



Let's talk motherhood

A guide to your first trimester

For HDHP, Standard and High plan members

Adapted from the American College of Obstetricians and Gynecologists

GEHA[®]



What's inside

- 03** Maternity resources
- 04** Your first prenatal care appointment
- 05** Your first trimester, week by week
- 06** Managing physical discomforts
- 09** Nutrition, weight gain, exercise and oral health
- 13** First trimester considerations
- 15** What to expect at your first prenatal care appointment

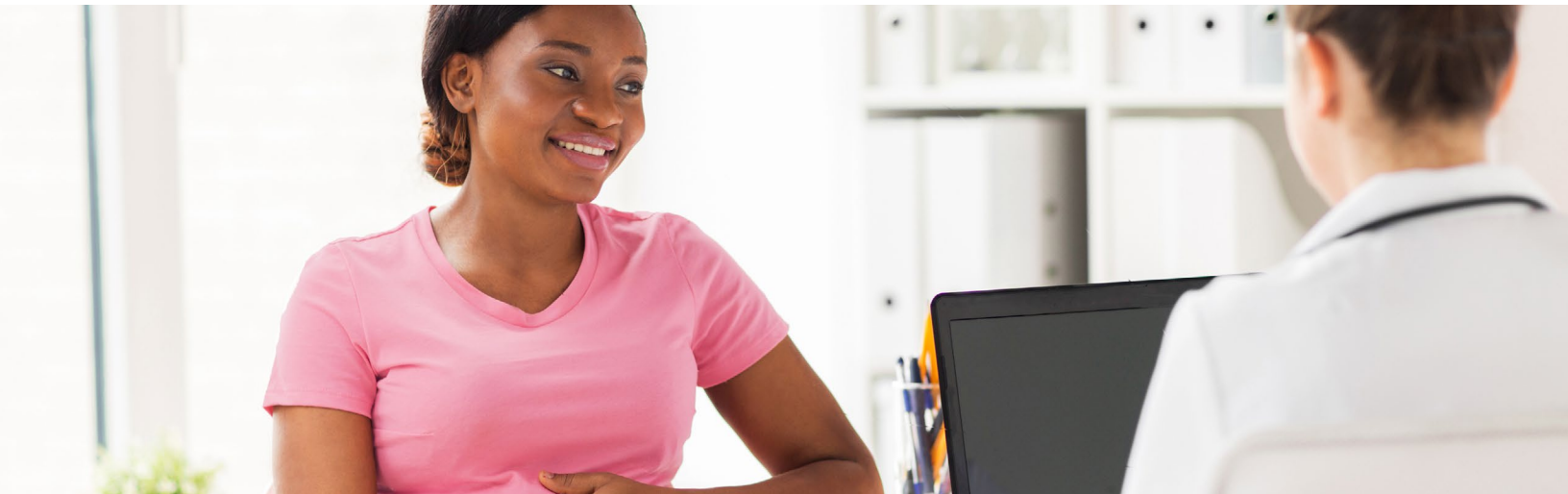


Maternity resources

There are numerous books, websites and mobile apps that can guide you throughout your pregnancy. You may feel lost or overwhelmed with so much information. This is normal. 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 helpful guidepost. Trust your instincts, see what others have said and talk with your doctor.

Visit forbes.com/Health/Family/Best-Pregnancy-Apps/ for a good overview of the best pregnancy apps of 2022.

Your first prenatal care appointment



Get rewarded for your first doctor visit

A first trimester doctor visit is the foundation for effective prenatal care and can help ensure you and your baby are in good health in the important early stages of pregnancy. Not only does this visit lay the groundwork for a healthy pregnancy, but you can earn **\$50** in Health Rewards for visiting your physician during the first trimester.

If you haven't already enrolled in the GEHA Health Rewards program, get started by visiting geha.com/HealthRewards

The Health Rewards program was designed to be simple. When you complete and self-report a healthy behavior like your first trimester doctor visit, you'll receive a rewards deposit about 10 days after GEHA receives notification of your activity.

You can spend available rewards on expenses – such as eyeglasses or contacts, orthodontics, doctor visits and dental care. HDHP + HSA members can use their rewards on qualified dental and vision care expenses until they meet their deductible. Then, all eligible medical and pharmacy expenses qualify, too.

