

CARING FOR YOU *and Your Baby*




CareSource[®]

CONGRATULATIONS

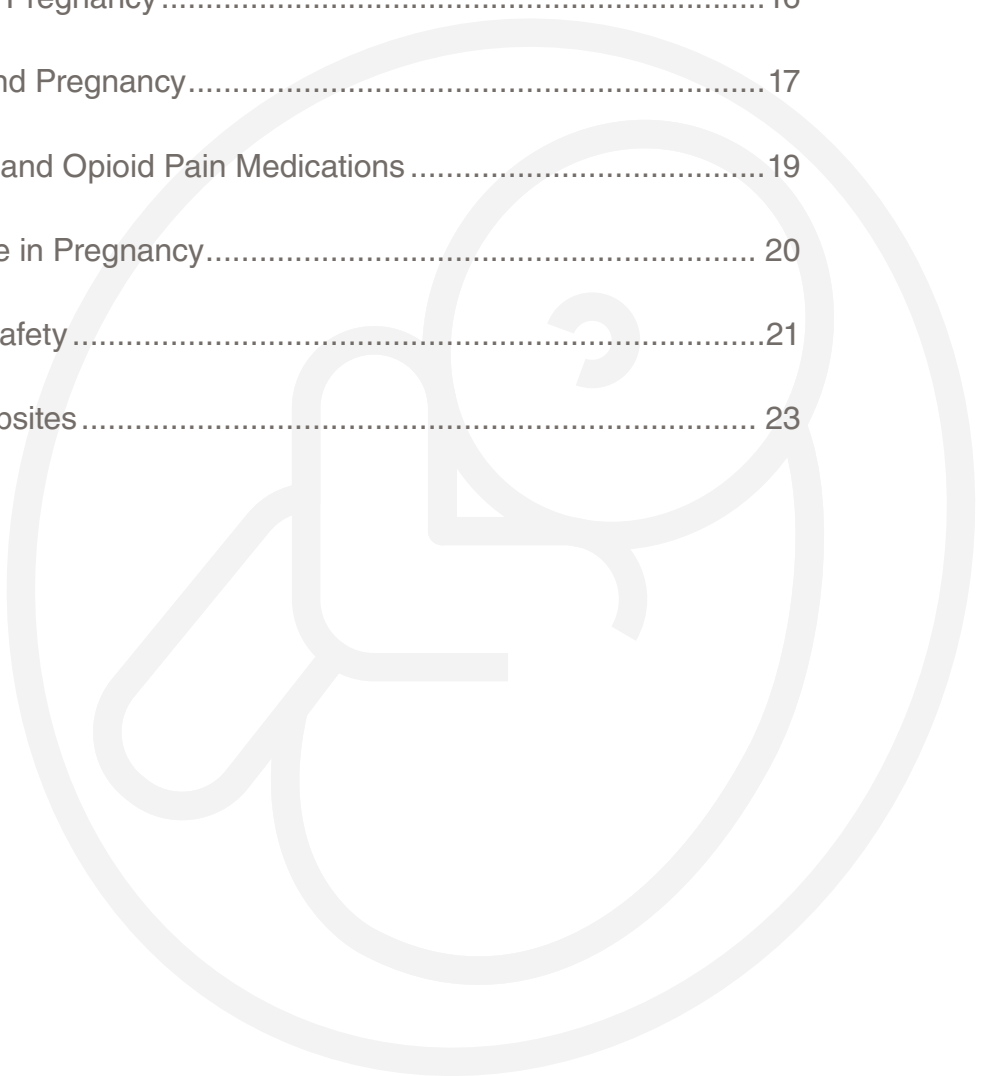
on your pregnancy!

You will experience many changes during this exciting time. Take time to read through this booklet to learn more about what to expect and how to best take care of yourself and your growing baby.



TABLE OF CONTENTS:

| | |
|---|----|
| Prenatal Care..... | 2 |
| Nutrition Tips | 10 |
| Abuse During Pregnancy | 12 |
| Depression in Pregnancy..... | 14 |
| Sex During Pregnancy | 16 |
| Smoking and Pregnancy..... | 17 |
| Pregnancy and Opioid Pain Medications | 19 |
| Alcohol Use in Pregnancy..... | 20 |
| Seat Belt Safety | 21 |
| Helpful Websites..... | 23 |



PRENATAL CARE

What is prenatal care?

This is care that women get during pregnancy and is given by a doctor or nurse midwife at a doctor's office or clinic.

How often do I have to go for prenatal care?

You will go to the doctor's office or clinic monthly until you are 28 weeks into your pregnancy. From 28 to 36 weeks, you will go every two to three weeks. You will go every week until you deliver the last month of your pregnancy. You may need to see your doctor more often if you have certain medical conditions.

Why do I need to go so often?

It is important to start prenatal care early and to go to all of your prenatal appointments. By getting regular prenatal care, your doctor will be able to pick up on symptoms that may show there are problems with your pregnancy. Be sure to report any unusual symptoms or concerns to your doctor or midwife.

