Maternity care

Maternity care
Guidebook

moda HEALTH

Introduction

We're so glad you're here! Your team at Moda Health is here to support you on your pregnancy journey. You're probably feeling a lot of things: nervous, excited, maybe even queasy. It's all normal.

This guidebook was created to be a helping hand during your pregnancy. We cover many of the important topics you'll experience along the way.

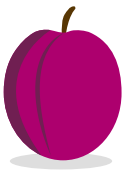
In this guide, we'll try to answer most of your questions. Of course, we can't cover everything — that's why we encourage you to work closely with your healthcare providers. If you don't understand something or have a question, they can help explain it. Your Moda Health coach is also here to offer guidance and support.

The coming months will be busy. Be sure to take time yourself, and put your feet up when you can!

Maternity care

What's ***inside***

First trimester



The first 12 weeks of pregnancy are called the first trimester. This time can be exciting and overwhelming. It's completely normal to feel a wide range of emotions – all of them are valid, and you're not alone. During moments of uncertainty, turn back to this guidebook for support.

Be gentle with yourself during this time. Listen to your body and respond to its changing needs. Your body will undergo significant hormonal and physical changes as your baby begins to grow. Give yourself grace – this is a time of great change.

Your baby

During the first trimester your baby will grow to the size of a **plum.** Their fingers, toes and major organs are forming. All that growing might make you really hungry!

You can find helpful feeding tips at the end of this chapter.

Your body

The first three months of pregnancy are a time of adjustment. Your body changes quickly, and with fluctuating hormone levels, you may experience physical and emotional changes. Give yourself permission to rest; your body is working hard.

Some common changes you may experience include (this list isn't exhaustive, so contact your provider with any concerns):

- Dizzy spells
- Nausea and vomiting
- Fatigue
- Breast changes
- Mild headaches
- Light cramping

Dizzy spells

Some people feel dizzy due to circulation changes in early pregnancy. Talk to your provider if dizziness is excessive.

- Stay hydrated and eat regularly
- Don't stand up too quickly
- Rest often

Nausea and vomiting

An upset stomach is a common response to the changes your body goes through. Talk with your provider if nausea is interfering with your daily life. Here are some tips that may help:

- Eat smaller meals or snacks throughout the day
- Eat something bland in the morning to help curb morning sickness
- Stay hydrated
- Ask your provider about herbal remedies or over-the-counter options

Fatigue

Getting plenty of rest is important. After all, your body is hard at work.

- Even short rest periods can help restore energy
- Talk to your provider if you're feeling overly exhausted

Breast changes

Your breasts may feel tender or sensitive. Wear clothing that feels comfortable and supportive.

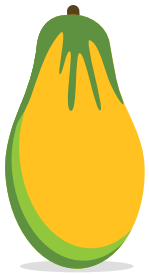
Headaches

Headaches are common in early pregnancy. Let your provider know if your headaches increase in frequency, are sensitive to light, or come with nausea, vomiting or fever.

Cramping

Light cramping can be normal. If cramping becomes more intense or is accompanied by bleeding, contact your provider or go to the nearest hospital.

Second trimester



The second trimester of pregnancy is considered weeks 13 to 24. You may notice an increase in appetite during this time. Morning sickness usually fades, and many people begin to feel more energetic.

Your baby

During the second trimester, your baby will grow from the size of a **plum** to a **papaya**. They're moving around more and growing quickly. Your baby may begin to kick, twist and do somersaults!

Your body

You may notice more rapid changes to your body in the second trimester. That baby bump may finally start to show!

Here are some common physical changes during this time:

- Frequent urination
- Skin changes
- Back pain
- Ligament pain

Frequent urination

Hormonal shifts, fluid retention and the growing uterus pressing on your bladder can increase the need to pee.

- Stay hydrated. Don't stop drinking water to avoid urination.
- Frequent urination is normal during pregnancy. Go when you need to!

Skin changes

As your belly stretches, you might notice changes in your skin.

- Itching? Try cocoa butter or other lotions to soothe discomfort.
- You may see a dark line forming down the center of your belly (linea nigra).
- The skin around your nipples may darken. These changes are your body's way of preparing to produce milk.

Try cocoa butter or other lotions to soothe discomfort

Back and ligament pain

As your belly grows, it can strain your back and stretch the ligaments that support your uterus. Tips that may help:

- Move regularly during the day; try gentle, pregnancy-safe workouts if you feel up to it.
- Warm or cold packs may ease discomfort.
- Support belts or bands can relieve pressure.
- Light stretching can be helpful.
- Slow down when you need to – your body is doing a lot!

Getting rest is as important as staying active. If your schedule allows, don't hesitate to sit down or even nap. Take whatever rest you can – you deserve it.

Tip

- You can find stretching videos online, and ask for guidance from a trainer at your local gym.
- Now's a good time to start researching prenatal education classes such as childbirth preparation, breastfeeding or choosing a doula.

