

# Emotional Changes After Giving Birth

After the birth of your baby, you may feel many emotions. It takes time to adjust to your body's changes and to your baby's needs. While these feelings can be normal, it is important to know when to get help.

## “Baby Blues”

You may have the “baby blues” in the first 2 weeks after your baby is born. Most new moms have some of these feelings.

You may have one or more of these signs:

- Cry for no reason
- Go from being happy to sad quickly
- Are easily irritated
- Feel overwhelmed or anxious
- Are tired and have little energy

These feelings often get better as your body adjusts and you get used to caring for your baby. Here are some things you can do to help:

- Ask for and accept help.
- Rest or nap when your baby sleeps.
- Take a break and have someone care for your baby while you go out.
- Talk about your feelings with family and friends.
- Join an online or in-person new mothers' support group.
- Exercise if your doctor says it is okay.
- Care for yourself. Read, take a bath or watch a movie.
- Eat a healthy diet.

## Postpartum Depression

Sometimes depression does not go away on its own. If feelings of depression or anxiety get worse or last longer than 2 weeks, call your health care provider.

Symptoms can start at any time within the first year of having a baby. Depression after pregnancy is common and can get better with treatment.

Getting treatment is important for you and your baby. Common treatments include counseling and medications. There are medications that are safe for moms who breastfeed.

Untreated depression can make it harder to care for and bond with your baby.

It is important to ask for help from a health care provider.



**Symptoms will be different for each person, but it might include:**

- Feelings of sadness, hopelessness or guilt
- A lack of interest about your baby (or excessive worry about baby)
- Trouble sleeping.
- Excessive crying
- Anger or irritability
- Weight loss or gain
- Lack of energy

## Danger Signs

You may have a more serious problem if you:

- Are not able to care for yourself or your baby
- Are afraid to be alone with your baby
- Have thoughts of hurting yourself or your baby

**These are danger signs and you need to get help. Call 911 or go to the nearest hospital emergency room.**

# New or Expecting Moms:

Are You Having a Hard Time?  
You Deserve Support.



Becoming a mother is a huge transition that comes with an incredible range of emotional responses. Some are known as the "baby blues," a two-week period of mood swings and a feeling of overwhelm after delivery that 80% of mothers experience. Others can happen in pregnancy, begin or last longer than two weeks after delivery, or are more intense than the baby blues. These symptoms and conditions are called perinatal mood and anxiety disorders (PMADs). They affect as many as 1 in 5 moms (twice as many as gestational diabetes) and are completely treatable.

## How Do I Know If It's More Than the Baby Blues?

The "blues" are caused by the drop in hormones after birth and are characterized by weepiness, intense highs and lows in your mood, as well as a general feeling of being overwhelmed, and having a low frustration tolerance or even anger. If you experience symptoms longer than two weeks, they begin during pregnancy or anytime in the year after birth, or they make it hard for you to function, you may be experiencing a PMAD.

## But I Don't Feel Depressed

The "classic" symptoms of depression—lack of interest in life, fatigue, feeling intensely sad—are not the only symptoms of PMADs. That's why experts use the term perinatal mood and anxiety disorders, because other symptoms are actually more common such as anxiety and intense irritability or rage. PMADs include depression, anxiety, obsessive-compulsive disorder (OCD), panic disorder, and post-traumatic stress disorder. Often, women experience a combination of more than one of these. There is a full list of symptoms on the back of this sheet.

## Isn't Anxiety Just Part of New Motherhood?

Absolutely. Almost all parents report having thoughts and worries about harm coming to their babies. Our job is to protect them and that requires us to think through any possible threats (including ourselves). So, you are going to worry about things or even think about bad things happening to your baby. But, the difference between an acceptable level of anxiety and an anxiety disorder has to do with how intense your anxiety is and whether it makes it difficult for you to function normally.

# What If I Am Scared Someone Will Take My Baby Away?

When you call Postpartum Support International, our trained volunteers will connect you with experienced professionals who understand perinatal mood and anxiety disorders and know that having one does not mean you are a danger to your child. In the very rare instances in which mothers harm themselves or their babies, they are usually suffering from a psychiatric emergency called postpartum psychosis, which is also treatable. If you or someone you know is experiencing delusions (believing things that are not true), hallucinations (seeing or hearing things that are not there), or believes hurting themselves or their child is the right thing to do, it is imperative that you seek immediate medical help in an emergency room.

## Ways to Get Help

Are you in crisis? You can call the **GA crisis line & talk with someone immediately: 1-800-715-4225**

Want to leave a message 24 hours a day? Call the **PSI HelpLine: 1-800-944-4773 (4PPD)** OR text: **503-894-9453** and someone will respond within 24 hours, 7 days a week.

Want to look for a local therapist who specializes in perinatal mental health?

Check out our Provider Directory: <https://psiga.org/get-help/find-a-provider/>

## What Are the Symptoms of PMADs?

- Being unable to sleep or wanting to sleep all the time
- Crying continuously
- Experiencing constant, intrusive fears/worries
- Performing repetitive behaviors (such as handwashing or checking on your baby) to try to control the worries in your head
- Avoiding your baby because you are afraid of harming her
- Not being able to leave your baby for fear of him being hurt
- Constant racing thoughts
- A persistent sense of dread like something bad is about to happen
- A dramatic change in your appetite/weight
- Intense rage or constant irritability
- Feeling numb
- Having panic attacks
- Feeling hopeless or that things will never get better
- Reexperiencing a trauma from your past
- Reexperiencing elements of your delivery in a negative way
- Being unable to take care of your daily needs
- Thinking about harming yourself
- Believing your family would be better off without you
- Deep down, knowing that something is not right

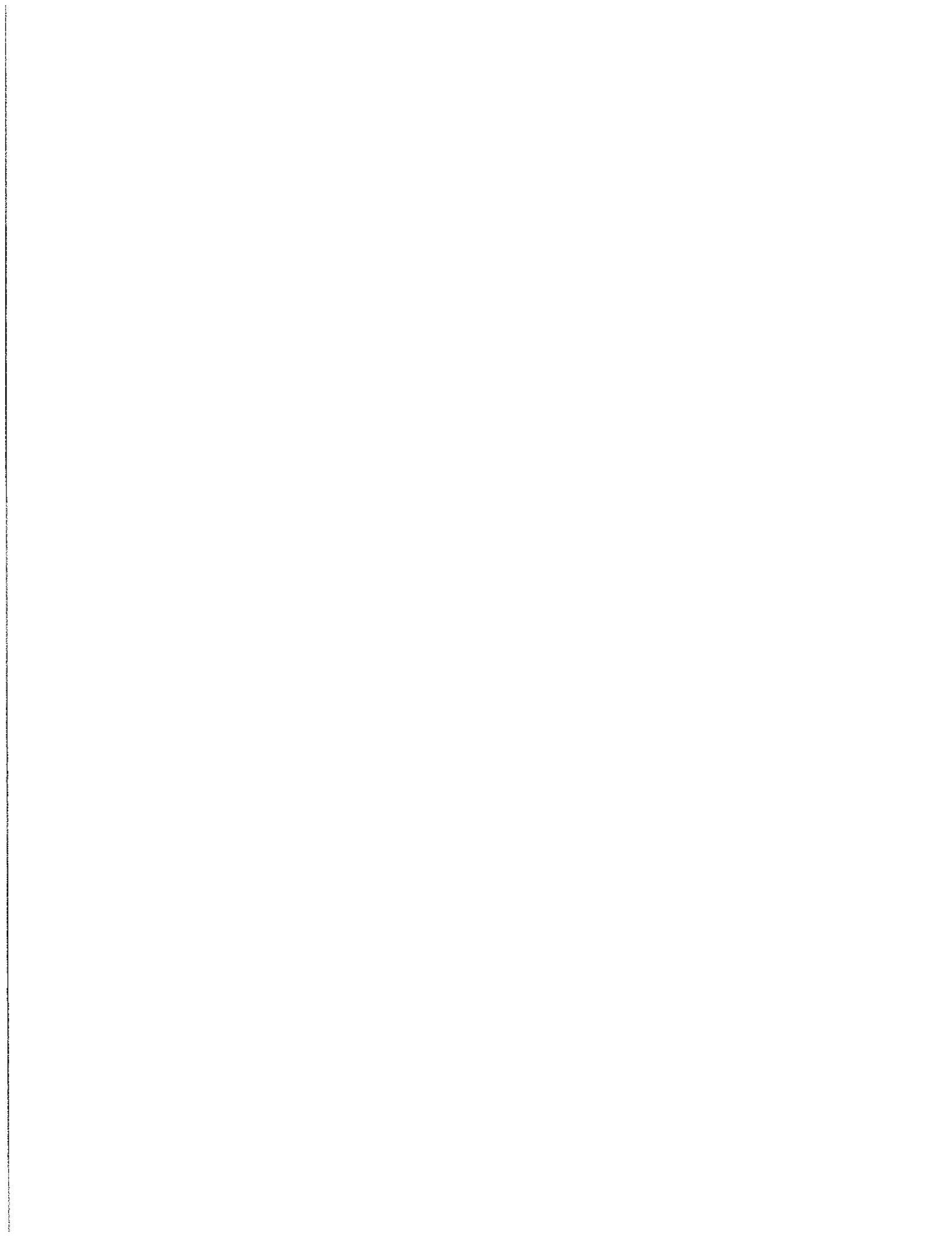
If you are feeling one or more of the symptoms above, it is not your fault. You are not alone. And with help you will be well. It's time to reach out for it.

## Is this Normal?

<b>TYPICAL ADJUSTMENT</b>	<b>SLEEP DEPRIVATION</b>	<b>BONDING WITH BABY</b>	<b>YOUR MIND IS</b>	<b>YOU WORRY</b>	<b>YOU FEEL</b>	<b>YOU GET INTO A GOOD ROUTINE</b>
<b>BABY BLUES</b>	<b>MAKES YOU TIRED</b>	<b>HAPPENS SHORTLY AFTER BIRTH</b>	<b>FORGETFUL &amp; DISTRACTED</b>	<b>FOR GOOD REASON</b>	<b>HAPPY &amp; HOPEFUL</b>	<b>AFTER A FEW WEEKS</b>
<b>PPD/PPA</b>	<b>MAKES YOU ANGRY</b>	<b>DOESN'T HAPPEN IMMEDIATELY</b>	<b>FOGGY &amp; UNCLEAR</b>	<b>ABOUT MINOR THINGS</b>	<b>WEEPY &amp; EMOTIONAL</b>	<b>YOU START TO FEEL BETTER</b>
				<b>IF YOU ARE A GOOD MOTHER</b>	<b>NOTHING / GUILT / EXT. SADNESS</b>	<b>YOU START TO FEEL WORSE</b>

**Remember:**

- About 80% of new moms experience baby blues, typically subsiding within 1 month after delivery
- If you experience symptoms longer than 2-4 weeks, they begin during pregnancy or anytime in the year after birth, or they make it hard for you to function, you may be experiencing postpartum depression or anxiety (PPD/PPA)



## Post-Partum Depression Resources:

1. Depression After Delivery

1-800-944-4773

2. Heartwork Counseling Center

404-658-1222

3. Parents and Partners

770-352-0029

4. Post Partum Support International

1-805-967-7636

5. Cobb/Douglas Mental Health

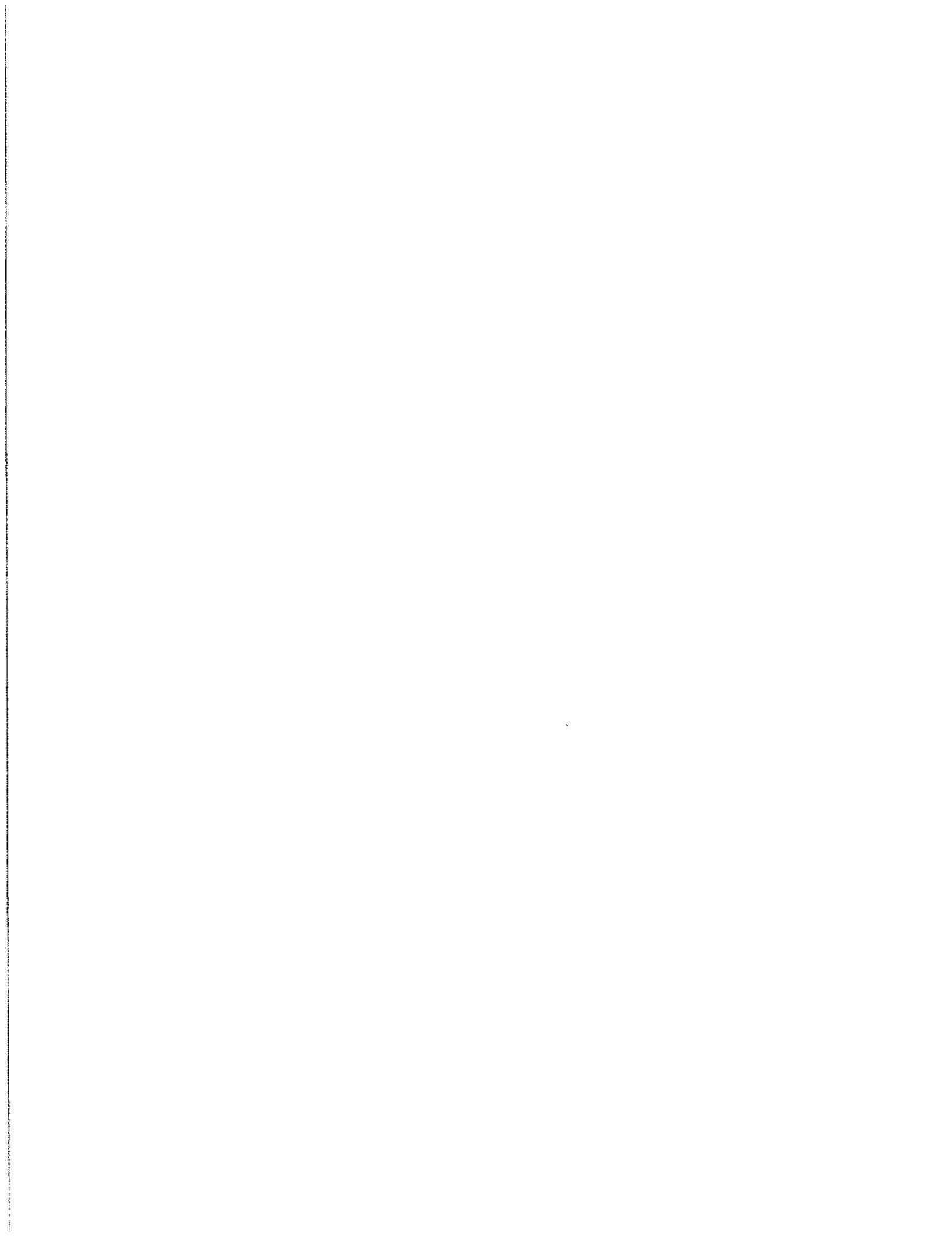
24 Hour Hotline

770-422-0202

## Web-Links

1. <https://psiga.org/>

2. <https://www.psychologytoday.com/us/therapists/pregnancy-prenatal-postpartum/georgia>



### **General Resources:**

You can search the following sites to find a provider specific to your needs. Select your zipcode/city, insurance, and area of need.

- [www.psychology.com](http://www.psychology.com)
- [www.gapsychology.com](http://www.gapsychology.com)

The following practices have many different providers and multiple locations. When you call, let the staff know your area of need, your insurance, and where you live. They should be able to help you connect with a provider.

- **Ray of Hope Counseling**
  - 678-213-2194
- **Powers Ferry Psychological Associates**
  - 770-953-4744
- **GA Behavioral**
  - 678-820-7868
  - This practice has multiple locations and offers both psychiatry and counseling care

### **Insurance company**

- You can call your insurance company and ask for a list of counselors/psychologists who accept your insurance and are close to where you live.

### **Georgia Crisis and Access Line (GCAL)**

- For immediate access to routine or crisis services, please call the Georgia Crisis and Access Line (GCAL) at 1-800-715-4225. GCAL is available 24 hours a day, 7 days a week and 365 days a year to help you or someone you care for in a crisis.
  - Phone: 1-800-715-4225.

### **National Suicide Prevention Hotline**

- Phone: 1-800-273-8255

### **Postpartum Support International**

- English and Spanish
- Phone: 1.800.944.4773
- Website: <https://www.postpartum.net/>
- **Georgia Chapter of PSI:**
  - Phone: 470.798.0088
  - Website: <https://psiga.org/>

- If you experience thoughts of wanting to hurt yourself, please take yourself to the nearest emergency department.

# In the NICU

- In the NICU, your baby receives special medical care.
- It's natural for you to feel frightened and confused.
- Become your baby's advocate and get involved in his care.