There are a couple of conditions that regular checkups may help catch early:

- **Gestational diabetes** — About 8% of pregnant women get this condition, usually in the second trimester. Gestational diabetes happens when you are pregnant and changes the way your body uses sugar. It can cause the baby to get too big (more than nine pounds) and could result in injury to himself or mom during delivery.
- **Preeclampsia** — This is a condition that can occur during pregnancy, delivery or after delivery. Women with preeclampsia have high blood pressure and may have protein in her urine or problems with her kidneys, liver or eyes. This can affect your baby as if it slows his growth and may decrease the amount of fluid around him.

Both of these conditions will require closer monitoring of you and baby. This may include more frequent office visits, lab work, ultrasounds and monitoring baby's heartbeat.

What happens at these visits?

The staff will ask you about your health and any symptoms you are having. They will answer any questions you may have. Your weight and blood pressure will be checked. You will be asked for a urine sample so that the doctor can check for protein or sugar in your urine which may be a sign of a serious health problem. The doctor or nurse practitioner will feel your belly to

measure the size of your uterus. This will help them tell if the baby is growing as he or she should. After about 12 weeks, the doctor will listen to your baby's heartbeat. Once you begin feeling your baby move, you will be asked about your baby's movements. In the final weeks of your pregnancy, you will have vaginal exams to check for signs that your body is getting ready for delivery and to determine if the baby is in the correct position for delivery.

Will I have any other special tests?

At the first prenatal visit, you will have blood taken to check your general health and to look for some infections like measles, hepatitis and syphilis. You will have a Pap test and a sample will be taken to check for vaginal infection.

Your doctor will test your blood at the first visit to get your blood type (A, B, O, AB) and see if you are Rh positive or negative. If the Rh factor is not present, you are Rh negative (A-, B-, O-, AB-). If your baby has the factor, he is Rh positive. It is possible for baby's blood to enter your bloodstream during pregnancy or delivery which can cause your body to produce antibodies. These antibodies can cause problems in future pregnancies if you are not treated. To prevent these complications, you will be tested during your pregnancy and your baby will have a blood test after delivery to see what blood type he has. If he is Rh + and you are Rh -, you will receive a medication to help prevent complications in future pregnancies.

There is a test to check for gestational diabetes. This involves drinking a sugary drink then having your blood and urine tested an hour later. This usually happens between 24 and 28 weeks.

Ultrasounds are often done to check how your baby is growing, the fluid around your baby and the placenta. If you are unsure of when you got pregnant, you may have an ultrasound at your first visit to determine your due date.

Other testing may be done to check for birth defects. You should discuss your family's medical history with your doctor to decide if you need any of these tests.

Sources:

- <https://www.uptodate.com/contents/prenatal-care-the-basics>
- https://www.uptodate.com/contents/pregnancy-in-rh-negative-women-the-basics?source=related_link
- https://www.uptodate.com/contents/gestational-diabetes-diabetes-that-starts-during-pregnancy-the-basics?source=related_link
- https://www.uptodate.com/contents/preeclampsia-the-basics?source=related_link

Pregnancy Basics

Pregnancy lasts 40 weeks and is broken into three trimesters. Each trimester brings its own joys and challenges. This is a quick breakdown of what to expect. While your pregnancy may not be exactly like your sister's or your friend's, there are some common experiences that women will have at some point in their pregnancy.



THE FIRST TRIMESTER

The first trimester runs from weeks one to 13 and brings on lots of changes. The most common symptom during the first trimester is nausea. As many as three out of four women have nausea during the first few months of pregnancy. Fewer women actually throw up and a very small number have symptoms severe enough to cause weight loss. Small, frequent meals can help as well as having a small snack before getting out of bed in the morning. Ginger has been found to help with morning sickness.

Changes you may notice:

- Sore breasts are one of first signs of pregnancy. Your body is getting ready to make milk to feed your baby. Wearing a supportive bra will help.
- You may feel more tired than usual. Your body is working hard to support a growing baby. Rest and nap when you need to.

- You may need to go to the bathroom more often as your uterus is growing and putting pressure on the bladder. Don't stop drinking fluids because you need them. Instead, cut down on caffeine which can further irritate the bladder.
- Mood swings can result from your changing hormones and fatigue. You can be feeling happy one minute and cranky the next. This usually gets better as things start to even out. If you feel sad and you don't seem to be getting better, contact your doctor.

Baby News:

- Your baby goes from a fertilized egg to being just over 2" long and weighing about half an ounce.
- All of the baby's major organs are being formed during this time.
- The placenta and umbilical cord are formed and attach to the uterus. This is how your baby will get nutrients from you.
- By the end of the first trimester, the baby's heartbeat can be heard during your doctor's visit.
- The sex of your baby is decided at fertilization, but can't be seen on an ultrasound yet.

Things to do now:

- Start taking a prenatal vitamin
- Choose your doctor or nurse midwife
- Make an appointment for your first visit
- Eat a healthy, balanced diet
- Stop smoking and drug or alcohol use



WARNING SIGNS TO **ALWAYS** HAVE CHECKED OUT:

- Vaginal bleeding (more than spotting)
- Severe belly pain or backache
- Pain when you urinate or blood in the urine
- Fever and chills
- Severe headache or dizziness

THE SECOND TRIMESTER

The second trimester starts with the 14th week and lasts through the 27th week. Most women feel this is the most enjoyable part of their pregnancy. The nausea and fatigue starts to fade and your baby isn't big enough to make you too uncomfortable.

