Ohio Gestational Diabetes Mellitus (GDM) Learning Collaborative

Check her risk. Protect her health.

Home Visitor Toolkit

2019

The Ohio Gestational Diabetes Mellitus (GDM) Learning Collaborative

The Ohio GDM Learning Collaborative is comprised of clinical and home visiting providers across Ohio dedicated to improving health outcomes for pregnant women diagnosed with GDM. This Learning Collaborative seeks to improve postpartum care visit and postpartum type 2 diabetes (T2DM) screening rates for women diagnosed with GDM during pregnancy. This home visiting toolkit has been developed in conjunction with national clinical experts to provide office tools to ensure home visiting agencies have necessary resources to work towards the Learning Collaborative's goals. Specifically, this toolkit includes both general prenatal resources and resources specific to pregnant women diagnosed with GDM.

Table of Contents

Collaborative's Goal:
To improve postpartum T2DM screening rate among women diagnosed with GDM.

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The case for monitoring and managing Gestational Diabetes Mellitus

Gestational Diabetes Mellitus (GDM), a condition characterized by glucose intolerance during pregnancy, is associated with a variety of adverse birth outcomes, including excessive fetal weight gain and related increases in the rate of cesarean delivery, perinatal injury, and neonatal morbidity. GDM increases the risk for a number of longer-term adverse outcomes, including progression to type 2 diabetes (T2DM) in the mother as well as increased risk of obesity, diabetes, and possibly adult cardiovascular disease in the infant.[1]

According to the Ohio Department of Health (ODH), it is estimated that GDM occurs in 3-9 percent of pregnancies in the United States as well as in Ohio. In Ohio alone, GDM is responsible for approximately 9,000 pregnancy complications each year. Just having GDM places a woman at a higher risk of developing T2DM — regardless of her family history of the disease. In order to screen for GDM, blood glucose will be tested 1 hour after a 50-gram glucose drink is given at 24 - 28 weeks gestation. If that screen is positive (glucose level 130 - 140 mg/dl), a 100-gram oral glucose tolerance test will be done.

Once diagnosed with GDM, it is important for you to work with mothers before, during, and after pregnancy to minimize long-term health risks. Here's how:

1. Visit mothers diagnosed with GDM regularly.
    - Work with mothers and, together, you will be able to detect problems early, or even prevent them entirely.
    - Provide mothers the blue GDM family toolkit and ensure they have the resources they need to manage their GDM.
2. Recommend mothers eat healthy foods and stay active.
    - Refer mothers to a dietitian and/or diabetes educator to develop a diabetes meal plan. Encourage mothers to contact her plan to verify dietitian benefits.
    - Help create plans and goals for mothers to stay active to help keep their blood glucose under control.
3. Encourage mothers to take their medicines (if prescribed).
4. Share with mothers the importance of quitting tobacco and vaping.

5. Advise mothers to monitor their blood glucose often.

- Let mothers know that their blood glucose can change very quickly, becoming too high or too low. What they eat, how much they engage in physical activity, and their growing baby will cause changes in their blood glucose many times during the day.
- The American College of Obstetricians and Gynecologists (ACOG) recommends keeping blood sugar levels as shown below.
- Encourage mothers to ask their healthcare provider if different levels are recommended.

ACOG Recommendations	
Before meals	95 mg/dL or lower
1 hour after eating	140 mg/dL or lower
2 hours after eating	120 mg/dL or lower

Ask mothers: Do you have any barriers that might prevent you from checking your blood glucose?

6. Discuss methods to control and treat low blood glucose quickly.

- Urge mothers to check their blood glucose right away if they have symptoms.
- Recommend that mothers carry a quick source of sugar, like hard candies or glucose tablets, so they are ready to treat low blood sugar glucose quickly.

7. Advocate to get tested for diabetes after pregnancy

- Advise all women diagnosed with GDM of the importance of testing for diabetes at **4–12 weeks postpartum and then every 1–3 years**, as appropriate. And if a woman becomes pregnant again she needs to get tested at her first prenatal appointment for diabetes.

Who is responsible?

Every healthcare professional has the responsibility to ensure that the glucose test has been ordered, administered and reviewed with their patient.

Properly managing diabetes

can help in subsequent pregnancies by **preventing** preeclampsia, cesarean delivery, abnormal fetal growth, birth trauma, and a NICU stay.

Ask mothers:

- Do you understand the importance of being screened for diabetes 4–12 weeks after delivering your baby?
- What would prevent you from getting your follow-up test?
- Has your provider ordered your glucose test?
- Do you understand the risks to your baby if you do not take care of your diabetes?

The most common treatments of GDM remain nutritional counseling and dietary intervention. The optimal diet should provide calories and nutrients needed to sustain pregnancy without resulting in significantly low blood sugar after a meal.

While you will be referring mothers diagnosed with GDM to a dietitian and/or a diabetes educator for a comprehensive meal plan, you can also provide some initial guidance. The My Plate Planner is an easy tool you can use on home visits. **ChooseMyPlate.gov** is an excellent resource for all persons, as it translates nutritional recommendations into the kinds and amounts of foods to eat each day.

The Women, Infants, and Children (WIC) website provides additional helpful tips and tools specific to educating women with GDM.

http://www.nal.usda.gov/wicworks/Sharing_Center/gallery/gestationaldiabetestools.htm

Suggest that mothers:

- Try using half the plate for **breakfast**, and the whole plate for **lunch** and **dinner**.
- Fill ½ of plate with vegetables such as broccoli, carrots, green beans, and salad.
- Fill ¼ of plate with lean meat, chicken, or fish: this is about 3 ounces.
- Fill ¼ of plate with a starchy choice such as ½ cup mashed potatoes, corn, peas, pinto beans, pasta, rice, or a slice of bread/small tortilla.
- Add 1 small serving of fruit.
- Choose 1 serving milk/yogurt. If 8 ounces of milk increases blood glucose above normal, decrease serving size to 4 ounces or select other sources of calcium (e.g., light yogurt).

Ask mothers:

- What kind of foods do you most often make and eat home?
- What stops you from eating more fruits and vegetables?

My Plate Planner

Please refer to meal planning guidelines on the back.

