



Let's talk motherhood

A postpartum guide

For Elevate and Elevate Plus plan members

Adapted from the American College of Obstetricians and Gynecologists

GEHA[®]

What's inside

- 03** Congratulations on your new baby!
- 04** Introduction
- 06** Healthy baby information
- 13** Healing after labor and delivery
- 18** Exercise and nutrition
- 21** Resources



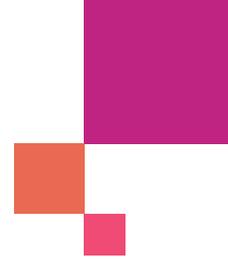
Congratulations on your new baby!

You are about to enter an exciting new phase of life. There will be plenty of sleepless nights, heartwarming cuddles and new challenges.

This guide is intended to help keep you on track as your baby's health progresses, make you feel less alone as your body changes after pregnancy and provide resources for further help.

GEHA is proud to be your partner in this new life chapter.

Introduction



Schedule of well-child visits

The first well-child visit should be 2-3 days after coming home from the hospital.

As a parent, you want your child to be healthy and develop normally. That's why well-child doctor visits are so important, particularly in the first 15 months of life. Your provider can help you identify important milestones in your child's development.

Each well-child visit will include a complete physical examination. The doctor will check your baby's growth and development and will record your child's height, weight and other important information. Tests for hearing, vision and other functions will be part of some visits. In addition, important vaccines can be administered to your child during these appointments.

First year well-child visits occur at ages one, two, four, six and nine months.

Second year well-child visits occur at ages 12, 15, 18 and 24 months.

Postpartum care visit

A new mother's body goes through many changes during pregnancy and may be at risk for serious health complications. It's important to see your doctor between one to six weeks after delivery. This visit can help identify complications, and catch and treat symptoms before they become a problem. New mothers can also use this time to ask questions and address personal concerns, including postpartum depression.

New mothers are at risk of serious health complications, so it's important to see your doctor between one to six weeks after delivery.



Immunizations

The bacteria and germs that cause childhood diseases are still around. In our mobile society, we can easily be around others who come from areas around the world where serious diseases are prevalent. Vaccinations help prevent the spread of those diseases. Each child who isn't vaccinated can spread those germs to others who are unvaccinated.

Vaccinations help protect others in your community too – like your neighbor who has cancer and cannot get certain vaccines, or your best friend's newborn baby who is too young to be fully immunized.

GEHA medical plans cover routine well-child visits and vaccinations at 100%.

Immunization	1st	2nd	3rd	4th	5th
HepB (hepatitis B)	Birth	1-2 months	6-18 months		
RV (rotavirus)	2 months	4 months	6 months		
DTaP (diphtheria, tetanus and pertussis)	2 months	4 months	6 months	15-18 months	4-6 years
Hib (Haemophilus influenza type b)	2 months	4 months	6 months	12-15 months	
PCV (pneumococcus)	2 months	4 months	6 months	12-15 months	
IPV (polio)	2 months	4 months	6-18 months	4-6 years	
MMR (measles, mump and rubella)	12-15 months	4-6 years			
Varicella (chickenpox)	12-15 months	4-6 years			
Hep A (hepatitis A) Given 6 to 18 months apart	12-18 months	12-18 months			
Flu (influenza) Two doses given at least four weeks apart in the first year, one dose yearly after that.	Yearly				

Source: Centers for Disease Control and Prevention. For more information, visit [cdc.gov](https://www.cdc.gov)

Healthy baby information

Sleep schedule

Your baby will likely sleep about eight or nine hours in the day and another eight hours at night, waking periodically to feed. Unfortunately, other than these general parameters, there is no set infant sleep schedule. In addition, many babies think they are supposed to sleep during the day and be awake at night.

Despite these difficulties, there are a few routines you can establish that may help you reclaim a full(er) night's sleep. Remember, your baby's sleep pattern will evolve as the baby grows older. If you have concerns about your baby's sleep patterns, it is okay to contact your provider.

Preventing SIDS

Putting your baby in a safe sleeping environment and position can greatly reduce the risk of sudden infant death syndrome, or SIDS.