Third trimester

The third trimester includes weeks 28 through delivery. During these final months, you're likely busy preparing for your baby's arrival – setting up a nursery, finishing projects and attending childbirth classes. As much as possible, remember to continue to fit in self-care when possible, including building in regular movement and stretching and enjoying a balanced meal.

Your baby

During this time, your baby will grow from the size of a **papaya** to a **pumpkin**. Their movements will become stronger and more noticeable as they continue to grow.

Your body

Your body is preparing for labor. You may notice new or more intense physical symptoms, such as:

- Back pain
- Heartburn
- Swelling
- Shortness of breath
- Constipation
- Hemorrhoids

Back pain

As your baby gains weight, your lower back experiences more strain. Here are some tips for relief:

- Watch your posture and include gentle exercise when possible
- Try pelvic rocking while on your hands and knees
- Use warm or cold packs to soothe soreness
- Take warm (not hot) baths
- Avoid standing for long periods
- Get plenty of rest
- Use pillows between your knees and under your belly when lying on your side.

Heartburn

As your baby grows and crowds your abdomen, heartburn can become more common. To reduce discomfort:

- Avoid lying down for at least an hour after eating
- Use extra pillows to elevate your head at night
- Try smaller, more frequent meals instead of three large ones
- Ask your provider about over-the-counter remedies such as Maalox or Tums

Swelling

Swelling in your feet and ankles is common due to fluid buildup and pressure from your uterus. Try:

- Lying down with your feet elevated above your heart
- Wearing support stockings
- Reducing salty foods
- If swelling lasts more than 24 hours or suddenly appears in your face or hands, call your provider right away

Shortness of breath

Your baby's growth can compress your lungs, making it harder to breathe. Around 37 weeks, your baby may drop lower in your pelvis, easing pressure on your lungs – but possibly increasing your need to urinate.

- If breathing becomes difficult or something feels off, reach out to your provider.

Constipation

The weight of your uterus can slow digestion and cause constipation. Try:

- Having six to eight glasses of water or caffeine-free drinks each day.
- Incorporating gentle daily movement like walking.
- Eating more fiber-rich foods such as fruits, vegetables, whole grains and bran.

Talk to your provider if constipation persists – they may suggest a stool softener or other remedy.

Hemorrhoids

If hemorrhoids develop, speak with your provider about ways to relieve discomfort and promote healing.

Precautions during pregnancy

Pregnancy is a time of great change, excitement and care. To help ensure a healthy journey for both you and your baby, it's important to be mindful of certain precautions. This section covers high-risk pregnancy conditions, symptoms to watch out for and substance use during pregnancy.

High-risk conditions

Your pregnancy may be considered high risk if a medical condition or complication poses a threat to your health or your baby's health. In some cases, complications arise unexpectedly and require close monitoring. You may need more frequent visits or be referred to a high-risk specialist. Special tests may also be needed to determine the safest time to deliver your baby.

Examples of high-risk pregnancy conditions include:

- Certain viral infections, such as herpes, hepatitis B, HIV/AIDS, rubella, cytomegalovirus and chicken pox
- Bleeding later in pregnancy
- Post-term pregnancy
- Breech or abnormal fetal position
- Nicotine, alcohol or other substance use (see below)
- Incompetent cervix
- Age 40 or older, or 15 or younger
- History of miscarriages, still birth or neurologically impaired infants
- Rh disease
- Multiple pregnancy (twins, triplets, etc.)
- Diabetes
- Heart disease
- High blood pressure
- Preterm labor

Symptoms to watch out for

It's important to be aware of warning signs during pregnancy that may indicate a need for medical attention. Here are some guidelines to help you recognize when to call your doctor*:

Weeks four to 23

- Any vaginal bleeding
- Belly or pelvic pain, other than mild cramping
- Fever of 100.4 degrees or higher
- Painful or less frequent urination, or dark-colored urine
- Vomiting that lasts longer than 24 hours or is worse than it was earlier in your pregnancy
- Feeling like you might faint or pass out

Weeks 24 to 35

- Belly or pelvic pain, other than mild cramping
- Headaches with weak muscles, problems seeing or fever
- Headaches that don't get better after taking acetaminophen (Tylenol*)
- Nosebleeds that won't stop
- Burning or pain when you urinate
- Dizziness
- Cramping in your leg or foot that won't go away

Weeks 36 to 40

- Bleeding similar to a menstrual period
- Your baby has moved fewer than 10 times in 2 hours
- Your baby's movements have slowed down for 24 hours
- Your water breaks
- Contractions that become regular or stronger

*Disclaimer: This information is provided for educational purposes only and is not a substitute for medical advice. Always consult with your healthcare provider for personalized guidance and recommendations.

Domestic violence

Pregnancy can increase the risk of abuse or domestic violence. Abuse may be physical, sexual, emotional or verbal – regardless of age, income or background. If this is happening to you, help is available. Talk to your provider or call the National Domestic Violence Hotline for support.

- Confidential help is available 24/7
- Call 800-799-SAFE (7233)
- TTY users can call 800-787-3224

Substance use

There are several substances that we recommend you avoid.