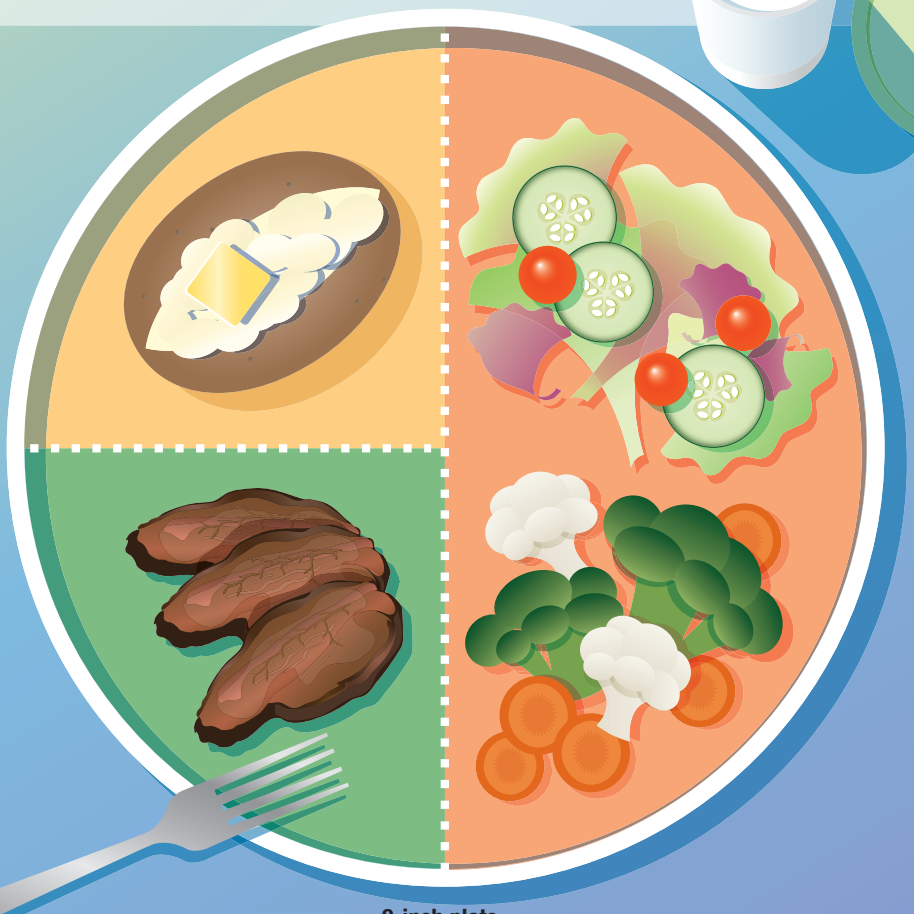
My Plate Planner
Methods of Use

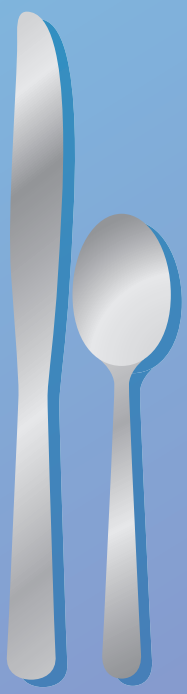
- Fill 1/2 of your plate with vegetables such as broccoli, carrots, cauliflower, and salad
- Fill 1/4 of your plate with lean meat, chicken or fish; this is about 3 ounces
- Fill 1/4 of your plate with a starchy choice such as 1/2 cup mashed potatoes
- Add 1 serving of fruit
- Choose 1 serving of milk
- Add margarine or oil for preparation or addition at the table

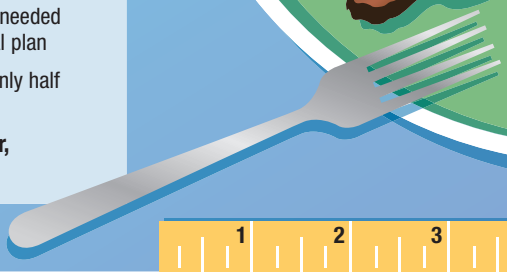
Add other portions as needed to round out your meal plan

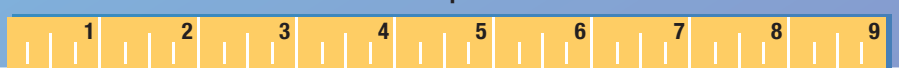
For breakfast, use only half the plate

For lunch and dinner, use the whole plate









9-inch plate

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Meal Planning Guidelines

Carbohydrates

Choose any 3 servings at each meal.*

Choices include breads and starches, fruits, some vegetables and milk. If your meal plan is different, adjust the number of servings accordingly.
Examples of one serving of carbohydrates:

Breads and starches

- 1 slice bread or small roll
- 1/3 cup rice or pasta
- 1/2 cup cooked cereal or potatoes
- 3/4 cup dry cereal
- 1/2 cup corn

Fruits

- 1 piece, such as a small pear or apple
- 1 cup fresh fruit
- 1/2 cup canned fruit
- 1/2 cup fruit juice

Milk

- 1 cup skim or lowfat
- 1 cup sugar-free lowfat yogurt

Meats and Proteins

Choose 1–3 servings per meal.*

Examples of one serving:

- 1 ounce lean meat, poultry or fish
- 1 egg
- 1 ounce cheese
- 1/4 cup lowfat cottage cheese

Fats

Choose 1–2 servings per meal.*

Examples of one serving:

- 1 teaspoon margarine, oil, or mayonnaise
- 1 Tablespoon salad dressing or cream cheese

Free Foods

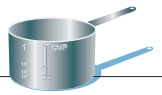
Foods with less than 20 calories per serving

Use as desired:*

- Most vegetables
- Sugar-free soda
- Black coffee or plain tea

*Note: If you have a personalized meal plan, the number of servings you choose per meal may be different.

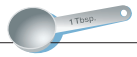
Visual Tips for Portion Sizes

1 cup =  **=** 

1/2 cup =  **=** 

1/3 cup =  **=** 

2 Tablespoons =  **=** 

1 Tablespoon =  **=** 

1 teaspoon =  **=** 

1 ounce (oz) =  **=** 

3 ounces (oz) =  **=** 

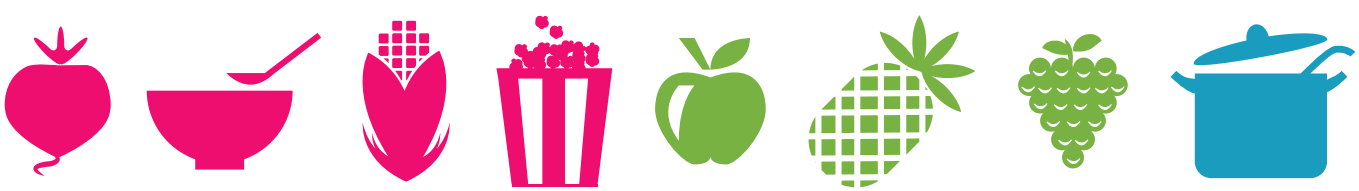
Other healthy food choices you can share with your mothers include:

- Limit fast foods.
  - Limit breaded and deep-fried foods such as fried chicken, fish sticks, and french fries
  - Choose grilled or baked foods
  - Avoid sweet sauces such as catsup and relish
- Eat smaller, more frequent meals.
  - Eating 3 smaller meals and 2–3 healthy snacks each day can help control your blood glucose
- Do not skip meals.
- Choose foods low in simple sugar.
  - Avoid foods/drinks sweetened with sugar or honey
  - Limit fruit juice. Eat fresh fruits
  - Sugar substitutes that are okay are Splenda® or Equal®. Nothing with "saccharin"
  - Continue to limit caffeinated beverages
- Choose foods high in fiber.
  - Limit white flour products and processed foods
  - High fiber foods can help control your blood glucose
  - Choose whole grain breads/cereals, dried beans, and fresh fruits and vegetables.
- Eat small portions of complex carbohydrate foods.
  - Complex carbohydrates are found in foods like legumes, starchy vegetables, and whole grain breads/cereals
  - Carbohydrates are changed into sugar in the body and are necessary to provide energy and essential vitamins and minerals
  - The portion size of a carbohydrate food is approximately ½ cup or 15 grams of carbohydrate

It's very important for your mothers diagnosed with GDM to keep track of how many carbohydrates they are consuming.

Below is a guideline for carbohydrate limitations:

- Breakfast: limit to 1–2 choices
- Lunch: limit to 3–4 choices
- Dinner: limit to 3–4 choices
- Snacks: limit to 1–2 choices
  - 3 per day (mid-morning, mid-afternoon, bedtime)



Physical activity can help mothers reach their blood glucose targets.

Talk to mothers about the importance of being physically active in lowering their chances of having T2DM —and its complications—in the future. Encourage mothers to include 2 ½ hours of regular, moderate-intensity physical activity per week, typically 30 minutes per day, at least 5 days a week. Some examples of safe physical activities include:

- Walking with family or friends
- Dancing
- Gardening
- Swimming
- Yoga

Encourage mothers to start making healthy lifestyle choices now to make it easier to keep good habits after delivery. It's not easy to make these changes, but motivate mothers to do it for their baby!

Review mothers' history to determine if it is safe for them to physical activity.

