



PRENATAL CARE

Accessing prenatal care is the single most important thing you can do, not only for parental, fetal, and infant health, but also to prepare for any legal challenges that may occur.

If you are labeled by healthcare providers as **"late to care"** (seeking care after 20 weeks of pregnancy) you can face additional barriers when seeking quality health care and are more likely to be referred to child welfare.

Be prepared to advocate for yourself and your family. Keep records of phone calls, appointments, and any other information relating to your prenatal care.

The next pages include a template you can print out to keep track of this information.

Be sure to start taking **prenatal vitamins** and get enrolled for prenatal care with your health insurance provider as soon as possible.

HEALTH INSURANCE

Medicaid can help you get the care you need for you and your baby.

Complete pregnancy care and other health care services are available for people who are eligible for Medicaid.

www.healthcare.gov/what-if-im-pregnant-or-plan-to-get-pregnant

If you don't qualify for Medicaid you can still get health coverage by visiting HealthCare.gov. There is information about health coverage if you're pregnant, plan to get pregnant, or recently gave birth.

healthcare.gov 📞 1-800-318-2596



HEALTH INSURANCE

PREGNANCY AND POSTPARTUM CARE

When you're pregnant in Michigan you can get free or low-cost healthcare insurance through Medicaid.

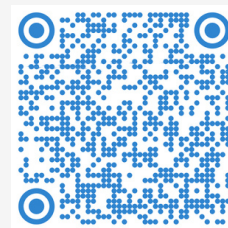
Michigan Medicaid covers prenatal care, labor & delivery, and extended postpartum care (often up to 12 months). But you must be financially eligible, which typically means that your income is less than 200% of the Federal Poverty Level),

If you're income exceeds the limit you may be eligible for Medicaid under the Group 2 Pregnant Women program.



APPLY AT MI BRIDGES

MI Bridges is Michigan's online platform for residents to apply for, manage, and renew health and human services benefits like food assistance (FAP), healthcare, and cash aid, while also connecting you to crucial local resources for food, housing, utilities, and more.



mibridges.michigan.gov 📞 Call 2-1-1 mi211.org

* All Health Insurance Marketplace® and Medicaid plans cover pregnancy and childbirth. This is true even if your pregnancy begins before your coverage starts.

MY HEALTH INSURER: _____

MY PLAN: _____

MY MEMBER ID or NUMBER: _____

EFFECTIVE DATE: _____

MY PREGNANCY

I FOUND OUT I WAS PREGNANT

DATE:

CONFIRMED:

- pregnancy test
 ultrasound



MY EXPECTED DUE DATE:



I WANT TO GIVE BIRTH AT:



MY FIRST APPOINTMENT WAS

DATE:

PROVIDER:



MY INSURANCE:



MY PROVIDERS:



IN AN EMERGENCY I WILL...

CALL:

GO TO:



MY PRENATAL CARE



APPOINTMENTS

PROVIDER:

DATE:

office visit call

PROVIDER:

DATE:

office visit call

PROVIDER:

DATE:

office visit call

PROVIDER:

DATE:

office visit call

PROVIDER:

DATE:

office visit call

PROVIDER:

DATE:

office visit call

FOLLOW UP:

After this appointment I will...

REFERRALS:

I should make an appointment with...

NOTES:

PRENATAL APPOINTMENTS

PROVIDER:

DATE:

office visit call

PROVIDER:

DATE:

office visit call

PROVIDER:

DATE:

office visit call

PROVIDER:

DATE:

office visit call

PROVIDER:

DATE:

office visit call

PROVIDER:

DATE:

office visit call

PROVIDER:

DATE:

office visit call

PROVIDER:

DATE:

office visit call

PROVIDER:

DATE:

office visit call

REFERRALS:



MY POSTPARTUM CARE

6-WEEK APPOINTMENT

PROVIDER:

DATE:

If I have questions I can

CALL:

MY PLAN

My goal for another pregnancy is:

My choice for birth control is:

MY GOALS

MY HOPE FOR THIS PREGNANCY IS...



MY HOPE FOR MY BABY IS...

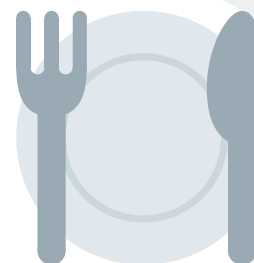


MY HOPE FOR MYSELF IS...



