

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. It is important to follow your provider's guidance, including using prescribed or recommended medications and keeping track of your blood pressure, if directed.

Important to remember:

- Attend all prenatal appointments.
- Eat healthy foods.
- Stay active.
- Gain the right amount of weight.
- Avoid alcohol, smoking, and recreational 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 National Women's Health Information Center
<https://www.usa.gov/>
- 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 American Pregnancy Association empowers women and families, through education and counseling, by offering healthy reproductive options and promoting and supporting healthy pregnancies with positive outcomes.
<https://americanpregnancy.org/healthy-pregnancy/>

All links provided in this packet were active at the time of publishing.

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 provider 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.

Prenatal visit schedules can vary based on your individual needs. In general, visits are usually scheduled every four weeks early in pregnancy, then become more frequent as your pregnancy progresses. Some people may need additional visits based on their health and pregnancy needs.

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.

You will receive prenatal education throughout your pregnancy, based on what is most helpful at each stage and tailored to your individual health needs.

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 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>

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 provider, 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.

In addition NIPT tests for missing or extra sex chromosomes, the X&Y chromosomes that determine whether a fetus is male or female. A missing X chromosome is called Turner's syndrome, and there can also be an extra X, or an extra Y chromosome. These so-called sex chromosome aneuploidies (SCAs) can be serious or mean nothing at all. They require discussion with a genetic counselor.

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
- Sex chromosome aneuploidies (SCAs).

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. This is also a screening test and is greater than 99% accurate but may be wrong one in a hundred 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, Women's Health Connecticut has our own genetic counselor, and your provider can refer you. 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.

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Women's Health
Connecticut



Take care of your dental health during pregnancy

Why it matters



Experiencing red, swollen, or bleeding gums? You're not alone.

Pregnancy brings many changes, and your oral health might be one of them. The good news is that many of these issues are preventable and treatable. Your dental care and prenatal care professionals can provide advice on how to keep your mouth and the rest of your body healthy during pregnancy.



Gingivitis is an early form of gum disease that many pregnant people experience. If not treated, it can cause the loss of bone that supports the teeth and infection in the gums.

Common changes during pregnancy:

- ✓ Hormone increase
- ✓ Morning sickness
- ✓ Increased sugar intake
- ✓ Stronger gag reflex

Oral health effects you may not expect:

- ✓ Hormone changes can bring on gum inflammation (gingivitis).
- ✓ Morning sickness with vomiting can increase the risk of damage to the protective coating of your teeth (enamel erosion).
- ✓ Greater sugar intake can increase risk of cavities.
- ✓ Stronger gag reflex can make brushing unpleasant.

What you can do:

- ✓ Maintain regular oral care. Brush two times per day with fluoride toothpaste and floss daily.
- ✓ Rinse mouth after vomiting. Talk to your dental care provider about how to prevent damage to your teeth from acid erosion.
- ✓ Limit or completely avoid foods and drinks that are high in sugar.
- ✓ Find times in the day to brush, floss, and rinse when you're feeling your best.

Did You Know?

During pregnancy, increased hormone levels can affect the way your body reacts to plaque that builds up on your teeth, causing redness, swelling, and even bleeding gums. This is commonly known as pregnancy gingivitis.

Myth
Professional dental care should be put on hold during pregnancy.

Fact

It's safe and important to get oral healthcare when you are pregnant, which includes professional care and good at-home habits and routines.

marchofdimes.org

March of Dimes materials are for information purposes only and are not to be used as medical advice. Always seek medical advice from your healthcare provider. Our materials reflect current scientific recommendations at time of publication. Check marchofdimes.org for updated information.

Safe Over the Counter Medications in Pregnancy

Talk to your provider 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.

Low dose aspirin may be important for certain pregnancy related conditions. Do not take aspirin unless directed by your healthcare provider.

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

Tylenol (acetaminophen) remains the safest medication for aches, pains and fever in pregnancy. There is no evidence connecting Tylenol with autism.

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 provider about any medications you are taking, either prescription or over the counter.

Condition	Medication
Heartburn or Indigestion	Tums® Rolaids® 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. A lead shield should always be used 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.

