

Your guide to a healthy pregnancy



Welcome!

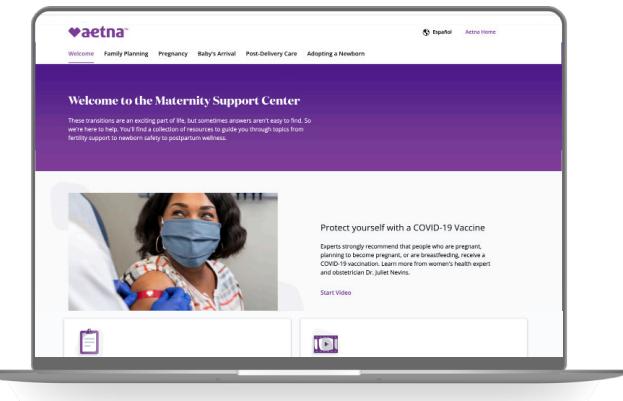
Whether you're a new or experienced parent, you need a place to find reliable info and support. So count on us to help give you and your baby a healthy start.

What's inside

About the program.....	3
Learning the basics.....	4
First trimester (weeks 1–12).....	8
Second trimester (weeks 13–27).....	9
Third trimester (weeks 28–birth).....	10
Staying healthy.....	11
Feeling safe at home.....	12
Health conditions.....	13
Warning signs during pregnancy.....	14
Helpful tips.....	15
After the birth: Feeding and bonding with your baby.....	16
Emotional changes after pregnancy.....	18
Preparing your home and family.....	19
Important contacts.....	21

About the program

Be sure to visit our Maternity Support Center at aet.na/maternitysupport. You'll get helpful information, tips and resources that you can use now and even after your baby is born.



Key program features

With our maternity program, you'll get support before, during and after your pregnancy. You'll also get info on prenatal care, labor, delivery, newborn care and more. Plus, access to personal nurse support if you have health conditions that might affect your pregnancy.

As part of the program, you'll get:



Nurse support during and after pregnancy



Help with quitting smoking



Preterm labor education at
aet.na/preterm-labor



Resources and support for feeding
your baby



Preeclampsia education at
aet.na/preeclampsia



Tips on postpartum care, and much more

Choosing your care team

First, choose a care team that's right for you. They'll be there from the beginning to help you have a healthy pregnancy and baby.



Check out these resources as you create your care team: aet.na/care-team and aet.na/pregnancy



Learning the basics

Once you find out you're pregnant, schedule an appointment with your health care provider. Don't have a provider yet? Just go to your member site at [Aetna.com](https://www.aetna.com) and choose "Find Care."

Topics to discuss with your health care provider:



Talk about taking prenatal vitamins with folic acid. This is an important vitamin that helps the baby's brain and spine develop properly.



Tell them about all prescribed and over-the-counter medicines, vitamins and supplements you take.



Be honest about any behaviors like smoking and drinking alcohol, as both can affect you and your baby's health.



Learn more about how to eat a healthy, balanced diet. This will help you get the right nutrients you need while helping your baby grow.



Share your childhood vaccination info with your provider. You may need certain vaccinations during pregnancy to help protect you and your baby.

Prenatal visit schedule

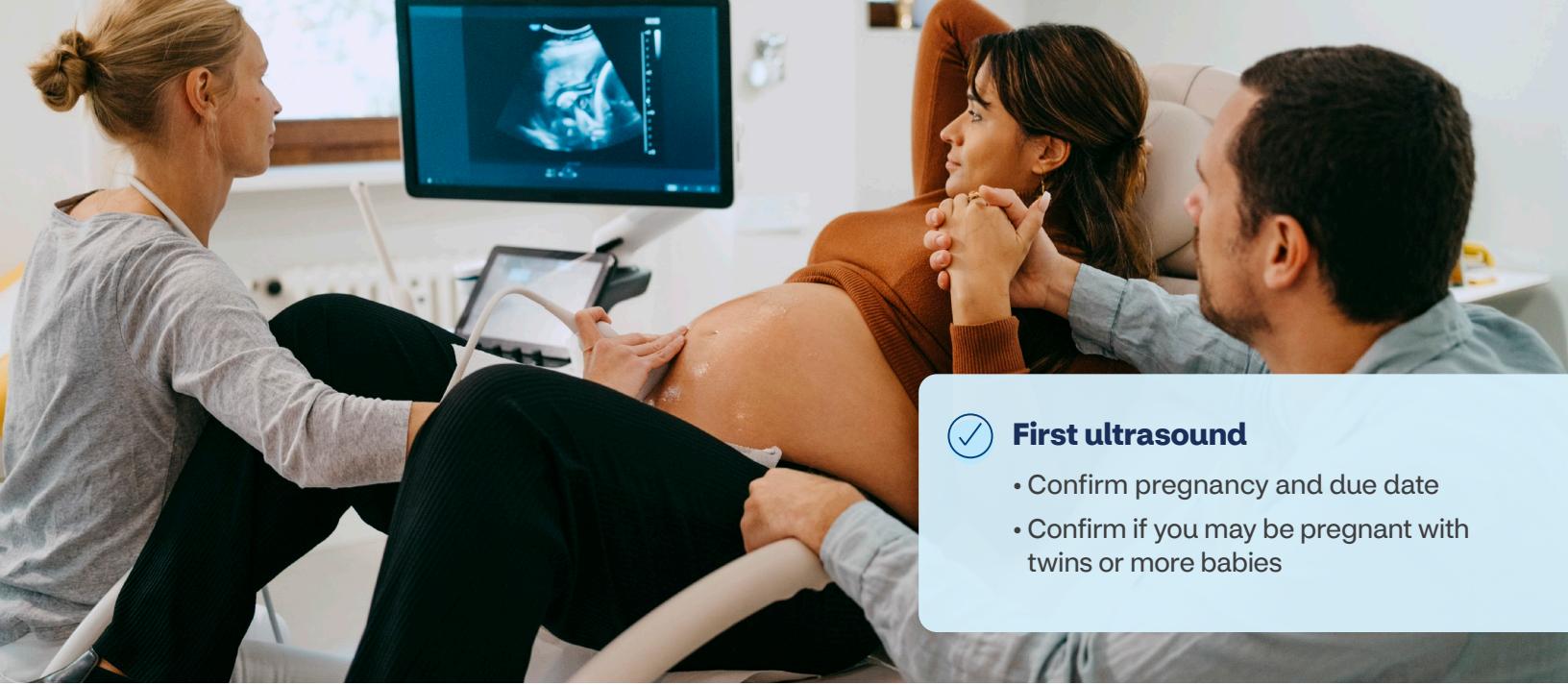


Prenatal care includes regular visits with your health care provider. These visits are for the health of both you and your baby. So be sure to attend all of your appointments, even if you feel fine. You may see your provider based on this general schedule, or more often, depending on your needs.

