

Congratulations on your pregnancy! We know that this is an exciting time but also one that can be a bit stressful. Your Women's Health Connecticut provider is here to support you with the best care for a healthy pregnancy and outcome.

The information enclosed in this prenatal packet will help educate and empower you to make healthy decisions for you and your baby. Please review the materials and ask any questions you may have during your visits.

Important to remember:

- Attend all prenatal appointments.
- Eat healthy foods.
- Stay active.
- Gain the right amount of weight.
- Avoid alcohol, smoking, and recreational/illegal drugs.

Additional resources for prenatal information can also be found via the following links.

- The American College of Obstetricians and Gynecologists (ACOG) offers resources for every stage of life. They provide fact sheets on many topics including pregnancy related.
<https://www.acog.org/womens-health/pregnancy>
- Department of Health and Human Services Office on Women's Health provides answers to pregnancy questions and educates on what you can do before, during, and after pregnancy to give your baby a healthy start to life.
<https://www.womenshealth.gov/pregnancy>
- The Centers for Disease Control and Prevention aim is to keep you healthy during pregnancy and give your baby a healthy start in life.
<https://www.cdc.gov/pregnancy/index.html>
- March of Dimes. Learn what you can do to keep yourself and your baby healthy.
<https://www.marchofdimes.org/find-support/topics/pregnancy>
- National Library of Medicine offers trusted health information at MedlinePlus/Pregnancy
<https://medlineplus.gov/pregnancy.html>
- The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides state funding for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age 5 who are found to be at nutritional risk. Women's, Infants, and Children's Program
<https://www.fns.usda.gov/wic>
- The National Healthy Mothers, Healthy Babies Coalition offers a free text message program called text4baby, in English and Spanish, to help educate and support pregnant people. Text "Baby" (or "Bebe" in Spanish) to 511411 or see more information at
<https://www.text4baby.org/about/text4baby>

Pregnancy Visits and Testing

Medical checkups and screening tests help keep you and your baby healthy during pregnancy. This is called prenatal care. It also involves education and counseling about how to handle different aspects of your pregnancy. During the visits, your doctor may discuss many issues, such as healthy eating and physical activity, screening tests you might need, and what to expect during labor and delivery. Feel free to ask for more information about any other questions you may have.

Certain lab tests are done at specific times during a pregnancy. Some tests are done from blood samples while others are done from urine or samples taken from your vagina, cervix, or rectum.

Ultrasound scans have multiple uses during pregnancy and can be done either as an abdominal or transvaginal approach. Ultrasound scans should only be done for medical needs. Certain conditions may require more frequent scans.

We believe your mental health is as important as your physical health. We routinely screen for depression, anxiety, and intimate partner violence.

A typical routine prenatal visit schedule is that you will be seen every four weeks until you reach 28 weeks. You will then most likely have appointments every two weeks until 36 weeks. After this, you should be seen every week. For certain conditions, you may require more frequent visits.

At each visit, you will be weighed, and your blood pressure will be checked. Your urine may be checked for bacteria, protein, or sugar. By around 18 weeks, your provider will listen to your baby's heartbeat and measure the size of your uterus (fundal height) to track your baby's growth and position.

First Trimester (0-13 weeks):

Ultrasound for establishing a due date, determining the number of fetuses, examining the uterus, identifying placental structures and in some cases, detecting abnormalities.

Blood tests including your blood type and Rh factor, complete blood counts, immunity to rubella (German measles) and chicken pox.

Screening for sexually transmitted diseases including hepatitis B, syphilis, chlamydia, and HIV.

Urine tests for substance use and routine screening.

Non-invasive prenatal testing which are blood tests on mom to look for chromosomal abnormalities like Down Syndrome in your baby.

Second Trimester (14-26 weeks):

Screening tests to determine if the baby is at risk for certain birth defects.

Glucose testing to measure the level of sugar in your blood is usually done between 24-28 weeks of pregnancy unless there are other risk factors or a prior history of diabetes. An abnormal level may indicate gestational diabetes.

An ultrasound is usually done between 18-22 weeks of pregnancy to check your baby's growth and development, determine placental placement and check for any birth defects.

Third Trimester (27-40 weeks):

Group B Strep (GBS) screening is done between 35-37 weeks of pregnancy.

Ultrasounds may be done for many reasons including checking fetal anatomy, measuring amniotic fluid, examining blood flow patterns, checking fetal activity, monitoring fetal growth and position.

Non-stress tests may be done after 28 weeks to monitor your baby's health.

More information about prenatal care, screening, and testing can be found at:

March of Dimes

<https://www.marchofdimes.org/find-support/topics/planning-baby/prenatal-tests>

National Library of Medicine/Medline Plus

<https://medlineplus.gov/prenataltesting.html>

American College of Obstetricians and Gynecologists

<https://www.acog.org/womens-health>



Women's Health
Connecticut

Cord Blood Banking

Connecticut law requires that we provide you with the following information. Cord blood is the blood that remains in a newborn's umbilical cord after delivery. Cord blood collection for banking purposes is done after the umbilical cord has been clamped and cut. Preservation of the "stem cells" found in cord blood allows families the benefit of having these cells available for existing or future medical treatments. To date, there have been some successful stem cell transplants and research of other medical applications for cord blood stem cells is on-going. Stem cells have been used to treat a number of diseases. For some of these diseases, stem cells are the primary treatment. For others, treatment with stem cells may be used when other treatments have not worked or in experimental research programs. The stored blood can't always be used, even if the person develops a disease later, because if the disease was caused by a genetic mutation, it would also be in the stem cells. Chances that you or your baby or a family member may need to use cord blood are very low and are estimated at between 1 in 400 and 1 in 200,000. Each person needs to decide if the benefits justify the costs.

Cord Blood Banking Options:

Family Banking allows storage of your baby's cord blood stem cells for use if anyone in your family should need them. This service is provided by cord blood banks that charge fees for collection, processing, and storage. Parents would retain ownership of their baby's stem cells.

Public Donation allows you to offer your baby's cord blood stem cells to a public network at no cost to you. Ownership is relinquished; the cord blood may be made available to any patient requiring a cord blood stem cell transplant. A fee is charged by the public bank to any patient receiving the stem cells for medical treatment. Currently there are no options for public donations in Connecticut.

Designated Transplant Program is sponsored by at least one cord blood bank that provides free collection, processing, and storage for families with a qualifying medical need. Cord blood is to be used by family members suffering from a disease treatable with these cord blood stem cells.

If not banked, the cord blood will be disposed of after delivery; cells cannot be retrieved for future use if not banked at time of delivery.

Please note if you choose to bank the cord blood, there is no guarantee that circumstances at the time of delivery will permit collection of the necessary amount of stem cells, and there is no guarantee as to the viability of the collected stem cells.

More information on cord blood banking can be found on the following websites.

ACOG Cord Blood Banking <https://www.acog.org/womens-health/faqs/cord-blood-banking>

Parent's Guide to Cord Blood Foundation www.parentsguidecordblood.org

Private cord blood banking companies:

Viacord: <https://www.viacord.com/>

Cord Blood Registry: <https://www.cordblood.com/>

Cryocell: <https://www.cryo-cell.com/cord-blood-banking>

Non-Invasive Prenatal Testing (NIPT)

Fact Sheet

As an expectant mother, you likely have many questions about your health and the health of your developing baby. Because you've chosen a Women's Health Connecticut physician, you can feel comfortable knowing that you'll get the guidance and information you need and access to a high standard of care.