During pregnancy, use caution with beauty and personal care products, as some ingredients may not be recommended.



Scan this QR code for more resources about medication use during pregnancy and lactation.

SCAN ME



Women's Health
Connecticut

A proud medical affiliate of Unified Women's Healthcare



CANNABIS & PREGNANCY DON'T MIX

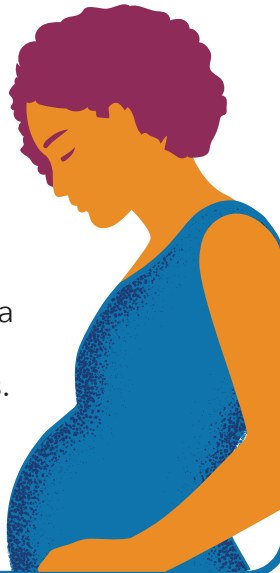


Learn more to keep you and your baby safe.

Pregnancy can be an exciting and challenging time. While some might turn to cannabis to relieve morning sickness issues or anxiety, no amount of cannabis is safe to use during pregnancy or while breast/chestfeeding.

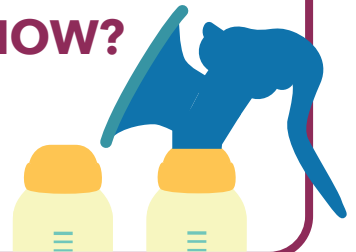
CANNABIS AND PREGNANCY

- Legal for adults doesn't mean safe for babies. Whether you smoke or vape or eat an edible, it can transmit dangerous chemicals to your baby.
- Marijuana may cause a variety of problems for your baby, like low birth weight, and problems with memory, learning and behavior.
- In some people, marijuana can trigger anxiety, depression and psychosis.
- Marijuana is not a safe way to treat morning sickness.



DID YOU KNOW?

Marijuana can stay in breastmilk for up to 6 weeks after use.



MORNING SICKNESS

If you need a safe remedy for morning sickness, try these alternatives:

- Stay hydrated - dehydration can make nausea worse.
- Use forms of ginger for morning sickness - ginger ale, ginger tea or ginger chews.
- Peppermint works wonders as well - try peppermint tea or peppermint candies.
- Keep your meals small.
- Avoid greasy, spicy, or fatty foods.
- Try nausea relief bands - you wear them on your wrists.



To learn more, visit BelInTheKnowCT.org/Pregnancy or scan the QR code.

Talk to your healthcare provider about the risks of marijuana use during pregnancy and while breast/chestfeeding.

What infections should I be concerned about and how can I reduce my risk of getting them during pregnancy?

Some infections can increase the risk of birth defects and other problems during pregnancy for you and your fetus.

What is cytomegalovirus?

Cytomegalovirus (CMV), is a common viral infection. Most CMV infections cause no significant problems. If you are infected for the first time when you are pregnant, CMV can infect the fetus. In a small number of cases, the infection can cause intellectual disability, hearing loss, and vision problems. CMV can be spread by contact with an infected child's urine or other body fluids. Pregnant women who work with young children, such as day care workers or health care workers, should take steps to prevent infection, including wearing gloves when changing diapers. Frequent handwashing also is recommended. Pregnant women with young children at home also are at risk and should take these steps.

Prevention strategies for CMV:

(1) washing hands for 15-20 seconds with soap and water after changing diapers, feeding young children, wiping a child's nose or drool, handling children's toys (2) don't share food, drinks or utensils with young children (3) don't put a child's pacifier in your mouth (4) don't share a toothbrush with a child (5) avoid contact with a child's saliva (5) clean any items or surfaces that come into contact with a child's urine or saliva.

For more information about CMV, please see the following links:

March of Dimes Cytomegalovirus and pregnancy

<https://www.marchofdimes.org/find-support/topics/planning-baby/cytomegalovirus-and-pregnancy>

CDC Cytomegalovirus (CMV) and Congenital CMV Infection

<https://www.cdc.gov/cytomegalovirus/about/index.html>

Effective July 1, 2025, testing for congenital Cytomegalovirus (cCMV) becomes mandatory for all babies born in Connecticut, per C.G.S. Sec. 19a-55 and will be part of the newborn blood screening done prior to hospital discharge.

