

**Informed.
Supported.
Empowered.
YES.**

Your pregnancy and care
at WHA.





Goals for today:



- Discuss what to expect for routine prenatal care
- Provide information to prepare for your first provider appointment.
- Discuss healthy lifestyle choices for you and your baby.
- Address common questions and concerns during pregnancy.
- Provide important information to help you get the most out of your care.



**40 weeks.
3 trimesters.
With you every
step of the way.
YES.**

Routine care during
pregnancy



Obstetric care providers at WHA: An integrated team



Certified nurse-midwives

Nurse-midwives are experts in healthy, uncomplicated pregnancies and view birth as a normal process that doesn't require medical intervention most of the time. They are trained to recognize and manage mild complications during pregnancy and birth, either alone or together with our OB/GYN physicians. In the hospital, they support a wide range of birth plans: low-intervention, epidurals and vaginal birth after c-section.

OB/GYN physicians

Obstetrician/gynecologist physicians care for normal, healthy pregnancies and are also experts in a wide range of complications that can arise, such as gestational diabetes or high blood pressure. They are trained surgeons, which means they can perform c-section deliveries, when necessary, and surgical sterilization, when desired. At many of our locations, they work together in a team with nurse-midwives.

Maternal-fetal medicine specialists

Maternal-fetal medicine specialists (MFM) are obstetricians with additional education, training and experience in the care of more serious complications during pregnancy and their effects on both the pregnant parent and fetus. They may be a resource that your OB/GYN physician or nurse-midwife uses to provide additional expertise and counseling during your pregnancy—or they may be someone you end up seeing more regularly, depending on the situation.



Shared decision-making



- Regardless of who you see, WHA's clinicians use shared decision-making to help you make choices that are right for you during your pregnancy.
- Shared decision-making is when providers and patients work together to make decisions and select tests, treatments and care plans.
- It involves a conversation where risks, benefits and individual considerations are discussed together to reach the best decision for each patient.
- We see our role as supporting you in making decisions that are best for you, not making them for you. We will advocate for you and your decisions.
- We encourage you to ask for more information any time you need it, and we support your right to decline treatments or care that you do not want in your pregnancy.

Appointment frequency



- A pregnancy is divided into three trimesters, each one lasting approximately 12 weeks or about 3 months.
- The unborn baby spends around 38 weeks in the uterus (womb), but the average length of gestation is calculated as 40 weeks from the date of your last period.
- The ideal time for your first visit with your provider is at 8 to 12 weeks of pregnancy.
- Plan on having visits with a provider:
 - Monthly until your 28th week of pregnancy
 - Twice a month until your 36th week of pregnancy
 - Weekly from 36 weeks until your delivery
 - Some visits may be telehealth and some in-person

Your initial pregnancy visits: a typical scenario



PRENATAL INTAKE

telehealth appointment with our medical staff

- Collect important information about your medical history
- Time to ask any questions you have about information in this video

FIRST OB VISIT

appointment with your provider

- At approximately 8 weeks
- Introduce how they work with their partners in the clinic and at the hospital.
- Review your medical history.
- Discuss your choices around genetic screening and/or counseling.
- Determine your estimated date of delivery.
- Perform and review ultrasound results, if indicated.

OB WORKUP

in-person appointment with your provider

- At approximately 12 weeks
- Physical exam, often including a pelvic and breast exam
- Collection of recommended labs
- Review formal ultrasound results if you've had one

Recommended early pregnancy lab tests



Blood tests that help us catch anything that could affect you or your baby early, when it's easiest to treat.

Blood tests about your health

Blood type

Low iron (anemia), which can make you feel very tired

Average blood sugar (Hemoglobin A1C), an early check for diabetes

Thyroid function (TSH), if you take thyroid medication

Blood tests for infections that can be passed during pregnancy or delivery. Most are treatable or manageable when found early.

Hepatitis B and C

HIV

Syphilis

Rubella (German measles), to confirm you're immune

Varicella (chickenpox), if you're not sure whether you've had it or been vaccinated

Other routine tests that don't require a blood draw.

A urine sample to check for infections you may not feel. UTIs are common in pregnancy and easy to treat but can cause problems if missed.

