

Education for Healthy Behaviors



Booklet for Mothers in the Planning for Healthy Babies® (P4HB) & Postpartum Extension Programs



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

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Disclaimer

The information contained in this booklet is designed to be informational and educational. Under no circumstances is this booklet to replace the expert advice of a qualified health care professional.

Table of Contents

Purpose of this Booklet	3
Georgia Department of Community Health	3
Planning for Healthy Babies® (P4HB) Program	3
Postpartum Extension Program	4
Resource Mother Outreach.....	4

Education Topics

Healthy Eating	5
Exercise	7
Chronic Conditions	9
Type 2 Diabetes	9
Asthma	10
Obesity	12
High Blood Pressure	13
Healthy Sleep	14
Sleep Safety for Infants	16
Breastfeeding	19
Smoking, Drugs, and Alcohol: Lifestyle that Affects Breast Milk	22
Smoking Cessation.....	23
Postpartum Depression	26
Postpartum Depression Self-Assessment Tool	27
Stress Management	28
Urgent Maternal Warning Signs	30
Preconception Health	31
Birth Spacing.....	31
Birth Control (Contraception)	32
Child Development	36
Immunization	39
Car Seat Safety	42
Childproofing Your Home for Hazards & Accidents.....	45
Prevent Poisoning	45
Prevent carbon Monoxide Poisoning	47
Prevent Choking	48
Prevent Strangulation.....	48
Prevent Burns	49
Prevent Fire	49
Prevent Mold	50
Covid 19 Vaccines	51

Community Resources

Resources List	53
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Purpose of This Booklet

This booklet was created by Georgia Department of Community Health (DCH) to educate mothers in the Planning for Healthy Babies® (P4HB) and Postpartum Extension programs. The education topics are designed to help mothers adopt healthy behaviors to improve their health and the health of their babies.

About The Georgia Department of Community Health (DCH)

DCH provides access to affordable health care to millions of Georgians, including some of the state's most vulnerable populations.

The mission of DCH is to provide Georgians with access to affordable, quality health care through effective planning, purchasing and oversight. We are dedicated to *A Healthy Georgia*.

DCH's Key Goals

- Improve health status of Georgians by promoting healthy lifestyles, preventive care, disease management and disparity elimination.
- Improve access to quality health care at an affordable price.
- Ensure value in health care contracts.
- Move health plans administered by DCH toward being financially solvent to meet the needs of the members.
- Increase effectiveness and efficiency in the delivery of health care programs.
- Ensure DCH has enough workers with the necessary skills and competencies to meet the current and future demand.

DCH provides oversight of the P4HB and Postpartum Extension programs intended to reduce the number of low birth weight (LBW) and very low birth weight (VLBW) births in GA and to extend access to quality care during women's postpartum period. These programs are provided through the following Care Management Organizations (CMOs):

- Amerigroup Georgia
- CareSource
- Peach State Health Plan

Planning for Healthy Babies® (P4HB) Program

The P4HB program has two service components:

1. It provides **Family Planning services ONLY** for women:
 - Ages 18-44
 - Who are U.S. citizens or qualified immigrants residing in Georgia
 - With family income at or below 211% of the Federal Poverty Level (FPL)
 - Who are not otherwise eligible for Medicaid nor PeachCare for Kids® (PCK), and do not have any other health insurance
 - Who are NOT pregnant but able to have a baby

2. P4HB also provides 24 months of **Interpregnancy Care (IPC)** services for women who meet all the requirements listed above and had a **very low birth weight baby** (less than 3 pounds, 5 ounces) within 3 years of their application. IPC services include:
 - Family Planning
 - Resource Mother (RM) for peer support and education
 - Access to a primary care doctor
 - Some dental services.

Postpartum Extension Program

The Postpartum Extension program was created to extend Medicaid coverage to 12 months for:

- Women enrolled in Pregnant Women Medicaid who have household income up to 220 percent of the FPL and whose 60-day postpartum period was to end at 60 days after delivery.
- Women who are within their 12-month postpartum period, were not enrolled in Georgia Medicaid, have household income up to 220 percent FPL and meet all other Medicaid eligibility criteria.

Resource Mother Outreach

Resource Mothers (RMs) are trained peer supporters who work with a nurse case manager to:

- Educate mothers about healthy behaviors
- Support mothers with scheduling primary care medical appointments and obtaining regular preventive health visits and appropriate immunizations for her child/children
- Support the mothers' adherence with medications to treat chronic health conditions,
- Encourage and remind mothers to report new/worsening symptoms as recommended by the case manager or provider
- Assist with coordination of social services support
- Assist with linking mothers to community resources

The CMOs will assign Resource Mothers to mothers in the P4HB program who meet all the requirements for IPC services and are within three years of given birth to a VLBW baby and **all mothers enrolled in the Postpartum Extension program.**

Healthy Eating

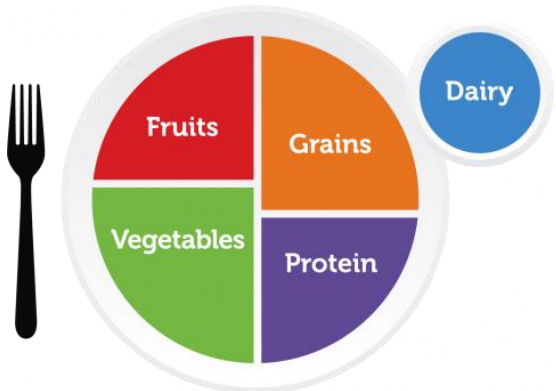
The Office of Women's Health in the U.S. Department of Health and Human Services (2018), states that healthy eating:

- is a way of eating to improve your health and prevent diseases. It means choosing healthy foods from all the food groups (fruits, vegetables, grains, dairy, and proteins), most of the time, in the correct amounts for you.
- means not eating a lot of foods with added sugar, sodium (salt), saturated and trans fats.
- means getting nutrients from food rather than from vitamins or other supplements. Some women might need vitamins, minerals, or other supplements* at certain times in life like before or during pregnancy. But most women, should get their nutrients from what they eat and drink.
- is affected by where you live, the types of foods available in your community, your budget, your culture and background, and your personal preferences.
- is affected by things that are out of your control, like how close the grocery store is to your house or job. When you focus on the choices you can control, it will help you to make small changes in your daily life to eat healthier.

*** Note:** Before taking any supplements, you should check with your doctor to know what is right for you to take.

What Does Healthy Eating Look Like?

If you have a health condition such as diabetes, check with your provider for a diet plan. If you do not have no dietary restrictions, you can use the U.S. Department of Agriculture MyPlate healthy eating guidelines and healthy eating tips shown below:

<ul style="list-style-type: none">• The MyPlate diagram at right can be used as a guide to build a healthy diet. If you have no dietary limits, think about filling your plate with foods from the five food groups: fruits, vegetables, grains, proteins, and dairy at each meal.• Snacks can be a good way to fill in fruits and whole grains you might have missed at meals.	 <p style="text-align: center;">MyPlate</p>
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Healthy Eating Tips

- **Instead of trying the latest diets, try to make small, healthy changes that are easy to continue.** Eating healthy does not mean changing everything you eat all at once. Swapping or adding one new healthy food at a time is a good start.
- **Fruits and vegetables.** Try to fill about half your plate with fruits or vegetables at meals. Eat whole fruit (not juice) and try different types of vegetables.
- **Protein.** Try to eat different types of foods with protein; this includes seafood, lean meats, poultry, eggs, legumes (beans and peas), nuts, seeds, and soy products.
- **Grains.** Make at least half the grains you eat from whole grains, such as brown rice, whole-wheat pasta, or whole-wheat bread.
- **Dairy.** Try to get 3 cups of dairy each day. If you can't drink milk, try to eat low-fat plain yogurt or low-fat cheese. Dairy products are among the best food sources of calcium, but some vegetables such as kale and broccoli also have calcium. Some foods such as fortified soymilk and fortified cereals also have calcium.
- **Oils.** Most women eat too much solid fat in foods like chips or salad dressing. Choose healthy fats like olive oil or the type of fat in seafood. When cooking, try to use oils from plants instead of solid fats like butter, margarine, or coconut oil.

Exercise

Information provided by Medline Plus

Working out and being physically active is a huge part of maintaining good physical health. There are many benefits to exercise especially for lowering your risk of chronic health conditions. Creating a schedule to include exercise activities could help you shift exercise into a daily routine. It is best for you to get the right amount of exercise for your age and to select the best blend of exercise for your fitness goals.

Benefits of Exercise

- Helps control your weight
- Reduce your risk of heart disease
- Helps your body manage blood sugar and insulin levels
- Helps you quit smoking
- Improves your mood and mental health
- Helps you keep your thinking learning and judgement skills sharp
- Strengthen muscles and bone
- Reduce your risk of some cancers
- Reduce your risk of falls
- Improve your sleep
- Increase your chance of longer life

Exercise Type	Benefits	Examples
Endurance/Aerobic	<ul style="list-style-type: none">• Increases breathing and heart rate.• Helps maintain healthy, heart, lungs, and circulatory system. Improvement of overall fitness	<ul style="list-style-type: none">• Brisk walking• Jogging• Swimming• Biking
Strength and Resistance Training	Increases muscle strength	<ul style="list-style-type: none">• Weightlifting• Using a resistance band
Flexibility	Helps the body stay active and flexible by stretching the muscles	<ul style="list-style-type: none">• Yoga• Stretches

Ways to Add Exercise to Regular Routine

- ✓ Make everyday activities more active: take the stairs instead of the elevator; walk to a coworker's office instead of sending an email; self-wash your car; park further away from your destination, then walk the longer distance to add more steps.
- ✓ Be active with friends and family: workout with a partner and plan social activities that involve exercise.
- ✓ Keep track of your progress: keep a log of your daily activities or use a fitness tracker to set goals and to stay motivated.
- ✓ Make exercise more fun: listen to music or watch TV during exercise activities; Do more than one type of activity; join an exercise group such as a dance class, a hiking/walking club, or a local sports team.

Find activities that can be done even when the weather is bad: these include walking in a mall, taking the stairs, or joining a gym.

Chronic Conditions

Information provided by Medline Plus and the American Heart Association

Chronic diseases are conditions that occur slowly over time and can be long lasting. These conditions may be a result of poor health and lifestyle choices. Genetics can also put some you at risk for chronic conditions. Most conditions can be managed with proper diet, exercise, and medication. Below is a list of some common chronic conditions:

Type 2 Diabetes

Type 2 diabetes is a disease in which your blood glucose, or your blood sugar levels are too high. Glucose comes from the food you eat, and it is your body's main source of energy. The hormone insulin is what helps glucose get into your cells to give them energy. If you have diabetes, your body cannot make enough insulin, or it does not use insulin well. The glucose then stays in your blood and not enough goes into your cells. Over time, too much glucose in your blood can cause health problems, but steps can be taken to manage your diabetes. Symptoms may develop slowly over several years and be mild. However, if you have type 2 diabetes, you may not have any symptoms at all.

