and cereal that has vitamin D added to it (check the package label)

5. DHA (docosahexaenoic acid). This is a kind of fat (called omega-3 fatty acid) that helps with growth and development. During pregnancy, you need 200 milligrams of DHA each day to help your baby's brain and eyes develop. Not all prenatal vitamins contain DHA, so ask your provider if you need to take a DHA supplement. You also can eat foods that have DHA in them.

Good food sources:

- Herring, salmon, trout, anchovies and halibut
- Orange juice, milk and eggs that have DHA added to them (check the package label)

6. Iodine. This is a mineral that your body needs to make thyroid hormones that help your body use and store energy from food. During pregnancy, you need 220 micrograms of iodine each day. Not all prenatal vitamins contain iodine, so make sure you eat foods that have iodine in them. Ask your provider if you need to take an iodine supplement.

Good food sources:

- Fish
- Milk, cheese and yogurt
- Enriched or fortified cereal and bread (check the package label)

7. Choline. Choline supports brain development. Ask your provider if you're getting enough choline.

Good food sources:

- Egg yolks
- Broccoli and cauliflower
- Beef and chicken
- Scallops and cod
- Soy beans and kidney beans

Talk to your provider to make sure you get the right amounts of these nutrients each day.

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DON'T EAT THAT!



What foods are not OK to eat during pregnancy?

- Fish that contain a lot of mercury, along with shellfish and sushi. See the information below about fish.
- Raw or undercooked foods, including:
- Poultry (chicken, turkey) and meat. Heat hot dogs and deli meat until they're steaming hot.
- Soft-scrambled eggs and foods made with raw or lightly cooked eggs
- Raw sprouts, especially alfalfa sprouts
- Unpasteurized food and anything made from it. If a food has been pasteurized, it's been heated to kill harmful germs. Look for the word "pasteurized" on the label.

Unpasteurized foods can include:

- Juice and milk
- Soft cheeses, such as brie, feta, Camembert, Roquefort, queso blanco, queso fresco and Panela
- Refrigerated pâtés, meat spreads or smoked seafood

What foods should you limit during pregnancy?

- Coffee and other things that contain caffeine. Caffeine is a drug that's found in things like coffee, tea, soda, chocolate and some energy drinks and medicines. Too much caffeine in pregnancy may lead to preterm birth or miscarriage. During pregnancy, limit the caffeine you get each day to 200 milligrams. This is about the amount in one 12-ounce cup of coffee. Read labels on food, drinks and medicine to know how much caffeine you're getting.
- Fatty foods and sweets, like donuts, ice cream, chips, soda, cookies and candy

What about fish?

Fish is a good part of a healthy diet during pregnancy—as long as you eat the right kinds! Most fish are low in fat and high in protein and other nutrients your body needs.

You may have heard about mercury in fish. Mercury is a metal that can harm you and your baby. Fish get mercury from water they swim in and from eating other fish that have mercury in them. When you're pregnant, it's OK to eat fish as long as it's low in mercury. Be sure that any fish you eat is thoroughly cooked. Don't eat raw or undercooked fish, including sushi.

Do eat up to 8 to 12 ounces each week of fish that are low in mercury including:

- Shrimp
- Salmon
- Pollock
- Catfish
- Flounder
- Mullet
- Tilapia
- Albacore (white) tuna. Don't have more than 6 ounces of this tuna in 1 week.

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DON'T EAT THAT!



Don't eat fish that are high in mercury, including:

- Swordfish
- Shark
- King mackerel
- Tile fish (from Gulf of Mexico)

What if you crave nonfoods?

If you crave nonfoods, tell your health care provider. Nonfoods can be harmful to a pregnant person and their baby. Don't eat nonfoods like:

- Ice
- Clay
- Laundry starch
- Dirt
- Charcoal
- Milk of magnesia
- Coffee grounds

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SHOPPING ON A BUDGET

FOOD SHOPPING TIPS

Use these tips to help you shop for healthy foods without spending a lot of money:

- **Make a budget and a menu for the week.** See what foods you already have at home, and then make a list of what you need to buy. Check store flyers to see what's on sale and on your list. Stick to the list when you're at the store.
- **Shop at larger grocery stores, at the farmers' market or at farm stands.** They may have better prices for fresh foods than smaller grocery stores in your neighborhood.
- **Find out if your store has a discount card.** It can help you save money on food and other products. Most discount cards are free, so get one for every store in your area.
- **Compare prices between store brands and name brands.** Often the store brands cost less.
- **Buy whole fruits and vegetables.** The ones that come already washed and cut cost more. If you can't get fresh fruit, buy frozen fruit or canned fruit that's packed in its own juice
- **Make more than you need and freeze it for future meals.** Also, freeze unused vegetables and spices like onions, peppers, parsley and garlic.
- **Have a meatless meal now and then.** Meat is the most expensive thing on your grocery list, so have a few meals without it. For example, try rice and beans or vegetable lasagna.
- **Keep staple foods on hand at home.** These are foods that you can use for almost any meal. Examples are beans, rice, pasta, frozen vegetables, pasta sauce and peanut butter.

FOOD-ASSISTANCE PROGRAMS

If you need help to pay for food for you and your family, find out about food-assistance programs like these in your area:

- **Women, Infants and Children (WIC).** The program works through your state government to help provide food for pregnant and breastfeeding people, people who've had a baby within the last 6 months, and infants and children up to 5 years old. For more information or to find contact information for your state, go to fns.usda.gov/wic.
- **Supplemental Nutrition Assistance Program (SNAP).** This program used to be called the Food Stamp Program. It helps certain U.S. citizens and some non-citizens pay for food. For more information or to find contact information for your state, go to fns.usda.gov/snap.

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RELIEVING STRESS AND BEING ACTIVE

Relieving stress: What you can do

- If you feel like you can't cope, tell your health care provider right away.
- Talk with your partner, a friend or your health care provider to help figure out what's causing your stress and ways to address it.
- This is a good time to figure out what really matters. Practice saying "no" to things you don't have time for or don't need to do.
- Quiet your mind by closing your eyes and taking 10 slow, deep belly breaths. Take a media break and get outside if possible.
- Connect with someone or with an activity you care about.
- Eat healthy foods, get plenty of sleep and do something active every day (with your health care provider's OK).
- Know that the discomforts of pregnancy don't last forever. Ask your provider how to handle these discomforts.
- Your partner, family and friends can be good sources of support. Your provider may also know of resources in the community that can help. Ask for help from people you trust and accept help when they offer.
- Try relaxation activities, such as prenatal yoga or meditation. There are many no-cost options online.
- Take a childbirth education class so you know what to expect during labor and birth. A class can help you think about your preferences and develop your birth plan.
- If you have a job, make plans with your supervisor about how to handle time away from work after your baby is born.

Being active: What you can do

- Talk with your provider about your exercise plans before you start. If you haven't exercised before, start slowly.
- Do something active every day. You don't have to go to a gym to be active. Walking, vacuuming, climbing stairs and yardwork count as exercise. If you work at a desk, use your break time to move around.
- Activities such as high-impact aerobics or jogging put a lot of stress on your joints, especially in the last 3 months of pregnancy. It's ok to take a break from these until after your baby is born.
- Don't get overheated, especially during the first trimester. Stop doing an activity when you feel tired.
- Drink plenty of water before and during activities.
- Stretch before and after exercise to increase your strength and flexibility.
- Don't lie on your back after the first trimester because it can reduce blood flow to the uterus (womb).
- Don't use saunas or whirlpools, especially in the first trimester, because they can cause you and your baby to overheat.

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RELIEVING STRESS AND BEING ACTIVE

Can all pregnant people be physically active?

Most can, but some need to take it easy. Ask your health care provider what safe activities are if you:

- Are overweight or underweight
- Have high blood pressure
- Have severe anemia
- Are pregnant with twins, triplets or more

Don't be physically active during pregnancy if you:

- **Have certain types of heart or lung problems.** If you have a heart or lung condition, talk to your health care provider.
- **Have signs of preterm labor.** This is labor that starts before 37 weeks of pregnancy.
- **Have vaginal bleeding that doesn't stop, problems with your cervix or your water breaks.** Your cervix is the opening to the uterus that sits at the top of the vagina.
- **Have preeclampsia. This condition can happen after the 20th week of pregnancy or right after pregnancy.** It's when a pregnant person has high blood pressure and signs that some organs, like kidneys and liver, may not be working properly. Signs of preeclampsia include having protein in the urine, changes in vision, upper right-side belly pain and severe headache. **See Handout 6: Preeclampsia** from Session 2.
- **Have placenta previa.** This is when the placenta covers part or all of the opening of the cervix during the third trimester. The placenta grows in your uterus and supplies the baby with food and oxygen through the umbilical cord.

