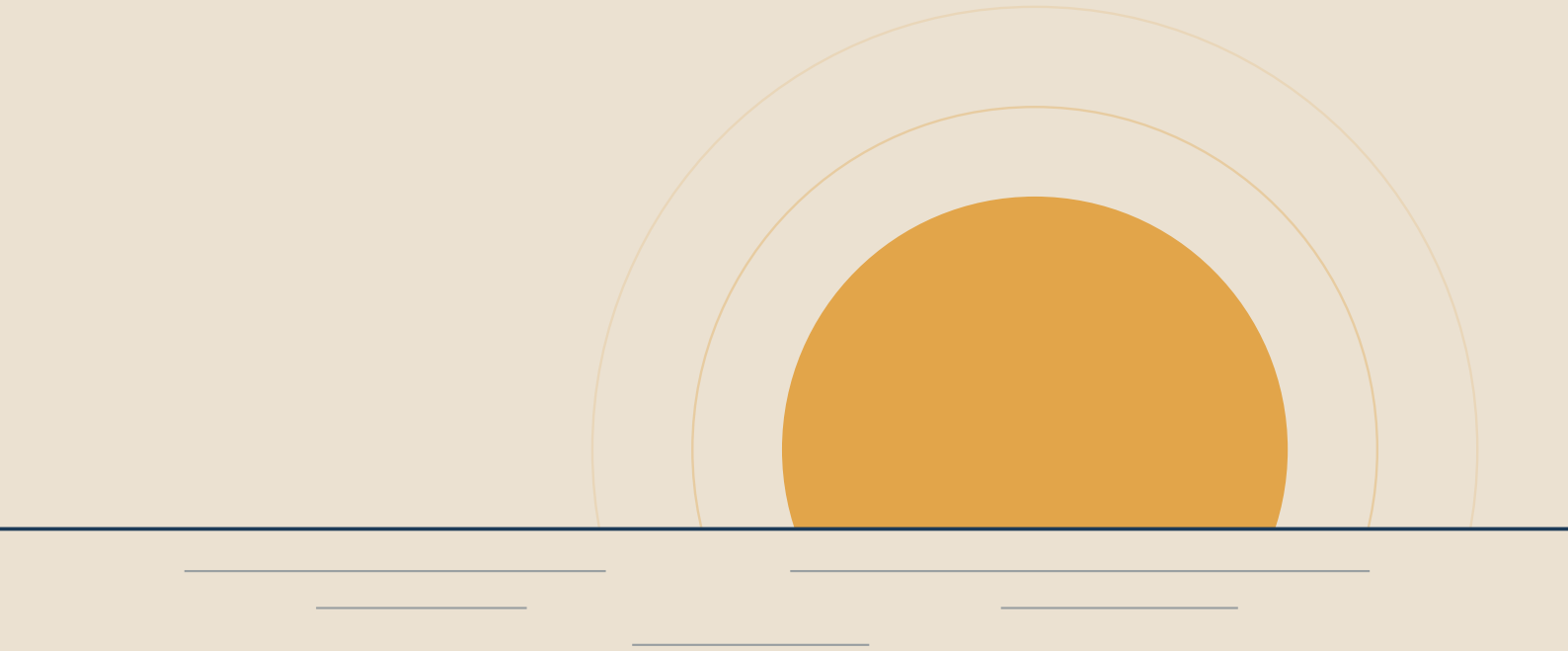
Mamavela

Having a Baby in the USA

Pregnancy care, costs, leave, benefits and the baby's paperwork in the United States, step by step, from official sources.



Free sample

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Before you begin

Somewhere between the second line on the test and the first kick, most American moms-to-be discover that having a baby in the United States comes with a second, invisible pregnancy: the paperwork one. Which doctor takes your insurance. Whether your plan has a deductible you will meet in a single hospital stay. Whether your job is protected, and whether anyone will pay you while you are home. How to get your baby a birth certificate, a Social Security number, a place on your health plan, and, if you want to travel, a passport.

Nobody hands you a map. The rules are split between federal agencies, your state, your employer and your insurer, and each one explains only its own piece. This guide puts the whole map in one place, in the order you will need it, from the first prenatal visit to your baby's first birthday.

It is built on three promises.

First, every figure comes from an official source and carries a date. When this guide says that the 2026 out-of-pocket maximum for a Marketplace plan is $10,600 for one person, that WIC's income limit for a household of three is $50,542 a year, or that New York's Paid Family Leave pays up to $1,228.53 a week in 2026, the source is named next to the figure and listed in full in the bibliography, with the date it was checked: 13 October 2026. Where an official figure could not be confirmed, you will not find a guessed number. You will find the exact place to check it.

Second, you get the whole picture, including the parts that are uncomfortable. The United States has no national paid maternity leave. Costs can be high even with good insurance. Rules for immigrants are complicated. This guide says so plainly, and then shows you every lever that exists: state programs, Medicaid, CHIP, WIC, the Pregnant Workers Fairness Act, the PUMP Act, special enrollment windows, financial assistance, help lines.

Third, it is information, not advice. It explains official rules as they stand in October 2026. It does not replace your doctor, your midwife, your HR department, your state agency, a benefits counselor or a lawyer. When your situation is unusual, the guide tells you who to call.

