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the most
exciting
scary
rewarding
messy
eye-opening
year of your life

The text is accompanied by several line-art illustrations: a magnifying glass over the word "exciting", a teddy bear to the right of "scary", a pair of glasses to the left of "messy", and a stethoscope to the right of "year of your life".

**The Cigna guide to having a healthy pregnancy
and a healthy baby.**

Together, all the way.®





DEAR MOM-TO-BE:

Congratulations on your pregnancy. Here is your complete, hands-on, go-to guide for the next year of your life as both an expectant and new mother.

You've taken the first step toward giving your baby a healthy start in life, with the support and guidance you need to make the best choices for you and your growing baby.

Inside this book, you'll find it all. The good. The new. The different. And the not so pretty. We promise not to hold anything back. After all, you want details and we're here to give them to you.

You'll find handy, helpful information, such as:

- › A comprehensive list of online resources
- › Guidelines for a healthy pregnancy and baby
- › Health information, charts and tools
- › A journal to record your innermost thoughts, fears, hopes and dreams
- › Postpartum information to help you keep things in perspective during your first few months of motherhood

Once you return home with your baby, life will never be the same. But in a good way. You'll be busier than you ever thought possible, so make a note now not to miss your postpartum visit with your provider. And be sure to enroll your baby in your health plan if they are eligible.

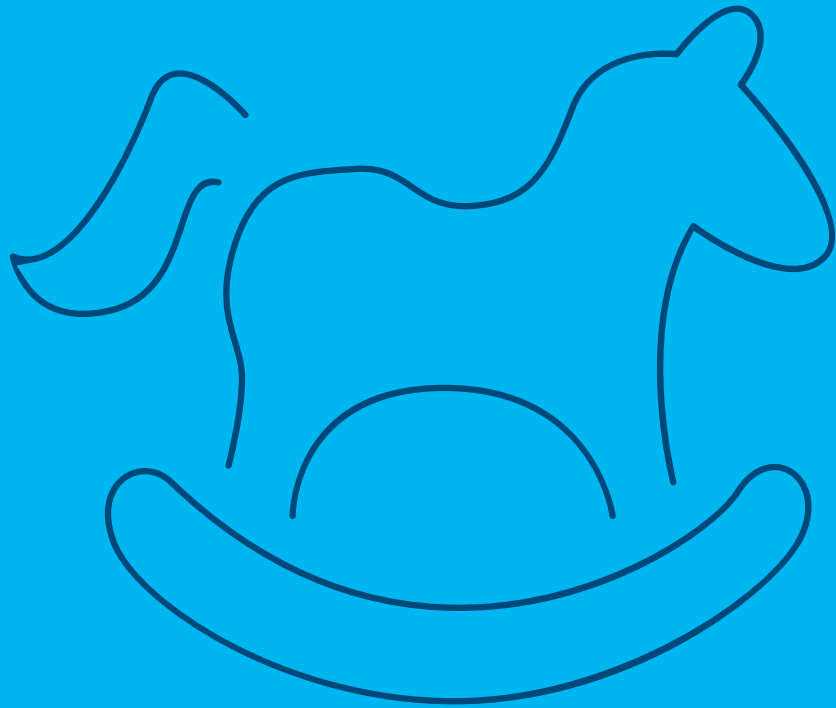
A healthy baby starts with a healthy you. So, let's get started.

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RESOURCES



General health

- › WebMD® home page: webmd.com
- › March of Dimes® home page: marchofdimes.com
- › MedScape from WebMD®: reference.medscape.com
- › National Institutes of Health (NIH): nih.gov
- › Centers for Disease Control and Prevention (CDC) home page: cdc.gov
- › Drug Interactions Checker on Drugs.com: drugs.com/drug_interactions.html
- › U.S. Department of Health and Human Services: hhs.gov

Food, nutrition and weight loss

- › Food and Drug Administration (FDA) home page: fda.gov
- › Center for Food Safety and Applied Nutrition: fda.gov/food
- › Choose My Plate: choosemyplate.gov
- › Dietary Guidelines for Americans 2015–2020: health.gov/dietaryguidelines/2015/
- › Small Step (for weight loss): cdc.gov/healthreport/infographics/steps

Breastfeeding

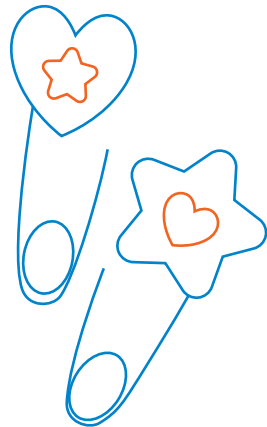
- › CDC breastfeeding home page: cdc.gov/breastfeeding

What's happening at your hospital?

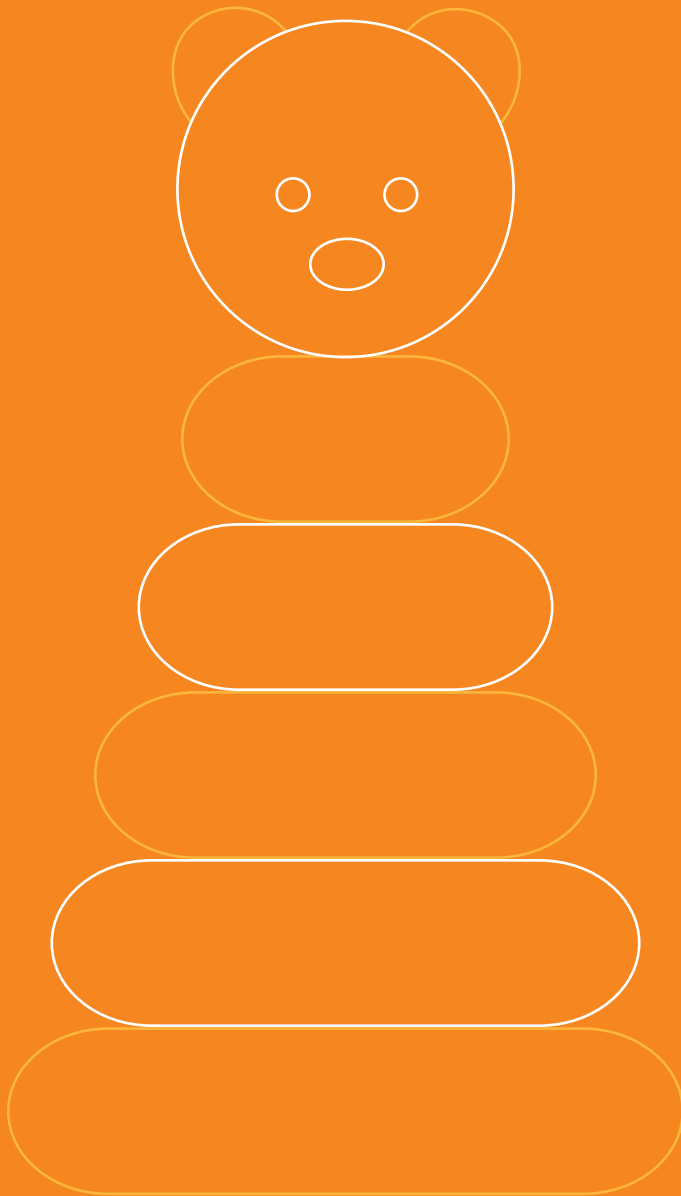
The Leapfrog Group is a nonprofit organization that compares hospitals on national safety and quality standards. It asks hospitals to voluntarily report how often they schedule deliveries early for nonmedical reasons. If you want to find out how often your hospital schedules these types of deliveries, visit the Leapfrog Group's website at leapfroggroup.org.