Changes you may notice:

- **Nasal Congestion** — You have more blood flow to your body's mucus membranes. This can cause swelling of the lining of your nose. Blow your nose gently and you can use a cool mist humidifier. Before taking any medication, check with your doctor.
- **Bleeding gums** — Increased blood flow causes this and should go back to normal after delivery. Use a softer toothbrush and be gentle with the floss, but don't skip taking care of your teeth. Keep dental appointments. Dental health has been linked to better overall health.
- **Heartburn and constipation** — Your body is making more hormones which relaxes some muscles and slows the movement of food through your system. Eat more small meals and avoid greasy, spicy or citrus foods. Get more fiber and drink lots of fluids to help keep things moving along. Don't lay down right after eating.
- **Hemorrhoids** — That extra blood flow along with the pressure of extra weight in your belly are to blame here. Constipation can make the condition worse so make sure to get plenty of fluids and increase your fiber intake. Sitting in a warm tub can help. Ask your doctor before using any over the counter creams or ointments.
- You should have a noticeable baby bump by this point in your pregnancy and by weeks 20 and 21 should feel your baby moving.

Baby News:

- Baby's organs are nearly fully formed by this time. He even has fingerprints on his tiny fingers.
- Tiny hairs are starting to sprout and he will have eyelashes and eyebrows by week 22.
- Baby will start sucking and swallowing to prepare for life outside the womb. He is still getting all of his nutrition through the placenta so make sure to eat a healthy diet.

- He is busy growing and making his presence known with little kicks and jabs.
- By the end of this trimester, you will have a two pound human in your belly.

Things to do now

- Go to your prenatal appointments and get recommended testing.
- Stop smoking. It's not too late!
- Make healthy food choices. Remember, you only need about 300 more calories a day.
- Get moving. Pregnancy friendly workouts, like walking 30 minutes a day, can help by boosting your mood, aid in relieving constipation and help with a quicker recovery after delivery. As with anything when you are pregnant, check with your doctor first.
- Sleep on your side. As your baby grows, it will put pressure on some big veins in your belly when you lay on your back. Laying on your side, especially your left side, will help with circulation.



WARNING SIGNS TO **ALWAYS** HAVE CHECKED OUT:

- Decreased or no baby movements
- Severe abdominal pain, low backache, or cramping
- Vaginal bleeding
- Severe headache or dizziness
- Leakage of fluid from vagina
- More than three contractions in an hour
- Severe nausea or vomiting
- Sudden swelling of face and hands
- Contractions/cramping prior to 37 weeks

THE THIRD TRIMESTER

The last trimester begins with week 28 and ends with delivery of the baby around 40 weeks. This is the final stretch and you may feel stretched as your baby gets a lot bigger.

Changes you may notice:

- Fatigue increases as you are carrying extra weight and getting up more often at night to urinate.
- Braxton Hicks contractions are your body's way of practicing for labor. You may notice these as a painless tightening of your belly. They will come and go during the last few months.
- Swelling in feet and ankles from pressure of the baby laying in your pelvis.
- Frequent urination caused by the growing baby laying on your bladder.
- Stretch marks can occur when your skin is stretched by the growing baby.
- Backache from your belly growing and causing a shift in how you carry yourself.
- Hormones are also loosening up your pelvis for delivery.
- Leaky breasts as they prepare to feed your newborn.
- Spider/varicose veins caused by your baby putting pressure on the pelvis.

Baby News:

- Your baby will grow from about two to three pounds and 16" to between six to nine pounds and 19"-22". He may change positions more often as he's running out of space.
- The brain is growing faster than ever but the lungs aren't quite ready to breathe on their own.
- Your baby's senses are fully developed and he may respond to light, sound or touch.
- Around 34 to 36 weeks, the baby will start to settle into the head down position.

Things to do now

- Keep track of the baby's movements and report any changes.
- Go to your prenatal appointments and get recommended tests.
- Watch your weight and report any sudden changes in weight to your doctor.

- Rest with feet up to help with feet/ankle swelling.
- Choose your baby's doctor.
- Attend childbirth classes and tour the hospital's birth center where you plan to deliver.
- Learn the signs of labor.
- Pack a bag for you and baby.



WARNING SIGNS TO **ALWAYS** HAVE CHECKED OUT:

- Decreased or absent baby movements
- Severe abdominal pain, low backache, or cramping
- Vaginal bleeding
- Severe headache or dizziness
- Leakage of fluid from vagina
- Severe nausea or vomiting
- Sudden swelling of face and hands
- Contractions/cramping prior to 37 weeks

Sources:

<http://www.webmd.com/baby/guide>

<https://www.whattoexpect.com/pregnancy>

<https://www.babycenter.com/pregnancy-labor-and-delivery>

https://www.uptodate.com/contents/pregnancy-symptoms-the-basics?source=search_result&search=pregnancy&selectedTitle=2~150

<http://www.mayoclinic.org/healthy-lifestyle/pregnancy-week-by-week/in-depth/pregnancy/art-20047732>

