



Little STEPS[®]

PRENATAL PROGRAM

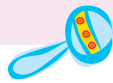


Caring for Yourself and Your Baby

For Mothers-to-Be and Their Partners



Your Plan for Life.™



Caring for Yourself and Your Baby

Having a baby can be one of the most exciting times of your life. It can also be a confusing time, especially if you're getting conflicting advice from well-meaning family members, friends, and coworkers. But don't worry, the information provided in this guide will answer your questions on nutrition, exercise, breastfeeding, and more, and will direct you to additional resources in your community. Knowing the facts will help you best care for yourself and your baby, and put your mind at ease.





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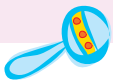




Pregnancy Care Timeline

A typical pregnancy lasts 40 weeks. Your doctor will work with you to determine how often you should see him or her during your pregnancy.

	<p>0-12 Weeks: As soon as you know you're pregnant, begin doctor visits. Obstetrician/gynecologists (Ob/Gyn) and certified nurse-midwives specialize in caring for pregnant women. Your personal health and family history is recorded.</p>
	<p>12-24 Weeks: Routine blood tests and screenings are given. Tests to assess fetal development (ultrasounds) and tests for neural tube defects are performed. You are provided health information on exercise and nutrition for pregnant women, alcohol and substance abuse, and smoking counseling.</p>
	<p>24-28 Weeks: Blood tests for gestational diabetes, iron content, and RH (D) incompatibility are performed.</p>
	<p>28-30 Weeks: Start childbirth education classes.</p>
	<p>36 Weeks: Talk with your doctor about breastfeeding, circumcision, and family planning.</p>
	<p>Around 40 Weeks: Congratulations on the birth of your baby!</p>
	<p>4-6 Weeks after delivery: Talk with your doctor about postpartum depression, newborn care, motherhood, and family planning.</p>



Keeping your baby healthy

The Prenatal program is the first stage of the Blue Cross & Blue Shield of Rhode Island (BCBSRI) Little Steps® series, which also includes Newborn and Toddler programs. To receive materials through these programs, you must enroll your baby in your health plan as soon as possible after birth. Simply call the Customer Service number on the back of your member ID card.

As part of the Little Steps Newborn Program, BCBSRI waives copayments for well-baby visits during the first 15 months of life. (Note: Enrollment may vary.) You'll also receive educational materials and discounts on child safety products. Materials addressing the needs of your active 12- to 24-month-old will be provided as part of the Little Steps Toddler Program.

All of these programs are offered at no cost to members through BCBSRI's health promotion and illness prevention initiative. For more information, please call the Customer Service number on the back of your member ID card.

For information about programs available in Spanish, please contact Customer Service at the number listed on the back of your member ID card.

Para mas información acerca de los programas disponibles en Español, por favor llamar a nuestro departamento de Servicio de Atención al Cliente indicado en la espalda de su tarjeta de identificación de miembro.



First things first... make an appointment!

To protect your health and the health of your baby, it's very important for you to make an appointment with your doctor during the first trimester for a prenatal visit.

Together with your partner, you can prepare for the birth of your child by:

- Going to prenatal visits
- Exercising
- Preparing healthy meals
- Learning about pregnancy and parenting
- Avoiding tobacco, alcohol, and illegal drugs
- Naming the baby
- Preparing the baby's room

You may want to read through this guide together. If you have questions about any of the topics in this guide, or other issues concerning your pregnancy, please talk to your doctor or midwife. Caring for yourself is the best way to give your baby a healthy start in life.





Weight and Nutrition

Eating for Two? Although your need for calories increases while you are pregnant, that increase is relatively small. If your weight was within a healthy range before your pregnancy, you only need to eat an additional 300 calories a day during your second and third trimesters (500 calories a day if you are a teenager).

Please read below to see how much weight you should gain during your pregnancy to help ensure that your baby is a healthy weight at birth. Keeping your weight gain within that range will also make it easier to lose weight after your pregnancy. As always, talk to your doctor about what is right for you.

The chart below shows the Food Guide Pyramid's recommended daily servings from each food group. You can use this chart to see if you're eating a balanced diet.

