



Count on us

Aetna Maternity Program
Healthy Pregnancy Handbook

aetna[®]

Welcome

to the Aetna Maternity Program

It's a special time in your life. And whether you're a new or experienced mom, you may have a lot of questions or need reliable information and support. That's where we come in. You can count on us to help give your baby a healthy start in life. Our knowledgeable team of experienced obstetric nurses understands the joys and challenges of parenthood.

With the Aetna Maternity Program, count on us to offer you:

- Helpful facts on prenatal care, labor, delivery, newborn care and more
- A survey to review your health and pregnancy
- A personal nurse, if you have health conditions that may affect your pregnancy; they'll keep all information confidential

For a complete list of program features, visit [aetna.com/individuals-families/womens-health.html](https://www.aetna.com/individuals-families/womens-health.html).

Refer to this manual often throughout this journey. And know that we're here for you from the very beginning.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies (Aetna). Aetna Behavioral Health refers to an internal business unit of Aetna. The EAP is administered by Aetna Behavioral Health, LLC. In California for Knox-Keene plans, Aetna Health of California, Inc. and Health and Human Resources Center, Inc.

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Key program features



Pregnancy survey

We want to help you have a healthy pregnancy and baby. To enroll in the program, you must first complete a quick pregnancy survey. It contains just a few questions about medical conditions and behaviors that can influence your pregnancy. If you've already completed it, congratulations! You're in the program. If you haven't yet completed the survey and want to enroll, you can:

- Call us at **1-800-272-3531 (TTY: 711)**
- Visit your member website at **aetna.com** and look under "Stay Healthy."

Once you complete the survey, we'll enroll you in the program. Your answers to the survey questions are private and don't affect your eligibility for health coverage. Based on your answers, a trained obstetrical nurse may contact you for special educational services. They'll work with you and your doctor to arrange any special care you might need.

Preterm labor program

Most pregnancies last about 40 weeks. Babies born before 37 weeks of pregnancy are preterm. And African American women are more than 50 percent more likely to have a preterm baby compared to white women.¹ Keep in mind — there are ways you can lower your risk.

As part of our program, we'll send information about preterm labor to all women. We also have an enhanced program for members who are at risk. We'll explain the signs and symptoms of early labor and give you information on new treatment options.

Smoke-Free Moms-to-Be® program

Quitting any kind of smoking is one of the most important things you can do for your health and the health of your baby. If you tell us on your pregnancy survey that you smoke, we'll encourage you to join the Smoke-Free Moms-to-Be program. This is a drug-free program, and there's no cost to you. Our certified smoking-cessation educators will support you and help you kick the habit — for good.

Women who smoke have a:

- Higher risk of preterm labor
- Higher risk of having a low-birth-weight baby
- Risk of having a stillbirth or a baby with birth defects
- Risk of delivering a baby more likely to die from sudden infant death syndrome (SIDS)

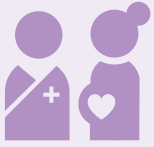
The more a pregnant woman smokes, the greater the risk.²

Quitting smoking even well into the pregnancy term has been shown to help. Birth weight can be significantly improved if cessation efforts are successful in helping a pregnant woman quit smoking before her 30th week of pregnancy.³ It's also important to stay smoke-free after your baby is born.

¹Centers for Disease Control and Prevention. Preterm birth. April 24, 2018. Available at: [cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm](https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm). Accessed November 28, 2018.

²March of Dimes. Smoking during pregnancy. December 2015. Available at: [marchofdimes.org/pregnancy/smoking-during-pregnancy.aspx](https://www.marchofdimes.org/pregnancy/smoking-during-pregnancy.aspx). Accessed November 28, 2018.

³The American College of Obstetricians and Gynecologists (ACOG). Committee Opinion 721. Smoking cessation during pregnancy. October 2017. Available at: [acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Smoking-Cessation-During-Pregnancy](https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Smoking-Cessation-During-Pregnancy). Accessed November 28, 2018.



Your care team — definitions

We encourage you to share all information with your care team. They're there to help you have a healthy pregnancy and give your baby a great start in life. So be honest about your diet, behaviors and anything else that may affect your pregnancy, without worrying about judgment.

Aetna Maternity Program nurse case manager:

An experienced obstetrical nurse who provides education on the phone, and support during and after pregnancy.

Doula: Someone who provides emotional and physical support to women during pregnancy and childbirth. Doulas are not medical professionals and don't deliver babies or provide medical care. Ask your doctor about using a doula for support.

Family practice physician: A doctor who is trained and experienced in the care and treatment of people of all ages. These can include pregnant women and infants and children.

Lactation nurse consultant: A health care professional, often with advanced certification, who provides breastfeeding education and support. This person shows new moms proper breastfeeding techniques and helps with any breastfeeding issues.

Neonatologist: A physician who has special training in the care, development and diseases of premature infants.

Nurse-midwife: An advanced practice nurse with additional training as a midwife. They deliver babies and provide prenatal, postpartum, newborn and some routine care (like gynecological exams).

Nurse practitioner/Nurse clinician: A registered nurse with advanced training. These nurses are qualified to assume some of the duties that only doctors had before.

Obstetrician: A doctor who is trained to treat and provide care for women during pregnancy, delivery and recovery.

Pediatrician: A doctor who has special training in the care and treatment of babies and children.

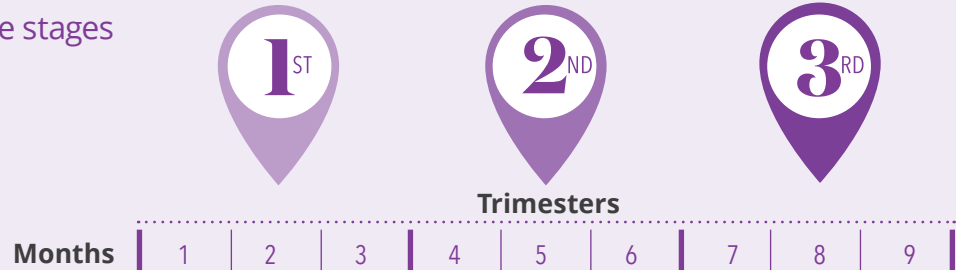
Perinatologist or maternal fetal medicine specialist: An obstetrician who has special training and experience in the care and management of high-risk pregnancies.

