



A project of the U.S. Department of Health and Human Services Office on Women's Health

Pregnancy

Prenatal care and tests

Medical checkups and screening tests help keep you and your baby healthy during pregnancy. This is called prenatal care. It also involves education and counseling about how to handle different aspects of your pregnancy. During your visits, your doctor may discuss many issues, such as healthy eating and physical activity, screening tests you might need, and what to expect during labor and delivery.

Choosing a prenatal care provider

You will see your prenatal care provider many times before you have your baby. So you want to be sure that the person you choose has a good reputation, and listens to and respects you. You will want to find out if the doctor or midwife can deliver your baby in the place you want to give birth, such as a specific hospital or birthing center. Your provider also should be willing and able to give you the information and support you need to make an informed choice about whether to breastfeed or bottle-feed.

Health care providers that care for women during pregnancy include:

- **Obstetricians (OB)** are medical doctors who specialize in the care of pregnant women and in delivering babies. OBs also have special training in surgery so they are also able to do a cesarean delivery. Women who have health problems or are at risk for pregnancy complications should see an obstetrician. Women with the highest risk pregnancies might need special care from a **maternal-fetal medicine specialist**.
- **Family practice doctors** are medical doctors who provide care for the whole family through all stages of life. This includes care during pregnancy and delivery, and following birth. Most family practice doctors cannot perform cesarean deliveries.
- A **certified nurse-midwife (CNM)** and **certified professional midwife (CPM)** are trained to provide pregnancy and postpartum care. Midwives can be a good option for healthy women at low risk for problems during pregnancy, labor, or delivery. A CNM is educated in both nursing and midwifery. Most CNMs practice in hospitals and birth centers. A CPM is required to have experience delivering babies in home settings because most CPMs practice in homes and birthing centers. All midwives should have a back-up plan with an obstetrician in case of a problem or emergency.

Ask your primary care doctor, friends, and family members for provider recommendations.

When making your choice, think about:

- Reputation
- Personality and bedside manner
- The provider's gender and age
- Office location and hours
- Whether you always will be seen by the same provider during office checkups and delivery
- Who covers for the provider when she or he is not available
- Where you want to deliver
- How the provider handles phone consultations and after-hour calls

Places to deliver your baby

Many women have strong views about where and how they'd like to deliver their babies. In general, women can choose to deliver at a hospital, birth center, or at home. You will need to contact your health insurance provider to find out what options are available. Also, find out if the doctor or midwife you are considering can deliver your baby in the place you want to give birth.

Related information

- Health insurance and women fact sheet

What is a doula?

A doula (DOO-luh) is a professional labor coach, who gives physical and emotional support to women during labor and delivery. They offer advice on breathing, relaxation, movement, and positioning. Doulas also give emotional support and comfort to women and their partners during labor and birth. Doulas and midwives often work together during a woman's labor. A recent study showed that continuous doula support during labor was linked to shorter labors and much lower use of:

- Pain medicines
- Oxytocin (ok-see-TOHS-uhn) (medicine to help labor progress)
- Cesarean delivery

Check with your health insurance company to find out if they will cover the cost of a doula. When choosing a doula, find out if she is certified by Doulas of North America (DONA) or another professional group.

- **Hospitals** are a good choice for women with health problems, pregnancy complications, or those who are at risk for problems during labor and delivery. Hospitals offer the most advanced medical equipment and highly trained doctors for pregnant women and their babies. In a hospital, doctors can do a cesarean delivery if you or your baby is in danger during labor. Women can get epidurals or many other pain relief options. Also, more and more hospitals now offer on-site birth centers, which aim to offer a style of care similar to standalone birth centers.