MY NEEDS:

I WILL FEED MY BODY...



I WILL REST AND SLEEP...



MY MEDICATIONS

MEDICATION:

DOSE:

WHAT TO WATCH FOR:

DURING PREGNANCY:

IF...

POSTPARTUM:

THEN...

LACTATING:

MEDICATION:

DOSE:

DURING PREGNANCY:

WHAT TO WATCH FOR:

POSTPARTUM:

LACTATING:



MY MEDICATIONS

MEDICATION:

DOSE:

WHAT TO WATCH FOR:

DURING PREGNANCY:

IF...

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WHAT TO WATCH FOR:

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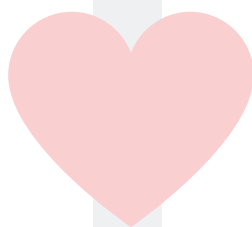
LACTATING:



MY PLAN

THINGS I'M DOING TO CARE
FOR MYSELF...

THINGS I'M DOING TO PREPARE
FOR MY BABY...



MY SUPPORT NETWORK:



WHEN I NEED EXTRA HELP AND SUPPORT...

I CAN CALL:

I CAN VISIT:



TYPES OF PREGNANCY PROVIDERS

There are two things that can directly affect the **quality of care you get** and whether or not **you and your baby have the best possible outcomes**. The first is **where you give birth** and the second is **the providers you have**.

When choosing a provider, be sure to ask them where they deliver their patients' babies (where they have "privileges") and if they have experience with the type of care you need. **All of these types of providers can deliver high-quality pregnancy care:**

- **Family Medicine Physicians and Primary Care Providers** offer comprehensive health care services for people of all ages. They also provide care for low-risk pregnancies and births.
- **Obstetricians and Gynecologists (OB/GYNs)** provide comprehensive reproductive health care, whether someone is pregnant or not.
- **Maternal-Fetal Medicine Specialists (MFMs)**, also called **Perinatologists**, have special training in handling complicated and high-risk pregnancies.
- **Obstetrics and Gynecology Nurse Practitioners (NPs or OGNPs)** have special training in providing reproductive, pregnancy, and gender-specific health care.
- **Midwives** provide sexual and reproductive health care. Midwives generally care for people with low-risk pregnancies but they can consult with specialists if there are any problems. **Certified Nurse Midwives (CNMs)** and **Certified Professional Midwives (CPMs)** are licensed to provide care in Michigan. Each type is qualified to be a primary care provider for pregnancy and birth. CPMs are not nurses, but have a degree in another health related field, other than. Midwifery services are not be covered by health insurance in Michigan. Ask your midwife about payment plans.



I WANT A PROVIDER WHO...



THE ROLE OF DOULAS

A doula is a professional support person who can be with you during pregnancy, birth, abortion, miscarriage, or the postpartum period (also called the 4th trimester). They may be licensed or unlicensed. **Doulas advocate for you, help you make decisions, and provide general support.** Some provide their services at low to no-cost. Some provide services that are covered by health insurance and Medicaid.

Doulas will typically meet with you once or twice during your pregnancy to develop a relationship with you and your support person. **During pregnancy, a doula can help you learn about your options and help you make plans** for childbirth and early parenting. **During labor and birth, it is their job to care for you and advocate for you** in non-judgmental, non-medical ways - especially during stressful situations.

When searching for a doula, get as much information about them as possible. Ask them if they provide **trauma-informed care** or have **experience with caring for people who use drugs**. If you have relationships with trusted social service providers, community health care workers, case managers, or treatment providers you may ask them to help you find an experienced doula.

DOULA CARE IN MICHIGAN

LOOKING FOR A DOULA?

To find a doula in your community, visit the Michigan Doula Registry

www.michigan.gov/mdhhs/keep-mi-healthy/maternal-and-infant-health/mdhhs-doula-initiative/mdhhs-doula-registry



**DOULA CARE
IS FOR EVERYONE.
FIND YOURS AT
Michigan.gov/Doula**

“A doula is a trained birth professional who helps families have safe, healthy and positive birth experiences. Doulas provide non-clinical emotional, physical, and informational support to pregnant people and their families before, during, and after birth.”

