



# AvMed Healthy Expectations Program

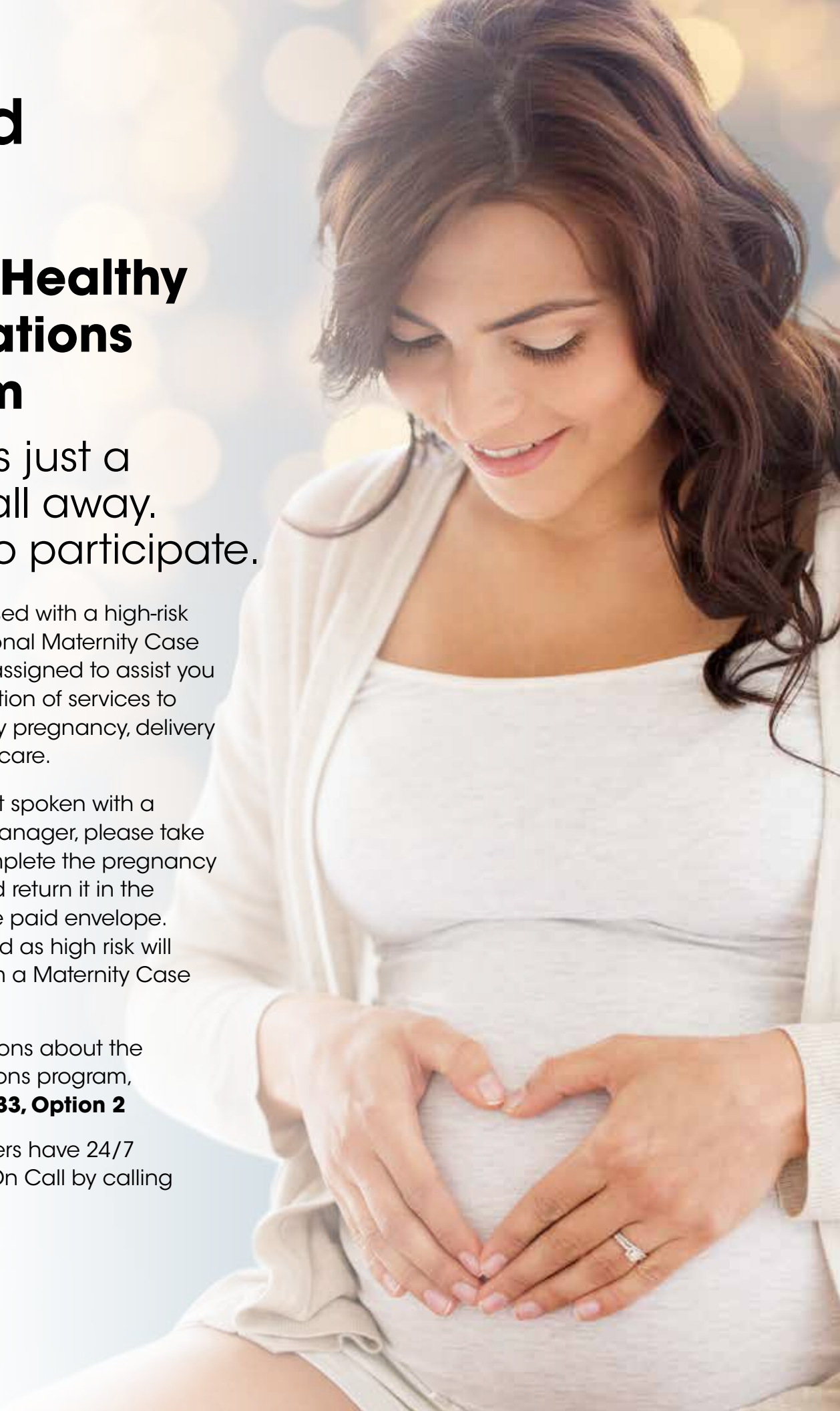
Support is just a phone call away.  
No cost to participate.

If you are diagnosed with a high-risk condition, a personal Maternity Case Manager will be assigned to assist you with the coordination of services to promote a healthy pregnancy, delivery and post-partum care.

If you have not yet spoken with a Maternity Case Manager, please take a moment to complete the pregnancy questionnaire and return it in the enclosed postage paid envelope. Members identified as high risk will receive a call from a Maternity Case Manager.

If you have questions about the Healthy Expectations program, call **1-800-972-8633, Option 2**

All AvMed members have 24/7 access to Nurse On Call by calling **1-888-866-5432**.



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## **Included with this packet**

Pregnancy Questionnaire with Reply Envelope

Pregnancy Baby Book from March of Dimes



# AvMed Healthy Expectations Program

Dear Valued Member,

Welcome to AvMed's Healthy Expectations program which is designed to provide you with information and support throughout your pregnancy.

Enclosed is an educational packet to guide you through your pregnancy, childbirth and beyond. Please use this information to help you make the best choices for your health and the health of your baby.

You will also find a Healthy Expectations questionnaire. Please complete and return it in the enclosed postage-paid envelope as soon as possible. If you prefer to email this form to us, you can log on to **www.AvMed.org** and click on "Individuals and Families" and then "Pregnancy Resources." Here you can find this form in digital form.

If you have a history of preterm labor, gestational diabetes, high blood pressure, are pregnant with more than one child, or are currently experiencing any other high-risk condition, you will be assigned to a Maternity Case Manager. She will work closely with you and your physician to give you the personal support and information you need to promote a safe and healthy delivery.

If you have any other pregnancy concerns, please call AvMed's Care Support **1-800-972-8633**, option 2. You can contact a registered nurse 24 hours a day, seven days a week by calling Nurse On Call **1-888-866-5432**. We congratulate you and look forward to your healthy pregnancy!

