The most exciting, rewarding, belly-rubbing, eye-opening year of your life



Your guide to having a healthy pregnancy and a healthy baby

cigna healthcare

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

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

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

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

- A list of online resources, including the **Cigna Healthy Pregnancy®** app
- Guidelines for a healthy pregnancy and baby
- Health information, charts and tools
- Postpartum information to help you during your first few months of parenthood

Once you return home with your baby, life will never be the same. But in a good way. You'll be busier than you ever thought possible.

Questions? Call the number on the back of your ID card.

A healthy baby starts with a healthy you. **Let's get started.**

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Resources

Resources

The Cigna Healthcare℠ maternity program helps you take an active role in your health. Find out more about pregnancy, babies and how to raise a healthy child.

Cigna Healthy Pregnancy app*

The Cigna Healthy Pregnancy app makes it easy to track and learn about your pregnancy. We can help you stay healthy every step of the way.

Use the app to:

- Call a Cigna Healthcare expert or case manager.
- Get breastfeeding and lactation support.
- Keep a list of things to ask your provider, and set reminders.
- Watch videos about your baby's weekly growth.
- Track milestones.
- Learn about topics that matter to you. View library content about depression, pediatrics and more.
- View helpful information on topics like behavioral health and your child's health during the first two years.
- Find support after loss. The Cigna Healthcare maternity team provides certified condolence support nurses who understand the unique support needed for families that are experiencing a loss.
- Add toddlers (age 0–2) to your profile and get content just for them.

Ready to get started?

Download the Cigna Healthy Pregnancy app now from the App Store® or Google Play™.

It's easy to use. Just enter your due date and your **myCigna®** user ID and password.*

GET IT ON Google Play

Download on the App Store

*To register for myCigna, go to myCigna.com.

The Cigna Healthy Pregnancy app is for educational purposes only. Medical advice is not provided. Do not rely on information in this app as a tool for self-diagnosis. Always consult your health care provider for appropriate examinations, treatment, testing and care recommendations. In an emergency, dial 911 or visit the nearest hospital. The downloading and use of the app is subject to the terms and conditions of the app and the online store from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

The Apple logo is a trademark of Apple Inc., registered in the United States and other countries. App Store is a registered service mark of Apple Inc. Google Play is a trademark of Google Inc.

General health

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

Food, nutrition and healthy decision-making

We have support ready to help you connect with a registered dietitian if you're looking for additional support.

- Food and Drug Administration (FDA): **fda.gov**
- Center for Food Safety and Applied Nutrition: **fda.gov/food**
- Choose My Plate: **choosemyplate.gov**
- Dietary Guidelines for Americans 2015–2020: **health.gov/dietaryguidelines/2015**

Breastfeeding and pumping

Pumping breastmilk can help you provide milk for your baby when you are apart. You may also want to use a pump if your baby is struggling to feed at the breast. Once you reach the 28th week of pregnancy, you qualify for a breast pump at no cost. You can choose one that works best for you from our list of providers to the right.

- CDC breastfeeding information: **cdc.gov/breastfeeding**

Network breast pump providers

Please note: This information may change over time.

Provider	Website and phone number
Acelleron	acelleron.com/breast-pumps/cigna 877.932.6327
AdaptHealth	adapthealth.com/breastpumps 844.993.3740
Aeroflow	aeroflowbreastpumps.com/lactation-link-by-aeroflow-breastpumps 844.867.9890
Edgepark	edgepark.com/breast-pumps-and-supplies/breast-pumps/c/L2-237 855.504.2099
Enos Healthy Baby Essentials	breastpumps.com 888.495.7491
Pumping Essentials	pumpingessentials.com 866.688.4203
Yummy Mummy	yummymummystore.com/cigna 855.87.YUMMY

Virtual lactation support

- Lactation consultation services are available to you online and virtually to provide breastfeeding support, answer questions and advise on issues from the comfort of your own home.
- Specialized in-network vendor support is available during pregnancy (third trimester) and throughout postpartum at no cost to you.
- For customers who need support in different languages, live translators are available for more than 200 languages.
- Customers have access to virtual lactation courses and a lactation community for support.
- **Aeroflow** offers virtual group classes 60–90 minutes long and a 24/7 community platform with online courses.

Customers have several options for scheduling their virtual lactation consultation.

Visit your Cigna Healthy Pregnancy app.

- Download the Cigna Healthy Pregnancy app from the Apple Store or Google Play Store, depending on your device.
- Set up an account starting with your **myCigna.com** password.
- Click Resources on the bottom navigation bar.
- Find information and links to schedule a virtual lactation consultation.

Text "Cigna" to 844.694.0020.

- Receive a one-time SMS reply message with a direct link to schedule an appointment.

Contact Aeroflow.

- **Call 888.732.3979.**
  Lactation consultation telehealth appointments are available 10:00 am–9:30 pm ET, seven days a week.
- **Visit aeroflowbreastpumps.com/lactation-link-by-aeroflow-breastpumps.**
  Virtual group classes, access to a community platform and short course work modules are available online.

Visit wildflowerhealth.com/virtualcare.

- Click Get started | Schedule now.
- Complete and submit the online form.
- Lactation consultation telehealth appointments are available 8:00–8:00 pm ET, seven days a week.
- **Wildflower Health** has some face-to-face lactation counseling providers contracted in some states. Please contact them to confirm if there are any in your area.

Specific health resources

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

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Major topics for soon-to-be parents

Prenatal care

Prenatal care describes everything your provider will do for you and your baby before you give birth. It's important to go to every prenatal care visit. Here's a standard schedule for someone with a low-risk pregnancy.

Weeks 4 to 28	One visit per month (every four weeks)
Weeks 28 to 36	Two visits per month (every two to three weeks)
Weeks 28 to 36	One visit per week

If you have a chronic health problem, you may have to see your provider more often.

At each prenatal care visit, your provider will:

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

Have questions or concerns to share with your provider?

- It's a good idea to write them down and bring the list with you so you don't forget. The Cigna Healthy Pregnancy app Q-list feature makes it easy.
- Download the app from the App Store or Google Play now to start your list.

Special tests

Your provider may order the following tests to check the health of your baby as he or she grows. Don't worry. There won't be a written exam.