Mothers with the following conditions require specific medical recommendations from their doctor before they pursue any physical activity:

- Significant heart disease
- Restrictive lung disease
- Incompetent cervix
- Multiple gestation at risk for premature labor
- Persistent second- or third-trimester bleeding
- Placenta previa after 26 weeks of gestation
- Premature labor during current pregnancy
- Ruptured membranes
- Preeclampsia/pregnancy-induced high blood pressure

Direct mothers to stop exercising or other physical activity and report to their doctor if they experience any of the following conditions:

- Vaginal bleeding
- Heavy breathing prior to physical activity
- Dizziness
- Headache
- Chest pain
- Muscle weakness
- Calf pain or swelling
- Preterm labor
- Decreased fetal movement
- Amniotic fluid leakage

Ask mothers:

What activities do you do now?
Are you physically active?
How?

Help mothers monitor their blood glucose

Once a woman with GDM begins nutrition therapy, surveillance of blood glucose levels is required to be certain that blood sugar control has been established. Based on available data, the general recommendation is four times daily blood sugar monitoring is performed as fasting and either 1 hour or 2 hours after each meal. Once the mother's glucose levels are well controlled by her diet, the frequency of monitoring can be modified.[3]

Be sure to give mothers clear and simple directions on how to use their glucose meter or that they are provided instructions by another source, such as a diabetes educator or pharmacist. Make sure mothers demonstrate understanding.

The American College of Obstetricians and Gynecologists (ACOG) says that patients should try to keep their blood glucose below these levels:

ACOG Recommendations	
Before meals	95 mg/dL or lower
1 hour after eating	140 mg/dL or lower
2 hours after eating	120 mg/dL or lower

Review symptoms mothers may experience when they have:

High blood sugar

- Thirst
- Headaches
- Frequent urination
- Difficulty paying attention
- Blurred vision
- Weakness or lethargy
- Yeast infection

Low blood sugar

- Hunger
- Headaches
- Dizziness
- Confusion
- Paleness
- Sweating
- Weakness
- Anxiety
- Increased heart beat

Advise mothers to check their blood sugar if they notice any of these signs or symptoms. If it is low, recommend that they eat or drink a source of quick sugar—like hard candy or 4 ounces of a fruit juice or skim milk. They should check their blood sugar again in 15 minutes. If it's not better, they should eat or drink a source of quick sugar again. Once they feel better, they should have a protein snack like cheese and crackers or half a peanut butter sandwich. Encourage mothers to call their doctor if they have two or more low blood sugar readings in 1 week.

Ask mothers:

Have you experienced any symptoms of high or low blood sugar? What did you do?

Check her risk. Protect her health.

Risks for the following health conditions are increased in women with GDM:

- GDM in subsequent pregnancies:
  - Recurrence rate of GDM in second pregnancy is approximately 50 percent.[4]
- Type 2 diabetes (T2DM):
  - Women with GDM have a 50% chance of developing T2DM within 5-10 years postpartum.
- Cardiovascular disease

Risks for the following health conditions are increased in babies born to mothers having GDM:

- T2DM
- Childhood obesity

Inform the baby's doctor about the child's risk for these diseases.

Reinforce the need for a T2DM screening, at minimum:

- 4-12 weeks postpartum
- Every 1-3 years thereafter

Myth: GDM goes away after pregnancy.

Truth: GDM has an array of long-term health implications for women and their babies.

Why is postpartum diabetes screening for women with GDM so important?

Identifying women with prediabetes or at-risk for T2DM allows for targeted lifestyle interventions to reduce the risk for developing T2DM later in life.

Identifying women with T2DM allows for targeted intervention to reduce the risk of end-organ injury and allows for optimized blood sugar control prior to any future pregnancies. Insufficiently controlled blood sugar leads to increased maternal and perinatal morbidity, including higher rates of complications compared to the general population, such as perinatal mortality, congenital malformations, high blood pressure, preterm delivery, large for gestational age infants, cesarean delivery and neonatal morbidities.

Impact of follow-up T2DM screenings

Let's say GDM complicates 7 percent of 4,000,000 pregnancies in the United States each year. This means that approximately 280,000 women will be diagnosed with GDM.

Postpartum screening of these 280,000 women could identify:

- 11,200 (~4 percent) women with T2DM who need referrals for diabetes management.
- 42,000 (~15 percent) women with impaired fasting glucose or impaired glucose tolerance who would benefit from diabetes-prevention efforts.
- 226,800 (~81 percent) women with normal postpartum blood glucose testing who should be counseled to maintain a normal weight, physical activity, avoid smoking, and eat a healthy diet.[5]

Be sure that **100 percent** of mothers with GDM get **screened** for diabetes between **4 and 12 weeks** postpartum.

Make the decision with mothers!

To manage their gestational diabetes more successfully, mothers must be able to make decisions for their self-management plan that fit their priorities, goals, resources, culture, and lifestyle.

First and foremost, it's important to ask the right questions to figure out what mothers need to help develop their self-management plan. Then, you must listen to their needs and provide the right information to benefit them the most. Below are some ideas of how you can *together* make health decisions *with* mothers.

1

Ask

Ask mothers to explore their most pressing issue:

- What is your understanding of GDM?
- What specific concerns do you have about managing your health?
- What do you think is the biggest challenge of having GDM?
- Do you understand that you and your baby are at higher risk for developing T2DM later?
- Do you know that it is important to get tested for T2DM after you deliver your baby, and retest every 1-3 years after?
- Do you know what poorly controlled diabetes can do to your baby?

2

Listen

Listen to mothers' responses. For five minutes, allow mothers to complete responses. Do not interrupt or offer any advice during that time. Just listen. Then, if mothers have a difficult time answering, offer some questions to encourage them to add to their responses:

- What about nutrition?
- What do you need to prepare for a blood glucose test?
- How about your physical activity plan?

3

Respond

Respond to mothers *after* they tell you their answers. Make sure your responses are relevant to mothers' situations.

Moms tend to be more focused on the care of their children than their own health care needs. Emphasize healthy meals and physical activity habits will benefit the whole family. These techniques can help delay or prevent development of T2DM; encourage them to consider making lifestyle changes, including a healthy diet and physical activity.

Additional Resources for Shared Decision Making

Helpful Websites:

- Center for Shared Decision Making by Dartmouth-Hitchcock: http://patients.dartmouth-hitchcock.org/shared_decision_making.html
- Center for Evidence-Based Practices (CEBP) at Case Western Reserve University: http://www.centerforebp.case.edu/practices/mi

Videos and Other Helpful Tools:

- Ottawa Personal Decision Guide–A free, printable worksheet designed to help people make health related and social decisions: http://decisionaid.ohri.ca/docs/das/OPDG.pdf
- Motivational Interviewing Recorded Presentations by SAMHSA-HRSA Center for Integrated Health Solutions: http://www.integration.samhsa.gov/clinical-practice/motivational-interviewing
- Patient Activation Reference Guide by U.S. Department of Defense: http://www.health.mil/dodpatientsafety

Sources for Decision Aids:

- Decision Aid Library by Dartmouth-Hitchcock: https://www.dartmouth-hitchcock.org/supportive-services/patient-resources.html
- Patient Decision Aids by Ottawa Hospital Research Institute: http://decisionaid.ohri.ca/

References

[1] Reece EA. The fetal and maternal consequences of gestational diabetes mellitus. *J Matern Fetal Neonatal Med.* Mar 2010;23(3):199–203.

[2] Landon MB, Gabbe SG. Gestational Diabetes Mellitus. *Obstetricians and Gynecologists.* Vol. 118, No. 6, December 2011.

[3] The American College of Obstetricians and Gynecologists Practice Bulletin. *Clinical Management Guidelines for Obstetrician-Gynecologists.* Number 137, August 2013.

[4] Kim C, Berger DK, Chamany S. Recurrence of gestational diabetes mellitus: a systematic review. Diabetes Care 2007;30: 1314–9.