Specific health resources

- › National Center for Chronic Disease Prevention and Health Promotion: cdc.gov/chronicdisease
- › National Center for Environmental Health: cdc.gov/nceh
- › National Center for Health Statistics: cdc.gov/nchs
- › National Center for Injury Prevention and Control: cdc.gov/injury
- › National Center on Birth Defects and Developmental Disabilities: cdc.gov/ncbddd
- › National Immunization Program: cdc.gov/vaccines
- › National Institute of Child Health and Human Development (NICHD): nichd.nih.gov
- › CDC Influenza (Flu): cdc.gov/flu



MAJOR TOPICS FOR SOON-TO-BE MOMS



Prenatal care

Prenatal care is an overall term to describe everything your provider will do for you and your baby before you give birth. It's important to go to each and every prenatal care visit. Here's a typical schedule for someone who's low-risk with a normally progressing pregnancy.

- › Weeks four to 28: One visit per month (every four weeks)
- › Weeks 28 to 36: Two visits per month (every two to three weeks)
- › Weeks 36 to birth: One visit per week

If you have a chronic medical condition or a high-risk pregnancy, you may have to see your provider more often.

At each prenatal care visit, your provider will:

- › Check your weight, blood pressure, and your hands, feet and face for swelling.
- › Measure your belly to see how the baby is growing.
- › Listen for the baby's heartbeat after the 12th week of pregnancy.
- › Feel your abdomen to assess the baby's position.
- › Do any tests that are needed. These include blood tests or ultrasound, which uses sound waves to show a picture of your baby on a screen.
- › Ask you if you have any questions or concerns.



Have questions or concerns to share with your provider?

It's a good idea to write them down and bring the list with you so you don't forget.

Special tests

Besides all the normal poking and prodding you'll be subjected to, your provider may also order the following tests to determine the health of your baby as he or she grows. Don't worry. There won't be a written exam.

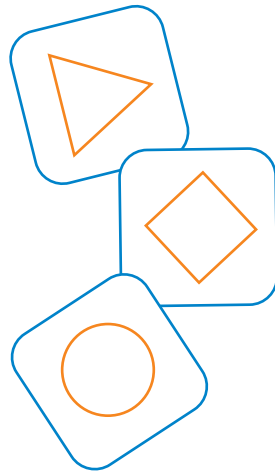
1st trimester

First-trimester blood tests.

Early in your pregnancy, your provider will do a few blood tests to make sure you and your baby are healthy. These tests can include a "prenatal panel" that tests for your blood type, complete blood count, immunity to German measles (rubella) and more. You can also expect a blood test that measures pregnancy-related hormones and a nuchal translucency test (measures the thickness of the area at the back of the baby's neck; an increase in the thickness can be an early sign of Down syndrome). Using the results of these tests, along with your age, your provider will determine if there are other risk factors that need further evaluation.

Chorionic villus sampling (CVS).

If you or the baby's father have a family history of certain diseases or birth defects, your provider may do this test to identify your baby's risk. A very thin tube is placed in the vagina and through the cervix. While looking with an ultrasound, your provider will collect a few cells from the edge of the placenta for testing.



2nd trimester

Second-trimester blood tests.

Between 15 and 20 weeks of pregnancy, your provider may recommend a quad screen or triple screen, additional tests that help determine if there are risk factors that need further review.

Oral glucose tolerance test.

The oral glucose tolerance test (OGTT) measures your ability to use glucose, the body's main source of energy. An OGTT can be used to diagnose prediabetes and diabetes.

Complete blood count.

A complete blood count (CBC) gives important information about the kinds and numbers of cells in your blood, especially red blood cells, white blood cells and platelets.

Amniocentesis. This test is used to study the liquid (amniotic fluid) that surrounds the baby. Amniotic fluid contains cells and other substances that can give clues about a baby's health. Amniocentesis is usually done between weeks 15 and 20 of the pregnancy for genetic testing.

3rd trimester

Group B streptococcus. Many women carry a certain type of bacteria on their skin that can be passed on to the baby during childbirth. Your provider will do a swab of your vaginal area to see if you carry it. If you do, you'll be given antibiotics during labor.

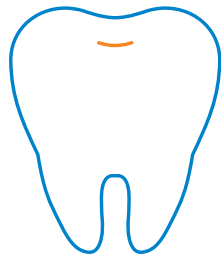
Hepatitis B. If you test positive for hepatitis B infection, your baby will receive the hepatitis B vaccine and hepatitis B immunoglobulin (HBIG) within 12 hours of birth.

Vaccinations during pregnancy

Vaccinations are important for protecting you and your baby from harmful infections during pregnancy, and can help keep your baby safe during the first few months of life until he/she gets his/her own vaccinations. In addition, vaccinations also protect you from getting a serious disease that could affect future pregnancies. Talk with your provider about which ones you need before, during or after pregnancy.

Dental care

Please don't neglect your teeth and gums. See your dentist early to ensure you're in good dental health, right from the start. Follow all of your dentist's recommendations, and don't be surprised if he or she recommends more frequent cleanings during your pregnancy.



Food safety and nutrition

What to eat when you're expecting

Eating a wide array of healthy foods is one of the most important things you can do for yourself, and for the healthy development of your baby. Here's a short list of what you should be piling on your plate, and why.

Folic acid. You should consume at least 400 micrograms a day before pregnancy and 600 micrograms a day during pregnancy; beans (lentil, pinto or black), green vegetables, orange juice, and whole and enriched grains are all good sources of folic acid.

Calcium. During pregnancy you should aim for 1,000 milligrams (mg) of calcium every day. Dairy products are the best source of calcium, but small amounts can also be found in leafy greens, canned fish with bones (such as anchovies or sardines), fortified orange juice and almonds.

Iron. You need 27 mg every day. Meats are your best source of iron. Smaller amounts are found in cooked dry beans, leafy greens, and whole and enriched grains.

Water. Drink at least eight, 8-ounce glasses of water every day.

Source: "Vitamins and Other Nutrients During Pregnancy," March of Dimes®, February 2018, web.

What not to eat when you're expecting

Though you may crave everything under the sun, there are certain foods you need to steer clear of because they can cause you and your baby to become ill.

Put these foods on your "do not eat" list.

- ▶ Swordfish, shark, king mackerel and tilefish (also called golden or white snapper). These fish can contain potentially risky levels of mercury.
- ▶ Raw fish, especially shellfish.
- ▶ Undercooked meat, poultry, seafood and hot dogs. Cook all meat, poultry and seafood thoroughly to kill bacteria.
- ▶ Refrigerated patés or meat spreads. Canned versions are usually safe.



- › Refrigerated smoked seafood, unless it's been cooked.
- › Soft-scrambled eggs and all foods made with raw or lightly cooked eggs (skip that Caesar salad).
- › Soft cheeses such as brie, feta, camembert, roquefort and mexican-style, unless they're made with pasteurized milk.
- › Unpasteurized milk and any foods made from it.
- › Unpasteurized juices.
- › Raw vegetable sprouts, including alfalfa, clover and radish.
- › Herbal supplements and teas.
- › Unwashed fruits or vegetables.

Source: "Foods to Avoid During Pregnancy," *American Pregnancy Association, July 2017, web.*

Vitamins/minerals/ medications/supplements

Chances are, your provider told you to start taking prenatal vitamins back when you were still toying with the thought of getting pregnant, or soon after you conceived. The truth is, most of us don't eat a well-rounded diet, even on the best of days. Prenatal vitamins help ensure you're getting all the nutrients you need, every day, to support the growth of your baby. Critical vitamins and minerals when you're pregnant include: Folic acid (a B vitamin), iron, zinc, iodine, vitamin A, vitamin D and calcium.

