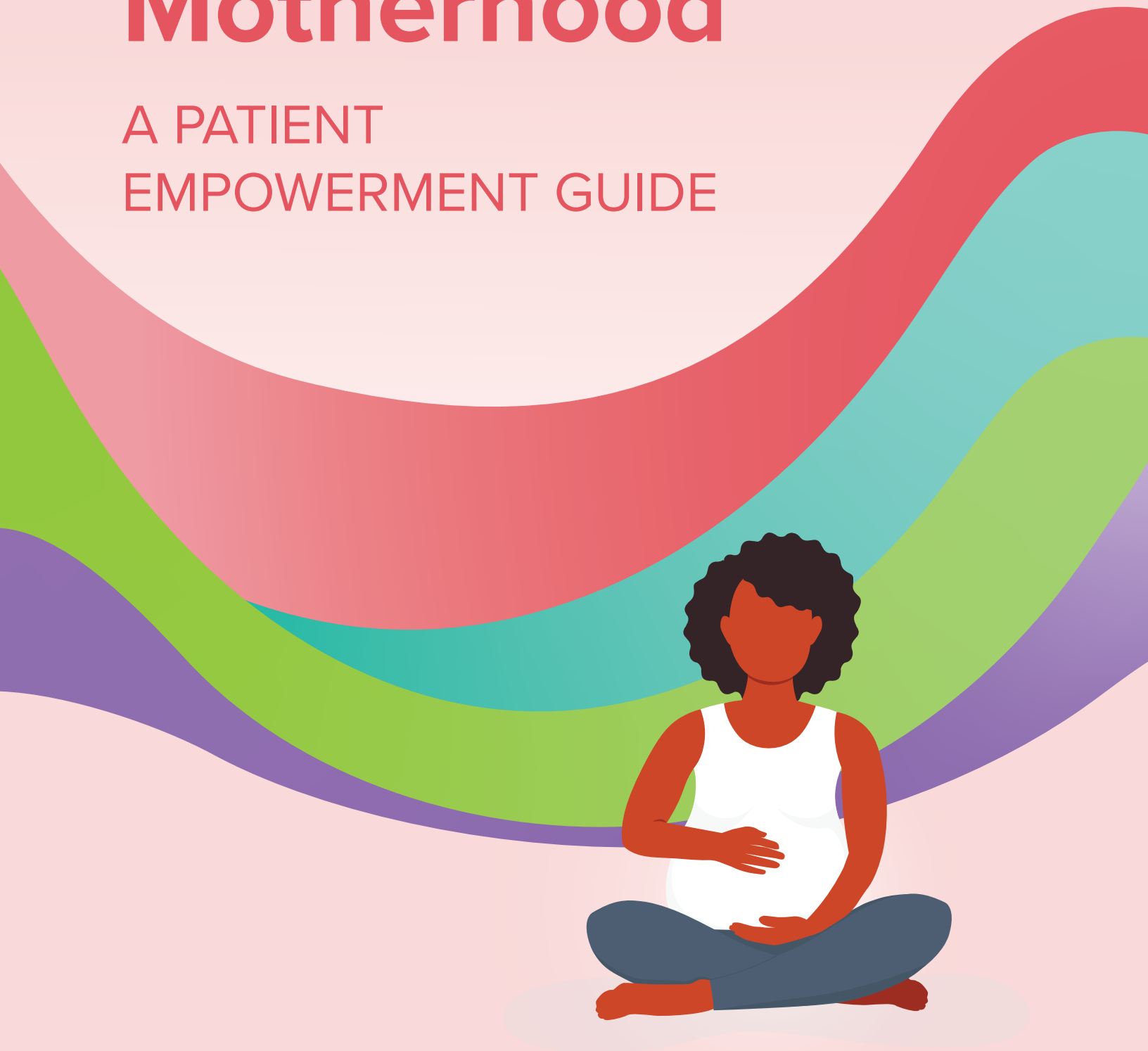
Society for Women's Health Research

Journey to Motherhood

A PATIENT EMPOWERMENT GUIDE



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Contents

ABOUT **4**

THE PRE-PREGNANCY JOURNEY **5**

Pre-pregnancy Counseling 5

Maternal Health Care Providers 6

Planning for the Road Ahead 7

Creating a Supportive Environment 8

THE PREGNANCY JOURNEY **9**

Changes During Pregnancy 9

Prenatal Appointments 10

Questions to Ask Your Health Care Provider 10

Nutrition During Pregnancy 11

Planning for Birth and Postpartum 12

THE POSTPARTUM JOURNEY **13**

Maternal Care after Birth 13

Assessing Postpartum Health 14

Working through a Challenging Pregnancy Experience 14

Building a Postpartum Community of Support 14

Mental Health Awareness after Pregnancy 15

My Postpartum Journey Worksheet 16

KEY TERMS IN MATERNAL HEALTH **17**

REFERENCES **18**

RESOURCES & SUPPORT ORGANIZATIONS **19**

ABOUT SWHR

The Society for Women's Health Research (SWHR) is a national nonprofit and thought leader dedicated to advancing women's health through science, policy, and education while promoting research on sex differences to optimize women's health. Founded in 1990 by a group of physicians, medical researchers, and health advocates, SWHR is making women's health mainstream by addressing unmet needs and research gaps in women's health. Thanks to SWHR's efforts, women are now routinely included in major medical research studies and more scientists are considering sex as a biological variable in their research. Visit www.swhr.org for more information.