[5] England LJ, Dietz PM, Njoroge T, Callaghan WM, Bruce C, Buus RM, et al. Preventing type 2 diabetes: public health implications for women with a history of gestational diabetes mellitus. Am J Obstet Gynecol 2009;200:365.e1– 8.

What's on a mother's plate?

It is important to go over nutrition education with pregnant mothers during the first trimester. Encourage families to think about what goes on their plate. Every day, their meals should add up to:

Food Group	1st Trimester	2nd and 3rd Trimester
Vegetables	2 ½ cups	3 cups
Fruits	2 cups	2 cups
Whole grains	6 ounces	8 ounces
Fat-free/low-fat dairy	3 cups	3 cups
Lean protein	5 ½ ounces	6 ½ ounces

This is a general plan. Mothers may need an adapted recommendation from their doctor depending on their age, height, weight, and physical activity level.

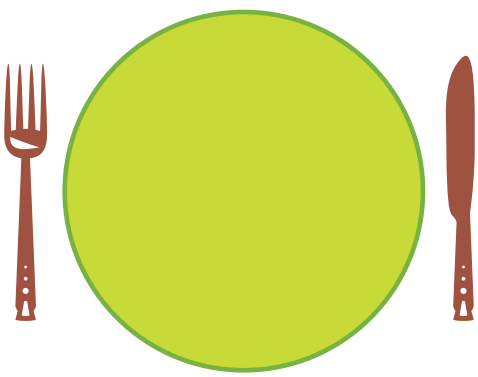
Individual Daily Food Plan for Moms

A "MyPlate Checklist" shows the foods and amounts that are right for mothers at their particular stages of pregnancy or when breastfeeding. Direct them to "MyPlate CheckList" at **www.ChooseMyPlate.gov**. Near the top of the page, select 'Online Tools', then click 'Daily Checklist'. When you click on the 'MyPlate CheckList' link, you can enter information to create a personalized plan.

Plans will be personalized, based on age, height, weight, physical activity level, and stage of pregnancy or breastfeeding status (pregnancy and breastfeeding options display upon providing their age). They will have the option to register and save their profiles if they want.

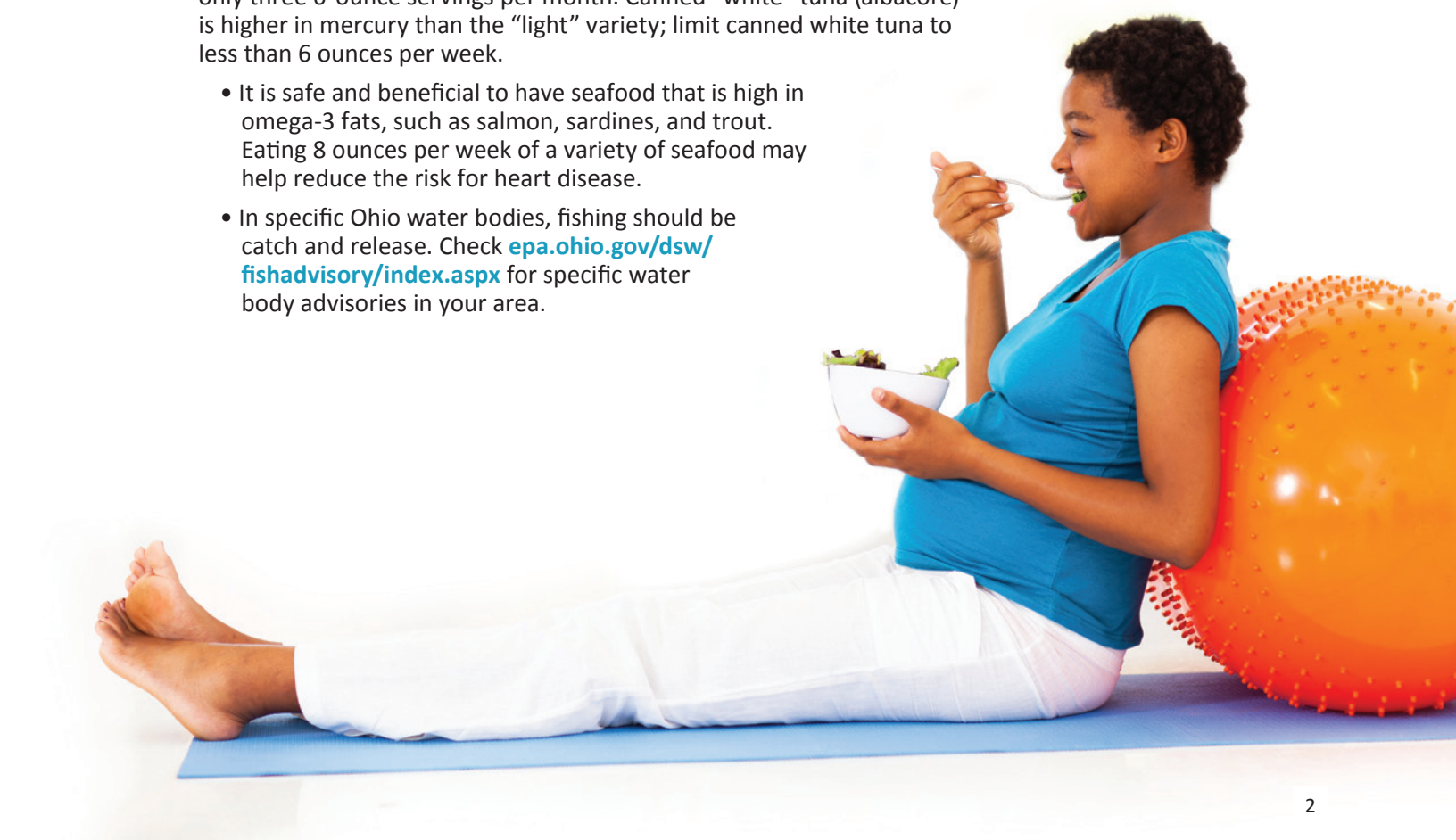
Mothers can also sign up for daily email messages on healthy tips by clicking on "Tip of the Day."

Advise families about free Internet access at their local library.



Important nutrition tips:

- Advise pregnant mothers to refrain from drinking sugar-sweetened beverages and limit their consumption of diet beverages.
- Recommend that pregnant mothers avoid all alcohol, smoking, and drug use. Even moderate drinking during pregnancy can cause behavioral or developmental problems for the baby. Heavy drinking can result in serious problems, including malformations and developmental disabilities. If pregnant mothers indicate they engage in these activities, refer them to get professional help.
- Encourage pregnant mothers to take prenatal supplements with folic acid and docosahexaenoic acid (DHA) every day in addition to a healthy diet. Be sure to talk about adverse effects. Too many vitamins and minerals can be harmful to mothers and their baby.
- Discuss the dangers of eating fish containing high levels of mercury, such as tilefish, shark, swordfish, and king mackerel. These fish should be kept to only three 6-ounce servings per month. Canned "white" tuna (albacore) is higher in mercury than the "light" variety; limit canned white tuna to less than 6 ounces per week.
    - It is safe and beneficial to have seafood that is high in omega-3 fats, such as salmon, sardines, and trout. Eating 8 ounces per week of a variety of seafood may help reduce the risk for heart disease.
    - In specific Ohio water bodies, fishing should be catch and release. Check **epa.ohio.gov/dsw/fishadvisory/index.aspx** for specific water body advisories in your area.