To avoid potential harm to your baby, always tell your provider or midwife if you're taking vitamin or mineral supplements **not** prescribed by them. The same goes for over-the-counter medications (e.g., ibuprofen, allergy pills or eye drops) and prescription drugs.

Weight gain

Being hungry all the time is pretty much par for the course when you're pregnant. (Once you get past the delights of morning sickness, that is.) After all, growing a small person inside of you is quite possibly one of the hardest things you'll ever do. It requires patience. Perseverance. And, copious amounts of mint chocolate chip ice cream. However, it's important to remember that eating for two doesn't mean you should automatically eat two of everything.

Exercise

Think being pregnant is your get-out-of-jail-free card when it comes to exercise? Think again. The fact is, exercise plays an important role in helping pregnant women avoid gestational diabetes. Plus, it can help build up stamina for labor and delivery, which can last for eight hours or (gulp) longer. Just be sure to check in with your provider for all the exercise dos and don'ts before you jump in.

Whatever you do, move.

Try any of the following to burn off those cookies you snuck in after your second breakfast.

- Brisk walks (at the beach or at the mall)
- Dancing
- Swimming
- Biking
- Aerobics
- Yoga



Here's the lowdown on how much you should aim to gain.

- › If your weight is normal before pregnancy - 25 to 35 pounds
- › If you're overweight before pregnancy - 15 to 25 pounds
- › If you're underweight before pregnancy - 28 to 40 pounds (depending on your pre-pregnancy weight)
- › If you have a multiple pregnancy (twins, triplets or more), discuss your weight gain with your provider

Alcohol

Drinking alcohol while you're pregnant can cause your baby to be born with physical and behavioral birth defects called fetal alcohol syndrome (FAS). No one knows exactly how much alcohol a woman has to drink to cause FAS in her baby (and that level may differ from woman to woman). When you drink alcohol, so does your unborn baby. There is no known safe amount of alcohol to drink while pregnant.

Source: CDC, "Alcohol Use in Pregnancy," July 2016, web.

Smoking

No ifs, ands or butts about it: **No smoking allowed when you're pregnant.** When you smoke, your baby receives less oxygen, which can cause him or her to grow more slowly and gain less weight in the womb. Smoking during pregnancy has also been linked to preterm labor and other pregnancy complications.

Even if you don't smoke, it's important to avoid people who do.

Bottom line: Smoking's a drag. Avoid it at all costs for your health, and the health of your baby.

For more information on the dangers of smoking during pregnancy, and for advice on how to quit, talk with your provider.

Street drugs

Here's a scary statistic: 5% of women take street drugs when pregnant. Also called illegal or illicit drugs, street drugs are against the law to have or use. Examples include cocaine, ecstasy, heroin and prescription drugs that are abused.

Street drugs can cause problems for you, including:

- › Not being able to get pregnant
- › Preterm labor
- › Miscarriage and/or stillbirth
- › Problems with the placenta

They can also cause problems for babies whose moms use drugs during pregnancy, including:

- › Premature birth
- › Learning and behavior problems
- › Low birth weight
- › Slower-than-normal growth
- › Heart defects
- › Sudden infant death syndrome (also called SIDS)
- › Infections
- › Drug withdrawal syndrome

Bottom line: Street drugs are bad for you and for your baby. So, don't use them. If you are using drugs, talk to your health care provider to get the help you need to quit.

Source: "Street Drugs and Pregnancy," March of Dimes, November 2016, web.

Stress

Whether you've been trying to get pregnant for months, or you hit it out of the park on your honeymoon, chances are you're feeling some degree of stress. After all, who wouldn't be stressed at the prospect of life as you know it being transformed forever?

We're here to tell you that the stress you're feeling is perfectly natural. But, if you're feeling overwhelmingly sad, anxious or downright blue, don't ignore your feelings and hope they'll go away on their own. Practice being the great mom we know you'll be by mommying yourself – and call your provider right away.

What's keeping you up at night?

Common stress triggers

- › Changes in your body, relationships, career and finances
- › Life changes resulting from unplanned pregnancy
- › Uncertainty about the pregnancy and how it will change your daily life
- › Anxiety over becoming a parent
- › Your age
- › Financial stress; unemployment
- › How and when to tell your family, friends and coworkers
- › Worry about how your other children will react
- › Lack of understanding from family and friends
- › Past bouts of depression
- › Physical stress, such as morning sickness, back pain, urinary tract infections, chronic illnesses
- › Life events, death of a family member or close friend, previous miscarriage, change of job or home

What you can do to reduce stress

- › Eat and sleep properly
 - › Exercise regularly
 - › Boost your support network
 - › Do things that make you happy, such as a trip to a museum or a picnic in the park
 - › Set goals for yourself
 - › Insist on help with regular chores
 - › Take it easy; don't combine too many activities
 - › Avoid alcohol, drugs and nicotine
 - › Learn how to say "no"
 - › Look at the sources of your stress and think about how you can eliminate some or all of them
 - › Try techniques to reduce your stress, such as massage, relaxation and keeping a journal
- Whatever you do, try to stress less, so you can enjoy your pregnancy more.

Depression

Pregnancy can come with many perfectly normal symptoms that make you feel not quite like yourself. But, sometimes it can be more than that. That's why it's important to discuss your thoughts and feelings with your provider at each visit.

Any of the following symptoms that last more than two weeks could be a sign of depression.

Changes in your feelings

- › Feeling sad, hopeless or overwhelmed
- › Feeling restless or moody
- › Crying a lot
- › Feeling worthless or guilty

Changes in your everyday life

- › Eating more or less than you usually do
- › Having trouble remembering things, concentrating or making decisions
- › Not being able to sleep or sleeping too much
- › Withdrawing from friends and family
- › Losing interest in things you usually like to do

Changes in your body

- › Having no energy and feeling tired all the time
- › Having headaches, stomach problems or other aches and pains that don't go away

If you have any of these signs, or if the signs get worse, call your provider. If you're worried about hurting yourself, call 911.

Antidepressants during pregnancy

If you're taking an antidepressant medication and stop taking it during pregnancy, your depression is more likely to come back than if you keep taking it. At the same time, some antidepressants are safer to use during pregnancy than others. Talk to your doctor about the safest, most effective treatment for you during pregnancy.

1 in 5 women experiences depression sometime in their life.

1 in 7 women gets treatment for depression between the year before pregnancy and the year after pregnancy.

1 in 8 women takes an antidepressant during pregnancy.

Source: March of Dimes, "Depression During Pregnancy," July 2015, web.



1 in 10 babies was born too early in the United States in 2016.

17% of infant deaths were caused by preterm birth and low birth weight in 2015.

50% higher preterm birth rate among non-Hispanic black women than non-Hispanic white women.

Preterm labor

Preterm labor is labor that occurs before your 37th week of pregnancy. The earlier a baby is born, the higher the risk of death or serious disability. Babies who survive can have breathing issues, digestive problems and bleeding in their brains. Long-term problems may include developmental delay and lower performance in school.

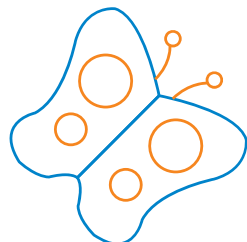
The good news is, it is possible to halt preterm labor through a combination of medication and rest. That's why it's important to recognize the signs.

Symptoms of preterm labor may include:

- ▶ Contractions (your abdomen tightens like a fist) every 10 minutes or more frequently
- ▶ Change in vaginal discharge (leaking fluid or bleeding from your vagina)
- ▶ Pelvic pressure; the feeling that your baby is pushing down
- ▶ Low, dull backache
- ▶ Cramps that feel like your period
- ▶ Abdominal cramps with or without diarrhea

You don't need to have all the symptoms to have preterm labor. So, even if you're experiencing only one of these, don't wait. Call your provider or go to the hospital right away.