1st trimester

First-trimester blood tests
Early in your pregnancy, your provider will do a few blood tests to make sure you and your baby are healthy. These can include a "prenatal panel" that tests your blood type, complete blood count, immunity to German measles (rubella) and more. A blood test will check pregnancy-related hormones. You can also expect a nuchal translucency test. This measures the thickness of the area at the back of the baby's neck. (An increase in the thickness can be an early sign of Down syndrome.) The results of these tests, along with your age, will help your provider decide if other tests are needed.

Chorionic villus sampling (CVS)
If you or the baby's father has a family history of certain health problems or birth defects, your provider may suggest this test. A very thin tube is placed in the vagina and through the cervix. Your provider uses an ultrasound to see. Then, a few cells are collected from the edge of the placenta for testing.

Noninvasive prenatal testing (NIPT)
This screening test checks your blood for your baby's DNA. The DNA is checked for certain genetic conditions, like Down syndrome. This test is only for screening. That means it won't diagnose a genetic condition but can help determine the risk. This test is done after nine weeks. If the test finds a possible abnormality, your provider may suggest follow-up testing, such as an amniocentesis, to confirm the results.

2nd trimester

Second-trimester blood tests
Between 15 and 20 weeks, your provider may recommend a quad screen or triple screen. These are extra tests that help decide if there are risk factors that need further review.

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

Complete blood count
A complete blood count (CBC) gives important information about your blood. It shows the kinds and numbers of cells. This includes red blood cells, white blood cells, and platelets.

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

20-week anatomy scan
An ultrasound is generally performed for all pregnant people around 20 weeks. During the test, the doctor confirms that the placenta is healthy and that your baby is growing properly. This is a chance to see the baby's heartbeat. Movement of its body, arms and legs can also be seen on the ultrasound.

The ultrasound will be able to show the:

- Health of your baby
- Presence of one or more babies
- Position of the baby
- Baby's expected weight
- Amount of amniotic fluid around the baby

Special tests (continued)

3rd trimester

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

Hepatitis B
If you test positive for hepatitis B infection, your baby will receive the hepatitis vaccine and hepatitis B immunoglobulin (HBIG) within 12 hours of birth. Immunoglobulin is a substance that fights diseases.

So what's a trimester?		
1st trimester	First day of last menstrual period to 13 weeks and 6 days	***Hello, baby.*** Fertilization and major organ development happen.
2nd trimester	14 weeks and 0 days to 27 weeks and 6 days	***Grow, baby.*** This is a time of rapid growth and development.
3rd trimester	28 weeks and 0 days to 40 weeks and 6 days	***Whoa, baby.*** The fetus weight increases, and organs mature enough to function after birth.

Dental care

See your dentist early to make sure you're in good dental health, right from the start. Follow all your dentist's recommendations. Don't be surprised if he or she recommends more-frequent cleanings during your pregnancy.

A healthier you

To learn more about the importance of good oral health, visit **Cigna.com/dental**. There, you'll find information about the Cigna Dental Oral Health Integration Program®, available to people who are enrolled in a Cigna Healthcare dental plan. This program provides additional preventive visits during pregnancy.

Nutrition

What to eat when you're expecting

Eating healthy foods is one of the most important things you can do for yourself and for the development of your baby. Here's a short list of what you should eat and why.

- **Folic acid.** You should consume at least 400 (mcg) micrograms a day before pregnancy and 600 mcg a day during pregnancy. Taking folic acid before and during early pregnancy may help prevent birth defects of the brain and spine. Beans (lentil, pinto or black), green vegetables, orange juice, and whole and enriched grains are all good sources of folic acid.
- **Calcium.** During pregnancy, you should aim for 1,000 milligrams (mg) of calcium every day. Dairy products are the best source of calcium, but small amounts can also be found in leafy greens, canned fish with bones (such as anchovies or sardines), fortified orange juice and almonds.
- **Iron.** You need 27 mg every day. Meats are your best source of iron. Smaller amounts are found in cooked dry beans, leafy greens, and whole and enriched grains.

March of Dimes. "Eating healthy during pregnancy." Last reviewed April 2020. https://www.marchofdimes.org/find-support/topics/pregnancy/eating-healthy-during-pregnancy

Food safety

Here are some suggested foods to avoid.

- **Swordfish, shark, king mackerel and tilefish** (also called golden or white snapper) can contain potentially high levels of mercury.
- **Raw fish, especially shellfish.**
- **Undercooked meat, poultry, deli meat and hot dogs.** Cook all meat, poultry and seafood thoroughly to kill bacteria.
- **Refrigerated patés, meat spreads and smoked seafood,** unless they have been cooked thoroughly. Canned versions are usually safe.
- **Unpasteurized milk** and any foods made from it.
- **Unpasteurized juices.**
- **Alcohol.**
- **Non-food items like clay, starch and coffee grounds.** If you crave anything that is not food, let your provider know right away.

March of Dimes. "Foods to avoid or limit during pregnancy." Last reviewed March 2020. https://www.marchofdimes.org/find-support/topics/pregnancy/foods-to-avoid-or-limit-during-pregnancy

Vaccinations during pregnancy

Vaccines are recommended during pregnancy to protect against serious illnesses. Common vaccines given in pregnancy include the flu, Tdap (Tetanus, Diphtheria, Pertussis), COVID-19, and RSV (respiratory syncytial virus). These can keep you healthy and help protect your baby after birth. Talk to your provider about what vaccines are right for you.

Vitamins and supplements

Even on our best days, most of us don't eat a well-rounded diet. Prenatal vitamins help make sure you're getting all the nutrients you need to support your baby. Critical vitamins and minerals when you're pregnant include folic acid (a B vitamin), iron, zinc, iodine, vitamin A, vitamin D, DHA and calcium.

To avoid potential harm to your baby, always tell your provider if you're taking vitamins or supplements not prescribed by them. The same goes for over-the-counter (OTC) medications, including allergy pills, and prescription drugs.

March of Dimes. "Vitamins and other nutrients during pregnancy." Last reviewed September 2020. https://www.marchofdimes.org/find-support/topics/pregnancy/vitamins-and-other-nutrients-during-pregnancy

Centers for Disease Control and Prevention (CDC). "Medicine and Pregnancy." May 15, 2024. https://www.cdc.gov/medicine-and-pregnancy/about/index.html

Weight gain in pregnancy

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

Here's the lowdown on how much you should aim to gain.	
If your weight is **normal** before pregnancy	**25 to 35 pounds**
If you're **overweight** before pregnancy	**15 to 25 pounds**
If you're **underweight** before pregnancy	**28 to 40 pounds**
If you have a **multiple pregnancy** (twins, triplets or more)	Discuss your weight gain with your provider.