Sincerely,

Your AvMed Healthy Expectations Team

## PREGNANCY RELATED WEBSITES

### General Pregnancy Information:

Web MD	<a href="http://www.webmd.com/baby">www.webmd.com/baby</a>
Baby Center	<a href="http://www.babycenter.com">www.babycenter.com</a>
March of Dimes	<a href="http://www.marchofdimes.com">www.marchofdimes.com</a>
National Women's Health	<a href="http://www.nwhn.org">www.nwhn.org</a>
WIC	<a href="http://www.fns.usda.gov/wic">www.fns.usda.gov/wic</a>

### Pregnancy Specific Conditions Support:

High Risk Pregnancy Support	<a href="http://www.sidelines.org">www.sidelines.org</a>
Hyperemesis	<a href="http://www.hyperemesis.org">www.hyperemesis.org</a>
Group B Strep	<a href="http://www.cdc.gov/groupbstrep">www.cdc.gov/groupbstrep</a>

### Pregnant with Multiples Support:

Raising Multiples	<a href="http://www.raisingmultiples.org">www.raisingmultiples.org</a>
Multiples of America	<a href="http://www.multiplesofamerica.org">www.multiplesofamerica.org</a>

### Breastfeeding Support:

LaLeche League	<a href="http://www.llli.org">www.llli.org</a>
Kelly Mom	<a href="http://www.kellymom.com">www.kellymom.com</a>
Breast Milk Interactions	<a href="http://www.babycenter.com/general/8788.html">www.babycenter.com/general/8788.html</a>

### Postpartum:

Postpartum Support	<a href="http://www.postpartum.net">www.postpartum.net</a>
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### Miscellaneous:

US Consumer Product Safety	<a href="http://www.cpsc.gov">www.cpsc.gov</a>
Centers for Disease Control	<a href="http://www.cdc.gov">www.cdc.gov</a>

**Disclaimer:** Links to websites not under the control of AvMed are provided solely for user convenience. AvMed is not responsible for the availability, accuracy, currency, reliability or the security of the content of these websites. Please note, AvMed does not endorse these websites or their content, and your use of any of these sites is at your own risk.

It is not the intention of AvMed to provide specific medical advice, but rather to provide users with access to general information to facilitate a better understanding of pregnancy related issues. Should you need specific medical advice, AvMed urges you to consult with an appropriate, qualified medical provider for diagnosis and for answers to your personal questions.

## FREQUENTLY ASKED QUESTIONS

### **What is prenatal care and why do I need it?**

Prenatal care is the health care you get while you are pregnant.

Prenatal care can help keep you and your baby healthy. Babies of mothers who do not get prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care. Doctors can spot health problems early when they see mothers regularly. This allows doctors to treat them early. Early treatment can cure many problems and prevent others. Doctors also can talk to pregnant women about things they can do to give their unborn babies a healthy start to life.

### **How often should I see my doctor during pregnancy?**

Your doctor will give you a schedule of all the doctor's visits you should have while pregnant. Most experts suggest you see your doctor:

- About once each month for weeks 4 through 28
- Twice a month for weeks 28 through 36
- Weekly for weeks 36 to birth

If you are older than 35 or your pregnancy is high risk, you'll probably see your doctor more often.

### **What happens during prenatal visits?**

During the first prenatal visit, you can expect your doctor to:

- Ask about your health history including diseases, operations, or prior pregnancies
- Ask about your family's health history
- Do a complete physical exam, including a pelvic exam and Pap test
- Take your blood and urine for lab work
- Check your blood pressure, height, and weight
- Calculate your due date
- Answer your questions

At the first visit, you should ask questions and discuss any issues related to your pregnancy. Find out all you can about how to stay healthy.

Later prenatal visits will probably be shorter. Your doctor will check on your health and make sure the baby is growing as expected. Most prenatal visits will include:

- Checking your blood pressure
- Measuring your weight gain
- Measuring your abdomen to check your baby's growth (once you begin to show)
- Checking the baby's heart rate

While you're pregnant, you also will have some routine tests. Some tests are suggested for all women, such as blood work to check for anemia, your blood type, HIV, and other factors. Other tests might be offered based on your age, personal or family health history, your ethnic background, or the results of routine tests you have had.

### **Health care do's and don'ts**

- Get early and regular prenatal care. Your doctor will check to make sure you and the baby are healthy at each visit. If there are any problems, early action will help you and the baby.
- Take a multivitamin or prenatal vitamin with 400 to 800 micrograms (400 to 800 mcg or 0.4 to 0.8 mg) of folic acid every day. Folic acid is most important in the early stages of pregnancy, but you should continue taking folic acid throughout pregnancy.
- Ask your doctor before stopping any medicines or starting any new medicines. Some medicines are not safe during pregnancy. Keep in mind that even over-the-counter medicines and herbal products may cause side effects or other problems. But not using medicines you need could also be harmful.
- Avoid x-rays. If you must have dental work or diagnostic tests, tell your dentist or doctor that you are pregnant so that extra care can be taken.
- Get a flu shot. Pregnant women can get very sick from the flu and may need hospital care.

## **Food do's and don'ts**

- Eat a variety of healthy foods. Choose fruits, vegetables, whole grains, calcium-rich foods, and foods low in saturated fat. Also, make sure to drink plenty of fluids, especially water.
- Get all the nutrients you need each day, including iron. Getting enough iron prevents you from getting anemia, which is linked to preterm birth and low birth weight. Eating a variety of healthy foods will help you get the nutrients your baby needs. But ask your doctor if you need to take a daily prenatal vitamin or iron supplement to be sure you are getting enough.
- Wash fruits and vegetables before eating. Don't eat uncooked or undercooked meats or fish. Always handle, clean, cook, eat, and store foods properly.
- Don't eat fish with lots of mercury, including swordfish, king mackerel, shark, and tilefish.