Source: CDC, "Preterm Birth," November 6, 2017, web.



Labor and delivery

Ah, Labor Day. You always knew this day would come. Week by week, month by month, you've dutifully denied yourself sashimi, priced out baby furniture and educated yourself on breast vs. bottle. You've poured over every detail of that alien-like first ultrasound picture, marveled at the growth of your baby's eyelashes and fingernails, and recorded virtually every precious milestone in this journal. The day you found out what you were having; the first time you felt the baby kick; that 3:00 am taco craving. Maybe the last 40 or so weeks have flown by, leaving you feeling totally unprepared and breathless. (Though, more likely, that's just the baby pressing on your lungs.) Or, maybe the last 10 months have crawled along at a snail's pace, mocking your aching back and swollen ankles. Either way, this baby is coming. Today. Whether you like it or not.

So, how do you know if you really are in labor? Start timing your contractions. If they're coming regularly, you need to waddle over to your shoes, grab your hospital bag and hightail it to the hospital because baby, you're in labor.

Call your provider when:

- ▶ Your contractions are between five and 10 minutes apart
- ▶ Your water breaks, especially if the fluid is a dark, greenish-brown color
- ▶ You experience vaginal bleeding
- ▶ You can no longer walk or talk during contractions
- ▶ You have concerns about your health, or the health and well-being of the baby

If you think you may be going into labor, don't hesitate to call your provider or midwife, no matter what time it is, day or night. Believe us – they want to hear from you.

Pain management

As your trusty guide on this long, mysterious, sometimes perilous but never boring journey through pregnancy, it's our sworn duty to be honest with you. So, allow us to speak bluntly. With labor, comes pain. But the reward is well worth it.

Now, you might think you know what the pain of labor feels like. Heck, maybe you've been through it once, twice, three times before. To this, we respectfully remind you that every labor is different and babies love to keep moms guessing.

The truth is, different women respond to the pain of labor and delivery in different ways. For some, contractions may seem like strong menstrual cramps, while for others, the pain may be stronger and more difficult to bear. Your sensitivity to pain, the size and position of your baby and the strength of your contractions all affect the amount of pain you'll experience. Learn about your pain management options now, so you can more fully enjoy the awe-inspiring moment of your baby's birth.

What are my options?

Some women prefer to deal with the pain of childbirth naturally, using breathing and relaxation techniques. Childbirth education classes can help you learn these techniques. Examples of other pain management options include acupuncture, hypnosis and changing position frequently during labor. Most women, however, do get some form of pain relief through medication.

Here's a partial list of pain-relief medications, one of which might be an option for you.

Opioids (narcotics). These drugs are used to reduce anxiety and partially relieve pain. An opioid is less likely than epidural anesthesia to lead to an assisted (forceps or vacuum) delivery. But, they're usually used well before delivery, because an opioid can affect a newborn's breathing.

Epidural anesthesia. This is an ongoing injection of pain medication into the epidural space around the spinal cord that partially or fully numbs the lower body. A "light" epidural allows you to feel enough so that you can push. And, it reduces the full-dose epidural risks of stalled labor and assisted (forceps or vacuum) delivery.

Pudendal and paracervical blocks. These are injections of pain medication into the pelvic area to reduce labor pain. Pudendal is one of the safest forms of anesthesia for numbing the area where the baby will come out. It can be helpful with fast labor when a little pain medications is needed close to delivery. It does not affect the baby. Paracervical blocks have generally been replaced by epidural anesthesia, which is more effective.

Some pain-relief medications are used as part of another procedure, or for an emergency delivery. These include:

Local anesthesia. This is the injection of numbing pain medication into the skin. It's done before an epidural is inserted or an incision (episiotomy) is made to widen the vaginal opening for the birth.

Spinal block. This is an injection of pain medication into the spinal fluid, which rapidly and fully numbs the pelvic area for assisted births, such as with forceps or a cesarean delivery (no pushing is possible).

General anesthesia. This is the use of inhaled or intravenous (IV) medication, which makes you unconscious. It has more risks, but takes effect much faster than epidural or spinal anesthesia. So, general anesthesia is only used for some emergencies that require a rapid delivery, such as when an epidural line (catheter) has not been installed ahead of time.

Source: Healthwise®, "Labor and Delivery: Managing Pain," May 30, 2016, web.

Deciding what's right for you

Here are some questions to ask as you explore your pain-relief options.

- › How does the method I've chosen work?
- › How will it affect me and my baby?
- › How quickly will it work?
- › How long will it last?
- › Can I combine this method with other types of pain relief?
- › When, during labor, is it available?
- › Is the method available at my hospital or birthing center?

Remember: No one gets a medal for suffering through the pain of labor and delivery. You can ask for pain relief at any time. Know your options, so you can make decisions that'll result in a more comfortable and satisfying delivery.

C-section

In the past 40 years, C-section deliveries have jumped from about 1 in 20 births to about 1 in 3. This has caused experts to worry that C-sections are being done more often than needed. Why the worry? Because although most moms and babies do well after C-sections, it does have more risks than a vaginal delivery.

C-section risks

- › Infection
- › Heavy blood loss
- › Injury to mom or baby
- › Problems from the anesthesia
- › Breathing problems in the baby if delivered early
- › A longer hospital stay than after a vaginal birth
- › Risks for future pregnancies, such as the scar tearing open during a vaginal birth

Based on these risks, the American College of Obstetricians and Gynecologists recommends that planned C-sections generally be done:

- › Only for medical safety reasons
- › At 39 weeks or later in the pregnancy

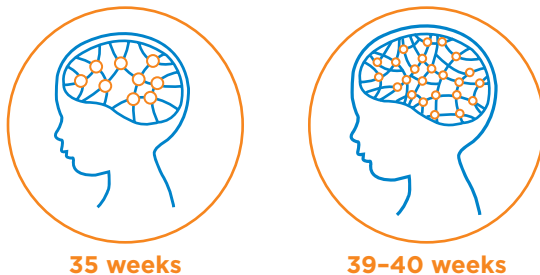
A C-section, also known as a cesarean, is the delivery of a baby through a cut (incision) in the mother's belly and uterus.

Medical reasons for planned C-section

- ▶ Health problems for mom, such as a heart condition
- ▶ Baby isn't in a head-down position for delivery (breech)
- ▶ Risk of uterus tearing, due to scars from past surgeries
- ▶ Infection in mom, such as genital herpes, that could be spread to the baby
- ▶ Pregnant with twins or more
- ▶ Baby weighs nine to 10 pounds, or more

Good things come to those who wait

A developing baby goes through important growth during the final weeks of pregnancy, so births scheduled for nonmedical reasons before a woman completes the 39th week of pregnancy can cause problems for your baby. For example, a baby's brain at 35 weeks weighs only two-thirds of what it will weigh at 39–40 weeks.



35 weeks

39–40 weeks

Source: March of Dimes, "39 Weeks Infographic," April 2017, web.

Personal reasons for planned C-section

Despite the risks of C-section, some women and their partners have personal reasons for wanting to schedule their baby's birth. These may include:

- ▶ Fear of pain
- ▶ Concern over pelvic floor problems after birth
- ▶ Partner is going to be away on the due date (such as on a military deployment)
- ▶ Upcoming important event that conflicts with due date
- ▶ Desire for specific doctor to deliver the baby
- ▶ Feeling shy or embarrassed about labor

If you're thinking of having a C-section for personal reasons, talk to your doctor. Together, you can weigh what you want against the risks.

Source: Healthwise, "Childbirth, Is Planning a C-section a Good Choice?" May 30, 2016, web.