SWHR'S MATERNAL HEALTH PROGRAM

SWHR Science Programs identify research gaps and address unmet needs in diseases and conditions that exclusively, disproportionately, or differently affect women. The Maternal Health Program was launched in 2020 to address disparities in health care access and coverage for women to improve maternal and infant health and reduce pregnancy-related morbidity and mortality. The program engages health care providers, researchers, patients, advocates, and health care policy decision-makers to explore strategies to address knowledge gaps, disease disparities, and relevant policies that present barriers to equitable and quality care for women throughout their pregnancy journey.

ACKNOWLEDGEMENTS

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The Pre-Pregnancy Journey

5.5 million
pregnancies in the U.S. each year[1]

3.5 million
births in the U.S. each year[1]

27
average age of first-time mothers[1]

Women have varied pathways to motherhood, and each woman's path is unique–shaped by her personal health and life circumstances.

While many women plan their pregnancies, 42% of pregnancies in the United States are unplanned.[2] Whether you plan your pregnancy or not, some important factors to consider to promote the best health for you and your baby include existing health conditions, lifestyle, support systems, and access to health care. Making healthy decisions, especially before a pregnancy, can benefit both a mother's and baby's health during and after birth.

Pre-pregnancy Counseling

Have you considered going to your health care provider for a *pre-pregnancy check-up?* This appointment can be with your primary care or a **maternal health** provider – ideally with a provider that you will continue to see throughout your pregnancy. During a pre-pregnancy check-up, the provider will focus on checking your physical and mental health, and risks for **complications** during pregnancy. They may also discuss with you how lifestyle, medications, and vaccinations can affect your health during and after pregnancy. Regular dental and eye health check-ups before and during pregnancy are also important.

Maternal health refers to the physical, psychological, and emotional well-being of a woman before, during, and after pregnancy.

Pre-pregnancy Food for Thought

What small positive changes can I make in my life now to improve my and my baby's health during and after pregnancy? For example: a 10-minute walk each day, a green vegetable with my meal, or 5-minute meditation before bed.

[1] Osterman MJK, Hamilton BE, Martin JA, et al. National Vital Statistics Reports. 2024;73(2).
[2] Rossen LM, Hamilton BE, Abma JC, et al. Vital Health Stat. 2023;2(201).

Living with a chronic health condition, such as diabetes, lupus, or a thyroid disorder, makes it especially important to work with your health care providers before pregnancy to talk about how your health and treatment plan may change during and after pregnancy.

Preconception health care can improve maternal health outcomes and lower health care costs, especially for women living with chronic conditions like diabetes or depression.

This is also key for women who are diagnosed with mental health conditions, such as depression, anxiety, or chronic stress. Be sure to tell your doctor about any health conditions you currently have or have had in the past.

Not all women have access to a health care provider before pregnancy, but there are still options. You can access pre-pregnancy health services through community health centers and public health clinics, which often offer low-cost or sliding-scale care based on financial need.

Some women – including women over age 35 and women of color – are at higher risk for certain **complications** that may occur during pregnancy. However, by working with a good health care provider to regularly check and monitor mom's health and baby's growth, and combining the support of family and friends, women can stay ahead of challenges as much as possible.

As women continue to ask questions and learn about **maternal health**, they can become stronger advocates for themselves, their bodies, and their babies. The knowledge gained during this time can benefit both mother and child for life.

Visit the *Pregnancy Journey* section of the **SWHR Journey to Motherhood: A Patient Empowerment Guide** to learn more about **maternal health** warning signs and recommended appointment schedule.

Maternal Health Care Providers

There are many kinds of health care providers that can be part of your pre-pregnancy, **prenatal**, and **postpartum** care. It is important to identify providers that can support your pregnancy and motherhood goals and preferences; this may be one or multiple providers on your health care team.

PRIMARY CARE PROVIDERS

- **Family Physicians** can provide general women's health care and help with family planning for their patients.
- **Obstetricians-Gynecologists (OB-GYN)** specialize in female reproductive health and provide women's health care during pre-pregnancy, pregnancy, childbirth, and immediately after delivery.
- **Nurse Practitioners** can specialize in obstetrics and gynecology (OGNP) and provide women's health services.
- **Midwives** are trained to help low-risk women during labor and delivery, as well as provide **prenatal** and **postpartum** support.

Do I trust my health care provider? Am I comfortable sharing my concerns with them? How easy is it to get an appointment? Do they listen and respond to my concerns?

OTHER MATERNAL HEALTH CARE PROFESSIONALS

- **Reproductive Endocrinology and Infertility (REI) Specialists** are OB/GYNs board certified for their advanced knowledge to help diagnose, treat, and overcome infertility challenges in both men and women.
- **Maternal-Fetal Medicine (MFM) Specialists** provide treatment and care to women who have complicated or **high-risk** pregnancies.
- **Doulas** are non-medical professionals trained to provide emotional and physical support and guidance to women during pregnancy, labor, delivery, and **postpartum**.

