

THE
EMPIRE
PLAN

REPORTING ON

Healthy Babies

NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP) for Empire Plan enrollees and for their enrolled dependents, COBRA enrollees with their Empire Plan benefits and Young Adult enrollees

Five Important Steps to Having a Healthy Baby

1. Call your doctor

As soon as you think you are pregnant, call your doctor. You can do the most for your baby during the first three months of pregnancy, so try to start your doctor visits as soon as possible. The Empire Plan covers your maternity care under the Medical/Surgical Benefits Program.

Under The Empire Plan, you may choose a participating or non-participating provider for your maternity care.

Participating Provider

If you choose a participating provider (obstetrician, family practice physician or certified nurse-midwife), there are no copayments for prenatal visits, delivery or your six-week checkup after delivery. You pay only your copayment for covered services at participating laboratories.

To locate an Empire Plan participating provider or laboratory, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and select UnitedHealthcare. Or, visit the New York State Department of Civil Service web site at <https://www.cs.state.ny.us>, choose Benefit Programs, then NYSHIP Online and click on Find a Provider. Always check with the provider before you receive services to make sure he or she participates in The Empire Plan for New York government employees.

Continued on next page

You're pregnant?

Congratulations! Every baby deserves a healthy beginning. You can take steps before your baby is even born to help ensure a great start for your infant. That's why The Empire Plan offers mother and baby the coverage they need. When your primary coverage is The Empire Plan, The Empire Plan Future Moms Program provides you with special services.

WHAT'S INSIDE

- 3 Prenatal Testing
- 4 Exercise During Pregnancy; Low-birthweight Babies
- 5 Feeding Your Baby
- 6 Choosing Your Baby's Doctor; Avoiding Preterm Birth
- 7 Expectant Father?
- 8 Baby Blues
- 9-11 Questions and Answers
- 12 Resources



This issue of Reporting On is for information purposes only. Please see your doctor for diagnosis and treatment. Read your plan materials for complete information about coverage.

Five Important Steps, *continued*

Non-Participating Provider

If you choose a non-participating provider (obstetrician, family practice physician or certified nurse-midwife), after the annual deductible is met, The Empire Plan pays 80 percent of the reasonable and customary charges for maternity care up to your coinsurance maximum. You pay the balance. There are separate charges for services at non-participating laboratories.

2. Call The Empire Plan at 1-877-7-NYSHIP (1-877-769-7447)

The Empire Plan Hospital Benefits Program provides your hospital coverage at hospitals or licensed birthing centers through Empire BlueCross BlueShield. You must call for preadmission certification before maternity and other hospital admissions related to your pregnancy.

3. Enroll in the Future Moms Program

As soon as you know you are pregnant, call 1-877-7-NYSHIP (1-877-769-7447) for preadmission certification and select Option 2 for Empire BlueCross BlueShield and to learn about the Future Moms Program. Call early – during the first month of pregnancy, if possible – and tell the representative you're calling about your pregnancy. The maternity specialist will ask you some questions to determine if there are any potential concerns. Questions may include:

- Is this your first pregnancy?
- Have you had problems during previous pregnancies?
- Do you have diabetes?
- Do you have urinary tract infections?

The maternity specialist can also send you materials that include:

- Prenatal Kit
- *Your Pregnancy Week by Week* pregnancy book
- Maternity Care Guide
- *Eating for Two* brochure

Doctors report problems in three out of every ten pregnancies; however, early diagnosis and care can help you have a healthy baby.

If you choose to enroll in the Future Moms Program, you will be assigned a registered nurse who specializes in pregnancy to support you with things such as:

- Proper self-care
- Signs and symptoms of possible pregnancy-related complications
- Breastfeeding
- Delivery options
- Smoking cessation
- Nutrition counseling

Your nurse will check in with you periodically about your progress. He or she can also help you develop questions to ask at your next doctor's visit and may also call your doctor to discuss possible follow-up. Under The Empire Plan, you, your doctor and your nurse work as a team.

As you get closer to your due date, your nurse will help you start planning your baby's birth and your recovery. And once you've delivered, you will receive a birth kit with handy tools to help you care for your little one.

