

# Prenatal Care Guide



**Dear Member,  
Congratulations!**

On behalf of all of us at Tufts Health Plan, congratulations on your pregnancy! You have received this guide because you've already taken an important first step toward delivering a healthy baby — you've begun prenatal care. Because you have so much to think about, particularly if you're a first-time mother-to-be, we'd like to try to answer some questions you might have.

This prenatal guide is your handy reference to the coverage, assistance and suggestions Tufts Health Plan provides during and immediately after your pregnancy. Plus, it is designed to guide you through some of the ups and downs of pregnancy and addresses things like what to expect from your doctors' visits and how to stay healthy during your pregnancy.

The following pages contain some resources and important information that you may find helpful during your pregnancy, but please do not consider this guide to be your only resource. If you have any health concerns during your pregnancy, please contact your doctor. If you want to learn more about your pregnancy, see our list of recommended books and websites at the back of this guide.

Sincerely,



**Claire Levesque, MD**

Chief Medical Officer  
Commercial Products

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The enclosed information is for informational and educational purposes only and is not intended to be medical advice or to replace the care that is being prescribed for you by your health care providers. We encourage you to share this information with your health care providers and always seek their advice if you have questions about your pregnancy.

**It is important to know what your maternity coverage and benefits are early in your pregnancy. Call Tufts Health Plan Member Services at the number on your member ID card to find out what tests, labs, providers, and hospitals are covered under your plan.**

## The Basics of Your Coverage

We want you to remain active and healthy throughout your pregnancy. And we want to make it as easy and simple as possible for you to get the care you need when you need it.

From the day you find out you're pregnant to the day you put your new baby in a car seat for the first time to ride home from the hospital, we're here to help. On most plans, we'll even cover you for a visit from a registered nurse to check on you and your baby in your home. During this visit the registered nurse can help answer any questions you might have.

Below are some of the important things you should know about your maternity benefits. Please note that your benefits may vary depending on the specific coverage you have. If you have questions or are unsure about your specific coverage, please talk to your employer, consult your benefit document or call Tufts Health Plan Member Services at the number on your member ID card.

### Your hospital stay

There are federal and state laws regarding insurance coverage for minimum lengths of stay at hospitals for women who have given birth. Tufts Health Plan covers:

- 48 hours of inpatient care following a vaginal delivery.
- 96 hours of inpatient care following a cesarean delivery.

You may be preregistered to deliver at the hospital that your obstetrical care provider is affiliated with. Please consult your benefit document for specific details, or call Tufts Health Plan Member Services at the number on your member ID card.

### Covering maternity care when traveling out of the service area

If you are a pregnant HMO or EPO member and are traveling outside the Tufts Health Plan service area, Tufts Health Plan will cover the cost of an unexpected preterm delivery through 35 completed weeks of pregnancy. Tufts Health Plan does not cover delivery from out-of-network providers after 36 weeks of pregnancy. HMO and EPO members should remain in their service area once they begin their 36th week of pregnancy to ensure coverage. Ask your obstetrical care provider if you're not sure when that will be. This also applies to POS and PPO members for coverage at the authorized or in-network level of benefits.



## Enrolling Your New Baby

Please remember that your newborn is not automatically enrolled in Tufts Health Plan. You'll need to add the baby to your coverage within 30 days of birth by calling Member Services or contacting your employer. Also, once you have chosen a pediatrician for your baby, please let us know so that we can update our records.

### Routine obstetrical care

A healthy baby starts with a healthy you — that's why we provide coverage for routine prenatal and postpartum obstetrical care. Routine visits to your obstetrical care provider can help keep you healthy and safeguard you against serious problems during your pregnancy. In most cases, you won't need a referral from your primary care provider (PCP) to visit your obstetrical care provider. On most plans, these routine prenatal/postpartum office visits should be covered in full without any cost share to you. Ask your employer, consult your benefit document or call Tufts Health Plan Member Services at the number on your member ID card if you'd like to learn more.

### Visiting your health care provider during pregnancy

Pregnancy can be an exciting time, and you may have a lot of questions as you progress through each stage — especially if this is your first pregnancy. As long as you're receiving routine prenatal care, you have the best possible resources to get your questions answered and your concerns addressed: your doctor, nurse practitioner or nurse-midwife. Don't be afraid to ask questions about how you're feeling physically, mentally or emotionally.

Your doctor, nurse practitioner or nurse-midwife is a health care professional who can answer your questions — even the ones you might forget to ask! Let your obstetrical care provider put your mind at ease and help you learn what to expect. It's important to choose an obstetrical care provider that you're comfortable with. You'll be seeing a lot of each other, so find someone you can talk to and be open with.

## How often will you see your obstetrical care provider?

As a general rule, if you're not experiencing any complications with your pregnancy, you should see your obstetrical care provider every four weeks through your 28th week of pregnancy. After that, visits should be every two to three weeks until your 36th week of pregnancy. Starting with your 36th week, you should see your provider weekly. During routine visits, you should expect the following:

- Blood pressure check.
- Weight measurement.
- Uterine size measurement.
- Fetal age determination.
- Fetal heart tones assessment (beginning at 10-12 weeks).
- Cervical exam (at the first visit and in your final weeks).