<https://www.babycenter.com>

<https://www.womenshealth.gov/pregnancy>

https://www.cdc.gov/ncbddd/fasd/documents/FASDBrochure_final.pdf

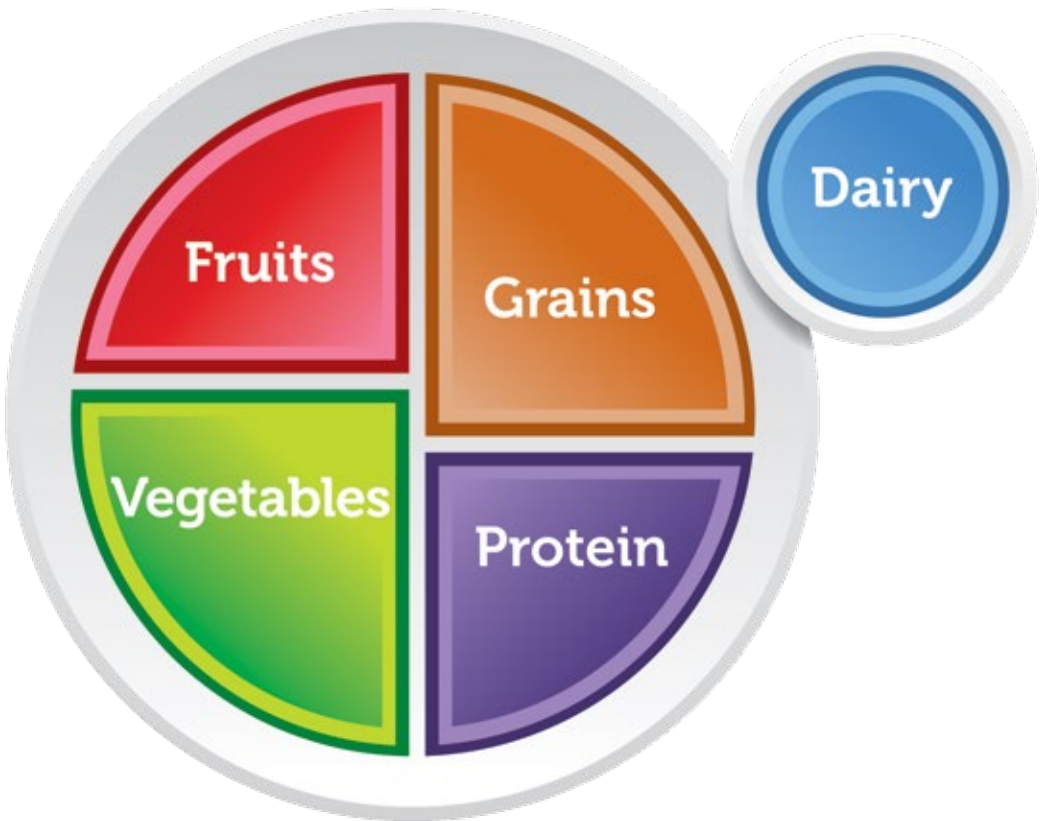
<https://pubs.niaaa.nih.gov/publications/FASDFactsheet/FASD.pdf>

<https://wicworks.fns.usda.gov/wicworks//Topics/PregnancyFactSheet.pdf>

NUTRITION TIPS

Tips for healthy food choices:

- Make half of your plate fruits and veggies.
- Choose whole grains like oatmeal, whole grain bread, popcorn and brown rice.
- Try low fat or fat free milk, yogurt and cheese.
- Eat a variety of proteins like lean meats, poultry, eggs, beans, and nuts/seeds.
- Limit foods high in salt, fat and sugar.
- Drink water instead of sugary drinks.



Daily Food Checklist

| Food Group | 1st Trimester | 2nd/3rd Trimester | Serving Size |
|---------------------------------------|---------------|-------------------|---|
| Eat this amount from each group daily | | | |
| Fruits | 2 cups | 2 cups | 1 cup fruit 1 cup 100% fruit juice ½ cup dried fruit |
| Vegetables | 2 ½ cups | 3 cups | 1 cup raw or cooked vegetables 1 cup 100% juice 2 cups raw leafy greens |
| Grains | 6 ounces | 8 ounces | 1 slice bread 1 ounce cereal ½ cup cooked pasta or rice |
| Protein | 5 ½ ounces | 6 ½ ounces | 1 ounce lean meat, poultry or seafood ¼ cup beans ½ ounce nuts 1 tbsp peanut butter 1 egg |
| Dairy | 3 cups | 3 cups | 1 cup milk 8 ounces yogurt 1 ½ ounces cheese 2 ounces processed cheese |

How much weight you should gain depends on the weight you were when you got pregnant. If you were in the healthy range, you should gain about 25 to 35 pounds. If you were overweight or underweight, you may be given different advice. Check with your provider about what is best for you and your pregnancy.

Source:

<https://wicworks.fns.usda.gov/wicworks/Topics/PregnancyFactSheet.pdf>

ABUSE DURING PREGNANCY

Abuse, whether physical or emotional, is never okay. Unfortunately, some women experience abuse from their partners and it often gets worse during pregnancy. It's estimated that one in six pregnant women have been abused by their partner.

What is abuse?