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CASE STUDIES: MANAGING STRESS

CASE STUDY 1

You're pregnant and know that regular prenatal care is important. Your health care provider's office is open from 8:00 a.m. to 5:00 p.m., the same hours that you work. You can take some time off during work, but you don't get paid for the work hours you miss. Your boss is asking about all the time off. They say it's creating a problem for the other employees.

What can you do?

CASE STUDY 2

You're having a bad day. You didn't get much sleep last night because you couldn't find a comfortable position in bed. You don't have time during the day to take a nap. You feel sick, and you have a headache. You haven't been grocery shopping because it is the end of the month and your cash has run low. You are overwhelmed.

What can you do?

CASE STUDY 3

Your partner tries hard to understand what you're going through during pregnancy. They do what they can, but you're tired and grumpy. It seems like nothing they do is the right thing. They are worried about how the two of you are going to pay for the new baby. They are afraid that having sex is going to hurt the baby, but they want to be close to you.

What can you do?

CASE STUDY 4

Your partner isn't very supportive. They don't understand what pregnancy is like for you. They are impatient when you get emotional. They don't help with housework, ignore you when you need comfort and leave the house for long periods of time. They say things are your fault. Yesterday they shoved you. They apologized later and promised it won't happen again. They didn't let you use the phone to call your mother.

What can you do?

CASE STUDY 5

You don't know why, but you just feel down. You felt this way even before you became pregnant. You just want to sleep. Your friends asked if they could come and visit but you don't want them to know how sad and tearful you feel all the time. You feel guilty for feeling this way and you don't want to admit it to anyone. You wish you could escape these scary feelings.

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PRESCRIPTION MEDICINES AND PREGNANCY

Some prescription medicines (drugs) are safe to take during pregnancy, but not all. You need a prescription (an order for medicine) from your provider to get prescription medicine.

Taking some prescription medicines during pregnancy can cause your baby to be born too early or too small, or with birth defects. And some medicines can cause your baby to have withdrawal symptoms after birth. This is why it's so important to tell your provider about any medicine you take. Research has not been done on the safety of many drugs that are used during pregnancy and during breastfeeding. Talk to your provider or go to mothertobaby.org for more information.

During pregnancy:

- Tell your provider about any medicine you take. They may want you to stop taking a medicine or switch you to one that's safer for your baby.
- Don't stop taking a prescription drug without talking to your provider first. Don't go "cold turkey" (suddenly stop taking a medicine). Stopping suddenly may cause serious severe problems for your baby, including death.
- Don't use any prescription medicine unless it's prescribed for you by a provider who knows that you're pregnant. If you go to a provider who prescribes medicine to treat a health condition (like sleep problems or severe pain), make sure that provider knows you're pregnant.
- When your provider gives you a prescription for medicine, they tell you exactly how much to take, how often to take it and how long to take it. If you can't afford the medicine your provider has prescribed, let them or your pharmacist know right away. Sometimes there are programs to help you afford prescription medications.

When you take any medicine:

- Take it exactly as your provider says to take it.
- Don't take it with alcohol or other drugs.
- Don't take anyone else's medicine.

These prescription medicines can cause birth defects if you take them during pregnancy. If you're pregnant and taking any of these drugs, tell your provider immediately:

- ACE Inhibitors (enalapril or captopril)
- Androgens and testosterone by-products
- Anti-cancer drugs
- Anti-folic acid drugs (methotrexate)
- Carbamazepine
- Lithium
- Opioids, phenytoin
- Retinoids, including Accutane®, Amnesteem®, Claravis™ and Sotret® (isotretinoin)
- Revlimid® (lenalidomide)
- Soriatane® (acitretin)
- Streptomycin and kanamycin
- Tetracycline
- Thalidomide (Thalomid®)
- Trimethadione and paramethadione
- Valproic acid
- Warfarin (Coumadin® and Jantoven®)

What do you need to know about taking opioids

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PRESCRIPTION MEDICINES AND PREGNANCY

during pregnancy?

Opioids are prescription painkillers. You may know them as:

- Codeine and hydrocodone (brand name Vicodin®)
- Fentanyl (brand names Actiq®, Duragesic®, Sublimaze®)
- Morphine (brand names Kadian®, Avinza®)
- Oxycodone (brand names OxyContin®, Percocet®)
- Tramadol (brand names ConZip®, Ryzolt®, Ultram®)

If you take opioids during pregnancy, your baby can be exposed to them in the womb and go through withdrawal after birth. This is called neonatal abstinence syndrome or NAS. Even if you use an opioid exactly like your provider says to, it still may cause NAS in your baby.

Because they can be dangerous and addictive, your health care provider will choose the smallest effective dose. Only take what you need and destroy any unused opioids so they can't be used by anyone else or by a child.

If you're pregnant and using opioids:

- Don't start or stop taking any opioid until you talk to your provider.
- Tell your prenatal care provider about any opioid or medicine you take, even if it's prescribed by another health care provider.
- If you go to a provider who prescribes you opioids, make sure the provider knows you're pregnant.
- Ask your provider about other kinds of painkillers you can take instead of opioids.

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SMOKING, ALCOHOL AND DRUGS DURING PREGNANCY

You can pass things like cigarette smoke, alcohol, marijuana, ingredients in herbal products and other non-prescription drugs to your baby during pregnancy. These things can hurt your baby and cause them to be born too early, too small or with birth defects. Some can cause miscarriage or stillbirth. And some drugs can cause your baby to become addicted or having learning problems when they grow up.

How to keep your baby safe:

- **Don't smoke and stay away from secondhand smoke.** Secondhand smoke is smoke from someone else's cigarettes, cigar or pipe. Being around secondhand smoke during pregnancy can cause your baby to grow slowly and be born too small. It's especially harmful to be around secondhand smoke in an enclosed space, like a car.
- **Don't drink alcohol.** Alcohol includes beer, wine, wine coolers and liquor. Examples of liquor are vodka, whiskey and bourbon. No amount of alcohol has been proven safe during pregnancy.
- **Don't use drugs that aren't prescribed by your health care provider.** Don't misuse prescription drugs like opioids or use illegal drugs, including cocaine and heroin.
- **Don't use marijuana during pregnancy.** When a person uses marijuana during pregnancy, THC and other chemicals may pass through the placenta to the baby and harm them. Although medical marijuana is legal in some states, it should not be used during pregnancy. No amount of marijuana has been proven safe during pregnancy.

Tips to help you quit:

- Make a list of reasons why you want to quit. Wanting to be healthy and have a healthy baby are the best reasons of all!
- Set a quit date. Mark it on the calendar.
- Tell your friends and family you're going to quit. Ask them for their support. Ask them not to smoke, drink alcohol or do drugs around you.
- Get rid of all your cigarettes, alcohol and drugs. Get them out of your home and car.
- Stay away from situations or places, like parties and bars, where people are smoking or where drugs may be available.
- Tell your health care provider if you need help to quit.
- Ask your session leader or health care provider about programs in your local area to help you quit.
- Put a no smoking sign on your door.

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MAKING HEALTHY LIFESTYLE CHANGES

Step 1: Get ready to make the change.

Figure out what you want to change and why you want to make the change. Make a list of pros and cons.

Example:

- What to change: Being around second-hand smoke
- Reason to change: To protect the health of myself and my baby
- Pros: Safer for baby and healthier for me
- Cons: Pressure from friends to be with them

Step 2: Figure out what's stopping you from making the change.

For a week before you start making the change, write down every time you do the thing you want to change. Figure out if there are people or places that make it harder for you to change.

Example:

- Monday: At breaktimes at work
- Tuesday: At breaktimes at work
- Wednesday: At breaktimes at work; at your friend's house after work
- Thursday: At happy hour after work
- Friday: None
- Saturday: At the softball game
- Sunday: None

Step 3: Set a goal.

Be reasonable and specific when you set your goal. Ask your family and friends to help you.

Example:

- Goal: To avoid secondhand smoke for the rest of the pregnancy
- Who can help: Co-workers, friends, partner

Step 4: Take action.

Do things to reach your goal. Figure out how to avoid situations that might set you back. Think ahead about how you might handle peer pressure or a bad mood that could cause you to ignore your goal.

Example:

- Don't go to parties or happy hours where people smoke.
- Go out to dinner instead of going to parties where people may be smoking.
- Every time I ask someone to stop smoking around me, I will congratulate myself on taking care of myself and my baby.
- Remind myself of what I'll gain by sticking to my new ways.

Step 5: Keep going. Don't stop.

Maintain your new behavior. Don't get discouraged if you have a setback. Remind yourself why you wanted to make the change and what you have to gain by making it.