4. Be informed

Ask your doctor or nurse-midwife, the doctor's nurse and the maternity specialist all your questions. Community resources and web sites listed on page 12 provide even more information. *Be informed.* Make sure you know how you can have a healthy pregnancy and baby.

5. Enroll your baby for coverage

Remember to change from individual coverage to family coverage or add your baby to your family coverage.

If you are an active employee, contact your agency Health Benefits Administrator within 30 days of your baby's birth.

If you are a retiree, write to the Department of Civil Service Employee Benefits Division, Alfred E. Smith State Office Building, Albany, New York 12239, within 30 days of your baby's birth.*

Your *NYSHIP General Information Book* has more information about changing your coverage.

* Retirees of Participating Agencies: Call the Health Benefits Administrator at your former agency.

Prenatal tests are medical tests you receive while you are pregnant. They help your doctor monitor your health during pregnancy and the health of your developing baby.

Some prenatal tests are given to almost all pregnant women. These include blood pressure checks and blood and urine tests.

The Empire Plan covers in full all routine pre- and postnatal visits and urinalyses received from Empire Plan participating obstetricians/gynecologists, family practice physicians or certified nurse-midwives. Additional testing, based on medical necessity, is also covered but may be subject to a copayment. The Empire Plan Basic Medical Program covers services received from non-participating providers. (See your *NYSHIP General Information Book* and *Empire Plan Certificate* for more information about The Empire Plan Basic Medical Program.)

Your doctor will listen to your baby's heartbeat at each visit (beginning when your baby's heart is developed enough to be heard – usually by about 12 or 13 weeks). After about 20 weeks, your doctor will begin measuring your abdomen to follow your baby's growth. A normal heartbeat and growth rate are important signs that your baby is developing properly. Prenatal care also usually includes tests for:

- Hepatitis B, syphilis and other sexually transmitted diseases that could be dangerous to a developing baby. A Pap smear to rule out possible cancer of the cervix is given and a test for HIV, the virus that causes AIDS, is offered.
- Presence of antibodies in your blood to show immunity to rubella (German measles) and varicella (chickenpox), which can cause birth defects if you are infected during pregnancy.
- Anemia (low red blood cell count) to make sure you are getting enough iron. Too little iron could cause you to feel especially tired and possibly increase your risk of delivering your baby too soon.
- Your blood type, including whether or not you carry a protein called the Rh factor. Women who do not have the Rh factor are considered Rh negative and usually need a series of injections to protect their babies from a possible blood problem.
- Bacteria in your urine, which could indicate an infection that can pose a serious risk for both you and your baby.
- Sugar in your urine, which can be a sign of diabetes. Your doctor may suggest additional tests if sugar shows up in your urine.
- Protein in your urine, which can indicate a urinary tract infection or, later in pregnancy, a pregnancy-related condition that includes high blood pressure. Your doctor may suggest additional tests if your urine has protein in it.
- Gestational diabetes. A glucose tolerance test that is usually performed at about 28 weeks identifies this condition.
- Presence of Group B streptococcus (GBS). Your doctor performs a cervical test at about the sixth month of your pregnancy. If the bacteria is present (common for many women and considered a normal part of a woman's reproductive system), you may receive treatment during labor to protect the baby from becoming infected during birth.
- Cystic fibrosis (CF), an inherited disease that can severely affect breathing and digestion.

Your doctor may perform other prenatal tests, depending on your medical and family history and that of the father, as well as the course of your pregnancy. These tests include a blood screening for alpha-fetoprotein (AFP) given between the 16th and 18th weeks of pregnancy. This screening determines a baby's risk for certain disorders including Down syndrome. One or more ultrasounds may also be offered. An ultrasound uses sound waves to create a picture of the baby and helps the doctor date the pregnancy and follow the baby's growth and development. This test also helps determine the presence of more than one baby, the level of fluid around the baby, the health and location of the placenta and the sex of the baby.