## Becoming a parent in the NICU

You've had a premature or sick baby. If your baby was premature, most likely you are still reeling from the shock of your baby's arrival weeks or months before your due date. You may never have fully adjusted to being pregnant, much less being a new parent. You may feel distant from your baby—and the busy, hectic newborn intensive care unit (NICU) environment doesn't make it any easier. But this is an important time for you and your baby to get to know each other and for you to gradually take on your role as mom or dad.

### Coping with the NICU roller coaster

For many families, a baby's NICU stay is like a roller coaster ride, with ups and downs, triumphs and setbacks. Of course, the parents are also along for the ride. The following tips can help you deal with your baby's ups and downs:

- Give yourself permission to cry and feel overwhelmed. You may be concerned that if you let your feelings flow, you'll never be able to pull yourself back together. But you will. Allow yourself to feel this release of emotion.
- Establish a routine. Find a way to balance work, home life and visiting the hospital. Allow yourself to leave your baby's side when you are comfortable doing so. Your baby needs you, but it's also important to have time for yourself, with your partner and with your other children. Also take time to do things you enjoy, such as exercise. These restful breaks will help you find the strength to keep going.
- Connect with other NICU parents. These parents share many of your feelings and struggles. Share your experiences, informally or in a support group. Ask NICU staff if there are graduate NICU parents with whom you can connect for support.
- You also can connect with others who understand what you're going through at the March of Dimes website, [Share Your Story](#). This online community was created especially for families who have faced the frightening experience of having a baby born early or with a health condition. You can ask questions, participate in online chats, share your own story by creating a blog, and read about other babies with similar health challenges.
- Explore your spiritual side. It might be helpful for you to reflect and lean on your personal spiritual perspective. You may find comfort speaking with a pastor, priest, rabbi, minister or imam. It is normal for this experience to challenge your religious and spiritual beliefs. In any case, remember that prayer, meditation or quiet reflection can help you find emotional strength and hope, and can guide you through this challenging time.
- Keep a journal. Expressing your feelings on paper can help you cope with and move through them. A journal also strengthens your hope and patience, by reminding you how far you and your baby have come.
- Vent your frustrations. If your baby has a setback, you may be plunged back into fear and anxiety. Voice your fears, and hope for the best.
- Celebrate when you can. When your baby makes progress, dare to experience the joy.
- Accept the support of others, however clumsy it may seem. Let people know how they can best help you.
- Accept that you and your partner will react differently. Share your experiences and listen with empathy so that you can feel supported.

### Building your confidence

It's only natural to feel anxious and unsure about taking care of your tiny baby while hospitalized in the NICU. Here are some suggestions to help you feel more confident as a parent in the NICU:

- If this is your first baby, remind yourself that all new parents feel anxious and unsure. Of course, these feelings are more intense because you have a baby in the NICU, but they are also a natural part of being a first-time parent.
- Even if you're an experienced parent, you may feel anxious and unsure. Remember that parenting in the NICU is different and challenging. It's natural to feel like a beginner as you learn how to meet your baby's unique needs.



- Be patient with yourself when you feel awkward or hesitant. Nobody expects you to be comfortable with your baby right away. Give yourself the time you need to adjust and feel more confident with your baby.
- If you are afraid to make mistakes or show your inexperience, you may find yourself backing away from your baby. Try telling your baby's nurses that you're unsure of yourself. They can give you the support and practice you need to become skilled at taking care of your baby.

### **When to seek professional counseling**

It's normal to experience a range of emotions and changes in behavior while your baby is in the NICU. But you may find it difficult to deal with some of these feelings. You can benefit from seeing a professional counselor if:

- You think it may help you feel better
- Your ability to cope with the situation is not improving and you feel stuck
- You continue to find no joy in other parts of your life
- You have trouble with your relationship with your partner or others close to you
- You feel a parent support group isn't "quite enough"

You should talk to a professional counselor if:

- You feel prolonged numbness or detachment
- You continue to feel detached from your baby
- You have trouble getting out of bed or starting your day
- You feel unable to cope or manage your other responsibilities
- You think about harming yourself or others
- Your doctor or the hospital social worker can refer you to a counselor who understands the trauma of having a baby in the NICU. Even just a couple of visits might give you the reassurance and boost you need.

### **Postpartum reactions**

New moms may experience some degree of postpartum adjustment or depression. As your body recovers from pregnancy, physical and hormonal changes may intensify your emotions for many months after delivery.

If you can't seem to shake uncomfortable feelings such as anxiety, sadness, fatigue, irritability, hopelessness or disinterest, tell someone close to you --your partner, a friend, a family member--that you are having a difficult postpartum adjustment and you need them to help you. Let them help you get what you need, including an appointment with a health care provider who takes your symptoms seriously.

### **Medical emergencies**

If a new mother experiences confusion, hallucinations or delusions, and/or thoughts of hurting herself or others, this is a medical emergency. Seek immediate medical attention.

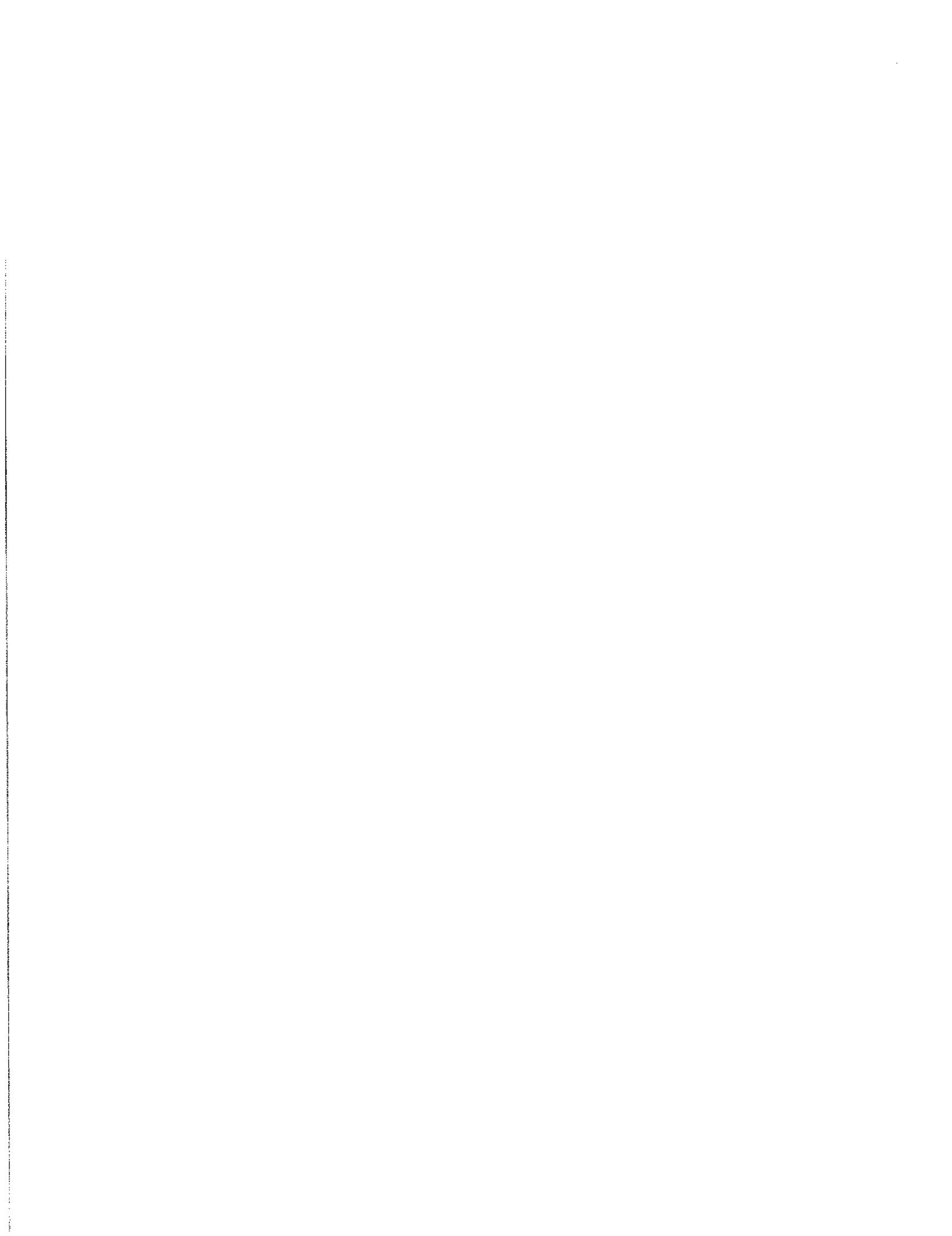
If you are feeling so badly that you are considering suicide, this is a medical emergency. Have your partner, friend or family member bring you to the emergency room of a local hospital or call 911. You deserve to get the help you need.

**See also:** Share Your Story, the March of Dimes website for NICU families.

*Excerpted from the March of Dimes booklet, "Parent: You & Your Baby in the NICU," written in collaboration with Deborah L. Davis, PhD and Mira Tesler Stein, PsyD, authors of "Parenting Your Premature Baby and Child: The Emotional Journey."*

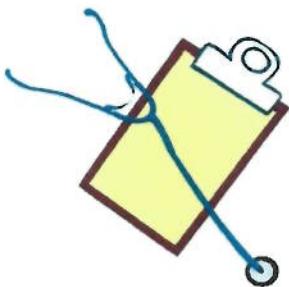
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# In the NICU

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- It's natural for you to feel frightened and confused.
- Become your baby's advocate and get involved in his or her care.



## NICU REFERENCE GUIDE and GLOSSARY

**ABO incompatibility:** Blood incompatibility between the mother and fetus that can result in destruction of fetal red blood cells, jaundice, and anemia.

**Anemia:** Fewer red blood cells than normal levels.

**Apnea:** Interruption in breathing that lasts 15 seconds or more.

**Apnea monitor:** Machine that detects interruptions in breathing.

**Arteries:** Blood vessels that carry oxygen to all parts of the body.

**Asphyxia:** Lack of oxygen.

**Bilights:** Blue fluorescent lights used to treat jaundice.

**Bilirubin:** A yellowish waste product formed when red blood cells break down.

**Birth defect:** Abnormality of structure, function or body metabolism (inborn error of body chemistry) present at birth that results in physical and/or mental disability, or is fatal.

**Blood gases:** Levels of oxygen and carbon dioxide in the blood.

**Bradycardia:** Slow heart rate.

**Hearing Screen:** Hearing test for newborns.

**Bronchopulmonary dysplasia (BPD):** Lung damage and scarring that occurs in some babies who were treated with oxygen and mechanical ventilation for a prolonged period.

**Cardiopulmonary monitor:** Machine that tracks heart and breathing rates.

**Catheter:** A small, thin plastic tube through which fluids are given or removed from the body.

**Central line:** A small plastic tube that is placed in a large blood vessel near the heart, to deliver intravenous feedings and medications. A central line can avoid many needle sticks for a baby, when long-term care is needed.

**Cerebral palsy:** A group of conditions that affect control of movement and posture, often leading to problems with muscle strength, flexibility or movement.

**Chickenpox (varicella):** Common childhood illness characterized by an itchy rash and fever. When contracted by a pregnant woman, it can occasionally cause birth defects or severe newborn illness.

**Computed tomography (CT or CAT scan):** Imaging technique that produces precise pictures of tissue using a

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narrow beam of radiation and computers.

**Congenital diaphragmatic hernia:** Birth defect involving an opening in the diaphragm, the large muscle that separates the chest and abdomen. Abdominal organs, such as the stomach and intestines, can move through the opening into the chest, where they can crowd the lungs and interfere with their development.

**C-PAP (continuous positive airway pressure):** Air is delivered to a baby's lungs through either small tubes in the baby's nose or through a tube that has been inserted into her windpipe. The tubes are attached to a mechanical ventilator, which helps the baby breathe, but does not breathe for her.

**Cryotherapy:** Freezing of abnormal tissue to halt its growth. This form of treatment can be used in severe cases of retinopathy of prematurity.

**Cyanosis:** A blue or gray discoloration of the skin caused by insufficient oxygen.

**Cytomegalovirus:** A viral infection that, when contracted by a pregnant woman, can result in severe newborn illness, and sometimes lead to chronic disabilities such as mental retardation, vision and hearing loss.

**Echocardiogram:** A specialized form of ultrasound examination that is used to study the heart.

**Endotracheal tube:** Small plastic tube that is inserted through a baby's nose or mouth down into the trachea (windpipe), usually connected to a mechanical ventilator.

**Exchange transfusion:** Special type of blood transfusion in which some of the baby's blood is removed and replaced with blood from a donor; sometimes used to treat severe jaundice.

**Gastroschisis:** Birth defect involving an opening in the abdominal wall, through which the abdominal organs bulge out.

**Gastrostomy:** Surgically created opening in the stomach, through which a baby can be fed.

**Gavage feeding:** Feeding through a flexible tube placed through the nose or mouth to the stomach or intestines.

**Group B streptococcus:** Bacterial infection that a baby can contract as he passes through an infected birth canal, sometimes resulting in further illness. Many cases can be prevented by screening and/or treating infected women with antibiotics during labor and delivery.

**Heart failure:** When the heart cannot pump enough blood to meet the body's needs.

**Herpes simplex:** Virus that can be transmitted sexually, sometimes causing genital sores in infected adults. A baby may become infected passing through an infected birth canal, sometimes resulting in severe newborn illness or future medical problems.

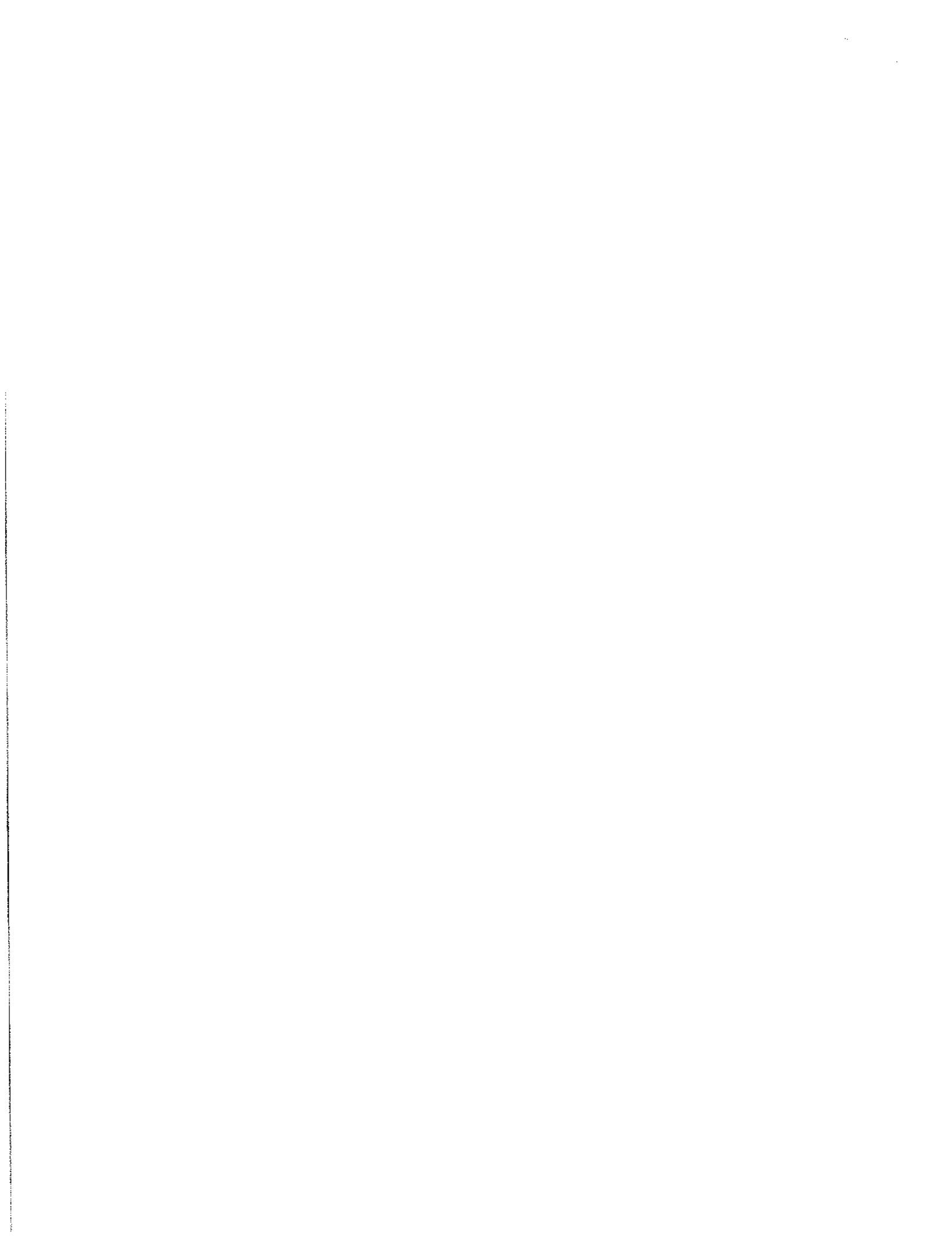
**High-frequency ventilation:** Special form of mechanical ventilation, designed to help reduce complications to delicate lungs.