What is toxoplasmosis?

Toxoplasmosis is a disease caused by a parasite that lives in soil. You can become infected by eating raw or undercooked meat or unwashed vegetables or by coming into contact with animal feces, especially from cats that go outdoors. If you are infected for the first time while you are pregnant, you can pass the disease on to your baby. Toxoplasmosis can cause birth defects, including hearing loss, vision problems, and intellectual disability. Make sure that you eat well-cooked meat and wear gloves while gardening or handling unwashed vegetables or raw meat. If you have a cat that uses a litter box, have someone else empty it. If you must empty the litter box, use gloves and wash your hands well after doing so.

Prevention strategies for toxoplasmosis:

(1) avoid handling cat feces (2) avoid consuming undercooked meat and unpasteurized milk (3) wash fruits and vegetables prior to consuming (4) wash hands with soap and water after handling raw meat or soil.

For more information about toxoplasmosis, please see the following links:

March of Dimes Toxoplasmosis

<https://www.marchofdimes.org/find-support/topics/pregnancy/toxoplasmosis>

CDC People at Increased Risk for Toxoplasmosis

<https://www.cdc.gov/toxoplasmosis/about/index.html>



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/.

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/.

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.

**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 COVID-19 Vaccination for Women Who are Pregnant or Breastfeeding
<https://www.cdc.gov/covid/vaccines/pregnant-or-breastfeeding.html>
<https://www.acog.org/womens-health/faqs/coronavirus-covid-19-pregnancy-and-breastfeeding>

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 virus. The recommendation may extend beyond January depending on RSV risk levels in CT at the time.

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 www.cdc.gov/rsv/index.html or ACOG at <https://www.acog.org/womens-health/faqs/the-rsv-vaccine-and-pregnancy>



Women's Health
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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.



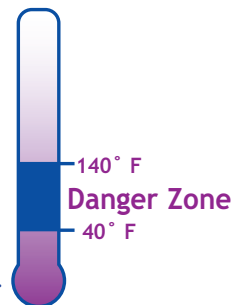
2. SEPARATE

- 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.	- 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.	- 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. - 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.	- 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



Healthy Eating, Weight Gain, and Exercise During Pregnancy

Healthy weight gain during pregnancy plays an important role in supporting your baby's growth and protecting your own health. Gaining the right amount of weight helps provide the nutrients your baby needs while reducing the risk of complications during pregnancy, delivery, and beyond.

Gaining too little weight during pregnancy increases the chances of having a baby born early (<37 weeks of pregnancy) or having a baby who is very small, known as low birthweight (less than 5 lbs. 8 oz).

Gaining too much weight can lead to complications for both mom and baby.

Complications for the Mother:

- Gestational Diabetes: High blood sugar during pregnancy.
- Pre-eclampsia and Hypertension: Dangerous high blood pressure.
- Delivery Complications: Increased likelihood of a Cesarean(C-section), instrumental delivery (forceps/vacuum), or prolonged labor.
- Postpartum Weight Retention: Difficulty losing weight after birth.
- Physical Discomforts: Increased backaches, leg pain, and varicose veins.

Complications for the Baby:

- Miscarriage or stillbirth: The loss of a pregnancy, occurring either before 20 weeks of gestation (miscarriage) or at 20 weeks or later (stillbirth).
- Large for Gestational Age: The baby is born weighing 9 pounds or more, which increases the risk of birth injuries.
- Shoulder Dystocia: The baby's shoulder becomes stuck during delivery.
- Preterm Birth: Babies born before 37 weeks of pregnancy.
- Certain health conditions that develop before birth
- Growth restrictions

Most women should gain somewhere between 25 and 35 pounds or lbs. during pregnancy. Most will gain 2 to 4 lbs. during the first trimester, and then 1 pound a week for the rest of the pregnancy. The amount of weight gain depends on your situation and starting weight/BMI.