During your first visit, the health care provider usually:

- Asks about your and your family's health and genetic history
- Does a complete physical exam
- Performs a pelvic exam with a Pap test (depending on your age and medical history)
- Figures out your expected due date
- May listen to baby's heartbeat, if the baby is big enough





First ultrasound

- Confirm pregnancy and due date
- Confirm if you may be pregnant with twins or more babies

What to expect during your medical visits

FIRST OB VISIT (8-12 weeks)

- Your provider takes extensive history and performs examination, including pelvic exam
- Tell your provider about any medical problems/ medications, surgeries and family history. This helps your provider assess risks that may affect your pregnancy
- Review of diet/prenatal vitamins
- General review of what to expect during the pregnancy
- Blood tests and vaginal swabs, including tests to ensure childhood vaccinations are up to date:
 - Complete blood count (CBC)
 - Blood type and Rh factor
 - Rubella

- Hepatitis testing
- HIV
- Sexually transmitted infections like gonorrhea, chlamydia, syphilis, HSV (herpes)
- Pap smear, if due
- Cystic fibrosis
- Sickle cell screen
- Varicella (the virus that causes chicken pox), if you never had chicken pox
- Other blood tests that are necessary based on your history
- Urine is tested for protein and other signs of a bladder infection

FIRST AND SECOND TRIMESTERS (every 4 weeks, until 28 weeks)

- Blood pressure measurement and weight
- Testing for urine protein or infection, if necessary
- Listen to baby's heartbeat
- Measurement of fundal (uterine) height to follow growth of baby

- Recommended vaccinations
- Assessment of any symptoms you are experiencing
- Ultrasound to assess baby's growth (usually done between 18 and 22 weeks)



THIRD TRIMESTER (every 2 weeks, 28 through 36 weeks)

- Blood pressure measurement and weight
- Testing for urine protein or infection, if necessary
- Listen to baby's heartbeat
- Measurement of fundal (uterine) height to follow growth of baby
- Assessment of any symptoms you are experiencing (symptoms of preterm labor* and preeclampsia* can start during this time)
- Ultrasound to assess baby's growth (if necessary)
- Depression screening
- Testing for gestational diabetes (between 28 and 32 weeks)
- Repeat CBC to check for anemia
- Repeat test for syphilis, if patient is high risk
- RhoGAM shot, if mother's blood type is Rh negative (for example, O negative, etc.)

FINAL OB VISITS (weekly visits, 36 weeks until delivery)

- Blood pressure measurement and weight
- Testing for urine protein or infection, if necessary
- Listen to baby's heartbeat
- Measurement of fundal height to follow growth of baby
- Group B strep vaginal swab
- Repeat sexually transmitted infection testing in high-risk individuals
- Review of birth plan/how you will deliver/induction of labor/what to expect in labor
- Assessment of any symptoms you are experiencing (symptoms of preeclampsia and cholestasis of pregnancy can start during these visits)*
- Ultrasound to assess baby's growth (if necessary)

*FOR PRETERM LABOR SOURCE: American College of Obstetricians and Gynecologists. Preterm labor and birth FAQs. ACOG.org. Last updated April 2023. Available at: [ACOG.org/womens-health/faqs/preterm-labor-and-birth](https://www.acog.org/womens-health/faqs/preterm-labor-and-birth). Accessed April 30, 2025.

*FOR PREECLAMPSIA SOURCE: American College of Obstetricians and Gynecologists. Preeclampsia and High Blood Pressure During Pregnancy FAQs. ACOG.org. Last reviewed April 2023. Available at: [ACOG.org/womens-health/faqs/preeclampsia-and-high-blood-pressure-during-pregnancy](https://www.acog.org/womens-health/faqs/preeclampsia-and-high-blood-pressure-during-pregnancy). Accessed April 30, 2025.

*FOR CHOLESTASIS SOURCE: March of Dimes. Intrahepatic cholestasis of pregnancy. MarchofDimes.org. Last reviewed July 2020. Available at: [MarchofDimes.org/find-support/topics/pregnancy/intrahepatic-cholestasis-pregnancy](https://www.marchofdimes.org/find-support/topics/pregnancy/intrahepatic-cholestasis-pregnancy). Accessed April 30, 2025.



Your health care provider may check:

Blood pressure. Your provider will check your blood pressure at every visit and may also have you check it at home. This is to make sure you don't have pregnancy-related high blood pressure issues, like preeclampsia.

Blood type. This test will also tell if you have a protein called the "Rhesus (Rh) factor" in your red blood cells. If you don't have it, you are "Rh negative" and may need treatment to protect your baby.

Immunity to rubella and chicken pox. If you get these diseases for the first time during pregnancy, your baby can often have a higher risk of birth defects.

Anemia (low red blood cell count). This may increase your risk of preterm delivery, a low birth weight infant, or fetal death, so it's good to be aware of it to start taking iron supplements as soon as possible.

Genetic diseases. This could include testing for genetic conditions like cystic fibrosis, spinal muscular atrophy, sickle cell disease and other types of anemias.

Sugar in your urine. This can be a sign of diabetes, so your health care provider may do other tests.

Protein in your urine. This can be a sign of a urinary tract infection, kidney disease or pregnancy-related high blood pressure, so your health care provider may do other tests.

Infectious diseases. Your provider may test you for tuberculosis (TB), hepatitis B and C, and other sexually transmitted infections (STIs) during your pregnancy. They might also check to see if you carry human immunodeficiency virus (HIV), the virus that causes acquired immune deficiency syndrome (AIDS). Testing for these diseases during pregnancy has become routine because of potential effects on the baby.