Feeding your baby

Feeding your baby helps him/her grow healthy and strong. It's also a great time for you and your partner to bond with baby. While breast milk is the best food during the first year of life, you may choose – or need to – use formula. Here you'll find tips and information about both, so you can make the best decision for you and your baby.

Benefits of breast milk for baby

- ▶ **Growth and development.** Breast milk has hormones, vitamins and nutrients to help your baby grow and develop. It also has fatty acids, such as DHA (docosahexaenoic acid), that may help your baby's brain and eyes develop.
- ▶ **Reduced risk of illness and health conditions.** Breastfed babies have fewer health problems than babies who aren't breastfed. That's because breast milk has antibodies that help fight off infection, such as ear, lung or urinary tract infections. It can also help reduce the risk of asthma, certain cancers, diabetes and obesity later in life.
- ▶ **Possible reduced risk of sudden infant death syndrome (SIDS).** SIDS is the unexplained death of a baby younger than one year old.
- ▶ **Easy to digest.** A breastfed baby may have less gas and belly pain than a baby who is fed formula.
- ▶ **The right ingredients at the right time.** Breast milk changes as your baby grows so they get exactly what they need at the right time. For example, for the first few days after giving birth, your breasts make a thick, yellowish form of breast milk called colostrum. Colostrum has nutrients and antibodies that your baby needs in the first few days of life. It changes to breast milk in three to four days.

About 80% of new moms in the United States breastfeed their babies.

About 50% of these moms breastfeed their babies for at least six months.

Source: March of Dimes, "Feeding Your Baby: Breastfeeding Is Best," April 2016, web.

Benefits of breastfeeding for you

- › **Healing.** An increased amount of a hormone in your body called oxytocin helps your uterus (womb) go back to the size it was before you got pregnant. It also helps stop bleeding that you have after giving birth.
- › **Weight loss.** Breastfeeding burns extra calories. This helps you get back to your pre-pregnancy weight (your weight before pregnancy).
- › **Possible reduced risk for disease.** Such as diabetes, breast cancer and ovarian cancer.
- › **Bonding with baby.** Skin-to-skin contact during breastfeeding can help you bond with your baby.

Is your baby getting enough milk?

Typically, the more you breastfeed, the more milk you make. And most breastfeeding moms make as much breast milk as their babies need. Still, it's important to make sure your baby is getting enough milk to grow strong and stay healthy. If your baby doesn't get enough breast milk, it can affect his/her health and your body's ability to keep making milk. Keeping a breastfeeding log may help you spot breastfeeding problems early on.

You can use a breastfeeding log to track:

- › Day and times of your baby's feedings
- › How long your baby feeds from each breast
- › Which breast you started with at each feeding
- › How much breast milk you pump
- › Number of wet diapers or bowel movements
- › Breastfeeding problems or concerns

Take your breastfeeding log to all of your baby's check-ups. If your baby is slow to gain weight, the breastfeeding log can help you and your baby's provider spot and take care of many feeding problems.

Call your baby's health care provider if your baby:

- › **Breastfeeds for very short or very long stretches of time.** Most babies feed for 15 to 30 minutes at a time at one breast. But if it takes less than 10 minutes each time, your baby may not be getting enough milk. On the other hand, if it takes more than 50 minutes each time, your baby may not be sucking well, or you may not be making enough milk.
- › **Is still hungry or fussy after breastfeeding.** This could mean your baby is not getting enough milk.
- › **Goes for hours without feeding.** Most newborns are hungry every two to three hours. If your newborn sleeps more than four hours at night, wake him/her up and breastfeed.
- › **Isn't gaining weight.** It's normal for a baby to lose a little weight after birth. Within the first two weeks of life, though, your baby should gain the weight back, plus a little more. If not, your baby may not be getting enough milk.
- › **Isn't swallowing.** It's hard to tell when your baby swallows. Look and listen closely. A short break in breathing between suckles can be a clue that your baby is swallowing.
- › **Is sweating or turns blue around the lips during breastfeeding.** These can be signs of other health problems. Tell your provider about them right away.

Source: March of Dimes, "Feeding Your Baby: Breastfeeding Is Best," April 2016, web.

Formula feeding

If you're not breastfeeding, you can feed your baby formula. Newborns eat about two to three ounces of formula every three to four hours.

Finding the right formula

- ▶ Formula comes as a liquid or powder. If you use a powder formula, ask your baby's provider what kind of water to use.
- ▶ Ask your baby's provider if the formula needs to be fortified with iron. Iron helps keep your baby's blood healthy.
- ▶ If your baby has gas, a rash, diarrhea or is vomiting, call your baby's provider. You may need to try a different one.
- ▶ When you find a brand that your baby likes, use only that brand. Don't switch between brands.

Using formula and bottles safely

- ▶ Wash your hands before you get the formula ready.
- ▶ Boil bottles and nipples for five minutes before the first use. After every feeding, wash everything you use to prepare and feed the formula in hot soapy water.
- ▶ Check the "use by" date on the formula package. Make sure the date hasn't expired.
- ▶ Follow the directions on the package to prepare the formula, and use only the scoop that comes with it.
- ▶ For bottles with a plastic liner, squeeze out all the air before you fill it so it doesn't cause your baby to have gas.
- ▶ For powder formula, use the right amount of water. Too much water may keep your baby from getting the right amount of nutrients. Too little water may cause diarrhea or dehydration.
- ▶ Never heat formula in the microwave; it can get too hot for your baby.
- ▶ When you feed your baby, tip the bottle to keep the nipple full of milk. Put the nipple in your baby's mouth.
- ▶ Never prop the bottle or put your baby to bed with a bottle. This may make your baby choke on the formula.
- ▶ Throw out any formula from an unfinished bottle within one hour of feeding. If you're mixing formula and make extra, you can keep it in the refrigerator for one day before giving it to your baby. If you're using ready-to-feed formula, keep the container covered in the refrigerator. Throw out what you don't use within two days.

Source: March of Dimes, "Feeding Your Baby: Formula Feeding," April 2016, web.

Postpartum concerns

Now that you've given birth (Oh look! He has your eyes!), there are some things you need to know about caring for yourself and your baby in these hazy days, weeks and months afterwards.

Healing takes time

If you delivered vaginally, your provider or midwife may have performed an episiotomy. This is a cut in your perineum (the area between the vagina and anus) to help you deliver the baby, or prevent your muscles and skin from tearing. After you gave birth, this cut was stitched up right away. Likewise, if you had a C-section, there's an incision across your lower abdomen. (Not fun, but necessary.) Either way, you're probably experiencing some pain and bleeding. Pay close attention to your body. And, give it the care and rest it needs to heal completely.

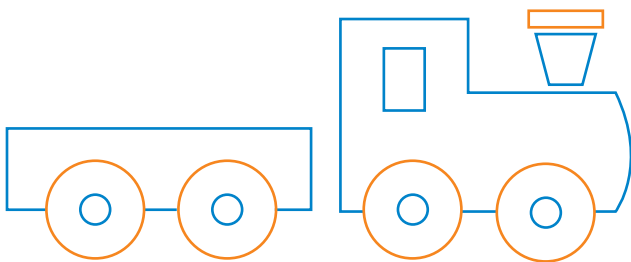


▲ Vaginal birth medical concerns

If something doesn't feel or seem right, it probably isn't. Here are some things to watch out for.

Call your provider if:

- › You use a new sanitary pad for vaginal bleeding every hour for four or five hours.
- › Your bleeding seems to be getting heavier or is still bright red four days after delivery. Or, if you pass blood clots larger than the size of a golf ball.
- › You feel dizzy.
- › You have feelings of despair or hopelessness for more than a few days. Or, troubling or dangerous thoughts or hallucinations. (Any of these could be a sign of postpartum depression.)
- › Your vaginal discharge smells bad or fishy.
- › Your abdomen feels tender.
- › Your breasts are painful or red and you have a fever; all are symptoms of breast engorgement and mastitis.