Your obstetrical care provider will have plenty of information to cover with you. At every visit, you'll learn something new about yourself and/or your baby, as well as what care options you have. The following information details some of what you'll discuss with your provider and what tests you'll have during the various stages of your pregnancy.

### In the beginning

Your obstetrical care provider will want to know about your personal health history — what your diet is like, what illnesses you have had, how much you exercise and what you do for a living, as well as a family history of birth defects or inherited diseases that may be relevant to the progression of your pregnancy. Don't let these discussions

worry you. Be honest and thorough. All the information you share with your provider is confidential. Remember that he or she is asking for this information to provide the best care for you and your baby. You'll also have routine blood tests and screenings for certain conditions. You'll get information about proper exercise and nutrition for pregnant women, as well as information on alcohol and substance abuse, quitting smoking and HIV/AIDS counseling.

### Early pregnancy

This is a time when you're getting acquainted with your obstetrical care provider and discussing physical and emotional changes. Your provider will discuss the benefits and risks of screenings and diagnostic tests for genetic and structural abnormalities to assess fetal development, as well as any other tests to ensure a healthy pregnancy. Based on your history, your health care team may expand with referrals to a nutritionist, high-risk pregnancy specialist, physical therapist or behavioral health consultant. This is also when you will review the timing of your prenatal visits; you will be seen more often the closer you get to delivery. If you have any concerns about your job, this is a good time to discuss them with your employer and work on a plan to prepare for your absence. You will also be encouraged to tour the hospital where you will deliver and discuss what childbirth education classes you may want to participate in.

## 26–28 weeks

Your baby is growing bigger every day. At this time, you'll take a blood test to screen for diabetes in pregnancy and to check the level of iron in your blood. If your blood type is Rh negative, talk to your provider about what to expect. Finally, your provider will talk to you about choosing a pediatrician for your baby. Before you know it, you'll be taking your new baby to his or her pediatrician for regular checkups and vaccinations.

## 28–30 weeks

Your baby is now getting more active. It's time to start childbirth education classes. Remember, most members are eligible to receive reimbursement from Tufts Health Plan for childbirth classes provided by a licensed professional, a certified childbirth educator or a certified lactation consultant. Childbirth education classes are a great place for you to ask questions and connect with experts who can help you make the best decisions for you and your baby.

## 36 weeks

You're almost there! Your obstetrical care provider will discuss what you can expect when you're in labor and what methods you can choose in order to control any pain and discomfort during labor and delivery. You'll also have the opportunity to discuss breastfeeding, circumcision and family planning with your provider, and to ask any questions you might have.

## Immunizations during pregnancy

Getting the right immunizations is important to helping you stay healthy, especially when you're pregnant. While some vaccines are best administered prior to pregnancy, others can be safely received during or after pregnancy even if you plan on breastfeeding. Health care providers consider several factors when determining what vaccines to administer; these factors include age, lifestyle, existing medical conditions, travel history and immunization history. Talk with your provider to see which immunizations he or she recommends for you during and after pregnancy, such as Tdap, influenza and COVID-19.

Although your baby will likely receive immunity to some diseases from you, it's important to understand this immunity goes away during the first few months of your baby's life. Talk with your baby's pediatrician about vaccinations and the recommended schedule for your baby.



## Childbirth Education Classes

**Childbirth education classes are a great way for you (and your partner) to prepare for labor and delivery.**

If you're a first time mother-to-be, these classes can answer many of the questions you may have about giving birth. If you've previously given birth, childbirth classes can provide a refresher for you as well as a place where you can learn about any new procedures or practices since your last pregnancy. If you are planning on breastfeeding, classes are also available to help prepare you for this experience. Call Member Services at the number on your member ID card to see if your plan covers reimbursements for childbirth and breastfeeding classes taught by certified childbirth educators or lactation consultants.

## Nurse-midwife care

Tufts Health Plan gives you the choice of receiving your prenatal care from — and having your baby delivered by — a physician (obstetrician, doctor of osteopathy or a family practitioner) or a certified nurse-midwife. All nurse-midwives and family practitioners are affiliated with an OB-GYN physician who can intervene if a problem arises during delivery that requires an obstetrician's care. An obstetrician's services are necessary when an operative vaginal delivery (using forceps or a vacuum cup extractor) or a cesarean section is required, or if your pregnancy or labor becomes complicated. Your plan may also offer this care in a nurse-midwife birth center. You do not need a referral in order to see a nurse-midwife.

## Postpartum

In the weeks following the arrival of your baby, you'll visit your obstetrical care provider for a physical exam and Pap smear (if needed).

This appointment can serve as an opportunity to talk to your provider about the following topics:

- Family planning
- Newborn care
- Postpartum issues, including returning to school or work
- Adjusting to the demanding role of motherhood

Your provider may schedule additional postpartum appointments if you experienced complications during your pregnancy, labor or delivery.

Your postpartum checkup is also a good time to discuss the results of your postpartum depression screening; a self-administered test is included in this guide.