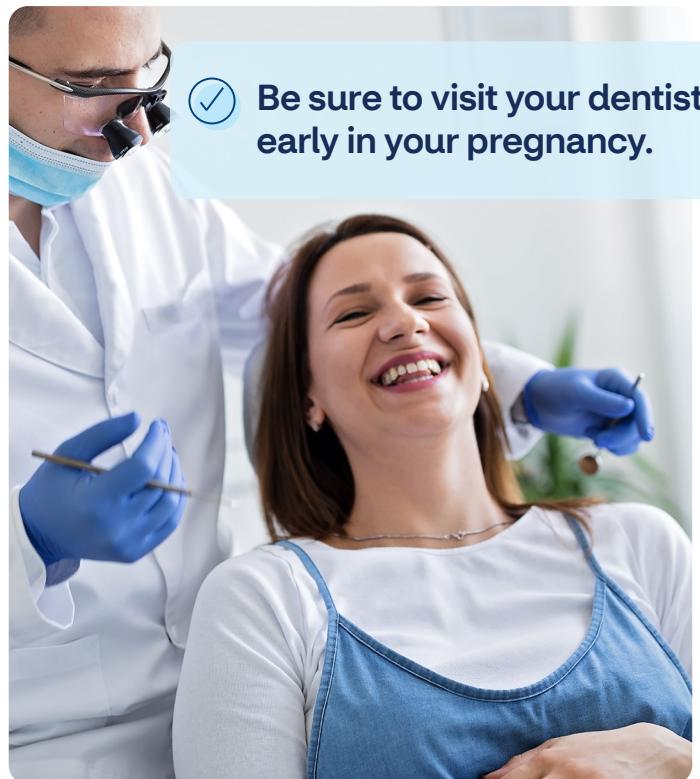
Zika virus exposure.* Zika virus infection during pregnancy can increase risk of birth defects or long-term health needs.

Healthy dental care during pregnancy

Did you know your dental health relates to your pregnancy? During pregnancy, your body makes special hormones that can affect your gums. And if you experience morning sickness, this can also affect the health of your mouth and teeth. Gum disease can increase risk for preterm birth. **So it's important to take care of your teeth, mouth and gums during this time.**



Get tips for keeping your whole mouth healthy at aet.na/dental-health



*FOR ZIKA VIRUS EXPOSURE SOURCE: CDC. Congenital Zika Syndrome and Other Birth Defects. January 31, 2025. Available at: CDC.gov/zika/czs/index.html. Accessed May 7, 2025.





Learn what to expect in each trimester at aet.na/journey

As your baby grows

During each trimester, your body may start to feel different. And you may have different tests or procedures to check your and your baby's health. But being prepared and checking in with your health care provider can help ease your mind.

First trimester



Months 1 • 2 • 3

Months 4 • 5 • 6

Months 7 • 8 • 9

- ✓ Your baby's heart, lungs and brain start to grow.
- ✓ The amniotic sac forms around the baby and fills with fluid for protection.
- ✓ The umbilical cord is taking nutrition to the baby.

Know your benefits

During your pregnancy, your provider may recommend tests based on your health and family history, age and other factors. But some of these tests aren't part of your preventive benefits, so cost-sharing may apply under your plan.

Be sure to check your benefits plan to see which tests are covered.



Second trimester



Months 1 • 2 • 3

Months 4 • 5 • 6

Months 7 • 8 • 9

Braxton Hicks contractions

These are common during the second and third trimesters. Some people call them “practice” or “false” contractions. Here’s what you should know:

- They don’t mean that you’re going into labor
- They aren’t like regular contractions
- They have no real pattern and can come and go at different times
- They tend to go away with rest and hydration
- Some people never experience them

- You may start to feel your baby move at around 18 to 20 weeks.
- At about 23 weeks, most babies weigh about one pound and are 13 inches long.*

Know the difference

Braxton Hicks contractions	Labor contractions
Aren’t regular	Are regular, lasting about 30–70 seconds each
Don’t get closer together over time	Get closer together over time
Don’t get stronger over time	Get stronger over time
Are sometimes felt only in the lower abdomen or groin	Often start at the back and move to the front
May stop when changing positions or moving around	May stop when changing positions or walking around

*FOR 23-WEEK SIZE SOURCE: The American College of Obstetricians and Gynecologists. How your fetus grows during pregnancy. Last updated: January 2024. Available at: [ACOG.org/womens-health/faqs/how-your-fetus-grows-during-pregnancy](https://www.acog.org/womens-health/faqs/how-your-fetus-grows-during-pregnancy). Accessed April 30, 2025.



Months 1 • 2 • 3

Months 4 • 5 • 6

Months 7 • 8 • 9

Some common conditions later in pregnancy

Fluid retention and swelling: Mild swelling of the legs, hands and face are normal.

If you get severe or sudden swelling, especially in your hands and face (around the eyes), call your health care provider. These can be signs of preeclampsia. Preeclampsia is a form of high blood pressure that starts during pregnancy.

Visit aet.na/preeclampsia to learn more.

Know the signs of preterm labor

Labor before the 37th completed week of pregnancy can have serious effects on a baby's health. Black and African American people are at increased risk of having a preterm birth.* Babies born early have an increased risk of serious medical complications and developmental disabilities. In most cases, the closer the baby gets to full term, the healthier it will be at birth.

Go to aet.na/preterm-labor to learn more.



Learn more about tests and procedures at aet.na/tests

- ✓ By the end of the third trimester, most babies will weigh between 6 and 9 pounds and measure 18 or more inches in length.
- ✓ They'll have smooth skin.
- ✓ Their eyes will be sensitive to light.*

Early delivery and C-section

Sometimes, your health care provider may want you to deliver your baby early and/or by C-section. Here are a few questions you should ask:

- Is there a problem with my health or the health of my baby that may require me to give birth early?
- Can I wait to have my baby until I'm closer to 40 weeks?
- What can I do to ensure an increased chance of vaginal delivery?

Inducing labor

- Why do you need to induce my labor?
- How will you induce my labor?
- Will inducing labor increase the chance that I'll need to have a C-section?

C-section

- Why do I need to have a C-section?
- Can a C-section cause problems for my baby and me?
- Will I need to have a C-section in future pregnancies?

*FOR INCREASED RISK SOURCE: Brown J, Chang X, Matson A, et al. Health disparities in preterm births. *Frontiers*. December 14, 2023. Available at: Frontiersin.org/journals/public-health/articles/10.3389/fpubh.2023.1275776/full. Accessed April 30, 2025.