Physician assistant: A health care professional who is certified to give basic medical services, usually under the supervision of a licensed physician.



Pregnancy basics

Pregnancy is divided into three stages of time called **trimesters**:



Getting ready for a healthy pregnancy

Prenatal care

Prenatal care is important and includes regular visits with your doctor throughout your pregnancy.

As soon as you find out you're pregnant:

- Call your doctor to begin prenatal care (if you don't have one yet, just go to your member website at [aetna.com](https://www.aetna.com) and choose "Find Care")
- Ask your doctor about taking prenatal vitamins with folic acid
- Talk to your doctor about whether to take prescribed and over-the-counter medicines, vitamins and herbal supplements
- Eat a balanced diet and get plenty of rest

During your pregnancy, make sure you attend all of your prenatal care appointments, even if you're feeling fine. Most women will see their doctor based on the schedule shown in the next column. But visits may be more frequent, depending on your needs.

Regular prenatal visits

Weeks 4 – 28	Every 4 weeks
Weeks 28 – 36	Every 2 – 3 weeks
Weeks 36 – delivery	Weekly

The first prenatal visit

The first prenatal visit will take longer than the other visits. During this visit, the doctor usually:

- Asks about your health history
- Asks about your family's health and genetic history
- Does a complete physical exam
- Does a pelvic exam with a Pap test (depending on your age and medical history)
- Determines your expected due date

Give your baby the best start in life, and be honest with your doctor. Tell them if you smoke, drink alcohol or have medical conditions that could affect your pregnancy.

Your doctor will also check your blood and/or urine for⁴:

- **Blood type.** This test will also tell if you have a protein called the “Rhesus (Rh) factor” in your red blood cells. Women who don’t have it are “Rh negative.” These women usually need treatment to help protect their babies from a blood condition that can be dangerous.
- **Immunity to rubella (German measles) and chicken pox.** Babies born to women who get these diseases for the first time during pregnancy can have a higher risk of birth defects.
- **Anemia (low red blood cell count).** Anemia may also increase the risk of preterm delivery. You’ll need at least one more blood test for this during your pregnancy.
- **Genetic diseases.** The cystic fibrosis/spinal muscular atrophy test recommendation is once per lifetime (generally done during pregnancy).
- **Sugar in your urine.** Having sugar in your urine can be a sign of diabetes. Your doctor may suggest other tests if this one is positive.
- **Protein in your urine.** Protein in the urine can be a sign of a urinary tract infection. Later in pregnancy, it can be a sign of pregnancy-related high blood pressure. Your doctor may suggest other tests if this one is positive.
- **Hepatitis B and C, TB and sexually transmitted infections (STIs).** The doctor may also suggest a test to see if you carry human immunodeficiency virus (HIV), the virus that causes acquired immune deficiency syndrome (AIDS).

Zika virus screening

- Before you travel, talk about your pregnancy plans and Zika risk. Zika is a virus transmitted by infected mosquitoes. Learn more at [cdc.gov](https://www.cdc.gov) by searching for “Zika and pregnancy.”

⁴The American College of Obstetricians and Gynecologists. Routine tests during pregnancy. September 2017. Available at: [acog.org/Patients/FAQs/Routine-Tests-During-Pregnancy](https://www.acog.org/Patients/FAQs/Routine-Tests-During-Pregnancy). Accessed November 28, 2018.





Taking care of your health

Make your meals count

The food you eat is your baby's only source of nutrition. Eating a healthy, balanced diet and having realistic weight goals are good for your health — and your baby's. Studies show that there is a link between poor nutrition and having a miscarriage or a low-birth-weight baby.

If you have dietary restrictions or allergies to certain foods, talk to your doctor. Ask about eating a diet that's right for you.

Move those muscles

Light or moderate exercise can help prepare you for the physical demands of pregnancy and childbirth. It can also help relieve stress and return you to your pre-pregnancy shape after childbirth.

- Try 30 minutes of moderate exercise on most, if not all, days.
- Drink plenty of water before, during and after exercise so you don't overheat.
- Avoid any sports that put you at risk for injury (for example, horseback riding or downhill skiing).

Stop exercising if you feel pain or dizziness, or if you have shortness of breath, a headache, heart palpitations or vaginal bleeding. Talk to your doctor before continuing your current exercise program or starting a new one.

Stay on track and eat a healthy diet. It directly affects your baby's health and development.





ABCs of healthy eating

Nutrient	Purpose	Daily recommendations	Good sources
Folic acid	Prevents neural tube defects (NTDs) if you get enough every day, starting before you get pregnant. ⁵ You may need more of it if: <ul style="list-style-type: none"> • You've had multiple pregnancies • You've had a baby with an NTD in the past • You have a family member with an NTD 	Supplement with 0.4 to 0.8 mg (400 to 800 µg) ⁶	<ul style="list-style-type: none"> • Dark green leafy vegetables • Nuts and legumes • Citrus fruits and juices • Fortified breads and cereals
Calcium	Helps form a baby's bones and teeth ⁷	1,000 milligrams (mg)	<ul style="list-style-type: none"> • Broccoli, kale, spinach • Milk, cheese, yogurt, cottage cheese • Tofu and beans • Calcium-enriched juices
Proteins and grains	Promote crucial growth. ⁸	Protein: 5 to 6.5 ounces Grains: 6 to 8 ounces	<ul style="list-style-type: none"> • Lean meats • Poultry and fish • Milk, eggs, cheese • Grains, nuts and beans
Iron	Makes hemoglobin (carries oxygen to the baby) Women who don't get enough iron often feel tired and are more at risk for infection. ⁸	27 mg	<ul style="list-style-type: none"> • Liver • Beans and nuts • Dried fruits • Dark green leafy vegetables
Water	Keeps you hydrated	6 to 8 glasses	<ul style="list-style-type: none"> • Unsweetened fruit juices, in limited amounts <p>Note: Limit soda and drinks with caffeine.</p>

⁵U.S. Preventive Services Task Force. Folic acid for the prevention of neural tube defects: preventive medication. January 2017. Available at: uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/folic-acid-for-the-prevention-of-neural-tube-defects-preventive-medication. Accessed November 28, 2018.