Michigan Health & Human Services

MY DOULA

MY PREGNANCY and BIRTH SUPPORT:

NAME:

CONTACT INFORMATION:

IN AN EMERGENCY:



OUR FIRST MEETING WAS:

NOTES:

MY GOALS FOR MY BIRTH ARE:



MY BIRTH SUPPORT TEAM:



CARE COORDINATION

Healthcare providers in the field of obstetrics and gynecology (OB/GYN) have not historically received much **training about substance use** and other **mental health issues**.

In addition, providers in the fields of substance use and mental health do not receive much training about pregnancy.

This **lack of knowledge and experience can cause them to feel uncomfortable** addressing or even acknowledging the impacts of health concerns outside of their area of expertise. For you, **this can result in mixed messages or lack of accurate information**.

It can be frustrating to work with providers who are uninformed or who might seem uninterested.

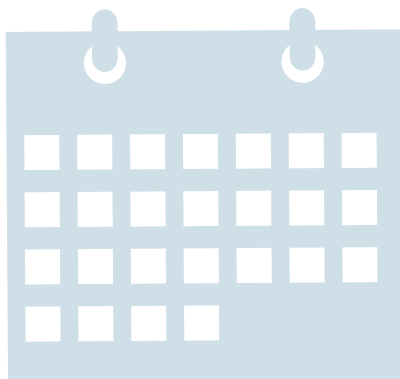
If it seems that services provided to your family overlap with or contradict another part of your treatment plan, **ask for a care conference or for someone to be designated as your care coordinator**.

You - or anyone else you feel comfortable with knowing your healthcare information - can step into the role of **care coordinator**.

Keep in mind that **effective communication between providers can ease the workload on everyone** and avoid duplicate interventions or tests.

See resources at and [initiatives](#) at [Maternal & Infant Health](#) from Keeping Michigan Healthy and the Michigan Department of Health and Human Services.

www.michigan.gov/mdhhs/keep-mi-healthy/maternal-and-infant-health





NUTRITION

During pregnancy, **good nutrition supports the healthy development of the fetus and increases the chances of delivering on time, without complications.** Good nutrition also protects your health during pregnancy and delivery, reducing the risk of nutritional deficits and serious complications like preeclampsia and excessive bleeding during delivery.

Eating a lot of **fruits, vegetables, whole grains, and lean protein** is the foundation of good nutrition for anyone, but especially when you are pregnant. Eat lots of foods that are high in nutrients needed in pregnancy like:

- leafy greens like kale and spinach
- carrots, beets, turnips
- brussels sprouts, cabbage
- broccoli, cauliflower
- sweet potato, yams, plantains
- pumpkin, squash
- tomatoes, cucumbers, eggplant
- avocados
- onions, garlic
- daikon, radish, parsnips
- cantaloupe, melon
- mango, papaya, passion fruit
- apricots, plums, peaches
- oranges, lemons, limes, grapefruit
- nuts, seeds, rice
- peas, beans, lentils, chickpeas
- soy, edamame, tofu
- eggs, chicken, turkey, duck
- beef, pork, goat, lamb
- fish, shellfish, shrimp (in moderation)

FOOD and NUTRITION PROGRAMS for PREGNANCY and BEYOND



WIC (Women, Infants, & Children) programs provides food, education, referrals, and breastfeeding support for pregnant people and parents of young children.



- Visit michigan.gov/mdhhs/assistance-programs/wic
- Use the pre-screening tool at wic.fns.usda.gov/wps/pages/preScreenTool.xhtml

You can also apply for **Supplemental Nutrition and Assistance Program (SNAP)**. Visit www.fns.usda.gov to find out what is available in Michigan.

There are some foods you should avoid, due to the risk of infections or contamination. These foods include:

- **Unpasteurized** (raw) dairy products and juices
- **Raw sprouts** (like alfalfa, clover, radish, and mung bean sprouts)
- Certain **seafoods that can be high in mercury** (like shark, swordfish, king mackerel, tilefish, bigeye tuna, marlin, and orange roughy)

Although fish is very healthy, it's important to be careful about how much and which kinds of fish you eat during pregnancy because of the risk for mercury contamination.

Mercury can cause irreversible fetal brain damage.

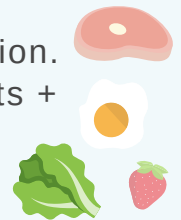
FOODBORNE ILLNESSES

BE FOOD SAFE.



Wash your hands, utensils, and surfaces you prepare food on.

Stop cross contamination. Store and prepare fruits + vegetables, meat, and eggs separately.