*FOR SENSITIVE TO LIGHT SOURCE: The American College of Obstetricians and Gynecologists. How your fetus grows during pregnancy. Updated January 2024. Available at: ACOG.org/womens-health/faqs/how-your-fetus-grows-during-pregnancy. Accessed April 30, 2025.



Staying healthy

Make your meals count and keep active

Remember to eat a healthy, well-balanced diet. And exercising regularly can help lower stress and prepare you for childbirth.

Visit aet.na/exercising for great tips to keep you and your baby healthy.

Gain a healthy amount of weight

You will, and should, gain weight during pregnancy. Be sure to talk to your health care provider about weight gain.

- ✓ Plan to add about 300 calories to your normal daily diet.
- ✓ Don't try to diet during pregnancy.
- ✓ Choose snacks that have nutrients and little sugar or fat.
- ✓ Help avoid morning sickness by eating several smaller meals.

Foods your body needs to maintain good nutrition:

- **Lean protein** from fish (salmon, shrimp, catfish),* chicken, low-fat milk products and beans
- **Carbohydrates** from whole grains, fruits and vegetables
- **Unsaturated fats** like olive oil, nuts and fish



Visit MyPlate.gov for more information.



Eating a healthy diet directly affects your baby's health and development.

*FOR PROTEIN FROM FISH NOTE: Please check with your provider about the safe, recommended amount of fish and shellfish you can eat during your pregnancy.

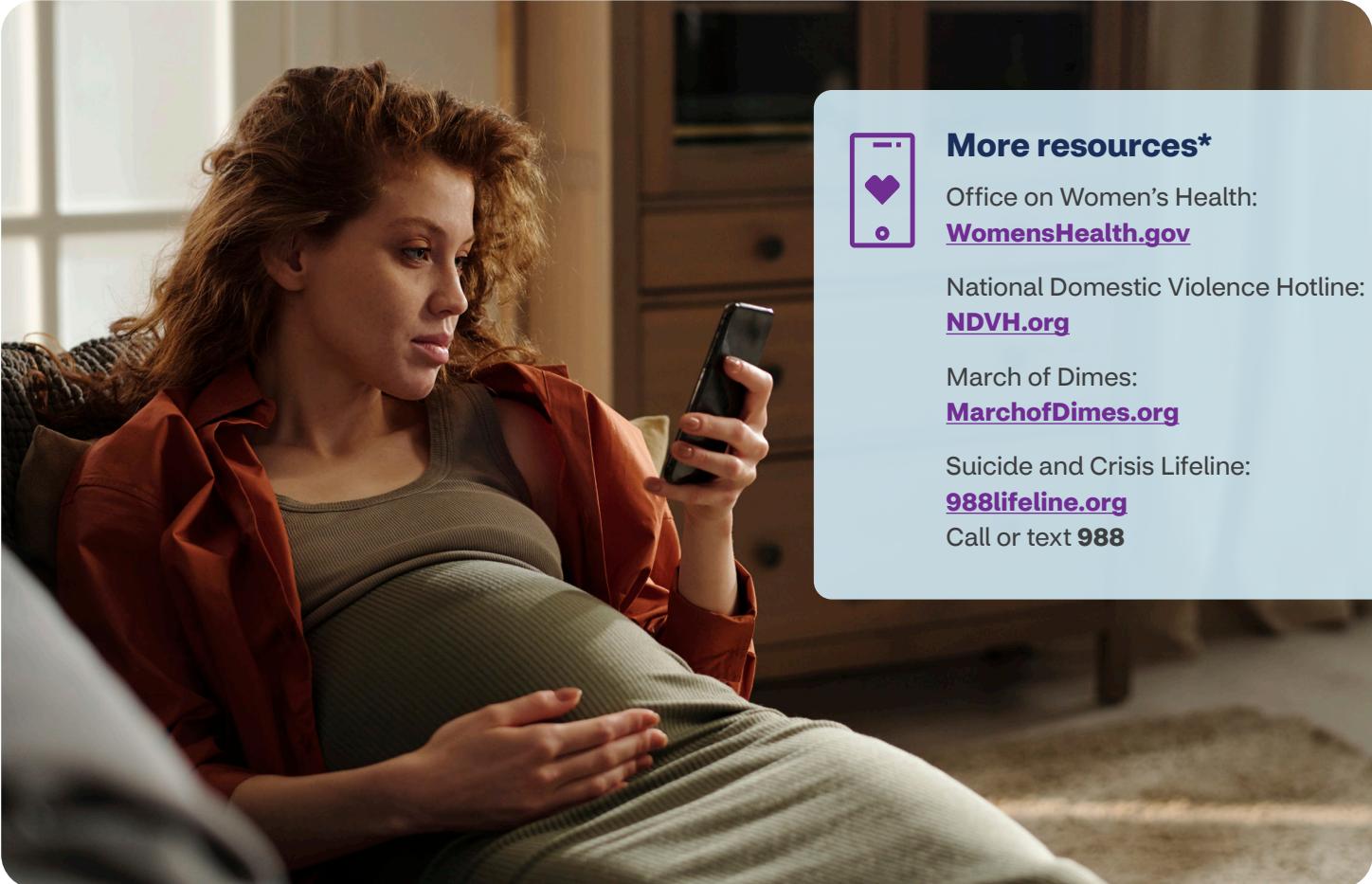


Feeling safe at home

Pregnancy means physical and emotional change for you — and your partner. It can also be a stressful time for some couples and families. Any physical violence or emotional or sexual abuse could threaten your health and your baby. So if your partner is hurting you, or you feel you may hurt them, get help right away.

What you can do if you feel unsafe

- Speak with your health care provider and get help immediately.
- Call the National Domestic Violence Hotline at **1-800-799-SAFE (7233)**.* They'll direct you to resources in your area.
- Visit FuturesWithoutViolence.com*
- Contact a behavioral health specialist by calling the number on your member ID card.



More resources*

Office on Women's Health:
WomensHealth.gov

National Domestic Violence Hotline:
NDVH.org

March of Dimes:
MarchofDimes.org

Suicide and Crisis Lifeline:
988lifeline.org
Call or text 988

*FOR NON-AETNA RESOURCES NOTE: This information is provided for your convenience only. Aetna has no relationship with and doesn't endorse content or information provided by these organizations.