Symptoms

- Increased thirst and urination
- Increased hunger
- Feeling tired
- Blurred vision
- Numbness or tingling in your feet or hands
- Sores that do not heal
- Unexplained weight loss

Blood Tests for Type 2 Diabetes

- A1C test, which measures your average blood sugar level over the past 3 months
- Fasting plasma glucose (FPG) test, which measures your current blood sugar level.
- Random plasma glucose (RPG) test, which measures your current blood sugar level and is done when there was no fasting prior to testing.

Treating and Managing Type 2 Diabetes

- A healthy lifestyle includes following a healthy eating plan and getting regular physical activity. Learn to balance food with physical activity and medicine (if prescribed).
- Medicines include oral medicines, insulin, and other injectable medicines. Over time, you may need to take more than one type of medicine to control your diabetes.
- Check your blood sugar often. Talk with your healthcare provider to know how often to check.
- Keep your blood pressure and cholesterol close to the targets your provider sets and keep your medical appointments.
- If a condition raises your risk for type 2 diabetes, managing that condition may lower your risk of getting type 2 diabetes.

Asthma

Asthma is a chronic condition that causes the tubes in the airway of your lungs to become inflamed and narrowed. This can result in wheezing, coughing, and tightness in your chest. The exact cause of asthma is unknown, but genetics and the environment can likely play a role in who gets asthma. Asthma affects people of all ages, but it often starts during childhood. There are certain factors that can raise your risk of having asthma.

Risk Factors for Asthma

- Being exposed to secondhand smoke: you can expose your child when you smoke while you are pregnant or when you smoke when you are with a small child
- Being exposed to certain substances at work such as certain chemicals or dusts
- Genetics and family history: you are more likely to have asthma if your parent has it
- Race or ethnicity: If you are African American or Puerto Rican, then you may be at higher risk of asthma than people of other races or ethnic groups.
- Having other diseases or conditions such as obesity and allergies
- Frequent viral respiratory infections as a young child
- Sex: in children, asthma is more common in boys. In teens and adults, it is more common in women.

Symptoms

- Chest tightness
- Coughing, especially at night or early morning
- Shortness of breath
- Wheezing, which causes a whistling sound when you breathe out

When asthma symptoms get worse, it is called an asthma attack or flare-up. An asthma attack can happen when you are exposed to an asthma trigger or something that worsens the asthma symptoms. Asthma triggers may be different for each person and can change over time.

Allergic Asthma

- Allergic asthma is caused by allergens or substances that cause an allergic reaction. These include:
 - Dust mites
 - Mold
 - Pets
 - Pollen from grass, trees, and weeds
 - Waste from pests such as cockroaches and mice

Non-allergic Asthma

- Non-allergic asthma is caused by triggers that include:
 - Breathing in cold air
 - Certain medicines
 - Household chemicals
 - Infections such as the common cold and the flu
 - Outdoor air pollution
 - Tobacco smoke

Other Types include

- Occupational asthma is caused by breathing in chemicals or industrial dusts at work.
- Exercise-induced asthma happens during physical exercise, especially when the air is dry.

Ways to Diagnose Asthma

- Physical exam
- Medical history
- Lung function test
- Tests to measure how your airways react to specific exposures.
- Peak expiratory flow (PEF) tests to measure how fast you can blow air out using maximum effort
- Fractional exhaled nitric oxide (FeNO) tests to measure levels of nitric oxide in your breath when you breathe out. High levels of nitric oxide may mean that your lungs are inflamed.
- Allergy skin or blood tests if you have a history of allergies. These tests check which allergens cause a reaction from your immune system.

Treating and Managing Asthma

- Develop ways to avoid triggers. If tobacco smoke is a trigger for you, then you should not smoke nor allow other people to smoke in your home or car.
- Use short-term relief medicines, also called quick-relief medicines. They help prevent or relieve your symptoms during an asthma attack. They include a personal inhaler and other types of medicines which work quickly to open your airways. These must always be carried, if you have asthma.
- Ask your healthcare provider about control medicines that can be taken every day to help prevent your symptoms. They work to reduce airway inflammation and prevent the narrowing of your airway tubes.

***Note:** *In the event of a severe asthma attack and short-term relief medicines do not work, seek emergency care immediately.*

Obesity

Obesity is a serious chronic condition that occurs when your body weight is more than what is healthy for your height. Obesity can lead to many other health problems, including diabetes, heart disease, and some cancers. Although your body is a complex system that can help keep weight at a healthy level, when your system is not working as it should, keeping weight under control can be difficult. The home and workplace may cause you to overeat which can affect your body. When your body takes in more calories than it uses, the unused calories are stored as fat; this can lead to obesity.

Possible Causes of Obesity

- Eating more food than your body can use
- Drinking too much alcohol
- Not getting enough exercise

Factors that Contribute to Obesity and Weight Gain

- Not having time to plan and make healthy meals
- Working desk jobs compared to more active jobs in the past
- Having little free time which may lead to having less time to exercise
- Having an underactive thyroid or hypothyroidism
- Taking medicines such as birth control pills, antidepressants, and antipsychotics
- Quitting smoking: many people who quit smoking gain 4 to 10 pounds in the first 6 months after quitting
- Stress or lack of sleep: feeling stressed, anxious, sad, or not sleeping well
- Menopause: some women may gain 12 to 15 pounds during menopause
- Pregnancy: some women may not lose the weight they gained during pregnancy

Weight Control Tips

- Aim for a healthy weight: discuss what is a healthy weight with your health care provider
- Eat healthy and balance food: see *Healthy Eating* sub-section for more information
- Exercise and be physically active: see *Exercise* sub-section for more information
- Assess weight and health risk by calculating BMI
 - multiply your weight in pounds by 703; divide the answer by your height in inches; divide the answer by your height again
 - Use the chart below to determine your BMI:

BMI	CATEGORY
Below 18.5	Underweight
18.5 to 24.9	Healthy
25.0 to 29.9	Overweight
30.0 to 39.9	Obese
Over 40	Extreme or high-risk obesity

- Do not use BMI to determine a healthy weight for your child. Talk to a provider.

Note: *BMI alone cannot predict a health risk.*

High Blood Pressure

High blood pressure also known as hypertension is a serious chronic disease. If you are a person with this condition, your blood pressure stays high over time. This causes your heart to pump harder and work overtime, possibly leading to serious health problems such as heart attack, stroke, heart failure, and kidney failure.

Blood Pressure

Blood pressure is the force of your blood pushing against the walls of your arteries. Each time your heart beats, it pumps blood into your arteries. When your heart beats, your blood pressure is at its highest, pumping the blood. This is known as systolic pressure. When your heart is at rest, between beats, your blood pressure falls. This is known as diastolic pressure. Blood pressure reading uses these two numbers. The systolic number comes before or above the diastolic number. For example, 120/80 means a systolic of 120 and a diastolic of 80.

How to Diagnose High Blood Pressure

High blood pressure usually has no symptoms. The only way to find out if you have it, is to get regular blood pressure checks from your health care provider. The provider should take two or more readings at separate appointments before making a diagnosis.

Blood Pressure Categories	Systolic Blood Pressure	Diastolic Blood Pressure
Normal	Less than 120	Less than 80
High Blood Pressure (no other heart rate factors)	140 or higher	90 or higher
High Blood Pressure (with other heart risk factors)	130 or higher	80 or higher
Dangerously High Blood Pressure (seek medical attention right away)	180 or higher	120 or higher

Types of High Blood Pressure

- Primary, or essential high blood pressure is the most common type of high blood pressure. For most people who get this kind of blood pressure, it develops over time.
- Secondary high blood pressure is caused by another medical condition or the use of certain medicines. It usually gets better after treatment of the condition or when the medication that is causing it is stopped.

Treating and Managing High Blood Pressure

Treatments for high blood pressure include medicines and (or) heart healthy lifestyle changes like exercise. When lifestyle changes do not control or lower blood pressure, taking medicines may be necessary. There are different types of blood pressure medicines, and you may need to take more than one type. Working with your health care provider to create a treatment plan is best.

Healthy Sleep

Information provided by Medline Plus

During sleep you are unconscious, but your brain and body functions are still active. Enough sleep helps you process new information, stay healthy, and feel rested. The amount of sleep needed depends on several factors, including age, lifestyle, health, and whether regular sleep is occurring.

General Recommendations for Sleep

- **Newborns:** 16-18 hours a day
- **Preschool-aged children:** 11-12 hours a day
- **School-aged children:** At least 10 hours a day
- **Teens:** 9-10 hours a day
- **Adults (including older adults):** 7-8 hours a day

Benefits of Sleep

- Feel rested and energetic the next day
- Learn information, get insight, and form memories
- Give your heart and vascular system a rest
- Release more growth hormone, which helps children grow. It also boosts muscle mass and the repair of cells and tissues in children and adults
- Release sex hormones, which contributes to puberty and fertility
- Keep you from getting sick or help you get better when you are sick, by creating more hormones that help your immune system fight infections

Effects of Lack of Sleep:

- Changes in Mood
 - Irritability
 - Problems with relationships, especially for children and teenagers
 - Depression
 - Anxiety
- Health Risk
 - High Blood Pressure
 - Heart Disease
 - Stroke
 - Kidney Disease
 - Obesity
 - Type 2 Diabetes

Ways to Improve Sleep

- Take naps and increase the amount of time available for sleep
- Keep the lights bright at work
- Limit work shift changes so your body clock can adjust
- Remove sound and light distractions in your bedroom during daytime sleep (for example, use light-blocking curtains)

- Go to bed and wake up at the same time every day
- Avoid caffeine, especially in the afternoon and evening
- Avoid nicotine
- Exercise regularly, but don't exercise too late in the day
- Avoid alcoholic drinks before bed
- Avoid large meals and beverages late at night
- Avoid a nap after 3:00 p.m.
- Relax before bed by taking a bath, reading, or listening to relaxing music
- Keep the temperature in your bedroom cool
- Remove distractions such as noises, bright lights, and a TV or computer in your bedroom
- Get enough sunlight exposure during the day
- Don't lie in bed awake; if you are unable to fall asleep for 20 minutes, get up and do something relaxing
- If you are having continued trouble sleeping, you should see a doctor

Sleep Safety for Infants

*Information provided by the U.S. Department of Health and Human Services
National Institutes of Health*

Each year in the United States, thousands of babies die suddenly or unexpectedly. Some of these deaths resulted from unknown causes such as Sudden Infant Death Syndrome (SIDS), while others are from known causes including other sleep-related causes of infant death.

What is SIDS?

SIDS is the sudden, unexpected death of a baby between 1 month and 1 year of age, that does not have a known cause even after a full investigation. About half of the sudden, unexpected infant deaths that occur in the United States each year are from SIDS.

What Are Other Sleep-Related Causes of Infant Death?

Other sleep-related causes of infant death are those related to how or where a baby slept. These can include accidental:

- ***Suffocation:*** when something, such as a pillow, or someone covers the baby's face and nose, blocking the ability to breathe.
- ***Entrapment:*** when the baby gets trapped between two objects, such as a mattress and a wall, and can't breathe.
- ***Strangulation:*** when something presses on or wraps around the baby's neck, blocking baby's airway.