## **Lifestyle do's and don'ts**

- Gain a healthy amount of weight. Your doctor can tell you how much weight gain you should aim for during pregnancy.
- Don't smoke, drink alcohol, or use drugs. These can cause long-term harm or death to your baby. Ask your doctor for help quitting.
- Unless your doctor tells you not to, try to get at least 2 hours and 30 minutes of moderate-intensity aerobic activity a week. It's best to spread out your workouts throughout the week. If you worked out regularly before pregnancy, you can keep up your activity level as long as your health doesn't change and you talk to your doctor about your activity level throughout your pregnancy.
- Don't take very hot baths or use hot tubs or saunas.
- Get plenty of sleep and find ways to control stress.
- Get informed. Read books, watch videos, go to a childbirth class, and talk with moms you know.
- Ask your doctor about childbirth education classes for you and your partner. Classes can help you prepare for the birth of your baby.

## **Environmental do's and don'ts**

- Stay away from chemicals like insecticides, solvents (like some cleaners or paint thinners), lead, mercury, and paint (including paint fumes). Not all products have pregnancy warnings on their labels. If you're unsure if a product is safe, ask your doctor before using it. Talk to your doctor if you are worried that chemicals used in your workplace might be harmful.
- If you have a cat, ask your doctor about toxoplasmosis. This infection is caused by a parasite sometimes found in cat feces. If not treated toxoplasmosis can cause birth defects. You can lower your risk of by avoiding cat litter and wearing gloves when gardening.
- Avoid contact with rodents, including pet rodents, and with their urine, droppings, or nesting material. Rodents can carry a virus that can be harmful or even deadly to your unborn baby.
- Take steps to avoid illness, such as washing hands frequently.
- Stay away from secondhand smoke.

## **When to call the doctor**

Sometimes physical changes can be signs of a problem. Call your doctor or midwife as soon as you can if you:





- Are bleeding or leaking fluid from the vagina
- Have sudden or severe swelling in the face, hands, or fingers
- Get severe or long-lasting headaches
- Have discomfort, pain, or cramping in the lower abdomen
- Have a fever or chills
- Are vomiting or have persistent nausea
- Feel discomfort, pain, or burning with urination
- Have problems seeing or blurred vision
- Feel dizzy
- Suspect your baby is moving less than normal after 28 weeks of pregnancy (If you count less than 10 movements within two hours.
- Have thoughts of harming yourself or your baby

**Source:** Office on Women's Health, U.S. Department of Health and Human Services, [womenshealth.gov](http://womenshealth.gov), last updated March 14, 2018. Accessed at [womenshealth.gov](http://womenshealth.gov) on 8/2018.

# FOOD SAFETY for Baby and Me

Learn the food safety steps that will keep expecting moms safe from foodborne illness.

## FOODS TO AVOID WHILE PREGNANT

Foods to Avoid	Here's Why	Foods to Eat
 Raw seafood	May contain parasites or bacteria	 Fish cooked to 145 °F
 Unpasteurized juice, cider and milk	May contain <i>E. coli</i> or <i>Listeria</i>	 Pasteurized versions are safer alternatives.
 Soft cheese and cheese made from unpasteurized milk	May contain <i>E. coli</i> or <i>Listeria</i>	 Hard cheese & cheese made with pasteurized milk
 Undercooked eggs	May contain <i>Salmonella</i>	 Eggs with firm yolks
 Premade deli salads (egg, pasta, chicken, etc.)	May contain <i>Listeria</i>	 Make these dishes at home
 Raw sprouts	May contain <i>E. coli</i> or <i>Salmonella</i>	 Cook thoroughly
 Cold hot dogs and luncheon meats	May contain <i>Listeria</i>	 Reheat to steaming hot or 165 °F
 Undercooked meat and poultry	May contain <i>E. coli</i> , <i>Salmonella</i> , <i>Campylobacter</i> , <i>Toxoplasma gondii</i>	 Meat and poultry at or above the USDA recommended internal temperature

## SAFE INTERNAL COOKING TEMPERATURES

**145 °F** 

 Beef, pork, veal and lamb steaks, roasts and chops with a 3 min rest time

 Fish

**160 °F** 

 Egg dishes

 Ground beef, pork, veal and lamb

**165 °F** 

 Whole, ground, or pieces of chicken, turkey and duck

## DANGERS OF LISTERIA AND TOXOPLASMA GONDII

### Listeria monocytogenes



Pregnant women are **10 times more likely** to get Listeriosis.



**50%** of Toxoplasmosis infections in the U.S. are acquired from food.

### Toxoplasma gondii



These foodborne illnesses can infect your baby even if you do not feel sick.

#### Listeriosis can cause:

-  Miscarriages
-  Premature labor
-  Low-birth weight
-  Infant death

#### Toxoplasmosis can cause babies to develop:

-  Hearing loss
-  Blindness
-  Intellectual disability
-  Brain or eye problems later in life



## REMEMBER



**Clean:** Wash hands and surfaces often.



**Separate:** Keep raw meat and poultry separate from ready-to-eat foods.



**Cook:** Cook foods to the proper internal temperature.



**Chill:** Get leftovers to the fridge within 2 hours of being cooked.



For more food safety tips, go to [FoodSafety.gov](http://FoodSafety.gov)

ADDITIONAL SOURCE: CDC

# Advice About Eating Fish

## What Pregnant Women & Parents Should Know

Fish and other protein-rich foods have nutrients that can help your child's growth and development.

