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| 1. Prenatal Care

Prenatal care is healthcare you get during pregnancy. Your healthcare provider checks on you and your growing baby at prenatal visits. It is important that you go to all your prenatal visits even if you feel fine. People who don't get prenatal care are at higher risk for poor pregnancy outcomes such as having a baby who is born too small or too early.

Your Prenatal Visits

During your prenatal visits your healthcare provider will:

- Check your weight and blood pressure and baby's heart rate.
- Perform tests such as blood work to check for infections.
- Complete ultrasounds to check on you and your baby.
- Suggest a prenatal vitamin to give you the nutrients you need to carry a healthy baby.
- Monitor your baby's growth and confirm your due date.
- Address your questions or concerns.



Your prenatal visits will most likely be:

Every 4 to 6 weeks during the first 28 weeks of pregnancy.

Every 2 to 3 weeks from 28 to 36 weeks of pregnancy.

Once per week from 36 weeks of pregnancy to delivery.

Medications During Pregnancy

Talk to your provider before starting, changing or stopping any medicine. This includes prescription medicine, over-the-counter medicine, supplements, oils, tinctures and herbal medication. Some medicines can hurt your baby if you take them while you are pregnant.



Care Managers

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



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

First Trimester To-Do List

- Find a provider to care for you during your pregnancy. This can be an OB/GYN, midwife, family medicine doctor or other prenatal care provider. Schedule your first prenatal visit. Your health plan care manager can help you do this.
- Start taking a daily prenatal vitamin with 400 to 800 mcg of folic acid. Some conditions may require you to take more folic acid to help prevent birth defects. **Talk with your provider to find out if this is needed for you and your pregnancy.**
- Avoid eating raw or undercooked foods such as meat and seafood. Reduce caffeine intake to under 200 mg per day. For example, one 12-ounce cup of coffee.
- If you smoke, drink alcohol or use illegal drugs, now is the time to quit. **Talk to your provider or care manager for help getting started.**
- Dental care is safe and important in pregnancy. Pregnancy increases the risk of cavities and gingivitis. If you have not seen a dentist in the past six months, now is the perfect time to schedule an appointment.
- Keep a record of your blood pressure and weight from your visits. Write down your pregnancy questions before you go to your provider.

SCAN ME!




To learn how to check your blood pressure, scan the QR code or visit <https://b.link/bpcheck>




Keep Track of Your Check-Ups

If you feel sad more often than not, it's OK to ask for help. Talk to your healthcare provider or call your care manager. They can give you choices for ways to help manage and understand your feelings.


Date of visit _____ Blood pressure _____ Weight _____

Symptoms to discuss	Questions for your healthcare provider	How did you feel about your visit?
		


Date of visit _____ Blood pressure _____ Weight _____

Symptoms to discuss	Questions for your healthcare provider	How did you feel about your visit?
		


Date of visit _____ Blood pressure _____ Weight _____

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Date of visit _____ Blood pressure _____ Weight _____

Symptoms to discuss	Questions for your healthcare provider	How did you feel about your visit?
		




Contact your health plan's customer service or your care manager if you have trouble finding a provider or making appointments. They can also help if you need assistance with transportation.


Date of visit _____ Blood pressure _____ Weight _____

Symptoms to discuss	Questions for your healthcare provider	How did you feel about your visit?
		


Date of visit _____ Blood pressure _____ Weight _____

Symptoms to discuss	Questions for your healthcare provider	How did you feel about your visit?
		

Date of visit _____ Blood pressure _____ Weight _____

Symptoms to discuss	Questions for your healthcare provider	How did you feel about your visit?
		

Date of visit _____ Blood pressure _____ Weight _____

Symptoms to discuss	Questions for your healthcare provider	How did you feel about your visit?
		



2. Staying Healthy During Pregnancy

As your baby grows and your body changes, it is important to stay healthy to have a healthy pregnancy. You can do this by:

- Eating healthy foods.
- Being physically active.
- Reducing caffeine intake.
- Getting plenty of sleep.
- Staying hydrated.



Nutrition

Choose a mix of healthy foods you enjoy from each food group to get nutrients you need during pregnancy.

SCAN ME!



Learn more about nutrition and food choices by scanning the QR code or visiting <https://bit.ly/3wQ73nY>



Low-Dose Aspirin

Taking a low-dose aspirin (81 mg) once a day starting at 12 weeks of pregnancy until delivery has been shown to lower the risk of developing preeclampsia. Preeclampsia is a high blood pressure disorder that can occur with pregnancy. **Talk with your provider to see if this medication can help you.** You may be at high risk for developing preeclampsia or high blood pressure due to pregnancy if you have any of the following risk factors:

- History of preeclampsia in a past pregnancy.
- Chronic hypertension or high blood pressure outside of pregnancy.
- Diabetes.
- Pregnant with twins, triplets, etc.
- Kidney or autoimmune diseases.
- Over 35 years of age.
- BMI over 30.



Did You Know?

You should wear a seat belt every time you travel, even when you are pregnant. You and your baby are more likely to survive a car crash when wearing a seat belt.





Exercise

Talk to your provider about exercising during pregnancy. If your provider says it is OK, pick activities you enjoy. Remember to start slowly especially if you are new to exercise.

- Try to exercise 2 to 3 times per week for 20 to 30 minutes each time.
- Drink plenty of water before, during and after you exercise.
- Avoid lifting heavy weights or exercising outside on very hot days.
- Listen to your body. Take a break if you feel tired or short of breath.

Exercise during your pregnancy can offer the following benefits:

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

SCAN ME!



Learn more about exercises that are good for you and baby by scanning the QR code or visiting <https://bit.ly/3vgrrOL>





Advocate for Yourself

You and your healthcare provider should work together to make decisions about your healthcare and treatments. Working together is necessary to meet your healthcare goals for you and your baby. Trust your gut.

- Do not be afraid to speak up or ask questions if something doesn't feel right.
- Write down your questions. It is common to think of questions between prenatal appointments. Keep track of your questions so you don't forget them when you get to your next appointment.
- Bring support. Bring your partner, friend, family member or doula to your prenatal appointments. Your support can help voice concerns, ask questions and take notes for you.
- Find a provider you feel comfortable talking to and asking questions. Share your vision about what you want your birth plan to be, so they understand your wishes.
- If you have doubts about labor and delivery, ask yourself: "Am I and my baby safe?" "What are my options?" and "What effect will this have on me and my baby?"



Types of Prenatal Providers

- **An obstetrician/gynecologist or OB/GYN** is a doctor and surgeon who specializes in female reproductive health including pregnancy, delivery and postpartum.

- **A family physician or a family doctor** is a doctor who has the ability to treat every member of your family. They may also have special training to care for you during your pregnancy and delivery. They can care for you and your baby after delivery.

- **A maternal-fetal medicine physician or MFM** is an OB/GYN who has completed additional training to care for high-risk pregnancies. If you have medical problems that can cause difficulties during pregnancy, your doctor might advise that you see an MFM.

- **A women's health nurse practitioner or WHNP** is a registered nurse specially trained to care for those who are pregnant and after delivery throughout their lifespan. They do not normally perform deliveries.

- **A certified nurse midwife or CNM** is a registered nurse who has completed extra training to provide care during pregnancy, delivery and after delivery. Depending on where you live there may be other types of midwives available to help care for you and your baby. Ask your care manager for more information.



We can help you find a provider in your area who is right for you. Call the number on the back of your health plan ID card or contact your care manager.

Fast Fact

A doula is a non-medical member of the care team trained to provide one-on-one physical and emotional support and guidance before, during pregnancy and after delivery.



3. What to Avoid During Pregnancy

When you are pregnant it is important to think about what you put into your body. Many things can be harmful to you and your growing baby. Some substances can cause preterm birth, birth defects, miscarriage or stillbirth. Babies exposed to multiple substances before birth are at risk of developing physical and developmental problems.



Alcohol

Alcohol includes:

- Beer
- Wine
- Liquor
- Mixed Drinks

Alcohol can cause serious birth defects called fetal alcohol spectrum disorders. Problems can include physical, mental, behavioral conditions and learning disabilities.

There is no known safe amount or safe time to drink alcohol when you are pregnant.