Here are some tips that can help prevent SIDS:

- Always place the baby on their back to sleep or when left alone.
- Place the baby on a firm sleep surface, such as a mattress covered by a fitted sheet.
- Don't use blankets, quilts or bumper pads in the baby's sleeping area.
- Clear soft toys and loose bedding from the sleeping area.
- Dress your baby in light clothing. Make sure the baby's head is not covered, and don't cover the baby with a blanket.
- Don't smoke or let anyone else smoke around the baby.
- Don't let the baby sleep in an adult bed, couch or chair, with or without an adult.

Breastfeeding

Weight loss during the first few days of life is common in breastfed babies. After the fifth day, your baby should gain about five to seven ounces each week. Between 10 to 14 days, your baby should be back up to birth weight.

On the occasions when you can't feed your baby, it is important to use a breast pump. By pumping, you will be able to maintain and support your milk supply.

GEHA covers one double-channel electric breast pump with double suction capability at 100% with a physician's prescription every two years. geha.com/Elevate-Maternity-Program

Breast milk storage and bottle hygiene

- The optimal way to store breast milk is in a glass or hard-sided plastic container with a well-fitted lid. These should be washed in hot, soapy water, rinsed carefully and air dried. There are plastic bags specially designed for storing human milk.
- To prevent spoiling, save breast milk in the back of the fridge or freezer, where the temperature is most stable.
- Store the amount a baby takes in a single feeding – between two and four ounces – in each container.
- Label each container with the date and time it was collected.

There are multiple ways to warm frozen or refrigerated breast milk. You can set frozen breast milk in the refrigerator to thaw overnight. You can also place frozen or cold breast milk under warm running water or submerge in a container of warm water. Do not heat breast milk in the microwave or submerge in boiling water, as this can cause hot spots and deplete nutrients in the milk. All thawed milk should be used within 24 hours. It's not uncommon for milk to separate into milk and cream layers during storage. When this happens, swirl the milk gently to mix the layers. Don't shake the milk – this can introduce air bubbles, which can cause gas and discomfort in your baby.

HUMAN MILK STORAGE GUIDELINES

Type of breast milk	Stored on a countertop at room temperature 77°F (25°C) or colder	Stored in a refrigerator 40°F (4°C)	Stored in a freezer 0°F (-18°C) or colder
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 has been thawed
Leftover from a feeding (baby did not finish the bottle)	Use within 2 hours after the baby is finished feeding	Use within 2 hours after the baby is finished feeding	Use within 2 hours after the baby is finished feeding

Source: Centers for Disease Control and Prevention, https://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm



Feeding with formula

Not all new mothers are able or want to breastfeed their baby. Infant formula can provide quality nutrition for a baby, but with so many options it is easy to feel overwhelmed.

In most cases, the American Academy of Pediatrics, or AAP, encourages the use of cow's milk-based formula. The AAP also recommends an iron-fortified formula for infants who are not breastfed or partially breastfed, for the first year of the baby's life. This is because some infants don't have enough natural reserves of iron, which is a necessary mineral for normal growth and development.

There are some medical conditions that require a specialty formula. Talk to your baby's provider about what formula option is best. Your baby should not receive any regular cow's milk for the first year of life and should not receive any **1%** or skim milk before the baby's second birthday.

FEEDING AMOUNTS

The amount of formula you need to feed your baby depends on the baby's age. At first, your newborn will take 2 or 3 ounces per feeding and will eat every three or four hours. If your baby sleeps longer than four or five hours and starts missing feedings, wake the baby up and offer a bottle.

By the end of the first month, your baby should be taking at least 4 ounces of formula per feeding on a consistent schedule of every four hours. At 6 months, your baby should be drinking between 6 and 8 ounces during each feeding. Typically, your baby will have four or five feedings every 24 hours.

On average, your baby should consume about 2.5 ounces of formula per day for each pound of body weight. If your baby wants to feed more often or wants larger amounts, try distracting them with a toy or a pacifier. Some patterns of obesity start at infancy, so it is important not to overfeed.

Remember that whether you breastfeed or bottle feed, each baby's feeding needs are unique. You will get to know your baby and how much they need as the two of you grow together.

Learn more about formula feeding from the American Academy of Pediatrics at [healthychildren.org](https://www.healthychildren.org)

Preparing formula

When mixing infant formula, use water from a safe source. If you are unsure if your tap water is safe, you can use bottled water or bring cold tap water to a rolling boil for no longer than one minute. Then let it cool to room temperature for no more than 30 minutes before use. To easily gauge the temperature of the water, place a few drops on the inside of your wrist.