For women of childbearing age (about 16-49 years old), especially pregnant and breastfeeding women, and for parents and caregivers of young children.

- Eat 2 to 3 servings of fish a week from the "Best Choices" list OR 1 serving from the "Good Choices" list.
- Eat a variety of fish.
- Serve 1 to 2 servings of fish a week to children, starting at age 2.
- If you eat fish caught by family or friends, check for fish advisories. If there is no advisory, eat only one serving and no other fish that week.\*

## Use this chart!

You can use this chart to help you choose which fish to eat, and how often to eat them, based on their mercury levels. The "Best Choices" have the lowest levels of mercury.

## What is a serving?

To find out, use the palm of your hand!



For an adult  
4 ounces



For children, ages 4 to 7  
2 ounces

Best Choices EAT 2 TO 3 SERVINGS A WEEK			OR	Good Choices EAT 1 SERVING A WEEK		
Anchovy	Herring	Scallop		Bluefish	Monkfish	Tilefish (Atlantic Ocean)
Atlantic croaker	Lobster, American and spiny	Shad		Buffalofish	Rockfish	Tuna, albacore/white tuna, canned and fresh/frozen
Atlantic mackerel	Mullet	Shrimp		Carp	Sablefish	Tuna, yellowfin
Black sea bass	Oyster	Skate		Chilean sea bass/Patagonian toothfish	Sheepshead	Weakfish/seatrout
Butterfish	Pacific chub mackerel	Smelt		Grouper	Snapper	White croaker/Pacific croaker
Catfish	Perch, freshwater and ocean	Sole		Hallbut	Spanish mackerel	
Clam	Pickering	Squid		Mahi mahi/dolphinfish	Striped bass (ocean)	
Cod	Plaice	Tilapia		<b>Choices to Avoid</b> HIGHEST MERCURY LEVELS		
Crab	Pollock	Trout, freshwater				
Crawfish	Salmon	Tuna, canned light (includes skipjack)		King mackerel	Shark	Tilefish (Gulf of Mexico)
Flounder	Sardine	Whitofish		Marlin	Swordfish	Tuna, bigeye
Haddock		Whiting		Orange roughy		
Hake						

\*Some fish caught by family and friends, such as larger carp, catfish, trout and perch, are more likely to have fish advisories due to mercury or other contaminants. State advisories will tell you how often you can safely eat those fish.

www.FDA.gov/fishadvice  
www.EPA.gov/fishadvice

EPA U.S. Environmental Protection Agency  
FDA U.S. FOOD & DRUG ADMINISTRATION

THIS ADVICE REFERS TO FISH AND SHELLFISH COLLECTIVELY AS "FISH" / ADVICE UPDATED JANUARY 2017

## Should I not eat fish during pregnancy in order to avoid mercury?

No, fish can contribute to a healthy diet before and during pregnancy and while breastfeeding. Studies with pregnant women have found that the nutritional benefits of fish, like other protein-rich foods, are important for their child's growth and development during pregnancy and childhood. This is especially true when the fish is lower in mercury. Most people eat less than the recommended amount of fish, both in general and during pregnancy.

## Why are some fish not on this chart?

If you are looking for a species of fish that is not on the chart, such as mussels, that means there is not enough reliable mercury data to include it.



## BODY CHANGES AND DISCOMFORT

### Body aches

As your uterus expands, you may feel aches and pains in the back, abdomen, groin area, and thighs. Many women also have backaches and aching near the pelvic bone due to the pressure of the baby's head, increased weight, and loosening joints. Some pregnant women complain of pain that runs from the lower back, down the back of one leg, to the knee or foot. This is called sciatica. It is thought to occur when the uterus puts pressure on the sciatic nerve.

**What might help:** Lie down, rest, apply heat  
Call the doctor if pain does not get better.

### Breast changes

A woman's breasts increase in size and fullness during pregnancy. As the due date approaches, hormone changes will cause your breasts to get even bigger to prepare for breastfeeding. Your breasts may feel full, heavy, or tender.

In the third trimester, some pregnant women begin to leak colostrum from their breasts. Colostrum is the first milk that your breasts produce for the baby. It is a thick, yellowish fluid containing antibodies that protect newborns from infection.

**What might help:** Wear a maternity bra with good support, use breast pads to absorb leakage.  
Tell your doctor if you feel a lump or have nipple changes or discharge (that is not colostrum) or skin changes.



### Constipation

Many pregnant women complain of constipation. Signs of constipation include having hard, dry stools; fewer than three bowel movements per week; and painful bowel movements.

Higher levels of hormones due to pregnancy slow down digestion and relax muscles in the bowels leaving many women constipated. Plus, the pressure of the expanding uterus on the bowels can contribute to constipation.

**What might help:** Drink eight to 10 glasses of water daily, don't drink caffeine, eat fiber-rich foods  
Tell your doctor if constipation does not go away.

### Dizziness

Many pregnant women complain of dizziness and lightheadedness throughout their pregnancies. Fainting is rare but does happen even in some healthy pregnant women. There are many reasons for these symptoms. The growth of more blood vessels in early pregnancy, the pressure of the expanding uterus on blood vessels, and the body's increased need for food all can make a pregnant woman feel lightheaded and dizzy.

**What might help:** Stand up slowly when getting up, avoid standing for too long, don't skip meals, lie on your left side, wear loose clothing. Call your doctor if you feel faint and have vaginal bleeding or abdominal pain.