Ways to Lower Your Baby's Risk of SIDS and Other Sleep-Related Causes of Death

There is no sure way to prevent SIDS, but parents and caregivers can take steps to reduce the risk of SIDS and other sleep-related causes of infant death:

- Always place your baby on his/her back to sleep, for naps and at night, to reduce the risk of SIDS. The back sleep position is always the safest position for all babies, including preterm babies.
- Keep in mind that every sleep time counts. Babies who are used to sleeping on their backs, but then placed to sleep on their stomachs for a nap, are at very high risk for SIDS.
Note: If your baby rolls over on his/her own during sleep from back to stomach or stomach to back, there is no need to change the baby's position. Starting sleep on the back is most important for reducing SIDS risk.
- Use a firm sleep surface, such as a mattress in a safety-approved crib, covered by a fitted sheet, with no other bedding or soft items in the sleep area. Never place babies to sleep on soft surfaces, such as on a couch, sofa, pillow, quilt, sheepskin, or blanket. These surfaces can be dangerous for babies. Do not use a car seat, stroller, swing, infant carrier, infant sling, or similar products as baby's regular sleep area.
- Breastfeeding your baby reduces the risk of SIDS. Babies who breastfeed, or are fed breastmilk, are at a lower risk for SIDS than babies who were never fed breastmilk. The longer a baby is breastfed or fed breastmilk only, the lower the risk of SIDS.

- Keep your baby in your room close to your bed, but on a separate surface designed for infants, ideally for the baby's first year, but at least for the first 6 months. Room sharing reduces the risk of SIDS.

Note: Baby should not sleep in an adult bed with you, or with anyone else, including siblings or pets. Neither should the baby sleep on a couch or on a chair. Having a separate safe sleep surface for the baby reduces the risk of SIDS and the chance of suffocation, strangulation, and entrapment. If you bring the baby into your bed for feeding or comforting, you must remove all soft items and bedding from the area. When finished, put the baby back in a separate sleep area made for infants, like a crib or bassinet, and close to your bed.

- Do not put soft objects, toys, crib bumpers, or loose bedding under baby, over baby, or anywhere in baby's sleep area. Keeping these items out of baby's sleep area reduces the risk of SIDS and suffocation, entrapment, and strangulation. **Crib bumpers are not recommended.**
- ✓ You should think about giving your baby a pacifier for naps and nighttime sleep to reduce the risk of SIDS. Do not attach the pacifier to anything, like a string, clothing, stuffed toy, or blanket; that carries a risk for suffocation, choking, or strangulation. You should also wait until breastfeeding is going well (often by 3 to 4 weeks) before offering a pacifier to your baby. Or, if you are not breastfeeding, you can offer the pacifier as soon as you want, but do not force your baby to use it. If the pacifier falls out of your baby's mouth during sleep, there is no need to put the pacifier back in. Pacifiers reduce the risk of SIDS for all babies, including breastfed babies.
- ✓ You should not let your baby get too hot during sleep. Dress the baby in sleep clothing, such as a wearable blanket, designed to keep him/her warm without the need for loose blankets in the sleep area. Keep the room at a temperature that is comfortable for you. You should watch for signs of overheating, such as sweating or the baby's chest feeling hot to the touch. Do not cover your baby's face and head when he/she is sleeping.
Note: Research links increased risk of SIDS with too many layers of clothing or blankets, and with higher room temperature.
- ✓ You should follow the pediatrician's guidance on the baby's vaccines and regular health checkups. Vaccines not only protect your baby's health, but research shows that vaccinated babies are at lower risk for SIDS
- ✓ You should avoid products that go against safe sleep recommendations, especially those that claim to prevent or reduce the risk for SIDS. Evidence does not support the safety of wedges, positioners, or other products that claim to keep infants in a specific position to reduce the risk of SIDS, suffocation, or reflux. In fact, many of these products are linked with injury and death, especially when used in baby's sleep area.

You should not use heart or breathing monitors in the home to reduce the risk of SIDS. Some health care providers recommend these monitors for conditions not related to SIDS or SIDS risk.

If you have questions about using these monitors for other health conditions, you should talk with the baby's health care provider.

- ✓ You should give you baby plenty of tummy time when he/she is awake, and you are watching. Supervised tummy time helps strengthen your baby's neck, shoulder, and arm muscles. It also helps to prevent flat spots on the back of your baby's head.
- To reduce the risk of SIDS, you should:
 - Not smoke during pregnancy, and not smoke or allow smoking around your baby, or in your baby's environment.
 - Get regular health care during pregnancy
 - Avoid smoking, drinking alcohol, and using marijuana and illegal drugs during pregnancy and after your baby is born.

Breastfeeding

Information provided by the Centers for Disease Control and Prevention (CDC)

Breastfeeding has health benefits for both babies and mothers. Breast milk provides your baby with nutrition and supports growth and development. It can also protect you and your baby from certain illnesses and diseases.

Five Benefits of Breastfeeding:

1. **Breast milk is the best source of nutrition for most babies.** As the baby grows, the mother's breast milk will change to meet her baby's nutritional needs.
2. **Breastfeeding can help protect babies from some short- and long-term illnesses and diseases.** Breastfed babies have a lower risk of asthma, obesity, type 1 diabetes, and sudden infant death syndrome (SIDS). Breastfed babies are also less likely to have ear infections and stomach bugs.
3. **Breast milk shares antibodies from the mother with her baby.** These antibodies help the baby develop a strong immune system and protect the baby from illnesses.
4. **Mothers can breastfeed anytime and anywhere.** Mothers can feed their babies on the go without worrying about mixing formula or preparing bottles. When traveling, breastfeeding can also provide comfort for babies whose normal routine is changed.
5. **Breastfeeding can reduce the mother's risk of breast and ovarian cancer, type 2 diabetes, and high blood pressure.** Breastfeeding has health benefits for the mother too! Some cancers, type 2 diabetes, and high blood pressure are less common among women who breastfeed.

The American Academy of Pediatrics recommends total breastfeeding for about 6 months, and then continue to breastfeed while giving formula and soft baby foods until the child is 12 months or older.

What to Expect While Breastfeeding

Every mother's experience with breastfeeding is different. Whether this is your first baby, or you have many, each baby is unique. Breastfeeding will be a learning process.

First Days and Weeks

- **Milk Coming In.** At birth, the breasts will make a thick, yellowish substance called colostrum. Colostrum is packed with nutrients and other important substances to help the baby start building up his/her immune system. There will not be a lot of this substance at first, but the amount will slowly increase over the first few days. Most babies will get all the nutrition they need from colostrum during the first few days of life. As you start to breast feed, your baby's sucking will tell your body to start making milk. For most mothers, this thinner, whiter form of milk comes in about 3 days after birth but may take longer for first-time moms.

You may notice your breasts feeling full, hard, and warm as this happens. Your baby may begin to breastfeed more often around this time. If you have concerns about your milk coming in, talk to a lactation consultant or your doctor or nurse.

- **Leaking.** Your breasts may feel full and leak. Over time, the leaking may slow down as your body gets used to breastfeeding. If your breasts leak, you may find it helpful to put disposable or cloth pads in your bra.
- **Engorgement.** Over the first few weeks after birth, your breasts may become larger, firm, warm, and uncomfortable as your body adjusts to making milk. This is called engorgement. As your breasts get used to filling and emptying as you feed your baby, this should improve. Feeding your baby often should help to prevent severe engorgement and ease the discomfort.
- **Sore Nipples.** During the first few weeks of breastfeeding, your nipples may be sore or sensitive as they adjust to your baby's sucking. If you have cracked or damaged nipple skin, or pain that is not going away in the first 1–2 weeks, you should talk to a lactation consultant or your doctor or nurse.
- **Pain While Breastfeeding.** Although your breasts and nipples may be tender or uncomfortable, once your baby is well-latched, breastfeeding should not be painful. Sometimes pain can happen if you have an improper latch, a clogged milk duct, a breast infection, or other issues. If you have pain while breastfeeding and have a fever, you should contact your doctor or nurse.

How Much and How Often to Breastfeed

Every baby is different. How much and how often a baby feeds will depend on the baby's needs. Below are a few things to expect when breastfeeding during the baby's first days, weeks, and months of life:

- **First Days**
 - A newborn baby's belly is tiny. He/she does not need a lot of milk with each feeding to be full.
 - Your baby may want to eat as often as every 1 to 3 hours. Feeding often helps increase your milk supply and gives your baby practice at sucking and swallowing.
 - You may be able to hear your baby sucking and swallowing the breast milk.
 - Most babies who are getting breast milk should not be fed formula in the first few days. If you are concerned about meeting your baby's needs, talk with your provider or nurse right away. They can help you with breastfeeding problems and decide on the best way to meet your baby's needs.
- **First Weeks and Months**
 - As babies grow, their bellies also grow. A baby will gradually be able to drink more breast milk at each feeding.
 - Over the first few weeks and months, the time between feedings will start to get longer. On average, most totally breastfed babies will feed about every 2 to 4 hours. Some babies may feed as often as every hour; this is called cluster feeding and some babies may have a longer sleep time of 4 to 5 hours.

- How often a baby feeds might depend on the time of day. Some feedings may be long, and others short; that is okay. Babies will take what they need at each feeding and stop eating when they are full. After feeding, babies should be content and drowsy when they have had enough milk.
- A baby will breastfeed about 8 to 12 times in 24 hours.
- ***6 to 12 Months***
 - How long and how often babies breastfeed will change as they grow and start eating more solid foods.
 - You should continue to follow your baby's cues and breastfeed when you notice signs of hunger. This is sometimes called breastfeeding on demand.
 - If your baby seems less interested in breastfeeding after you starting giving him/her solid foods, you should try breastfeeding first, before you offer the other foods.
 - Breast milk is the most important source of nutrition, even after you start feeding your baby solid foods.
- ***12 to 24 Months***
 - The number of times a day a toddler breastfeeds changes. Some may want to breastfeed only before bed or in the morning. Others may continue to drink breast milk as a bigger portion of their daily diet. You should continue to follow your child's signals to decide when he/she is hungry and wants to breastfeed.

Smoking, Drugs, and Alcohol: Lifestyle that Affects Breast Milk

*Information provided by the U.S. Department of Health & Human Services
Administration for Children & Families*

A woman's lifestyle may affect her breast milk and have an impact on her baby. During breastfeeding, it is important not to consume alcohol, smoke, or take drugs. These substances can pass through the breast milk to the baby. The information below is to help mothers understand the effects of smoking, using drugs, and drinking alcohol during pregnancy and during the postpartum period.

Smoking

Tobacco from cigarettes contains nicotine, which transfers to breast milk and can even affect the amount of milk a mother produces. The risk for sudden infant death syndrome (SIDS) becomes greater when a mother smokes or when a baby is around second-hand smoke. Smoking and second-hand smoke may also increase respiratory and ear infections in babies. If you smoke tobacco, it is best to quit as soon as possible for your health and the health of your baby. You can talk with your provider about getting help (also, see smoking cessation information on page 11). If you can't quit smoking, it is still better to breastfeed, because the benefits of breast milk is greater than the risks from nicotine.

Illegal Drugs

If you are breastfeeding, you should not take illegal drugs. Some drugs, such as cocaine and PCP, can make your baby high. Other drugs, such as heroin and marijuana can cause crankiness, poor sleeping patterns, tremors, and vomiting. Your baby can become addicted to these drugs. If you take illegal drugs and finding it hard to quit, ask you provider or a trusted friend for help.