The AAP strongly recommends that parents and caregivers do not dilute formula. Always mix formula according to the manufacturer's directions. Adding extra water to formula reduces the amount of nutrients the baby will receive at each feeding, which can slow growth and development. Extra water in the formula can also disturb the electrolyte balance, leading to seizures. If you're using formula but are having trouble affording it, please contact your provider or local health department for resources.

Any prepared formula that is fed to your baby, must be thrown out within 1 hour of the feeding. Do not store formula from a bottle that your baby has already fed from, this can cause bacterial growth. If you prepare formula for your baby in advance, it must be covered and stored in the refrigerator. Discard prepped formula after 24 hours. To warm refrigerated formula, place the bottle under very warm or hot water and gently swirl it before giving to your baby. Do not heat formula in the microwave or submerge in boiling water, as this can cause hot spots and deplete nutrients in the formula.

Spitting up and signs of feeding intolerance

According to the Food and Drug Administration, spitting up is normal in most cases.

If you notice any of the following signs of feeding intolerance, be sure to notify your provider:

- Spitting up blood or green bile
- Persistent, large quantities of spit-up
- Blood in the stool
- Diarrhea
- Weight loss
- Lack of weight gain
- Persistent coughing or wheezing

Ways to prevent spitting up:

- Hold the baby upright during and after feedings
- Feed smaller portions more frequently
- Speak to your pediatrician about switching to a different formula

Sources:

"Formula feeding." [healthychildren.org](https://www.healthychildren.org), American Academy of Pediatrics.

"Babies spitting up - normal in most cases." fda.gov, U.S. Food and Drug Administration, 5 August 2013.

Bathing and water safety

Babies only need a bath every few days. When you decide to bathe your baby, give them a sponge bath until the cord falls off and the belly button and/or circumcision have healed. After the baby has healed, you may want to use a reclining infant tub.

Prior to bathing, gather all supplies and test the water temperature with your wrist. It should feel comfortably warm. Wash the baby with a mild, unscented soap. This same soap may be used on the hair – baby shampoo is optional.

- 1. When bathing the baby, start at the top and work your way down.** Wash the baby's face using only water. Take extra care with the eyes, carefully using a clean part of the washcloth for each eye. While babies only need baths every couple of days, make washing your baby's face and brushing their hair part of your daily routine.
- 2. Never insert anything hard, like a cotton swab, into your baby's ears or nose.** They can do serious internal damage. A soft washcloth is a better choice. When washing the rest of the body, pay special attention to the skin folds. Make sure to get in all the crevices.
- 3. Maintain a clean umbilical cord area by folding the diaper below the cord.** Clean the cord gently with a damp cloth if it gets soiled and allow it to air dry. Clean the diaper area last, moving front to back on girls. This area should be cleaned with every diaper change as well.
- 4. Once clean, place the baby on a clean, dry towel and use another towel for drying.** It is not necessary to use oils, powders or lotions unless recommended by a doctor. Powders are especially dangerous because the baby might inhale the powder.

Trim your baby's toe and fingernails as needed. Grasp the hand or foot firmly and trim straight across. It may be helpful to use an infant emery board or baby nail clippers. Trimming when the baby is drowsy or sleeping might be the best time. Babies can scratch themselves with sharp nails. Many newborn sleepers are designed with built in mittens to keep your baby from scratching themselves.

Remember, it is never safe to leave the baby unattended around water. Children can drown in less than two inches of water. Once your baby starts crawling, keep the toilet lid down and bathroom door closed.

Illness

A common worry among parents of a newborn is knowing when the baby is truly sick and when to call the doctor. When in doubt, don't hesitate to call. It is better to err on the side of caution and call when potentially unnecessary than to wait too long.

Here are some warning signs that your baby is sick:

- Increased yellow discoloration in the skin or eyes
- Infant is pale or has blue discoloration around the mouth
- Repeatedly refusing to feed or sucking poorly
- Sleepy or difficult to wake up
- Increased fussiness or refusal to be consoled
- Infant is limp
- Hard time breathing
- Under-the-armpit temperature more than 100 degrees Fahrenheit
- Vigorous vomiting (more than spitting up)
- Fewer than six wet diapers per day
- Hard stools passed with difficulty or constipation
- Diarrhea or mucus-filled stools with foul odor
- Drainage, redness or foul odor around the cord or circumcised penis

Where to find care

Developing a relationship with your child's pediatrician or primary care provider (PCP) is important for their growth and development. By keeping all well-child appointments, your child's provider will have a good understanding of their overall health.