We recommend that you talk with your obstetrical care provider to find out when your postpartum visit should take place. In general, all obstetrical patients will have a comprehensive follow-up visit at six weeks after delivery. In addition, patients who deliver by cesarean section generally have a two-week postpartum follow-up examination as well. Even if you've seen your obstetrical care provider for a brief postpartum visit after your delivery, it is still important to have these more comprehensive postpartum examinations.

The comprehensive postpartum visit is an opportunity for your provider to perform a complete assessment, and it is also the time to discuss any questions or issues that you might have.

Some important topics that may be covered in this postpartum visit are the following:

- Diet and exercise
- Sexual activity
- Emotions
- Depression screening
- Birth control options
- Medication questions
- Returning to work after maternity leave and stress



## Home Visits

***To make certain that you and your baby are happily settling into your new lives together, and to help your new baby become a healthy member of your family, Tufts Health Plan covers most members for a home visit from a registered nurse after being discharged from the hospital.***

The visiting nurse specializes in maternal and child health. This visit is covered on most plans and does not cost you anything. And, if medically necessary, you are also covered for additional home visits from a licensed health care provider. A nurse at your hospital can help you make the home visit arrangements.

During the home visit, which ideally occurs within the first week after delivery, the nurse will check your baby's health and your own. You'll discuss how things are progressing — if your baby is eating enough, sleeping, etc. — and how you're feeling about the whole experience. Are you getting enough rest? Do you have any questions about caring for your baby? Do other members of your family have questions? The home visit is one of your first opportunities to talk with a health care professional about the challenges, joys and concerns of caring for a newborn. The nurse can help answer any questions you have and make sure you and your baby are feeling your best.

## Are you at risk for preterm labor?

As mentioned earlier, during your first visit with your obstetrical care provider, he or she will assess your health by conducting a routine checkup and a one-on-one consultation.

You'll be asked about your health history, previous pregnancies, other family members' pregnancies and lots more. You and your provider will also complete a confidential risk assessment form and send it to Tufts Health Plan, where it will be reviewed by our care managers. Our care managers are nurses with obstetrical backgrounds who can help us determine if you may be at risk for preterm labor and delivery.

If you didn't complete a confidential risk assessment with your doctor, you can fill out the **Prenatal Questionnaire** on the member portal.

### Some risk factors we'll be screening for include the following:

- Preterm labor or delivery with a previous pregnancy.
- Signs or symptoms of preterm labor in the current pregnancy.
- Pregnancy with more than one baby.
- History of preterm cervical dilation in a prior pregnancy or placement of stitches in your cervix during the current pregnancy.
- History of two or more spontaneous abortions during the second trimester.
- Prior cone biopsy, DES exposure or any procedure on your cervix.
- Fibroids or uterine anomalies.
- Current or previous substance abuse.

## The Healthy Birthday Program™

The Healthy Birthday Program is a voluntary program for pregnant women identified as "high risk" by their obstetrical care provider. This includes pregnant women at risk for preterm delivery as well as women with a medically high-risk pregnancy due to a condition such as diabetes, heart disease, multiple sclerosis, pregnancy-induced hypertension or gestational diabetes. The program offers obstetrical care management services to help members manage prenatal care during pregnancy.

Your obstetrical care provider may suggest bed rest, medication or treatment interventions to increase the chances of carrying your baby to full term. Although some of these recommendations may present unexpected obstacles for you and your family, the Healthy Birthday Program can help support you during your pregnancy, and we will work with your obstetrical care provider to get you the services you need to help you stay healthy.

One of the things you'll value most during your pregnancy is having someone to talk to — someone who understands your health concerns, has answers to questions regarding your pregnancy and can assist you with your health care benefits. With your participation in the Healthy Birthday Program, you will receive regular telephone contact with a Tufts Health Plan care manager who is a registered nurse with experience working with high-risk pregnancies. Together, you will form a care partnership. Your nurse care manager will work with your obstetrical care provider to make sure that your goals in the program align with your plan of care.

You may also qualify for childcare expense reimbursement if you are enrolled in The Healthy Birthday Program and meet certain criteria. If you are on bed rest and are interested in receiving more information about this reimbursement, call **800.954.0802** to speak to an obstetrical care manager. To speak to an obstetrical care manager about any other questions or concerns you have about The Healthy Birthday Program, call our pregnancy line at **800.954.0802**.

## Steps Toward a Healthy Pregnancy

### Kicking the smoking habit

If you smoke, you've probably heard of how harmful it can be to you and your baby's health, but we understand how challenging it can be to quit.

#### If you quit smoking now:

- You can have a healthier pregnancy and your baby is more likely to be born healthy.
- Your baby, developing in your womb, will be able to receive more food and oxygen.
- You'll feel better and have more energy during your pregnancy and delivery and after delivery.
- Your baby won't be exposed to secondhand smoke after he or she is born.
- You'll reduce your own risk of cancer, and heart and lung disease.

#### If you continue to smoke throughout your pregnancy, the potential for the following situations is greater:

- Miscarriage or stillbirth.
- Premature birth.
- Low birth weight that can lead to serious infant health problems, or even death.
- Sudden infant death syndrome (SIDS), which is twice as likely to occur in babies whose mothers smoked during pregnancy.
- Increased problems in childhood health, learning and behavior.
- Transferring nicotine to your baby through breastfeeding.