Schedule your first prenatal care appointment with your doctor **as soon as possible after becoming pregnant.**

Your first trimester, week by week



Week	What is happening
1	Egg and sperm unite to form a single-cell zygote. The zygote is fertilized and divides into two cells, which continue to divide.
2	A cluster of rapidly dividing cells, called a blastocyst, enters the uterus and implants in the uterine lining.
3	Your body's increased levels of estrogen and progesterone stop your period and trigger growth of the placenta.
4	Some blastocyst cells develop into the embryo, while others develop into the placenta, the baby's life support system.
5	The neural tube, heart and lungs are developing. The baby looks like a curled tube and is about a quarter of an inch long.
6	The baby's heartbeat can be heard via ultrasound exam. Nose, mouth, ears, and webbed fingers and toes begin to form.
7	Bones are forming, but have not yet hardened. Genitals and eyelids begin to develop.
8	The baby is about half an inch long. This week marks the end of embryonic development. After this, the baby is a fetus.
9	Intestines and tooth buds begin to form. The backbone is soft and can flex.
10	Fingers and toes continue to grow and start to develop nails.
11	Bones start to harden and muscles develop. The baby's skin is still thin.
12	The baby is about two inches long and can move on their own, but you will not be able to feel it yet.
13	Organs are fully formed. Hormones are being made. Ultrasound exams may show the baby making breath-like motions, swallowing amniotic fluid.

Managing physical discomforts

Morning sickness

Despite the name, morning sickness can occur at any time of day. For most women, nausea and vomiting begin between weeks four and nine and generally resolve by week 16 of pregnancy. Unfortunately, for some women morning sickness can last throughout pregnancy. It is also important to know that not all women experience nausea or vomiting during a normal, healthy pregnancy. Don't worry, as this is the case with **15%** of pregnant women.

FINDING RELIEF

- **Keep crackers by your bed** for when you wake up in the morning.
- **Be aware of strong smells.** They can trigger nausea.
- **Drink plenty of water.** During the first few months of pregnancy, your body needs even more water than usual. Plus, dehydration can worsen nausea.
- **Eat small meals frequently** to avoid an empty stomach.
- **Don't forget your multivitamin.** If you feel that it is contributing to your nausea, try taking it at night before you go to sleep.
- **Eat bland foods like bananas, rice, applesauce, toast and tea.** These foods are easy to digest and are less likely to upset your stomach. Try to add a source of protein to each of your meals, for example, nuts, protein powders and dairy foods like yogurt.
- **Eat ginger to help relieve nausea.** Ginger tea, ginger candies and freshly grated ginger can offer some relief for a queasy stomach.

IS YOUR NAUSEA EXTREME?

Up to **2%** of pregnant women suffer from hyperemesis gravidarum, a form of severe nausea and vomiting. This condition can be serious if not promptly and properly treated.

Contact your doctor if you experience these symptoms:

- Urinating less than three times a day, or if you have urine that is dark and odorous
- Not gaining weight or you have lost five or more pounds over a one to two week period
- Unable to keep food or liquids down for 24 hours

Fatigue

Pregnancy puts a significant strain on your body and causes increased hormone levels and increased metabolism. As a result, you might feel completely exhausted, especially during your first trimester. It's important to slow down, take naps or go to bed earlier than usual to help alleviate your fatigue. Maintaining a healthy diet and exercise regimen can also help increase your energy levels. For most women, extreme fatigue begins to fade by the fourth month of pregnancy.



Acne and skin changes

Pregnancy often brings on acne breakouts, even if you have never experienced acne before.

To protect and treat your skin make sure you wash your face twice a day with a mild cleanser, choose oil-free cosmetics and avoid picking or squeezing your skin.

If you use either prescription or over-the-counter oral or topical acne medications, be sure to check with your doctor to ensure that they are safe for use during pregnancy.

During pregnancy, your skin produces more melanin than usual. **Melanin** is what gives color to your skin. Increased melanin levels can cause chloasma in pregnant women.

Chloasma causes brown patches to appear on your skin around your nose, cheeks and

forehead. Sun exposure can worsen the effects, so it is important to wear sunscreen and limit your time in direct sunlight.

Increased melanin levels can also cause the appearance of the linea nigra, a dark line that runs from the navel to the pubic region. Both chloasma and linea nigra usually fade on their own after you have your baby.

Your skin might also develop **stretch marks** as your pregnancy progresses. Stretch marks are caused by changes to the elastic supportive tissue in your skin.

