



# VA/DoD CLINICAL PRACTICE GUIDELINE FOR THE MANAGEMENT OF PREGNANCY

Department of Veterans Affairs  
Department of Defense

## Patient Summary

### I. Before Pregnancy

Your baseline health status before you become pregnant is important and can affect the health of your future baby. Taking some simple actions will help improve the chances of your baby being healthy:([1-4](#))

- **Schedule a visit with your provider:** Talk with your healthcare provider about your future pregnancy plans. They will discuss things with you like your health history and lifestyle habits. Planning for pregnancy also includes managing other medical conditions and reviewing medications you take that could adversely affect a pregnancy. Your provider can also refer you to a specialist in some cases to help you to get pregnant and/or to manage your pregnancy if needed.
- **When to seek evaluation for infertility:** Talk to your provider about an infertility evaluation if you have not gotten pregnant after one year of regular sexual intercourse without birth control if you are 35 years old or younger. If you are older than 35 years, it is recommended to seek evaluation after 6 months of trying to get pregnant. Usually, an obstetrician-gynecologist (OB-GYN) does the first assessment.([5](#))
- **Eat healthy foods:** Plan out your meals and snacks. Make a grocery list before you go shopping. Remember to include fruits and vegetables and minimize processed foods.
- **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. Good choices for activities are brisk walking, gardening, dancing, or biking.

- **Take 400 micrograms of folic acid each day:** Folate reduces 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.
- **Get vaccinated:** Vaccines help to protect you from infections which can sometimes be more severe during pregnancy. Being vaccinated before and during pregnancy also helps to protect the baby during the first few months of life. Most vaccines are safe during pregnancy. Influenza (flu), COVID-19, and Tdap (“whooping cough”) are specifically recommended during pregnancy. Talk with your provider about making sure your vaccines are up to date.
- **If you smoke, drink alcohol (any amount), or use marijuana or other drugs, stop before getting pregnant:** Smoking, alcohol, and some drugs or medications can be harmful to your baby and fertility. If you are pregnant or considering becoming pregnant, stop drinking. Marijuana contains chemicals that can pass to your baby and harm the baby’s development. 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 prescribed medication without first discussing 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 handling food, preparing food, and eating. 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 using the bathroom, being around people who are sick, touching saliva, interacting with children, changing diapers, and gardening or touching soil. 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:** Eating fish during pregnancy is recommended and may help your baby’s brain development.(6) Types of fish that have omega-3 fatty acids and have very little mercury are good for your health and your infant’s health. Examples include salmon, rainbow trout, pollock, and sole/flounder. Limit consumption of fish that contain mercury, such as swordfish, canned white tuna, shark, king mackerel, and tilefish.
  - ◆ **Other:** You should also limit the amount of caffeine, juice, fats, and sugar that you consume. 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 they develop and grow. Each visit has a goal. Below are some suggestions of what to talk about with your provider at each visit.(1)

**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 Information on breastfeeding, physical activity, and weight gain</li> <li>• Immunizations and information on prevention of infection</li> <li>• Options for screening for birth defects</li> <li>• Due date and plan for first trimester ultrasound</li> <li>• How telemedicine will play a role in your prenatal care</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>• Review your current exercise program and discuss importance of pelvic floor muscle exercises (i.e., kegels) during pregnancy; inquire if pelvic health rehabilitation support is necessary during or after pregnancy</li> <li>• Discuss screening for birth defects in more detail</li> <li>• Look into long-term childcare options following maternity leave</li> </ul>