Keep most foods chilled and refrigerated.



Cook meat and eggs all the way.



Avoid unpasteurized products.



PRENATAL VITAMINS

Even with a healthy, balanced diet, most **pregnant people still need prenatal vitamins** to get enough of the most important nutrients.

For example, without enough **vitamin B9 (folic acid)**, the baby's brain might not grow right. It is important that you have enough calcium during your pregnancy to make sure your bones stay healthy.



People usually have some nausea and even vomiting during pregnancy. For most people, it is in the morning - but it can happen at any time of the day or night. **If you experience “morning sickness,” drink fluids and eat bland foods**, including whatever sounds good and stays down.

Other strategies to minimize nausea are **eating many small meals** throughout the day and taking **vitamin B6** supplements. There are also **anti-nausea medications** that are considered safe in pregnancy that can be prescribed by your doctor.

For most people, morning sickness is an unpleasant - but not dangerous. However, for **some it can become severe and even life threatening.**

Hyperemesis gravidarum is nausea and vomiting so severe that you are unable to eat or drink anything, even water. It is very dangerous because it can cause **severe dehydration and loss of nutrients and electrolytes.**

If you think you may be experiencing hyperemesis gravidarum, see a provider right away. See [Morning Sickness: Nausea and Vomiting of Pregnancy](#) from ACOG.



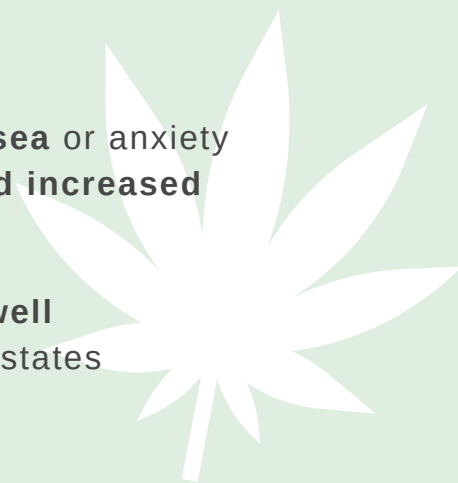
CANNABIS

Some people find that cannabis helps them with nausea or anxiety during pregnancy^{1,2} but **other people have experienced increased nausea** with cannabis use in pregnancy.^{3,4}

The **safety of cannabis use during pregnancy is not well understood**, though studies are currently being done in states where cannabis is legalized.

It is **safest not to use cannabis during pregnancy and breastfeeding.** If you are using medical cannabis, **work with your prescriber to find the lowest dose that provides the most benefit.**

Remember that **cannabis may be detectable in your urine, breastmilk, and other body tissues for several weeks.**



ROUTINE PRENATAL CARE

Routine prenatal care is the health care that every pregnant person should get during the normal course of their pregnancy. In other words, it is the standard for clients with no complications or known risk factors.

Prenatal care increases the chance of having a healthy pregnancy, delivery, and baby. In fact, accessing prenatal care is the single most important thing you can do to have a healthy pregnancy. In a study of pregnant people in Washington DC in 1996, 13% of pregnant people in the study were identified as people injecting drugs or with a history of injecting drugs which is associated with increased risks of prematurity, low birth weight, and being small for gestational age. **Going to more prenatal visits and going as early as possible in pregnancy decreased the risks** of these outcomes happening.

If there are complications or your pregnancy is considered high-risk, routine prenatal care with additional interventions are recommended. This usually involves **more frequent visits, and tests that are specific to your unique medical needs.**

CONDITIONS THAT MAKE A PREGNANCY HIGH-RISK

- Multiple gestation (**twins and multiples**)
- Being a **teenager** or **over the age of 35**
- A history of **pregnancy complications**
- Chronic **health conditions** (e.g. hypertension, seizure disorders, diabetes, cerebral palsy, asthma, HIV)
- Using some **medications** (for example: lithium, chemotherapy agents)



THE EARLIER PRENATAL CARE IS INITIATED, THE BETTER.

Ideally, everyone should see a provider for **pre-pregnancy planning**, but most people schedule their first visit when they first suspect they're pregnant.

