Children's Mercy



Welcome Baby

Community Celebration Guide

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Newborn Checklist

Out and About

- [ ] Infant or convertible car seat
- [ ] Stroller and/or hands-free baby carrier
- [ ] Diaper bag with portable changing pad
- [ ] Blanket for car-seat and stroller

Nursing and feeding

- [ ] Breast pump and pads
- [ ] Feeding pillow with washable cover
- [ ] Nursing bras and shirts
- [ ] Breast pump and pads
- [ ] Milk storage bags
- [ ] Phone app to track feedings
- [ ] Sterilized bottles and bottle-warmer
- [ ] Purified bottled water (if opting for formula)

Sleep

- [ ] Crib, bassinet, or safe sleep space
- [ ] Crib mattress and sheets
- [ ] Sleep sound machine
- [ ] Audio or video camera and monitor
- [ ] Pacifier

Bath

- [ ] Infant tub or sink bathing mat
- [ ] Washcloths and hooded towels
- [ ] Gentle bath wash and lotion
- [ ] Bath cup (pour water over baby's head)

Playtime

- [ ] Activity or tummy-time mat
- [ ] Teething rings and toys



Clothing

- [ ] Zippered onesies
- [ ] Swaddling blanket or sleep sack
- [ ] Socks or booties
- [ ] Newborn hats and mittens
- [ ] Burp cloths and receiving blankets

Diapering

- [ ] Changing table with pad
- [ ] Washable pad covers
- [ ] Diapers and unscented wipes
- [ ] Diaper pail or trashcan with lid
- [ ] Diaper rash cream
- [ ] Wipe warmer

Health and Safety

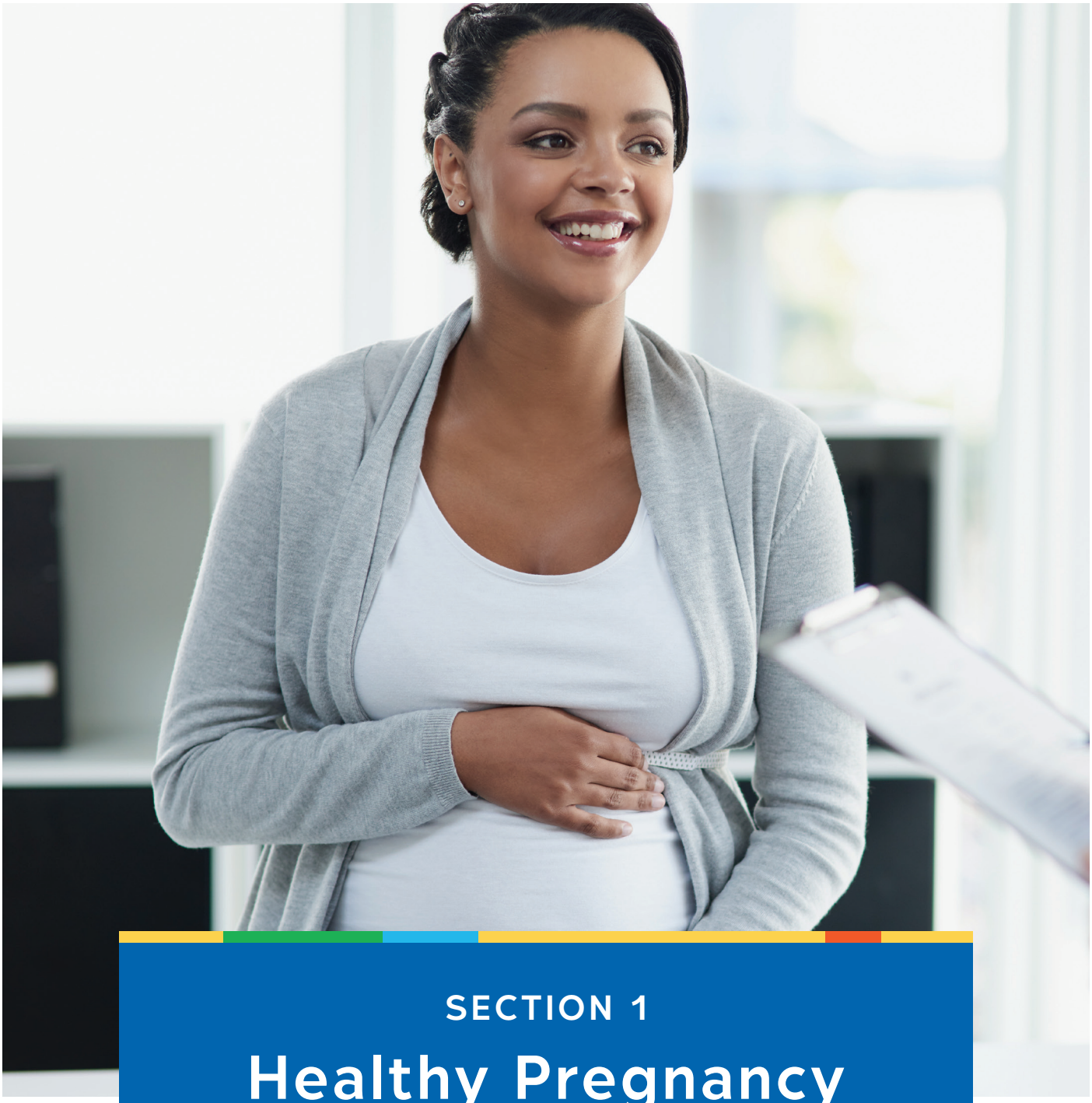
- [ ] Body temperature thermometer
- [ ] Baby nail buffer
- [ ] Humidifier
- [ ] Nasal aspirator