Before pregnancy, you were...	You should gain...
Underweight BMI less than 18.5	28-40 pounds
Normal weight 18.5-24.9	25-35 pounds
Overweight BMI 25.0-29.9	15-25 pounds
Obese BMI 30.0 - 39.9	11-20 pounds

Much of the weight gained during pregnancy is not body fat; it is made up of the baby and the changes in your body that support a healthy pregnancy. Below is a breakdown.

Baby	~7-8 lbs.
Placenta	~2-3 lbs.
Amniotic Fluid	~2-3 lbs.
Breast Tissue	~2-3 lbs.
Blood Supply	~4 lbs.
Fat Stores	~5-9 lbs.
Uterus Growth	~2-5 lbs.

Steps to meet pregnancy weight gain recommendations:

- Work with your healthcare provider on weight gain goals and knowing your caloric needs.
- Eat a balanced diet high in whole grains, vegetables, fruits, low fat dairy and lean protein.
- Work up to or maintain at least 150 minutes of moderate intensity aerobic activity (such as brisk walking) per week.

If you have had bariatric surgery, talk with your provider about appropriate weight gain, vitamin supplementation, and nutritional counseling.

The use of GLP-1s (Semaglutide, Tirzepatide, Liraglutide, and Dulaglutide) are not recommended during pregnancy.

Resources for weight and healthy eating:

MOD Weight gain during pregnancy

<https://www.marchofdimes.org/find-support/topics/pregnancy/weight-gain-during-pregnancy>

CDC Weight Gain During Pregnancy <https://www.cdc.gov/maternal-infant-health/pregnancy-weight/>

ACOG Healthy Eating During Pregnancy

<https://www.acog.org/womens-health/faqs/healthy-eating-during-pregnancy>

Managing Your Weight During Pregnancy-MedlinePlus

<https://medlineplus.gov/ency/patientinstructions/000603.htm>

MotherToBaby <https://mothertobaby.org/fact-sheets/obesity-pregnancy/>

Resources for physical activity:

ACOG Exercise During Pregnancy

<https://www.acog.org/womens-health/faqs/exercise-during-pregnancy>



Physical Activity Recommendations for Pregnant and Postpartum Women

Moderate-intensity physical activity is safe for you during pregnancy if you are generally healthy. It can help reduce your risk of excessive weight gain and gestational diabetes and keep your heart and lungs healthy. During the postpartum period (first year after delivery), physical activity can decrease symptoms of postpartum depression. When combined with caloric restrictions, it can also help you with weight loss after delivery.



Physical Activity Recommendation

Get at least **150 minutes** (for example, 30 minutes 5 days a week) **of moderate-intensity aerobic activity** a week during pregnancy and the postpartum period. Remember, **some physical activity is better than none**, so do what you can.



Benefits

- Reduces the risk of **excessive weight gain** during pregnancy.
- Reduces the risk of **gestational diabetes** during pregnancy.
- Reduces symptoms of **postpartum depression**.



Examples of Moderate-Intensity Physical Activity*

- Brisk walking.
- Some forms of yoga.
- Water aerobics.
- Bike riding.

*After the first trimester, try to avoid activities that require lying flat on your back.

Note: If you are pregnant, you can consult your health care provider to see whether and how to adjust your physical activity during pregnancy, and after the baby is born. Learn more about [staying healthy](#) while pregnant.



For more information, visit

<https://www.cdc.gov/physicalactivity/basics/>

<https://health.gov/moveyourway#during-after-pregnancy>

Source: *Physical Activity Guidelines for Americans* [PDF-14.4MB], 2nd edition



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. You are not alone. 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>



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Connecticut

Maternal Mental Health Resources

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/>

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/>

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/actionline/>

The Substance Exposed Pregnancy Initiative of Connecticut (SEPI-CT) aims to strengthen capacity at the community, provider, and systems levels to improve the health and well-being of infants born substance-exposed through supporting the recovery of pregnant people and their families. <https://www.sepict.org/>

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://namict.org/>

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/>

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



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Connecticut

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



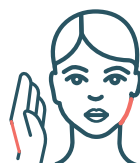
Dizziness or fainting



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-special-circumstances/about/index.html>

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 of Connecticut <https://www.lllct.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://womenshealth.gov/breastfeeding/breastfeeding-home-work-and-public/breastfeeding-and-going-back-work>

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.