Health conditions

Diabetes

Diabetes occurs when there's too much sugar in the blood. It can cause you to have a large baby. It may also increase the risk of a form of pregnancy-related high blood pressure. This can lead to preeclampsia, a serious medical condition. If you're diagnosed with diabetes during pregnancy, it's important to follow up with your provider after birth to understand how this may affect your health.

Diagnosing and managing both types of diabetes can help you stay healthy:

Pregestational diabetes. Happens before pregnancy

Gestational diabetes. Happens during pregnancy



Both chronic and gestational hypertension can lead to preeclampsia, which can affect your health and your baby's health.

High blood pressure (hypertension)*

High blood pressure often doesn't have any symptoms. That's why it's important to have regular prenatal visits to keep it in check.

Before pregnancy

People who have high blood pressure before pregnancy (or develop it before the 20th week of pregnancy) have "chronic hypertension." This form of it doesn't go away after delivery. If you know you have high blood pressure, check with your health care provider before you get pregnant.

During pregnancy

High blood pressure that starts during pregnancy is "gestational hypertension," which goes away after delivery. Both chronic and gestational hypertension can lead to preeclampsia, which can affect your health and your baby's health.

High-risk factors for preeclampsia include:

- A prior history of preeclampsia
- Chronic high blood pressure
- Diabetes
- Pregnancies with more than one baby
- Kidney disease
- Autoimmune disorders



Talk to your provider if you're at risk for preeclampsia. Taking just one low-dose aspirin a day may significantly lower your risk of developing this disease. Ask if aspirin therapy is the right option for you.

Be sure to report these symptoms to your provider right away:

- Swelling in the hands, feet, ankles and face
- Ongoing headache
- Blurred vision, light flashes, seeing spots, or other changes in vision
- Difficulty breathing
- Pain in the upper abdomen or shoulders
- Nausea or vomiting
- Sudden weight gain

Moderate-risk factors for preeclampsia include:

- Obesity
- Family history
- Being Black or African American
- Over age 35
- In-vitro fertilization pregnancy

*FOR HIGH BLOOD PRESSURE SOURCE: The American College of Obstetricians and Gynecologists. Managing high blood pressure. Last reviewed November 2021. [ACOG.org/womens-health/faqs/managing-high-blood-pressure](https://www.acog.org/womens-health/faqs/managing-high-blood-pressure). Accessed April 30, 2025.



Warning signs during pregnancy



During the first trimester

Call your provider if you have any of these symptoms during your first trimester (weeks 1 to 12):

- Vaginal bleeding
- Change in vaginal discharge
- Pain or burning when you urinate
- Severe vomiting
- Pain or cramps in your pelvis
- Increased pressure in your pelvis
- Very bad or constant headaches



During the second and third trimesters

Call your provider if you experience any of these symptoms during your second or third trimesters (weeks 13 to birth):

- Bleeding or leaking of water (or other fluid) from your vagina
- A tight feeling in your abdomen
- More than four contractions an hour (if you're under 36 weeks)
- Force to the abdomen (due to a fall or to being struck by something or someone)
- Less movement from the baby (fewer than ten movements in two hours) or no movement
- Swelling of your hands or face
- Very bad or constant headaches
- Blurry or double vision, or seeing white flashing lights



Signs of preterm labor*

Going into labor before the 37th week of pregnancy can affect your baby's health.

Call your health care provider right away if your water breaks. Or if you experience:

- Four or more contractions (or tightening) of the uterus in an hour, with or without pain
- Low, dull backache, pressure or pain
- Cramps that feel like your monthly period

- Pressure in your pelvis that feels like the baby is pushing down
- Stomach cramping, with or without diarrhea
- Vaginal discharge (any change, especially if mucus-like, watery or bloody)
- A feeling that "something isn't right"

*FOR SIGNS OF PRETERM LABOR SOURCE: The American College of Obstetricians and Gynecologists. Preterm labor and birth frequently asked questions. Last updated April 2023. Available at: [ACOG.org/womens-health/faqs/preterm-labor-and-birth](https://www.acog.org/womens-health/faqs/preterm-labor-and-birth). Accessed April 30, 2025.



Helpful tips



Know you can still travel

Most people can travel safely until the month before their due date. If you're planning a trip, just check with your provider first to make sure it's OK.



Talk about medicine and vaccines

At your first prenatal visit, bring a list of all prescribed and over-the-counter medicine you take.



Avoid smoking, alcohol and drugs

Everything you eat, drink or smoke during pregnancy reaches your unborn baby. So stop any kind of smoking and avoid drinking alcohol or taking other recreational drugs. Visit [SmokeFree.gov](https://www.smokefree.gov) to learn more.



Stay intimate during pregnancy

For most people, it's safe to continue having sex during pregnancy and it won't harm the baby. But check in with your health care provider about any concerns you have and whether you should avoid sex during the pregnancy.



After the birth: Feeding and bonding with your baby

Know about the benefits of breast milk

Deciding how you will feed your baby is a personal choice. Whatever method you choose, feeding can be a special bonding time between you and your baby.