Questions to ask when choosing a hospital:

- Is it close to your home?
 - Is a doctor who can give pain relief, such as an epidural, at the hospital 24-hours a day?
 - Do you like the feel of the labor and delivery rooms?
 - Are private rooms available?
 - How many support people can you invite into the room with you?
 - Does it have a neonatal intensive care unit (NICU) in case of serious problems with the baby?
 - Can the baby stay in the room with you?
 - Does the hospital have the staff and set-up to support successful breastfeeding?
 - Does it have an on-site birth center?
- **Birth or birthing centers** give women a "homey" environment in which to labor and give birth. They try to make labor and delivery a natural and personal process by doing away with most high-tech equipment and routine procedures. So, you will not automatically be hooked up to an IV. Likewise, you won't have an electronic fetal monitor around your belly the whole time. Instead, the midwife or nurse will check in on your baby from time to time with a handheld machine. Once the baby is born, all exams and care will occur in your room. Usually certified nurse-midwives, not obstetricians, deliver babies at birth centers. Healthy women who are at low risk for problems during pregnancy, labor, and delivery may choose to deliver at a birth center.

Women can not receive epidurals at a birth center, although some pain medicines may be available. If a cesarean delivery becomes necessary, women must be moved to a hospital for the procedure. After delivery, babies with problems can receive basic emergency care while being moved to a hospital.

Many birthing centers have showers or tubs in their rooms for laboring women. They also tend to have comforts of home like large beds and rocking chairs. In general, birth centers allow more people in the delivery room than do hospitals.

Birth centers can be inside of hospitals, a part of a hospital or completely separate facilities. If you want to deliver at a birth center, make sure it meets the standards of the Accreditation Association for Ambulatory Health Care, The Joint Commission, or the American Association of Birth Centers. Accredited birth centers must have doctors who can work at a nearby hospital in case of problems with the mom or baby. Also, make sure the birth center has the staff and set-up to support successful breastfeeding.

- **Homebirth** is an option for healthy pregnant women with no risk factors for complications during pregnancy, labor or delivery. It is also important women have a strong after-care support system at home. Some certified nurse midwives and doctors will deliver babies at home. Many health insurance companies do not cover the cost of care for homebirths. So check with your plan if you'd like to deliver at home.

Homebirths are common in many countries in Europe. But in the United States, planned homebirths are not supported by the American Congress of Obstetricians and Gynecologists (ACOG). ACOG states that hospitals are the safest place to deliver a baby. In case of an emergency, says ACOG, a hospital's equipment and highly trained doctors can provide the best care for a woman and her baby.

If you are thinking about a homebirth, you need to weigh the pros and cons. The main advantage is that you will be able to experience labor and delivery in the privacy and comfort of your own home. Since there will be no routine medical procedures, you will have control of your experience.

The main disadvantage of a homebirth is that in case of a problem, you and the baby will not have immediate hospital/medical care. It will have to wait until you are transferred to the hospital. Plus, women who deliver at home have no options for pain relief.

To ensure your safety and that of your baby, you must have a highly trained and experienced midwife along with a fail-safe back-up plan. You will need fast, reliable transportation to a hospital. If you live far away from a hospital, homebirth may not be the best choice. Your midwife must be experienced and have the necessary skills and supplies to start emergency care for you and your baby if need be. Your midwife should also have access to a doctor 24 hours a day.

Did you know?

Some hospitals and birth centers have taken special steps to create the best possible environment for successful breastfeeding. They are called Baby-Friendly Hospitals and Birth Centers. Women who deliver in a baby-friendly facility are promised the information and support they need to breastfeed their infants. Learn more about Baby-friendly hospitals and birth centers from the Baby-Friendly Hospital Initiative.

Prenatal checkups

During pregnancy, regular checkups are very important. This consistent care can help keep you and your baby healthy, spot problems if they occur, and prevent problems during delivery. Typically, routine checkups occur:

- Once each month for weeks four through 28
- Twice a month for weeks 28 through 36
- Weekly for weeks 36 to birth

Women with high-risk pregnancies need to see their doctors more often.

At your first visit your doctor will perform a full physical exam, take your blood for lab tests, and calculate your due date. Your doctor might also do a breast exam, a pelvic exam to check your uterus (womb), and a cervical exam, including a Pap test. During this first visit, your doctor will ask you lots of questions about your lifestyle, relationships, and health habits. It's important to be honest with your doctor.