WebMD. "Gain Weight Safely During Your Pregnancy." May 27, 2024. https://www.webmd.com/baby/healthy-weight-gain

Exercise

Exercise plays an important role in avoiding gestational diabetes. Plus, it can help build up stamina for labor and delivery, which may last for eight hours or (gulp) longer. Be sure to check in with your provider for all the exercise dos and don'ts before you jump in.

Whatever you do, move.

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

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

American College of Obstetricians and Gynecologists (ACOG). "Exercise During Pregnancy: Frequently Asked Questions." Last updated September 2024. https://www.acog.org/womens-health/faqs/exercise-during-pregnancy

Smoking

No ifs, ands or butts about it: No smoking allowed when you're pregnant, including e-cigarettes (vaping) and nicotine pouches. When you smoke, your baby receives less oxygen. This can cause him or her to grow more slowly and gain less weight in the womb. Smoking during pregnancy has also been linked to preterm labor and other pregnancy complications. Even if you don't smoke, it's important to avoid people who do.

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

For advice on how to quit, talk with your provider. You may also qualify for a Cigna Healthcare tobacco cessation program. Call the number on the back of your ID card to find out.

CDC. "Smoking, Pregnancy, and Babies." Last reviewed October 2023. https://www.cdc.gov/tobacco/campaign/tips/diseases/pregnancy.html

Alcohol

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

CDC. "About Alcohol Use and Pregnancy." May 15, 2024. https://www.cdc.gov/alcohol-pregnancy/about/index.html

Street drugs

Street drugs are against the law to have or use. They're also called illegal or illicit drugs. They include cocaine, ecstasy, heroin and prescription drugs that are abused. These drugs can cause harm to a baby in the womb and have lasting effects after birth, such as serious birth defects.

Street drugs can cause problems for you, including:

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

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

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

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

Stress

If you're feeling stressed, you're not alone. You're going through a lot of changes. There's a lot to remember and plan for. We're here to tell you that the stress you're feeling is perfectly natural. But, if you're feeling overwhelmingly sad or anxious, don't ignore your feelings and hope they'll go away on their own. Practice being the great parent we know you'll be by taking care of yourself—and call your provider right away if you feel you need support.

What's keeping you up at night?

Common stress triggers

- Changes in your body and the discomforts of pregnancy
- Changes in your hormones that can cause your mood to change
- Feeling worried about what to expect during labor and how to take care of your baby
- Changes in your relationships
- Your career and finances
- A lack of support from family and friends
- Life changes from an unplanned pregnancy
- Uncertainty about the pregnancy and how it will change your daily life
- Worry about how your other children will react
- A history of depression or anxiety
- Stress about systemic racism that impacts health outcomes
- Physical stress, such as morning sickness, back pain, urinary tract infections, chronic illnesses
- Life events, including death of a loved one, previous miscarriage, change of job or home

How can you reduce stress during pregnancy?

- Know that the discomforts of pregnancy are only temporary.
- Stay healthy and exercise.
- Cut back on activities you don't need to do. For example, ask your partner to help with chores around the house.
- Try activities to help you relax. These might include prenatal yoga or meditation.
- Take a childbirth class so you know what to expect during pregnancy and when your baby arrives.
- If you're working, plan ahead to help you get ready for your time away from work.
- Consult a social worker for financial help or other home needs.
- Lean on your support network. This may include your partner, family or friends. You can also ask your provider about community resources that may be helpful.
- If you think you may have depression or anxiety, talk with your provider right away. Getting treatment early is important for your health and your baby's health.
- Ask for help from people you trust. Accept help when they offer.

Depression

For some soon-to-be mothers, pregnancy can cause behavioral health challenges. Some pregnant people have depression and anxiety for the first time in their life during pregnancy or after delivery. It affects about 1 in 10 pregnant people.

The signs of depression can seem like the normal ups and downs of pregnancy. A blue mood now and then is normal. But it's important to know what to watch for.

Talk with your obstetrician-gynecologist (OB-GYN) if you have any of these signs for at least two weeks:

- Depressed mood most of the day, nearly every day
- Loss of interest in work or other activities
- Feeling guilty, hopeless or worthless
- Sleeping more than normal or having trouble sleeping
- Loss of appetite, weight loss or overeating and weight gaint
- Feeling very tired or without energy
- Trouble paying attention, concentrating or making decisions
- Restlessness or a slowing down in a waythat others notice
- Thoughts of death or suicide (see next page)

Depression (continued)

Treatment

Treatment of depression may include psychotherapy (talk therapy), antidepressant medication or a mix of both. Support from your partner, family and friends can also be helpful. Your loved ones may be able to see if your depression is getting worse before you notice it yourself.

Many people also find that self-care can be helpful. This might include sleep, healthy eating and light exercise. Social support can also help with recovery. **Postpartum Support International** (postpartum.net) offers online support group meetings and referrals to mental health experts. They can help you find care during and after pregnancy. Refer to the resources section for more ways to get help.

Antidepressants during pregnancy

Antidepressants are medications that work to balance the chemicals in the brain that affect your moods. There are many types of antidepressants. If one type doesn't work for you, your provider can prescribe another. It often takes at least three to four weeks of taking the medication before you start to feel better.

Untreated depression can be harmful to you and your baby. The risks of untreated depression should be weighed against the risks of the medication.

Studies suggest that some medications don't increase the risk of birth defects. You and your provider can talk about which medication is best for you and your baby.

Important resources: death and suicide

Thinking about death or suicide is a sign of depression. If you are in crisis or feel like you want to harm yourself or others, **call 988 right away**. 988 is the Suicide & Crisis Lifeline, which offers free support and resources. Refer to the Resources section for other options, such as online support groups.

Preterm labor

A typical pregnancy lasts about 40 weeks. Preterm labor is labor that starts before 37 weeks of pregnancy. Experiencing preterm contractions doesn't automatically mean that you will have a preterm birth. But preterm labor needs medical attention right away.

In some cases, preterm labor stops on its own. If it doesn't stop, treatments may be given to try to delay birth. In some cases, these treatments may reduce the risk of complications if the baby is born.

