

# Maternal Infant Health Program

## Important Phone Numbers

Health Care Provider: \_\_\_\_\_ After Hours: \_\_\_\_\_

Friend/Relative: \_\_\_\_\_ Hospital: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

### Women's Resource Center

Traverse City: **1-800-554-4972**

Petoskey: **1-800-275-1995**

**Third Level Crisis Center: 1-800-442-7315**

**Poison Control: 1-800-222-1222**

**Weekend & after hours emergency use only:** Call your local health department number below and you will be given further instructions:

Charlevoix: **231-547-6523**

Bellaire: **231-533-8450**

Mancelona: **231-587-5044**

Petoskey: **231-347-6014**

Gaylord: **989-732-1794**

## FIRE ★ POLICE ★ AMBULANCE – CALL 911

**If you experience any of the “Warning Signs During Pregnancy” or “Premature Labor Signs” listed below, call your health care provider or emergency department immediately. These signs are your body’s way of telling you something is wrong.**

### Warning Signs During Pregnancy:

- Vaginal bleeding or fluid leakage.
- Nausea or vomiting that does not stop.
- Headache...severe, frequent, or continuous.
- Vision changes...blurring, double vision, or spots.
- Swelling of the face or fingers.
- Pain in abdomen...severe or unusual.
- Chills and fever.



### Premature Labor Signs:

- Menstrual-like cramps, constant or occasional
- Low, dull backache – constant or occasional
- Pelvic pressure – feels like the baby is pushing down
- Abdominal cramping
- Red, pink, or brown vaginal discharge
- Uterine contractions every 10 minutes or more often

# Maternal Infant Health Program

## Client Rights and Responsibilities

To guarantee that you receive the best care possible, Health Department of Northwest Michigan (HDNW) has established client rights and responsibilities.

Each individual who receives care has the right to:

- ◆ Receive quality health care
- ◆ Be treated with respect
- ◆ Be told about all services provided through Maternal Support Services and Infant Support Services
- ◆ Be told about access to community no and low-cost food programs
- ◆ Receive information about health department programs or other community agencies that may be helpful
- ◆ Have information kept confidential and all other privacy rights respected as guaranteed by the Health Insurance Portability and Accountability Act (HIPAA)
- ◆ Get help with any special needs
- ◆ Know the names and professional qualifications of the people who provide services
- ◆ Get help in identifying at least one individual to call when needed
- ◆ Voice any concern about the service or care received\*
- ◆ Receive assistance to identify an emergency transportation plan

Each individual who receives care has the responsibility to:

- ◆ Keep scheduled appointments or call and re-schedule when needed
- ◆ Provide accurate information
- ◆ Ask questions about care received
- ◆ Respect the rights of other clients and HDNW employees
- ◆ Inform HDNW of changes in name, address, phone number or insurance coverage
- ◆ Notify HDNW if services are no longer needed due to a move out of the area or a desire to cancel services

\*If you have a concern about the care you've received and wish to voice a complaint, call 231-347-6014 or 1-800-432-4121 and ask to speak to the Director of Family and Community Health Services.