

GRIFFIN FACULTY PHYSICIANS

GUIDE TO PREGNANCY & POSTPARTUM CARE



**GRIFFIN FACULTY
PHYSICIANS
OBSTETRICS & GYNECOLOGY**



Welcome to Griffin Faculty Physicians OB/GYN!

We are thrilled to support you on your journey into motherhood. Below, you'll find our routine prenatal appointment schedule. Please keep in mind that this schedule may change based on your individual needs or if any health concerns arise during your pregnancy. If you have questions about upcoming appointments or any concerns at all, we encourage you to speak with your healthcare provider. We are here to guide you every step of the way.

You will be seen:

- Every 4 weeks up to 28 weeks
- Every 2 weeks from 28 to 36 weeks
- Weekly at 36 weeks until 40 weeks
- Twice a week if not given birth by your due date

At your **initial prenatal visit**, you will have an ultrasound confirming a fetal heartbeat and routine antenatal blood work will be ordered. The following are labs that you may expect to be ordered at your visit:

- Complete blood count, Blood type and Rh screen
- Urine analysis, urine culture, and urine drug screen
- Titers for Rubella, Varicella and Measles
- Hepatitis B and Hepatitis C screening
- Sexually-transmitted infections screening (Gonorrhea, Chlamydia, HIV, Syphilis)
- Genetic carrier screening for cystic fibrosis, spinal muscular atrophy, hemoglobinopathies and others if applicable

8 - 12 weeks: Non-invasive prenatal testing (NIPT) screening for Trisomy 21, Trisomy 18 and Trisomy 13, as well as sex chromosome aneuploidies.

11-14 weeks: Nuchal Translucency (NT) Ultrasound-Measures the fluid filled space behind the neck of the fetus to screen for chromosomal abnormalities, structural defects and genetic syndromes.

16-20 weeks: Maternal AFP (alpha fetoprotein) screening to assess the risk of neural tube defects and other fetal abnormalities.

18-20 weeks: Anatomy Ultrasound is a comprehensive evaluation of fetal structures to detect congenital anomalies and assess fetal growth, placental location and amniotic fluid volume.

24-28 weeks: Complete blood count, HIV, Syphilis Testing, Gestational diabetes 1 hour Glucose screen (3 hour Glucose screen if abnormal). Program work up if RH negative

35-36 weeks: Group B streptococcus vaginal/rectal culture to identify intrapartum antibiotic prophylaxis and prevent GBS early-onset disease in newborn(s).

Recommended Vaccinations: Influenza, COVID, TDAP (between 27-36 weeks); RSV (Abrysvo between 32-36.6 weeks if pregnant between September - January)



The Childbirth Center **OBGYN CARE**

At Griffin Faculty Physicians, you are served by a dedicated team of experienced OB-GYN providers all working together to support you before, during, and after delivery at Griffin Hospital.

You may see different members of our care team at various appointments; regardless of who you see, you'll receive the same high level of expert, compassionate prenatal and postpartum care.

Our OB-GYN Office Locations & Contact Info

- **Derby Offices:**

- 300 Seymour Avenue, Suite 102, Derby, CT. Phone: 203-516-5303
- 300 Seymour Ave, Suite 108, Derby, CT. Phone: 203-736-6383

- **Shelton Offices:**

- 2 Ivy Brook Road, Suite 125, Shelton, CT. Phone: 203-954-0080

- **Oxford Office (Quarry Walk):**

- 300 Oxford Road, Suite 2A, Oxford, CT. Phone: 203-735-4090

- **The Childbirth Center at Griffin Hospital:**

- 130 Division Street, Derby, CT. Phone: 203-732-7252



**GRIFFIN FACULTY
PHYSICIANS**
OBSTETRICS & GYNECOLOGY



INFORMATION AT YOUR FINGERTIPS

SIGN UP FOR OUR PATIENT PORTAL TODAY AND GET 24/7 ACCESS TO:

- Communicate with your doctor
- Request appointments
- Request prescription refills
- Retrieve test results
- View personal health information
- Update demographic information
- Retrieve letters
- View educational content
- Review billing statements
- Make secure credit card payments



1

Go to our website at
griffinfacultyphysicians.org

2

Click on "PATIENT PORTAL"
on the top right corner

3

Follow the online prompts
to complete the setup

NEED HELP GETTING STARTED? CALL 203-732-7325



GRIFFIN FACULTY
PHYSICIANS
OBSTETRICS & GYNECOLOGY



CHANGES DURING PREGNANCY

Month 1 to 2

Weeks 1 to 8

- The egg is fertilized by sperm and a growing ball of cells called the blastocyst implants in the uterus.
- Week 5 begins the embryo stage of development.
- The brain and spine begin to form, followed by the neural tube.
- Cardiac tissue starts to develop.
- Parts of the face take shape and the inner ear begins to develop.
- Arm and leg buds appear, and then webbed fingers and toes emerge.
- The long tube that will become the digestive tract takes shape.

By the end of week 8, the embryo is about half an inch long.



Month 3

Weeks 9 to 10

- Cartilage for the limbs, hands, and feet is forming but won't harden into bones for a few weeks.
- Eyelids form but remain closed.
- The head develops a rounded shape.
- Week 11 begins the fetus stage of development.
- The fetus makes breathing-like movements and swallows amniotic fluid.
- The kidneys are making urine, the pancreas is making insulin, and fingernails have formed.

By the end of week 12, the fetus is about 2 inches long and weighs about half an ounce.



Month 4

Weeks 13 to 16

- By week 13, all major organs have formed and will continue to develop.
- Bones are hardening, especially the long bones.
- The skin is thin and seethrough but will start to thicken soon.
- At week 14, the neck is defined, and the lower limbs are developed.
- The fetus's hearing begins to develop.
- The lungs begin to form tissue that will allow them to exchange oxygen and carbon dioxide after birth.
- Limb movements become more coordinated.

By the end of week 16, the fetus is more than 4 inches long and weighs more than 3 ounces.



Month 5

Weeks 17 to 20

- The fetus is more active now, and cardiac activity may be seen on an ultrasound exam.
- At week 18, the fetus can hear sounds.
- The part of the brain that controls motor movements is fully formed.
- The digestive system is working.
- At week 19, the ears, nose, and lips may be recognizable on an ultrasound exam.
- Soft, downy hair called lanugo is starting to form all over the body.

By the end of week 20, the fetus is more than 6 inches long and weighs less than 11 ounces.





CHANGES DURING PREGNANCY

Month 6

Weeks 21 to 24

- The fetus's kicks and turns are stronger now.
- If the hand floats to the mouth, the fetus may suck its thumb.
- Eyebrows are visible.
- At week 23, most of the fetus's sleep time is spent in rapid eye movement (REM) sleep.
- Ridges are forming in the hands and feet that later will be fingerprints and footprints.
- The lungs continue to develop.

By the end of week 24, the fetus is about 12 inches long and weighs about 1½ pounds.



Month 8

Weeks 29 to 32

- The fetus can stretch, kick, & make grasping motions.
- The eyes can open and close and sense changes in light.
- The bone marrow is forming red blood cells.
- At week 31, major development is finished, and the fetus is gaining weight very quickly.
- In boys, the testicles have begun to descend into the scrotum.
- At week 32, the fine hair that covered the fetus's body (lanugo) begins to disappear.

By the end of week 32, the fetus is almost 17 inches long and weighs a little more than 4 pounds.



Month 7

Weeks 25 to 28

- The fetus can respond with movement to familiar sounds, such as your voice.
- The lungs are now fully formed but not yet ready to function outside the uterus.
- Loud sounds may make the fetus respond by pulling in arms and legs.
- The lungs begin making surfactant, a substance needed for breathing after birth.
- At 27 weeks, more fat is being added to keep the fetus warm.
- A greasy material called vernix has started to develop. Vernix acts as a waterproof barrier that protects the skin.

By the end of week 28, the fetus is nearly 15 inches long and weighs about 2½ pounds.



Month 9

Weeks 33 to 36

- The brain is growing and developing rapidly.
- The bones harden, but the skull remains soft and flexible.
- More fat is forming under the skin.
- The fingernails have grown to the ends of the fingers.
- During week 36 or 37, most fetuses turn to a head-down position for birth.

By the end of week 36, the fetus is about 18 inches long and weighs a little more than 6 pounds.



CHANGES DURING PREGNANCY

Month 10 Weeks 37 to 40

- The lungs, brain, and nervous system continue to develop.
- The circulatory system is complete, and so is the musculoskeletal system.
- The fetus is taking up a lot of space in the amniotic sac and you should continue to feel movement.
- By now, the fetus's head may have dropped lower into position in your pelvis.



By the end of week 40, the fetus is 20 inches long and may weigh 7½ to 8 pounds.



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How the Uterus Grows During Pregnancy

The size of your uterus can help show how long you have been pregnant. The uterus fits inside the pelvis until week 12. By week 36, the top of the uterus is under your rib cage.



Changes In Your Body

The First Trimester

- Your period stops.
- Your breasts may become larger and more tender.
- Your nipples may stick out more.
- You may need to urinate more often.
- You may feel very tired.
- You may feel nauseated and may vomit.
- You may crave certain foods or lose your appetite.
- You may have heartburn or indigestion.
- You may feel bloated and have excess gas.
- You may be constipated.
- You may gain or lose a few pounds.

The Second Trimester

- Your appetite increases and nausea and fatigue may ease.
- Your abdomen begins to expand. By the end of this trimester, the top of your uterus will be near your rib cage.
- You will begin to feel the fetus move.
- The skin on your abdomen stretches and may feel tight and itchy. You may see stretch marks.
- Your abdomen may ache on one side or the other as the ligaments that support your uterus are stretched.
- You may get brown patches, called the "mask of pregnancy," on your face.
- Your areolas, the darker skin around your nipples, may darken.
- Your feet and ankles may swell.

The Third Trimester

- You can feel the fetus's movements strongly.
- You may be short of breath.
- You may need to urinate more often as the fetus drops and puts extra pressure on your bladder.
- Colostrum—a yellow, watery premilk—may leak from your nipples.
- Your navel may stick out.
- You may have contractions (abdominal tightening or pain). These can signal false or real labor.

HEALTHY EATING

During Pregnancy

Building a Healthy Plate at Every Meal

Adapted from USDA MyPlate recommendations

1/2 FRUITS & VEGETABLES

Fill half your plate with colorful fruits and vegetables. Aim for more vegetables than fruit.

Choose a variety of colors everyday.

GREAT CHOICES:

- Broccoli
- Spinach
- Bell Peppers
- Carrots
- Tomatoes
- Sweet Potatoes
- Berries
- Apples
- Oranges
- Bananas

+ ADD DAIRY (or fortified soy alternative)

Include a seerving with meals or snacks to help meet calcium needs.

EXAMPLES:

- Milk
- Greek Yogurt
- Cottage Cheese
- Cheese
- Fortified soy milk or soy yougurt



1/4 WHOLE GRAINS

Choose whole grains whenever possible.

EXAMPLES:

- Brown Rice
- Whole Wheat Bread
- Whole Wheat Pasta
- Oatmeal
- Quinoa
- Whole Grain Tortillas

1/4 LEAN PROTEIN

Protein helps your baby grow and supports your changing body.

HEALTHY OPTIONS:

- Chicken or Turkey
- Fish low in mercury (salmon, cod, tilapia)
- Len Beef
- Beans, Lentils, Chickpeas
- Tofu
- Nuts and Seeds

PREGNANCY CALORIE NEEDS*

For women with normal pre-pregnaancy BMI 19.8-24.9)

1ST TRIMESTER	No extra calories are usually needed.
2ND TRIMESTER	Add about 340 extra calories per day (about one healthy snack).
3RD TRIMESTER	Add about 450 extra calories per day (one snack plus a small meal addition).

Your growing baby needs extra nurishment - not "eating for two."

DAILY PREGNANCY GOALS

PROTEIN	75-100 g/day
WATER	8-12 cups/day (64-96 oz.)
CALCIUM	1,000 mg/day
IRON	27 mg/day
CHOLINE	450 mg/day
CONTINUE YOUR PRENATAL VITAMIN EVERY DAY.	

PREGNANCY NUTRITION TIP

The pregnancy requires one additional snack each day.

Aim for a snack that is roughly 300 calories and includes a balance of protein, fiber, and healthy fats.