⁶Centers for Disease Control and Prevention. Are women getting enough folic acid? May 15, 2018. Available at: cdc.gov/ncbddd/folicacid/features/kf-women-enough-folic-acid.html. Accessed November 28, 2018.

⁷March of Dimes. Vitamins and other nutrients during pregnancy. February 2018. Available at: marchofdimes.org/pregnancy/vitamins-and-other-nutrients-during-pregnancy.aspx. Accessed November 28, 2018.

⁸Mayo Clinic. Pregnancy diet: focus on these essential nutrients. February 15, 2017. Available at: mayoclinic.org/healthy-lifestyle/pregnancy-week-by-week/in-depth/pregnancy-nutrition/art-20045082. Accessed November 28, 2018.

Be careful with (or avoid) certain foods

- Unpasteurized food and juices
- Unwashed fruits and vegetables
- Undercooked eggs and meats
- Foods that contain chemicals. You can pass these to your baby during pregnancy.⁹
- Fish that's high in mercury.¹⁰ Avoid shark, swordfish, king mackerel and tilefish; and raw fish and shellfish. These can cause an infection that may harm an unborn baby.

You don't have to avoid fish altogether. Try shrimp, salmon, pollock, catfish, canned light tuna and albacore (white) tuna (no more than 6 ounces a week).¹⁰

Tips for healthy weight gain

You will, and should, gain weight during pregnancy. Here are the recommended guidelines¹¹:

Weight before pregnancy	Recommended weight gain
Normal weight	25 to 35 pounds
Overweight	15 to 25 pounds
Underweight	28 to 40 pounds (depends on pre-pregnancy weight)

If you have a multiple pregnancy (twins, triplets or more), talk to your doctor about weight gain

- Plan to add approximately 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.

Food:

.....

Weight:

.....

Exercise:

.....

Other:

.....

.....

Travel tips

Most women can travel safely until the month before their due date. Here are some healthy travel tips:

- Check with your doctor before traveling.
- Use safety and seat belts. Walk around often to stretch.
- Pack light snacks to help prevent nausea.
- Drink plenty of fluids.
- Check with your doctor before taking motion-sickness pills.
- Take a copy of your medical record.

Medicine and vaccines

The best time to talk to your doctor about medicine is at the first prenatal visit. Here are some tips:

- Bring a list of all prescribed and over-the-counter medicine you're taking.
- Talk about which medicines are safe during pregnancy.
- Check before taking any supplements, herbals or other over-the-counter drugs.
- Ask about vaccines; though flu shots are safe and recommended, you should avoid others (like those for rubella and chicken pox).

⁹The American College of Obstetricians and Gynecologists (ACOG). Committee Opinion 575. Exposure to toxic environmental agents. October 2013 (reaffirmed 2018). Available at: acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Exposure-to-Toxic-Environmental-Agents. Accessed November 28, 2018.

¹⁰ACOG. Practice advisory: update on seafood consumption during pregnancy. Available at: acog.org/Clinical-Guidance-and-Publications/Practice-Advisories/ACOG-Practice-Advisory-Seafood-Consumption-During-Pregnancy. Accessed November 28, 2018.

¹¹ACOG. Committee Opinion 548. Weight gain during pregnancy. January 2013 (reaffirmed 2018). Available at: acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Weight-Gain-During-Pregnancy. Accessed November 28, 2018.



Healthy dental care during pregnancy



Periodontal (gum) disease and preterm labor

Bacteria in the mouth cause plaque. And a buildup of plaque causes gum disease. Pregnant women with gum disease have a higher risk for preterm birth (delivery before the 37th week). Many people who have gum disease don't even know they have it. It's good to see your dentist early in your pregnancy.

Pregnancy gingivitis

When you get pregnant, your body makes special hormones. These hormones can affect your gums, causing them to get red or swollen, or even bleed. This common problem is pregnancy gingivitis. Your dentist can give you tips on how to take care of your mouth and teeth at home.

Morning sickness and your teeth

Morning sickness in pregnancy happens to many women. And it can also affect the health of your mouth and teeth.

If you're vomiting as a result of morning sickness, the acid from your stomach can be strong enough to erode your tooth enamel. Although you might want to brush your teeth right away to freshen your mouth, doing so can make the problem worse. It's safer to rinse your mouth with a teaspoon of baking soda dissolved in a cup of water. This will help neutralize the acid from your stomach.

Some women get heartburn or acid reflux later in pregnancy. The gastric acid can have a similar effect on your teeth, so rinsing can help.

Morning sickness can also cause some women to lose their appetite. If you don't eat well, you and your baby may not get the vitamins you need. Your doctor can prescribe a vitamin supplement to help.

Dental X-rays and anesthesia

Dental X-rays are one of the safest kinds of X-rays. So it's usually safe to have them during pregnancy. Just make sure you wear a lead apron over your abdomen.

Dental care and pregnancy

If you have a dental problem, your dentist can talk with your doctor to choose safe medicine, if needed. You can also ask about which mouthwash to use. Mouthwash controls bacterial growth, which contributes to gum disease. Gum disease may lead to preterm births or babies with low birth weight.

The health of your teeth and gums is directly connected to your overall health. Be sure to get a regular dental checkup early in your pregnancy.