Abuse comes in many forms. Physical abuse, withholding care, sexual violence, psychological (mental) abuse, emotional abuse or controlling behavior are all forms of abuse. An abusive person may try to physically harm you by hitting, kicking, pushing, choking, slapping, attacking with a weapon or beating. Forcing sexual activity, attempting to isolate or dominate, or preventing you from getting prenatal care are also forms of abuse.

How does it affect my pregnancy?

Many times the blows will be aimed at the pregnant belly. This can put you and your unborn baby in danger by causing miscarriage, preterm labor, internal bleeding and in the worst cases even death. Emotional abuse can lead to depression, stress and fear which could result in poor nutrition, poor prenatal care or substance abuse for the mother.

Why now?

Pregnancy can bring about feelings of stress and worries about the unknown. These are normal feelings but reacting violently to the stress is not. Some partners become abusive because they are upset about an unplanned pregnancy, they are stressed about finances, or he may be jealous that attention is shifting from him to the new baby.

How do I know if I'm in an abusive relationship?

Does your partner:

- Put you down and make you feel badly about yourself?
- Cause harm or pain to your body?
- Threaten you, the baby, your other children or himself?
- Blame you for his actions or tell you that it's your own fault that he hit you?

- Seem to be getting more violent as time goes on?
- Promise to not hurt you again, but still does?

If you answered yes to any of these questions, you may be in an abusive relationship.

What can I do?

If you need help immediately, call 911. Recognizing that you are in an abusive relationship is the first step and now you need to get help. You can call a 24-hour hotline like the National Domestic Violence Hotline at 1-800-799-7233 (TTY 1-800-787-3224). You can also tell someone you trust like a friend, clergy, doctor, nurse or counselor. They may be able to connect you with help through a domestic violence program or shelter. Find a safe place that you can go to anytime of the day or night. Put together some extra cash and important documents such as driver's license, insurance cards, social security cards, bank information and prescription medications. Keep these in a safe place that you can get to quickly. Keep a suitcase with toiletries, a change of clothing and an extra set of house and car keys with someone you trust.

You are not alone and you do not deserve to be abused. It can be scary to leave, but you and your baby's life depend on it.

Source:

<https://www.marchofdimes.org/pregnancy/abuse-during-pregnancy.aspx>



DEPRESSION IN PREGNANCY

Depression in pregnancy is more common than you think. Fourteen to 23% of pregnant women have depression. It can be difficult to admit you are feeling blue when everyone around you thinks you should be feeling happy. Hormonal changes along with stress, anxiety, and lack of support can create these low feelings. Having depression in the past or being a victim of abuse can also increase the chances that you will have depression while pregnant.

What are the signs of depression?

In general, you have an ongoing feeling of sadness. Your sleeping and appetite can be affected, too.

If you have any of the following symptoms for a two week period, ***you need to get help***:

- Sad, restless or depressed mood
- Crying a lot
- Avoiding friends and family
- Loss of interest in activities that you used to enjoy
- No appetite or wanting to eat all the time
- Sleeping too much or trouble sleeping
- Fatigue or loss of energy
- Feeling worthless or guilty
- Having trouble thinking or making decisions
- Missing prenatal visits or not following medical advice
- Using illegal drugs or alcohol



**Thoughts of suicide need to be treated immediately.
CALL 911 or go to the ER.**

Can this affect my pregnancy?

Some studies have shown that there is an increased chance of miscarriage, bleeding and preterm labor. Depression while pregnant may also increase the chances that your baby could have sleep problems and behavioral problems later in childhood. Your depression may not end with your pregnancy as you are at higher risk for postpartum depression. Postpartum depression can interfere with how you bond with your baby.

Is there treatment?

Yes, but you have to talk with your doctor or nurse midwife about how you are feeling so he or she can decide the best way to treat you. Don't take any medications or herbs without talking with your doctor or midwife.

Sources:

https://www.uptodate.com/contents/antenatal-depression-risks-of-abnormal-infant-and-child-development?source=see_link

<http://www.mayoclinic.org/healthy-lifestyle/pregnancy-week-by-week/in-depth/depression-during-pregnancy/art-20237875?pg=2>

<https://www.whattoexpect.com/pregnancy/depression/>

SEX DURING PREGNANCY

Is it safe?

It is considered safe during all stages of a normal pregnancy. A “normal” pregnancy is one that is considered low risk for issues such as miscarriage or preterm labor. Speak with your doctor or nurse mid-wife to determine if sexual activity is safe for you.

When is sex not safe?

Talk with your doctor first, but you may be advised to avoid sex if:

- History or threat of miscarriage
- History of preterm labor or signs of preterm labor
- Vaginal bleeding or cramping
- Leakage of amniotic fluid
- Problems with the placenta

What should you avoid?

These are some things that aren't safe for any pregnant woman:

- Do not allow your partner to blow air into your vagina. This can cause a dangerous condition for mom and baby.
- Do not have sex with someone who may have sexually transmitted diseases like herpes, genital warts, chlamydia, syphilis, gonorrhea or HIV. If you get any of these diseases, they can be passed on to your baby. This can be dangerous to your baby.

Can sex harm my baby?

As long as your water has not broken, your baby is protected by the bag of water. You may notice that you have some painless tightening of your uterus after sex.