### Options to help you kick the habit

We know it isn't easy to quit smoking. That's why we offer several programs to help you kick the habit and help you and your baby stay healthy. We will reach out to assist pregnant members who smoke with quitting. Members receive smoking cessation information specific to pregnant members who smoke, information on available counseling programs and a follow-up call from a Tufts Health Plan nurse care manager.

## QuitWorks

### Tobacco cessation resources

Studies have shown that people who smoke are more likely to quit with help and encouragement from their healthcare provider. Through your state's tobacco cessation program, you and your provider have greater access to resources that are designed to help you quit smoking. These programs can provide you with support services such as telephonic counseling, self-help information, referrals to community tobacco treatment services provided by certified tobacco treatment specialists, interactive website tools, and helpful follow-up support.

QuitWorks provides free services to Massachusetts and Rhode Island residents. Ask your provider to refer you, or you can contact the Tobacco Helpline in your state, listed below, to verify eligibility for the program.

#### Massachusetts:

The Massachusetts Smokers' Helpline

Website: [makesmokinghistory.org](http://makesmokinghistory.org)

#### Rhode Island:

Rhode Island Smokers' Helpline

Website: [quitnowri.com](http://quitnowri.com)

#### For more information you can call the Helpline in your state at:

**English:** 800.QUIT.NOW (800.784.8669)

**Spanish:** 800.8.DÉJALO (800.833.5256)

**TTY/TDD:** 800.TDD.1477 (800.833.1477)

**Massachusetts residents:** TTY/TDD: 888.229.2182

For additional information about how we can help you kick the habit, or to find out more information regarding smoking cessation benefits covered by your plan, please contact your employer or call Member Services at the number on your member ID card.



## Diet and Nutrition

**Making the right food choices during your pregnancy will help keep you healthy and give your baby the best possible start in life.**

Avoid harmful things such as alcohol and recreational drugs, which may cause birth defects.

If you have had bariatric (weight loss) surgery, please talk to your doctor about additional nutrition requirements you may have.

Pregnancy requires an additional 100-300 calories per day. These additional calories should come from a balanced diet full of nutrient-rich protein, fruits, vegetables and whole grains.

**Every day, you should aim to eat the following:**

- **6-11** servings of **grain products**.
- **3-5** servings of **vegetables**.
- **2-4** servings of **fruits**.
- **4-6** servings of **milk** or **dairy products**.
- **3-4** servings of **meat** and **high-protein foods**.

## Foods to avoid

There are some foods you should avoid eating during pregnancy. Some have chemicals that could affect your baby's development, while others put you at risk for infections that could hurt your baby.

- Swordfish, shark, king mackerel, tuna and tilefish may contain risky levels of mercury, which can cause serious problems for your baby. Also, do not eat sushi made with raw fish.
- All raw and undercooked seafood, eggs and meat (beef, pork and poultry should be cooked to a safe internal temperature).
- Unpasteurized milk and foods made with unpasteurized milk; soft cheeses, such as feta, brie, camembert and Roquefort blue-veined; Mexican-style soft cheeses such as queso blanco, queso fresco, asadero or panela, unless the label on the cheese says it's made with pasteurized milk.
- Hotdogs, luncheon/deli meat and cold cuts (e.g., ham, turkey, salami, bologna) should be consumed only when fresh or if heated until steaming.
- Raw vegetable sprouts, including alfalfa, clover, radish and mung bean.

Be sure to cook your food thoroughly or reheat it properly before eating. You should also limit caffeine, which is found in coffee, tea, soft drinks and chocolate, and even in many over-the-counter medications.

Over-the-counter medications may contain alcohol, caffeine or other ingredients that should be avoided during pregnancy. Ask your provider about medications you are taking or are considering, and make sure they are safe for you to take during your pregnancy.

A healthy eating plan for pregnancy includes a variety of nutrient-rich foods, according to the most recent U.S. government dietary guidelines. These guidelines outline recommendations to promote health and reduce the risk of chronic disease through nutritious eating and physical activity. The recommendations include some of the nutritional needs of pregnancy.

For more information about food groups and nutrition values, visit: [nutrition.gov/topics/nutrition-life-stage](https://www.nutrition.gov/topics/nutrition-life-stage).



## Exercise

Before starting any type of exercise program, talk to your obstetrical care provider for advice about exercising safely during your pregnancy. Unless there are medical reasons to avoid it, moderate exercise for at least 30 minutes per day on most, if not all, days of the week can and should be part of a woman's plan for a healthy pregnancy.

## The benefits of exercising during your pregnancy include the following:

- Prevention of gestational diabetes.
- Less discomfort and fatigue.
- Building stamina for labor and delivery.
- Promoting recovery from labor and delivery.
- Improving your sense of well-being.

Consider low-impact activities, such as walking, swimming or yoga. If you are familiar with using a stationary bike or an elliptical machine, those are great low-impact choices as well. Activities that put you at high risk for injury or being hit in the abdomen, such as downhill skiing or contact sports, should be avoided.

While exercising, it is also important for you to know when to stop. If you experience any serious problems such as vaginal bleeding or fluid leakage, difficulty breathing, dizziness, headaches, chest pain, muscle weakness, calf pain or swelling, decreased fetal movement, or contractions, stop exercising and contact your provider immediately.