Women at increased risk of certain pregnancy problems may be offered additional tests. These tests include amniocentesis, a test of the fluid surrounding the baby that detects certain genetic abnormalities; chorionic villus sampling (CVS), a sampling of the baby's tissue from the fingerlike projections in the placenta; and/or a fetal non-stress test that measures the frequency of a baby's movement in the womb and how the baby's heart rate relates to the movement.

If you have any questions about prenatal tests or the terms used in this article, talk with your doctor. If you are unsure whether a test will be covered, call The Empire Plan toll free at 1-877-769-7447 (1-877-7-NYSHIP) before you receive the test.

EXERCISE DURING PREGNANCY

You may wonder if it is safe to exercise during pregnancy. Unless there is a medical reason to avoid exercise, the American College of Obstetricians and Gynecologists (ACOG) recommends moderate exercise for at least 30 minutes on most – if not all – days of your pregnancy. Exercise can:

- Prevent high blood pressure and gestational diabetes (that sometimes develop during pregnancy).
- Build stamina for labor and delivery.
- Ease common discomforts like constipation, backache, fatigue and varicose veins.

- Enhance well-being and promote early recovery and weight loss after labor and delivery.
- Relieve some emotional strains during the postpartum period when baby blues may begin (see page 8).

A few notes about safety

- Before you begin exercising, discuss your plans with your doctor.
- Be careful choosing your exercises. Stay away from activities that may put you at high risk for injury, such as horseback riding or downhill skiing.

- Do not engage in activities like soccer or kickboxing that could injure your abdomen.
- After your first trimester, avoid exercise that requires you to lie flat on your back, which can reduce blood flow to the uterus and endanger your baby.
- Brisk walking, swimming, hiking or dancing are usually safe choices.
- Try aerobics and yoga classes designed for pregnant women.
- Avoid overheating while exercising, and do not exercise on hot, humid days.
- Drink plenty of fluids before, during and after exercise.

LOW-BIRTHWEIGHT BABIES

Low birthweight is considered to be a weight of 5 pounds 8 ounces or less at birth. One of every 12 babies born each year in the United States has a low birthweight. This low birthweight is linked to 65 percent of infant deaths and serious risk for long-term health challenges such as mental retardation, cerebral palsy and impairments in lung function, sight and hearing. According to the March of Dimes, you may prevent low birthweight if you:

- Have pre-pregnancy checkups.
- Take a multivitamin containing 400 micrograms of B-vitamin folic acid (the amount in most multivitamins) every day before and early in your pregnancy. Natural sources of folic acid include orange juice, peanuts, green leafy vegetables, beans,

broccoli, asparagus, peas, lentils and enriched grain products. (Folic acid helps prevent birth defects of the spine and brain. A baby's spinal column is formed a few days after a woman first misses her period.)

- Stop smoking. Smokers, on average, have smaller babies than nonsmokers. Exposure to another person's smoking when you're pregnant may decrease your baby's birthweight. Smoking during pregnancy may lead to preterm birth and stillbirth. Babies of mothers who smoked during pregnancy are more likely to have poor lung development, asthma and respiratory infections and to die of sudden infant death syndrome (SIDS). See page 12 for smoking cessation resources.
- Stop drinking alcohol, using illicit drugs, or taking prescription

or over-the-counter drugs (including herbal preparations) that are not prescribed by a doctor who knows you are pregnant. Drug and alcohol use limits fetal growth and can cause birth defects.

When you are pregnant:

- Get early, regular care.
- Eat a balanced diet with enough calories for a developing baby (usually about 300 calories a day more than a woman normally eats). A fetus is nourished by what a mother eats, and it can suffer if the mother eats poorly.
- Gain enough weight, but not too much. Health care providers recommend that a pregnant woman of normal weight gain 25 to 35 pounds.

Based on information from the March of Dimes

The most precious gift you can give your baby is a healthy start in life. Whether to feed your newborn breast milk or formula is one of the first, most important health decisions you make for your baby. Babies fed either breast milk or formula can grow and develop normally, and each offers advantages. Cow's milk is not recommended for the first year.

Feeding time is a wonderful opportunity to bond with as well as nourish your baby and to stimulate intellectual, social and emotional development.

