and family-planning goals.(299) These measures include access to the immediate postpartum placement of LARCs and postpartum sterilization, where appropriate, because these methods are associated with lower rates of unintended pregnancies in active duty Service members.(300) Contraceptive education and counseling should be an integral part of routine prenatal care to optimize the provision of contraceptive and family-planning services during the postpartum and interpregnancy periods.

d. Exercise and Work

The U.S. Department of Health and Human Services recommends that pregnant patients engage in at least 150 minutes of moderate-intensity aerobic activity each week during pregnancy and postpartum barring no complications that would prevent otherwise.(301) Benefits of exercising during pregnancy include an increased chance for a vaginal delivery and reductions in weight gain, GDM, gestational HDP, preterm birth, low birth rate, and cesarean birth.(302) We recommend that all healthy, pregnant patients without known contraindications participate in regular mild to moderate exercise sessions, three or more times per week. We suggest that patients be provided with education on the safety and benefits of maintaining appropriate levels of activity and exercise during the pregnancy and postpartum period. We also suggest that patients with uncomplicated pregnancies may continue a standard work schedule throughout their pregnancy. See Recommendation 8 for more details. Patients should be instructed to conduct pelvic floor muscle exercises during and after pregnancy to improve function and reduce the risk of developing urinary incontinence during and after pregnancy. See Recommendation 5 for more details.

e. Vitamins

We suggest a daily multivitamin that includes at least 400 micrograms of folic acid be taken starting 1 month before conception and continued throughout pregnancy and lactation. People in the U.S. commonly supplement their diet with vitamins and minerals during pregnancy. Supplementation with multivitamins and minerals has also been associated with improved outcomes, including lower risks of preeclampsia and three forms of childhood cancer (pediatric brain tumors, neuroblastomas, and leukemia).(303, 304) Studies have found that preconception folic acid supplements, either alone or combined with other vitamins or minerals (e.g., in a multivitamin), reduce the risk of NTDs and should be continued through the first trimester of pregnancy.(305-307) Higher doses of folic acid are recommended in certain patients at high risk for NTDs (e.g., patients with a history of an NTD-affected pregnancy).

f. Group Prenatal Care

A group model of prenatal care can be an acceptable alternative to individual provider appointments. Evidence exists that group prenatal care is associated with lower rates of preterm delivery, especially among African-American women.(308-310) Also, no evidence of harm through participation in group prenatal care has been found. Given that patient preferences and values might affect a patient's desire to pursue