What is the Non-Invasive Prenatal Test ?

NIPT is a screening test that can help to determine whether your baby may have certain genetic disorders caused by chromosomal abnormalities such as Down syndrome, that could affect the baby's health. The test requires only a maternal blood draw from you, and is safe for mother and baby. It's a simple test that can help you plan with confidence.

Why Take It?

Our chromosomes are made of DNA, and the sequence of the DNA is the code that holds the genetic information that makes us who we are. While healthy humans have 23 pairs of chromosomes, any more or fewer can lead to problems. During pregnancy, some of the baby's DNA crosses the placenta into the mother's bloodstream and if there is too much from a certain chromosome, we know that there is an extra one.

Most NIPT screens for three common chromosomal abnormalities, which are among those which can cause serious birth defects, intellectual disability, or other problems. These disorders are not typically inherited and are usually caused by a random error during fertilization of the egg by the sperm, when the mother and father's chromosomes reshuffle, taking one of each pair from each parent.

The Women's Health Connecticut

Non-Invasive Prenatal Test screens for:

- Down syndrome (Trisomy 21), which is caused by an extra copy of chromosome 21
- Edwards syndrome (Trisomy 18), which is caused by an extra copy of chromosome 18
- Patau syndrome (Trisomy 13), which is caused by an extra copy of chromosome 13

What Will the Results Tell Me?

NIPT is a screening test. If the results are negative, it means that it is very unlikely that your baby has one of these three disorders. A negative test result does not guarantee an unaffected pregnancy. Like all tests, this test has limitations. It can only detect specific chromosomal abnormalities and does not eliminate the possibility of other genetic disorders, birth defects, or health conditions. Although this test is highly accurate, false negative and false positive results are possible. A positive test simply means that further confirmatory tests should be done. Your healthcare provider will offer a diagnostic procedure to confirm the result. Knowledge of a positive result can help you and your medical team plan for appropriate treatment at birth or before. It can also give you time to gather appropriate medical, financial, and emotional resources. This test can also tell you the sex of your baby if you want to know. That is also a screening test and is over 99.9% accurate but will be wrong one in a thousand times.

Indications for Use

Although this test was developed for screening of high-risk patients of older age or with another abnormal test, it is now offered to all patients as the most accurate way to screen for these chromosomal abnormalities. Although it is much more accurate than non-invasive tests of the past, it should be emphasized that it is still a screening test which if positive, needs to be confirmed with other testing (for example, detailed ultrasound, amniocentesis, or chorionic villus sampling) before any recommendations can be made.

Right now, our test is only approved for single babies; not twins or higher multiples. We hope to be able to test for more abnormalities in the future.

Peace of Mind for Patients

Non-invasive prenatal testing is the best available screening for birth defects, allowing parents to consider options and pursue possible medical interventions, and/or begin planning for a child with special needs.

If you need additional support in making these decisions, we can refer you to a genetic counselor. These health care professionals are experienced in helping families understand birth defects - providing information to help with decisions about pregnancy, child care, genetic testing and genetic disorder heredity.



Substance Use and Pregnancy

Support & Resources for Expectant Moms • Routine Screening Info

Our goal is to keep you and your baby safe, healthy, and together.

Your Women's Health Connecticut maternity team is a confidential source of support and guidance during your pregnancy and beyond. We understand that every woman's journey to motherhood is different, and we promise to listen and treat you with compassion. No matter your experience with drugs and alcohol, you can expect to receive the best possible medical care.



During your pregnancy visits, your provider may ask you about prescription medications as well as drug and alcohol use. While this can be a scary and stressful topic to talk about, it's important to be upfront and honest with your provider so that they can develop an appropriate care plan and work with you to have the healthiest pregnancy possible.

Sadly, substance use during pregnancy can cause babies to be born too early or too small, to develop physical and mental birth defects, and in severe cases, to be born in withdrawal (where the newborn's body craves the substance). Children born to mothers who struggle with substance use during pregnancy may also face additional health challenges as they grow up, including learning disabilities and behavioral health problems like depression and anxiety.

Your maternity team is here to listen. Not only will they work with you to avoid or reduce risks to your growing baby, they will provide personalized resources to help address the issues that lead to substance use so you can be a happier, healthier mom.

Screening

As a routine part of your prenatal care, your provider will perform verbal screening and urine tests to check for substances (including marijuana) that may negatively impact the health of your pregnancy. We want you to know that your Women's Health Connecticut provider will never disclose the results of these screenings to anyone without your express, written consent per HIPAA laws.

However, CT hospitals are required to submit an anonymous notification to the Department of Children and Families if a newborn is believed to have been exposed to substances or displays withdrawal symptoms. **We will work with you throughout your pregnancy to develop a family care plan and to help prevent any situation that would lead you to be separated from your baby.**



Substance Use and Pregnancy

Support & Resources for Expectant Moms • Routine Screening Info

Personalized care options

If you test positive for a harmful substance during your pregnancy, different treatment options are available depending on the substance and your own unique experience. Your provider may recommend medication-assisted treatment (MAT), prescribing a safe medication to help you reduce or quit substance use gradually. Your provider will also offer convenient and confidential behavioral health resources to help you address the issues that lead to substance use. Do not stop using drugs without speaking to your doctor.

If needed, your provider may recommend a local women's and children's residential program or outpatient service. The ultimate goal is to help you heal so it will be easier to avoid the substance in the future.

After your baby is born

Avoiding drugs and alcohol after pregnancy is recommended, both for your own postpartum recovery and because the substances can still affect the baby through your breastmilk. However, if you started a MAT program while pregnant, it's ok to continue with your treatment if you choose to breastfeed. Check in with your provider about medications that are safe to use when breastfeeding.

At Women's Health Connecticut, our providers and staff care about you and your baby and we hope that you will feel safe confiding in us. Thank you for choosing us for your important prenatal care and treatment.



Visit [womenshealthct.com](https://www.womenshealthct.com)
for resources we trust.



Women's Health
Connecticut

Safe Over the Counter Medications in Pregnancy

Talk to your doctor about any medications you are taking, either prescription or over the counter.

Do not take Aspirin unless directed by your provider.

No anti-inflammatory medications such as Advil, Ibuprofen, Aleve, or similar products without your Provider's instructions.

