



# VA/DoD CLINICAL PRACTICE GUIDELINE FOR MANAGEMENT OF PREGNANCY

Department of Veterans Affairs  
Department of Defense

## Patient Summary

### QUALIFYING STATEMENTS

The Department of Veterans Affairs and the Department of Defense guidelines are based upon the best information available at the time of publication. They are designed to provide information and assist decision making. They are not intended to define a standard of care and should not be construed as one. Neither should they be interpreted as prescribing an exclusive course of management.

This Clinical Practice Guideline is based on a systematic review of both clinical and epidemiological evidence. Developed by a panel of multidisciplinary experts, it provides a clear explanation of the logical relationships between various care options and health outcomes while rating both the quality of the evidence and the strength of the recommendation.

Variations in practice will inevitably and appropriately occur when clinicians take into account the needs of individual patients, available resources, and limitations unique to an institution or type of practice. Every healthcare professional making use of these guidelines is responsible for evaluating the appropriateness of applying them in the setting of any particular clinical situation.

These guidelines are not intended to represent TRICARE policy. Further, inclusion of recommendations for specific testing and/or therapeutic interventions within these guidelines does not guarantee coverage of civilian sector care. Additional information on current TRICARE benefits may be found at [www.tricare.mil](http://www.tricare.mil) or by contacting your regional TRICARE Managed Care Support Contractor.

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## I. Before Pregnancy

Your health before you become pregnant is important. It can affect the health of your future baby. Taking some simple actions will help improve the chances of your baby being healthy:[1-3]

- **Schedule a visit with your provider:** More information on appropriate goals for each visit is included in [Table 1](#). The table also includes topics you can discuss with your provider at each visit.
- **Eat healthy foods:** Plan out your meals and snacks. Make a grocery list before you go shopping. Remember to include fruits and vegetables.
- **Be active:** Try to exercise for a total of 150 minutes per week. Break this up into 20-30 minutes per day. Consider activities that get you moving and get your heart pumping. However, avoid activities that cause you to be out of breath. Good choices for activities are brisk walking, gardening, dancing, or biking.
- **Take 400 micrograms of folic acid each day:** Folate lessens the chances of your baby having a birth defect. You can take folic acid supplements or a multivitamin with folic acid. Discuss options for taking folic acid with your provider.
- **If you smoke, drink alcohol (any amount), or use drugs, stop before getting pregnant:** Smoking, alcohol, and some drugs or medications can be harmful to your baby. If you are pregnant or considering becoming pregnant, stop drinking. Review all medications and supplements you currently take and are thinking about taking with your provider. This includes prescription medication, over-the-counter medication, dietary supplements, and herbal products. Discuss the benefits and risks of medication and supplements. Do not stop or reduce any medication without first discussing your therapy with your provider.
- **Avoid harmful chemicals:** Ask your provider if the chemicals you use throughout the day, either at home or at work, are harmful for your baby.
- **Protect yourself from infections:**
  - **Caring for pets:** You can get an infection by caring for a cat (e.g., changing the litter) or another pet that is a rodent, such as a hamster (e.g., cleaning the cage). Ask your partner, a family member, or a friend to clean up after them. Wash your hands after you handle pets. Also avoid touching other rodents (not pets) and their droppings.
  - **Food:** Wash your hands before and after you handle food, prepare food, and eat. Thoroughly wash fruits, vegetables, and salad greens. Cook your meat and fish completely. Avoid lunchmeat, hot dogs, and unpasteurized dairy products and cheeses (such as soft cheese or queso fresco).
  - **Traveling:** Talk to your provider about risks for you or your partner if traveling outside of the United States. If traveling to a place where Zika virus is common, take steps to prevent getting Zika virus.
  - **Other:** Wash your hands with soap and water after you use the bathroom, change diapers, touch saliva, and garden or touch soil. Wash your hands after you are around

people who are sick and after you interact with children. Get tested for sexually transmitted infections and avoid becoming infected.

- **Limit the consumption of other food, drinks, and other substances that could be harmful to your baby:**
  - Fish: Limit your intake of fish that contain mercury. This includes swordfish, canned white tuna, shark, king mackerel, and tilefish. Other types of fish have omega-3 fatty acids and very little mercury. These types of fish are good for your health and your baby’s health. These include salmon, rainbow trout, pollock, and sole/flounder.
  - Other: Limit your intake of caffeine, juice, fats, sugar, and herbal supplements. Discuss changes in your diet with your provider, who may refer you to a registered dietician or nutritionist as necessary.

For more information on what to expect before pregnancy, please see [The Purple Book](#).