The utilization of midwives has increased in the U.S. for low-risk pregnancy care – from **~8% to ~11%** between 2012 and 2022.[3]

Additional pregnancy-related support might be provided by an endocrinologist, genetic counselor, **perinatal** mental health professional, social worker, community health worker, or **lactation** specialist, among others.

Consider how your chosen providers' training, expertise, and approaches to practicing **maternal health** care may influence how (and even where) you give birth. In particular, it is helpful to consider a team member who will provide continuous support to you during labor and delivery in addition to a medical provider as that has proven to provide better health outcomes.

Many prenatal, childbirth, and newborn health care services are considered essential health benefits that insurance – including **Medicaid** ACA expansion programs – must cover, according to the **Affordable Care Act.** Check your insurance provider or Health Insurance Marketplace to learn about what options are available to you, especially for low or no cost.

Planning for the Road Ahead

Pre-pregnancy can be an opportunity for women and their community of support to plan for key **prenatal** pregnancy health care visits. When planning for pregnancy, some areas to consider include:

Transportation: How will I get to my health care appointments? Can my health insurance cover transportation costs to my appointments? Does my provider offer telehealth appointments?

Language: Would an interpreter be helpful for me or my partner to better understand what's going on during my appointments?

Insurance: Do I have health insurance for my prenatal care? What does my insurance cover and what am I responsible for covering?

Work: How much leave do I have to use for my medical appointments? Will appointments early morning or later in the day best fit my work schedule? How much advance notice do I need to give my job to make sure I can attend all my appointments?

Childcare: Do I need childcare when I go to my medical appointments? Who can watch my other children in case of an urgent or last-minute appointment?

Your state may have **Medicaid** or other programs that offer **Non-Emergency Medical Transportation (NEMT)** services to cover transportation costs associated with your prenatal care appointments.

[3] American College of Nurse-Midwives. Midwife Workforce Study. Available at: https://midwife.org/midwifery-workforce-study/ Accessed 10 Apr 2025

Creating a Supportive Environment

Your close environment can affect the health of your pregnancy and your baby. Consider discussing your pregnancy plans with your partner and others who will spend a lot of time in your space. While you may not be able to control everything in your environment, your health care provider may have some advice to help you to minimize exposure and your **maternal health** risks.

HEALTH TOPICS TO DISCUSS WITH YOUR PROVIDER

- Any medications, including herbal supplements and over the counter drugs, that you take regularly and/or occasionally
- Exposure to any harmful substances or materials (e.g., tobacco, lead, mercury, or pesticides) at home or at work
- Current diet and physical activity routine
- Recent or missed vaccinations
- Family history of physical and mental health conditions (you and your partner)
- Previous pregnancy experiences

In addition to establishing a community of support among family and friends, there may be resources available to you in your local area or within the health care system:

- **Patient navigators** can help set up appointments and communicate with insurance companies.
- **Community programs** can offer food pantries, diaper banks, assistance with **lactation** or breastfeeding services and getting a car seat.
- **Public assistance programs** include supplemental nutrition assistance funds and vouchers that can vary by state, but are offered in all 50 U.S. states, territories, and the District of Columbia.
- **Support groups** have been created to assist women from pre-pregnancy through motherhood, and for all kinds of special circumstances related to pregnancy.

Patient navigators have many different names. In your setting, they might be called a patient advocate, community health worker, care coordinator, maternity care specialist, or peer support specialist.

A great resource for connecting individuals to community services (such as food, housing, and health care) is the national helpline **2-1-1**, hosted by United Way.

The Pregnancy Journey

Pregnancy is a good time to focus on your physical health, mental health, and lifestyle goals to support you and your baby's health. Whether you are 6 weeks or 6 months pregnant, it's never too late to start. Visit the *Pre-pregnancy Journey* section of the **SWHR Journey to Motherhood: A Patient Empowerment Guide** for additional topics to consider throughout your motherhood journey.

Changes During Pregnancy

Your body will go through many changes during pregnancy. Normal changes that you can expect include:

- Mild swelling in the hands, legs, ankles, or feet
- Mild aches and pains in the back, stomach, or breasts
- Breathing: stuffy nose, shortness of breath with physical activity
- Heartburn, nausea, or vomiting
- Bathroom habits: constipation, frequent peeing, hemorrhoids
- Skin: acne, stretch marks, brown spots
- Tiredness and changes in sleep

While some changes are common, others might indicate more serious health concerns. It is important to contact your health care provider immediately if you experience:

- Severe and recurring headaches, stomach pain, chest pain, or nausea
- Shortness of breath at rest
- Changes in vision, dizziness, or fainting
- Vaginal bleeding, spotting, or unusual discharge
- Less frequent or stopped baby movement
- Fever
- Unusual rash
- Thoughts of harming yourself or your baby

These changes are also important to watch for in the months after giving birth.

1 in 7 pregnant patients experience conditions that cause high blood pressure.[1] Women can check their blood pressure daily using a simple home blood pressure monitor. If it reads **140/90 mmHg** (systolic/diastolic) or higher on 2 separate occasions, contact your health care provider.