### Fatigue, sleep problems

During your pregnancy, you might feel tired even after you've had a lot of sleep. Many women find they're exhausted in the first trimester. Don't worry, this is normal! This is your body's way of telling you that you need more rest. In the second trimester, tiredness is usually replaced with a feeling of well being and energy. But in the third trimester, exhaustion often sets in again. As you get larger, sleeping may become more difficult. The baby's movements, bathroom runs, and an increase in the body's metabolism might interrupt or disturb your sleep. Leg cramping can also interfere with a good night's sleep.

**What might help:** Lie on your left side, use pillows for support, practice good sleep habits, take naps, drink needed fluid earlier in the day so you can drink less in the hours before bed.

### **Heartburn and indigestion**

Hormones and the pressure of the growing uterus cause indigestion and heartburn. Pregnancy hormones slow down the muscles of the digestive tract. So food tends to move more slowly and digestion is sluggish. This causes many pregnant women to feel bloated.

Hormones also relax the valve that separates the esophagus from the stomach. This allows food and acids to come back up from the stomach to the esophagus. The food and acid causes the burning feeling of heartburn. As your baby gets bigger, the uterus pushes on the stomach making heartburn more common in later pregnancy.

**What might help:** Eat several small meals instead of three large meals, eat slowly, drink fluids between meals instead of with meals, avoid greasy and fried foods, avoid citrus or spicy foods, don't lie down right after meals.

Call your doctor if symptoms don't improve after trying these suggestions. Ask your doctor about using an antacid.

### **Hemorrhoids**

Hemorrhoids are swollen and bulging veins in the rectum. They can cause itching, pain, and bleeding. Up to 50 percent of pregnant women get hemorrhoids. Hemorrhoids are common during pregnancy for many reasons. During pregnancy blood volume increases greatly, which can cause veins to enlarge. The expanding uterus also puts pressure on the veins in the rectum. Plus, constipation can worsen hemorrhoids. Hemorrhoids usually improve after delivery.

**What might help:** Drink lots of fluids, eat fiber-rich foods, try not to strain with bowel movements, talk to your doctor about products or medications that may help.

### **Itching**

About 20 percent of pregnant women feel itchy during pregnancy. Usually women feel itchy in the abdomen. But red, itchy palms and soles of the feet are also common complaints. Pregnancy hormones and stretching skin are probably to blame for most of your discomfort. Usually the itchy feeling goes away after delivery.

**What might help:** Use gentle soaps and moisturizing creams, avoid hot showers or baths, avoid itchy fabrics.

Call your doctor if symptoms don't improve after a week of self-care.

### **Leg cramps**

At different times during your pregnancy, you might have sudden muscle spasms in your legs or feet. They usually occur at night. This is due to a change in the way your body processes calcium.

**What might help:** Gently stretch muscles, eat calcium-rich foods, talk to your doctor about calcium supplements. For sudden cramps, flex your foot forward.

### **Nasal problems**

Nosebleeds and nasal stuffiness are common during pregnancy. They are caused by the increased amount of blood in your body and hormones acting on the tissues of your nose.

**What might help:** Blow your nose gently, drink fluids and use a cool mist humidifier. To stop a nosebleed, squeeze your nose between your thumb and forefinger for a few minutes.

Call your doctor if nosebleeds are frequent and do not stop after a few minutes.

### **Numb or tingling hands**

Feelings of swelling, tingling, and numbness in fingers and hands, called carpal tunnel syndrome, can occur during pregnancy. These symptoms are due to swelling of tissues in the narrow passages in your wrists, and they should disappear after delivery.

**What might help:** Take frequent breaks to rest hands, talk to your doctor about a splint to keep wrists straight.

### **Stretch marks, skin changes**

Stretch marks are red, pink, or brown streaks on the skin. Most often they appear on the thighs, buttocks, abdomen, and breasts. These scars are caused by the stretching of the skin, and usually appear in the second half of pregnancy. Some women notice other skin changes during pregnancy. For many women, the nipples become darker and browner during pregnancy. Many pregnant women also develop a dark line (called the linea nigra) on the skin that runs from the belly button down to the pubic hairline. Patches of darker skin usually over the cheeks, forehead, nose, or upper lip also are common. Patches often match on both sides of the face. These spots are called melasma or chloasma and are more common in darker-skinned women.

**What might help:** Stretch marks and other changes usually fade after delivery.

### **Swelling**

Many women develop mild swelling in the face, hands, or ankles at some point in their pregnancies. As the due date approaches, swelling often becomes more noticeable.

**What might help:** Drink 8-10 glasses of fluids daily, avoid caffeine and salt foods, rest and elevate your feet. Ask your doctor about support hose.

Call your doctor if your hands or feet swell suddenly or you rapidly gain weight — it may be preeclampsia.

### **Urinary frequency and leaking**

Temporary bladder control problems are common in pregnancy. Your unborn baby pushes down on the bladder, urethra, and pelvic floor muscles. This pressure can lead to more frequent need to urinate, as well as leaking of urine when sneezing, coughing, or laughing.

**What might help:** take frequent bathroom breaks, do Kegel exercises to tone pelvic muscles.

Call your doctor if you experience burning along with frequency of urination — it may be an infection.

### **Varicose veins**

During pregnancy, blood volume increases greatly. This can cause veins to enlarge. Plus, pressure on the large veins behind the uterus causes the blood to slow in its return to the heart. For these reasons, varicose veins in the legs and anus (hemorrhoids) are more common in pregnancy.

Varicose veins look like swollen veins raised above the surface of the skin. They can be twisted or bulging and are dark purple or blue in color. They are found most often on the backs of the calves or on the inside of the leg.