Alcohol and drugs

One of the most important things you can do during pregnancy is to avoid alcohol and drugs. Everything you consume affects your developing baby.

- Using alcohol or drugs can cause serious problems during pregnancy and childbirth and may affect your baby both before and after birth
- If possible, stop before becoming pregnant – but stopping at any point helps. The earlier, the better

If you need help quitting:

- Contact Moda Health Behavioral Health using the customer service number on the back of your insurance card to find a provider
- Call the national Substance Abuse and Mental Health Services Administration (SAMHSA) helpline at 800-662-HELP (4357)
- Visit samhsa.gov/find-help for local resources

What you can do:

- Tell someone you trust – your doctor, midwife or supportive friend or family member
- Consider making lifestyle changes to avoid triggers or environments that encourage substance abuse
- Look into counseling or therapy, either one-on-one or in a group
- Join a support group like Alcoholics Anonymous (AA), Narcotics Anonymous (NA), or groups specifically for pregnant people

*Opioid use**

Opioids include prescription or nonprescription drugs such as oxycodone, hydrocodone, morphine, codeine, fentanyl and heroin.

- If you've used opioids – even occasionally – tell your provider as early as possible.
- This allows time to create a safe care plan for both you and your baby.

*For more information, visit Opioid Use and Opioid Use Disorder in Pregnancy and Substance Use During Pregnancy.

Smoking

Smoking, including secondhand smoke exposure, increases health risks for both you and your baby. Support is available to help you quit:

- Talk to your provider or health coach
- Call the National Tobacco Quitline at 800-QUIT-NOW (800-784-8669)
- Ask about additional resources or benefits available through your plan

Common tests during pregnancy

Your provider may offer different tests and screenings during each trimester to monitor your health and your baby's development. These can help detect and prevent complications early.

First trimester screenings

Your provider may offer you the following tests during the first trimester:

Urine tests:

- Sugar levels (to check for gestational diabetes)
- Protein levels (to check for kidney disease)
- Bacteria (to detect urinary tract infections (UTIs)

Blood tests:

- Blood type and Rh factor
- Iron levels (to check for anemia)
- Immunity to rubella (German measles)
- Screening for syphilis, HIV and hepatitis B
- Quad screening (to check for certain birth defects)

Other tests:

- Blood pressure
- Weight
- Pelvic and Pap test (if not done recently)
- Genetic condition screening
- Screening for sexually transmitted infections (STIs)
- Depression screening

Second trimester screenings

During second trimester visits, your provider will likely check your:

- Weight
- Blood pressure
- Urine (for sugar, protein and bacteria)
- Fundal height (to monitor the baby's growth)

Additional second trimester tests may include:

Ultrasound:

- To check growth and development
- To screen for birth defects

Depression Screening

Blood tests:

- Complete blood count (to check for anemia)
- Glucose tolerance test (usually between weeks 24 – 28, to check for gestational diabetes)

Third trimester screenings

Your provider will continue to check your:

- Weight
- Blood pressure
- Urine (for sugar, protein and bacteria)
- Baby's heartbeat
- Fundal height

Later in the third trimester, your provider may:

- Check how far the baby's head has dropped into your pelvis
- Check if your cervix has started to efface (thin) or dilate (open)

Other common third trimester screenings include:

- Group B strep test
- Depression screening
- Vaccinations, including:
  - Flu
  - Tdap
  - RSV and COVID (depending on your health and provider's recommendation)

Nutrition and ***exercise***

Eating while pregnant can feel tricky – your body is changing, you may have cravings, aversions or nausea. Smaller snacks throughout the day may be easier than full meals.

If you're not sure what to eat, try combining foods with protein and fiber. It's normal to feel strong aversions – especially to eggs or meats early in pregnancy. This may be your body's way of avoiding foods with a higher risk of foodborne illness. Cravings and aversions are common, and may change over time. Listen to your body and aim to eat whole foods when you can.

What should I eat?

According to the U.S. Food and Drug Administration (FDA), pregnant people are advised to eat about 300 extra calories per day on average. Some days you might want more or less – that's normal. Talk to your provider if you have concerns.

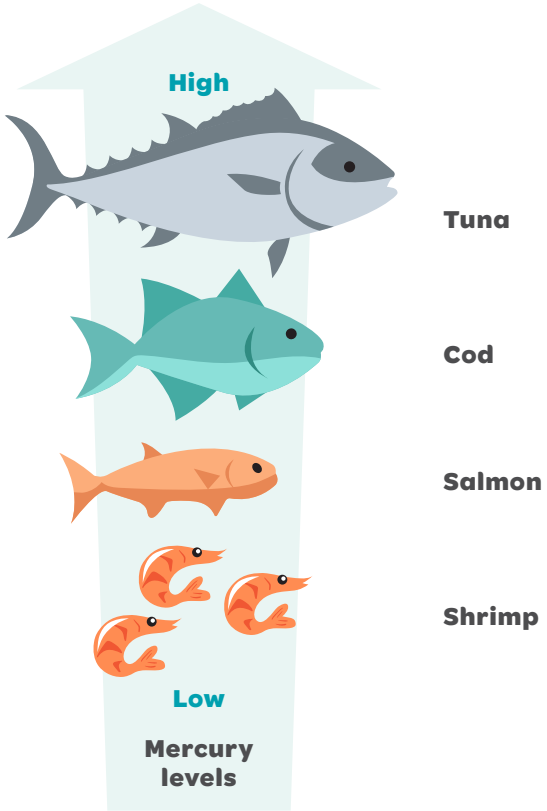
Taking care of yourself is the best thing you can do to have a healthy pregnancy. That includes:

- Eating a variety of nutritious foods
- Getting regular movement
- Prioritizing rest
- Keeping regular prenatal appointments
- Avoiding alcohol, smoking, vaping, marijuana and other drugs

Eating to meet your body's and baby's needs

Your body needs more nutrients to support your baby's growth. Key nutrients and their sources include:

- **Protein**: Animal meats, fish (low mercury), dairy, legumes (peas, beans and lentils). Fish that are low in mercury include shrimp and salmon.
- **Carbohydrates**: Whole grains, fruits, vegetables, legumes and some dairy.
- **Healthy fats**: Fish, nuts, seeds and oils like olive oil.



In addition, your body needs more of these vitamins and minerals:

- **Calcium**: Found in dairy, tofu, broccoli, greens, fortified orange juice and soy milk
- **Folic acid**: Found in leafy greens, beans, citrus fruits, enriched cereals, bread, rice and pasta
- **Iron**: Found in red meat, poultry, shellfish, eggs, legumes, raisins, whole grains and leafy greens

Even with a healthy diet, your provider may recommend a prenatal vitamin to ensure you're getting enough iron and folic acid.

When eating full meals, aim to:

- Fill half your plate with vegetables and fruit
- Include protein like meat, poultry, eggs, tofu or legumes
- Add fiber-rich carbohydrates like whole grains or starchy vegetables (squash, potatoes, corn)

General food safety

Eating a variety of foods is helpful, but there are some things to avoid and limit:

- **Mercury**: Limit seafood with moderate mercury (one to two servings per week); avoid high-mercury fish like tuna
- **Lead**: High levels are harmful; ask your doctor about testing
- **Caffeine**: Limit to under 200 mg per day (about two 8-oz. cups of coffee)
- **Alcohol**: Avoid completely
- **Deli meats**: Cook before eating to reduce foodborne illness risk

To lower your risk of foodborne illness:

- Wash hands, utensils and surfaces before cooking
- Rinse produce thoroughly
- Reheat food until steaming
- Store leftovers promptly
- Avoid soft cheeses, raw milk, undercooked meats or seafood and deli meats unless heated

Pica

Pica is for the craving of nonfood items (like chalk, clay, dirt or ice), which may signal a nutrient deficiency. Talk to your provider if you experience this.

Water

Your fluid needs increase by about 700 mL per day during pregnancy. Aim for **three liters of fluid daily**, including:

- Water
- Herbal tea
- Decaf coffee

Limit ⓘ

- Juice and soda to under 8 ounces per day

Avoid ⊘

- Alcohol
- Energy drinks

Essential nutrients

There are some nutrients that are especially important during pregnancy. Your provider may advise supplements in addition to your diet.

- **Folate/vitamin B9**: Prevents neural tube defects. Aim for 400 mcg/day through food and/or fortified supplements.
- **Iron**: Need increases to 27 mg/day. Found in meat, fish poultry and legumes.
- **Vitamin A**: Do not exceed 10,000 IU/day of retinol (a form of vitamin A) from supplements or medications like Accutane. Vitamin A from food is not toxic.

Exercise

Staying active during pregnancy has many benefits, including:

- Reducing back pain
- Decreasing swelling
- Easing constipation
- Lowering risk of gestational diabetes and preeclampsia
- Promoting healthy weight gain
- Supporting mental health

Most pregnant people should aim for 150 minutes of moderate aerobic activity per week. Low-impact activities like walking, yoga, swimming and water aerobics are great options. If you exercised before pregnancy, you may be able to continue with your usual routine – but check with your provider first.

Safety tips:

- Stay hydrated before, during and after exercise
- Eat a snack or drink juice 15 – 30 minutes before starting
- Stop if you feel dizzy, are short of breath or experience bleeding
- Avoid exercising in extreme heat or humidity
- Skip activities that increase your risk of falling
- Modify routines as your body changes

Safest exercises during pregnancy:

- **Walking:** Gentle on joints and provides a full-body workout
- **Swimming and water workouts:** Reduce strain and provide buoyancy
- **Stationary cycling**: Safer than traditional biking due to balance changes
- **Prenatal yoga and Pilates**: Promotes flexibility, breathing and stress relief

Group prenatal fitness classes can be a great way to build a social support network of people who are going through the same experience as you. You may connect with other participants who can offer you reassurance and advice throughout your pregnancy journey, and into parenthood, making it a healthier and happier experience.