[1] Ford ND, Cox S, Ko JY, et al. MMWR. 2022;71(17):585-591.

Prenatal Appointments

The American College of Obstetricians and Gynecologists provides guidelines for 12-14 recommended **prenatal** appointments, lab tests, and ultrasounds during a pregnancy that is considered "low risk" for **complications**. Fewer appointments or having some via telehealth may be possible, depending on your health and personal circumstances. Discuss with your provider your reasons for wanting or needing a different appointment schedule, so that, together, you can make a plan that meets your prenatal care needs. If you have specific health concerns that are considered **high-risk**, your provider may request additional visits to keep a close eye on you and your baby's progress.

Visit the *Pre-pregnancy Journey* section of the **SWHR Journey to Motherhood: A Patient Empowerment Guide** for more information about planning for transportation, childcare, and other support needs that may arise during pregnancy.

Questions to Ask Your Health Care Provider

Putting together a list of questions before visiting your provider may help you feel more prepared to discuss your pregnancy experience and plans. Below are some example questions you may consider asking:

APPOINTMENTS

- How often should I schedule my prenatal appointments? How long will each typically last?
- Will you be the provider I meet with every time, or will others be involved in my care?
- How can we best coordinate care between you and another specialist provider I see for my chronic health condition?
- I have been previously diagnosed with *[high blood pressure, diabetes, over-active thyroid, etc.]*. How might this affect my pregnancy?
- Who should I contact if I have questions or concerns outside of my scheduled visits?

SYMPTOMS

- I am experiencing *[joint pain, shortness of breath, swelling, etc.]*. How can I tell if this is a warning sign for something more serious?
- Are there helpful strategies I can implement at home to manage my symptoms?
- Do you have any concerns that my pregnancy might have increased risk for complications?
- My symptoms of *[nausea, difficulty sleeping, back pain, etc.]* have gotten worse since my last appointment. What should we do now?

RESOURCES

- Can you provide me with information about resources to support my pregnancy care?
- My *[friend, aunt, the internet, etc.]* gave me advice to help with *[symptom/issue]*. Can you please confirm what I should do?

Do not be afraid to ask follow-up questions if you don't understand your path forward. Also, consider seeking out a second opinion if you want another perspective on your **maternal health** plan and any treatment options.

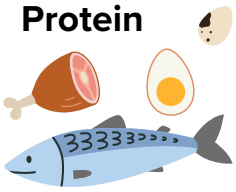
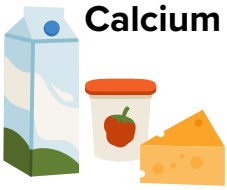
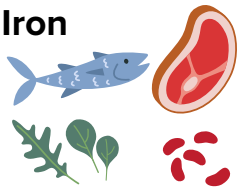
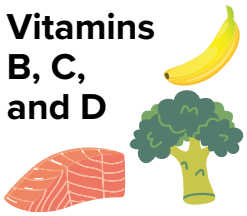
Nutrition During Pregnancy

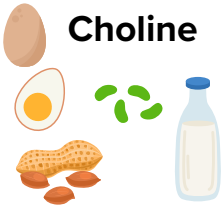
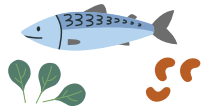
A healthy diet that includes a mix of different vitamins and minerals is important for mom's health and baby's growth and development during pregnancy, as well as the long-term health for both. Pregnancy is also a critical time to avoid harmful substances and practice safe food habits to reduce health risks.

While dietary recommendations for pregnant women are not significantly different from those for women who are not pregnant, there is an increased focus on several key vitamins and minerals, many of which can be found in common food groups or **prenatal** vitamins.

Certain foods and beverages can have a higher tendency to contain bacteria or viruses that can cause illness, and women and their babies are particularly vulnerable during pregnancy. When possible, special attention should be taken when buying, storing, preparing, and eating such foods.

- The United States Preventative Services Taskforce recommends that all women planning to become pregnant or who are pregnant consume **400-800mcg of folic acid daily** to help prevent birth defects.
- Folic acid can be found in spinach, beans, peas, and lentils.

	Protein	Calcium	Iron	Vitamins B, C, and D
				
Benefits for Mom	Helps breast and uterine tissue development	Minimizes bone loss during pregnancy and lactation	Helps prevent iron deficiency anemia	Helps build a healthy immune system, absorb calcium, and produce energy
Benefits for Baby	Supports growth	Strengthens bones and teeth	Helps get oxygen to the baby	Supports healthy gums, teeth, bones, skin, and eyesight

	Choline	Iodine	Omega-3 Fatty Acids	Folate and Folic Acid
				
Benefits for Mom	Supports liver function and lipid (fat) metabolism	Supports thyroid function	Reduces risk of preterm birth	Helps brain development
Benefits for Baby	Helps brain and spinal cord development	Helps brain growth and development	Helps red blood cell production	Reduces risk of birth defects

For example, pregnant women should try to avoid:

- Raw or uncooked meat and fish (e.g., rare steak, sushi, deli meat, cold cuts)
- Unpasteurized dairy products (e.g., raw milk and soft cheeses like brie, camembert, and queso fresco)
- Fish that is high in mercury (e.g., mackerel, swordfish, tilefish)
- Raw or undercooked eggs
- Unwashed fruits and vegetables
- Alcohol
- Energy drinks
- Tobacco, marijuana, and CBD products

Mercury can be toxic, affecting a baby's development in the womb. Although many fish contain some mercury, certain fish, like salmon, trout, catfish, and canned tuna have lower amounts.