Group	Serving Size	Servings/day
Bread, cereal, rice, and pasta	1 slice of bread 1/2 cup of cooked cereal, rice, pasta 1 cup of ready-to-eat cereal	6-9
Vegetable	1 cup raw leafy vegetables 1/2 cup of other vegetables, raw or cooked 1/2 cup vegetable juice	4
Fruit	1 medium apple or banana 1/2 cup chopped fruit 3/4 cup of fruit juice	3
Milk, yogurt, and cheese	1 cup of milk or yogurt 1 1/2 oz. natural cheese	4 or more nonfat/low-fat
Meat, poultry, fish, dry beans, eggs, and nuts	3 oz. of cooked lean meat, poultry, or fish 1/2 cup cooked dried beans 1 egg 1/2 cup tofu 1/3 cup nuts 2 tablespoons peanut butter	2 or more of 2-3 oz

Recommended weight gain during pregnancy

- ♥ Average weight gain of 25 to 35 pounds
- ♥ Women who were overweight before pregnancy should gain 15 to 25 pounds
- ♥ Women who are obese should gain at least 15 pounds
- ♥ Underweight women should gain 28 to 40 pounds



Very important: Take folic acid!

Folic acid is a B vitamin that helps the baby's brain and spinal cord develop properly. It must be taken before and during early pregnancy, otherwise serious complications to the baby's brain and spinal cord can result.

The best way to get enough folic acid is to take a multivitamin that contains 400 mg of folic acid, and always maintain a healthy diet.



Foods to Avoid

It's true – you are what you eat. The food you eat is broken down and used to build your body's tissues. When you're pregnant, what you eat goes into your body and your baby's body.

It's important to limit foods high in sugar, fat, and salt, and follow the dietary guidelines on the previous page. However, you also need to be aware of other foods that can harm your developing child. Some of these foods are part of a healthy diet for men and non-pregnant women, but should not be eaten by pregnant women.

Here is a list of foods to avoid:

Alcohol. Alcohol crosses the placenta and can cause fetal alcohol syndrome, harming your baby's brain development and causing other long-term medical problems.

Herbal substances and teas. Some herbs, such as black licorice, can mimic the effect of hormones in the bloodstream and increase the risk of premature labor. Before taking any herbal supplements, check with your doctor. Also, caffeine should be limited to two eight-ounce cups per day.

Some fish, including freshwater fish (except for stocked trout), swordfish, shark, bluefish, king mackerel, tilefish, smoked fish, raw fish, and striped bass. They often contain unsafe levels of mercury and/or PCBs (polychlorinated biphenyls), which can damage your baby's developing nervous system. For the same reason, eat very little tuna—no more than

one slice per week. If it's canned tuna, eat no more than 12 ounces of light tuna or 6 ounces of albacore or white tuna per week. It is also wise to avoid oysters and clams, which may carry diseases.

Depending on where you live, there may be other types of fish and seafood you'll want to avoid. For more information, including a listing by state, visit the Environmental Protection Agency's fish consumption advisory Web page at epa.gov/ost/fish. This site also provides information on what fish and shellfish may be unsafe for young children.

Undercooked or raw foods. Unpasteurized milk products, juices, raw vegetable sprouts, and ciders contain bacteria and yeasts. These foods, along with raw or rare meat, deli meats, poultry, fish, and eggs, are potential sources of bacteria and parasites. Thoroughly cooking these foods eliminates any health risks.

Some cheeses. Soft cheeses like feta, Brie, and Camembert, and blue-veined cheeses like Stilton contain live bacteria and mold.



For more information on weight and nutrition, please visit the U.S. Department of Health and Human Services Web site at womenshealth.gov or the March of Dimes Web Site at marchofdimes.com



xercise

Being active during your pregnancy can help increase your energy, reduce stress, and decrease some of the physical discomfort that can come with pregnancy, such as backaches, tiredness, constipation, bloating, and swelling. It can also help improve your endurance and muscle tone for the very physical act of giving birth.