HEALTHY SNACK IDEAS (~300 CALORIES)

- Greek yogurt with berries and granola
- Apple with 2 tablespoons peanut butter
- Whole wheat toast with avocado and boild egg
- Cottage cheese with fruit
- Hummus with vegetables and whole grain crackers
- Trail mix (1/4 cup) with a piece of fruit

HEALTHY DRINKS

Water should be you main beverage

OTHER GOOG CHOICES

- Low-fat milk
- Unsweetened fortified soy milk

LIMIT

- Sugary drinks
- Soda
- Juice (choose whole fruit instead when possible)



SCAN TO LEARN MORE

For more information and healthy pregnancy tips, visit [MyPlate.gov/pregnancy](https://www.MyPlate.gov/pregnancy)

WE ARE HERE TO SUPPORT YOU AND YOUR GROWING BABY

Please ask us if you have any questions



FOODS TO AVOID

During Pregnancy

Because pregnancy affects your immune system, you and your unborn baby are more susceptible to the bacteria, viruses, and parasites that cause foodborne illness. Even if you don't feel sick, some "bugs" like Listeria and Toxoplasma can infect your baby and cause serious health problems. Your baby is also sensitive to toxins from the food that you eat, such as mercury in certain kinds of fish. Keep this checklist handy to help ensure that you and your unborn baby stay healthy and safe. Invest in a food thermometer to check the temperatures of cooked food. (Foodsafety.gov)

DO NOT EAT THESE FOODS	WHY	WHAT TO DO
Soft cheeses made from unpasteurized milk including Brie, Feta, Camembert, Roquefort, Queso Blanco, and Queso Fresco	May contain E.coli or Listeria	Eat hard cheeses such as Cheddar or Swiss
Check Label to make sure that the cheese is made from pasteurized milk		
Raw cookie dough or cake batter	May contain Salmonella	Bake cookies and cake. Do not lick the spoon!
Certain kinds of fish, such as shark, swordfish, king mackerel and tilefish	Contains high levels of mercury	Eat up to 12 oz of fish a week that are lower in mercury such as shrimp, salmon, pollock and catfish
Limit consumption of albacore tuna to 6 oz a week		
Raw or undercooked fish (Sushi)	May contain parasites or bacteria	Cook fish to 145° F
Unpasteurized juice or cider (Including fresh squeezed)	May contain E.coli	Drink pasteurized juice
Bring unpasteurized juice or cider to a rolling boil and boil for 1 minute before drinking		
Unpasteurized Milk	May contain bacteria Campylobacter, E.coli, Listeria, or Salmonella	Drink pasteurized milk
Salads made in store, such as ham salad, chicken salad or seafood salad	May contain Listeria	Make salads at home, following food safety basics: Clean, separate, cook and chill
Raw shellfish such as oysters and clams	May contain Vibrio bacteria	Cook Shellfish to 145° F
Raw or undercooked sprouts such as alfalfa, clover, mung bean and radish	May contain E.coli or Salmonella	Cook sprouts thoroughly



FOODS TO AVOID

During Pregnancy

DO NOT EAT THESE FOODS	WHY	WHAT TO DO
Hot dogs, Luncheon meats, cold cuts, fermented or dry sausage, and other deli-style meat and poultry	May contain Listeria	Even if the label says that the meat is precooked, reheat these meats to steaming hot or 165° F before eating
Eggs and pasteurized egg products	Undercooked eggs may contain Salmonella	Cook eggs until yolks are firm. Cook casseroles and other dishes containing eggs or egg product to 160° F
Eggnog	Homemade eggnog may contain uncooked eggs which may contain Salmonella	Make eggnog with pasteurized egg product or buy pasteurized eggnog
Eggs and pasteurized egg products	Undercooked eggs may contain Salmonella	Cook eggs until yolks are firm. Cook casseroles and other dishes containing eggs or egg product to 160° F
Fish	May contain parasites or bacteria	Cook fish to 145° F
Ice cream	Homemade ice cream may contain uncooked eggs, which may contain Salmonella	Make ice cream with a pasteurized egg product safer by adding the eggs to the amount of liquid called for in the recipe then heating the mixture thoroughly
Meat: Beef, veal, lamb and pork (including ground meat)	Undercooked meat may contain E. coli	Cook beef, veal and lamb steaks to 145° F. Cook pork and all ground meats to 160° F
Meat spread or pate	Unpasteurized refrigerated pates or meat spreads may contain Listeria	Eat canned versions which are safer
Poultry and stuffing	Undercooked meat may contain bacteria such as Campylobacter or Salmonella	Cook poultry to 165° F
Smoked Seafood	Refrigerated versions are not safe, unless they have been cooked to 165° F	Eat canned versions which are safer or cook to 165° F
Salads made in store, such as ham salad, chicken salad or seafood salad	May contain Listeria	Make salads at home, following food safety basics: Clean, separate, cook and chill
Raw shellfish such as oysters and clams	May contain Vibrio bacteria	Cook Shellfish to 145° F
Raw or undercooked sprouts such as alfalfa, clover, mung bean and radish	May contain E.coli or Salmonella	Cook sprouts thoroughly

**For Those Who Might Become or Are Pregnant
or Breastfeeding & Children Ages 1 – 11 Years**



ADVICE ABOUT EATING FISH

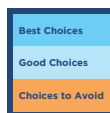


FISH† PROVIDE KEY NUTRIENTS THAT SUPPORT A CHILD'S BRAIN DEVELOPMENT.

Fish are part of a healthy eating pattern and provide key nutrients during pregnancy, breastfeeding, and/or early childhood to support a child's brain development:

- Omega-3 (called DHA and EPA) and omega-6 fats
- Iodine (during pregnancy)
- Iron
- Choline

Choline also supports development of the baby's spinal cord. Fish provide iron and zinc to support children's immune systems. Fish are a source of other nutrients like protein, vitamin B12, vitamin D, and selenium too.



CHOOSE A VARIETY OF FISH THAT ARE LOWER IN MERCURY.

While it is important to limit mercury in the diets of those who are pregnant or breastfeeding and children, many types of fish are both nutritious and lower in mercury.

This chart can help you choose which fish to eat, and how often to eat them, based on their mercury levels.

What is a serving? As a guide, use the palm of your hand.



Pregnancy and breastfeeding:

1 serving is 4 ounces

Eat 2 to 3 servings a week from the "Best Choices" list

(OR 1 serving from the "Good Choices" list).

Childhood:

On average, a serving is about:

- 1 ounce at age 1 to 3
- 2 ounces at age 4 to 7
- 3 ounces at age 8 to 10
- 4 ounces at age 11



Eat 2 servings a week from the "Best Choices" list.

Best Choices

Anchovy	Herring	Scallop
Atlantic croaker	Lobster,	Shad
Atlantic mackerel	American and spiny	Shrimp
Black sea bass	Mullet	Skate
Butterfish	Oyster	Smelt
Catfish	Pacific chub	Sole
Clam	mackerel	Squid
Cod	Perch, freshwater	Tilapia
Crab	and ocean	Trout, freshwater
Crawfish	Pickering	Tuna, canned light
Flounder	Plaice	(includes skipjack)
Haddock	Pollock	Whitefish
Hake	Salmon	Whiting
	Sardine	

Good Choices

Bluefish	Monkfish	Tilefish
Buffalofish	Rockfish	(Atlantic Ocean)
Carp	Sablefish	Tuna, albacore/
Chilean sea bass/	Sheepshead	white tuna, canned
Patagonian toothfish	Snapper	and fresh/frozen
Grouper	Spanish mackerel	Tuna, yellowfin
Halibut	Striped bass (ocean)	Weakfish/seatrout
Mahi mahi/dolphinfish		White croaker/
		Pacific croaker

Choices to Avoid HIGHEST MERCURY LEVELS

King mackerel	Shark	Tilefish
Marlin	Swordfish	(Gulf of Mexico)
Orange roughy		Tuna, bigeye

What about fish caught by family or friends? Check for [fish and shellfish advisories](#) to tell you how often you can safely eat those fish. If there is no advisory, eat only one serving and no other fish that week. Some fish caught by family and friends, such as larger carp, catfish, trout and perch, are more likely to have fish advisories due to mercury or other contaminants.



**THE DIETARY GUIDELINES FOR AMERICANS
RECOMMENDS EATING FISH AS PART OF A
HEALTHY EATING PATTERN.**

The Dietary Guidelines for Americans recommends:

- At least 8 ounces of seafood (less for children§) per week based on a 2,000 calorie diet.
- Those who are pregnant or breastfeeding consume between **8 and 12 ounces per week** of a variety of seafood from choices that are **lower in mercury**.



**EATING FISH CAN PROVIDE OTHER HEALTH
BENEFITS TOO.**

Fish intake during pregnancy is recommended because moderate scientific evidence shows it can help your baby's cognitive development.

Strong evidence shows that eating fish, as part of a healthy eating pattern, may have heart health benefits. Healthy eating patterns that include fish may have other benefits too. Moderate scientific evidence shows that eating patterns relatively higher in fish but also in other foods, including vegetables, fruits, legumes, whole grains, low- or non-fat dairy, lean meats and poultry, nuts, and unsaturated vegetable oils, and lower in red and processed meats, sugar-sweetened foods and beverages, and refined grains are associated with:



**Promotion of bone health –
decreases the risk for hip fractures***



**Decreases in the risk of becoming
overweight or obese***



**Decreases in the risk for colon and
rectal cancers***

Lorem ipsum



A healthy eating pattern consists of choices across all food groups (vegetables, fruits, grains, dairy, and protein foods, which includes fish), eaten in recommended amounts, and within calorie needs. Healthy eating patterns include foods that provide vitamins, minerals, and other health-promoting components and have no or little added sugars, saturated fat, and sodium

This advice supports the recommendations of the Dietary Guidelines for Americans, which reflects current science on nutrition to improve public health. The Dietary Guidelines for Americans focuses on dietary patterns and the effects of food and nutrient characteristics on health.

§ For some children, the amounts of fish in the Dietary Guidelines for Americans are higher than in this FDA/EPA advice. The Dietary Guidelines for Americans states that to consume those higher amounts, children should only be fed fish from the “Best Choices” list that are even lower in mercury – these fish are anchovies, Atlantic mackerel, catfish, clams, crab, crawfish, flounder, haddock, mullet, oysters, plaice, pollock, salmon, sardines, scallops, shad, shrimp, sole, squid, tilapia, trout, and whiting.

* There is moderate scientific evidence of a relationship between the eating pattern as a whole and the potential health benefit.

‡ This advice refers to fish and shellfish collectively as “fish” / Advice revised October 2021
Information from myplate.com



MEDICATIONS IN PREGNANCY

There are special considerations when taking medication during pregnancy. Drug safety testing is difficult during pregnancy and many facts regarding drug safety are simply unknown. Therefore, we recommend beginning treatment of discomfort or illness during pregnancy with non-drug approaches first. If medication is needed, take the usual adult dosage recommended. Please discuss with your provider before taking medication.

Below are some recommendations and over-the-counter medications that may be used

Allergies	Nasal irrigation with saline, Zyrtec
Backache	Heat or ice applied locally, gentle stretches, warm baths, chiropractic care, physician therapy, Tylenol
Constipation	Increase fluids, exercise and dietary fiber Citrucel, Colace, Metamucil, Miralax If severe, Milk of Magnesia
Cough/Sore throat	Warm Liquid, steam, Vicks or Ricola Drops Expectorant: Guaifenesin, Such as Mucinex; Dextromethorphan such as Delsym Antihistamine: Chlorpheniramine such as Clor-trimeton
Diarrhea	Increase fluids (avoid dehydration), Lomotil (except in 3rd trimester)
Fever	Tylenol (Acetaminophen), regular or extra strength Avoid: Aspirin, Advil, Motrin, Ibuprofen, Aleve etc
Gas Pain	Maalox, Gas-X (Simethicone), Tums
Head Cold/Sinus	Increase fluids, rest, steam, nasal irrigation with saline, Claritin, Tylenol Sinus
Headache	Increase fluids, Tylenol regular or extra strength
Hemorrhoids	Sitz Baths, Tucks (witch hazel) pads
Indigestion/Heartburn	Avoid eating before lying down , avoid fluids with meals, avoid spicy/greasy foods, citrus and chocolate. Tums, Mylanta or Maalox. If severe, Pepcid.
Insomnia	Exercise (not immediately prior to sleep), warm bath before bed; Unisom, Tylenol PM
Itching/Skin Rash	Aveeno oatmeal bath, Hydrocortisone 1% cream or ointment, Benadryl topical or tabs
Nausea	Sea Bands, Ginger Root Capsules, Vitamin B6 25 mg 4x per day alone or with Unisom (Doxylamine ½ tab up to 4x per day) Call provider if unable to tolerate fluids or if dehydrated



INTIMATE PARTNER VIOLENCE (IPV) DURING PREGNANCY

Understanding the Risks and Finding Ways to Stay Safe

WHAT IS INTIMATE PARTNER VIOLENCE?