Keep your skin well-moisturized as your stomach grows to reduce discomfort. Some stretch marks will fade on their own after the baby is born.

Breast changes

Your breasts will begin changing early in your pregnancy to prepare for feeding an infant. These changes might include:

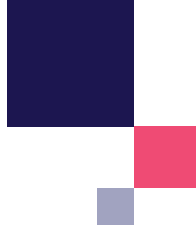
- Darkening and enlargement of your nipples and areolas
- An increase in the number of milk glands in your breasts
- Increased breast size and weight
- Soreness

Constipation

Your digestive system will function slower during pregnancy as a result of your body's increased hormone levels. This slow digestive function, as well as the iron in prenatal vitamins, may result in constipation. To relieve your symptoms, drink lots of water and eat plenty of dietary fiber in the form of fruits, vegetables and whole grains.

It's more important than ever to drink lots of water and eat plenty of dietary fiber.





Nutrition, weight gain, exercise and oral health

Iron

Iron helps your body make the extra blood that you and your growing baby require during pregnancy. Pregnant women need 27 milligrams of iron daily. Prenatal vitamins usually contain the necessary level of iron, but you can also absorb iron from food sources like red meat, poultry and fish, or vegetables and legumes.

Calories

The old adage that pregnant women are “eating for two” isn’t true. If you are a normal weight before pregnancy and are carrying one child, you only need to eat about 300 extra calories each day to provide your baby with necessary nutrients.

The old adage that pregnant women are “eating for two” isn’t true.

CONSIDER THE HEALTHY SNACK OPTIONS BELOW

These options put into perspective what approximately 300 calories really look like.



A medium banana with two tablespoons of peanut butter



2 ounces hummus, one pita and 1 cup of raw vegetables



Two hard-boiled eggs with a serving of whole-grain crackers



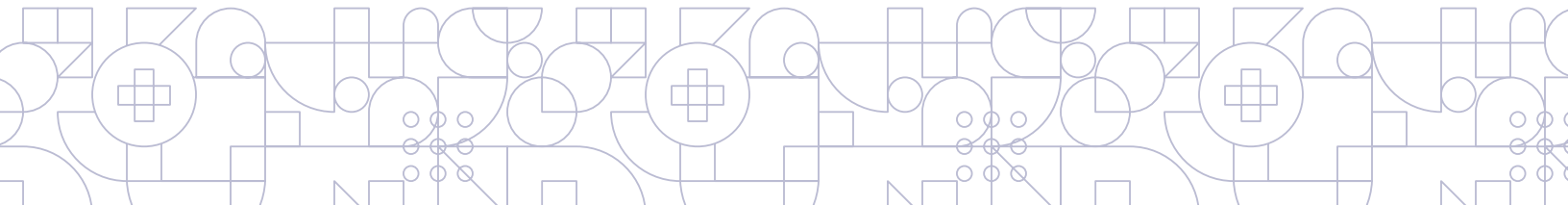
1/2 an avocado on a slice of whole-grain toast



1/2 cup of dried fruits and assorted nuts



1 1/2 cups of cottage cheese with a cup of berries



Weight gain

Gaining weight is normal during pregnancy. You should be aware and speak with your doctor if you are gaining too little or too much weight. How much weight you should gain depends on your body mass index (BMI) before you become pregnant.



HEALTHY WEIGHT GAIN GUIDELINES

BMI before pregnancy	Recommended total weight gain
Less than 18.5 (underweight)	28 – 40 pounds
18.5 – 24.9 (normal weight)	25 – 35 pounds
25 – 29.9 (overweight)	15 – 25 pounds
More than 30 (obese)	11 – 20 pounds

WHERE DOES YOUR BABY WEIGHT COME FROM?

Weight	Source
7½ pounds	Baby
7 pounds	Fat, protein, other nutrients
4 pounds	Blood
4 pounds	Bodily fluids
2 pounds	Breasts
2 pounds	Amniotic fluid
2 pounds	Uterus
1½ pounds	Placenta

Exercise

When you're feeling fatigued in your first months of pregnancy, it can be hard to find the energy to get moving and exercising. But staying active during pregnancy can have lots of positive impacts on your overall health, including elevating your mood; reducing backache, constipation and swelling; helping you sleep better; and improving your muscle tone and strength.