Condition	Medication
Acne	Benzoyl Peroxide Avoid Accutane[®], Retin-A[®], Tetracycline, Minocycline, Salicylic Acid
Anemia	Speak with your provider about medications for anemia
Allergies	Allegra [®] Benadryl [®] Claritin [®] Flonase [®] nasal spray Coricidin D [®] Flonase [®] /Nasonex [™] /Rhinocort [®] Zyrtec [®]
Cold/Congestion	Tylenol Cold & Flu [®] Robitussin [®] Mucinex [®] Cough lozenges Netti Pot [®] Claritin [®] Zyrtec [®] Chlor-Trimeton [®] allergy tablets Afrin Nasal spray [®] Ocean [®] nasal mist or saline Sudafed [®] - check with provider Vicks [®] Formula 44 Benadryl [®]
Cough	Robitussin [®] Guafenesin [®] Vicks Vapo Rub [®] Mucinex [®] Cough drops Do not take medications that contain alcohol
Constipation	Citrucel Fiber [®] Metamucil [®] Fibercon [®] Konsyl [®] Natural Calm [®] Colace [®] (stool softener) Dulcolax [®] (laxative) Milk of Magnesia [®] Miralax [®] Fleet [®] saline enema - check with provider Senakot [®]
Gas	Phazyme [®] Simethicone
Diarrhea	Immodium AD [®] BRAT diet (bananas, rice, applesauce, toast) Kaopectate [®]
Fever	Tylenol [®] (Acetaminophen)
Flu	Theraflu [®]
Head Lice	Nix [®] Rid [®] Do not use Kwell[®]

**Please note that NO drug can be considered 100% safe for use during pregnancy.*

Safe Over the Counter Medications in Pregnancy

Talk to your doctor about any medications you are taking, either prescription or over the counter.

Do not take Aspirin unless directed by your provider.

No anti-inflammatory medications such as Advil, Ibuprofen, Aleve, or similar products without your Provider's instructions.

Condition	Medication
Heartburn or Indigestion	Tums® Roloids® Mylanta® Pepcid Complete® Maalox® Prilosec OTC® Tagament® Protonix® Prevacid® Gaviscon® Zantac® Do not take Pepto Bismol®
Hemorrhoids	Preparation H® Anusol® Tucks Pads®
Nausea/Vomiting	Unisom +B6 Emetrol® Ginger (tea, capsule, crystalized candied or lollipaps) Peppermint Tea Hard candies Lemonade Saltines Sea Bands bracelets Vitamin B6
Pain/Muscle Aches/Headache	Tylenol® (Regular, extra strength, PM, or with codeine) Small amount of caffeine
Rash/Burn	Hydrocortisone cream or ointment Caladryl® cream or lotion Benadryl® cream Aloe Aveeno Oatmeal® bath Eucerin® Cream Sunscreen
Sleep Aids	Unisom® Tylenol PM® Benadryl®
Sore Throat	Cepacol® Cepastat® Salt water gargle Throat lozenges
Tooth Pain	Orajel™
Yeast Infections	Monistat 7® Clotrimazole 7 Gyne-Lotrimin

**Please note that NO drug can be considered 100% safe for use during pregnancy.*

Caffeine: Limit to 1-8oz serving daily (approx. 200mg)

Dental Visits: Plain Lidocaine with NO epinephrine. Double shield for x-rays.

Sunscreen: ACOG recommends wearing sunscreen.

Insect repellents: DEET® Use EPA-registered insect repellents. Always follow the product label instructions. Do not spray repellent on skin under clothing.

MARIJUANA USE AND PREGNANCY

► What you need to know



▼ What are the potential health effects of using marijuana during my pregnancy?

Marijuana use during pregnancy can be harmful to your baby's health.¹ The chemicals in marijuana (in particular, tetrahydrocannabinol or THC) pass through your system to your baby and may harm your baby's development.²

Although more research is needed to better understand how marijuana may affect you and your baby during pregnancy, it is recommended that pregnant persons do not use marijuana.^{3,4}

- Some research shows that using marijuana while you are pregnant can cause health problems in newborns, including lower birth weight and abnormal neurological development.¹
- Breathing marijuana smoke can also be bad for you and your baby. Secondhand marijuana smoke contains many of the same toxic and cancer-causing chemicals found in tobacco smoke.⁵ THC, the psychoactive or mind-altering compound in marijuana, may also be passed to infants through secondhand smoke.⁶

Fast Facts

- Using marijuana during pregnancy may affect your baby's development and put you at risk of pregnancy complications.¹
- Between 2016–2017 in the United States, 7% of pregnant persons reported using marijuana in the past month.⁷
- Marijuana may be bad for your baby no matter how you use it—this includes smoking, vaping, dabbing, eating or drinking, and applying creams or lotions to the skin.
- The potential health effects of using cannabidiol (CBD) products during pregnancy are currently unknown.
- If you are using marijuana and are pregnant, planning to become pregnant, or are breastfeeding, talk to your doctor.

Can using marijuana during my pregnancy affect my baby's development after birth?

Although scientists are still learning about the effects of marijuana on developing brains, studies suggest that marijuana use by persons during pregnancy could be linked to problems with attention, memory, problem-solving skills, and behavior in their children later in life.⁸⁻¹³

Does using marijuana affect breastfeeding?

The health effects of a breastfeeding person's use of marijuana on their infant or baby are not yet fully known. We do know that chemicals from marijuana can be passed to a baby through breast milk.¹⁴ THC is stored in body fat and is slowly released over time, meaning a baby could still be exposed even after a person has stopped using marijuana. Thus, persons who are breastfeeding are encouraged to avoid all marijuana use.¹⁴



LEARN MORE:

Substance Use During Pregnancy
bit.ly/CDC_Pregnancy_SubstanceUse

FAQs on Marijuana and Pregnancy
bit.ly/ACOG_marijuana_pregnancy

CDC's Marijuana and Public Health
cdcmarjuanafaq@cdc.gov

References:

1. National Academies of Sciences, Engineering, and Medicine. The health effects of cannabis and cannabinoids: current state of evidence and recommendations for research. Washington, DC: The National Academies Press; 2017.
2. Grotenhermen F. Pharmacokinetics and pharmacodynamics of cannabinoids. Clin Pharmacokinet. 2003;42(4):327-360
3. American College of Obstetricians and Gynecologists Committee on Obstetric Practice. Committee opinion no. 722: marijuana use during pregnancy and lactation. Obstet Gynecol 2017;130:e205-9.
4. Ryan SA, Ammerman SD, O'Connor ME; Committee on Substance Use and Prevention; Section on Breastfeeding. Marijuana use during pregnancy and breastfeeding: implications for neonatal and childhood outcomes. Pediatrics 2018;142:e20181889A.
5. Moir D, Rickert WS, Levasseur G, Larose Y, Maertens R, White P, Desjardins S. A comparison of mainstream and sidestream marijuana and tobacco cigarette smoke produced under two machine smoking conditions. Chem Res Toxicol. 2008 Feb;21(2):494-502.
6. Wilson KM, Torok MR, Wei B, Wang L, Robinson M, Sosnoff CS, Blount BC. Detecting biomarkers of secondhand marijuana smoke in young children. Pediatr Res. 2017 Apr;81(4):589-592.
7. Volkow ND, Han B, Compton WM, McCance-Katz EF. Self-reported Medical and Nonmedical Cannabis Use Among Pregnant Women in the United States. JAMA. 2019 Jul 9;322(2):167-169.
8. Grewen K, Salzwedel AP, Gao W. Functional Connectivity Disruption in Neonates with Prenatal Marijuana Exposure. Front Hum Neurosci. 2015 Nov 4;9:601.
9. Goldschmidt L, Day NL, Richardson GA. Effects of prenatal marijuana exposure on child behavior problems at age 10. Neurotoxicol Teratol. 2000 May-Jun;22(3):325-36.
10. Leech SL, Richardson GA, Goldschmidt L, Day NL. Prenatal substance exposure: effects on attention and impulsivity of 6-year-olds. Neurotoxicol Teratol. 1999 Mar-Apr;21(2):109-18.
11. Goldschmidt L, Richardson GA, Willford J, Day NL. Prenatal marijuana exposure and intelligence test performance at age 6. J Am Acad Child Adolesc Psychiatry. 2008 Mar;47(3):254-263.
12. Fried PA, Watkinson B, Gray R. Differential effects on cognitive functioning in 9- to 12-year olds prenatally exposed to cigarettes and marihuana. Neurotoxicol Teratol. 1998 May-Jun;20(3):293-306.
13. El Marroun H, Hudziak JJ, Tiemeier H, Creemers H, Steegers EA, Jaddoe VW, Hofman A, Verhulst FC, van den Brink W, Huizink AC. Intrauterine cannabis exposure leads to more aggressive behavior and attention problems in 18-month-old girls. Drug Alcohol Depend. 2011 Nov 1;118(2-3):470-4.
14. Ryan SA, Ammerman SD, O'Connor ME; AAP Committee on Substance Use and Prevention; AAP Section on Breastfeeding. Marijuana Use During Pregnancy and Breastfeeding: Implications for Neonatal and Childhood Outcomes. Pediatrics. 2018;142(3):e20181889. Pediatrics. 2018 Aug 27:e20181889A.