Additional tips for staying healthy

Sex during pregnancy

Many people have questions about sex during pregnancy. They want to continue having an active sex life. But they may also worry that sex could harm the baby. Unless your doctor tells you to avoid it, sex during pregnancy is safe for you and your baby. The amniotic fluid and the mother's abdomen protects the baby.

Some women may be more interested in sex than they were before they became pregnant. Others may temporarily lose interest in sex. Most couples return to their normal sex lives sometime during the first year of their baby's life.

Sexual positions that you enjoyed before pregnancy and in early pregnancy can be uncomfortable (or even unsafe) later. For example, you should avoid lying flat on your back after the fourth month of pregnancy. This is because the weight of your growing uterus puts pressure on major blood vessels. There are other positions you can try, such as lying on your side or on top of your partner.

If your pregnancy is high risk, talk to your doctor about sex during this time.

Stay healthy by avoiding smoking, alcohol and drugs

If you smoke cigarettes, drink alcohol or use drugs, so does your baby. Everything a pregnant woman eats, drinks and smokes goes into her unborn baby's body.

Stop any kind of smoking. If you need help, just let us know. Through our Smoke-Free Moms-to-Be® program, our certified educators will support you and help you kick the habit — for good.

Avoid drinking alcohol. Drinking alcohol can cause a baby to be born with serious physical and mental birth defects. Among the most serious conditions include fetal alcohol spectrum disorders. These can seriously harm your baby's development, both mentally and physically, and they are entirely preventable.¹²

There's no proof that any amount of alcohol is safe during pregnancy. Give your baby the best start in life and avoid alcohol.

Don't use recreational drugs during pregnancy

This includes marijuana (pot), cocaine, crack, methamphetamines (speed), heroin and ecstasy. Drug use can result in serious birth defects, drug addiction and drug withdrawal for a baby at birth. If you use drugs, talk to your doctor right away and get help. For drug-dependent women, treatments are available.

Feel safe at home

Pregnancy is a time of physical and emotional change for both you and your partner. It can also be a stressful time for some couples and families. And during pregnancy, you're more vulnerable to domestic violence. But despite these changes, physical violence and emotional or sexual abuse is never acceptable.

Any harm could threaten your health and pregnancy, and the health of your unborn baby. If your partner is hurting you or you feel that you might be hurting them, remember that you're not alone. You can get help, and we're here for you.

What you can do

- Speak with your doctor and get help immediately.
- Call the National Domestic Violence Hotline at **1-800-799-SAFE (7233)**.^{*} They'll direct you to resources available in your area.
- Visit **futureswithoutviolence.org** and **menstoppingviolence.org**.^{*}
- Refer to your Aetna® behavioral health contact or call the number on the back of your insurance card.

^{*}This information is provided for your convenience only. Aetna has no relationship with and doesn't endorse content or information provided by the National Domestic Violence Hotline.

¹²March of Dimes. Alcohol during pregnancy. April 2016. Available at: marchofdimes.org/pregnancy/alcohol-during-pregnancy.aspx. Accessed November 28, 2018.

What to expect



The 1ST trimester

Weeks 1 – 12

Your body

Welcome to the first trimester — weeks one through twelve. Early in pregnancy, your breasts begin to grow and change to prepare for breastfeeding your baby. They may feel firm and tender. The hormones in your body often cause some changes on your skin, such as brownish uneven marks around your eyes and over your nose and cheeks. These marks usually disappear or fade after delivery or breastfeeding, when hormone levels go back to normal. You may experience fatigue, lack of interest in your regular routine or changes in your emotional well-being. These changes usually lessen during the second trimester.

Baby's growth

- Heart, lungs and brain start to grow
- Amniotic sac forms around the baby for protection
- Umbilical cord is taking nutrition to the baby

Call your doctor right away if you have:

- Vaginal bleeding
- Change in vaginal discharge
- Pain or burning when you go to the bathroom
- Severe or long-lasting headaches
- Severe vomiting
- Pelvic pain or cramps
- Increasing pelvic pressure

If your pains are unusual or you notice heavy bleeding, call your doctor right away.

Regular prenatal screening tests

Your doctor will check your urine for protein and take your blood pressure at each prenatal visit. These routine tests are important for your health and the health of your baby.

Your doctor will also listen to your baby's heartbeat with a special tool. At about 20 weeks, your doctor will start measuring your abdomen to check your baby's growth. A normal heartbeat and growth rate are signs that your baby's development is on track.

Other first trimester tests and procedures

Some women need special tests for genetic or medical reasons. Examples include blood or urine tests, cultures for infections and ultrasound exams. The most common first trimester tests for women in this category include:

Genetic screening test: Women usually get this test between 11 and 14 weeks of pregnancy. It's a two-part test for the risk of some birth defects, such as Down syndrome. The first part is a special ultrasound exam called a nuchal translucency (NT) scan. This measures the thickness at the back of the baby's neck. There's a link between extra thickness and Down syndrome, other chromosomal problems and heart defects. The second part involves collection of the mother's blood for pregnancy-related hormones.

Health care professionals combine the results of the NT ultrasound and laboratory tests to figure out the risk for birth defects. Doctors may offer women noninvasive prenatal testing (NIPT) if they're at high risk for having a baby with chromosomal (genetic) abnormalities. If a woman has abnormal results, her doctor may recommend amniocentesis, chorionic villus sampling or cell-free DNA testing.

Some questions to ask your doctor

- What testing is right for me?
- What can I do to have a healthy baby?
- Do you have recommendations about diet, exercise and weight gain?
- How can I contact you in an emergency?
- What can I do to help my morning sickness?
- Will sex hurt my baby?

What to expect (continued)

The 2ND trimester

Weeks 13 – 27

Your body

Welcome to the second trimester — weeks thirteen through twenty-seven. If you had morning sickness during the first trimester, you might start to feel better now. You may also notice that you have more energy. Your back may start to hurt as your pelvis tilts forward to make room for the growing baby. Most women start to look pregnant during the second trimester.