Alcohol

If you are breastfeeding, you should avoid drinking alcohol. Alcohol gets to your baby through breast milk and has its highest strength about 30 to 60 minutes after drinking, or 60 to 90 minutes if you drink alcohol with food. The effects of alcohol on the breastfed baby are directly linked to the amount of alcohol the mother drinks. Moderate to heavy drinking (two or more alcoholic drinks per day) can interfere with the let-down reflex (milk-ejection reflex). It can also harm the baby's motor development and cause slow weight gain. For the health of your baby and your general health, you must avoid or limit alcohol intake. If you have an alcoholic drink, it is best to avoid breastfeeding for two hours after that drink.

Note: Medicines are also drugs that can get to baby through breast milk. If you take prescription or over-the counter medicines, talk with your doctor about how the medicines you take can affect your baby.

Smoking Cessation

*Information provided by the U.S. Department of Health & Human Services
National Cancer Institute*

Quitting smoking is one of the best things a woman can do for a healthy pregnancy and a healthy baby. But that doesn't make quitting easy. Whether before, during, or after having a baby, a smokefree home is good for both the mother and her child. When a mother becomes smokefree and stays smokefree it gives her child a healthier and happier future.

How Smoking Harms A Child

Secondhand smoke is the smoke that comes from a cigarette that is breathed out by a smoker. Because babies and young children are still growing, the chemicals in secondhand smoke harm them more than adults. Breathing in secondhand smoke for even a short time can harm a baby's or child's body. Over time, secondhand smoke can cause disease and possibly death in children. There is no safe amount of secondhand smoke. Babies and young children exposed to secondhand smoke can have the issues listed below:

- ***Sudden infant death syndrome (SIDS).*** Babies who are around secondhand smoke from their mother, father, or anyone else are more likely to die of SIDS than children who are not around secondhand smoke.
- ***Low birth weight.*** Mothers who breathe in secondhand smoke while pregnant are more likely to have a baby weighing 5.5 pounds or less. Babies who are born this small are weaker and have a higher risk for serious health problems.
- ***Weak lungs.*** Babies who breathe in secondhand smoke can have weaker lungs than other babies. This increases their risk of health problems.
- ***More sick days.*** Children whose parents smoke around them get bronchitis and pneumonia more often.
- ***Asthma.*** If children already have asthma, secondhand smoke can cause more asthma attacks and more severe symptoms.
- ***Chronic lung problems.*** Secondhand smoke can cause lung problems, including coughing, increased phlegm, wheezing, and breathlessness in school-aged children.
- ***Ear infections.*** Children exposed to secondhand smoke are at higher risk for ear infections. They are also more likely to need surgery to get ear tubes.

When a mother quits smoking, it provides many benefits for her physical and emotional health and protects the people she cares about. Quitting also improves her health in the years ahead and greatly reduces her risk of smoking related illness. It's never too late to quit, no matter your age or how long you have been smoking. But the earlier you quit, the better.

Reasons to Quit Smoking

Healthier Blood, Heart, and Lungs

- ***Easier breathing.*** Within two weeks of quitting, you might notice it is easier to walk up the stairs because you have less shortness of breath.
- ***"Smoker's cough" starts to go away.*** You might cough more than usual when you first quit, but this is a sign that the cilia in your lungs are growing. The cilia are one of the first things in your body to heal after you quit.
- ***Prevents permanent damage to the lungs.*** Scarring of the lungs is not reversible, but if you have lung disease, quitting can prevent symptoms from getting worse.

- **Oxygen in the blood rises to a normal level.** This will make it easier for your heart to pump blood to important parts of your body.
- **Lower heart rate and blood pressure.** Less stress is placed on your heart and lowers your risk of heart disease, including heart attacks.

Stronger Body

- **Bones stay strong and healthy.** Quitting can reduce your risk of fractures now and later in life. This is important because both women and smokers are more likely than men and nonsmokers to get osteoporosis (a disease that causes bones to become weak and more likely to break).
- **Immune system becomes stronger.** When you have a strong immune system, you will be less likely to get sick.
- **Muscles become stronger and healthier.** Quitting smoking helps increase the supply of oxygen in your blood, and your muscles will become stronger and healthier.

Changes That are Seen

- **Skin looks healthier.** Quitting can help clear up blemishes and protect your skin from premature aging and wrinkling. It also helps wounds heal better.
- **Cleaner mouth.** Quitting will make your teeth brighter and gums healthier. Your breath will also smell better.
- **Reduced belly fat and lower risk of diabetes.** If you already have diabetes, quitting can help you manage your blood sugar levels.
- **Improved sense of taste and smell.** You will taste foods better and will smell things like foods, flowers, and other scents better.

Less Fertility Problems and Pregnancy Risks

- **Estrogen levels will gradually return to normal.** Low estrogen can cause many problems, such as dry skin, thinning hair, and mood swings.
- **Increased chances of having a healthy pregnancy.** Women of a childbearing age who quit smoking are less likely to have problems becoming pregnant. You will lower your risk of certain pregnancy complications that can cause harm to you and your baby.
- **Increased chances of having a healthy baby.** Quitting at any time during pregnancy lowers a woman's risk of having a miscarriage. Quitting smoking also benefits the baby as it lowers the baby's risk of being born too early, having certain birth defects, or dying from SIDS.

Over Time, Quitting Lowers the Chance Of:

- **Heart disease.** Heart disease can lead to heart attacks, chest pain, and stroke. Within 10-15 years of quitting smoking, your risk of heart disease may be the same as non-smokers.
- **Stroke.** The longer you stay smokefree the more your risk of stroke goes down. Within 5-15 years of quitting, your risk of stroke may be the same as non-smokers.
- **Lung cancer.** The longer you stay smokefree the more your risk of lung cancer goes down. Within 10 years of quitting, your risk of dying from lung cancer will have decreased by half.
- **Dying early.** People who smoke die about 10 years earlier than people who do not smoke. Quitting can lower your risk of dying from smoking related illness and diseases.

Emotional Benefits

Quitting can improve your quality of life, boost your mood, and you will experience many positive changes like the ones below:

- You will feel more in control of your life. Being smokefree means that you will not have to plan your life around smoking, worry about finding places to smoke, or worry about bothering others.
- Your hair, clothes, home, car, and breath will no longer smell like smoke.
- You will have more money.
- You will have more energy to walk, play with your kids, or be active.
- Your loved ones will be proud of you.
- You will feel empowered and proud of your success.

Postpartum Depression

Information provided by the Centers for Disease Control and Prevention (CDC)

Postpartum depression is depression that some women feel after having a baby. It usually starts 1-3 weeks after having a baby but can occur up to a year after. Feelings of postpartum depression are more intense and last longer than those of “baby blues.” Baby blues is the worry, sadness, and tiredness many women experience after having a baby, but these usually go away on their own within two weeks. Postpartum depression is common and does not feel the same for everyone. How often symptoms occur, how long they last, and how intense they may feel can be different for each person. If you think you may be experiencing postpartum depression, or have other mental health concerns, you must contact your healthcare provider for help right away.

Symptoms of Postpartum Depression:

- Crying more often than usual.
- Feelings of anger.
- Withdrawing from loved ones.
- Intense feelings of sadness, anxiety, and hopelessness.
- Feeling numb or disconnected from your baby.
- Worrying that you will hurt your baby.
- Feeling guilty about not being a good mom or doubting your ability to care for your baby.



You can use the *Postpartum Depression Self-Assessment Tool* on page 15, to check yourself for postpartum depression. Then follow up with your provider or nurse to review the results and discuss what to do next.

Symptoms of Depression

Depression does not feel the same for everyone. How often symptoms occur, how long they last, and how intense they may feel can be different for each person.

Symptoms of depression can include:

- Lasting sad, anxious, or “empty” mood.
- Having negative feelings and thoughts.
- Feelings of worthlessness or helplessness.
- Feelings of irritability or restlessness.
- Loss of interest in hobbies and activities.
- Loss of energy.
- Problems concentrating, recalling details, and making decisions.
- Difficulty falling asleep or sleeping too much.
- Overeating or loss of appetite.
- Thoughts of suicide or suicide attempts.
- Aches or pains that do not get better with treatment.

Postpartum depression is not the same as depression. If you think you may be depressed, talk with your provider or nurse right away about treatment.

Postpartum Depression Self-Assessment Tool

Name: _____

Date: _____

If you had a baby in the last 12 months, check the boxes below that best describe your experiences over the past 2 weeks. Take this checklist with you to talk with your provider at your next visit.

In the Past 2 Weeks (14 days), How Often Have You:	A Few Days	Over Half the Days	Every Day
Had problems sleeping when your baby sleeps?			
Had problems sleeping too much?			
Felt numb or disconnected from your baby?			
Had scary or negative thoughts about your baby?			
Worried that you might hurt your baby?			
Felt worried or scared that something bad might happen?			
Felt guilty or ashamed about your job as a mom?			

Adapted from CDC Reproductive Health. [cdc.gov](https://www.cdc.gov)

Stress Management

Information provided by the Centers for Disease Control and Prevention (CDC)

Stress is a common response to new, uncertain, or threatening situations. In a stressful situation, you may notice changes in how you think, feel, and act. Everyone feels stressed sometimes. But over time, too much stress can be harmful to your health.

Effects of Stress

Everyone feels and responds to stress differently. If you are going through difficult situations, you may notice these common signs of stress:

- Constantly feeling worried or on edge.
- Having trouble sleeping or suddenly having more or less energy than usual.
- Getting annoyed or even angry at everyday problems.
- Having a hard time thinking clearly or remembering things.
- Feeling like your brain is in a fog.
- Feeling tired or run down.
- Having headaches, muscle aches, or even stomach problems, like pain or diarrhea.
- Drinking or using drugs more often to try to deal with stress.

Ways to Help Reduce Stress and Anxiety After Baby

After the excitement of bringing home your new baby begins to fade into long days (and nights) of feedings and diaper changes, it is not uncommon for you to experience the highest highs and the lowest lows. While it is an amazing season of life, it can also be tiring and emotional.

Some days it can feel next to impossible for you to put your own needs first, but finding ways to reduce the stress and anxiety that comes with your newborn is important. Not only for your mental and physical health, but for your baby's well-being too. While there is never a one-size-fits-all way to tackle all of the different emotions you will experience after having your baby, here are a few simple things you can try to help reduce feelings of postpartum stress and anxiety:

Move Your Body

Adding exercise to your daily activities simply might not feel realistic. However, moving your body after your doctor clears you for physical activity (even in the smallest ways), can help you to work through some of the stressful feelings of motherhood and trigger positive emotions to help you feel good.

- You should start slow, and ease in when you find time. Even a few squats while rocking the baby, or some push-ups during your baby's naptime are great ways to start getting back in touch with your body.
- As you get the hang of motherhood and begin to find a routine that works for you and your baby, you may start to find yourself with more time for other types of exercise that makes you feel good, like taking a walk outside, practicing yoga, or doing a workout video.

Get Enough Sleep

Although getting enough sleep during the newborn phase can feel next to impossible most days and nights, doing your best to get enough rest (whenever baby allows it) can truly do wonders for your mental state. Lack of sleep can cause low-energy, crankiness, and a bad mood, and can increase feelings of stress and anxiety causing motherhood to feel more difficult.