Intimate Partner Violence (IPV) includes any behavior by a current or former partner that causes physical, emotional, or sexual harm. IPV may involve:

- Physical harm (hitting, pushing, restraining)
- Emotional or verbal abuse (threats, insults, humiliation)
- Sexual coercion or assault
- Controlling behaviors (isolation, monitoring, restricting money/transportation)
- Reproductive coercion (pressuring toward pregnancy, sabotaging birth control)

Pregnancy is a time when IPV may begin or increase. Support is available, and you are not alone.

WHY PREGNANCY INCREASES RISK?

IPV during pregnancy affects both your health and your baby's health.

Possible impacts on you: Injuries or chronic pain; heightened stress, anxiety, or depression; difficulty accessing prenatal care; sleep disturbances; risk of substance use to cope with distress

Possible impacts on the baby: Preterm birth or low birth weight, placental abruption, increased fetal stress, developmental concerns

Your safety and well-being are essential for a healthy pregnancy.

WARNING SIGNS OF AN UNSAFE RELATIONSHIP

You may be experiencing IPV if your partner:

- Threatens to harm you, themselves, or others
- Checks your phone, messages, or tracks your location
- Gets angry when you attend prenatal care
- Controls transportation, money, or access to food and medical care
- Forces or pressures you to have sex
- Blames you, minimizes abuse, or says you are “overreacting”
- Prevents you from seeing friends, family, or support people

If something doesn't feel safe, trust your instincts.

HOW TO STAY SAFE - A personalized safety plan can help increase safety whether you choose to stay, plan to leave, or are unsure.

Safety Steps to Consider

- Identify safe rooms in your home with exits and without weapons.
- Keep your phone charged and accessible if possible.
- Create and memorize a code word that signals you need help.
- Pack a small “go bag” with essentials: ID, insurance card, and important documents; prenatal records and medications; cash, prepaid cards, or copies of financial documents; a change of clothes for you and your children
- Practice how to leave quickly if needed.
- Make copies of important documents or store digital versions securely.



INTIMATE PARTNER VIOLENCE (IPV) DURING PREGNANCY

Understanding the Risks and Finding Ways to Stay Safe

During a Violent Incident

- Move away from the kitchen, bathroom, or areas with hard surfaces or sharp objects.
- Protect your abdomen if you can.
- Call 911 if you are able to do so safely.

Digital Safety

- Clear browsing history after searching for help.
- Turn off location sharing on your phone.
- Use private browsing or another device if available.

Medical Support

Your prenatal care team can help with: confidential screening for IPV, documentation of injuries, safety planning support, mental health referrals, connection to local IPV services

Local Resources

- **The Umbrella Center for Domestic Violence Services** - Provides confidential shelter, crisis intervention, counseling, safety planning, advocacy, and support for individuals experiencing domestic violence.
435 E Main St • Ansonia, CT 06401
Phone: (203) 736-9944
- **Griffin Hospital** - Your care team at Griffin Hospital is available to provide private, compassionate support, resources, and referrals related to intimate partner violence at any point in your pregnancy.
130 Division St • Derby, CT 06418
Phone: (203) 732-7550

National Resources

- **National Domestic Violence Hotline**
Phone: 1-800-799-SAFE (7233)
Text: **START** to 88788
Website: thehotline.org
(includes a quick-exit safety feature)
- **If you are in immediate danger Call 911.**

You Are Not Alone - You deserve to feel safe, respected, and supported—during pregnancy and always. Reaching out for help is a sign of strength, and there are people and resources ready to support you whenever you need them



MORE GENERAL INFORMATION IN PREGNANCY

CAFFEINE IN PREGNANCY

Caffeine slightly increases your blood pressure and heart rate and the amount of urine your body makes. Caffeine may cause you to feel jittery, have indigestion or have trouble sleeping. During pregnancy, you may be especially sensitive to caffeine because it may take you longer to clear it from your body than if you weren't pregnant. When you have caffeine during pregnancy, it passes through the placenta to your baby.

Some studies say that too much caffeine can cause miscarriage. Until more is known about how caffeine can affect pregnancy, it's best to limit the amount you get to 200 milligrams each day. This is about the amount in 1½ 8ounce cups of coffee or one 12-ounce cup of coffee. Be sure to check the size of your cup to know how much caffeine you're getting.

What Foods And Drinks Contain Caffeine?

Caffeine is found in coffee and coffee-flavored products, like yogurt and ice cream, tea, some soft drinks, energy drinks, chocolate and chocolate products, like chocolate syrup and hot cocoa. The amount of caffeine you get from food and drinks throughout the day adds up. So if you have a cup of coffee in the morning, you may want to limit or give up having other food and drinks during the day that have caffeine. (www.marchofdimes.org)

HEALTHY WEIGHT

Why is gaining a healthy amount of weight during pregnancy important?

Gaining the right amount of weight during pregnancy helps your baby grow to a healthy size. But gaining too much or too little weight may lead to serious health problems for you and your baby. Too much weight gain raises your chances for diabetes and high blood pressure during pregnancy and after. If

you are overweight when you get pregnant, your chances for health problems may be even higher. It also makes it more likely that you will have a hard delivery and have an increase risk of C-section. Gaining a healthy amount of weight helps you have an easier pregnancy and delivery. It may also help make it easier for you to get back to your normal weight after delivery.

How Much Weight Should I Gain During My Pregnancy?

How much weight you should gain depends on how much you weighed before pregnancy. It is important to gain weight very slowly. The old myth that you are "eating for two" is not true. During the first 3 months, your baby is only the size of a walnut and does not need very many extra calories. An example is Greek yogurt or 300 calories snack day.

The following rate of weight gain is advised:

- 1 to 4 pounds total in the first 3 months
- 2 to 4 pounds each month from 4 months until delivery

EXERCISE DURING PREGNANCY

Is It Safe To Exercise During Pregnancy?

If you are healthy and your pregnancy is normal, it is safe to continue or start most types of exercise, but you may need to make a few changes. Physical activity does not increase your risk of miscarriage, low birth weight, or early delivery.

Are There Certain Conditions That Make Exercise During Pregnancy Unsafe?

Women with the following conditions or pregnancy complications should talk to your provider before exercise during pregnancy:

- Certain types of heart and lung diseases
- Cervical insufficiency or cerclage
- Being pregnant with twins or triplets (or more)

- with risk factors for preterm labor
- Placenta previa after 26 weeks of pregnancy
 - Preterm labor or ruptured membranes (your water has broken) during this pregnancy
 - Preeclampsia or pregnancy-induced high blood pressure
 - Severe anemia

What Are The Benefits Of Exercise During Pregnancy?

Regular exercise during pregnancy benefits you and your baby in these key ways:

- Reduces back pain
- Eases constipation
- May decrease your risk of gestational diabetes, preeclampsia, and cesarean delivery
- Promotes healthy weight gain during pregnancy
- Improves your overall general fitness and strengthens your heart and blood vessels
- Helps you to lose the baby weight after your baby is born

How Much Should I Exercise During Pregnancy?

The Centers for Disease Control and Prevention recommend that pregnant women get at least 150 minutes of moderate-intensity aerobic activity every week. An aerobic activity is one in which you move large muscles of the body (like those in the legs and arms) in a rhythmic way. Moderate intensity means you are moving enough to raise your heart rate and start sweating. Examples of moderate-intensity aerobic activity include brisk walking and general gardening (raking, weeding, or digging). You can divide the 150 minutes into 30-minute workouts on 5 days of the week or into smaller 10-minute workouts throughout each day. If you are new to exercise, start out slowly and gradually increase your activity. Begin with as little as 5 minutes a day. Add 5 minutes each week until you can stay active for 30 minutes a day.

What Precautions Should I Take When Exercising During Pregnancy?

There are a few precautions that pregnant women should keep in mind during exercise:

- Drink plenty of water before, during, and after your workout. Signs of dehydration include dizziness, a racing or pounding heart, and urinating only small amounts or having urine that is dark yellow.
- Wear a sports bra that gives lots of support to help protect your breasts. Later in pregnancy, a belly support belt may reduce discomfort while walking or running.
- Avoid becoming overheated, especially in the first trimester. Drink plenty of water, wear

loose fitting clothing, and exercise in a temperature-controlled room. Do not exercise outside when it is very hot or humid.

- Avoid standing still or lying flat on your back as much as possible. When you lie on your back, your uterus presses on a large vein that returns blood to the heart. Standing motionless can cause blood to pool in your legs and feet. Both positions can decrease the amount of blood returning to your heart and may cause your blood pressure to decrease for a short time.

What Are Some Safe Exercises I Can Do During Pregnancy?

Whether you are new to exercise or it already is part of your weekly routine, choose activities that experts agree are safest for pregnant women:

- Walking—Brisk walking gives a total body workout and is easy on the joints and muscles.
- Swimming and water workouts—Water workouts use many of the body's muscles. The water supports your weight so you avoid injury and muscle strain. If you find brisk walking difficult because of low back pain, water exercise is a good way to stay active.
- Stationary bicycling—Because your growing belly can affect your balance and make you more prone to falls, riding a standard bicycle during pregnancy can be risky. Cycling on a stationary bike is a better choice.
- Modified yoga and modified Pilates—Yoga reduces stress, improves flexibility, and encourages stretching and focused breathing. There are even prenatal yoga and Pilates classes designed for pregnant women. These classes often teach modified poses that accommodate a pregnant woman's shifting balance. You also should avoid poses that require you to be still or lie on your back for long periods.
- If you are an experienced runner, jogger, or racquet-sports player, you may be able to keep doing these activities during pregnancy. Discuss these activities with your health care professional.



What Exercises Should I Avoid During Pregnancy?

While pregnant, avoid activities that put you at increased risk of injury, such as the following: Contact sports and sports that put you at risk of getting hit in the abdomen, including ice hockey, boxing, soccer, and basketball, Skydiving, Activities that may result in a fall, such as downhill snow skiing, water skiing, surfing, off-road cycling, gymnastics, and horseback riding, “Hot yoga” or “hot Pilates,” which may cause you to become overheated, Scuba diving, Activities performed above 6,000 feet (if you do not already live at a high altitude)

What Are Warning Signs That I Should Stop Exercising?

Stop exercising and call your obstetrician or other member of your health care team if you have any of these signs or symptoms: vaginal bleeding, dizziness, shortness of breath, chest pain, headache, muscle weakness, calf pain or swelling, regular painful contractions of the uterus, leaking fluid from the vagina

(<http://www.acog.org/Patients/FAQs/Exercise-During-Pregnancy>)

MANAGEMENT OF COMMON SYMPTOMS OF PREGNANCY

Nausea and vomiting

Nausea and vomiting occurs more commonly in multiple pregnancies and molar pregnancies. Hyperemesis gravidarum refers to pregnant women in whom fluid and electrolyte disturbances or nutritional deficiency from intractable vomiting develops early in pregnancy. This condition is much less common and usually requires hospital admission. The severity of nausea and vomiting varies greatly among pregnant women. The majority of women report nausea and vomiting symptoms within 8 weeks of their last menstrual period, lasting until 16–20 weeks gestation.