Example:

One mistake won't undo all the good I've done by staying away from secondhand smoke. I am healthier and my baby is healthier because of my choice to stay away from secondhand smoke.

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INFECTIONS

If you think you may have any of these infections, or if you know you have been exposed, tell your health care provider right away:

- Coronavirus disease 2019 (COVID-19): For the most up-to-date information about the impact on families and pregnant people, visit [cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)
- Zika virus: You can get Zika Virus from the bite of a mosquito that carries the virus or by having sex with someone who is infected with Zika Virus. There is currently no Zika virus transmission in the United States, but if you are traveling outside the United States, you should check the with Centers for Disease Control and Prevention (CDC) and avoid traveling to a country with active Zika infections. The Zika Virus can cause serious health problems for babies. Talk to your health care provider about precautions to take if you must travel to a country with Zika infections. Visit [cdc.gov/zika](https://www.cdc.gov/zika).
- Food poisoning
- Chickenpox, measles or rubella (also called German measles)
- The flu
- Cytomegalovirus (also called CMV). This is an infection common in young children.
- Infected gums (also called periodontal disease)
- Pertussis (also called whooping cough). This infection can be really harmful for a baby.
- Sexually transmitted infections (also called STIs), like genital herpes, Hepatitis B and HIV
- Toxoplasmosis. This is an infection you can get from eating undercooked meat or touching cat poop.

How can you reduce your risk of getting an infection?

To prevent infections from food:

- Cook meat, poultry (chicken, turkey), fish, shellfish and eggs until they're done. Don't eat them if they're undercooked or raw. Heat deli meat and hot dogs before eating.
- Wash all your food before you cook or eat it.

- Wash all cooking utensils, dishes and your hands after touching raw meat, chicken or fish.

To prevent STIs:

- Get tested. Find out if you have an STI and get treated right away.
- Don't have sex. This is the best way to prevent yourself from getting an STI.
- If you have sex, have sex with only one person who doesn't have other sex partners. Use a condom if you're not sure if your partner has an STI. Ask your partner to get tested and treated for STIs.

To prevent other infections:

- Get vaccinated against viruses that cause the flu, chickenpox, measles, rubella and pertussis. Talk to your provider about getting vaccinated.
- Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, you can use hand sanitizer that contains at least 60 percent alcohol.
- Stay away from people you know are sick (if possible), and wear a face mask if you might be exposed to people with serious infections like COVID-19.
- Don't share glasses, cups, forks and other utensils with others.
- Brush and floss your teeth every day. Get regular dental care during pregnancy. Make sure your dentist knows you're pregnant before getting an X-ray.
- Don't change a cat's litter box. Ask someone else to do it.
- Don't touch soil that may have cat poop in it. Wear gloves when you work in the garden.

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CHEMICAL AND SAFETY



Chemicals to avoid during pregnancy:

- Cigarette smoke, including secondhand smoke
- Solvents, such as alcohols, degreasers, paint thinners and stain and varnish removers. Lacquers, silk-screening inks and paints contain solvents.
- Weed killer
- Liquids that have strong smells, such as turpentine
- Lead
- Methylmercury in fish
- Exhaust
- Mold and mold cleaners
- Air pollution

What you can do to help protect yourself and your baby:

- Don't smoke and ask people not to smoke around you.
- Wash your hands well before eating or drinking. Wash your hands after you use the bathroom.
- Wear gloves or a face mask. Wear long-sleeved shirts, pants and boots if you work with toxic chemicals.
- Take a shower and wash your hair if you've used or been exposed to toxic chemicals.
- If you've been exposed to someone who has an infection, ask your health care provider if you should be tested for the infection.
- Understand which hair treatments may increase risks. Visit mothertobaby.org.
- Read product instructions to know how to store and dispose of chemicals safely. Don't re-use containers that had chemicals in them to store other substances.

Work safety tips:

- If you work with solvents at your job, talk with your boss. You may be able to change job responsibilities to help keep you and your baby safe during pregnancy.
- Air out your work area. Open a window or use a fan.
- Wear safety equipment such as gloves and a face mask. Wash and store your work clothes separately from your other clothes.
- Don't eat or drink in your work area. Wash your hands before eating.
- Avoid overworking, heavy lifting, bending or standing up for long periods of time.
- Take breaks at work when you can. Get up, walk around and stretch every so often. Don't sit still for too long.
- Drink plenty of water and use the bathroom when you need to.

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WHY THE LAST WEEKS OF PREGNANCY COUNT



If your pregnancy is healthy, it's best to stay pregnant for at least 39 weeks.

Lots of important things are happening to your baby in the last few weeks of pregnancy:

- Important organs, like your baby's brain, lungs and liver, are still developing and growing.

A BABY'S BRAIN AT 35 WEEKS WEIGHS ONLY TWO-THIRDS OF WHAT IT WILL WEIGH AT 39 TO 40 WEEKS.



35 WEEKS



39 TO 40 WEEKS

- Your baby's eyes and ears are still developing, too. Babies born too early are more likely to have vision and hearing problems later in life.
- Your baby is still learning to suck and swallow. Babies born early sometimes can't do these things.
- If your pregnancy is healthy, it's best to wait for labor to begin on its own. If you choose to induce labor in a healthy pregnancy, talk to your health care provider about waiting until full term (39 weeks). Give your baby the time he needs to develop before he's born. The only good reasons to induce labor or have a cesarean birth before 39 weeks are medical reasons.

Ask these questions if you and your provider talk about scheduling your baby's birth:

If your provider recommends you give birth before 39 weeks

- Is there a problem with my health or the health of my baby that may make me need to have my baby early?
- Can I wait to have my baby until I'm closer to 39 weeks?

About inducing labor

- Why do you need to induce my labor? What are the advantages and risks?
- How will you induce my labor?
- Will inducing labor increase the chance that I'll need to have a cesarean birth?

About cesarean birth

- Why do I need to have a cesarean birth?
- What problems can a cesarean birth cause for me and my baby?
- If I have a cesarean birth now, can I have a vaginal birth in my future pregnancies?
- How will my recovery be different if I have a cesarean birth?

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LABOR AND BIRTH



What is labor?

Labor (also called childbirth) is the process of your baby leaving the uterus (womb). You're in labor when you have regular contractions that cause your cervix to change. Contractions are when the muscles of your uterus get tight and then relax. Contractions help push your baby out of your uterus. Your cervix is the opening to the uterus that sits at the top of the vagina. When labor starts, your cervix dilates (opens up). Your cervix needs to open to 10 centimeters before it is time for you to push the baby out. There is pain in labor and the pain comes and goes. Contractions can last from 30 to 70 seconds and they come in waves. There are lots of comfort methods to manage pain that can be used at home and in the hospital or birth center.

What is a doula?

A doula is a trained professional who provides information and physical and emotional care and support to people before, during and after childbirth, including continuous support through labor and birth. Some doulas also provide support at home after you have your baby. Having a support person like a doula can be good for you, your baby and your family. It can help you feel good about your birth experience.

Research also shows that doula care can help improve outcomes among moms and babies of color in the United States. To find a certified doula, ask your provider or go to DONA International at dona.org. If you decide to have a doula help you with labor and birth, check with your insurance plan and birthing facility about doula programs, coverage and a list of local doulas. Your doula or support person's names and contact information in your birth plan. Share your plan with your provider and with hospital staff.

What are the three stages of childbirth?

- 1. Labor:** This stage begins when you have strong and regular contractions that open (dilate) your cervix. This stage lasts until the cervix is fully opened to 10 centimeters. This stage can last several days with no noticeable contractions, or it can happen in just a few hours with very clear contractions. It's different for every person.
- 2. Birth:** This stage begins when the cervix is fully open and ends with the baby's birth. This stage usually lasts 1 to 2 hours, but many women have shorter or longer experiences. Again, this is different for every person.
- 3. Delivery of the placenta:** This stage begins right after the baby's birth and ends with the delivery of the placenta. This stage usually lasts between 10 minutes and 1 hour.

What are signs that you may be close to starting labor?

You may be close to starting labor if:

- **Your baby drops or moves lower into your pelvis.** This is called lightening. It means that your baby is getting ready to move into position for birth. It can happen a few weeks or even just a few hours before your labor begins.
- **You have an increase in vaginal discharge that's clear, pink or slightly bloody.** This is called show or bloody show. It can happen a few days before labor starts or at the beginning of labor.