Testing for chlamydia and gonorrhea. This is routine for all pregnant patients.

Cervical cancer screening, if you're due.



What to expect at future visits:



- Return OB visits may include:
 - Screening and education specific to your stage of pregnancy
 - Time to answer your questions and address your concerns
 - In the later part of your pregnancy, time to listen to the heartbeat, assess and evaluate the growth of your baby.

A normal return prenatal visit does not require fully undressing. If undressing is needed to examine a specific issue you are having, we will only proceed with the exam with your consent. We will respect all of your needs and requests for comfort, including the option to decline the exam.



Questions. Concerns. Support. YES.

Information on genetic
screening options to prepare for
your first provider appointment





Optional genetic screening and counseling

- Offered to all pregnant patients.
- You can choose none, some or all—we're here to help you and support your decision.
- More information about the conditions for which these options screen can be [found on our website >](#)
- If you have questions about costs, contact your insurance company—[this information will help >](#)
- Your provider will ask if you've made a decision at your first visit.



1

NIPT Screening

- Blood test at 10 weeks or later.
- Screens for the likelihood of certain chromosomal abnormalities (which increases with maternal age).
- Can predict sex of the fetus, though not with 100% accuracy.

Screens for:

- Down syndrome
- Trisomy 18
- Trisomy 13
- Fetal sex chromosome abnormalities



2

Carrier Screening

- Blood test at any time before or during pregnancy
- Checks for inherited genes that can lead to one of two serious health conditions.
- Checks one or both parents/genetic donors, depending on results.
- Only needs to be done once in your lifetime.

Screens for:

- Cystic fibrosis
- Spinal muscular atrophy

**Two separate tests*



3

Genetic Counseling

- Answers questions you have about your screening options, the conditions they screen for or what your results mean.
- Helps you understand if there are any other tests to consider based on your results, ethnic background, family history or medical history.



Understanding screening tests

- It is important to understand that a screening test does not provide a diagnosis; it predicts the *likelihood* of a problem occurring.
- A “positive” result does not mean your baby has a problem.
- Most pregnant people who have positive screening results will have healthy babies.
- If your screening result is positive, your clinician and/or a genetic counselor will offer you further testing. This could include CVS or amniocentesis.



Ultrasound examinations



- Used to confirm due date and evaluate maternal and fetal anatomy, amniotic fluid and placenta. Ultrasounds are generally used:
 - To confirm viability and due date of the pregnancy in the first trimester.
 - To look at the baby's anatomy later in pregnancy around 20 weeks.
 - As indicated for certain risk factors. (*more on this in the next slide*)
- If there isn't a medical need, many insurance plans only include benefits for 1 or 2 ultrasounds in pregnancy.
- Extra time and/or additional ultrasounds may be required for patients with BMI greater than 30, or if baby is small or in certain positions.
- A full bladder during your ultrasound is helpful in early pregnancy.



First Trimester Detailed Anatomy Ultrasound: What to Know



A special ultrasound around the 12th or 13th week of pregnancy that allows us to take a closer look at development of the fetus very early on, assessing organs and structures with more detail than a typical early ultrasound.

? Why it might be recommended:

- Advanced maternal age or higher BMI
- History of pregnancy complications or birth defects
- Abnormal early ultrasound or test results
- Twins or pregnancy from fertility treatment

🔍 What it does:

- Provides a closer look at fetal development early on, including:
 - Fetal anatomy
 - Nuchal translucency, a measure of the fluid filled space in the fetal neck that correlates with birth defects and genetic risk
- Helps you and your care team make informed decisions

💬 About your bill:

- You might see a charge labeled “genetic screening”—even if you didn’t choose genetic screening.
- This is due to insurance coding, not the test itself.



Ultrasound examinations

- We know ultrasounds can be one of the most exciting parts of prenatal care—and our team is honored to share it with you.
- **But please remember: your ultrasound is a medical exam.** We need your cooperation to uphold the quality standards and guidelines we are bound to by our accreditation. For this reason, we must ask that you:
 - **Do not take video or photos during the exam.** We will provide you with a selection of prints to take home.
 - Follow our team's instructions about support people at your exam.
 - If you opt to connect additional people via livestream, please assure they do not disrupt your exam or the concentration of your sonographer.

