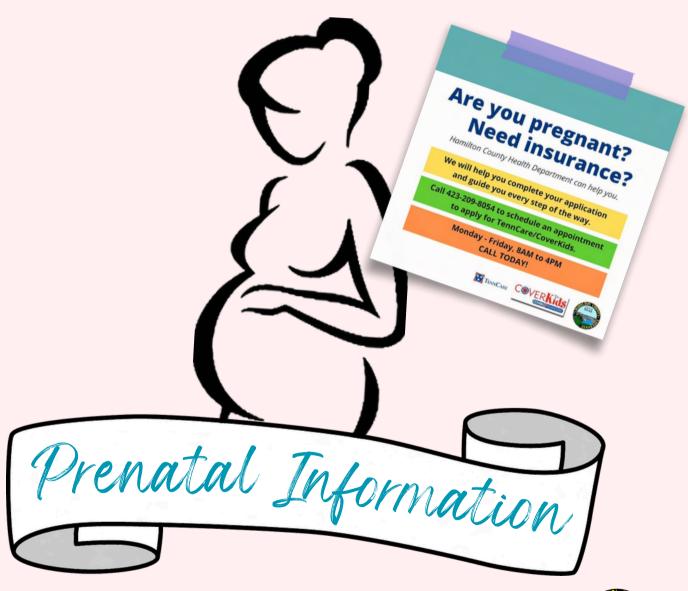
Congratulations on Your Pregnancy!

In this packet you will find various articles & services that are available to assist you with care during your pregnancy. We hope you find it informative.





Note: This guide works best with Adobe Acrobat Reader (a free app/program available for download on Google Play, Apple Store, and at https://get.adobe.com/reader/)

All pages can be navigated to from the Table of Contents, and all pages have a button at the bottom to return to the Table of Contents.





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Community Assistance, Resources, & Programs

Tenncare Information

Transportation

FREE Evidence-Based Home visiting Programs

- Parents as Teachers
- Nurse-Family Partnership
- Nurture the Next

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GIFTS (Growing Inside Free From Tobacco & Smoking)
Car Seat Installation

TN Health & Human Service Programs (Includes Nutrition Programs including SNAP/Food Stamps, Childcare Assistance, Families First/TANF)



New Medicaid Pregnancy and Postpartum Benefits

If you have TennCare Medicaid and you are pregnant, you will now keep your health care for 12 months after delivery. You also have dental benefits during this time!

To access dental benefits, you must update your TennCare Connect account to tell us that you are pregnant. You can update your TennCare Connect account by calling

855-259-0701 or go to tenncareconnect.tn.gov

A healthy mouth can mean better health for you and your baby now and in the future.

DentaQuest can help you find a dentist.

Call **855-418-1622**or go to
dentaquest.com/state-plans/regions/tennessee/







Schedule At Least Two Doctor's Visits After Childbirth

- •Be sure to talk to your doctor about your physical **and** mental health.
- If you have complications (for example high blood pressure or high blood sugar) in your pregnancy or after delivery, continue to see your doctor.

Amerigroup





If you need help or have questions, reach out to:

Amerigroup Tennessee: **800-600-4441**BlueCare Tennessee: **800-468-9698**

UnitedHealthcare Community Plan: **800-690-1606**

TennCareSelect: 800-263-5479









How do you sign up for **TennCare Connect?**

If you have a computer or smart phone, visit TennCareConnect.tn.gov

- · The first time you visit you will need to create an account.
- You will need to have an email address.
- You will use your email and password to sign in each time you visit TennCare Connect.



Download the Mobile App to your smart phone with Google Play or through the Apple App Store.

If you do not have a computer or smart phone you can go to your local Department of Human Services office to sign up, or you can call the TennCare Connect call center at 855-259-0701.

If you have a disability, someone can come to your house to help. Call your local Area Agency on Aging and Disability (AAAD).



TennCare Connect is a self-service website where Tennesseans can apply for TennCare. TennCare members can also use TennCare Connect to renew and manage their coverage.

- Complete and submit an application or call TennCare Connect to apply.
- Complete and submit your renewal every year or call TennCare Connect to renew.
- Read notices about your coverage.
 - **Upload information** such as:
 - Copy of your paystubs
 - Copy of your driver's license

Update information such as:

- Your address
 - Your phone number
 - The number of people in your household

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TRANSPORTATION ASSISTANCE

TENNCARE Members:

Schedule A Ride

Amerigroup Members should contact Tennessee Carriers to schedule.

1-866-680-0633 Where's My Ride Option 5 and Spanish Option 2

Questions and Concerns contact Tennessee Carriers 1-901-795-7055 ext. 8625

BlueCare Members should contact Southeastrans to schedule

1-855-735-4660 Where's My Ride Option 3 and Spanish Option 9

Trips Over 90 miles **1-800-468-9698**

Questions and Concerns contact Southeastrans 1-423-607-5323 option 1-TN

TennCare Select Members should contact Southeastrans to schedule.

1-866-473-7565 Where's My Ride Option 3 and Spanish Option 9

Trips Over 90 miles 1-800-263-5479

Questions and Concerns contact Southeastrans 1-423-607-5323 option 1-TN

United Health Care Members should contact Tennessee Carriers to schedule.

1-866-405-0238 Where's My Ride Option 5 and Spanish Option 2.

Questions and Concerns contact Tennessee Carriers 1-901-795-7055 ext. 8625

Rides are provided for any TennCare Member who does not have access to transportation. Transportation is available to any TennCare covered service. The ride must be scheduled with a 72-hour advanced notice of the Member's appointment time. If adequate notice is not given by the Member, the NEMT Call Center will verify with the medical provider if the appointment is considered urgent. If urgency is confirmed, the trip will be scheduled with the appropriate method of transportation.

1. Chattanooga Area Regional Transportation Authority (CARTA) 423-629-1411

Home | CARTA | Chattanooga's Ride (gocarta.org)

Evenings: YesRoute Type: Fixed routeWeekends: YesDestinations: AnyAll Ages: YesOutside County: No

Older Adults Only: No Medical Appointments Given Priority: No

Adults with Disabilities Only: No Reservation Required: No Wheelchair Accessible: Yes Cost for Round Way Trip: \$1.50

2. CARTA Care-A-Van 423-298-9038

Evenings: Yes Route Type: Curb-to-curb

Weekends: Yes Destinations: Any All Ages: Yes Outside County: No

Older Adults Only: No Medical Appointments Given Priority: No

Adults with Disabilities Only: NoReservation Required: YesWheelchair Accessible: YesCost for Round Way Trip: \$5.00

3. Jewish Federation of Greater Chattanooga 423-504-6324

Evenings: No All Ages: Yes

Weekends: No Older Adults Only: No



Adults with Disabilities Only: No Outside County: No

Wheelchair Accessible: No Medical Appointments Given Priority: No

Route Type: Curb-to-curb

Reservation Required: Yes

Destinations: Any

Cost for Round Way Trip: Free

4. MyRide Southeast TN 423-424-4201

Evenings: No Route Type: Door-through-door
Weekends: No Destinations: Within home county

All Ages: No Outside County: No

Older Adults Only: Yes

Adults with Disabilities Only: Yes

Adults with Disabilities Only: Yes

Wheelchair Accessible: No

Medical Appointments Given Priority: Yes

Reservation Required: Yes, three-day notice

Cost for Round Way Trip: \$5/round trip

5. A-1 Taxi & Transportation LLC 8908 Drake Parkway Rd. Chattanooga, TN 37416 423-665-8294 ethomasa1.wixsite.com

6. East Ridge Cab Company 1111 S Seminole Dr, East Ridge, TN 37412 423-629-7304

7. Millennium Taxi & Transportation Services 2145 S Holly St, Chattanooga, TN 37404 423-267-2008 yourquicktaxi.com

8. Nooga Taxi 200 W ML King Blvd Ste 1000, Chattanooga, TN 37402 423-458-2701 <u>taxichattanooga.com</u>

9. Taxi Man Will 1408 Cemetary Ave, Chattanooga, TN 37408 423-314-8453

10. SETHRA Rural Transportation 312 Resource Rd. Dunlap, TN 37327 423-949-2191









EMPOWERING PARENTS NURTURING FAMILIES

At the heart of every thriving community are strong, informed, and supported families. Whether you're expecting, navigating early parenthood, or seeking supportive connections, our services are tailored to ensure you and your little one thrive.

Find the perfect fit for your family's journey.



WHO

- First time moms
- Before 28th week of pregnancy

CRITERIA

- · WIC eligible
- Resident of Hamilton County





WHO

 Prenatal moms or child under 3 months

CRITERIA

 Resident of Hamilton, Bledsoe, Grundy, McMinn, Marion, Meigs, Monroe, Polk, Rhea, or Sequatchie counties





WHO

 Parents with children up to age 3

CRITERIA

- · WIC eligible
- Resident of Hamilton County



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We are a model-certified affiliate of Parents as Teachers which is an evidenced based early childhood, personal home-visiting program. We provide services to families with children from the prenatal stage through the age of 5 in Hamilton County.

Our services:

- Provide information to parents about child development, parenting skills, health, nutrition and safety
- Perform developmental, vision and hearing screenings on children in the program and provide feedback to their parents
- Deliver continuous health monitoring
- Offer opportunities for families to participate in group activities with other participants in the program
- Supply referrals for other needed services

PAT Hamilton County offers its services according to proven methods shown to be most beneficial for families:

- Tailored to the individual needs of families
- 1-2 visits monthly, performed either in person or virtually
- Visits include parenting education, monitoring and referrals to complimentary services

There is no cost to participate and participation is voluntary.

If you would like to learn more about PAT or if you are interested in enrollment or eligibility requirements please contact our Program Manager, Jaimee Daily at 423-209-8298 or email jaimeed@hamiltontn.gov.

PAT Hamilton County is an affiliate of the National Center for Parents as Teachers, an internationally recognized evidence-based home/personal visitation program. (www.parentsasteachers.org)

This project is funded under an agreement with the State of Tennessee.







Pregnant with your first baby?

Contact us

to learn more and get connected with your free personal nurse.





Contact Us call(423) 680-8910 TEXT(423) 218-6101 NFPmoms.org



You've got this!

with a free personal nurse





Pregnant with your first baby and need support with substance use?

A lot's gonna change

You've got this! with a free personal nurse

Pregnancy can be both exciting and scary. If you use alcohol, drugs, misuse prescriptions or receive medically assisted treatment, you may feel more uncertain.

Get judgment-free and confidential support to help you have a healthy pregnancy and baby.

Call/Text (423) 218-6101 NFPmoms.org





What is Nwise-Family Partnership?

Pregnant with their first baby. When you enroll you will be connected to a registered nurse who will provide the support, advice and information you need to have a healthy pregnancy, a healthy baby and be a great mom.



How much does it cost?

Nurse-Family Partnership is free to eligible women.

Your nurse will support you to:

- Have a healthy pregnancy and a healthy baby.
- Become the best mom you can be.
- Learn and practice things that make you more confident as a mom, like breastfeeding, nutrition, child development, safe-sleep techniques and much more.
- Get referrals for healthcare, childcare, job training and other support services available in your community.
- Continue your education, develop
 job skills or follow your dreams for the future.

Who can enroll in Nurse-Family Partnership?

Any woman who:

- Is pregnant with her first child
- Is pregnant 28 weeks or less
- Meets income requirements.
- Lives in an area where
 Nurse-Family Partnership is available

Can my baby's father participate?

The father, family members and friends are welcome to participate in the program,

-but as the mom, you are the main focus!





Who is Nurture The Next?

We offer free, confidential services to help parents raise healthy, happy children. Beginning as early as pregnancy, we provide the knowledge and resources to help you build a nurturing home.

What is home visiting?

The focus of our home visiting program is to help you develop a strong parent-child relationship and feel confident in your parenting skills. The program is free and confidential. If you choose to participate, your home visitor will meet with you weekly and help you learn how to recognize and respond to your child's needs. You'll also cover topics like breastfeeding and child behavior. This hands-on approach is most impactful during a child's earliest years. Our services can begin during pregnancy or within three months of birth and can continue until your child turns five years old.

Want to learn more about us and how we help parents?

Visit our website at www.NurturetheNext.org.
Questions or concerns: 1-800-CHILDREN
Sharpen your parenting skills online with interactive quizzes and videos: www.ParentingTN.org.

Ready to sign up? Simply fill out our <u>referral form.</u>





COMMUNITY HEALTH ACCESS & NAVIGATION IN TENNESSEE

WHAT IS CHANT?



IT'S A SERVICE THAT CAN **CONNECT YOU TO RESOURCES WITHIN YOUR** COMMUNITY



WHO IS ELIGIBLE?

- Pregnant and postpartum adolescents & women
- Children (Birth -21 years)
 Children and Youth with Special **Health Care Needs**







Care coordination will connect you with services you qualify for & are fitting for you!









IF YOU WOULD LIKE SERVICES OR HAVE QUESTIONS PLEASE USE THE CONTACT INFO BELOW



(423) 209-8080



HAMILTON COUNTY HEALTH DEPARTMENT

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FOR REFERRAL SCAN HERE OR GO TO



WWW.TN.GOV/HEALTH/HEALTH-PROGRAM-AREAS/FHW/EARLY-CHILDHOOD-PROGRAM/CHANT.HTML





CHATTANOOGA AREA

5720 Uptain Road 6100 Building, Suite 4800 (423) 826-0673 Mon. to Fri. 8:30 – 4:30 or phc@ccetn.org



PRENATAL & PARENTING INFORMATION



SERVICE & AGENCY REFERRALS



EMOTIONAL SUPPORT



FREE PREGNANCY TESTING



PREGNANCY OPTIONS INFORMATION



ADOPTION INFORMATION



POST-ABORTION COUNSELING

AND MORE!!

DOUBLE SIDED

PREGNANCY HELP CENTER

EARN WHILE YOU LEARN

We know that financial challenges can occur for many reasons and the current inflation situation is not helping. The Pregnancy Help Center offers many opportunities to assist utilizing our BrightCourse platform. Educational classes are accessible through your smartphone, tablet, or computer. You can also come into the center for one-to-one support with our staff. The Pregnancy Help Center provides information that people can trust, as well as compassionate support and a listening ear.

Through Earn While You Learn, parents earn educational credits that are redeemable for daily needed infant supplies, as well as larger ticket items, such as car seats, cribs, etc. Parents can work with us until their child is 24 months old. Gently guiding you through your infant and toddler's development you can build the parenting skills you will need in the years to come.





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Tennessee WIC Program

WIC is a Supplemental **Nutrition Program offering:**

- Food Benefits
- **Nutrition Education**
- Breastfeeding Support
- & More!



Buy food with your TNWIC card!



WIC Foods Include Fruits & Vegetables!





A family of four qualifies if they earn \$4,625 per month or less!

Online Nutrition Education Services!

We have an

app!



VICShopper











2:02

















WICShopper App

- View your balance
- Find stores
- See approved foods

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1-800-DIAL-WIC | 1-800-342-5942 | www.tn.gov/wic This institution is an equal opportunity provider.



Tennessee WIC Program

What Does WIC Provide?

Supplemental Food Assistance, Nutrition Education, Breastfeeding Support, & Referrals to Other Health, Well-Being, and Community-Based Services

Who Is WIC For?

- Pregnant Women
- Postpartum Women
- Breastfeeding Women
- Infants
- Children Up To Age 5

Where Can You Get WIC?

WIC services are done in local Health Departments and WIC clinics. Telehealth communication is an option at some service locations as well.

All WIC participants and applicants must meet the income guidelines or already participate in Medicaid TennCare, SNAP, or TANF/Families First. For more information, visit: www.tn.gov/wic/income-guidelines

How Do You Apply?

Contact your local Health
Department or WIC Clinic to make
an appointment. To find one near
you, visit: www.tn.gov/wic-clinics





Scan here with your phone to download the WICShopper App

Give Us A Call!

We'd love to answer any questions you have about the WIC program.

Our WIC Hotline is available Mon. - Fri. 7:00 am - 4:30 pm CT 1-800-DIAL-WIC

How Does The Card Work?



Food benefits are loaded onto your account and can be used at grocery stores with your TNWIC card. Use your benefits as you need them!

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WIC Hotline: 1-800-DIAL-WIC | www.tn.gov/wic

TN Breastfeeding Hotline: 855-4BF-MOMS

breastfeeding.tn.gov



Department of Health Authorization No. 355912. This Electronic publication was promulgated at zero cost. June 2023



wich safeguards the health of children and families by providing nutritious food, nutrition education, and referrals to other services.

To Learn more about the WIC Program visit:

Parents/Consumers:

- For WIC Applicants:
 https://www.tn.gov/health/health-program-areas/fhw/wic/redirect-wic/about-ssnp-for-wic.html
- For WIC Participants:
 https://www.tn.gov/health/health program-areas/fhw/wic/redirect-wic/for participants.html

• Professionals:

- USDA website about the WIC Program: https://www.fns.usda.gov/wic/about-wic
- Learn more about the Tennessee WIC Program: https://www.tn.gov/health/health-program-areas/fhw/wic.html
- WIC works Resource System is an education and training center for WIC staff: https://wicworks.fns.usda.gov

Breastfeeding in Tennessee

The Tennessee Breastfeeding Hotline is available for expectant and nursing mothers and partners, their families, and healthcare professional who need breastfeeding support and information. The hotline operates seven (7) days a week, 24 hours a day, with interpretive services in Spanish, Arabic, French, and Mandarin.

The Tennessee Breastfeeding Hotline provides accurate, up-to-date information for common breastfeeding issues and questions, such as:

- Not making enough milk
- Over supply of milk
- Baby refusing to nurse
- Breast and nipple pain
- Engorgement
- Medications and Breastfeeding
- Breast Pumps
- Working and Breastfeeding
- Breastfeeding in public
- Weaning







Breastfeeding is one of the most highly effective preventive measures a mother can take to protect the health of her infant and herself.



WIC INCOME ELIGIBILITY GUIDELINES - ENGLISH

WIC Income Eligibility Guidelines (Effective from July 1, 2024 - June 30, 2025)

Persons in Family or Household Size	Annual	Monthly	Twice- Monthly	Bi-Weekly	Weekly
1	\$27,861	\$2,322	\$1,161	\$1,072	\$536
2	\$37,814	\$3,152	\$1,576	\$1,455	\$728
3	\$47,767	\$3,981	\$1,991	\$1,838	\$919
4	\$57,720	\$4,810	\$2,405	\$2,220	\$1,110
5	\$67,673	\$5,640	\$2,820	\$2,603	\$1,302
6	\$77,626	\$6,469	\$3,235	\$2,986	\$1,493
7	\$87,579	\$7,299	\$3,650	\$3,369	\$1,685
8	\$97,532	\$8,128	\$4,064	\$3,752	\$1,876
9	\$107,485	\$8,958	\$4,479	\$4,135	\$2,068
10	\$117,438	\$9,787	\$4,894	\$4,517	\$2,259
11	\$127,391	\$10,616	\$5,308	\$4,900	\$2,450
12	\$137,344	\$11,446	\$5,723	\$5,283	\$2,642
13	\$147,297	\$12,275	\$6,138	\$5,666	\$2,833
14	\$157,250	\$13,105	\$6,553	\$6,049	\$3,025
15	\$167,203	\$13,934	\$6,967	\$6,431	\$3,216
16	\$177,156	\$14,763	\$7,382	\$6,814	\$3,407
Add for Each Additional	\$9,953	\$830	\$415	\$383	\$192
Member				Tab	ole of Conte

Infant Mortality Prevention Programs

WHAT IS INFANT MORTALITY?

- Infant Mortality is the death of a baby before his or her first birthday.
- The **Infant Mortality Rate** is the number of infant deaths per 1,000 live births

2021 INFANT MORTALITY RATES*:

- Hamilton County: 4.6 (per 1,000 live births), down from 6.6 in 2020
- Tennessee: 6.2 per 1,000 births
- United States: 5.4 per 1,000 births
- Significant racial & ethnic disparities $\mbox{ exist in TN}$ and nationwide

RISK FACTORS FOR INFANT MORTALITY

There is no one cause for infant mortality. Identified risk factors in pregnancies with poor birth outcomes include:

- Infants born preterm (less than 37 weeks)
- · Infants born to unmarried mothers
- Infants born very low birth weight (less than 3.3 lbs)
- Infants born to mothers who smoked during pregnancy
- Infants born to mothers who received no prenatal care or late prenatal care
- Infants born to mothers who had less than a high school education
- Infants born to teen mothers (10-17 years)

COMMUNITY ACTION TEAM

The Hamilton County Core Leadership Group was appointed in the fall of 2007 by the Governor's Office of Children's Care Coordination to identify and implement evidence-based approaches to reduce Hamilton County's infant mortality rate. This group is made up of several different organizations, agencies, and stakeholders who are all working together to improve birth outcomes for babies. In 2012, the Core Leadership Group became the Community Action Team for the Fetal and Infant Mortality Review (FIMR) program in Hamilton County.

The mission of the Hamilton County Community Action Team (CAT) is to:

- Educate and mobilize the community around factors that contribute to poor birth outcomes as identified through the FIMR process
- Establish priorities within the community to address these outcomes
- Create community partnerships that will coordinate, collaborate, implement and evaluate evidence-based practices that will improve birth outcomes for Hamilton County



PROJECTS INCLUDE:

Safe Sleep
Count the Kicks
Pack N Plays
Folic Acid promotion
Prenatal Education
Prenatal Vitamin promotion
Fetal/Infant Mortality Review

ABOUT HALF OF ALL PREGNANCIES ARE UNPLANNED. TO GIVE YOUR BABY A HEALTHY START IN LIFE:

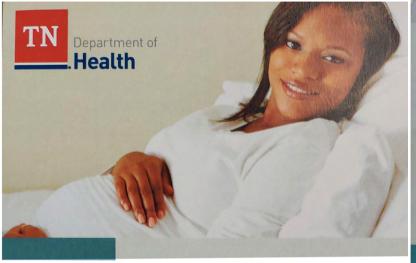
- Talk to your doctor before, between, and during pregnancy
- · Know your family history
- Take a multivitamin pill with 400mcg of folic acid daily
- Stop the use of tobacco, alcohol and drugs, elicit and otherwise (unless prescribed and monitored by a doctor)
- Take control of any medical conditions you may have
- Talk to your doctor about over the counter herbs, prescriptions, and home remedy medicines
- Avoid contact with unsafe chemicals or materials that can cause infections or health issues
- Get to a healthy BMI before pregnancy (less than 25)
- Determine how long to wait between pregnancies (recommendation 18 months)

*Data Sources: Tennessee Department of Health, Division of Health Statistics; City-MatCH, University of Nebraska Medical Center; Health, United States 2009,CDC; March of Dimes

For more information contact the IRIS Program office at 423-209-8035









Are you pregnant and ready to quit smoking?