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LABOR AND BIRTH

- **Your provider finds changes in your cervix at a prenatal care checkup.** Your cervix may be completely closed, soft, thin, beginning to dilate or even dilated a few centimeters.
- **You may have irregular (Braxton-Hicks) contractions.** As you get close to the baby's birthday, you will probably have some mild (or sometimes strong) and irregular contractions. A contraction is when the muscles of the uterus tighten up like a fist and then relax. These "practice" contractions soften and thin the cervix to help your body get ready for labor and birth. Learning the differences between true labor contractions and false labor contractions can help you know when you're really in labor.
- **You may feel restless.** Toward the end of pregnancy, you may have trouble sleeping or getting comfortable. Your back may ache. You may feel lots of pressure in your pelvis.

What are signs of true labor?

If you think you are in labor, follow your care provider's instructions or go to your hospital or birth center. If you have any concerns about yourself or your baby, go to your hospital or birth center right away.

- Your contractions will get longer, stronger and closer together.
- Your contractions come about 20 minutes apart to 10 minutes apart and last 30 to 70 seconds.
- Walking or moving around doesn't slow the contractions.
- Your water may break. Your baby has been growing in amniotic fluid (bag of waters) in the uterus. When the bag of waters breaks, some people feel a big rush of water. Others just feel a trickle. If there is any question that your water has broken, call your health care provider right

away. Some pregnant people leak urine during pregnancy. Because you might not be able to tell if you have leaked urine or amniotic fluid, call your health care provider or go to the hospital.

- You may have a bloody (brownish or reddish) mucus discharge. This is called bloody show. This happens as your cervix opens up. If you have bright red bleeding at any time, go to the hospital right away.

How can you tell if you are having true labor or false labor?

It can be hard to tell the difference between true labor and false labor. When you first feel contractions, time them. Write down how much time it takes from the start of one contraction to the start of the next. Make a note of how strong the contractions feel. There are free apps that can help you with this. Keep a record of your contractions for 1 hour. Walk or move around and drink some water to see if the contractions stop.

What are some comfort measures for early labor?

- Rest if you can. You will need your energy for later labor.
- Distract yourself with activities you enjoy, like watching a movie, listening to music, doing a puzzle, baking, etc.

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LABOR AND BIRTH



CONTRACTIONS: HOW TO KNOW IF THEY'RE TRUE LABOR OR FALSE LABOR

	TRUE LABOR	FALSE LABOR (Braxton-Hicks contractions)
Are the contractions regular?	Yes. <ul style="list-style-type: none"> They're regular and get closer over time. They last 30 to 70 seconds. 	No. <ul style="list-style-type: none"> They're irregular and stay irregular. They don't get closer together over time. You're more likely to have them late in the day or after a lot of physical activity.
Are the contractions strong?	Yes. <ul style="list-style-type: none"> They get stronger over time. They're so strong you can't walk or talk. They keep coming even when you move around. 	Sometimes. <ul style="list-style-type: none"> They're usually mild and don't get stronger over time. They may be strong and then weak. They can be painful. They may stop when you walk or change position.

- Walk, move about and be active. Choose positions that are the most comfortable for you. Rock and sway your hips, lean over a counter, sit on a birth ball or rocking chair, or sit backwards on a kitchen chair. Kneel in front of a chair. If someone is with you, take a walk.
- Breathe in a way that feels right and comfortable to you. Breathe slowly and deeply during contractions. Or if it helps, take short breaths.
- Make noise if it helps. Sigh, moan, groan.
- Meditate, or look at images that make you feel happy.
- Get in the shower.
- Ask for a backrub.
- Try something warm or cool for your back. You can fill a plastic bottle with warm or cold water for this, or use a heat or ice pack.
- Tell the people with you how they can support you. This might change from minute to minute.
- Believe in yourself. You are powerful. Your body is well designed for labor.
- Call your health care provider or go to the hospital any time of the day or night if you have any concerns about yourself or your baby.

What are the three ways you can have your baby?

- Vaginal birth:** This is the way most babies are born. During vaginal birth, your uterus contracts to help push the baby out through your vagina.
- Cesarean birth (also called c-section):** For some moms and babies, cesarean birth is safer than vaginal birth. You and your provider may plan to have a cesarean birth. Or you may need to have an emergency (unplanned) cesarean birth because of a problem that happens during pregnancy. During a cesarean birth, your doctor makes a cut in your belly and uterus and takes the baby out through this opening.
- VBAC:** This stands for "vaginal birth after cesarean." If you've already had a cesarean birth, you may be able to have a vaginal birth with your next baby. If you had a cesarean section in the past and want to have a vaginal birth, talk to your provider.

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LABOR AND BIRTH



What are some reasons why you may need to have a cesarean birth?

You should have a cesarean birth only if there are medical reasons for it. You may need to have a cesarean birth if:

- You've already had a cesarean birth or other surgeries on your uterus.
- Your baby is too big to pass safely through your pelvis.
- The baby is in a breech position (buttocks or feet first) or a transverse position (shoulder first). The best position for a baby is head first.
- There are problems with the placenta (the organ that nourishes the baby in the womb). Placental problems can cause dangerous bleeding during vaginal birth.
- Labor is too slow or stops.
- You have umbilical cord prolapse. This is when the umbilical cord slips into the vagina, where it could be squeezed or flattened during vaginal birth.
- You have an infection, like HIV or genital herpes. You can pass some infections to your baby during vaginal birth.
- The baby shows signs of stress during labor, such as having a slow heart rate.
- What is inducing labor?
- Inducing labor is when a provider gives you medicine to make you start labor. Your labor should be induced only if there are medical reasons for it. Your provider may induce your labor if:
- You are past your due date.
- The baby's growth or movement has slowed a lot.
- The placenta is no longer working correctly.
- Amniotic fluid levels are low.
- Your water breaks before labor is ready to start.
- You have diabetes and are close to your due date.
- You have preeclampsia or another illness that affects your health or the health of your baby.
- The baby has Rh disease, which is caused by an incompatibility between your blood and the baby's blood.

How can you learn more about labor and birth?

Lots of pregnant people take classes to learn what happens during labor and birth. These classes can help you feel ready when labor starts so you're not scared or surprised. You'll learn how to breathe and relax to help with labor pain. And you'll learn about epidurals and other medications that can help to ease your pain during labor. Some classes are free or low cost. You can also take a virtual childbirth class. Ask your provider if you need help finding a class. Think about taking a class in your sixth or seventh month of pregnancy. And take your partner (or whomever you want to help you during labor) to class with you.

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BIRTH PLAN

Make a birth plan.

While the COVID-19 pandemic continually changes, March of Dimes knows that every day babies are still being born. This document has been designed for you to assess the preferences you'd like based on the policies of your chosen place of birth. At the end, you'll find a series of questions that you should ask your provider as you prepare for your baby's birth.

Your name

Your provider's name and contact information

Your baby's due date

Your baby's provider's name and contact information

1. Where do you plan to have your baby?

2. Can a support person be present during labor and birth? If yes, who is your primary support?

Name

Phone

This person is:

- | | |
|--|---|
| <input type="checkbox"/> Your partner | <input type="checkbox"/> Your baby's father |
| <input type="checkbox"/> A family member | <input type="checkbox"/> Your friend |
| <input type="checkbox"/> Clergy | <input type="checkbox"/> Your doula |

3. Is there an option to have virtual support during labor and birth?

Virtual options:

- | | |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> By phone | <input type="checkbox"/> Skype |
| <input type="checkbox"/> FaceTime | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Zoom | <input type="checkbox"/> WhatsApp |

4. Can you bring your own device (phone/iPad)?
 Yes No

Does the hospital have WIFI access?

- Yes No

Will the hospital provide a device for virtual support?

- Yes No

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BIRTH PLAN

5. What support do you want during labor?
- Help with breathing
 - Help working through contractions
 - Massage
 - Help to move around
 - Use of labor tools (birth ball, peanut ball)
 - Sensory (lights, music)
 - Other _____
6. Do you want to move around during labor?
- Yes No
- What position(s) do you want to be in during labor?
- Lying down
 - Sitting
 - Standing
 - Other _____
7. What kind of medicine, if any, do you want to help with labor pain?
- _____
8. Do you want to hold your baby skin-to-skin during the first hour after birth?
- Yes No
9. Do you want delayed cord clamping?
- Yes No
10. Who do you want to cut the umbilical cord?
- _____
11. Do you plan to bank/donate your baby's umbilical cord blood?
- Yes No
12. Do you want your baby with you at all times after birth? Or is it OK for your baby to spend time in the nursery?
- Stay with you at all times
 - OK to stay in the nursery
13. Do you plan to breastfeed your baby?
- Yes No
14. Do you want to meet the lactation consultant while in the hospital?
- Yes No
15. Do you want to be told before your baby is offered a pacifier or formula?
- Yes No
16. If your baby is a boy, do you want him circumcised?
- Yes No

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BIRTH PLAN

17. Are there special traditions you want to take place when your baby is born?

- Yes No

Describe _____

18. Who is your emergency contact?

Name _____

Relationship to you _____

Phone _____

19. Is there anything else the hospital or birthing center staff should know about you or your baby's birth?

- Yes No

Describe _____

20. Are there words or expressions that you'd like the health care team NOT to use?

- Yes No

Describe _____

21. Do you prefer to limit the number of health care staff that enter your room?

- Yes No

When preparing for birth, call your facility to ask:

1. Can I bring a partner or support person with me?

2. If I'm not permitted to have a support person present, what are the facility's policies about having a virtual support person?