After the first visit, most prenatal visits will include:

- Checking your blood pressure and weight
- Checking the baby's heart rate
- Measuring your abdomen to check your baby's growth

You also will have some routine tests throughout your pregnancy, such as tests to look for [anemia](#), tests to measure risk of [gestational diabetes](#), and tests to look for harmful infections.

Become a partner with your doctor to manage your care. Keep all of your appointments — every one is important! Ask questions and read to educate yourself about this exciting time.

Monitor your baby's activity

After 28 weeks, keep track of your baby's movement. This will help you to notice if your baby is moving less than normal, which could be a sign that your baby is in distress and needs a doctor's care. An easy way to do this is the "count-to-10" approach. Count your baby's movements in the evening — the time of day when the fetus tends to be most active. Lie down if you have trouble feeling your baby move. Most women count 10 movements within about 20 minutes. But it is rare for a woman to count less than 10 movements within two hours at times when the baby is active. Count your baby's movements every day so you know what is normal for you. Call your doctor if you count less than 10 movements within two hours or if you notice your baby is moving less than normal. If your baby is not moving at all, call your doctor right away.

Prenatal tests

Tests are used during pregnancy to check your and your baby's health. At your first prenatal visit, your doctor will use tests to check for a number of things, such as:

- Your blood type and [Rh factor](#)
- [Anemia](#)
- Infections, such as [toxoplasmosis](#) and [sexually transmitted infections \(STIs\)](#), including [hepatitis B](#), [syphilis](#), [chlamydia](#), and [HIV](#)
- Signs that you are immune to [rubella](#) (German measles) and [chicken pox](#)

Throughout your pregnancy, your doctor or midwife may suggest a number of other tests, too. Some tests are suggested for all women, such as screenings for gestational diabetes, Down syndrome, and HIV. Other tests might be offered based on your:

- Age
- Personal or family health history
- Ethnic background
- Results of routine tests

Some tests are screening tests. They detect risks for or signs of *possible* health problems in you or your baby. Based on screening test results, your doctor might suggest diagnostic tests. Diagnostic tests confirm or rule out health problems in you or your baby.

The following chart describes some of the most common prenatal tests:

Avoid keepsake ultrasounds

You might think a keepsake ultrasound is a must-have for your scrapbook. But, doctors advise against ultrasound when there is no medical need to do so. Some companies sell "keepsake" ultrasound videos and images. Although ultrasound is considered safe for medical purposes, exposure to ultrasound energy for a keepsake video or image may put a mother and her unborn baby at risk. Don't take that chance.

Common prenatal tests

Test	What it is	How it is done
<p>Amniocentesis (AM-nee-oh-sen-TEE-suhss)</p>	<p>This test can diagnosis certain birth defects, including:</p> <ul style="list-style-type: none"> • Down syndrome • Cystic fibrosis • Spina bifida <p>It is performed at 14 to 20 weeks.</p> <p>It may be suggested for couples at higher risk for genetic disorders. It also provides DNA for paternity testing.</p>	<p>A thin needle is used to draw out a small amount of amniotic fluid and cells from the sac surrounding the fetus. The sample is sent to a lab for testing.</p>
<p>Biophysical profile (BPP)</p>	<p>This test is used in the third trimester to monitor the overall health of the baby and to help decide if the baby should be delivered early.</p>	<p>BPP involves an ultrasound exam along with a nonstress test. The BPP looks at the baby's breathing, movement, muscle tone, heart rate, and the amount of amniotic fluid.</p>
<p>Chorionic villus (KOR-ee-ON-ihk VIL-uhss) sampling (CVS)</p>	<p>A test done at 10 to 13 weeks to diagnose certain birth defects, including:</p> <ul style="list-style-type: none"> • Chromosomal disorders, including Down syndrome • Genetic disorders, such as cystic fibrosis <p>CVS may be suggested for couples at higher risk for genetic disorders. It also provides DNA for paternity testing.</p>	<p>A needle removes a small sample of cells from the placenta to be tested.</p>
<p>First trimester screen</p>	<p>A screening test done at 11 to 14 weeks to detect higher risk of:</p> <ul style="list-style-type: none"> • Chromosomal disorders, including Down syndrome and trisomy 18 • Other problems, such as heart defects <p>It also can reveal multiple births. Based on test results, your doctor may suggest other tests to diagnose a disorder.</p>	<p>This test involves both a blood test and an ultrasound exam called nuchal translucency (NOO-kuhl trans-LOO-sent-see) screening. The blood test measures the levels of certain substances in the mother's blood. The ultrasound exam measures the thickness at the back of the baby's neck. This information, combined with the mother's age, help doctors determine risk to the fetus.</p>
<p>Glucose challenge screening</p>	<p>A screening test done at 26 to 28 weeks to determine the mother's risk of gestational diabetes.</p> <p>Based on test results, your doctor may suggest a glucose tolerance test.</p>	<p>First, you consume a special sugary drink from your doctor. A blood sample is taken one hour later to look for high blood sugar levels.</p>