Encourage mothers to include 30 minutes of regular, moderate-intensity physical activity per day, at least 5 days a week in order to:

- Prevent gestational diabetes
- Reduce backaches, constipation, bloating, and swelling
- Increase energy
- Improve mood
- Improve posture
- Increase muscle tone, strength, and endurance
- Improve sleep
- Maintain healthy weight gain throughout pregnancy

Discuss mother's current activity level and encourage them not to begin new physical activities during pregnancy. Some examples of safe physical activities include:

- Walking
- Dancing
- Gardening
- Swimming
- Yoga
- Walking stairs
- Household chores

Mothers with the following conditions require specific medical recommendations before they pursue any physical activity:

- Significant heart disease
- Restrictive lung disease
- Cervical insufficiency
- Multiple gestation at risk for premature labor
- Persistent second- or third-trimester bleeding
- Placenta previa after 26 weeks of gestation
- Premature labor during current pregnancy
- Ruptured membranes
- Preeclampsia/pregnancy-induced high blood pressure

Direct mothers to stop exercising and report to their doctor if they experience any of the following conditions:

- Vaginal bleeding
- Heavy breathing prior to physical activity
- Dizziness
- Headache
- Chest pain
- Muscle weakness
- Calf pain or swelling
- Preterm labor
- Decreased fetal movement
- Amniotic fluid leakage

Source: USDA Food and Nutrition Service, FSN-457; February 2013. WIC Walk to Success

Among women giving birth in Ohio, 17 percent smoke while pregnant, a rate that is double that of the nation.

One in three low-income women, including those on Medicaid, smoke throughout pregnancy. Smoking during pregnancy increases the risk of:

- Poor development
- Premature birth
- Low birth weight
- Birth defects
- Cleft lip or palate
- Shortened or missing arms and legs
- Heart defects
- Lung damage.
- Mental disabilities
- Learning problems
- Death

Women who quit before or during pregnancy can reduce these risks. It is vital to encourage a woman to quit during pregnancy to optimize the health outcomes for her and her baby.

It is also important to discuss with women who quit smoking during pregnancy that they should not relapse after giving birth.

Secondhand smoke increases the risk of:

- SIDS (Sudden Infant Death Syndrome)
- Slower lung growth
- Asthma
- Bronchitis
- Pneumonia
- Respiratory infections
- Ear infections

Ohio Tobacco Quit Line

A **free** tobacco quit line counseling service for uninsured Ohioans, Medicaid recipients, pregnant women, and members of the Ohio Tobacco Collaborative. To learn more, or to enroll in the program:

1-800-QUIT-NOW
1-800-784-8669
http://ohio.QuitLogix.org

Remind mothers that vaping is as harmful to the baby as smoking and presents the same dangers to the baby.

• Use the 5 A's!

The 5 A's is an evidence-based smoking cessation program designed to help you hold that conversation with patients encouraging them to quit.

- **Ask** the mother about her smoking status at the first home visit and follow up with her at subsequent visits.
- **Advise** a mother who smokes to stop by providing advice to quit. Provide her with information about the risks of continued smoking to the baby, the newborn, and herself.
- **Assess** the mother's willingness to attempt to quit smoking at each visit. Quitting advice, assessment, and motivational assistance should be offered at subsequent home care visits.
- **Assist** a mother who is interested in quitting by providing pregnancy-specific, self-help smoking cessation materials. Offer direct referral to the Quit Line to provide ongoing counseling and support.
- **Arrange** follow-up visits to track the progress of a mother's attempt to quit smoking. For current and former smokers, smoking status should be monitored and recorded throughout pregnancy, providing opportunities to congratulate and celebrate success. Reinforce steps taken toward quitting, and advise those still considering a cessation attempt.

The Smoke Free Families Learning Collaborative provides resources designed to support healthcare professionals in implementing or improving tobacco cessation services within their organization. Provider and consumer resources can be found at: **http://ohiosmokefreefamilies.org/**

Inform pregnant mothers about the benefits of breastfeeding.

Breastfeeding can:

- Lower the risk of T2DM.
- Help women lose weight after delivery more successfully.
- Lower pregnant women's risk of developing breast cancer and ovarian cancer.
- Help ensure babies are less likely to get sick, or have to stay in the hospital due to illness.
- Help prevent the baby's chance of getting the following:
  - Ear infections
  - Diarrhea
  - Respiratory illness
  - Childhood obesity
  - Childhood leukemia

Baby's healthy start

Encourage mothers to breastfeed. Mothers can give their baby a healthy start by breastfeeding. Breast milk provides the best nutrition for the baby and protection against certain illnesses.

Prepare for breastfeeding

To help prepare for breastfeeding:

- Discuss the availability of staff and programs to support successful breastfeeding.
- Recommend breastfeeding classes. Pregnant women who learn about how to breastfeed are more likely to be successful with breastfeeding than those who do not.
- Recommend a lactation consultant.
- Encourage mothers to talk with friends who have breastfed or have them consider joining a breastfeeding support group.
- Encourage mothers to talk with their work or school prior to delivery to discuss pumping options.

Share

community resources such as WIC to help mothers learn more about breastfeeding before their delivery, so they can be prepared.

Contraceptive Counseling Model: A 5-Step Client-Centered Approach

1. **Identify** the mother's pregnancy intentions.
2. **Explore** pregnancy intentions & birth control experiences and preferences.
3. **Assist** with selection of a birth control method.
4. **Review** method use and understanding.
5. **Provide** referral or other assistance to have this conversation with a medical provider.

Reproductive Life Plan

- Talk to mothers about the birth control she plans to use after delivery.
- Surgery for tubal ligation (getting your "tubes tied") may require mothers to complete paperwork at least 30 days before delivery.
- Moms can get some birth control options before leaving the hospital. Encourage mothers to talk to her health-care provider.

Not all birth control options are right for every mother. Explain all options in detail, listen to her preferences and help to ensure she is making the safest decision for her health.

Reversible Methods of Birth Control

Not all birth control options are right for every mother. Explain all options in detail, listen to her preferences and help to ensure she is making the safest decision for her health.

Method Options	Typical Use Effectiveness	How Long Does It Last	Administration	Possible Bleeding Changes	Possible Side Effects	When Pregnancy Can Occur if Discontinued
IUD (non-homonal)	99% effective	Up to 10 years	Inserted by provider	Heavier periods that may return to normal after 3-6 months	Cramping that usually improves after 3-6 months, spotting	Immediately (Provider can remove implant at any time.)
IUD (hormonal)	99% effective	Up to 5 years, varies by product	Inserted by provider	Irregular, lighter, or no period at all	Cramping after insertion, spotting, nausea, breast tenderness	Immediately (Provider can remove implant at any time.)
Implant	99% effective	Up to 3 years	Inserted by provider	Infrequent, irregular, prolonged, or no period at all	Insertion site pain, nausea, breast tenderness	Immediately (Provider can remove implant at any time.)
Shot	94% effective	Up to 3 months	Shot given by provider	Irregular or no period at all	Weight changes, nausea, breast tenderness	Immediately, but may have 6-12 month delay
Vaginal Ring	91% effective	Up to 1 month	Prescription and inserted by patient	Shorter, lighter, more predictable periods	Nausea or breast tenderness	Immediately
Patch	91% effective	Up to 1 week	Prescription and applied by patient once a week	Shorter, lighter, more predictable periods	Nausea breast tenderness, application site reaction	Immediately
Pill (Estrogen & Progestin)	91% effective	For 1 day	Prescription and taken by patient once a day	Shorter, lighter, more predictable periods	Nausea or breast tenderness	Immediately
Pill (Progestin only)	91% effective	For 1 day	Prescription and taken by patient once a day	Shorter, lighter, more predictable periods	Breast tenderness, changes in mood, headaches	Immediately
Condom	82% effective	For 1 sex act	Buy over the counter & used with each sex act	None	Allergic reaction to latex	Immediately

Text4baby Message Content and Development

About Text4baby

Text4baby is the largest and only free mobile information service designed to promote maternal and child health through text messaging. The service uses SMS technology, taking advantage of the fact that 99% of text messages are read and 90% within three minutes.

Women who text **BABY (or BEBE for Spanish) to 511411** receive three free text messages a week, with health and safety information through pregnancy and baby's first year. The messages are timed to mom's due date or baby's birthday, so information is clinically relevant. Text4baby is committed to providing a free, quality, evidence-based service. Messages are free of advertising and do not contain product promotions.