Baby's growth

Most first-time mothers feel their babies move at around 18 to 20 weeks. If you've had a baby before, you may feel these movements even sooner. At about 23 weeks, most babies weigh about 1 pound and are about 13 inches long.

Second trimester tests and procedures

Targeted (level II) ultrasound: Most women get an ultrasound in the second trimester, at around 18 to 20 weeks. This examines the baby's growth and development and is also usually when parents can find out whether their baby is a boy or a girl. Your doctor can follow up on any abnormality with a more detailed examination.

Other second trimester tests and procedures

Some women may have special tests or procedures in the second trimester because they have medical or other concerns. Some of the more common specialized tests include:

Amniocentesis: Amniocentesis is a test to identify chromosomal or genetic birth defects, such as Down syndrome. Women may have this test between 15 and 20 weeks. The doctor inserts a thin needle through the abdomen into the uterus and amniotic sac. Next, the doctor takes a small amount of amniotic fluid for testing. The cells from the fluid grow in a lab and are then examined for problems with the chromosomes. There's a small risk of miscarriage with this test.

Maternal serum screening test: Maternal serum screening is a blood test that women can do between 15 and 20 weeks of pregnancy. It checks for birth defects such as Down syndrome and open neural tube defects.

Doctors take a sample of the mother's blood and test it for certain chemicals. You might hear this test called by other names. These include "multiple marker screening test," "triple screen" and "quad screen." Sometimes your doctor combines the results of the first trimester blood tests with second trimester blood tests to determine the risk for genetic abnormalities.

Call your doctor right away if you:

- Bleed or leak fluid from the vagina
- Have sudden or severe swelling in the face, hands or fingers
- Have problems seeing or blurred vision
- Get severe or long-lasting headaches
- Have discomfort, pain or cramping in the lower abdomen
- Have a fever or chills
- Are vomiting or have ongoing nausea
- Feel discomfort, pain or burning when you urinate
- Feel dizzy
- Notice a decrease in your baby's movement

Be sure to check your benefits plan for coverage information for any other tests.



Braxton Hicks contractions

Braxton Hicks contractions are not regular contractions. Some people call them “practice” or “false” contractions. They don’t mean that you’re going into labor. Unlike contractions a woman feels before childbirth, these have no real pattern. They can also come and go at different times. Some women may feel these contractions as early as the second trimester. But they’re most common in the third trimester. And some women never experience them.

During pregnancy, healthy babies are usually active babies. Keep track of fetal kick counts to check your baby’s well-being. There are many ways to count your baby’s movement. One way is to count how long it takes you to feel ten kicks. Ideally, you should feel at least ten movements in two hours.

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
Often start at the back and move to the front	May stop when a woman changes positions or walks around

Some questions to ask your doctor

- Can I still travel?
- What kind of exercise can I do?
- Anything I should avoid?
- Is it okay to bend over?
- How much can I lift?
- What’s the safest type of delivery?
- How can I avoid preterm labor?

Most first-time mothers feel their baby move at about 18 to 20 weeks. Women who have already had a baby may feel these movements sooner.

What to expect (continued)

The 3RD trimester

Weeks 28 – 40

Your body

Welcome to the third trimester — weeks twenty-eight through forty. As your baby grows and the uterus enlarges, you may feel short of breath as your uterus presses against your diaphragm, the muscle that helps you breathe. You may also have to go to the bathroom more often. It's also common to feel strong kicks from the baby.

Baby's growth

By the end of this trimester, most babies will weigh between 6 and 9 pounds and measure 18 or more inches in length. Your baby has smooth skin, and their eyes are open (when awake) and sensitive to light. They continue to develop until full term at 39 weeks (babies born before 37 weeks are early term). You may be a little uncomfortable in the last few weeks of pregnancy. But remember, your baby is still developing during this important time.

Third trimester tests and procedures

Your doctor may recommend certain tests to check on the baby's overall well-being. Some of the reasons may include the following:

- The baby isn't growing or moving as expected.
- Amniotic fluid is low.
- You're carrying more than one baby.
- You have medical conditions, like diabetes or high blood pressure.

Some of the common specialized tests include:

The nonstress test: This checks the baby's heart rate at rest and when the baby is moving. It can check to see if the placenta is working well enough to support the baby's needs.

Biophysical profile: This test is a combination of a nonstress test and ultrasound exam. It looks at the baby's breathing, body movements, muscle tone and heart rate, and the amount of amniotic fluid.

Some common conditions later in pregnancy

Fluid retention and swelling: Many women retain fluid and notice swelling during pregnancy. In fact, you can count on gaining about 3 pounds of water. Mild swelling of the legs, hands and face are also normal.

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

The symptoms of preeclampsia are high blood pressure and protein in the urine. Other signs include swelling in the legs, hands and feet, sudden weight gain, headaches and vision changes. Because preeclampsia can happen quickly, it's important to call your doctor if you have any of these symptoms.

Preeclampsia may be a complication of high blood pressure. To learn more, go to page 18.

Some questions to ask your doctor

- What are the signs and symptoms of preterm labor?
- How do I know when labor is beginning?
- When do I call you?
- When should I pick a pediatrician?
- What kind of delivery can I expect?
- What can I do to increase my chance of having a vaginal delivery?
- Do I have input about the timing of my delivery?
- What are the signs that my baby is fully grown?



Know the signs of preterm labor

Labor before the 37th completed week of pregnancy can have serious effects on a baby's health. 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.

Call your doctor right away if you have any of these signs:

- 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 is just not right”

If you start labor too early, your doctor will decide whether to stop it or continue. They may treat you at home or in the hospital. You may also get medicine to stop the contractions, which can delay delivery for a short period of time.

Give your baby time to grow

Waiting until 39 weeks to give birth can make you and your baby healthier.