Please make sure your support person and/or virtual guests understand and follow these requests.



Mental health.
Emotional health.
Physical health.
YES.

Healthy lifestyle choices for
you and your baby + common
questions and concerns



Mental health and pregnancy



- Pregnancy can be a challenging time of physical and emotional changes. Recent studies suggest that up to 20% of pregnant people suffer from mood or anxiety disorders.
- People with a history of or current mental health challenges or psychiatric diagnoses are vulnerable to worsening of their symptoms during pregnancy and the postpartum period, particularly if they discontinue a medication or other treatment during pregnancy.
- WHA's team of licensed mental health and psychiatric providers are available to provide skilled mental health care during pregnancy and the postpartum period.
- Our licensed therapists provide therapeutic interventions that are targeted to this time in your life and our psychiatric care is attuned to the unique concerns that arise related to psychiatric medications during pregnancy and chest/breastfeeding.
- If you feel you would benefit from a referral to our behavioral health team to see a licensed therapist or psychiatric provider, please make an appointment with your obstetric care provider to discuss your concerns.

Mental health and pregnancy



Early referral and engagement in mental health or addictions care is especially important for those with *a history of or active challenges with:*

- Post-partum psychosis
- Bipolar disorder
- Obsessive compulsive disorder
- Substance use disorders
- Pregnancy or post-partum depression or anxiety





Dental care in pregnancy



- It's vitally important for you to take good care of your oral health while pregnant. Pregnancy increases your risk of developing gum disease. Oral health can affect the health of your developing baby and dental infections have been linked to preterm labor.
- Brushing with fluoride toothpaste twice daily and flossing of your teeth daily is important, and the American Dental Association recommends dental exams and tooth care (like getting cavities filled) during pregnancy.
- Changes during pregnancy that can affect your mouth include pregnancy gingivitis (inflammation of the gums), loose teeth, tooth breakdown and cavities.
- Delaying dental care during pregnancy could make those problems worse.
- Sugar also promotes tooth decay, so avoid excessive sugary foods and beverages.

Recommended weight gain in pregnancy



Pre-pregnancy Weight Classification and BMI	Total Weight Gain
Underweight (BMI <18.5)	28-40 pounds
Normal weight (BMI 18.5-24.9)	25-35 pounds
Overweight (BMI 25-29.9)	15-25 pounds
Obese (BMI 30+)	11-20 pounds

--Institute of Medicine (IOM)

- Many people are concerned about weight gain in pregnancy.
- Here are guidelines for weight gain from the Institute of Medicine based on your pre-pregnancy BMI.
- You and your provider will make a plan specific to you.

Nutritional needs during pregnancy



- Eating a diet rich in protein, whole grains, vegetables and fruits is a healthy approach to nutrition during pregnancy.
- Do not attempt weight loss during pregnancy.
- You need 300 to 400 more calories per day during your second and third trimesters.
 - 300-400 calories per day means 3-4 small, 100-calorie healthy snacks spaced between 3 small meals.
 - Snack ideas: 1 cup of yogurt, 1 piece of fresh fruit, 1 ounce serving of almonds or nuts, whole grain crackers with peanut or almond butter.
- Increased vitamin/mineral requirements (ex: folic acid, vitamin D, iron, calcium).



Prenatal vitamins and folic acid

- Take one prenatal vitamin daily or as directed by your provider.
- Many over the counter options are as effective as prescription products.
- All prenatal vitamins should contain 400-800mcg of folic acid. This is important for fetal brain development. Additional folic acid supplements may be recommended if you have had a prior pregnancy with a neural tube defect.
- Your prenatal vitamin should also have the calcium and vitamin D3 you need.
- Check with your provider to see if you have other additional needs (for example, a higher iron dose) or questions about any current supplements you're taking.