What you feed your baby is a very personal decision. Talk to your doctor early in your pregnancy about whether breast milk or formula is best for you and your baby. Then you'll have time to think about it before your baby is born.

Breast Milk

Breast milk is a complete form of nutrition for almost all babies. And, as an infant grows, the mother's milk changes to adapt to the child's changing needs. Extra ingredients are present in breast milk, a unique source of food that cannot be duplicated. Breast milk usually is easily digested by a baby, and may reduce gas and discomfort. It naturally provides ideal amounts of protein, sugar, fat, most vitamins, growth factors, hormones and other substances a baby needs for healthy growth and development. Breast milk also contains fatty acids to promote brain development, antibodies and other substances that help protect a baby from illness.

Studies show that babies fed breast milk may have a lower incidence of vomiting, diarrhea,

ear infections, lower respiratory infections, urinary tract infections and bacterial meningitis, and that breastfeeding may protect against sudden infant death syndrome (SIDS). Breast-fed children may have fewer childhood cancers and allergies, stronger bones, lower blood pressure, better pain relief and stress reduction and higher intelligence than formula-fed children. Later in life, diabetes, asthma and obesity are less common among adults who were fed breast milk as babies. Breastfeeding also promotes correct development of jaws, teeth and speaking abilities.

Breastfeeding increases the mother's production of hormones that help reduce her risk of uterine bleeding after delivery. These hormones may calm and relax her, which may protect her from postpartum depression. Breastfeeding mothers may lose weight gained during pregnancy more easily, have less chance of developing anemia after delivery and are less likely to develop osteoporosis later in life. Mothers who breastfeed are at reduced risk for ovarian, uterine, endometrial and breast cancer.

Economic Advantages of Breastfeeding

- Breast milk is almost always available and has no charge.
- Breastfeeding helps babies fight off disease and infection and, therefore, lessens medical bills.
- Breastfeeding is good for the environment: no disposable bottles, cans or boxes, and no energy demands like those created for the production and transport of formula.

The American Academy of Pediatrics recommends feeding a baby breast milk exclusively (no water, juice, nonhuman milk, formula or food) for the first six months of a baby's life, and continuing breastfeeding throughout the baby's first year.

Formula

Formula is a satisfactory alternative to breast milk, and particularly appropriate when the baby is adopted or maternal illness, breast abnormality or breast surgery prevents breastfeeding.

A variety of formulas are available and each offers essential nourishment and different compositions for the digestive and dietary needs of babies.

If you decide to feed your baby formula, be sure the one you choose provides DHA and ARA, nutrients that build healthy brains and eyes. Ask your pediatrician for a recommendation about which formula is best as your child grows and changes.

Calcium, iron, easy-to-digest protein, a healthy level of calories and vitamins and minerals are vital to the baby's health and development and should be in any formula you choose.

Certain formulas are very similar to breast milk. Some mothers combine breast milk and formula feeding, which benefits the baby by providing special nutrients and enables the mother and other caregivers to take advantage of the conveniences and other benefits of formula feeding.

Based on information from the American Academy of Pediatrics, Centers for Disease Control, March of Dimes, National Cancer Institute and WebMD

CHOOSING YOUR BABY'S DOCTOR

By the second trimester, follow this checklist of questions when choosing your baby's doctor:

- Is the doctor an Empire Plan participating provider?
- What are the office hours?
- When is the best time to call with routine questions?
- Is emergency coverage available 24 hours a day, including weekends?
- Who covers for the doctor if he or she is unavailable?
- What is the physician's pediatric background? Is he or she board certified? Does the doctor have a subspecialty if your child has special medical needs?
- At what hospitals does the doctor admit patients? Are the hospitals in The Empire Plan network?
- Are the doctors who cover for the doctor affiliated with the same hospitals? Are they board certified?
- Are waiting rooms and exam rooms clean and engaging for you and your child?
- How friendly and helpful is the office staff?

Your Pediatrician

Choosing a pediatrician is an important part of planning for a new baby. This is the doctor who will care for your child as he or she grows and develops.

A good time to start looking is about six or seven months into your pregnancy. Ask relatives and friends for recommendations. Talk to parents in your neighborhood or get referrals from your own doctor.