Babies develop through the entire 40 weeks of an average pregnancy. From weeks 37 to 39, the lungs, liver and brain are still growing. Your baby also adds a layer of fat that helps during and after delivery.¹³

Compared to labor that starts on its own, inducing labor increases your risk of:

- Infection
- Uterine rupture (tearing of the uterus)
- Hemorrhage (blood loss)

And it also raises the likelihood of a C-section, which is a major surgery.¹⁴

¹³March of Dimes. Why at least 39 weeks is best for your baby. October 2018. Available at: marchofdimes.org/pregnancy/why-at-least-39-weeks-is-best-for-your-baby.aspx. Accessed November 28, 2018.

¹⁴March of Dimes. Inducing labor. September 2018. Available at: marchofdimes.org/pregnancy/inducing-labor.aspx. Accessed November 28, 2018.

Some questions to ask your doctor

The March of Dimes recommends that you ask these questions if your doctor wants to do a scheduled delivery before 39 weeks.

- 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?



High blood pressure (hypertension)

It's important to have regular prenatal visits to keep high blood pressure — which doesn't cause any symptoms — in check.

Before pregnancy

Women who have high blood pressure before pregnancy (or develop it before the 20th week of pregnancy) have "chronic hypertension." This form of hypertension doesn't go away after delivery. If you know you have high blood pressure, you should see your doctor before you get pregnant.

Without treatment, it can cause serious problems such as slowed fetal growth, low birth weight and preterm delivery. But these problems can usually be prevented with appropriate therapy.

During pregnancy

High blood pressure that starts during pregnancy is "gestational hypertension." This has the same risk factors as chronic hypertension. The difference is that it goes away on its own after delivery.

But this type of hypertension can lead to preeclampsia, a serious medical condition. Signs include swelling of the hands and face, sudden weight gain, problems with vision (such as blurriness and flashes of light), severe or persistent headaches, dizziness and pain in the upper right part of the abdomen. Call your doctor right away if you have any of these symptoms.¹⁵

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

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¹⁵ March of Dimes. High blood pressure during pregnancy. July 2015. Available at: marchofdimes.org/pregnancy/high-blood-pressure-during-pregnancy.aspx. Accessed November 28, 2018.

Diabetes

When someone has diabetes, it means that their blood glucose (sugar) levels are too high. This is called hyperglycemia. Glucose has to get inside our cells so we can use it as fuel for our bodies. This happens with the help of the hormone insulin. If a woman doesn't make enough insulin or doesn't respond to the insulin she makes, she can experience hyperglycemia.

This condition can also cause a woman to have a large baby, or it may increase her risk of a form of pregnancy-related high blood pressure (which can lead to preeclampsia). Having diabetes before pregnancy is "pregestational" diabetes. Diabetes that starts during pregnancy is "gestational diabetes." It's important to diagnose and manage both types of diabetes during pregnancy.

Pregestational diabetes

There are two types.

Type 1: when you don't make enough insulin

Type 2: when you don't respond to the insulin you have

The body needs insulin to control blood sugar levels and can't function without it. People with type 1 diabetes need daily insulin injections. People with type 2 diabetes may or may not need extra insulin.

It's very important to have good control of your blood sugar level before and during pregnancy. Having high blood sugar levels while a baby's organs are forming can increase the risk of birth defects. Not controlling blood sugar levels throughout pregnancy may also increase the risk of stillbirth. But keeping blood sugar levels near normal before and during pregnancy can help lower these risks.

Most women with diabetes can have healthy babies. If you have diabetes, it's important to see your doctor and make sure your blood glucose is under control before you get pregnant. Once pregnant, you should get prenatal care from a doctor who treats pregnant women with diabetes.

Gestational diabetes

Gestational diabetes usually goes away on its own after delivery. During pregnancy, hormones that the placenta produces can affect the body's ability to respond to insulin and cause diabetes to develop.

You could be at risk for gestational diabetes if:

- You're over 30 years of age
- You're overweight
- You have one or more family members with diabetes
- You had gestational diabetes with your last pregnancy
- In your last pregnancy, you gave birth to a baby who weighed more than 9 pounds or was stillborn
- You're Asian, Hispanic, Native American or African American, since these ethnic groups have higher rates of diabetes than other groups

Gestational diabetes can also develop in women who have no risk factors. Women who have gestational diabetes are at risk for developing type 2 diabetes later in life.

Diabetes tests

Testing for gestational diabetes is part of normal prenatal care. It's also safe and easy. Doctors usually test for this between 24 and 28 weeks. If you're at high risk for gestational diabetes, your doctor may test you sooner. This involves taking blood samples and measuring blood sugar levels after drinking a sugar solution. If the results are abnormal, your doctor will do a follow-up test. If you receive abnormal results, please call us. We'll be here to work with you and offer support.

Treatment

Many women who have gestational diabetes can control their blood sugar levels through diet and exercise. But some women need insulin. If you have gestational diabetes, talk to a dietitian or other health professional about diet, exercise and having your blood sugar checked regularly.

Talk to your doctor about testing for diabetes after delivery and in the future.



Feeding and bonding with your baby

Deciding whether or not to breastfeed is a personal choice. Either way, feeding can be a special bonding time between you and your baby. Here are a few facts that may help you decide.

Know about breastfeeding benefits

Breast milk is the best food for most babies during the first year of life. It has everything a baby needs in exactly the right amounts — water, protein, carbohydrates, fats, vitamins and minerals. Breast milk also has antibodies that can help a baby's immune system fight infections. Children who were breastfed as babies get fewer ear infections, lower respiratory infections and urinary tract infections than children who were fed formula.¹⁶

Since breast milk is the best food for newborns, the American Academy of Pediatrics (AAP) recommends that healthy women breastfeed their babies exclusively for about 6 months of life. They also say that mothers should continue to breastfeed for the first 12 months if possible. The longer a woman breastfeeds, the greater the benefits.

Health and emotional benefits

There are also other benefits, including less gas and constipation for your baby, less bleeding after delivery and convenience. Breastfeeding also:

- Strengthens the bond with your baby
- Helps the uterus go back to its pre-pregnancy size faster
- Decreases the risk of some cancers
- Saves money on formula

Breastfeeding at work

If you plan to go back to work, you may want to continue feeding your baby breast milk. Before you begin maternity leave, find out if there's a lactation policy or benefit in place.