Walking, low-impact aerobics, water aerobics, and yoga are great exercises to try, as they provide cardiovascular and strength benefits while posing little risk of injury. As changes in weight distribution occur during your pregnancy, your balance may be affected. You should avoid contact or high-impact sports, or exercises requiring much balance and coordination, such as biking or horseback riding.

Talk to your doctor or midwife about beginning or continuing an exercise program during your pregnancy, then keep him or her updated on your physical activity.

You should also follow these tips for exercising safely:

- Always do a gradual warm-up and cool down. Be careful not to overstretch, as joints become more relaxed during pregnancy.
- Don't exercise in hot and humid weather. You could easily become overheated, which may be harmful to your baby.
- Avoid exercising while lying on your back after your third month of pregnancy. The weight of your baby may interfere with blood circulation.
- Drink lots of water before, during, and after exercising.

- Do Kegel exercises. Work up to 50 to 100 Kegels a day to strengthen the pelvic floor muscles used in childbirth. For more information on Kegel exercises, please visit the National Women's Health Information Center at 4women.gov.
- Make sure you can carry on a conversation while you're exercising. This will help ensure you're not working out too hard. Keep in mind that your heart rate is naturally higher when you're pregnant.
- Stop if you feel dizzy or short of breath.

Call your doctor or midwife if you experience:

- Vaginal bleeding, membrane rupture, persistent pain, or chronic fatigue during or after exercising
- Regular contractions that occur more than 30 minutes after exercise





The Facts on Smoking

There's no doubt about it—smoking cigarettes is dangerous to your health and your baby's health. When you smoke, toxic chemicals from cigarettes enter into your blood. Since your baby receives nutrients and oxygen from your blood, he or she will also be exposed to these chemicals.

If you smoke while pregnant, the risks to you include:

- Miscarriage
- Stillbirth
- Delivery of a preterm baby (a baby born before 37 weeks)
- Pregnancy-induced high blood pressure
- Vaginal bleeding

If you smoke while pregnant, the risks to your baby after birth include:

- Breathing problems
- Increased risk of sudden infant death syndrome (SIDS)
- Low birth weight
- Increased risk of behavior problems
- Difficulty staying warm
- Learning problems
- Increased risk of infections

Secondhand Smoke

Even if you don't smoke, the smoke from other people's cigarettes can hurt your developing child. Try to stay away from people who are smoking or places where smoking is allowed, such as bars or certain restaurants.

If your partner smokes, ask him or her to stop smoking in your house and around you.

The Good News

When you quit smoking, your body starts healing right away. Your heart pumps blood more effectively. New cells replace damaged cells. Blood flow to the placenta returns to normal. Your baby receives the food and oxygen he or she needs to grow.



Resources to Help You Quit

- ♥ Great Start Quitline 1-866-66-START
- ♥ 1-800-TRY-TO-STOP (1-800-8DEJALO in Spanish and Portuguese) or trytostop.org (Rhode Island and Massachusetts only)
- ♥ 1-800-9-GET-A-TIP
- ♥ 1-800-TDD-1477 (Hearing Impaired – TDD/TTY)
- ♥ American Lung Association 1-800-LUNGUSA or lungusa.com



estational Diabetes

Each year, up to eight percent of pregnant women in the United States develop gestational diabetes, which is a type of diabetes (high blood sugar) that occurs only during pregnancy.

Risk Factors

Any woman can get diabetes from pregnancy. Women are at greater risk if they:

- Are overweight
- Had gestational diabetes before
- Have close family members (such as a parent or sister) with type 2 diabetes
- Have given birth to an infant weighing more than nine pounds at birth
- Had a previous stillbirth or miscarriage
- Weighed five pounds or less at birth
- Are over age 25
- Have given birth to a child with a birth defect
- Are African-American, Hispanic/Latino-American, or American-Indian

You should be tested for gestational diabetes between weeks 24 and 28 of your pregnancy, or sooner if you are at greater risk.

Effects on an Unborn Baby

Hormones from the placenta help the baby grow, and these same hormones can make it more difficult for a woman's body to use insulin, a hormone that moves glucose (blood sugar) out of the blood and into cells. Without enough insulin, glucose cannot be used for energy. Extra glucose builds up in the blood and crosses the placenta. This causes the baby's blood to have high amounts of glucose.