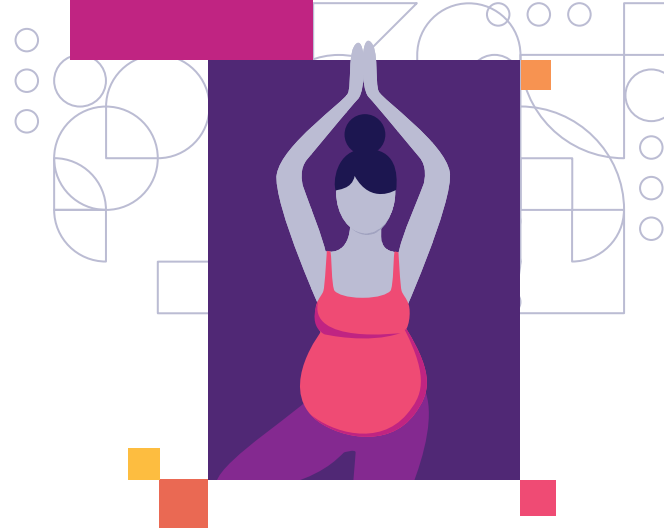
Talk to your doctor before you begin an exercise routine.

The changes in your body will affect the type of exercise you do. Pregnancy can make your joints more prone to injury, affect your balance and increase your heart rate. It is important to pay attention to your body's signals when exercising during pregnancy. However, unless your doctor recommends otherwise, you should aim to exercise for 30 minutes or more, most days, or every day, throughout your pregnancy.

Walking is a great exercise during pregnancy, and it is generally safe for beginners. The walking schedule below can help you start a walking program. It is cheap and easy: all you need is a pair of comfortable shoes. Remember to take it slow, and add more time to your workout as you become more comfortable with exercise.

BEGINNER'S WALKING SCHEDULE

Week	Walks per week	Minutes per walk	Steps per walk
1	3	15	1,000 – 1,500
2	3	20	1,500 – 2,000
3	3	20+	2,000 – 2,500
4	3 – 4	25	2,500 – 3,000
5	3 – 4	25+	3,000 – 3,500
6	3 – 4	25+	3,500 – 4,000
7	3 – 4	25+	4,000 – 4,500
8 – 12	4+	30+	4,500 – 5,000



Oral health

Did you know that hormonal changes during pregnancy can increase gum inflammation and bleeding? It is important to maintain good oral health practices in the pre and postnatal period to promote healthy oral bacteria and a biome that can protect against tooth decay.



Routine dental treatments, including preventative, diagnostic, and restorative, are all safe throughout pregnancy.

If you begin to experience morning sickness, it may be a good idea to switch to a bland-tasting toothpaste. Refrain from brushing your teeth immediately after morning sickness (vomiting). Wait 20 minutes or rinse your mouth with a cup of water and 1 teaspoon of baking soda. This will help prevent stomach acid from eroding your teeth.



First trimester considerations



There are several types of health care practitioners to help deliver your baby.

Find an in-network provider online at geha.com/Find-Care

- **Obstetrician-gynecologist (OB-GYN).** These doctors have completed four years of specialized training in obstetrics and gynecology post-medical school. Certified OB-GYNs have also passed written and oral tests to demonstrate their proficiency.
- **Family physician.** Beyond medical school, these doctors complete three years of specialized training in family medicine, which includes obstetrics training. They pass an exam for certification.
- **Certified nurse midwife (CNM).** These are certified registered nurses who have completed an accredited nursing program as well as a graduate degree in midwifery. They also pass a written examination for certification.
- **Certified midwife (CM).** These practitioners have graduated from an accredited midwifery education program. They have also passed a national certification exam, and abide by the same professional standards as CNMs. Both CMs and CNMs often work with a doctor who acts as backup support.
- **Perinatologist (maternal fetal medicine specialist).** These doctors deal with high-risk pregnancies. They have completed an additional two to three years of training in high-risk obstetrics after medical school and four years of regular obstetrics and gynecology training. They must also pass written and oral exams for certification.

Medications

Talk to your doctor about any over-the-counter or prescription medications you currently take or would like to begin taking. Your doctor will review your medications with you, consider the risks and benefits and make recommendations based on your personal health history.

Lifestyle changes to help you and your baby

The use of alcohol, opioids (prescribed or non-prescription use), illicit drugs or tobacco can have several harmful effects on your baby. It is important to be open and honest with your OB to develop a treatment plan to help safely stop the use of these items.