**Hyperglycemia:** High blood sugar levels.

**Hypoglycemia:** Low blood sugar levels.

**Incubator:** Babies are placed in this clear plastic box which keeps them warm and protects them from germs and noise.

**Intrauterine growth restriction (IUGR):** Term for babies who are smaller than they should be at their gestational Updated 10/01/2019



age.

**Intravenous:** Through a vein.

**Intraventricular hemorrhage (IVH):** Bleeding in the brain, which occurs mainly in premature babies.

**Jaundice:** Yellowing of the skin and eyes due to accumulation of a waste product called bilirubin in the blood.

**Kangaroo care:** Holding a baby with skin-to-skin contact.

**Magnetic resonance imaging (MRI):** Imaging technique that uses powerful magnets and computers to produce a detailed picture of tissue..

**Mechanical ventilation:** Using a mechanical ventilator to breathe for a very sick baby while her lungs recover.

**Meconium aspiration syndrome:** Breathing problems that occur when the fetus inhales meconium (fetal stool) during labor and delivery. The stool usually is released shortly before or after birth.

**Nasal cannula:** Soft plastic tubing that goes around a baby's head and under his nose; where there are openings (prongs) to deliver oxygen.

**Nasogastric tube (also called NG tube)** – A feeding tube that goes through your baby's nose, down the esophagus and into the stomach. The esophagus is the tube in your baby's body that carries food from the throat to the stomach. Your baby can get breast milk, formula and medicine through the tube. When your baby is fed breast milk or formula through an NG tube, it's called gavage feeding.

**Nasal prongs:** Small plastic tubes that fit into or under a baby's nose to deliver oxygen.

**Necrotizing enterocolitis (NEC):** Serious intestinal infection that most commonly affects premature babies.

**Neonatologist:** A pediatrician with advanced training in the care of sick newborns.

**NICU:** Neonatal (or newborn) intensive care unit.

**Nitric oxide:** A gas naturally produced by the body that can be given to help expand blood vessels; sometimes used to treat babies with PPHN.

**Ophthalmologist:** Eye doctor.

**Orogastric tube (also called OG tube)** – A feeding tube that goes in your baby's mouth, down the esophagus and into the stomach. The esophagus is the tube in your baby's body that carried food from the throat to the stomach. Your baby can get breast milk, formula and medicine through an OG tube. When a baby is fed breast milk or formula through an OG tube, it's call gavage feeding.

**Patent ductus arteriosus (PDA):** Heart problem that is seen most commonly in premature babies.

**Persistent pulmonary hypertension of the newborn (PPHN):** High blood pressure in the lungs, leading to breathing problems, and reduced levels of oxygen in the blood.

**Phototherapy:** Treatment for jaundice, involving placing the baby under blue fluorescent lights, sometimes called bililights.

**Pneumothorax:** When air from the baby's lungs leaks out into the space between the baby's lungs and chest wall. While small leaks may cause no problems and require no treatment, larger leaks may cause serious complications

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such as lung collapse and may need surgical repair.

**Premature baby:** Baby born before 37 completed weeks of pregnancy.

**Pulse oximeter:** Small device that uses a light sensor to help determine blood oxygen levels.

**Radiant warmer:** Open bed with overhead heating source to warm the baby.

**Respiratory distress syndrome (RDS):** Serious breathing problem affecting mainly premature babies.

**Respiratory syncytial virus (RSV):** A virus that causes a mild, cold-like illness in adults. In premature babies or full-term babies with lung problems, it can cause serious illness, such as pneumonia.

**Retina:** Lining at the rear of the eye that relays messages to the brain.

**Retinopathy of prematurity (ROP):** Eye disorder seen mainly in very premature babies, which can lead to vision loss or blindness.

**Rh disease:** Blood incompatibility between the mother and fetus that causes destruction of fetal red blood cells.

**Sepsis:** Widespread infection of the blood.

**Spina bifida:** Birth defect involving the spinal cord, resulting in varying degrees of paralysis, bladder and bowel problems. Affected babies may require surgery during the newborn period to close the back and prevent further nerve damage and infection; however, surgery cannot reverse nerve damage that already has occurred.

**Surfactant:** Detergent-like substance that keeps small air sacs in the lungs from collapsing.

**Syndrome:** A combination of signs and symptoms that, when present together, are associated with a specific medical condition.

**Tachycardia:** Rapid heart rate.

**Toxoplasmosis:** A parasitic infection that, when contracted by a pregnant woman, can result in serious newborn illness and chronic disabilities, such as mental retardation, cerebral palsy, seizures, or vision and hearing loss.

**Ultrasound:** Imaging technique that uses sound waves to make a picture of tissue.

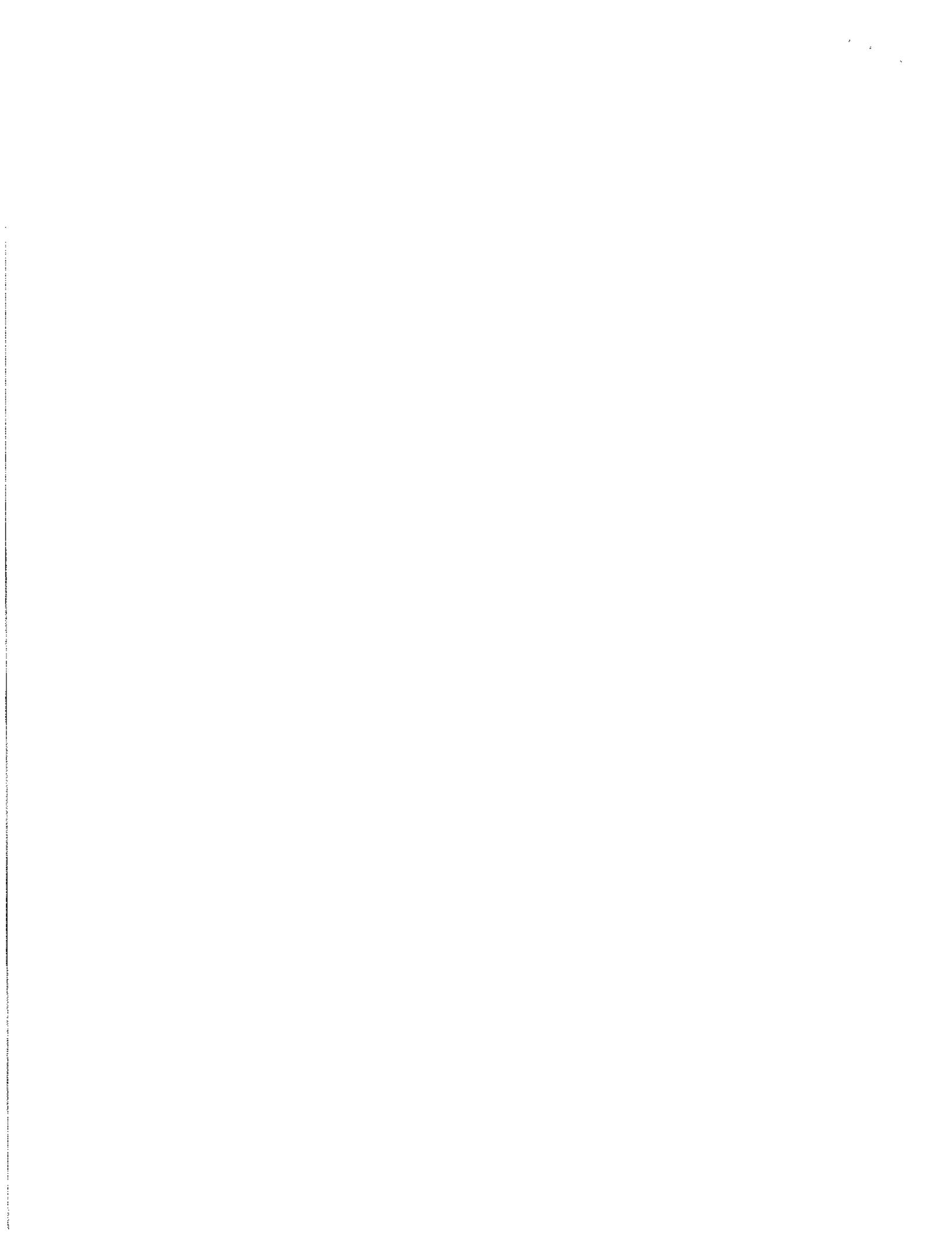
**Umbilical catheter:** Thin tube inserted into the belly button; used to draw blood or give fluids, medication, nutrients or blood.

**Vein:** A blood vessel leading toward the heart.

**Ventilator, mechanical:** Mechanical breathing machine.

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# Your premature baby

- Premature babies are born before 37 weeks of pregnancy.
- We don't understand all the causes but are looking for answers.
- Learn about what to expect, now and in the year or so to come.

## Premature birth

Most pregnancies last around 40 weeks. Babies born between 37 and 42 completed weeks of pregnancy are called full term. Babies born before 37 completed weeks of pregnancy are called premature. In the United States, about 12.8 percent of babies (more than half a million a year) are born prematurely (1). The rate of premature birth has increased by 36 percent since the early 1980s (1).

Premature birth is a serious health problem. Premature babies are at increased risk for newborn health complications, such as breathing problems, and even death. Most premature babies require care in a newborn intensive care unit (NICU), which has specialized medical staff and equipment that can deal with the multiple problems faced by premature infants.

Premature babies also face an increased risk of lasting disabilities, such as mental retardation, learning and behavioral problems, cerebral palsy, lung problems and vision and hearing loss. Two recent studies suggest that premature babies may be at increased risk of symptoms associated with autism (social, behavioral and speech problems) (2, 3). Studies also suggest that babies born very prematurely may be at increased risk of certain adult health problems, such as diabetes, high blood pressure and heart disease (4).

## When are most premature babies born?

More than 70 percent of premature babies are born between 34 and 36 weeks gestation (1). These are called late-preterm births. Late-preterm babies account for most of the increase in the premature birth rate in this country. A 2008 study found that cesarean sections (c-sections) account for nearly all of the increase in U.S. singleton premature births, and this group had the largest increase in c-section deliveries (5).

About 12 percent of premature babies are born between 32 and 33 weeks gestation, about 10 percent between 28 and 31 weeks, and about 6 percent at less than 28 weeks gestation (1).

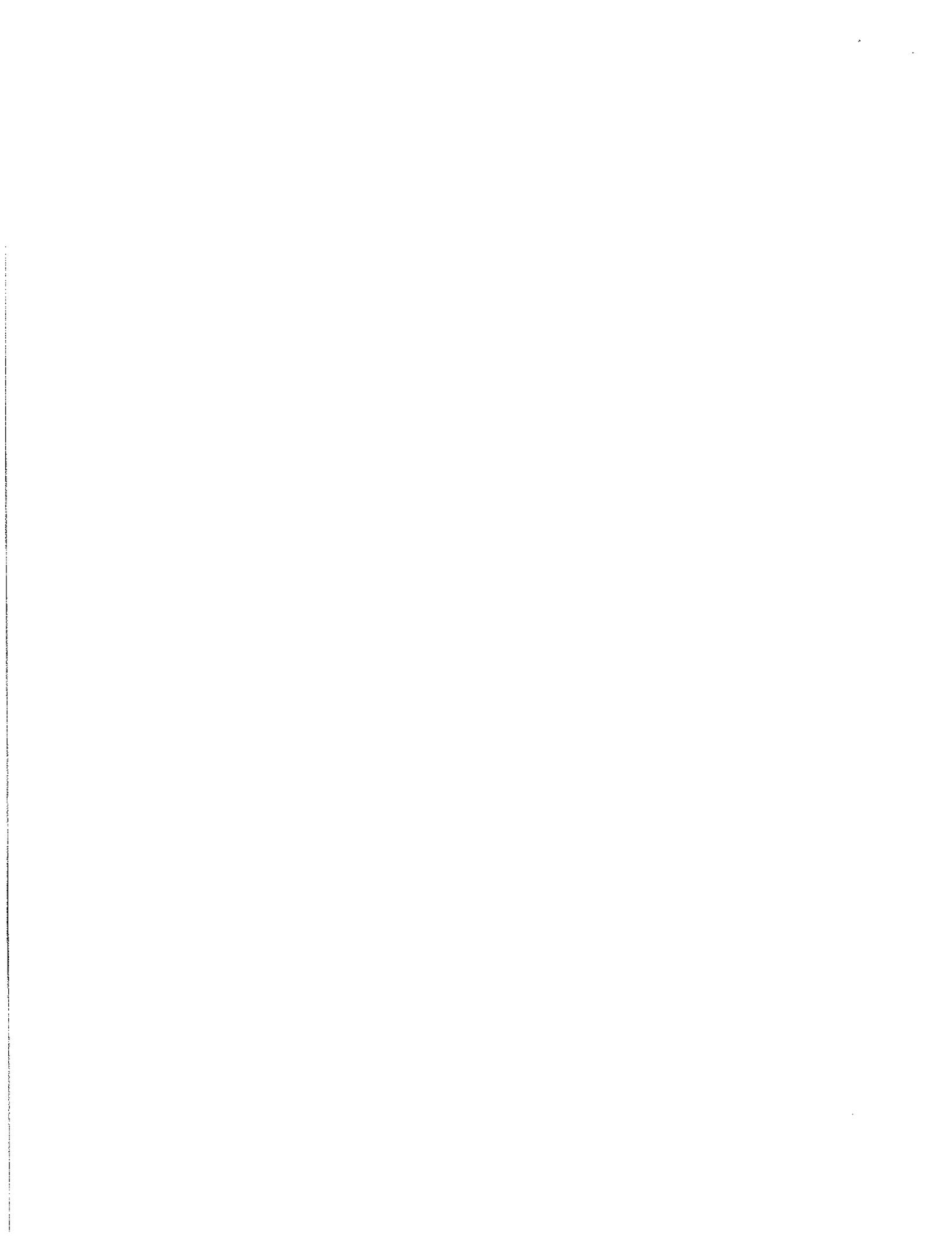
All premature babies are at risk for health problems, but the earlier a baby is born, the greater the risk for serious complications. Babies born before about 32 weeks gestation usually are very small, and their organs are less developed than those of babies born later. Fortunately, advances in obstetrics and neonatology (the branch of pediatrics that deals with newborns) have improved the chances of survival for even the smallest babies.

## What causes premature birth?

Most premature births are caused by spontaneous preterm labor, either by itself or following spontaneous premature rupture of the membranes (PROM). With PROM, the sac inside the uterus that holds the baby breaks too soon. Preterm labor is labor that begins before 37 completed weeks of pregnancy. The causes of preterm labor and PROM are not fully understood.

The latest research suggests that many cases are triggered by the body's natural response to certain infections, including those involving amniotic fluid and fetal membranes. However, in about half of all cases of premature birth, providers cannot determine why a woman delivered prematurely.

About 25 percent of premature births are caused by early induction of labor or c-section due to pregnancy complications or health problems in the mother or the fetus (6). In many of these cases, early delivery is probably the safest approach for mother and baby.



However, the March of Dimes is concerned that some early deliveries may occur without good medical justification or may be done at the request of the mother. In some cases, this can lead to late-preterm birth, with potential risks to the baby. Women should wait until at least 39 weeks to schedule an induced labor or a c-section, unless there are medical problems that make it necessary to deliver earlier (7, 8).

### **Which women are at increased risk for premature birth?**

Any woman can give birth prematurely, but some women are at greater risk than others. Researchers have identified some risk factors, but providers still can't predict which women will deliver prematurely.