Since the baby does not need extra glucose, the surplus is stored as fat. This may result in the baby growing larger than usual, which can complicate delivery. Women who have gestational diabetes are three to four times more likely to need a cesarean section than women who do not have the condition.

Gestational diabetes does not cause birth defects, but it can result in medical conditions, including:

- Low blood sugar. Babies who have been receiving large amounts of blood sugar from their mothers may develop low blood sugar after birth.
- Breathing problems. Premature babies born to mothers with gestational diabetes may develop respiratory distress syndrome and need help breathing until their lungs become stronger.
- Diabetes or obesity. Being born to a mother with gestational diabetes increases a child's risk of developing diabetes or being obese later in life.





Preventing Gestational Diabetes

Diet and exercise are the keys to preventing gestational diabetes. Try to gain only as much weight as you need—most doctors recommend between 25 and 35 pounds if you are a healthy weight prior to your pregnancy. With your doctor’s approval, begin or continue to exercise regularly. Exercise helps improve the body’s use of insulin, which can keep your blood glucose levels in the normal range.

Managing Gestational Diabetes

By following the guidelines below, most pregnant women are able to control their blood glucose levels without using extra insulin:

- Avoid sugary foods and drinks, such as candy, cookies, and regular soda.
- Meet with a registered dietitian and a certified diabetes educator soon after your diagnosis. They will help you:
 - Plan small, frequent meals and snacks to make sure you get the calories and nutrients you need.
 - Monitor your weight so you gain the recommended amount for your pregnancy.
 - Learn how to check blood glucose levels and how certain foods affect blood glucose levels.
- Exercise. Be sure to check with your doctor before starting or continuing an exercise program.



After the Birth of Your Child

Most of the time, gestational diabetes disappears after you give birth. However, women who have had gestational diabetes are more likely to develop diabetes later in life, especially if they are obese. **Up to 40 percent of women who have had gestational diabetes develop type 2 diabetes.**

To help prevent diabetes in the future, slowly lose the weight you gained during pregnancy. Breast-feeding helps your body get rid of the fat it stored while you were pregnant. Try to keep your weight in a healthy range by continuing to eat small, frequent meals, avoiding foods high in sugar and fat, and being physically active.



Lead Poisoning

During your pregnancy, it's important to avoid exposure to lead. Lead can be passed from you to your baby, and high levels of lead can cause a miscarriage, preterm delivery, low birth weight, birth defects, and stillbirth. Even small amounts of lead in unborn babies and young children can cause problems such as brain damage, learning disabilities, behavioral problems, kidney damage, and hearing loss.

The use of lead in products such as paint and gasoline was banned in the 1970s, but lead is still present in the environment. To protect yourself and your baby from lead poisoning, please follow these tips:

- **Find out if the paint in your home contains lead.** If you live in a house painted before 1978 and the paint is crumbling or peeling, you are at risk for exposure to lead. Only experts should remove the lead, and you and your children should stay out of the home until the project is complete. If you rent a house or apartment, your landlord may be legally required to have the lead removed—including lead dust from window sills.
- **Run cold tap water for at least a minute before drinking or cooking.** Some pipes contain lead that can get into the water. Allowing the water to run can help remove it.

- **Wash fruits and vegetables well.** Fruits and vegetables can be contaminated by soil that contains lead. You should also be sure to wash your hands after gardening.
- **Take care with work clothes.** The clothing and shoes of people who work in plumbing, welding, certain types of construction, auto repair shops, and battery manufacturing plants can be contaminated with lead. People whose clothing might be contaminated should change their clothes and shoes before they come home from work and wash their clothes separately from the rest of the family.
- **Store food in clean plastic or glass containers.** Crystal, pottery, ceramic, silver, or pewter dishes may contain lead.
- **Be aware of environmental dangers.** Including cat litter, rodent repellents, paint thinners, paint fumes, etc.

To learn more about lead poisoning prevention, please contact your state's Department of Health. In Rhode Island, call the Department of Health at 1-800-942-7434 or visit health.ri.gov/lead. You can also find information on the March of Dimes Web site at marchofdimes.com.