## II. During Pregnancy

Throughout your pregnancy, you will be going to a series of provider visits to check on your health and the health of your baby as he or she develops and grows. Each visit has a goal. Below (in [Table 1](#)) are some suggestions of what to talk about with your provider at each visit.<sup>[1]</sup>

**Table 1. Goal and Discussion Topics for Each Visit**

Timing of Visit	Goal	What to Discuss with Your Provider
6-8 weeks	Exchange information and identify existing risk factors that may impact your pregnancy	<ul style="list-style-type: none"> <li>▪ Your current health and your family history of health conditions</li> <li>▪ Potential risk factors for your baby (such as use of tobacco, alcohol, prescribed medication, non-prescribed medication, addictive substances)</li> <li>▪ Your mood and your relationship with your partner</li> <li>▪ Information on breastfeeding, physical activity, and weight gain</li> <li>▪ Immunizations and information on how to prevent infection</li> <li>▪ Options for screening for birth defects</li> <li>▪ Due date</li> </ul>
10-12 weeks	Determine your current health status and work toward a healthy pregnancy	<ul style="list-style-type: none"> <li>▪ Review medical and mental health history</li> <li>▪ Review initial lab results</li> <li>▪ Determine if any visits with other providers are needed</li> <li>▪ Discuss screening for birth defects in more detail</li> <li>▪ Need to look into long-term child care options following maternity leave</li> </ul>
16-20 weeks	Work toward a more comfortable and safer pregnancy	<ul style="list-style-type: none"> <li>▪ Expect your provider to measure uterine growth and changes in weight, blood pressure, and heart rate; discuss your questions and concerns</li> <li>▪ If you have chosen to undergo screening for birth defects, you may review initial tests or schedule a visit with a genetic counselor</li> <li>▪ Benefits and risks of an obstetrical ultrasound</li> <li>▪ Information on how to tell the difference between preterm labor and false labor</li> </ul>

Timing of Visit	Goal	What to Discuss with Your Provider
24 weeks	Prevent preterm labor for a safe and healthy baby	<ul style="list-style-type: none"> <li>■ Expect your provider to measure uterine growth and changes in weight, blood pressure, and heart rate; discuss your questions and concerns</li> <li>■ Sign up for breastfeeding or other prenatal classes</li> <li>■ Options for birth, such as delivery method and options regarding pain management</li> </ul>
28 weeks	Monitor baby and your progress and learn to count fetal movements	<ul style="list-style-type: none"> <li>■ Expect your provider to measure uterine growth and changes in weight, blood pressure, and heart rate; discuss your questions and concerns</li> <li>■ Monitor movement of the baby using kick counts</li> <li>■ Learn more about the signs and symptoms of preterm labor</li> <li>■ Your mood and your relationship with your partner</li> </ul>
32 weeks	Prepare for your baby's arrival	<ul style="list-style-type: none"> <li>■ Expect your provider to measure uterine growth and changes in weight, blood pressure, and heart rate; discuss your questions and concerns</li> <li>■ Monitor movement of the baby using kick counts</li> <li>■ Expect your provider to check for signs of preterm labor</li> <li>■ Discuss options for birth control following delivery</li> <li>■ Discuss pediatric care and insurance as appropriate</li> </ul>
36 weeks	Begin preparations for your hospital experience	<ul style="list-style-type: none"> <li>■ Expect your provider to measure uterine growth and changes in weight, blood pressure, and heart rate; discuss your questions and concerns</li> <li>■ Monitor movement of the baby using kick counts</li> <li>■ Options and plans for birth</li> <li>■ Need for pet care and, if you already have children, child care options during delivery</li> </ul>
38-41 weeks	Preparing for the delivery and baby's arrival at home	<ul style="list-style-type: none"> <li>■ Expect your provider to measure uterine growth and changes in weight, blood pressure, and heart rate; discuss your questions and concerns</li> <li>■ Monitor movement of the baby using kick counts</li> <li>■ Test results</li> <li>■ Make sure you have completed all necessary hospital admission and consent forms</li> <li>■ Obtain and properly install a car seat</li> </ul>

For more information on what to expect during pregnancy, please see [The Purple Book](#).

### III. Delivery

When you arrive at the labor and delivery area, you will probably receive a vaginal exam to determine how far along you are in labor. Your vital signs and the vital signs of the baby will be monitored. Let the health care team know if you have any special request for delivery, such as your partner cutting the umbilical cord.<sup>[1]</sup> For more information on what to expect during delivery, please see [The Purple Book](#).

### IV. Following Delivery

- When you are discharged, you will receive information on a follow-up visit. At your follow-up visit, you may get a physical exam, be screened for postpartum depression, and discuss family planning and parenthood with your provider.<sup>[1]</sup>

- If you experience any of the following before your follow-up visit, you should call 911.[\[1,4\]](#)
  - Chest pain
  - Difficulty breathing or shortness of breath
  - Seizures
- If you experience any of the following before your follow-up visit, you should call the crisis hotline: 1-800-273-TALK (8255). You should also discuss this with your provider.
  - Thoughts of hurting yourself or your baby
- If you experience any of the following before your follow-up visit, you should call your provider.[\[1,4\]](#)
  - Fever greater than 100.4° F or 38° C
  - Burning on urination
  - Increased pain near your vagina or surgical site or surgical site not healing
  - Bleeding (soaking through one pad per hour) or blood clots bigger than the size of an egg
  - Persistent headache
  - Foul smelling vaginal discharge
  - Swollen, painful, hot, red area on your leg or breast
  - Extended periods of hopelessness or depression (more than 2-3 days a week)

For more information on what to expect following delivery, please see [The Purple Book](#).