▲ C-section medical concerns

Call your provider if:

- › You use a new sanitary pad for vaginal bleeding every hour for four to five hours. (If you have a past vaginal delivery to compare against, you may notice that post-cesarean bleeding is lighter.)
- › Your bleeding seems to be getting heavier, is still bright red four days after delivery or if you pass blood clots larger than the size of a golf ball. You may also have lower abdominal pain.
- › You have signs of infection, including fever or increased redness and drainage from your incision.
- › Your incision gapes open or starts bleeding.
- › You feel dizzy.
- › Your calves become painful and/or swollen and red (this can be a sign of a blood clot).
- › You have feelings of despair or hopelessness for more than a few days. You have troubling or dangerous thoughts, or you no longer enjoy the activities you used to love.
- › Your vaginal discharge smells bad or fishy.
- › Your abdomen feels tender, or full and hard.
- › Your breasts are painful or red and you have a fever; all are symptoms of breast engorgement and mastitis.
- › You feel shoulder pain for days after a C-section. This is referred pain caused by trauma to your abdominal muscles during the delivery. It goes away on its own during recovery.

If you experience a new symptom or problem, it could mean you've developed a complication.

Common signs

- › Nausea and vomiting.
- › Unusual discomfort that's not relieved by the recommended dose of your pain medication.
- › Temperature greater than 100°F (37.78°C).
- › Inability to urinate.
- › Surgical wound (incision) opening up or stitches coming out.
- › Red streaks or pus-like drainage from your incision.

Call your surgeon if you develop an unexpected symptom or problem.

Medical concerns for baby

If you feel like you spend every waking moment worrying about your baby, take heart. You're not alone. Most new moms have some level of anxiety about this new little person they're now fully responsible for. Read on for some important information about how to care for your baby, and try not to worry quite so much.

Sleep

When it's time to nap or sleep, it's critical that you place your baby on his/her back, and never on the stomach. Placing a baby on his/her stomach could make it hard for them to breathe. The same is true for side-sleeping, since babies placed on their sides can easily roll onto their bellies.

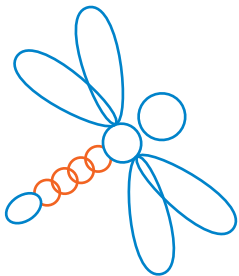
Smoking

It's just as important not to expose your baby to smoke now as it was when you were pregnant. Babies who are exposed to secondhand smoke have more colds and other upper respiratory infections than those raised in nonsmoking households. It's not good for you and it's just plain bad for them.

Bowel movements

Never in your life did you imagine you'd spend quite so much time worrying about what's happening in that diaper. But what goes in must come out. Why is it so mushy? Is it supposed to be green? Are those seeds?!? Relax, mom, because we're about to give you the scoop on your baby's poop.

First off, newborns younger than two weeks should have one to two bowel movements every day. Babies older than two weeks can safely go two days between bowel movements, as long as he/she seems comfortable.



Nurturing your baby's development

The first year of your baby's life is exciting and full of many "firsts." They'll learn to focus their vision, reach out, explore, and learn about the things and people that are around them. The way you cuddle, hold, play and talk with your baby will set the stage for how they develop and interact with others. Here are some things you can do to help your baby during this time.

- ▶ Talk to your baby. She/he will find your voice calming.
- ▶ Answer when your baby makes sounds by repeating the sounds and adding words. This will help him/her learn to use language.
- ▶ Read to your baby. This will help him/her develop and understand language and sounds.
- ▶ Sing to your baby and play music. This will help him/her develop a love for music and will help his/her brain development.
- ▶ Praise your baby and give him/her lots of loving attention.
- ▶ Spend time cuddling and holding your baby. This will help him/her feel cared for and secure.
- ▶ Play with your baby when he/she is alert and relaxed. Watch your baby closely for signs of being tired or fussy so that he/she can take a break from playing.
- ▶ Distract your baby with toys and move him/her to safe areas when he/she starts moving and touching things that could be dangerous.
- ▶ Take care of yourself physically, mentally and emotionally. Parenting can be hard work! It is easier to enjoy your new baby and be a positive, loving parent when you are feeling well.

Keeping your baby safe at home and on the go

As a mom, you'll want to do everything you can to keep your baby safe. Here are a few tips to help.

- ▶ Do not shake your baby – ever! Babies have very weak neck muscles that are not yet able to support their heads. If you shake your baby, you can damage his/her brain or even cause death.
- ▶ Make sure you always put your baby to sleep on his/her back to prevent SIDS.
- ▶ Protect your baby and family from secondhand smoke. Do not allow anyone to smoke in your home.

- › Place your baby in a rear-facing car seat in the back seat when riding in a car.
- › Prevent your baby from choking by cutting food into small bites. Also, don't let him/her play with small toys and other things that might be easy to swallow.
- › Don't allow your baby to play with anything that might cover his/her face.
- › Never carry hot liquids or foods near your baby or while holding him/her.
- › Vaccines (shots) are important to protect your child's health and safety. Because children can get serious diseases, it is important that your child get the right shots at the right time. Talk with your child's doctor to make sure that your child is up to date on vaccinations.

Source: CDC, "Positive Parenting Tips," February 20, 2018, web.

▲ Concerns

Call your pediatrician if your baby has any of the following signs or symptoms.

- › An umbilical cord stump that looks infected – pus or reddened skin at the base of the cord.
- › Signs of dehydration, such as not peeing at least four times within 24 hours.
- › Signs of jaundice that haven't improved four days after birth.
- › Cries in a peculiar manner or for an unusual length of time.
- › For boys, circumcision problems. These include greater-than-expected bleeding at the circumcision site, a bloodstained area larger than the size of a grape on his diaper or wound dressing, or indications of infection (such as swelling and redness).
- › A rectal temperature less than 97.8°F (36.56°C) or more than 100.4°F (38°C).
- › Is rarely awake and does not wake up for feedings, or seems too tired or uninterested to eat.

Postpartum blues/depression

From the second you learn you're pregnant till the moment you give birth, you're taken on the most unpredictable, emotional, roller coaster ride of your life. Joy. Excitement. Anticipation. Fear. Anxiety. Stress. You've experienced them all. Now, when the baby shower is a distant memory and your in-laws have left for the airport, you're left holding the baby. You're on permanent feeding duty, you hardly sleep and you can't remember the last time you showered. Who wouldn't be overwhelmed?

In this section, we'll discuss postpartum blues and postpartum depression. We'll outline the differences between the two, how to pinpoint the one you may be suffering from and where to seek help.

Postpartum blues

What is it?

Mild feelings of stress and/or depression, often called the "baby blues."

Why does it happen?

The first two months after giving birth can be difficult, to say the least. Your body, relationships, daily routine? Out the window. There are major hormonal changes and new challenges to face every day, leaving you feeling tired, stressed and overwhelmed.

When does it begin?

Symptoms usually peak three to five days after delivery.

How long does it last?

They usually end by the tenth day after the baby's birth.

Will it go away?

Yes. Postpartum blues generally improve and go away without treatment.

What are the symptoms?

- Mild stress
- Minimal depression

Postpartum depression

What is it?

Moderate feelings of stress and/or depression that you may have experienced in the past.

How common is it?

One out of every eight women.

Source: March of Dimes, "Postpartum Depression," March 2016, web.

Why does it happen?

It's thought to be a combination of biological, hormonal, social and psychological factors.

When does it begin?

Postpartum depression can occur anytime after childbirth. Most often, it starts one to three weeks after delivery.