Pregnancy and Vaccination



Information for pregnant women

Vaccines help protect you and your baby against serious diseases.



You probably know that when you are pregnant, you share everything with your baby. That means when you get vaccines, you aren't just protecting yourself—you are giving your baby some early protection too. You should get a flu shot and whooping cough vaccine (also called Tdap) during each pregnancy to help protect yourself and your baby.

Whooping Cough Vaccine

Whooping cough (or pertussis) can be serious for anyone, but for your newborn, it can be life-threatening. Up to 20 babies die each year in the United States due to whooping cough. About half of babies younger than 1 year old who get whooping cough need treatment in the hospital. The younger the baby is when he or she gets whooping cough, the more likely he or she will need to be treated in a hospital. It may be hard for you to know if your baby has whooping cough because many babies with this disease don't cough at all. Instead, it can cause them to stop breathing and turn blue.

When you get the whooping cough vaccine during your pregnancy, your body will create protective antibodies and pass some of them to your baby before birth. These antibodies will provide your baby some short-term, early protection against whooping cough.

Learn more at www.cdc.gov/pertussis/pregnant/.

Flu Vaccine

Changes in your immune, heart, and lung functions during pregnancy make you more likely to get seriously ill from the flu. Catching the flu also increases your chances for serious problems for your developing baby, including premature labor and delivery. *Get the flu shot if you are pregnant during flu season—it's the best way to protect yourself and your baby for several months after birth from flu-related complications.*

Flu seasons vary in their timing from season to season, but CDC recommends getting vaccinated by the end of October, if possible. This timing helps protect you before flu activity begins to increase.

Find more on how to prevent the flu by visiting www.cdc.gov/flu/.

Pregnancy and Vaccination

Keep Protecting Your Baby after Pregnancy

Your ob-gyn or midwife may recommend you receive some vaccines right after giving birth. Postpartum vaccination will help protect you from getting sick and you will pass some antibodies to your baby through your breastmilk. Vaccination after pregnancy is especially important if you did not receive certain vaccines before or during your pregnancy.

Your baby will also start to get his or her own vaccines to protect against serious childhood diseases. You can learn more about CDC's recommended immunization schedule for children and the diseases vaccines can prevent at www.cdc.gov/vaccines/parents/.

Even before becoming pregnant, make sure you are up to date on all your vaccines. This will help protect you and your child from serious diseases. For example, rubella is a contagious disease that can be very dangerous if you get it while you are pregnant. In fact, it can cause a miscarriage or serious birth defects. The best protection against rubella is MMR (measles-mumps-rubella) vaccine, but if you aren't up to date, you'll need it before you get pregnant.

Keep in mind that many diseases rarely seen in the United States are still common in other parts of the world. Talk to your ob-gyn or midwife about vaccines if you are planning international travel during your pregnancy. More information is available at www.cdc.gov/travel/.

**Talk to your ob-gyn or midwife
about maternal vaccines and visit:
www.cdc.gov/vaccines/pregnancy/**



**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention

COVID-19 & RSV Vaccine Recommendations

Women's Health Connecticut follows the evidence-based guidelines of the American College of Obstetricians and Gynecologists (ACOG) and the Centers for Disease Control (CDC) and encourages vaccines for the prevention of severe illness and potential complications for pregnant patients.

What is COVID-19?

COVID-19 is a viral illness caused by a coronavirus and causes symptoms such as fever, sore throat, congestion, and cough.

Why should I get the COVID-19 vaccine during pregnancy?

COVID-19 vaccination is recommended for everyone aged 6 months and older, including people who are pregnant, breastfeeding, trying to get pregnant now, or might become pregnant in the future. This recommendation includes getting boosters when it is time to get one.

What will the vaccine do to protect me and my baby?

Although the overall risks are low, if you are pregnant or were recently pregnant, you are more likely to get very sick from COVID-19 compared to people who are not pregnant. Additionally, if you have COVID-19 during pregnancy, you are at increased risk of complications that can affect your pregnancy and developing baby.

For more information, please visit the CDC at [CDC: COVID-19 Vaccines While Pregnant or Breastfeeding](#) or ACOG at [ACOG: COVID-19, Pregnancy, Childbirth, and Breastfeeding: Answers From Ob-Gyns](#)

What is RSV?

RSV is also known as respiratory syncytial virus. This virus causes cold like symptoms such as cough, fever, runny nose, wheezing, and sore throat. Most people recover in a week or two, but RSV can be dangerous to babies, young children, and older adults.

Why should I get the RSV vaccine during pregnancy?

ACOG recommends the Pfizer RSV vaccine if you are 32-36 weeks pregnant from September to January since this is a fall/winter seasonal virus.

What will the vaccine do to protect me and my baby?

RSV is the leading cause of hospitalization for infants in the United States. Your body will make antibodies to the vaccine that will be passed on to the baby which will protect them right after birth.

Are there other options?

Yes, your baby can receive an injection which has lab made antibodies that can help protect against RSV. The antibodies may provide longer lasting protection but is an additional injection your baby will get soon after birth. It is recommended for babies less than 8 months old and born during or entering their first RSV season.

For more information, please visit the CDC at [CDC: Respiratory Syncytial Virus Infection \(RSV\)](#) or ACOG at [ACOG: Should I get the RSV vaccine during pregnancy?](#)



How to Protect Yourself and Your Baby

- What is foodborne illness?**
- It's a sickness that occurs when people eat or drink harmful microorganisms (bacteria, parasites, viruses) or chemical contaminants found in some foods or drinking water.
 - Symptoms vary, but in general can include: stomach cramps, vomiting, diarrhea, fever, headache, or body aches. Sometimes you may not feel sick, but whether you feel sick or not, you can still pass the illness to your unborn child without even knowing it.