AVOIDING PRETERM BIRTH

A new survey shows a majority of new and expectant moms have not discussed preterm birth with their doctors, despite the fact that early prenatal care, including discussion about lifestyle habits and personal and family medical history, may give babies a better chance of a healthy, full-term birth.

Preterm birth, or the birth of a baby prior to 37 completed weeks of pregnancy, is a serious problem that affects more than half a million babies in the United States each year. It is the leading cause of

infant death in the United States and babies who survive often face serious complications and lifelong disability.

Talking about preterm birth with your doctor early enough and covering all important topics, such as risk factors, represents a challenge for moms and doctors. According to the survey, only one in four new or expectant moms say they discussed preterm birth with their doctors before the second trimester. Also, although one of the most significant risk factors is

having had a preterm birth before, nearly 40 percent of moms who have previously delivered preterm were not informed that they may be at risk for a subsequent preterm birth.

The March of Dimes recommends that every woman have a medical checkup before getting pregnant to identify and manage conditions that contribute to preterm delivery. They also urge women and doctors to talk about risk factors for premature birth as early as possible.

EXPECTANT FATHER?

Many men – like many women – have never cared for a baby until their own is born. So, for both dads and moms, a baby can be exciting and unfamiliar at the same time. As a dad, you have a vital role in the health and well-being of your baby.

- Hold and cuddle your baby. Your baby will feel safe in your arms.
- Smile and laugh with your baby. Studies show that a baby can recognize his or her parents within the first week of life.
- Play with your baby. This helps both you and your baby thrive and form a strong bond.

- Talk to your baby. Your baby will quickly learn your voice and know that you are his or her father.
- Change your baby's diapers. Many fathers remember this seemingly tiresome chore as a good memory instead of a bad one.
- Offer to help with feeding so that mom can get plenty of rest.
- Take your baby for walks. Babies love the sights and sounds of the outdoors.

Dependent Care Advantage Account (DCAAccount)

For eligible employees of the State of New York Executive Branch who are Management/Confidential or represented by Council 82, CSEA, DC-37, Legislature, NYSCOPBA, PBA, PEF, PIA, Unified Court System, UUP.

Will you need child care for your baby? The Dependent Care Advantage Account (DCAAccount) could help save you money by allowing you to pay for your child's care with pre-tax dollars. Under this program, you may set aside up to \$5,000 in pre-tax salary for eligible child care. See your agency Health Benefits Administrator for details or visit www.flexspend.state.ny.us.

Employees of Participating Employers and employees of Participating Agencies: Ask your agency Health Benefits Administrator if a similar benefit is available to you.



For most women, the birth of a child is a time of joy and pleasure. At the same time, 50 to 80 percent of new mothers experience the “baby blues” during the first week after delivery. These feelings of moodiness, depression, anxiety, irritability, and fatigue, sometimes attributed to after-delivery hormonal changes, typically last only a few days and are gone within two weeks of the birth.

However, for some new mothers, a more serious form of depression may develop *any time within a year* of childbirth. Women with this “postpartum depression” can experience any number of symptoms, the most common of which are extreme sadness, crying, guilt, feelings of hopelessness and/or worthlessness, difficulty concentrating, fatigue, changes in eating habits and insomnia. In more extreme cases, fear of harming the baby (though this rarely happens) and suicidal thoughts can occur.

What causes postpartum depression?

Most experts agree that it is the result of many factors. Evidence suggests that changes in hormones after delivery such as estrogen, progesterone and thyroid are involved. Complications during labor and delivery, a severe case of baby blues, having a “difficult baby,” and stress and lack of emotional support related to the care of the child also

may contribute to the problem. In addition, there are factors unrelated to delivery that place the mother at risk for developing postpartum depression. These include a personal or family history of depression or mood disorders, relationship problems, unemployment of the mother or her partner or other stressful events during the preceding year.

What should you do if you think you are suffering from postpartum depression?