Ask your **maternal health** care provider for a list of food and drinks that you should consider increasing or limiting, based on your specific health care needs. Providers may also recommend specific dietary guidelines or limitations for their pregnant patients who have an increased risk for pregnancy-related conditions like **gestational diabetes** or **preeclampsia**.

Planning for Birth and Postpartum

Where do I want to give birth–at the hospital, in a birthing center, or at home?

Who do I want to be with me during labor and delivery?

What will help me feel most comfortable during my labor and delivery?

As you move through your pregnancy journey toward birth, creating a **birth plan** can be helpful. This is a written document outlining what you would like to happen during your labor and delivery experience. Share these preferences with your provider, so that they can help you understand the benefits and risks associated with the options available to you. Together, you can work on making sound decisions and implementing your birth plan.

For women with a pre-existing health condition or **high-risk pregnancy**, it is important to coordinate care and recommendations between various health care providers throughout the pregnancy journey and postpartum. Certain specialists may be needed during labor and delivery to assist with the care of you or your baby, such as a cardiologist, anesthesiologist, hematologist, or maternal-fetal medicine specialist. Conversations with your team of providers should help you to better understand what you can expect during the birthing process, potential challenges, and how they may affect your birth plan.

Your health and safety are a priority. It is important to remain flexible in case circumstances change during your pregnancy journey.

Factors to consider when creating your **birth plan**:

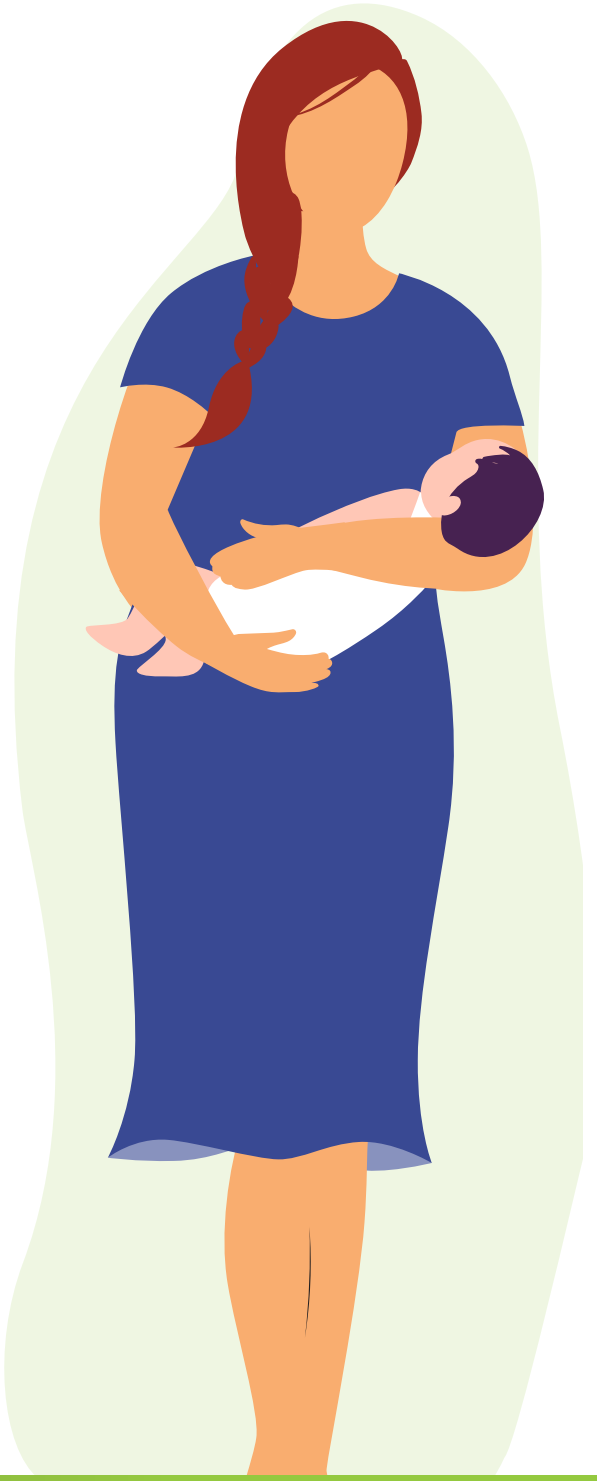
- Labor positions and **induction** approaches
- Pain management coping strategies and use of medications
- Birthing props/tools (stools, yoga ball, chairs, etc.)
- Companion and family presence during labor and delivery
- Room privacy preferences
- Where newborn baby will stay (in room or nursery)
- When and how to get to the birthing facility
- Other birthing facility perks and potential limitations
- Plans to handle **complications** and emergency births
- **Lactation** and breastfeeding preferences and goals

A birth plan can allow women to share their values and choices about childbirth in advance with their providers. Planning ahead can help simplify your options and prepare you for realistic expectations.