- Why are pregnant women at high risk?**
- You *and* your growing fetus are at high risk from some foodborne illnesses because during pregnancy your immune system is weakened, which makes it harder for your body to fight off harmful foodborne microorganisms.
 - Your unborn baby's immune system is not developed enough to fight off harmful foodborne microorganisms.
 - For both mother and baby, foodborne illness can cause serious health problems — or even death.



Tips for a Lifetime

There are many bacteria that can cause foodborne illness, such as *E. coli* O157:H7 and *Salmonella*. Here are **4 Simple Steps** you should follow to keep yourself and your baby healthy during pregnancy and beyond!



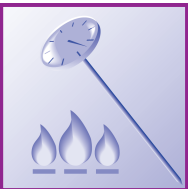
1. CLEAN

- Wash hands thoroughly with warm water and soap.
- Wash hands *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.



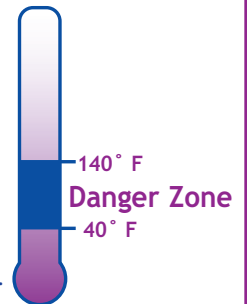
2. SEPARATE

- 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.
- Place cooked food on a clean plate. If cooked food is placed on an unwashed plate that held raw meat, poultry, or seafood, bacteria from the raw food could contaminate the cooked food.



3. COOK

- Cook foods thoroughly. Use a food thermometer to check the temperature. See the “Lifelong Food Safety” section of the Web site for the “Apply the Heat” chart of recommended cooking times for foods. Click on “Cook.”
- 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 two hours.



4. CHILL

- Your refrigerator should register 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 perishables (foods that can spoil or become contaminated by bacteria if left unrefrigerated).
- Use ready-to-eat, perishable foods (dairy, meat, poultry, seafood) as soon as possible.

3 Foodborne Risks for Pregnant Women

As a mom-to-be, there are **3 specific foodborne risks** you need to be aware of. These risks can cause serious illness or death to you or your unborn child. Follow these steps to help ensure a healthy pregnancy.

	What it is	Where it's found	How to prevent illness
1 Listeria	A harmful bacterium that can grow at refrigerator temperatures where most other foodborne bacteria do not. It causes an illness called listeriosis.	Refrigerated, ready-to-eat foods and unpasteurized milk and milk products.	<ul style="list-style-type: none"> Follow the 4 Simple Steps on previous page. Do not eat hot dogs and luncheon meats — <i>unless they're reheated until steaming hot.</i> Do not eat soft cheese, such as Feta, Brie, Camembert, “blue-veined cheeses,” “queso blanco,” “queso fresco,” and Panela — <i>unless they're labeled as made with pasteurized milk. Check the label.</i> Do not eat refrigerated pâtés or meat spreads. Do not eat refrigerated smoked seafood — <i>unless it's in a cooked dish, such as a casserole.</i> (Refrigerated smoked seafood, such as salmon, trout, whitefish, cod, tuna, or mackerel, is most often labeled as “nova-style,” “lox,” “kippered,” “smoked,” or “jerky.” These types of fish are found in the refrigerator section or sold at deli counters of grocery stores and delicatessens.) Do not drink raw (unpasteurized) milk or eat foods that contain unpasteurized milk.
2 Methylmercury	A metal that can be found in certain fish. At high levels, it can be harmful to an unborn baby's or young child's developing nervous system.	Large, long-lived fish, such as shark, tilefish, king mackerel, and swordfish.	<ul style="list-style-type: none"> Don't eat shark, tilefish, king mackerel, and swordfish. These fish can contain high levels of methylmercury. It's okay to eat other cooked fish/seafood, as long as a variety of other kinds are selected during pregnancy or while a woman is trying to become pregnant. She can eat up to 12 ounces (2 average meals) a week of a variety of fish and shellfish that are lower in mercury. <ul style="list-style-type: none"> Five of the most commonly eaten fish that are low in mercury are shrimp, canned light tuna, salmon, pollock, and catfish. Another commonly eaten fish, albacore (“white”) tuna has more mercury than canned light tuna. So, when choosing your two meals of fish and shellfish, you may eat up to 6 ounces (one average meal) of albacore tuna per week.
3 Toxoplasma	A harmful parasite. It causes an illness called toxoplasmosis, which can be difficult to detect.	Raw and under-cooked meat; unwashed fruits and vegetables; soil; dirty cat-litter boxes; and outdoor places where cat feces can be found.	<ul style="list-style-type: none"> Follow the 4 Simple Steps on previous page. If possible, have someone else change the litter box. If you have to clean it, wash your hands with soap and warm water afterwards. Wear gloves when gardening or handling sand from a sandbox. Don't get a new cat while pregnant. Cook meat thoroughly, see the “Apply the Heat” chart for the proper temperatures.

for more information



- See your doctor or health-care provider if you have questions about foodborne illness.
- FDA Food Information line: **1-888-SAFE FOOD**
- FDA Center for Food Safety and Applied Nutrition: **www.cfsan.fda.gov**
- Gateway to Government Food Safety Information: **www.foodsafety.gov**
- U.S. Partnership for Food Safety Education: **www.fightbac.org**

This fact sheet is a condensed guide to food safety. For more in-depth information, be sure to check out:

Food Safety for Moms-to-Be
www.cfsan.fda.gov/pregnancy.html



Maternal Mental Health Resources

Having a baby can present unexpected challenges. Mental health conditions are the most common complication of pregnancy and childbirth, affecting at least 1 in 5 childbearing people each year in the United States. Anxiety and depression, if left untreated, can have long term negative impacts on parents, babies, families, and society. We routinely screen for these conditions throughout and following your pregnancy, so we can best support you and your growing family. You are not alone, and we are here to help at every step of your journey.

Symptoms of depression include

- Feeling angry or moody
- Feeling sad and hopeless
- Feeling guilty, shameful, or worthless
- Eating more or less than usual
- Sleeping more or less than usual
- Unusual crying or sadness
- Loss of interest, joy, or pleasure in doing things you used to enjoy.
- Withdrawing from friends and family
- Possible thoughts of harming the baby or yourself

Talk openly to your health care provider if you are experiencing any of these symptoms. Your provider will work with you to create an appropriate treatment plan.

