



Maternity Support

Preparing for your **baby**



Something exciting is about to happen ...

Now that you're pregnant, you're probably thinking about one thing: the baby. But right now, it's *your* time. And we want you to be as healthy as possible. As part of the **Maternity Support**, nurses are here to support you throughout your pregnancy. Contact us for help to:



Choose a doctor
or nurse midwife



Schedule
appointments



Get care after
your baby is born



Find a
pediatrician



Learn more
about family
planning

Table of contents

Staying healthy during pregnancy

Eating and drinking	4
Medications	4
Lifestyle tips.....	5
Important information.....	6

First trimester

Changes to your body.....	7
What to expect at your first prenatal appointment.....	7
First trimester checklist.....	7
Pregnancy weight gain	7

Second trimester

What to expect at your next prenatal appointment.....	8
Questions to ask your doctor.....	8
Scheduling C-sections.....	9
Medications to help prevent premature birth	9
Second trimester checklist.....	9

Third trimester

Additional doctor visits.....	10
When to call your doctor.....	10
False labor versus true labor.....	11
Signs of early labor	11
Third trimester checklist	11

Postpartum

Bonding with your baby.....	12
Gestational diabetes.....	12
Breastfeeding.....	13
Well-child checkups	13
The importance of postpartum visits.....	13

Safety

Keeping your home safe.....	14
Preparing for an emergency	14
Choosing a caregiver	15
Safe sleeping positions for your baby.....	15

Staying healthy during pregnancy

When you're pregnant, there are a lot of things to do — and to avoid. Here is a partial list of ways to help you stay healthy and protect your baby.



Eating and drinking

Eat well. Fill your plate with fruits, veggies, whole grains, lean meats, calcium-rich foods and cooked seafood. To see the amount from each food group you need during each trimester, check out the Super Tracker program at www.choosemyplate.gov.

You'll also need to increase the amount of iron you get — almost double the normal amount. Check with your doctor to make sure you're getting enough.

Don't be afraid of seafood. Omega-3 fatty acids are important to your baby's brain development. These fats are found in many types of fish. Pregnant and breastfeeding women should try to eat at least two servings of fish or shellfish per week (about 8 to 12 ounces). Good choices include shrimp, salmon, catfish and pollock. Avoid fish with higher levels of mercury such as shark, swordfish, king mackerel and tilefish. And limit white (albacore) tuna to 6 ounces per week.

Stay hydrated. Make sure you're drinking extra fluids, especially water.

Limit your caffeine intake. Most experts say that it's safe to drink less than 200 mg of caffeine per day. That's equal to one 12-ounce cup of coffee or soda.

Avoid alcohol. When you're pregnant, even one drink is too many. Drinking while pregnant causes alcohol to reach your baby's liver, which can't break it down. It may also cause your baby to have lifelong physical, mental, behavioral and learning issues. **Remember: There is no safe amount or type of alcohol to drink while pregnant.** The best way to protect yourself and your baby is to not drink at all.



Medications

Take your prenatal vitamins. This is the best way to make sure you're getting the extra vitamins and minerals you need during pregnancy.

Be careful with meds. Ask your doctor if it's OK to keep taking any over-the-counter or prescription medications. Some medicines — such as aspirin and ibuprofen — can harm your baby. But don't stop taking a medication unless your doctor tells you to.

Be aware of neonatal abstinence syndrome (NAS). If you take street drugs such as heroin, codeine or certain pain medications and narcotics, your baby is at risk of developing NAS. This is a condition where your baby is born addicted to the medications you took while pregnant. Because the baby receives the drugs through the placenta, he or she can suffer withdrawal symptoms after being born.

Babies born with NAS may:

- Cry excessively
- Eat poorly
- Have seizures
- Have trouble sleeping
- Vomit or have diarrhea

NAS-related health problems include birth defects, increased risk of premature birth and sudden infant death syndrome (SIDS). Your baby's health depends on yours. Please talk with your doctor about anything you are taking.