What are the symptoms?

Moderate to severe stress, and moderate to severe depression that lasts for at least two weeks with no relief.

How long does it last?

It may last from three to 14 months.

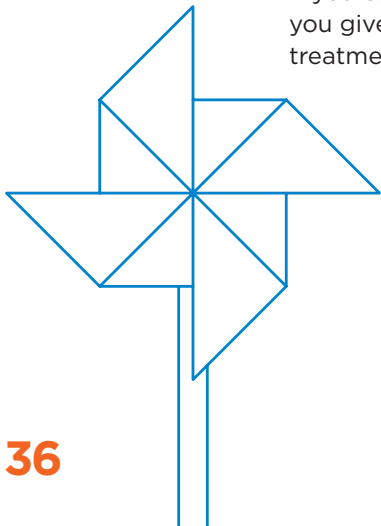
Will it go away?

Yes.

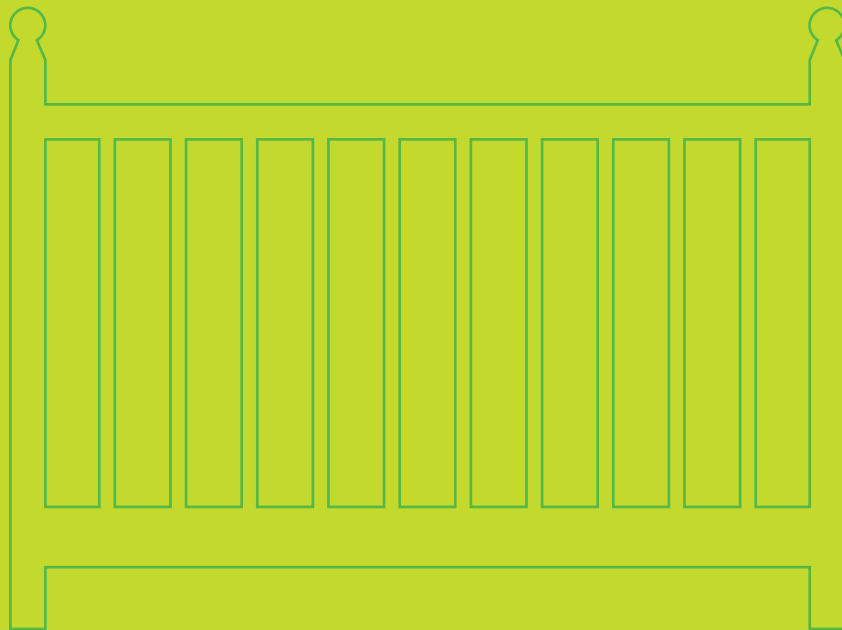
If you can't seem to chase the blues away after you give birth, don't suffer in silence. Seek treatment from your provider immediately.

Mood swings:

- Seesaw
- Roller coaster
- Rocket booster



AUDIO LIBRARY AND TELEPHONE RESOURCES



Health Information Line

When you need us, call us

Cigna's Health Information Line is always open. Call any hour of the day or night for guidance and information on a wide range of health-related topics.

Talk one-on-one with a clinician

Get answers to your health questions, directions to the nearest medical facility or pharmacy, helpful home care suggestions, or help with accessing emergency or urgent care.

Listen to audio recordings on health topics

You can also listen to hundreds of helpful health topic recordings from our audio library.



Listening is easy.
Here's how.

1

Call the toll-free number on the back of your Cigna ID card.

2

Follow the prompts to the Health Information Line.

3

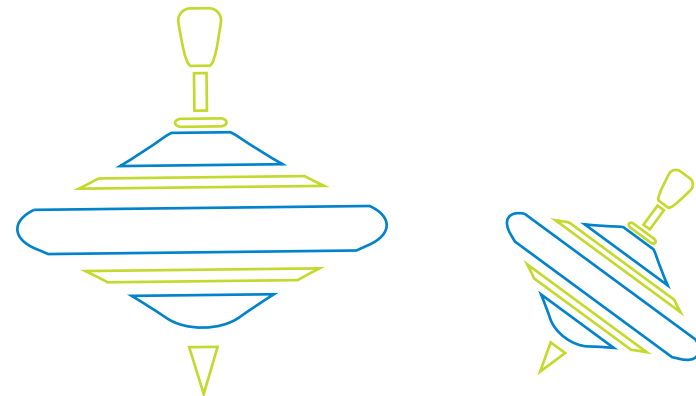
Select the number(s) of the topic(s) you want to listen to.

Pregnancy and childbirth

- 2436 Alcohol effects on a fetus
- 2714 Amniocentesis
- 2600 Birth control
- 2720 Cesarean section
- 1535 Chorionic villus sampling
- 2752 Complications after delivery
- 2704 Danger signs during pregnancy
- 2708 Diet during pregnancy
- 2157 Episiotomy
- 2709 Exercise during pregnancy
- 1504 Gestational diabetes
- 2701 Home pregnancy tests
- 2700 How to make a healthy baby
- 2033 Infertility
- 2754 Labor, delivery and postpartum period
- 2717 Miscarriage
- 1211 Multiple pregnancy: Twins or more
- 2750 Postpartum depression
- 2426 Precautions during pregnancy
- 2705 Pregnancy
- 2756 Rh sensitization during pregnancy
- 2710 Rubella and pregnancy
- 2719 Stretch marks
- 2707 Symptoms and stages of labor
- 2706 Symptoms and stages of pregnancy
- 1548 Ultrasound for normal pregnancy

Infant and toddler health

- 1250 Attention deficit hyperactivity disorder
- 1251 Bed wetting
- 2753 Bottle feeding
- 2751 Breastfeeding
- 1254 Chicken pox
- 1240 Child abuse and neglect
- 1278 Childhood rashes
- 1256 Circumcision
- 1257 Colic
- 6932 CPR in babies
- 6675 CPR in young children
- 1258 Croup
- 1230 Domestic violence
- 1264 Ear infections
- 2165 Ear tubes
- 1253 Fever, age 3 and younger
- 1267 Fifth disease
- 1268 Growth and development of the newborn
- 1269 Hand, foot and mouth disease
- 1837 Healthy eating for children
- 1279 Immunizations
- 1272 Impetigo
- 2754 Labor, delivery and postpartum period
- 1274 Measles or rubeola
- 1275 Mumps
- 1261 Newborn rashes and skin conditions



Infant and toddler health (cont.)

- 1280 Pinworms
- 1259 Reye's syndrome
- 1283 Roseola
- 1284 Rubella, or German measles
- 1287 Sudden infant death syndrome (SIDS)
- 1288 Teething
- 1247 Temper tantrums
- 1292 Thrush
- 1289 Thumb sucking
- 1290 Toilet training
- 1293 Urinary tract infections in children
- 2757 Weaning



**MY
JOURNAL**

Mommy stats

My name: _____

My age: _____

This is my ___ pregnancy. (Write in number.)