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Celebrating Expanding Families

The Children's Mercy Community Baby Shower program partners with other organizations to celebrate and support expanding families in the KC metro and beyond. Scan the QR code or visit **cmkc.link/comm-baby-shower** to access our website with guidance, safety information, and practical tips to support healthy beginnings for every baby and all caregivers. Sign-up for our Welcome Baby Bulletin to receive updates on the upcoming events we are supporting or contact us at **communitybabyshower@cmh.edu** to learn more.



SECTION 1

Healthy Pregnancy Foundations

Pregnancy Services for Women with Missouri HealthNet Managed Care Health Plans

home state health

- Pregnancy and postpartum reward programs
- Care coordination and pregnancy outreach
- Transportation beyond medical visits (varies by plan)
- Breast pump access and breastfeeding support

📞 **855-694-4663**

Show Me Healthy Kids
MANAGED BY HOME STATE HEALTH

- Incentives for prenatal and postpartum visits
- Pregnancy care management support
- Transportation help
- Breastfeeding supplies and support

📞 **877-236-1020**

UnitedHealthcare

- Prenatal and postpartum incentive programs
- Meal programs
- Transportation assistance
- Doula support
- Care coordination and breastfeeding support

📞 **866-292-0359**

Healthy Blue

- Pregnancy incentives
- Meal delivery programs for pregnant/postpartum members
- Transportation assistance
- Care management and breastfeeding support
- Access to extra wellness resources

📞 **833-388-1407**

Coverage can backdate up to 3 months before your application date

Important Reminders:

SCAN HERE

- Participants must report their pregnancyto activate benefits
- Call Family Support Division Info Line: 855-373-4636
- Or submit via Report A Change online
- Benefits remain available through pregnancy and for 12 months postpartum

KanCare

KanCare Maternity Benefits

Caring for You and Your Baby with KanCare

KanCare offers amazing value-added benefits for 2026! Choose from three trusted managed care plans to support you through pregnancy and beyond.

Contact your MCO by phone or website for details.

Healthy Blue
1-833-838-2593

- Start Smart for Your Baby program with nursing support, education & gifts
- Earn $100-$200 in rewards for prenatal & postpartum visits
- Free diapers, baby items, car seats & pack and play

Sunflower Health Plan
1-877-644-4623

- Healthy grocery cards with $75-$145 monthly credits
- Babyscripts app support with rewards
- Maternal Case Management programs

UnitedHealthcare Community Plan
1-877-542-9238

- Free community baby showers
- Help with benefits & community services
- Rides to WIC appointments

Coverage can backdate up to 3 months before your application date*

Visit your plan's website for more details

SCAN ME

To change plans, call 1-866-305-5147

Pregnancy and Your Heart Health



Pregnancy can be a very exciting time! It's also a time to make your health a priority. You can start by seeing a healthcare provider who can talk to you about your overall health, including your risks for heart problems. When possible, try to see your provider before you become pregnant.

Most women in the United States have healthy pregnancies. However, some serious illnesses and health problems are becoming more common, especially among women of color. Compared to white women, for example, Black women have a 2 to 4 times increased risk for high blood pressure-related pregnancy problems. Studies also show that American Indian, Asian, Hispanic, and Pacific Islander women are more likely to experience a variety of health problems during pregnancy.

Two potentially serious conditions can affect your heart health during pregnancy:

- **Preeclampsia**, a type of high blood pressure that occurs only during pregnancy. It occurs in women after the 20th week of pregnancy. People who have it also have signs of liver or kidney damage.
- **Gestational diabetes**, a type of diabetes that occurs only during pregnancy. It causes your blood sugar to spike, but it also can greatly raise your risk of developing preeclampsia.

High Blood Pressure During Pregnancy

Your healthcare provider should check your blood pressure to monitor for preeclampsia. This is very important if you have diabetes, obesity, or certain other health conditions. While uncommon, preeclampsia can quickly become serious.



Preeclampsia During Pregnancy

You're at increased risk of preeclampsia if you:

- Are older than age 40
- Are pregnant for the first time
- Had preeclampsia during a previous pregnancy
- Have chronic (long-term) high blood pressure, chronic kidney disease, or both
- Are pregnant with multiple babies (such as twins or triplets)
- Became pregnant using in vitro fertilization
- Have a family history of preeclampsia
- Are Black or African American
- Have type 1 or type 2 diabetes prior to pregnancy
- Have obesity
- Have lupus (an autoimmune disease)
- Have a history of a condition called thrombophilia that increases the risk of blood clots

How do I know if I have preeclampsia?