Women's Health
Connecticut

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



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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.



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Connecticut Paid Leave

**DO YOU
NEED TIME
TO CARE?**

**CT Paid
Leave
is here to
help.**

CT Paid Leave provides money to eligible workers who need to take unpaid time off from work.

WHEN CAN YOU USE CT PAID LEAVE?



Caring for your own or a family member's serious health condition



Pregnancy and bonding with a new child



Dealing with family violence or sexual assault



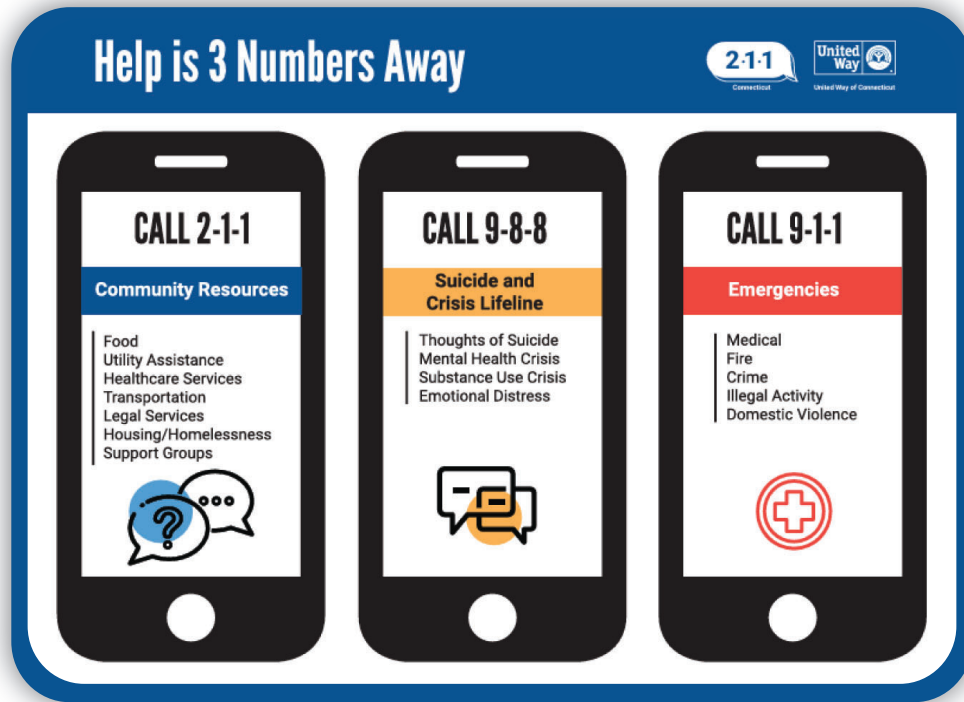
Addressing situations related to a family member's active military service

**Learn more:
ctpaidleave.org**

SCAN HERE



Additional Resources



Your insurance carrier may offer pregnancy-related education and benefits so be sure to check with them.

Contact your delivery facility for more information about pregnancy related services and education including prenatal education classes and lactation support.

CT Diaper Bank - Providing diapers, period supplies, incontinence products and other basic health needs to families throughout CT. <https://thediaperbank.org/>

CT Baby Bonds - CT Baby Bonds is Connecticut's first-in-the-nation initiative to invest directly in children born into poverty <https://portal.ct.gov/ott/ct-baby-bonds/overview>

The Bridge Project - The Bridge Project seeks to eradicate childhood poverty. It is one of the nation's largest unconditional cash programs for babies, starting during pregnancy through the first 1,000 days of the baby's life. <https://bridgeproject.org/>

Family Bridge-A free service for families with new babies in CT to ease their transition from hospital to home. <https://www.ctoec.org/family-bridge/>

Additional information related to substance use and pregnancy can be found on our website at <https://womenshealthct.com/resources-and-faq/resources/substance-use-and-pregnancy>