Relief measures

Diet and lifestyle changes may help you feel better. You may need to try more than one of these suggestions:

- Take a multivitamin.
- Try eating dry toast or crackers in the morning before you get out of bed to avoid moving around on an empty stomach.
- Drink fluids often.
- Avoid smells that bother you.
- Eat small, frequent meals instead of three large meals.
- Try bland foods. For example, the “BRATT” diet (bananas, rice, applesauce, toast, and tea) is low in fat and easy to digest.
- Try ginger ale made with real ginger, ginger tea made from fresh grated ginger, ginger capsules, and ginger candies.
- Vitamin B6 and doxylamine—Vitamin B6 is a safe, over-the-counter treatment that may be tried first. Doxylamine, a medication found in over-the-counter sleep aids, may be added if vitamin B6 alone does not relieve symptoms. A prescription drug that combines vitamin B6 and doxylamine is available. Both drugs—taken alone or together—have been found to be safe to take during pregnancy and have no harmful effects on the baby.
- “Antiemetic” drugs—If vitamin B6 and doxylamine do not work, “antiemetic” drugs may be prescribed. These drugs prevent vomiting. Many antiemetic drugs have been shown to be safe to use during pregnancy. Others have conflicting or limited safety information.

Heartburn

Heartburn is the burning sensation or discomfort felt behind the sternum or throat or both. It may be accompanied by acid regurgitation reaching the throat or the mouth, causing a bitter or sour taste in the mouth.

Relief measures

- Lifestyle modification, including awareness of posture, maintaining upright positions, especially after meals, sleeping in a propped-up position
- Dietary modifications such as small frequent meals, reduction of high-fat foods and gastric



irritants such as caffeine.

- Medications such as antacids or alkali mixtures, H₂ receptor antagonists and proton pump inhibitors, which aim to alleviate symptoms by reducing the acid reflux.

Constipation

Relief measures include diet modification, such as bran or wheat fiber supplementation, and increased fluid intake.

Hemorrhoids

- Maintain a diet that is high in fiber and fluids.
- Try putting Tucks pads in the refrigerator, then moisten a cloth with cold witch hazel and apply
- Use cushions made for hemorrhoid sufferers, often called “donut” pillows
- Avoid over the counter laxatives. If hard stools are aggravating hemorrhoids, take stool softeners

Varicose veins

- Avoid crossing legs as much as possible.
- Try wearing support pantyhose. (Avoid wearing knee high stockings)
- Avoid sitting for long periods of time. (Walk around 5-10 minutes every 2 hours) Raise or elevate legs when sitting.

Vaginal discharge

The quality and quantity of vaginal discharge often changes in pregnancy. Women usually produce more discharge during pregnancy. However, if vaginal discharge has a strong or unpleasant odor, is associated with itch or soreness or associated with pain on passing urine, there may be an infective cause and investigation should be considered.

Backache

Back pain during pregnancy has been attributed to an altered posture due to the increasing weight in the womb and increased laxity of supporting muscles, as a result of the hormone relaxin. Back pain during pregnancy is potentially debilitating, since it can interfere with a woman's daily activities and sleep patterns, particularly during the third trimester.

Relief measures

- Bed rest with a small pillow beneath your head and under knees.
- Avoid lying flat on your back, tilt to one side.
- Use heating pad on low back only.
- Take Tylenol as needed as directed on container.
- Wear shoes with low heels to promote a healthy posture (avoid high heels).
- Yoga exercises
- Pelvic rock exercises (practiced easily on “all fours” and initially involves hollowing the back and then arching it upward like a cat; do this for several minutes 2-4 times per day).
- If sleeping on your side, place a pillow between your legs.

<http://www.acog.org/Patients/FAQs/Morning-Sickness-Nausea-and-Vomiting-of-Pregnancy>

<http://www.ncbi.nlm.nih.gov/books/NBK51880/>

TRAVEL DURING PREGNANCY

Is travel safe during pregnancy?

For most women, traveling during pregnancy is safe. As long as you and your fetus are healthy, you can travel safely until you are 36 weeks pregnant.

When is the best time to travel during pregnancy?

The best time to travel is in the middle of your pregnancy—between week 14 and week 28. Most common pregnancy problems happen in the first and third trimesters. During midpregnancy, your energy has returned, morning sickness usually is gone, and it is still easy to get around. Paying attention to the way you feel is the best guide for your activities.

When is travel not recommended during pregnancy?

Travel is not recommended if you have certain pregnancy complications, including preeclampsia, prelabor rupture of membranes and preterm labor. Travel may also not be a good idea if you are pregnant with more than one fetus.



Are there areas that I should avoid traveling to while I am pregnant?

Travel is not recommended for pregnant woman in areas where Zika outbreaks are ongoing. Zika is an illness spread by mosquitoes that can cause serious birth defects. Travel also is not recommended to areas with malaria, another mosquito-carried illness that is dangerous for pregnant woman. For the current list of Zika and Malaria outbreak areas, as well as other areas that may pose risk for pregnant women, go to wwwnc.cdc.gov/travel.

What is deep vein thrombosis and why is it a concern for pregnant travelers?

Deep vein thrombosis (DVT) is a condition in which a blood clot forms in the veins in the legs or another area of the body. DVT can lead to a dangerous condition in which the clot travels to the lungs. Sitting or not moving for long periods of time, such as during long-distance travel, can increase risk for DVT. Pregnancy increases risk of DVT. If you are planning a long trip, take the following steps to reduce your risk of DVT:

- Drink lots of fluids
- Wear loose fitting clothing
- Walk and stretch at regular intervals. For example, when traveling by car, make frequent stops to get out and stretch legs.

www.ACOG.org/Patients/FAQs/Travel-During-Pregnancy

MARIJUANA AND PREGNANCY

Is marijuana safe to use during pregnancy?

When marijuana is smoked or eaten, the chemicals reach the fetus by crossing the placenta. Research is limited on the harms of marijuana use during pregnancy however there are possible risks of marijuana use, including babies that are smaller at birth or stillbirth. Using marijuana also can be harmful to a pregnant woman's health. The American College of Obstetricians and Gynecologists recommend that pregnant woman NOT use marijuana.

I use medical marijuana. Should I use I during pregnancy?

No. Medical marijuana is no different than the nonmedical marijuana. It is not safer. It has all of the harmful effects of nonmedical marijuana. It is important to let your OBGYN know that you are using medical marijuana and to discuss other treatments you can try that are safe to use during pregnancy.

What does current research suggest about the effects of marijuana during pregnancy?

Researchers are still learning about the effects of marijuana during pregnancy. Studies are not always clear, but researches and doctors think the following:

- Marijuana exposure may disrupt normal brain development of fetus
- Babies who's mothers used marijuana during pregnancy may be smaller at birth
- Research suggests an increased risk of still birth. It is not known if this is only because of marijuana use or due to the use of other substances such as cigarettes
- Some studies suggest that using both marijuana and cigarettes during pregnancy can increase risk of preterm birth.

How does marijuana affect breastfeeding babies?

Little is known about the effects of marijuana on breastfeeding babies. Because it is not clear how a baby may be affected by a woman's marijuana use, the American College of Obstetricians and Gynecologists recommend that women who breastfeed DO NOT use marijuana.

www.ACOG.org/Patients/FAQs/Marijuana-and-Pregnancy



The Childbirth Center **CLASSES AND SUPPORT GROUPS**

Childbirth is one of life's most meaningful events and that's why Griffin Hospital offers family-centered maternity care in an environment that will best meet individual and family needs. The Childbirth Center at Griffin Hospital follows our patient-centered Planetree philosophy and we are committed to providing a warm, caring atmosphere for you and your loved ones.

For your convenience, most offerings are remote via zoom

CLASSES:

Prepared Childbirth

This class will help you and your partner prepare for your labor, birth, and recovery.

Newborn Care

This class reviews baby basics, including feeding, swaddling, soothing, and adjusting to the parenting role.

SUPPORT GROUPS:

Breastfeeding Support Group

This support group is for any parent who is breastfeeding, pumping and feeding, or combination feeding their baby. The support group provides a safe, private space to discuss successes and challenges.

For more information or to register for a session, use the QR code or visit www.griffinhealth.org/baby



Breastfeeding for Beginners

This class covers the basics of breastfeeding. Includes discussion of pump options and considerations for returning to work.

Village of Love (In Person Class)

This class is designed to give grandparents and other relatives important updated information on how to help care for the newest member of the family.

The Afterglow

This support group is a safe, confidential, and non-judgmental space for mothers following the birth of their child that covers coping skills, self-care, attachment to one's baby, and communicating with partners.

Michelle Pompano
Childbirth Center Perinatal Educator
203-732-7595 or CBCeducation@griffinhealth.org

Heather Pickerign
Childbirth Center Lactation Consultant
203-732-7385 or hpickerign@griffinhealth.org



FETAL KICK COUNTS

WHY KICK COUNTS MATTER

Your baby's movement is an important sign of health. Tracking movement helps detect early warning signs if your baby is not well.

WHEN TO START

Most providers recommend starting daily kick counts around **28 weeks of pregnancy**.

HOW TO DO KICK COUNTS

Pick a time when your baby is usually active - often after meals or in the evening.

Sit or lie on your left side

THE GOAL:

Feel **10 movements within 2 hours** (most babies do this much faster).

Movements include:

- Kicks
- Rolls
- Flutters
- Jerks or stretches

TIPS FOR ACCURATE COUNTING

- Be still and relaxed
- Drink cold water or have a light snack if the baby seems quiet.
- Use a notebook or phone app to track the date and time it takes to reach 10 movements.

WHEN TO CALL YOUR HEALTHCARE PROVIDER

Contact your provider if:

- You feel **less than 10 movements in 2 hours**
- Your baby's movements suddenly decrease or change
- You are worried about your baby's activity for any reason
- You notice vaginal bleeding, leaking fluid, or regular painful contractions

WHAT'S NORMAL?

Every baby has a unique pattern of movement. What's most important is that **you recognize your baby's usual pattern** and report changes.



WARNING SIGNS IN PREGNANCY

Do not ignore these warning signs.

Please call the office right away if you experience any of the following:

- Decreased fetal movement
- Severe abdominal pain or cramping
- Bright red vaginal bleeding
- 5 or more contractions per hour before 36 weeks of pregnancy
- Gush or trickle of fluid from the vagina
- Severe headache for 2 to 3 hours unrelieved by Tylenol
- Blurred vision or spots in front of your eyes
- Fever over 100.5 degrees F for greater than 24 hours
- Elevated blood pressure – systolic (top number) greater than 140, diastolic (bottom number) greater than 90
- Pain in your right upper abdomen
- Severe nausea and vomiting, unable to keep food down for 24 hours
- Burning or frequent urination; urge to urinate but cannot
- Foul-smelling urine or vaginal discharge
- Vaginal burning or itching
- Car accident
- Falls or trauma to your stomach

Important Phone Numbers - Griffin Health OBGYN

2 Ivy Brook Rd. Ste 125, Shelton
(203) 954-0080

300 Seymour Ave Ste 102, Derby
(203) 516-5303

300 Seymour Ave Ste 108, Derby
(203) 736-6383

300 Oxford Rd, Oxford
(203) 725-4090

Griffin Hospital Childbirth Center
(203) 732-7252



**GRIFFIN FACULTY
PHYSICIANS**
OBSTETRICS & GYNECOLOGY



SIGNS & SYMPTOMS OF LABOR

SIGNS OF TRUE LABOR

- **Regular contractions** that get stronger, longer, and closer together. They do not go away with rest, walking, or drinking water.
- **Water breaking:** A gush or steady trickle of fluid from the vagina
- **Bloody show:** Mucus with pink, red, or brown streaks.
- **Increasing pelvic pressure or back pain** that comes with contractions.
- **Cervical change** (checked by your provider).

NORMAL PRE-LABOR SYMPTOMS

These may occur weeks or days before true labor:

- Irregular “practice” contractions (Braxton Hicks)
- Baby dropping lower
- Pelvic pressure
- Backache
- Loose stools
- Loss of mucus plug

These **do not** mean you are in active labor unless contractions become regular and stronger.

SIGNS OF PRETERM LABOR (<37 weeks)

Call your provider immediately if you notice any of the following:

- **Regular contractions:** More than 4-6 contractions in an hour, even if not painful.
- **Menstrual-like cramps** that come and go or don't go away.
- **Low back pain**, dull or rhythmic.
- **Pelvic pressure** or feeling like the baby is pushing down.
- **Change in vaginal discharge** - increase, mucus-like, watery, or bloody.
- **Abdominal tightening** or rhythmic hardening.
- **Diarrhea** or cramping not related to illness.