3. If I'm not permitted to have a support person present, how will your staff support me and help manage my emotional and physical needs during labor and delivery?

4. How will my baby and I be protected from COVID-19 during labor and delivery, and what are the policies about wearing a mask for pregnant and postpartum people?

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BIRTH PLAN

5. Do you have a virtual hospital tour to prepare for my labor and delivery?

6. What am I permitted to bring to the facility with me?

7. Will I be tested for COVID-19?

8. What will happen if I test positive for COVID-19?

9. What will happen if my baby tests positive for COVID-19?

10. What is the average time frame for postpartum discharge for mom and baby?

11. What is your facility's policy around visitors after I have my baby?

12. Are there any other facility-specific labor and delivery policies that I should be aware of?

When you arrive, ask:

1. Have there been any changes in the facility's labor and delivery policies?

2. While in labor, where am I permitted to move around?

3. What are the policies around eating and drinking during labor?

March of Dimes materials are for information purposes only and are not to be used as medical advice. Always seek medical advice from your health care provider. Our materials reflect current scientific recommendations at the time of publication. Check marchofdimes.org for updated information.

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HOSPITAL BAG CHECKLIST

You may want to bring:

- ✓ Socks to keep your feet warm
- ✓ A robe and slippers
- ✓ A few nightgowns or pajamas, or T-shirts and sweat pants
- ✓ Loose-fitting T-shirts or nursing bras, if you're breastfeeding
- ✓ Several pairs of underpants
- ✓ Toiletries such as soap, shampoo, a toothbrush and toothpaste
- ✓ Hairbrush/hairstyling equipment
- ✓ Loose-fitting or maternity clothes to wear home

Plus these things for your baby:

- ✓ Clothes to wear home, including an undershirt, cap and socks
- ✓ A warm blanket if it's cold outside
- ✓ If you're driving your baby home, a rear-facing car seat that fits your car and is installed correctly. For more information about car seats, go to: safercar.gov

You also may want to have:

- ✓ Lotions and equipment for massage
- ✓ Lip balm
- ✓ Special music for relaxation
- ✓ Cell phone and charger
- ✓ A list of phone numbers for people you want to call when the baby is born
- ✓ Cosmetics
- ✓ Camera or video camera
- ✓ Birth ball if your hospital doesn't have one
- ✓ Snacks for your labor partner

Hospitals give you gowns to wear during labor and birth. They also may offer some of the items listed here, so check to see exactly what you need to bring with you.

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THINGS YOUR BABY NEEDS

Here are some things you may want to get ready for your baby before you bring them home:

Clothes and other items

- Five to seven undershirts
- Six to eight sleepers
- Four to six pairs of socks or booties
- One or two caps
- Four to six receiving blankets
- Ten burp cloths

Feeding supplies

- Breast pump if you're planning to breastfeed
- Bottles or bags to store pumped breast milk
- Bottles for feeding pumped breast milk
- Two to three bibs

Diapering and bathing supplies

- Three or four dozen newborn-size disposable diapers or three to five dozen cloth diapers and four diaper covers
- Diaper wipes
- Diaper rash cream
- Waterproof changing pad
- Alcohol wipes for umbilical cord care
- Petroleum jelly for a boy's penis if he's had a circumcision
- Baby soap and shampoo
- Baby washcloths and towels
- Nail clippers
- Baby bathtub

Furniture, bedding and equipment

- A rear-facing car seat that fits your car and is installed correctly. For more information about car seats, go to: safercar.gov
- Crib, cradle or bassinet
- Mattress, mattress cover, fitted sheets (no baby pillows, or bumper pads)
- Stroller

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BREASTFEEDING



Why is breastfeeding best?

- Breastfed babies have fewer health problems than babies who aren't breastfed. This is because your breast milk has antibodies that help keep your baby from getting sick. They help protect your baby from infections and allergies.
- Breast milk has nutrients in it that help your baby grow.
- Breast milk changes as your baby grows to give them just what they need as they develop.
- Breast milk is free and always ready when your baby wants to eat.
- Breastfeeding can help you and your baby bond and get to know each other.
- Breastfeeding can help you recover faster from pregnancy and lose some of the weight you gained.

How can you make sure your breast milk is safe and healthy for your baby?

- Drink lots of water. Have a glass of water each time you breastfeed.
- Eat healthy foods. You may need 450 to 500 extra calories a day when you're breastfeeding. Eat fruits, vegetables, whole-grain bread and pasta, lean meat and low-fat dairy products. Talk to your provider to make sure you get enough iodine and DHA in the foods you eat. These nutrients help your baby's bones, nerves and eyes develop. You need 290 micrograms of iodine and 300 milligrams of DHA each day when you're breastfeeding. If you don't get enough of these in food, you may need to take a supplement.
- Take your prenatal vitamin or a multivitamin every day. These can help give you nutrients that you may not get enough of in food.
- Limit caffeine. Caffeine is a drug that is found in things like coffee, tea, soda, chocolate and some medicines. Too much caffeine in breast milk can make your baby fussy or have trouble sleeping. If you drink coffee, have no more than two cups a day.
- Ask your provider if medicines you take are safe for your baby. This includes prescription and over-the-counter medicines. If they aren't safe, you may need to switch to safer ones.
- **Don't take any herbal products.** These include ginkgo and St. John's wort. Even though herbs are natural, they may not be safe for your baby. It's best not to use these products when you're breastfeeding.
- Tell your provider about all medicines you take before you start breastfeeding. Don't stop taking any medicine without talking to your provider first.
- Tell your provider right away if you get sick. Don't take any medicine without talking to your provider first.
- Don't smoke, drink alcohol, use drugs or herbal products not prescribed by your provider or misuse prescription drugs. All of these can harm your baby. Tell your provider if you need help to quit. Also, keep your baby away from secondhand smoke (smoke from someone else's cigarette, cigar or pipe). If you are breastfeeding and you choose to drink alcohol, don't have more than two drinks a week. Wait at least 2 hours after each drink before you breastfeed.

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BREASTFEEDING



How do you know if you're making enough milk?

Most breastfeeding moms make as much breast milk as their babies need.

Day 1	Size of a cherry (0.25oz)
Day 2	Size of a walnut (.75-1oz)
1 week	Size of an apricot (1.5-2oz)
1 month	Size of a large egg (2.5-5oz)

As you and your baby get used to breastfeeding, your body learns when your baby needs more milk and makes as much as they need. Your baby is probably getting enough milk if they:

- Are gaining weight
- Are making six to eight wet diapers a day by the time they are 5 to 7 days old

If you're worried that your baby's not getting enough milk, talk to your baby's health care provider or a lactation consultant. A lactation consultant is a person who has special training to help with breastfeeding.

Does your baby need vitamins?

Yes. Vitamin D helps make bones and teeth strong. But breast milk does not contain all the vitamin D your baby needs. Give your baby vitamin D drops starting in the first few days of life. Based on your baby's size and growth, your baby's health care provider may want your baby to have other vitamins or iron as well. Talk to your baby's provider what kind of drops to use.

What about pumping?

A breast pump helps you remove milk from your breasts. You can use the milk later to feed your baby. Breast pumps are great if you're going back to work or school or want someone else to feed your baby. Here are some tips if you plan to use a breast pump:

- Ask your friends and family members which breast pump they used. Look for information online about breast pumps. Don't use a friend or family member's breast pump because it may have germs in places you can't clean well. Some models can be professionally sanitized. You may be able to rent or buy a used pump from an authorized provider like your hospital, a medical supply store or lactation consultant.
- Get help from a lactation consultant or a breastfeeding support group. They can help you learn how to use a breast pump.
- Talk to your boss. Employers with more than 50 employees have to give you time and space (that is not a bathroom) for pumping. If there's no refrigerator at work, use a small cooler to store the milk you pump.

What is manual expression?

Another option for getting milk from your breast is manual expression. This means you massage your breasts with your hands to release breast milk. Ask your postpartum nurse or lactation consultant to show you how.