Get helpful information online

- American Academy of Pediatrics at aap.org
- International Lactation Consultant Association at ilca.org
- La Leche League International at lille.org

You can find hospitals that have exclusive breastfeeding rates of 70% or higher. Look for the Breast milk feeding of Newborns after Delivery (BOND) designation in our online provider search. Just go to your member website at aetna.com and choose "Find Care."

¹⁶March of Dimes. Breastfeeding is best. June 2014. Available at: marchofdimes.org/baby/breastfeeding-is-best.aspx. Accessed November 28, 2018.

Storing breast milk

You can keep pumped breast milk in the refrigerator or freezer. Breast milk can be stored in the refrigerator for up to eight days. Keep the temperature between 32° and 39°F.¹⁷

To warm refrigerated or frozen breast milk, place the container or bottle under running lukewarm water or in a bowl of warm water. Shake the bottle and then test the temperature of the milk on the back of your hand. Always taste or smell breast milk before giving it to your baby, just to make sure it's okay.



Human milk storage guidelines, locations and temperatures¹⁸

Type of breast milk	77°F (25°C) or colder (room temperature) Countertop	40°F (4°C) Refrigerator	0°F (-18°C) or colder Freezer
Freshly expressed or pumped	Up to 4 hours	Up to 4 days	Within 6 months is best Up to 12 months is acceptable
Thawed, previously frozen	1 – 2 hours	Up to 1 day (24 hours)	Never refreeze human milk after it's been thawed

¹⁷DiMaggio, Dina. Tips for freezing and refrigerating breast milk. American Academy of Pediatrics. September 9, 2016. Available at: [healthychildren.org/English/ages-stages/baby/breastfeeding/Pages/Storing-and-Preparing-Expressed-Breast-Milk.aspx](https://www.healthychildren.org/English/ages-stages/baby/breastfeeding/Pages/Storing-and-Preparing-Expressed-Breast-Milk.aspx). Accessed November 28, 2018.

¹⁸Centers for Disease Control and Prevention. Proper storage and preparation of breast milk. September 18, 2018. Available at: [cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm](https://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm). Accessed November 28, 2018.



Depression during and after pregnancy

Depression is a medical condition that can affect anyone. It usually doesn't go away on its own. And it can also get worse if you don't treat it. The good news is that there are safe and effective treatments for depression during and after pregnancy. Just knowing about it can help you understand how to treat it. You'll also discover that you're not alone.

Depression during pregnancy

Facts

- About 15 percent of women feel depressed during pregnancy.
- Women who have depression during pregnancy are more likely to get it again with future pregnancies.
- There are many safe and effective treatments for depression during pregnancy.
- The earlier treatment starts, the more likely it will be successful.

Some symptoms of depression

- Feelings of sadness or hopelessness
- Loss of interest or pleasure in things that used to be fun
- Major changes in sleep patterns
- Feelings of guilt
- Obvious changes in appetite
- Thoughts of hurting yourself
- Restlessness, anxiety or slowed movement
- Trouble with memory or concentration
- Thoughts or ideas about suicide

If you have any depression symptoms, call your doctor or the Behavioral Health telephone number on your member ID card. Or call the National Suicide Prevention Lifeline at **1-800-273-8255**.

Think you may be depressed?

These questions may help identify if you're depressed:

- Within the past month, have you felt down, very sad or hopeless?
- Within the past month, have you felt little interest or pleasure in doing things you used to enjoy?

If you answered "yes" to either one of these questions, you may be depressed. Call your doctor or the Behavioral Health telephone number on your member ID card. To find out if your health plan includes coverage for behavioral health services, call the toll-free Member Services number on your Aetna® ID card. **You can also call us at 1-800-272-3531 (TTY: 711).**

Depression after delivery

The postpartum "blues"

Women experience many hormonal changes in the days and weeks after delivery. These changes can lead to mild feelings of sadness or anxiety. Some people call this the "baby blues." Symptoms usually start about two to three days after delivery. And most women usually start to feel better in about two weeks.

4 out of 5 new moms experience baby blues.¹⁹

¹⁹March of Dimes. Baby blues after pregnancy. February 2017. Available at: marchofdimes.org/pregnancy/baby-blues-after-pregnancy.aspx. Accessed November 28, 2018.



Postpartum depression

Depression that lasts longer than a few weeks is postpartum depression. Postpartum depression is more serious than the baby blues. It doesn't go away on its own and usually requires treatment. According to the March of Dimes, up to 1 in 7 women have postpartum depression after giving birth.²⁰ This is the most common problem for new moms.

Know the signs

These signs can appear at any time. They most commonly appear within the first three months of delivery, but can begin up to one year after.

- Feeling depressed, with tearfulness or crying spells
- Feeling nervous or afraid, often about the baby's health or about being a mother
- Feeling hopeless, worthless or guilty
- Feeling moody or very stressed
- Losing interest or pleasure in activities, including being a mother
- Not being able to concentrate or make decisions
- Sleep problems
- Feeling extremely tired, beyond the normal feelings caused by caring for a newborn
- Ongoing thoughts about death, including suicide
- Problems caring for the baby
- Appetite changes

Treatment

There are safe and effective treatments available. These can include behavioral therapy and support, medicine or a combination of both. Your doctor can help you find the treatment that's best for you. If you're breastfeeding, be sure to ask your doctor about side effects before starting any new medicine.

When to call a professional

Call your doctor if you have any signs of postpartum depression. 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 the National Suicide Prevention Lifeline at 1-800-273-8255.**

Postpartum Support International

This group provides information about mood and anxiety disorders, including risk factors, symptoms and treatments. They also provide links to local resources and free online support groups. They're available 24 hours a day, 7 days a week to listen, answer questions, offer encouragement and connect you with local resources.*

Call: 1-800-944-4773

Text: 503-894-9453

Visit: postpartum.net

*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.