<p>Glucose tolerance test</p>	<p>This test is done at 26 to 28 weeks to diagnose <u>gestational diabetes</u>.</p>	<p>Your doctor will tell you what to eat a few days before the test. Then, you cannot eat or drink anything but sips of water for 14 hours before the test. Your blood is drawn to test your "fasting blood glucose level." Then, you will consume a sugary drink. Your blood will be tested every hour for three hours to see how well your body processes sugar.</p>
<p>Group B streptococcus (STREP-tuh-KOK-uhss) infection</p>	<p>This test is done at 36 to 37 weeks to look for bacteria that can cause <u>pneumonia</u> or serious infection in newborn.</p>	<p>A swab is used to take cells from your vagina and rectum to be tested.</p>
<p>Maternal serum screen (also called quad screen, triple test, triple screen, multiple marker screen, or AFP)</p>	<p>A screening test done at 15 to 20 weeks to detect higher risk of:</p> <ul style="list-style-type: none"> • Chromosomal disorders, including <u>Down syndrome</u> and <u>trisomy 18</u> • Neural tube defects, such as <u>spina bifida</u> <p>Based on test results, your doctor may suggest other tests to diagnose a disorder.</p>	<p>Blood is drawn to measure the levels of certain substances in the mother's blood.</p>
<p>Nonstress test (NST)</p>	<p>This test is performed after 28 weeks to monitor your baby's health. It can show signs of fetal distress, such as your baby not getting enough oxygen.</p>	<p>A belt is placed around the mother's belly to measure the baby's heart rate in response to its own movements.</p>
<p>Ultrasound exam</p>	<p>An ultrasound exam can be performed at any point during the pregnancy. Ultrasound exams are not routine. But it is not uncommon for women to have a standard ultrasound exam between 18 and 20 weeks to look for signs of problems with the baby's organs and body systems and confirm the age of the fetus and proper growth. It also might be able to tell the sex of your baby.</p> <p>Ultrasound exam is also used as part of the first trimester screen and biophysical profile (BPP).</p> <p>Based on exam results, your doctor may suggest other tests or other types of ultrasound to help detect a problem.</p>	<p>Ultrasound uses sound waves to create a "picture" of your baby on a monitor. With a standard ultrasound, a gel is spread on your abdomen. A special tool is moved over your abdomen, which allows your doctor and you to view the baby on a monitor.</p>
<p>Urine test</p>	<p>A urine sample can look for signs of health problems, such as:</p>	<p>You will collect a small sample of clean, midstream urine in a sterile plastic cup. Testing strips that look for certain substances</p>

	<ul style="list-style-type: none"> • Urinary tract infection • Diabetes • Preeclampsia <p>If your doctor suspects a problem, the sample might be sent to a lab for more in-depth testing.</p>	<p>in your urine are dipped in the sample. The sample also can be looked at under a microscope.</p>
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Understanding prenatal tests and test results

If your doctor suggests certain prenatal tests, don't be afraid to ask lots of questions. Learning about the test, why your doctor is suggesting it for you, and what the test results could mean can help you cope with any worries or fears you might have. Keep in mind that screening tests do not diagnose problems. They evaluate risk. So if a screening test comes back abnormal, this doesn't mean there is a problem with your baby. More information is needed. Your doctor can explain what test results mean and possible next steps.