- Do your best to lay down and get a nap when your baby sleeps. Give yourself permission to take a nap while your baby sleeps, instead of folding laundry or washing dishes.
- Turn off the TV at night and try to go to bed early.
- Ask. For. Help. You can ask your partner, a friend, or a family member to come over and snuggle with the baby while you take a 30-minute nap. It will help you to wake up feeling thankful for the uninterrupted rest.

Take Care of Your Personal Hygiene

It is easy for a new mother to forget to take care of herself. You might begin to ask yourself questions like “when was the last time I showered?” or “did I brush my teeth today?” It is important and fulfilling to make time to take care of yourself.

- Routine selfcare tasks like taking a hot shower and brushing your teeth can help to boost your mood.

Do Something You Enjoy

- Carve out time to do something that you enjoy outside your role as a mother. Example: taking a few minutes to read a book, listen to a podcast, watch your favorite movie or TV show, or do a hobby you enjoy.

Breathe

If the stress or anxiety of motherhood feels overwhelming, you can give the baby to your partner, or place him/her in a safe space (like a crib).

- Then step away and take a moment to stop, take a few deep breaths, and calm your mind. Remind yourself that you are doing an amazing job and that the difficult moments will pass.

You should talk about your feelings with your Resource Mother as she can provide additional resources if needed. Also, see *Urgent Maternal Warning Signs* on page 18 to educate yourself on when to contact your health care provider or nurse right away.

Urgent Maternal Warning Signs



Headache that won't go away or gets worse over time



Dizziness or fainting



Thoughts about hurting yourself or your baby



Changes in your vision



Fever



Trouble breathing



Chest pain or fast-beating heart



Severe belly pain that doesn't go away



Severe nausea and throwing up (not like morning sickness)



Baby's movements stopping or slowing



Vaginal bleeding or fluid leaking *during* pregnancy



Vaginal bleeding or fluid leaking *after* pregnancy



Swelling, redness, or pain of your leg



Extreme swelling of your hands or face



Overwhelming tiredness

If you have any of these symptoms during or after pregnancy, contact your health care provider to get help right away.

If you can't reach your provider, go to the emergency room. Remember to say that you're pregnant or have been pregnant within the last year.

Preconception Health

Information provided by the Centers for Disease Control and Prevention (CDC)

Planning for pregnancy can be an exciting time for your family; however, it is important to be healthy before you get pregnant to increase the chance of having a healthy baby. Getting the body prepared to have a baby can vary for different people. Below are some steps you can take for a healthy pregnancy:

1. Plan and take action: plan achievable pregnancy goals and write them down.
2. Visit your doctor:
 - Discuss your medical history as well as your family medical history.
 - Discuss lifestyle and behavioral changes like smoking, drinking alcohol, living in a stressful or abusive environment, and working or living around toxic substances.
 - Discuss when you should start or stop vitamins and medications.
 - Discuss recommended vaccinations and when to get them.
3. Set and maintain a healthy weight.
4. Avoid toxic substances in or outside your home such as certain chemicals, metals, fertilizer, bug spray, and cat or rat feces.
5. Stop drinking alcohol, smoking, and using certain drugs. Talk with your health care provider about quitting.
6. Talk with your health care provider about negative thoughts or feelings that will not go away.

Birth Spacing

Information provided by March of dimes

The time between giving birth and getting pregnant again is called birth spacing. It is best to allow your baby to be at least 1½ years old before you get pregnant with another baby. This gives your body time to fully recover from the last pregnancy before it is ready for the next pregnancy. Too little time between pregnancies increases the risk of premature birth. The shorter the time between pregnancies, the higher the risk of a premature birth, and premature babies are more likely to have health problems than babies born on time.

Birth Spacing Tips:

- Wait at least 18 months (1½ years) between giving birth and getting pregnant again.
- Use birth control until you are ready to get pregnant again. Talk with your health care provider about birth control options.

Risks When Birth Spacing is not Practiced:


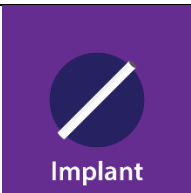
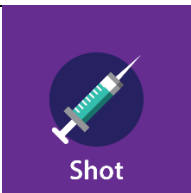

- **Premature Birth:** this is when your baby is born before 37 weeks of pregnancy. At this stage your baby is more likely to have health problems and may stay in the hospital longer than a full-term baby.
- **Low Birthweight:** this is when your baby is born weighing less than 5 pounds, 8 ounces. Long-term health problems or death are more likely to occur with a low birthweight baby.






Birth Control (Contraception)





*Information provided by the Centers for Disease Control and Prevention (CDC)
and Office of Disease Prevention and Health Promotion*


Birth Control Methods

Birth control or contraception is any method, medicine, or device used to prevent pregnancy. Some work better than others at preventing pregnancy. The type you choose should depend on your health, your desire to have children now or in the future, and your need to prevent sexually transmitted infections. Your doctor can help you decide which type is best for you.

<i>Intrauterine Contraception Methods</i>	
<p><u>Levonorgestrel Intrauterine System (LNG IUD)</u> - The LNG IUD is a small T-shaped device like the Copper T IUD. It is placed inside the uterus by a doctor. It releases a small amount of progestin each day to prevent pregnancy. The LNG IUD stays in the uterus for up to 3 to 6 years, depending on the device. Typical use failure rate: 0.1-0.4%.</p> <p><u>Copper T Intrauterine Device (IUD)</u> - This IUD is a small device that is shaped in the form of a “T.” The doctor places it inside the uterus to prevent pregnancy. It can stay in the uterus for up to 10 years. Typical use failure rate: 0.8%.</p>	 <p>IUD</p>
<i>Hormonal Methods</i>	
<p><u>Implant</u> - The implant is a single, thin rod that is inserted under the skin of a woman’s upper arm. The rod contains a progestin that is released into the body over 3 years. Typical use failure rate: 0.1%.</p>	 <p>Implant</p>
<p><u>Injection or “Shot”</u> - Women get shots of the hormone progestin in the buttocks or arm every three months from their doctor. Typical use failure rate: 4%.</p>	 <p>Shot</p>
<p><u>Combined Oral Contraceptives</u> - Also called “the pill,” combined oral contraceptives contain the hormones estrogen and progestin. It is prescribed by a doctor. A pill is taken at the same time each day. For women older than 35 years and smoke, have a history of blood clots or breast cancer, the doctor may advise not to take the pill. Typical use failure rate: 7%.</p> <p><u>Progestin Only Pill</u> - Unlike the combined pill, the progestin-only pill (sometimes called the mini-pill) only has one hormone, progestin, instead of both estrogen and progestin. It is prescribed by a doctor. It is taken at the same time each day. It may be a good option for women who can’t take estrogen. Typical use failure rate: 7%.</p>	 <p>Oral Contraception</p>

<p><u>Patch</u> - This skin patch is worn on the lower abdomen, buttocks, or upper body (but not on the breasts). This method is prescribed by a doctor. It releases hormones progestin and estrogen into the bloodstream. The woman put on a new patch once a week for three weeks. During the fourth week, she does not wear a patch, so she can have a menstrual period. Typical use failure rate: 7%.</p>	 <p>Patch</p>
<p><u>Hormonal Vaginal Contraceptive Ring</u> - The ring releases the hormones progestin and estrogen. The woman places the ring inside her vagina. She wears the ring for three weeks, takes it out for the week she has her period, and then puts in a new ring. Typical use failure rate: 7%.</p>	 <p>Ring</p>
<p>Barrier Methods</p>	
<p><u>Diaphragm or Cervical Cap</u> - Each of these barrier methods are placed inside the vagina to cover the cervix to block sperm. The diaphragm is shaped like a shallow cup. The cervical cap is a thimble-shaped cup. Before sexual intercourse, she inserts it with spermicide to block or kill sperm. She should visit her doctor for a proper fitting because diaphragms and cervical caps come in different sizes. Typical use failure rate for the diaphragm: 17%.</p> <p><u>Sponge</u> - The contraceptive sponge contains spermicide and is placed in the vagina where it fits over the cervix. The sponge works for up to 24 hours, and must be left in the vagina for at least 6 hours after the last act of intercourse, at which time it is removed and thrown away. Typical use failure rate: 14% for women who have never had a baby and 27% for women who have had a baby.</p>	 <p>Diaphragm</p>
<p><u>Male Condom</u> - Worn by the man, a male condom keeps sperm from getting into a woman's body. Latex condoms, the most common type, help prevent pregnancy, and HIV and other STDs, as do the newer synthetic condoms. "Natural" or "lambskin" condoms also help prevent pregnancy, but may not provide protection against STDs, including HIV. Condoms can only be used once. Women can buy condoms, KY jelly, or water-based lubricants at a drug store. Do not use oil-based lubricants such as massage oils, baby oil, lotions, or petroleum jelly with latex condoms. They will weaken the condom, causing it to tear or break. Typical use failure rate: 13%.</p>	 <p>Male Condom</p>
<p><u>Female Condom</u> - Worn by the woman, the female condom helps keeps sperm from getting into her body. It is packaged with a lubricant and is available at drug stores. It can be inserted up to eight hours before sexual intercourse, and it also may help prevent STDs. Typical use failure rate: 21%.</p>	 <p>Female Condom</p>

<p><u>Spermicides</u> - These products work by killing sperm and come in several forms - foam, gel, cream, film, suppository, or tablet. They are placed in the vagina no more than one hour before intercourse. She leaves them in place at least six to eight hours after intercourse. She can use a spermicide in addition to a male condom, diaphragm, or cervical cap. They can be purchased at drug stores. Typical use failure rate: 21%.</p>	 <p>Spermicide</p>
<p><i>Fertility Awareness-Based Methods</i></p>	
<p><u>Fertility Awareness-Based Methods</u> - Understanding her monthly fertility pattern can help her plan to get pregnant or avoid getting pregnant. A woman's fertility pattern is the number of days in the month when she is fertile (able to get pregnant), days when she is infertile, and days when fertility is unlikely, but possible. If she has a regular menstrual cycle, she has about nine or more fertile days each month. If she does not want to get pregnant, she does not have sex on the days she is fertile, or she uses a barrier method of birth control on those days. Failure rates vary across these methods. Range of typical use failure rates: 2-23%.</p>	 <p>Fertility Awareness-based Methods</p>
<p><i>Lactational Amenorrhea Method</i></p>	
<p>For women who have recently had a baby and are breastfeeding, the Lactational Amenorrhea Method (LAM) can be used as birth control when the three conditions below are met:</p> <ol style="list-style-type: none"> 2. She is not having any menstrual periods after delivering her baby, 3. She is fully or nearly fully breastfeeding, <u>and</u> 4. It is less than 6 months since she had her baby. <p>LAM is a temporary method of birth control, and another birth control method must be used when any of the <u>three conditions</u> are not met.</p>	 <p>Lactational Amenorrhea Method</p>
<p><i>Emergency Contraception</i></p> <p>Emergency contraception is NOT a regular method of birth control. Emergency contraception can be used after no birth control was used during sex, or if the birth control method failed, such as if a condom broke.</p>	
<p><u>Copper IUD</u> - Women can have the copper T IUD inserted within five days of unprotected sex</p> <p><u>Emergency Contraceptive Pills</u> - Women can take emergency contraceptive pills up to 5 days after unprotected sex, but the sooner the pills are taken, the better they will work. There are three different types of emergency contraceptive pills available in the United States. Some emergency contraceptive pills are available over the counter.</p>	 <p>Emergency Contraception</p>

<i>Permanent Methods of Birth Control</i>	
<p><u><i>Female Sterilization</i></u> - Tubal ligation or “tying tubes” - A woman can have her fallopian tubes tied (or closed) so that sperm and eggs cannot meet for fertilization. The procedure can be done in a hospital or in an outpatient surgical center. She can go home the same day of the surgery and start her normal activities within a few days. This method is effective immediately. Typical use failure rate: 0.5%.</p> <p><u><i>Male Sterilization (Vasectomy)</i></u> - This operation is done to keep a man’s sperm from going to his penis, so his ejaculate never has any sperm in it that can fertilize an egg. The procedure is typically done at an outpatient surgical center. The man can go home the same day. Recovery time is less than one week. After the operation, a man visits his doctor for tests to count his sperm and to make sure the sperm count has dropped to zero; this takes about 12 weeks. Another form of birth control should be used until the man’s sperm count has dropped to zero. Typical use failure rate: 0.15%.</p>	 <p>Male and Female Permanent Contraception</p>

Child Development

Information provided by the Centers for Disease Control and Prevention (CDC)

The early years of a child's life are very important for his/her health and development. Healthy development means that children of all abilities, including those with special health care needs, are able to grow up where their social, emotional, and educational needs are met. Having a safe and loving home and spending time with family playing, singing, reading, and talking are very important. Proper nutrition, exercise, and sleep can also make a big difference.