Three groups of women are at greatest risk for premature birth:

- Women who have had a previous premature birth
- Women who are pregnant with twins, triplets or more
- Women with certain uterine or cervical abnormalities

Certain lifestyle factors may put a woman at greater risk for preterm labor. These include:

- Late or no prenatal care
- Smoking
- Drinking alcohol
- Using illegal drugs
- Exposure to the medication DES
- Domestic violence (including physical, sexual or emotional abuse)
- Lack of social support
- Extremely high levels of stress
- Long working hours with long periods of standing
- Exposure to certain environmental pollutants

Certain medical conditions during pregnancy also may increase the likelihood that a woman will have preterm labor. These include:

- Infections (including urinary tract, vaginal, sexually transmitted and other infections)
- High blood pressure and preeclampsia
- Diabetes
- Clotting disorders (thrombophilia)
- Being underweight before pregnancy
- Obesity
- Short time period between pregnancies [One study found that an interval of less than 18 months between birth and the beginning of the next pregnancy increased the risk of preterm labor, though the greatest risk was with intervals shorter than 6 months (9). A woman should discuss with her provider the best pregnancy spacing for her.]
- Being pregnant with a single fetus that is the result of in vitro fertilization
- Birth defects in the baby (10)
- Bleeding from the vagina

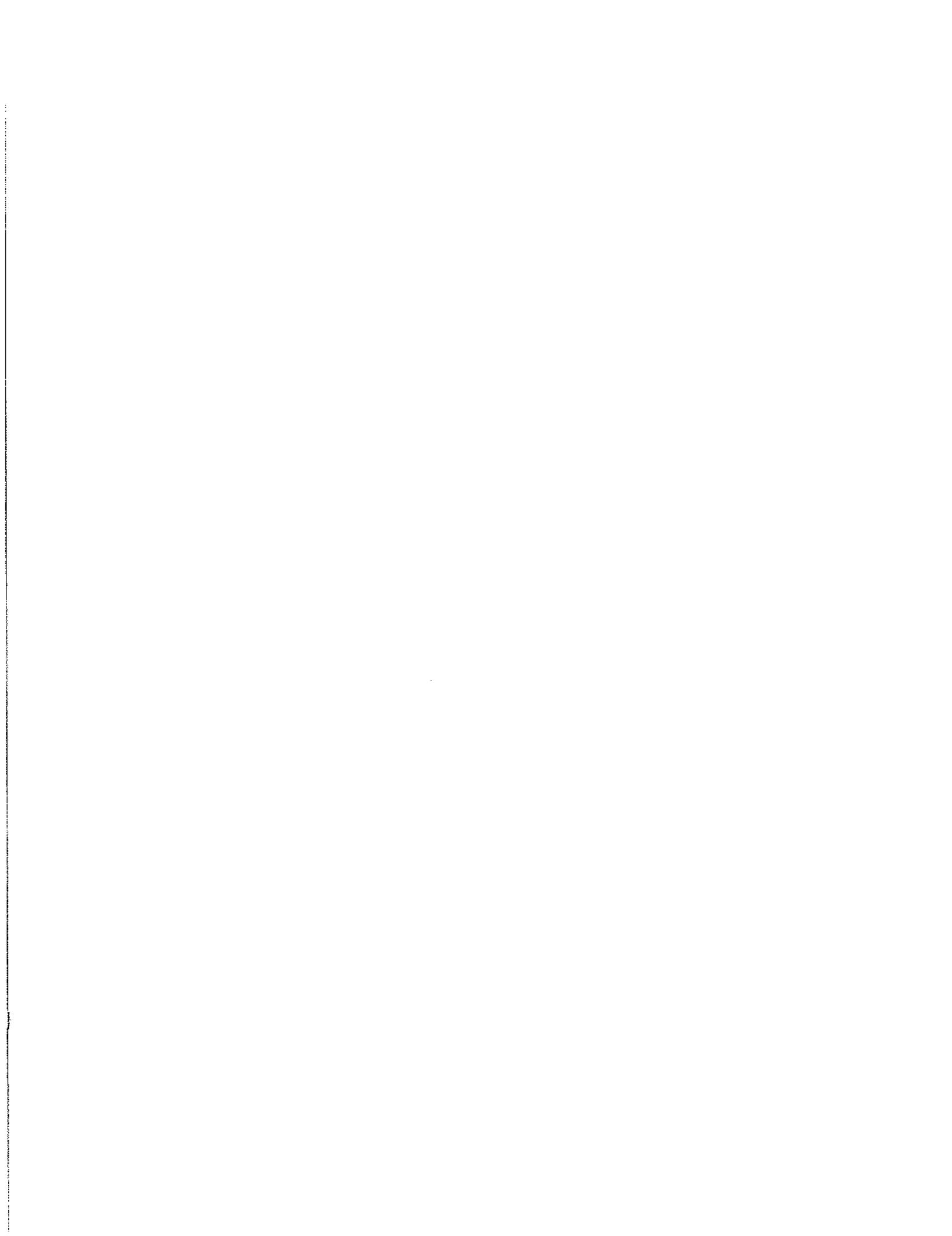
Certain demographic factors also increase the risk:

- Non-Hispanic black race
- Younger than age 17, or older than age 35
- Low socioeconomic status

Even if a woman has one or more of these risk factors, it does not mean that she will have preterm labor. However, all women should learn the signs of preterm labor and what to do if they have any of them.

### **What medical complications are common in premature babies?**

There are a number of complications that are more likely in premature than full-term babies:



**Respiratory distress syndrome (RDS):** About 23,000 babies a year (most of whom were born before the 34th week of pregnancy) suffer from this breathing problem (11). Babies with RDS lack a protein called surfactant that keeps small air sacs in the lungs from collapsing.

Treatment with surfactant helps affected babies breathe more easily. Since treatment with surfactant was introduced in 1990, deaths from RDS have been reduced by about half (12).

A provider may suspect a baby has RDS if she is struggling to breathe. A lung X-ray and blood tests often confirm the diagnosis.

Along with surfactant treatment, babies with RDS may need additional oxygen and mechanical breathing assistance to keep their lungs expanded. They may need the support of a ventilator or they may receive treatment called continuous positive airway pressure (CPAP). CPAP delivers pressurized air to the baby's lungs through small tubes in the baby's nose or through a tube that has been inserted into his windpipe. CPAP helps a baby breathe, but it does not breathe for him. The sickest babies may need the help of a ventilator to breathe for them while their lungs mature.

**Apnea:** Premature babies sometimes stop breathing for 20 seconds or more. This interruption in breathing is called apnea, and it may be accompanied by a slow heart rate. Premature babies are constantly monitored for apnea. If the baby stops breathing, a nurse stimulates the baby to start breathing by patting him or touching the soles of his feet.

**Intraventricular hemorrhage (IVH):** Bleeding in the brain occurs in some premature babies. Those born before about 32 weeks of pregnancy are at highest risk. The bleeds usually occur in the first 3 days of life and generally are diagnosed with an ultrasound.

Most brain bleeds are mild and resolve themselves with no or few lasting problems. More severe bleeds can affect the substance of the brain or cause the fluid-filled structures (ventricles) in the brain to expand rapidly. These severe bleeds can cause pressure on the brain that can lead to brain damage (such as cerebral palsy and learning and behavioral problems). When fluid persists in the ventricles, neurosurgeons may insert a tube into the brain to drain the fluid and reduce the risk of brain damage.

**Patent ductus arteriosus (PDA):** PDA is a heart problem that is common in premature babies. Before birth, a large artery called the ductus arteriosus lets blood bypass the lungs because the fetus gets its oxygen through the placenta. The ductus arteriosus normally closes soon after birth so that blood can travel to the lungs and pick up oxygen.

When the ductus arteriosus does not close properly, it can lead to heart failure. PDA can be diagnosed with a specialized form of ultrasound (echocardiography) or other imaging tests. Babies with PDA are treated with a drug that helps close the ductus arteriosus, although surgery may be necessary if the drug does not work.

**Necrotizing enterocolitis (NEC):** Some premature babies develop this potentially dangerous intestinal problem 2 to 3 weeks after birth. It can lead to feeding difficulties, abdominal swelling and other complications. NEC can be diagnosed with blood tests and imaging tests, such as X-rays. Affected babies are treated with antibiotics and fed intravenously (through a vein) while the intestine heals. In some cases, surgery is necessary to remove damaged sections of the intestine.

**Retinopathy of prematurity (ROP):** ROP is an abnormal growth of blood vessels in the eye that can lead to vision loss. It occurs mainly in babies born before 32 weeks of pregnancy. ROP is diagnosed during an examination by an ophthalmologist (eye doctor) several weeks after birth.

Most cases are mild and heal themselves with little or no vision loss. In more severe cases, the ophthalmologist may treat the abnormal vessels with a laser or with cryotherapy (freezing) to protect the retina and preserve vision.

**Jaundice:** Premature babies are more likely than full-term babies to develop jaundice because their livers are too immature to remove a waste product called bilirubin from the blood. Babies with jaundice have a yellowish color to their skin and eyes. Jaundice often is mild and usually is not harmful. However, if the bilirubin level gets too high, it can cause brain damage.



Blood tests show when bilirubin levels are too high, so providers can treat the baby with special lights (phototherapy) that help the body eliminate bilirubin, thus preventing brain damage. Occasionally, if bilirubin levels rise very high, a baby may need a special type of blood transfusion.

**Anemia:** Premature infants often are anemic, which means they do not have enough red blood cells. Normally, the baby stores iron during the later months of pregnancy and uses it late in pregnancy and after birth to make red blood cells. Infants born too soon may not have had enough time to store iron.

Babies with anemia tend to develop feeding problems and grow more slowly. Anemia also can worsen any heart or breathing problems. Anemic infants may be treated with dietary iron supplements (drugs that increase red blood cell production), or they may require blood transfusion.

**Chronic lung disease (also called bronchopulmonary dysplasia or BPD):** Chronic lung disease most commonly affects premature infants who require ongoing treatment with supplemental oxygen. The risk of BPD is increased in babies who still need oxygen when they reach 36 weeks after conception (weeks of pregnancy plus weeks after birth adding up to 36 or more weeks). These babies develop fluid in the lungs, scarring and lung damage, which can be seen on an X-ray.

Affected babies are treated with oxygen and medications that make breathing easier. Sometimes they require support from a ventilator and are weaned slowly from the device. Their lungs usually improve over the first 2 years of life. However, many children with BPD develop chronic lung disease resembling asthma.

**Infections:** Premature babies have immature immune systems that are inefficient at fighting off bacteria, viruses and other organisms that can cause infection. Serious infections commonly seen in premature babies include pneumonia (lung infection), sepsis (blood infection) and meningitis (infection of the membranes surrounding the brain and spinal cord). Babies can contract these infections at birth from their mother, or they may become infected after birth. Infections are treated with antibiotics or antiviral drugs.

#### **What happens when babies are born at less than 28 weeks?**

Fewer than 1 percent of babies in this country are born this early, but they have the most complications (1). Most of these babies are born at extremely low birthweight (less than 2 pounds, 3 ounces). Almost all require treatment with oxygen, surfactant and mechanical assistance to help them breathe.

These babies are too immature to suck, swallow and breathe at the same time, so they must be fed through a vein (intravenously) until they develop these skills. They often cannot cry (or you cannot hear them due to the tube in their throat) and they sleep most of the day. These tiny babies have little muscle tone, and most move very little.

Babies born this early look very different than full-term babies. Their skin is wrinkled and reddish-purple in color and is so thin that the blood vessels underneath can be seen. Their face and body are covered in soft hair called lanugo. Because these babies have not had time to put on fat, they appear very thin. Most likely, their eyes are closed, and they have no eyelashes.

These babies are at high risk for one or more of the complications discussed above. However, most babies born after about 26 weeks gestation do survive (about 80 percent at 26 weeks), although they may face an extended stay in the newborn intensive care unit (NICU) (13).

Survival rates can vary greatly depending on factors other than gestational age. Factors that can improve survival rates include higher birthweight, female sex, history of prenatal treatment with corticosteroids (drugs that speed lung development) and singleton birth (not part of a twin or other multiple birth) (14). Unfortunately, about 25 percent of these very premature babies develop serious lasting disabilities, and up to half may have milder problems, such as learning and behavioral problems (15).



### **What about babies born at 28 to 31 weeks gestation?**

These babies look quite similar to babies born earlier, although they are larger (usually between 2 and 4 pounds) and even more likely to survive (about 96 percent) (13). Many require treatment with oxygen, surfactant and assistance to help them breathe. Some of these babies can be fed breastmilk or formula through a tube placed through their nose or mouth into the stomach, although others need to be fed intravenously.

Some of these babies can cry. They can move, although their movements may be jerky. A baby born at this time can grasp a person's finger. These babies can open their eyes, and they begin to stay awake and alert for short periods.

Babies born at 28 to 31 weeks are at risk for the complications discussed above. When complications occur, however, they may not be as severe as in babies born earlier. Babies born with very low birthweight (less than 3 pounds, 4 ounces) remain at risk for serious disabilities.

### **What about babies born at 32 to 33 weeks gestation?**

About 98 percent of babies born at this time survive (13). Most weigh between 3 and 5 pounds and appear thinner than full-term babies. Many need supplemental oxygen to help them breathe, although some can breathe on their own. Some can breast- or bottle-feed, but those who have breathing difficulties probably need tube-feeding. Babies born at this time are less likely than babies born earlier to develop serious disabilities caused by premature birth, though they remain at increased risk for learning and behavioral problems.

### **Are babies born at 34 to 36 weeks gestation (late preterm) at risk for medical problems?**

Late preterm infants are usually healthier than babies born earlier. More than 99 percent of those babies survive, though they are (16):

- 6 times more likely than full-term infants to die in the first week of life (2.8 per 1,000 vs. 0.5 per 1,000)
- 3 times more likely to die in the first year of life (7.9 per 1,000 vs. 2.4 per 1,000)

Late preterm babies often weigh between 4½ and 6 pounds, and they may appear thinner than full-term babies. These babies remain at higher risk than full-term babies for newborn health problems, including breathing and feeding problems, difficulties regulating body temperature, and jaundice (17). These problems are usually mild. Most of these babies can breast- or bottle-feed, although some (especially those with mild breathing problems) may need tube-feeding for a brief time.

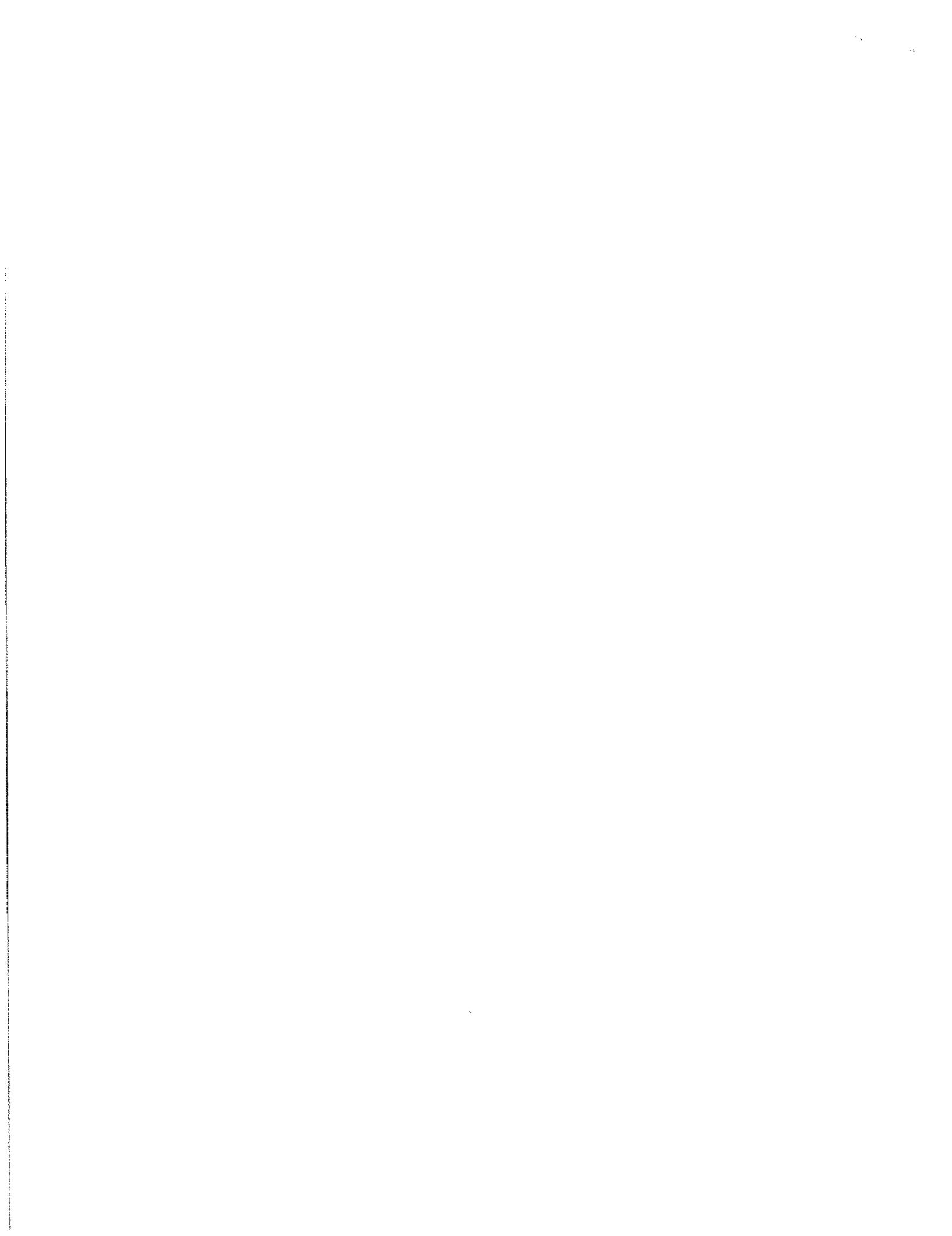
A baby's brain at 35 weeks weighs only two-thirds of what it will weigh at 40 weeks (17). Because their brain development is not complete, these babies may be at increased risk for learning and behavioral problems (17). Most do not develop serious disabilities resulting from premature birth.