**What might help:** Avoid tight knee-highs, sit with your legs and feet raised.



**Source:** Office on Women's Health, U.S. Department of Health and Human Services, [womenshealth.gov](http://womenshealth.gov), last updated June 6, 2018. Accessed at [womenshealth.gov](http://womenshealth.gov) on 8/2018.

## PREGNANCY TERMS

<p><b>Anemia</b> – Lower than normal number of healthy red blood cells</p>	<ul style="list-style-type: none"> <li>• Feel tired or weak</li> <li>• Look pale</li> <li>• Feel faint</li> <li>• Shortness of breath</li> </ul>	<p>Treating the underlying cause of the anemia will help restore the number of healthy red blood cells. Women with pregnancy related anemia are helped by taking iron and folic acid supplements. Your doctor will check your iron levels throughout pregnancy to be sure anemia does not happen again.</p>
<p><b>Depression</b> – Extreme sadness during pregnancy or after birth (postpartum)</p>	<ul style="list-style-type: none"> <li>• Intense sadness</li> <li>• Helplessness and irritability</li> <li>• Appetite changes</li> <li>• Thoughts of harming self or baby</li> </ul>	<p>Women who are pregnant might be helped with one or a combination of treatment options, including:</p> <ul style="list-style-type: none"> <li>• Therapy</li> <li>• Support groups</li> <li>• Medicines</li> </ul> <p>A mother's depression can affect her baby's development, so getting treatment is important for both mother and baby. Learn more about depression during and after pregnancy.</p>
<p><b>Fetal problems</b> – Unborn baby has a health issue, such as poor growth or heart problems</p>	<ul style="list-style-type: none"> <li>• Baby moving less than normal (Learn how to count your baby's movements on our Prenatal care and tests page.)</li> <li>• Baby is smaller than normal for gestational age</li> <li>• Some problems have no symptoms, but are found with prenatal tests</li> </ul>	<p>Treatment depends on results of tests to monitor baby's health. If a test suggests a problem, this does not always mean the baby is in trouble. It may only mean that the mother needs special care until the baby is delivered. This can include a wide variety of things, such as bed rest, depending on the mother's condition. Sometimes, the baby has to be delivered early.</p>
<p><b>Gestational diabetes</b> – Too high blood sugar levels during pregnancy</p>	<ul style="list-style-type: none"> <li>• Usually, there are no symptoms. Sometimes, extreme thirst, hunger, or fatigue</li> <li>• Screening test shows high blood sugar levels</li> </ul>	<p>Most women with pregnancy related diabetes can control their blood sugar levels by following a healthy meal plan from their doctor. Some women also need insulin to keep blood sugar levels under control. Doing so is important because poorly controlled diabetes increases the risk of:</p> <ul style="list-style-type: none"> <li>• Preeclampsia</li> <li>• Early delivery</li> <li>• Cesarean birth</li> <li>• Having a big baby, which can complicate delivery</li> <li>• Baby born with low blood sugar, breathing problems, and jaundice</li> </ul>

<p><b>High blood pressure (pregnancy related)</b> – High blood pressure that starts after 20 weeks of pregnancy and goes away after birth</p>	<ul style="list-style-type: none"> <li>• High blood pressure without other signs and symptoms of preeclampsia</li> </ul>	<p>The health of the mother and baby are closely watched to make sure high blood pressure is not preeclampsia.</p>
<p><b>Hyperemesis gravidarum (HG)</b> – Severe, persistent nausea and vomiting during pregnancy — more extreme than "morning sickness"</p>	<ul style="list-style-type: none"> <li>• Nausea that does not go away</li> <li>• Vomiting several times every day</li> <li>• Weight loss</li> <li>• Reduced appetite</li> <li>• Dehydration</li> <li>• Feeling faint or fainting</li> </ul>	<p>Dry, bland foods and fluids together is the first line of treatment. Sometimes, medicines are prescribed to help nausea. Many women with HG have to be hospitalized so they can be fed fluids and nutrients through a tube in their veins. Usually, women with HG begin to feel better by the 20th week of pregnancy. But some women vomit and feel nauseated throughout all three trimesters.</p>
<p><b>Miscarriage</b> – Pregnancy loss from natural causes before 20 weeks. As many as 20 percent of pregnancies end in miscarriage. Often, miscarriage occurs before a woman even knows she is pregnant</p>	<p>Signs of a miscarriage can include:</p> <ul style="list-style-type: none"> <li>• Vaginal spotting or bleeding*</li> <li>• Cramping or abdominal pain</li> <li>• Fluid or tissue passing from the vagina</li> </ul> <p>* Spotting early in pregnancy doesn't mean miscarriage is certain. Still, contact your doctor right away if you have any bleeding.</p>	<p>In most cases, miscarriage cannot be prevented. Sometimes, a woman must undergo treatment to remove pregnancy tissue in the uterus. Counseling can help with emotional healing.</p>

