Congratulations! You’re in the home stretch. Before you know it, your baby will be here. So now’s the time to plan for the rest of your pregnancy, your baby’s birth and your recovery.

Customer Service: Please call the number on your member ID card
24/7 NurseLine: 1-800-224-0336
(TTY: 1-800-368-4424)
Your third trimester

During this last trimester, your health care provider will closely watch your progress, including your blood pressure and your baby's growth. By this time you should have had a diabetes screening test, called an oral glucose (sugar) tolerance test. The test involves drinking a very sweet drink and then giving a sample of your blood to measure the amount of sugar. If you have not had this test yet, be sure to talk with your health care provider about it.

Labor and delivery

Talk to your doctor or health care provider about the ways your baby may be delivered and what risk factors affect those choices. Ask what you can expect when giving birth, also known as “labor and delivery.” Explore the risks and benefits of any delivery choices you have.

Planning ahead will help you stay calm when the big day arrives. But it’s also important to be flexible. Your condition may change in the final weeks of your pregnancy or even after you get to the hospital.

The questions and answers on the pages that follow will help you prepare to talk about delivery choices with your medical team.

What delivery choices should I talk to my health care provider about?

- Vaginal delivery
- Inducing labor
- Cesarean section (C-section)
- Vaginal birth after C-section (VBAC)

What is a vaginal delivery?

In this type of delivery, the baby is delivered through the mother’s birth canal (vagina). Most of the time, vaginal deliveries are safest for mom and baby. No one can predict when labor will begin. If continuing a pregnancy is more risky than delivering a baby, labor may need to be induced.
When should my doctor induce labor?

Your health care provider may suggest inducing labor if:

- Your pregnancy has lasted two or more weeks past your due date.
- You have a condition that may hurt your health or the health of your baby such as high blood pressure, infection or diabetes.
- Your baby has a condition that needs to be treated.

How will my doctor induce labor?

One way to induce labor is to burst the sac of fluid that surrounds your baby. This is often called “breaking your water.” As your pregnancy draws to an end, the cervix should become soft (ripe) and begin to open (dilate). If your cervix is ripe but active labor has not started, breaking your water may bring on labor. Your doctor does this for you. Most of the time, it is not painful.

Another way to induce labor is with the use of a drug. If your cervix is not ripe, drugs may help to soften it. These drugs can be put in your vagina as a pill that melts or as a gel that is gently squirted into the opening of the cervix.

Once the cervix is ripe, labor may start on its own. Or another drug may be given through your vein to induce labor. If this process doesn't work, your doctor may suggest a C-section.

Sometimes it's safer to deliver your baby than to let your pregnancy go on. But if you choose to be induced for nonmedical reasons, you may be more likely to have:

- A C-section.
- A delivery before your baby is full term.
- Other labor problems.

What is a C-section?

When you have a C-section, the baby is delivered by making a cut into the mother’s lower abdomen and uterus. This surgery is done with anesthesia.

When should a C-section be done?

Here are some of the reasons C-sections are used:

- Your labor has slowed down or stopped (failure to progress).
- Your baby is two or more weeks overdue, and inducing labor didn't work.
- Your baby's feet or buttocks are pointing toward the birth canal (breech position).
- You have an open sore in the vagina, such as herpes.
- A quick delivery is needed for the safety of the mother, the baby or both.
- You're having twins, triplets or more.
- Your baby is too big to pass safely through the vagina.

With any nonemergency C-section, it's important that the surgery be done when the mother is pregnant for at least 39 weeks. Babies born after this amount of time are less likely to have health problems.

What is VBAC?

VBAC stands for vaginal birth after Cesarean. If you had a C-section in the past, you may still be able to safely deliver future children vaginally. It depends on the reason for your past C-section and the type of cut that was made.
What risks are linked to VBAC?

The main risk is that the scar from the C-section you had before might reopen during labor. If your doctor made a lengthwise (vertical) cut the last time you had a C-section, you run a higher risk of problems during a vaginal birth. The cut that was made through your uterus also matters. But you can’t tell what type of cut was made by looking at the scar on your abdomen.

To decide if VBAC might be right for you, your doctor also will weigh risk factors such as:

- The size of your baby.
- How long it’s been since your last baby was born.
- The number of C-sections you’ve had.
- The chance that labor may need to be induced.
- Your total health.

Why should I think about VBAC?

If your doctor thinks VBAC is a choice for you, you may want to give it careful thought. As a rule, you need less pain medicine and feel better faster when you have a vaginal birth. You have a lower risk of infection or bleeding. Most women feel better just a few days after giving birth vaginally. A C-section is major surgery. You may need two to four weeks to get better. But most likely, you will be able to care for your baby in three to four days.

What type of delivery is safest for my baby?

At first glance, a C-section might seem easier for the baby. Since the infant is lifted out of the uterus, the baby doesn’t have to put up with the pressure of labor and a vaginal delivery. But, in most cases, a vaginal delivery is safer for your baby. In fact, the process of labor and delivery is nature’s way of helping your baby slowly adjust to life outside the womb.

Of course, there are times when a C-section is needed to protect the health of the baby. If that’s the case, you should know that most babies born by C-section do well. The nursery staff is trained to closely watch these babies for any problems.
The good news is that PPD can be treated safely and effectively. If you or someone in your family thinks you have PPD, call your health care provider right away.

Depression is not a sign of weakness, and it's not your fault. One cause may be the sudden hormonal changes your body goes through after delivery. PPD is a medical condition, so it must be treated medically. You can’t talk yourself out of it or hope it will go away. Your doctor can make sure you get the help you need.

You owe it to your baby, your family and yourself to seek help quickly. Caring for a newborn while you are depressed can be too much to handle. Early treatment will help you give your baby all the love and attention he or she needs to grow up happy and healthy.

Call your doctor or 911 for help right away if:

- You are thinking of hurting your baby, yourself or others.
- You are having trouble taking care of yourself or your baby.

Nurture yourself

Besides medical treatment, the tips below may help you feel better faster:

- Ask your partner, friends or family to help you care for your baby.
- Get out of the house each day, even if it’s just for a short walk.
- Nap when your baby naps.
- Keep making healthy food choices.
- Avoid stressful projects such as spring cleaning or hosting a party.

When you learn more about PPD and the baby blues, you’ll know that you are not alone.
Think about joining a local support group. Check out your library or the Internet for more details.

Ask your doctor if there are community resources that you can use. Your baby's birth and your first few months as a mother are special times. Give some thought to your delivery and homecoming today. Planning ahead is the best way to help ensure that these moments are the start of a lifetime of great memories.

**Important reminders**

- Go back to see your doctor three to eight weeks after your baby is born.
- Check to see if the doctor you choose to care for your newborn takes your health insurance.
- Add your baby to your health insurance within 30 days of your baby's birth.