Avoid 

- Contact sports
- Activities with high fall risk (skiing, surfing, gymnastics, horseback riding, etc.)
- Scuba diving
- High-altitude activities (above 6,000 feet, unless you already live at that elevation)

Remember: Your body is doing a lot right now. It's okay to slow down and rest. Don't feel guilty if your energy or interest in exercise varies – growing a baby is hard work!

Postpartum depression

You might hear a lot about postpartum depression during and after pregnancy. Some people also develop depression *during* pregnancy. Because many symptoms of depression – like fatigue, mood changes and trouble sleeping — are also common in pregnancy, it's not always easy to recognize.

Postpartum blues vs. postpartum depression

It's normal to feel emotional during the first couple of weeks after giving birth. These mood shifts, often called the "baby blues," are typically causes by hormonal changes. Planning ahead and building a support system can help you navigate this period more smoothly.

When to seek help

If your symptoms worsen or you notice a change in mood that affects your daily life, talk to your provider. They can help determine what's going on and recommend the right treatment. Counseling, therapy and medication can all be helpful. If you were taking an antidepressant before pregnancy, do not stop taking it without medical guidance.

Get support immediately if:

- You feel unsafe
- You're thinking of harming yourself or someone else

Moda Health is also here for you. Call our customer service line, and we'll help connect you with a mental health provider.

Call 911 or one of the hotlines below:

- **National Suicide Prevention Lifeline**: 988 – Confidential emotional support
- **Postpartum Support International (PSI)**: 800-944-4PPD (800-944-4773) – Speak with a trained volunteer and get local resources

Talk to your provider

If you're concerned about postpartum depression or think you need to be screened, speak with your provider.

Dental health

Keeping your mouth healthy during pregnancy is important for both you and your baby. Practicing healthy dental habits can help prevent cavities, gum disease and other issues. And yes — it's safe (and smart!) to visit your dentist while you're pregnant.

Changes in your mouth during pregnancy

Pregnancy can cause changes in your mouth. Most are temporary and will go away after your baby is born.

- Increased blood flow may cause your gums to bleed when brushing
- Your gums may feel swollen or tender – try a soft-bristled toothbrush
- Your teeth might feel slightly loose – this is usually temporary
- Morning sickness or acid reflux can expose your teeth to stomach acid, which may increase sensitivity or risk for cavities

If your gums bleed or your teeth feel sensitive, talk to your dentist about ways to protect your teeth and gums.

Putting off dental care can lead to bigger problems down the road. Prioritize your oral health during pregnancy – it benefits you and your baby.

Tips for healthy teeth during pregnancy

- Brush twice a day and floss daily
- Use fluoride toothpaste — it helps prevent tooth decay
- Keep your regular dental checkups
- Most cleanings and dental work are safe during pregnancy
- Dental X-rays and local anesthesia are generally considered safe too

Labor and delivery ***preparation***

Understanding labor and birth can help you feel more confident and prepared. Every pregnancy and delivery is different, but knowing what to expect can make a big difference. Below are general guidelines and tips to support you through the process.

Is this really labor?

As your due date approaches your body will shift in new ways. Braxton Hicks contractions may increase, and new aches or sensations might make you wonder: *Is this it?*

Here are some differences between pre-labor and real labor:

Pre-labor:

- No "bloody show" (mucus mixed with blood)
- Contractions are irregular and don't get closer together
- Walking or changing positions may stop the contractions
- No cervical change

Comfort tips during pre-labor:

- Drink fluids
- Rest on your side
- Take a warm shower
- Go for a gentle walk
- Ask for a back or foot massage

Real labor:

- You may see bloody show – this could be your first sign
- You may feel cramping or lower back pain
- Contractions get stronger, closer together and last longer
- Resting doesn't slow them; walking may intensify them
- Your water may break or leak fluid
- Your cervix begins to dilate and efface (thin out)

When to call your provider

Call your provider if:

- You're unsure whether it's real labor
- Your contractions are regular, strong and about five minutes apart for one to two hours
- Your baby is moving less than usual
- You're bleeding
- You feel something isn't right

You can use a timer or an app to track contractions from the end of one to the start of the next to measure how far apart they are.

If you've hired a doula, now is the time to contact them.

Stages of labor

Labor typically has three stages:

Stage 1 Early, active and transitional labor

Stage 2 Pushing and birth

Stage 3 Delivery of the placenta (afterbirth)

Labor length varies. Some labors last just a few hours; others last more than a day – both are normal.

Early labor

You're in early labor when actual contractions begin. They may be 15 — 20 minutes apart and last 60 — 90 seconds. Your cervix will gradually dilate to four cm. Your water may break – but it may not.

If your water breaks, call your provider and tell them:

- The time it broke
- The amount of fluid
- The color
- Any odor

Many people feel excited – or nervous – when early labor begins. It's common to overestimate how far along you are. Going to the hospital too early can stall labor.

Instead, try relaxation techniques at home and settle in. Use this time to rest, relax or freely move around.

