Congratulations on Your Pregnancy

The Department of Defense and Veterans Health Administration is proud to welcome you to our Obstetrical Services. We will do everything possible to help you receive the best prenatal care for you and your baby. That's why we have implemented Goal-Oriented Prenatal Care. If you have any complications in your pregnancy, you may need additional visits and testing. Visits and testing outlined here form the basis of care for all pregnant women.

With goal-oriented care, we design each visit to cover precise goals that are most appropriate to that specific time in your pregnancy. So no matter where you are located you will receive all critical aspects of prenatal care at the appropriate time. We have eliminated practices that don't have sound scientific backing (such as taking urine at each visit and early pregnancy cervical checks) and added practices that have been shown to help promote a healthy pregnancy (such as 20 week ultrasound and fetal movement counts). With this new approach, you will know what to expect and when to expect it. When possible, we encourage you to involve your baby's father or support person in your care.

This book will guide you each step of the way through your pregnancy. ***Please bring it to every visit.*** *We have divided the contents by visits with additional material in the Resource section. Each visit section will include what to expect at your visit, signs to report, patient education, and a space to record related information. We encourage you to read each visit section carefully prior to each appointment. Please ask your health care provider if you have any questions or concerns. In this way, you will be well prepared for each step in this very special journey!*

Again, thank you for allowing us to take this journey with you!

Important Information	
Hospital Name	
Healthcare Provider	

Important Telephone Numbers	
OB Clinic	
Labor & Delivery (L&D)	
Labor & Delivery Triage Line	
Emergency Department	
My Childcare Provider	

Appointment List

DATE	TIME	PROVIDER	LOCATION

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Visit Summary Pages
This section provides a quick overview of goals and expectations for each visit.

Keeping Your and Your Baby Safe

Visit Information
This section provides detailed information about each visit. Each visit section includes what to expect at this point in your pregnancy, what to expect at your visit, and general pregnancy education. We suggest you be cautious about information and advice you may receive from family members, friends, the internet or from other outside sources. While most of these sources are well-meaning and may provide important support, bad advice and inaccurate information is common. Please make sure to discuss your specific concerns with your health care provider.

Week 6 - 8. . . . . #
Week 10 - 12 . . . . . .#
Week 16 - 20 . . . . . .#
Week 24 . . . . . .#
Week 28 . . . . . .#
Week 32 . . . . . .#
Week 36 . . . . . .#
Week 38 - 41 . . . . . #
After Delivery . . . . . .#

Resource Section:

- **Pregnancy Information**
  - Active Duty Information . . . . . #
  - Veterans Health Administration Information
  - Father's Information . . . . . .#
  - Anatomy (front & side views)
  - Common Discomforts and Annoyances of Pregnancy
  - Exercise
  - Travel During Pregnancy
  - Having Twins, Triplets or More
  - Fetal Movement Count Charts
  - Immunizations
  - Nutrition in Pregnancy
  - Weight Gain Chart
  - Dental Care
  - Tobacco and Alcohol Use in Pregnancy
  - Sexually Transmitted and Other Infections in Pregnancy
  - Genetic Screening
  - Specific Genetic Testing
  - EPDS - 28 Week
  - Testing and Monitoring During Pregnancy
  - True versus False Labor
  - Preterm Labor
  - Labor and Delivery Procedures
  - Labor and Delivery Basics

- Cesarean Delivery
- Birth Plan
- Baby Supplies
- Family Planning
- Breastfeeding
- Bottle Feeding
- Safety Tips for Baby

- **Common Terms**
- **Types of Providers**
- **EPDS-Postpartum**

Suggested Additional Readings (available in your clinic):

- Prenatal Fitness and Exercise

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General Pregnancy and Childbirth
http://www.nlm.nih.gov/medlineplus
http://www.healthfinder.gov
http://familydoctor.org
http://marchofdimes.com
http://www.childbirth.org
http://www.text4baby.org (text messages about baby)
http://www.midwife.org/consumer_information
http://www.plannedparenthood.org
http://www.mypyramid.gov/mypyramidmoms
http://www.dodparenting.org (Parent Review)

Baby/Child Care
http://www.aap.org
http://www.dodparenting.org (Parent Review)

Breastfeeding
http://www.lalecheleague.org
http://www.ilea.org
http://www.4women.gov
http://www.womanshealth.gov/breastfeeding/learning

General
http://www.militaryonesource.com

The Birth of a Mother

In this book, you are asked questions focused on how you feel about your pregnancy and your relationship with your mother and the father of your baby. There is space provided to record your thoughts. As you go through your pregnancy and adapt to being the mother of a new baby, it is important that you realize you are being born or reborn into your role as a mother to this baby. Even if this is not your first baby, the transition to being a mother is a process that involves feelings, behaviors, attitudes, and character developed from life experiences and expectations.