Poison Control Hotline 1-800-222-1222





Preterm Labor



If you go into labor three weeks or more before your due date, you are experiencing preterm or premature labor. Delivering this early may increase your baby's risk of medical and developmental problems. With proper medical attention, preterm labor often can be stopped, which will give your baby more time to grow.

If you have any of the signs of preterm labor described below, please call your doctor or midwife.

Experiencing one of these signs does not mean you are definitely in labor, but it is important to talk with your medical provider.

- Bleeding or water leaking from your vagina—**call your doctor immediately!**
- Menstrual-like cramps (constant or occasional)
- Low, dull backache (constant or occasional)
- Pelvic pressure
- Abdominal cramping (with or without diarrhea)
- Increase or change in mucous vaginal discharge
- Uterine contractions every 10 minutes or less (may be painless)
- Loss of the mucus plug

If you have any of these symptoms, drink two to three glasses of water or juice. Lie down on your left side and rest for one hour.

Also, call your doctor if you experience:

- Pain or burning during urination
- Severe or continuous headaches
- Continued vomiting
- Chills, fever, or diarrhea
- Bleeding from rectum, breasts, or bladder
- Visual problems such as blurring, seeing spots, or dimness
- Swelling or puffiness of hands or face
- Sudden weight gain
- Baby is moving less often



Postpartum Depression

In the days after you give birth, you may experience a range of emotions, from joy to fear, awe to anxiety. Many new mothers cry for no reason, and feel lonely, sad, or angry. These feelings are common and may be part of a mild depression called the “baby blues.” This condition often begins a day or two after women give birth, and can last for up to three weeks.

Although the baby blues are considered a normal part of giving birth and do not require medical treatment, they can sometimes lead to a more serious condition—postpartum depression. About 10 percent of new mothers will develop this condition, which can occur just a few days or even months after delivery. It can happen with any birth, not just your first.

The symptoms of postpartum depression include:

- Gaining or losing weight unexpectedly
- Feeling extremely restless, cranky, anxious, or exhausted
- Crying excessively
- Being overly concerned or not interested in the baby
- Losing interest or pleasure in life
- Fearing that you will harm the baby or yourself
- Feeling guilty, hopeless, or worthless or that life isn't worth living



Postpartum depression is more likely to occur if you have had any of the following:

- Postpartum depression following a previous pregnancy
- Previous history of mood disorders, such as depression or bipolar disorder
- Severe premenstrual syndrome (PMS)
- Stressful life events throughout pregnancy



Make a postpartum appointment after delivery

Becoming a new mother is an exciting time in your life, but it's important to take care of yourself as well. Visit your doctor within four to six weeks after having your baby to make sure that your body is healing properly.

Preventing Postpartum Depression

Although taking care of your baby may be overwhelming at first, following these tips will help you stay both emotionally and physically healthy:

- Rest often—try to nap during your baby's naptime.
- Get dressed and leave the house for at least a short time each day.
- Make an effort to spend time alone with your partner.

- Get help from family and friends.
- Seek emotional support from your partner, family, and friends.
- Talk with other mothers, so you can learn from their experiences.

Check with the hospital where you will be delivering to see if a support group or class is available for mothers with infants.

Treating Postpartum Depression

Treatment for postpartum depression may include antidepressant medication, psychotherapy (counseling), participation in a support group, or a combination of these treatments. It is important to recognize that **postpartum depression is both temporary and treatable.**



Additional Resources

**Women & Infants
Hospital Warm Line**

1-800-711-7011
womenandinfants.org

**National Women's Health
Information Center (NWHIC)**

1-800-994-9662 or
TDD 1-888-220-5446
4woman.gov

**Postpartum Support
International**

(805) 967-7636
postpartum.net



Breastfeeding

Good nutrition is very important for keeping your growing baby healthy. Breastfeeding has many benefits and is also a great way to bond with your baby.