Will my sex drive change during pregnancy?

Changes in hormones can cause an increase in sex drive, while others feel less desire than before pregnancy. During the first trimester, there may be less interest in sex due to fatigue and nausea. Once these symptoms subside in the second trimester, desire may increase. It may decrease again during the third trimester when your belly grows larger and fatigue starts to set in again.

Sources:

<http://www.webmd.com/baby/pregnancy-sex#1>
www.kidshealth.org

SMOKING AND PREGNANCY

How smoking affects your pregnancy

If you smoke during pregnancy, you're more likely than nonsmokers to have:

- **Preterm labor** — This is labor that starts too early, before 37 weeks of pregnancy. Preterm labor can lead to premature birth.
- **Ectopic pregnancy** — This is when a fertilized egg implants itself outside of the uterus (womb), begins to grow and cannot result in the birth of a baby. It is dangerous and often requires surgery.
- **Problems with the placenta** — The placenta grows in your uterus and supplies the baby with food and oxygen through the umbilical cord. Placental abruption is a serious condition in which the placenta separates from the wall of the uterus before birth.
- **Placenta previa** — This is when the placenta lies very low in the uterus and covers all or part of the cervix. The cervix is the opening to the uterus that sits at the top of the vagina.

How smoking affects your baby

Every cigarette smoked increases the risks to your pregnancy. Just one or two cigarettes will significantly tighten blood vessels which creates a shortage of oxygen to your baby. It's like your baby is trying to breathe through a straw. Here are some ways smoking can hurt your baby:

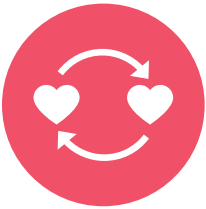
- **Premature delivery** — Smoking doubles the chances of delivering your baby too early.
- **Stillbirth** — Smoking more than doubles the risk of stillbirth (baby born not alive).
- **Lower birth weights** — A pack a day habit during pregnancy can shave half a pound off the birth weight. While delivering a smaller baby may sound good, having stunted growth can create lifelong problems.
- **Breathing and lung problems** — Babies born early or with low birth weight may have lungs which are not ready to work on their own. This may mean a longer hospital stay or a stay in NICU. Babies of mothers who smoke are at risk for long term breathing problems such as asthma.
- **Birth defects** — Tobacco has a drug called nicotine that makes you become addicted to smoking. When you smoke during pregnancy, chemicals like nicotine, carbon monoxide and tar pass through the placenta and umbilical cord into your baby's bloodstream. These

chemicals are harmful to your baby and may damage your baby's heart, lungs and brain.

- **Sudden Infant Death Syndrome (SIDS)** — Babies born to smokers have two to three times the risk for SIDS.

The Good News

It's never too late to stop smoking! As soon as you stop smoking, your baby will start getting the oxygen he or she needs to grow. We understand that it can be hard to stop and that the pull to smoke can even override your best intentions. Don't try to quit on your own. Talk to your doctor about quitting and ask for help from the people around you. **Don't give up — there is a little one counting on you!**



Indiana's Tobacco QuitLine can help you through the quitting process. Call 1-800-QUIT-NOW to get more information about this free program.

Sources:

<https://www.cancer.org/cancer/cancer-causes/tobacco-and-cancer/health-risks-of-smoking-tobacco.html>

https://www.babycenter.com/0_how-smoking-during-pregnancy-affects-you-and-your-baby_1405720.bc

<http://www.marchofdimes.org/pregnancy/smoking-during-pregnancy.aspx>

<https://smokefree.gov>

PREGNANCY AND OPIOID PAIN MEDICATIONS

What are opioid pain medications?

These are pain medications that are prescribed by a doctor to treat moderate to severe pain. Common types are codeine, oxycodone, hydromorphone, and morphine.

Risks to your pregnancy include:

- Withdrawal symptoms for your newborn baby like irritability, seizures, vomiting, diarrhea, fever and poor feeding
- Serious problems impacting the development or formation of the baby's brain or spine
- Baby could be born with heart defects
- Gastroschisis, a defect where the intestines spill out through a hole in the baby's belly
- Stillbirth
- Premature birth

Should I stop taking my opioid pain medications now?



DON'T stop taking your medication without talking to your doctor! In some cases, stopping the medication during pregnancy can be harmful and cause serious consequences.

Can I breastfeed while taking opioid pain medications?

Always discuss any medications you are taking with your doctor if you plan to breastfeed. Avoid codeine whenever possible.

Source:

https://www.cdc.gov/drugoverdose/pdf/pregnancy_opioid_pain_factsheet-a.pdf

ALCOHOL USE IN PREGNANCY

When you use alcohol while pregnant, the alcohol gets into your blood and passes through the umbilical cord to the baby. Since every pregnancy and mother is different, some babies may be more affected than another. Also, the baby is growing and developing all through pregnancy, so there is no “safe time” to use alcohol.

Using alcohol in pregnancy is dangerous and can cause lifelong problems for your child. These problems, known as fetal alcohol spectrum disorders (FASDs), can be physical as well as cause issues with their behavior and their ability to learn.