Tobacco

Avoid all forms of tobacco including e-cigarettes, vapes, snuff and secondhand smoke when you are pregnant and breastfeeding. Using tobacco:

- Is the leading cause of preventable death in the United States.
- Can cause babies to be born too early or too small.
- Increases the risk of stillbirth and crib death also known as sudden infant death syndrome or SIDS.



Did You Know?

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





Marijuana

Do not use any form of marijuana when you are pregnant. Using any form of marijuana including medical marijuana is not safe during pregnancy or breastfeeding. Using marijuana:

- Can cause harm to your baby's brain development before birth.
- Puts your baby at high risk for being born early, at a low birth weight and stillborn.
- May make it hard to care for your baby because of feeling dizzy, impairing your judgement or feeling short of breath.



Illegal Drugs

Illegal drugs or street drugs are substances like heroin, cocaine and crystal meth. This also includes prescription drugs that belong to someone else or that you use differently than your provider tells you. Using illegal drugs can:

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

There is no known safe amount or safe time to use illegal or street drugs when you are pregnant or breastfeeding.



Opioids

Use of opioids during pregnancy can affect you and your baby. Opioids include oxycodone, hydrocodone, morphine, fentanyl and heroin. These substances are available through a prescription or bought off the street. Opioid use in pregnancy increases risks of:

- Preterm or early delivery.
- Poor fetal growth.
- Neonatal Abstinence Syndrome (NAS)/Neonatal Opioid Withdrawal Syndrome (NOWS): drug withdrawal symptoms in the newborn that can last days to weeks after birth. This requires the baby to stay in the hospital for care.
- Death of mom or baby during or after delivery.

Treatment for opioid use disorder can be done during pregnancy and can increase the chance of having a healthy pregnancy and delivery.

Fast Fact

Kratom is an herbal supplement that acts similar to opiates. It has similar risks to mom and baby during pregnancy and after delivery.



4.Changes During Pregnancy



First Trimester

(1-13 Weeks) This is a period of fast growth for your baby. They are developing all of their body parts and organs.

Symptom	Description	What can I do?
Feeling tired	Feeling very tired during the first three months of pregnancy is common. The tired feeling usually goes away gradually by 13 weeks.	<ul style="list-style-type: none">• Take a nap or take a few rest periods each day.• Ask family or friends to help you with housework or tasks.
Nausea	You may feel sick to your stomach. People who are pregnant may vomit. It can happen at any time of the day — not just in the morning. It usually begins in the first month of pregnancy and normally goes away in the second trimester.	<ul style="list-style-type: none">• Avoid having an empty stomach by eating frequent, small snacks like crackers, toast, pasta or broth.• Ginger capsules and vitamin B6 can help.• Avoid spicy, fried and greasy foods.• Talk with your provider about prescription medications that can help.





Second Trimester

(14-27 Weeks) Your baby is growing quickly. By the 22nd week, you are usually able to feel your baby moving.

Symptom	Description	What can I do?
Headaches	During the first and second trimesters, your body experiences a surge of hormones and an increase in blood volume. This can cause headaches. They should decrease by the middle of the second trimester when your hormones become more stable.	<ul style="list-style-type: none">• Talk to your healthcare provider about any medicines (like acetaminophen) you may be able to take.• Anti-inflammatory medications, like ibuprofen or naproxen, are not recommended for use during pregnancy.• If your headache is severe or does not go away, call your provider. This could be a sign of a serious problem.
Heartburn	Having heartburn while pregnant is common. Hormone changes during pregnancy and a growing baby pushing on your stomach can affect how your body digests food.	<ul style="list-style-type: none">• Ask your healthcare provider about antacids.• Eat five or six small meals throughout the day.• Wait an hour or two after you eat before lying down.• When lying down, prop up your head and back with pillows.• Avoid caffeine in teas, coffees and sodas.• Avoid high-fat foods, spicy foods and chocolate.



Third Trimester

(28-40 Weeks or Birth) Your baby will continue to gain weight and develop important organs like the lungs and brain.

Symptom	Description	What can I do?
Back pain	Back pain is common in the last half of pregnancy. You may find you have to lean back to keep your balance as your belly grows. This puts more stress on your back muscles causing back pain.	<ul style="list-style-type: none">• Keep your back straight and bend with your knees when you lift things off the ground.• Wear low-heeled shoes with good support.• Wear a support belt to lift your belly.
Swelling	Your ankles, feet, and hands may become swollen in the last few months of pregnancy. This is because your body produces a lot of extra fluid when growing a baby.	<ul style="list-style-type: none">• Put your feet up and rest as often as you can. Do this a few times each day.• Wearing special socks, called compression socks, can help reduce swelling in the legs and feet.





5. Preterm Labor and Delivery

It is common to have concerns when you are pregnant. Going to all of your prenatal appointments can help catch problems early or prevent them. **Call your provider's office after hours line, your local hospital, or the number on the back of your health plan ID card for the 24-hour Nurse Advice Line if you have concerns.**

Preterm Babies

Pregnancy normally lasts about 40 weeks or 10 months. A preterm baby is one born more than 3 weeks early or before 37 weeks. They are sometimes called “preemies.”

See your healthcare provider right away if you have any signs of early labor. There may be medicines they can give you to help stop the labor.

The signs of labor may include:

- Painful contractions.
- Vaginal spotting or bleeding.
- Period-like cramps.
- Constant dull lower back pain.
- Increased pressure in your lower pelvic area.
- Fluid leaking from your vagina.
 - If it does not smell like urine, it might be amniotic fluid.



Not all preterm labors can be stopped. The closer you deliver to your due date the longer your baby has to develop. Premature babies are at higher risk of:

- Breathing problems.
- Trouble with behavior and learning.
- Infections.
- Bleeding in the brain.
- Trouble feeding.
- Vision loss.
- Hearing difficulties.
- Delayed growth and development.

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

Most babies are born healthy and stay with their parents after delivery. If your baby is born early or has other problems, they may need to spend some time in the NICU or SCN. The NICU and SCN have staff and special equipment to care for high-risk newborns.

KNOW YOUR RISK FOR PRETERM DELIVERY



RISK FACTORS



WHAT SHOULD I DO?



Previous preterm delivery



Talk to your provider about possible ways to prevent preterm birth.



Pregnant with multiples



Carrying more than one baby means you will see your healthcare provider more often.



Short time between pregnancies



Wait at least 18 months before getting pregnant after your last delivery. **Talk to your provider about family planning and contraceptives.**



Substance use



Avoid tobacco use (cigarettes, vaping, etc.), drinking alcohol and using drugs during pregnancy.



Stress



Job and social pressures can cause stress that is hard to manage. **Contact your provider or care manager if you need support.**



Uncontrolled health conditions in pregnancy



Health conditions such as high blood pressure, heart problems and diabetes may increase your chance of having a preterm baby. Get prenatal care as soon as you think you may be pregnant and throughout your pregnancy.

It is important that you go to all of your prenatal visits even if you feel fine.



6. Chronic Health Conditions

People who have certain health problems before becoming pregnant are at higher risk for problems during and after pregnancy. These conditions include diabetes, heart disease, hypertension, obesity, anxiety or depression. New health problems may arise during pregnancy that can affect your pregnancy and health after pregnancy. **Tell your provider about any of these conditions so they can help you manage them while you are pregnant and after delivery.**



Diabetes

Having diabetes or high blood sugar before or very early in pregnancy can increase the risk of birth defects and miscarriage. Developing high blood sugar while pregnant is called gestational diabetes (GDM). Eating a diet lower in sugar and exercising after meals can help lower blood sugars. There are also pills or injections that are safe to use in pregnancy to reduce the chance of complications.

Potential problems of diabetes in pregnancy include:

- Damage to your organs, like the kidneys.
- Increased risk of developing preeclampsia.
- Low blood sugar in babies at birth. This may require them to go to the NICU or SCN.
- Large babies at birth. This can increase the chance of needing a C-section or problems during delivery.
- Having a baby that is very small. Babies born at a low birth weight or under 5 pounds 8 ounces are at higher risk of having health problems.



degree relative with diabetes, hypertension or being a member of a high-risk race or ethnicity.