Lifestyle tips

Exercise regularly. It may help reduce back pain and lower your risk of gestational diabetes and preeclampsia. In general, try low-impact activities such as walking, swimming, using a stationary bike, or doing modified yoga or Pilates. Ask your doctor which exercises are safe for you during pregnancy.

Avoid activities that involve lying on your back, as they can decrease your blood pressure. Stay away from contact sports and activities that could result in a fall, such as skiing. Make sure to stay hydrated by drinking plenty of water before, during and after your workout.

Get enough sleep. Try to get at least 7 to 9 hours of sleep every night.

Keep clean. Wash your hands, especially after using the bathroom or touching raw meat.

Get the flu vaccine. Pregnant woman can get very sick from the flu. Ask your doctor about getting a flu shot, which is safe in pregnancy. Avoid getting the nasal spray vaccine.

Buckle up. When you're in a vehicle, always wear your seatbelt.

Keep your mouth healthy. When you're pregnant, your mouth needs extra care. Hormone changes can increase your risk of gum disease, which could cause a premature birth.

During pregnancy, remember to:

- Brush your teeth at least twice a day with a fluoride toothpaste and a soft-bristled toothbrush.
- Floss at least once a day.
- Rinse daily with a fluoride mouthwash.
- Choose healthy foods like fruits and vegetables, and avoid sugary or starchy snacks and soda.
- Visit your dentist at least once during your pregnancy. He or she can clean your teeth and help you control any tooth decay or gum disease. A dental visit is safe any time during your pregnancy. The use of a local anesthetic is also safe.

Even after you give birth, your mouth health can affect your baby. For example, you can pass germs from your mouth to your baby by kissing or sharing a spoon. Those germs can then cause decay to your baby's teeth.



Want more information? Visit our Health Library at cx.uhc.com/uhcpregnancy.



Important information

Stay away from cigarettes. You know that smoking is bad for *you*. But do you know how it affects your unborn baby? Smoking while pregnant exposes your baby to nicotine and carbon monoxide. These replace the oxygen in your blood stream and cause your baby's blood vessels to constrict. This means your baby gets less oxygen and fewer nutrients, which increases the risk of:

- Early birth
- Miscarriage
- Birth defects such as cleft lip or club foot
- Asthma and colic
- Sudden infant death syndrome (SIDS)

Remember: There is no safe level of smoking. If you smoke, the most important thing you can do for your baby is to quit.

Avoid hot baths and saunas. The heat can cause you to faint. It can also harm the baby.

Be careful of sexually transmitted diseases (STDs). You might think that you're safe from STDs when you're pregnant, but that's not true. STDs can be passed from you to your baby, causing serious problems.

Some STDs can be treated during pregnancy with antibiotics. These include chlamydia, gonorrhea, syphilis, trichomoniasis and bacterial vaginosis. Other STDs, such as genital herpes, hepatitis B and HIV, are caused by viruses and cannot be cured. However, you may be able to take antiviral medicine while pregnant to reduce the risk of passing the infection on to your baby.

Make sure to practice safe sex. If you have any concerns, talk to your doctor about getting tested.



Want more information? Visit our Health Library at cx.uhc.com/uhcpregnancy.

First trimester

Changes to your body

During your first trimester, your body is making room for your growing baby (even when you can't see it). Although every pregnancy is different, here are some changes you may have during this time:

- Feeling tired, moody or dizzy
- Heartburn
- Morning sickness
- Heightened sense of smell
- Tender, swollen breasts
- Having to pee more often
- Food cravings or aversions

What to expect from your first prenatal appointment. Have you had your first prenatal appointment yet? When you go, you might want to bring along your partner, a friend or a family member. At your appointment, you can expect:

- 1. Questions from your doctor or midwife.** He or she might ask about your periods, birth control, past pregnancies, medical history and any medication use.
- 2. A due date.** Your doctor will give you an estimated due date. This is a best guess; it may not be the exact day your baby is born (and usually is not).
- 3. A physical exam.** Your doctor will check your overall health. He or she might also check your breasts, vagina and cervix.
- 4. Lab and screening tests.** Your doctor might do some tests to check your blood type and look for immunity/exposure to infections. He or she might also suggest certain tests to check for any issues with the baby.
- 5. Helpful pregnancy information.** You and your doctor will talk about lifestyle habits during pregnancy. These may include topics such as diet, exercise and sex.