## What to avoid

Your growing baby needs a healthy environment to live in while you are pregnant. With this in mind, you should be aware of substances that may harm your developing baby.

- Limit exposure to toxic substances and chemicals, such as some cleaning products, insecticides, paint thinners, paint fumes and lead. If you must use these types of substances and chemicals, make sure to work in a well-ventilated area.
- Make sure you use hair and nail products in a well-ventilated area to avoid feeling lightheaded or nauseous.
- Avoid handling cat litter, which may cause toxoplasmosis, an infection caused by a parasite.
- Avoid elective medical studies and procedures during pregnancy without consulting your provider. There may be situations where you need to have X-rays taken during your pregnancy. Be sure to inform your health care providers that you are pregnant before you have X-rays taken.

## Dental exams during pregnancy

You should continue to see your dentist during pregnancy for oral examinations and professional teeth cleanings. Make sure to tell your dentist that you are pregnant and about any changes you have noticed in your oral health.

Women are more likely to develop gingivitis during pregnancy. Gingivitis is an infection of the gingivae (gums) that can cause swelling and tenderness. Your gums may also bleed a little when you brush or floss. Left untreated, gingivitis can affect the supporting tissues that hold your teeth in place. Your dentist may recommend more frequent cleanings to prevent gingivitis.

Teeth cleanings and dental X-rays are safe for pregnant women, according to recommendations issued by the American College of Obstetricians and Gynecologists. Obstetrical care providers encourage patients to brush their teeth twice daily, floss once daily and visit the dentist twice a year.

## Gestational diabetes

Women with diabetes and those who develop it during pregnancy (known as gestational diabetes) require special care. For women who are diabetic prior to becoming pregnant, the best approach to a successful pregnancy requires:

- Preconception counseling.
- Optimal diabetic control before conception.
- Meticulous management of diabetic control during pregnancy.
- Prompt attention to any complications of pregnancy.

The hormonal changes that occur during pregnancy may result in some women developing gestational diabetes. All women are screened for gestational diabetes during the second half of pregnancy. For women who are diagnosed with gestational diabetes, dietary modifications and blood sugar monitoring are the usual treatment choices.

If these measures do not adequately control your blood sugar, insulin may be added to your regimen. If you develop gestational diabetes during your pregnancy, following your obstetrical care provider's directions will help prevent complications from arising with your baby or your delivery. Once your baby is delivered, gestational diabetes almost always disappears, although it is important to follow up with your provider to make sure. Gestational diabetes may also recur in subsequent pregnancies. Having diabetes during your pregnancy also increases your risk of developing diabetes and cardiovascular disease later in life when you are not pregnant. Preventive health measures that can be instituted during your pregnancy and continued after the delivery can decrease that risk.

These measures include:

- Improved nutrition.
- Weight control.
- Regular exercise, if approved by your provider.

## Alcohol and other substance use during pregnancy

Fetal Alcohol Syndrome (FAS) Alcohol exposure and consumption during pregnancy could lead to physical, mental and developmental birth defects in your baby.

FAS is the leading known cause of nonhereditary mental retardation and birth defects. When a pregnant woman drinks, so does her baby. Alcohol goes into the mother's bloodstream and passes to her baby by crossing the placenta. Alcohol interferes with the ability of the baby to receive sufficient oxygen and nourishment for normal cell development in the brain and other organs of the body. Alcohol may affect the baby's brain at any time during the pregnancy. Impairment of facial features, heart and other organs, bones, and the central nervous system may occur as a result of a woman drinking during the first trimester, at which time these parts of the body are in critical stages of development.

There is no evidence that can determine exactly how much alcohol will put a baby at risk for FAS. Individual women metabolize alcohol differently. The best way to prevent FAS is for you to abstain from drinking during your pregnancy. Doctors can't diagnose FAS before a baby is born, but they can assess the health of the mother and baby during pregnancy. By discussing drinking with your obstetrical care provider, he or she can evaluate the risks in your pregnancy and help you to abstain from alcohol while you are pregnant. The sooner a woman stops drinking, the better it will be for both her and her baby. Tufts Health Plan can also help in your efforts to stop drinking. If you need help finding a substance abuse specialist, call the **Tufts Health Plan Behavioral Health Outpatient Department at 800.208.9565**.

In addition, the use of recreational and prescription drugs can be harmful to the health of a pregnant mom and her baby. Substance abuse can lead to miscarriage, premature birth, low birth weight and other medical problems.

Check with your obstetrical care provider about any over-the-counter medications, prescription medications, or herbal or nutritional supplements that you take.



## Keeping Yourself and Your Baby Safe

If you are in a relationship where you fear for your safety, sometimes it's hard to know what to do. However, it's especially important for you to stay safe during this time — you and/or your baby could be physically injured, you could go into preterm labor or you could even miscarry. For your safety and the safety of your baby, find someone you can trust and let him or her know you need help — someone such as a family member, close friend or even your obstetrical care provider. You may also call the **National Domestic Violence Hotline** at **800.799.SAFE (7233)** or TDD at **800.787.3224** for help.