First, don't be afraid to let your doctor know what you've been experiencing. Unfortunately, you may be one of as many as 50 percent of women with this problem who never acknowledge the symptoms or seek treatment and therefore suffer needlessly. Once your doctor is aware of the problem, he or she can help you determine the best form of treatment for you. This may include counseling from the physician or a mental health professional, involvement in a postpartum depression support group, medication or a combination of two or more of these approaches. Remember that you may get valuable support by telling your partner or a relative or friend how you're feeling. Finally, take care of yourself. Eat well, get plenty of rest, try to exercise every day, ask for help from others and spend time with friends.

More about Baby Blues

There is helpful information about postpartum depression on the customized Empire Plan Mental Health and Substance Abuse Program web site at www.liveandworkwell.com (use access code Empire in the right-hand navigation). You can find self-help questionnaires, articles and other resources by going to the Mental Health Condition Center and selecting Depression, then choosing Postpartum Depression.

If you think you or a loved one is suffering from postpartum depression, or if you have questions, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and select Option 3 for OptumHealth.

Q. Will my dental work pose a risk to my unborn baby?

A. Routine dental work should continue throughout your pregnancy and should not cause concern. In fact, delaying needed dental work could be risky. Badly decayed teeth or impacted wisdom teeth can cause infection that could spread and endanger both you and your baby. When your body is fighting to stay healthy, by-products and chemicals are produced and travel through your bloodstream. If these chemicals reach your uterus, they may cause premature labor. Research suggests that women who have gum disease or periodontitis may be seven times more likely to have a baby born too early and too small. Be sure to tell your dentist or hygienist you are pregnant so necessary precautions are taken. Avoid X-rays unless they are absolutely necessary. The American Dental Association recommends brushing teeth thoroughly twice a day with fluoride toothpaste to remove plaque and prevent tooth decay and periodontal disease and cleaning between teeth daily with floss or interdental cleaners.

Q. My friend told me I shouldn't touch raw meat or clean my cat's litter during my pregnancy. Is she right?

A. Germs that cause only mild or no symptoms at all in adults can be deadly to an unborn fetus. The parasite that causes toxoplasmosis is found in raw meat and cat feces and can cause severe brain damage in the fetus. Pregnant women should practice good hygiene when handling raw meat, avoid contact with sandboxes and litter boxes and wear gloves when gardening.

Q. I am a victim of domestic violence. Where can I go for help?

A. Call the New York State Coalition Against Domestic Violence hotline toll free at 1-800-942-6906; for a Spanish-speaking representative, call 1-800-942-6908. And, talk with your doctor. Your baby's health is at stake.

Q. Is it safe for me to use household cleaning products while I'm pregnant?

A. Some cleaning agents may cause birth defects after prolonged direct contact with your skin. Be careful not to use cleaners with strong fumes, like oven cleaners. Wear gloves and facial protection and work in a well-ventilated area. Read labels to check if the substance is dangerous for pregnant women. Contact the manufacturer, talk with your agency health and safety officer or ask your doctor if you have questions.

Childbirth Education Classes

In the sixth or seventh month of your pregnancy, you and your partner (or a family member or friend who will be your labor support or coach) may want to start taking a childbirth education class. These classes usually run for six or eight weeks and include:

- information about what you can expect during pregnancy, labor and delivery;
- suggestions of proper diet and exercise during pregnancy;
- relaxation and breathing techniques to use during labor and delivery;
- how your partner or labor coach can best help you during delivery; and
- a chance to meet and spend time with other expecting parents.

Taking a childbirth education class can reduce your stress by preparing you to deal with what might happen during pregnancy, labor and delivery. Contact your doctor's office or your local hospital or birthing center for more information about childbirth education classes. Call early in your pregnancy to make a reservation.

Note: Any charges for these services will not be reimbursed by The Empire Plan.

Continued on next page

Questions and Answers, *continued*

Q. If a woman is HIV positive, will her baby be born HIV positive too?

A. Women who are HIV positive can help protect their babies. New drugs can reduce the risk of HIV positive mothers passing the virus onto their babies to 2 percent or less, compared to a risk of about 25 percent for untreated mothers. It is important for a woman considering pregnancy or who is already pregnant to have a simple blood test to determine if she is HIV positive. The New York State AIDS Hotline provides information about free anonymous testing. Call toll free 1-800-541-2437; for a Spanish-speaking representative, call toll free 1-800-233-7432.