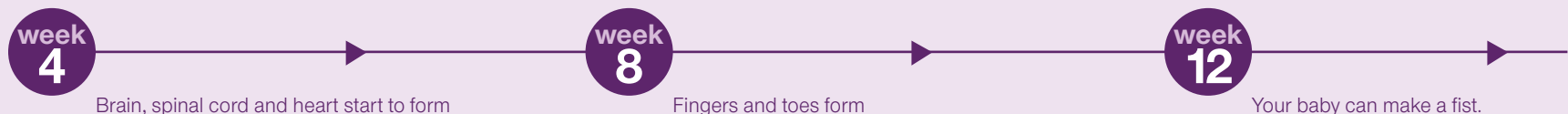
First trimester checklist

- Find a health care provider.
- Schedule your first prenatal visit.
- Ask about taking prenatal vitamins.
- Start thinking about a birth plan.
- Get plenty of rest.

Pregnancy weight gain.

During pregnancy, you might gain between 25 to 35 pounds. This is a sign that your baby is growing normally, so don't diet or try to lose weight.

Your first trimester (months 1 to 3)



Second trimester

If you had any nausea, it has likely gone away by now. If it hasn't, don't worry; this is not unusual. This means you should have more energy and feel less tired. Your belly will continue to grow, but you should still feel comfortable due to your baby's size. During this trimester, you'll also start to feel fluttering movements deep in your belly. That's the baby moving!

What to expect at your next prenatal appointment

In the second trimester, you'll see your doctor every four weeks to:

- Check your blood pressure and weight
- Check your baby's heartbeat
- Measure your abdomen to check your baby's growth
- Have additional tests (if your doctor suggests them)



Questions to ask your doctor:

Whether you're already a mom or a new mom-to-be, you probably have a lot of questions. Here are 10 things you might want to ask your doctor.

- Which prenatal tests do you recommend for me?
- What if I have morning sickness?
- Can I exercise during pregnancy?
- Is it safe to eat sushi during pregnancy?
- Is it safe to color my hair during pregnancy?
- When will I hear my baby's heartbeat?
- When will I find out if my baby is a boy or a girl?
- What is preeclampsia?
- What are my options for pain relief during labor?
- What are some exercises to do after pregnancy to tone my core?

Your second trimester (months 4 to 6)

week
16

Your baby's skin begins to form.

week
20

You might feel slight movements from the baby.

week
24

Your baby starts to get hair.

Second trimester

Scheduling C-sections

If you're thinking of scheduling an elective C-section, it's important to know this: Babies aren't fully developed until at least 39 weeks of pregnancy. Even babies born just a few weeks early can have serious health problems. Waiting until 39 weeks gives your baby more time to develop crucial organs, such as the brain and lungs.

Here are some reasons to wait:

- Your estimated due date may be wrong.
- Inducing labor may not work or could cause problems for you and the baby.
- C-sections can cause problems in future pregnancies.
- A C-section is a major surgery.

If your pregnancy is healthy and you're planning to schedule your baby's birth, wait until at least 39 weeks of pregnancy. The American College of Obstetricians and Gynecologists strongly advises against a delivery before 39 weeks unless there is a medical reason.

Medications to help prevent premature birth

If you've ever delivered a baby too early, you may be able to take a medication called 17P or Makena®. It may help keep your baby from coming too soon (called "preterm birth"). Preterm birth happens when a baby is born between weeks 20 and 37. If you've had a preterm birth before, you're more likely to deliver early again.