Care option	Care description	Contact	Cost
Health Advice Line	Talk to a nurse 24/7/365	888.257.4342	Free
MDLIVE telehealth	Talk to a board-certified doctor, behavioral health therapist, dermatologist or pediatrician.	geha.com/MDLIVE	Free
Primary and specialty care	Get non-emergency doctor care.	geha.com/Find-Care	\$
MinuteClinic®	Local care for minor issues.	geha.com/MinuteClinic	\$
Urgent care	Convenient local care option.	geha.com/Find-Care	\$\$
Emergency room	Life threatening issues.	Call 911	\$\$\$

Calling your doctor

When you call the doctor, tell them what is wrong, when you first noticed it, what you've done to treat the condition already and if your baby has been around others who are sick. Write your questions down for the doctor before calling and have pen and paper ready to take notes during the call.

If you suspect your baby is ill, a good starting point is taking their temperature. Never use a thermometer with mercury or put a thermometer in the baby's mouth. In-ear thermometers are helpful when the baby gets older, but are not accurate with newborns.

The best way to take a baby's temperature is under the arm. Place the bulb end of the thermometer under the baby's arm from the front. Make sure clothing is out of the way and hold the arm firmly against the body until the thermometer beeps.

Never give your baby any medications without first checking with a doctor.

Child care

If you and your partner both work outside the home, finding child care will be important. Ask your neighbors, friends and coworkers for recommendations. There are three child care options: care in your home, care in the caregiver's home and care at a child care center. In-home care is the most expensive. A nanny or au pair will come to your house every day and watch your children. Some parents share caregivers with another family to bring the cost down.

Another option is taking your child to someone else's home or care center every day. If you decide to go this route, find out where the home or daycare is located and if they take children less than one-year old. Here are some things to consider when visiting a home or child care center:

- Are there enough caregivers? A good day care usually has one adult per three or four infants, four or five toddlers or six to nine preschoolers.
- Do the caregivers appear attentive and loving? Do the children seem happy and well cared for?
- Is the home or center clean and babyproof?
- What is served at meal and snack times?
- Interview the center director and check the credentials.
- Are staff trained in first aid and CPR?
- What is the staff turnover rate?
- What are the emergency medical plans?
- Can you visit to breastfeed during the day?
- Does the home or center provide any supplies or equipment for your baby?

Healing after labor and delivery

Bleeding

After birth, your body will shed the blood and tissue that lined the uterus. This fluid is called lochia and will typically be heavy and bright red with a few clots in the first few days. Later, it will be lighter in color and volume, although bright red may return. You may feel a gush of blood leave the vagina during breastfeeding, when the uterus contracts. After a couple weeks, lochia will gradually go away.

It is important to wear sanitary pads – not tampons – during this time. Call your doctor if you are bleeding through more than two pads an hour for more than a couple hours.

Uterine contractions

The uterus starts returning to its normal size immediately after birth. It will grow smaller and firmer and descend back below the pubic bone. About 10 days after birth, you will no longer be able to feel your uterus in your abdomen.

Your uterus will contract and relax as it shrinks. These cramps are called afterbirth pains and can vary in severity. If you feel you need an over-the-counter pain reliever and are providing breast milk, talk to your provider before taking any medication.

Perineal pain

The area between the vagina and anus is called the perineum. During childbirth, this skin stretches to allow for the baby's head. Sometimes this skin and tissues tear. Minor tears may heal without stitches, but some tears require a few stitches that are done in the delivery room. A severe tear may require a more extensive surgical repair.

If you experience pain in this region, these tips might provide comfort and speed up recovery:

- Apply cold packs or chilled witch hazel pads to the area.
- Sit on a soft surface or use a donut pillow.
- Sit in warm water just deep enough to cover your hips and buttocks. You can also try a sitz bath. This is a special basin you can fill with warm water and place on the toilet seat.
- Ask your doctor before using a numbing spray or cream.

Painful urination

For a few days after delivery, you may feel the urge to urinate but be unable to go. If you are able to urinate, it may be accompanied by pain and a burning sensation. This is because the baby's head put a lot of pressure on your bladder and urethra, which can lead to swelling and stretching that gets in the way of urination.