Resources:

The **National Maternal Mental Health Hotline** provides 24/7, free, confidential support before, during, and after pregnancy. The Hotline offers callers: Phone or text access to professional counselors, real-time support and information, response within a few minutes, 24 hours a day, 7 days a week, referrals to local and telehealth providers and support groups, culturally sensitive support, counselors who speak English and Spanish, and interpreter services in 60 languages. 1-833-TLC-MAMA (1-833-852-6262)
<https://mchb.hrsa.gov/national-maternal-mental-health-hotline>



Postpartum Support International (PSI) Hotline is a support line by phone or text; however, it is not for crisis calls. Helpline hours are 8am-11pm EST. Services are in English and Spanish. Call the PSI Helpline: 1-800-944-4773 #1 En Español or #2 English or text "Help" to 800-944-4773 (EN) Text en Español: 971-203-7773 <https://www.postpartum.net/> CT chapter of PSI <https://psictchapter.com/>



Women's Health
Connecticut

Maternal Mental Health Resources

988 Suicide and Crisis Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals in the United States. Dial 988 <https://988lifeline.org/?ref=w3use>

The ACTION line (Adult Crisis Telephone Intervention and Options Network) is a centralized phone number answered by 2-1-1 staff trained to offer an array of supports and options to individuals in distress, including: telephonic support, referrals and information about community resources and services; warm transfer to the Mobile Crisis Team (MCT) of their area; and when necessary, direct connection to 911. The ACTION line is free and operates 24 hours a day, seven days a week, 365 days a year (24/7/365) with the availability of multilingual staff or interpreters as needed. 1-800-HOPE-135 (1-800-467-3135) <https://uwc.211ct.org/wp-content/uploads/2020/12/Brochure.pdf>

Concert Health provides behavioral health services via telehealth, in collaboration with your OBGYN provider. They utilize an evidence-based, collaborative care model that allows providers and health plans to offer behavioral health services that effectively treat conditions such as depression and anxiety. Please discuss this option with your provider. <https://concerthealth.com/patients>

Connecticut State Department of Mental Health and Addiction Services

A listing of programs and services throughout the state of Connecticut.

<https://portal.ct.gov/DMHAS/Programs-and-Services/Finding-Services/Programs-and-Services>

National Alliance on Mental Illness is a grassroots mental health organization dedicated to building better lives for those affected by mental illness. <https://www.nami.org/About-Mental-Illness>

Shades of Blue Project is a Non-Profit organization with a continued focus on improving Maternal Mental Health outcomes for Black and Brown birthing people.

<https://www.shadesofblueproject.org/online-support-groups>

Embrace Hope Expect Change is Connecticut's Network of Care for Behavioral Health, made possible through State and Private Partnerships committed to promoting access to behavioral health care information for all residents of Connecticut. <https://connecticut.networkofcare.org/mh/index.aspx#SkipToContent>

Hope After Loss Provides support to those who have experienced a pregnancy loss including support groups, outreach, education, and events. <https://www.hopeafterloss.org/>

Is my relationship unhealthy or abusive?

Domestic violence is a pattern of coercive, controlling behavior that may include any combination of the following behaviors:

- Stalking and harassment
- Controlling your money
- Physical violence, such as pushing or hitting
- Preventing you from working
- Forcing you to have sex
- Isolating you from friends and family
- Controlling your means of communication
- Being overly jealous
- Being violent even after you separate

What are signs that I'm at greater risk?

- You recently left, separated from, or divorced the person using violence
- You have been choked or threatened with a weapon
- Physical violence has increased in frequency and severity in the past six months

What if I don't want to leave or end my relationship?

Many victims do not want to leave, they just want the abuse to stop. Our advocates will assist you with developing a plan that works best for you.

Does Safe Connect call Protective Services or the Police?

While we are not affiliated with either entity, our advocates are mandated reporters. If you share that a child or person with disabilities is being abused/neglected, or that you might hurt yourself or someone else, we are required to make a report. In the event that this is necessary, our advocates will work with you to ensure you have the support you need.

All services are confidential, safe, free, voluntary and available 24 hours per day, 7 days per week.



CALL OR TEXT
888.774.2900



CHAT

We chat back in your language.
CTSafeConnect.org



EMAIL

Tell us if it's safe to reply.
SafeConnect@ctcadv.org

SAFE CONNECT IS A PROJECT OF

cca | DV

Connecticut Coalition Against Domestic Violence

www.ctcadv.org



CTSafeConnect

CT's Domestic Violence Resource Hub

CTSafeConnect.org | 888.774.2900

Call • Text • Chat • Email • 24/7

confidential, safe, free

**If you need
information,
or just someone
to talk to...**

What to expect from Safe Connect

We are here to listen and provide you with the support you need to be as safe as possible. We know that you are the expert on your own life and current situation, so we take your lead.

Emphasis on safety and providing options

Your safety is our priority. Our advocates will assist you in creating a plan to increase your physical, social, and emotional well-being. Everyone's safety needs are different and we'll take your unique circumstances into consideration when developing this plan.

Our role is to offer information, present options, and discuss possible outcomes for each option. These options might not be directly related to the abuse. Tell us what is worrying you most and we can provide resources and referrals for needs such as:

- Immigration
- Basic needs
- Public benefits
- Education
- Housing
- Employment
- Transportation
- Health & wellness

Share as much or as little as you want

You are not required to provide more information than you are comfortable sharing and you may choose to remain anonymous. If you would like ongoing support, we will ask that you provide:

- A name for us to use
- A way to contact you (preferably a phone #)
- The city/town in which you are located

Any additional questions our advocates ask are for the purpose of providing you with the best safety options that fit your unique situation. Not sure what you need? That's okay, too! Our advocates know what questions to ask that will help you better understand your options.

Who we are

All calls and messages are answered by a certified domestic violence counselor. We have a team of bilingual, multicultural advocates who are trained to understand the complexities of abusive relationships and how you may be uniquely impacted.

Who we serve

Intimate partner and family violence can directly or indirectly affect anyone, which is why we are committed to serving people of every:

- Age
- Ability
- Gender identity
- Racial & ethnic identity
- Religion
- Sexual identity
- Socioeconomic status
- Immigration status

Services provided by our members

CCADV has 18 member organizations across the state providing critical long-term support to victims and survivors. With your permission, a Safe Connect advocate will connect you with your local CCADV member organization for ongoing services. All services are confidential, safe, free and voluntary.

- Crisis response and safety planning
- Emotional support (individual and group-based)
- Emergency shelter and transitional living
- Court advocacy (criminal, civil restraining orders, other family court including divorce, custody, visitation and child support)
- Child advocacy
- Assistance obtaining basic needs and other essential services

Safe Connect Advocates will connect you with your local domestic violence organization, one of CCADV's member organizations, for ongoing support and services.

The Umbrella Center for Domestic Violence Services

Ansonia | New Haven

The Center for Family Justice

Bridgeport

Women's Center of Greater Danbury

Danbury

Domestic Violence Program United Services, Inc.

Dayville | Willimantic

The Network

Enfield

Domestic Abuse Services

Greenwich YWCA

Greenwich

Interval House

Hartford

Chrysalis Domestic Violence Services

Meriden

New Horizons

Middletown

Prudence Crandall Center

New Britain

Safe Futures

New London

Domestic Violence Crisis Center

Norwalk | Stamford

Women's Support Services

Sharon

Susan B. Anthony Project

Torrington

Safe Haven of Greater Waterbury

Waterbury

Signs and symptoms of preterm labor

Even if you do everything right, you can still have preterm labor. Preterm labor is labor that happens too early, before 37 weeks of pregnancy.

Babies born before 37 weeks of pregnancy are called preterm. Preterm babies can have serious health problems at birth and later in life. Learning the signs and symptoms of preterm labor may help keep your baby from being born too early.



TAKE ACTION

Learn the signs and symptoms of preterm labor.