Best sources for specific nutrients



Nutrient	Source
Calcium	Milk, cheese, yogurt, sardines
Iron	Lean red meat, dried beans and peas, iron-fortified cereals, prune juice
Vitamin A	Carrots, dark leafy greens, sweet potatoes
Vitamin C	Citrus fruit, broccoli, tomatoes, strawberries
Vitamin B6	Beef, ham, whole-grain cereals, bananas
Vitamin B12	Meat, fish, poultry, milk (found only in animal foods; vegetarians must supplement)
Folate	Green leafy vegetables, orange juice, legumes and nuts
Vitamin D	Very few foods in nature contain vitamin D. Best sources are salmon, tuna, and mackerel and fish oils. Small amounts are found in beef liver, cheese, and egg yolks

DHA / omega 3 fatty acids



- Studies are unclear, but omega 3 fatty acids are thought to be beneficial for brain and neurologic development in the developing baby
- Food is the best source of omega 3 fatty acids and the average American diet does not contain enough of these.
- Currently, there is no evidence to support dietary supplements as a replacement for food sources.
- Food sources include fish, walnuts, flaxseeds, beans, olive oil, eggs, and enriched cereals and breads that contain flax seed.

Pregnancy and foodborne illness



- Pregnant people are more susceptible to foodborne illness—and at a higher risk of more severe illness than others.
- Some types of foodborne illness, including those from the bacteria *Listeria*, can cause serious risks to your pregnancy—including miscarriage and stillbirth. Listeriosis outbreaks in the U.S. have been linked to a wide variety of foods.
- While not technically a foodborne illness, the parasite *Toxoplasma* is also dangerous during pregnancy. Toxoplasmosis is most frequently associated with cat feces and undercooked meats.
- Follow the FDA's best practices for preventing foodborne illness:
 - <https://www.fda.gov/food/people-risk-foodborne-illness/food-safety-mom-be-glance>
- Pay attention to food and beverage recalls:
 - <https://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts>

BASIC FOOD SAFETY GUIDELINES

1. Clean

- Wash hands thoroughly with warm water and soap before and after handling food, and after using the bathroom, changing diapers, or handling pets.
- Wash cutting boards, dishes, utensils, and countertops with hot water and soap.
- Rinse raw fruits and vegetables thoroughly under running water.
- Keep foods out of the Danger Zone: The range of temperatures at which bacteria can grow - usually between 40° F and 140° F (4° C and 60° C).
- 2-Hour Rule: Discard foods left out at room temperature for more than 2 hours. When temperatures are above 90° F (32° C), discard food after 1 hour.

2. Separate

- Separate raw meat, poultry and seafood from ready-to-eat foods.
- If possible, use one cutting board for raw meat, poultry, and seafood and another one for fresh fruits and vegetables.
- Only use clean dishes and utensils for handling cooked food.

3. Cook

- Cook foods thoroughly using a food thermometer to check internal temperature.

4. Chill

- Keep your refrigerator's temperature at 40° F (4° C) or below and the freezer at 0° F (-18° C). Place an appliance thermometer in the refrigerator, and check the temperature periodically.
- Refrigerate or freeze foods that can spoil.
- Use ready-to-eat, perishable foods (dairy, meat, poultry, seafood, produce) as soon as possible.

ADDITIONAL STEPS FOR PREGNANT PEOPLE

- Do not eat hot dogs and luncheon meats - *unless they're reheated until steaming hot.*
- Do not eat soft cheese, such as Feta, Brie, Camembert, "blue-veined cheeses," "queso blanco," "queso fresco," and Panela - *unless it's labeled as made with pasteurized milk.* Check the label.
- Do not eat refrigerated pâtés or meat spreads.
- Do not eat refrigerated smoked seafood - *unless it's in a cooked dish, such as a casserole.*
- Do not drink raw (unpasteurized) milk or eat foods that contain unpasteurized milk.
- Have someone else change the cat litter box.
- Wear gloves when gardening or handling sand from a sandbox.



Foods to limit in pregnancy

- **High calorie foods with low nutritional value**

- Energy and sports drinks
- Soda and specialty drinks
- Excessive desserts

- **Fish and shellfish**

- Avoid fish high in mercury: shark, albacore tuna, swordfish, king mackerel, or tilefish during pregnancy.
- Opt for canned chunk light tuna instead of white/albacore.
- You can safely eat up to 12 ounces (about two meals) of other varied fish and shellfish per week such as salmon, tuna, tilapia, halibut.