If you are at risk of preterm birth, **talk with your OB-GYN** about treatments that may help prevent it. Treatments may include:

- **Vaginal progesterone** – This may be given if you have a short cervix. This is diagnosed by ultrasound before 24 weeks of pregnancy. Vaginal progesterone is a gel or suppository that you place in your vagina every day until 37 weeks, unless delivery happens sooner.
- **Cerclage** – If you have a short cervix and have had a preterm birth before, a procedure called cerclage may be done. With a cerclage, the cervix is closed with one or more stitches.
- **Preterm labor contractions** – These can lead to changes in the cervix. The changes include effacement (thinning of the cervix) and dilation (opening of the cervix). Signs and symptoms include:
  - Mild abdominal cramps, with or without diarrhea
  - A change in type of vaginal discharge: watery, bloody or with mucus
  - An increase in the amount of discharge
  - Pelvic or lower abdominal pressure
  - A constant low, dull backache
  - Regular or frequent contractions or uterine tightening, often painless
  - Ruptured membranes (your water breaks with a gush or a trickle of fluid)

If you have any signs or symptoms of preterm labor, don't wait. Call your provider right away or go to the hospital.

ACOG. "Preterm Labor and Birth: Frequently Asked Questions." Last updated April 2023. https://www.acog.org/womens-health/faqs/preterm-labor-and-birth

Preeclampsia

Some people have high blood pressure before they get pregnant. Others develop it for the first time during pregnancy. A serious high blood pressure disorder called preeclampsia can happen during pregnancy or soon after childbirth.

Preeclampsia can affect all the organs in your body and cause problems for you and your baby. It most often develops after 20 weeks of pregnancy and often in the third trimester. It can also develop in the weeks after childbirth.

Prevention

You should find out whether you have risk factors for preeclampsia and take steps to address them.

Low-dose aspirin may lower the risk of preeclampsia. Your provider may recommend that you take low-dose aspirin if you are at high risk. Don't start taking aspirin on your own without talking with your provider. Preeclampsia can develop quietly without you being aware of it.

Symptoms can include:

- Swelling of face or hands
- A headache that won't go away
- Seeing spots or changes in eyesight
- Pain in the upper abdomen or shoulder
- Nausea and vomiting (in the second half of pregnancy)
- Sudden weight gain
- Trouble breathing

If you have any of these symptoms, especially in the second half of pregnancy, call your OB-GYN right away.

Warning signs

A person with preeclampsia whose condition is worsening will develop "severe features." Severe features include:

- Low number of platelets in the blood
- Abnormal kidney or liver function
- Pain in the upper abdomen
- Changes in vision
- Fluid in the lungs
- Severe headache
- Systolic blood pressure of 160 mm Hg or higher or diastolic blood pressure of 110 mm Hg or higher

Treatment

Gestational hypertension or preeclampsia without severe features may be treated in a hospital or at home. You'll be closely monitored. You may need to keep track of your fetus's movement by doing a daily kick count. You may also need to measure your blood pressure at home. Visits to your OB-GYN may be once or twice a week.

If you have preeclampsia with severe features, you may be treated in the hospital. If you are at least 34 weeks pregnant, you and your provider may talk about having your baby as soon as your condition is stable.

If you are less than 34 weeks pregnant and your condition is stable, it may be possible to wait to deliver your baby. Delaying delivery for just a few days may be helpful in some cases. It allows time to give medicine like corticosteroids, which can help the lungs mature. If your health worsens, immediate delivery may be necessary.

Although gestational hypertension usually goes away after childbirth, it may increase your risk of high blood pressure in the future. Keep this risk in mind as you take care of your health, and get your blood pressure checked each year.

ACOG. "Preeclampsia and High Blood Pressure During Pregnancy: FAQ." Last reviewed April 2023. https://www.acog.org/womens-health/faqs/preeclampsia-and-high-blood-pressure-during-pregnancy

Gestational diabetes

Gestational diabetes causes high blood sugar levels during pregnancy. It affects pregnant people who have never been diagnosed with diabetes.

Managing gestational diabetes can help make sure you have a healthy pregnancy and a healthy baby.

Gestational diabetes often doesn't have any symptoms. If you do have symptoms, they may be mild, such as being thirstier than normal or having to urinate more often. You'll need to be tested to know for sure if you have gestational diabetes

Your doctor will give you a glucose tolerance test. For the test, you'll drink 50 grams of glucose in a sweet drink, which will raise your blood sugar. An hour later, you'll take a blood glucose test to see how your body handles the sugar. If the results show that your blood sugar is higher than a certain level, you'll need a follow-up test. This is called a three-hour oral glucose tolerance test.

This test is usually done between weeks 24 and 28. If you are at high risk, your doctor may test you earlier in your pregnancy.

If you have gestational diabetes, you'll need treatment as soon as possible to keep yourself and your baby healthy during your pregnancy and delivery.

Your doctor will ask you to:

- Check your blood sugar levels four or more times per day.
- Check your urine for ketones. These are chemicals that mean that your diabetes isn't under control.
- Eat healthy foods.
- Make exercise a habit. Try to get 30 minutes of moderate-intensity activity at least five days each week. Talk to your provider about activities that are safe during pregnancy, like walking. If your levels aren't managed with diet and exercise, you may be prescribed medication to help manage your sugar levels.

If your gestational diabetes isn't controlled, it may lead to complications, such as:

- A larger-than-normal baby, which can increase the need for a C-section
- High blood pressure or preeclampsia
- Preterm birth
- Perinatal depression
- A baby who is more likely to have breathing issues, jaundice, low blood sugar after birth, and diabetes and/or obesity later in life

Gestational diabetes increases your risk of type 2 diabetes later in life. But it's not a guarantee. You can take action to prevent that.

Your blood sugar levels will likely return to normal about six weeks after giving birth. Your doctor will do follow-up testing.

Key AP. "Gestational Diabetes." WebMD. March 29, 2024. https://www.webmd.com/diabetes/gestational-diabetes

Labor and delivery

It's been a long wait, but the day is finally here. So, how do you know if you are really in labor? Start timing your contractions. If they're coming regularly, it's time to grab your hospital bag and head to the hospital.

Call your provider when:

- Your contractions are between 5 and 10 minutes apart
- Contractions are strong and regular; they will last 30 to 70 seconds, and, typically, you can't talk or walk during them
- You feel pain in your belly or back that doesn't go away when you move or change positions
- Your water breaks, especially if the fluid is a dark, greenish-brown color
- You experience vaginal bleeding
- You have concerns about your health or the health of your baby

March of Dimes. "Contractions and Signs of Labor." 2024. https://www.marchofdimes.org/find-support/topics/birth/contractions-and-signs-labor

Pain management

Everyone reacts to the pain of labor and delivery in different ways. Even if you've been through it before, each labor is unique. For some, contractions may seem like strong menstrual cramps. For others, the pain may be more intense and more difficult.