We're here to help, for free!

- Support & counseling
- Breath tests to keep you on track
- Up to \$300 in rewards for program completion

Contact us for more information:

Hamilton County Health Department 921 E. 3rd Street Chattanooga, Tennessee 37403

Nicotine Prevention & Cessation 423.260. 1818

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WHO CAN PARTICIPATE?

- Pregnant and postpartum women*
- Household members of eligible participants



WHAT DO I GET FROM COUNSELING?

 Monthly education and support to quit smoking and stay smoke-free



WHAT IS THE ACCOUNTABILITY TEST?

 Monthly smoke-free breath tests at your local health department



WHAT ARE THE INCENTIVES?

- 1 Monthly \$25 voucher for up to 12 months
- Additional incentives may be available from your local health department

*Up to 1 year

TO LEARN MORE: tn.gov/health/gifts



CAR SEAT EDUCATION CLASS

Our Car Seat Education Program can provide one (1) free car seat to caregivers who qualify.

To receive a car seat, caregivers must attend a 1-2 hour class. Classes are by <u>appointment only</u>.

To Qualify:

- Be a Hamilton County Resident
- Have a photo ID
- Be the parent or guardian of the child receiving seat
- Qualify for WIC, TennCare, or SNAP benefits
- Have use of a private vehicle for car seat installation

TO BOOK AN APPOINTMENT, CALL:

- A Jaxon Ballard, B.S., CPST
- 423-209-8204
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Hamilton County Health Department

Already have a car seat?
We are happy to help install or check your seat by appointment.







Programs and Services At a Glance

Each day, Tennessee Department of Human Services (TDHS) employees and partners work toward the collective goal of building a thriving Tennessee. The following list is a snapshot of the services administered by TDHS.

Visit the One DHS Customer Portal onedhs.tn.gov to start your application for services today.

For more information, visit tn.gov/humanservices or call the One DHS Contact Center at 1-833-772-TDHS (8347).

ADULT PROTECTIVE SERVICES (APS)

Adult Protective Services investigates reports of abuse, neglect (including self-neglect) or financial exploitation (of government funds) of adults who are unable to protect themselves due to a physical or mental limitation. To report suspected abuse of a vulnerable or elderly adult, call (888)-APS-TENN (888) 277-8366). Report online at: reportadultabuse.dhs.tn.gov.

CHILD CARE SERVICES

Child Care Services plans, implements, and coordinates activities and programs to ensure quality, and the health and safety of children in licensed care.

<u>Child and Adult Care Licensing</u> is the regulatory body that licenses and monitors child care and adult care facilities across Tennessee with the goal of ensuring the health and safety of young children and vulnerable adults in care. To report suspected licensing violations or possible illegal child care operations, call the Child Care Complaint Hotline at (800) 462-8261. You can also e-mail your information to ChildCareServices.DHS@tn.gov.

The Child Care Certificate Program (Child Care Payment Assistance, including Smart Steps) provides child care payment support primarily to families who are working, in post-secondary education programs, those participating in the Families First program and others. Child care payment assistance not only allows parents and guardians a sense of security while they work or pursue educational goals, it also promotes children's learning and development in quality child care environments. For questions visit us online at https://www.tn.gov/humanservices/for-families/child-care-services/child-care-payment-assistance.html, or call (833) 772-TDHS (8347).

<u>Child Care Resource and Referral Centers</u> are free child care location and counseling services located in communities across the state. Parents can receive information regarding the components of quality care and what to look for when choosing quality care. For more information, call (866) 296-3422.

Learn more at: https://www.tn.gov/humanservices/for-families/child-care-services.html

CHILD SUPPORT PROGRAM

The Child Support Program promotes parental responsibility to meet the financial needs of children and their families. Services include: locating parents; establishing paternity; establishing and enforcing financial and medical support orders; modification of child support orders and collecting and disbursing child support collections. Learn more at: https://www.tn.gov/humanservices/for-families/child-support-services.html or call the Child Support Information Line at (615) 313-4880.

COMMUNITY SERVICES BLOCK GRANT (CSBG)

The Community Services Block Grant enables community-based contracts with local governments and non-profit organizations that provide a wide range of support services to low income individuals and families. For more information, contact the CSBG Unit at (615) 313-4892 or e-mail CSBG.DHS@tn.gov.

FAMILIES FIRST

Families First, the state's Temporary Assistance for Needy Families (TANF) program, is a workforce development and employment program. The Families First program emphasizes work, training, and personal responsibility. It has a primary focus on gaining self-sufficiency through employment. The Families First program helps participants reach this goal by providing temporary cash assistance, transportation, child care assistance, educational supports, job training, employment activities, and other support services. Learn more at: https://www.tn.gov/humanservices/for-families-first-tanf.html or contact the Family Assistance Service Center at (866)311-4287.



NUTRITION PROGRAMS

The Child and Adult Care Food Program provides eligible institutions reimbursements for nutritious meals served to participants who meet age and income requirements.

The Summer Food Service Program provides reimbursements for nutritious meals served to children 18 or younger in areas across the state where poor economic conditions exist when school is out for the summer. Persons older than 18 who are mentally or physically disabled and who participate in school programs for the disabled are also eligible to participate.

Learn more at https://www.tn.gov/humanservices/children/dhs-nutrition-programs.html or call (615) 313-4749.

SOCIAL SERVICES BLOCK GRANT Social Services Block Grant programs function as the primary support network for elderly and adults with a disability to help them maintain independence or prevent adult abuse, neglect, and exploitation. Services are facilitated through Adult Protective Services. For more information, call (615) 532-6250.

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

The Supplemental Nutrition Assistance Program (SNAP) helps to ensure eligible low-income families and individuals receive benefits to supplement a household's monthly food budget, maintain good health, and allows them to direct more of their available income toward essential living expenses. Learn more at https://www.tn.gov/humanservices/for-families/supplemental-nutrition-assistance-program-snap.html or contact the Family Assistance Service Center at (866)311-4287.

DIVISION OF REHABILITATION SERVICES (DRS)

<u>The Vocational Rehabilitation Program (VR)</u> provides a variety of individualized services to persons with disabilities in preparation for their employment in the competitive labor market. VR advocates employment outcomes for customers that are consistent with their individual strengths, resources, abilities, capabilities and informed choice.

<u>Services for the Blind and Visually Impaired (SBVI)</u> provides vocational rehabilitation services to individuals who are blind or have vision loss. Rehabilitation teachers and assistants enable clients to live more independently in their homes and communities. Additionally, the unit operates the Tennessee Business Enterprises Program (TBE), which provides entrepreneurial opportunities for legally blind individuals to operate food service facilities in state and in federal government buildings. For more information call (800) 628-7818.

The Tennessee Council for the Deaf, Deaf-Blind and Hard of Hearing (TCDDBHH) has the responsibility for ensuring that state and local public programs and services are accessible to deaf, hard of hearing, late deafened, and Deaf-Blind citizens. TCDDBHH coordinates communication, information, public awareness, and advocacy services through six regional community service centers. For more information call TDD - TYY# (800) 270-1349

The Tennessee Rehabilitation Center in Smyrna provides vocational evaluation, pre-vocational and vocational training, training for vision impairment and traumatic brain injury, physical rehabilitation and employment readiness services. Additional support services include Autism Spectrum Disorder (ASD) services, Deaf, Hard of Hearing, and Deaf/Blind services, speech services and psychological services.

<u>Community Tennessee Rehabilitation Centers</u> provide employment related services to applicants and eligible customers of the Vocational Rehabilitation program. Vocational evaluation, employee development and employment services are designed to assist individuals with disabilities to reach gainful employment.

<u>The Tennessee Technology Access Program (TTAP)</u> promotes awareness about and access to assistive technology devices and services. For more information, call (615) 313-5183, (800) 732-5059 or TTY# (615) 313-5695.

<u>Disability Determination Services (DDS)</u> processes Social Security Disability Insurance and Supplemental Security Income applications for the federal Social Security Administration. For a status on a pending disability claim, call (800) 342-1117 or TTY (877) 210-0008

For more information regarding Rehabilitation Services, visit https://www.tn.gov/humanservices/disability-services.html or call (833) 751-0597; TTY# (615) 313-5695; or TTY# (800) 270-1349.



Healthy Pregnancy

Fetal Development and Physical Changes

Urgent Maternal Warning Signs

ABCs of Pregnancy

Prenatal Discomforts & Remedies

Dental Care

Count the Kicks

Diet & Food Safety

- Healthy Weight Gain
 Eating fish

Food Safety

Folic Acid

Vaccines in Pregnancy

。 Flu

- RSV
- Covid-19TDaP

Domestic Abuse

STDs in Pregnancy

FAQ: Alcohol, Tobacco, And Drugs



Changes During Pregnancy

Month 1 to 2 Weeks 1 to 8

- The egg is fertilized by sperm and a growing ball of cells called the blastocyst implants in the uterus.
- Week 5 begins the embryo stage of development.
- In the brain and spine begin to form, followed by the neural tube.
- Cardiac tissue starts to develop.
- Parts of the face take shape and the inner ear begins to develop.
- Arm and leg buds appear, and then webbed fingers and toes emerge.
- The long tube that will become the digestive tract

By the end of week 8, the embryo is about half an inch long.

Month 3 Weeks 9 to 12

- Cartilage for the limbs, hands, and feet is forming but won't harden into bones for a few weeks
- Evelids form but remain closed
- The head develops a rounded shape
- Week 11 begins the fetus stage of development.
- The fetus makes breathing-like movements and
- swallows amniotic fluid. The kidneys are making urine, the pancreas is
- making insulin, and fingernails have formed.

By the end of week 12, the fetus is about 2 inches long and weighs about half an ounce.

Month 4 Weeks 13 to 16

- By week 13, all major organs have formed and will continue to develop.
- Bones are hardening. especially the long bones
- The skin is thin and seethrough but will start to thicken soon
- At week 14, the neck is defined, and the lower limbs are developed
- The fetus's hearing begins to develop.
- > The lungs begin to form tissue that will allow them to exchange oxygen and carbon dioxide after birth.
- Limb movements become more coordinated.

By the end of week 16, the fetus is more than 4 inches long and weighs more than 3 ounces.

Month 5 Weeks 17 to 20

- At week 18, the fetus can hear sounds.
- The part of the brain that controls motor movements is fully formed
- The digestive system is working.
- At week 19, the ears, nose, and lips may be recognizable on an ultrasound exam
- Soft, downy hair called lanugo is starting to form all

By the end of week 20, the fetus is more than 6 inches long and weighs less than 11 ounces.

Month 6 Weeks 21 to 24

- The fetus's kicks and turns are stronger now.
- If the hand floats to the mouth, the fetus may suck its thumb
- Evebrows are visible
- At week 23, most of the fetus's sleep time is spent in rapid eye movement (REM) sleep
- Ridges are forming in the hands and feet that later will be fingerprints and footprints.
- The lungs continue to develop.

By the end of week 24, the fetus is about 12 inches long and weighs about 11/2 pounds.

Weeks 25 to 28

- The fetus can respond sounds, such as vour voice
- The lungs are now fully formed but not vet ready to function outside the uterus
- pulling in arms and leas
- The lungs begin making surfactant, a substance needed for breathing after birth.
- A greasy material called vernix has started to
- protects the skin.

long and weighs about 21/2 pounds.

Month 7





Loud sounds may make the fetus respond by

- At 27 weeks, more fat is being added to keep the
- develop. Vernix acts as a waterproof barrier that

By the end of week 28, the fetus is nearly 15 inches

Month 8 Weeks 29 to 32

- The fetus can stretch kick, and make grasping motions
- The eyes can open and close and sense changes in light.
- The bone marrow is forming red blood cells
- At week 31, major development is finished, and the fetus is gaining weight very quickly.
- In boys, the testicles have begun to descend into the scrotum
- At week 32, the fine hair that covered the fetus's body (lanugo) begins to disappear.

By the end of week 32, the fetus is almost 17 inches long and weighs a little more than 4 pounds

Month 9



The bones harden, but the skull remains soft and flexible.

- More fat is forming under the skin.
- The fingernails have grown to the ends of the fingers.
- During week 36 or 37, most fetuses turn to a head-down position for birth.

By the end of week 36, the fetus is about 18 inches long and weighs a little more than 6 pounds.

Month 10 Weeks 37 to 40

- The lungs, brain, and nervous system continue to develop
- The circulatory system is complete, and so is the musculoskeletal system.
- The fetus is taking up a lot of space in the amniotic sac and you should continue to feel movement.
- By now, the fetus's head may have dropped lower into position in your pelvis.

By the end of week 40, the fetus is 20 inches long and may weigh 71/2 to 8 pounds.

How the Uterus Grows During Pregnancy

The size of your uterus can help show how long you have been pregnant. The uterus fits inside the pelvis until week 12. By week 36, the top of the uterus is under your rib cage.



Changes In Your Body

The First Trimester

- Your period stops.
- Your breasts may become larger and Your nipples may stick out more
- You may need to urinate more often.
- You may feel very tired
- You may feel nauseated and may vomit You may crave certain foods or lose your
- appetite
- You may have heartburn or indigestion.
- You may feel bloated and have
- You may be constipated.
- You may gain or lose a few pounds

The Second Trimester

- Your appetite increases and nausea and fatique may ease
- Your abdomen begins to expand. By the end of this trimester, the top of your uterus will be near your rib cage
- You will begin to feel the fetus move
- ▶ The skin on your abdomen stretches and may feel tight and itchy. You may see
- Your abdomen may ache on one side or the other as the ligaments that support your uterus are stretched.
- You may get brown patches, called the "mask of pregnancy," on your face
- Your areolas, the darker skin around your nipples, may darken.
- Your feet and ankles may swell

The Third Trimester

- You can feel the fetus's movements strongly.
- You may be short of breath
- You may need to urinate more often as the fetus drops and puts extra pressure on your bladder
- ▶ Colostrum—a yellow, watery premilk—may leak from your nipples
- Your navel may stick out
- You may have contractions (abdominal tightening or pain). These can signal false or

of core. It is not a substitute: risit www.acoa.oraWome



URGENT MATERNAL WARNING SIGNS

These could be signs of very serious complications. If you can't reach a healthcare provider, go to the emergency room. Be sure to tell them you are pregnant or were pregnant within the last

OVERWHELMING TIREDNESS

- You are suddenly very tired and weak, not like chronic
- You don't have enough energy to go about your day.
- No matter how much you sleep, you don't feel refreshed.
- You feel so tired that you don't get up to take care of your
- You feel sad after having your baby.

HEADACHE THAT WON'T GO AWAY OR GETS WORSE OVER TIME

- Feels like the worst headache of your life.
- Lasts even after treatment with medication and fluid
- Starts suddenly with severe pain-like a clap of thunder.
- Throbs and is on one side of your head above your ear.
- Comes with blurred vision or dizziness.

TROUBLE BREATHING

- · You feel short of breath suddenly or over time, as if you can't breathe deeply enough to get enough air in your
- Your throat and/or chest feel tight.
- You have trouble breathing when you're laying down flat, such as needing to prop your head up with pillows to sleep.

CHEST PAIN OR FAST-BEATING HEART

- You have chest pain, such as:
 - A feeling of tightness or pressure in the center of your chest.
 - Pain that travels to your back, neck, or arm.
- You have a change in your heartbeat, such as:
 - A fast heartbeat or a pounding in your chest.
 - An irregular heart rate or skipped heartbeats.
- You feel dizzy, faint, or disoriented.
- You have trouble catching your breath (talking and breathing are difficult).

These symptoms can happen at any time and anywhere or may be triggered by a specific event.

BABY'S MOVEMENT STOPPING OR SLOWING **DURING PREGNANCY**

- You feel that your baby has stopped moving or your baby is moving less than before.
- There is no specific number of movements that is considered normal. A change in your baby's movement is what is important.

VAGINAL BLEEDING OR DISCHARGE AFTER PREGNANCY

- You have heavy bleeding—soaking through one or more pads in an hour.
- You pass clots bigger than an egg or you pass tissue.
- You have vaginal discharge that smells bad.

EXTREME SWELLING OF YOUR HANDS OR FACE

- Swelling in your hands makes it hard to bend your fingers or wear rings.
- Swelling in your face makes it hard to open your eyes all the way-they feel and look puffy.
- Your lips and mouth feel swollen or you have a loss of

This swelling is not like the usual slight swelling that most moms have during pregnancy, especially during the last few months of pregnancy.

THOUGHTS ABOUT HARMING YOURSELF OR **YOUR BABY**

- You may think about hurting yourself because you:
 - Feel very sad, hopeless, or not good enough.
 - Don't feel that you have control over your life.
 - Feel extremely worried all the time.

You may think about hurting your baby and/or you may have scary thoughts that come when you don't want or that are hard to get rid of.



CHANGES IN YOUR VISION

- You see flashes of light or bright spots.
- You have blind spots or you can't see at all for a short time.
- Your vision is blurry, you can't focus, or you're seeing double

DIZZINESS OR FAINTING

- You faint or pass out.
- You have dizziness and lightheadedness that's ongoing, or comes and goes over many days.
- You experience a gap in time of which you have no memory.

SEVERE BELLY PAIN THAT DOESN'T GO AWAY

- You have a sharp, stabbing, or cramp-like belly pain that doesn't go away.
- Your belly pain starts suddenly and is severe, or gets worse over time.
- You have severe chest, shoulder, or back pain.

SEVERE NAUSEA AND THROWING UP

- You feel severely sick to your stomach (nauseous) beyond the normal queasy feeling and throwing up that many moms have in early pregnancy.
- You are unable to drink for more than 8 hours or eat for more than 24 hours.
- You throw up and can't keep water or other fluids in your stomach.
- You have:
- A dry mouth.
- Headaches.
- Confusion
- Fever.
- Dizziness or lightheadedness.

VAGINAL BLEEDING OR FLUID LEAKING DURING PREGNANCY

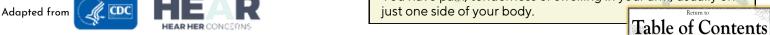
- You have any bleeding from your vagina that is more than spotting-like a period.
- You have fluid leaking out of your vagina.
- You have vaginal discharge that smells bad.

SEVERE SWELLING, REDNESS, OR PAIN OF YOUR LEG OR ARM

Anytime during pregnancy or up to 6 weeks after birth

- You have swelling, pain, or tenderness in your leg-usually your calf or in one leg.
 - It may or may not hurt when you touch it.
 - It may hurt when you flex your foot to stand or walk.
 - The painful area can also be red, swollen, and warm to the touch.

You have pain, tenderness or swelling in your arm, usually on just one side of your body.



ABC's of pregnancy... Tips for You and Baby, too

Not all congenital birth defects can be avoided, but a pregnant woman can increase her chances of have a healthy baby.

Consult with your doctor regarding your prenatal care and what is best for you!

Avoid exposure to toxic substance and chemicals - - such as cleaning solvents, lead and mercury, some insecticides, and paint.

Pregnant women should avoid exposure to paint fumes.

Breastfeeding is the healthiest choice for both you and your baby. Talk to your doctor, your family and friends, and your employer about how you choose to feed your baby and how they can support you in your decision.

Cigarette smoking during pregnancy increases the chances of premature birth, certain birth defects, and infant death. Women who smoke during pregnancy are more likely than other women to have a miscarriage and other birth defects.

Drink extra fluids (water is best) throughout pregnancy to help your body keep up with the increases in your blood volume. Drink at least 6 to 8 glasses of water each day. A good way to know that you're drinking enough fluid is when your urine looks like almost dear water or is very light yellow.

Cating healthy will give you the nutrients that you and your unborn baby need. Your meals should include the five basic food groups. Each day you should get the following: 6-11 servings of grain products, 3-5 servings of vegetables, 2-4 servings of fruits, 4-6 servings of milk and milk products, 3-4 servings of meat and protein foods. Foods low in fat and high in fiber are important to a healthy diet

Jolic Acid should be taken daily: 400 micrograms both before pregnancy and during the first few months of pregnancy to reduce the risk of birth defects of the brain and spine. It is also important to eat a healthy diet with fortified foods (enriched grain products, including cereals, rice, bread, and pastas) and foods with natural sources of folate (orange juice, green leafy vegetables, beans, peanuts, broccoli, asparagus, peas, and lentils).

 \mathcal{G} enetic testing should be done appropriately. It's important to know your family history. If there have been problems with pregnancies or birth defects in your family, report these to your doctor.

Hand washing is important throughout the day, especially after handling raw meat or using the bathroom. This can help prevent the spread of many bacteria and viruses that cause infection.

9ron is important for pregnant women. Take 30 milligrams of iron during your pregnancy as prescribed by your doctor to reduce the risk of anemia later in pregnancy. All women of childbearing age should eat a diet rich in iron.

 $m{j}$ oin a support group for moms to be, or join a class on parenting or childbirth.

know your own personal limits. Let your physician know if you experience any of the following: pain of any kind, strong cramps,

uterine contractions at 20-minute intervals, vaginal bleeding, leaking of amniotic fluid, dizziness fainting, shortness of breath, palpitations, tachycardia (rapid beating of the heart), constant nausea and vomiting, trouble walking, edema (swelling of joints), or if your baby has decreased activity.

Legal drugs such as alcohol and caffeine are important issues for pregnant women. There is no known safe amount of alcohol a woman can drink while pregnant. Fetal alcohol syndrome is caused by a woman's use of alcohol during pregnancy. Caffeine, found in tea, coffee, soft drinks, and chocolate, should also be limited. Be sure to read labels. More than 200 foods, beverages, and over-the-counter medications contain caffeine.



Medical conditions/complications such as diabetes, epilepsy, and high blood pressure should be treated and kept under control.