- **Caffeine**

- There are no studies linking birth defects to caffeine.
- There are no studies linking low levels of caffeine to an increased risk of miscarriage.
- You can safely consume food and beverages containing up to 200mg of caffeine each day.
 - Typical home-brewed coffee: 137 mg of caffeine per 8 oz cup
 - Brewed Starbucks coffee: 235 mg per 12 oz cup
 - Brewed tea: 48 mg per 8 oz cup
 - Regular Coke: 46 mg per 12 oz can
 - Energy drinks: up to 350 mg per can

- **Artificial sweeteners**

- Limit beverages and foods with artificial sweeteners, because there is no data.

DO NOT DRINK ALCOHOL

When you drink alcohol, so
does your unborn baby.

There is no known safe amount
of alcohol to drink while
pregnant.



Marijuana/cannabis in pregnancy



- Some studies have shown that marijuana use in pregnancy is connected to low birth weight and premature birth, while some have not.
- We know marijuana/cannabis crosses into the placenta and is found in the breast milk of nursing people who are exposed to it.
- Science has shown that cannabis/marijuana affects brain development in young people who use it, so there is worry it could also affect babies in utero and their later development
- For these reasons, WHA physicians and nurse-midwives strongly advise you to avoid marijuana/cannabis.
- Please discuss your questions and concerns about marijuana/cannabis use with one of our nurses, your physician or your midwife.

Smoking and vaping during and after pregnancy



- Pregnancy is a great time to quite smoking.
- Smoking during pregnancy can cause low-birth weight, preterm delivery and infant death.
- Vaping during pregnancy is also harmful. In addition to nicotine, electronic cigarettes can contain chemicals, flavors and other additives.
- After pregnancy, babies that live around people who smoke or vape can be more prone to colds, coughs, ear infections, bronchitis and pneumonia.
- For help quitting smoking...
 - Ask for a referral to a WHA behavioral health therapist
 - Call 1-(800) QUIT-NOW
 - Visit www.quitnow.net/oregon



Benefits of exercise in pregnancy



- Helps reduce backaches, constipation, bloating, and swelling.
- May help prevent or treat gestational diabetes.
- Increases energy and improves mood.
- Promotes muscle tone, strength, and endurance.
- Helps you sleep better.
- May improve ability to cope with the pain of labor.
- Easier to get back in shape after the baby is born.

Pregnancy exercise guidelines



- Brisk walking, swimming, cycling and aerobic classes, prenatal yoga are safe during uncomplicated pregnancies.
- Running is safe, in moderation, for pregnant people who've been running regularly before pregnancy.
- Snow sports, contact sports, horseback riding and scuba diving are not recommended.
- Do not exercise to lose weight while you are pregnant.
- Check out [Exercise During Pregnancy](#) from the American College of Obstetricians and Gynecologists for more information.

STOP EXERCISING during pregnancy if you experience:



- Vaginal bleeding
- Dizziness
- Chest pain
- Headache
- Muscle weakness
- Calf pain or swelling
- Uterine contractions
- Decreased fetal movement
- Fluid leaking from the vagina



Comfort measures for common ailments in pregnancy



- Common ailments and symptoms during early pregnancy vary from person to person and from pregnancy to pregnancy.
- Breast tenderness, fatigue, food and odor aversions, nausea and vomiting are common in pregnancy.
- These symptoms are related to pregnancy; they will not hurt your baby.
- We've put together information for you addressing common ailments in pregnancy with comfort measures and over-the counter medications that are safe; it is [available on our website >](#)



Nausea and vomiting in pregnancy



- Nausea is common in pregnancy—but if you're not feeling nauseated, that's okay!
- Pregnant people who experience nausea and vomiting have the same amount of weight gain those who don't
- Nausea and vomiting can happen any time of day
- Peak usually occurs at 9-12 weeks
- 60% of people feel better by 12 weeks; 90% by 16 weeks
- Nausea and vomiting with onset after 10 weeks may not be pregnancy related
- Your baby “takes what it needs” and is rarely affected by low food intake for a short period of time

Call our office if nausea persists and you are unable to keep down ANY liquids or food.