Your pain sensitivity, the size and position of your baby, and the strength of your contractions all affect the amount of pain you feel.

Learn about your pain management options now so you'll be prepared for the big day.

What are my options?

Some people want to experience childbirth medication-free. Others would rather have their pain controlled. It's best to talk to your doctor about your preferences. Realize there are times when the plan may need to change for the health and safety of you and your baby.

Nonmedical pain relief approaches can be used alone or in addition to medications. Here are some ways to ease the pain you may feel during labor.

Medications

These may include:

- **IV medicines**
  Examples include fentanyl and hydroxyzine. These are used to help ease anxiety and partly relieve pain. They usually aren't used when you are close to delivery because they can affect a newborn's breathing.
- **Epidural pain relief**
  This is an ongoing source of pain medicine injected near the spinal cord. It partially numbs the belly and lower body so you can still push the baby out of the birth canal.
- **Pudendal block**
  This is a shot of pain medicine to numb the vagina and perineum, the area below the vagina. It can help relieve pain from the second stage of labor (pushing). It works quickly and usually doesn't affect the baby. This can also be used when an incision is made to widen the vaginal opening for birth (episiotomy).

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

- **Local anesthesia**
  This is an injection of numbing pain medication into the skin. It's done before an epidural or an episiotomy.
- **Spinal block**
  This is an injection of pain medication into the spinal fluid. It quickly and fully numbs the pelvic area for assisted births, such as a delivery with forceps or a cesarean delivery (C-section). No pushing is possible with a spinal block.
- **General anesthesia**
  This inhaled or IV medication makes you go to sleep. It has more risks but takes effect much faster than an epidural or spinal anesthesia. This is only used for some emergencies that call for a rapid delivery, like when an epidural catheter has not been placed ahead of time.

ACOG. "Medications for Pain Relief During Labor and Delivery: Frequently Asked Questions." Last updated December 2022. https://www.acog.org/womens-health/faqs/medications-for-pain-relief-during-labor-and-delivery

C-section

More than one in five births is done by C-section. This number continues to rise. Experts worry that C-sections are being done more often than needed. Why the worry? Because even though most moms and babies do well after C-sections, surgery has more risks than a vaginal delivery.

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

C-section risks

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

Based off these risks, the American College of Obstetricians and Gynecologists (ACOG) recommends that planned C-sections be done:

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

Medical reasons for planned C-section

- Health problems for mom, such as a heart condition
- Baby isn't in a head-down position for delivery (breech)
- Risk of uterus tearing due to scars from past surgeries
- Infections, such as genital herpes, that could be spread to the baby
- Pregnant with twins or more
- Baby weighs 9 to 10 pounds or more

What you can do to prepare for your C-section:

- [ ] Ask your provider about what to expect. Learn about different kinds of anesthesia.
- [ ] Get help at home. Ask friends or family to be there after your baby is born to help with the baby, other children and household tasks.
- [ ] Ask if your partner can be with you in the operating room.
- [ ] If you want to watch your baby's birth, tell your provider and the nurses at the hospital.
- [ ] Tell your provider and nurses that you want to hold the baby right after birth. This should be okay unless your baby needs medical attention. You can breastfeed right after birth too.

What's recovery like after a C-section?

It usually takes longer to recover from a C-section than a vaginal birth. You can expect to stay two to four days in the hospital. Full recovery usually takes four to six weeks.

Here's what you can do to feel better faster:

- Talk to your provider about pain medicine that is safe.
- If your provider says it's okay, get out of bed and walk around within 24 hours after surgery. This can help you have a bowel movement and prevent blood clots.
- Call your provider if you have a fever. Let them know if your incision swells, is painful or gets very red. These could be signs of an infection.
- To prevent infection, don't have sex or put anything (including tampons) in your vagina for a few weeks after your C-section. Ask your provider when it's safe to do these things again.
- Avoid hard activities, like lifting heavy things, for a few weeks. Try to sleep when your baby does.

Feeding your baby

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

Benefits of breast milk for baby

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

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

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

Benefits of breastfeeding for you

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

Is your baby getting enough milk?

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

Your baby is getting enough milk if the baby is:

- Gaining weight. Your baby's provider checks your baby's weight at each well-baby visit. You can track your baby's weight too.
- Making two to three wet diapers each day in the first few days after birth and six to eight wet diapers four to five days after birth.

Signs that your baby may not be getting enough breast milk include:

- The baby breastfeeds for very short or very long stretches of time.
- Baby is still hungry after breastfeeding.
- Baby is not gaining weight.
- Baby is not swallowing.

Feeding your baby (continued)

You can use a breastfeeding log to track:

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

The Cigna Healthy Pregnancy app has a tool to help you track your baby's feedings.

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

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

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

ACOG. "Breastfeeding Your Baby: Frequently Asked Questions." Last updated July 2023. https://www.acog.org/womens-health/faqs/breastfeeding-your-baby

Most Cigna Healthcare medical plans include coverage for a breast pump at no additional cost.

- See **page 5** for a list of breast pump providers and contact information.
- You can also virtually connect with an International Board Certified Lactation Consultant (IBCLC) during or after pregnancy at no cost. See **page 6** for more information.

Formula feeding

Infant formulas can provide excellent nutrition, but take time to do a little research to find the best formula for your baby. Newborns eat about two to three ounces of formula every three to four hours.

Feeding cues are ways that your baby tells you that they are hungry. Feeding cues include:

- Rooting. This is when your baby turns their head toward anything that touches their cheek or mouth.
- Sucking movements or sounds
- Putting their hand to their mouth
- Crying

Signs that your baby is full include:

- Starting and stopping feeding
- Spitting out the bottle
- Slowing down or fallling asleep
- Getting distracted easily
- Closing mouth or turning head away

Finding the right formula

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

Feeding your baby (continued)

Using formula and bottles safely

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

HealthyChildren.org. "Formula Feeding." American Academy of Pediatrics. Last accessed December 3, 2024. https://www.healthychildren.org/English/ages-stages/baby/formula-feeding

Postpartum concerns

Now that you've given birth, there are some things you need to know about caring for yourself and your baby in the days, weeks and months that follow.

Healing takes time.