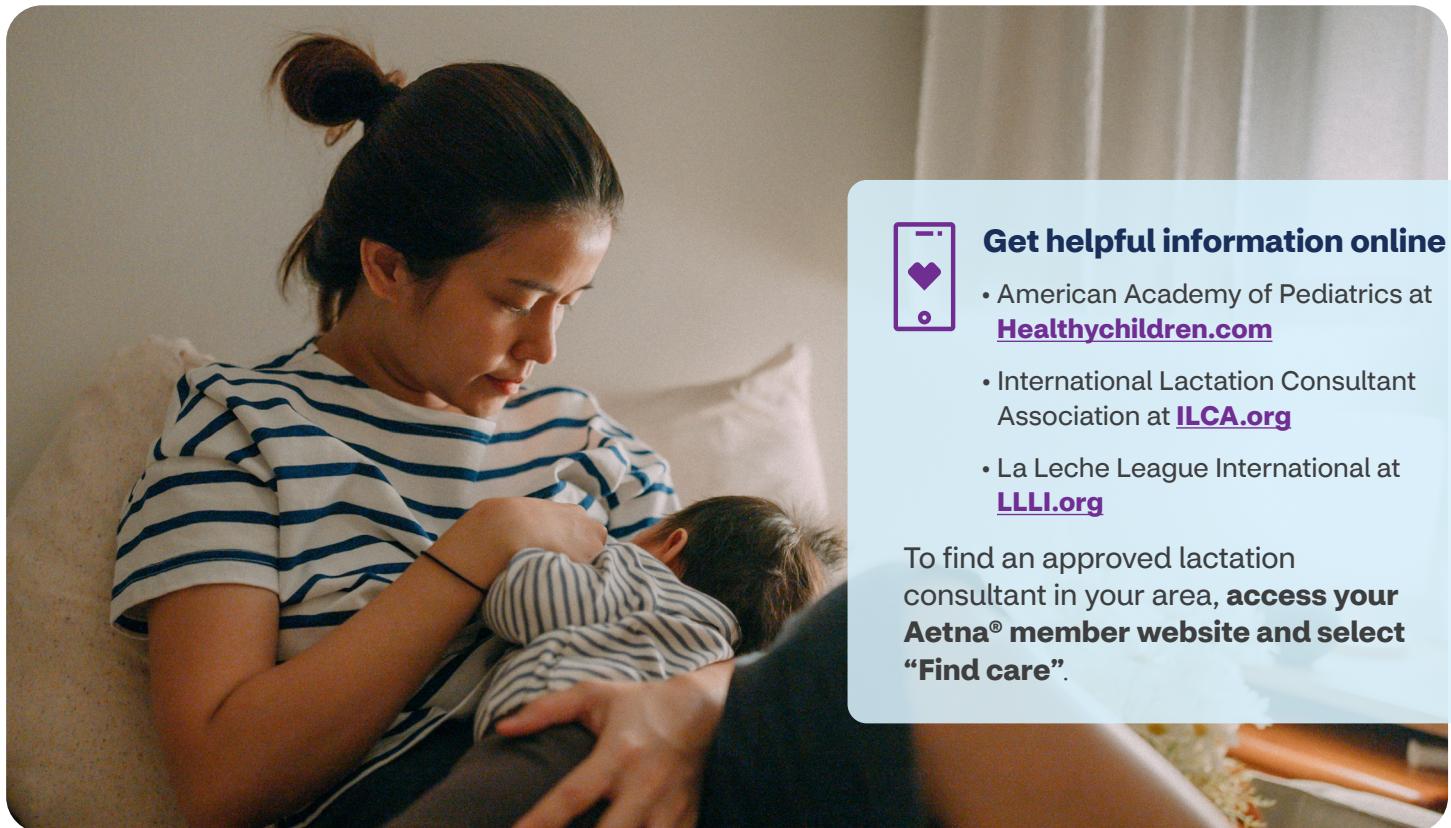
Health and emotional benefits

Giving your baby breast milk has benefits, including less gas and constipation for your baby, less bleeding after delivery and convenience. It can also:

- Strengthen your bond with your baby
- Help the uterus go back to its pre-pregnancy size faster
- Decrease the risk of some cancers
- Save money on formula

Facts that matter

- Breast milk has everything a baby needs in exactly the right amounts.
- It also has antibodies that can help their immune system fight infections.
- Children who were given breast milk as babies get fewer ear infections, lower respiratory infections and urinary tract infections than children who were fed formula.*
- The American Academy of Pediatrics (AAP) recommends that healthy people give their babies breast milk exclusively for about the first six months of life, or the first 12 months, if possible.



Get helpful information online

- American Academy of Pediatrics at [Healthychildren.com](https://www.healthychildren.org)
- International Lactation Consultant Association at [ILCA.org](https://www.ilca.org)
- La Leche League International at [LLLI.org](https://www.llli.org)

To find an approved lactation consultant in your area, **access your Aetna® member website and select “Find care”.**

*FOR BENEFITS VS FORMULA SOURCE: March of Dimes. Breastfeeding is best. April 2019. Available at: [MarchofDimes.com/find-support/topics/parenthood/breastfeeding-best](https://www.marchofdimes.com/find-support/topics/parenthood/breastfeeding-best). Accessed April 30, 2025.





Visit aet.na/breast-pumps for info about pumps and supplies.



Returning to work

If you plan to go back to work, you may want to keep feeding your baby your own milk.

- Before you begin parental leave, find out if there's a lactation policy or benefit in place.
- Pumping can also be a convenient way to feed your baby, especially when you're working outside of your home.

Storing milk

To learn how to properly store milk, visit CDC.gov/breastfeeding/breast-milk-preparation-and-storage/handling-breastmilk.html for details.



Need extra support?



Visit the Human Milk Banking Association of North America at hmbana.org if you're having trouble producing your own milk.



Emotional changes after pregnancy

“Baby blues” and postpartum depression

Giving birth is physically and emotionally demanding. And your body will experience many hormonal changes in the days and weeks after delivery.

These changes can cause sadness or anxiety — “the baby blues.” They’re common and usually go away within a couple of weeks.

But sometimes, these feelings are more severe and don’t go away on their own. You may have postpartum depression (PPD). So talk to your health care provider and seek help and support if you need it.

When to call a professional

If you’re thinking about hurting yourself or your baby, or feel like you can’t care for your baby, get help right away.

Call or text 988 to connect with the 988 Suicide and Crisis Lifeline.