A recent study, however, found that late preterm infants are more than 3 times as likely to develop cerebral palsy and are slightly more likely to have developmental delays than babies born full term (18). Another study found that adults who were born at 34 to 36 weeks gestation may be more likely than those born full-term to have mild disabilities and to earn lower long-term wages (19).

### **How can a woman reduce her risk for premature birth?**

A woman may be able to reduce her risk for premature birth by visiting her health care provider before pregnancy and, once pregnant, seeking early and regular prenatal care. A preconception visit is especially crucial for women with chronic health disorders, such as diabetes and high blood pressure, which sometimes can contribute to premature birth. When a woman receives adequate preconception and prenatal care, providers often can identify and treat pregnancy problems early, helping to reduce the risk for premature birth.

All women of childbearing age should take a multivitamin containing 400 micrograms of folic acid every day starting before pregnancy, as part of a healthy diet. A recent study suggests that taking folic acid for at least 1 year before pregnancy may cut the risk of having a premature baby by half (20). Taking folic acid before and during the early weeks of pregnancy also reduces the risk of certain serious birth defects of the brain and spinal cord.



A woman should avoid smoking, drinking alcohol and taking illicit drugs before and during pregnancy. She should try to reach a healthy weight before pregnancy because women who are overweight or underweight are at increased risk for premature birth. She also should gain the recommended amount of weight during pregnancy.

Recommended weight gain during pregnancy is generally 25 to 35 pounds for women who begin pregnancy at a normal weight, 15 to 25 pounds for women who start out overweight, and about 15 pounds for women who are obese. Women who are underweight before pregnancy should gain 28 to 40 pounds.

Treatment with the hormone progesterone may help prevent another premature birth in women who have already had a premature baby. The American College of Obstetricians and Gynecologists (ACOG) recommends that this treatment be offered only to women with a previous spontaneous (not induced) premature birth who are currently pregnant with one fetus (21). Studies show that weekly injections of a form of progesterone (called 17P) reduces the risk for preterm birth by about one-third in these women (22).

Another study found that treatment with vaginal progesterone suppositories greatly reduces the rate of premature birth in women with a short cervix (most of whom had no history of premature birth) (23). A vaginal ultrasound can determine whether a woman has a short cervix. ACOG recommends that providers consider progesterone treatment for these women, but does not recommend screening all women for a short cervix (21).

Studies have not found progesterone treatment helpful in preventing premature birth in twin pregnancies (21). More studies are needed to clarify which high-risk women may benefit from progesterone treatment and which form of progesterone is most effective.

### **Can medical problems in premature babies be prevented?**

When a health care provider suspects that a woman may deliver prematurely, he may suggest treatment with corticosteroid drugs. Corticosteroids speed maturation of fetal lungs and significantly reduce the risk of RDS, IVH and infant death (12). The provider gives the pregnant woman two or more shots containing these drugs. Treatment is most effective when administered at least 24 hours before delivery.

The provider also may suggest treatment with medications (called tocolytics) that may postpone labor (often for only a couple of days). Even this short delay can give the provider time to treat the pregnant woman with corticosteroids and arrange for birth in a hospital with a NICU that can give appropriate care to a premature infant, which could make a lifesaving difference for the baby.

A recent study found that treatment with a tocolytic called magnesium sulfate may significantly reduce the risk for cerebral palsy in premature infants (24). More studies are needed to confirm the effectiveness of this treatment.

### **Does the March of Dimes support research into the causes of premature birth?**

The March of Dimes supports many grants aimed at improving understanding of the causes of preterm labor, with the goal of learning how to prevent it. For example, grantees are studying the role genes and heredity play in premature births and how the rate of fetal lung development, infection and other factors may trigger labor. Grantees also are seeking to improve treatment for premature babies, including those with RDS, NEC and ROP.

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## Choosing a Pediatrician

Your child's pediatrician is your partner in promoting your child's health and development. You should feel comfortable with your choice. Your baby's "first check-up" occurs within the first few days after birth. If you have not chosen a pediatrician or you are thinking about changing your pediatrician, here are some helpful tips.

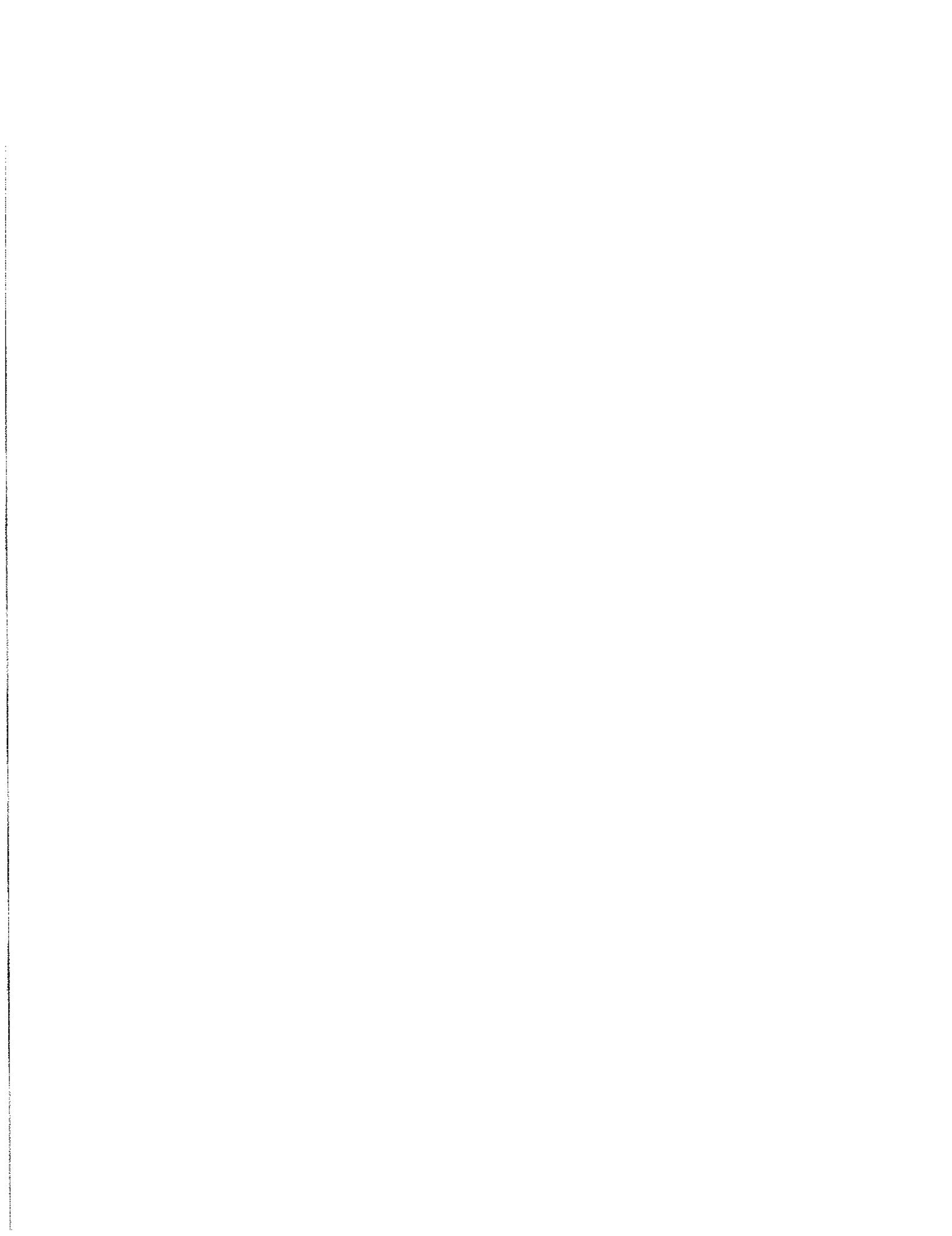
- Contact your insurance provider for referrals to covered physicians
- Get a list of prospects from your health care provider
- Ask your friends and other parents you respect about pediatricians
- Call your local medical society board of health or hospital for reference
- You may also call **770-956-STAR (7827)** at Wellstar for a list of pediatricians
- Or the Powerline at **770-451-5501** for a list of Medicaid doctors and dentists

It is important to feel comfortable with your pediatrician and your pediatrician's staff. Here are some specific questions to ask that are important to you and your baby.

- What is your pediatric background?
- Do you have a subspecialty or area of pediatric interest?
- When are your office hours?
- How do I reach you after-hours or during an emergency?
- If I have a minor question, when is the best time to call?
- Do you charge for such "telephone time?"
- How long is a typical office visit? (A good answer would be 15 minutes or more)
- What hospitals do you use, and what HMOs do you work with?
- Is payment due at the time of visit?
- How do you support breastfeeding?
- When will I bring in my baby for the first office visit? (A good answer would be within the first week, especially if you have a short stay in the hospital)
- Are you board certified through the American Board of Pediatrics?
- Are you a member of the American Academy of Pediatrics?
- What's your advice about working while parenting?
- How well do you know the infant and toddler programs in the community?

Peter A. Gorski, MD, MPS. Pampers Parenting Institute

If at any time you feel your pediatrician's office is not meeting your expectations and your instincts tell you that the office setting is not right for you and your baby, you should use the tips listed above to find a "new" pediatrician.



# Families

Have you ever wondered...

Why isn't my baby crawling?  
Why doesn't he or she follow moving objects with their eyes?

Why doesn't my baby roll over?

Why does my child seem to ignore me?

Why can't I understand what my child is saying?

If you have any concerns about your child's growth and development, call your pediatrician to schedule an appointment or contact Children 1st.

## What can I expect after a referral?

Children 1st staff will contact you to schedule a developmental screening.

## How do I reach Children 1st?

To find your local office, please call 800-300-9003 or visit [dph.georgia.gov/children1st](http://dph.georgia.gov/children1st) to learn more about the program.

**Children 1st**  
800-300-9003

Insert district sticker here.

February 2021



# Children

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# Providers

## Who is eligible?

Children 1st is available for children birth to 5 years of age who have:

- A suspected speech, physical or other developmental delay
  - Three or more social or environmental risk factors
  - A chronic medical condition impacting development or requiring care coordination
- Visit [dph.georgia.gov/children1st](http://dph.georgia.gov/children1st) for a detailed list of risk factors.

## How can I make a referral?

Contact your local Children 1st office:

1. Visit [dph.georgia.gov/children1st](http://dph.georgia.gov/children1st) to download and complete the Children 1st screening and referral form
2. Click "Service Locator" on the Children 1st webpage and select the child's county of residence, mark the box next to Children 1st and click search for a list of locations
3. Attach any supporting documents, including:
  - Child's hospital discharge summary
  - Developmental screening results
  - Medical records summary
  - Children 1st screening and referral form
4. Send the completed screening and referral form and all supporting documents to the local Children 1st coordinator
5. Call your local Children 1st coordinator to submit a referral by phone



## What is Children 1st?

Children 1st provides screening to identify children birth to 5-years of age, at risk for poor growth and learning.

Children 1st is the single point of entry to services for children in public health.

## List of services

- Identify children at risk for poor growth & learning
- Developmental screenings and assessments administered in-home, by phone or at the health department
- Referral and connection to:

Babies Can't Wait (BCW)  
Children's Medical Services (CMS)  
Early Hearing Detection & Intervention (EHD)  
1st Care  
Home Visiting  
Community resources

## Is there a cost for services?

There is no cost for services provided by Children 1st.

## Why is Children 1st important?

Children develop rapidly during their early years, and each child is unique and will progress at his or her own pace. Children 1st identifies services that will support the development of children in Georgia before they enter school at age 5.

Visit our website to learn more about eligible conditions for Children 1st and other Maternal and Child Health programs.

[dph.georgia.gov/children1st](http://dph.georgia.gov/children1st)

## Visit Georgia WIC at wic.ga.gov

### What Can I Buy with Georgia WIC Vouchers?

Georgia WIC vouchers make it easier for you to provide healthy, delicious foods that you feel good about giving your family. Georgia WIC vouchers are also easy to use. Just take them with you when you go grocery shopping and use them to buy healthy food including:

- Infant foods
- Brown rice
- Canned fish
- Cereal
- Cheese
- Dried or canned beans/peas
- Eggs
- Fruit juice
- Fruits and vegetables
- Milk
- Pasta
- Peanut butter
- Tortillas
- Tofu
- Yogurt
- Whole grain bread

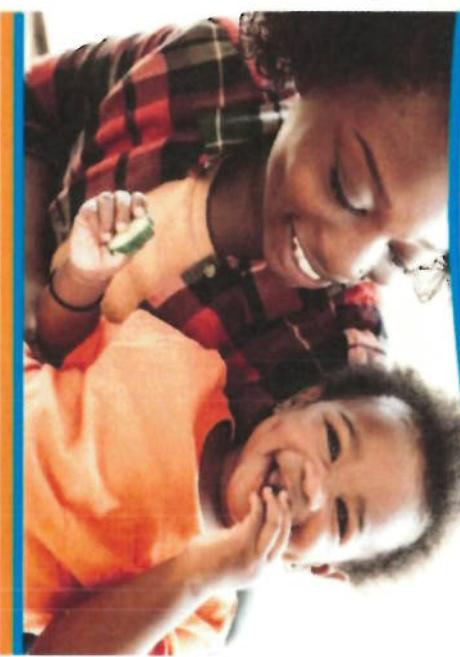
Do you have questions? To apply and/or locate a Georgia WIC clinic near you, visit [wic.ga.gov](http://wic.ga.gov), or call 800-228-9173, Monday through Friday from 8 a.m. – 5 p.m.



# Georgia WIC

offering Yummy,

Healthy Food  
and More!



GEORGIA  
WIC ADP!  
Women, Infants & Children  
DEPARTMENT OF PUBLIC HEALTH

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- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410.

- (2) fax: (202) 690-7442, or

- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

## What is WIC?

Georgia WIC is the nation's fifth largest Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Georgia WIC provides nutrition and health education, healthy foods and other services free of charge to Georgia families who qualify.

### What does Georgia WIC Offer?

Georgia WIC's goal is to help keep pregnant and breastfeeding women and kids under age 5 healthy. To do this, WIC provides:

- Personalized nutrition consultations
- Vouchers to buy healthy food
- Tips for eating well to improve health
- Referrals for medical and dental care, health insurance, child care, housing and fuel assistance, and other services that can benefit the whole family

Georgia WIC also offers breastfeeding classes, one-on-one breastfeeding support, as well as immunization screenings and referrals. In addition, Georgia WIC provides parents with opportunities to talk with other parents about nutrition and other health topics that are important to their families.

### Who is Georgia WIC for?

Georgia WIC is for all kinds of families: married and single parents, working or not working. If you are a father, mother, grandparent, foster parent or other legal guardian of a child under 5, you can apply for Georgia WIC for your child.

### You can participate in Georgia WIC if you:

- Live in Georgia
- Have a child under 5, or you are a pregnant or breastfeeding woman
- Are a postpartum nonbreastfeeding woman
- Have a family income less than WIC guidelines

### Income Eligibility Guidelines:

July 1, 2019 to June 30, 2020

Household Size	Yearly Income greater than	Monthly Income	Monthly Income
1	\$23,107	\$1,926	\$445
2	\$31,284	\$2,607	\$602
3	\$39,461	\$3,289	\$759
4	\$47,638	\$3,970	\$917
5	\$55,815	\$4,652	\$1,074
6	\$63,992	\$5,333	\$1,231
7	\$72,169	\$6,015	\$1,388
8	\$80,346	\$6,696	\$1,546
Each Adult Poverty Maximum adds	*\$8,177	*\$6,932	*\$1,158

If you are pregnant, you should count yourself as two.

## Visit Georgia WIC at [wic.ga.gov](http://wic.ga.gov)



### Income Eligibility

Applicants are automatically income eligible for Georgia WIC if they are currently receiving Medicaid, TANF or Supplemental Nutrition Assistance Program (SNAP) benefits. Foster kids under age 5, may also be eligible for WIC.

### Can Men Participate in Georgia WIC?

Fathers, with a child(ren) under age 5, who meet the income requirements of Georgia WIC are encouraged to enroll their child(ren) in the program. Although a father cannot receive benefits for himself, he can receive benefits for his child(ren). Fathers are encouraged to attend and participate in WIC appointments, nutrition and health classes, as well as use WIC vouchers in grocery stores.