Glucose Testing

A glucose test to check for GDM is done between 24 and 28 weeks of pregnancy for those who do not have known diabetes before pregnancy. The test may be done earlier if you have health concerns that put you at high risk. Some risk factors for early testing include being overweight or obese, GDM in a past pregnancy, a first



High Blood Pressure (Hypertension)

High blood pressure diagnosed prior to pregnancy or before 20 weeks of pregnancy is called chronic hypertension. Your provider will ask if you have been on medications for hypertension before your pregnancy. Your provider may recommend medication if your blood pressure gets too high during pregnancy.

People who have chronic hypertension or develop high blood pressure during pregnancy are at higher risk for developing a condition called preeclampsia. Preeclampsia can lead to life-threatening events during pregnancy, labor or after the baby is born. Such as:

- Organ failure.
- Strokes or seizures.
- Slowed growth of your baby.
- Preterm delivery.

Your provider will check your blood pressure at every visit.

Risk factors for developing preeclampsia include a past history of preeclampsia and having a chronic medical condition. Taking a low-dose aspirin daily starting at the end of the first trimester may lower your risk of developing preeclampsia. **Talk to your provider about your risk factors, treatment and any symptoms you may have.**

Symptoms of preeclampsia include:

- Puffiness in hands, feet and face.
- Vision changes. You may see bright or dark spots.
- Pain on the upper right side of your belly or shoulder.
- Headaches that do not go away with medicine.
- Severe nausea and vomiting in the second half of pregnancy.
- Sudden weight gain.
- Difficulty breathing or chest pain.

Call your healthcare provider right away if you have any of these.



Asthma

Asthma symptoms can get better, stay the same or get worse during pregnancy. An asthma flare-up during pregnancy can cause low oxygen in blood. This means less oxygen gets to your growing baby. This can put your baby at higher risk for premature birth, low birth weight and poor growth.

- Your provider will monitor your breathing while you are pregnant and change your asthma medications if needed.
- Avoid asthma triggers such as pollen, chemical irritants, pet dander and smoke.
- Take your asthma medication as prescribed. Many asthma medications are safe to use in pregnancy.

Speak to your provider about your medication options.



Seizures

It is important to seek prenatal care early and regularly to make sure you and your baby are healthy during pregnancy if you have seizures or epilepsy. If you are on anti-seizure medications your provider will make sure it is safe to use in pregnancy. They may recommend you take extra folic acid before pregnancy and in the first part of pregnancy to help prevent birth defects. You may also need blood work to make sure you are on the right dose of medications during your pregnancy. **Do not stop, start or change the dose of any medication without talking to your provider.**



Sickle Cell Disease (SCD)

Sickle cell disease or SCD may get worse during pregnancy and can cause pain episodes more often. Pregnancy can increase your risk for developing a blood clot which may lead to complications such as stroke, heart attack and preeclampsia. It can also put your pregnancy at risk for miscarriage, preterm birth and having a baby with a low birthweight. With early and regular prenatal care most people with SCD can have a healthy pregnancy. **It is important to talk to your provider about the medications you are taking for SCD to ensure they are safe to take during pregnancy.**





7. Depression and Anxiety in Pregnancy

It is normal to feel down one day and better the next. This is a challenging time. There is nothing wrong with feeling emotional. Your body and life are going through many changes. Feeling sad, irritable, hopeless or worried more often than not can be signs of depression or anxiety.

COMMON SIGNS OF PERINATAL OR POSTPARTUM DEPRESSION:



Withdrawal from family and friends.

Loss of interest or pleasure in activities you used to enjoy.

Constant sad, anxious or “empty” mood.

Difficulty concentrating, remembering or making decisions.

Trouble bonding or forming an emotional attachment with the new baby.

Thoughts of death or suicide. If you have these thoughts, call or text the Suicide & Crisis Lifeline at 988 for help 24/7.

Abnormal appetite, weight changes or both.

Trouble coping with daily tasks.

Feelings of worthlessness or guilt.

Lasting doubts about the ability to care for the new baby.

Difficulty sleeping even when baby is sleeping, awakening early in the morning or oversleeping.

Almost everyone feels overwhelmed and unsure of themselves at times when they are pregnant. If you answer yes to either of the following questions you could have depression:

- During the past month have you been feeling down, depressed or hopeless for more than half of the days of the month?
- During the past month have you had little interest or pleasure in doing things for more than half of the days of the month?

If you have these feelings, reach out for help from your provider, care manager, friend or partner.



If these feelings last longer than 2 weeks, call your doctor or care manager. They can help you decide the best way to help manage your emotions.



Did You Know?

There are 24/7 national hotlines available that provide no cost and confidential emotional support:

- National Maternal Mental Health Hotline: call or text 1-833-TLC-MAMA (1-833-852-6262).
- Suicide & Crisis Lifeline: call or text 988.
- Postpartum Support International: call or text “HELP” to 1-800-944-4773.
- National Crisis Text Line: 741741 text “HOME” if in crisis.





8. Vaccines for You and Your Baby's Caregiver

Babies are more likely to get sick from germs in their first 6 months of life. It is very important for new parents and baby caregivers to stay up to date on vaccines to keep your baby protected. **Talk to your provider about vaccinations that are safe to get during pregnancy.**

VACCINES DURING PREGNANCY



FLU VACCINE

Your baby cannot get the flu vaccine until they are 6 months old. The only way to protect your baby from serious problems is for you and those around your baby to get the flu vaccine. Your baby's immune system is not fully developed yet. Your baby is more prone to severe illness from the flu. This can lead to:

- Pneumonia (a serious lung infection)
- Dehydration (when too much water is lost from the body)
- Death



TDAP VACCINE AND WHOOPING COUGH VACCINE

You may have heard of pertussis or whooping cough. This disease is very contagious and can cause pneumonia and serious breathing problems. Whooping cough can be deadly for infants. The Tdap vaccine protects against whooping cough, tetanus and diphtheria. Your baby cannot start vaccines for these diseases until they are 2 months old. It is up to you to protect your baby by getting your vaccine.



COVID-19 VACCINE

Getting COVID-19 during pregnancy can lead to a higher risk of being in the intensive care unit (ICU), needing a machine to breathe, or dying. It also increases the chance of having a preterm birth and your baby needing to go to the NICU. The COVID-19 vaccine is safe to use during pregnancy and while breastfeeding, to help keep you and your baby from getting very sick from the virus.



RSV VACCINE

RSV is a respiratory virus. It is the most common reason babies are admitted to the hospital. It can cause symptoms as mild as a common cold or as severe as major breathing problems. The RSV vaccine is now available for pregnant women to get between 32 and 36 weeks of pregnancy to help protect your baby.



OTHER PEOPLE WHO MAY NEED VACCINES

Make sure anyone who lives with or cares for your baby is vaccinated against the flu, whooping cough and COVID-19. All loved ones should get a flu shot each year. Anyone who has not previously received a Tdap shot should try to get one at least 2 weeks before interacting with your baby.

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Learn more about vaccinations that are good for you and baby by scanning the QR code or visiting <https://b.link/vaccines>

Turn to page 81 for vaccination information for baby's first year of life.



9. Gearing Up for Baby

You are already doing so much to have a healthy pregnancy. Getting ready for a new baby does not have to cost a fortune.



Ask family or friends if they have clothes they would be willing to give or lend to you.



Garage sales and thrift stores are great places to find like-new clothes and other baby essentials.



Try to gather these items throughout your pregnancy instead of all at once to help with cost.



Be sure to wash clothes and supplies so they are clean for your baby.

SCAN ME!



View more helpful items to have when your baby arrives by scanning the QR code or visiting <https://bit.ly/3vcFTr3>





10. Birth Control and Family Planning

It is important to start thinking about family planning and what birth control you are going to use after you have your baby.

Family Planning

It is best to wait at least 18 months before getting pregnant again. A shorter period of time between pregnancies increases risks for you and your future baby. This time between pregnancies also helps protect your future child from SIDS. **Talk to your provider about the best options for you and your planning needs.**

Planning and Birth Control

Thinking about your goals for having or not having more children is called a reproductive life plan. There are many safe forms of birth control to choose from to fit your plan. Some can be started right after you deliver your baby. Talk to your healthcare provider to get the right form of birth control for you.



Using Birth Control While Breastfeeding

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

You can use condoms with another form of birth control. Condoms stop the spread of sexually transmitted infections (STIs) like HIV and syphilis. There are many forms of condoms. They are usually cheap and sometimes no cost. Stay in control of your body.