## Depression during pregnancy

Many of the symptoms of depression overlap with symptoms of a normal pregnancy. If you are concerned that you may be suffering from depression during your pregnancy, talk to your provider and find out if treatment is necessary and what kind of treatment would work best for you. Treatment may include counseling or medication. For an evaluation for depression, contact your obstetrical care provider or PCP. Or if you need help finding a behavioral health provider in your area, call the **Tufts Health Plan Behavioral Health Outpatient Department** at **800.208.9565**.

Did you know that 1 in 4 women experiences some form of depression during her life? The physical and emotional changes associated with pregnancy and the dramatic changes you experience after childbirth also leave you susceptible to depression. Research suggests that 20 percent of women experience some symptoms of depression during pregnancy. However, most cases of depression can be treated quite easily, and Tufts Health Plan can help you.

You owe it to yourself and your baby to be prepared mentally for the demands of pregnancy and motherhood — don't let depression get the best of you. Talk to someone, get help and start feeling better.

## Postpartum depression

Although the birth of a child is usually a happy event, it is not uncommon for women to experience feelings of sadness after the birth. For some women, this might mean postpartum “blues.” For others, it may be postpartum depression.

Postpartum blues affects 50 to 80 percent of new mothers in the first few days after childbirth. You might experience mood swings, anxiety, irritability, trouble sleeping and unexplained crying episodes. This is a result of the natural shifts in your hormones after pregnancy and childbirth. However, these blues will usually disappear within a week or two. If they continue, contact your obstetrical care provider to discuss treatment options. One in 5 women with postpartum blues goes on to suffer postpartum depression, so it's important to know your body and to get help if the blues are lingering for more than a couple of weeks.

Postpartum depression may occur soon after childbirth or up to a year later. It is far more serious than postpartum blues and, in extreme cases, can represent a life-threatening illness. Often people think that depression is a sign of personal weakness, but that couldn't be further from the truth. Postpartum depression is a biological illness caused by changes in brain chemistry. Even if you've never suffered clinical depression, you may suffer postpartum depression.

Postpartum depression affects as many as 15 percent of new mothers. Symptoms include:

- A depressed mood that lasts more than two weeks.
- Lack of enjoyment in formerly pleasurable activities.
- Fatigue or lack of energy.
- Feelings of sadness or emptiness.
- Feelings of guilt or worthlessness.
- Difficulty concentrating.
- Trouble sleeping or sleeping too much.
- Restlessness or feeling slowed down.
- Dramatic changes in eating habits.
- Thoughts of suicide or death.
- Thoughts of harming your baby.

With treatment, you can feel like yourself again and start enjoying life with your new baby.

If you are suffering from these symptoms and think you might have postpartum depression, call your provider immediately. We have included a self-test in this guide that you can take if you are concerned that you are suffering from postpartum depression. If your results indicate that you might be depressed, contact your provider and schedule a time to talk about your concerns. Or for assistance in selecting a behavioral health provider in your area, call the **Tufts Health Plan Behavioral Health Outpatient Department** at **800.208.9565**.

## For the expectant partner

Even though she is the one having the baby, your support is an important part of a healthy pregnancy. Plan to join your partner at her prenatal visits and childbirth classes. You can also help with preparing for life with the baby: where the baby will sleep, making that area colorful and welcoming for the baby, shopping for things your baby will need and evaluating your financial situation.

Your partner should be eating healthy foods, exercising, and avoiding hazardous situations and chemicals. If you smoke, this is a good time to quit. Secondhand smoke puts the pregnant woman and the baby at risk. During this critical time, your partner and your baby will appreciate your help with maintaining a healthy environment.

If you're feeling anxious about being in the labor and delivery room with your partner, try to relieve your nervousness by being prepared and knowing what to expect. Reading about childbirth, talking to other fathers/partners who have already been through it, attending childbirth classes with your partner or even going on a tour of the hospital may help you feel more comfortable and prepared. And here's something that's even more important: try to relax.

## Signs of labor

Labor is different for everyone, and it's important to know that some women experience strong signs of labor and others don't. Here are some of the more common warning signs — make sure to talk with your obstetrical care provider if you have any questions.

## Potential signs of preterm labor

Call your doctor or nurse immediately if you notice any of these signs:

- Uterine contractions — five or more uterine contractions in an hour.
- Mild abdominal cramps, like a menstrual period.
- Constant, low, dull backache.
- Pelvic, vaginal or lower abdominal pressure.
- Increase or change in vaginal discharge.
- Ruptured membranes (your "water breaks") — you may experience a gush of fluid or it may be a constant, steady trickle.
- A general feeling that something is not right, or you do not feel well, even without a specific cause.

## Common changes in the last four weeks of pregnancy

The baby's head drops into your pelvis: Your abdomen seems lower and will protrude more. You may feel like you can breathe more easily and can eat more at one time.

More frequent urination: The baby's head dropping may increase the pressure on your pelvis and, in turn, may lead to awkwardness in walking and the frequent urge to urinate. This could happen as early as four weeks before labor if this is your first pregnancy, and may not happen until labor begins if this is your second or third pregnancy.