Fetal Alcohol Syndrome is one of the conditions in the Fetal Alcohol Spectrum Disorders. Babies with FASDs usually have small heads, weigh less than other babies and have distinct facial features.

Babies with FASDs can also have behavioral and learning disabilities like:

- Hyperactivity
- Difficulty paying attention
- Speech and language delays
- Low IQ
- Difficulty with memory and learning
- Poor reasoning and judgement skills

They may also have problems with their organs, including the heart and kidneys.

FASDs are completely preventable. Don't use alcohol during pregnancy.

Source:

www.cdc.gov/fasd

SEAT BELT USE

I'm pregnant. Should I wear my seat belt?

YES! Doctors recommend it. Buckling up through all stages of your pregnancy is the single most effective action you can take to protect yourself and your unborn baby in a crash. **NEVER** drive or ride in a car without buckling up first!

What's the right way to wear my seat belt?

RIGHT

SHOULDER BELT
away from your neck (but not off your shoulder)

1

2
across your chest (between your breasts) be sure to remove any slack from your seat belt

LAP BELT
secured below your belly so that it fits snugly across your hips and pelvic bone

3

WRONG

SHOULDER BELT NEVER
place under your arm or behind your back

1

LAP BELT NEVER
place over or on top of your belly

2

Should I adjust my seat?

YES

ADJUST SEAT
comfortable, upright position

1

2
keep as much distance as possible between your belly and the steering wheel*

3
comfortably reach the steering wheel and pedals**

To minimize the gap between your shoulder and the seat belt, avoid reclining your seat more than necessary.

1

Avoid letting your belly touch the steering wheel.

2

* If you need additional room, consider adjusting the steering wheel or having someone else drive, if possible.

** If you're a passenger, move your seat back as far as possible.

What if my car or truck has air bags?

You still need to wear your seat belt properly. Air bags are designed to work with seat belts, not replace them. Without a seat belt, you could crash into the vehicle interior, other passengers, or be ejected from the vehicle.

My car has an on-off air bag disabling switch. Should I turn it off?

NO. Doctors recommend that pregnant women wear seat belts and leave air bags turned on. Seat belts and air bags work together to provide the best protection for you and your unborn baby.

What should I do if I am involved in a crash?

Seek immediate medical attention, even if you think you are not injured and whether you are the driver or passenger.

Source:

National Highway Traffic Safety Administration



HELPFUL WEBSITES

Pregnancy

<http://americanpregnancy.org>
<http://whattoexpect.com>
<http://www.webmd.com/baby>
<http://www.eatright.org>
<http://www.women.smokefree.gov/smokefreemom>
<http://www.health4mom.org>
<https://babycenter.com>

Breastfeeding

<http://www.breastfeedingusa.org>
<http://www.ilca.org>
<http://www.llli.org>
<http://www.kellymom.com>
<http://www.lovingupport.fns.usda.gov/moms>
<http://exclusivepumping.com>

Baby Information

<https://www.healthychildren.org>
<https://www.babycenter.com/baby>

Depression

<http://www.postpartumprogress.com>
<http://www.postpartum.net>

WIC

<https://www.fns.usda.gov/wic>



If you, or someone you're helping, have questions about CareSource, you have the right to get help and information in your language at no cost. Please call the member services number on your member ID card.

ARABIC

إذا كان لديك، أو لدى أي شخص تساعد، أية استفسارات بخصوص CareSource، فيحق لك الحصول على مساعدة ومعلومات مجاناً وباللغة التي تتحدث بها. للتحدث إلى أحد المترجمين الفوريين، رجي الاتصال على رقم خدمة الأعضاء الموجود على بطاقة تعريف العضو الخاصة بك.

AMHARIC

እርስዎ፣ ወይም እርስዎ የሚያግዙት ግለሰብ፣ ስለ CareSource ጥያቄ ካላችሁ፣ ያለ ምንም ክፍያ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላችሁ። ከአስተርጓሚ ጋር እባክዎን በመታወቁዎ ክርኛ ላይ ባለው የአገልግሎቶች ቁጥር ይደውሉ።

BURMESE

CareSource အကြောင်း သင် သို့မဟုတ် သင်အကူအညီပေးနေသူ တစ်စုံတစ်ယောက်က မေးမြန်းလာပါက သင်ပြောဆိုသော ဘာသာစကားဖြင့် အကူအညီနှင့် အချက်အလက်များအား အခမဲ့ ရယူနိုင်ရန် အခွင့်အရေးရှိပါသည်။ ဘာသာပြန်တစ်ဦးအား ရွေးချယ်၍ ဝါပြု သင်္ကြံ၏ အသံဖြင့် ပြောကြားလိုပါက အသံဖြင့် ပြောကြားရပါမည်။ အသံဖြင့် ပြောကြားပြီး ဝက်ဘ်ဆိုက်တွင် ရောက်ရှိပါက သို့မဟုတ် အသံဖြင့် ပြောကြားရပါမည်။

CHINESE

如果您或者您在帮助的人对 CareSource 存有疑问，您有权免费获得以您的语言提供的帮助和信息。如果您需要与一位翻译交谈，请拨打您的会员 ID 卡上的会员服务电话号码。

CUSHITE – OROMO

Isin yookan namni biraa isin deeggartan CareSource irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, Maaloo lakkoofsa bilbilaa isa waraqaa eenyummaa keessan irra jiruun tajaajila miseensaatiif bilbilaa.