Visit [GetTested.cdc.gov](https://www.gettested.cdc.gov) to find no cost confidential STI testing.

Choose Your Hospital or Birthing Center

Some birth control methods are not available in some religious or rural hospitals. **Talk to the hospital about what options are available before you deliver.**

SCAN ME!



Learn more about types of contraception by scanning the QR code or visiting <https://bit.ly/43gsDyh>



Ask yourself these questions:

Create a Reproductive Life Plan

- » Would I like to have more children in the future?
- » How many children would I like to have?
- » How long do I want to wait before becoming pregnant again?
- » What birth control method do I plan to use until I am ready to get pregnant?
- » How can I be sure I will be able to use this birth control method without problems?
- » If I used birth control before, how did it work and how did it make me feel?

Consider What Factors to Reflect On Before Becoming Pregnant Again

- » Do I feel mentally supported and physically healthy enough to be pregnant again?
- » Do I need help to stop smoking or using drugs before becoming pregnant again?
- » Do I have the financial resources to support another baby?
- » What are my plans for my future?
- » Do I have supportive relationships to help me if I have another baby?





11. Pre-Delivery To-Do List

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

Preparing for Your Baby

- Choose a healthcare provider for your baby. You will need to schedule an appointment within 1 week after delivery and before your baby is a month old. **Call your health plan if you need help finding a provider for your baby or scheduling an appointment.**
- Take childbirth classes in person or online. These classes can help you and your birthing partner prepare for labor and birth.
- Take parenting classes in person or online. These classes help you learn how to care for your new baby.
- Tour the hospital or birthing center where you plan to deliver and preregister if possible.
- Do you have other children? Plan childcare for when you deliver. Talk to friends and family about caring for your child when you deliver. You can also call your care manager or Child Care Aware at 1-800-424-2246 to find options.
- Do you have a ride to the hospital? Your health plan can help you find transportation.
- Set up a safe place for your baby to sleep. Use a crib, bassinet or cradle. Use a firm mattress with a fitted sheet.
- Wash all baby clothes and sheets with fragrance-free detergent.
- Make a meal plan for after you deliver. Ask friends and family to help. **Or call your health plan if you need food assistance.**
- Get an approved car seat. **Call your health plan for help getting one.** Visit National Highway Traffic Safety Administration at [NHTSA.gov](https://www.nhtsa.gov) and search “car seats and booster seats” to find where you can get your car seat installed properly. Your local hospital may also be able to help.
- Pack your bag for delivery. Start packing around 33 weeks. This leaves you time to grab anything you may need.

SCAN ME!



View a list of items to pack by scanning the QR code or visiting <https://bit.ly/43ly92p>

We are here to help! Call your health plan if you need help:



- Finding a provider for your baby.
- Getting transportation to appointments.
- Accessing healthy foods.
- Getting a car seat.



12. Preparing for Labor and Delivery

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



False Labor

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

- Are not painful.
- Do not have a regular rhythm.
- Are more than 10 minutes apart.
- Go away after drinking two glasses of water or resting. Practice contractions are OK late in pregnancy.



Signs of Labor

There are signs that you are in true labor. Follow the instructions provided by your provider if you notice:

Contractions

Unlike Braxton Hicks contractions, true contractions will get stronger and more frequent over time. You may feel your entire womb painfully squeezing with increased pressure in your lower pelvic area. Some people say they feel like a belt is getting tighter and tighter around them. If your contractions are less than 5 minutes apart and are getting more painful, this may mean that labor has begun.

Back Labor

You may feel pain in your lower back that is associated with the womb contracting or squeezing. This may be labor occurring in your back or back labor. This pain may also spread to your lower belly and legs.

Your Water Breaks (Ruptured Membranes)

This means that the bag of water around your baby or amniotic sac has broken. You may feel fluid coming from your vagina that continues even after you use the bathroom. It might be amniotic fluid if it does not smell like urine. Do not use a tampon, get in the tub or have intercourse if you think your water has broken.



What Should I Do if I Think I'm in Labor?

Follow the instructions you and your provider have discussed during your prenatal appointments. Prepare to go to the hospital or birthing center. Once you arrive in the hospital you will most likely:



Be sent to the labor and delivery unit.



Register.



Get checked by a nurse or OB provider. Based on your level of comfort, privacy from your accompanying support person is available during the check-in process and examinations.



Be taken to a room to have your baby if you are in active labor.



It is an emergency if you are having signs of labor and are more than 3 weeks before your due date. You could be in preterm labor. Seek medical attention immediately.

Managing Pain During Delivery

There are many different ways to control pain during childbirth. These help but will not get rid of all of your pain. **Talk to your provider about what is right for you.**



Non-Medical Pain Relief

There are ways to help with pain during labor without medications. Your hospital or birthing center can provide support if you choose not to use pain medication during delivery. This may include water therapy, breathing exercises, varying positioning to relieve pressure and relaxation methods. A labor support person can also help.



IV Pain Medication

Some pain medications can be given through a tube (IV) in your hand or arm. These take the edge off mild contractions. IV pain medications cannot be used when you are close to delivering because the medication can be passed on to the baby and it can make it hard for baby to breathe.



Epidural Anesthesia

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



Nitrous Oxide (Laughing Gas)

Nitrous oxide is a gas that when breathed in helps reduce anxiety and ease pain. Its effects last for a short period of time. Most people experience fewer side effects than with other medications. Check with your provider to make sure it is available where you plan to deliver if you are interested in this.



Local Anesthesia Nerve Block

Local anesthesia blocks pain in a small area of your body during labor. An injection is given into a nerve that relieves pain around your vagina and rectum as your baby is being delivered.



13. Vaginal Delivery and Cesarean Section



Vaginal Delivery

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

1. Labor

Labor is hard work! It is usually the longest part of childbirth. Your contractions may feel like strong cramps at first. As it continues, your cervix slowly opens and contractions get stronger, longer and closer together. You are “fully dilated” or “complete” when your cervix is 10 centimeters dilated.

2. Pushing and Delivery

This stage may last a few hours. When your cervix is fully dilated, and your baby’s head has moved into the birth canal you may be ready to start pushing. Your contractions move your baby down through the birth canal to the opening of your vagina. You help your baby along by pushing. This stage ends when your baby is born. Don’t be surprised if your baby’s head is swollen or cone shaped from squeezing through the birth canal. It will go back to normal soon.

3. Delivery of the Placenta

This stage usually begins right after the birth of your baby. It ends when the placenta is delivered. Your provider may massage your uterus by pressing gently and firmly on your abdomen. You may feel pressure, discomfort or pain. You will be monitored for too much bleeding after delivering the placenta. Your provider may give you additional medication to help control bleeding. **Talk to your provider ahead of time to prepare if you would like to keep your placenta.**

It is common to have tears from delivery. Your provider may recommend closing these tears with dissolvable stitches and will make sure you are comfortable during this time.

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

C-Section

A C-section is a surgical procedure used to deliver your baby and placenta through incisions in your abdomen and womb. C-sections are needed when it is too risky to deliver vaginally. You may have an epidural or spinal anesthesia that will give you pain relief during the delivery. You will be awake for the procedure if you have an epidural or spinal anesthesia. Sometimes it is not possible to have an epidural or spinal anesthesia. In this case, you may be given general anesthesia. If you have general anesthesia for pain relief during delivery, you will be given medications that you breathe, and in your IV. You are asleep during the delivery. A breathing tube and machine will help you breathe while you are asleep. After an uncomplicated C-section you and your baby usually stay in the hospital for 2 to 4 days. Your healthcare providers will want to make sure you can care for yourself and your baby and manage your pain.

Fast Fact

Skin-to-skin contact after birth helps to calm and relax baby and you. It regulates heart rate, breathing and temperature and stimulates digestion and the release of hormones to help breastfeeding.



Induced Labor

Sometimes your provider may want to help get your labor started. This is called an induction. This may be due to a complication or concern with you or your baby. Options for induction will be discussed if you and your provider decide to induce.

Delivery Before 39 Weeks

Sometimes there are medical reasons why your provider recommends delivery before 39 weeks. Ask questions to make sure you understand the reason if your healthcare provider recommends an induction or C-section before 39 weeks.

Your baby may need to spend time in the NICU or SCN if born early or has other problems. The NICU and SCN are special areas of the hospital. These areas have staff and special equipment to care for high-risk newborns.