If you are currently taking any medications ask your doctor if it is safe to take them while you're pregnant. Also, be sure to discuss any herbs or vitamins you are taking. They are medicines, too!

 ${\cal N}$ ow is the time to baby-proof your home. These are important tips for making your home a safer environment for your baby.

Over-the-counter cough and cold remedies may contain alcohol or other ingredients that should be avoided during pregnancy. Ask your health care provider about prescription or over-the-counter drugs that you are taking or may consider taking while pregnant.

Physical activity during pregnancy can benefit both you and your baby. Light to moderate exercise during pregnancy strengthens the abdominal and back muscles, which help to improve posture. Practicing yoga, walking, swimming, and cycling on a stationary bicycle are usually safe exercises for pregnant women. But always check with your doctor before beginning any kind of exercise, especially during pregnancy.

Queasiness, stomach upset and morning sickness are common during pregnancy. Foods that you normally love may make you feel sick to your stomach. Eating five or six small meals a day instead of three large ones may make you feel better.

Rodents may carry lymphocytic choriomeningitis virus (LCMV). If a pregnant woman is infected with CMV, it can pass to the unborn baby and cause severe abnormalities or loss of the pregnancy. Avoid all contact with rodents, including pet hamsters and guinea pigs, with their urine, droppings and nesting materials throughout pregnancy. Mice in the home should be removed promptly.

 S_{aunas} , hot tubs, and steam rooms should be avoided while you are pregnant. Excessive high heat may be harmful during your pregnancy.

Toxoplasmosis is an infection caused by a parasite that can seriously harm an unborn baby. Avoid eating undercooked meat and handling cat litter, and be sure to wear gloves when gardening.

Uterus size increases during the first trimester, which may cause you to feel the need to urinate more often. You may also leak urine when sneezing, coughing, or laughing. This is due to the growing uterus pressing against your bladder. If you experience burning along with frequency of urination, be sure to tell your doctor.

m Vaccinations are an important concern for pregnant women. Get needed vaccines before pregnancy.

Weight: Being overweight or underweight during pregnancy may cause problems. Remember, pregnancy is not a time to be dieting! Both you and your baby need the calories and nutrition you receive from a healthy diet. Be sure to consult with your doctor about your diet.

 χ -rays should be avoided. If you must have dental work or diagnostic tests, tell your dentist or physician that you are pregnant so that extra care can be taken.

y our baby loves you, and you should show your baby that you love her/him, too. Give your baby a healthy environment to live in while you are pregnant.

Z zzzzzzs...Be sure to get plenty of rest. Resting on your side as often as possible, especially on your left side, id advised as it provides the best circulation to your baby and helps reduce swelling.



Discomforts of Pregnancy

A LIST OF COMMON DISCOMFORTS WHICH OFTEN OCCUR DURING PREGNANCY, WHY THEY OCCUR, AND RECOMMENDED REMEDIES.

Backache	Why: Fatigue, muscle spasm, relaxation of pelvis joints due to hormonal changes, postural changes due to weight of uterus. Remedies: (a) practice prenatal exercises (pelvic rock, Taylor sit, squatting) (b) take frequent rest breaks, improve posture (straight posture with abdomen flattened as much as possible, the pelvis is tilted forward, and the buttocks "tucked in" to straighten back); (c) avoid heavy lifting (over 30 lbs.); (d) apply local heat and massage; (e) use firm mattress; (f) wear flat shoes.
Bleeding Gums	Why: Hormone changes and increases blood flow to the area. Remedies: (a) Good oral hygiene; (b) regular brushing with soft toothbrush and flossing; (c) warm saline rinses.
Braxton-Hicks Contractions	Why: Possibly due to stretching within the uterus and hormonal changes. Remedies: (a) walking; (b) relaxation techniques; (c) warm showers
Cold-Cough- Nasal Congestion	 Why: Allergies or virus, increased blood flow Remedies: (a) Drink 6 — 8 glasses of liquids a day; (b) 8 hours of sleep a night; (c) Plain Robitussin; (d) Sudafed or Actifed.
Constipation	 Why: Decrease in bowel motility due to high hormone levels; Hypotonic intestines; pressure from pregnant uterus; Decreased physical activity; Iron therapy. Remedies: (a) adequate rest; (b) increase activity and exercise (walk 1 – 2 miles daily); (c) increase fluid intake to 8 glasses liquid per day; include warm juices. Increase use of natural fiber foods, raw fruits and vegetables; (d) increase roughage and bulk such as whole wheat, grain breads and cereals (if hemorrhoids are not a problem) (e) establish regular schedule of rest, meals, and activity to promote regular bowel elimination; (f) Milk of Magnesia may be used if necessary (1 Tbsp. hs); avoid other laxatives; (g) Docusate Sodium (Colace) 50 - 100mg once or twice a day or 200mg at bedtime, when needed.
Edema/Swelling	Why: Pressure from increased circulation in legs. Ankle swelling is normal in pregnancy. Varicose veins, Dilation of blood vessels due to hormonal changes. Remedies: (a) regular exercise and activity including daily walks. Rest with legs elevated; (b) rest lying on side (preferably the left) 3 times a day; (c) Check with nutritionist or medical provider to determine if protein intake and calories are adequate; (d) increase calcium intake and limit sodium intake; (e) increase water to 6 — 8 glasses per day.

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Faintness	 Why: Slower blood flow to head, rapid changes in positions, dilation of blood vessels, and fasting. Remedies: (a) avoid sudden changes in position; (b) avoid lying flat on back; (c) lie onside; (d) eat frequent small meals; avoid skipping meals.
Headache	Why: Increased hormonal levels (early pregnancy); stress; tension; sinus congestion. Remedies: (a) rest; (b) mild exercise to relieve tension and stress; (c) discuss any emotional problems/anxieties; (d) Tylenol 650mg every 6 hours as needed; (e) Go to Emergency Room if headaches are severe and/or continuous or vision problems develop.
Heartburn- Indigestion	Why: Gastro-esophageal reflux, decreased gastric motility or movement, decreased acid secretion in stomach, relaxation of gastro esophageal sphincter, fatty food intolerance, pressure against diaphragm from pregnant uterus, and constipation. Remedies: (a) reduce amount of fatty or fried foods; (b) eat frequent meals; 6 small, rather than 3 large meals; (c) drink fluids between meals; (d) avoid highly seasoned foods; (e) avoid tension during meals; (f) change posture; avoid bending or lying flat immediately after meals; sleep on 2 or 3 pillows; (g) avoid constrictive clothing; (h) Magnesium and Aluminum Hydroxide (Gelusil) 30cc every 4 hours, as needed; (i) Magnesium and Aluminum Hydroxide and Simethicone (Mylanta) 30cc every 4 hours, as needed.
Hemorrhoids	Why: Pressure of growing uterus, increased blood supply to area, constipation, straining with bowel movement. Remedies: (a) replace protruding hemorrhoids, using lubricated finger; (b) sitz baths, (c) cold compresses (Witch Hazel, "Tucks" or ice); (d) topical rectal ointment or suppository (Preparation H, Anusol, etc.) as needed.
Morning Sickness	Why: emotional distress, changes in hormones. Decreased gastric motility, gastro esophageal reflux, increased gastric secretions, low blood sugar. Remedies: (a) daily exercise; (b) eat dry toast, crackers or dry cereal 30 minutes before arising in morning; (c) eat 5-6 small meals a day; (d) drink fluid between meals, not at meal time; (e) avoid fried, greasy or highly seasoned foods; (f) open windows or use exhaust fan when cooling; (g) avoid sudden movement, (h) foods high in Vitamin B6 and C
Nosebleed	Why: Increased blood flow to the area. Remedies: (a) avoid undue trauma to nose such as blowing, scraping; (b) keep environment cool and moist, use humidifier; (c) avoid use of decongestive sprays or drops; (d) treat bleeding with gentle external nasal pressure while in sitting position and/or ice packs.



Numbness/ tingling of fingers & toes; leg cramps	Why : Limited blood flow, poor blood return from legs and arms; swelling. Remedies: (a) elevate arms or legs; (b) regular exercise, (c) get adequate amount of calcium in diet but avoid excessive amounts.
Round Ligament Pain	Why: Uterine growth pulling on ligaments, relaxation of joints due to hormonal changes. Remedies: (a) rest periods; (b) prenatal exercise; (c) good posture; (d) warm showers; (e) Tylenol 650mg every 6 hours as needed; (f) light massage to area; change positioning.
Varicose Veins	Why: Hereditary pre-disposition, poor blood flow from legs caused by heavy pregnant uterus, hormonal changes cause relaxation of veins, long periods of standing or sitting paragraph text Remedies: (a) avoid standing or sitting for long periods, walk around frequently; (b) frequent rest periods with pelvis and legs elevated; (c) avoid restrictive clothing; (d) wear support hose; (e) mild to moderate walking daily; (f) elevate foot of bed 6 inches or prop legs on pillows.

Urgent Maternal Warning Signs

If you experience any of these warning signs, get medical care immediately.

- · Severe headache that won't go away or gets worse over time
- Dizziness or fainting
- Thoughts about harming yourself or your baby
- Changes in your vision
- Fever of 100.4° F or higher
- Extreme swelling of your hands or face
- Trouble breathing
- Chest pain or fast-beating heart
- Severe nausea and throwing up (not like morning sickness)
- Severe belly pain that doesn't go away
- Baby's movement stopping or slowing down during pregnancy
- Vaginal bleeding or fluid leaking during pregnancy
- Heavy vaginal bleeding or leaking fluid that smells bad after pregnancy
- · Swelling, redness or pain of your leg
- Overwhelming tiredness

This list is not meant to cover every symptom you might have. If you feel like something just isn't right, talk to your healthcare provider

<u>Source: CDC HEAR HER Campaign</u> <u>https://www.cdc.gov/hearher/maternal-warning-signs/</u>

Dental Care in Pregnancy



Why is dental care in pregnancy important?

During pregnancy, you are more likely to have problems with your teeth or gums. If you have an infection in your teeth or gums, the chance of your baby being premature (born early) or having low birth weight may be slightly higher than if your teeth and gums are healthy

What is periodontal disease?

Periodontal disease is an infection in the mouth caused by bacteria. The bacteria use the sugar you eat to make acid. That acid can destroy the enamel (protective) coating on your teeth, which can cause tooth decay (cavities) or even tooth loss. Periodontal disease can begin with gum swelling and bleeding, called gingivitis. If it is not treated, gingivitis can spread from the gums to the bones that support the teeth and to other parts of the mouth. However, your dentist can treat periodontal disease even when you are pregnant.

Why are pregnant women more at risk for periodontal disease?

There are 2 major reasons women can have dental problems during pregnancy:

Pregnancy gingivitis—During pregnancy, changes in hormone levels allow bacteria to grow in the mouth and gums more easily. This makes periodontal disease more common when you are pregnant.

Nausea and vomiting—Pregnant women may have nausea and vomiting or "morning sickness," especially in the first trimester. The stomach acids from vomiting can also break down the enamel coating of the teeth.

Is it safe to visit your dentist in pregnancy?

Dental care is safe during pregnancy and important for the health of you and your baby. Your dentist can help you improve the health of your mouth during pregnancy. Your dentist can also find and treat problems with your teeth and gums.

What should you know before you see the dentist?

- Make sure your dentist knows that you are pregnant. If medications for infection or for pain are needed, your dentist can prescribe ones that are safe for you and your baby.
- Tell your dentist about any changes you have noticed since you became pregnant and about any medications or supplements you are taking.
- Routine x-rays should be avoided in pregnancy, but it may be necessary if there is a problem or an emergency. Your body should be covered with a lead apron to protect you and your baby.
- Dental work can be done safely at any point in pregnancy. If possible, it is best to delay treatments and procedures until after the first trimester.





Tips for Improving Your Dental Health

What to do	Why this helps
Brush your teeth twice a day with a soft-bristled toothbrush. Floss once a day.	Regularly cleaning your teeth helps to prevent plaque buildup, which causes gum disease and tooth decay. Use a soft-bristled toothbrush because your gums are more likely to bleed in pregnancy. This bleeding is common in pregnancy because of the changes in your hormones, your blood vessels, and the amount of blood you have in your body.
Use toothpaste and mouth rinse that contains fluoride.	Fluoride helps to remove plaque and strengthen enamel.
Chew sugarless or xylitol-containing gum 2 to 3 times a day.	Xylitol is a sugar-free sweetener. Unlike sugar, xylitol is not changed into acid by bacteria on the teeth. Chewing gum with xylitol helps to decrease the amount of plaque on your teeth and makes it easier to remove the plaque when brushing.
Rinse your mouth with a teaspoon of baking soda mixed in a cup of water if you vomit or have morning sickness. If possible, try to wait one hour after vomiting before brushing your teeth.	When you vomit, stomach acids come in contact with your teeth. Rinsing with baking soda changes the acids so they do not hurt your teeth. When you brush right after vomiting, it can cause the protective lining of the teeth to wear away.
Limit how much sugar you eat.	Sugar changes to acid and plaque on teeth, which can lead to periodontal disease and tooth decay. When you eat sugary foods often, your teeth are more exposed to damage.
Choose nutritious snacks like raw fruits, vegetables, yogurt, or cheese.	Nutritious foods are healthy for you and your baby and contain less sugar that can damage your teeth.
Drink water or low-fat milk. Avoid beverages that are carbonated or contain a lot of sugar, like soda or juice.	Water or low-fat milk hydrates you and contains little or no sugar.

For More Information

American Dental Association: Pregnancy

http://www.mouthhealthy.org/en/pregnancy/

March of Dimes: Dental Health During Pregnancy

http://www.marchofdimes.com/pregnancy/dental-health-during-pregnancy.aspx

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Definitely pay attention to Count the Kicks*. It's important. Had I not paid attention, Nahla wouldn't be here.

- Dana, Nahla's mom



To read more stories of babies saved by Count the Kicks*, please visit www.countthekicks.org.

Helpful Tip: Always sleep on your left side. Research shows this is the best position for mom and baby.*

Count the Kicks® is a campaign of Healthy Birth Day, Inc.®, a 501(c)(3) organization dedicated to the prevention of stillbirth and infant death through education, advocacy and support.

This information is for educational purposes only and is not meant for diagnosis or treatment. Use of this information should be done in accordance with your healthcare provider. *Please visit CountTheKicks.org for research citations.



Download the FREE Count the Kicks app today!

Our free app helps you remember to Count the Kicks[®] every day in the 3rd trimester.

- Easy-to-read graphs that show your baby's normal movement history.
- Choose from 12 languages.
- Track movements for single babies and twins.
- Download your sessions to share with your provider or family.
- Daily reminders so you never forget to count your baby's kicks.

More than 100,000 moms can't be wrong! Don't delay! Download the FREE Count the Kicks® app today!







countthekicks.org











al Childbirth Education Association endorses ay, Inc.®, and the Count the Kicks® stillbirth prevention campaign.







Counting kicks is what moms should do.

It's important and easy too!

Here's How:

Starting at the 3rd trimester, begin counting.

- 1 Track your baby's movements with the FREE Count the Kicks® app or download a Count the Kicks® chart at countthekicks.org.
- 2 Count kicks every day—preferably at the same time.
- Time how long it takes your baby to get to 10 movements.
- After a few days, you will begin to see an average length of time it takes to get to 10.
- Call your provider right away if you notice a change in strength of movements or how long it takes your baby to get to 10 movements.

Why is it important to count kicks?

Counting kicks, jabs, pokes and rolls is a free, noninvasive way to check on your baby's well-being. It's also a great way to bond with your baby during pregnancy. A change in movement, whether a decrease or rapid increase, is sometimes the earliest or only indication that baby should be checked by your provider.

Pay attention to the **strength** of your baby's movements and notify your provider if your baby's movements become weaker.

What is considered normal?

Every baby is different. Knowing the average amount of time it takes your baby to get to 10 movements is key.

Notify your provider immediately if there is a change in what's "normal" for your baby.

When should I count my baby's movements?

You should begin counting your baby's movements every day starting in the 3rd trimester. Recent studies show the best time to count your baby's movements is in the evening. So put your feet up, mom, and count those kicks, jabs, pokes and rolls!

When should I contact my healthcare provider?

Call your provider if there is significant change in the strength of your baby's movements or how long it takes your baby to get to 10 movements. **DO NOT WAIT!** Trust your instincts. When in doubt, contact your provider.

Don't Delay!

Latest research shows that a sudden, wild surge of movement is another indication to call your provider.*



MYTHS

I can just use my home Doppler device to monitor my baby's health.

NO! Only trained professionals should use a Doppler device. A change in the baby's heartbeat is one of the last things that occurs when a baby is in distress. By the time the heartbeat slows it may be too late. Moms often mistake their own heartbeat for their baby's.

My baby moves a lot, so I don't need to count kicks.

Counting baby's kicks every day helps you establish how long it typically takes your baby to get to 10 movements. Knowing what's "normal" for your baby will help you notice if there are any significant changes. Pay attention to the strength of your baby's movements and alert your provider if kicks, jabs and rolls become weaker.

Babies run out of room, so they move less.

Babies don't run out of room at the end of pregnancy.
They should move up to, and even during, labor.



Table of Contents



Weight Gain During Pregnancy



How much weight should I gain during my pregnancy?

The healthiest weight gain for you during pregnancy depends on your body mass index (BMI) before you were pregnant. Your BMI is based on your height and weight. Your BMI number will tell you if you are underweight, normal, overweight, or obese. You can use the chart at the top of the next page to find your BMI number. If you have a BMI of 25 or more before you start pregnancy, it is healthiest if you gain less weight during pregnancy.

Prepregnancy Weight	Healthy Weight Gain During Pregnancy
Underweight (BMI less than 18.5)	28 to 40 pounds
Normal (BMI between 18.5 and 24.9)	25 to 35 pounds
Overweight (BMI between 25 and 29.9)	15 to 25 pounds
Obese (BMI 30 or more)	11 to 20 pounds

How much should I eat during pregnancy?

In the first trimester of pregnancy, many women feel nauseous (sick to your stomach) or cannot stand some food smells. This can make it hard to eat a regular meal. When you are pregnant, you need to eat about 400 more calories per day than when you are not pregnant. You will feel better if you eat something every few hours. Eating small meals 5 or 6 times each day rather than larger meals less often will help you feel better and make sure your baby has a steady supply of food.

What should I eat during pregnancy?

Your baby's growth depends on what you eat, so you need to eat healthy foods. Eat at least 5 servings of fruit and vegetables a day. Eat whole grain foods such as brown rice or whole wheat bread. Include some protein, such as meat or peanut butter, whenever you eat. Cut down on fats by eating less fried foods, whole milk, and fatty meats. Limit foods with a lot of sugar, such as desserts and soft drinks.

What happens if I do not gain enough weight?

If you do not gain enough weight or if you lose weight during pregnancy, your baby has a chance of being born prematurely (early) or not weighing enough at birth. Babies born early or too small can have trouble breathing and eating in the first days after birth. A small number of babies who are premature or too small at birth have trouble learning when they are older and in school. Talk with your health care provider about how much weight gain during your pregnancy is the healthiest for you and your baby.

What happens if I gain too much weight?

If you gain more weight than is recommended, you have a higher chance of getting gestational diabetes or high blood pressure during pregnancy. Your baby has a chance of weighing more than usual, and you are more likely to need a cesarean birth. Women who gain too much weight in pregnancy have a harder time losing the weight after giving birth. Their babies have a higher chance of being overweight as children. Exercise during pregnancy and eating a healthy diet can help you keep your pregnancy weight gain normal. It is not safe to diet during pregnancy.





What is my body mass index?

You can use this chart to find your BMI number. Be sure to use your weight before pregnancy.

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58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186	191	196	201	205	210	215	220	224	229	234
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198	203	208	212	217	222	227	232	237	242
30	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204	209	215	220	225	230	235	240	245	25
31	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211	217	222	227	232	238	243	248	254	25
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218	224	229	235	240	246	251	256	262	26
33	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220	225	231	237	242	248	254	259	265	270	27
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	232	238	244	250	256	262	267	273	279	28
35	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240	246	252	258	264	270	276	282	288	29
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247	253	260	266	272	278	284	291	297	30
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255	261	268	274	280	287	293	299	306	31
88	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	262	269	276	282	289	295	302	308	315	32
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	263	270	277	284	291	297	304	311	318	324	33
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	278	285	292	299	306	313	320	327	334	34

Source: National Heart, Lung, and Blood Institute; National Institutes of Health; U.S. Department of Health and Human Services.

For More Information

Choose My Plate: Moms and Moms-to-be

https://www.choosemyplate.gov/moms-pregnancy-breastfeeding

CDC: Weight Gain During Pregnancy

https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-weight-gain.htm

Health Tips for Pregnant Women

https://www.niddk.nih.gov/health-information/weight-management/health-tips-pregnant-women

March of Dimes: Tracking Your Weight Gain

https://www.marchofdimes.org/pregnancy/tracking-your-weight-gain.aspx

Flesch-Kincaid Grade Level: 5.5

Approved March 2018. This handout replaces "Weight Gain During Pregnancy" published in Volume 55, Number 6, November/December 2010.

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for Baby and Ile

Learn the food safety steps that will keep expecting moms safe from foodborne illness.

FOODS TO AVOID WHILE PREGNANT

Foods to Avoid



Raw seafood



Unpasteurized juice, cider and milk

Soft cheese and



cheese made from unpasteurized milk



Undercooked eggs



Premade deli salads egg, pasta, chicken, etc.)



Raw sprouts



Cold hot dogs and luncheon meats



Undercooked meat and poultry

Here's Why



May contain E. coli or Listeria

May contain E. coli or Listeria

May contain

May contain Listeria

May contain E. coli or Salmonella

May contain

May contain E. coli, Salmonella, Campylobacter, Toxoplasma gondii

Foods to Eat



Fish cooked to 145 °F



Pasteurized versions are safer alternatives.



Hard cheese & cheese made with pasteurized milk



Eggs with firm yolks



Make these dishes at home



Cook thoroughly



Reheat to steaming hot or 165 °F



Meat and poultry at or above the USDA recommended internal temperature

SAFE INTERNAL COOKING TEMPERATURES







Beef, pork, veal and lamb steaks, roasts and chops with a 3 min rest time







Egg dishes



Ground beef, pork, veal and lamb





Whole, ground, or pieces of chicken, turkey and duck

DANGERS OF LISTERIA AND TOXOPLASMA GONDII

Listeria monocytogenes



Pregnant women are to get Listeriosis.



of Toxoplasmosis infections in the U.S. are acquired from food.