Backache: Your baby is big, riding low in your abdomen and really putting pressure on your back.

Vaginal and cervical secretions: Secretions may increase during the last weeks of pregnancy as your body prepares for the baby's last push through the vagina.

## Possible signs of labor

Call your obstetrical care provider if you experience the signs of labor or if you notice any sudden changes in the following:

- Contractions that become stronger, last longer and get closer together.
- An increase in vaginal discharge that may be bloody or pink.
- An increase in pain.
- A rupturing of the membrane that causes your water to break.

It can be difficult to distinguish between true labor and false labor, so please consult your obstetrical care provider with any symptoms you are questioning.

## Cesarean sections

A cesarean section is a procedure, performed by an obstetrician, in which the baby is delivered through an incision in your abdomen. A cesarean section, also known as a C-section, is a way to deliver your baby safely if your providers determine that your baby cannot or should not be delivered vaginally.

Some conditions generally necessitate planning a cesarean section before labor starts, including (but not limited to) the following:

- Your baby is not in the correct position for vaginal delivery (your provider may have tried turning the baby without success).
- You're pregnant with twins and the first twin is not descending headfirst into the birth canal.
- You're pregnant with triplets.
- You've suffered from gestational diabetes during your pregnancy and the baby's estimated weight exceeds 9 pounds.
- You've been diagnosed with placenta previa, in which the placenta covers your cervix.
- You're suffering from an active herpes infection near the vaginal canal at or near the time of delivery.
- You suffer from a disorder that prevents normal blood clotting.

Some complications may occur during labor that may call for a cesarean section, including (but not limited to) the following:

- Your baby is not tolerating the stress of labor and shows signs of fetal distress.
- Your cervix stops dilating despite medication to strengthen your labor.
- Your baby does not progress through the birth canal once you start pushing.

**Remember, a cesarean birth is always done for the safety of the mother and her new baby.**

## Circumcision

Circumcision is an elective surgical procedure, in which a doctor (almost always your obstetrician) removes the foreskin on the tip of the penis of a newborn. There are pros and cons to this procedure; we encourage you to have a discussion with both your obstetrician and your pediatrician so that you can make an informed decision.

Obstetricians most commonly perform circumcisions within the first 48 hours of life. Therefore, you should be ready to make this decision before you go to the hospital to deliver your baby. Take the time to have this discussion with your obstetrical care provider and your child's pediatrician in the weeks before your baby is due.

### Why do parents choose to have their son circumcised?

This decision is often based on religious, cultural or ethnic traditions. Or it may simply be a private decision you make for your own reasons. It is important to know that there may be some medical benefits and risks associated with male circumcision. The American Academy of Pediatrics recommends that parents educate themselves about the procedure and the potential risks and benefits. You can find information regarding circumcision in many of today's parenting books and magazines, but the best place to start is with your doctor.

If you decide to have your newborn son circumcised, the current recommendation by the American Academy of Pediatrics is that some form of analgesia (pain reliever) be used. Be sure to discuss the use of analgesia for this procedure with your obstetrical care provider or the person who will perform the circumcision. If your son is circumcised prior to leaving the hospital, the penis will fully heal in about a week. Your doctor and the nursing staff will instruct you on how to care for the circumcision and what symptoms you should look for that may indicate improper healing or infection.

## Breastfeeding or bottle-feeding

Many women will decide whether to breast-feed or bottle-feed their newborn before they enter the hospital. While the American Academy of Pediatrics strongly recommends breastfeeding, the decision is up to you. Tufts Health Plan supports your choice — whatever it may be. If you decide and are able to breast-feed, you and your baby will receive many health benefits.

Benefits for the baby include:

- Improved immune function because of the antibodies contained in breast milk.
- Decreased risk of SIDS.
- Decreased risk of other health problems, including asthma, ear infections, juvenile diabetes and inflammatory conditions of the bowel.

Benefits for the mom include:

- Decreased risk of breast, ovarian and cervical cancers.
- Decreased chance of developing osteoporosis later in life.
- Faster weight loss.

Breastfeeding requires some preparation before delivery. Both you and your newborn need time to learn how to breast-feed, so we recommend the following:

- Lactation consultation and breast pumps are covered services for most members. Contact Member Services at the number on your member ID card for more information and to confirm your plan's coverage.
- Look for community resources in your area, including support groups and private coaches.
- Check with your hospital to see what resources it provides during and after your delivery.

The following practices are recommended in order for you and your baby to maximize the benefits of breast-feeding:

- Begin breastfeeding as soon as possible after giving birth, preferably within the first hour.
- Nurse your newborn whenever he or she shows signs of hunger. Such signs include rapid eye movements while sleeping, "rooting" toward the blanket or a hand, sucking on a hand or lip smacking. Crying is only a "last resort" sign of hunger.

## Bottle-feeding

Formula feeding is a perfectly acceptable option if you are not able or choose not to breast-feed your baby. Parents who decide to offer their babies bottles may choose from a large variety of commercially prepared formulas that are easy for the baby to digest.