Text4baby is a free service of the nonprofit ZERO TO THREE and Voxiva, created in collaboration with The National Healthy Mothers, Healthy Babies Coalition, Johnson & Johnson, CTIA Wireless Foundation and Grey Healthcare Group (a WPP company).

Messages on Critical Issues

The Text4baby service includes over 250 messages for pregnant women and new mothers. The comprehensive set of messages address:

- Prenatal Care
- Safe Sleep
- Immunizations
- Access to Health Care
- Nutrition
- Oral Health
- Labor Signs and Symptoms
- Physical Activity
- Safety
- Birth Defect Prevention
- Developmental Milestones
- Breastfeeding

Additional Text4baby Features

Text4baby includes a range of interactive features including special modules that encourage moms to apply or re-enroll for Medicaid/CHIP and address individual concerns moms may have about receiving a flu vaccine to protect themselves and their babies. Half of the messages include links to mobile web pages, and many link to videos and health hotlines. Interactive features also allow people to set up appointment reminders and to LIKE messages. Text4baby also sends urgent health and safety alerts (e.g., during natural disasters, after product recalls, etc.) targeted by participant zip code if necessary.

Examples of Urgent Alerts:

- Tylenol recall, May 2010
- New car safety seat guidelines, March 2011
- Warning about crib bumpers, October 2011
- Pertussis outbreak-7 states, April 2012
- Hurricane Sandy (refrigerated food warning), October 2012

Text Message → **Mobile Web Page** → **Videos and More Information**

Message Development

Text4baby is committed to providing messages that are relevant, easy to understand and actionable by mothers of all literacy levels. A Content Development Council reviews every message quarterly and ensures its medical accuracy. Additional leading topic-specific experts and health organizations are consulted to provide the latest information on issues of particular significance. For example, breastfeeding messages are developed with a breastfeeding council made up of experts in that particular field.

In originally developing the service, Text4baby worked with the Health Literacy Team at Emory University School of Medicine to perform one-on-one cognitive testing of a sample set of messages. Feedback from pregnant women and new moms helped gauge interest in the service, determine topics and explore the relevance and comprehension of sample messages. Simultaneously, with the Centers for Disease Control and Prevention (CDC), Text4baby conducted a review of the literature and major medical guidelines to identify priority topics and critical content. A formal evaluation with a Spanish Health Literacy Team, made up of eight professional, independent linguists and translators utilizing the industry-standard Translation Quality Assessment Tool, ensured Spanish-language messages are culturally relevant and clinically accurate.

Content Development Council:

- American Academy of Pediatrics
- American College of Nurse-Midwives
- The American College of Obstetricians and Gynecologists
- Association of Women's Health Obstetric and Neonatal Nurses
- Centers for Disease Control and Prevention
- March of Dimes
- National Association of Pediatric Nurse Practitioners
- Society for Maternal-Fetal Medicine
- U.S. Department of Health and Human Services

Sample Messages

Pregnancy

- Calcium helps to build your baby's teeth and bones. Good sources of calcium are fat-free or low-fat milk, yogurt & hard cheeses (like cheddar).
- Have you visited a Dr. or midwife (CNM/CM) yet? Call your health plan or find low-cost quality care at 800-311-2229 or finder.healthcare.gov. After you've scheduled your prenatal visit, reply REMIND to set up a text message reminder. That way we can help remind you of your next appointment!
- Your baby can feel you dance & can hear lots of sounds. So play some music & have some fun moving together!
- Every week of pregnancy is important for your baby's development. So if you have a healthy pregnancy, wait for labor to begin on its own. Go to text4b.org/088 to watch a fun video about waiting for at least 39 weeks.

New baby

- Safe sleep for a newborn is on her back in a crib near your bed. Go to text4b.org/106 for more info & a video about keeping baby safe during sleep.
- You are your baby's first teacher! When you feed your baby, talk to your baby, calm your baby when crying, you are building your baby's brain. Going to need child care? Call Child Care Aware at 800-424-2246 or visit text4b.org/092 for info on finding high quality care (3-4 babies per teacher).
- WIC supports moms with healthy foods, referrals, nutrition education & breastfeeding support. Call 800-311-2229 or visit text4b.org/018 for WIC info. You're a busy mom and text4baby can help! Reply REMIND to set up a free text message to remind you about your next doctor's visit or WIC appointment.

To receive a full copy of Text4baby messages for review, please email **info@text4baby.org**.

text4baby℠

Counting the Kicks Could Save Your Baby's Life...

It's Important and Easy To Do!

Encourage mothers to start counting kicks in the 3rd trimester, here's how[1]:

- Pick a time when your baby is active and count at the same time each day.
- Count baby's kicks with the **FREE Count the Kicks!** app or download a Kick Count Chart at www.countthekicks.org/.
- If it takes more than two hours to count 10 kicks, try waking the baby up and count again.
- Encourage mothers to call their provider right away if:
  - She still counts less than 10 kicks in 2 hours, OR
  - She notices **a significant change in her baby's regular movement patterns.**

Encourage your mothers to download the **FREE** Count the Kicks! app

- This app makes it simple for your mothers to track their baby's normal movement pattern with the touch of a finger.
- Its daily text feature will even remind your mothers when it's time to start counting.

www.countthekicks.org/

This app's daily text feature will even remind mothers when it's time to start counting.

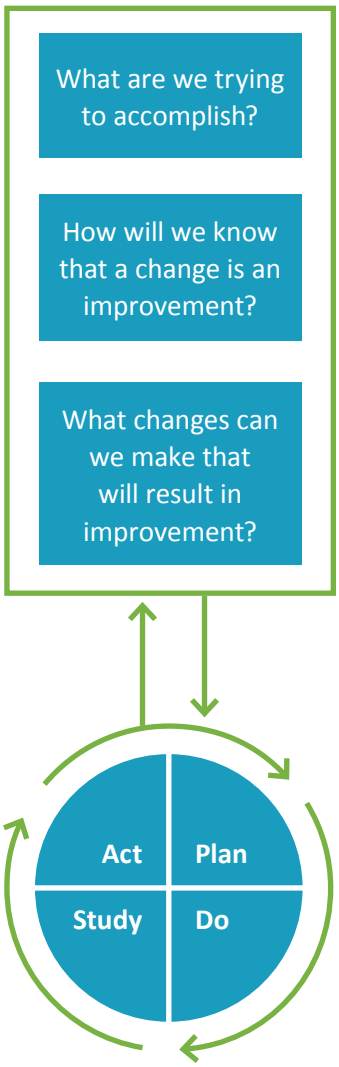
[1] www.countthekicks.org; Count the Kicks is a project of Healthy Birth Day, Inc., a 501(c)(3) organization dedicated to the prevention of stillbirth and infant death.

Overview

The Model for Improvement is a powerful tool for accelerating improvement. The model is not meant to replace change models that organizations may already be using, but rather to accelerate improvement.

The model has two parts:

- Three fundamental questions.
- The Plan-Do-Study-Act (PDSA) cycle to test changes in real work settings. The PDSA cycle guides the test of a change to determine if the change is an improvement.



Step #1: Form a Project Team

Having the right people on a quality improvement team is essential. Teams can vary in size and composition based on the organization and the complexity of the improvement effort. An effective team includes a Project Champion, someone in a leadership position who can get buy-in from staff members required for change to occur. The Project Champion may represent the following:

- Agency Leadership
- Program Expertise
- Day-to-Day Leadership

Tips:

- Having a Project Champion is crucial.
- The interdisciplinary team may consist of the following:
  - Director
  - Program Manager
  - Supervisor
  - Home Visitor
  - Office Staff
  - Diabetes Educator
  - Dietitian

Step #2: Set Aims

"What are we trying to accomplish?"