The Postpartum Journey

Maternal Care after Birth

Pregnancy and the **postpartum** period offer a window into long-term health. It is important to monitor and address health issues early to prevent further serious challenges later in life. After giving birth, it is common for the focus to shift to your baby, but your postpartum health and well-being are as important as your baby's needs during this time when your body is healing and readjusting. Creating a postpartum care plan can help you prepare for medical appointments for both yourself and your baby, monitor progress toward healing, address mental health and wellness, adjust to motherhood, and identify support systems and resources. Planning ahead can improve the value and success of your postpartum care.



Experts recommend a first **postpartum** check-in within 3 weeks after birth and a detailed follow-up visit no later than 3 months after birth. Some delivery or postpartum challenges may require follow-up visits earlier than 3 weeks with additional close monitoring. For example, your provider might schedule an appointment with you as soon as 7-10 days after delivery to monitor blood pressure (due to risk or development of **preeclampsia**) or check incisions from a cesarian (also known as a C-section).

Postpartum care appointments can be used to talk about infant care, breastfeeding, addressing **complications** during delivery, managing chronic health conditions, and future family planning. Your newborn's pediatrician can also be a good resource for questions about breastfeeding, sleep, and other postpartum needs.

A *Postpartum Journey Worksheet* is provided in the **SWHR Journey to Motherhood: A Patient Empowerment Guide** for you to fill out and take with you when you visit your health care provider.

Postpartum care should be tailored to your unique needs.

If accessing care is challenging, ask your provider about the availability of home visits, phone or text support, home monitoring, or app-based care.

Assessing Postpartum Health

Women will experience physical, emotional, and relational changes as their body heals after a pregnancy. It is important to monitor specific health signs and changes during this time, especially if you had a pre-existing condition or were diagnosed with a new health condition during pregnancy.

In the unfortunate circumstance that a baby does not survive, **postpartum** care should still be done to ensure that you are healing after pregnancy – both physically and emotionally.

The general warning signs monitored during pregnancy should be continued after birth, with additional attention paid toward:

- Heavy bleeding
- Sudden pain or swelling
- Chest pain or extreme body pain
- Sudden weakness or tiredness
- Changes in your mood or feelings

Any urgent or persistent warning signs should be shared with your provider and evaluated immediately.

Visit the *Pregnancy Journey* section of the **SWHR Journey to Motherhood: A Patient Empowerment Guide** for more information about what changes to expect and warning signs to monitor during pregnancy.

Working through a Challenging Pregnancy Experience

Despite planning for an ideal pregnancy and birthing experience, challenges may arise, such as pregnancy-related illnesses, delivery **complications**, emergency surgeries, birth injuries, or miscarriage. These experiences can be painful and traumatic, sometimes resulting in feelings of helplessness, fear, guilt, or numbness. During such difficult times, nobody wants to feel or should be unsupported, attacked, or confused about what to do next.

In the unfortunate circumstance that a baby does not survive, it is important to address the grief and trauma concerning this loss. **Postpartum** care should still be done to ensure healing after pregnancy – both physically and emotionally.

Be encouraged to share your challenging experiences and feelings with a trusted provider because these events can impact an individual's health well after pregnancy. It is also helpful to talk with your partner during the recovery period and engage with your community of support along the way. **Remember, you are not alone on your maternal health journey.**

Building a Postpartum Community of Support

Maintaining a network of support after delivery is essential and has been shown to improve health **postpartum**. Your postpartum support community may look different than during pregnancy.

Lactation Support and resources can be accessed at birthing facilities, community centers, and government programs like WIC (Women, Infants, and Children).

Home Visiting Programs may send a nurse or community health worker to your home to provide health care or motherhood support.

Meet-up Groups offer topic-specific support groups for postpartum concerns like breastfeeding, mental health, or safe sleeping. Some groups provide online meetings.

Faith-based Organizations and places of worship often offer community services, especially for mothers, children, and individuals with low incomes or in need of housing.

Mental Health Awareness after Pregnancy

Pregnancy and childbirth do not always go as planned, and the experience may bring up intense feelings that last after delivery. New moms can often feel overwhelmed by the physical and emotional demands of birth and adjusting to motherhood. Pregnant and new moms may cry, feel anxious, worry, get easily frustrated, lose their appetite, and not sleep well.

If certain symptoms continue or become more severe, it might be time to seek help. For example:

- Sadness, irritability, anxiety, tiredness, lack of concentration, and loss of interest
- Constant feelings of worry, nervousness, fear, and racing thoughts
- Repetitive, unwanted, and disruptive thoughts, and excessive urges to do certain actions
- Changes in behavior or recurrent reminders, resulting from a traumatic or upsetting experience during pregnancy, delivery, or **postpartum**
- Periods of extremely high and extremely low moods
- Extreme changes in mood and changes in one's sense of reality, including delusions, hallucinations, and paranoia

Mood disorders, such as depression, anxiety, obsessive-compulsive disorder, post-traumatic stress disorder, bipolar disorder, and psychosis can emerge or worsen during pregnancy or **postpartum**. Every woman should be screened for postpartum mood disorders, typically during that first postpartum care appointment (within 3 weeks after delivery).