17P/Makena is a weekly shot that contains progesterone, which your body makes during pregnancy. By giving your body extra progesterone, 17P/Makena helps reduce the risk of an early delivery by keeping the uterus from contracting and starting labor too soon.

If you're concerned about delivering too early, talk to your doctor about your options.



Second trimester checklist

- Ask your doctor if you should have the expanded alpha-fetoprotein (EAFP) blood tests. These are done between weeks 15 and 20 to check for spina bifida, Down syndrome and other birth defects.
- Have the glucose screening test for gestational diabetes.
- If recommended by your health care provider, get a RhoGAM injection.
- Enroll in a childbirth preparation class (if needed), or other classes that can help you understand preterm labor, breastfeeding and newborn care.
- Complete any hospital pre-admission forms.

Keep in mind: If you have a C-section, your doctor will usually want to do a quick incision check about 2–3 weeks after delivery to make sure you're healing properly. This visit is very important and is in addition to your postpartum appointment (usually scheduled 21-56 days after delivery).

Your third trimester

The baby is putting more pressure on your organs now. As a result, you may be feeling tired and uncomfortable, and have to go to the bathroom more often. You may also have shortness of breath, heartburn, hemorrhoids and swelling of your ankles, fingers and face.

Additional doctor visits

Beginning at week 32, you'll see your doctor every other week. And starting at week 36, you'll usually see your doctor every week to:

- Monitor your baby's heartbeat and movement
- Check your baby's position
- Discuss what to do when labor starts
- Talk about whether to breastfeed or bottle-feed
- Learn about family-planning options after your baby is born



When to call your doctor

It's important to talk to your doctor throughout your pregnancy. He or she can tell you when a symptom is normal or a sign of something serious. Ask him or her when you should call and what you should do if you notice the following:

- Change in vaginal discharge
- Sudden swelling of the hands, fingers or face
- A very bad headache that doesn't go away
- Sharp stomach pain
- Fever or chills
- Vomiting or nonstop nausea
- Pain when you pee
- Blurry vision
- Dizziness
- Less movement from the baby than usual
- Thoughts about harming yourself or the baby

Your third trimester (months 4 to 6)

week
32

You can really feel your baby's kicks and jabs.

week
36

Your baby is about 16 to 19 inches long and already weighs about 6 to 6½ pounds.

weeks
39-42

Your baby is full term and may turn upside down to get ready for birth.



Congratulations, mom!

Your third trimester

False labor versus true labor

Off and on throughout the day, your abdomen may feel tight and hard. These are likely false labor or Braxton Hicks contractions. Although normal, they may sometimes be painful. Here are some tips to tell the difference between true labor and false labor:

- **False labor:** Contractions are irregular and do not get closer together as time goes on. They may stop when you move or rest. When you feel them, they aren't very strong and you usually only feel them in the front.
- **True labor:** Contractions are regular and get closer as time goes on. They don't stop, even when you move. They start in the back and move to the front, gradually increasing in strength.

Remember: During real labor, contractions get closer together, harder in intensity and last longer.

Signs of early labor

Early labor can happen three or more weeks before you are due. Call your health care provider before going to the hospital if you have any of these symptoms:

- Frequent or regular contractions that happen less than 10 minutes apart
- Cramps that feel like you're having your period (with or without diarrhea)
- A low, dull backache
- Pelvic pressure that feels like the baby is pushing down
- Change in vaginal discharge (bleeding or leaking fluid)



Third trimester checklist

- Select a newborn health care provider.
- Discuss the following with your doctor: any needed blood tests, Group B streptococcus (GBS) screening, blood transfusion options and cord blood banking.
- Ask your doctor about getting the pertussis vaccine (Tdap).
- Have the glucose-screening test for gestational diabetes.
- If recommended by your health care provider, get a RhoGAM injection.
- Arrange to visit the facility where you will be delivering.
- Enroll in a childbirth preparation class (if needed), or other classes that can help you understand preterm labor, breastfeeding and newborn care.
- Complete the hospital pre-admission process.
- Install a car seat. If you need help, visit your local fire department.
- Ask about adding the baby to your insurance after he or she is born.