<p><b>Placenta previa</b> – Placenta covers part or entire opening of cervix inside of the uterus</p>	<ul style="list-style-type: none"> <li>• Painless vaginal bleeding during second or third trimester</li> <li>• For some, no symptoms</li> </ul>	<p>If diagnosed after the 20th week of pregnancy, but with no bleeding, a woman will need to cut back on her activity level and increase bed rest. If bleeding is heavy, hospitalization may be needed until mother and baby are stable. If the bleeding stops or is light, continued bed rest is resumed until baby is ready for delivery. If bleeding doesn't stop or if preterm labor starts, baby will be delivered by cesarean section.</p>
<p><b>Placental abruption</b> – Placenta separates from uterine wall before delivery, which can mean the fetus doesn't get enough oxygen</p>	<ul style="list-style-type: none"> <li>• Vaginal bleeding</li> <li>• Cramping, abdominal pain, and uterine tenderness</li> </ul>	<p>When the separation is minor, bed rest for a few days usually stops the bleeding. Moderate cases may require complete bed rest. Severe cases (when more than half of the placenta separates) can require immediate medical attention and early delivery of the baby.</p>
<p><b>Preeclampsia</b> – A condition starting after 20 weeks of pregnancy that causes high blood pressure and problems with the kidneys and other organs. Also called toxemia.</p>	<ul style="list-style-type: none"> <li>• High blood pressure</li> <li>• Swelling of hands and face</li> <li>• Too much protein in urine</li> <li>• Stomach pain</li> <li>• Blurred vision</li> <li>• Dizziness</li> <li>• Headaches</li> </ul>	<p>The only cure is delivery, which may not be best for the baby. Labor will probably be induced if condition is mild and the woman is near term (37 to 40 weeks of pregnancy). If it is too early to deliver, the doctor will watch the health of the mother and her baby very closely. She may need medicines and bed rest at home or in the hospital to lower her blood pressure. Medicines also might be used to prevent the mother from having seizures.</p>
<p><b>Preterm labor</b> – Going into labor before 37 weeks of pregnancy</p>	<ul style="list-style-type: none"> <li>• Increased vaginal discharge</li> <li>• Pelvic pressure and cramping</li> <li>• Back pain radiating to the abdomen</li> <li>• Contractions</li> </ul>	<p>Medicines can stop labor from progressing. Bed rest is often advised. Sometimes, a woman must deliver early. Giving birth before 37 weeks is called "preterm birth." Preterm birth is a major risk factor for future preterm births.</p>

# IF YOU'RE PREGNANT SEAT BELT RECOMMENDATIONS FOR DRIVERS AND PASSENGERS

## I'M PREGNANT. SHOULD I WEAR A SEAT BELT?

**YES**—doctors recommend it. Buckling up through all stages of your pregnancy is the **single most effective** action you can take to protect yourself and your unborn child in a crash.

**NEVER**  
drive or ride in a car  
without **buckling up** first!

## WHAT'S THE RIGHT WAY TO WEAR MY SEAT BELT?



## SHOULD I ADJUST MY SEAT?



\* If you need additional room, consider adjusting the steering wheel or having someone else drive, if possible.

\*\* If you're a passenger, move your seat back as far as possible.

## WHAT IF MY CAR OR TRUCK HAS AIR BAGS?

You still need to wear your seat belt properly.

**Air bags are designed to work with seat belts, not replace them.**

Without a seat belt, you could crash into the vehicle interior, other passengers, or be ejected from the vehicle.



## MY CAR HAS AN ON-OFF AIR BAG DISABLING SWITCH. SHOULD I TURN IT OFF?

**NO.** Doctors recommend that pregnant women wear seat belts and **leave air bags turned on.** Seat belts and air bags work together to provide the **best protection for you and your unborn child.**

## WHAT SHOULD I DO IF I AM INVOLVED IN A CRASH?

**Seek immediate medical attention, even if you think you are not injured,** regardless of whether you were the driver or a passenger.



FOR MORE INFORMATION,  
**VISIT SAFERCAR.GOV**



U.S. Department of Transportation  
**National Highway Traffic Safety  
Administration**



11426-120915-V6



# Gestational Diabetes

All women thinking about becoming pregnant should take [folic acid](#) to help prevent birth defects.

## What is gestational diabetes?

Gestational diabetes is a type of diabetes that develops or is first recognized during pregnancy.

## How do I know if I am at risk?

You are at risk for gestational diabetes if you

- Had a previous pregnancy with gestational diabetes.
- Had a baby born weighing over 9 pounds.
- Are overweight or obese.
- Are more than 25 years old.
- Have a family history of diabetes.
- Are African American, Hispanic, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander.
- Are being treated for HIV.

## How can I find out if I have gestational diabetes?

- Most women are screened for gestational diabetes at 24-28 weeks gestation during prenatal care.
- If you or your health care provider has concerns, your health care provider may screen you earlier.

## Why is gestational diabetes a problem?

### For you:

- Your risk of developing type 2 diabetes is increased.
- You are more likely to have a large baby (a condition known as macrosomia). This may cause discomfort during the last few months of pregnancy.
- Having a large baby may lead to a cesarean section (C-section). If you had a C-section, it may take longer for you to recover after the birth.

### For your baby:

- Large babies are more likely to suffer from birth trauma.
- Soon after delivery, your baby may have low blood sugar. This can be treated with early feedings and should not result in any long-term consequences after birth.

## What should I do before becoming pregnant?

You should take the following steps before becoming pregnant:

- [Talk with a health care provider](#) about how to reduce your risk of gestational diabetes before becoming pregnant.
- Be physically active—Get at least 30 minutes of moderate-intensity physical activity five days a week. This could be brisk walking, yard work, and actively playing with children, for example, or riding bicycles or playing soccer.
- Make [healthy](#) food choices by eating a variety of foods that are low in fat and reducing the number of calories eaten per day.
- [Maintain a healthy weight.](#)

National Center for Chronic Disease Prevention and Health Promotion  
Division of Diabetes Translation



CS241137



All women benefit from breastfeeding their babies. Find out more about breastfeeding at: <http://www.cdc.gov/breastfeeding>

## What can I do during pregnancy if I have gestational diabetes?

- Go to all of your prenatal visits.
- Follow your health care providers' recommendations for controlling your blood sugar. This can help reduce your risk of having a large baby.
- [Stay physically active.](#)
- [Make healthy food choices.](#)
- Ask your health care provider to see a [dietitian](#) or a [diabetes educator](#).