### How do I Apply for Georgia WIC?

To apply for WIC, visit [wic.ga.gov](http://wic.ga.gov) to find your local health department or call 800-228-9173. Many Georgia WIC clinics are open in the evenings and on Saturdays so you do not have to miss work.

Georgia WIC: 800-228-9173

Georgia WIC: [wic.ga.gov](http://wic.ga.gov)



# Visit Georgia WIC at [wic.ga.gov](http://wic.ga.gov)

## What Can I Buy with Georgia WIC Vouchers?

Georgia WIC vouchers make it easier for you to provide healthy, delicious foods that you feel good about giving your family. Georgia WIC vouchers are also easy to use. Just take them with you when you go grocery shopping and use them to buy healthy food including:

- Infant foods
- Brown rice
- Canned fish
- Cereal
- Cheese
- Dried or canned beans/peas
- Eggs
- Fruit juice
- Fruits and vegetables
- Milk
- Pasta
- Peanut butter
- Tortillas
- Tofu
- Yogurt
- Whole grain bread

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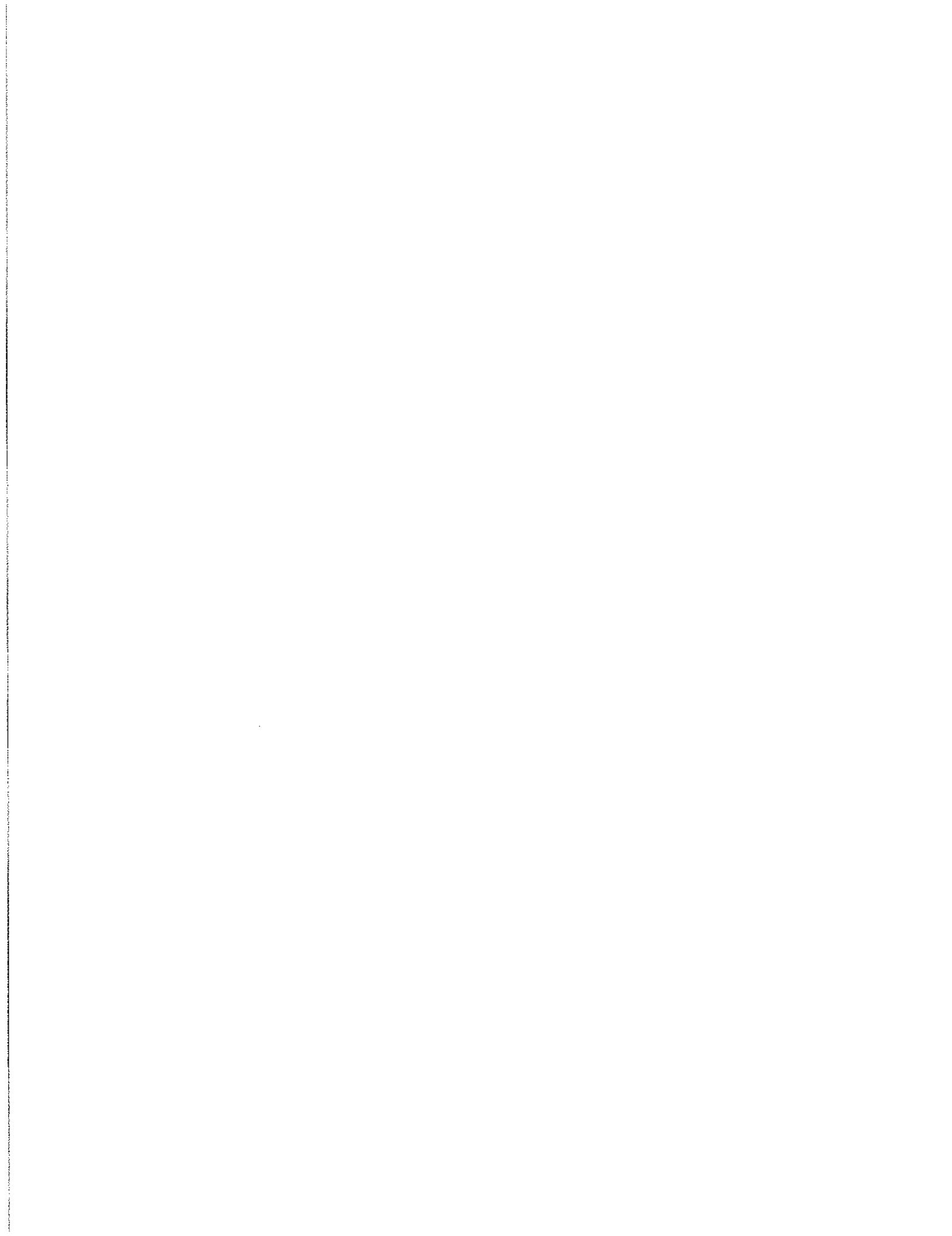


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Persons with disabilities who require alternative means for communication of program information may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be available in languages other than English.

To file a program complaint of discrimination, complete a Program Discrimination Complaint Form, available online at: [http://www.ascr.usda.gov/complaint\\_filing\\_procedure.html](http://www.ascr.usda.gov/complaint_filing_procedure.html), or write a letter addressed to USDA, Office of Civil Rights, 1400 Independence Avenue SW, Washington, DC 20460. To request a copy of the complaint form, call (202) 720-6382 or (800) 877-8339. Persons with disabilities who require alternative means for communication of program information may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be available in languages other than English.

(1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue SW  
Washington, D.C. 20250-9410



# **WIC**

## **A Special Food and Nutrition Education Program For Women, Infants and Children**

### **WHO IS ELIGIBLE?**

- A pregnant woman
- A breastfeeding woman
- A woman who has recently been pregnant
- An infant or a child less than 5 years old

### **SERVICES PROVIDED:**

- Nutritious foods
- Nutrition counseling
- Breast feeding support
- Health care referral

### **TO BE ELIGIBLE, YOU MUST ALSO:**

- Have a low or moderate income  
**AND**
- Have a special need that can be helped by WIC foods and nutrition counseling

### **APPROVED WIC FOODS:**

- Milk, cheese, eggs, cereals, peanut butter, fruit or vegetable juices, dry beans or peas, iron fortified formula

**YOU DO NOT HAVE TO BE  
ON PUBLIC ASSISTANCE  
TO APPLY.**

**CALL YOUR LOCAL HEALTH  
DEPARTMENT FOR MORE  
INFORMATION.**

# Georgia WIC Program

Georgia WIC  
Georgia Department of Public Health  
2 Peachtree Street, NW  
10<sup>th</sup> Floor  
Atlanta, GA 30303  
Telephone: 1-800-228-9173  
Website: <http://dph.georgia.gov/WIC>

## INCOME ELIGIBILITY GUIDELINES (Effective from July 1, 2021 to June 30, 2022)

Household Size	Reduced Meal Income Limits				
	Annually	Monthly	Twice A Month	Every Two Weeks	Weekly
1 .....	23,828	1,986	993	917	459
2 .....	32,277	2,686	1,343	1,240	620
3 .....	40,626	3,386	1,693	1,563	782
4 .....	49,025	4,086	2,043	1,886	943
5 .....	57,424	4,786	2,393	2,209	1,105
6 .....	65,823	5,486	2,743	2,532	1,266
7 .....	74,222	6,186	3,093	2,855	1,428
8 .....	82,621	6,886	3,443	3,178	1,589
For each additional family member add	+ 8,399	+700	+ 350	+324	+ 162

**How can you choose a Health Plan?**

In Georgia Families®, you will get all the health services that you get now as a member of Medicaid or PeachCare for Kids® — plus more. While each plan offers the same basic health services, they also offer different "extra services" or benefits; such as programs to help you manage your asthma, diabetes, or weight! Take a look at the chart on the other side of this brochure to compare each plan and choose the one you like best!

Do you want to keep seeing your current doctor? Is there a hospital or clinic where you often go for care? Are there specialists, counselors, or special services that you want to keep using? Find out which Health Plans they accept. Visit [www.georgia-families.com](http://www.georgia-families.com), or call the providers or 1-888-GA-Enroll (1-888-423-6765), TDD: 1-877-889-4424.

## What are the basic health services you will get?

- Flu shot
- Member outreach services in the community
- Telephonic translation services
- Case management services
- Smoking Cessation program
- Dental benefits for children and pregnant women
- Vision benefits for children and pregnant women
- Member friendly website with easy access to request new ID cards, view doctors and much more

## Dental Services

In Georgia Families®, you will get all the health services

that you get now as a member of Medicaid or PeachCare for Kids® — plus more. While each plan offers the same

basic health services, they also offer different "extra

- Oral exam every six months for members 21 and older with no copay
- Teeth cleaning every six months for members 21 and older with no copay
- Simple tooth removal for members 21 and older with no copay
- No referrals needed for primary dental services
- Free Bitewing X-Rays once a year for members 21 and older with no copay.

## Behavioral Health Services

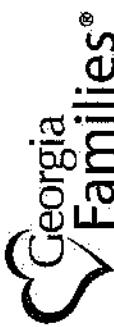
- Case manager who works with you to tailor behavioral and medical services to your individual needs
- Case management support after a behavioral health discharge
- 24 Hour Nurse Crisis Support for Substance Abuse

## Vision Services

- Free eye exam once per year for members age 21 and over with no copay
- Each plan offers assistance with glasses (see plan website for more details).

## Choosing your Health Plan

- It's time to choose a Health Plan for you and your family.
- Non-Emergency Medical Transportation (NEMT) Services
  - For eligible Medicaid members (and escort, if required)
  - For treatment, evaluation, medication, equipment.
  - NEMT is a ride-share program and multiple members may be riding in the same vehicle.
  - Request must be made at least three workdays prior to the non-urgent, scheduled appointment.
  - Some plans provide transportation for PeachCare for Kids® members.



**Choices for a Healthy Life**





# FACT SHEET

## Medicaid Eligibility

### Overview

Medicaid is a Medical Assistance program that provides health coverage for children under 19 years of age, pregnant women, families with dependent children under 19 years of age, and people who are aged, blind and/or disabled and whose income is insufficient to meet the cost of necessary medical services. PeachCare for Kids® is another of Georgia's Medical Assistance programs, and is Georgia's State Children's Health Insurance Program or SCHIP program. It provides health coverage for uninsured children living in Georgia. This fact sheet provides the basic requirements for Medical Assistance eligibility in Georgia.

Medicaid and PeachCare for Kids are funded by federal and state governments. In Georgia, the Department of Community Health (DCH) and the Department of Human Services (DHS) work together to process applications and make Medical Assistance eligibility determinations.

### Who Can Apply For Medicaid?

Many groups of people are covered by Medicaid. Even within these groups, though, certain requirements must be met. These may include your age; whether you are pregnant, aged, blind, or disabled; your income and assets; and whether you are a U.S. citizen or a qualified immigrant. Non-qualified immigrants or undocumented immigrants may only be eligible for coverage of emergency medical services. When you apply for Medical Assistance, the requirements listed above will be taken into account before a decision is made. If you or someone in your family needs health care, you should apply for Medical Assistance even if you are not sure whether you qualify or if you have been turned down in the past. For additional information about applying for Medicaid, please visit the Division of Family and Children Services (DFCS) website at [www.dfps.dhs.georgia.gov](http://www.dfps.dhs.georgia.gov).

The categories and requirements for eligibility are listed below.



### Basic Eligibility Criteria

You may become eligible for Medicaid if your income is low and you match one of the following descriptions:

- You think you are pregnant.
- You are a child or teenager under age 19.
- You are legally blind.
- You have a disability.
- You need nursing home care.



# FACT SHEET

## Parent/Caretaker With Children Under Age 19

Individuals and families may be eligible for coverage if they are U.S. citizens or lawfully admitted immigrants and their income does not currently exceed \$653 per month for a family of four. Eligibility for children is based on the child's status, not the parent's; however, the parent's income is counted toward the income limit.

## Pregnant Women Presumptive

Pregnant women may complete a short application and have their local county health department make a determination the same day for Presumptive Eligibility (PE) Medicaid. This will usually allow the applicant to receive a Medicaid number right away. PE Medicaid is temporary and is valid from the date approved to the end of the following month or when a full Medicaid determination is made. It covers most Medicaid services except inpatient hospital services and labor and delivery. The PE Medicaid application is sent to Right from the Start Medical Assistance Group (RSM) or DFCS for a complete eligibility determination to be processed within 10 days.

## Women's Health Medicaid Presumptive

The county Health Departments and its affiliates, Federally Qualified Health Centers (FQHC) and Rural Health Centers (RHC) can process PE Medicaid applications for Women's Health Medicaid (WHM). WHM is for women with a diagnosis of breast or cervical cancer currently receiving treatment. The county Health Department or Federally Qualified Health Center sends the PE application to the Right from the Start Medical Assistance (RSM) Group's Morrow Office for a complete eligibility determination to be processed within 10 days. These applications do not go to the Division of Family and Children Service (DFCS) for Medical Assistance.

To qualify for Medicaid, a woman with breast or cervical cancer must be:

- Diagnosed and in treatment for breast or cervical cancer,
- Income (at or below 200 percent of the FPL Income Guidelines),
- Uninsured,
- Under age 65,
- A biological woman or a transgender woman
- A Georgia resident; and
- A U.S. citizen or qualified immigrant.

Any woman who meets the criteria above and has been diagnosed with breast or cervical cancer should go to the county public health department in her county of residence or Federally Qualified Health Center to apply for Women's Health Medicaid. The woman can contact the Department of Public Health at 404- 657-3143 for county health department locations.

The RSM Group's Women's Health Morrow team makes the final eligibility determination for Women's Health Medicaid to continue after the PE period.



# FACT SHEET

## Aged, Blind or Disabled

If you are age 65 or older, blind or disabled, you may qualify for Medicaid. This may mean qualification for a nursing home, waiver services, Adult Medically Needy services, or a Medicare Savings Plan program that helps with the payment of Medicare services and premiums.

### What Are Aged, Blind or Disabled (ABD) Medicaid's Basic Requirements?

In addition to income limits, basic requirements to determine eligibility under any Aged, Blind or Disabled (ABD) Medicaid program include:

- Aged (65 or older), blind or disabled.
- Application for other benefits.
- Citizenship/Certified Immigrant status and Identity verification.
- Valid Social Security Number.
- Residency.
- Assignment of medical benefits based on the Medical Assistance Plan.

## How Is PeachCare For Kids® Different From Medicaid?

PeachCare for Kids® is another of Georgia's Medical Assistance programs, and is Georgia's State Children's Health Insurance Program or S-CHIP program. It provides health coverage for uninsured children living in Georgia. It provides benefits that include primary and specialist care, preventive care, dental and vision care. This program serves working families whose income is more than that set by the Medicaid program, but does not exceed the income limit based on the federal poverty level. A child who is eligible for the Medicaid program cannot be eligible for the PeachCare for Kids program.

To qualify for PeachCare for Kids currently, the family's income may not exceed 247 percent of the federal poverty level (FPL) for their household size. PeachCare for Kids also requires a monthly premium ranging from 0 - \$70 to be paid for coverage for children age 6 and older. Children who are members of federally recognized American Indian or Alaskan Native tribes may be eligible for free coverage. Foster children are exempted from premium payments. Children that are enrolled in PeachCare for Kids receive benefits through Care Management Organizations (CMO) under contract with the Department of Community Health. Families may choose from 4 CMOs. Some copays may also apply for members enrolled in the PeachCare for Kids program.

PeachCare for Kids coverage begins on the first day of the month that proof of income and citizenship have been verified, all data matches have been completed and all applicable premiums have been paid for an eligible child. Coverage for any months can be requested back to the month of application if a family has incurred medical expenses that can be covered by the PeachCare for Kids program. By contrast, Medicaid will retroactively cover a child up to three months prior to the application if the family has incurred medical expenses. Note: PeachCare for Kids members that are exempt from premium payment are approved from the month of application.