It is better to be tested for HIV during pregnancy than to wait until delivery. If a woman without prenatal HIV test results declines HIV testing during delivery, hospitals are required to conduct expedited HIV testing on her newborn. Treatments for mom during or shortly after delivery can reduce transmission from mother to baby by up to two-thirds. If you are HIV positive, do not breastfeed your baby. The HIV virus can be carried in breast milk.

Q. I'm 36 years old. Is pregnancy safe after age 35?

A. Most women who are 35 and over have healthy pregnancies. However, the risks associated with pregnancy increase gradually with age. While advances in medical care can help women over age 35 have safer pregnancies than in the past, pregnancy complications for this age group are higher than for younger women.

Good prenatal care is especially important for women over 35 because they're more likely to develop high blood pressure and gestational diabetes for the first time during pregnancy. They're also at increased risk of having placental problems, a miscarriage or stillbirth, or having a baby with a genetic disorder like Down syndrome.

If you have decided to delay having a child, you should understand the risks associated with this so you can take precautions to minimize risks and improve your chances for a healthy pregnancy and child. Talk to your doctor and enroll in The Empire Plan Future Moms Program (see page 2).

Q. Is there any reason to limit fish intake during my pregnancy?

A. Yes. Although fish and shellfish are an important part of a healthy diet, certain types of fish may be contaminated with high levels of mercury or industrial pollutants, which can be harmful during pregnancy. When a pregnant woman consumes large amounts of mercury, her baby may suffer brain damage. The U.S. Food and Drug Administration (FDA) recommends that women who could become – or who are – pregnant avoid eating swordfish, shark, king mackerel or tilefish, which can contain high levels of mercury. Instead, the FDA recommends eating up to 12 ounces (two average meals) a week of a variety of fish and shellfish that are lower in mercury such as shrimp, salmon, pollock, catfish and canned light tuna. Because tuna steak and albacore (“white”) tuna generally contain higher levels of mercury than canned light tuna, the FDA recommends limiting intake of tuna steak and albacore tuna to six ounces (one average meal) per week. Talk with your doctor about diet recommendations.

Q. Is it possible for me to transfer a sexually transmitted disease (STD) to my unborn baby?

A. Sexually transmitted diseases in pregnant women may cause spontaneous abortion and/or infection in the newborn. Complications for the newborn may include pneumonia, eye infections and permanent neurological damage. If you think you have a sexually transmitted disease, see your doctor as soon as possible. Most STDs are treated easily. The earlier a woman seeks treatment, the less likely she is to pass the disease on to her baby.

Q. How can I prevent exposing my baby to dangerous levels of lead?

A. Renovating a home built before 1978 may expose you, your baby and young children in your home to high lead levels. Be aware of lead paint on surfaces such as windowsills, railings and stair edges, especially at a height that a child may chew or mouth. Before renovating, consider testing the painted surfaces for lead. Your local health department can recommend experts. Pregnant women exposed to high levels of lead may be at increased

risk for miscarriage, preterm labor or having a baby with developmental delays. If lead is found, hire an expert who follows safety precautions (such as blocking off the room) to remove it. Stay out of the home until the paint is gone and cleanup is completed. Have workers wet-mop dust or chips from the paint to prevent them from becoming airborne. After your baby is home, make sure painted surfaces are in good condition, especially those your baby can touch.

To minimize levels of lead in tap water, the Environmental Protection Agency recommends running your tap water until it is cold – at least 60 seconds – and a minimum of two minutes if the tap has not been used for more than six hours. Use only cold tap water for drinking, cooking and making infant formula. Call your local health department or your doctor if you have questions.