To lessen the swelling or pain in the meantime, try a sitz bath or spray warm water over your genitals with a squeeze bottle while sitting on the toilet. Some mothers have the opposite problem, involuntary leakage of urine, or incontinence. This is because of decreased tone in your pelvic muscles and should strengthen over time. Doing Kegel exercises will help tighten these muscles, and you can also consider pelvic floor therapy. In the meantime, you may feel more comfortable wearing a sanitary pad.

Typically, symptoms of painful urination go away after a few days. If the pain is severe or ongoing, talk to your doctor.

Hemorrhoids

If you had hemorrhoids or painful varicose veins in your vulva during pregnancy, they may get worse after delivery. They may also appear after delivery as a result of straining during labor. As your body heals, hemorrhoids should get smaller and go away. Until then, try medicated sprays or ointments, sitz baths or a cold witch hazel compress.

Swollen breasts

Between two and four days after delivery, your breasts will start to feel full, hard and tender as they fill with milk. The best relief is breastfeeding. Once you and your baby fall into a pattern, the discomfort goes away. Mothers who do not breastfeed will have swollen and sore breasts for about seven to 10 days until the feeling subsides.

In the meantime, these tips may help reduce pain if you are planning to breastfeed:

- Wear a well-fitting support or sports bra. Don't wear anything binding, which can make pain worse.
- Apply ice packs to your breasts to reduce swelling.
- Don't release any milk. This signals your body to make more.
- Take ibuprofen if needed.



Fatigue

Childbirth is a very difficult task and it may take some time until your baby settles into a sleeping schedule. Fatigue is inevitable, but by following this advice hopefully you won't slip into exhaustion:

- Ask your friends and family for help. You'd be surprised how many people are willing to bring dinner, stop by the grocery store, pitch in with laundry or babysit so you can nap.
- Sleep when the baby sleeps. Don't use this time for chores – rest.
- If you have an older child, give them quiet activities so you and the baby can rest.
- Limit your activity to only the most important chores.
- Eat foods rich in protein and iron. These minerals help fight fatigue. It may seem difficult to maintain a healthy diet while caring for a new baby but eating a nutritious and well-balanced diet will carry you a long way.

Postpartum danger signs

Call your doctor if you experience any of these symptoms:

- Fever greater than 100.4 degrees Fahrenheit
- Nausea and vomiting
- Pain or burning during urination
- Bleeding heavier than a normal menstrual period or bleeding that increases
- Severe lower abdominal pain
- Pain, swelling and tenderness in the legs
- Chest pain and coughing or gasping for air
- Red streaks on the breasts or painful new lumps in your breasts
- Pain that doesn't go away or gets worse
- Redness or discharge from a perineal tear or abdominal incision
- Foul-smelling vaginal discharge
- Feelings of hopelessness that last more than 10 days after delivery
- Seeing spots or changes in vision
- Unending headache
- Swelling of face or hands





Return of menstrual periods

This is dependent on whether or not you are breastfeeding. For a breastfeeding mother, this time can vary, and your period may not return for several months. If you are not breastfeeding, your period may return as early as 6-8 weeks after giving birth. Once your cycle resumes, your ovaries may release an egg before you have your first period. This means you can get pregnant before menstruation returns. To prevent this possibility, use birth control as soon as you resume sexual intercourse.

When your menstrual period returns, it may not be the same as before. It is common for the duration and flow of your period to change. Menstrual cramps can also change after having a baby.

Postpartum sadness and depression

Between **70%** and **80%** of new mothers experience a feeling of sadness known as the baby blues. But for about **15%** of these women, the feelings are more intense and persist longer. This could develop into a more serious condition called postpartum depression.

BABY BLUES

The baby blues typically start a few days after childbirth and go away after a short time period. A new mother with the baby blues may feel depressed, anxious or upset.

There are several effective ways of counteracting the baby blues.

- Talk with your partner or a good friend about your feelings.
- Get plenty of rest, and take time for yourself, even if only for a few moments each day.
- Ask your partner, friends and family for help.

POSTPARTUM DEPRESSION

Postpartum depression is a feeling of despair, anxiety or hopelessness that can cloud daily life. It typically occurs one to three weeks after delivery, but can also surface up to one year after childbirth.

Postpartum depression is most common in women with a history of depression, a history of premenstrual syndrome or premenstrual dysphoric disorder, or those who lack support from friends and family. Recent stress such as the death of a loved one, family illness, moving to a new city or starting a new job can also be a major contributing factor.