Comfort tips for early labor

Create a calming environment:

- Adjust lighting and temperature
- Rearrange pillows and furniture for comfort

Emotional support:

- Surround yourself with people who listen and encourage you

Pain relief options:

- Warm or cold packs
- Shower or bath
- Massage
- Changing positions
- Visualization
- Focusing on your breath or a calming image
- Listening to music

Active labor

You'll know you've entered active labor when contractions are about three to five minutes apart, each lasting about a minute. During this stage, your cervix continues to open from four to eight centimeters.

You'll likely be in your birthing location by this point. It's okay to ask for what you need – support, space or quiet.

Support tips for your partner or support person:

- Offer emotional support and encouragement
- Massage hands, feet and shoulders – unless the birthing person prefers not to be touched
- Apply firm pressure to the lower back during contractions
- Use a tennis ball or massage tool on the back
- Help keep you hydrated with water or ice chips
- Place a cool cloth on your forehead

Labor timeline (average ranges)

Stage	Description
Early labor	Hours to days – Usually the longest phase, especially for first-time parents; may start and stop
Active labor	Four to eight hours – Cervix dilates from six to 10 cm
Transition	20 – 40 minutes – Intense pressure, urge to push may begin
Pushing	A few minutes to a couple of hours
Birth	Usually a few minutes
Placenta delivery	Usually within 30 minutes after birth

Environment	Create a comfortable space. Adjust the lighting and temperature. Use extra pillows and rearrange the furniture to allow for experimentation with different positions for laboring.
Emotional support	Have supportive people with you who can listen, support provide encouragement and give you comfort.
Temperature	Use hot or cold packs to relieve aches.
Bath and shower	Use warm water to relax and relieve some of your labor pain.
Relaxation	Use relaxation techniques to reduce tension and learn to work with (or release into) your contractions — not against them.
Movement	Change your position often. Walk, dance, rock in a chair, lean on a tabletop, sit on a birth ball or rest against your partner. Get creative in finding what works best for you.
Touch	Have a partner give you a massage to help you relax.
Imagery	Use a mental visualization to help you relax.
Attention focus	Focus on a single thought, sound or image.
Music	Listen to your favorite comforting music.
Breath	Change the pace or tempo of your breath and focus on it as a way to cope with pain.

Pain relief ***options***

Some people feel more in control with medication during labor. Talk to your provider ahead of time about what's available and safe where you plan to deliver. Don't hesitate to ask for pain relief if you want it.

Common pain relief options

- **IV medications (e.g., fentanyl, hydroxyzine)**: Can reduce anxiety and pain but are usually avoided close to delivery due to effects on the baby.
- **Spinal or epidural anesthesia**: Administered near the spinal cord to numb the lower body. May provide full or partial relief.
- **Pudendal block**: A local injection to numb the vagina and perineum during the pushing stage.
- **Nitrous oxide**: Self-administered via mask or mouthpiece. Provides short-term relief.

Transition phase

This is usually the shortest but most intense stage – lasting about 20 to 40 minutes. Your cervix dilates from 8 to 10 centimeters, and contractions are strong and frequent.

You may feel:

- Back pain and pelvic pressure
- Increased bleeding
- Nausea or vomiting
- Exhaustion or frustration

You might feel like you can't go on – but this is a sign you're close to pushing. It's normal if your usual coping tools don't work as well during this phase.

Comfort measures during active labor	
Movement	• Change positions. • Walk around your room. • Rock back and forth. • Make circles with your hips.
Positions	• Change positions frequently. • Kneel on hands and knees. • Use a birth ball for support. • Lean over the bed or against your partner.
Relax	• Get into the shower. • Soak in a Jacuzzi tub if it's available. This can also help to speed labor along. • Try to release all of your muscles and rest completely between contractions.