About **50-75%** of women experience postpartum blues (or baby blues) within the first few weeks after birth.[1] These feelings, often mistaken for depression, will usually pass within 1-3 weeks after delivery. If symptoms do not pass or become more severe, it may be postpartum depression.

If you are feeling overwhelmed and need immediate help, contact:

- National Maternal Mental Health Hotline: Call **1-833-852-6262 (TLC-MAMA)**
- Postpartum Support International: Call **1-800-944-4773 (4PPD)**
- National Suicide and Crisis Lifeline: Call or text **9-8-8**
- For all other emergency care: Call **9-1-1**

[1] Carlson K, Mughal S, Azhar Y, et al. StatPearls. 2025:1-3.

MY POSTPARTUM JOURNEY WORKSHEET

Instructions: Use this form to record your postpartum experience and share with your health care provider on your next visit.

How are you feeling?

Experiencing the following physical symptoms are expected postpartum, however, if any are really bothersome, try to describe their location, severity, duration, and frequency, and then share them with your provider.

___ Bleeding ___ Swelling ___ Pain ___ Other:

___ Discharge ___ Breast tenderness ___ Tiredness _____

Using the mood scale below, indicate:

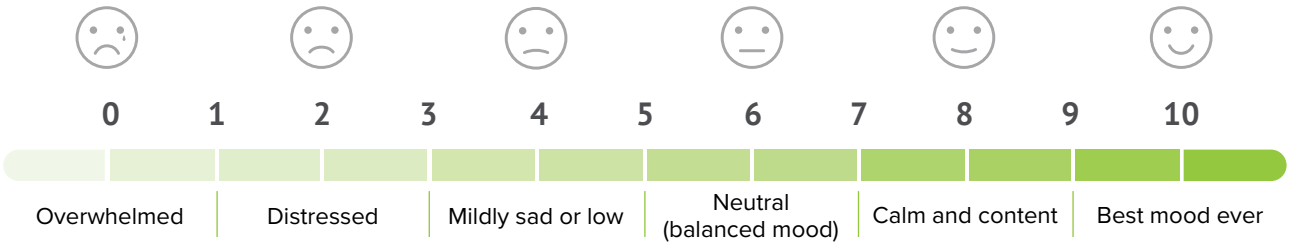
Your primary mood during the last two weeks: _____

Your feelings about yourself and motherhood: _____

Your feelings about your baby: _____

Additional emotions and comments:

_____



My postpartum visits:

3-6 weeks after delivery 2-3 months after delivery

DD/MM/YY HH:MM am/pm DD/MM/YY HH:MM am/pm

Potential topics to discuss during your appointment: (Select your highest priority topics)

___ Lactation and breastfeeding

___ Physical symptoms and changes

___ Complications experienced during the pregnancy; potential longterm health implications

___ Pre-eclampsia screening

___ Diabetes screening

___ Sleep health or challenges

___ Emotional and mental health

___ Reproductive life plan (future pregnancies, contraception)

___ Intercourse and sexual health

___ Safety concerns or challenges

Postpartum Care Team

Name	Specialty	Contact Info	Last Visit

Notes:

Key Terms in Maternal Health

Antenatal: the time between conception and birth; also known as prenatal

Birth plan: a written document outlining a woman's preferences for care during labor and delivery

Conception: the process of fertilization, when a sperm and egg join to form an embryo

Complication: disease or health condition that happens as a result of another condition, such as pregnancy-related high blood pressure

Fetus: an unborn baby, from 9 weeks after conception until birth

Gestation: the length of time that a baby is in the uterus

Gestational diabetes: a condition that develops during pregnancy when blood sugar levels become too high because the body is not producing enough insulin

Health insurance marketplace: a government operated service that helps individuals shop for and enroll in health insurance through websites, call centers, and in-person assistance; also known as a health exchange

High-risk pregnancy: a pregnancy that involves increased health risks to the mother, baby, or both

Induction: when a health care professional artificially initiates the labor process with medications and procedures

Lactation: the production of breast milk

Maternal health: the physical, psychological, and emotional well-being of a woman before, during, and after pregnancy

Medicaid: an insurance program that provides free or low-cost health coverage to certain low-income individuals, families, and children, pregnant people, the elderly, and individuals with disabilities; program qualifications, benefits, and names differ by state

Neonatal: the time between a baby's birth and 4 weeks of age

Non-emergency medical transportation (NEMT): transportation services provided for individuals to access health care but are not in an emergency

Perinatal: the time period from the start of a pregnancy through one year after birth

Postpartum: the time period immediately following birth through the first 6 weeks

Preconception: the time period before pregnancy

Preeclampsia: a condition that develops during pregnancy (usually 20 weeks or later) or postpartum, characterized by high blood pressure and protein in the urine

Prenatal: the time between conception and birth; also known as antenatal

Preterm birth: when a baby is born before 37 weeks of pregnancy

Uterus: organ located in lower abdomen of a female that houses a baby during pregnancy; also known as a womb

References

ACOG Committee Opinion No. 736: Optimizing Postpartum Care. Obstet Gynecol. 2018;131(5):e140-e150.