Developmental Milestones

Developmental milestones are things most children (75% or more) can do by a certain age. Skills such as taking a first step, smiling for the first time, and waving "bye-bye" are called developmental milestones. Children reach milestones in how they play, learn, speak, act, and move.

Children develop at their own pace, so it is impossible to tell exactly when a child will learn a given skill. A mother is her baby's first teacher to help with his or her learning and brain development. The developmental milestones listed below give a general idea of the changes to expect as your child gets older.

If your child is not meeting the milestones for his/her age, or if you think there could be a problem with your child's development, you should talk with your child's doctor and share your concerns. Don't wait.

What Most Babies Do By 2 Months

<u><i>Social/Emotional Milestones</i></u> <ul style="list-style-type: none">• Calms down when spoken to or picked up• Looks at your face• Seems happy to see you when you walk up to him/her• Smiles when you talk to or smile at him/her	<u><i>Language/Communication Milestones</i></u> <ul style="list-style-type: none">• Makes sounds other than crying• Reacts to loud sounds
<u><i>Cognitive Milestones (learning, thinking, problem-solving)</i></u> <ul style="list-style-type: none">• Watches you as you move• Looks at a toy for several seconds	<u><i>Movement/Physical Development Milestones</i></u> <ul style="list-style-type: none">• Holds head up when on his/her tummy• Moves both arms and both legs• Opens hands briefly

What Most Babies Do By 4 Months

<u><i>Social/Emotional Milestones</i></u> <ul style="list-style-type: none">• Smiles on his/her own to get attention• Chuckles (not yet a full laugh) when you try to make him/her laugh• Looks at you, moves, or makes sounds to get or keep your attention	<u><i>Language/Communication Milestones</i></u> <ul style="list-style-type: none">• Makes sounds like “oooo”, “aahh” (cooing)• Makes sounds back when you talk to him/her• Turns head towards the sound of your voice
<u><i>Cognitive Milestones (learning, thinking, problem-solving)</i></u> <ul style="list-style-type: none">• If hungry, opens mouth when sees your breast or bottle• Looks at his/her hands with interest	<u><i>Movement/Physical Development Milestones</i></u> <ul style="list-style-type: none">• Holds head steady without support when being held• Holds a toy when it is put in his/her hand• Uses arm to swing at toys• Brings hands to mouth• Pushes up onto elbows/forearms when on tummy

What Most Babies Do By 6 Months

<u><i>Social/Emotional Milestones</i></u> <ul style="list-style-type: none">• Knows familiar people• Likes to look at self in a mirror• Laughs	<u><i>Language/Communication Milestones</i></u> <ul style="list-style-type: none">• Takes turns making sounds with you• Blows “raspberries” (sticks tongue out and blows)• Makes squealing noises
<u><i>Cognitive Milestones (learning, thinking, problem-solving)</i></u> <ul style="list-style-type: none">• Puts things in mouth to explore them• Reaches to grab a toy he/she wants• Closes lips to show he/she doesn’t want more food	<u><i>Movement/Physical Development Milestones</i></u> <ul style="list-style-type: none">• Rolls from tummy to back• Pushes up with straight arms when on tummy• Leans on hands to support self when sitting

What Most Babies Do By 9 Months

<u><i>Social/Emotional Milestones</i></u> <ul style="list-style-type: none">• Is shy, clingy, or fearful around strangers• Shows several facial expressions, like happy, sad, angry, and surprised• Looks when his/her name is called• Reacts when you leave (looks, reaches for you, or cries)• Smiles or laughs when playing peek-a-boo	<u><i>Language/Communication Milestones</i></u> <ul style="list-style-type: none">• Makes a lot of different sounds like “mamamama” and “bababababa”• Lifts arms up to be picked up
<u><i>Cognitive Milestones (learning, thinking, problem-solving)</i></u> <ul style="list-style-type: none">• Looks for objects when dropped out of sight (like spoon or toy)• Bangs two things together	<u><i>Movement/Physical Development Milestones</i></u> <ul style="list-style-type: none">• Gets to a sitting position without help• Moves things from one hand to the other hand• Uses fingers to “rake” food towards self• Sits without support

What Most Babies Do By 12 Months

<u><i>Social/Emotional Milestones</i></u> <ul style="list-style-type: none">• Plays games like pat-a-cake	<u><i>Language/Communication Milestones</i></u> <ul style="list-style-type: none">• Waves “bye-bye”• Calls a parent “mama” or “dada” or another special name• Understands “no” (pauses briefly or stops when you say “no”)
<u><i>Cognitive Milestones (learning, thinking, problem-solving)</i></u> <ul style="list-style-type: none">• Puts something in a container, like a block in a cup• Looks for things he/she sees you hide, like a toy under a blanket	<u><i>Movement/Physical Development Milestones</i></u> <ul style="list-style-type: none">• Pulls up to stand• Walks, holding on to furniture• Drinks from a cup without a lid, as you hold it• Picks things up between thumb and pointer finger, like small bits of food

Immunization

Information provided by the Centers for Disease Control and Prevention (CDC)












Most parents vaccinate their children according to CDC's recommended immunization schedule, to protect them from 14 potentially serious diseases before their second birthday. Vaccinating children on time protects them and anyone around them with a weakened immune system.

Preventable Diseases and the Vaccines that Prevent Them				
Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs), death
Diphtheria	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hib	Hib vaccine protects against Haemophilus influenzae type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic, and blood disorders, death
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer, death
Influenza (Flu)	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs), bronchitis, sinus infections, ear infections, death

Preventable Diseases and the Vaccines that Prevent Them				
Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Measles	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness, death
Pertussis	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Pneumococcal	PCV13 vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Rotavirus	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration, death
Rubella	MMR** vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

* DTaP combines protection against diphtheria, tetanus, and pertussis.

** MMR combines protection against measles, mumps, and rubella.

Child Immunization (Vaccine) Schedule										
 Birth	 1 month	 2 months	 4 months	 6 months	 12 months	 15 months	 18 months	 19-23 months	 2-3 years	 4-6 years
HepB	HepB			HepB						
		RV	RV	RV						
		DTaP	DTaP	DTaP		DTaP				DTaP
		Hib	Hib	Hib	Hib					
		PCV13	PCV13	PCV13	PCV13					
		IPV	IPV	IPV						IPV
				Influenza (Yearly)						
					MMR					MMR
					Varicella					Varicella
					HepA					

Car Seat Safety

*Information provided by the American Academy of Pediatrics and
the National Center on Early Childhood Health and Wellness*

Each year, thousands of young children are killed or injured in car crashes. One of the most important jobs you have is keeping your child safe when he/she is riding in a vehicle. You can protect your child by always using a car seat, booster seat, or seat belt that is right for the child's age, height and weight, and developmental needs.

Make sure children younger than age 13 ride in the back seat. Riding in the back seat keeps a child farther away from the location of a frontal crash. It also keeps a child away from front passenger side airbags, which have caused deaths or serious injuries to children. In a crash, these airbags can inflate at speeds up to 200 miles per hour!

The chart below is a quick guide about types of car seats. It is important for you to do research to learn about each car seat you use.

Types of Car Seats		
Age-group	Type of Seat	General Guidelines
Infants and toddlers	Rear-facing-only Rear-facing-convertible	All infants and toddlers should ride in a rear-facing seat until they reach the highest weight or height allowed by their car safety seat manufacturer. Most convertible seats have limits that will allow children to ride rear facing for 2 years or more.
Toddlers and preschoolers	Forward-facing convertible Forward-facing with harness	Children who have outgrown the rear-facing weight or height limit for their convertible seat should use a forward-facing seat with a harness for as long as possible, up to the highest weight or height allowed by their car safety seat manufacturer. Many seats can accommodate children up to 65 pounds or more.
School-aged children	Booster Seat	All children whose weight or height exceeds the forward-facing limit for their car safety seat should use a belt-positioning booster seat until the vehicle seat belt fits properly, typically when they have reached 4 feet 9 inches in height and are 8 to 12 years of age. All children younger than 13 years should ride in the back seat.
Older children	Seat belts	When children are old enough and large enough for the vehicle seat belt to fit them correctly, they should always use lap and shoulder seat belts for the best protection. All children younger than 13 years should ride in the back seat.

Use Rear-Facing Car Seats for Infants and Toddlers



A rear-facing car seat supports the entire head, neck, and back of a child and the shell of the car seat absorbs the force of a crash. When a child sits in a rear-facing car seat, the head moves with the seat, reducing the risk of injuries to a child's head, neck, and spine.

Rear-facing-only car seats have carrying handles and usually have detachable bases. Most are for children who weigh up to 30-35 pounds. A few are available for children who weigh up to 22 pounds

Keep the child in a rear-facing car seat until he/she outgrows the rear-facing height or weight limits of the car seat. Most convertible seats have limits that will permit children to ride rear facing for 2 years or more

You should not be in a hurry to move your child into the next type of seat. Keep the child in his/her car seat until he/she reaches the seat's maximum height or weight requirement. Car seats label the minimum and maximum height and weight requirements on their packaging, on their instruction booklet, and on the seat itself.

Use Forward-Facing Car Seats for Toddlers and Preschoolers



When the child outgrows his/her rear-facing car seat, the child can be moved to a forward-facing car seat with a 5-point harness. A 5-point harness provides better protection than a booster seat.

The child should be kept in a forward-facing car seat and continue using the harness straps until he/she reaches the manufacturer's height and weight limits. This usually happens when the child

is between the ages of 4 and 7, depending on their height and weight. When the child outgrows the forward-facing car seat, he/she can move into a booster seat.