Timing of Visit	Goal	What to Discuss with Your Provider
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>
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 setting, 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, childcare 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 and your unborn baby will be evaluated to determine the best way to support your delivery. Normally this will include obtaining your vital signs, monitoring your contractions and your baby's heartbeat, a physical evaluation, and a review of your medical and pregnancy history. If you have any special requests for delivery, such as your partner cutting the umbilical cord, let the health care team know.(1) 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 regarding a follow-up appointment. At your follow-up appointment, you may get a physical exam, be screened for postpartum depression, and discuss family planning and parenthood with your provider.(1)
- If you experience any of the following, you should call 911.(1, 7)
  - ◆ Chest pain
  - ◆ Difficulty breathing or shortness of breath
  - ◆ Seizures
- If you experience any of the following before your follow-up appointment, 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, you should call your healthcare provider or go to an emergency room.(1, 7)
  - ◆ Headache that won't go away or gets worse over time
  - ◆ Bleeding (soaking through one pad per hour) or blood clots bigger than the size of an egg
  - ◆ Swollen or red leg that is painful or warm to touch
  - ◆ Temperature greater than 100.4° F or 38° C
  - ◆ Surgical site not healing
  - ◆ Pain that is getting worse, especially in your abdomen or your surgical site
  - ◆ Foul smelling vaginal discharge
  - ◆ 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 a 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?** It is recommended that women who are not under or overweight gain 25-35 pounds during pregnancy. This may vary if you are pregnant with twins or triplets or if you are under or overweight.
- **Are over-the-counter drugs safe to use during pregnancy?** Even some over-the-counter drugs can be harmful during pregnancy. These include aspirin and nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen (Motrin, Advil) and naproxen (Aleve). You should discuss with your provider and/or pharmacist about the safety of any over-the-counter drugs.
- **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 Tricare for coverage information. Learn more about the New Parent Support Program resources.
  - ◆ **Childcare:** If both parents will be returning to work following delivery, you should contact the local 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 waiting list as early as possible and consider alternative childcare facilities and fee assistance support through <https://www.childcareaware.org>.
  - ◆ **For Service Members:**
    - **Maternity uniforms:** You should check with your command regarding the specifics of procuring maternity uniforms.
    - **Physical profile:** You will be provided a pregnancy limited duty profile after your pregnancy is confirmed, and a postpartum profile after delivery. Your profiles will be used to record activities that you can do and designate any service specific limitations related to your duty requirements.
    - **Physical training (PT):** Check with your command on physical training guidelines and support programs during and after pregnancy that facilitate a safe and timely return to duty.

- **Dual military parents:** Both parents need to update their Service Member'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 and notify the Pay and Allowances Continuation (PAC) about the new family member.
- Branch-specific information about duty restrictions, return to duty timelines, parental and convalescent leave, and breast-feeding policies should be requested through your local chain of command for the most current information.
- **I am a Veteran. Is there anything additional I need to know about having a baby?**
  - ◆ Find out if you are eligible for VA healthcare by calling The Health Eligibility Center at 877-222-8387 or visiting [Apply For Health Care | Veterans Affairs \(va.gov\)](https://www.va.gov/apply-for-health-care/). VA covers a wide range of maternity care services throughout pregnancy, delivery, and postpartum to eligible and enrolled Veterans.
  - ◆ Next get in touch with your local VA Maternity Care Coordinator to discuss your benefits during pregnancy and the post-partum period. VA Maternity Care Coordinators can answer questions you have about services and coverage through every stage of your pregnancy.
  - ◆ Maternity care is covered by VA but provided by non-VA providers in non-VA facilities. Your VA's Office of Community Care will help you choose a provider in VA's Community Care Network of Providers and assist with an initial appointment. During your pregnancy: Your local Maternity Care Coordinator or designee will make regular care coordination calls during your pregnancy and after your pregnancy up to 12 months postpartum. Make sure you have a follow-up appointment with your VA primary care provider within 3 months 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* (2019) at the following link: [PurpleBook.pdf \(army.mil\)](https://www.army.mil/purplebook/)
  - ◆ 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: Pregnancy: <https://www.cdc.gov/pregnancy/index.html>

- Centers for Disease Control and Prevention: Before Pregnancy: [Planning for Pregnancy | Preconception Care | CDC](#)
- United States Department of Agriculture Food and Nutrition Service: <https://www.fns.usda.gov/>
- Foodsafety.gov: <https://www.foodsafety.gov/risk/pregnant/index.html>
- The Decide + Be Ready mobile application contains evidence-based information on the most common forms of contraception available. Find the mobile application by using the following name in your mobile application site: *DECIDE + BE READY*
- Office of Women’s Health: [Pregnancy | Office on Women's Health \(womenshealth.gov\)](#)
- Postpartum Support International: [Postpartum Support International - PSI](#)

## VII. References

1. Pregnancy and Childbirth: A Goal Oriented Guide to Prenatal Care: U.S. Department of Veterans Affairs; U.S. Department of Defense; 2016. Available from: <https://www.qmo.amedd.army.mil/pregnancy/PurpleBook.pdf>.
2. 10 Tips for Preventing Infections Before and During Pregnancy: Centers for Disease Control and Prevention; 2018. Available from: <https://www.cdc.gov/pregnancy/infections.html>.
3. Medication and Pregnancy: Centers for Disease Control and Prevention; 2018. Available from: <https://www.cdc.gov/pregnancy/meds/index.html>.
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7. Postpartum Discharge Education, Implementation Community Informational Webinar. Association of Women's Health, Obstetric and Neonatal Nurses; 2016.