Pushing and birth

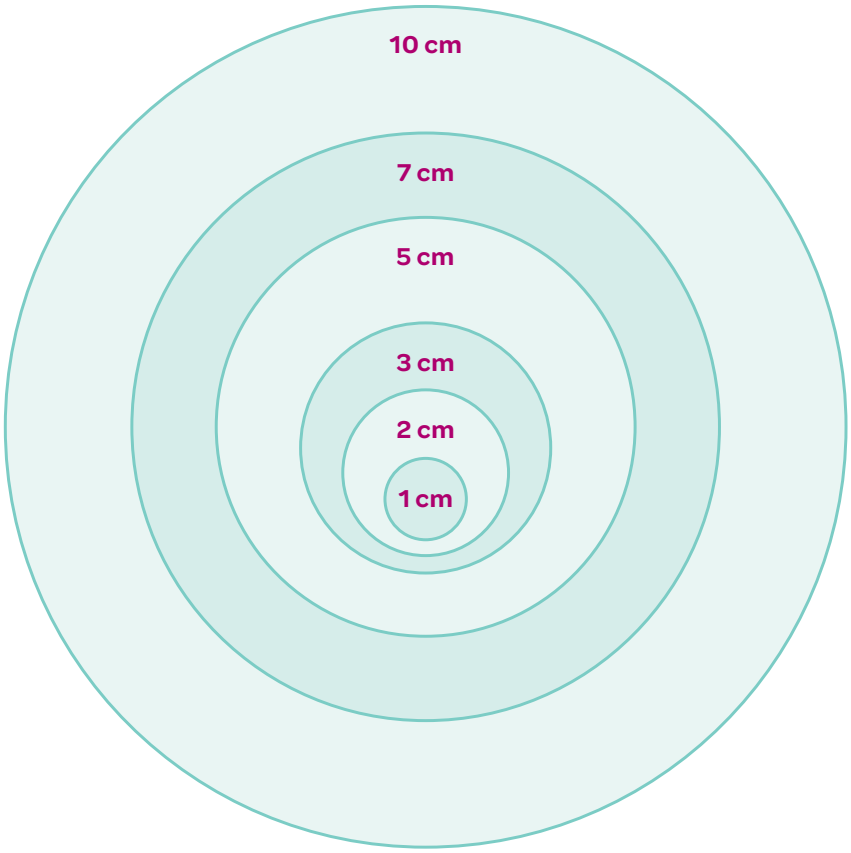
Once your cervix reaches 10 centimeters, it's time to push. This stage usually lasts 30 minutes to 2 hours. Contractions may slow slightly, allowing more rest between them. Many people feel renewed energy or relief once they begin to push.

Tips for effective pushing

- Try different positions – you don't have to lie flat
- Focus your energy with each push
- Use breathing techniques
- Ask for warm compresses to relax the area and reduce swelling
- Touch your baby's head as it crowns, if you'd like – it can be motivating
- Use a mirror if you want to see progress
- Rest completely between contractions

Support person's role during pushing

- Continue offering emotional encouragement
- Help with positioning
- Hold your hand or provide a surface to brace your feet



Immediately after birth

Your provider will place your baby on your chest. Once the umbilical cord stops pulsing, your partner or support person may be invited to cut the cord.

Delivering the placenta

You'll continue to have light contractions as your body delivers the placenta. This is usually quick and much easier than birthing your baby. You may be so focused on your newborn that you barely notice this final stage.

Cesarean birth

A cesarean birth, or C-section, is a surgical procedure used to deliver a baby. Sometimes it's planned, and other times it becomes necessary during labor. In most cases, your partner or support person can be with you in the operating room.

Common reasons for cesarean birth include:

- The baby is in distress and needs to be delivered quickly
- The umbilical cord is in an unsafe position
- The placenta has detached from the uterus (placental abruption)
- The baby's head is too large to pass through the birth canal
- You're carrying multiple babies (twins, triplets, etc.)
- The baby is breech (feet or bottom down instead of head down)
- The placenta is covering the birth canal (placenta previa)
- Labor isn't progressing, or dilation stalls

After a C-section, the typical hospital stay is around four days. Recovery can take up to six weeks. If you deliver by C-section, consider arranging extra help at home. You'll need time to heal and conserve energy for caring for your baby.

Vaginal birth after cesarean (VBAC)

A VBAC can be a safe option for many people. If you and your baby are healthy, and especially if you've had a vaginal delivery before, your provider may recommend a trial of labor after cesarean (TOLAC).

- TOLAC involves close monitoring — often with a small amount of pitocin — to ensure the baby tolerates contractions
- Some providers are more experienced and comfortable supporting VBAC than others

If your VBAC attempt is not successful, you'll have a repeat cesarean. However, many people who try a VBAC go on to have a successful vaginal birth.

Talk to your provider or midwife about whether a VBAC is a good option for you.

Maternity care

Experiencing pregnancy loss

Pregnancy loss can be devastating – whether it happens early or late. You are not alone, and support is available. This section explains miscarriage and stillbirth and offers guidance for emotional and physical healing.

Miscarriage

A miscarriage is the loss of a pregnancy before the 20th week. It's common – sometimes happening before a person even realizes they are pregnant.

In most cases, miscarriage is not caused by anything the pregnant person did. Stress, physical activity or sex does not cause miscarriage. Most miscarriages occur because the embryo did not develop property.

Common signs of miscarriage

- Vaginal bleeding
- Cramping or abdominal pain
- A persistent ache in the lower back
- Passing blood clots or grayish tissue

Not everyone experiences symptoms. The process can vary greatly from person to person.

How a miscarriage is diagnosed

- **Ultrasound**: To assess growth, heartbeat and gestational age
- **Pelvic exam**: To evaluate symptoms and medical history
- **Blood tests**: To measure HCG (a pregnancy hormone) over time

If you've had two or more miscarriages in a row, your doctor may recommend testing for possible causes.

How a miscarriage is treated

There's no way to stop a miscarriage once it begins. Your provider will walk you through your options. If there's no heavy bleeding or signs of infection, you may be able to let the process happen naturally.