While responses to being a mother may come from life experiences, maternal attitudes and behaviors change in relation to the age, condition, and situation of one's child. Each mother-child relationship, each pregnancy, each delivery, and each childbirth experience are different for each woman. This is true even if you already have children. Each pregnancy, delivery, and relationship is unique.

Supportive sharing from significant persons, especially your family, balances the process of becoming a mother. The support you receive from your mother and the father of your baby assist you in the changes you go through to be a mother. If your mother and/or the father of the baby are not involved, other supportive relationships have to fill this gap. For you and the father of the baby, mutual sharing provides the best foundation for adapting to your roles as mother and father. The ability to see yourself as a mother and expand on the idea that the new child will impact your dreams and fantasies is a building process that occurs throughout pregnancy. It happens best with the support and help of your partner. Some of the questions raised in the book are to help include the father in this important process.

The ability to fantasize and think about being a mother depends on your life experiences. Good "mothering" role models, whether your own mother or another woman you respect, will help you be confident and identify with being a mother. Many women feel a tremendous sense of relief in having a female confidant with whom they can share feelings about their pregnancies. Regardless of the relationship you have with the father of your baby, you may feel unable to express feelings or fears with him. This is normal. Women often say that they recognize their husband or partner "kind of understands", but they worry about discussing their fears, thoughts, hopes and dreams with him. It is important to try to talk about some of these things with him but also very important to identify a woman who can help you as well.

Keep in mind that it is natural to have doubts and conflicts about this immense role change. This is true every time you have a baby. Becoming a mother affects your sense of self. If you are expecting your first child, you are truly between roles. There is often fear of the impact of the baby on marriage, family, and career. Generally, a vision of your image as a mother becomes clearer as pregnancy continues. The questions throughout this book are to help you define your idea of motherhood. Being able to picture or express your idea of motherhood takes place by rehearsing or imagining yourself in the role of a mother. It is normal to dream of yourself as a mother. This process helps you identify what you think are the characteristics of a good mother.

The ongoing process of the "birth of a mother" requires you to accept the loss of a former part of yourself. It is important to recognize your new role, with all its responsibilities, has many rewards. In other words, any losses you might have are balanced by rewards you will receive.

Preparing for any role change requires a desire to learn. During the process of being a mother, you will seek out information or models of your new role. Various confidants, whether your mother, a close friend, or the father of the baby can all help provide information and act as role models. Watching other mothers with their children as well as attending birthing and prenatal classes are sources of information to help you through this process.

At many military installations, the DoD provides assistance through the New Parent Support Program. This program employs nurses, social workers and other individuals who can provide you access to many education programs. They can provide you written or video educational information and sometimes they can even come to your home to help you adapt to your role of becoming a new mother. This book will provide you a lot of valuable information and should help answer many of your questions but it is not substitute for a wise and supportive mentor. Some places have support groups for women whose spouses are deployed. Other places have groups where experienced women volunteer to provide guidance to new mothers. We encourage you to take advantage of these kinds of opportunities. We wish you the very best in your own birth as a mother!

Visit Summary Information

Goal-oriented visits:

6–8 Week Visit Goal: Exchange information and identify existing risk factors that may impact your pregnancy

To Do:

1. Read the visit information and any additional related topics prior to your visit. Write down any questions you may have.
2. Ask your family about any medical problems that exist in your family members such as diabetes, cancer, hypertension, and genetic problems.
3. Fill out questionnaire in preparation for this visit.
4. Suggested reading in Resource Section: Common Discomforts and Annoyances of Pregnancy, Travel and Pregnancy, Tobacco and Alcohol Use in Pregnancy, Cystic Fibrosis Testing, Nutrition, Dental Care, and Screening for Birth Defects. Think about whether you wish to have blood tests to screen for birth defects.

10–12 Week Visit Goal: Determine current health status and work towards a healthy pregnancy

To Do:

1. Read the visit information and any additional related topics prior to your visit. Write down any questions you may have.
2. Wear clothing easy to change out of for physical exam.
3. Suggested reading in Resource Section: Common Discomforts and Annoyances of Pregnancy, Screening for Birth Defects, Breastfeeding, Exercise, Immunizations, and Sexually Transmitted and other Infections.
4. Review Prenatal Fitness and Exercise brochure.

16–20 Week Visit Goal: Work toward a comfortable and safe pregnancy

To Do:

1. Read the visit information and any additional related topics prior to your visit. Write down any questions you may have.
2. After visit, schedule your appointment for an ultrasound if not already scheduled.
3. Suggested reading in Resource Section: Breastfeeding and Testing and Monitoring during Pregnancy.