Toxoplasma gondii



These foodborne illnesses can infect your baby even if you do not feel sick.

Listeriosis can cause:



Miscarriages



labor



Low-birth weight



Toxoplasmosis can cause babies to develop:

















Clean: Wash hands and surfaces often.



Separate:

Keep raw meat and poultry separate from ready-to-eat foods.



Cook:

Cook foods to the proper internal temperature.



Chill: Get leftovers to the fridge within 2 hours

of being cooked.











ADVICE ABOUT EATING FISH

For Those Who Might Become or Are Pregnant or Breastfeeding and Children Ages 1 – 11 Years



Fish[‡] provide key nutrients that support a child's brain development.

Fish are part of a <u>healthy eating pattern</u> and provide key nutrients during pregnancy, breastfeeding, and/or early childhood to support a **child's brain development**:

- Omega-3 (called DHA and EPA) and omega-6 fats
- Iron
- lodine (during pregnancy)
- Choline

Choline also supports development of the **baby's spinal cord**. Fish provide iron and zinc to support **children's immune systems**. Fish are a source of other nutrients like protein, vitamin B12, vitamin D, and selenium too.





Choose a variety of fish that are lower in mercury.

While it is important to limit mercury in the diets of those who are pregnant or breastfeeding and children, many types of fish are both nutritious and lower in mercury.

This chart can help you choose which fish to eat, and how often to eat them, based on their mercury levels.

What is a serving? As a guide, use the palm of your hand.



Pregnancy and breastfeeding:

1 serving is 4 ounces

Eat 2 to 3 servings a week from the "Best Choices" list

(OR 1 serving from the "Good Choices" list).



Childhood:

On average, a serving is about:

1 ounce at age 1 to 3

2 ounces at age 4 to 7

3 ounces at age 8 to 10

4 ounces at age 11

Eat 2 servings a week from the "Best Choices" list.

Best Choices

Anchovy
Atlantic croaker
Atlantic mackerel
Black sea bass
Butterfish
Catfish
Clam
Cod
Crab
Crawfish

Flounder

Haddock

Hake

Herring Lobster, American

Lobster,
American and spiny
Mullet
Oyster
Pacific chub
mackerel
Perch, freshwater
and ocean

Perch, fresh and ocean Pickerel Plaice Pollock Salmon Sardine Scallop Shad Shrimp Skate Smelt

Sole Squid Tilapia Trout, freshwater Tuna, canned light (includes skipjack)

Whitefish Whiting

Good Choices

Bluefish Buffalofish Carp Chilean sea bass/ Patagonian toothfish Grouper

Halibut Mahi mahi/dolphinfish Monkfish Rockfish Sablefish Sheepshead Snapper

Spanish mackerel Striped bass (ocean) Tilefish (Atlantic Ocean) Tuna, albacore/

white tuna, canned and fresh/frozen Tuna, yellowfin Weakfish/seatrout

White croaker/ Pacific croaker

Choices to Avoid HIGHEST MERCURY LEVELS

King mackerel Marlin Orange roughy Shark Swordfish

Tilefish (Gulf of Mexico) Tuna, bigeye

What about fish caught by family or friends? Check for fish and shellfish advisories to tell you how often you can safely eat those fish. If there is no advisory, eat only one serving and no other fish that week. Some fish caught by family and friends, such as larger carp, catfish, trout and perch, are more likely to have fish advisories due to mercury or other contaminants.

www.FDA.gov/fishadvice www.EPA.gov/fishadvice







ADVICE ABOUT EATING FISH

For Those Who Might Become or Are Pregnant or Breastfeeding and Children Ages 1 – 11 Years



The *Dietary Guidelines for Americans* recommends eating fish as part of a healthy eating pattern.

The **Dietary Guidelines for Americans** recommends:

- At least 8 ounces of seafood (less for children§) per week based on a 2,000 calorie diet.
- Those who are pregnant or breastfeeding consume between
 8 and 12 ounces per week of a variety of seafood from choices that are lower in mercury.





Eating fish can provide other health benefits too.

Fish intake during pregnancy is recommended because moderate scientific evidence shows it can help your baby's cognitive development.

Strong evidence shows that eating fish, as part of a healthy eating pattern, may have heart health benefits. Healthy eating patterns that include fish may have other benefits too. Moderate scientific evidence shows that eating patterns relatively higher in fish but also in other foods, including vegetables, fruits, legumes, whole grains, low- or non-fat dairy, lean meats and poultry, nuts, and unsaturated vegetable oils, and lower in red and processed meats, sugar-sweetened foods and beverages, and refined grains are associated with:



Promotion of bone health - decreases the risk for hip fractures*



Decreases in the risk of becoming overweight or obese*



Decreases in the risk for colon and rectal cancers*

A healthy eating pattern consists of choices across all food groups (vegetables, fruits, grains, dairy, and protein foods, which includes fish), eaten in recommended amounts, and within calorie needs. Healthy eating patterns include foods that provide vitamins, minerals, and other health-promoting components and have no or little added sugars, saturated fat, and sodium.

This advice supports the recommendations of the <u>Dietary Guidelines for Americans</u>, which reflects current science on nutrition to improve public health. The <u>Dietary Guidelines for Americans</u> focuses on dietary patterns and the effects of food and nutrient characteristics on health.

‡ This advice refers to fish and shellfish collectively as "fish" / Advice revised October 2021

[§] For some children, the amounts of fish in the *Dietary Guidelines for Americans* are higher than in this FDA/EPA advice. The *Dietary Guidelines for Americans* states that to consume those higher amounts, children should only be fed fish from the "Best Choices" list that are even lower in mercury – these fish are anchovies, Atlantic mackerel, catfish, clams, crab, crawfish, flounder, haddock, mullet, oysters, plaice, pollock, salmon, sardines, scallops, shad, shrimp, sole, squid, tilapia, trout, and whiting.

^{*} There is moderate scientific evidence of a relationship between the eating pattern as a whole and the potential health benefit.

WHAT IS FOLIC ACID?

Folic acid is a B vitamin that every cell in your body needs for normal growth and development. Taking folic acid before and during early pregnancy can help prevent serious birth defects of the brain and spine called neural tube defects (NTDs). The neural tube is the part of a developing baby that becomes the brain and spinal cord. Some studies also show that folic acid may help prevent birth defects in a baby's mouth called cleft lip and palate.

WHY DO YOU NEED FOLIC ACID **BEFORE PREGNANCY?**

Taking folic acid before and during pregnancy can help lower your risk of having a baby who has an NTD by 70 percent.

Plan to take folic acid before pregnancy, even if you're not trying to get pregnant. Here's why:

- NTDs happen in the first month of pregnancy, before you may know that you're pregnant.
- Nearly half of all pregnancies in the U.S. are unplanned.

HOW MUCH FOLIC ACID DO YOU NEED EACH DAY?

Your body needs 400 micrograms (mcg) of folic acid when you aren't pregnant. During pregnancy, this amount increases to 600 mcg every day.

The food that you eat has folic acid in a different form, called folate. It's hard to get all the folic acid you need only from food because your body doesn't absorb folate as well as it absorbs folic acid.

Even if you eat healthy foods every day, the best way to get all the folic acid you need is by taking a vitamin supplement with folic acid in it.

Go to marchofdimes.org/FolicAcid for more information and resources.

WHAT CAN YOU DO?

- Before pregnancy, take a vitamin supplement with 400 mcg of folic acid each day, even if you're not trying to get pregnant.
- During pregnancy, take a prenatal vitamin each day that has 600 mcg of folic acid in it.
- · Eat healthy foods that contain folic acid.

TAKE ACTION

Even if you are not planning a pregnancy right now, your body needs folic acid.

Take a vitamin supplement with folic acid in it.

Are you taking any of these?

- □ A multivitamin
- □ A supplement
- □ A prenatal vitamin
- that contains just folic acid

Eat foods that contain folic acid.

Which one of these are you eating regularly?

- □ Fortified breakfast cereals
- □ Asparagus
- □ Enriched bread.
- □ Romaine lettuce
- rice or pasta
- □ Broccoli
- □ Spinach
- □ Peanuts or peanut butter
- □ Oranges or orange juice
- □ Beans □ Lentils
- □ Bananas
- □ Peas
 - □ Avocados
- □ Products made with fortified corn masa flour
- □ Eggs

From Me, To You.

Recommended vaccinations during pregnancy help protect both you and your baby.

Getting recommended vaccinations while you're pregnant helps your body create protective antibodies (proteins produced by the body to fight off illnesses) that you can pass on to your baby.

These antibodies help protect your baby from several illnesses during their first few months of life.





Talk to a healthcare provider you trust about the vaccines that are right for you during your pregnancy.





Flu

Flu is a contagious respiratory illness that infects the nose, throat, and lungs.

Why vaccination is important:

If you have the flu while you are pregnant, you are more likely to have complications that can affect your pregnancy and developing baby. Changes in your immune, heart, and lung functions during pregnancy can make you more likely to get seriously ill from flu. Babies are also more likely to get very sick from the flu and getting a flu vaccine helps protect your baby.

When to get vaccinated:

CDC recommends an annual flu vaccine during each flu season (fall/winter), for everyone 6 months and older in the United States, including pregnant people. A flu vaccine can be given during any trimester of pregnancy.

Whooping Cough

Whooping cough is a highly contagious illness that can cause uncontrollable, violent coughing that can make it hard to breathe.

Why vaccination is important:

Whooping cough (also called pertussis) can be life threatening for babies. Getting a Tdap vaccine helps protect your baby from whooping cough.

When to get vaccinated:

CDC recommends getting a Tdap vaccine between the 27th and 36th week of each pregnancy, preferably during the earlier part of this time period.

RSV

RSV is a respiratory virus that usually causes mild, cold-like symptoms, but can be very dangerous for babies.

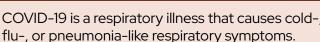
Why vaccination is important:

RSV is a common cause of severe respiratory illness in infants. Vaccination during pregnancy is one way to help protect your baby.

When to get vaccinated:

CDC recommends getting an RSV vaccine if you are 32–36 weeks pregnant during RSV season (fall/winter). If you do not get the RSV vaccine during your pregnancy, it is recommended that your baby get an RSV immunization during their first RSV season, if they are younger than 8 months.

COVID-19



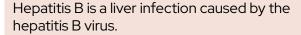
Why vaccination is important:

If you have COVID-19 during pregnancy, you are more likely to have complications that can affect your pregnancy and developing baby. Getting a COVID-19 vaccination during pregnancy can help protect babies younger than 6 months old, when they are too young to be vaccinated themselves.

When to get vaccinated:

CDC recommends that everyone 6 months and older in the United States, including pregnant people, stay up to date on COVID-19 vaccines. A COVID-19 vaccine can be given during any trimester of pregnancy.

Hepatitis B



Why vaccination is important:

A baby that is born to a pregnant person who has hepatitis B is at high risk for becoming infected with hepatitis B during delivery.

When to get vaccinated:

Talk to a healthcare provider you trust about getting tested for hepatitis B during each pregnancy and to discuss whether or not you should get a hepatitis B vaccine.

All recommended vaccines are held to the highest standards of safety—meaning they are carefully <u>studied and monitored for side</u> <u>effects</u>. Vaccines may have some side effects. However, most people who get vaccinated have no side effects or only mild side effects, such as redness, swelling, and tenderness at the site <u>where</u> the shot was given.

Strengthen your baby's immunity before they are even born. Talk to a healthcare provider you trust about the vaccines that are right for you during your pregnancy. Learn more about how getting vaccinated during pregnancy helps protect you and your baby:

https://www.cdc.gov/vaccines/pregnancy/vacc-during-after.html





Pregnant Women Need a Flu Shot

Flu vaccine comes in two forms: an injectable form (the flu shot) and a nasal spray. The *nasal spray* (or LAIV) flu vaccine is **not recommended** for pregnant women.

Pregnant women should receive the flu shot. The nasal spray is for use in healthy people 2-49 years of age who are **not** pregnant.

Women who are not pregnant but are breastfeeding may receive the nasal spray flu vaccine.

Influenza (the flu) is a serious illness, especially when you are pregnant.

FACT: The flu can cause serious illness in pregnant women.

Getting the flu can cause serious problems when you are pregnant. Even if you are generally healthy, changes in immune, heart, and lung functions during pregnancy make you more likely to get seriously ill from the flu. Pregnant women who get the flu are at higher risk of hospitalization, and even death, than non-pregnant women. Severe illness in the pregnant mother can also be dangerous to her fetus because it increases the chance for serious problems such as premature labor and delivery.

The flu shot is the best protection for you – and your baby.

FACT: Getting a flu shot is the first and most important step in protecting yourself against the flu.

When you get your flu shot, your body starts to make antibodies that help protect you against the flu. Antibodies can be passed on to your unborn baby, and help protect the baby for up to 6 months after he or she is born. This is important because babies younger than 6 months of age are too young to get a flu vaccine. If you breastfeed your infant, antibodies may also be passed in breast milk.

It takes about two weeks to make antibodies after getting flu vaccine. Talk to your doctor, nurse, or clinic about getting vaccinated as soon as you can.

The flu shot is safe for you and for your unborn child.

FACT: The flu shot is safe for pregnant and breastfeeding women and their infants.

You can receive the flu shot at any time, during any trimester, while you are pregnant. Millions of flu shots have been given to pregnant women over many years. Flu shots have not been shown to cause harm to pregnant women or their infants.

If you have your baby before getting your flu shot, you still need to get vaccinated. The flu is spread from person to person. You, or others who care for your baby, may get the flu, and pass it to the baby. Because babies younger than 6 months are too young to receive the vaccine, it is important that everyone who cares for your baby get a flu vaccine, including other household members, relatives, and babysitters.

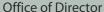


FACT: The side effects of the flu vaccine are mild when compared to the disease itself.

After getting your flu shot, you may experience some mild side effects. The most common side effects include soreness, tenderness, redness and/or swelling where the shot was given. Sometimes you might have headache, muscle aches, fever, and nausea or feel tired.



National Center for Immunization and Respiratory Diseases







Even healthy pregnant women can get the flu and have serious complications – know the signs and symptoms of flu.

FACT: If you have symptoms of the flu, call your doctor immediately.

If you have flu-like symptoms—even if you have already had a flu shot—call your doctor, nurse, or clinic right away. Doctors can prescribe medicine to treat the flu and lessen the chance of serious illness. These medicines must be started as soon as possible. If you have any or all of the following symptoms, contact your doctor or nurse immediately:

- Fever
- Cough
- Sore Throat
- Headache
- Body aches
- Runny or stuffy nose
- Vomiting
- Diarrhea

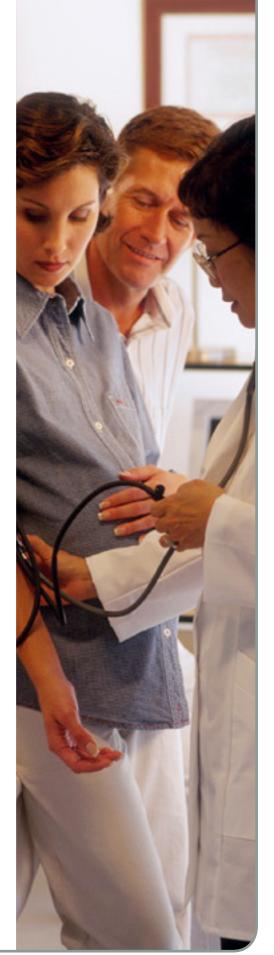


Having a fever from flu, or any other infection early in pregnancy, increases the chance of having a baby with birth defects or other problems. Fever can be brought down with Tylenol® (acetaminophen), but you should still call your doctor or nurse.

If you have any of the following signs, call 911 and seek emergency medical care right away:

- Problems breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness or confusion
- Severe or constant vomiting
- Decreased or no movement of your baby
- High fever that is not responding to Tylenol® or other acetaminophen

Because you are pregnant, you are recommended to get the flu shot to protect yourself and your baby from the flu. Talk to your health care provider about getting a flu shot. For more information about the flu or the vaccine, call 1-800-CDC-INFO or visit http://www.cdc.gov/flu/.



Protect yourself and your baby from COVID-19. Get vaccinated.



- COVID-19 vaccination is recommended for people who are pregnant, breastfeeding, trying to get pregnant now, or might become pregnant in the future.
- There is currently no evidence that any vaccines, including COVID-19 vaccines, cause problems with becoming pregnant.
- Getting a COVID-19 vaccine while pregnant can protect you from getting very sick from COVID-19.
- If you are pregnant or breastfeeding, COVID-19 vaccination builds antibodies that can transfer to and help protect your baby.
- The COVID-19 vaccine has gone through the same strict development studies that all vaccines go through to ensure they are safe.

Ask your healthcare provider about the COVID-19 vaccine.

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cdc.gov/coronavirus

Respiratory Syncytial Virus (RSV)

RSV is a virus that spreads easily through close contact. RSV can be serious for babies and young children. It is the leading cause of hospitalization among infants in the United States.



Protecting Your Baby from RSV

Protection During Pregnancy
With the Maternal RSV Vaccine



Protection After BirthWith the Monoclonal Antibody



One dose if you are 32 to 36 weeks pregnant from September through January.



One dose for babies born during or before their first RSV season, October through March.



Creates antibodies that pass to your baby during pregnancy and protect them during their first RSV season.



Gives lab-made antibodies to babies to help them develop immunity against RSV.



- Provides immediate protection for your baby after birth during their first RSV season when the risk of severe illness is highest.
- 7 in 10 babies are protected from serious RSV illness.
- About 6 in 10 babies are protected from needing a hospital stay in their first 6 months.
- Can be given at the same time as other recommended vaccines during pregnancy.
- One less shot for baby after birth.



- May provide longer-lasting protection than the maternal vaccine, and your baby gets antibodies directly.
- About 8 in 10 babies are less likely to visit their doctor for an RSV-related illness.
- 8 in 10 babies are less likely to need a hospital stay during RSV season.
- Protects your baby during their first RSV season when the risk of severe illness is highest.

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Works

Benefits

The American College of Obstetricians and Gynecologists (ACOG) recommends you receive a single dose of Pfizer's maternal RSV vaccine (Abrysvo) during pregnancy.

Both the vaccine during pregnancy and the antibody shot after birth are safe, effective options for protecting your baby from severe RSV infections.

In most cases, you should choose one or the other.

The antibody shot can also be given to children as old as 19 months who are at high risk of serious RSV infection.



Talk with your ob-gyn or health care professional about RSV season where you live and the best option for you to be sure your baby gets a healthy start.

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American College of Obstetricians • 409 12th Street SW • Washington, DC 20024-2188



Frequently Asked Questions for

Pregnant Women Concerning Tdap Vaccination



What is pertussis?

Pertussis (also called whooping cough) is a highly contagious disease that causes severe coughing and difficulty breathing. People with pertussis may make a "whooping" sound when they try to breathe and gasp for air. Pertussis can affect people of all ages, and can be very serious, even deadly, for babies less than a year old. Babies younger than 3 months have the highest risk of severe disease and of dying from pertussis.

What is Tdap?

The tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) vaccine is used to prevent three infections: 1) tetanus, 2) diphtheria, and 3) pertussis.

I am pregnant. Should I get a Tdap shot?

Yes. All pregnant women should get a Tdap shot between 27 and 36 weeks of pregnancy. The Tdap shot is a safe and effective way to protect you and your baby from serious illness and complications of pertussis.

How does the Tdap shot work?

The shot helps your body make protective antibodies against pertussis. These antibodies are passed to your fetus and protect your baby until he or she begins to get vaccines against pertussis at 2 months of age. Receiving the shot early in the window of 27 to 36 weeks is best because it maximizes the antibodies present at birth and will provide the most protection to your newborn.

Is it safe to get the Tdap shot during pregnancy?

Yes. The shot is safe for pregnant women.

Can newborns be vaccinated against pertussis?

No. Newborns cannot start their vaccine series against pertussis until they are 2 months of age. This is because the vaccine does not work in the first few weeks of life. This is one reason why newborns are at a high risk of getting pertussis and becoming very ill.

What else can I do to protect my newborn against pertussis?

Getting your Tdap shot during pregnancy is the most important step in protecting yourself and your baby against pertussis. It also is important that all family members and caregivers are upto-date with their vaccines. Adolescent family members or caregivers should receive the Tdap vaccine at age 11 to 12. If an adult (older than 18) family member or caregiver has never received the Tdap vaccine, he or she should get it at least 2 weeks before having contact with your baby. This makes a safety "cocoon" of vaccinated caregivers around your baby.

I am breastfeeding my baby. Is it safe to get the Tdap shot?

Yes. The Tdap shot can be given safely to breastfeeding women if they did not get the Tdap shot during pregnancy and have never received the Tdap shot before. There also may be added benefit to your baby if you get the shot while breastfeeding.

I did not get my Tdap shot during pregnancy. Do I still need to get the vaccine?

If you have never had the Tdap vaccine as an adult, and you do not get the shot during pregnancy, be sure to get the vaccine right after you give birth, before you leave the hospital or birthing center. It will take about 2 weeks for your body to make protective antibodies in response to the vaccine. Once these antibodies are made, you are less likely to give pertussis to your baby. But remember, your newborn still will be at risk of catching pertussis from others. If you received a Tdap shot as an adolescent or adult but did not receive one during your pregnancy, you do not need to receive the vaccination after giving birth.

I got a Tdap shot during a past pregnancy. Do I need to get the shot again during this pregnancy?

Yes. All pregnant women should get a Tdap shot during each pregnancy between 27 and 36 weeks of pregnancy. Receiving the vaccine as early as possible during these weeks is best.

I got a Tdap shot early in this pregnancy. Do I need another shot between 27 and 36 weeks?

No. A Tdap shot later in the same pregnancy is not necessary if you received the Tdap shot before the 27^{th} week of your current pregnancy.

Can I get the Tdap shot and flu shot at the same time?

Yes. You can get these two shots, Tdap and flu, in the same visit. Getting these vaccinations at the same time is safe.