My provider: _____

My due date: _____

I'm planning on delivering at: _____

How I found out I was pregnant: _____

How I told my spouse/partner: _____

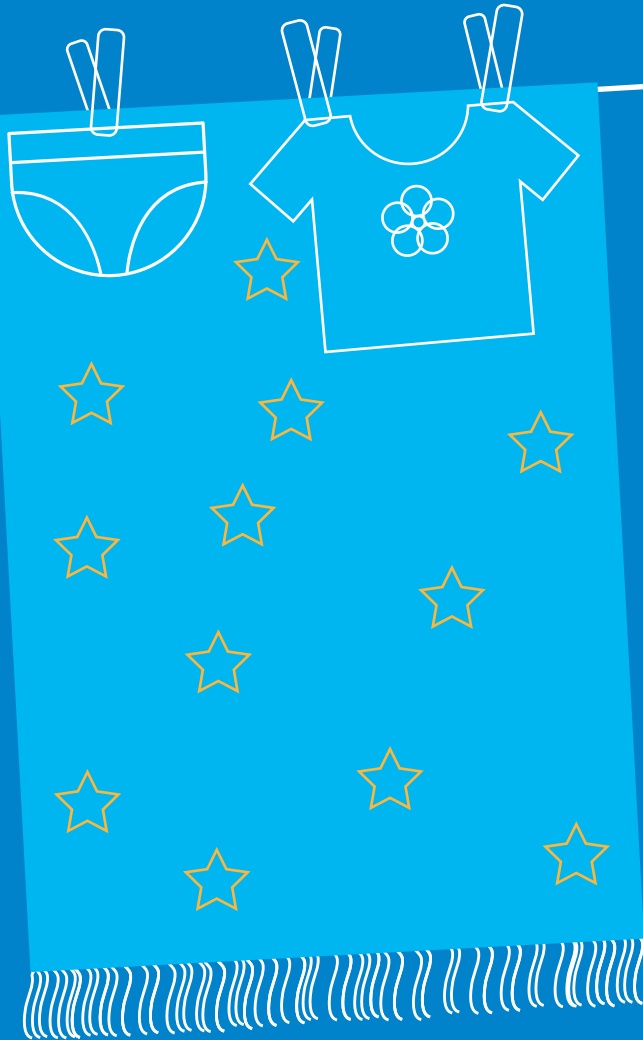
His/her initial reaction: _____

Right now, I weigh: _____

Changes in my body I noticed right away:

Today, I'm feeling (**circle one**):

- | | |
|------------|---------------------|
| a. Happy | d. Scared |
| b. Excited | e. All of the above |
| c. Nervous | f. Other: _____ |





Happy birthday, baby!

Baby's name: _____

My age: _____

Birth weight: __ pounds __ ounces

Length: ____ inches

Born at: _____ am/pm

On (date) _____

At (place of birth) _____

The story of my labor and delivery: _____

I was in labor for __ hours.

Who attended my baby's birth: _____





FUN FACTS AND CHECKLISTS

How baby grows

Month 1

Tiny limb buds appear. These grow into your baby's arms and legs.

Your baby's heart and lungs begin to form. By the 22nd day, the heart starts to beat.

Your baby's neural tube begins to form. This becomes the brain and spinal cord.

By the end of the first month, your baby is about 1/4 inch long.

Month 2

Your baby's major body organs, such as the brain, heart and lungs are forming.

The placenta is working. The placenta grows in your uterus and supplies the baby with food and oxygen through the umbilical cord.

Your baby's ears, ankles, wrists, fingers and toes are formed. Eyelids form and grow, but are sealed shut.

By the end of the second month, your baby is about 1 inch long and still weighs less than 1/3 ounce.

Month 3

Your baby's fingernails and toenails are formed.

Your baby's mouth has 20 buds that become baby teeth.

Fine hairs begin to form on your baby's skin.

You can hear your baby's heartbeat for the first time. Ask your provider to let you listen.

By the end of the third month, your baby is about 2-1/2 to 3 inches long and weighs about 1 ounce.



**first
trimester**



**Month 4**

Your baby moves, kicks and swallows.

Your baby's skin is pink and see-through.

The placenta keeps providing food for the baby. But, it can also pass along bad things that you take in, such as alcohol, nicotine and other drugs.

By the end of the fourth month, your baby is about 6 to 7 inches long and weighs about 4 to 5 ounces.

Month 5

Your baby becomes more active. He/she can turn from side to side and sometimes head over heels.

Your baby goes to sleep and wakes up.

Your baby grows a lot during this month.

By the end of the fifth month, your baby is about 10 inches long and weighs 1/2 to 1 pound.

Month 6

Your baby's skin is red and wrinkled. It's covered with fine, soft hair.

Your baby can kick strongly now.

Your baby's eyes are almost completely formed. Soon, they will start to open and close.

By the end of the sixth month, your baby is about 12 inches long and weighs 1-1/2 to 2 pounds.

Month 7

Your baby can open and close his/her eyes and suck his/her thumb.

Your baby kicks and stretches.

Your baby responds to light and sound.

You will definitely feel your baby moving. As your baby grows, the movements may feel different. For example, you may feel a "rolling" sensation.

By the end of the seventh month, your baby is about 15 to 16 inches long and weighs about 2-1/2 to 3 pounds.

Month 8

Your baby is getting bigger and can kick strongly and roll around. You may see the shape of an elbow or heel against your belly.

Your baby's fingernails have grown to the tips of his fingers.

Your baby's brain and lungs are still growing.

By the end of the eighth month, your baby is about 18 to 19 inches long and weighs about 4 to 5 pounds.

Month 9

Your baby's lungs are ready to work on their own.

Your baby gains about 1/2 pound a week.

Your baby moves to a head-down position and rests lower in your belly. You will still feel him/her moving.

By the end of the ninth month, your baby is 19 to 21 inches long and weighs 6 to 9 pounds.

Source: *March of Dimes, "Pregnancy Week by Week," 2018, web.*



Hospital packing list

Trust us: You don't want to wait till the last minute to pack for the hospital. Spend some time a few weeks before you're due and think about what you'll need. Here's a helpful checklist to get you started.

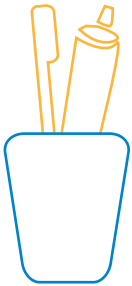
For mom

Before/during labor

- Driver's license/ID, Cigna ID card and any paperwork required by your hospital
- Copy of your birth plan
- Eyeglasses/contact lens supplies
- Toiletries (e.g., toothbrush, toothpaste, hairbrush, lip balm, lotion, shampoo, deodorant)
- Nightgown (although you'll probably be wearing a not-so-glamorous hospital gown)
- Socks
- Bathrobe
- Slippers
- Comfort items (your own pillow; a preloaded iPod or some CDs; a book or magazine; photos of your favorite place, person or pet to help you focus and relax)

After delivery

- Cell phone/laptop and chargers
- Contact list
- Snacks
- Nursing bras or comfortable, regular bras
- Maternity underwear
- Pregnancy journal
- Going-home outfit (yes, you're still going to need those maternity pants)



For spouse/partner

- Camera/video device with batteries/charger and memory card
- Cell phone/laptop and chargers
- Contact list
- Toiletries (e.g., toothbrush, toothpaste, hairbrush/comb, razor, deodorant)
- Comfortable clothes
- Shoes
- Snacks
- Book or magazine
- Cash (for parking, vending machines or a meatball sub for mom)

For baby

- Infant car seat (call your local fire department for a safety check)
- Going-home outfit (including bunting/outerwear, if it's cold out)
- Receiving blanket



Spouse/partner checklist

When you're expecting, it's easy to get caught up in everything that's happening with your body and growing baby. But, it's important to involve the other new parent, too. Here are some things you can do together as you prepare for parenthood.

- › Go to prenatal appointments, especially the first ultrasound (around the 20th week)
- › Take childbirth or Lamaze classes
- › Visit the hospital or take a birthing center tour
- › Research cord blood banking
- › Attend parenting classes or new-parent support groups
- › Ask for paternity leave or a leave of absence at work
- › Find a pediatrician
- › Set up the nursery
- › Talk about how to divide up household chores and parenting responsibilities
- › Set up a savings account or life insurance policy
- › Find and secure child care
- › Finalize the “plan of action” for when you go into labor
- › Compile emergency information
- › Pack hospital bag
- › Fill out the birth announcements and spread the good news to family and friends

**Questions?
Talk with your provider
or midwife.**