Call your provider if you have even one sign or symptom:

- Change in your vaginal discharge (watery, mucus or bloody) or more vaginal discharge than usual.
- Pressure in your pelvis or lower belly, like your baby is pushing down.
- Constant low, dull backache.
- Belly cramps with or without diarrhea.
- Regular or frequent contractions that make your belly tighten like a fist. The contractions may or may not be painful.
- Your water breaks.

Your provider may check your cervix to see if you're in labor. If you're in labor, your provider may give you treatment to help stop labor or to improve your baby's health before birth. If you have preterm labor, getting help is the best thing you can do.

Are you at risk for preterm labor?

No one knows for sure what causes preterm labor. But there are some things that may make you more likely than other pregnant people to give birth early. These are called risk factors.

These three risk factors make you most likely to have preterm labor:

1. You've had a preterm baby in the past.
2. You're pregnant with multiples (twins, triplets or more).
3. You have problems with your uterus or cervix or you've had these problems in the past.

Other risk factors include:

- You're overweight or underweight.
- Preterm birth runs in your family.
- You have certain health conditions, like diabetes, high blood pressure or depression.
- You smoke, drink alcohol or use harmful drugs.
- You have a lot of stress in your life.
- You get pregnant too soon after having a baby.

MORE INFORMATION

marchofdimes.org/preterm-labor

Pregnant now or within the last year?

Get medical care right away if you experience any of the following symptoms:



Headache that won't go away or gets worse over time



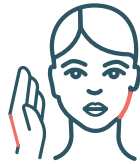
Dizziness or fainting



Changes in your vision



Fever of 100.4° F or higher



Extreme swelling of your hands or face



Thoughts of harming yourself or your baby



Trouble breathing



Chest pain or fast beating heart



Severe nausea and throwing up



Severe belly pain that doesn't go away



Baby's movement stopping or slowing during pregnancy



Severe swelling, redness or pain of your leg or arm



Vaginal bleeding or fluid leaking during pregnancy



Heavy vaginal bleeding or discharge after pregnancy



Overwhelming tiredness

These could be signs of very serious complications. If you can't reach a healthcare provider, go to the emergency room. Be sure to tell them you are pregnant or were pregnant within the last year.

Learn more at www.cdc.gov/HearHer



Breastfeeding Resources

Breastfeeding is good for both you and your baby. The American Academy of Pediatrics recommends exclusive breastfeeding for babies for the first 6 months with continued breastfeeding along with introduction of appropriate complimentary foods for up to age 2 or longer. Breastfeeding can also help protect you and your baby against some short- and long-term illnesses and diseases. Babies benefit by having a lower risk of asthma, obesity, Type 1 diabetes, severe respiratory disease, ear infections, sudden infant death syndrome (SIDS) and gastrointestinal infections (vomiting/diarrhea). Mothers benefit by having lower risks of breast and ovarian cancer, Type 2 diabetes, and high blood pressure.

Talk to your doctor and review the resources below for more information about breastfeeding.



General Breastfeeding Resources

Office on Women's Health <https://www.womenshealth.gov/breastfeeding/breastfeeding-resources>

WIC Breastfeeding Support <https://wicbreastfeeding.fns.usda.gov/>

Centers for Disease Control and Prevention <https://www.cdc.gov/breastfeeding/index.htm>

The Lactation Network Resources for Black Moms
<https://lactationnetwork.com/blog/breastfeeding-resources-for-black-moms/>

Reaching Our Sisters Everywhere (ROSE) <https://breastfeedingrose.org/about/>

La Leche League International <https://llli.org/>

Nest Collaborative <https://nestcollaborative.com/>

Breastfeeding Medication Safety

Centers for Disease Control and Prevention
<https://www.cdc.gov/medications-drugs/prescription-medication-use.html>

National Institute of Health Drugs and Lactation Database LactMed@
<https://www.ncbi.nlm.nih.gov/books/NBK501922/>

Infant Risk Center <https://infantrisk.com/>

Breastfeeding in the Workplace

The Business Case for Breastfeeding
<https://www.womenshealth.gov/breastfeeding-and-going-back-work/business-case>

Breastfeeding Laws

CT Nondiscrimination and Workplace Accommodation Laws <https://www.breastfeedingct.org/laws.html>

Breastfeeding Health Benefits and Coverage

HealthCare.gov <https://www.healthcare.gov/coverage/breast-feeding-benefits>
Most insurance companies, including HUSKY and MassHealth Medicaid, will cover breast pumps and milk storage bags. Check with your individual insurance company.

Postpartum Depression Fact Sheet for Women and Their Support Network

This fact sheet gives basic information about postpartum depression (PPD) and can be helpful to women with PPD and those who support them. For more information or for help finding care, reach out to a health care professional or the 24/7 National Maternal Mental Health Hotline: **1-833-TLC-MAMA (1-833-852-6262)**.



What is Postpartum Depression?

“Postpartum” means the time after giving birth. Postpartum depression (PPD) is a mental health condition that affects some women after giving birth.

Feeling sad, anxious, or overwhelmed are some of the signs of PPD. You might not feel connected to your baby, or you might not feel love or care for the baby. These feelings can happen any time, but if they last longer than two weeks, you may have PPD. The signs of PPD can begin during pregnancy or in the months following birth.

What are the signs and symptoms of postpartum depression?

Everyone experiences PPD differently, but here are some common signs:

- Feeling angry or moody
- Feeling sad or hopeless
- Feeling guilty, shameful, or worthless
- Eating more or less than usual
- Sleeping more or less than usual
- Unusual crying or sadness
- Loss of interest, joy, or pleasure in things you used to enjoy
- Withdrawing from friends and family
- Possible thoughts of harming the baby or yourself

If you're having these thoughts or feelings, reach out for support. Call **1-833-TLC-MAMA (1-833-852-6262)** for 24/7 free confidential support for pregnant and new moms. **If you're in mental health distress or a suicidal crisis, call or text the Suicide and Crisis Lifeline at 988** for free and confidential support.

What are the risk factors for postpartum depression?

PPD is common: About 1 in 8 women report symptoms of postpartum depression in the year after giving birth. You may be more likely to develop PPD if you:

- Had depression before or during pregnancy
- Have a family history of depression
- Experienced abuse or adversity as a child
- Had a difficult or traumatic birth
- Had problems with a previous pregnancy or birth
- Have little or no support from family, friends, or partners
- Are or have experienced domestic violence. For help, visit or call the **National Domestic Violence Hotline — 1-800-799-SAFE (1-800-799-7233)**
- Have relationship struggles, money problems, or experience other stressful life events
- Are under the age of 20
- Have a hard time breastfeeding
- Have a baby that was born prematurely and/or has special health care needs
- Had an unplanned pregnancy



Although there are many reasons why someone may develop PPD, it's important to know that with support and treatment, healing is possible.

To hear how different women experienced signs and symptoms of PPD, go to www.womenshealth.gov/talkingPPD

How can I find support or treatment?