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BREASTFEEDING



Human Milk Storage Guidelines:

<https://www.marchofdimes.org/baby/using-a-breast-pump.aspx>

How long to store fresh breast milk		
Place	Temperature	How long
Countertop (not refrigerated)	77 F or colder	Up to 4 hours
Refrigerator	40 F	Up to 4 days
Freezer	0 F or colder	Up to 6 months is best; up to 12 months is OK

Can you store breast milk?

Yes. You can keep pumped breast milk in the refrigerator or freezer. Keep it in bottles or bags made for storing breast milk. Put just the amount of milk your baby needs for each feeding in each bottle or bag. Write the date on the container before storing it. If you're feeding your baby formula, please refer to the CDC's preparation and storage guidelines at cdc.gov/nutrition

Here's how to thaw frozen breast milk when you're ready to use it:

1. To thaw frozen milk, put the bottle or bag in the refrigerator or in a bowl of warm water. Make sure the bottle or bag is sealed so that water doesn't get into the milk. Pour the amount of thawed milk you need for your baby into a bottle for feeding. Once milk is thawed, use it within 24 hours.
2. To warm thawed or refrigerated milk, put the bottle or bag under running hot water or in a bowl of warm water. Never heat breast milk in the microwave. It kills nutrients in the milk. And the milk can heat unevenly and create hot spots that could burn your baby's mouth.
3. Shake the bottle or bag. Put a drop or two of milk on the back of your hand to test the temperature. If it's too hot, let it cool.

How long should you breastfeed?

It's best to breastfeed your baby for at least 1 year. Even when they start eating solid foods (usually at about 6 months), you can still keep breastfeeding. Your body makes breast milk as long as your baby breastfeeds.

Can you get pregnant while you're breastfeeding?

Yes. Breastfeeding is not a reliable form of birth control. It doesn't always prevent pregnancy. Birth control helps keep you from getting pregnant. Hormonal methods of birth control, like the pill and the patch, contain progestin and/or estrogen. Estrogen helps regulate your period, but it may cause you to make less breast milk. So it may not be a good birth control choice if you're breastfeeding. Talk to your provider about the right kind of birth control for you.

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HOW TO CHANGE A DIAPER

Changing your baby's diaper can be a tricky part of newborn care. But with practice, you can be a pro.

What supplies do you need?

- A clean diaper
- Baby wipes or a soft washcloth
- Diaper rash ointment

How do you change your baby's diaper?

Here's how to change your baby's diaper:

1. Place your baby on a changing table and unfasten the diaper.
2. Hold your baby's ankles with one hand. Lift their legs and bottom and remove their dirty diaper with your other hand.
3. If there's a big mess, use the front, clean part of the diaper to wipe their bottom from front to back.
4. Use diaper wipes or plain water on a soft cloth to gently clean your baby's genitals and bottom. Take extra care with creases and folds in your baby's skin. For baby girls, always wipe from front to back to avoid infection.
5. Pat dry. Apply diaper rash ointment if your baby has a diaper rash. Don't use baby powder because it can irritate your baby's lungs.
6. Slide a clean diaper under your baby. If you're using a disposable diaper, be sure the sticky tabs to fasten the diaper are behind the baby.
7. Fasten the diaper on both sides of your baby. For a disposable diaper, press the sticky tabs to the front of the diaper.
8. Tuck the new diaper under your baby's umbilical cord until it heals. Make sure the diaper doesn't bunch up between their legs.
9. To prevent accidents, make sure there aren't any diaper openings around your baby's hips.

How do you diaper your baby boy after a circumcision?

The diapering steps above work for all babies. But if your baby is circumcised, for the first 24 hours you can use petroleum jelly on a piece of gauze or directly on the penis or on the part of the diaper or bandage that touches the penis. This helps prevent the diaper or bandage from sticking to or rubbing against the penis.

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HOW TO BATHE YOUR BABY

Rub-a-dub-dub, your baby's in the tub! Give your baby a bath every 2 to 3 days. Bathing them more often can dry out their skin.

If you need to leave the room during bath time, take your baby with you. Babies can drown in just a little water. NEVER leave your baby alone near water!

What supplies do you need for bath time?

- Baby shampoo or soap
- Wash cloths
- Towels
- Clean clothes and diaper
- A small, plastic tub or a sink for a tub bath

How do you give your baby a sponge bath?

A sponge bath is when you clean your baby using a wet washcloth without placing them into water. This helps keep the belly button or circumcision dry for healing.

Here's what to do:

1. Place your baby on a flat surface, like a changing table.
2. Undress them and wrap them in a towel.
3. Use a washcloth in plain water to gently wipe your baby's eyes.
4. Use a soapy washcloth to clean the rest of your baby's body. Wash one area at a time.
5. Clean between skin folds. Keep your baby wrapped in a towel so they don't get cold.
6. Wash the diaper area last to keep germs from spreading.
7. Rinse your baby off with plain water and pat your baby dry.

How do you care for your baby's umbilical cord stump?

Until your baby's umbilical cord stump falls off:

- Tuck your baby's diaper below the stump.
- Keep the area clean and dry. If it gets dirty, clean it with a baby wipe.
- Call your baby's provider if you see signs of infection, like pus or redness, or if they cry when you touch the area.

How do you care for your baby's penis after a circumcision?

Until your baby's penis heals:

- During bath time, wash the penis and diaper area with soap and warm water.
- For the first few days, put a new bandage on the penis each time you change your baby's diaper.
- For the first 24 hours you can use petroleum jelly on a piece of gauze or directly on the penis or on the part of the diaper or bandage that touches the penis. This helps prevent the diaper or bandage from sticking to or rubbing against the penis.

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HOW TO BATHE YOUR BABY

How do you give your baby a tub bath?

Once your baby's belly button or penis is healed, you can give your baby tub baths.

Here's how:

1. Fill a small tub or a sink with 2 to 3 inches of warm water.
2. Use your elbow to check that the water's not hot.
3. Support the baby's head with one hand and use the other to hold their body as you place them in the tub feet first.
4. Pour warm water over them so that they don't get cold. Gently wash their face with plain water.
5. Wash their body with soapy water. Use baby shampoo to wash their head. Be careful not to get shampoo in their eyes.
6. Wash the diaper area last.
7. Rinse them with warm, clean water. Wrap them in a towel and pat them dry.

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SAFE SLEEP FOR YOUR BABY

How much sleep does your baby need?

Newborns sleep about 16 hours a day, usually 3 to 4 hours at a time. Don't be surprised if your baby can only stay awake for an hour or two. Over time, their body gets into a sleep pattern and they start sleeping longer.

Where should your baby sleep?

- Put your baby to sleep on their back on a flat, firm surface, like in a crib or bassinet. Make sure the crib or bassinet meet current safety standards. You can find out about these at: cpsc.gov
- Don't bed-share. This is when you let your baby sleep with you in your bed. Bed-sharing is the most common cause of death in babies younger than 3 months old. Put your baby to sleep in their own bed. If you feel drowsy, put your baby down in a safe place.
- Don't let your baby sleep in their carrier, sling, car seat or stroller. If your baby falls asleep in one of these, take them out and put them in their crib as soon as you can.
- Do not allow your baby to sleep on a sofa, pillow, adult bed or water bed even for napping. Your baby should always sleep on a firm, flat surface or mattress meant for infants.
- Keep crib bumpers, loose bedding, toys and other soft objects out of your baby's crib.
- Remove any hanging window cords or electrical wires near where your baby sleeps. Babies can get tangled in them and choke.

How do you put your baby to sleep safely?

- Put your baby to sleep on their back every time until they are 1 year old. It's not safe for a baby to sleep on their side or tummy. If your baby can roll over from their back to their side or tummy and over to their back again, don't worry if they change positions while sleeping.
- Dress your baby in light sleep clothes. Remove any strings or ties from their pajamas, and don't cover their head.
- Keep the room at a temperature that's comfortable for you. If your baby is sweating or their chest feels hot, they may be overheated.
- Give your baby a pacifier for naps and at bedtime. Pacifiers may help protect against sudden infant death syndrome (also called SIDS). If you're breastfeeding, wait until your baby is 1 month old before using a pacifier. It's OK if the pacifier falls out of your baby's mouth during sleep. Don't hang it around your baby's neck or attach it to clothing or a stuffed animal.

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NEWBORN SCREENING AND VACCINATIONS

Newborn screening

Before your baby leaves the hospital, some blood is taken from their heel. A lab tests the blood for health conditions. Your baby also gets a hearing test and a test for a heart condition called critical congenital heart disease (also called CCHD). All these tests are called newborn screening.