What is the difference between DTaP, Tdap, and Td?

Children receive the diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. Adolescents and adults are given the Tdap vaccine as a booster to the vaccines they had as children. Adults receive the tetanus and diphtheria (Td) vaccine every 10 years to protect against tetanus and diphtheria. The Td vaccine does not protect against pertussis.

RESOURCES

Ask ACOG: Why should I get Tdap during pregnancy? www.acog.org/womens-health/experts-and-stories/ask-acog/ why-should-i-get-tdap-during-pregnancy

Centers for Disease Control and Prevention (CDC) www.cdc.gov/vaccines/vpd/pertussis/index.html

Immunization

www.acog.org/topics/immunization

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Trotect Babies from Whooping Cough

Whooping cough (pertussis) is a respiratory infection that can cause severe coughing or trouble breathing.

About half of infants who get whooping cough are hospitalized!

I got my whooping cough vaccine and will encourage everyone caring for my baby to get a shot, too!

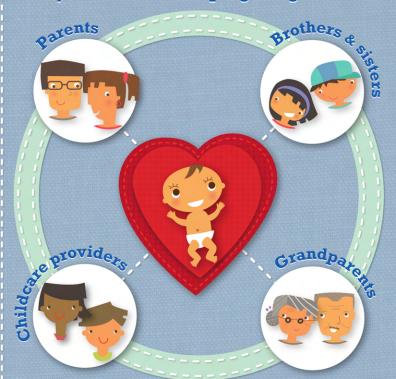
Whooping cough is deadly for babies

This vaccine helps protect you from whooping cough and passes some protection to -vour babv.

Whooping cough cases across the U.S. have been on the rise since the 1980s.

Create a circle of protection around your baby

Everyone needs whooping cough vaccine:



Your baby needs whooping cough vaccine at:



Make sure your baby gets all doses of whooping cough vaccine on time



You can get whooping cough vaccines at a doctor's office, local health department, or pharmacy

Like it? Tell a friend! It's important!





www.cdc.gov/whoopingcough



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Domestic Abuse during Pregnancy

Domestic abuse, also called domestic violence or Intimate partner violence occurs when a family member tries to control the behavior of another person in the family by inflicting physical or emotional pain. Unfortunately, domestic abuse can begin with or escalate during a pregnancy. Sometimes it is hard to accept that you are in an abusive relationship.

If any of the following are happening to you, your relationship Is abusive:

- 1. You, your children, or your pets are being threatened with physical harm.
- 2. You, your children, or your pets are being slapped, kicked, shoved, hit etc.
- 3. You are being belittled in public.
- 4. Your favorite things are being destroyed in order to hurt you.
- 5. You are not allowed to visit with family or friends of your choosing
- 6. You are being blamed for the abuse you are receiving
- 7. You have been or are being forced to have sexual Intercourse

What can you do If your relationship is abusive?

First you must accept the reality that the abuse Is not your fault. You are not causing the abuse. Abusive partners have complicated social and psychological issues that you cannot fix. Professionals recognize the abuser's negative pattern of abuse followed by apology with gifts and promises to stop. This pattern repeats over and over again. It does not stop.

Abused pregnant women are at risk for miscarriage, stillbirth, poor maternal weight gain, low birth weight for the baby, and preterm birth. Make It your first responsibility to protect yourself, your unborn child, your children, and if possible, your pets.

It is not easy to leave any relationship including an abusive one. Begin by making a plan. There is a national toll-free number that will connect you with assistance in your state. The national number is **1-800-799-SAFE (7233).** In Tennessee, the number is **1-800-289-9018**. Speak openly about your situation with the counselors. Ask for their advice.

Next, make copies of important papers such as bank accounts, birth certificates, social security cards, marriage or divorce papers etc. and store them outside your home. Make copies of keys to your home and car. Store these also. You will need clothing for yourself and your children. You will need some cash. Find a trusted friend or family member where you and the children can go for a while. If there is no one, contact the local shelter for women. Find someone to take your pets until you are on your feet again. When you are ready, go quickly and quietly. Keep your location secret. Immediately, request an order of protection from local law enforcement.

Domestic violence is a serious public health and law enforcement problem in the United States today. Unfortunately, many women are experiencing what you are going through. Break the silence. Talk to your doctor, your nurse, a police officer, a counselor at a shelter. Get help. Life can be good again but you must act.

References

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- 4. www.acog.org
- 5. www.familydoctor.org Domestic Violence: Protecting Yourself and Your Children
- 6. U.S. Department of Veterans Affairs, Domestic Violence. A National Center for PTSD Fact Sheet. www.ncptsd.va.gov
- 7. https://www.womenshealth.gov/relationships-and-safety



STDs & Pregnancy



Women who are pregnant can become infected with the same sexually transmitted diseases (STDs) as women who are not pregnant. Pregnant women should ask their doctors about getting tested for STDs, since some doctors do not routinely perform these tests.



Can pregnant women become infected with STDs?

Women who are pregnant can become infected with the same sexually-transmitted diseases (STDs) as women who are not pregnant. Pregnancy does not provide women or their babies any additional protection against STDs. Many STDs are 'silent,' or have no symptoms, so women may not know they are infected. A pregnant woman should be tested for STDs, including HIV (the virus that causes AIDS), as a part of her medical care during pregnancy. The results of an STD can be more serious, even life-threatening, for a woman and her baby if the woman becomes infected while pregnant. It is important that women be aware of the harmful effects of STDs and how to protect themselves and their children against infection. Sexual partners of infected women should also be tested and treated.

How do STDs affect a pregnant woman and her baby?

STDs can complicate pregnancy and may have serious effects on both a woman and her developing baby. Some of these problems may be seen at birth; others may not be discovered until months or years later. In addition, it is well known that infection with an STD can make it easier for a person to get infected with HIV. Most of these problems can be prevented if the mother receives regular medical care during pregnancy. This includes tests for STDs starting early in pregnancy and repeated close to delivery, as needed.

Human Immunodeficiency Virus

Human immunodeficiency virus (HIV) is the virus that causes acquired immune deficiency syndrome, or AIDS. HIV destroys specific blood cells that are crucial to helping the body fight diseases. According to CDC's 2011 HIV surveillance data, women make up 25% of all adults and adolescents living with diagnosed HIV infection in the United States. The most common ways that HIV passes from mother to child are during pregnancy, labor and delivery, or through breastfeeding. However, when HIV is diagnosed before or during pregnancy and appropriate steps are taken, the risk of mother-to-child transmission can be lowered to less than 2%. HIV testing is recommended for all pregnant women. A mother who knows early in her pregnancy that she is HIV-positive has more time to consult with her healthcare provider and decide on effective ways to protect her health and that of her unborn baby.

Syphilis

Syphilis is primarily a sexually transmitted disease, but may be passed to a baby by an infected mother during pregnancy. Passing syphilis to a developing baby can lead to serious health problems. Syphilis has been linked to *premature births, stillbirths* and, in some cases, death shortly after birth Untreated infants that survive tend to develop problems in multiple organs, including the brain, eyes, ears, heart, skin, teeth, and bones. Screening for syphilis should be performed in all pregnant women during their first prenatal medical visit and repeated in the third trimester, if the patient is considered to be at high risk.

Hepatitis B

Hepatitis B is a liver infection caused by the hepatitis B virus (HBV). A mother can pass the infection to her baby during pregnancy. While the risk of an infected mother passing HBV to her baby varies depending on when she becomes infected, the greatest risk happens when mothers become infected close to the time of delivery. Infected newborns also have a high risk (up to 90%) of becoming chronic (lifelong) HBV carriers themselves. Infants who have a lifelong infection with HBV are at an increased risk for developing chronic liver disease or liver cancer later in life. Approximately one in four infants who develop chronic HBV infection will eventually die from chronic liver disease. Mother-to-child transmission of HBV can be prevented by screening pregnant women for the infection and providing treatment to at-risk infants shortly after birth. Information on mother-to-child transmission of HBV can be found at https://www.cdc.gov/hepatitis/HBV/PerinatalXmtn.htm.

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Division of STD Prevention



Hepatitis C

Hepatitis C is a liver infection caused by the hepatitis C virus (HCV), and can be passed from an infected mother to her child during pregnancy. Overall, an infected mother will pass the infection to her baby 10% of the time, but the chances are higher in certain subgroups, such as women who are also infected with HIV. Regular testing of pregnant women for HCV is not recommended, however, it should be considered for individuals who have risk factors known to be linked to HCV, including injection drug use. In some studies, infants born to HCV-infected women have been shown to have an increased risk for being small for *gestational age, premature*, and having a *low birth weight*. Newborn infants with HCV infection usually do not have symptoms, and a majority will clear the infection without any medical help. Liver disease tends to move forward more slowly in children infected with hepatitis C and they respond slightly better to treatment compared to adults.

Chlamydia

Chlamydia is the most common sexually transmitted bacterium in the United States. Although the majority of chlamydial infections do not have symptoms, pregnant women may have abnormal vaginal discharge, bleeding after sex, or itching/burning with urination. Untreated chlamydial infection has been linked to problems during pregnancy, including preterm labor, premature rupture of the membranes surrounding the baby in the uterus, and low birth weight. The newborn may also become infected during delivery as the baby passes through the birth canal. Neonatal (newborn) infections lead primarily to eye and lung infections. All pregnant women should be tested for chlamydia at their first prenatal visit. Repeat testing in the third trimester should be done for women at high risk.

Gonorrhea

Gonorrhea is a common STD in the United States. Untreated gonococcal infection in pregnancy has been linked to *miscarriages, premature birth and low birth weight, premature rupture of the membranes* surrounding the baby in the uterus, and infection of the fluid that surrounds the baby during pregnancy. Gonorrhea can also infect an infant during delivery as the infant passes through the birth canal. If untreated, infants can develop eye infections. Because gonorrhea can cause problems in both the mother and her baby, it is important to accurately identify the infection, treat with effective antibiotics, and closely follow up to make sure that the infection has been cured.

Bacterial Vaginosis

Bacterial vaginosis (BV), a common cause of vaginal discharge in women of childbearing age, is a condition in which the 'good' and 'bad' bacteria in the vagina are out of balance. BV is often not considered an STD, but it is linked to sexual activity. There may be no symptoms or a woman may complain of a foul-smelling, fishy, vaginal discharge. BV during pregnancy has been linked to serious pregnancy complications, including premature rupture of the membranes surrounding the baby in the uterus, preterm labor, premature birth, infection of the fluid that surrounds the baby, as well as infection of the mother's uterus after delivery. Testing all pregnant women for bacterial vaginosis is not currently recommended. However, there is some evidence to support testing and treating BV among women at high risk for preterm delivery. There are no known direct effects of BV on the newborn.

Trichomoniasis

Vaginal infection due to the parasite *Trichomonas vaginalis* is a very common STD. Symptoms can vary widely among those women infected. Although some women report no symptoms, others complain of itching, foul odor, discharge, and bleeding after sex. Pregnant women are not usually screened for the infection. However, pregnant women with abnormal vaginal discharge should be evaluated for *Trichomonas vaginalis* and treated appropriately. Infection in pregnancy has been linked to *premature rupture of the membranes* surrounding the baby in the uterus, *preterm birth*, and *low birth weight* infants. Rarely, the female newborn can get the infection when passing through the birth canal during delivery and have vaginal discharge after birth.

Herpes Simplex Virus

Herpes Simplex Virus (HSV) is a virus that has two distinct types, HSV-1 and HSV-2. Infections of the newborn can be of either type, but most are caused by HSV-2. Overall the symptoms of genital herpes are similar in pregnant and non-pregnant women; however, the major concern regarding HSV infection relates to complications linked to infection of the newborn. Although transmission may occur during pregnancy and after delivery, 80 - 90% of HSV infections in newborns occur when the baby passes through the mother's



Glossary of Terms

- Preterm labor Labor that starts after 20 weeks but before the end of the 37th week of pregnancy.
- Premature birth Birth of a baby before the 37th week of pregnancy.
- Premature rupture of membranes
 Rupture of the membranes
 surrounding the baby in the uterus
 before the start of labor.
- Low birth weight Birth weight of less than 5.5 pounds.
- Miscarriage Death of the fetus before the 20th week of pregnancy.
- Stillbirth Death of the fetus after the 20th week of pregnancy.
- Gestational age Gestation is the period of time between conception and birth during which the fetus grows and develops inside the mother's womb. Gestational age is the time measured from the first day of the mother's last menstrual cycle to the current date, and it is measured in weeks.



infected birth canal. HSV infection can have very serious effects on newborns, especially if the mother's first outbreak occurred late in pregnancy (third trimester). Women who are infected for the first time in late pregnancy have a high risk of infecting their baby. Cesarean section is recommended for all women in labor with active genital herpes lesions or early symptoms, such as vulvar pain and itching.

Human Papillomavirus

Human papillomaviruses (HPV) are viruses that most commonly involve the lower genital tract, including the cervix (opening to the womb), vagina, and external genitalia. Genital warts are symptoms of HPV infection that can be seen, and they frequently increase in number and size during pregnancy. Genital warts often appear as small cauliflower-like clusters which may burn or itch. If a woman has genital warts during pregnancy, treatment may be delayed until after delivery. When large or spread out, genital warts can complicate a vaginal delivery. In cases where there are large genital warts that are blocking the birth canal, a cesarean section may be recommended. Infection of the mother may be linked to the development of laryngeal papillomatosis in the newborn. This is a rare growth in the larynx (voice box) that is not cancer.

Should pregnant women be tested for STDs?

Screening and treating pregnant women for STDs is a vital way to prevent serious health complications to both mother and baby that may otherwise happen with infection. *The sooner a woman begins receiving medical care during pregnancy, the better the health outcomes will be for herself and her unborn baby.* The Centers for Disease Control and Prevention's 2010 STD Treatment Guidelines recommend screening pregnant women for STDs. The CDC screening recommendations are incorporated into the recommendations below.

Disease	CDC Recommendation
Chlamydia	Screen all pregnant women at first prenatal visit; 3rd trimester rescreen if younger than 25 years of age and/or high risk group
Gonorrhea	Screen all pregnant women at risk at first prenatal visit; 3rd trimester rescreen women at continued high risk. Risk factors include: young women aged 25 years or younger, living in a high morbidity area, previous GC infection, other STDs, new or multiple sex partners, inconsistent condom use, commercial sex work, drug use
Syphilis	Screen all pregnant women at first prenatal visit; during 3rd trimester rescreen women who are at high risk for syphilis or who live in areas with high numbers of syphilis cases, and/or those who were not previously tested or had a positive test in the first trimester
Bacterial Vaginosis	Test pregnant women who have symptoms or are at high risk for preterm labor
Trichomoniasis	Test pregnant women with symptoms
Herpes (HSV)	Test pregnant women with symptoms
HIV	Screen all pregnant women at first prenatal visit; rescreening in the third trimester recommended for women at high risk for getting HIV infection
Hepatitis B	Screen all pregnant women at first prenatal visit Retest those who were not screened prenatally, those who engage in behaviors that put them at high risk for infection and those with signs or symptoms of hepatitis at the time of admission to the hospital for delivery Risk factors include: having had more than one sex partner in the previous six months, evaluation or treatment for an STD, recent or current injection-drug use, and an HBsAg-positive sex partner
Human Papillomavirus	There is not enough evidence to make a recommendation
Hepatitis C	All pregnant women at high risk should be tested at first prenatal visit

Pregnant women should ask their doctors about getting tested for these STDs. It is also important that pregnant women discuss any symptoms they are experiencing and any high-risk sexual behavior that they engage in, since some doctors do not routinely perform these tests. Even if a woman has been tested in the past, she should be tested again when she becomes pregnant.

Can STDs be treated during pregnancy?

STDs, such as chlamydia, gonorrhea, syphilis, trichomoniasis and BV can all be treated and cured with antibiotics that are safe to take during pregnancy. STDs that are caused by viruses, like genital herpes, hepatitis B, hepatitis C, or HIV cannot be cured. However, in some cases these infections can be treated with antiviral medications or other preventive measures to reduce the risk of passing the infection to the baby. If a woman is pregnant or considering pregnancy she should be tested so she can take steps to protect herself and her baby.

How can pregnant women protect themselves against infection?

Latex male condoms, when used consistently and correctly, can reduce the risk of getting or giving STDs and HIV. The surest way to avoid STDs and HIV is to abstain from vaginal, anal, and oral sex or to be in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected.

Where can I get more information?

Division of STD Prevention (DSTDP)

Centers for Disease Control and Prevention

www.cdc.gov/std

CDC-INFO

1-800-CDC-INFO (800-232-4636)

TTY: 1-888-232-6348

In English, en Español

Resources:

CDC National Prevention Information Network (NPIN)

http://www.cdcnpin.org/scripts/index.asp

P.O. Box 6003

Rockville, MD 20849-6003

E-mail: info@cdcnpin.org

American Sexual Health Association (ASHA) http://www.ashastd.org/

P.O. Box 13827

Research Triangle Park, NC 27709-3827

1-800-783-9877







Tobacco, Alcohol, Drugs, and Pregnancy

- Why is smoking dangerous during pregnancy?
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- Why should I avoid secondhand smoke during pregnancy?
- Are e-cigarettes safe to use during pregnancy?
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- What is opioid use disorder?
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- What is the treatment for opioid use disorder during pregnancy?
- How will treatment for opioid use disorder affect my fetus?
- Can I take my prescription medication during pregnancy?
- Can I take over-the-counter medications during pregnancy?
- Glossary

Why is smoking dangerous during pregnancy?

When a woman smokes cigarettes during pregnancy, her **fetus** is exposed to many harmful chemicals. Nicotine is only one of 4,000 toxic chemicals that can pass from a pregnant woman to her fetus. Nicotine causes blood vessels to narrow, so less **oxygen** and fewer **nutrients** reach the fetus. Nicotine also damages a fetus's brain and lungs. This damage is permanent.

How can smoking during pregnancy put my fetus at risk?

Several problems are more likely to occur during pregnancy when a woman smokes. These problems may include **preterm** birth. Babies that are born too early may not be fully developed. They may be smaller than babies born to nonsmokers, and they are more likely to have colic (uncontrollable crying and irritability). These babies are at increased risk of **sudden infant death syndrome** (SIDS). They also are more likely to develop asthma and obesity in childhood.

If you are smoking when you find out you are pregnant, you should stop. The American Lung Association offers information on how to quit on its website: www.lung.org. You also can contact 1-800-QUIT-NOW, a national network that can connect you to a counselor in your state.

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Why should I avoid secondhand smoke during pregnancy?

Secondhand smoke—other people's smoke that you inhale—can increase the risk of having a low-birth-weight baby by as much as 20%. Infants who are exposed to secondhand smoke have an increased risk of SIDS. These babies are more likely to have asthma attacks and ear infections. If you live or work around smokers, take steps to avoid secondhand smoke.

Are e-cigarettes safe to use during pregnancy?

Electronic cigarettes (known as "e-cigarettes") are used by some people as a substitute for traditional cigarettes. Using e-cigarettes is called "vaping." E-cigarettes contain harmful nicotine, plus flavoring and a propellant that may not be safe for a fetus. E-cigarettes are not safe substitutes for cigarettes and should not be used during pregnancy.

Why is drinking alcohol dangerous for my fetus?

Alcohol can interfere with the normal growth of a fetus and cause **birth defects**. When a woman drinks during pregnancy, her fetus can develop lifelong problems. The most severe disorder is **fetal alcohol syndrome (FAS)**. FAS can cause growth problems, mental disability, behavioral problems, and abnormal facial features.

Is there an amount of alcohol that is safe to drink during pregnancy?

FAS is most likely to occur in babies born to women who drink heavily throughout pregnancy. But alcohol-related problems can occur with lesser amounts of alcohol use. It is best not to drink at all while you are pregnant.

If it is hard for you to stop drinking, talk with your **obstetrician—gynecologist (ob-gyn)** or other health care professional about your drinking habits. Alcoholics Anonymous offers information and local resources on quitting alcohol on its website: www.aa.org.

What is illegal drug use?

Use of substances—including heroin, cocaine, methamphetamines, and prescription drugs taken for a nonmedical reason—is a widespread problem in the United States. About 1 in 20 women use illegal drugs (often called "street drugs") during pregnancy.

How can my drug use affect my fetus?

Different drugs may affect the fetus in different ways. Using illegal drugs early in pregnancy can cause birth defects and **miscarriage**. During the later weeks of pregnancy, illegal drug use can interfere with the growth of the fetus and cause preterm birth and fetal death. If you need help quitting, you can find resources on the website of Narcotics Anonymous: www.na.org.

How can my drug use affect my baby after he or she is born?

Babies born to women who used illegal drugs during pregnancy may need specialized care after birth. These babies have an increased risk of long-term medical and behavioral problems.

Recreational marijuana is legal where I live. Can I use it during pregnancy?

Although it is legal in some states, marijuana should not be used in any form during pregnancy. Marijuana used during pregnancy is associated with attention and behavioral problems in children. Marijuana may increase the risk of **stillbirth** and the risk that babies will be smaller in length and weigh less than babies who are not exposed to marijuana before birth.

I use medical marijuana. Can I keep using it during pregnancy?

Some women use medical marijuana with a prescription ordered by a health care professional. The American College of Obstetricians and Gynecologists recommends that pregnant women and those planning to get pregnant stop using medical marijuana. You and your ob-gyn or other health care professional can discuss alternative treatments that will be safe for your fetus.

What are opioids?

Opioids are a type of medication that relieves pain. Doctors may prescribe opioids for people who have had surgery, dental work, or an injury. Prescribed opioids include oxycodone, hydromorphone, hydrocodone, and codeine.

Can I take prescription opioids during pregnancy?

If you are prescribed an opioid during pregnancy, you and your ob-gyn or other health care professional should discuss the risks and benefits of this treatment. When taken under a doctor's care, opioids are safe for both you and your fetus. It is important to take the medication only as prescribed.

What is opioid use disorder?

Most people who use a prescription opioid have no trouble stopping their use, but some people develop an addiction. This is called opioid use disorder. People with this disorder may look for other ways to get the drug when their prescription runs out. They may go from doctor to doctor to have new prescriptions written for them. Some people use the illegal drug market to supply themselves with opioids.

How can opioid use disorder affect my fetus?