# FACT SHEET

## Average Monthly Enrollment for Medicaid and PeachCare for Kids

### Average Monthly Enrollment for Medicaid and PeachCare for Kids

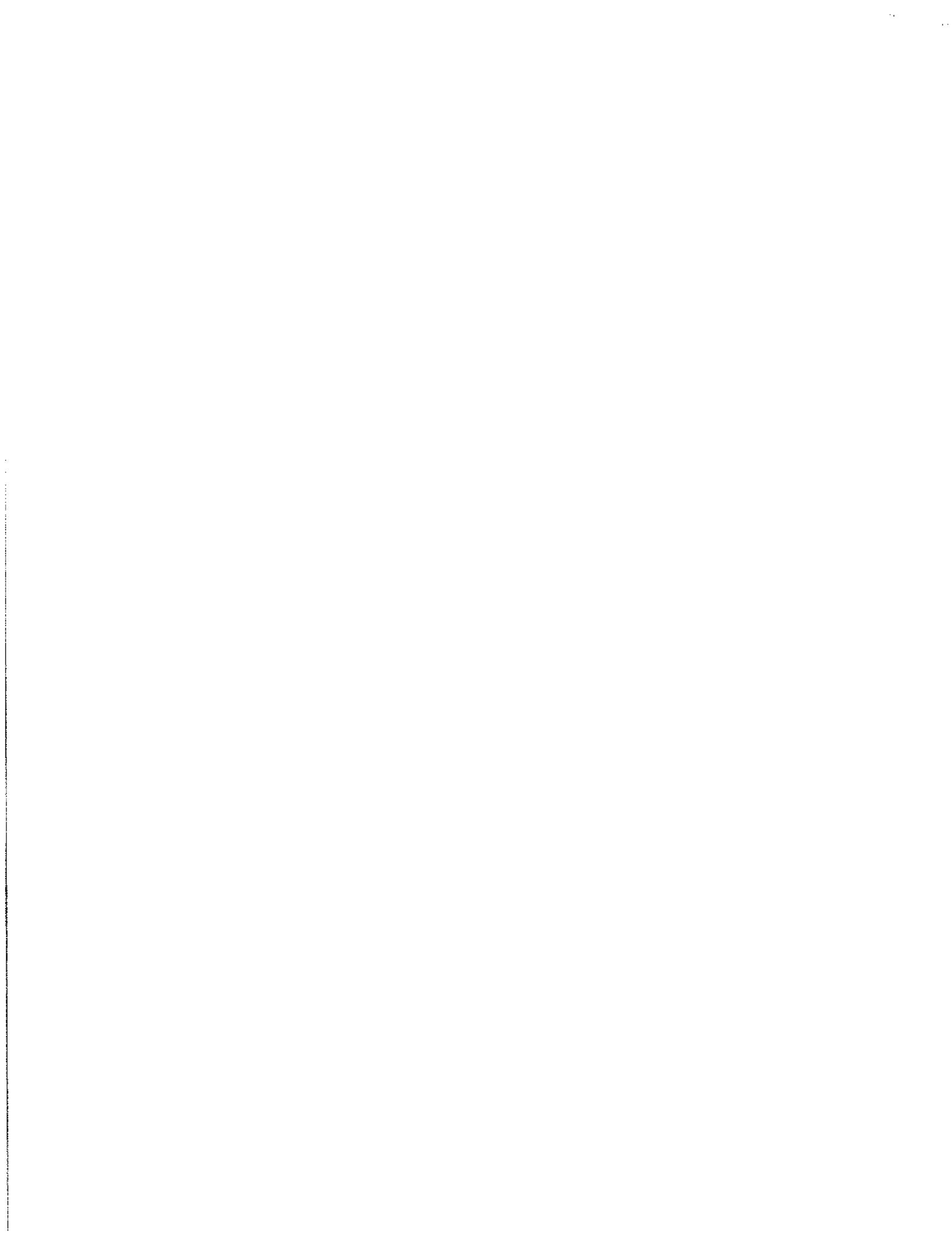
Fiscal Year	Medicaid	PeachCare for Kids
2015	1,815,391	157,549
2016	1,866,883	128,364
2017	1,830,630	132,202

In addition to income limits, basic requirements to determine eligibility under a Family Medicaid (non- PeachCare for Kids) program include:

- Age.
- Application for other benefits.
- Citizenship/Certified Immigrant status and identity. Cooperation with the Division of Child Support Services (DCSS).
- Specified relative relationships/tax filer or non-tax filer status
- Valid Social Security Number.
- Residency.
- Assignment of medical benefits to the Medical Assistance Plans Division.

Applicants and members must have income at or below the appropriate income limit. DCH requires full documentation of income, certain tax deductions and resources, if applicable, at the time of the initial eligibility application and the time of review for both Medicaid and PeachCare for Kids. As of January 1, 2014, certain Family Medicaid populations and PeachCare for Kids used Modified Adjusted Gross Income (MAGI) rules to determine how income is counted and family size is determined. MAGI is a methodology based on federal tax rules. The following Family Medicaid populations use MAGI to determine eligibility: Children under age 19, Parent/Caretaker Relatives of Children under 19 and Pregnant Women. All applicants and members must provide proof of monthly family income.

All eligibility requirements are reviewed in both programs annually. Citizenship and identity or Legal immigration status must be documented to determine initial eligibility. Confirmation of citizenship and identity or legal immigration status must be received before the 90-day reasonable opportunity period expires.



# FACT SHEET

## What is Considered Income for Medical Assistance?

Income is all money, earned or unearned, cash or any type of support received from any source by you/or your household that can be used to meet basic needs for food, clothing or shelter. For certain Family Medicaid populations and PeachCare for Kids, only taxable income is considered. Non-taxable income is excluded in the eligibility determination based on federal statute. Some examples of excluded income are: adoption assistance payments, earnings from the Census Bureau, Child Support, Veteran's Benefits, Supplement Security Income (SSI), Earned Income Tax Credits, Disaster relief assistance and TANF (formerly AFDC) benefits. Income is considered on a monthly basis and is used to determine financial eligibility and benefit level.

## How Can I Verify My Income?

Income verification can be provided in a variety of ways, including:

- Pay stubs covering at least the past four weeks.
- Copy of check reflecting gross income.
- Form 809 – Wage Verification form.

The need and method used to verify income may vary based on the Medical Assistance program. For some Medicaid programs, your statement of the source and amount of income, earned or unearned, may be accepted unless it is questionable. For other programs, all income must be verified.

## Where Can an Individual or Family Apply for Medical Assistance, including Medicaid and PeachCare for Kids?

When you submit an application for Medical Assistance in Georgia, we look at potential coverage under both Medicaid and PeachCare for Kids. Applications are not for one type of coverage or the other. Applications for Medical Assistance are taken at many locations across the state, including:

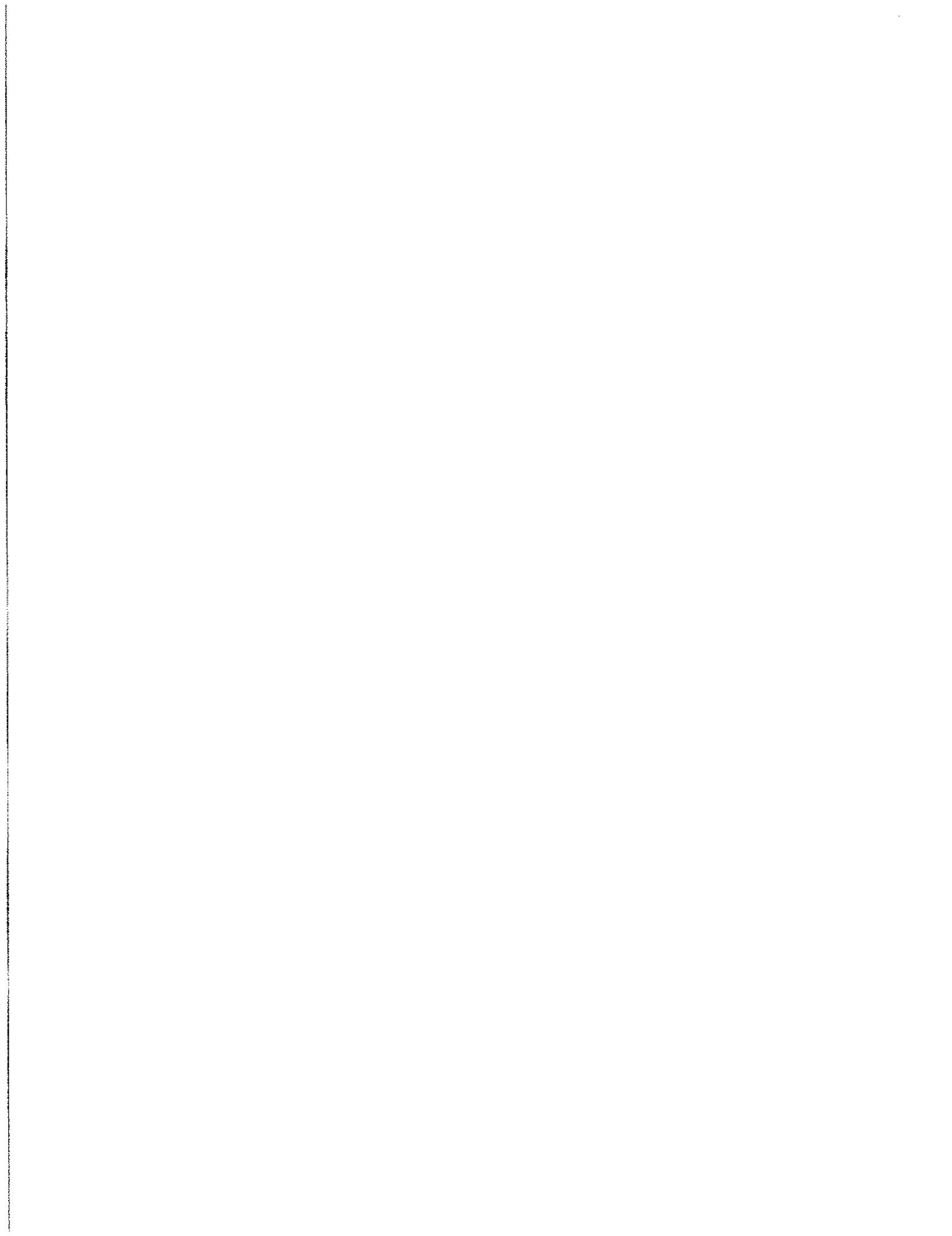
- Division of Family and Children Services (DFCS) County offices.
- Social Security Administration offices.
- County Public Health departments.
- Some hospitals and nursing homes.
- Local Right from the Start Medical Assistance (RSM) Group offices.

A list of RSM Group offices by county may be found at <https://dch.georgia.gov/rsm-contact-information> or <https://dch.georgia.gov/sites/dch.georgia.gov/files/RSM%20County%20Office%20Feb.%202017.pdf>.

An application for Medical Assistance may be requested by contacting the RSM project at 800-809-7276, or request an application at your local DFCS Office. You may also apply via [gateway.ga.gov](http://gateway.ga.gov) or by calling 1-877-423-4746.

## When Is An Application Complete?

An application is complete when it is signed and submitted with your name and the information necessary to contact you or your personal representative, such as a relative, friend, guardian or any person in a position to know your circumstances.





# FACT SHEET

## Program Integrity

In Fiscal Year 2008, the Georgia Department of Community Health (DCH), along with outside vendors, began initiatives to enhance the state's Medicaid eligibility determination and functions. DCH also changed policy requirements to ensure the highest level of program integrity in both Medicaid and PeachCare for Kids eligibility determination. The eligibility initiatives help prepare Georgia for the ongoing federal Payment Error Rate Measurement (PERM). Through PERM, the state verifies that it is properly paying for services, providing services for appropriately enrolled members, and adhering to eligibility policies.

DCH belongs to the Public Assistance Reporting Information System (PARIS), a federal and state partnership that collects, houses and matches public assistance eligibility information to improve program integrity among participating states. Data files are sent by individual states to the U.S. Department of Health and Human Services Administration for Families and Children for data matching. All states and Puerto Rico participate in PARIS data matching.

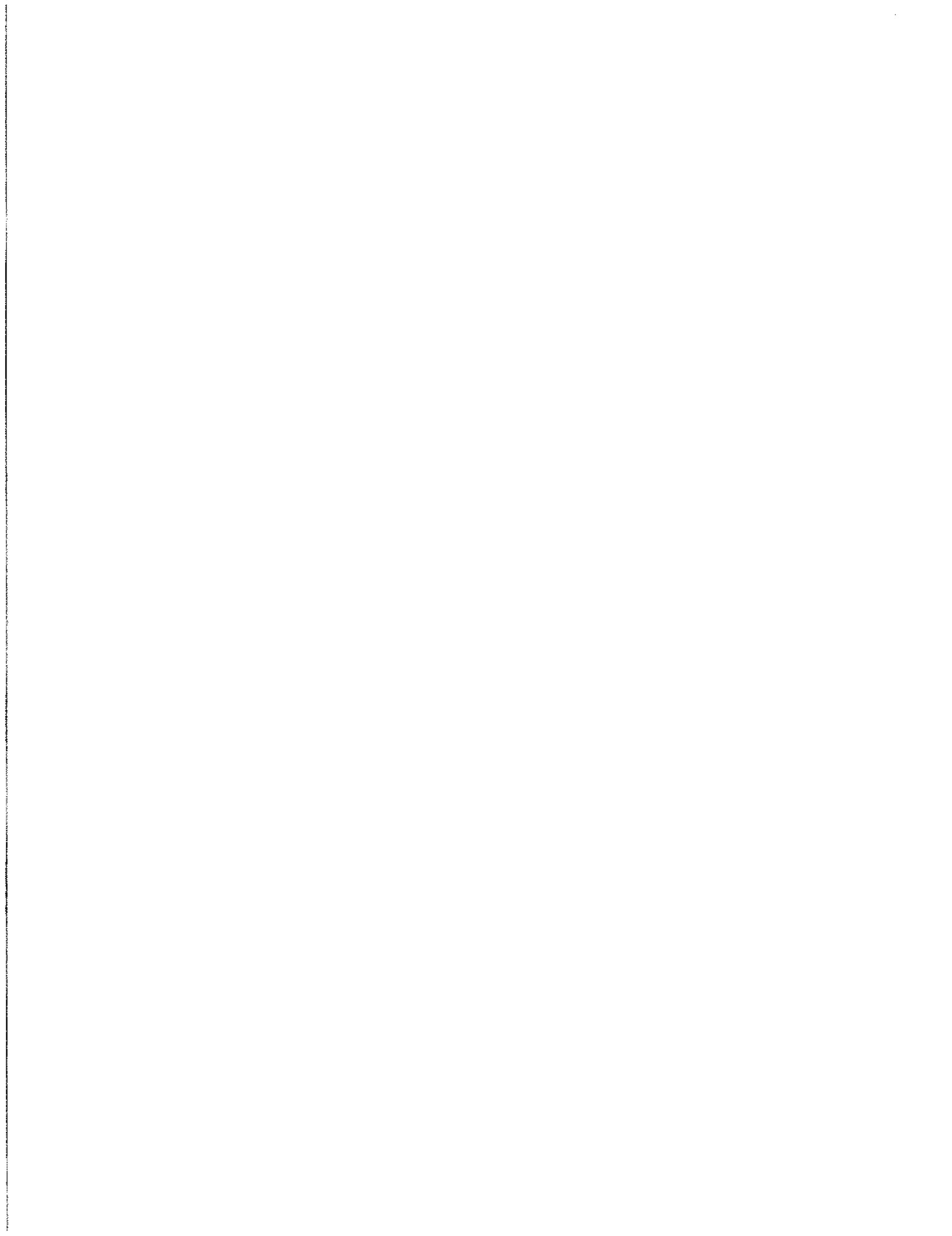
Georgia first began file matches with PARIS in August 2008. Since January 2009, eligibility files containing interstate matches, potential veterans' benefits and federal benefits have been monitored by DCH staff.

In 2011, DCH Program Integrity in the Office of the Inspector General (OIG) began monitoring the PARIS files, under its Integrus/M3 program. DCH Program Integrity takes appropriate action to correct cases based on the results of PARIS match monitoring and investigation.

Data files are sent by individual states to the U.S. Department of Health and Human Services Administration for Families and Children for data matching at least once and up to four times a year. All states and Puerto Rico participate in PARIS data matching.

## For More Information

For additional information about applying for Medicaid, please visit the Division of Family and Children Services website at [www.dfcfs.dhs.georgia.gov](http://www.dfcfs.dhs.georgia.gov).



# An Overview of the Georgia Pediatric Program (GAPP)

## Overview

The Georgia Pediatric Program (GAPP) of the Georgia Department of Community Health (DCH) serves eligible children under 21 years of age who are medically fragile and in need of medically necessary skilled nursing care and/or medically necessary personal care support.

Eligible members should currently be receiving physician-ordered services to be considered eligible for this program.