If you delivered vaginally, your provider may have performed an episiotomy. This is a cut in your perineum (the area between the vagina and anus). It may have been done to help you deliver the baby or prevent your muscles and skin from tearing. After you gave birth, this cut was stitched up right away. If you had a C-section, there's a cut across your lower abdomen. Either way, you're likely feeling some pain and bleeding. Pay close attention to your body. **Be sure to give it the care and rest it needs to heal.**

Vaginal birth medical concerns

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

Call your provider if:

- You use a new pad for vaginal bleeding every hour for four or five hours.
- Your bleeding seems to be getting heavier or is still bright red four days after delivery. Or if you pass blood clots larger than the size of a golf ball.
- You feel dizzy.
- Your vaginal discharge smells bad or fishy.
- Your abdomen feels tender.

Postpartum concerns (continued)

C-section medical concerns

Call your provider if:

- You use a new pad for vaginal bleeding every hour for four to five hours. (If you had a vaginal birth in the past, you may notice that the bleeding is lighter.)
- Your bleeding seems to be getting heavier, the blood is still bright red four days after delivery or you pass blood clots larger than the size of a golf ball. You may also have lower abdominal pain.
- Your incision gapes open or starts bleeding.
- You feel dizzy.
- Your vaginal discharge smells bad or fishy.
- Your belly feels tender or full and hard.
- You feel shoulder pain for days after a C-section. This is called referred pain. It's caused by trauma to your abdominal muscles during the delivery. It goes away on its own during recovery.

Common signs of complications

- Nausea and vomiting
- Strange pain that's not relieved by the recommended dose of your pain medication
- Temperature over 100°F (37.78°C)
- Not able to urinate
- Surgical incision opening up or stitches coming out
- Red streaks or pus-like drainage from your incision

Call your doctor if you have an unexpected symptom or problem.

Other warning signs after having a baby

Why postpartum care is important

All new parents need postpartum care. Even if you're feeling fine, go to all your check-ups. Your doctor can make sure you're recovering well from labor and delivery. New moms are at risk of serious, and sometimes life-threatening, complications after giving birth. So it's important to get checked out. Too many people die from health problems that could have been prevented by getting the right care.

Signs and symptoms of infection

- **Fever over 100.4°F.** Fever means your body is trying to kill the virus or bacteria that caused an infection.
- **Discharge, pain or redness around an incision site** that doesn't go away or gets worse. This includes a C-section cut, episiotomy or perineal tear.
- **Pain or burning when you urinate or going to the bathroom more often.** Also watch out for pain in your lower back or side. You may have a urinary tract infection (UTI), a bladder infection (cystitis) or a kidney infection (pyelonephritis).
- **Red streaks or new, painful lumps in your breasts.** You may have a breast infection called mastitis. This can happen when you have a plugged duct. It might also happen if you miss or delay breastfeeding or your breasts become engorged (swollen and full of milk).
- **Severe pain in your lower belly.** You may have endometritis. This is inflammation (redness or swelling) in the lining of the uterus.
- **Vaginal discharge with an odor.** You may have endometritis or an infection called bacterial vaginosis (also called BV). BV happens when there's too much of a certain bacteria in the vagina.

Signs and symptoms of serious health issues

- **Bleeding that's heavier than a normal period or that gets worse over time.** You may have postpartum hemorrhage (also called PPH). PPH is heavy bleeding after giving birth. It's a serious but rare condition that can happen up to 12 weeks after having a baby.
- **Pain, swelling, redness, warmth or tenderness in your legs, especially your calves.** You may have deep vein thrombosis (also called DVT). This happens when a blood clot forms deep in the body, usually in the lower leg or thigh.
- **Vision changes, severe headache, pain in the upper right abdomen or shoulder, trouble breathing, sudden weight gain, or swelling in the legs, hands or face.** These can be signs of postpartum preeclampsia. This is a serious condition that can develop after giving birth. It causes high blood pressure and is a sign that some organs may not be working normally.
- **Chest pain, coughing or gasping for air.** You may have a pulmonary embolism (also called PE). This is when a blood clot moves from where it originally formed to a lung. PE is an emergency that needs immediate attention.

Postpartum concerns (continued)

Signs and symptoms of serious health issues

- **Feeling sad or hopeless for more than 10 days after giving birth.** You may have postpartum depression (also called PPD). This is a form of depression that can develop after having a baby. PPD causes strong feelings of sadness, anxiety or worry, and fatigue, and it can cause harmful thoughts. It can make it hard for you to take care of yourself and your baby. PPD needs treatment to get better, so talk to your doctor right away.
- **Feeling sick to your stomach or throwing up.** You may have primary pulmonary hypertension or cardiovascular disease (also called heart disease). Heart disease affects the heart and blood vessels. If not treated, it can lead to a heart attack or stroke.

If you think your life is in danger, call 911 or go to the emergency room.

March of Dimes. "Warning signs of postpartum health problems." Last reviewed December 2023. https://www.marchofdimes.org/find-support/topics/postpartum/warning-signs-postpartum-health-problems

Newborn care and what to expect

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

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

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

Nurturing your baby's development and safety

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

Here are some things you can do to help your baby during this time.

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

Nurturing your baby's development and safety (continued)

Keeping your baby safe at home and on the go

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

- Do not shake your baby—ever! Babies have very weak neck muscles that are not yet able to support their heads. If you shake your baby, you can damage his/her brain or even cause death.
- Make sure you always put your baby to sleep on his/her back to prevent SIDS.
- Protect your baby and family from secondhand smoke. Do not allow anyone to smoke in your home.
- Place your baby in a rear-facing car seat in the back seat when riding in a car.
- Prevent your baby from choking by cutting food into small bites. Also, don't let him/her play with small toys and other things that might be easy to swallow.
- Don't allow your baby to play with anything that might cover his/her face.
- Never carry hot liquids or foods near your baby or while holding him/her.
- Vaccines (shots) are important to protect your child's health and safety. Because children can get serious diseases, it is important that your child get the right shots at the right time. Talk with your child's doctor to make sure that your child is up to date on vaccinations.

CDC. "Positive Parenting Tips." May 15, 2024. https://www.cdc.gov/child-development/positive-parenting-tips/index.html

When to call the pediatrician

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

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

Keep this information close at hand with the diaper tracker tool in the the Cigna Healthy Pregnancy app.

- Download the app from the App Store or Google Play now.
- Then, enter your due date, **myCigna®** user ID and password to get started.*

* To register for myCigna, go to myCigna.com.