Use Booster Seats for School-Age Children

After a child outgrows a forward-facing car seat with a harness, that child should use a booster seat. This usually occurs somewhere between ages 4 and 7.

- A booster seat lifts the child up so the adult seat belt fits correctly.
- Use a lap and shoulder belt with a booster.
- NEVER use a lap belt alone.

Without a booster seat, a seat belt can ride up on a child's stomach or across the neck. This can cause serious injuries to the stomach or spine in a crash.

If the child puts the shoulder belt under his/her arm or behind the back, check the seat belt fit. This is not a safe way to ride. The child may not be ready for a booster seat and may still need a car seat with a harness.

Childproofing Your Home for Hazards & Accidents

Information provided by the American Academy of Pediatrics; Safe Kids Worldwide, US Department of Agriculture, Mayo Clinic, and Window Covering Safety Council

Prevent Poisoning

Children are naturally curious and love to explore. Young children like to explore by putting things in their mouths. Before or as soon as your child begins to crawl or walk, take extra steps to make sure harmful items are out of their reach and sight, and stored in a cabinet with a lock or safety latch. Check each room in the home for these potential hazards:

Cleaning Products

- All-purpose cleaners
- Bleach
- Dishwashing detergent (liquid, powdered, or single-use packets or tablets)
- Drain openers and toilet bowl cleaners
- Furniture polish
- Laundry detergent (liquid, powdered, or single-use packets or tablets)

Detergent in single-use laundry packets is very concentrated and can be toxic.

Even a small amount can cause serious breathing or stomach problems or irritate the eyes.

- ✓ Never let a child handle or play with the packets. The packets dissolve quickly when in contact with water, wet hands, or saliva. Biting a packet can cause it to burst, shooting detergent into the child's mouth and throat or eyes.
- ✓ Remember to seal the container and store it in a locked cabinet after each use. Be sure the container is out of sight and reach of children.
- ✓ Follow the instructions on the product label.

Personal and Hygiene Products

- Nail polish removers
- Cosmetics
- Mouthwash
- Perfume and aftershave

Items that May be in Your Basement or Garage

- Antifreeze and windshield wiper fluid
- Gasoline, kerosene, and lamp oil
- Insecticides and weed killer

Medicines

- Prescription medicines
- Over-the-counter medicines
- Vitamins and supplements

Medicines Can Be Harmful if Not Taken as Directed.

- ✓ Purchase medicines with safety caps and keep medicines in original containers.
- ✓ Check the label each time before giving medicine to a child to ensure he/she gets the proper dosage.

Other Home Dangers

- Nicotine, including e-cigarette refills & cigarettes
 - Liquid nicotine e-cigarette refills can be very dangerous, even fatal, for a child.
 - Keep all nicotine products including cigarettes, out of sight and reach of children.
- Alcohol
 - Alcohol can be poisonous to a young child. Remember to empty any unfinished drinks right away.
- Trash
 - Keep in mind that children may get into trash cans. Trash cans that contain spoiled food, sharp objects (like razor blades), or batteries should have a child-proof cover or be kept out of a child's reach. Purses and bags can also have hazards such as medicines and should be kept out of a child's reach.
- Houseplants
 - Certain houseplants may be harmful if children get ahold of them. You can call the Poison Control Center at 1-800-222-1222 for a list of plants to avoid. Keep all houseplants out of a child's reach.

Most Poisonings Happen When Parents or Caregivers are Home but Not Paying Attention.

- ✓ Keep products in the same package in which they were bought .
- ✓ Store products in locked cabinets or containers, out of sight and reach of children.
- ✓ Install a safety latch that locks when the door is closed on cabinets that are within a child's reach.

What To Do in Case of Poisoning

If your child is caught with an open or empty container of a dangerous item, the child may have been poisoned. You should:

1. Stay calm and act quickly.
2. Get the item away from the child.
3. Remove any product found in the child's mouth with your fingers, or make the child spit it out.
4. Not make the child vomit because it may cause more damage.
5. Keep a sample of the product, bottle, or package to tell what the child might have swallowed.

If a Child is Unconscious, Not Breathing, Shaking, or Having Seizures, Call 911 Right Away

- ✓ If a child does not have these symptoms, call the Poison Control Center at 1-800-222-1222.

Prevent Carbon Monoxide Poisoning

According to the American Academy of Pediatrics, about 20,000 people are affected by carbon monoxide poisoning every year, and about 500 cases result in death.

Carbon monoxide or CO is a poisonous gas that is sometimes referred to as the “Invisible Killer.” This gas is produced when furnaces, stoves, water heaters, and fireplaces are damaged, not used correctly, or not well-vented when burning fuel. Carbon monoxide prevents the transport of oxygen in your blood, which is very dangerous, especially for children as they breathe faster and can inhale more CO per pound of body weight. Carbon monoxide is very difficult to detect because it has no odor, has no taste, and cannot be seen. To prevent carbon monoxide poisoning, it is important to have a carbon monoxide detector in your home.

Carbon Monoxide Detectors

To protect against carbon monoxide poisoning, at least one carbon monoxide detector should be in your home, on each floor. If a battery-operated CO detector is in your home, it is important to change the batteries every 6 months. **Note:** If you have a power outage, your plug-in detectors might not go off if there is a carbon monoxide leak.



Tips to Prevent Carbon Monoxide Poisoning:

- Have forced-air furnaces checked by a professional once a year or as recommended by the manufacturer.
- Keep pilot lights on fuel burning appliances in good working order.
- All fuel-burning appliances (e.g., gas water heaters, gas stoves, gas clothes dryers, space heaters) should be checked by a professional once a year or as recommended by the manufacturer.
- Do not use gas cooking stove tops and ovens to heat your home.
- Fireplaces and woodstoves should be checked by a professional once a year or as recommended by the manufacturer.
- Check to ensure the flue on a fireplace is open when it is being used.
- Inspect and maintain vent-free fireplaces and space heaters often.
- Vent space heaters well during use and follow the manufacturer's instructions.
- Inspect and maintain your vehicle's exhaust system often and as recommended.
- Never leave your automobile running in the garage or other enclosed space; CO can build up in your home even when your garage door is open.
- Follow the manufacturer's recommendations when using generators and other fuel-powered machines or tools.
- When the power goes out, keep generators outside (at least 20 feet from your house) because portable generators produce CO.
- Never use barbecue or fuel grills indoors or in spaces such as garages, campers, and tents.

If the CO detector alarm goes off:

- ✓ **Leave the house immediately and call 911.**
- ✓ During cold weather, wait at a neighbor's house or in a car until the fire department arrives.
- ✓ When waiting in a car, make sure it is parked outside, as carbon monoxide fumes from the exhaust can quickly fill up a garage, even if the garage door is open.

Prevent Choking

According to Safe Kids Worldwide, almost 60 percent of non-fatal choking among children treated in emergency rooms were food related. The US Department of Agriculture, Food and Nutrition Service offers the following tips to reduce the risk of choking in young children at mealtimes:

- Always supervise your children during meals and at snack times.
- Do not serve young children small marble-sized, sticky, or hard foods that are hard to chew but easy to swallow. This includes, cheese cubes, chewing gum, dried fruit, gummy fruit snacks, hard candy, hard pretzels, ice cubes, marshmallows, nuts and seeds, breads, crackers, cereals with nuts and seeds, spoonful of peanut butter, and popcorn.
- Slice round foods such as grapes, cherries, cherry tomatoes, and melon balls lengthwise and then cut them into smaller pieces, less than half inch before feeding to a child.
- Cut tube-shaped foods such as hot dogs and string cheese into short strips instead of round pieces.
- Cook hard foods like carrots until they are soft enough to pierce with a fork.
- Remove seeds, pits, and skin from fruits and vegetables, and chop raw fruits into thin slices before feeding them to a child.
- Remove all bones from fish, chicken, and meat before serving to young children.
- Grind up tough meat or poultry to limit the risk of choking and make sure children are sitting upright while they are eating.
- Do not let children eat in car seat or stroller where you may not see if they are choking.

Small objects such as beads, buttons, coins, button batteries, pins, refrigerator magnets, screws, and products and toys with small or loose parts can be a choking hazard or harmful if swallowed.

- ✓ Check floors often for small objects. This is important if someone in the house has a hobby that involves small items or if there are older children who have small items.
- ✓ Make sure battery covers are secure on remote controls, key fobs, musical books, and greeting cards.
- ✓ Store items that contain small button-cell batteries out of reach and sight of children. Button batteries can cause severe injury or death if swallowed.

Prevent Strangulation

Keep cords and strings, including those attached to window blinds, out of the reach of children. If possible, it is best to use only cordless window coverings. If corded window coverings are in your home and cannot be replaced with safer products, follow the safety tips below:

- Move all cribs, beds, furniture, and toys next to another way away from windows and window covering cords.
- Make sure tasseled pull cords are as short as possible.
- Continuous-loop cords on draperies and vertical blinds should be permanently anchored to the floor or wall.
- Keep all window covering cords out of the reach of children. Remove any dangling cords.
- Check that cord stops are properly installed and adjusted to limit movement of the inner lift cords.

If you cannot replace the corded window coverings in your home, you can order free retrofit kits from the Window Covering Safety Council by calling 1-800-506-4636 or visiting their website at www.windowcoverings.org/retrofit-your-windows

Prevent Burns

Children do not know how easy it is to get burned by hot liquids, food, steam, and electrical sources, so it is important for you to follow the safety tips below to help prevent burns:

- Check hot water heater to make sure the thermostat is set below 120 degrees Fahrenheit or at the manufacturer's recommended setting.
- Baby's bath water should be around 100 degrees Fahrenheit; before putting your child in the bath, check the water with your wrist or elbow to make sure it is not too hot.
- Never leave your child alone in a bathtub, in the kitchen, or around electrical outlets.
- Do not hold a child while you are cooking; it is best to place your child in a highchair where he/she is safe and within your sight.
- Do not drink or carry hot liquids or hot foods while holding your child.
- Use the back burner of the stove when possible and turn pot handles toward the back of the stove, and away from the edge, to prevent your child from reaching for or spilling hot food or liquid on him/herself.
- Never warm your baby's bottle in the microwave.
- Before giving your child food that was warmed in a microwave, test the temperature of the food to be sure some parts are not hotter than other parts.
- Items such as clothes iron and curling iron that are made to be heated should be unplugged and stored out of the reach of children.
- When possible, choose a cool-mist vaporizer to prevent the risk of steam burns.
- Cover unused electrical outlets with safety caps; keep electrical cords and wires out of the reach of children, and replace damaged or old electrical cords.
- Check labels to make sure mattresses and sleepwear meet the federal safety standards.
- If you must park your car in direct sunlight, cover the car seat with a towel or a blanket and always check for hot straps or buckles before placing your child in a car seat.
- Do not let your child play with or near fireworks or sparklers and NEVER leave your child alone near a barbecue grill, fire pit, or campfire.

Prevent Fire

Below are some tips to prevent accidental fires:

- Store matches, lighters, and ashtrays out of sight and reach of children, or lock them in a cabinet.
- Keep burning candles out of reach of children, and blow out candles before you leave the room.
- Do not smoke or let anyone smoke in your house - especially in bed.
- Keep space heaters at least 3 feet away from bedding, drapes, furniture, and other materials. Never leave a space heater on when you are sleeping.
- Get annual cleaning and inspection of your fireplace and chimney to help prevent a chimney fire.
- Store flammable liquids tightly sealed in the original containers, out of reach of children and away from sources of heat or flames.