High-risk pregnancy

Pregnancies with a greater chance of complications are called "high-risk." But this doesn't mean there will be problems. The following factors may increase the risk of problems during pregnancy:

- Very young age or older than 35
- Overweight or underweight
- Problems in previous pregnancy
- Health conditions you have before you become pregnant, such as [high blood pressure](#), [diabetes](#), [autoimmune disorders](#), [cancer](#), and [HIV](#)
- Pregnancy with twins or other multiples

Health problems also may develop during a pregnancy that make it high-risk, such as [gestational diabetes](#) or [preeclampsia](#). See [Pregnancy complications](#) to learn more.

Women with high-risk pregnancies need prenatal care more often and sometimes from a specially trained doctor. A maternal-fetal medicine specialist is a medical doctor that cares for high-risk pregnancies.

If your pregnancy is considered high risk, you might worry about your unborn baby's health and have trouble enjoying your pregnancy. Share your concerns with your doctor. Your doctor can explain your risks and the chances of a real problem. Also, be sure to follow your doctor's advice. For example, if your doctor tells you to take it easy, then ask your partner, family members, and friends to help you out in the months ahead. You will feel better knowing that you are doing all you can to care for your unborn baby.

Paying for prenatal care

Pregnancy can be stressful if you are worried about affording health care for you and your unborn baby. For many women, the extra expenses of prenatal care and preparing for the new baby are overwhelming. The good news is that women in every state can get help to pay for medical care during their pregnancies. Every state in the United States has a program to help. Programs give medical care, information, advice, and other services important for a healthy pregnancy.

To find out about the program in your state:

- Call 800-311-BABY (800-311-2229) – This toll-free telephone number will connect you to the Health Department in your area code.
- Call 800-504-7081 for information in Spanish.
- Call or contact your local Health Department.

You may also find help through these places:

- **Local hospital or social service agencies** – Ask to speak with a social worker on staff. She or he will be able to tell you where to go for help.

Did you know?

The Affordable Care Act offers pregnant women more protections and options. Learn more from healthcare.gov.

- **Community clinics** – Some areas have free clinics or clinics that provide free care to women in need.
- **Women, Infants and Children (WIC) Program** – This government program is available in every state. It provides help with food, nutritional counseling, and access to health services for women, infants, and children.
- **Places of worship**

More information on prenatal care and tests

Read more from womenshealth.gov

- **Pregnancy and Medicines Fact Sheet** — This fact sheet provides information on the safety of using medicines while pregnant.
<http://www.womenshealth.gov/publications/our-publications/fact-sheet/pregnancy-medicines.cfm>