WHEN TO GO TO CALL YOUR PROVIDER

- Your **water breaks**
- **Heavy bleeding**
- **Severe abdominal pain**
- **Strong, regular contractions** every 5 minutes for 1 hour (or as instructed)
- You feel **no fetal movement** or a sudden decrease
- You suspect **perterm labor**

WHAT TO DO IF YOU'RE UNSURE

- Drink water
- Rest on your left side
- Empty your bladder
- Time contractions for 1 hour

If symptoms continue or something feels wrong, contact your provider.

BIRTH PREFERENCES FOR YOUR DELIVERY

The day your baby is born will be one of the most important and memorable days of your life. We are honored to be a part of it!

NAME

DATE OF BIRTH

SUPPORT PERSON

DUE DATE

We welcome two support people during your labor and delivery. During your time as a postpartum patient, you may have additional visitors.

Our goal is to have a healthy mother and baby. Creating this Birth Preferences list will make your wishes known to your care team at the Childbirth Center. We will do our best to honor your wishes. In certain circumstances, it may be necessary to change the original plan. You, your support people, doctors, and nurses will work together to ensure a safe and exceptional birthing experience.

The Following Are Standards of Care at the The Childbirth Center:

- Skin-to-skin for the first hour of life (The Golden Hour)
- Initiate breastfeeding within the first hour
- Delay baby's medication administration until after the first hour of life
- Rooming-in (baby stays in the room with mom)
- Visit from our lactation specialist
- Feeding on demand based on hunger cues
- Delayed cord clamping
- Immersion bathing for baby in our "Turtle Tub" at least 8 hours after birth
- Offer support person or birthing parent to cut the umbilical cord

During Labor

My Room

- ☐ Intermittent monitoring to allow walking and moving freely
- ☐ Use my personal music playlist
- ☐ Dim lighting
- ☐ Use of aromatherapy (we provide lavender and orange scent)
- ☐ Positioning
- ☐ Use birthing ball/peanut ball
- ☐ Walking/standing when possible
- ☐ Spinning Babies® positioning
- ☐ Squatting
- ☐ Dancing

Positioning

- ☐ Use birthing ball/peanut ball
- ☐ Walking/standing when possible
- ☐ Spinning Babies Positioning
- ☐ Squatting
- ☐ Dancing

Labor Pain Relief Options

- ☐ Distraction
- ☐ Breathing
- ☐ Massage
- ☐ Meditation
- ☐ Cold packs
- ☐ Warm shower
- ☐ Jacuzzi tub

Labor Pain Medications

- ☐ I would prefer no medication be offered to me
- ☐ I will request pain relief options if needed
- ☐ I am open to suggestions from my nurse and doctor
- ☐ Nitrous Oxide
- ☐ Stadol
- ☐ Epidural

Delivery

Pushing

- ☐ Push when and how I feel comfortable
- ☐ Get coaching on when and how to push
- ☐ View the baby's birth in a mirror
- ☐ Apply warm compresses to perineum
- ☐ Perineal massage
- ☐ Avoid episiotomy
- ☐ Privately bank my baby's cord blood (parents to make arrangements prior to coming to the hospital)
- ☐ Birthing parent or support person will announce gender of baby



Baby's Care

The American Academy of Pediatrics recommends that newborns receive vitamin K, Hepatitis B vaccine, and Erythromycin eye ointment after delivery.

Please Give My Baby

- ☐ Vitamin K injection
- ☐ Erythromycin ointment
- ☐ Hepatitis B vaccine (consent will be obtained during admission)

If you decline vitamin K or Erythromycin you must discuss with our pediatric provider and sign a refusal form as these are state-mandated medications.

Circumcision For Baby Boys

- ☐ Before discharge home
- ☐ No circumcision

Baby's Bath To Be Provided

- ☐ In the presence of myself and partner
- ☐ Do not bath my baby while in the hospital

Baby's Feeding

We support your feeding choice. We encourage breastfeeding as it is best for your baby. We will ask you to track your baby's feedings and diaper changes while in the hospital.

- ☐ Breastfeeding
- ☐ Formula feeding
- ☐ Combination of both

Bonding

All rooms are private to support rooming in for you, your baby, and your support person. Rooming in with your baby promotes bonding and helps you learn your baby's feeding cues. This will help you be prepared to care for your baby at home.

- ☐ One support person is planning to stay overnight. No children are allowed to stay overnight.
- ☐ I will be relying on the Childbirth Center staff to assist me

Post Delivery Pain Management Options

- ☐ Avoid narcotic pain medication
- ☐ Witch Hazel pads
- ☐ Tylenol (Acetaminophen)
- ☐ Motrin (Ibuprofen) – for cramping and swelling
- ☐ Stool softeners to avoid constipation and straining
- ☐ Walking to prevent gas discomfort
- ☐ Narcotics for severe pain as prescribed by my doctor

Cesarean Section

For both planned and unplanned cesarean births, your healthcare team will guide you through each step of the experience. One support person will be allowed in the operating room with you.

- ☐ If unplanned, make sure all options are exhausted before the decision for a cesarean birth is made.
- ☐ Partner to be present as much as possible and remain with me
- ☐ My hands left free to touch my baby
- ☐ Use a clear drape in the operating room
- ☐ Place my baby skin to skin and begin breastfeeding as soon as possible.

Requests

I will discuss the following requests with my doctor and nurse upon arrival to the hospital for my delivery.



GRIFFIN HOSPITAL
CHILDBIRTH CENTER



GROUP B STREPTOCOCCUS (GBS)

WHAT IS GBS?

Group B Streptococcus (GBS) is a common type of bacteria found in the vagina or rectum of many healthy adults. It is not a sexually transmitted infection and usually causes no symptoms in adults. However, GBS can be passed to a baby during birth, so screening and treatment are important.

GBS SCREENING

- All pregnant patients are tested for GBS between **35–37 weeks**.
- The test is a simple **vaginal and rectal swab** done in the clinic.
- Results show whether you are **GBS-positive** or **GBS-negative**.

WHAT IS GBS?

Being GBS-positive means the bacteria are present

It **does not** mean you or your baby are sick.

It simply means you will need **antibiotics during labor** to protect your baby from infection.

TREATMENT

- If you are GBS-positive, you will receive **IV antibiotics during labor** (usually penicillin).
- Treatment is given **every 4 hours** until birth.
- Antibiotics during pregnancy (before labor) **do not** prevent GBS—only treatment during labor works.

WHY TREATMENT MATTERS

Without antibiotics, there is a small chance your baby could develop:

- Breathing problems
- Sepsis (blood infection)
- Pneumonia
- Meningitis

With antibiotics during labor, the risk of infection in the baby is **very low**.

IF YOU GO INTO LABOR EARLY

Go to the hospital right away if:

- You think your water broke
- You have regular contractions
- You have a fever

Let the staff know you are **GBS-positive** so you can receive antibiotics promptly.

BREASTFEEDING & GBS

GBS **does not** affect breastfeeding. It is safe to breastfeed your baby even if you are GBS-positive.

WHEN TO CONTACT YOUR PROVIDER

- You have questions about your test result
- You are allergic to penicillin
- You think you're in early labor or your water has broken



40 REASONS TO GO THE FULL 40

Nobody Likes To Be Rushed—especially Babies!

Your baby needs a full 40 weeks of pregnancy to grow and develop. While being done with pregnancy may seem tempting, especially during those last few weeks, inducing labor is associated with increased risks including prematurity, cesarean surgery, hemorrhage and infection. Labor should only be induced for medical reasons—not for convenience or scheduling concerns. Baby will let you know when she's ready to emerge. Until then, here are 40 reasons to go at least the full 40 weeks of pregnancy:

FINISH HEALTHY & WELL

1. **End right by starting right**—keeping all of your prenatal appointments helps ensure a healthier ending
2. **Savor the journey**—soon you will meet your baby
3. **Let nature take over**—there are fewer complications and risks for both you and baby through natural birth
4. **Recover faster** from a natural birth than cesarean, which is major abdominal surgery that causes more pain, requires a longer hospital stay and a longer recovery
5. **Birth a brainier baby**—at 35 weeks your baby's brain is only 2/3rds the size it will be at term
6. **Set her thermostat**—baby will better regulate her temperature when born at term
7. **Boost breastfeeding**—term babies more effectively suck and swallow than babies born earlier

8. **Delight in those kicks and flips**—marvel at the miracle of the life inside
9. **Enjoy your convenient excuse** for every mood swing and crazy craving
10. **Nourish your body**—a healthy diet and breastfeeding will help you lose the baby weight
11. **Let others carry** the groceries, mail, packages just a while longer
12. **Indulge in “we” time** before you're a threesome or more
13. **Sport your bump**—as your belly increases, so do your chances of getting a great seat almost anywhere

MANAGE YOUR RISKS

14. **Eat healthfully**—indulge occasional cravings without remorse
15. **Give baby's development the benefit of time** since you may not know exactly when you got pregnant
16. **Let baby pick her birthday**—if she decides to emerge after 37 weeks there's no need to try to stop your spontaneous labor
17. **Skip an induction**—which could lead to cesarean—by waiting for labor to start on its own
18. **Reduce your baby's risks** of jaundice, low blood sugar and infection by waiting until he's ready to emerge
19. **Build your baby's muscles**—they'll be strong and firm, and ready to help him feed and flex at term



20. **Maximize those little lungs**—babies born just 2 or more weeks early can have twice the number of complications with breathing
 21. **Ignore people who say an induction** is more convenient. Nothing is convenient about a longer labor and increasing your risk of cesarean
 22. **Respond to requests to speed baby's birth** with the facts that inductions often create more painful labors and can lead to cesarean surgery
 23. **Let others do the heavy lifting**—and the extra housecleaning
 24. **Splurge on pedicures**—or ask a friend to do them for you, especially when you can't see or touch your feet
 25. **Relish in the fact that right now you're the perfect mom**—your healthy pregnancy habits are growing baby the best possible way
 26. **Finish well**—more time in the womb usually means less time in the hospital
- ENJOY THIS TIME**
27. **Relax!** Babies are usually so much easier to care for in the womb
 28. **Shamelessly wear comfy, stretchy clothes**
 29. **Postpone changing the eventual 5,000+ diapers** baby will use
 30. **Be out and about** without having to buckle, unbuckle, rebuckle baby into her car seat or stroller while running errands
 31. **Carry your most stylish purses** especially the ones too small to hold diapers and wipes
 32. **Relish parenting**—right now you know exactly where baby is and what he's doing
 33. **Snooze when you can**—what sleep you're currently getting is actually quite a lot compared to the interruptions ahead
 34. **Massage remains a must**—ask your partner to help ease the aches
 35. **Enjoy nights out** without paying for a babysitter
 36. **Indulge in shopping** without the added responsibilities of baby in tow
 37. **Redecorate your house** around your nursery's theme
 38. **Prop up your paperback**—your burgeoning belly peaks at just the right reading height
 39. **Make the best-possible birth experience;** don't rush it
 40. **Write your own healthy reason**—if it gets baby a full 40 weeks of pregnancy it deserves to be on this list
- The nurses of AWHONN remind you not to rush your baby—give her at least a full 40!



www.GoTheFull40.com



Keep Your Child Safe with **FREE CAR SEAT CHECK UP & FRIENDS & FAMILY CPR**

Griffin Health and Safe Kids Greater Naugatuck Valley offer free child car seat checks by an experienced car seat technician. We have found that 4 out of 5 car seats we check are installed incorrectly. Make sure your child is as safe as possible.

Car seat check-ups are held at 4 Mountain Street, Derby (across the street from the hospital). By appointment only. Contact Cathi Kellett at 203-732-1337 or ckellett@griffinhealth.org to sign up.

**SAFE
K:DS**
GREATER
NAUGATUCK
VALLEY

The Family & Friends CPR Course teaches the lifesaving skills of adult hands-only CPR, child CPR with breaths, adult and child AED use, infant CPR and relief of choking in an adult, child or infant. Skills are taught in a dynamic group environment by using the AHA's research-proven practice-while-watching technique, which provides students with the most hands-on CPR practice time possible.

Family & Friends CPR is for people who want to learn CPR but do not need a course completion card in CPR for their job. This course is ideal for new parents, grandparents, babysitters and others interested in learning how to save a life.

The course is typically offered by appointment only. Registration is required as space is limited.

Contact Cathi Kellett at 203-732-1337 or ckellett@griffinhealth.org to sign up.