Comfort measures for nausea and vomiting in pregnancy



- Try eating small frequent meals
- Dry toast or crackers before getting out of bed in the morning
- Drink liquids between meals rather than with meals
- Crackers, dry toast, hard candy, plain popcorn, or dry cereal
- Sour and salty foods
- Ginger tea, ginger ale
- Sea bands

Bleeding in early pregnancy



- Common occurrence in the first trimester: 20 to 40% of all pregnant people experience bleeding.
- Not all bleeding in early pregnancy results in miscarriage.
- Bleeding may be associated with:
 - Implantation of a normal pregnancy
 - Vaginal or cervical infection
 - Irritation of the cervix after intercourse or pelvic exam
 - Miscarriage
 - Tubal pregnancy (Ectopic pregnancy)

Bleeding in early pregnancy



- **Please call our office** if you experience bleeding in pregnancy.
 - If bleeding is isolated (one time) and light we may recommend that you monitor it and discuss further at your next routine appointment. This kind of bleeding is often caused by intercourse or a pelvic exam.
 - If bleeding is persistent (several times or over multiple days) or there is associated pain, we will likely recommend a visit for further evaluation.
 - **Call immediately—24 hours a day**—if bleeding is heavy and/or associated with severe abdominal pain, weakness or dizziness. We may instruct you to seek emergency care in this case.
- For additional information, read [Bleeding During Pregnancy](#) from the American College of Obstetricians and Gynecology.

While pregnant it is still OK to....



- Color your hair and nails.
- Paint (read the label for instructions and follow them). Use a mask, use low VOC non-toxic (or low-toxic) paints.
- Take a warm bath or use the hot tub for a short period of time.
- Travel by air until 34-36 weeks if your pregnancy is uncomplicated.
- Remain sexually active.
- [Mothertobaby.org](https://mothertobaby.org) is a great resource for additional questions and other exposure concerns.

Vaccines recommended during pregnancy



- Pregnant people are at a higher risk of more severe illness and hospitalization with certain respiratory illnesses, including the flu and COVID-19—and being vaccinated can reduce this risk.
- When you are vaccinated, you protect yourself, your family, and your newborn.
- Recommended vaccines are studied to be safe in pregnancy. They include:
 - Seasonal flu vaccine
 - “Whooping cough” (Tdap) vaccine
 - RSV vaccine
 - COVID-19 vaccine or boosters
- You’ll be offered a Tdap vaccine at WHA in your third trimester.
- If you’re pregnant during flu season, you can also be vaccinated in our office.
- Visit <https://www.vaccines.gov/> to find RSV and COVID-19 vaccination.



**Ready.
Set.
Go.
YES.**

Information to help you get
the most out of your care



Chest/breastfeeding



- Under provisions of the Affordable Care Act, health insurance plans must provide a chest/breast pump. Check your benefits; your plan may have specific guidelines around:
 - Are you able to purchase, rent or do either?
 - If purchase is covered, do you need to buy from a specific supplier?
 - Are you eligible for an electric or manual pump or either?
 - Are you able to get the pump before you give birth or do you need to wait until after?
- If it meets the guidelines of your benefits, WHA can provide you with a new electric chest/breast pump around 36 weeks of pregnancy—or we can give you a prescription to get one on your own.



For medical concerns....



- During office hours, call our office. We will provide you with the advice and direction you need.
- A provider is always available during nights and weekends. Please call if you have an emergency.
- Generally, if you think you are in labor or your water has broken, call the hospital to notify them you will be coming in for evaluation.



Team care at WHA

- The health of you and your baby is our highest priority.
- If you need to be seen and your provider isn't available, you will see one of their partners (that includes on labor and delivery).
- Our team includes both male and female nurse practitioners, physician assistants, nurse-midwives and physicians.
- Your provider will discuss this more with you at your first visit.



Postpartum appointment



- Plan on seeing us three weeks after you have your baby.
- Call for your appointment as soon as possible after delivery.
- Your postpartum visit includes:
 - A check up to make sure everything is OK.
 - A discussion of birth control options.
 - Time to address any other questions or concerns.