- Cigarettes contain lead, tar, nicotine, carbon dioxide and other toxins that go directly to the baby and increase the risk of preterm birth, low birth weight, stillbirth and sudden infant death syndrome.

- E-cigarettes and vaping may seem like a safe alternative to cigarettes, but they still pose health risks to you and your baby. It is not always possible to know the contents or concentration levels of the liquid you are inhaling.
- Secondhand smoke can be just as harmful to the baby as if the mother were smoking, so it is best to remain in a smoke-free environment at all times.
- Alcohol cannot be broken down by the baby's immature liver and can lead to a spectrum of fetal alcohol disorders.
- Recreational drugs such as marijuana can cause health problems in your baby, including lower birth weight and abnormal neurological development.

GET HELP FROM OTHERS

It is typically easier to stop smoking and/or drinking with help from others.

- Tell your doctor so they can help you find some appropriate tools.
- GEHA offers **100%** coverage to help you quit smoking. For more on this benefit and other helpful resources, visit geha.com/QuitSmoking

BEWARE OF OPIOID USE

Studies have shown that **5%** of pregnant women admit to taking at least one illegal substance in the last 30 days.

- Researchers have discovered that use of illegal substances may cause preterm birth, interfere with the baby's growth and development, or cause birth defects, learning and/or behavioral problems.

TELL YOUR DOCTOR IF YOU ARE ADDICTED

While not all opioid use is illegal, it can still be harmful to you and the baby to take regularly and to stop suddenly. Trying to quit an opioid suddenly can result in preterm labor and other harmful consequences to the baby.

- 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. You should also tell your OB-GYN if you take methadone.
- Opioid use during pregnancy may warrant careful observation of your baby by trained neonatal staff.
- GEHA medical members are eligible for virtual substance-use disorder counseling via MDLIVE.¹ For more on this benefit, visit geha.com/MDLIVE

¹ HDHP members who have met their deductible will be charged by MDLIVE, but GEHA will reimburse the member 100% of the Plan Allowance.

What to expect at your first prenatal care appointment



At each regular appointment throughout your pregnancy, your doctor will check on your health and the health of your baby.

During your early prenatal care visits, your provider will ask you several questions about your health history and medications that you take. In addition, your doctor will want to know about other family history, including the baby's father's health history.

Your provider will also conduct a physical, including blood and urine analysis; perform a pelvic exam; and determine the baby's due date.

| Schedule your first prenatal care appointment as soon as possible after becoming pregnant.

ULTRASOUND

Ultrasounds make an image of your baby using sound waves. Your doctor might perform an ultrasound in your first trimester for several reasons, including:

- To confirm your pregnancy
- To check on your baby's heartbeat or to determine if you are having more than one baby
- To screen for birth defects
- To examine your uterus and ovaries

PRENATAL SCREENING TESTS

These tests are offered to all pregnant women to determine whether they have an increased risk of having a child with a particular birth defect. Screening tests are done using a special ultrasound exam and/or a sample of the mother's blood and carry no risks to the fetus.

FLU SHOT

Pregnant women should get an annual flu vaccination as soon as it is available during flu season (usually early October). Flu shots are considered safe during all stages of pregnancy and are covered **100%** in-network by GEHA. You can earn **\$25** from Health Rewards for getting and self-reporting a flu shot. Visit geha.com/HealthRewards to learn more.

PRENATAL DIAGNOSTIC TESTS

These tests are available to all pregnant women to determine whether their fetus actually has a certain birth defect. Diagnostic tests are conducted by taking a sample of amniotic fluid or tissue from the placenta. There is a small risk to the fetus when these procedures are performed.

Ask your doctor to help you understand your testing options and determine which tests are right for you and your pregnancy.

See your plan brochure for details on genetic testing coverage or call GEHA Customer Care at [800.821.6136](tel:800.821.6136) between 7 a.m. and 7 p.m. Central time for more information.





A guide to your first trimester

geha.com/Maternity

[800.821.6136](tel:800.821.6136)

     /gehahealth  /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 brochures RI 71-014 (HDHP) and RI 71-006 (Standard and High) 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.

For HDHP members, annual deductible must be met to use Health Rewards for medical expenses. Health Rewards may be used for dental and vision services prior to meeting the deductible.

© 2022 Government Employees Health Association, Inc. All rights reserved.

CO-BKT-0422-001