Explore other publications and websites

- **Chorionic Villus Sampling (CVS) (Copyright © March of Dimes)** — Chorionic villus sampling (CVS) is a prenatal test that can diagnose or rule out certain birth defects. The test is generally performed between 10 and 12 weeks after a woman's last menstrual period. This fact sheet provides information about this test, and how the test sample is taken.
http://www.marchofdimes.com/professionals/14332_1165.asp
- **Folic Acid (Copyright © March of Dimes)** — This fact sheet stresses the importance of getting higher amounts of folic acid during pregnancy in order to prevent neural tube defects in unborn children.
http://www.marchofdimes.com/pnhec/173_769.asp
- **Folic Acid: Questions and Answers** — The purpose of this question and answer sheet is to educate women of childbearing age on the importance of consuming folic acid every day to reduce the risk of spina bifida.
<http://www.cdc.gov/ncbddd/folicacid/faqs.html>
- **For Women With Diabetes: Your Guide to Pregnancy** — This booklet discusses pregnancy in women with diabetes. If you have type 1 or type 2 diabetes and you are pregnant or hoping to get pregnant soon, you can learn what to do to have a healthy baby. You can also learn how to take care of yourself and your diabetes before, during, and after your pregnancy.
<http://www.diabetes.niddk.nih.gov/dm/pubs/pregnancy/>
- **Genetics Home Reference** — This website provides information on specific genetic conditions and the genes or chromosomes responsible for these conditions.
<http://ghr.nlm.nih.gov/>
- **Good Health Before Pregnancy: Preconception Care (Copyright © American College of Obstetricians and Gynecologists)** — This publication discusses preconception care, which includes planning your pregnancy and talking to your doctor about your family history, medical history, past pregnancies, medications, and lifestyle.
http://www.acog.org/publications/patient_education/bp056.cfm
- **Guidelines for Vaccinating Pregnant Women** — This publication provides information on routine and other vaccines and whether they are recommended for use during pregnancy.
<http://www.cdc.gov/vaccines/pubs/preg-guide.htm>
- **HIV Testing and Pregnancy** — This publication provides information on HIV testing during pregnancy, the benefits of being tested, and where to go to learn about HIV testing policies in your state.
http://www.aidsinfo.nih.gov/ContentFiles/HIVTestingandPregnancy_FS_en.pdf
- **How Your Baby Grows (Copyright © March of Dimes)** — This site provides information on the development of your baby and the changes in your body during each month of pregnancy. In addition, for each month, it provides information on when to go for prenatal care appointments and general tips to take care of yourself and your baby.
http://www.marchofdimes.com/pnhec/28699_2134.asp
- **Medical Care During Pregnancy (Copyright © Nemours Foundation)** — This online resource discusses why it's important to get prenatal care before getting pregnant. It includes information on finding medical care, medical visits and tests, common concerns, taking care of yourself, and talking to your doctor.
http://www.kidshealth.org/parent/pregnancy_newborn/pregnancy/medical_care_pregnancy.html
- **Pregnancy & Breastfeeding** — When you are pregnant or breastfeeding, you have special nutritional needs. This website is designed just for pregnant and breastfeeding women and includes important advice to help keep mothers and babies healthy.
<http://www.mypyramid.gov/mypyramidmoms/index.html>
- **Pregnancy Calendar: A Week-by-Week Guide (Copyright © Nemours Foundation)** — This illustrated pregnancy calendar is a detailed guide to all the changes taking place in your baby — and in you! Each week of pregnancy includes a description of your baby's development, as well as an explanation of the changes taking place in your body. You'll also find important medical information that will help keep you and your baby healthy.
http://www.kidshealth.org/parent/pregnancy_newborn/calendar/pregnancy_calendar_intro.html