In some cases, your provider may recommend:

- Medication to help the body pass tissue
- A procedure to remove remaining tissue

Future pregnancies after miscarriage

Miscarriage is often a chance event. Most people go on to have healthy pregnancies – even after more than one loss. Talk with your provider before trying to conceive again to make sure you're physically and emotionally ready.

Stillbirth

Stillbirth refers to the loss of a baby after 20 weeks of pregnancy but before birth. It may happen before labor begins or during labor itself.

If your baby passes before labor, your provider may recommend either:

- Inducing labor
- A surgical procedure called dilation and evacuation (D&E)

Possible causes of stillbirth

In many cases, the cause is unknown. Known causes may include:

- Birth defects or slowed growth
- Placental problems, such as separation from the uterus too early
- Infection
- Umbilical cord issues, such as twisting or compression

Caring for yourself after stillbirth

Stillbirth is a profound loss. Everyone grieves differently. Be gentle with yourself and lean on your support system.

Some people find healing in:

- Talking to trusted family or friends
- Seeing a therapist or counselor
- Connecting with a faith community or support group

Let loved ones know what you need – whether it's company, conversation or space. You don't have to go through this alone.

Support resources

- **National Maternal Mental Health Hotline**: 833-TLC-MAMA (833-852-6262)
- **The Compassionate Friends**: compassionatefriends.org
- **Share Pregnancy & Infant Loss Support**: nationalshare.org
- **International Stillbirth Alliance**: stillbirthalliance.org

Additional *resources*

Whether or not this is your first pregnancy, having trusted resources on hand can make a big difference. Below are books, websites and advocacy tools for deeper learning and support. We've also included books for partners.

Books

- **Pregnancy, Childbirth, and the Newborn: The Complete Guide** by Penny Simkin, Janet Whalley, Ann Keppler, Janelle Durham and April Bolding
- **Caring for Your Baby and Young Child: Birth to Age 5** by Tanya Altmann
- **Your Baby's First Year** – American Academy of Pediatrics
- **Baby and Toddler Basics** by Tanya Altmann MD, FAAP
- **Birthing Beyond the Binary** by Ray Rachlin
- **Bite-Sized Parenting: Your Baby's 1st Year** by Sharon Mazel
- **Expecting Better** by Emily Oster
- **Heading Home with Your Newborn** by Laura A. Jana
- **Mayo Clinic Guide to a Health Pregnancy** by Myra Wick, MD
- **New Mother's Guide to Breastfeeding** by Joan Younger Meek
- **Pregnancy by Day** by DK and Maggie Blott
- **The Argonauts** by Maggie Nelson
- **The Happiest Baby on the Block** by Harvey Karp
- **Supporting Queer Birth** by AJ Silver
- **What to Expect When You're Expecting** by Heidi Murkoff
- **Why Did No One Tell Me This?** by Natalia Hailes and Ash Spivak
- **Your Pregnancy and Childbirth: Month to Month** – American College of Obstetricians and Gynecologists (ACOG)

Books for partners

- **Dad to Dad: Parenting Like a Pro** by David Hill
- **The Birth Partner** by Penny Simkin and Melissa Cheyney, PhD
- **The New Dad's Playbook** by Benjamin Watson
- **We're Pregnant! The First-Time Dad's Pregnancy Handbook** by Adrian Kulp

Websites

- Pregnancy and Childbirth
  familydoctor.org/category/family-health/pregnancy-and-childbirth/
- Pre-Pregnancy Care and Prenatal Care Resources – Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)
  nichd.nih.gov/health/topics/preconceptioncare
- During Pregnancy – American College of Obstetricians and Gynecologists (ACOG)
  acog.org/womens-health/pregnancy/during-pregnancy
- Centers for Disease Control and Prevention (CDC)
  cdc.gov/
- Maternal and Child Health Bureau – Health Resources and Services Administration (HRSA)
  mchb.hrsa.gov/
- Nutrition for Pregnancy and Breastfeeding
  choosemyplate.gov/browse-by-audience/view-all-audiences/adults/moms-pregnancy-breastfeeding
- National Child & Maternal Health Education Program (NCMHEP)
  nichd.nih.gov/ncmhep
- Black Mamas Matter Alliance – Advancing Black Maternal Health, Rights & Justice
  blackmamasmatter.org
- WellMama Perinatal Support Services
  wellmama.help
- Helping Babies, Parents and Communities Thrive – National Healthy Start Association
  nationalhealthystart.org
- Celebrate Day 366: Reducing Infant Mortality – National Healthy Start Association
  nationalhealthystart.org/celebrate-day-366/
- Fatherhood/Health & Well-Being – National Healthy Start Association
  nationalhealthystart.org/fatherhood-programs-projects/

Advocacy resources

- Home – Shafia Monroe Consulting, Birthing Change
  shafiamonroe.com
- About Us – Black Mamas Matter Alliance
  blackmamasmatter.org/about/
- Staying Healthy During Pregnancy – Start Smart for Your Baby
  startsmartforyourbaby.com

Information adapted from Healthwise Knowledgebase

moda HEALTH

Health plans provided by Moda Health Plan, Inc.

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