Respiratory illness



- WHA follows guidance from the Oregon Health Authority on masking and other precautions related to preventing the spread of respiratory illness.
- If you're sick before your appointment, call us.
- Please wear a mask in our office if you:
 - Have symptoms of a respiratory illness.
 - Have been around someone with a respiratory illness.



Billing and payments

(for commercially insured and private pay patients)



- Expecting parents often have questions about:
 - How much care may cost
 - How much they may be responsible for
 - When payments will be due
- Our financial coordinators will research your insurance benefits and prepare an estimate of your out-of-pocket expenses. They will share this with you around 12 weeks of pregnancy.
- In the meantime, please review this summary of [how we bill for obstetric care >](#)
- Also be sure to remember to check your benefits for genetic testing and ultrasound, since those decisions come early. You can find the [information you'll need here >](#)

MyHealth



- Schedule certain types of appointments
- Complete forms and send important info to your provider before your visit
- Email your care team non-urgent questions
- See test results
- View your provider's notes and special instructions from your visit
- Request prescription refills
- Pay your bill



Early pregnancy checklist



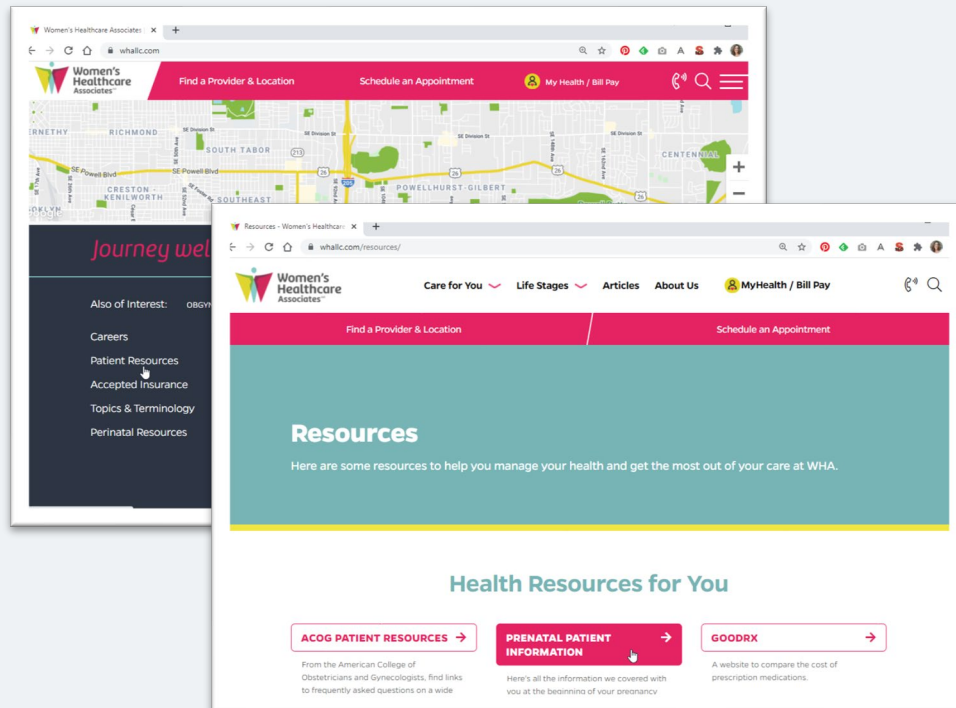
Don't forget to:

- ☐ Begin taking a daily prenatal vitamin with 400-800mcg of folic acid.
- ☐ Make a note of any questions you have and bring them to your telehealth intake appointment.
- ☐ Review the genetic testing information we covered and share your decision with the provider you see at your eight-week visit. [This information](#) will help you check your insurance benefits.
- ☐ Activate your MyHealth account.
- ☐ If you have personal or employer insurance or are paying out of pocket, make sure you understand how we will [bill for your care during pregnancy](#).

Thank you for your time!

You can find this information and more on our website at <https://www.whallc.com/prenatal-patient-information/>

SELECT PATIENT RESOURCES AT THE BOTTOM OF ANY PAGE:



OR JUST USE THE SEARCH BOX!