24-Week Visit Goal: Prevent preterm labor for a safe and healthy baby

To Do:

1. Read the visit information and any additional related information prior to your visit. Write down any questions and concerns you may have.
2. Suggested reading in Resource Section: Preterm Labor and Fetal Movement Counting Chart. Check out available prenatal classes at your hospital.

28-Week Visit Goal: Monitor your baby and your progress and learn to count fetal movements

To Do:

1. Read the visit information and any additional related topics prior to your visit. Write down any questions and concerns you may have.
2. Follow instructions given to you for your 1-hour glucola test.
3. Suggested reading in Resource Section: Fetal Movement Count Chart, Testing and Monitoring during Pregnancy, and True versus False Labor.

32-Week Visit Goal: Prepare for your baby's arrival

To Do:

1. Read the visit information and any additional related topics prior to your visit. Write down any questions or concerns you may have.
2. Fill out Fetal Movement Chart and bring with you to visit.
3. Suggested reading in Resource Section: Labor and Delivery Basics, Labor and Delivery Procedures, Family Planning, Birth Planning, Breastfeeding, and Bottle Feeding.

36-Week Visit Goal: Begin preparations for your hospital experience

To Do:

1. Read the visit information and any additional related topics prior to your visit. Write down any questions and concerns you may have.
2. Fill out Fetal Movement Chart and bring with you to visit.
3. Suggested reading in Resource Section: Labor and Delivery Basics, Labor and Delivery Procedures, Birth Plan, Promoting Safety in Childbirth, Baby Supplies for First Week, and Safety Tips for Babies.

38–41 Week Visit Goal: Preparing for birth and baby's arrival at home

To Do:

1. Read the visit information and any additional related topics prior to your visit. Write down any questions or concerns you may have.
2. Fill out Fetal Movement Chart and bring with you to visit.
3. Suggested reading in Resource Section: Labor and Delivery Basics, Labor and Delivery Procedures, Birth Plan, Promoting Safety in Childbirth, Baby Supplies for First Week, Safety Tips for Babies, Breastfeeding, and Bottle Feeding.

Post Delivery Visit 6-8 Weeks after Delivery: Determine health status and promote adjustment to being a mother

To Do:

1. Read the visit information and any additional related topics prior to your visit. Write down any questions or concerns you may have.
2. Think about family planning needs if that has not already been decided.
3. Call the clinic to confirm whether or not you may bring baby with you for this appointment.

Keeping You and Your Baby Safe

The VA and DoD have created Guidelines for Pregnancy that form the basis for the care outlined in this book. We have created the Resource Section to provide you further information that will help in your pregnancy. It is important that you be a partner with the providers in your pregnancy care. To help with this we have a few more tips and recommendations for you.

The information in this book is helpful but it is not a substitute for your obstetric care provider. He or she will have specific information about you and will be able to help tailor your prenatal care for your personal circumstances. These are guidelines and the best care will sometimes mean doing things different than or in addition to what is outlined here.

Help keep track of your key pregnancy information. The VA/DoD Pregnancy Passport contains most of the information that is essential for good prenatal care. Take it to your visits and keep it with you at all times. This will help if your records are misplaced, computer systems are down. It will also be useful if you have an emergency and need to get care away from your hospital or clinic.

Assure your due date is well established by 20 weeks of pregnancy. It is very hard to establish a firm due date after mid pregnancy. Firm due dates are always estimates but the due date affects many of the decisions that could need to be made for your care. If there is any uncertainty in your due date your provider will usually order an ultrasound to help establish the due date.

Remember your due date is an estimate. Normal pregnancies usually end between 37 and 42 weeks by you going into labor all on your own. In a normal pregnancy, the baby and placenta help prevent you from going into labor too soon. Usually when the baby is mature, the baby will stop preventing labor and allow it to happen.

Try not to be too anxious to deliver before it happens on its own. There are many reasons why your provider might recommend causing you to give birth before your due date. Sometimes it is critical for you or the baby's health to be delivered early. There should always be a good reason to cause birth before 39 weeks (the week before your due date). If your cervix is not ripe, labor induction can be long and hard and can increase your chances of a cesarean delivery. Even babies born at 37-38 weeks can have problems from prematurity such as difficulty breathing, eating or jaundice.

If you have questions or concerns ask or arrange go to the hospital to be seen. This book can give you answers to many questions. Your provider will also answer your questions and attempt to address your concerns. However, if you are worried about you or the baby's health, be persistent until your concerns are addressed to your satisfaction. This does not mean that the hospital has endless resources or can immediately stop and address all of your questions but it is important that you help us take care of you by making sure we understand your needs.