CORD BLOOD BANK

FREQUENTLY ASKED QUESTIONS

WHAT IS CORD BLOOD?

Cord blood is the blood from the baby that is left in the umbilical cord and placenta after birth. It contains special cells called hematopoietic stem cells that can be used to treat some types of diseases.

WHAT ARE HEMATOPOIETIC STEM CELLS?

Most cells can make copies of themselves. For example, a skin cell only can make another skin cell. Hematopoietic stem cells, however, can mature into different types of blood cells in the body. Hematopoietic stem cells also are found in blood and bone marrow in adults and children.

HOW CAN HEMATOPOIETIC STEM CELLS BE USED TO TREAT DISEASES?

Hematopoietic stem cells can be used to treat more than 70 types of diseases, including diseases of the immune system, genetic disorders, neurological disorders, and some forms of cancer, including leukemia and lymphoma. 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.

WHAT ARE THE ADVANTAGES OF USING CORD BLOOD TO TREAT DISEASES?

Using the stem cells in cord blood to treat disease has the following benefits compared with using those in bone marrow.

- Stem cells from cord blood can be given to more people than those from bone marrow. More matches are possible when a cord blood transplant is used than when a bone marrow transplant is used. In addition, the stem cells in cord blood are less likely to cause rejection than those in bone marrow.
- It is easier to collect cord blood than it is to collect bone marrow. Collecting bone marrow poses some risks and can be painful for the donor.
- Cord blood can be frozen and stored. It is ready for anyone who needs it. Bone marrow must be used soon after it is collected.

- Stem cells in cord blood can be used to strengthen the immune system during cancer treatments. Bone marrow stem cells do not have that capability.

WHAT ARE THE DISADVANTAGES OF USING CORD BLOOD TO TREAT DISEASES?

A disadvantage of cord blood is that it does not contain many stem cells. Units from several donors can be combined to increase the number of stem cells if a transplant is needed for an adult.

WHAT IS AN AUTOLOGOUS TRANSPLANT?

In an autologous transplant, the cord blood collected at birth is used by that same child. This type of transplant is rare for the following reasons:

- A child's stem cells cannot be used to treat genetic diseases in that child.
- A child's own stem cells cannot be used to treat that child's leukemia, a cancer of the blood.

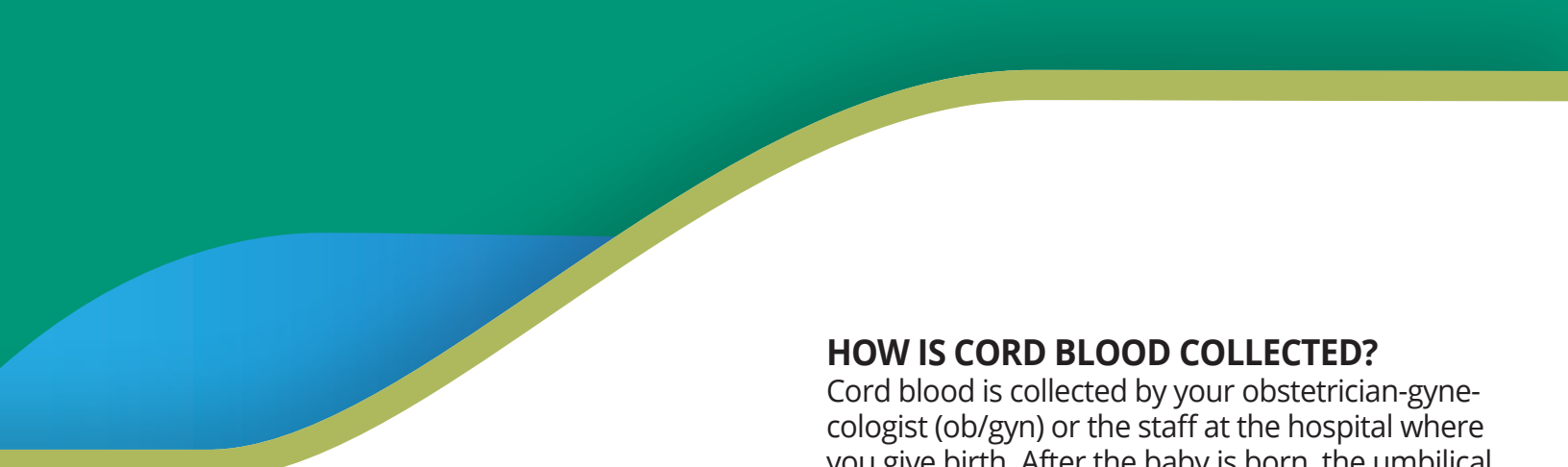
WHAT IS AN ALLOGENIC TRANSPLANT?

In an allogenic transplant, another person's stem cells are used to treat a child's disease. This kind of transplant is more likely to be done than an autologous transplant. In an allogenic transplant, the donor can be a relative or be unrelated to the child.

For an allogenic transplant to work, there has to be a good match between donor and recipient. A donor is a good match when certain things about his or her cells and the recipient's cells are alike. If the match is not good, the recipient's immune system may reject the donated cells. If the cells are rejected, the transplant does not work.

HOW IS CORD BLOOD STORED?

Cord blood is kept in one of two types of banks: public or private. They differ in important ways that may affect your choice.



WHAT ARE PUBLIC CORD BLOOD BANKS?

Public cord banks store cord blood for allogenic transplants. They do not charge to store cord blood. The stem cells in the donated cord blood can be used by anyone who matches. Some public banks will store cord blood for directed donation if you have a family member who has a disease that could potentially be treated with stem cells.

HOW IS CORD BLOOD HANDLED BY PUBLIC BANKS?

Donors to public banks must be screened for blood or immune system disorders or other problems. With a cord blood donation, the mother's blood is tested for genetic disorders and infections, and the cord blood also is tested after it is collected. Once it arrives at the blood bank, cord blood is tracked by computer so that it can be found quickly for any person who matches when needed.

WHAT ARE PRIVATE CORD BLOOD BANKS?

Private or family banks store cord blood for autologous use or direct donation for a family member. Private banks charge a yearly fee for storage. Blood stored in a private bank must meet the same standards as blood stored in a public bank. If you have a family member with a disorder that may potentially be treated with stem cells, some private banks will store the cord blood free of charge.

WHAT STEPS NEED TO BE DONE BEFORE CORD BLOOD IS COLLECTED?

- The bank must be notified and a collection kit must be obtained in advance (usually 6 weeks or more).
- A family medical history must be provided and the mother's blood must be tested.
 - Consent must be given before labor begins.

If you choose a private bank, you will sign a contract and pay a fee before the baby is born.

HOW IS CORD BLOOD COLLECTED?

Cord blood is collected by your obstetrician-gynecologist (ob/gyn) or the staff at the hospital where you give birth. After the baby is born, the umbilical cord is cut and clamped. Blood is drawn from the cord with a needle that has a bag attached. The process takes about 10 minutes.

WHAT PROBLEMS CAN OCCUR WITH CORD BLOOD COLLECTION?

Sometimes, not enough cord blood can be collected. This can happen if the baby is preterm or if it is decided to delay clamping of the umbilical cord. It also can happen for no clear reason. Also, if an emergency occurs during delivery, priority is given to caring for you and your baby over collecting cord blood.

WHAT ELSE SHOULD I THINK ABOUT WHEN DECIDING WHETHER TO DONATE OR STORE CORD BLOOD?

- Donating cord blood to a public bank adds to the supply and can potentially help others. Donating to a public bank is especially important for ethnic minorities, who are not well represented in cord blood banks. Public cord blood donation increases the chance of all groups finding a match.
- Only certain hospitals collect cord blood for storage in public banks.
- Storing a child's stem cells in a private bank as "insurance" against future disease is not recommended.
- If you already have a child with a medical condition that may be helped by cord blood transplant, donating a biological sibling's cord blood for directed donation is encouraged.
- If you decide to store cord blood in a private bank, you should find out the total cost, including charges for collecting and processing cord blood and the annual storage fee.

CORD BLOOD BANK

CONTINUED

GLOSSARY

Allogenic Transplant: A transplant in which the donated tissue, organ, or cells come from another person. The donor may be a family member or unrelated to the recipient.

Autologous Transplant: A transplant in which the recipient uses his or her own cells or tissue (such as bone marrow).

Bone Marrow: The spongy tissue in the center of bones that makes new blood cells.

Cells: The smallest units of structure in the body. Cells are the building blocks for all parts of the body.

Directed Donation: A donation of an organ or cells that is given to a specific individual or group, such as a family member.

Genes: Segments of DNA that contain instructions for the development of a person's physical traits and control of the processes in the body. Genes are the basic units of heredity and can be passed down from parent to child.

Genetic Disorders: Disorders caused by a change in genes or chromosomes.

Hematopoietic Stem Cells: A type of blood cell that can mature into other types of blood cells.

Immune System: The body's defense system against viruses and bacteria that cause disease.

Neurologic Disorders: Diseases that affect the brain, spinal cord, or nerves.

Obstetrician-Gynecologist (OB/Gyn): A doctor with special training and education in women's health.

Placenta: An organ that provides nutrients to and takes waste away from the fetus.

Preterm: Less than 37 weeks of pregnancy.

Rejection: An immune response in which the body recognizes transplanted cell or tissue as foreign and attacks them.

Umbilical Cord: A cord like structure containing blood vessels. It connects the fetus to the placenta.

WHERE CAN I LEARN MORE ABOUT CORD BLOOD BANKING?

American Academy of Pediatrics
630-626-6000
www.healthychildren.org

American Association of Blood Banks
301-907-6977
www.aabb.org

National Marrow Donor Program
800-627-7692
www.bethematch.org

If You Have Further Questions, Contact Your OB/Gyn

Don't have an OB/Gyn? Search for doctors near you.



This information is designed as an educational aid for the public. It offers current information and opinions related to women's health. It is not intended as a statement of the standard of care. It does not explain all of the proper treatments or methods of care. It is not a substitute for the advice of a physician. Read ACOG's complete disclaimer.

VACCINE INFORMATION STATEMENT

TDAP (TETANUS, DIPHTHERIA, PERTUSSIS) VACCINE: WHAT YOU NEED TO KNOW

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. WHY GET VACCINATED?

Tdap vaccine can prevent tetanus, diphtheria, and pertussis. Diphtheria and pertussis spread from person to person. Tetanus enters the body through cuts or wounds.

- **TETANUS (T)** causes painful stiffening of the muscles. Tetanus can lead to serious health problems, including being unable to open the mouth, having trouble swallowing and breathing, or death.
- **DIPHTHERIA (D)** can lead to difficulty breathing, heart failure, paralysis, or death.
- **PERTUSSIS (aP)**, also known as “whooping cough,” can cause uncontrollable, violent coughing that makes it hard to breathe, eat, or drink. Pertussis can be extremely serious especially in babies and young children, causing pneumonia, convulsions, brain damage, or death. In teens and adults, it can cause weight loss, loss of bladder control, passing out, and rib fractures from severe coughing.

2. TDAP VACCINE

Tdap is only for children 7 years and older, adolescents, and adults.

Adolescents should receive a single dose of Tdap, preferably at age 11 or 12 years.

Pregnant people should get a dose of Tdap during every pregnancy, preferably during the early part of the third trimester, to help protect the newborn from pertussis. Infants are most at risk for severe, life threatening complications from pertussis.

Adults who have never received Tdap should get a dose of Tdap.

Also, adults should receive a booster dose of **either Tdap or Td** (a different vaccine that protects against tetanus and diphtheria but not pertussis) **every 10 years**, or after 5 years in the case of a severe or dirty wound or burn.

Tdap may be given at the same time as other vaccines.

3. TALK WITH YOUR HEALTH CARE PROVIDER

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of any vaccine that protects against tetanus, diphtheria, or pertussis, or has any severe, life-threatening allergies**
- Has had a coma, decreased level of consciousness, or prolonged seizures within 7 days after a previous dose of any pertussis vaccine (DTP, DTaP, or Tdap)
- Has seizures or another nervous system problem
- Has ever had Guillain-Barré Syndrome (also called “GBS”)
- Has had severe pain or swelling after a previous dose of any vaccine that protects against tetanus or diphtheria

In some cases, your health care provider may decide to postpone Tdap vaccination until a future visit. People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting Tdap vaccine.

Your health care provider can give you more information.