Baby blues, postpartum depression and postpartum anxiety

Postpartum blues and depression

Pregnancy and parenting are filled with emotions. There's a lot to remember. Who wouldn't be overwhelmed? In this section, we'll talk about postpartum blues and postpartum depression. We'll outline the differences and where to seek help.

Baby blues

What are the baby blues?

Most people experience baby blues two to three days after the baby is born, which is a feeling of sadness during that time. This can last up to two weeks but usually goes away on its own. If you have sad feelings that last longer than two weeks, discuss this with your provider so they can support you.

What are the symptoms?

- Mild stress
- Minimal depression

Here are some things you can do to feel better:

- **Get as much sleep as you can.**
- **Ask for help from your partner, family and friends.** Tell them exactly what they can do for you, such as going food shopping or watching the baby while you shower or sleep.
- **Take time for yourself.** Ask someone you trust to watch your baby so you can get out of the house. Getting some sunshine can help too.
- **Try to connect with other new parents.** A support group may be helpful.
- **Don't drink alcohol, use drugs or abuse prescription medications.** All of these can affect your mood and make you feel worse.
- **Eat healthy foods and get exercise** (ask your provider first).

March of Dimes. "Baby blues after pregnancy." Last reviewed May 2021. https://www.marchofdimes.org/find-support/topics/postpartum/baby-blues-after-pregnancy

Postpartum depression

What is postpartum depression?

Postpartum depression (PPD) causes strong feelings of sadness, anxiety, worry and tiredness that can happen any time after giving birth, or even months later. PPD is a medical condition that needs treatment and support.

These symptoms may make it difficult for you to care for yourself and your baby. You are not alone facing these challenges. And while some parents might feel judged for these difficult emotions. Remember, your provider and healthcare team are there to support you through it.

What are the signs and symptoms of PPD?

You may have PPD if you have five or more signs or symptoms that last longer than two weeks.

- **Changes in your feelings:**
  - Feeling depressed most of the day every day
  - Feeling shame, guilt or like a failure
  - Feeling panicked or scared a lot of the time
  - Having severe mood swings
- **Changes in your everyday life:**
  - Having little interest in things you normally like to do
  - Feeling tired all the time
  - Eating a lot more or a lot less than is normal for you
  - Gaining or losing weight
  - Having trouble sleeping or sleeping too much
  - Having trouble concentrating or making decisions
- **Changes in how you think about yourself or your baby:**
  - Having trouble bonding with your baby
  - Thinking about hurting yourself or your baby
  - Thinking about suicide (killing yourself)

Baby blues, postpartum depression and postpartum anxiety (continued)

What causes PPD?

We're not exactly sure what causes PPD. Possible causes include:

- Genetics
- Changing hormone levels after pregnancy
- Low levels of thyroid hormones

Can PPD be prevented?

Counseling (also called therapy) might help prevent perinatal depression (including PPD) for pregnant people at increased risk of depression. Counseling is when you talk about your feelings and concerns with a counselor or therapist. This person helps you understand your feelings, solve problems and cope with things in your everyday life.

Counseling can be helpful for people with one or more of these risk factors:

- Experiencing current signs and symptoms of depression
- Having a history of depression or other mental health condition
- Being pregnant as a teenager or being a single mom
- Having stressful life circumstances, like low income
- Being a victim of intimate partner violence

Postpartum depression treatment options

If you think you may have PPD, see or talk to your provider right away.

The sooner you see your provider about PPD, the better. You can get started on treatment so you can take good care of yourself and your baby.

Treatment can include:

- **Counseling,** like cognitive behavioral therapy (CBT) and interpersonal therapy.
- **Support groups.** These are groups of people who meet or go online to share their feelings and experiences about certain topics.
- **Medication.** Make sure you talk to your doctor about the options, and make sure they know if you are breastfeeding or not.

Other things you can do to make yourself feel better:

- Be active and exercise.
- Eat balanced and healthy meals/snacks.
- Get plenty of rest.
- Do not drink alcohol or take street drugs.
- Ask for help from and keep in touch with family/friends
- Take time for yourself. Go outside for a walk, visit your friends or plan a date night with your partner.
- Do things that you liked to do before you had your baby. Listen to music, read a book or take a class , for example.

It is very important to talk to your doctor if you think you have PPD. PPD is not your fault. It doesn't make you a bad person or a bad parent. Tell someone right away.

March of Dimes. "Postpartum depression." 2024.. https://www.marchofdimes.org/find-support/topics/postpartum/postpartum-depression

Postpartum anxiety

What is postpartum anxiety?

Postpartum anxiety (PPA), also known as postnatal anxiety, is anxiety that can happen any time after you give birth. These feelings of being stressed and anxious can come on for no reason, and usually there is no cause or event associated with it. New parents can even experience postpartum anxiety and depression at the same time.

If you think you may be experiencing PPA, reach out to your doctor. It can be hard to admit these feelings to others during this happy time but know it's common. And most importantly, PPA can be treated.

What are the symptoms of postpartum anxiety?

There are both physical and emotional symptoms that can occur if you are experiencing postpartum anxiety.

Baby blues, postpartum depression and postpartum anxiety (continued)

Physical symptoms of postpartum anxiety include:

- Poor sleep
- Loss of appetite
- Trouble sitting still
- Nausea or stomach pain
- Heart palpitations or increased heart rate
- Feeling short of breath or like you can't breathe
- Tense muscles

Emotionally, you may feel:

- Irritable
- Unable to relax
- A sense of dread or doom
- Forgetful, distracted or like you can't focus
- Fearful or worried
- Obsessive about things that probably aren't going to happen

Postpartum anxiety treatment options

Postpartum anxiety, just like PPD, is treatable. There are several options, so it's important to talk to your doctor as soon as possible.

Options may include:

- Relaxation techniques (for mild PPA) and getting more sleep
- Support from family and friends
- Talk therapy or CBT
- Medications. Make sure you talk to your doctor about the options, and make sure they know if you're breastfeeding.

Loconti C. "What Is Postpartum Anxiety?" WebMD. October 6, 2024. https://www.webmd.com/depression/postpartum-depression/what-is-postpartum-anxiety

Pregnancy loss

We understand that pregnancy loss can be a deeply emotional experience. As many as one in four pregnancies ends in a miscarriage during the first 20 weeks, which can have a profound impact on both women and their families. We're here for you during this difficult time.

For customers who are struggling or may not have someone to talk to, we've created a completely optional program, staffed by a dedicated team of nurses who are not only highly knowledgeable but also trained to provide empathetic support when it comes to pregnancy loss.