The testing is safe and simple. A health care provider pricks your baby's heel to get a few drops of blood. The blood is then tested in a lab. For the hearing test, the provider puts a small speaker in your baby's ear. The speaker plays soft sounds. The test for CCHD uses a sensor on your baby's foot or finger to check the amount of oxygen in your baby's blood.

These tests tell you if your baby is more likely than other babies to have certain health conditions. Most likely, your baby's test results are normal. If your baby's test results are not OK, it probably just means that they need more tests. Your provider can tell you if your baby needs more tests or treatment.

All babies in the United States get newborn screening. But each state requires different tests. So ask your baby's health care provider which tests your baby will have.

Vaccinations

It's never fun to get a shot. But your baby needs some shots to help protect them from diseases like measles, chickenpox and polio. These diseases could make your baby really sick. The shots are called vaccinations. And the medicine in the shots is called a vaccine. When your baby gets these shots, it means they won't get the disease, even if they play with, sits near or eats with someone who has the disease.

Your baby may get a vaccine for hepatitis B before they leave the hospital. You can talk to your baby's health care provider about a vaccination plan for your baby. Babies get the rest of their shots at their regular checkups. They keep getting vaccinations until they are 18 years old.

Go to marchofdimes.org/babyvaccinations to see and print a vaccination schedule from birth through age 6.

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PHYSICAL POSTPARTUM CHANGES

PERINEUM SORENESS

The perineum is the area between your vagina and rectum. It stretches during labor and vaginal birth, can have bruising and it may even tear. It often is sore after you give birth. You may be more sore if you had natural tear or an episiotomy (a cut made at the opening of the vagina to help the baby out).

What you can do:

- For the first day or two after birth, putting something cool on your perineum can soothe you by helping to reduce swelling. You can make a “padsicle” by spraying some pads with witch hazel and putting them in the freezer. You also can use ice wrapped in a towel. Some women find that cold cabbage leaves help. After the first day or two, placing warm compresses (cloths) or soaking in a warm tub may be more comforting.
- Do Kegel exercises. These strengthen the muscles in the pelvic area, which helps the perineum heal. To do them, squeeze the muscles that you use to stop yourself from urinating. Hold the muscles tight for 10 seconds and then release.
- Sit on a pillow.
- Fill a squirt bottle with warm or cool water to clean and soothe your perineum. Your hospital or birth center may have provided one.
- Wipe from front to back after going to the bathroom. This can help prevent infection as your perineum heals.
- Ask your provider about medicine to help ease the pain.

AFTERBIRTH PAINS

These are cramps that you feel as your uterus shrinks back to its regular size. The cramps may become stronger when you nurse your baby. Right after you give birth, your uterus is round and hard and weighs about 2½ pounds. By about 6 weeks after birth, it

weighs only 2 ounces. The cramps should go away in a few days.

What you can do:

Ask your provider about over-the-counter medicine you can take for pain.

AFTER A CESAREAN BIRTH

A cesarean birth is major surgery, so it may take a few weeks for you to recover. You may be really tired for the first few days or weeks after a cesarean birth. Your incision (the cut on your belly) may be sore.

What you can do:

- Ask your provider what pain medicine you can take. They may prescribe something for you in the hospital. They may send you home with a pain medication or recommend an over-the-counter medication.
- Ask your partner, family and friends for help with the baby and at home.

BLEEDING AND VAGINAL DISCHARGE

After your baby is born, your body gets rid of the blood and tissue that was inside the uterus. This is called vaginal discharge or lochia. For the first few days, it's heavy, bright red and may contain some blood clots. Over time, the flow gets less and lighter in color – first to a brownish color, then pale yellow, then clear. You may have discharge for a few weeks, or even for a month or more. You will still have vaginal bleeding after a cesarean birth, but it might be lighter than bleeding after a vaginal birth.

What you can do:

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PHYSICAL POSTPARTUM CHANGES

- Use sanitary pads until the vaginal discharge goes away.
- If the bleeding almost stops and then starts again, if you saturate a pad or more in an hour, if you notice blood clots larger than a golf ball, or if you have any concerns about too much bleeding, call your health care provider right away.

BREAST ENGORGEMENT

This is when your breasts swell as they fill with milk. They may feel tender, very firm and sore. Engorgement usually occurs 3 to 5 days after birth, and possibly longer after a cesarean birth. Most of the time the discomfort goes away once you start breastfeeding regularly.

What you can do:

- Try not to miss a feeding or go a long time between feedings. Don't skip night feedings.
- Express a small amount of milk with a breast pump or by hand before breastfeeding.
- Place warm or cool compresses on your breasts between feedings.
- Ask your provider if you can safely take pain medication.
- Tell your provider if your breasts stay swollen, if you discover a lump or sore red spot on your breast, or if you develop a fever over 100.3 degrees.

NIPPLE PAIN

If you are breastfeeding, you may have nipple pain during the first few days, especially if your nipples crack.

What you can do:

- Use a special cream on the nipples. Ask your provider what kind to use.
- Let your breasts air dry.

SWELLING

Lots of people have swelling in their hands, feet and face during pregnancy. It's caused by extra fluids in your body that helped you get ready for labor and birth. It may take time for the swelling to go away after you have your baby.

What you can do:

- Lie on your left side or put your feet up.
- Try to stay cool and wear loose clothes.
- Drink plenty of water.

HEMORRHOIDS

Hemorrhoids are painful, swollen veins in and around the anus. Lots of person get them during pregnancy. They may get worse after giving birth.

What you can do:

- Soak in a warm bath.
- Use an over-the-counter spray or cream to help relieve pain. Ask your provider which ones are OK to use.
- Eat foods that are high in fiber so that you don't get constipated and have hard stools. Foods high in fiber include fruits, vegetables and whole-grain breads and cereals.
- Drink lots of water.
- Try not to strain when you're having a bowel movement.

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PHYSICAL POSTPARTUM CHANGES

CONSTIPATION

You may have painful gas or trouble having a bowel movement after you give birth.

What you can do:

- Eat foods that are high in fiber.
- Drink lots of water.
- Take stool softeners. Your provider may prescribe these after you give birth. Take them as prescribed.

URINARY PROBLEMS

You may feel pain or burning when you urinate. Or you may feel like you need to urinate often, but you can't or you just urinate a very small amount. Sometimes you may leak urine when you lift something heavy or you cough, laugh or sneeze. Sometimes you may not be able to stop urinating. This is called incontinence.

What you can do for pain and burning:

- Drink lots of water.
- Run water in the sink when you go to the bathroom.
- Use a squirt bottle filled with warm or cool water to clean your perineum after you go to the bathroom
- Soak in a warm bath.
- If the pain continues or you have a fever of 100.3 degrees or higher, tell your provider.

What you can do for incontinence:

Do Kegel exercises to strengthen your pelvic muscles.

SWEATING

This happens a lot to new moms, especially at night. It's caused by all the hormones in your body after pregnancy.

What you can do:

- Sleep on a towel to help keep your sheets and pillow dry.
- Don't use too many blankets or wear warm clothes to bed.
- Turn up your air conditioner, use a fan or both.

GETTING YOUR PERIOD AGAIN

If you're not breastfeeding, your period may start again 6 to 8 weeks after giving birth. If you're breastfeeding, you may not start again for months. Some people don't have a period again until they stop breastfeeding. Be careful—if you have sex, you can get pregnant even before your period starts again, breastfeeding or not.

LOSING WEIGHT

Now's a great time to get to a healthy weight, no matter how much you weighed before you got pregnant. You'll feel better and are less likely to have health conditions, like diabetes and high blood pressure, if you're at a healthy weight. And just in case you get pregnant again, or if you plan to have another baby sometime in the future, it's best to be at a healthy weight before your next pregnancy.

What you can do:

- Talk to your provider about your healthy weight. If you were overweight before pregnancy, you may want to lose more weight than you gained during pregnancy.
- Eat healthy foods. Limit sweets and foods with a lot of fat.

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PHYSICAL POSTPARTUM CHANGES

- Drink lots of water.
- Do something active every day. Walking and swimming are great activities for new moms.
- Breastfeed your baby. Breastfeeding helps you burn calories. This can help you lose the weight you gained during pregnancy faster than if you weren't breastfeeding.
- Don't feel badly if you don't lose the weight as quickly as you'd like. It takes some time for your body (and your belly) to get back into shape.

FEELING TIRED

You may have lost blood during labor and birth. This can make your body tired. And your baby probably doesn't let you sleep all night.

What you can do:

- Sleep when your baby sleeps, even when they nap during the day.
- Ask your partner to share the responsibility of getting up with the baby during the night. If you're breastfeeding, they can bring the baby to you and return the baby to the crib after feeding.
- Eat healthy foods, like fruits, vegetables, whole-grain breads and pasta, and lean meat and chicken. Limit sweets and foods with a lot of fat.