### Types of formula

- Your basic choices in formula are cow's milk-based, soy-based for babies who may be sensitive to the lactose in cow's milk, and formulas that meet the special dietary needs of infants with particular disorders or diseases.
- You will usually find three styles for each formula: premixed cans of ready-to-feed formula, cans of concentrated formula and powdered formula. Premixed formula is the most convenient option, yet the most expensive. Both the concentrated and powdered formula needs to be prepared by adding sterile water before feedings.
- Be sure to check the expiration date on cans of formula, and purchase formula in packaging that is undented and undamaged.

### Preparing bottles

Whether you choose plastic or glass bottles to feed your baby, you will need to prepare them by sterilizing all your equipment. The water you use to make formula should be brought to a rolling boil for at least one minute, cooled and then mixed with the liquid or powdered formula according to the directions. The prepared formula should then be stored in the refrigerator and can be kept for up to 24 hours. When feeding your baby, warm the bottle up to room temperature by placing it in a measuring cup filled with warm water. A commercial bottle warmer is not necessary. Never heat a bottle in a microwave because uneven heating may cause hot pockets of milk that might burn your baby. Any formula left in your baby's bottle at the end of a feeding should not be reused.

Nipples are available in different sizes, depending on the age of the infant. For newborns, the holes in nipples are very small to control the flow of milk. When you're feeding your newborn, formula should drop out at the rate of one drop per second. Newborn bottle-fed babies typically take 2 to 3 ounces of formula per feeding and eat every three to four hours during the first few weeks of life. By the end of the first month, the baby should be taking about 4 ounces of formula and eating approximately once every four hours.

## Recommended books:

### **Your Pregnancy and Childbirth: Month to Month.**

6th ed. Washington, DC: American College of Obstetricians and Gynecologists, 2016. Print.

Harms, Roger W.

### **Mayo Clinic Guide to a Healthy Pregnancy.**

Intercourse, PA: Good, 2011. Print.

Murkoff, Heidi Eisenberg, and Sharon Mazel.

### **What to Expect When You're Expecting.**

5th ed. New York: Workman Pub., 2016. Print.\*

## Recommended websites and mobile apps

### **International Lactation Consultant Association**

[ilca.org](http://ilca.org)

### **March of Dimes Foundation**

[marchofdimes.com](http://marchofdimes.com)

### **Centers for Disease Control and Prevention**

[cdc.gov/pregnancy](http://cdc.gov/pregnancy)

### **Massachusetts Breastfeeding Coalition**

[massbreastfeeding.org](http://massbreastfeeding.org)

### **Rhode Island Breastfeeding Coalition**

[health.ri.gov/partners/coalitions/breastfeeding](http://health.ri.gov/partners/coalitions/breastfeeding)

### **New Hampshire Breastfeeding Task Force**

[nhbreastfeedingtaskforce.org](http://nhbreastfeedingtaskforce.org)

### **The Massachusetts Tobacco Cessation and Prevention Program**

[makesmokinghistory.org](http://makesmokinghistory.org)

### **Quit Now New Hampshire: NH Tobacco Prevention & Cessation Program**

[quitnownh.org](http://quitnownh.org)

### **The Rhode Island Tobacco Control Program**

[quitnowri.com](http://quitnowri.com)

### **United States Department of Agriculture; Choose My Plate**

[myplate.gov](http://myplate.gov)

### **Health & Nutrition Information for Pregnant & Breastfeeding Women**

[myplate.gov/life-stages/pregnancy-and-breastfeeding](http://myplate.gov/life-stages/pregnancy-and-breastfeeding)

### **KidsHealth® from Nemours**

Site languages: English and Spanish

[kidshealth.org](http://kidshealth.org)

### **Parents Site; Pregnancy & Baby**

[kidshealth.org/parent](http://kidshealth.org/parent)

### **American Academy of Pediatrics**

[aap.org](http://aap.org)

### **HealthyChildren**

[healthychildren.org](http://healthychildren.org)

[healthychildren.org/english/ages-stages/prenatal/Pages/default.aspx](http://healthychildren.org/english/ages-stages/prenatal/Pages/default.aspx)

**Text4baby** (free text messages to keep you and your baby healthy)

[text4baby.org](http://text4baby.org)

**Mayo Clinic** (free mobile app)

[mayoclinic.org/patient-visitor-guide/mayo-clinic-apps-for-patients](http://mayoclinic.org/patient-visitor-guide/mayo-clinic-apps-for-patients)

**WebMD** (free pregnancy app)

[webmd.com/pregnancyapp](http://webmd.com/pregnancyapp)

**What to Expect When You're Expecting\*** (free pregnancy app)

[whattoexpect.com/mobile.aspx](http://whattoexpect.com/mobile.aspx)

**ZipMilk - Breastfeeding Support**

[zipmilk.org](http://zipmilk.org)

### **\*Note:**

Although What to Expect When You're Expecting (the book and app) are commonly read and enjoyed by pregnant women and may be a helpful resource, please note that the content is not written by clinicians.

### **Disclaimer:**

This list of books and web links is provided to you for educational purposes only; these resources are not intended to replace the care that is prescribed for you by your health care providers. We encourage you to share the information found through these books and links with your health care providers. Always consult your health care providers if you have questions about your condition. Please note that the sources and websites listed are not owned, controlled or sponsored by Tufts Health Plan.