Want more information? Visit our Health Library at cx.uhc.com/uhcpregnancy.

Postpartum

Bonding with your baby

What exactly does “bonding with your baby” mean? Bonding is the attachment between you and your baby that happens soon after the baby is born. When you first hold, touch and talk to your baby, you may feel a rush of love and protectiveness. That is bonding.

What if I don't bond with my baby right away?

This is normal. Labor is tough, and you may be exhausted — both physically and emotionally. Your baby might also need to be taken away by a nurse to get medical care. But don't worry; bonding has no time limit. It's a process. You and your baby have plenty of time to create your relationship.

What are some ways to bond with my baby?

Good bonding activities include:

- Cradling or rocking
- Feeding
- Reading, singing or talking to him or her
- Giving baths
- Skin-to-skin contact (good for both mom and dad)



Gestational diabetes

Some women may develop gestational diabetes during pregnancy. Although every woman is at risk, you may have a greater chance if you:

- Are 25 years of age or older
- Are overweight
- Have a family history of diabetes
- Have had a previous unexplained stillbirth
- Are African-American, Native American, Asian American, Hispanic, Latina or Pacific Islander
- Have had gestational diabetes before
- Gave birth to a baby weighting more than 9½ pounds

To see if you have gestational diabetes, your doctor may perform a blood glucose test between weeks 24 and 28. This test may also be performed earlier and repeated at 26 to 28 weeks if the first test was normal.

If left untreated, gestational diabetes can cause health problems for both you and your baby.

If you do have gestational diabetes, it can usually be controlled with diet and exercise. In some cases, you may need medicine to control your blood glucose levels.

After you give birth, gestational diabetes usually goes away on its own. However, you may have a greater risk of developing type 2 diabetes later. Your doctor may test you for diabetes again six to 12 weeks after you give birth and also at six months after delivery. And, your baby may be tested for diabetes throughout his or her childhood.



Want more information? Visit our Health Library at cx.uhc.com/uhcpregnancy.

Postpartum

Breastfeeding

Breastfeeding can be an easy way to feed your baby. It can also save time — no bottles to clean! Plus, by breastfeeding instead of buying formula, you can save up to \$10 a day. For your baby's first six months of life, breast milk is recommended.

For you, breastfeeding may help:

- Ease the recovery of childbirth
- Make losing weight easier
- Lower your chances of getting certain types of cancer
- Reduce post-partum depression
- Delay the return of your period

For your baby, breastfeeding:

- Lowers the risk of asthma, allergies and ear infections
- Provides antibodies to help fight infections
- Results in less gas and feeding problems than bottle-fed babies
- Reduces the risk of sudden infant death syndrome (SIDS)

Talk with your doctor to see if breastfeeding may work for you and your baby.



Did you know?

You may be eligible for a breast pump at no additional charge as part of your benefits plan. To see if you qualify, call the benefits number on the back of your insurance card.



Well-child checkups

Well-child visits are meant to track your child's growth and development. During these visits, you'll talk about any vaccinations or screenings your child may need, your child's eating and sleeping habits, and other important milestones.

- 2–5 days
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- 3 years
- 4 years

The importance of postpartum visits

When you bring in your baby for a checkup, don't forget about yourself! Make sure to schedule a postpartum visit within 21–56 days after delivery.

During this visit, your doctor may:

- Do a pelvic exam
- Check your breasts, abdomen, weight and blood pressure
- Ask how feeding your baby is going
- Discuss your plans for returning to work or school (if applicable)
- See how you're feeling
- Address any concerns or questions you may have, such as losing weight, exercising, getting better sleep, nutrition and resuming sexual activity

Taking care of a newborn can be a lot to handle, so make sure you're taking care of yourself first.