If you, your friends or family feel you have postpartum depression, it is important to see your doctor immediately. Do not wait until your postpartum checkup. The sooner you see your doctor and get help, the sooner you will start feeling better and be able to enjoy your new family.

The two most common treatments for postpartum depression are often used in combination with each other. A doctor may prescribe antidepressants and also recommend counseling with a therapist. It is best to discuss the decision to take antidepressants while breastfeeding with your provider and the baby's pediatrician.

Sex after childbirth

There is no schedule for when to resume sexual intercourse after childbirth, but most health care professionals recommend waiting four to six weeks. It is normal to be apprehensive about the first time after childbirth.

Discomfort is common, but these tips should make the activity more enjoyable:

- Find a time when neither of you are rushed. Wait until the baby is sound asleep or with a loved one for a few hours.
- Vaginal dryness can be a problem if you are breastfeeding. If so, use a water-soluble or silicon-based lubricant. Stay away from oil-based lubricants as they can cause vaginal irritation.
- Try different positions to take pressure off a sore region and help you control penetration

It is perfectly normal to be uninterested in intercourse a few weeks after childbirth, but that doesn't mean intimacy isn't possible. Spend private time with your partner talking only about each other, not the baby, jobs or chores. Cuddle and hold each other. Be honest with any concerns about sexual problems.

Remember, use a reliable birth control method. As discussed earlier, it is possible to be fertile before having your first period.



Exercise and nutrition



Exercises for the postpartum period

During pregnancy, the uterus stretches the muscles in your abdomen and lower back. The following series of exercises are designed to rebuild these core muscles. When you are able to do 20 repetitions of one exercise without stopping, move on to the next one. Be sure to get your doctor's approval before starting.

After delivery, your abdomen will still look like you are pregnant. Be patient. It will take time for your body to return to its pre-pregnancy state.

Exercising at least three times per week will gently tone stretched muscles and prepare you to gradually advance into more strenuous exercise.

FOUR-POINT KNEELING

1. Kneel on all fours, with your hips positioned over your knees and your shoulders over your hands. Your back should be straight.
2. Inhale deeply, then, as you slowly exhale, draw your abdominal muscles in, imagining you are pulling your navel into your spine. This is called engaging your core and will be used in all of the exercises. Make sure your back stays straight throughout.
3. Return to the starting position and repeat.

LEG SLIDES

1. Lie flat on your back, knees bent slightly, feet flat on the ground.
2. Engage the core by pulling your navel toward your spine and not moving your back.
3. With the core engaged, inhale and slide your right leg from bent to straight. Exhale and bend your right leg back.
4. Relax your core, then repeat this exercise, alternating legs each time.

LYING LEG EXTENSIONS

1. Lie flat on your back, knees bent slightly, feet flat on the ground.
2. Raise both legs with knees bent at 90 degrees.
3. Extend one leg. Engage your core, but don't forget to breathe.
4. Return your extended leg to the starting position and repeat with your other leg.

KNEE RAISES

1. Lie flat on your back, knees bent slightly, feet flat on the ground.
2. Raise one leg with the knee bent so that knee is above your hip. Slide the other leg from bent to straight.
3. Keep your core engaged, but don't move your back. Remember to breathe.
4. Return to the starting position and repeat with the other leg

HEEL TOUCHES

1. Lie flat on your back, knees bent slightly, feet flat on the ground.
2. Raise both legs with knees bent at about 90 degrees. Your calves should be parallel to the floor.
3. Lower one leg, keeping the knee bent at 90 degrees, and touch your heel to the floor.
4. Keep your core engaged and bring the leg back up to the starting position in the air. Repeat with the opposite leg.

Nutrition

Nourishing your body is just as important after you have your baby as it was while you were pregnant. Eating nutritious foods will help to heal and fuel your body. Getting the proper nutrition will decrease your risk of postpartum depression and help you feel your best.

Lifestyle changes

Don't stop any of the healthy lifestyle habits you adopted while pregnant.

If you stopped smoking, don't start again. Secondhand smoke has been linked to an increased risk of sudden infant death syndrome, lung problems, allergies and ear infections. If you are breastfeeding, nicotine and other chemicals in cigarettes can be transmitted to the baby.

Some parents smoke e-cigarettes under the mistaken belief that they are safer than traditional smoking methods, or will help them stop smoking altogether. There is no evidence that e-cigarettes aid in smoking cessation. The vapor from e-cigarettes is just as harmful to babies as secondhand smoke.