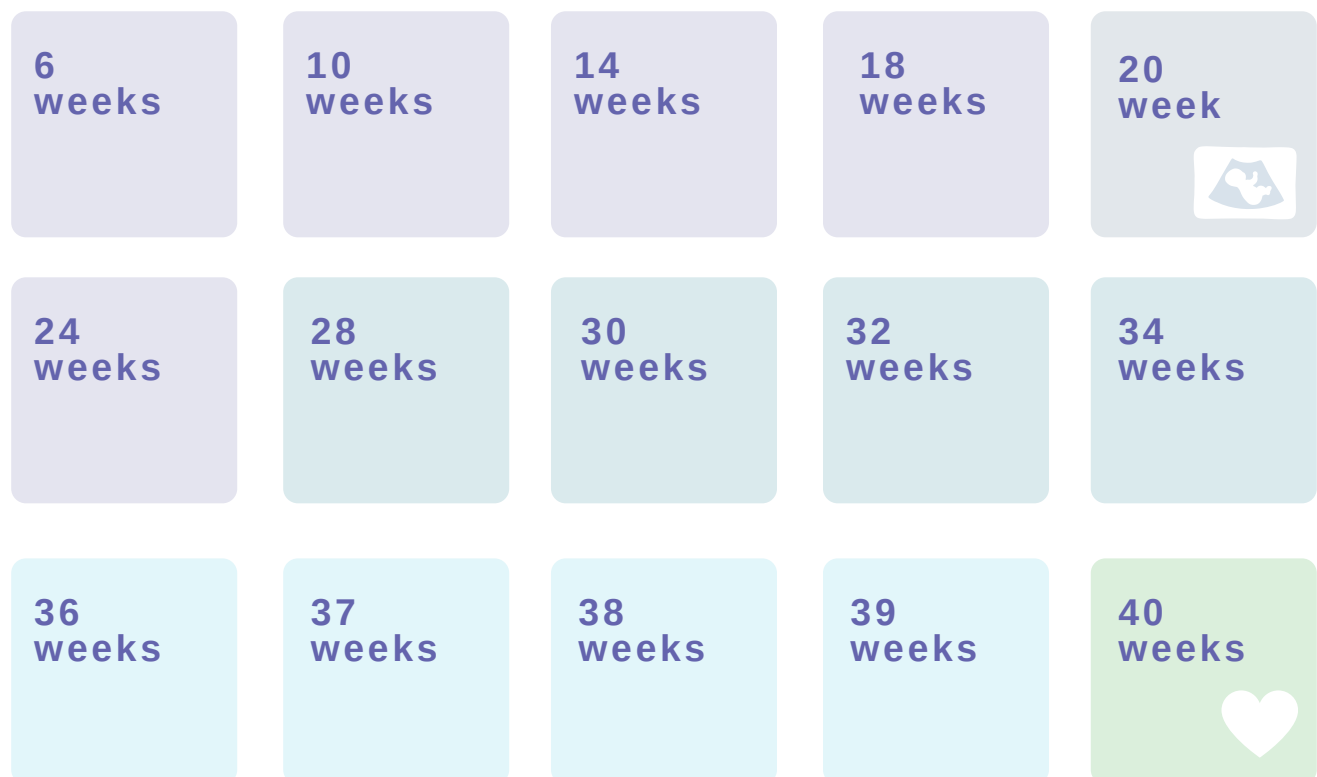
For most people, this is **around 8 weeks**, but if menstruation is not regular (as is not uncommon for people who use drugs) it may be later.

For **first-time, low-risk pregnancies** the usual prenatal care schedule is:

- **every 4 weeks** until 28 weeks of pregnancy
- **every 2 weeks** from 28-36 weeks
- then **every week** until the baby is born

Those who are high-risk should be seen more often.

Following this schedule, a person with a low-risk pregnancy who sees a provider for the **first visit at 6 weeks and the last visit at 40 weeks** will have **15 prenatal care visits**.



"LATE TO CARE"

One of the risks pregnant people face is being labeled as **"late to care"** or having received **"inadequate care."** These patients are **more likely to be drug tested and/or reported** to child welfare agencies.



Prenatal care is considered to be late if **started after 20 weeks of pregnancy.** It is considered inadequate if clients **miss over 20% of appointments.**

If possible, **go early in pregnancy and go often.** This shows your providers that you care about the health of your pregnancy.