## V. Frequently Asked Questions

Below are some questions that pregnant women may have for their providers as well as responses to these questions.[\[1\]](#) Discuss your questions with your provider. One way to make sure you remember your questions is to write them down as they come up and take them to your visit.

- **How much weight should I gain during pregnancy?** Women who are not under or over weight should gain about 25-35 pounds during pregnancy. This may vary if you are pregnant with twins or triplets or if you are under or over weight.
- **Are over-the-counter drugs safe to use during pregnancy?** Some over-the-counter and commonly prescribed drugs can be harmful during pregnancy. These include Aspirin®, Motrin®/ ibuprophen, and tetracyclines. You should discuss the safety of any over-the-counter drug with your provider and/or pharmacist.
- **Should I be taking dietary supplements or herbal products?** Not all natural products are safe, and even natural products that are safe are not safe in all quantities. Talk with your provider before taking any dietary supplements or herbal products.

- **I am an Active Duty Service Member or a dependent of an Active Duty Service Member. Is there anything additional I need to know about having a baby?**
  - Insurance coverage: Get in touch with your Tricare benefits office. Learn more about the New Parent Support Program and additional coverage information.
  - Childcare: If both parents will be returning to work following delivery, you should contact the Child Development Center (CDC) or Resource and Referral Office on base. Because wait lists for CDCs are often long, it is best to sign up for the wait list as early as possible.
  - **For Active Duty Service Members:**
    - ◆ Maternity uniforms: You may receive or you may need to purchase two sets of maternity uniforms. Check with your command regarding the specifics of the uniforms.
    - ◆ Physical profile: After your pregnancy is confirmed, you will be provided a pregnancy profile. After delivery of your baby, you will be provided a postpartum profile. These profiles will be used to record activities that you can do and specific limitations related to your duty.
    - ◆ Physical training: Check with your command on physical training guidelines postpartum.
    - ◆ Both parents active duty: Both parents need to update their Servicemember's Group Life Insurance and DD93, Record of Emergency Data. Both parents should let their unit command know of the new baby. The sponsor needs to enroll the baby in Defense Enrollment Eligibility Reporting System (DEERS) and TRICARE. Also notify the Pay and Allowances Continuation (PAC) about the new family member.
    - ◆ Branch-specific information, including information about duty restrictions and breast-feeding policies, is contained in [The Purple Book](#).
- **I am a Veteran. Is there anything additional I need to know about having a baby?**
  - Insurance coverage: First get in touch with your VA Maternity Care Coordinator to discuss your benefits during pregnancy and the postpartum period. As most VA Medical Centers do not provide obstetrical services, you will need to choose a provider from the community. The Office of Community Care will help explain the process to the obstetrical provider you choose.
  - VA Authorization Letter: The VA Authorization Letter will be shared with your obstetrical provider.
  - During your pregnancy: Keep in contact with your local Maternity Care Coordinator or designee during your pregnancy. Make sure you have a follow-up visit with your VA provider within 12 weeks of the birth of your baby (or sooner if comorbid conditions exist).

## VI. You Can Find More Information on Pregnancy Here:

- *The Purple Book* is a complete guide to pregnancy in the Department of Veterans Affairs and the Department of Defense.
  - Find the full text of *The Purple Book* at the following link:  
<https://www.gmo.amedd.army.mil/pregnancy/PurpleBook.pdf>
  - Find *The Purple Book* mobile application using the following name in your mobile application site: *My Pregnancy A to Z Journal*
- Centers for Disease Control and Prevention: <https://www.cdc.gov/pregnancy/index.html>
- United States Department of Agriculture Food and Nutrition Service: <https://www.fns.usda.gov/>
- Foodsafety.gov: <https://www.foodsafety.gov/risk/pregnant/index.html>

## References

1. U.S. Department of Veterans Affairs; U.S. Department of Defense. *Pregnancy and childbirth: A goal oriented guide to prenatal care*. 2016;  
<https://www.gmo.amedd.army.mil/pregnancy/PurpleBook.pdf>.
2. Centers for Disease Control and Prevention. *10 tips for preventing infections before and during pregnancy*. 2018; <https://www.cdc.gov/pregnancy/infections.html>. Accessed January 31, 2018.
3. Centers for Disease Control and Prevention. *Medication and pregnancy*. 2018;  
<https://www.cdc.gov/pregnancy/meds/index.html>. Accessed January 31, 2018.
4. Postpartum discharge education, implementation community informational webinar. Association of Women's Health, Obstetric and Neonatal Nurses; 2016.