Misusing opioids during pregnancy can increase the risk of serious complications, including *placental abruption*, fetal growth problems, preterm birth, and stillbirth.

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Why should I seek treatment for opioid use disorder?

When you are pregnant and have an opioid use disorder, you should not suddenly stop using the drug without medical supervision. Withdrawal, especially when done abruptly, often leads to relapse, which can be harmful for you and your fetus. If you need help with an opioid addiction, you can find resources on the website of the Substance Abuse and Mental Health Services Administration (SAMHSA): www.samhsa.gov. SAMHSA also has a 24-hour treatment referral line: 800-662-HELP (4357).

What is the treatment for opioid use disorder during pregnancy?

The best treatment for opioid use disorder during pregnancy is opioid replacement medication, behavioral therapy, and counseling. The medications that are given are long-acting opioids. This means that they stay active in the body for a long time. These opioids, called methadone and buprenorphine, reduce cravings but do not cause the pleasant feelings that other opioids cause.

How will treatment for opioid use disorder affect my fetus?

Treatment with either methadone or buprenorphine makes it more likely that the fetus will grow normally and not be born too early. Neither medicine has been found to cause birth defects. Some babies born to women taking opioids, including methadone or buprenorphine taken for treatment of use disorder, can have temporary withdrawal symptoms. This is called neonatal abstinence syndrome (NAS).

Not all babies will go through withdrawal. For those that do, swaddling, breastfeeding, skin-to-skin contact, and sometimes medications can be used to make babies with NAS feel better. If a baby is treated with medications, the dosage will be decreased over time until withdrawal symptoms have stopped.

Can I take my prescription medication during pregnancy?

Some prescription medications are safe to take during pregnancy. Others are not. Do not stop taking any medication prescribed for you without first talking to your ob-gyn or other health care professional. If a medication you are taking is a risk during pregnancy, your ob-gyn or other health care professional may adjust the dosage or may recommend switching to a safer drug while you are pregnant.

Can I take over-the-counter medications during pregnancy?

Some medications sold over the counter, including herbal supplements and vitamins, can cause problems during pregnancy. Some pain relievers, such as ibuprofen, may be harmful to a fetus. Check with your ob-gyn or other health care professional before taking any over-the-counter drug. He or she can give you advice about medicines that are safe for pregnant women.

Glossary

Birth Defects: Physical problems that are present at birth.

Fetal Alcohol Syndrome (FAS): The most severe disorder resulting from alcohol use during pregnancy. FAS can cause abnormalities in brain development, physical growth, and facial features of a baby or child.

Fetus: The stage of human development beyond 8 completed weeks after fertilization.

Miscarriage: Loss of a pregnancy that is in the uterus.

Nutrients: Nourishing substances found through food, such as vitamins and minerals.

Obstetrician-Gynecologist (Ob-Gyn): A doctor with special training and education in women's health.

Opioids: Drugs that decrease the ability to feel pain.

Oxygen: An element that we breathe in to sustain life.

Placental Abruption: A condition in which the placenta has begun to separate from the uterus before the fetus is born.

Preterm: Less than 37 weeks of pregnancy.

Stillbirth: Birth of a dead fetus.

Sudden Infant Death Syndrome (SIDS): The unexpected death of an infant in which the cause is unknown.

If you have further questions, contact your obstetrician-gynecologist.

FAQ170: This information was designed as an educational aid to patients and sets forth current information and opinions related to women's health. It is not intended as a statement of the standard of care, nor does it comprise all proper treatments or methods of care. It is not a substitute for a treating clinician's independent professional judgment. Please check for updates at www.acog.org to ensure accuracy.

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Breastfeeding

Benefits of Breastfeeding Infographic (ACOG) Breastfeeding FAQ

Link: "Your Guide to Breastfeeding" from the United States' Health and Human Services Administration (HRSA) Office on Women's Health



Breastfeeding Benefits

For Mom

Breastfeeding burns as many as 500 extra calories each day, which may make it easier to lose the weight you gained during pregnancy.

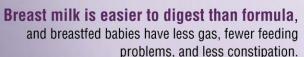
> Women who breastfeed longer have lower rates of type 2 diabetes, high blood pressure, and heart disease.

Women who breastfeed have lower rates of breast cancer and ovarian cancer.

Breastfeeding triggers the release of oxytocin that causes the uterus to contract and may decrease the amount of bleeding you have after giving birth.



Breast milk has the right amount of fat, sugar, water, protein, and minerals needed for a baby's growth and development.

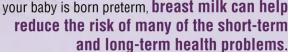


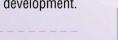
Breast milk contains antibodies that protect infants from certain illnesses, such as ear

infections, diarrhea, respiratory illnesses, and allergies.

Breastfed infants have a lower risk of sudden infant death syndrome.

If your baby is born preterm, breast milk can help reduce the risk of many of the short-term

















The American College of

WOMEN'S HEALTH CARE PHYSICIANS



Breastfeeding

The experience of breastfeeding is special for many reasons: the closeness and bonding with your baby, cost savings, and health benefits for both mother and baby. Every woman's journey to motherhood is different. One of the first decisions a new mom makes is how to feed her child. Here you will find facts about breastfeeding, get practical tips on how to make breastfeeding work for you, and learn about support resources available to you.

Q: Why should I breastfeed?

A: Breastfeeding is normal and healthy for babies and moms. Breastmilk has hormones and disease-fighting cells called antibodies that help protect babies from germs and illness. Babies who are breastfed have reduced risks of asthma, obesity, type 1 diabetes, severe lower respiratory disease, acute ear infection, sudden infant death syndrome, diarrhea/vomiting, and the death of tissue in the intestine. This protection is unique and changes to meet your baby's needs. Some benefits of breastfeeding include:

- Breastfeeding offers essential nutrients and a nutritionally balanced meal.
- Breastmilk is easy to digest.
- Breastmilk helps protect babies from germs and illness.

Q: How long should I breastfeed?

A: The American Academy of Pediatrics (AAP) and the CDC recommend exclusive breastfeeding for approximately six months after birth. Furthermore, the AAP supports continued breastfeeding, if mutually desired by mother and child, for two years or beyond along with appropriate complementary foods introduced at about six months.

Q: When should I begin to introduce solid food?

A: Beyond 6 months, breastfeeding should be maintained along with the introduction of nutritious complementary foods. Foods rich in protein, iron, and zinc, such as finely ground meats, chicken, or fish, are good choices to complement the baby's diet of breast milk.

Breast milk remains the major component of the baby's diet, as foods from the family's diet are gradually introduced with appropriate modification of texture and avoidance of added sugar and fat. But always remember to talk it over with your healthcare provider.

Q: Does my baby need vitamin D?

A: Rickets - a condition that affects bone development in children – is caused by vitamin D deficiency/insufficiency. According to the CDC, breast milk usually does not provide all the vitamin D a baby needs, so breastfed babies need a supplement of vitamin D beginning shortly after birth. This recommendation applies to both exclusively and partially breastfed babies. An <u>alternative strategy</u> to vitamin D supplementation for the baby is to supplement the mother who is breastfeeding with vitamin D. Again, talk things over with your healthcare provider.



Q: Is it ok for my baby to use a pacifier?

A: If you want to try it, it is best to wait until your baby is at least 3 or 4 weeks old to introduce a pacifier. Waiting allows your baby time to learn how to latch well on the breast and get enough milk. Once your baby is breastfeeding well, you can use the pacifier when putting your baby to bed to reduce the risk of sudden infant death syndrome (SIDS).

Q: Is it safe to smoke, drink or use drugs?

A: SMOKING: Breastfeeding mothers are <u>encouraged to</u> stop smoking and minimize secondhand smoke exposure. Cigarette smoking is associated with reduced milk production and shorter lactation. In addition, exposure to secondhand smoke, from any source, is associated with an increase in Sudden Infant Death Syndrome (SIDS), asthma, and other respiratory illnesses.

ALCOHOL: Breast milk alcohol concentrations closely parallel blood alcohol concentrations, with the highest levels in milk occurring 30 to 60 minutes after drinking. Moderate alcohol consumption by a breastfeeding moms (up to 1 standard drink per day) is not known to be harmful to the baby, especially if you wait at least two hours before pumping or breastfeeding. Consuming more than two standard alcoholic drinks a day is discouraged.

DRUG USE: It is not safe for you to use an illegal drug. Drugs such as opioids, cocaine, heroin, and PCP can harm your baby. Some reported side effects in babies include seizures, vomiting, poor feeding, and tremors.

Q: Can I take medicines if I am breastfeeding?

A: Most medications that women who are breastfeeding might take are compatible with breastfeeding, but you should check with your healthcare provider. There are some medications that should not be used while breastfeeding.

Almost all medicines pass into your milk in small amounts. Some have no effect on your baby and can be used while breastfeeding. Always talk to your healthcare provider or pharmacist about medicines you are using and ask before you start using new medicines. This includes prescriptions, over-thecounter drugs, vitamins, and dietary or herbal supplements. For some women stopping a medication can be more dangerous than the effects it will have on the breastfed baby.

Q: Do I still need birth control if I am breastfeeding?

A: Yes. Breastfeeding is not a sure way to prevent pregnancy, even though it can delay the return of regular ovulation and menstrual cycles. Talk to your healthcare provider about birth control choices that are okay to use while breastfeeding.

Q: Does my breastfed baby need vaccines?

A: Yes. Vaccines are very important to your baby's health. Breastfeeding may also help your baby respond better to certain immunizations, giving him or her more protection.

Follow the schedule your healthcare provider gives you. If you miss any vaccines, check with the healthcare provider about getting your baby back on track as soon as possible.

For more information...

For more information about breastfeeding, call the OWH Helpline at 800-994-9662 or contact the following organizations:

Centers for Disease Control and Prevention (CDC) Phone Number: 800-232-4636 • www.cdc.gov

American Academy of Pediatrics (AAP)

Phone Number: 847-434-4000 • www.aap.org

La Leche League International

Phone Number: 800-525-3243 · www.llli.org

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Content last updated: September 28, 2022



www.facebook.com/HHSOWH



www.twitter.com/WomensHealth



www.youtube.com/WomensHealthgov

www.womenshealth.gov | 800-994-9662





Resources for Mental Health

National Maternal Mental Health Hotline

Postpartum Support International

- Fact Sheets
- Support Services
- List of Peer Support Groups

"What if the 'Happiest Time of your Life' Isn't So

Нарру?"

Action Plan for Depression and Anxiety





Not Feeling Like Yourself?

Let's Talk About It.

For emotional support & resources, call or text the National Maternal Mental Health Hotline.



Always Free — 24/7



Confidential Call & Text



Support & Resources



60+ Languages

Are you a new parent – or about to be – and feeling sad, worried, overwhelmed, or concerned that you aren't good enough? These are common feelings during or after pregnancy and help is available. The National Maternal Mental Health Hotline's counselors provide 24/7, free, confidential emotional support and resources to help you feel better.



Call or text 1-833-TLC-MAMA (1-833-852-6262)

Don't wait. Reach out today.





Perinatal Mental Health Disorders

Perinatal: Anytime during pregnancy and postpartum



Depression (PPD)

Anxiety (PPA)

Panic Disorder Obsessive Compulsive Disorder (OCD)

Postpartum PTSD Bipolar Disorders Perinatal Psychosis



Symptoms

- Feelings of guilt, shame or hopelessness
- Feelings of anger, rage, or irritability, or scary and unwanted thoughts
- Lack of interest in the baby or difficulty bonding with the baby
- Loss of interest, joy or pleasure in things you used to enjoy
- Disturbances of sleep and appetite
- Crying and sadness, constant worry or racing thoughts
- Physical symptoms like dizziness, hot flashes, and nausea
- Possible thoughts of harming the baby or yourself



Risk Factors

- History of depression, anxiety, or OCD
- Thyroid imbalance, diabetes, endocrine disorders
- Lack of support from family and friends
- Pregnancy or delivery complications, infertility, miscarriage or infant loss
- Premenstrual Syndrome (PMS)
- Financial stress or poverty
- Abrupt discontinuation of lactation
- History of abuse
- Unwanted or unplanned pregnancy



Treatment Options

- Counseling
- Medication
- Support from others

- Exercise
- Adequate sleep
- Healthy diet

- Bright light therapy
- Yoga
- Relaxation techniques

Postpartum Support International | Postpartum.net

Call the **PSI HelpLine** at **1-800-944-4773** (English and Español) or Text/Texto "Help" to 800-944-4773 (English) or 971-203-7773 (Español).

Download Connect by PSI in your app store for Mental Health support and resources.

We Can Help with Perinatal **Mental Health**

Having a baby is supposed to be an amazing experience—the best moment of your life. Everyone says, "You must be so happy!"

But what if you're not? What if you're depressed, anxious, or overwhelmed? What if your partner or friends are worried about you, but you just don't know how to talk about it?

You're not alone. Postpartum Support International can help you get better.

Many people face mental health challenges during the perinatal period—pregnancy, post-loss, and the 12 months postpartum. In fact, perinatal mental health (PMH) disorders are the most common complication of childbearing in the U.S.

Although most people are familiar with postpartum depression, there are several other forms of PMH disorders, including men experience depression or anxiety anxiety, obsessive-compulsive disorder, during the perinatal post-traumatic stress disorder, bipolar disorder, and psychosis. They can affect parents of every culture, age, income, and race. Please see the back of this sheet for a complete list of PMH disorders.

Left untreated, PMH disorders can lead to premature or underweight births, impaired parent-child bonding, and learning and behavior problems later in childhood. They can even raise the risk of maternal mortality. The good news is that support and resources are available and can help prevent these complications.

PSI Can Help

Postpartum Support International (PSI) can connect you with the support and help you need. Whether it's simply talking with others who have been where you are or finding a professional who can provide treatment, PSI is there for you. For 35 years, we've provided resources and programs to help give new families the strongest and healthiest start possible.

(Turn this sheet over to learn more about our programs.)

Are you feeling sad or depressed? O Do you feel more irritable or angry with those around you? Are you having difficulty bonding with

your baby?

period.

- O Do you feel anxious or panicky?
- Are you having problems with eating or sleeping?
- Are you having upsetting thoughts that you can't get out of your mind?
- O Do you feel as if you are "out of control" or "going crazy?"
- O Do you feel like you never should have become a parent?
- Are you worried that you might hurt your baby or yourself?

Any of these symptoms, and many more, could mean that you have a perinatal mental health disorder.

The good news is that you can get treatments that will help you feel like yourself again. There is no reason to continue to suffer. Go to Postpartum.net for more information.



Postpartum.net

Perinatal Mental Health Disorders

PMH Disorders

The perinatal period includes pregnancy, post-loss, and the 12 months postpartum.

Perinatal Depression

Symptoms may include feelings of anger, sadness, irritability, guilt, lack of interest in your baby, changes in eating and sleeping habits, trouble concentrating, hopelessness, and sometimes even thoughts of harming your baby or yourself.

Perinatal Anxiety

Symptoms may include extreme worries and fears, often over the health and safety of your baby. Some people have panic attacks, which can include shortness of breath, chest pain, dizziness, numbness and tingling, and a feeling of losing control.

Perinatal Obsessive Compulsive Disorder (OCD)

Symptoms may include repetitive, upsetting, and unwanted thoughts or mental images (obsessions),

and/or the need to avoid triggers to certain things over and over (compulsions).

Postpartum Post-Traumatic Stress Disorder This is often caused by a traumatic or frightening

childbirth or past trauma. Symptoms may include flashbacks of the trauma with feelings of anxiety and the need to avoid things related to that event.

Bipolar Mood Disorders

Many people are diagnosed for the first time with bipolar depression or mania during pregnancy or afterward. A bipolar mood disorder can appear as severe depression.

Perinatal Psychosis

Symptoms may include the inability to sleep, seeing images or hearing voices that others can't. You may believe things that aren't true and distrust those around you or have periods of confusion, mania, depression, or memory loss. This condition is uncommon but dangerous, so it is important to seek professional help immediately.

PSI Programs

PSI offers a wealth of resources for a wide range of needs, situations, and audiences. Our key programs for affected individuals and families include:

- > **PSI HelpLine,** a toll-free phone number 1-800-944-4773 anyone can call for information, support, and resources. Support via text message is also available at 800-944-4773 and 971-203-7773 (Español).
- Peer Support, over 30 Online Support Groups available five days a week, a Peer Mentor Program that pairs individuals in need with a trained volunteer who has also experienced and fully recovered from a PMH disorder.
- Chat with an Expert, facilitated by licensed mental health professionals, these sessions provide an opportunity to seek general information about PMH disorders from a PSI expert.
- Online Provider Directory (psidirectory.net) that helps individuals and families quickly and easily connect with qualified perinatal mental health providers in their area.

IT'S
IMPORTANT
to get the support and
care you need.

The Climb, an international community event that brings together survivors, providers, and supporters in the world's largest PMH awareness and fundraising event.

You can also find support, learn more about our programs, and get involved at **Postpartum.net**Download **Connect by PSI** in your app store to have support and information in the palm of your hand.





Contact the PSI HelpLine: Call/Llama: 1-800-944-4773 (English & Español) or text/texto "Help" to 800-944-4773 (English) or 971-203-7773 (Español) or download Connect by PSI in your app store.



Peer Support Services

HelpLine

- Toll-free number that anyone can call or text
- Provides basic information, support, & resources regarding perinatal mental health in English & Español.
- Staffed by volunteers 7 days a week
- Voicemails & texts returned within 24 hours

Support Coordinators

- Provide education, empathy and resource referrals to those who reach out for help.
- Local: Do their best to know all resources in their geographic areas, so they can provide best referrals.
- Specialized: Provide knowledgeable support for a population at high risk for PMADs or a particular experience related to pregnancy, birth or postpartum.

Online Support Groups

- Free weekly online support groups on numerous topics
- Trained facilitators offer peer (not clinical) support
- "Come as you are" atmosphere - cameras optional
- 90-minutes in length, providing information and resources, with the majority of time spent on open discussion among peers.

Social Media Groups

- PSI Closed Facebook Group: For support & peer educational purposes, not clinical help.
- PSI Dads Closed Facebook Group: For support & peer educational purposes specific for dads, not clinical help.
- Smart Patients: An online community for patients and their families beyond the postpartum period. Survivors are welcome to share stories of recovery and hope. Users can be anonymous.

Chat with an Expert

- Free live phone sessions offered to all parents
- No registration required, limited to first 15 callers
- Facilitated by licensed mental health professionals
- Connect with other parents: talk about resources, symptoms, options, & general information about PMADs.

Peer Mentor Program

- Pairs an individual in need of support with a trained volunteer who previously experienced perinatal mental health struggles and is now thriving.
- Weekly communication between peer and mentor for up to 1 year.
- Pairs are thoughtfully matched on a variety of attributes, including perinatal experiences (including loss and post termination), family structure, race/ethnicity and other individual nuances.



Scan for Help!



Postpartum Support International

Free Online Support Broups









Mood & Mental Health Support for Moms/Birthing People

- ADHD Support for Moms & Birthing People
- Bipolar Support for Perinatal Moms & Birthing People
- Birth Trauma Support
- Birth Trauma Support for BIPOC Birthing People
- Black Moms Connect
- Perinatal Mood Support for Moms
- Military Moms
- Perinatal Mood Support for Returning Members Only
- Perinatal OCD Support for Moms
- Pregnancy & Postpartum
 Psychosis Support for Survivors
 (Moms & Birthing People)
- Pregnancy Mood Support Group
- Birth Moms Support Group
- Perinatal Support for Latinx Moms & Birthing People
- Perinatal Support for South Asian Moms
- Mindfulness for Pregnant & Postpartum Parents

Parenting

- Adoptive & Foster Parent
 Support for the Early Years
- NICU Parents
- Pregnant & Postpartum Parents of Multiples
- Queer & Trans Parents
 Support Group
- Single Perinatal Parent Support
- Support of Parents of One to Four-Year- Old Children
- Support for Parents of High Needs Babies
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Post-Abortion Support

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- Pregnancy After Loss Support
- Pregnancy After Stillbirth & Early Infant Loss
- Pregnancy & Infant Loss Support for Moms
- Pregnancy & Infant Loss Support for Parents
- Stillbirth & Infant Loss Support for Parents
- Termination for Medical Reasons
- Pregnancy and Parenting After Termination for Medical Reasons

What if the "happiest time of your life" doesn't feel so happy?



It seems like everywhere you look, you see happy moms. But the truth is, pregnancy and childbirth can bring a mix of emotions, including feeling sad and feeling overwhelmed. Many women may experience these emotions, which may be signs of depression and anxiety, before and after birth.

Contact a health care provider if you experience:



Intense anger, worry, or unhappiness



Extreme mood swings



Difficulty caring for yourself or your baby



Less interest in things you used to enjoy



Changes in your eating or sleeping habits

Reach out if you don't feel right.

To learn more, visit **nichd.nih.gov/MaternalMentalHealth**.

To find a mental health provider in your area, call **1-800-662-HELP** (**4357**).







Action Plan for Depression and Anxiety Around Pregnancy

Having a baby brings a mix of emotions, including feeling sad and feeling overwhelmed. Many women experience deeper signs of depression and anxiety before and after birth. Be prepared. Watch for the signs.

If you...

- · Feel like you just aren't yourself
- · Have trouble managing your emotions
- · Feel overwhelmed but are still able to care for yourself and your baby.

You may be experiencing mood swings that happen to many pregnant women and new moms.

These feelings typically go away after a couple of weeks.

- Take special care of yourself. Get your partner to watch the baby, get a babysitter, or team
 up with another mom to share child care so that you can rest and exercise.
- Continue to watch for the signs of depression and anxiety in the yellow and red sections below.
 If things get worse, find someone to talk to. Talk to a health care provider if you feel unsure.

If you...

- · Have feelings of intense anxiety that hit with no warning
- Feel foggy and have difficulty completing tasks
- · Feel "robotic," like you are just going through the motions
- · Have little interest in things that you used to enjoy
- · Feel very anxious around the baby and your other children
- · Have scary, upsetting thoughts that don't go away
- · Feel guilty and feel like you are failing at motherhood

You may be experiencing postpartum depression and anxiety.

These feelings will not go away on their own.