Did You Know?

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

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



After Your Baby is Born

Medications Your Baby Will Get

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

- **Eye ointment:** Prevents eye infections/blindness.
- **Vitamin K shot:** Helps your baby's blood clot to prevent things like bleeding on the brain and in the intestines.
- **Hepatitis B vaccine:** Protects your baby from hepatitis infection.

Tests Your Baby Will Get

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

- **Hearing test:** A newborn hearing screening is a safe and painless method to test whether or not your baby can hear well.
- **Newborn screening tests:** A couple drops of blood will be taken from your baby's heel to test for a variety of disorders.
- **Newborn cardiac screen:** A sensor around your baby's hand or foot will check the infant's oxygen level to screen for serious heart defects.

Circumcision

If you give birth to a boy, it will be your choice if you'd like him circumcised. The skin that covers the end of the penis is called foreskin. Circumcision is the removal of this foreskin. It exposes the tip of the penis. It is considered surgery and takes only a few minutes. The area is numbed to relieve pain. Your baby's nurse or doctor will tell you how to care for your baby after circumcision. It takes 7-10 days for the penis to heal. **Talk to your provider and your baby's provider about the procedure.**



14. Your Body After Delivery

Be sure to see your healthcare provider after you deliver for follow-up and ongoing care. These visits are called postpartum visits. They are important for making sure your body is healing after delivery. Birthing parents are at risk of serious and sometimes life-threatening health complications in the days, weeks and months after giving birth. **Talk to your provider about the best schedule for your needs.**

Check With Your Healthcare Provider

- Find out when you can resume having sex and doing other normal activities.
- If you had diabetes in pregnancy, **talk to your healthcare provider about testing for diabetes after pregnancy at your 6 week or comprehensive visit.**
- If you had high blood pressure, check blood pressure at home and follow up with your provider. Your provider may recommend an earlier follow-up visit.
- Your provider will screen for depression and anxiety during your postpartum visit.

Healing From a C-Section

You may have soreness, numbness or itching around your incision if you had a C-section. This is normal and should improve over time. Use pain relievers prescribed by your healthcare provider. Your provider may have you come in after delivery to check your incision. Remember to hold your belly when you sneeze or cough and use pillows for extra support while feeding your baby. There may be an infection if your incision looks very red, is draining, is getting more painful or is starting to open. **Call your healthcare provider.**



You should see your provider within 3 weeks after leaving the hospital and again before reaching 12 weeks postpartum. Your appointments after delivery are important to your recovery.

Discomfort From Not Breastfeeding

Your breasts may be sore and swollen until the milk stops coming in if you're not breastfeeding. This can take about a week or so. To ease some discomfort, wear a firm supportive bra and use cold packs until your milk stops. Warm water can stimulate milk supply so avoid warm water during a shower or bath.



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

Symptom	What to expect and what you can do	When to call your healthcare provider
Feeling tired	<ul style="list-style-type: none"> • Ask family and friends for help. • Try to nap, eat and shower when your baby is napping. • Eat a healthy diet and drink plenty of fluids. • Keep taking your prenatal vitamins. 	<ul style="list-style-type: none"> • You are so tired that you can't take care of yourself or your baby. • You have a temperature higher than 100.4 degrees. • Have chest pain or shortness of breath. • Feel like you may pass out.
Cramps	<ul style="list-style-type: none"> • This is expected for seven days or longer. It may get more intense while nursing. • You can take a mild pain reliever like ibuprofen or naproxen. 	<ul style="list-style-type: none"> • You have severe cramping or constant pain that is not relieved with pain medication.
Sore bottom or painful piles (hemorrhoids)	<ul style="list-style-type: none"> • Use a cold pack for the first 48 hours. • Take a sitz bath (soaking your bottom in a small plastic tub with warm water). • Use cotton balls or pads soaked in witch hazel. • Use a spray bottle after using the restroom. • Use over-the-counter ointments and creams like hydrocortisone. 	<ul style="list-style-type: none"> • You have severe pain or are having a lot of trouble with urination or bowel movements.

Symptom	What to expect and what you can do	When to call your healthcare provider
Bleeding and discharge from your vagina	<ul style="list-style-type: none"> This is normal for the first few weeks after delivery. 	<ul style="list-style-type: none"> You have heavy bleeding or large blood clots that are soaking a pad or more an hour, for two or more hours straight. You feel lightheaded, dizzy, or short of breath.
Swelling, pain and/or redness in your legs or calves	<ul style="list-style-type: none"> It is normal to have some swelling. Put your feet up. Try to stay cool and wear loose clothes. 	<ul style="list-style-type: none"> You have more swelling in one leg than the other. Redness and pain in only one part of your leg.
Headache	<ul style="list-style-type: none"> It is important to check your blood pressure in the first week after delivery. Drink plenty of water. Try to rest when baby rests. You can take a mild pain reliever like ibuprofen or naproxen. 	<ul style="list-style-type: none"> Your headache does not get better after taking medication. You have vision changes, chest pain, shortness of breath or pain in the upper right side of your abdomen. Your blood pressure is higher than 140/90. You have severe nausea and vomiting. Your headache is worse when you sit up and gets better when you lay down.



Know the Warning Signs

Most people recover from giving birth without experiencing serious problems, but anyone can have complications after delivery. Knowing the warning signs and what to do could help save your life.



Call 911 immediately if you are experiencing:

- Pain in your chest.
- Trouble breathing or shortness of breath.
- Seizures.
- Thoughts of hurting yourself or someone else.





Take Care of Yourself

You just had your baby. Your body has been through a lot. Be sure to take care of yourself. This helps you recover and be the best you can be for your baby.

- Ask for help. Ask family and friends for help with housework, heavy lifting and running errands.
- Take time to relax. It is important that you rest so your body can heal. Try to rest when baby does. Make sure you follow any restrictions your provider has given to you.
- While you need to rest, your body also needs some activity to keep from getting stiff. Frequent walking in or out of the house is a low impact way to get exercise while you heal.
- Healthy foods and regular meals help keep your energy up. **Contact your care manager if you need help getting healthy foods.**
- Having a new baby can be overwhelming. Share your feelings and let your partner and support system help you. If you have feelings of sadness that won't go away or if your feelings make it hard to care for yourself or your baby, it's time to ask for help. **Contact your provider or care manager.**
- Go to your postpartum checkup. It is important you see your healthcare provider to make sure you are healing. Your provider will check your physical and emotional health during this appointment. You can ask questions about your concerns and discuss next steps in your recovery.



15. Your First Few Weeks at Home

Here is some helpful information to ease your worries about caring for your baby when you first get home.



When Baby Should First See Their Healthcare Provider

It is very important to take your baby to see their provider within the first 3 to 5 days after birth and again before your baby turns one month old. It's a good idea to make these appointments before you leave the hospital. Babies less than one month can get sick quickly. Call your baby's provider if they:

- Look sick.
- Have a fever.
- Have trouble feeding.
- Are difficult to wake up.
- Keep falling asleep while feeding.



What to Do About Visitors

You are going to be exhausted when you first come home from the hospital. It's OK to limit visitors. Start with immediate family or those who will be helping care for you and your baby. Set a schedule. Make visitors wash their hands before they hold your baby. Babies' immune systems are not fully developed. They get sick easily, which can be dangerous. Ask anyone who is not feeling well to come another time. Ask anyone who will be around your baby to get Tdap, flu, COVID-19 and RSV vaccinations.



Call your health plan's 24-hour nurse advice line if you are concerned about your baby and your provider's office is not open.



How Often You Should Feed Your Baby

Babies normally eat 8 to 12 times per day. They eat an average of 1.5 to 3 ounces per feeding for the first week or two. Feed your baby anytime they seem hungry. If you wait until they are crying it is often harder to calm them down for the feeding. Watch for the signs! When hungry babies may:

- Smack their lips.
- Stick out their tongue.
- Move their head side to side.
- Put their hands in their mouth.



How to Know If Your Baby Is Eating Enough

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



When You Can Give Your Baby a Bath

Babies should only have sponge baths until their umbilical cord has fallen off. This is usually 1 to 2 weeks after birth. At first, your baby will only need a bath about three times per week. Bathing too often can dry out the skin. Using a plastic baby bath that keeps baby's head above water and supported is safest. Be sure the water is just warm enough that it feels comfortable on your wrist or elbow. Have the room warm and a towel ready so baby doesn't get cold! Establish a bathing routine. Your baby usually won't need a bath every night. Setting a routine will help baby set their body clock. A bath routine that leads to bedtime helps baby be more relaxed. And (hopefully) easier to put to sleep.