## What can I do after my pregnancy to reduce my chance of developing type 2 diabetes in the future?

Follow up regularly with your health care provider.

- [Get tested for diabetes 6 to 12 weeks after your baby is born, then every 1 to 3 years.](#)
- [Stay physically active.](#)
- [Make healthy food choices.](#)
- [Maintain a healthy weight.](#)
- Ask your health care provider about type 2 diabetes prevention and care after delivery.
- Ask to see a [dietitian](#) or a [diabetes educator](#) to learn more about type 2 diabetes prevention.

## For more information about

**Gestational diabetes and the prevention of type 2 diabetes, visit:**

<http://www.cdc.gov/diabetes/>

Centers for Disease Control and Prevention (CDC)  
Public Health Resource

<http://www.cdc.gov/pregnancy/diabetes.html>

CDC, Diabetes and Pregnancy

<http://www.diabetes.niddk.nih.gov/dm/pubs/gestational/>

National Institutes of Health  
National Diabetes Information Clearing House

<http://ndep.nih.gov/publications/PublicationDetail.aspx?PubId=93>

National Diabetes Education Program

*Did You Have Gestational Diabetes When You Were Pregnant?*  
What You Need to Know.

<http://diabetes.org/gestational-diabetes.jsp>

American Diabetes Association  
Gestational Diabetes

**Pregnancy care and self management of gestational diabetes during pregnancy, visit:**

<http://www.cdc.gov/reproductivehealth/MaternalInfantHealth/index.htm>

CDC, Maternal and Infant Health

[http://www.cdc.gov/NCBDDD/pregnancy\\_gateway/documents/Diabetes\\_and\\_Pregnancy508.pdf](http://www.cdc.gov/NCBDDD/pregnancy_gateway/documents/Diabetes_and_Pregnancy508.pdf)

CDC, Diabetes and Pregnancy: Gestational Diabetes

**Healthy food choices, physical activity, and obesity prevention, visit:**

<http://www.cdc.gov/nccdphp/dnpao/>

CDC, Nutrition, Physical Activity, and Obesity

## What's safe during pregnancy or breastfeeding?

I have questions about:

Medications  
Vaccines  
Smoking  
Alcohol  
Health Conditions  
Beauty Products  
Marijuana  
Zika...and more!

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**NEW! "MotherToBaby" app  
for iOS & Android**



**MotherToBaby**

Medications & More During Pregnancy & Breastfeeding  
Ask The Experts

MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS) and is a suggested resource by agencies like the Centers for Disease Control and Prevention (CDC). Learn about sharing your pregnancy in an important pregnancy study on [MotherToBaby.org](http://MotherToBaby.org).

## PRETERM LABOR AND BIRTH

Preterm birth is when a baby is born too early, before 37 weeks of pregnancy. In 2016, preterm birth affected about 1 of every 10 infants born in the United States.

A developing baby goes through important growth throughout pregnancy, including in the final months and weeks. For example, the brain, lungs and liver need the final weeks of pregnancy to fully develop. Babies born too early, especially before 32 weeks, have higher rates of death and disability. Problems of babies born too early may include:

- Breathing problems
- Feeding problems
- Cerebral palsy
- Developmental delay
- Vision and/or hearing problems

### Symptoms of preterm labor include

- Contractions every 10 minutes, or more often
- Leaking fluid or bleeding from vagina
- Feeling of pressure in the pelvis
- Low, dull backache
- Cramps that feel like menstrual cramps
- Abdominal cramps with or without diarrhea.

**If you think you might be having preterm labor, contact your health provider.**



**Source:** NIH: National Institute of Child Health and Human Development, accessed 8/2018

## HURRICANE SEASON

It's important to think about your pregnancy and delivery and what problems you may encounter during an active hurricane season. Because AvMed wants you and your family to be safe in every circumstance, we advise you to talk with your obstetrician about specific instructions.

To help you to be thorough in your preparations, here is a list questions for you to consider and discuss with your provider:

- Depending on how far along you are in your pregnancy, should you go to the hospital in the event of a storm?
- During a storm, which hospital in your area can accommodate a sudden increase in the number of pregnant women who are seeking care?
- If you're advised to go to the hospital, what can you bring with you? What accommodations are available for your other family members?
- If you are taking medications for a high-risk condition, do you have enough supply to get you through a storm and afterward?\*
- Do you know the best route to the hospital?
- If you choose not to go to the hospital, do you have a back-up plan if you need help? Strong storms may knock down communications towers, your cell phone may not work and landline phones may be out of service. Emergency vehicles may not be able to reach you if you need them.
- Where is the shelter that is closest to your home? Do they allow pets or accommodate people with special needs?
- Do you have adequate shelter at home?
- Do you have extra supplies such as canned foods, water, batteries, radio, etc.?



We encourage all our members to assess and implement all the safety measures they need before a storm crisis. An excellent resource for hurricane preparedness is the National Weather Service: [www.weather.gov/safety/hurricane-plan](http://www.weather.gov/safety/hurricane-plan).

You can also speak to AvMed's Nurse On Call at 888-866-5432. This is available 24 hours a day, 7 days a week, this service allows you to speak confidentially with a registered nurse about any health concern.

\*If the Governor declares a state of emergency, AvMed will follow the Insurance Commissioner's emergency order and allow all pharmacies in the affected areas to dispense additional refills of prescriptions (up to a 30 day supply).





# AvMed Healthy Expectations Program

Support is just a phone call away.

**1-800-972-8633, option 2**