Benefits to You

- Helps you return to your pre-pregnancy weight
- Saves money (formula costs at least \$1,200 a year)
- Allows you to feed your baby at any time and place
- May reduce your risk of ovarian and breast cancer

Benefits to Your Baby

- Supplies the right balance of nutrients
- Boosts immune system and helps prevent infections
- Helps prevent digestive problems such as constipation and diarrhea
- Helps prevent colic
- May reduce the risk of sudden infant death syndrome (SIDS)
- May reduce the risk of allergies
- Teaches baby how to “feed on demand” or eat only what he or she needs. This can help establish long-term healthy eating habits.



Bottle-feeding

Bottle-feeding is an acceptable option if you are not able to breastfeed your baby. If you choose to bottle-feed, you may choose from a wide variety of formulas, such as cow’s milk or soy-based for babies who cannot tolerate lactose.

You also have the option of choosing pre-prepared formula (also called pre-mixed), concentrated, or powdered formula. Pre-prepared formula is the most convenient (and the most expensive) as it does not have to be mixed with water before serving. Concentrated and powdered formulas are less expensive, but require more preparation time as they do have to be mixed with sterile water.

Preparing bottles:

- Before preparing formula, wash your hands with soap and water.
- Be sure all the utensils you’ll use are clean, including bottles and nipples. Clean them in the dishwasher or wash them by hand with hot soapy water.
- If you are using a concentrated or powdered formula, bring the water to boil for one minute, then cool and mix the formula according to the directions, and put into bottles. Refrigerate the bottles you will not use immediately.
- Pre-prepared formulas do not need to be mixed. After opening, pour all of the formula into sterilized bottles, and refrigerate the bottles you will not use. Never place an opened can in the refrigerator.
- Refrigerated formula in a bottle can be kept for 24 hours.
- Before feeding, warm the bottle by placing it in a cup of warm water. Never heat a bottle in the microwave.
- After feeding, discard whatever formula is left in the bottle.



Car Seat Safety

Motor vehicle crashes are the leading cause of death and injury to young children. Car seats often fail to protect children—**four out of five car seats are used or installed incorrectly.**

Follow the tips below to ensure that you travel safely with your infant.

- Install the car seat a few weeks before your baby is due. Follow the manufacturer's instructions.
- When selecting a car seat, research different brands to ensure you choose one that is reliable.
- Make sure that the car seat fits in your car. Some are designed to fit better in larger vehicles.
- Check the owner's manual of your car for special instructions on installing car seats. Some vehicles require special installation techniques.
- Complete and send in the registration card for your car seat so you can be notified if the seat is recalled.
- Always place your car seat facing the rear of the car until your child reaches the age of one and is at least 20 pounds.
- Never use a car seat built before 1981. Most manufacturers recommend using a car seat that is no more than six years old.
- Never use a car seat that was in a vehicle involved in a car accident.
- Never place an infant in the front seat or in front of an airbag.





Frequently Asked Questions

Are medicines safe to take while I'm pregnant?

Some medications, over-the-counter (OTC) drugs, and herbal medicines may be harmful to your baby. It is always a good idea to speak with your doctor prior to taking any new drugs.

How can stress affect my pregnancy?

Pregnancy is a stressful time. However, high levels of stress may contribute to preterm birth or low birth weight babies. Some ways to reduce stress levels are to talk with someone about how you are feeling, get plenty of rest, exercise (with your doctor's permission), eat regular meals, and keep all of your prenatal appointments to confirm that your pregnancy is progressing normally.

Is drinking caffeine OK during my pregnancy?

Try to limit your caffeine intake to two 8-ounce cups per day. Remember, caffeine is found in colas, coffee, tea, chocolate, coffee ice cream, and some nonprescription medications. It is better for you and your baby to drink plenty of water and milk.

Is it OK to color my hair during pregnancy?

It is recommended for pregnant women to wait until after the first trimester to color or perm hair. The reason is because solutions used for these treatments touch the scalp and are absorbed through the skin. You may also breathe in harmful fumes while having your hair treated. For pregnant women needing to refresh their color, it is recommended to use a highlighting process. This is because the color is wrapped in foil, and does not touch the skin. If you do have concerns, speak with your doctor.

Are vaccines (shots) safe while I am pregnant?