- . Get help. Contact your health care provider or visit a clinic.
- Call Postpartum Support International at 1-800-944-4PPD (4773) to speak to a volunteer who can provide support and resources in your area.
- . Talk to your partner, family, and friends about these feelings so they can help you.

If you...

- · Feel hopeless and total despair
- Feel out of touch with reality (you may see or hear things that other people don't)
- Feel that you may hurt yourself or your baby

Get help now!

- · Call 9-1-1 for immediate help.
- Call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) for free and confidential emotional support—they talk about more than suicide.
- Call the Substance Abuse and Mental Health Services Administration's National Helpline at 1-800-662-HELP (4357) for 24-hour free and confidential mental health information, treatment, and recovery services referral in English and Spanish.

Depression and Anxiety Happen. Getting Help Matters.

To learn more, visit nichd.nih.gov/MaternalMentalHealth.
To find a mental health provider in your area, call 1-800-662-HELP (4357).



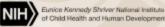




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- Too Many Vaccines?

Healthychildren.org is the official

Healthychildren.org is the official

parenting website of the

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American Academy of Pediatrics,

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providing up-to-date, evidence
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keeping children healthy



healthy children.org Powered by pediatricians. Trusted by perents.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN



Powered by pediatricians. Trusted by parents. from the American Academy of Pediatrics





HEARTSAVER®

INFANT CHOKING









- 1. Recognize a severe airway block when an infant
 - Cannot breathe or make a sound
 - · Has a cough that has no sound
- 2. Remove the object (support the infant's head):
 - Give up to 5 back slaps: hold the infant facedown and give slaps with the heel of your hand between the shoulder blades.
 - If the object does not come out, turn the infant onto their back.
 - Give up to 5 chest thrusts: use 2 fingers to push on the center of their chest.
 - Repeat giving up to 5 back slaps and up to 5 chest thrusts until the infant can breathe, cough, or cry or until they become unresponsive.
- 3. If the infant becomes unresponsive
 - Shout for help.
 - Use a cell phone; put it on speaker mode while you begin CPR.
 - Give sets of 30 compressions and 2 breaths, checking the mouth for objects after each set of compressions (remove object if seen).
 - If you are alone and do not have a cell phone, after 5 sets of 30 compressions and 2 breaths, take the infant with you to phone 9-1-1 and get an AED. Use the AED as soon as it is available.
 Continue CPR, checking the mouth for objects after each set of compressions.
 - Continue CPR and looking in the mouth after each set of compressions until
 - The infant moves, cries, speaks, blinks, or otherwise reacts
 - Someone with more advanced training arrives and takes over

KJ-1708 2/21 © 2021 American Heart Association



HEARTSAVER®

INFANT CPR















- 1. Tap and shout.
- 2. Shout for help. Phone or send someone to phone 9-1-1.
- 3. Look for no breathing or only gasping.
- 4. Push hard and fast in the center of the chest at a rate of 100 to 120 compressions per minute. Give 30 compressions.
- 5. Open the airway and give 2 breaths.
- 6. Repeat sets of 30 compressions and 2 breaths.
- 7. If you are alone after 5 sets of 30 compressions and 2 breaths, take the infant with you to phone 9-1-1 and get an AED. Continue to provide CPR.

KJ-1707 2/21 © 2021 American Heart Association



Recommended Road Map Ages 0-6

A recommended quide for well-child visits, immunizations, and dental checkups

Well-child visits help make sure babies, children, and teens get the care they need to identify health concerns early and stay healthy. Getting regular checkups, which are covered at no cost to TennCare members, help children and teens stay healthy by:

- Finding physical and behavioral health problems early before they become serious.
- Preventing illness and disease by making sure children get the right immunizations on time.
- Completing developmental and behavioral screenings and providing early interventions when needed.
- Providing parenting support and guidance.

Important Information

- Flu immunizations are recommended annually beginning at 6 months.
- Topical fluoride can be applied as early as 6 months (with the eruption of teeth).
- Developmental Screenings should start at birth.
- It is recommend infants and toddlers have 12 check-ups by age 3.
- The CDC recommends everyone stay up to date with <u>COVID-19 vaccination</u>, including all primary series doses and boosters for their age group.

You can schedule a well-child visit by contacting your child's primary care provider (PCP). If you think your child may be behind on their immunizations, you should discuss whether any additional immunization are needed with your child's PCP. If you need help contacting your child's PCP or dentist, contact your health or dental plan. TennCare members can find that contact information at TN.gov/TennCare/TennCare-kids.





Road Map



3-5 DAYS OLD

- Well-child visit
- Recommended immunizations



1 MONTH OLD

- Well-child visit
- Hearing test as needed



- Well-child visit
- Recommended immunizations



4 MONTHS OLD

- Well-child visit
- Recommended immunizations



6 MONTHS OLD

- Well-child visit
- Recommended immunizations (including flu vaccine)
- Topical fluoride can be applied

9 MONTHS OLD

- Well-child visit
- Developmental screening

12 MONTHS OLD

- Well-child visit
- Recommended immunizations (including flu vaccine)
- Dental checkup (Twice a year after first tooth)



15 MONTHS OLD

- Recommended immunizations



18 MONTHS OLD

- Well-child visit
- Recommended immunizations (including flu vaccine)
- Developmental screening
- Dental exam



2-3 YEARS OLD

- Well-child visit
- Flu vaccine
- Developmental screening
- Dental checkup (twice per year)



3-4 YEARS OLD

- Well-child visit
- Flu vaccine
- Dental checkup (twice per year)



4-5 YEARS OLD

- Well-child visit
- Recommended immunizations (including flu vaccine)
- Dental checkup (twice per year)



5-6 YEARS OLD

- Well-child visit
- Recommended immunizations (including flu vaccine)
- Dental checkup (twice per year)



6-7 YEARS OLD

- Well-child visit
- Recommended immunizations (including flu vaccine)
- Dental checkup (twice per year)



The table shows recommended immunizations for children ages 0-6 and indicates at what age the vaccine is available for most individuals, <u>based on the CDC recommended schedule.</u> However, you should always discuss your child's preventative care with your doctor.

birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	4-6 years	
1 dose HepB (Hepatitis B)										
		1 dose RV (Rotavirus)	1 dose RV (Rotavirus)	1 dose RV (Rotavirus)						
		1 dose DTaP (Tetanus)	1 dose DTaP (Tetanus)	1 dose DTaP (Tetanus)	DTaP (Tetanus) 1 c		nus) 1 dose		1 dose DTaP (Tetanus)	
		1 dose Hib (Haemophilus influenzae type b)	1 dose Hib (Haemophilus influenzae type b)	1 dose Hib (Haemophilus influenzae type b)	Hib (Haemophilus influenzae type b) 1 dose					
		1 dose PCV13 (Pneumococcal)	1 dose PCV13 (Pneumococcal)	1 dose PCV13 (Pneumococcal)	PCV13 (Pneumococcal) 1 dose					
		1 dose IPV (Polio)	1 dose IPV (Polio)	IPV (Polio) 1 dose					1 dose IPV (Polio)	
				Influenza (Flu)	Influenza (Flu) 2 doses in first year and 1 dose Influenza (Flu) yearly after					
					MMR- 1 dose Mur	(Measles and nps)		1 dose MMR (Measles and Mumps)		
					Varicella- 1 dos	Varicella- 1 dose (Chickenpox)				
					He					





Safe Sleep For Your Baby

Did You Know?

Every year, many Tennessee babies die from sleep-related causes.

Most of these deaths are preventable.



- Always place babies on their backs to sleep at night and at nap time.
 Babies who sleep on their backs are less likely to die of Sudden Infant Death Syndrome (SIDS).
- Babies should always sleep in a crib. The safest place for a baby is in the same room as the parents but alone in a separate sleep area.
- Keep loose objects, soft toys, and bedding out of the baby's sleep area. Do not use pillows and blankets in a baby's sleeping area. A baby should sleep in a crib with only a tight fitting sheet.
- Avoid letting your baby overheat during the night. A baby should be dressed lightly for sleep. Set the room temperature in a range that is comfortable for a lightly clothed adult.
- **Do not use crib humpers.** These do not reduce injuries and can cause suffocation.
- Avoid smoking. Both maternal smoking during pregnancy and secondhand smoke after birth should be avoided.
- Breastfeeding is recommended for at least the first six months of life.

 Breastfeeding is associated with a reduced risk of SIDS.



Remember the ABC's of Safe Sleep: Babies should sleep Alone, on their Back, and in a Crib.

Tennessee Department of Health safesleep.tn.gov



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Car Seat Recommendations for Children

There are many car seat choices on the market. Use the information below to help you choose the type of car seat that best meets your child's needs.



- Select a car seat based on your child's age and size, choose a seat that fits in your vehicle, and use it every time.
- Always refer to your specific car seat manufacturer's instructions (check height and weight limits) and read the vehicle owner's manual on how to install the car seat using the seat belt or lower anchors and a tether, if available.
- To maximize safety, keep your child in the car seat for as long as possible, as long as the child fits within the manufacturer's height and weight requirements.
- Keep your child in the back seat at least through age 12.

Rear-Facing Car Seat

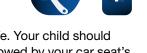
Birth - 12 Months



Your child under age 1 should always ride in a rear-facing car seat. There are different types of rear-facing car seats:

- Infant-only seats can only be used rear-facing.
- Convertible and All-in-One car seats typically have higher height and weight limits for the rear-facing
 position, allowing you to keep your child rear-facing for a longer period of time.

1 - 3 Years



Keep your child rear-facing as long as possible. It's the best way to keep him or her safe. Your child should remain in a rear-facing car seat until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the rear-facing car seat, your child is ready to travel in a forward-facing car seat with a harness and tether.



Forward-Facing Car Seat





1 - 3 Years

Keep your child rear-facing as long as possible. It's the best way to keep him or her safe. Your child should remain in a rear-facing car seat until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the rear-facing car seat, your child is ready to travel in a forwardfacing car seat with a harness and tether.





4 - 7 Years

Keep your child in a forward-facing car seat with a harness and tether until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the forward-facing car seat with a harness, it's time to travel in a booster seat, but still in the back seat.

Booster Seat





4 - 7 Years

Keep your child in a forward-facing car seat with a harness and tether until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the forward-facing car seat with a harness, it's time to travel in a booster seat, but still in the back seat.





8 - 12 Years

Keep your child in a booster seat until he or she is big enough to fit in a seat belt properly. For a seat belt to fit properly the lap belt must lie snugly across the upper thighs, not the stomach. The shoulder belt should lie snug across the shoulder and chest and not cross the neck or face. Remember: your child should still ride in the back seat because it's safer there.

Seat Belt



8 - 12 Years

Keep your child in a booster seat until he or she is big enough to fit in a seat belt properly. For a seat belt to fit properly the lap belt must lie snugly across the upper thighs, not the stomach. The shoulder belt should lie snug across the shoulder and chest and not cross the neck or face. Remember: your child should still ride in the back seat because it's safer there.

NHTSA.gov/TheRightSeat











QEA THE FACTS ABOUT VACCINE SAFETY: WHAT YOU SHOULD KNOW

Volume 12 Summer 2023

Q. Are vaccines safe?

A. Because vaccines are given to people who are not sick, they are held to the highest standards of safety. As a result, they are among the safest things we put into our bodies.

How does one define the word safe? If safe is defined as "free from any negative effects," then vaccines aren't 100% safe. All vaccines have possible side effects. Most side effects are mild, such as fever, or tenderness and swelling where the shot is given. But some side effects from vaccines can be severe. For example, the pertussis vaccine is a very rare cause of persistent, inconsolable crying, high fever or seizures with fever. Although these reactions do not cause permanent harm, they can be quite frightening.

If vaccines cause side effects, wouldn't it be "safer" to just avoid them? Unfortunately, choosing to avoid vaccines is not a risk-free choice — it is a choice to take a different and much more serious risk. One example is the COVID-19 mRNA vaccine. While the vaccine includes a low risk of developing myocarditis (an inflammation of the heart), having a COVID-19 infection includes a much greater risk of developing myocarditis. Further, myocarditis caused by infection has been more severe than that following vaccination. So, avoiding the COVID-19 vaccine does not decrease, but rather increases, the risk for this serious condition.

Other examples abound. For example, discontinuing the pertussis vaccine in countries like Japan and England led to a tenfold increase in hospitalizations and deaths from pertussis. And declines in the number of children receiving measles vaccine in the United Kingdom and the United States have led to increases in cases of measles.

When you consider the risk of vaccines and the risk of diseases, vaccines are the safer choice.

Q. Are vaccines still necessary?

A. Although several of the diseases that vaccines prevent have been dramatically reduced or eliminated, vaccines are still necessary:

- To prevent common infections. Some diseases are so common that a choice not to get a vaccine is a choice to get infected. For example, choosing not to get the pertussis (whooping cough) vaccine is a choice to risk a serious and occasionally fatal infection.
- To prevent infections that could easily reemerge. Some diseases can easily reemerge with relatively small decreases in immunization rates (for example, measles, mumps and *Haemophilus influenzae* type b, or Hib). We have seen this with measles and mumps. Unvaccinated people are more likely to be infected.
- To prevent infections that are common in other parts of the world. Although some diseases have been completely eliminated (polio) or virtually eliminated (diphtheria) from this country, they still occur commonly in other parts of the world. Children are still paralyzed by polio and sickened by diphtheria in other areas of the world. Because there is a high rate of international travel, outbreaks of these diseases are only a plane ride away. This was demonstrated in 2022 when an unvaccinated individual in New York was paralyzed by polio.

Q. What is the harm of changing the vaccine schedule?

A. Although the infant vaccine schedule can look intimidating, it's based upon the best scientific information available and is better tested for safety than any alternative schedules. Experts review studies designed to determine whether any changes are safe in the context of the existing schedule (called concomitant use studies).

Separating, spacing out or withholding vaccines causes concern for a few reasons. First, this approach causes infants to be susceptible to diseases for longer periods of time. This is important because the schedule is determined by balancing when the recipient is at highest risk of contracting the disease and when the vaccine will generate the best immune response.

Second, changing the vaccine schedule requires additional doctor visits. Research measuring cortisol, a hormone associated with stress, has determined that children do not experience more stress when receiving two shots as compared with one shot. Therefore, an increased number of visits for individual shots will mean an increase in the number of stressful situations for the child without benefit. Third, because altered schedules are not the norm and often vary by an individual family's wishes, there is an increased potential for administration errors. Finally, more time and travel are needed for appointments; costs may increase, and there is a possibility that the child will never get some vaccines.

Q. Do children get too many shots?

A. Newborns commonly manage many challenges to their immune systems at the same time. Because some children could receive more than 25 vaccine doses by the time they are 2 years old and multiple shots in a single visit to the doctor, some wonder whether it is safe to give children so many vaccines.

Although the womb is free from bacteria and viruses, newborns immediately face a host of different challenges to their immune systems. From the moment of birth, thousands of different bacteria start to live on the surface of the skin and intestines. By quickly making immune responses to these bacteria, babies keep them from invading the bloodstream and causing serious diseases. In fact, babies are capable of responding to millions of different viruses and bacteria because they have billions of immunologic cells circulating in their bodies. Therefore, vaccines given in the first two years of life are a raindrop in the ocean of what an infant's immune system successfully encounters and manages every day.

Q. Do vaccines cause autism?

A. Carefully performed studies clearly disprove the notion that vaccines cause autism. Because the signs of autism may appear in the second year of life, at around the same time children receive certain vaccines, and because all causes of autism are unknown, some have wondered whether vaccines might be at fault. These concerns focused on three hypotheses — autism is caused by the measlesmumps-rubella (MMR) vaccine; thimerosal, an ethylmercury-containing preservative used in vaccines; or receipt of too many vaccines too soon.

A large body of medical and scientific evidence strongly refutes all three of these notions. Multiple studies have found that vaccines do not cause autism. These studies included hundreds of thousands of children, occurred in multiple countries, were conducted by multiple investigators, and were well controlled.

To find the most up-to-date information about the causes of autism, visit the Autism Science Foundation website, autismsciencefoundation.org.

continued >



Learn more: vaccine.chop.edu

QA THE FACTS ABOUT VACCINE SAFETY: WHAT YOU SHOULD KNOW

Q. Do vaccines contain additives?

A. Many vaccines contain trace quantities of antibiotics or stabilizers. Antibiotics are used during the manufacture of vaccines to prevent inadvertent contamination with bacteria or fungi. Trace quantities of antibiotics are present in some vaccines. However, the antibiotics contained in vaccines (neomycin, streptomycin or polymyxin B) are not those commonly given to children. Therefore, children with allergies to antibiotics such as penicillin, amoxicillin, sulfa or cephalosporins can still get vaccines. Adults with medication allergies should check with their healthcare provider before getting vaccinated.

Gelatin is used to stabilize live, weakened viral vaccines and is also contained in many food products. People with known allergies to gelatin contained in foods may have severe allergic reactions to the gelatin contained in vaccines. However, this reaction is extremely rare.

Q. Is the amount of aluminum in vaccines safe?

A. Yes. Aluminum is used as an adjuvant in some vaccines. Adjuvants increase the immune response, often allowing for lower or fewer doses of vaccine. All of us have aluminum in our bodies, and most of us are able to process it effectively. The two main groups of people who cannot process aluminum effectively are severely premature infants, who often receive large quantities of aluminum in intravenous fluids, and people who have long-term kidney failure. They often receive large quantities of aluminum, primarily in antacids. In both cases, the kidneys are not working properly or at all, exposing these individuals to large quantities of aluminum over a long period of time.

The amount of aluminum in vaccines given during the first six months of life is about 4 milligrams, or four-thousandths of a gram. A gram is about the weight of one raisin, so a milligram is about one-thousandth of a raisin. In comparison, breast milk ingested during this period will contain about 10 milligrams of aluminum, and infant formulas will contain about 40 milligrams. Soy-based formulas contain about 120 milligrams of aluminum. These quantities, which are larger than those from vaccines, are still very minor and easily handled by babies, so the aluminum exposure to babies from vaccines and food is safe.

Interestingly, when studies were performed to look at the amount of aluminum injected in vaccines, the levels of aluminum in blood did not detectably change. This indicates that the quantity of aluminum in vaccines is minimal compared with the quantities already found in the blood.

Q. Are vaccines made using fetal cells?

A. Viruses require cells in which to reproduce. This means to make viral vaccines that contain parts of or whole viruses, the vaccine virus must be grown in cells in the laboratory. In a few cases, the types of cells chosen were from pregnancies that were terminated electively. The scientists made this decision for two reasons. First, viruses that infect people reproduce best in cells from people. Second, cells isolated from a fetus are not likely to contain contaminating viruses because the womb is sterile.

The fetal cells used to grow vaccine viruses were isolated from three elective abortions. The two most commonly used cell lines were isolated from procedures that occurred in the early 1960s. The third type, made using retinal cells, was isolated in 1985. This type is only used in the adenovirus-based COVID-19 vaccines (like J&J/Janssen),

which are no longer available in the U.S. In all three cases, the cells have been grown in the laboratory since they were isolated, and no additional abortions are needed to make the vaccines that are produced using them.

The vaccines made using the fibroblast cell lines isolated in the 1960s include the chickenpox, rubella (part of MMR), hepatitis A, and rabies (one version) vaccines.

Q. Can vaccines change a person's DNA?

A. No. Vaccines do not change a person's DNA. This concern has risen in two contexts. First, some people have concerns that if a vaccine is made using human cell lines, it could contain remnants of human DNA that would change a person's DNA. This is not possible because the vaccine production process includes steps to remove most manufacturing residuals, and any DNA that remains is too fragmented to cause any changes. Second, the COVID-19 mRNA and adenovirus vaccines deliver genetic material, so some people worry that this material can change their own DNA. This is not possible in the case of either vaccine:

- mRNA vaccines do not deliver DNA, and they do not include the enzymes required to produce DNA from RNA.
- Adenovirus vaccines, which are no longer available in the U.S., deliver DNA, but they do not include the enzymes required for the vaccine-delivered DNA to be added into a person's DNA.

Also, important to consider is that these vaccines are delivered to muscle cells, and they are processed near the injection site. This means that the genetic material delivered by these vaccines is never introduced to, or even located near, cells involved with reproduction, such as sperm or egg cells. For these reasons it is not possible for vaccines to change a person's DNA.

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Learn more: Vaccine.chop.edu



Q2A TOO MANY VACCINES? WHAT YOU SHOULD KNOW

Volume 4 Winter 2018

Today, young children receive vaccines to protect them against 14 different diseases. Because some vaccines require more than one dose, children can receive as many as 27 inoculations by 2 years of age and five shots at one time. For this reason, some parents ask their doctors to space out, separate or withhold vaccines. The concern that too many vaccines might overwhelm a baby's immune system is understandable, but the evidence that they don't is reassuring.

Q. What are the active components in vaccines?

A. Vaccines contain parts of viruses or bacteria that induce protective immune responses. These active ingredients are called immunological components.

Vaccines that protect against bacterial diseases are made from either inactivated bacterial proteins (e.g., diphtheria, tetanus and pertussis [whooping cough]) or bacterial sugars called polysaccharides (e.g., *Haemophilus influenzae* type b [Hib] and pneumococcus). Each of these bacterial proteins or polysaccharides is considered an immunological component, meaning that each evokes a distinct immune response.

Vaccines that protect against viral diseases (e.g., measles, mumps, rubella, polio, rotavirus, hepatitis A, hepatitis B, chickenpox and influenza) are made of viral proteins. Just like bacterial proteins, viral proteins induce an immune response.

Q. Do children encounter more immunological components from vaccines today than they did 30 years ago?

A. No. Although children receive more vaccines now than ever before, most people would probably be surprised to learn that the number of immunological components in vaccines has dramatically decreased.

In the late 1980s and early 1990s, children received vaccines that protected against eight diseases: measles, mumps, rubella, diphtheria, tetanus, pertussis, *Haemophilus influenzae* type b and polio. The total number of bacterial and viral proteins contained in these vaccines was a little more than 3,000.

Today, children receive vaccines that protect against 14 diseases, but the total number of immunological components in these vaccines is only about 150. This dramatic reduction is the result of scientific advances in protein chemistry and protein purification that have allowed for purer, safer vaccines.