²⁰March of Dimes. Postpartum depression. May 2018. Available at: marchofdimes.org/pregnancy/postpartum-depression.aspx. Accessed November 28, 2018.



Preparing your family



Congratulations! Whether this is your first baby or you're already a parent, there's no experience quite like having a baby.

Dads, partners and siblings play a very important role. And there are many special moments ahead of you. Whether it's hearing the baby's heartbeat, feeling the baby move or seeing the first smile, enjoy every moment — even the diaper changes.

Stay healthy: a checklist for dads and partners

It's also important to take good care of yourself. Stay healthy by:

- Seeing your doctor regularly and getting treatment for medical problems
- Keeping high blood pressure or high cholesterol under control, if you have it
- Quitting smoking; secondhand smoke is harmful to pregnant women and babies
- Exercising regularly and eating a healthy diet

To learn more, visit postpartum.net/get-help/resources-for-fathers.

Dads may have pregnancy symptoms, too

You may experience:

- Food cravings and weight gain
- Anxiety
- Nausea
- Mood swings
- Changes in sexual desire
- Aches and pains
- Postpartum blues or depression

These symptoms are all common. Check with your doctor if you have any concerns.

During and after pregnancy

You can help your partner in many ways. Try supporting her by:

- Attending prenatal checkups and meeting her doctor(s)
- Eating healthy meals
- Exercising every day
- Encouraging her to quit unhealthy habits, like smoking, drinking or using drugs
- Being aware of her well-being
- Checking with your delivery hospital about visitation policies and overnight stays
- Checking to see when to bring siblings to the hospital
- Attending checkups and prenatal classes
- Sharing tasks that will prepare your home and family for the new baby
- Reviewing workplace leave policies

For the hospital stay

Help make her hospital stay more comfortable by:

- Buying her a new pair of slippers and a bathrobe
- Bringing her a nice meal after the baby is born
- Making sure she has soothing things from home, like music and photos

Preparing siblings for a new baby

It's common for other children in the family to have mixed feelings about the new baby. Try the following to help prepare.

- Talk about their own birth and how excited you were. Look at their baby photos or videos together.
- Take them, if appropriate, to your doctor appointments. Let them listen to the baby's heartbeat.
- Involve them in planning the baby's room and other changes your home may need.
- Be realistic. Explain that the baby will cry, sleep, eat and go to the bathroom a lot.
- Sign up for sibling-preparation classes.



Preparing your home

Having a baby is an exciting time, but you may have a lot of questions. To help prepare, try taking:

- A birthing/parenting class
- A cardiopulmonary resuscitation (CPR) and first aid class (find courses at heart.org or redcross.org, or call your local fire department)

Getting your home ready

Make 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

Bringing baby home safely

Your baby will need the right equipment to keep them safe. Some things include:

- **An infant car seat.** Nearly 60 percent of car seats are installed or adjusted incorrectly.²¹ Go to safercar.gov to learn about car seat installation.²² Don't use a secondhand car seat until you check the Used Car Seat Safety Checklist,²³ install the infant carrier base and get the installation inspected.
- **A crib.** Spacing between the bars should be no more than $2\frac{3}{8}$ inches apart. The mattress should be firm and fit tightly. Place it away from heaters, windows, lamps,

or other items that your baby could reach. Don't put pillows, comforters, sheepskins, pillow-like bumper pads or stuffed toys in the crib.

- **A bathtub made for infants.** Be sure it has a nonslip surface to prevent sliding. Never leave your baby unattended, even in a small amount of water.
- **A changing table or pad with a safety strap.**

As your baby grows

As your baby begins to crawl and walk, keep them safe by:

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

Helping young siblings adjust

Some suggestions:

- Give plenty of attention to other children.
- Let them help with diapering and bathing.
- Consider a gift to make them feel special.
- Make time to be alone with them.

²¹National Highway Traffic Safety Administration. Keeping kids safe: a parent's guide to protecting children in and around cars. 2017. Available at: nhtsa.gov/sites/nhtsa.dot.gov/files/documents/13237-parents_guide_playing_it_safe_tagged_0.pdf. Accessed November 28, 2018.

²²National Highway Traffic Safety Administration. Car seat installation instructions. Available at: nhtsa.gov/equipment/car-seats-and-booster-seats#installation-help-instructions. Accessed November 28, 2018.

²³National Highway Traffic Safety Administration. Used car seat safety checklist. Available at: nhtsa.gov/car-seats-and-booster-seats/used-car-seat-safety-checklist. Accessed November 28, 2018.



Warning signs during pregnancy

1

Warning signs during the first trimester

Call your doctor if you have any of the following 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

2

Warning signs during the second and third trimesters

Call your doctor if you experience any of the following during your second or third trimesters (weeks 13 to 40):

- 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 less than 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

3

Helpful resources

Office on Women's Health:
womenshealth.gov

National Domestic Violence
Hotline: ndvh.org

March of Dimes:
marchofdimes.org

Some warning signs of preterm labor

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

Call your doctor right away if your water breaks. Or if you experience anything listed below.

- 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"
- Remember, if you're scheduling an elective delivery, waiting until 40 weeks is best.



Important contacts

Doctor's name:

Phone number:.....

Hospital name:.....

Phone number:.....

Emergency contact:

Neighbor:.....

Other:

Other:

The Aetna Maternity Program: **1-800-272-3531 (TTY: 711)**

Notes:

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Important contacts

Doctor's name:

Phone number:.....

Hospital name:.....

Phone number:.....

Emergency contact:

The Aetna Maternity Program: **1-800-272-3531 (TTY: 711)**

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Tip:
It's helpful to keep all important phone numbers in your cell phone. Keep the small card in your wallet and hang the larger card on your refrigerator.

We're here for you throughout this journey.
Call us at **1-800-272-3531** (TTY: 711) weekdays
from 8 a.m. to 7 p.m. ET.

Or log in to your member website at **aetna.com**
and look under "Stay Healthy."

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