There are two types of vaccines: "live vaccines" and "inactivated vaccines." The live vaccine is made from a live virus or bacteria that has been weakened. Because of the slight possibility that a live vaccine could cause the disease itself, they are not routinely given to pregnant women. An inactivated vaccine is made from a virus or bacteria that has been killed. If you are pregnant during flu season, your doctor may recommend that you get the inactivated flu vaccine (flu shot).

How long should I wait before getting pregnant again?

It is recommended to wait at least six months between delivery and the next pregnancy.

Is sex safe during pregnancy?

In most cases, sex during pregnancy is safe for you and your baby. If you have a high-risk pregnancy, however, your doctor may recommend that you do not have sex for all or part of your pregnancy.





Suggested Web Sites, Resources, and Phone Numbers

Blue Cross & Blue Shield of Rhode Island

- BCBSRI.com or contact the phone number on the back of your member ID card
- BCBSRI Case Management (401) 459-2273 or 1-888-727-2300 x2273

Weight & Nutrition

- Womenshealth.gov
- My Pyramid for Pregnancy: mypyramid.gov/mypyramidmoms/index.html

Smoking Resources

- Great Start Quitline 1-866-66-START
- 1-800TRYTOSTOP or 1-800-8DEJALO (in Spanish and Portuguese) trytostop.org
- 1-800-9GETATIP
- 1-800-TDD-1477
- American Lung Association 1-800-LUNGUSA or lungusa.com

Postpartum Depression

- The National Women's Health Information Center 1-800-994-9662 or TDD 1-800-220-5446 or 4woman.gov
- Women & Infants Hospital Warm Line 1-800-711-7011 or womenandinfants.org
- Postpartum Support International (805) 967-7636 or postpartum.net

Breastfeeding & Bottle-Feeding

- International Lactation Consultant Association: <http://gotwww.ilca.org>
- womenshealth.gov/breastfeeding
- La Leche League: llli.org
- Rhode Island Childhood Lead Poisoning Prevention Program 1-800-942-7434
- Safe Kids USA: usa.safekids.org
- The ABCs of Pregnancy: abcbirth.com
- Motherlinks: motherlinks.com
- Parenthood Web site: parenthoodweb.com
- ParentsPlace.com
- National Center on Shaken Baby Syndrome 1-888-273-0071
- National Domestic Abuse Hotline 1-800-799-7233
- March of Dimes: marchofdimes.com
- The National Organization on Fetal Alcohol Syndrome: nofas.org

Poison Control Center 1-800-222-1222

Suggested Reading

- The Good Housekeeping Illustrated Book of Pregnancy and Baby Care; Revised & Updated Edition
- Your Pregnancy Week by Week; Fifth Edition
- What to Expect When You're Expecting; Revised Edition
- The Nursing Mother's Companion; Fifth Revised Edition
- Pregnancy Nutrition, American Dietetic Association





Resources on BCBSRI.com

In the Little Steps Program section of BCBSRI.com, you can find articles and Q&As about birthing options, nutrition, common problems, office visits, labor, and more. Plus, our Web site features more than 800 articles from Mayo Clinic Health Information®, one of the most trusted names in healthcare.

You may also want to browse BCBSRI.com for health and wellness information important to you and your family:

- **Life Stages** – No matter what stage of life you're in, you'll find information designed for your age and gender. Just click on a decade in either the men's or women's timeline. You'll also find health tips for seniors and for infants through teens.
- **Diseases & Conditions** – In addition to our Prenatal Care Center, we offer health management programs

on asthma, coronary artery disease, heart failure, and diabetes. You'll find articles that relate to the care and treatment of each specific condition, as well as a page with links to information about hundreds of other diseases and conditions.

- **Health & Lifestyles** – This area includes dozens of articles on six important health topics – newborn care, nutrition, physical activity, smoking cessation, weight management, and stress management. A page that lists other health and lifestyle topics is also available, and includes information on yoga, acupuncture, insomnia, and more.

Some of this information is available only to BCBSRI members. If you aren't already registered, simply visit our Web site and click on the Members section. Then follow a few quick and easy steps!



Your Plan for Life.™

www.BCBSRI.com

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