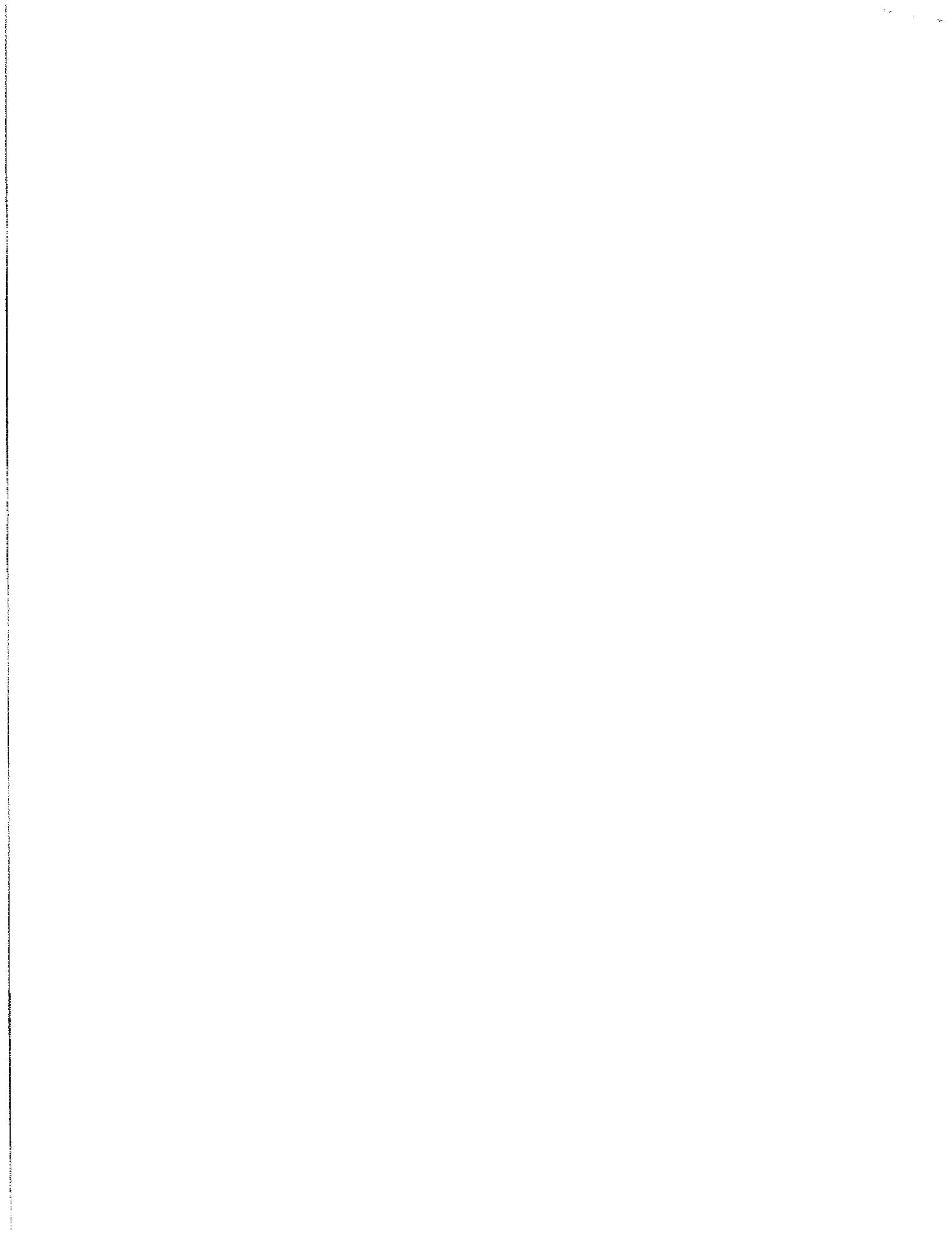


## GAPP Members Served

At the end of July, 2017, 815 children were receiving medically necessary in-home services through the GAPP Program. All services require prior authorization and requests must be submitted through a Medicaid approved GAPP Nursing Agency.

## For More Information

Contact the GAPP Program Specialist at 404-657-7882.



# FACT SHEET



## TEFRA/Katie Beckett Program

### Overview

The Department of Community Health (DCH) provides Medicaid benefits to eligible children through the TEFRA/ Katie Beckett Medicaid program under §134 of the Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982 (P.L. 97-248). States are allowed, at their option, to make these Medicaid benefits available to children age 18 or younger (living at home) who qualify as disabled individuals under §1614(a) of the Social Security Act as long as certain conditions are met, even though these children would not ordinarily be eligible for Supplemental Security Income (SSI) benefits because of parental income or resources. The specific statutory provisions establishing this option are contained in §1902(e) of the Social Security Act.



### Who Is Eligible?

For Medicaid eligibility to be established under the TEFRA/Katie Beckett Program, it must be determined that the child:

- Is 18 years old or younger, **AND**
- Meets federal criteria for disability, **AND**
- Is financially ineligible for SSI benefits, **AND**
- Requires a level of care provided in a hospital, skilled-nursing facility or intermediate-care facility (including an intermediate-care facility for people with intellectual disabilities); **AND**
- Can appropriately be cared for at home, **AND**
- Has an estimated cost of care outside of the institution that will not exceed the estimated cost of treating him/her within the institution.

### TEFRA /Katie Beckett Program

Applications for Katie Beckett may be filed online at [www.gateway.ga.gov](http://www.gateway.ga.gov) or with the Centralized Katie Beckett Medicaid Team:

#### Right from the Start Medicaid Project Centralized TEFRA/Katie Beckett Medicaid Team

5815 Live Oak Parkway  
Suite D-2  
Norcross, GA 30093-1700  
678-248-7449 (phone)  
678-248-7459 (fax)

### How Are Level of Care and Eligibility Determined?

- There are two components to the Katie Beckett application and review process; the eligibility review and the medical level of care review.
- The eligibility review consists of basic demographic, income, resource, and cost effectiveness information. This eligibility information is required annually and will be gathered on an annual basis by your Right from the Start (RSM) Medical Assistance Katie Beckett team (the Team). The parents or legal guardians complete the Medicaid application or review form.
- The Medical level of care review consists of required clinical documents. Treating physicians, parents, and others (school guidance counselors, therapists, etc.) complete the required clinical documents.



# FACT SHEET

- The Team receives the Medicaid application or review and required clinical documents and submits the clinical documents to Georgia Medical Care Foundation (GMCF) for determination of level of care and disability (if appropriate).
- GMCF, under the direction of a pediatrician, pediatric neurologist and nurse, performs the clinical review of the required documents for level of care determination and disability determination (if appropriate).
- If level of care, disability and all other eligibility criteria are met, the Team certifies Medicaid eligibility for the recipient. The Level of care component will be authorized for two years, however, the team will complete the required Medicaid eligibility review **annually** and parents must complete this information whether the level of care review is due or not. Failure to complete either the eligibility review or the LOC review will result in termination of coverage and may require a new application.

## Resources

- The Georgia Pediatric Program (GAPP) provides specialized medical services to Medicaid-eligible members who are medically fragile and under age 21 based on a medical necessity determination.
- The Champions for Children Program increases awareness throughout Georgia about non-profit services available to children who are medically fragile and children with special needs, increases access to health care and support services, and helps families continue to care at home for children with disabilities. For more information, visit its website at [www.championsforchildrenga.org](http://www.championsforchildrenga.org).
- Babies Can't Wait (BCW) is Georgia's statewide interagency service delivery system for families of infants and toddlers with developmental delays or disabilities. The Georgia Department of Public Health (DPH) is the lead agency for the Babies Can't Wait Program. For more information about BCW, visit the web page at [www.health.state.ga.us/programs/bcw](http://www.health.state.ga.us/programs/bcw).
- The Children's Medical Services (CMS) Program provides a comprehensive system of health care for children and youth with eligible chronic medical conditions from birth to 21 years of age. Its program is intended to ensure specialty health care services to these children in Georgia who live in low-income households. The CMS program works to provide improved health outcomes for children with special health care needs by coordinating their access to affordable quality specialty health care in communities and by using resources in a responsible manner.

For more information about the CMS program, visit the web page at <https://dph.georgia.gov/CMS>.

## For More Information

To learn more about TEFRA/Katie Beckett, visit the DCH website at [www.dch.georgia.gov/tefrakatie-beckett](http://www.dch.georgia.gov/tefrakatie-beckett).



# FACT SHEET

## Frequently Asked Questions about Non-Emergency Transportation (NET)

The Georgia Department of Community Health's (DCH) Non-Emergency Transportation (NET) services are defined as medically necessary, cost-effective transportation for any eligible Medicaid member (and escort, if required) with no other means of transportation available to any Medicaid-reimbursable service to receive treatment, medical evaluation, obtain prescription drugs or medical equipment.

NET is a ride-share program and multiple members may be riding in the same vehicle. To download a copy of the NET manual, go to: <https://www.mmis.georgia.gov/portal>, select *Provider Information*, then select *Provider Manuals*.

### For Members

#### **1. How does the NET program operate?**

The Georgia Medicaid NET program provides transportation through a NET Broker System. Five NET regions have been established in the state: North, Atlanta, Central, East and Southwest. DCH has contracted with a broker in each of the five NET regions to administer and provide non-emergency transportation for eligible members.

#### **2. Who are the brokers and how do I arrange transportation?**

There are two brokers providing NET services: LogistiCare LLC and Southeastrans Inc. A member or person acting on behalf of a member must contact the broker serving the county in which he/she lives (see chart below) between the hours of 7 a.m. to 6 p.m., Monday through Friday to request NET services. Requests must be made at least three workdays prior to the non-urgent, scheduled appointment. The three-day advance scheduling includes the day of the call but not the day of the appointment. Requests for urgent care situations and other exceptions may be arranged more quickly.

For purposes of the NET contract, urgent care is defined as an unscheduled episodic situation, in which there is no immediate threat to life or limb. However, the member must be seen on the date of the request and treatment cannot be delayed until the next day. Valid requests for urgent care transport will be honored within three hours of the time the request is made.

Region	Broker/Phone Number	Counties Served
North	<b>Southeastrans</b> <ul style="list-style-type: none"> <li>• Toll free: 866-388-9844</li> <li>• Local: 678-510-4555</li> </ul>	Banks, Barrow, Bartow, Catoosa, Chattooga, Cherokee, Cobb, Dade, Dawson, Douglas, Fannin, Floyd, Forsyth, Franklin, Gilmer, Gordon, Habersham, Hall, Haralson, Jackson, Lumpkin, Morgan, Murray, Paulding, Pickens, Polk, Rabun, Stephens, Towns, Union, Walker, Walton, White and Whitfield
Atlanta	<b>Southeastrans</b> <ul style="list-style-type: none"> <li>• 404-209-4000</li> </ul>	Fulton, DeKalb and Gwinnett
Central	<b>LogistiCare</b> <ul style="list-style-type: none"> <li>• Toll free: 888-224-7981</li> </ul>	Baldwin, Bibb, Bleckley, Butts, Carroll, Clayton, Coweta, Dodge, Fayette, Heard, Henry, Jasper, Jones, Lamar, Laurens, Meriwether, Monroe, Newton, Pike, Putnam, Rockdale, Spalding, Telfair, Troup, Twiggs and Wilkinson
East	<b>LogistiCare</b> <ul style="list-style-type: none"> <li>• Toll free: 888-224-7988</li> </ul>	Appling, Bacon, Brantley, Bryan, Bulloch, Burke, Camden, Candler, Charlton, Chatham, Clarke, Columbia, Effingham, Elbert, Emanuel, Evans, Glascock, Glynn, Greene, Hancock, Hart, Jeff Davis, Jefferson, Jenkins, Johnson, Liberty, Lincoln, Long, Madison, McDuffie, McIntosh, Montgomery, Oconee, Oglethorpe, Pierce, Richmond, Screven, Taliaferro, Tattnall, Toombs, Treutlen, Ware, Warren, Washington, Wayne, Wheeler and Wilkes
Southwest	<b>LogistiCare</b> <ul style="list-style-type: none"> <li>• Toll free: 888-224-7985</li> </ul>	Atkinson, Baker, Ben Hill, Berrien, Brooks, Calhoun, Chattahoochee, Clay, Clinch, Coffee, Colquitt, Cook, Crawford, Crisp, Decatur, Dooly, Dougherty, Early, Echols, Grady, Harris, Houston, Irwin, Lanier, Lee, Lowndes, Macon, Marion, Miller, Mitchell, Muscogee, Peach, Pulaski, Quitman, Randolph, Schley, Seminole, Stewart, Sumter, Talbot, Taylor, Terrell, Thomas, Tift, Turner, Upson, Webster, Wilcox and Worth

*The NET Broker call centers are operational 24/7 for "Where's My Ride" and hospital discharges.*



# FACT SHEET

## Frequently Asked Questions about Non-Emergency Transportation (NET)

### 9. How is the quality of non-emergency transportation services monitored?

Staff in the Non-Emergency Transportation Services Unit monitors the quality of service provided, including but not limited to: reviewing various required monthly, quarterly and annual reports; conducting on-site reviews to ensure compliance and possibly riding on a NET vehicle to monitor service; and attending broker/provider meetings. In addition, the broker must contract with an independent agent to conduct annual customer service satisfaction surveys and provide the methodology for analyzing the data and report results to DCH.

## For Providers

### 1. How do I enroll as a Non-Emergency Transportation Provider?

NET providers must contact LogistiCare and/or Southeasttrans to provide NET services to our members.



## **Social Security benefits for Low-Birth Weight Babies**

Babies who were born at a significantly low birth weight are eligible for presumptive disability (whether or not the baby was premature). To qualify for presumptive disability for low-birth weight, your baby must be six months or younger and have a birth weight below:

- 4 pounds, 6 ounces (2,000 grams) if born at 37 weeks or later
- 4 pounds, 2 ounces (1,875 grams) if born at 36 weeks
- 3 pounds, 12 ounces (1,700 grams) if born at 35 weeks
- 3 pounds, 5 ounces (1,500 grams) if born at 34 weeks
- 2 pounds, 15 ounces (1,325 grams) if born at 33 weeks, or
- 2 pounds, 10 ounces (1,200 grams) if born at any gestational age.

If your baby meets the above weight requirements, you will receive SSI payments for up to six months while your case is decided. Your baby will also be able to receive free medical care through Medicaid. Monthly SSI payments are limited to \$30 when a child is in a medical facility.

## **Who Decides Whether You Qualify for Presumptive Disability**

Your local SSA field office is able to make presumptive disability determinations in many cases. For some conditions, the field office must get confirmation from a reliable source of information, such as a doctor, a social worker, or school personnel.

If the SSA declines to grant you disability benefits, you may still qualify when your file moves to Disability Determination Services (DDS), the agency that determines whether you qualify for regular disability benefits. The DDS has more leeway in granting presumptive disability, and can grant benefits to applicants with illnesses and conditions that aren't included on the above list.

If the state agency ultimately decides that your child does not qualify for benefits you won't have to pay back the SSI payments that your child received.





## How to access Georgia Gateway:

- Visit [www.gateway.ga.gov](http://www.gateway.ga.gov) wherever you can easily access a computer
- Visit a local county office to use a self-service computer
- Visit a local community partner agency

For information on registered Community and Medical Assistance Partners in your area, call 1-877-423-4746.



### WHAT IS THE GEORGIA GATEWAY CUSTOMER PORTAL?

The Georgia Gateway Customer Portal replaces COMPASS as the new self-service web portal for you to manage your benefits online for five programs, including:

- **Medical Assistance (Medicaid, PeachCare for Kids® (PCK), Planning for Healthy Babies (P4HB), Aged, Blind and Disabled Medicaid, and more)**
- **Food Stamps (SNAP)**
- **Temporary Assistance for Needy Families (TANF)**
- **Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)**
- **Childcare and Parent Services (CAPS)**

### WHAT CAN I DO IN THE CUSTOMER PORTAL?

- Self-screen for potential benefits
- Apply for Medicaid, WIC, and child care benefits
- Check application and case status
- Renew benefits
- Submit verification documents electronically
- View and manage case information
- Go-Green and receive online notices
- Report changes in circumstance

### WHEN WILL THIS CHANGE HAPPEN?

Georgia Gateway will be rolled out in three phases across the State. Beginning in February 2017, you will see a new page when trying to access your benefits through COMPASS until all customers have been moved to Georgia Gateway. Using the information you provide, the splash page will assist in sending you to the correct website to apply for and manage your benefits, either COMPASS or the Georgia Gateway Customer Portal.

### WHAT DO I NEED TO DO?

You may access the Georgia Gateway Customer Portal to view and manage your benefits using your COMPASS user ID and password. If you do not have a COMPASS account, you may create one by following the instructions on the Georgia Gateway Customer Portal homepage. If you are currently receiving public assistance in Georgia, your benefit information will be automatically moved to Georgia Gateway.

However, if you are an existing PeachCare for Kids® (PCK) or Planning for Healthy Babies (P4HB) customer, your Family Account Number will change as part of the transition. Beginning February 6, 2017, current PCK and P4HB customers may obtain their new Family Account Number, known as your Case Number in Georgia Gateway, by accessing the Georgia Gateway Customer Portal or by calling 1-877-423-4746 and speaking to a customer service representative.



Visit Georgia Gateway at [www.gateway.ga.gov](http://www.gateway.ga.gov) or call 1-877-423-4746.