For example:

The SMART aim for the Ohio Gestational Diabetes Mellitus Learning Collaborative is to:

- Increase the percent of women that receive a postpartum T2DM screen from **X** to **Y** by July 2020.

Step #3: Establish Measures

"How will we know that a change is an improvement?"

Measures for the Ohio Gestational Diabetes Mellitus Learning Collaborative are:

1. Percent of pregnant women diagnosed with GDM who had evidence of prenatal education regarding:
   - T2DM risk for mother and baby
   - Benefit of T2DM screen between 4 and 12 weeks postpartum
2. Percent of women diagnosed with GDM during the prenatal period who attended at least one postpartum care visit on or before 5 and 56 days after delivery.
3. Percent of women with GDM during the prenatal period who had an oral glucose tolerance test (OGTT) between 4 and 12 weeks postpartum
4. Percent of women diagnosed with GDM during the prenatal period that have an established primary care physician (self-reported), OR who received a referral to a primary care physician.
5. Percent of participating women who report exercising.
6. Percent of participating women who are breastfeeding at the time of the appointment.
7. Percent of participating women reporting feeding breastmilk only.
8. Percent of participating women reporting feeding formula and breastmilk.

Step #4: Select Changes

"What changes can we make that will result in improvement?"

Changes are necessary to make improvements. Rather than completely reconfiguring your current process, develop, test, and implement changes on a small scale. What are the low-hanging fruits? Take the *Home Visiting Agency Systems Inventory* to identify areas of improvement for your agency. Your team can also use previously gathered observations to determine the changes.

Examples:

- Educate staff of the importance of this health issue.
- Work with local primary care providers to make connections for care.
- Develop and give a resource to all women with GDM that explains the risks of developing T2DM.
- Set reminder call procedures to call mothers who did not attend scheduled visits.

Step #5: Test Changes

Start the selected changes! The changes may or may not work, but you must start in order to figure out if an improvement can be made.

Follow the Plan-Do-Study-Act (PDSA) cycle:
Plan: Develop a plan to test the change (Who? What? When? Where? What data need to be collected?)
Do: Implement the test on a small scale.
Study: Use data to analyze the results of the change and determine if it made a difference.
Act: Based on your analysis, refine the change. Determine what modification should be made and plan for the next test.

Step #6: Implement Changes

After several PDSA cycles, your changes can be implemented on a broader scale. Implementation is a permanent change to the current process. It may affect documentation, written policies, hiring, training, compensation, and organizational infrastructure. Implementation also requires following the PDSA cycle for continuous testing and monitoring.

Step #7: Spread Changes

After a successful implementation, your changes can be spread to other parts of your agency or other agencies that are facing the same issues.

Ohio Gestational Diabetes Mellitus (GDM) Learning Collaborative

Check her risk. Protect her health.

Home Visiting Agency Systems Inventory

Agency Background

1. Agency Name: _____ Date of Inventory: _____

2. Is your agency using a paper-based system in addition to OCHIDS? ☐ Yes ☐ No

GDM Identification	
1) Our agency asks prenatal mothers about their gestational diabetes (GDM) status.	☐ Not done currently ☐ Planned ☐ Implementing
2) Our agency is able to identify if a prenatal mother is enrolling in our home visiting program with a diagnosis of GDM.	☐ Not done currently ☐ Planned ☐ Implementing
3) Our agency is able to identify risk factors for GDM.	☐ Not done currently ☐ Planned ☐ Implementing
GDM Management	
4) Our agency provides education and resources to our families prenatally.	☐ Not done currently ☐ Planned ☐ Implementing
4a.) If yes, check the information you provide:	☐ General GDM Information ☐ Nutrition for GDM women ☐ Physical activity ☐ Breastfeeding ☐ Reproductive Life Plan ☐ Referrals to a dietician ☐ Referrals to a GDM specialist
Postpartum Diabetes Screening	
5) Our agency has a process in place to follow up with mothers diagnosed with GDM following the birth of the baby.	☐ Not done currently ☐ Planned ☐ Implementing

Postpartum Diabetes Screening	
6) Our agency is able to identify if a postnatal mother is enrolling in our home visiting program with a diagnosis of Type II Diabetes.	☐ Not done currently ☐ Planned ☐ Implementing
7) Our agency provides education and resources for postnatal families.	☐ Not done currently ☐ Planned ☐ Implementing
6a.) If yes, check the information you provide:	☐ Future diabetes retesting guidelines ☐ Weight loss ☐ Smoking cessation ☐ Physical activity
8) Our agency makes referrals to primary care providers for diabetes screenings for postpartum mothers.	☐ Not done currently ☐ Planned ☐ Implementing

Ohio Gestational Diabetes Mellitus (GDM) Learning Collaborative

Check her risk. Protect her health.

Home Visiting Gestational Diabetes Best Practice Workflow

YES

Enrolled Prenatally?

NO

Enrollment: First Home Visit

1. Complete Prenatal Intake Screener on first prenatal home visit
2. Complete Comprehensive Assessment within 30 days of enrollment
3. Work with mom to ensure she has access to prenatal care, including scheduled appointments and transportation
   - Make a referral if necessary
4. Ensure that mom is scheduled to receive her Oral Glucose Tolerance Test (OGTT) to diagnose Gestational Diabetes (GDM) between 24-28 weeks gestation

First Home Visit After 30 weeks

1. Update prenatal intake screener to determine GDM diagnosis
2. OCHIDS Records: Document GDM diagnosis in family record based on OGTT results
3. Complete Edinburgh by estimated due date if not completed on previous visits

GDM Status

*Based on OGTT results

POSITIVE

NEGATIVE

Ongoing Prenatal Care

1. Provide education/resources on the following:
   - Impact of GDM on pregnancy and baby
   - Healthy pregnancy weight gain and nutrition, as well as postpartum weight loss
   - Importance of receiving T2DM screen 4-12 weeks postpartum
   - Risk for T2DM following pregnancy
   - Smoking Cessation Education
   - Family planning, including LARCS
   - Breastfeeding following pregnancy
2. Write Family Goal Plans regarding managing/monitoring GDM and blood sugar levels
3. Write Family Goal Plans regarding nutrition goals for the family
4. Write Family Goal Plans regarding safe physical activity during pregnancy

Continue Home Visiting Schedule

1-8 Weeks Postpartum

1. Complete Postnatal Intake Screener, if first home visit
2. Administer GDM Monthly Postpartum Survey (1 per month)
3. Complete Edinburgh Postnatal Depression Scale
4. Work with mom to ensure she has access to postnatal care, including scheduled appointments and transportation
   - Make a referral if necessary
5. Ensure that mom has attended her postpartum care visit and is scheduled to receive her T2DM screening between 4-12 weeks postpartum
6. Provide education/resources on the following:
   - Postpartum weight loss and nutrition
   - Breastfeeding
   - Postpartum physical activity
7. Write Family Goal plans regarding new nutrition goals after pregnancy
8. Write Family Goal plans regarding physical activity for the family after pregnancy

9-12 Weeks Postpartum through 9 months

1. Confirm T2DM screening is complete between 4-12 weeks postpartum
2. Administer GDM Monthly Postpartum Survey (1 per month for at least 9 months)
3. OCHIDS Records: Document T2DM screen results
4. Paper Records: Flag paper records with a colored sticker if your agency keeps those
5. Complete Comprehensive Assessment postnatal update if enrolled prenatally
6. Provide education/resources on the following:
   - Postpartum weight loss and nutrition
   - Breastfeeding
   - Postpartum physical activity
7. Write Family Goal plans regarding new nutrition goals after pregnancy
8. Write Family Goal plans regarding physical activity for the family after pregnancy

Ohio Department of Health

MedTAPP Medicaid Technical Assistance and Policy Program

Ohio Department of Medicaid

Ohio Colleges of Medicine Government Resource Center

Ohio Gestational Diabetes Mellitus (GDM) Learning Collaborative

Check her risk. Protect her health.