How to Make Sure Your Baby Is Safe When Sleeping

- Always put your baby on their back to sleep unless your healthcare provider tells you not to.
- Use a crib or bassinet with a firm flat sleep surface and well-fitting sheets.
- Never place your baby on sofas, waterbeds or other soft surfaces.
- Keep “stuff” out of your baby’s sleep area. No soft objects, toys, pillows, loose bedding or bumper pads.
- Your baby should never sleep in the same bed as you or anyone else.

Fast Fact

Bed sharing raises the risk of injury or death in newborns. You can keep baby’s bassinet, crib or play yard in your bedroom to keep your baby nearby.





| 16. Feeding Your Baby

As a new parent you have many important decisions to make. One is to choose whether to breastfeed or bottle feed using infant formula. The decision about how to feed your baby is a personal one. Only you can decide what is best for you and your family.



Breast Milk

Did you know that breast milk is packed with the perfect mix of nutrients your baby needs? Breast milk has special ingredients like antibodies that only you can provide. It is easier to digest and helps your baby's brain develop. Breast milk helps protect your baby against:

- Allergies
- Earaches
- Colds, coughs and wheezing
- Diarrhea
- Becoming overweight
- Diabetes
- Asthma
- Sudden infant death syndrome (SIDS)

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



Benefits of Breastfeeding

- It helps you recover quicker from childbirth.
- It can help you get back to your pre-pregnancy weight easier. Your body uses a lot of energy to produce breast milk.
- You can burn hundreds of calories a day just by breastfeeding.
- It creates a special bond between you and your baby through skin-to-skin contact.
- You don't have to go to the store to pick up formula. It's fewer bottles to wash. Plus, you don't have to worry about mixing a bottle!
- It lowers your chance of getting breast cancer, ovarian cancer and diabetes.
- You may have fewer trips to see your baby's healthcare provider since breastfed babies are healthier.

Breastfeeding Challenges

- You can experience pain as the baby latches on for the first week to 10 days.
- Breastfed babies usually need to eat every 2 to 3 hours.
- What you eat and drink can be passed to your baby in your breast milk. Do not drink alcohol or take drugs not prescribed by your provider.

Fast Fact

Breastfeeding can be challenging, but you are not alone. Reach out to your provider or care manager for help. They can connect you to a lactation consultant who specializes in helping you breastfeed.



Formula Feeding

Commercially prepared infant formulas are a nutritious alternative to breast milk. Formulas use a mix of proteins, sugars, fats and vitamins to mimic breast milk. It's important to use only commercially prepared formula and not try to make your own. Formula comes in three forms: ready to feed liquid, concentrated liquid and powder. If you choose a powder formula and use tap water to make it, make sure your water supply is safe. Have your water checked for lead if you live in an older home or if you're worried about your water. You can also buy distilled water in gallon jugs. Mix formula

from powder exactly as directed. Do not add extra water to make it last longer. This can harm your baby.

Benefits of Formula

- It is convenient. All caregivers can feed baby a bottle without having to pump breast milk.
- A formula feed baby usually needs to eat less often than a breastfed baby.
- You do not need to worry about what you are eating or drinking that may affect your baby.
- Contains some vitamins and nutrients breastfed babies need to get from supplements.



Formula Challenges

- It is expensive. The average cost of basic formula is over \$1,000 for the first year of life.
- It lacks antibodies found in breast milk and does not provide your baby with added protection against illness.
- Formula is not as easy to digest. Formula-fed babies have more gas and firmer bowel movements than breastfed babies.
- Your baby could have an allergy or intolerance to certain formulas. These symptoms include skin rashes, swelling of the lips or face and digestive problems, such as vomiting, diarrhea and constipation. **Call your baby's provider right away if this happens.**

Did You Know?

Donor breast milk may be available from your hospital or local milk bank if you cannot breastfeed or pump. Donated breast milk comes from individuals who pump more milk than their own baby can eat. Those who donate milk are tested for illnesses that can be passed through breast milk. Each container of milk is also tested for harmful bacteria. It is then pasteurized through a heat treatment process to make sure no viruses or bacteria are in the milk. Talk to your provider, hospital or care manager if you would like to learn more.





17. Starting Breastfeeding

Great! You made the decision to breastfeed! You can get started right after your baby is born. Your baby will likely be alert after birth and will seek the breast. Learn as much as you can about breastfeeding before you go to the hospital. You can read books, go to classes and talk to friends. Ask your birthing center or hospital about lactation consultants. These breastfeeding specialists are available to you while in the hospital. You can contact them after you leave the hospital too.

Feeding Your Baby

It's important to start your baby off right on the road to good nutrition. The American Academy of Pediatrics recommends babies only have breast milk or formula during the first 6 months of life. Do not give your newborn just water if you run out of formula or breast milk. Your baby can begin drinking water when they start solid foods at about 6 months of age. Once your baby starts eating solids, continue breast milk or formula until at least 1 year of age. Avoid honey in any form for the first year. It can cause a type of toxin that may cause serious harm to your baby. **Call your care manager if you do not have access to the formula you need.**

SCAN ME!



View more information and tips for breastfeeding by scanning the QR code or visiting <https://bit.ly/3wXU0B9>

Follow Your Baby's Lead

Babies are good at letting you know if they are getting enough to eat. They will root (move their head when their cheek is stroked), smack their lips, cry or put their hands in their mouth when they are hungry. Feeding your baby based on these cues is called feeding on demand.

Each feeding should take about 10 to 20 minutes. Both breastfed and bottle-fed babies will need to have feedings throughout the day and night (every 2 to 4 hours) for at least the first month or two. Don't put your baby in bed with a bottle propped in their mouth. Propping the bottle is linked to ear



infections and choking. You may notice some growth spurts when your baby is hungrier and eats more often. Follow your baby's lead. They typically know how much food they need.

SCAN ME!



Keeping feeding items clean is important to keeping baby healthy. There are many safe ways to do this. Scan the QR code or visit <https://bit.ly/4csKrui> to find the best method for you.

Avoid Overfeeding

Overfeeding can cause spitting up and may lead to obesity. Bottle-fed babies should take no more than 7 to 8 ounces at once or no more than 32 to 36 ounces in a day. All babies are different. Regular well-child visits allow you to talk to your baby's healthcare provider about their growth and feedings.

When Is Your Child Ready for Baby Food?

- They are around 6 months old.
 - **Speak to your baby's provider before you introduce baby food.**
- They can sit upright and hold their head up.
- They swallow food instead of pushing it out with their tongue.
- They put their hands or toys in their mouth.
- They show a desire for food by leaning forward and opening their mouth.

Foods to Start With

Make sure to start with one food at a time. Try it for a few days before adding anything else. This lets you see if baby has any problems like gas, diarrhea, vomiting or a rash. You can use commercial baby food or make it yourself. Don't give your baby any food that could cause choking. **Talk to your baby's provider about recommendations.**

First Feedings

When you start solid foods, put a small amount on a spoon and offer it while baby is sitting up. You can mix it with breast milk or formula to keep it runny. Don't serve it from a bottle – that can lead to choking.



Women, Infants, and Children (WIC)

WIC is a special nutrition program for low-income families. WIC can provide you with no cost and healthy foods, nutrition education, and screening/referrals to other health services. WIC parents who choose to breastfeed receive an enhanced food package and are able to participate in WIC longer. **Talk to your provider, local health department or health plan to learn more.**

Did You Know?

Babies can develop allergies to food. Introduce new foods one at a time and in very small amounts so you can spot a reaction. These symptoms include skin rashes, swelling of the lips or face, sneezing, running or blocked nose, red itchy or watery eyes, and trouble breathing.





18. Caring for Your Baby

Holding your baby for the first time is a very special feeling. Even though you have been carrying your baby for 9 months, it will take time to get to know each other.



What to Do When Your Baby Cries

Crying is a natural reaction for babies. They typically have 1 to 2 hours of unexplained crying scattered throughout each day for the first 3 months of life. Make sure baby's basic needs are met when they are crying. If they have been changed and fed and don't have a fever, try to soothe or comfort them.