Alliance for Innovation on Maternal Health. Urgent Maternal Warning Signs. https://saferbirth.org/aim-resources/aim-cornerstones/urgent-maternal-warning-signs-2/ Accessed 26 Feb 2025.

American College of Obstetricians and Gynecologists. Nutrition during Pregnancy. https://www.acog.org/womens-health/faqs/nutrition-during-pregnancy Accessed 17 Mar 2025.

Atrash H, Jack B. Preconception Care to Improve Pregnancy Outcomes: The Science. J Hum Growth Dev. 2020;30(3):355-362.

Balk EM, Konnyu KJ, Cao W, et al. Schedule of Visits and Televisits for Routine Antenatal Care: A Systematic Review. Rockville (MD): Agency for Healthcare Research and Quality (US); June 2022.

Centers for Disease Control. Safer Food Choices for Pregnant Women. https://www.cdc.gov/food-safety/foods/pregnant-women.html Accessed 17 Mar 2025.

Food and Drug Administration. Food Safety for Moms-to-Be At-a-Glance. https://www.fda.gov/food/people-risk-foodborne-illness/food-safety-moms-be-glance Accessed 16 Mar 2025.

Germain S, Nelson-Piercy C. Common Symptoms during Pregnancy. Obstet Gynaecol Reprod Med. 2011;21(11):323-326.

Gjerdingen DK, Froberg DG, Fontaine P. The Effects of Social Support on Women's Health During Pregnancy, Labor and Delivery, and the Postpartum Period. Fam Med. 1991;23(5):370-5.

Healthcare.gov. Health Coverage Options for Pregnant or Soon to be Pregnant Women. https://www.healthcare.gov/what-if-im-pregnant-or-plan-to-get-pregnant/ Accessed 16 Mar 2025.

Jones-Beatty K, Jolles D, Burd I, Thomas O. Increasing Effective Postpartum Care in an Obstetric Clinic using ACOG's Postpartum Toolkit. Nurs Forum. 2022;57(6):1614-1620.

Lu MC. Recommendations for Preconception Care. Am Fam Physician. 2007;76(3):397-400.

March of Dimes. Common Discomforts of Pregnancy. https://www.marchofdimes.org/find-support/topics/planning-baby/common-discomforts-pregnancy Accessed 17 Mar 2025.

Mason E, Chandra-Mouli V, Baltag V, Christiansen C, Lassi ZS, Bhutta ZA. Preconception Care: Advancing from "Important to Do and Can be Done" to "Is Being Done and Is Making a Difference." Reprod Health. 2014;11(3):1-9.

Morgan J, Bauer S, Whitsel A, Combs CA. Society for Maternal-Fetal Medicine Special Statement: Postpartum Visit Checklists for Normal Pregnancy and Complicated Pregnancy. Am J Obstet Gynecol. 2022;227(4):B2-B8.

Orr, ST. Social Support and Pregnancy Outcome: A Review of the Literature. Clin Obstet Gynecol. 2004;47(4):842-855.

Postpartum Support International (PSI). About Perinatal Mental Health. https://postpartum.net/perinatal-mental-health/#Depression Accessed 16 Mar 2025.

Procter SB, Campbell CG. Position of the Academy of Nutrition and Dietetics: Nutrition and Lifestyle for a Healthy Pregnancy Outcome. J Acad Nutr Diet. 2014;114(7):1099-1103.

United States Preventive Services Task Force, Barry MJ, Nicholson WK, et al. Folic Acid Supplementation to Prevent Neural Tube Defects: US Preventive Services Task Force Reaffirmation Recommendation Statement. JAMA. 2023;330(5):454-459.

Resources & Support Organizations

Maternal Health Resources

4th Trimester Project: https://newmomhealth.com/

ACOG Sample Birth Plan Template: https://www.acog.org/womens-health/health-tools/sample-birth-plan

National Child & Maternal Health Education Program (NIH/NICHD): https://www.nichd.nih.gov/ncmhep

National Partnership for Women & Families Childbirth Connection: https://nationalpartnership.org/childbirthconnection/

PSI Your Postpartum Plan: https://www.postpartum.net/wp-content/uploads/2023/04/PP-Plan-Updated.pdf

SWHR Noninvasive Prenatal Screening Guide for Women: https://swhr.org/resources/noninvasive-prenatal-screening-resource-guide-for-women/

SWHR Women's Resource Guide to Fertility Care: https://swhr.org/resources/womens-resource-guide-to-fertility-health-care/

Support Organizations

Alliance for Innovation on Maternal Health: https://saferbirth.org/

Black Women's Health Imperative: https://bwhi.org/

Expecting Health: https://www.expectinghealth.org/

March of Dimes: https://www.marchofdimes.org/

Preeclampsia Foundation: https://www.preeclampsia.org/health-information

Sister Song: https://www.sistersong.net/

SMFM High Risk Pregnancy Information: https://www.highriskpregnancyinfo.org/

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