4. RISKS OF A VACCINE REACTION

- Pain, redness, or swelling where the shot was given, mild fever, headache, feeling tired, and nausea, vomiting, diarrhea, or stomachache sometimes happen after Tdap vaccination.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. WHAT IF THERE IS A SERIOUS PROBLEM?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call 1-800-822-7967. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. THE NATIONAL VACCINE INJURY COMPENSATION PROGRAM

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding

alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call 1-800-338-2382 to learn about the program and about filing a claim.

7. HOW TO LEARN MORE?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/vaccines.



VACCINE INFORMATION STATEMENT

INFLUENZA (FLU) VACCINE (INACTIVATED OR RECOMBINANT): WHAT YOU NEED TO KNOW

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. WHY GET VACCINATED?

Influenza vaccine can prevent influenza (flu).

Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years and older, pregnant people, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections, and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer, or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

In an average year, **thousands of people in the United States die from flu**, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

2. INFLUENZA VACCINES

CDC recommends everyone 6 months and older get vaccinated every flu season. **Children 6 months through 8 years of age** may need 2 doses during a single flu season. **Everyone else** needs only 1 dose each flu season.

It takes about 2 weeks for protection to develop after vaccination.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against the influenza viruses believed to be likely to cause disease in the upcoming flu season.

Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Influenza vaccine **does not cause flu**.

Influenza vaccine may be given at the same time as other vaccines.

3. TALK WITH YOUR HEALTH CARE PROVIDER

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of influenza vaccine, or has any severe, life-threatening allergies**
- Has ever had **Guillain-Barré Syndrome** (also called "GBS")

In some cases, your health care provider may decide to postpone influenza vaccination until a future visit.

Influenza vaccine can be administered at any time during pregnancy. People who are or will be pregnant during influenza season should receive inactivated influenza vaccine.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.



4. RISKS OF A VACCINE REACTION

- Soreness, redness, and swelling where the shot is given, fever, muscle aches, and headache can happen after influenza vaccination.
- There may be a very small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine (the flu shot).

Young children who get the flu shot along with pneumococcal vaccine (PCV13) and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Tell your health care provider if a child who is getting flu vaccine has ever had a seizure.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. WHAT IF THERE IS A SERIOUS PROBLEM?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. THE NATIONAL VACCINE INJURY COMPENSATION PROGRAM

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim.

7. HOW TO LEARN MORE?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/vaccines.



VACCINE INFORMATION STATEMENT

RSV (RESPIRATORY SYNCYTIAL VIRUS) VACCINE: WHAT YOU NEED TO KNOW

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. WHY GET VACCINATED?

RSV vaccine can prevent lower respiratory tract disease caused by **respiratory syncytial virus (RSV)**. RSV is a common respiratory virus that usually causes mild, cold-like symptoms.

RSV can cause illness in people of all ages but may be especially serious for infants and older adults.

- Infants up to 12 months of age (especially those 6 months and younger) and children who were born prematurely, or who have chronic lung or heart disease or a weakened immune system, are at increased risk of severe RSV disease.
- Adults at highest risk for severe RSV disease include older adults, adults with chronic medical conditions such as heart or lung disease, weakened immune systems, or certain other underlying medical conditions, or who live in nursing homes or long-term care facilities.

RSV spreads through direct contact with the virus, such as droplets from another person's cough or sneeze contacting your eyes, nose, or mouth. It can also be spread by touching a surface that has the virus on it, like a doorknob, and then touching your face before washing your hands.

Symptoms of RSV infection may include runny nose, decrease in appetite, coughing, sneezing, fever, or wheezing. In very young infants, symptoms of RSV may also include irritability (fussiness), decreased activity, or apnea (pauses in breathing for more than 10 seconds).

Most people recover in a week or two, but RSV can be serious, resulting in shortness of breath and low oxygen levels. RSV can cause bronchiolitis (inflammation of the small airways in the lung) and pneumonia (infection of the lungs). RSV can sometimes lead to worsening of other medical conditions such

as asthma, chronic obstructive pulmonary disease (a chronic disease of the lungs that makes it hard to breathe), or congestive heart failure (when the heart can't pump enough blood and oxygen throughout the body).

Older adults and infants who get very sick from RSV may need to be hospitalized. Some may even die.

2. RSV VACCINE

CDC recommends adults 60 years of age and older have the option to receive a single dose of RSV vaccine, based on discussions between the patient and their health care provider.

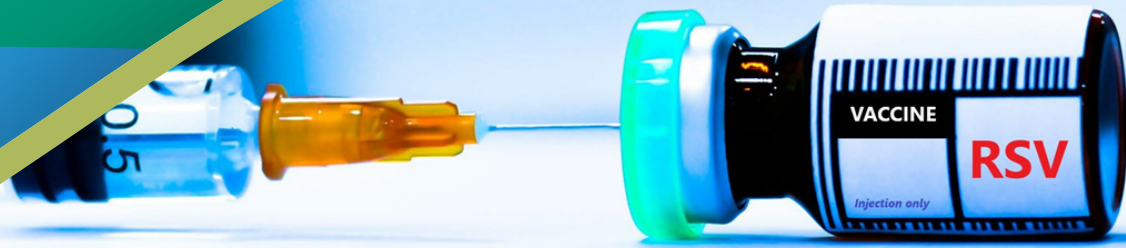
There are two options for protection of infants against RSV: maternal vaccine for the pregnant person and preventive antibodies given to the baby. Only one of these options is needed for most babies to be protected. CDC recommends a single dose of RSV vaccine for pregnant people from week 32 through week 36 of pregnancy for the prevention of RSV disease in infants under 6 months of age. This vaccine is recommended to be given from September through January for most of the United States. However, in some locations (the territories, Hawaii, Alaska, and parts of Florida), the timing of vaccination may vary as RSV circulating in these locations differs from the timing of the RSV season in the rest of the U.S.

RSV vaccine may be given at the same time as other vaccines.

3. TALK WITH YOUR HEALTH CARE PROVIDER

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of RSV vaccine**, or has any severe, **life-threatening allergies**



In some cases, your health care provider may decide to postpone RSV vaccination until a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting RSV vaccine.

Your health care provider can give you more information.

4. RISKS OF A VACCINE REACTION

- Pain, redness, or swelling where the shot was given, mild fever, headache, feeling tired, and nausea, vomiting, diarrhea, or stomachache sometimes happen after Tdap vaccination.

Serious neurologic conditions, including Guillain-Barré syndrome (GBS), have been reported after RSV vaccination in clinical trials of older adults. It is unclear whether the vaccine caused these events.

Preterm birth and high blood pressure during pregnancy, including pre-eclampsia, have been reported among pregnant people who received RSV vaccine during clinical trials. It is unclear whether these events were caused by the vaccine.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. WHAT IF THERE IS A SERIOUS PROBLEM?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. HOW TO LEARN MORE?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/vaccines.





POSTPARTUM CARE *(After Delivery)*

WHAT TO EXPECT AFTER BIRTH

Your body will go through many changes in the first days and weeks after delivery. These changes are normal, but it's important to know what is expected and what is not.

BLEEDING (LOCHIA)

- Heavy bleeding with small clots is normal or the first few days.
- Bleeding should gradually lighten in color and amount.
- Use pads only—**no tampons** for at least 6 weeks. **Call your provider if:** you soak through a pad in under an hour, pass large clots, or feel dizzy/lightheaded.

PAIN & RECOVERY

- Cramping is common, especially during breastfeeding.
- Vaginal soreness may last several weeks; use ice, sitz baths, and peri bottles.
- If you had a C-section, keep the incision clean and dry; call if you notice redness, drainage, or fever.

BREAST CARE

- Breasts may feel full, firm, or tender when milk comes in.
- Breastfeeding: feed often, ensure a good latch, and ask for help if you have pain.
- Not breastfeeding: wear a supportive bra and avoid stimulation; use cold packs for comfort.
- Please notify provide and nursing staff if you decide you do not want to breastfeed so we can best support you.

EMOTIONAL HEALTH

Mood changes are common in the first 1–2 weeks (“baby blues”). **Call your provider right away** if you experience:

- Persistent sadness or anxiety
 - Feeling overwhelmed or disconnected from your baby
 - Thoughts of harming yourself or others
- You are not alone—help is available.

ACTIVITY & SELF-CARE

- Rest when possible; accept help from others.
- Drink plenty of water and eat balanced meals.
- Avoid heavy lifting and strenuous exercise until cleared by your provider.
- Walking is safe and encouraged.

WHEN TO CALL YOUR PROVIDER

Seek medical attention if you have:

- Fever over 100.4°F (38°C)
- Heavy bleeding or large clots
- Severe abdominal or pelvic pain
- Foul-smelling discharge
- Chest pain, trouble breathing, or severe headache
- Red, warm, or painful area on the breast
- Signs of postpartum depression or anxiety

FOLLOW-UP CARE

You will need multiple postpartum checks, usually between 2–12 weeks after delivery. Call sooner if you have any concerns.

WHAT DOES A SAFE SLEEP ENVIRONMENT LOOK LIKE?

Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death

Use a firm sleep surface, such as a mattress in a safety-approved* crib, covered by a fitted sheet.

Make sure nothing covers the baby's head.

Do not use pillows, blankets, sheepskins, or crib bumpers anywhere in your baby's sleep area.

Keep soft objects, toys, and loose bedding out of your baby's sleep area.

Do not smoke or let anyone smoke around your baby.

Baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.



Always place your baby on his or her back to sleep, for naps and at night.

Dress your baby in sleep clothing, such as a one piece sleeper, and do not use a blanket.

Baby's sleep area is next to where parents sleep.



SAFE TO SLEEP®



For more information about SIDS and the Safe to Sleep® campaign:
Mail: 31 Center Drive, 31/2A32, Bethesda, MD 20892-2425
Phone: 1-800-505-CRIB (2742) • Fax: 1-866-760-5947
Website: <http://safetosleep.nichd.nih.gov>

Safe to Sleep® is a registered trademark of the U.S. Department of Health and Human Services.

*For more information on crib safety guidelines, contact the Consumer Product Safety Commission at 1-800-638-2772 or <http://www.cpsc.gov>.

SAFE SLEEP FOR YOUR BABY



- Always place your baby on his or her back to sleep, for naps and at night, to reduce the risk of SIDS.
- Use a firm sleep surface, such as a mattress in a safety-approved* crib, covered by a fitted sheet, to reduce the risk of SIDS and other sleep-related causes of infant death.
- Room sharing—keeping baby's sleep area in the same room where you sleep—reduces the risk of SIDS and other sleep-related causes of infant death.
- Keep soft objects, toys, crib bumpers, and loose bedding out of your baby's sleep area to reduce the risk of SIDS and other sleep-related causes of infant death.
- To reduce the risk of SIDS, women should:
 - Get regular health care during pregnancy, and
 - Not smoke, drink alcohol, or use illegal drugs during pregnancy or after the baby is born.



- To reduce the risk of SIDS, do not smoke during pregnancy, and do not smoke or allow smoking around your baby.
- Breastfeed your baby to reduce the risk of SIDS.
- Give your baby a dry pacifier that is not attached to a string for naps and at night to reduce the risk of SIDS.

*For more information on crib safety guidelines, contact the Consumer Product Safety Commission at 1-800-638-2772 or <http://www.cpsc.gov>.

- Do not let your baby get too hot during sleep.
- Follow health care provider guidance on your baby's vaccines and regular health checkups.
- Avoid products that claim to reduce the risk of SIDS and other sleep-related causes of infant death.
- Do not use home heart or breathing monitors to reduce the risk of SIDS.
- Give your baby plenty of Tummy Time when he or she is awake and when someone is watching.



REMEMBER TUMMY TIME!

Place babies on their stomachs when they are awake and when someone is watching. Tummy Time helps your baby's head, neck, and shoulder muscles get stronger and helps to prevent flat spots on the head.



Eunice Kennedy Shriver
National Institute of
Child Health and
Human Development



BREASTFEEDING

BENEFITS OF BREASTFEEDING

For baby: protects against infections, improves digestion, reduces risk of allergies, obesity, and SIDS.

For you: helps the uterus shrink, reduces bleeding, lowers breast/ovarian cancer risk, may support weight loss.

GETTING STARTED

- Begin breastfeeding **within the first hour** after birth if possible.
- Feed **on demand**, about 8–12 times in 24 hours.
- Skin-to-skin contact helps increase milk supply and bonding.