Safety concerns

Keeping your home safe

Whether your baby is a newborn or a walking, exploring toddler, you'll need to childproof your home. From button batteries to bunk beds, your home can pose dangers to a child. Some items that can cause injuries include:

- **Bathtubs.** Never leave a child alone in the bath. Children can drown in only a few inches of water. Help prevent scalding by setting your hot water heater to no more than 120 degrees Fahrenheit.
- **Changing tables.** Use a sturdy table with a guardrail around all four sides. Never leave your child unattended — even for a moment.
- **High chairs.** Make sure the chair doesn't tip easily. Use the safety straps whenever your child is in the chair; never allow your child to stand in it. Don't allow older kids to play on the chair — it could fall over.
- **Window blind cords.** If possible, use cordless shades. Otherwise, keep cords out of the reach of children at all times. Never tie cords together.



Preparing for an emergency

If an emergency happens, you might not have a lot of time to prepare. Plan ahead by creating a disaster plan and stocking a disaster kit. Some items to include in your kit include:

- Water (one gallon per person per day)
- Blankets
- First aid kit
- Canned food (with non-electric can opener)
- Cash and credit cards
- Battery-powered radio and flashlight (with spare batteries)
- Diapers, food or formula for baby
- Change of clothing
- List of important family information
- Prescription drugs

Safety concerns

Choosing a caregiver

Are you going back to work or school after your baby is born? If so, it can feel a little scary having someone else take care of your child. Asking these questions can help you feel better about choosing a caregiver:

- Is everyone trained in first aid and CPR?
- If I breastfeed, will I be able to come in and nurse? If not, will you feed my baby pumped breast milk?
- Are older children supervised when they eat?
- How do you handle children with allergies?
- What do you give older children to drink?
- What sort of physical activities do you offer?
- Do the children get to spend time outside? What if the weather is bad?
- How much screen time do the children get?

Safe sleeping positions for baby

You may already know about putting your baby to sleep on his or her back, but here are some other tips to help keep your baby safe.

- Babies up to one year of age should be placed on their backs every time you put them down to sleep.
- Place your baby on a firm surface such as a crib, bassinet or play yard. Use a tight-fitting sheet on the mattress.
- Keep pillows, soft objects and loose bedding out of the crib.
- Don't sleep with your baby. Babies can get tangled in the sheets.
- Offer a pacifier during naps and at bedtime.



Want more information? Visit our Health Library at cx.uhc.com/uhcpregnancy.

Sources:

American Academy of Pediatric Dentistry. How to protect your baby's teeth from cavities. http://www.mychildrenteeth.org/education/parent_fact_sheet_on_caries_bacteria/. Accessed July 12, 2016.

The American Academy of Pediatrics. Ages and stages: Benefits of breastfeeding for mom. <http://www.healthychildren.org/English/ages-stages/baby/breastfeeding/pages/Benefits-of-Breastfeeding-for-Mom.aspx>. Accessed July 13, 2016.

Ibid. Family life: Your child care checklist. <http://www.healthychildren.org/English/family-life/work-play/pages/Your-Child-Care-Checklist.aspx>. Accessed July 13, 2016.

Ibid. Reduce the risk of SIDS. <http://www.healthychildren.org/English/ages-stages/baby/sleep/pages/Preventing-SIDS.aspx>. Accessed July 13, 2016.

Ibid. Safety and prevention. <http://www.healthychildren.org/english/safety-prevention/at-home/Pages/default.aspx>. Accessed July 13, 2016.

Ibid. Well-child care: A check-up for success. <http://www.healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx>. Accessed July 13, 2016.

The American College of Obstetricians and Gynecologists. Answers to your important pregnancy questions. <http://www.yourpregnancyandchildbirth.com/topics.php?page=nutrition>. Accessed July 12, 2016.

Ibid. Exercise during pregnancy. <http://www.acog.org/Patients/FAQs/Exercise-During-Pregnancy>. Accessed July 12, 2016.