- Pregnancy Information Center, CDC — If you're pregnant or planning to get pregnant, you probably have a lot of questions. This website will help you learn how to be healthy (before, during, and after pregnancy) and give your baby a healthy start to life.
http://www.cdc.gov/ncbddd/pregnancy_gateway/default.htm
- Pregnancy Registries — Pregnancy registries help women make informed and educated decisions about using medicines during pregnancy. If you are pregnant and currently taking medicine — or have been exposed to a medicine during your pregnancy — you may be able to participate and help in the collection of this information. This website provides a list of pregnancy registries that are enrolling pregnant women.
<http://www.fda.gov/ScienceResearch/SpecialTopics/WomensHealthResearch/ucm251314.htm>
- Pregnancy, Breastfeeding, and Bone Health — This publication provides information on pregnancy-associated osteoporosis, lactation and bone loss, and what you can do to keep your bones healthy during pregnancy.
http://www.niams.nih.gov/Health_Info/Bone/Bone_Health/Pregnancy/default.asp
- Pregnancy: Are X-rays Safe During Pregnancy? (Copyright © American Academy of Family Physicians) — This fact sheet answers commonly asked questions about x-ray safety during pregnancy. It describes the level of radiation that is considered safe for a baby and what a woman can do instead of having an x-ray.
<http://familydoctor.org/online/famdocen/home/women/pregnancy/fetal/373.html>
- Prenatal Care: First-Trimester Visits (Copyright © Mayo Foundation) — This fact sheet explains what to expect during routine exams with your doctor. In addition, if you have a condition that makes your pregnancy high-risk, special tests may be performed on a regular basis to check the baby's health.
<http://www.mayoclinic.com/print/prenatal-care/PR00008/METHOD=print>
- Prenatal Diagnosis: Amniocentesis and CVS (Copyright © American Academy of Family Physicians) — This publication provides a general overview of amniocentesis and chorionic villus sampling (CVS): two tests that can be done to check the status of a fetus.
<http://familydoctor.org/online/famdocen/home/women/pregnancy/fetal/144.html>
- Prenatal Tests (Copyright © Nemours Foundation) — This online resource answers questions about prenatal tests that are performed during pregnancy, including why prenatal tests are performed, what prenatal tests find, who needs prenatal tests, and how prenatal tests can help prevent birth defects.
http://kidshealth.org/parent/pregnancy/pregnancy/prenatal_tests.html
- Preventing Infections During Pregnancy — These 10 tips can help you prevent infections that could harm your unborn baby. You won't always know if you have an infection—sometimes you won't even feel sick. If you think you might have an infection or think you are at risk, see your doctor.
<http://www.cdc.gov/Features/pregnancy/>
- Routine Tests During Pregnancy (Copyright © ACOG) — This online publication provides information about the different types of tests that are done during pregnancy. It explains why and when the tests are conducted as well as listing other special tests that may be needed.
http://www.acog.org/publications/patient_education/bp133.cfm
- Safe Motherhood: Promoting Health for Women Before, During, and After Pregnancy — This report emphasizes the importance of proper care from conception through delivery, in order to prevent complications when possible. The ideal result is a labor at term without any unnecessary interventions.
<http://www.cdc.gov/nccdphp/publications/aag/pdf/drh.pdf>
- Taking Care of You and Your Baby While You're Pregnant (Copyright © American Academy of Family Physicians) — This publication discusses the importance of prenatal care, what happens during doctor visits, how much weight should be gained during pregnancy, what you should eat, and also a list of dos and don'ts during pregnancy.
<http://familydoctor.org/online/famdocen/home/women/pregnancy/basics/053.html>
- Ten Tips for a Healthy Pregnancy (Copyright © Lamaze International) — This easy-to-read fact sheet provides 10 simple recommendations to help mothers have a healthy pregnancy.
<http://www.lamaze.org/ExpectantParents/PregnancyandBirthResources/MoreTipsandTools/HealthyPregnancy/tabid/252/Default.aspx>
- Ultrasound (Copyright © March of Dimes) — This fact sheet discusses the use of an ultrasound in prenatal care at each trimester.
http://www.marchofdimes.com/printableArticles/159_523.asp

Connect with other organizations

- American Academy of Family Physicians
<http://familydoctor.org/online/famdocen/home.html>
- American Association of Birth Centers
<http://www.birthcenters.org/>
- American College of Obstetricians and Gynecologists
<http://www.acog.org/>

- Center for Research on Reproduction and Women's Health, University of Pennsylvania Medical Center
<http://www.med.upenn.edu/crrwh/>
- Dona International
<http://www.dona.org/>
- March of Dimes
<http://www.marchofdimes.com>
- Maternal and Child Health Bureau, HRSA, HHS
<http://www.mchb.hrsa.gov/>
- National Association for Down Syndrome
<http://www.nads.org/>
- National Center on Birth Defects and Developmental Disabilities, CDC
<http://www.cdc.gov/ncbddd/index.html>
- Public Information and Communications Branch, NICHD, NIH, HHS
<http://www.nichd.nih.gov>
- The Feingold Center for Children
<http://www.thefeingoldcenter.org/index.htm>

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womenshealth.gov

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