Everyone's journey to healing is unique. There are many ways someone struggling with PPD can get help. The first step is reaching out for support. You can talk to your health care professional, family, friends, or other people you trust for help. Working with a health care professional is a good way to create a plan that will work for you. Here are some ways to get help—they can be used alone or together:

- **Therapy:** Counseling or therapy sessions with a mental health professional can help you understand and cope with your emotions and challenges.
- **Medication:** In some cases, medicine may be prescribed to help manage symptoms.
- **Support groups:** Joining a support group of others experiencing PPD can provide comfort and understanding.
- **Self-care:** Taking care of yourself is important. Do your best to get enough rest, eat food with a lot of nutrients like fresh produce and whole grains, be physically active, and ask for help when needed.
- **Social support:** Reach out to family, friends, or other people you trust who can offer advice or support.

To hear how different women found support for PPD, go to www.womenshealth.gov/talkingPPD

What can I do at home to feel better while getting care for postpartum depression?

It's important to work with a health care professional to support your path to healing. There are also things you can do at home to help you feel better while you're getting help from a professional:

- Talk about your feelings with your partner, supportive family members, and friends.
- Rest as much as you can. Sleep when the baby is sleeping. If this is hard, ask someone you trust to watch the baby so you can rest.
- Don't try to do everything by yourself. Ask your partner, family, and friends for help with things like childcare, housework, and grocery shopping.
- Make time for breaks, spending time with your partner, or visiting with friends. Find places where you can also bring your baby.
- Talk with other mothers to learn from their experiences.
- Join a support group. Ask your health care professional about groups in your area.
- When possible, don't make any major life changes right after giving birth, like moving or starting a new job. These can cause unneeded stress.

What are the most important things for me to know?

- Many women experience PPD.
- While it can feel hard or lonely, healing is possible.
- The first step is to reach out for help and information. Call the **National Maternal Mental Health Hotline: 1-833-TLC-MAMA (1-833-852-6262)**.
- Visit www.womenshealth.gov/talkingPPD.



OASH

Office on
Women's Health

Helping you live your best life

Mental health affects every aspect of our life, and caring for our minds is as important as caring for our bodies. If you recently experienced a major life change or lack emotional support, you are not alone. Anxiety and depression can make it hard for you to care for yourself and your baby. Your health care provider can help you make your mental health a priority by enrolling you in a collaborative care program with our partner, Concert Health.

What is collaborative care?

Quite simply, it is the result of multiple providers communicating with each other about a patient's diagnosis and treatment. Collaborative care is a team approach, available through your medical benefits, led by your provider in which you are centered around a comprehensive circle of care.

Our program

Patients centered in collaborative care receive customized treatment from a team of behavioral health experts who work alongside your provider. They will check in with you regularly for brief and frequent contact where they will work with you to measure your symptoms, set goals and build skills to help you improve your day-to-day experience.

Getting started is easy



Your provider will screen you for behavioral health symptoms and refer you into the program based off a positive screen.



A member of the Concert Health team will schedule a time for your clinician to contact you.



You can choose whether to talk to the clinician by phone or video. Collaborative care is flexible so you can get the support when you need it the most.



Your Concert Health clinician, alongside your provider, is now a part of your care team.

Treatment completion

In the event old symptoms resurface or new symptoms emerge, you can be referred back to the care team.

Talk to your provider about getting started.



Women's Health
Connecticut

NOTICE OF EMPLOYEE RIGHTS UNDER THE CONNECTICUT FAMILY AND MEDICAL LEAVE ACT (CTFMLA) & CONNECTICUT PAID LEAVE ACT (CTPL)

LEAVE ENTITLEMENT AND ELIGIBILITY:

The CTFMLA provides eligible employees, after 3 consecutive months on the job, up to 12 weeks of unpaid, job-protected leave during a 12-month period for qualifying family or medical leave reasons. Employees are entitled to return to their same job at the end of leave. CTPL provides income replacement benefits to eligible employees who are unable to work for the same leave reasons. These leave options may run at the same time.

Qualifying reasons for leave include:

- The birth of a child and care within the first year after birth;
- The placement of a child with employee for adoption or foster care and care for child within the first year after placement;
- To care for a family member with a serious health condition. Family includes spouse (the person to whom one is legally married), sibling, son or daughter, grandparent, grandchild, or parent, or an individual related to the employee by blood or affinity;
- Because of the employee's own serious health condition;
- To serve as an organ or bone marrow donor;
- To address qualifying exigencies arising from a spouse, son, daughter, or parent's active-duty service in the armed forces; or
- To care for or a spouse, son, daughter, parent or next of kin with a serious injury or illness incurred on active duty in- the armed forces.

It also allows eligible employees to receive two extra weeks of leave (up to a total of 14 weeks) in connection with an incapacity that occurs during pregnancy. CTFMLA further allows eligible employees to take up to 26 weeks of leave in a single 12-month period to care for a covered service member with a serious injury or illness.

Employees may also take up to 12 days of leave to deal with the effects of family violence separate from leave time available under state or federal law. While this is not protected under CTFMLA, it is protected under the Connecticut Family Violence Leave Act and an employee can apply for CTPL in connection with these absences.

Leave does not have to be taken all at once. Employees may take leave intermittently (in separate blocks of time) or to reduce their work schedule.

CTFMLA leave is unpaid. However, an employer may require, or an employee may request to use their accrued, paid time off. An employee may choose to preserve up to 2 weeks of their accrued paid time off. This accrued, paid time off is in addition to the income-replacement benefits available to employees under CTPL.

APPLYING FOR INCOME-REPLACEMENT BENEFITS UNDER CTPL

Wage replacement benefits under the CTPL may also be available for CTFMLA absences. More information about Connecticut's Paid Leave program and instructions for how to apply are available at <https://ctpaidleave.org/>.

Some employers have received approval from the CT Paid Leave Authority to provide CTPL benefits to their employees through an approved private plan instead of through the state's CTPL program. Employers that have approved private plans are required to notify their employees how to file claims for benefits through their private plan and who the employees can contact for answers to questions about their plan. CTPL benefits are available for up to 12 weeks in a 12-month period, with an additional two weeks available to an employee for incapacity or medical treatment during pregnancy. Benefits are limited to 12 days of leave to deal with the effects of family violence.

EMPLOYER NOTIFICATION FOR CTFMLA LEAVE

Employees should provide at least 30-days advance notice to their employer of the need to take CTFMLA leave if they can. If they are unable to because they do not know they need leave, the employee must provide notice as soon as they can. An employer may require a medical certification to support a request for leave.

WHAT IS PROHIBITED?

The CTFMLA prohibits employers from:

-Interfering with or denying any rights provided by the CTFMLA or CTPL. Examples include, but are not limited to, improperly refusing to grant CTFMLA leave or discouraging employees from using CTFMLA leave or applying for CTPL benefits.

-Disciplining, terminating, discriminating against, or retaliating against any individual for taking CTFMLA leave or applying for CTPL benefits, for opposing or complaining about any unlawful practice, or being involved in any proceeding related to the CTFMLA.

If you believe that your CTFMLA rights have been violated, you can either file a complaint directly in Superior Court or with the Connecticut Department of Labor.

To file a CTFMLA complaint with the Connecticut Department of Labor, complete and submit the appropriate CTFMLA complaint form found on the Department's website found at [THE CONNECTICUT FAMILY & MEDICAL LEAVE ACT and CT PAID LEAVE APPEALS](#).