PCP Notification Letter

Primary Caregiver's Name: _____

Primary Caregiver's Date of Birth (mm/dd/yyyy): _____ OCHIDS ID#: _____

Primary Caregiver's Address, City, State, Zip: _____

_____

Name of Home Visiting Agency: _____

Address, City, State, Zip: _____

Telephone: _____ Fax: _____

Name of Home Visitor: _____

Dear Primary Care Provider,

Please be advised that our Primary Caregiver, _____, was diagnosed with gestational diabetes mellitus (GDM) during her most recent pregnancy. Management of her GDM includes the following: diet and exercise management with glucose monitoring.

About half of all women with a history of GDM will develop Type 2 diabetes postpartum. As a result, we are making this referral for follow-up screening for diabetes after delivery of her baby.

Please ensure that the primary caregiver is scheduled for a new appointment or a follow-up appointment within 2 weeks of this referral if possible.

Please keep the Home Visiting Agency and Home Visitor listed above involved as we hope to be a tool for care management. Our services can include:

- Goal setting/assistance with blood sugar monitoring and other care management aspects advised by the healthcare providers
- Other important screens for the mother (eg. Postpartum Depression, etc.)
- Referral assistance for the mother's other needs.

Date Mailed: _____ Date Faxed: _____

Ohio Gestational Diabetes Mellitus (GDM) Learning Collaborative

Check her risk. Protect her health.

GDM Blood Glucose Log

Week of: ______________________ Name: ____

Make as many copies of this chart as you need to keep track of your blood glucose. Circle your blood glucose result each time you're above or below your target. Add comments about your diet, physical activity, illness, or stress. If you are taking medication(s), write down the time you take them. Most doctors will ask you to monitor your blood glucose before breakfast and after each meal.

*Some doctors may ask you for optional monitoring before lunch, before dinner, and/or at bedtime.

Date	**Breakfast**		**Lunch**		**Dinner**		**Bedtime***	**Other**
	Before	**After**	**Before***	**After**	**Before***	**After**		
Time								
Blood Glucose Readings								
Comments/Medicine								
Date	**Breakfast**		**Lunch**		**Dinner**		**Bedtime***	**Other**
	Before	**After**	**Before***	**After**	**Before***	**After**		
Time								
Blood Glucose Readings								
Comments/Medicine								
Date	**Breakfast**		**Lunch**		**Dinner**		**Bedtime***	**Other**
	Before	**After**	**Before***	**After**	**Before***	**After**		
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	Before	**After**	**Before***	**After**	**Before***	**After**		
Time								
Blood Glucose Readings								
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Date	**Breakfast**		**Lunch**		**Dinner**		**Bedtime***	**Other**
	Before	**After**	**Before***	**After**	**Before***	**After**		
Time								
Blood Glucose Readings								
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Date	**Breakfast**		**Lunch**		**Dinner**		**Bedtime***	**Other**
	Before	**After**	**Before***	**After**	**Before***	**After**		
Time								
Blood Glucose Readings								
Comments/Medicine								
Date	**Breakfast**		**Lunch**		**Dinner**		**Bedtime***	**Other**
	Before	**After**	**Before***	**After**	**Before***	**After**		
Time								
Blood Glucose Readings								
Comments/Medicine								

Transportation Resources:

All **Ohio Medicaid Managed Care Plans** currently provide 15 round trips. Please contact your plan to verify transportation benefits. If you must travel 30 miles or more from your home to receive covered health care services, please contact your plan for assistance.

Medicaid Managed Care Plans
Ohio Medicaid Consumer Hotline
If you are on managed care, please call (800) 324-8680
Monday through Friday:
7:00 a.m. to 8:00 p.m.
Saturday:
8:00 a.m. to 5:00 p.m.
TTY users Call 711

In addition to the transportation assistance that your plan may provide, members can still receive assistance with transportation for certain services through the local County Department of Job and Family Services Non-Emergency Medical Transportation (NEMT) program. Call your County Department of Job and Family Services for questions or assistance with NEMT services.

If you have been determined eligible and enrolled in a home and community-based waiver program, there are also waiver transportation benefits available to meet your needs.

- If you're a member of a managed care plan or MyCare Ohio plan, call the number listed in the table below, or contact the Ohio Medicaid Hotline for consumers (1-800-324-8680 or **ohiomh.com**).
- If you're not a managed care plan member (or you want an option besides what your plan offers), contact the Medicaid Transportation Coordinator at your local county department of job and family services (CDJFS).

The main phone number for each CDJFS is included in a list available at **jfs.ohio.gov**; select County Directory.

Medicaid Managed Care Plans	Member Services	Transportation Services	Community Resource Guide
Buckeye Health Plan	(866) 246-4358	(866) 531-0615	https://www.buckeyehealthplan.com/members/medicaid/benefits-services/benefits-overview.html
CareSource	(800) 488-0134	(800) 488-0314	https://www.caresource.com/oh/plans/medicaid/benefits-services/additional-services/
Molina Healthcare	(800) 642-4168	(866) 642-9279	https://www.molinahealthcare.com/members/oh/en-US/mem/medicaid/overvw/resources/Pages/commres.aspx
Paramount	(800) 462-3589	(866) 837-9817	http://www.paramountadvantage.org/general-benefits/transportation-assistance/
UnitedHealthcare	(800) 895-2017	(800) 895-2017	www.uhccommunityplan.com/oh/medicaid/community-plan/benefits.html#transportation

Breastfeeding:

WIC is here to help you take advantage of all of the benefits of breastfeeding. Whether you're just getting started or having unexpected challenges, WIC is there to help you every step of the way. WIC's goal is the same as yours- to have a happy, healthy baby and a good breastfeeding experience. If you're already enrolled in WIC, contact your local WIC clinic to ask how you can get breastfeeding support. If you're not enrolled in WIC, find out if you're eligible to apply at **https://wicbreastfeeding.fns.usda.gov/**

La Leche League Leaders are mothers who have breastfed their own babies, and are trained to help other mothers with information and support for breastfeeding. Leaders offer their services through La Leche League group meetings, or through one-on-one assistance on the phone, via Internet, or in person by arrangement. La Leche League meetings are open to any interested woman, and babies and children are welcome! Some groups are able to accommodate fathers attending as well. For more information about the group or meetings in your community, visit **http://www.lllohio.org/** and contact the leader(s) with your questions.

Reminder of Medicaid Coverage for Pregnant Individuals

Once established, coverage includes at least sixty days of postpartum. This begins on the date a woman's pregnancy ends and ending on the last day of the month in which the sixtieth day falls. **http://codes.ohio.gov/oac/5160:1-4-04v1**
Source: ORC 5160:1-4-04 MAGI-based Medicaid: coverage for pregnant individuals.

Tobacco Cessation:

Ohio Tobacco Quit Line

Ohio Department of Health Tobacco Use Prevention and Cessation Program offers a free tobacco quit line counseling service for uninsured Ohioans, Medicaid recipients, pregnant women, and members of the Ohio Tobacco Collaborative. To learn more, or to enroll in the program, call 1-800-QUIT-NOW (1-800-784-8669) or go online at **https://ohio.quitlogix.org/en-US/**.

Ohio Collaborative to Prevent Infant Mortality

The mission of the Ohio Collaborative to Prevent Infant Mortality is to prevent infant mortality and improve the health of women of childbearing age and infants throughout Ohio by promoting effective health care for all women before and during their childbearing years, employing evidence-based approaches to the reduction of infant mortality, and educating Ohioans about having and raising healthy babies. To learn more visit **https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/maternal-child-health-program-mp-formerly-cfhs/ocpim/**

Ohio
Department of Health

Ohio
Department of Medicaid

OHIO COLLEGES OF MEDICINE
GOVERNMENT
RESOURCE CENTER