Q. I have heard of babies dying of SIDS. What is it and how can I reduce my baby's risk?

A. SIDS is “sudden infant death syndrome,” the diagnosis for the sudden unexplained death of an infant under one year of

age. SIDS is the leading cause of death in infants between one month and one year of age. Most SIDS deaths occur between the ages of two and four months. While there is no way to predict which babies will die from SIDS, there are ways to lower your baby's risk:

- Put your baby to sleep on his or her back (unless advised otherwise by your doctor), even for naps.
- Place your baby on a firm mattress and not a soft surface (like a waterbed).
- Do not use fluffy pillows or comforters, or put soft pillow-like toys in your baby's crib.
- Keep your baby's face and head uncovered during sleep.
- Do not let your baby get too warm during sleep.
- Take your baby for regular well-baby checkups and routine immunizations.
- Smoking during pregnancy has been associated with increased risk of SIDS. Do not smoke during pregnancy or allow smoking around your baby. See page 12 for smoking cessation resources.

RESOURCES

All 1-800, 1-877 and 1-888 telephone numbers are toll free.

Alcoholism and Substance Abuse

NYS Office of Alcoholism and Substance Abuse Services
1-800-522-5353

Cancer

National Cancer Institute
1-800-4-CANCER
(1-800-422-6237)

Diabetes

American Diabetes Association
1-800-DIABETES
(1-800-342-2383)

Domestic Violence

NYS Coalition Against Domestic Violence Hotline
1-800-942-6906
Spanish NYS Coalition Against Domestic Violence Hotline
1-800-942-6908

Environmental Health

NYS Department of Health
1-800-458-1158

Food and Nutrition

Growing Up Healthy Hotline,
NYS Department of Health
1-800-522-5006

Heart Health

American Heart Association
1-800-AHA-USA-1
(1-800-242-8721)

HIV/AIDS

NYS AIDS Information Hotline,
NYS Department of Health
1-800-541-2437
NYS Spanish AIDS Information Hotline,
NYS Department of Health
1-800-233-7432

Lead Exposure

National Lead Information Center Hotline, U.S. Environmental Protection Agency
1-800-424-LEAD
(1-800-424-5323)

Oral Care

American Dental Association
312-440-2500

Pregnancy and Birth Defects

March of Dimes
1-888-MODIMES
(1-888-663-4637)

Smoking Cessation

New York State Smokers' Quitline, NY Residents
1-866-697-8487
North American Quitline Consortium, Residents of Other States
1-800-QUIT-NOW
(1-800-784-8669)

This Reporting On is based in part on information from:

- American Academy of Pediatrics (www.aap.org)
- American College of Obstetricians and Gynecologists (www.acog.org)
- American Dental Association (www.ada.org)
- American Medical Association (www.ama-assn.org)
- Centers for Disease Control and Prevention (www.cdc.gov)
- March of Dimes (www.marchofdimes.com)
- National Institutes of Health (www.nih.gov)
- U.S. Environmental Protection Agency (www.epa.gov)
- U.S. Food and Drug Administration (www.fda.gov) and
- WebMD (www.webmd.com).

Visit the web sites of the sources listed here for more details. The Empire Plan NurseLineSM at 1-877-7-NYSHIP (1-877-769-7447) offers health information and support from an experienced registered nurse, 24 hours a day, 7 days a week. You can call the same number to reach The Empire Plan NurseLine's Health Information Library. Enter PIN number 335 and a four-digit topic code from The Empire Plan NurseLine brochure. If you do not have your brochure, ask the NurseLine nurse to send you one.

State of New York Department of Civil Service, Employee Benefits Division, Albany, New York 12239 ▪ <https://www.cs.state.ny.us>

It is the policy of the State of New York Department of Civil Service to provide reasonable accommodation to ensure effective communication of information in benefits publications to individuals with disabilities. These publications are also available on the Department of Civil Service web site (<https://www.cs.state.ny.us>). Check the web site for timely information that meets universal accessibility standards adopted by New York State for NYS Agency web sites. If you need an auxiliary aid or service to make benefits information available to you, please contact your agency Health Benefits Administrator. NYS and PE Retirees, NYS and PE COBRA Enrollees and Young Adult Enrollees: Contact the Employee Benefits Division at (518) 457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

 This Report was printed using recycled paper and environmentally sensitive inks.

AL0969



RO Healthy Babies/July 2010