Q. Can too many vaccines overwhelm an infant's immune system?

A. No. Compared with the immunological challenges that infants handle every day, the challenge from the immunological components in vaccines is minuscule. Babies begin dealing with immunological challenges at birth. The mother's womb is a sterile environment, free from viruses, bacteria, parasites and fungi. But after babies pass through the birth canal and enter the world, they are immediately colonized with trillions of bacteria, which means that they carry the bacteria on their bodies but aren't infected by them. These bacteria live on the skin, nose, throat and intestines. To make sure that colonizing bacteria don't invade the bloodstream and cause harm, babies constantly make antibodies against them.

Colonizing bacteria aren't the only issue. Because the food that we eat, the water that we drink and the dust that we inhale contain bacteria, immunological challenges from the environment are unending. Viruses are also a problem. In the first few years of life, children are constantly exposed to a variety of different viruses that cause runny noses, cough, congestion, fever, vomiting or diarrhea.

Given that infants are colonized with trillions of bacteria, that each bacterium contains between 2,000 and 6,000 immunological components, and that infants are infected with numerous viruses, the challenge from the 150 immunological components in vaccines is minuscule compared to what infants manage every day. Indeed, a scraped knee is probably a greater immunological challenge than all childhood vaccines combined.

continued >



Learn more: vaccine.chop.edu



QeA TOO MANY VACCINES? WHAT YOU SHOULD KNOW

Q. How many vaccines can children effectively handle at one time?

A. A lot more than they're getting now. The purpose of vaccines is to prompt a child's body to make antibodies, which work by preventing bacteria and viruses from reproducing themselves and causing disease. So, how many different antibodies can babies make? The best answer to this question came from a Nobel Prize-winning immunologist at the Massachusetts Institute of Technology named Susumu Tonegawa, who first figured out how people make antibodies, and Mel Cohn and Rod Langman, immunologists at the University of California, San Diego, who figured out how many different immunological challenges people could handle at one time.

Tonegawa discovered that antibodies are made by rearranging and recombining many different genes. People can make about 10 billion different antibodies. Cohn and Langman calculated that given the number of antibody-producing cells in a child's bloodstream and the number of immunological components contained in vaccines, babies could effectively respond to about 100,000 vaccines at one time. Although this number sounds overwhelming, remember that every day children are defending themselves against a far greater number of immunological challenges in their environment. The difference is that while we are aware of immunologic challenges from vaccines, we are unaware of the challenges encountered during every day activities.

Q. How do we know that multiple vaccines can be given safely?

A. The Food and Drug Administration (FDA) requires extensive safety testing before vaccines are licensed. Before a new vaccine can be licensed by the FDA, it must first be tested by something called "concomitant use studies." Concomitant use studies require new vaccines to be tested with existing vaccines.

These studies are performed to make sure the new vaccine doesn't affect the safety or effectiveness of existing vaccines given at the same time, and vice versa. Because concomitant use studies have been required for decades, many studies have been performed showing that children can be inoculated with multiple vaccines safely.

Q. What is the harm of separating, spacing out or withholding vaccines?

A. Delaying vaccines can be risky. The desire by some parents to separate, space out or withhold vaccines is understandable. This choice, however, is not necessarily without consequence.

First, delaying vaccines only increases the time during which children are susceptible to certain diseases, some of which are still fairly common. Chickenpox, whooping cough (pertussis), *Haemophilus influenzae* type b, influenza and pneumococcus still cause hospitalizations and deaths in previously healthy children every year. Although some people may not realize it, before the chickenpox vaccine, every year between 70 and 100 children died from the disease. And, because some children are not vaccinated against influenza, each year in the U.S. about 75 to 150 children die from influenza. Many of these were previously healthy children who were not considered to be at increased risk of influenza.

Second, spacing out or separating vaccines will require children to visit the doctor more often for shots. Researchers have found that children experience similar amounts of stress, as measured by secretion of a hormone called cortisol, whether they are getting one or two shots at the same visit. These findings suggest that although children are clearly stressed by receiving a shot, two shots aren't more stressful than one. For this reason, more visits to the doctor created by separating or spacing out vaccines will only increase the stress of getting shots. The choice to separate or space out vaccines also increases the risk of vaccine administration errors.

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Learn more: Vaccine.chop.edu



Postpartum and Interconception (between babies) Information

Your Postpartum Team
Baby Spacing
Family Planning

Your Postpartum Care Team

Before your baby is born, take time to build a postpartum care team. These are the people who will support you and your baby in your first months together. Talk with your obstetrician—gynecologist (ob-gyn) or other obstetric care provider about who you need on your team.



Your family and friends

The people closest to you can help by

- caring for your newborn and other children
- · offering breastfeeding support
- making meals
- doing chores
- helping you get to your health care visits
- providing emotional support



Your maternal care provider

This is the ob-gyn or other obstetric care provider who is in charge of your care during the postpartum period. Call this person first if you have questions about your health after delivery.



Your baby's primary care provider

This is the pediatrician or other health care provider who is in charge of your baby's care. Call this person if you have questions about your baby's health.





Other professionals

These people may include

- other doctors to help with medical conditions
- counselors to help with breastfeeding
- nurses, social workers, and other trained professionals



This is your team. It should include the people you and your baby need to get the best start.

- 1. Make a list of the names and phone numbers of everyone on your team before the baby is born.
- 2. Review the list after you give birth and make changes if needed.
- 3. Keep your list nearby after you get home.





www.acog.org

PFSI016: This information was designed as an educational aid to patients and sets forth current information and opinions related to women's health. It is not intended as a statement of the standard of care, nor does it comprise all proper treatments or methods of care. It is not a substitute for a treating clinician's independent professional judgment. Please check for updates at www.acog.org to ensure accuracy.

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HEALTH ACTION SHEET

How long should you wait before getting pregnant again?

For most women, it's best to wait at least 18 months between giving birth and getting pregnant again. This means your baby will be at least 1½ years old before you get pregnant.

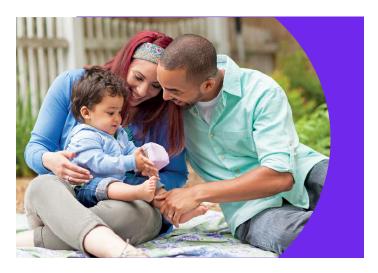
Too little time between pregnancies increases your risk of premature birth. Premature birth is when your baby is born too soon. Premature babies are more likely to have health problems than babies born on time. The shorter the time between pregnancies, the higher your risk for premature birth.

Your body needs time to fully recover from your last pregnancy before it's ready for your next pregnancy. Having at least 18 months between pregnancies may help reduce your risk for premature birth in your next pregnancy. Use this time to talk to your health care provider about things you can do to help reduce your risk. To learn more, go to marchofdimes.org/prematurebirth.

What you can do:

Wait 18 months or more after having a baby before
getting pregnant again.
If you're older than 35 or had a miscarriage or
stillbirth, talk to your provider about how long to
wait.
Use effective birth control until you're ready to get
pregnant.
Talk to your health care provider about birth
control options.

Waiting at least 18 months doesn't mean for sure that your next baby will be born on time. But it can help.



TAKE ACTION

Get your 18 months.

Add 1 year and 6 months

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Fill this out with your provider so you know when you can start trying to get pregnant again:

Nov. 16, 2018

Example:

Date your baby was born May 16, 2017

Now you try:

Date your baby was born

Add 1 year and 6 months

For more information

marchofdimes.org/birthspacing



The Tennessee Department of Health offers family planning services in every county health department clinic. Charges are based on a sliding fee scale. No one will be denied services due to inability to pay.

The staff are specially trained to provide education, counseling, physical exams, medical histories, and birth control methods.

Medical services you can receive at your local family planning clinic

- ♦ physical exams
- ◆ pregnancy testing
- emergency contraception
- dispensing of birth control methods
- ◆STD testing and treatment
- ◆ blood pressure screening
- ◆ cervical cancer screening
- breast cancer screening
- ♦ anemia screening
- ♦ sterilization referrals

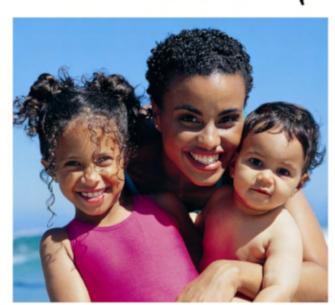




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Adapted with permission from the FL Department of Health.

BABY SPACING



Something special for you from Family Planning

Having a baby is an important decision. Don't leave it to chance.

You want the most for your new baby.
That's why waiting at least eighteen
months before you get pregnant again is
a smart thing to do. It's better for you, your
baby, and the whole family.

Your body needs time to recover.



Having a baby makes your body work hard. If you get pregnant too soon after having your baby, your next baby might not get enough nutrition.

You will be tired, since most new babies

don't sleep through the night. And it's hard to enjoy your baby if you don't feel your best.

Plus, babies born to mothers who wait one and a half to two years before getting pregnant again get a healthier start in life. Family Planning is the way to go.

If you are a new mother, it is important to keep your appointment after your baby is born. You can get family planning (birth control) at that time.

With careful use of birth control, you can keep from getting pregnant until you are ready for another baby.

While breast feeding is the best way to feed your baby, remember, it will not keep you from getting pregnant.

There are many new types of birth control methods available. Find the one that is right for you!

Call your county health department TODAY.

WAITING AT LEAST 18 MONTHS TO 2 YEARS
BEFORE GETTING PREGNANT AGAIN IS
HEALTHIER FOR MOM AND BABY. Table

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Family Planning Services Include:

Medical Services

- Yearly Check-Up
- Immunizations
- · Basic Infertility Counseling
- Birth Control
- Emergency Contraception
- STD Testing and Treatment
- Select Cancer Screenings

Available Information and Education

- · Family Size and Birth Spacing
- Reproductive Goals
- Birth Control Options
- STD/HIV
- Infertility

REFERRALS FOR OTHER SERVICES

All services are voluntary and confidential and no one will be turned away regardless of ability to pay.

The Choice is Yours

For more information or to make an appointment for family planning services call your local health department.



To read more on Frequently Asked Questions please visit:

tn.gov/health/health-program-areas/fhw/family-planning.html

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tn.gov/health



Family Planning

It's More Than You Think



Committed to providing quality services to men and women of reproductive age



The Choice Is Yours

Birth control, also called contraception, is any method, medicine or device used to prevent pregnancy. Women, men and couples have a lot to consider when choosing the contraceptive method best for them. Considerations can include safety, effectiveness and side effects. While birth control prevents pregnancy, not all methods protect against sexually transmitted diseases, including HIV.

To protect yourself from STDs and HIV, always use a condom along with your chosen form of contraception.

	ABSTINENCE	STERILIZATION	NON-HORMONAL IUD	HORMONAL IUD	IMPLANT	SHOT	VAGINAL RING	PATCH	© 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DIAPHRAGM	INTERNAL (FEMALE) & EXTERNAL (MALE) CONDOM	PULLING OUT/ WITHDRAWAL	FERTILITY AWARENESS BASED METHODS (FABMS)	Spermicide
Typical use effectiveness	100% effective	More than 99% effective			96% effective	93% effective			83% effective	79-87% effective	80% effective	85% effective (varies depending on method used)	79% effective	
How the method is used	Not have sex	Surgical procedure			Placement into upper arm	Shot in arm, hip or under the skin	Put in the vagina	Put a patch on skin	Take a pill	Use with spermicide and put in vagina	Put over penis for men and put in vagina for women	Pull penis out of the vagina before ejaculation	Monitor fertility signs. Abstain or use condoms on fertile days.	Put inside vagina
How often the method is used	Daily	Permanent	Up to 3-10 years Up to 3 years (varies by brand)		Every 3 months	Each month	Each week	Daily	Eve	ery time you have	sex	Daily	Every time you have sex	
Mentstrual side effects	None		May have heavier periods	Spotting, lighter or no periods.			Periods may become lighter.			None				
Other possible side effects to discuss	None	Discomfort, bleeding, infection.	Discomfort with placement.		Discomfort at injection site.	Breast tenderness			Allergic reaction, irritation. No			one	Allergic reaction, irritation.	
Other considerations	Only method that is 100% effective.	Not easily reversible, considered permanent.	No hormones. May cause more cramps if periods are heavier. Does not contain estro May reduce cramps with light Must be placed and removed b			ter periods.	periods. cramps and anemia. Lowers risk of			No hormones. May need to be fitted by a healthcare provider.	No hormones.	No hormones. Nothing to buy.	No hormones. Can increase awareness and understanding of women's fertility signs.	No hormones. No prescription necessary.

The type of birth control method you use depends on your health, desire to become pregnant now or in the future and your need to prevent STDs and HIV.

Ask your provider if you need more information to decide which method is best for you right now.

Information/Resources for Dads

Signal Centers' Fatherhood Programs

• Fathering in 15

Father/Partner Support During Lactation

PSI: 1 in 10 Dads

Postpartum Depression/Anxiety: How to Help

CDC "HEAR HER" Campaign for Family &

Friends







Fatherhood Program

Where Fathers Matter!

Family Forward provides many services to help fathers too.

Our Services Include:

- Connections to Employment, Housing, and Healthcare
- Navigating Child Support
- One-on-One coaching, Co-Parenting Resources and Support
- Fatherhood groups (24/7 Dad, Key Behaviors, etc.)
- Free Fathering in 15 Online App



For more information, contact Floyd Davis at (423) 509-7124 or Floyd_Davis@signalcenters.org

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FAMILY FORWARD



FATHERING IN 15

IS A SERIES OF 15 SELF-PACED, ONLINE SESSIONS WHICH TEACH IMPORTANT SKILLS TO BE THE BEST DAD YOU CAN BE.



AT **15 MINUTES** A SESSION, WORK AT YOUR OWN PACE AND RECEIVE A CERTIFICATE UPON COMPLETION!

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JOIN FOR FREE AT

ENGLISH: HTTPS://FORMS.MICROSOFT.COM/R/K93JRTCXMU SPANISH: HTTPS://FORMS.MICROSOFT.COM/R/JAHARDPMQZ



Father/Partner Support During Lactation

A supportive father or partner plays a vital role in the success of breastfeeding. Studies show that when a breastfeeding or lactating parent has partner support, they lactate longer, and have lower risk of postpartum anxiety and depression. Here are some tips for partners to help:

- Praise your partner and give them positive feedback on what they are doing well.
- Help your partner eat well and drink plenty of fluids. Provide healthful snacks and prepare nutritious foods.
 When your partner sits down to breastfeed or pump, refill their water bottle, bring a snack, and ask if they need anything.
- Do the dishes, laundry, house cleaning, and provide care for other children.
- Arrange for a helper to come.
- Hold the baby skin-to-skin while your partner showers.
- Avoid suggesting a bottle. You may want to help fix things, but a bottle is often not the answer.
- Many times a support person will offer to feed the baby a bottle while the breastfeeding or lactating parent sleeps. If the infant is fed expressed breastmilk or formula from a bottle, it is best for the lactating parent to pump right before or after their stretch of sleep to avoid a long break from nursing or pumping. This can prevent a drop in milk production.
- There are many, many ways for fathers/partners to bond with their baby, and feeding is just one activity in this
 relationship! Talk to your baby- they are all ears! They are ready for socializing as soon as they are born. Babies
 crave attention from their parents through touching, singing, talking, laughing and just simple eye contact.
 Bathing, cuddling, slow dancing, skin-to-skin contact, and changing diapers are all activities that help
 fathers/partners bond with their babies.
- Try to be flexible. Babies grow and develop quickly, so their behavior will change from day to day. If only they could talk! Most babies don't adhere to a schedule for very long. Being patient and flexible will help to keep stress low in the household.
- Sometimes a baby will prefer their mom or lactating parent and may not want to be held as often by the
 partner. This is temporary and it's best to not force the issue. Keep offering cuddles and social interaction.
 Babies grow and change quickly know that you and your partner can both form strong bonds with your infant
 as they grow and have a positive relationship with your child long term.
- Help care for older children. This is a great time to connect with older siblings, some of whom may be experiencing conflicted feelings about recent changes in the household.
- Your partner may face doubts and obstacles with breastfeeding such as worrying whether the baby is getting
 enough milk, and coping with daytime and nighttime feedings. This isn't their problem alone- your firm support
 and assistance are priceless.
- If your partner is struggling, help them get help! Encourage them to call a lactation specialist or make that telephone call for her. Having a new baby is hard and the many physical and hormonal changes that a birthing and lactating parent go through can be overwhelming.



- It is normal for the birthing/lactating parent to experience baby blues, especially during the first month postpartum. If your partner is experiencing continued sadness, exhaustion or anxiety, it could be a sign of postpartum depression or anxiety. Other symptoms may include moodiness, appearing overwhelmed, loss of motivation, difficulty enjoying fun activities, lack of animation, loss or increase in appetite, difficulty sleeping, excessive weight loss or overeating, panic attacks, difficulty concentrating, decreased self-esteem, decreased interest in the baby, less interest in socializing, and wishing life would end. If you are concerned that your partner has symptoms of postpartum depression, gently encourage them to speak to her healthcare provider or help them schedule an appointment for evaluation.
- Also make sure to take care of yourself! The non-birthing/non-lactating parent can also experience postpartum depression and anxiety, and can be impacted by traumatic births. If you find yourself having any of the above thoughts or feelings, seek help and communicate with your partner.
- <u>Postpartum Support International</u> is a valuable online educational resource with connections to local mental health support.



For information, support, and resources leave a confidential message any time, and a trained and caring volunteer will return your call or text.

Download *Connect by PSI* in your app store Postpartum Support International | Postpartum.net



Talk About Depression and Anxiety **During Pregnancy and After Birth Ways You Can Help**

Pregnancy and a new baby can bring a mix of emotions—excitement and joy, but also sadness and feeling overwhelmed. When these feelings get in the way of your loved one taking care of herself or the baby—that could be a sign that she's dealing with deeper feelings of depression or anxiety, feelings that many pregnant women and new moms experience.



LISTEN

Open the line of communication.

- "I know everyone is focused on the baby, but I want to hear about you."
- "I notice you are having trouble sleeping, even when the baby sleeps. What's on your mind?"
- "I know a new baby is stressful, but I'm worried about you. You don't seem like yourself. Tell me how you are feeling."
- "I really want to know how you're feeling, and I will listen to you."



OFFER SUPPORT

Let her know that she's not alone and you are here to help.

- "Can I watch the baby while you get some rest or go see your friends?"
- "How can I help? I can take on more around the house like making meals, cleaning, or going grocery shopping."
- "I am here for you no matter what. Let's schedule some alone time together, just you and me."



OFFER TO HELP

Ask her to let you help her reach out for assistance.

- "Let's go online and see what kind of information we can find out about this." Visit nichd.nih.gov/MaternalMentalHealth to learn more.
- "Would you like me to make an appointment so you can talk with someone?" Call her health care provider or the Substance Abuse and Mental Health Services Administration's National Helpline at 1-800-662-HELP (4357) for 24-hour free and confidential mental health information. treatment, and recovery services referral in English and Spanish.
- "I'm very concerned about you." Call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) for free and confidential emotional support—they talk about more than suicide.

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During Pregnancy and After Birth: Learn the Signs of Depression and Anxiety

You may be the first to see signs of depression and anxiety in your loved one while she is pregnant and after she has had the baby. Learn to recognize the signs and, if you do see them, urge her to talk with her health care provider.

DOES SHE:

Seem to get extremely anxious, sad, or angry without warning?

Seem foggy and have trouble completing tasks?

Show little interest in things she used to enjoy?

Seem "robotic," like she is just going through the motions?

DO YOU:

Notice she has trouble sleeping?

Notice she checks things and performs tasks repeatedly?

Get concerned she cannot care for herself or the baby?

Think she might hurt herself or the baby?

Depression and Anxiety Happen. Getting Help Matters.

To learn more, visit nichd.nih.gov/MaternalMentalHealth.

To find a mental health provider in your area, call 1-800-662-HELP (4357).









Listening and Acting Quickly

could help save her life



How Can You Help?

If a pregnant or recently pregnant woman expresses concerns about any symptoms she is having, take the time to Hear Her. Listening and acting quickly could help save her life.

- · Learn the urgent maternal warning signs.
- · Listen to her concerns.
- Encourage her to seek medical help. If something doesn't feel right, she should reach out to her provider.
 If she is experiencing an urgent maternal warning sign, she should get medical care right away. Be sure that she says she is pregnant or was pregnant within the last year.
- Offer to go with her to get medical care and help her ask questions. Visit https://www.cdc.gov/hearher/ pregnant-postpartum-women/index.html#talk.
- Take notes and help her talk to a healthcare provider to get the support she needs.
- Support her through follow-up care.

Urgent Maternal Warning Signs

If someone who is pregnant or was pregnant within the last year has any of these symptoms, she should get medical care immediately.

- Severe headache that won't go away or gets worse over time
- · Dizziness or fainting
- Thoughts about harming yourself or your baby
- Changes in your vision
- Fever of 100.4° F or higher
- Extreme swelling of your hands or face
- Trouble breathing
- Chest pain or fast-beating heart
- Severe nausea and throwing up (not like morning sickness)
- Severe belly pain that doesn't go away
- Baby's movement stopping or slowing down during pregnancy
- Vaginal bleeding or fluid leaking during pregnancy
- Heavy vaginal bleeding or fluid leaking that smells bad after pregnancy
- Swelling, redness or pain of your leg
- Overwhelming tiredness

This list is not meant to cover every symptom a woman might experience during or after pregnancy. Learn more about urgent maternal warning signs at cdc.gov/HearHer.

Hear Her

Pregnancy complications can happen up to a year after birth. If your loved one shares that something doesn't feel right, support her to get the care and answers she may need. Learn the urgent warning signs that need immediate medical attention. Here are some talking points to help with the conversation:

During Pregnancy

- It's hard to tell what's normal with everything that's changing right now. It's better to check if there's anything you are worried about.
- It's important that we share this information with your doctor and make sure everything is okay.
- I am here for you. Let's talk to a healthcare provider to get you the care you need.

After Pregnancy

- It's normal to feel tired and have some pain after giving birth, but you know your body best. If something is worrying you, you should talk to your doctor.
- Although your new baby needs a lot of attention and care, it's important to take care of yourself, too.
- You are not alone. I hear you. Let's talk to a healthcare provider to get you the care you need.