Ways to Comfort a Crying Baby

- Hold your baby. You can't spoil them by holding them too much.
- Quietly talk or sing to your baby.
- Play some music or turn on a sound machine.
- Gently rock or walk around with your baby.
- Sucking helps calm babies, so try a pacifier. For breastfed babies, a pacifier is fine to use once baby is successfully feeding.
- Wrap your baby snugly in a blanket with their arms inside. This is called swaddling.



It will take time for you to get to know your baby, and what they need and when. But if you feel overwhelmed more often than not, you can ask for help. Talk to your healthcare provider or call your care manager. They can talk you through some ideas that might help. And guide you to resources to get you feeling better.



Never Shake a Crying Baby

If you or your baby's caregivers are frustrated, calmly put baby down in a safe place such as a crib. Call family and friends and say you need help. Go for a walk, read a magazine or watch TV until you feel ready. Never shake a baby. Their neck muscles are too weak to support their head. Shaking can cause serious injury and death. Always leave your infant with a trusted caregiver when away.



What to Do About Teething

It is important to start good oral care early. Once you see your baby's first tooth, clean it with a soft toothbrush and a tiny bit (rice grain size) of fluoride toothpaste twice per day. Most babies start getting teeth by 6 months old.

What Helps?

- Rubbing your baby's gums gently with a clean finger.
- Pacifiers or firm rubber teethers.
- Medications that you rub on gums don't usually work and can cause harm if the baby swallows too much.

Talk to your baby's healthcare provider if nothing is working. Teething may not be the cause of the symptoms.

Signs of Teething

- Drooling
- Fussiness
- Biting hard on things
- Swollen and tender gums



Preventing Cavities

- Make your baby's first dental appointment when the first tooth appears and by their first birthday.
- Don't put your baby to sleep with a bottle. It can cause serious tooth decay.
- Avoid giving your baby fruit juice, soda and other sugary drinks. Sweet drinks can settle on teeth and cause decay.

Talk to your baby's healthcare provider or dentist about fluoride treatments to prevent cavities.



How to Keep Your Baby Safe

Home Safety

- Never leave your baby alone on a changing table, bed, sofa or chair. Keep one hand on your baby at all times. Even newborns can move suddenly and fall. Put baby in a safe place like a crib or playpen when you aren't able to hold them.
- Keep small objects like coins, small balls and toys with small parts out of baby's reach to prevent choking. Safe baby toys have smooth edges and no small parts that can come off.
- Never leave your baby alone with younger children or pets.
- Keep your baby away from secondhand smoke. Never smoke in your home or car. Ask smokers to change into fresh clean clothes before holding your baby.
- Using drugs and alcohol around your baby can limit your ability to parent and put your baby in danger. **Talk to your healthcare provider or care manager to find treatment.**
- Lead exposure can cause learning and behavior problems. Young children are most at risk. The biggest sources of lead exposure are paint in homes built before 1978 or contaminated water. Contact your local water company to have your water checked if you live in an older home or you're worried about your water.

Sun Safety

Any amount of direct sunlight is not safe for your baby. Avoid sun exposure as much as possible for the first 6 months. Only use sunscreen on small areas like the face or hands. Most sunscreens are not safe for babies under 6 months old. The best protection is shade. Make sure your baby is covered by a light blanket if you take a walk. Use the stroller shade in the sun. **Talk to your baby's provider about how to protect your baby's skin.**

Secondhand Smoke

Secondhand smoke is dangerous, especially for babies. Babies exposed are at higher risk for serious illness and SIDS. They are more likely to get coughs, pneumonia, ear infections, sore throats and worsened asthma. Always keep your baby away from secondhand smoke.

Car Safety

Your child must ride in a car safety seat every time they ride in a car. The seat should be rear-facing and in the back seat. The American Academy of Pediatrics says babies should stay rear-facing until they reach the highest weight or height allowed by the car seat manufacturer. This information can be found in the manual or on the car seat. You should never leave your baby alone in a car – not even for a minute.





19. Your Baby's Vaccinations and Well-Child Visits

Well-Child Visits

Your baby should see their provider often during their first year. These visits are different from sick visits that address specific problems like a fever or cough. At well-child visits, your baby will be weighed and measured to make sure they are growing at a steady rate. A physical exam will be done. Your baby may receive vaccines or screening tests. You will discuss things like feeding, nutrition, sleeping, newborn care, safety, development and family issues. If your baby has not seen their healthcare provider since coming home from the hospital, please make the appointment right away.

Did You Know?

Well-child visits help you stay informed about your baby's health and development. Each appointment is important to keeping your baby healthy. If you need help finding a provider for your baby or getting to their appointments, contact your health plan or care manager. They can help!



Vaccine Schedule for Children

Vaccines help prevent serious illnesses. If your child does not get their shots at the recommended age, they still need to get that shot. **Talk to your provider about your child's vaccines.** Children must have their shots to enter school.

SCAN ME!



Scan the QR code or visit https://b.link/vac_schedule online for a chart that will help keep track of when your child should be given each vaccine.

Why Your Baby Needs Vaccines

Vaccines protect children from diseases. Kids who don't get vaccines have a greater chance of getting these diseases. They can also spread the disease to others.

Keep up with your baby's well-child visits! Not only will your baby stay protected with up-to-date vaccines, but you'll also learn more about your baby's growing personality. Your baby's provider will discuss how your baby plays and interacts with others to see how they're developing.

SCAN ME!



Learn more about diseases vaccines protect against by scanning the QR code or visiting <https://bit.ly/3wU4FNh>



20. Your Baby's Health Screenings

Your baby's provider uses health screenings to find problems that may need medical treatment.

Your child needs to get regular checkups to stay healthy. Children between 6 months and 6 years old need to get checked for lead poisoning. These well-child visits should take place at the ages listed below. Use the chart to keep track of when your child gets a health screen or lead poison screen.

Age	Date of health screen	Date of lead poison screen
The first week visit (3 to 5 days old)		
1 month old		
2 months old		
4 months old		
6 months old		
9 months old		
12 months old		
15 months old		
18 months old		
2 years old (24 months)		
2 ½ years old (30 months)		
3 years old		
4 years old		
5 years old		
6 years old		
Every year after		

Other health screenings that take place at well-child doctor visits usually include:

- Physical exam.
- Length/height and weight.
- Head size.
- Blood pressure.
- Body mass index or body fat.
- Developmental check-ins and screenings.
- Behavior and social screenings.
- Vision and hearing if you have concerns.

Fast Fact

You should schedule an appointment with your child's provider if you have concerns about their health or development.





21. Developmental Milestones in Your Baby's First Year

From birth to 5 years old, your child should reach milestones in how they play, learn, speak, act and move. These milestones offer important clues about your baby's development.



Keep Track of Your Baby's Milestones

Below are a few important milestones to look for in your baby's first year. Check off a milestone as your baby reaches it! Don't forget that this list is a guide and not set in stone. Every baby learns and grows at a different pace.

2 Months

- Begins to smile at people.
- Turns head toward sounds.
- Pays attention to faces.
- Can hold head up and begins to push up when lying on tummy.

4 Months

- Likes to play with people and might cry when playing stops.
- Babbles with expression and copies sounds heard.
- Uses hands and eyes together, such as seeing a toy and reaching for it.
- Can hold a toy and shake it and swing at dangling toys.

6 Months

- Responds to own name by looking at you.
- Likes to play with others, especially parents.
- Strings vowels together when babbling ("ah," "eh," "oh") and likes taking turns with parent while making sounds.
- Shows curiosity about things and tries to get things that are out of reach.
- Rolls over in both directions (front to back, back to front).

9 Months

- May be clingy with familiar adults.
- Copies sounds and gestures of others.
- Looks for things they see you hide.
- Sits without support.

12 Months

- Uses simple gestures such as shaking head for “no” or waving “bye-bye.”
- Repeats sounds or actions to get attention.
- Says short names like “mama” and “dada” and exclamations like “uh-oh!”
- Follows simple directions such as, “pick up the toy.”
- Pulls up to stand and walks holding onto furniture (cruising).

For more complete checklists by age visit www.cdc.gov/Milestones.

Adapted with permission from the Centers for Disease Control and Prevention’s “Learn the Signs. Act Early.” Program.