Ibid. Frequently asked questions: Breastfeeding your baby. <http://www.acog.org/Patients/FAQs/Breastfeeding-Your-Baby>. Accessed July 13, 2016.

Ibid. Frequently asked questions: Gestational diabetes. http://www.acog.org/~media/For_Patients/faq177.pdf?dmc=1&ts=20130820T1143522685. Accessed July 13, 2016.

Ibid. How to tell when labor begins. <http://www.acog.org/Patients/FAQs/How-to-Tell-When-Labor-Begins>. Accessed July 13, 2016.

Ibid. Nutrition during pregnancy. <http://www.acog.org/Patients/FAQs/Nutrition-During-Pregnancy>. Accessed July 12, 2016.

Ibid. Optimizing postpartum care. <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Optimizing-Postpartum-Care>. Accessed July 27, 2016.

Ibid. Tobacco, alcohol, drugs, and pregnancy. <http://www.acog.org/Patients/FAQs/Tobacco-Alcohol-Drugs-and-Pregnancy>. Accessed July 12, 2016.

American Red Cross. Emergency preparedness checklist. http://www.redcross.org/images/MEDIA_CustomProductCatalog/m94440096_EmergencyPreparednessChecklist.pdf. Accessed July 13, 2016.

Centers for Disease Control and Prevention. STDs & pregnancy fact sheet. <http://www.cdc.gov/std/pregnancy/STDFact-Pregnancy.htm>. Accessed July 12, 2016.

Ibid. Warning signs of preterm labor. <http://www.cdc.gov/features/prematurebirth/>. Accessed July 13, 2016.

KidsHealth. Bonding with your baby. http://kidshealth.org/parent/pregnancy_newborn/communicating/bonding.html. Accessed July 13, 2016.

March of Dimes. Progesterone treatment to help prevent premature birth. <http://www.marchofdimes.org/complications/progesterone-treatment-to-help-prevent-premature-birth.aspx>. Accessed July 13, 2016.

Ibid. Why at least 39 weeks is best for your baby. <http://www.marchofdimes.org/pregnancy/why-at-least-39-weeks-is-best-for-your-baby.aspx>. Accessed July 13, 2016.

Mayo Clinic. Dental health during pregnancy. <http://www.mayoclinic.org/healthy-lifestyle/pregnancy-week-by-week/expert-blog/dental-health-during-pregnancy/bgp-20055788>. Accessed July 12, 2016.

Ibid. First trimester pregnancy: What to expect. <http://www.mayoclinic.org/healthy-lifestyle/pregnancy-week-by-week/in-depth/pregnancy/art-20047208?pg=1>. Accessed July 12, 2016.

MedlinePlus. Neonatal abstinence syndrome. <https://medlineplus.gov/ency/article/007313.htm>. Accessed July 12, 2016.

Office on Women's Health, U.S. Department of Health and Human Services. Healthy pregnancy: Dos and don'ts. <http://womenshealth.gov/publications/our-publications/pregnancy-dos-donts.pdf>. Accessed July 12, 2016.

Ibid. Pregnancy complications. <http://www.womenshealth.gov/pregnancy/you-are-pregnant/pregnancy-complications.html>. Accessed July 13, 2016.

Ibid. Prenatal care and tests. <http://womenshealth.gov/pregnancy/you-are-pregnant/prenatal-care-tests.html>. Accessed July 12, 2016.

Ibid. Stages of Pregnancy. <http://www.womenshealth.gov/pregnancy/you-are-pregnant/stages-of-pregnancy.html#first>. Accessed July 12, 2016.



This program should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for information purposes only. It is provided as part of your health plan. Program nurses and other representatives cannot diagnose problems or suggest treatment. This program is not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. This is not an insurance program and may be discontinued at any time.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

© 2016 United HealthCare Services, Inc. All rights reserved. PRJ1670 57231-062016