HAIR

Your hair may have seemed thicker and fuller during pregnancy. After your baby is born, your hair may thin out. Hair loss usually stops about 3 to 4 months after your baby's birth.

What you can do:

- Eat healthy foods with plenty of protein.

- Be gentle with your hair. Don't wear tight ponytails, braids or rollers. These can pull and stress your hair.
- Use the cool setting on your hair dryer.

GETTING PREGNANT

It's possible that you may ovulate (release an egg) before you get your period again. This means you could get pregnant.

What you can do:

- Use birth control to help make sure you don't get pregnant again until you're ready.
- If you're breastfeeding, ask your provider about which birth control to use. Not all kinds of birth control are safe to use when breastfeeding.

SKIN

You may have stretch marks on your belly, thighs, breasts and bottom where your skin stretched during pregnancy.

What you can do:

Use creams or lotions on your skin. Your stretch marks may not go away completely. Some people think of them as badges of honor for growing an entire human being in your belly.

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STRESS, ANXIETY, BABY BLUES AND POSTPARTUM DEPRESSION

Feeling stressed and overwhelmed

Here's what you can do if you're feeling overwhelmed about being a new mom:

- Tell your partner how you feel.
- Ask your partner, family and friends for help taking care of the baby and the housework.
- Find a support group for new moms. Ask your health care provider to help you find a group.
- Eat healthy foods and be active when you can.
- Don't smoke, drink alcohol, use street drugs or herbal products not prescribed by your provider. Don't misuse prescription drugs.

Baby blues

Baby blues are feelings of sadness that some people have 3 to 5 days after having a baby. You may feel sad or cranky, or you may cry a lot. If you think you have the baby blues:

- Talk to your partner or a friend about how you feel.
- Rest when you can. Try to sleep when the baby sleeps.
- Ask your partner, family and friends to help care for the baby.
- Take time for yourself. Get out of the house every day, even if it's just for a short while.
- If the sad feelings don't go away by about 10 days after your baby's birth, tell your provider.

Postpartum depression (PPD)

Postpartum depression is a kind of depression that some people get after having a baby. It means you have strong feelings of sadness or worry that last for a long time. Some people report feeling very anxious. These feelings can make it hard for you to take care of your baby. PPD can happen any time in the first year after childbirth. It often starts within 1 to 3 weeks of having a baby. It's a medical condition that needs treatment to get better.

You may have PPD if you have 5 or more signs of PPD that last more than 2 weeks. These are the signs to look for:

Changes in your feelings

- Feeling depressed, worried or anxious most of the day every day
- Feeling shame, guilt, worthless or like a failure
- Having more bad days than good days
- Feeling panicky or scared a lot of the time
- Having severe mood swings

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STRESS, ANXIETY, BABY BLUES AND POSTPARTUM DEPRESSION

Changes in your everyday life

- Having little interest in things you normally like to do
- Feeling tired all the time
- Eating a lot more or a lot less than is normal for you
- Gaining or losing weight
- Not sleeping well or sleeping too much
- Having trouble concentrating or making decisions
- Having panic attacks. Symptoms may include shortness of breath, heart racing, trembling or shaking, sweating, or feeling out of control, dizzy, light-headed or faint.

Changes in how you think about you or your baby

- Having trouble bonding with your baby
- Thinking about hurting yourself or your baby
- If you think you have PPD, call your health care provider right away.

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WHAT ARE WARNING SIGNS TO LOOK FOR AFTER GIVING BIRTH?

What are warning signs to look for after giving birth?

In general, warning signs of serious health conditions include:

- Chest pain
- Extreme pain
- Heavy bleeding
- Trouble breathing

If you have any of these signs or symptoms, call your provider right away. If you think your life is in danger, call emergency services (911) or go to the emergency room.

Signs of a condition are things someone else can see or know about you, like you have a rash or you're coughing. Symptoms are things you feel yourself that others can't see, like having a sore throat or feeling dizzy.

Call your provider if you have any of these signs or symptoms:

SIGNS AND SYMPTOMS OF INFECTION

- **Fever higher than 100.4 F.** You get a fever when your body is trying to kill the virus or bacteria that caused an infection.
- **Discharge, pain or redness that doesn't go away or gets worse around a cesarean birth incision (cut), episiotomy or perineal tear.**
A cesarean birth (also called c-section) is a surgery in which your baby is born through a cut that your doctor makes in your belly and uterus (womb). An episiotomy is a cut made at the opening of the vagina to help let the baby out during birth. A perineal tear is a tear in the perineum, which is the area between the vagina and the rectum. Your perineum may tear naturally during vaginal birth.

- **Pain or burning when you urinate (pee), pain in your lower back or side or needing to pee often.** You may have a urinary tract infection (also called UTI), like a bladder infection called cystitis or a kidney infection called pyelonephritis.
- **Red streaks on your breasts or lumps in your breast that are new and hurt.** You may have a breast infection called mastitis. This can happen when you have a plugged duct, you miss or delay breastfeeding, or your breasts become engorged (swollen and full of milk).
- **Severe pain in your lower belly.** You may have endometritis. This is inflammation (redness or swelling) in the lining of the uterus.
- **Vaginal discharge that smells bad.** You may have endometritis or an infection called bacterial vaginosis (also called BV). BV happens when there's too much of a certain bacteria in the vagina.

Sometimes the body has an extreme response to infection called sepsis. Sepsis can be life-threatening.

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WHAT ARE WARNING SIGNS TO LOOK FOR AFTER GIVING BIRTH?

Call 911 or go to the emergency room if you have any of these signs or symptoms of sepsis after giving birth:

- Chills or feeling very cold
- Clammy or sweaty skin
- Fast breathing
- Fast heart rate
- Feeling confused
- Fever
- Having extreme pain or discomfort

SIGNS AND SYMPTOMS OF OTHER HEALTH CONDITIONS

- **Bleeding that's heavier than your normal period or bleeding that gets worse over time.** You may have postpartum hemorrhage (also called PPH). PPH is when a person has heavy bleeding after giving birth. It's a serious, but rare condition that can happen up to 12 weeks after having a baby.
- **Pain, swelling, redness, warmth or tenderness in your legs, especially in your calves.** You may have deep vein thrombosis (also called DVT). This happens when a blood clot forms deep in the body, usually in the lower leg or thigh.
- **Changes in vision, dizziness, severe headache, pain in the upper right belly or in the shoulder, trouble breathing, sudden weight gain or swelling in the legs, hands or face.** You may have postpartum preeclampsia. This is a serious condition that happens when a person has high blood pressure and signs that some of her organs, like her kidneys and liver, may not be working normally after giving birth.
- **Chest pain, coughing or gasping for air.** You may have a pulmonary embolism (also called PE). An embolism is a blood clot that moves from where it formed to another place in the body. When the clot moves to a lung, it's PE. PE is an emergency.
- **Feeling sad or hopeless for more than 10 days after giving birth.** You may have postpartum depression (also called PPD), a kind of depression some person get after having a baby. PPD is strong feelings of sadness, anxiety (worry) and tiredness that last for a long time after giving birth. These feelings can make it hard for you to take care of yourself and your baby. PPD is a medical condition that needs treatment to get better.
- **Feeling sick to your stomach or throwing up.** You may have PPH or cardiovascular disease (also called heart disease). Heart disease includes conditions that affect the heart and blood vessels. They often affect the heart muscle or involve narrowed or blocked blood vessels that can lead to a heart attack or stroke.

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EVALUATION

Give honest answers to the questions below. Your answers are confidential.

- Overall, how would you rate these sessions?
 - Excellent
 - Good
 - Fair
 - Poor
- Did the sessions convince you to do something specific for your health or the health of your baby?
 - Yes No

If yes, what will you do?

- The information in the sessions was:
 - Easy to understand
 - Hard to understand
- The length of the sessions was:
 - Just right
 - Too short
 - Too long

- The session leader: (Check all that apply.)
 - Was lively
 - Was hard to follow
 - Was boring
 - Knew the topics well
 - Treated me with respect
 - Did not know the topics well
 - Helped me with my problems
 - Encouraged me to ask questions
 - Other: _____

- What did you like the most about the sessions?

- What did you like the least?

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EVALUATION

8. Rate each of the sessions you attended:

	Extremely helpful	Helpful	Not helpful	Did not attend
Session 1. You and your pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 2. Prenatal care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 3. Eating healthy during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 4. Stress during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 5. Things to avoid during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 6. The big day: Preparing for birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 7. Caring for your baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 8. Caring for yourself postpartum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Is there anything you would change about the sessions?

Yes No

If yes, what would you change? _____

Thank you for your comments!

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