- Never leave your child alone in a room when candles, fireplaces, or heaters are in use.

Use the fire emergency plan below to prevent injury if a fire occurs:

- ✓ Install at least one smoke alarm on each level of your home inside and outside of all sleeping areas.
 - Clean alarms monthly and push the button on the smoke alarm every month to make sure it works.
 - Use long-life batteries or change them at least once a year.
 - Replace smoke alarms that are more than 10 years old.
- ✓ Keep a working fire extinguisher in your home. Place it high on a wall near an exit.
 - Learn how to use the fire extinguisher properly.
- ✓ Teach your children what to do if their clothes catch on fire. They should **stop** immediately and don't run; **drop** to the floor and cover face with their hands; and **roll** on the floor to put out flames.
- ✓ Create an evacuation plan and practice it every six months. Plan two ways to exit each room and where to meet outside.
 - Do not use lockable doorknobs on your child's bedroom.
 - Teach your children to leave a smoky area by crawling on the floor.

Prevent Mold

Mold is a natural part of the environment, but indoor mold growth should be prevented. The key to mold control is moisture control. If mold becomes a problem in your home, it must be cleaned immediately, and the water problem must be fixed. It is also important to dry water damaged areas and items within 24-48 hours to prevent mold growth. Inhaling or touching mold or mold spores may cause allergic reactions in you or other people in your home. Allergic responses may include sneezing, runny nose, red eyes, and skin rash.

Quick Tips:

- Clean up indoor water leaks or spills quickly. If wet or damp areas are dried within 24-48 hours after a leak or spill, this will prevent the growth of mold, in most cases.
- Clean and repair roof gutters often.
- If possible, keep indoor humidity between 30 and 50 percent. Humidity A moisture or humidity meter is sold in many hardware stores and costs between \$10-\$50.
- Dry any moisture or water on windows, walls, or pipes to reduce the chance of mold.
- Try to prevent water from entering or collecting around the foundation of your home.
- Keep your air conditioning drip pans clean and your drain lines unblocked to allow air to flow freely.

Note:

If mold is found in your home, it is important to seek help from a professional who has experience with mold clean up. Talk with a health care professional if there are concerns about mold.

COVID-19 Vaccines

Information provided by Mayo Clinic and Medline Plus

Coronavirus 2019 (COVID-19) vaccines are used to prepare your body's immune system to protect against SARS-CoV-2 virus and from getting more severe symptoms if you do get the virus. Everyone ages 6 months and older can get a free COVID-19 vaccination. Even if you are pregnant, planning to become pregnant, or already had COVID-19, the vaccine is still recommended.

Possible Benefits of COVID-19 Vaccines:

- Preventing infection with the SARS-CoV-2 virus
- Protecting against serious illness, hospitalization, and death
- Reducing the risk of you spreading the virus

COVID-19 FDA approved Vaccines:

- **Pfizer-BioNTech COVID-19 vaccine:** for adults and children (also available to children by group age)
 - Adults
 - Ages 6 months through 4 or 5 years old (can receive 3 doses of this vaccine)
 - Ages 5 or 6 through 11 years old (can receive 2 doses of this vaccine)
 - Ages 12 through 17 years old (can receive 2 doses of this vaccine)
- **Moderna COVID-19 vaccine:** for adults and children
 - Adults
 - Ages 6 months through 17 years old (can receive 2 doses of this vaccine)
- **Janssen/Johnson & Johnson COVID-19 vaccine:** a viral vector vaccine that is given as one shot
 - For adults 18 or older; Not approved for children
- **Novavax COVID-19 vaccine, adjuvanted:** given as an injection (shot) in the arm in 2 doses, given 3 to 8 weeks apart
 - For adults 18 or older; Not approved for children

Note: It takes time for your immune system to start protecting you after you receive the vaccine. You are considered fully vaccinated:

- 2 weeks after the second shot of the Pfizer-BioNTech, Moderna, or Novavax vaccine
- 2 weeks after the one shot of the J&J/Janssen vaccine

Possible Side Effects:

- Pain, redness, or swelling where the shot was given
- Fever
- Fatigue
- Headache
- Muscle pain
- Chills
- Joint pain
- Nausea and vomiting
- Feeling unwell
- Swollen lymph nodes

Immunocompromised

If you have a weak immune system (immunocompromised), you should get an additional dose at least 28 days after your second shot of either the Pfizer-BioNTech or Moderna mRNA vaccine. This includes if you are receiving certain types of cancer treatment and if you are taking medicines that suppress the immune system. Getting a third dose will improve the response to the vaccine in your body. Your doctor or pharmacist can provide more information about vaccine doses.

Booster Shots

- Over time, COVID-19 vaccines appear to become less protective against the virus. Getting a booster dose helps provide you with extra protection. A booster shot is now recommended for all people ages 18 years and older.
- If you received the Pfizer-BioNTech or Moderna mRNA vaccine, you can get a booster dose 5 months after receiving your second dose of the first vaccine.
- If you received the J&J/Janssen vaccine, you can get a booster dose 2 months after receiving the first vaccine.
- It is recommended to get the Pfizer-BioNTech or Moderna vaccine for the booster dose, regardless of which vaccine you first received. People ages 5 to 17 years can get the Pfizer-BioNTech vaccine as the booster dose.
- If you are 50 years and older or if you are immunocompromised, you can get a second booster dose (Pfizer-BioNTech or Moderna) at least 4 months after the 1st booster dose.
- Novavax is not authorized for use as a booster at this time.

HOW TO GET THE VACCINE

There are several ways to look for vaccination providers nearby.

- Visit the CDC Vaccine Finder site at <https://www.vaccines.gov>
- Text your zip code to 438829 or call 1-800-232-0233 to find nearby locations.
- Check the local pharmacy's website to see if vaccination appointments are available.

***Note:** For more information about COVID-19 vaccines and booster shots, please visit www.CDC.gov and consult with your health care provider.

Community Resources

Resources list linking mothers to services

<u>A</u>	<ul style="list-style-type: none"> • Amerigroup Member Services (M-F: 7:00 a.m. -7:00 p.m.): 1-800-600-4441 • Amerigroup 24/7 On Call Nurse: 1-866-864-2544. Spanish: 1-866-864-2545
<u>B</u>	<ul style="list-style-type: none"> • Breastfeeding Support (La Leche League of Georgia): 404-681-6342 • Breastfeeding USA (mother-to-mother support): 612-293-6622
<u>C</u>	<ul style="list-style-type: none"> • CareSource Member Services (M-F: 7:00 a.m. -7:00 p.m.): 1-855-202-0729 • CareSource24® Nurse Advice Line (24/7): 1-844-206-5944 • CDC – Hear Her Campaign <ul style="list-style-type: none"> ○ https://www.cdc.gov/hearher/index.html Provides information to prevent pregnancy-related deaths • Children’s First <ul style="list-style-type: none"> ○ https://dph.georgia.gov/children1st Georgia’s Department of Public Health Resource to assist children birth – age 5 who may be at risk for poor health outcome and developmental delay. • Consumer Product Safety Commission: 1-800-638-2772 or website: https://www.cpsc.gov/Safety-Education • COVID-19 Vaccines <ul style="list-style-type: none"> ○ Visit the CDC Vaccine Finder site at https://www.vaccines.gov ○ Text your zip code to 438829 or call 1-800-232-0233 to find nearby locations
<u>D</u>	<ul style="list-style-type: none"> • Division of Family & Children Services (DFCS) <ul style="list-style-type: none"> ○ Child Abuse and Neglect Reporting: 1-855-GA CHILD (1-855-422-4453) ○ Customer Contact Center (M-F: 8:00 a.m. -5:00 p.m.): 1-877-423-4746 Email: customer_services_dfcs@dhs.ga.gov ○ EBT: 1-888-421-3281 ○ Food Stamps, TANF and Childcare: 1-877-423-4746 ○ Georgia Gateway (to apply for or renew benefits online): https://gateway.ga.gov/access/
<u>F</u>	<ul style="list-style-type: none"> • Findhelp.org: https://www.findhelp.org/ Enter zip code to search for resources such as food, housing, baby supplies, school, and more

<u>G</u>	<ul style="list-style-type: none"> Georgia Crisis and Access Line (GCAL) 24/7 service for developmental disabilities, mental health, drugs, or alcohol: 1-800-715-4225 Georgia Poison Control Center 24/7 service: 1-800-222-1222 or 404-616-9000 Website: https://www.georgiapoisoncenter.org Georgia Tobacco Quit Line (GTQL): 1-877-270-STOP (1-877-270-7867) Español (877) 2NO-FUME (877-266-3863)
<u>H</u>	<ul style="list-style-type: none"> Healthy Mothers Healthy Babies <ul style="list-style-type: none"> 1-800-300-9003 https://www.hmhbgga.org/ Provides advocacy, education, and access to vital resources to improve maternal and infant health
<u>L</u>	<ul style="list-style-type: none"> Local Health Departments <ul style="list-style-type: none"> https://www.naccho.org/membership/lhd-directory?searchType=standard&lhd-state=GA#card-filter National Association of County and City Health Officials (NACCHO) directory of Georgia's local health departments
<u>N</u>	<ul style="list-style-type: none"> National Child Abuse Hotline: 1-800-4ACHILD (1-800-422-4453) National Domestic Violence Hotline: 1-800-799-7233 or text LOVEIS to 22522 National Drug and Alcohol Helpline: 1-844-289-0879. Email: resources@drughelpline.org National Suicide Prevention Lifeline 24/7 service: 1-800-273-TALK (1-800-273-8255)
<u>P</u>	<ul style="list-style-type: none"> Peach State Health Plan Nurse Advice Line (24/7): 1-800-704-1484 Peach State Health Plan Member Services (M-F: 7:00 a.m. -7:00 p.m.): 1-800-704-1484 Postpartum Support International <ul style="list-style-type: none"> https://www.postpartum.net/ 1-800-944-4773 Text "HELP" to 800-944-4773 Text en Espanol: 971-203-7773 Provides access to information, social support, and professional care to help women and families deal with mental health issues relating to childbearing
<u>S</u>	<ul style="list-style-type: none"> Safe Kids Georgia (also for car seat checks): 404-785-0538 Email: SafeKidsGeorgia@choa.org
<u>T</u>	<ul style="list-style-type: none"> Transportation <ul style="list-style-type: none"> Southeastrans (non-emergency medical transportation): 404-209-4000 https://www.southeastrans.com/georgia-members-dch/

<u>W</u>	<ul style="list-style-type: none"> • WIC (Special Supplemental Nutrition Program for Women Infants & Children) <ul style="list-style-type: none"> ○ Clinic Locations: 1-800-228-9173 ○ Online Eligibility Assessment: https://dph.georgia.gov/wic-eligibility-assessment • Window Covering Safety Council provides free retrofit devices to prevent window covering cord accidents. Oder at: <ul style="list-style-type: none"> ○ 1-800-506-4636 or www.windowcoverings.org/retrofit-your-windows
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