Postpartum Support International

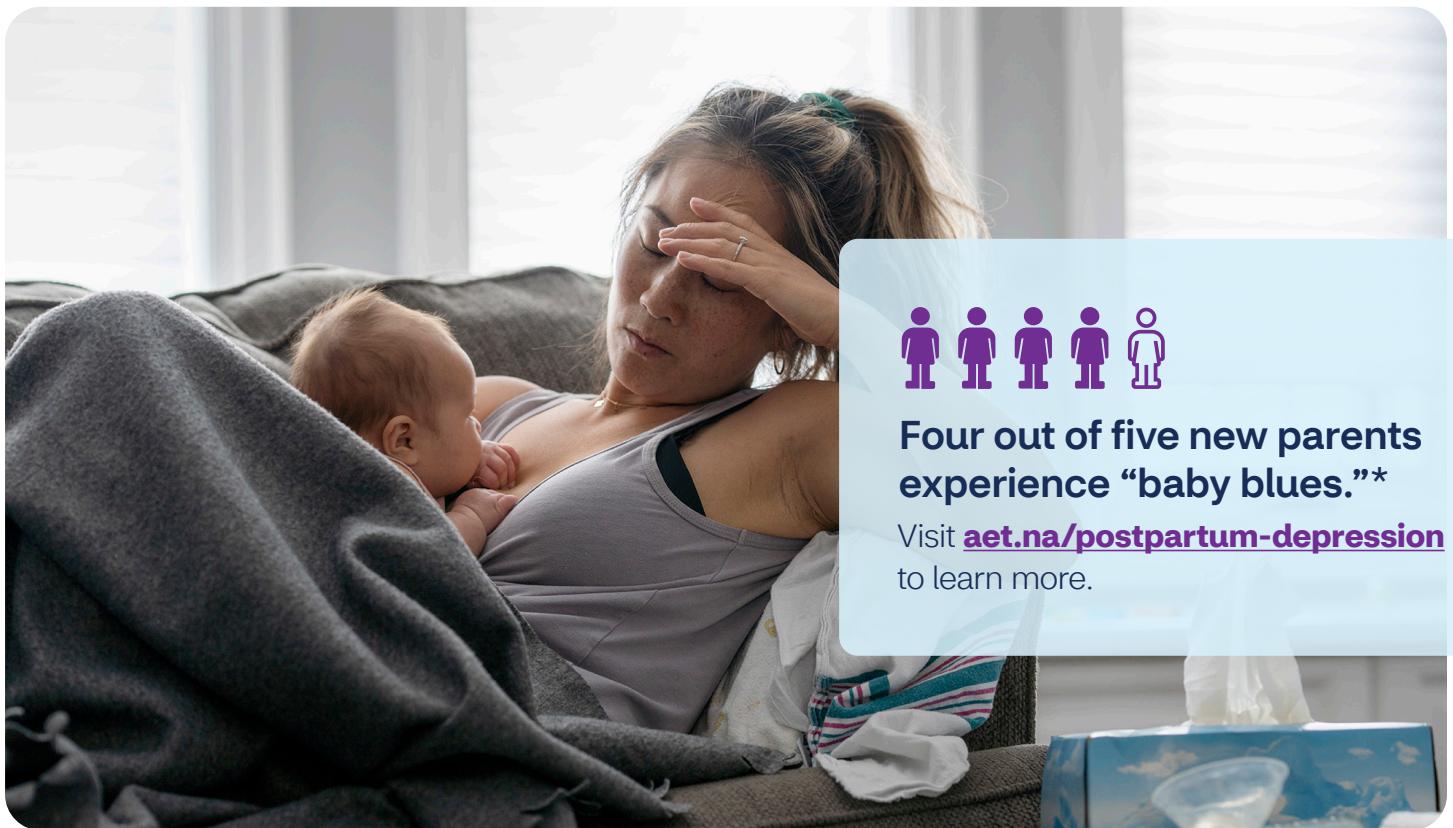
This group provides info, support and links to local resources. And they’re available 24/7.*



Call: **1-800-944-4773**

Text: **1-800-944-4773**

Visit: Postpartum.net



Four out of five new parents experience “baby blues.”**

Visit aet.na/postpartum-depression to learn more.

*FOR POSTPARTUM SUPPORT INTERNATIONAL NOTE: This information is provided for your convenience only. Aetna® has no relationship with Postpartum Support International and does not endorse content or information provided by Postpartum Support International.

*FOR POSTPARTUM STATISTIC SOURCE: March of Dimes. Baby blues after pregnancy. Last reviewed May 2021. Available at: MarchofDimes.org/find-support/topics/postpartum/baby-blues-after-pregnancy. Accessed April 30, 2025.



Preparing your home and family

Useful resources for partners

Partners also need to take good care of themselves during this time. This will help them best support you during your pregnancy and after your baby is born.

So whether it's encouraging you to exercise, cooking a healthy meal or preparing your home, rely on your partner to support you during this time.

Getting your home ready

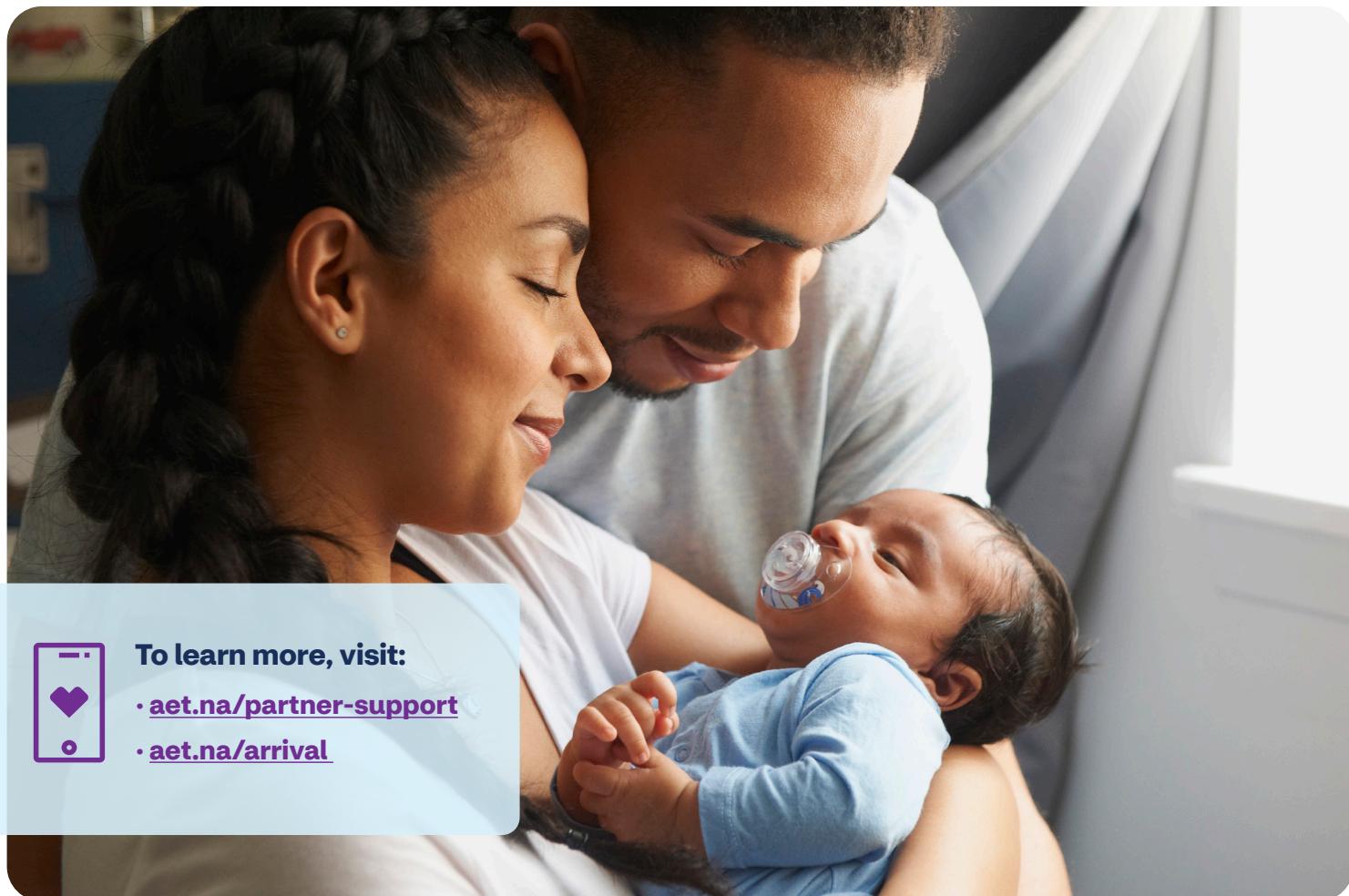
Keep your home safe by:

- Installing smoke and carbon monoxide detectors
- Buying and learning how to use a fire extinguisher
- Planning a fire escape route
- Posting emergency phone numbers
- Making sure your water heater isn't set higher than 120 degrees Fahrenheit

Preparing siblings for a new baby

Help them get ready by:

- Signing up for sibling-preparation classes
- Making time to be alone with them
- Talking about their own birth
- Looking at their baby photos or videos together
- Taking them to your appointments, if appropriate
- Asking them to help decorate the baby's room
- Giving them a special gift from the baby
- Letting them help with feedings and diaper changes



To learn more, visit:

- aet.na/partner-support
- aet.na/arrival



Keeping your baby safe

Make sure your baby has the right equipment by purchasing (or borrowing):

- ✓ **An infant car seat.** Go to SaferCar.gov to learn about car seat installation.
- ✓ **A bathtub made for infants.** Never leave your baby unattended, even in a small amount of water.
- ✓ **A changing table or pad with a safety strap.** Check your local stores or go online to find them.
- ✓ **A crib.** Don't put pillows, comforters, sheepskins, pillow-like bumper pads or stuffed toys in the crib. Put your baby on their back for sleep. Doing this can help prevent sudden infant death syndrome (SIDS).

Protecting your baby as they grow

Baby-proof your home by:

- Securing furniture and cabinets with safety latches, if necessary
- Putting all glass or breakable items out of reach
- Covering corners, sharp furniture edges and electrical outlets
- Using the back burner of your stove and turning the pot handles away from the edge

Enrolling baby in your health plan

Add your baby to your health plan within 31 days of birth. This helps ensure your baby has the right coverage. Before your baby arrives, check with your employer to see when you can make changes to your coverage after a qualifying life event. Be sure to have your spouse/partner check with their employer on their coverage as well. Visit aetna.com/baby-coverage to find out more.

Infant vaccines

Speak with your pediatrician or primary care provider about what vaccines your baby should be getting. In general, babies should get their first dose of hepatitis B vaccine within 24 hours of birth and possibly the RSV vaccine depending on the mother's RSV vaccination status.

Then, when the baby is 2 months old, the CDC recommends several first doses of vaccines for diphtheria, tetanus, and acellular pertussis (DTaP), and inactivated poliovirus (IPV), among others. At 4 months, most of these vaccines are repeated. Further vaccines will be given at 6 months of age. Visit CDC.gov/vaccines for more information.



Learn infant CPR at
aetna.com/baby-cpr

Physical changes postpartum

It will take between 6 weeks and maybe up to 6 months, or a year to feel like yourself. This is normal. Vaginal discharge, hair loss, swelling, hemorrhoids, constipation, tiredness, sweating, and urinary problems are all expected issues after giving birth. Eating a balanced diet, getting plenty of rest and following up with your provider about your concerns can help. Visit MarchofDimes.org/find-support/topics/postpartum for more detailed information.

Midwives and doulas

A **midwife** is a trained medical professional. They provide prenatal care and care during labor and delivery for individuals who have a low risk of birth complications. Midwives can practice as a part of an ob-gyn group or independently, depending on state laws.

A **doula** provides emotional and physical support during pregnancy and childbirth and in the weeks after delivery. They are not licensed medical professionals and they do not deliver babies or provide medical care. They are experienced at coaching individuals on how to advocate for themselves during pregnancy.

Visit our provider search tool on Aetna.com or call Member Services to find providers covered under your health plan benefits.

✓ For more information on doulas and midwives, see aetna.com/doula.

Postpartum follow-up visit

The current recommendations state that all individuals should have an initial postpartum visit with their provider no later than 3 weeks after birth, as well as a full detailed visit within 12 weeks of birth.*

*FOR POSTPARTUM VISIT SOURCE: American College of Obstetrics and Gynecology. What to expect at a postpartum checkup — and why the visit matters. ACOG.org. Last reviewed February 2024. Available at: ACOG.org/womens-health/experts-and-stories/the-latest/what-to-expect-at-a-postpartum-checkup-and-why-the-visit-matters. Accessed April 30, 2025.





**We're here for you
throughout this journey.**

Call us at **1-800-272-3531**
(TTY: 711) weekdays from
8 AM to 7 PM ET.

Or visit **Aetna.com**

Important contacts

Health care provider's name: _____

Phone number: _____

Hospital name: _____

Phone number: _____

Emergency contact: _____

Neighbor: _____

Other: _____

Other: _____

For questions about Aetna® maternity support:

1-800-272-3531 (TTY: 711)

Notes: _____

This message is for informational purposes only, is not medical advice and is not intended to be a substitute or proper medical care provided by a physician. Information is believed to be accurate as of the production date; however, it is subject to change. Refer to **Aetna.com** for more information about Aetna® plans.