If you want to have an occasional alcoholic drink, wait at least 2 hours after a single drink before you breastfeed. The alcohol will leave your milk as it leaves your bloodstream—there is no need to express and discard your milk. Drinking more than two drinks per day on a regular basis may be harmful to your baby and may cause drowsiness, weakness, and abnormal weight gain.

If you are using opioids or unhealthy substances, even if prescribed, it is important to discuss this with your provider. If you have opioid use disorder or struggle with substance abuse, treatment can start you on the road to recovery.

Remember, there are treatment options available and seeking help is the first step to recovery and making life better for you and your family. If you are addicted to an opioid like oxycodone or heroin, it is best to tell your doctor, who will help you find a substance abuse treatment program tailored specifically for you.

Call [800.662.4357](tel:800.662.4357) or visit [samhsa.gov/Find-Treatment](https://www.samhsa.gov/Find-Treatment) to connect with resources in your area.

Resources

Planning another baby?

Now that you've been through pregnancy and childbirth, you and your partner might start thinking about having another child at some point. When and if you have another child is completely your decision, of course, but it is generally recommended to wait 18 months from the birth of your last child.

It is important to know that if you experienced complications in prior pregnancies, you should alert your provider as soon as possible so both of you can recognize symptoms earlier and take steps to reduce their reoccurrence.

WHAT TO KNOW FOR YOUR NEXT PREGNANCY

Each pregnancy is unique and you may have different experiences.

- You might be more tired than the first time, in part because your body has aged, but also because you will have another child to take care of during the pregnancy.
- Maternity clothes could be needed earlier because your abdominal muscles were stretched by your previous pregnancy and may not be as strong.
- You might feel the baby move sooner. The baby won't actually be moving earlier, you'll just know what it feels like and recognize the sensation.
- Braxton Hicks contractions may appear during the second trimester rather than the third.



The Nurse Family Partnership

They have collected a helpful and varied spectrum of resources for your reference.
nursefamilypartnership.org/National-Resources-For-Moms

Postpartum Support International

Their mission is to promote awareness, prevention and treatment of mental health issues related to childbearing in every country worldwide.
postpartum.net

Parents as Teachers

This program pairs educators with parents to promote early learning, development and health. Their home curriculum and tools are designed to have every child enter kindergarten with a consistent level of readiness.
parentsasteachers.org

Dolly Parton's Imagination Library

This program mails a free book to children each month from birth until they start school. This program allows all households to build a quality library at no charge. Check if the program is available in your area and sign up online.
imaginationlibrary.com

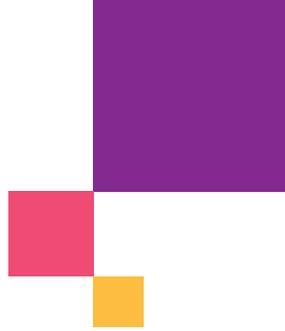
Cooking Matters

This service provides recipes and programs to help parents shop for healthy food and cook balanced meals on a limited budget.
cookingmatters.org

The American Dental Hygienists' Association

Their Protect Tiny Teeth program offers information to new parents about their own oral health and the oral health of their children.
adha.org/Protect-Tiny-Teeth

We encourage you to speak to your doctor for reference materials that have worked for other patients. Customer reviews for books and apps can be another guidepost. For a good overview of pregnancy apps, visit forbes.com/health/family/best-pregnancy-apps. Speak to your doctor for a recommendation.



A postpartum guide

geha.com/Elevate-Maternity-Program

[800.821.6136](tel:800.821.6136)

[f](#) [t](#) [i](#) [p](#) [v](#) /gehahealth [in](#) /company/gehahealth

Content adapted from *Your Pregnancy and Childbirth Month to Month* by the American College of Obstetricians and Gynecologists.

This is a brief description of the features of Government Employees Health Association, Inc.'s medical plans. Please read the plan's Federal brochure RI 71-018 (Elevate and Elevate Plus) at geha.com/PlanBrochure. All benefits are subject to the definitions, limitations and exclusions set forth in the Federal brochure.

The information contained herein is for informational and educational purposes only. This information is not a substitute for professional medical advice, and if you have questions regarding a medical condition, regimen or treatment, you should always seek the advice of a qualified health care provider. Never disregard or delay seeking medical advice from a qualified medical professional because of information you have read herein.

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