Condolence Maternity Team

Our Condolence Maternity Team is made up of registered nurses who have an Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) Certification in Perinatal Loss. These caring professionals are here to help provide resources and support to customers and their families.

High Risk Maternity Management

The Cigna Healthcare High Risk Maternity Management program provides holistic support for pregnant women who are at greater risk for pregnancy-related complications and prenatal hospitalizations because of medical conditions like hypertension or diabetes.

The program provides seamless integration with the Neonatal Intensive Care Unit (NICU) program, which helps to achieve superior outcomes for infants whose hospital stays can be prolonged, costly and difficult.

We're here for your whole journey.

This guide is your gateway to the personalized clinical programs we offer to help you and your family, including your baby, stay as healthy as possible through pregnancy and beyond. The Condolence Maternity, High Risk Maternity and NICU case management programs are included as part of the core medical management Cigna Healthcare offers.

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Audio library and telephone resources

Health Information Line

When you need us, call us.

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

Talk one-on-one with a clinician.

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

Listen to audio recordings on health topics.

You can also listen to hundreds of helpful health topic recordings from our audio library by calling or visiting **myCigna.com**. Because we couldn't possibly cover everything in this guide, we've listed the topics we think you'll find the most useful during your pregnancy and after your baby is born.



Listening is easy. Here's how.

1

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

2

Follow the prompts to the Health Information Line.

3

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

Pregnancy and childbirth

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

Infant and toddler health

1250 Attention deficit hyperactivity disorder
1251 Bed-wetting
2753 Bottle-feeding
2751 Breastfeeding
1254 Chicken pox
1240 Child abuse and neglect
1278 Childhood rashes
1256 Circumcision
1257 Colic
6932 CPR in babies
6675 CPR in young children
1258 Croup
1230 Domestic violence
1264 Ear infections
2165 Ear tubes
1253 Fever, age 3 and younger
1267 Fifth disease
1268 Growth and development of the newborn
1269 Hand, foot and mouth disease
1837 Healthy eating for children
1279 Immunizations
1272 Impetigo
2754 Labor, delivery and postpartum period
1274 Measles, or rubeola
1275 Mumps
1261 Newborn rashes and skin conditions
1280 Pinworms
1259 Reye's syndrome
1283 Roseola
1284 Rubella, or German measles
1287 Sudden infant death syndrome (SIDS)
1288 Teething
1247 Temper tantrums
1292 Thrush
1289 Thumb sucking
1290 Toilet training
1293 Urinary tract infections in children
2757 Weaning



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Fun facts and checklists

How baby grows

1st trimester

Month 1

- Tiny limb buds appear. These grow into your baby's arms and legs.
- Your baby's heart and lungs begin to form. By the 22nd day, the heart starts to beat.
- Your baby's neural tube begins to form. This becomes the brain and spinal cord.
- By the end of the first month, your baby is about 1/4 inch long.

Month 2

- Your baby's major body organs, such as the brain, heart and lungs, are forming.
- The placenta is working. The placenta grows in your uterus and supplies the baby with food and oxygen through the umbilical cord.
- Your baby's ears, ankles, wrists, fingers and toes are formed. Eyelids form and grow but are sealed shut.
- By the end of the second month, your baby is about 1 inch long and still weighs less than 1/3 ounce.

Month 3

- Your baby's fingernails and toenails are formed.
- Your baby's mouth has 20 buds that become baby teeth.
- Fine hairs begin to form on your baby's skin.
- You can hear your baby's heartbeat for the first time. Ask your provider to let you listen.
- By the end of the third month, your baby is about 2-1/2 to 3 inches long and weighs about 1 ounce.

2nd trimester

Month 4

- Your baby moves, kicks and swallows.
- Your baby's skin is pink and see-through.
- The placenta keeps providing food for the baby. But it can also pass along bad things that you take in, such as alcohol, nicotine and other drugs.
- By the end of the fourth month, your baby is about 6 to 7 inches long and weighs about 4 to 5 ounces.

Month 5

- Your baby becomes more active. He/She can turn from side to side and sometimes head over heels.
- Your baby goes to sleep and wakes up.
- Your baby grows a lot during this month.
- By the end of the fifth month, your baby is about 10 inches long and weighs 1/2 to 1 pound.

Month 6

- Your baby's skin is red and wrinkled. It's covered with fine, soft hair.
- Your baby can kick strongly now.
- Your baby's eyes are almost completely formed. Soon, they will start to open and close.
- By the end of the sixth month, your baby is about 12 inches long and weighs 1-1/2 to 2 pounds.

Want daily and weekly updates about your baby's growth?

Download the Cigna Healthy Pregnancy app from the App Store or Google Play. Then, enter your due date, myCigna user ID and password to get started.

3rd trimester

Month 7

- Your baby can open and close his/her eyes and suck his/her thumb.
- Your baby kicks and stretches.
- Your baby responds to light and sound.
- You will definitely feel your baby moving. As your baby grows, the movements may feel different. For example, you may feel a "rolling" sensation.
- By the end of the seventh month, your baby is about 15 to 16 inches long and weighs about 2½ to 3 pounds.

Month 8

- Your baby is getting bigger and can kick strongly and roll around. You may see the shape of an elbow or heel against your belly.
- Your baby's fingernails have grown to the tips of his fingers.
- Your baby's brain and lungs are still growing.
- By the end of the eighth month, your baby is about 18 to 19 inches long and weighs about 4 to 5 pounds.

Month 9

- Your baby's lungs are ready to work on their own.
- Your baby gains about 1/2 pound a week.
- Your baby moves to a head-down position and rests lower in your belly. You will still feel him/her moving.
- By the end of the ninth month, your baby is 19 to 21 inches long and weighs 6 to 9 pounds.

March of Dimes. "Pregnancy Week by Week." Last accessed December 4, 2024. https://www.marchofdimes.org/pregnancy-week-week

Hospital packing list

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

For mom: before/during labor

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

For mom: after delivery

- [ ] Phone/Laptop and chargers
- [ ] Contact list
- [ ] Snacks
- [ ] Nursing bras or comfortable regular bras
- [ ] Maternity underwear
- [ ] Pregnancy journal
- [ ] Going-home outfit (Yes, you're still going to need those maternity pants.)

For spouse/partner

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

For baby

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

Spouse/Partner checklist

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

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

Questions? Talk with your provider or midwife.



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