DUTCH

Als u, of iemand die u helpt, vragen heeft over CareSource, hebt u het recht om kosteloos hulp en informatie te ontvangen in uw taal. Als u wilt spreken met een tolk. Bel naar het nummer voor ledendiensten op uw lidkaart

FRENCH (CANADA)

Des questions au sujet de CareSource? Vous ou la personne que vous aidez avez le droit d'obtenir gratuitement du soutien et de l'information dans votre langue. Pour parler à un interprète. Veuillez communiquer avec les services aux membres au numéro indiqué sur votre carte de membre.

GERMAN

Wenn Sie, oder jemand dem Sie helfen, eine Frage zu CareSource haben, haben Sie das Recht, kostenfrei in Ihrer eigenen Sprache Hilfe und Information zu bekommen. Um mit einem Dolmetscher zu sprechen, Bitte rufen Sie die Mitglieder-Servicenummer auf Ihrer Mitglieder-ID-Karte an

GUJARATI

જો તમે અથવા તમે કોઈને મદદ કરી રહ્યા તેમ જોઈને CareSource વિશે પ્રશ્નો ઊંર તો તમને મદદ અને મહત્વની માહિતી મેળવી શકો છો. તે અર્થ વિના તમ શી ભષમી પ્રશ્નો કરી શકો છો. તે વખતે નીચેના ક્રમમાં કોઈ કાર્ડ પર સભ્ય સેવા માટે ના નંબર પર ફોન કરો.

HINDI

यदि आपके, या आप जिसकी मदद कर रहे हैं उसके CareSource के बारे में कोई सवाल हैं तो आपके पास बगैर किसी लागत के अपनी भाषा में सहायता और जानकारी प्राप्त करने का अधिकार है। एक दुभाषिए से बात करने के लिए कॉल करें, कृपया अपने सदस्य आईडी कार्ड पर दिये सदस्य सेवा नंबर पर कॉल करें।

ITALIAN

Se Lei, o qualcuno che Lei sta aiutando, ha domande su CareSource, ha il diritto di avere supporto e informazioni nella propria lingua senza alcun costo. Per parlare con un interprete. Chiamare il numero dei servizi ai soci riportato sulla tessera di iscrizione.

JAPANESE

ご本人様、または身の回りの方で、CareSource に関するご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入力したりすることができます(無償)。通訳をご利用の場合は、お持ちの会員IDカードにある、会員サービスの電話番号までお問い合わせ下さい。

KOREAN

귀하 본인이나 귀하께서 돕고 계신 분이 CareSource에 대해 궁금한 점이 있으시면, 원하는 언어로 별도 비용 없이 도움을 받으실 수 있습니다. 통역사가 필요하시면 다음 번호로 전화해 귀하의 회원 ID 카드에 적힌 회원 서비스 팀 번호로 전화하십시오.

PENNSYLVANIA DUTCH

Wann du hoscht en Frogg, odder ebber, wu du helpscht, hot en Frogg baut CareSource, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griegie, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, Bel alstubliefert met het Ledenservice nummer op uw lid ID -kaart.

RUSSIAN

Если у Вас или у кого-то, кому Вы помогаете, есть вопросы относительно CareSource, Вы имеете право бесплатно получить помощь и информацию на Вашем языке. Для разговора с переводчиком. Пожалуйста, позвоните по телефону отдела обслуживания клиентов, указанному на вашей идентификационной карточке клиента.

SPANISH

Si usted o alguien a quien ayuda tienen preguntas sobre CareSource, tiene derecho a recibir esta información y ayuda en su propio idioma sin costo. Para hablar con un intérprete. Por favor, llame al número de Servicios para Afiliados que figura en su tarjeta de identificación.

UKRAINIAN

Якщо у вас, чи в особи, котрій ви допомагаєте, виникнуть запитання щодо CareSource, ви маєте право безкоштовно отримати допомогу та інформацію вашою мовою. Щоб замовити перекладача, Зателефонуйте за номером обслуговування учасників, який вказано на вашому посвідченні учасника

VIETNAMESE

Nếu bạn hoặc ai đó bạn đang giúp đỡ, có thắc mắc về CareSource, bạn có quyền được nhận trợ giúp và thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên. Vui lòng gọi số dịch vụ thành viên trên thẻ ID thành viên của bạn.

CareSource complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status. CareSource does not exclude people or treat them differently because of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status.

CareSource provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified sign language interpreters, and (2) written information in other formats (large print, audio, accessible electronic formats, other formats). In addition, CareSource provides free language services to people whose primary language is not English, such as: (1) qualified interpreters, and (2) information written in other languages. If you need these services, please call the member services number on your member ID card.

If you believe that CareSource has failed to provide the above mentioned services to you or discriminated in another way on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status, you may file a grievance, with:

CareSource
Attn: Civil Rights Coordinator
P.O. Box 1947, Dayton, Ohio 45401
1-844-539-1732, TTY: 711
Fax: 1-844-417-6254

CivilRightsCoordinator@CareSource.com

You can file a grievance by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office of Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F
HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