WARNING SIGNS

See your prenatal care provider

IMMEDIATELY

if you experience:

- visual changes
- severe abdominal pain
- shortness of breath
- vaginal bleeding
- leaking amniotic fluid (water breaking)
- preterm labor contractions
- severe, persistent headache
- the baby moves a lot less
- the baby stops moving
- severe nausea



WARNING SIGNS

PRETERM LABOR PREMATURE RUPTURE OF MEMBRANES (PPROM)

This **can occur any time** during pregnancy and is dangerous if it happens before 37 weeks.

Symptoms to watch out for are:

- vaginal **bleeding**
- **leaking** of amniotic fluid (some people think they are wetting their pants)
- lower **back ache**
- feeling of pelvic **pressure**
- **contractions** (may feel like menstrual cramps or the urge to have a bowel movement)

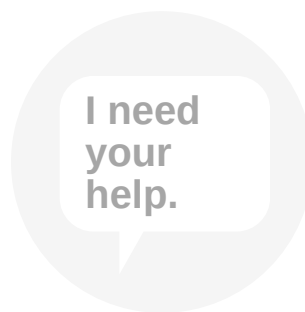


IF YOU'RE HAVING ANY OF THESE SYMPTOMS OR IF SOMETHING "JUST DOESN'T FEEL RIGHT" YOU CAN:



CALL YOUR PROVIDER

- Tell them what you're feeling.
- Describe what you're seeing.



TELL SOMEONE ELSE WHAT'S HAPPENING

- Don't wait.
- Don't hesitate.
- It's ok to be worried.
- You are not alone.



GO TO THE EMERGENCY ROOM

- Tell them you are pregnant.
- Ask for help.



CALL 911

- Tell them you're pregnant and that you need help.
- Stay on the phone until help arrives.

EMERGENCY COMPLICATIONS

PRETERM LABOR

Premature/preterm labor can happen any time. Preterm labor can be dangerous for you or the baby. Signs of preterm labor are **leaking of fluid** from your uterus through your vagina, or contractions. It can be difficult to tell if preterm labor is really happening, so see a healthcare provider right away if you are not sure.



PLACENTA PREVIA

Placenta previa is when **the placenta grows over the opening of the uterus.** Usually if this happens, **it moves out of the way as the pregnancy progresses** and the uterus stretches. Your healthcare provider can see on the ultrasound if this is happening. If the placenta remains over the opening, it can cause bleeding when labor starts and prevent the baby from coming out through the vagina. **Bleeding without pain** is the most common sign of placenta previa.

PLACENTA ABRUPTION



Placenta abruption is when **the placenta starts to detach from the uterus before the baby is born.** This causes the blood vessels between the placenta and the uterus to bleed. **Bleeding with pain is the most common sign** of placenta abruption.

UTERINE RUPTURE

Uterine rupture is when the **uterus tears.** This can cause fluid to leak into the abdomen, endangering the pregnant person and the baby. The signs of uterine rupture may include **chest or belly pain, bleeding, dizziness, difficulty breathing, or fainting.**

ROUTINE TESTS

Learn more about routine tests:

- Routine Tests During Pregnancy | ACOG [acog.org/womens-health/faqs](https://www.acog.org/womens-health/faqs) 
- What Is Prenatal Care? | Health Care During Pregnancy [plannedparenthood.org](https://www.plannedparenthood.org) 









* You have the right to decline any test for yourself, but in most states, once the baby is born, providers do not need your consent to test the baby and they don't have to inform you of any infant testing. It is best practice for providers to work collaboratively with parents regarding any tests or interventions the infant receives.

PARENT-TO-CHILD DISEASE TRANSMISSION

Testing for HIV, Hepatitis B, and TORCH infections (Toxoplasmosis, Other, [syphilis, varicella, parovirus, etc], Rubella, Cytomegalovirus, and Herpes)

These infections pose serious risks to the fetus/newborn, so testing for them is important. These tests will be conducted on your first prenatal visit, and if any of them are positive, treatment or other steps can be taken to decrease or eliminate risks. There is a lot of information on these conditions accessible online from experts in these fields.

- Hepatitis B Foundation: Pregnancy and Hepatitis B 
- Hepatitis B and Hepatitis C in Pregnancy | ACOG 
- HIV and Pregnancy | ACOG 
- Pregnancy, Birth, and HIV | the well project 
- Infant Feeding Options for Parents Living with HIV 
- Congenital Syphilis - Signs, Testing, Treatment & Prevention 
- TORCH Infections: Syndrome, Causes, Risks & Treatment 