HOW TO TELL BABY IS HUNGRY

- Rooting (turning toward your breast)
- Lip smacking or sucking on hands
- Restlessness (Crying is a late hunger sign.)

HOW TO TELL BABY IS HUNGRY

- Baby's mouth opens wide
- Lips are flanged outward
- Chin touches your breast
- You feel gentle tugging, **not pain**
- You may hear quiet swallowing

If it hurts, break the latch gently and try again.

IS BABY GETTING ENOUGH MILK?

- 6–8 wet diapers per day after the first week
- Yellow, seedy stools by day 4–5
- Steady weight gain after the first few days
- Baby seems relaxed and satisfied after feeding

COMMON CONCERNS

Engorgement: Warm compress before feeding, cold compress after.

Sore nipples: Ensure deep latch; try lanolin or hydrogel pads.

Low milk supply: Nurse frequently, avoid skipping feeds, stay hydrated and rested.

COMFORTABLE POSITIONS

- Cradle
 - Cross-cradle
 - Football hold
 - Side-lying
- Use pillows for support and choose what feels best for you.

COMFORTABLE POSITIONS

- Painful latch that doesn't improve
- Baby not gaining weight
- Fewer wet diapers than expected
- Cracked or bleeding nipples
- Concerns about milk supply

Lactation consultants, nurses, and your provider can assist.

Information for breastfeeding families

I WISH SOMEONE HAD TOLD ME...



Moms who have successfully breastfed their babies can give great advice. Here are some of their gems.

Take a Breastfeeding Class Before Delivery

Breastfeeding is a wonderfully natural thing to do, but learning how can help. Spend a little time learning about what happens after delivery.

Start Breastfeeding Right in the Delivery Room

Your baby will be interested in feeding within a few minutes of birth. Keep skin-to-skin and enjoy an early feeding.

It's all about the latch

How your baby holds your nipple and areola is the key to comfortable breastfeeding. Make sure the mouth is opened wide and baby gets a big mouthful. If it hurts, get help as soon as possible!

Feed Throughout the Night at First

No matter how tired or sore you are, you do need to feed around the clock in the beginning. This brings in an excellent supply of milk and assures that your baby starts gaining weight quickly.

Babies Cry More on Their Second Day of Life

This can be upsetting and you might not know what to do to soothe your baby. Crying doesn't always mean hunger. Hold your baby skin to skin and offer the breast frequently. This fussiness is common and is called "Second Night Syndrome" although it can happen during the daytime also.

You Don't Need a Breast Pump Right Away

Your newborn is the best pump, and frequent feedings get breastfeeding off to a good start. If a breast pump does become necessary for a medical reason, a lactation consultant (IBCLC) can give you advice about the best kind for your situation.

Use it or Lose it

The best way to make more milk is to feed the baby.

An "empty" breast makes more milk. Don't skip breastfeeding sessions in the early days.

Don't Wait Too Long to Try a Bottle

Breastfeeding exclusively for the first 4-6 weeks gets breastfeeding off to a good start. But if you are planning on going back to work or will need to give a bottle for some reason, start around 4 weeks and offer it weekly to keep the baby in practice.

The best milk to use in the bottle is your pumped breast milk. A breast pump can make that an easy thing to do.

If you are going to be home with your baby, you can skip this step.

You might make too little or too much milk for your baby.

Feed often in the early days to get a good start. If your baby is not gaining weight well or you are overflowing with milk, get advice from a lactation consultant (IBCLC).

Attend a Breastfeeding Support Group

Just seeing other parents breastfeed and chatting with them can be a world of reassurance.

The leader will sometimes be a lactation consultant who can answer questions and help you troubleshoot problems.

Nurse Lying Down

Recline with your baby "on top of you" or lie on your side while your baby feeds. Use pillows to get yourself and your baby comfortable. You need a little rest too!

The information provided is intended solely for general educational and informational purposes only. It is neither intended nor implied to be a substitute for professional medical advice. Always seek the advice of your healthcare provider for any questions you may have regarding your or your infant's medical condition. Never disregard professional medical advice or delay in seeking it because of something you have received in this information.

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Lactation Education
Resources 2022



PEDIATRIC CARE

Children's Medical Associates*

20 Westfield Ave., Ansonia, CT 06401

Phone: (203) 734-1644

Fax: (203) 734-9222

Pediatric Healthcare Associates

4 Corporate Drive, Ste 290,
Shelton, CT 06484

PHONE (203) 452-8322

FAX (203) 944-2028

Pediatric and Adolescent Healthcare*

400 Main Street, Ansonia, CT 06401

Phone: (203) 735-9536

Fax: (203) 735-5939

Pedicare Pediatrics

25 Constitution Blvd. South,
Shelton, CT 06484

PHONE (203) 924-7334

FAX (203) 922-0004

Shelton Pediatrics*

2 Trap Falls Road, Ste 101, Shelton, CT 06484

Phone: (203) 405-2591

Fax: (203) 285-3157

Pedicare Associates of Connecticut

160 Robbins St., Waterbury, CT 06707

OR

229 Main St. South, Southbury, CT 06488

PHONE (203) 755-2999



**GRIFFIN FACULTY
PHYSICIANS**

OBSTETRICS & GYNECOLOGY

**Privileges at Griffin Hospital*

A Fact Sheet From The Office On Women's Health

BIRTH CONTROL METHODS

Birth control, or contraception, is any method or device used to prevent pregnancy. Women can choose from many different types of birth control. Some work better than others at preventing pregnancy. The type of birth control you use depends on your health, your desire to have children now or in the future, and your need to prevent sexually transmitted infections (STIs, also called STDs). Your doctor can help you decide which type is best for you right now.

Q: What are the different types of birth control?

A: Women can choose from many different types of birth control methods. These include (in order of most effective to least effective at preventing pregnancy):

- **Female and male sterilization** (female tubal ligation or occlusion, male vasectomy) — Birth control that prevents pregnancy for the rest of your life through surgery or a medical procedure.
- **Long-acting reversible contraceptives or “LARC” methods** (intrauterine devices, hormonal implants) — Birth control that your doctor inserts one time and you do not have to remember to take every day or month. LARCs last for 3 to 10 years, depending on the method.
- **Short-acting hormonal methods** (pill, mini pills, patch, shot, vaginal ring) — Birth control that your doctor prescribes that you remember to take every day or month. For the shot, you need to see your doctor every three months.
- **Barrier methods** (condoms, diaphragms, sponge, cervical cap) — Birth control that you use each time you have sex.
- **Natural rhythm methods** — Not using a type of birth control but instead avoiding sex and/or using birth control only on the days when you are most fertile (most likely to get pregnant). An ovulation home test kit or a fertility monitor can help you find your most fertile days.

Q: Which types of birth control help prevent sexually transmitted infections (STIs)?

A: Only two types of birth control can protect you from STIs, including HIV: male condoms and female condoms. While condoms are the best way to prevent STIs if you have sex, they are not the most effective type of birth control. If you have sex, the best way to prevent both STIs and pregnancy is to use what is called “dual protection.” Dual protection means you use a condom to prevent STIs each time you have sex, and at the same time, you use a more effective form of birth control, such as an IUD, implant, or shot.

Q: Which types of birth control can I get without a prescription?

A: You can buy these types of birth control over the counter at a drugstore or supermarket:

- Male condoms
- Female condoms
- Sponges
- Spermicides

Q: Which types of birth control do I have to see my doctor to get?

A: You need a prescription for these types of birth control:

- Oral contraceptives: the pill and the mini-pill (in some states, birth control pills are now available without a prescription, through the pharmacy)
- Patch
- Vaginal ring
- Diaphragms (your doctor or nurse needs to fit one to the shape of your vagina)
- Shot/injection (you get the shot at your doctor's office or family planning clinic)
- Cervical cap
- Implantable rod (inserted by a doctor in the office or clinic)
- IUD (inserted by a doctor in the office or clinic)



You will need surgery or a medical procedure for:

- Female sterilization (tubal ligation)
- Male sterilization (vasectomy)

Q: How can I get free or low-cost birth control?

A: Under the Affordable Care Act (the health care law), most insurance plans cover FDA-approved prescription birth control, such as the pill, IUDs, and female sterilization, at no additional cost to you. This also includes birth control counseling.

- If you have insurance, check with your insurance provider to find out what's included in your plan.
- If you have Medicaid, your insurance covers birth control. This includes birth control and visits to your doctor related to birth control. Programs vary between states, so check with your state's Medicaid program to learn what your benefits are.
- If you don't have insurance, don't panic. Family planning (reproductive health) clinics may provide some birth control methods for free or at low cost.

Call your local clinic to learn more.

For information about other services covered by the Affordable Care Act, visit **www.Health-Care.gov**.

For more information...

on birth control methods, call the OWH Helpline at 800-994-9662 or contact the following organizations:

- Food and Drug Administration
Phone Number: 888-463-6332
www.fda.gov
- Office of Population Affairs
Phone Number: 240-453-2888
www.hhs.gov/opa
- American College of Obstetricians and Gynecologists
Phone Number: 800-762-2264 x 349
(for publications requests only) • www.acog.org
- Planned Parenthood Federation of America
Phone Number: 800-230-7526
www.plannedparenthood.org

The Office on Women's Health is grateful for the additional reviews by:

- Food and Drug Administration (FDA) Center for Drug Evaluation and Research (CDER), Division of Bone, Reproductive and Urologic Products (D-BRUP) medical staff, and Center for Devices and Radiological Health staff
- Tessa Madden, M.D., M.P.H., Obstetrician and Gynecologist, Women's Health Center, Center for Advanced Medicine, and Associate Professor, Obstetrics and Gynecology, Washington University School of Medicine, St. Louis, Missouri

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 www.youtube.com/WomensHealthgov

www.womenshealth.gov | 800-994-9662





BRINGING PEACE OF MIND TO YOUR HOME, FAMILY, AND WORKPLACE

The Paid Family and Medical Leave Act (PFMLA) - referred to as CT Paid Leave (CTPL) - offers Connecticut workers the opportunity to take time to attend to personal and family health needs without worrying about lost income.

The funding to support the CTPL program comes in the form of employee payroll deductions of one-half of one percent (0.5%) **These payroll deductions began January 1, 2021.**

Covered employees became eligible to apply for paid leave benefits **beginning January 1, 2022.**

Covered employees qualify for up to 12 weeks of paid leave benefits for the following reasons:

- Bonding with a new child that has entered the family through birth, adoption, or foster care.
- Caring for your own serious health condition (includes pregnancy and serving as an organ/bone marrow donor).
- Two (2) additional weeks may be available for incapacitation during pregnancy.
- Addressing issues arising from family violence (relocation, court proceedings, support services, and professional care).
- Caring for a family member who is experiencing a serious health condition.
- Caring for a military family member who is injured while on active duty, or to address specific issues relating to a parent, spouse, or child's call to active duty or active duty in the armed forces.

Employee Eligibility

All employers* with one or more employees are covered under the CTPL program. Covered employees are eligible for CTPL program benefits if they have:

Earned wages of at least \$2,325** in the highest earning quarter in the first four of five most recently completed quarters AND are currently employed or had been employed within the 12 weeks immediately preceding their leave.

*Unionized employees of the State of Connecticut and employees of the federal government, municipalities, sovereign nations, local or regional boards of education, or non-public elementary or secondary schools are not covered by the program at this time.

**Wages may include salary or hourly pay, vacation pay, holiday pay, tips, commissions, severance pay and the cash value of any "in-kind" payments. Wages from multiple employers may be combined.

Benefit Rates

Benefit rates depend on the employee's base weekly earnings. The benefit rate is capped at 60x the CT minimum wage.

Employees may receive CTPL benefits at the same time as employer provided benefits, such as paid time off or short-term disability. However, the employee's total compensation may not exceed 100% of their normal wages.

An employee may not receive CTPL benefits at the same time as worker's compensation, unemployment, or any other state or federal benefit that provides income replacement.

For more employee resources on CT Paid Leave, access the Employee Factsheet at ctpaidleave.org or scan the code to the left.



Ready to Apply?

Submit your application through the online portal at ctpaidleave.org or call (877) 499-8606.

CTPaidLeave.org



This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



Griffin Hospital
Childbirth Center