> **If something feels wrong with your health or your baby's, do not wait for an appointment.**
>
> Call your OB, midwife or pediatrician, or the labor and delivery unit of your hospital. In an emergency, call 911. If you are struggling emotionally, the National Maternal Mental Health Hotline is free, confidential and open 24/7: call or text 1-833-TLC-MAMA (1-833-852-6262). If you are thinking about harming yourself, call or text 988.

How to use this guide

You do not need to read it in order. If you just found out you are pregnant, start with Chapters 1 to 4. If money is the first worry, go straight to Chapters 4, 5 and 6. If you work, Chapters 7 and 8 are for you, and the state table in Chapter 8 may be the most valuable page in the book. If your due date is close, Chapter 10 walks you through the birth-day paperwork, and Chapter 14 is a week-by-week checklist you can print and stick on the fridge.

Chapter 13 is for situations the standard path does not cover well: single moms, self-employed and gig workers, moms without insurance, and immigrant or newly arrived families. If one of these is you, read it early; several deadlines start ticking the day you find out you are pregnant.

A few words you will see everywhere

Word	What it means in this guide
OB or OB-GYN	Obstetrician-gynecologist: a doctor specialized in pregnancy, birth and women's health
CNM	Certified nurse-midwife: a registered nurse with graduate training in midwifery
MFM	Maternal-fetal medicine specialist (perinatologist): an OB who focuses on higher-risk pregnancies
Marketplace	The official health insurance exchange (HealthCare.gov or your state's own exchange)
FPL	Federal poverty level: the yardstick for Medicaid, CHIP and WIC income limits
FMLA	Family and Medical Leave Act: federal unpaid, job-protected leave
PFL / PFML	Paid family leave / paid family and medical leave: state insurance programs that pay part of your wages
TDI	Temporary disability insurance: state programs that pay while pregnancy or recovery keeps you from working
PWFA	Pregnant Workers Fairness Act: the federal right to reasonable accommodations at work
SSN	Social Security number

A full glossary is at the end of the book.

Chapter 1. The first weeks: what to do after a positive test

Breathe first

A positive home test is enough to start. You do not need a "confirmation" from a doctor before you call your insurer, look for a provider, or apply for Medicaid. What matters in these first weeks is simple: book a first prenatal visit, make sure that visit will be covered, and take care of yourself in the meantime.

Your first ten moves

- ☐ Write down the first day of your last menstrual period. Your provider will use it to estimate how many weeks pregnant you are and your due date. ACOG notes that a normal pregnancy lasts about 40 weeks.
- ☐ Check what health coverage you have today: an employer plan, a Marketplace plan, Medicaid or CHIP, a parent's plan (if you are under 26), or none.
- ☐ If you have insurance, find your plan's list of in-network OBs, midwives and hospitals. Call the member services number on your card and ask: "Which providers and hospitals near me are in network for maternity care?"
- ☐ If you have no insurance or a low income, apply for Medicaid now (Chapter 6). You can apply any day of the year, and pregnancy counts.
- ☐ Book your first prenatal appointment. Many offices schedule it in the first trimester; ask when they want to see you and whether there is a nurse line for early questions.
- ☐ Start a folder (paper or digital) for every bill, explanation of benefits (EOB), lab result and letter. You will need it.
- ☐ Make a list of medicines, vitamins and supplements you take, to bring to the first visit. ACOG suggests bringing the bottles.
- ☐ If you work, do not panic about telling your employer yet. Read Chapter 7 first so you know your rights and your leave options.
- ☐ If you are eligible, check WIC (Chapter 9). Pregnant women can enroll during pregnancy, not only after birth.
- ☐ Save these numbers in your phone: your OB or midwife's after-hours line, your hospital's labor and delivery unit, 911, 988 and 1-833-TLC-MAMA.

Pregnancy is not a reason to buy a Marketplace plan outside open enrollment.

HealthCare.gov is explicit: being pregnant does not qualify you for a Special Enrollment Period, but the birth of a child does. If you are uninsured and pregnant, Medicaid or CHIP may still cover you, because you can apply for them at any time of year. See Chapters 4 and 6.

The first visit: what to expect

At the first prenatal visit you will have a long conversation with your OB, family doctor or midwife. ACOG advises answering questions honestly and in as much detail as you can: your health history, previous pregnancies, medicines, your family's health and your life at home. Expect a physical exam, blood and urine tests, and a discussion of the screening tests you will be offered in the months ahead (Chapter 2).

Questions worth asking at that first visit:

- ☐ Who will I see at each visit, and who will be there when I give birth?
- ☐ Which hospital or birth center do you deliver at? Is it in my insurance network?
- ☐ What is your after-hours number, and when should I call it?
- ☐ Which screening tests do you offer, and which ones does my insurance cover?
- ☐ How does your office bill for prenatal care? (Many practices bill pregnancy care as one "global" package on the day of delivery: ask so that you are not surprised.)

End of the sample

Thank you for reading this far. We hope these first pages already feel useful, and that you can see how the rest of the book is built: clear steps, pages to fill in, sources you can check.

The full book has 57 pages.

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