Missing Milestones

You know your baby best. If you or your baby’s caregivers are concerned about how your baby plays, learns, speaks, acts or moves, talk with their provider. Don’t wait! Acting early can make a big difference!

Words to Know

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

A

Amniotic fluid: The protective liquid surrounding baby contained in the amniotic sac of someone who is pregnant.

Anxiety: An uneasy or troubled feeling.

Areola: The colored circle of skin around the nipple.

B

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

C

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

Contraceptive: Something that is used to prevent pregnancy.

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

Croup: Inflammation of the throat in children associated with infection and causing breathing difficulties.

D

DTaP vaccine/Tdap vaccine: These vaccines protect against three diseases caused by bacteria: tetanus, diphtheria, and pertussis (whooping cough). DTaP is for children younger than age 7 and Tdap is for adults.

E

Express milk: A technique used for those who are breastfeeding to remove milk from the breasts, especially if they are overfull.

H

Healthcare provider: A healthcare professional who provides services and care for you or your baby. Your provider may be an OB/GYN physician, a family physician, a nurse practitioner, a nurse midwife or a physician's assistant. Your baby's provider may be a pediatric doctor (pediatrician), family doctor, neonatologist, nurse practitioner or physician's assistant.

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

Human immunodeficiency virus (HIV): A virus that attacks the body's immune system. HIV can lead to AIDS (acquired immunodeficiency syndrome), a chronic, life-threatening condition.

I

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

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

J

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

L

Lactation: When the body makes breast milk.

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

Letdown reflex: An involuntary reflex during the period of time when a person is breastfeeding that causes the milk to flow freely.

M

Mastitis: An infection of the breast that can happen when the milk duct gets clogged. It is usually associated with redness of the breast and fever.

Milestones: Behavior and physical skills babies and children have as they grow. Sitting up, crawling and walking are examples of milestones.

N

Nursing: The method of feeding the baby with milk from a lactating breast.

O

Ova or ovum: A mature female reproductive cell also known as an egg.

Ovulate: To discharge an egg from the ovary.

P

Perinatal: The time before and after the birth of a child.

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

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

Pneumonia: A lung inflammation caused by a bacterial or viral infection.

Postpartum: 6 weeks to 1 year following childbirth.

Postpartum depression: Feelings of sadness or hopelessness after giving birth.

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

Prenatal depression: Feelings of sadness or hopelessness during pregnancy.

Preterm or premature labor: The presence of contractions and dilation of the cervix between 20 and 37 weeks.

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

R

Reproductive life plan: A plan regarding when and if you want to have more children. The plan should include how you will follow through with your decision and what methods you will use to prevent pregnancy.

Respiratory syncytial virus (RSV): Causes infection of the lungs and breathing passages and is a major cause of respiratory illness in young children.

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

S

Sexually transmitted infections (STIs): Infections spread from person to person through sexual contact. STIs do not always cause symptoms and may go unnoticed. STIs can be harmful to you and your baby during pregnancy. Many STIs are curable with medicine.

Sperm: A male reproductive cell.

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

U

Umbilical cord: The cord that transfers nourishment to the baby and removes waste

from the baby during pregnancy. This cord is cut at birth, creating the belly button.

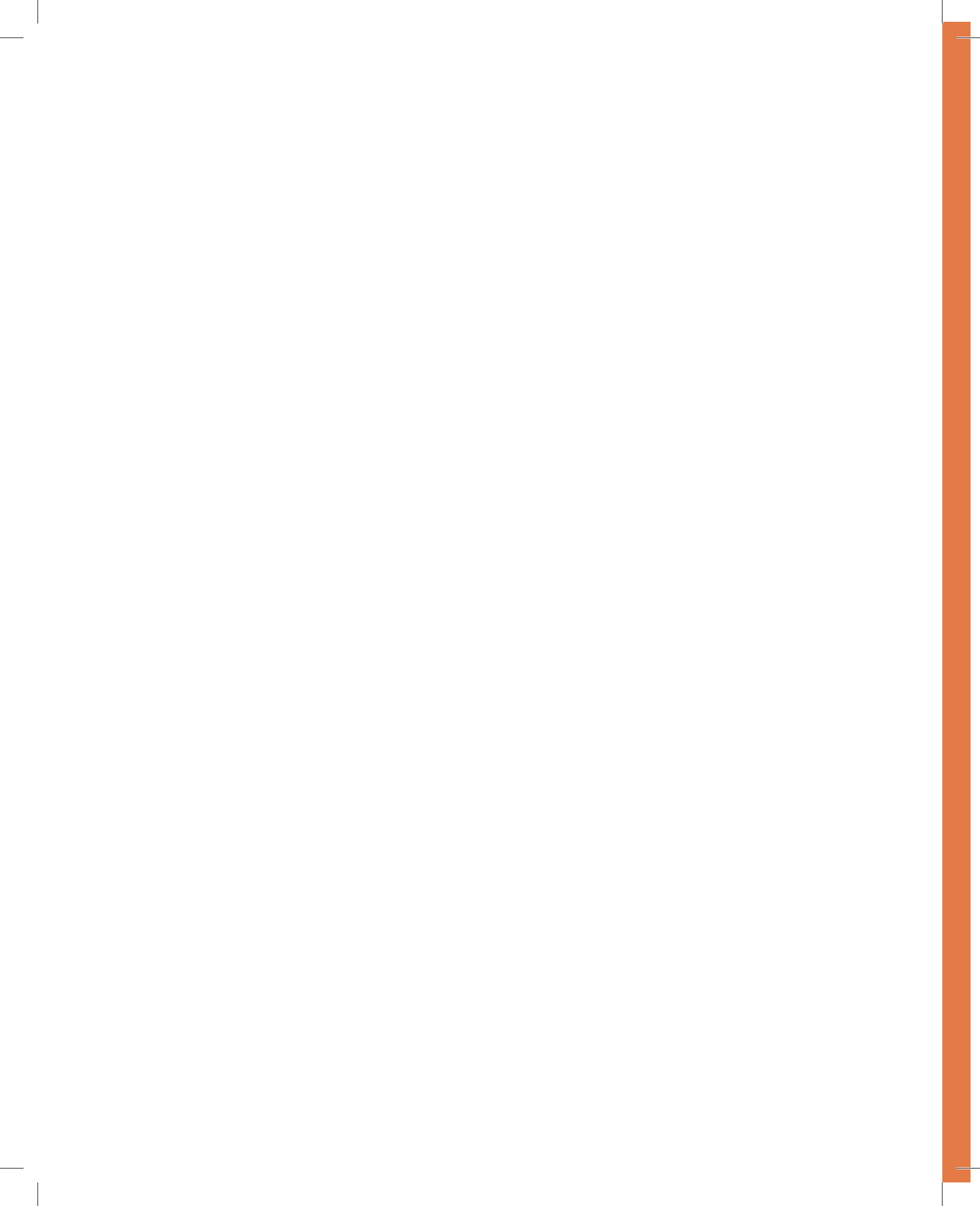
Urinary tract infection (UTI): When germs affect the kidneys, the bladder or the tubes connecting these organs. It can result in frequent and sometimes painful urination. It can lead to more serious health problems that can affect the baby.

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

V

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

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





Last but not least, congratulations!

There is someone new in the world who thinks you are really special!

We are here for you every step of the way.

We hope you find this book useful as you begin to care for your baby and recover from delivery. As a reminder, we also provide the following:

- A 24/7 nurse advice line. Call anytime to speak with a nurse at no cost. They can answer questions about your and your baby's health.
- Transportation to and from appointments.
- Breastfeeding support and resources.
- Help obtaining a breast pump at no cost to you.
- Assistance if you are feeling down or anxious during or after your pregnancy.
- Methods to help you quit smoking, alcohol or drugs.
- Local support for items you need like healthy food, a car seat and housing.

Fill in your provider information here for easy reference:

My Provider's Name _____

Phone Number _____

Baby's Provider's Name _____

Phone Number _____





The words “maternal/maternity” in this document refer to the health of a birthing parent during pregnancy, childbirth and the postnatal period. Some of our resources make use of the words “mother” and “women.” The Start Smart for Your Baby program recognizes the limitations of this language. We are dedicated to making our content as inclusive as possible. The use of these terms does not exclude any gender identity group from accessing these resources.

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