Pay attention to your body. Women who have preeclampsia often don't feel sick. However, they may have some mild symptoms, such as:

- Swelling in the hands or face
- Sudden weight gain over 1 to 2 days
- Weight gain of more than 2 pounds a week

Symptoms of severe preeclampsia include:



Headache that doesn't go away or becomes worse



Trouble breathing



Pain on the right side, below the ribs, or in the right shoulder



Peeing less often than normal



Nausea and vomiting



Feeling lightheaded or faint



Vision changes, including blurry vision, seeing spots or changes in eyesight

The risk for preeclampsia remains for up to 6 weeks after you give birth. If you experience any symptoms, contact your healthcare provider right away.

How do you treat preeclampsia?

Preeclampsia treatment can vary depending on how serious it is.

- Your healthcare provider may ask you to track your blood pressure with a home blood pressure monitor. Contact your provider if your blood pressure reads higher than typical for you, or if you have signs of preeclampsia.
- You may need to go to the doctor more often. Your doctor will check your baby's growth rate and heart rate. They may order blood and urine tests to see how well your organs are working.
- You may need to stay in a hospital for care. If you do, your doctor will monitor you and your baby closely and give you medications to control your blood pressure.
- If you have preeclampsia, you may have a baby that is born early or underweight, or you may have a miscarriage or a stillbirth (birth of a baby who has died).

Is it true I can have a stroke with preeclampsia?

Having preeclampsia increases your risk of having a stroke. Preeclampsia causes long-term changes in the blood vessels. Women who have preeclampsia during their first pregnancy have more than 2 times the risk of developing high blood pressure in the 2 to 7 years that follow. High blood pressure can lead to stroke, making it important to know the signs of one and what to do.

Call 9-1-1 immediately if any of the following problems come on suddenly – either while you're pregnant, right after having your baby, or any time afterward:

- Numbness or weakness in the face, arm, or leg, especially on one side of the body
- Confusion, trouble speaking, or difficulty understanding speech
- Trouble seeing
- Trouble walking, dizziness, loss of balance, or lack of coordination
- Severe headache with no known cause

With preeclampsia, you'll need to take extra care of yourself after pregnancy. Then throughout your life, be sure to tell all your healthcare providers that you had this condition.

Diabetes During Pregnancy

Gestational diabetes causes your blood sugar (blood glucose) to get too high. This can happen even if you didn't have blood sugar problems before pregnancy. **It also makes it more likely that you will develop preeclampsia.** Gestational diabetes goes away after the baby is born. Women with it usually don't have symptoms. If you do have symptoms, they may be mild, like being thirstier than normal or having to pee more often.

Am I at risk for gestational diabetes?

You're at increased risk if you:

- Are older than age 25
- Are overweight
- Are Black or African American, Hispanic, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander
- Have family members with type 2 diabetes
- Had gestational diabetes during a previous pregnancy
- Had a baby who weighed more than 9 pounds
- Have a condition called polycystic ovary syndrome (PCOS)

Do I need to get tested and treated for gestational diabetes?

Your healthcare provider should do a blood test to check for gestational diabetes, usually between 24 and 28 weeks of pregnancy. If you have an increased chance of developing gestational diabetes, your provider may test during the first visit after you become pregnant.

If you have gestational diabetes, controlling your blood sugar levels will help you protect yourself and your baby. If not treated, gestational diabetes can increase the risk of your baby having health problems or of you having a miscarriage or a stillborn baby.

Having gestational diabetes increases the chance that you will develop type 2 diabetes later in life. Over time, having too much glucose in your blood can cause heart disease and other health problems.

Making Your Heart Health a Priority

You can take action to reduce your chances of getting preeclampsia and gestational diabetes. Before and during your pregnancy, try to eat heart-healthy foods and be physically active. If you're planning a pregnancy and your healthcare provider says you need to lose weight to be healthier, try to do so before you get pregnant. Pregnant women shouldn't try to lose weight. Also, ask your provider about how much weight you should gain during pregnancy since it's different for every woman.

Take care of your heart by keeping your appointments with your healthcare provider. Talk to your provider about anything that doesn't feel right. Doing so can help keep you and your baby healthy. For more information, see Heart Health and Pregnancy.



MARCH OF DIMES | HEALTHY MOMS. STRONG BABIES.

PRENATAL CARE CHECKUPS

What Is Prenatal Care?

- Prenatal care is the medical care you get during pregnancy.
- At each visit, your provider checks:
- Your health
- Your baby's growth and development

✅ **Getting care early and often helps you have a healthy, full-term baby (39–40 weeks)**

Most pregnant women can follow a schedule like this:

- Weeks 4 to 28 of pregnancy.
  - **Once a month**
- Weeks 28 to 36 of pregnancy
  - **Twice a month**
- Weeks 36 to 41 of pregnancy.
  - **Once a week**

Why Prenatal Visits Are Important. Prenatal care:

- Helps prevent problems during pregnancy
- Finds concerns early
- Keeps you and your baby safe

✅ **Even if you feel fine, you still need to go to every visit**

When Should I Start?

- Start as soon as you know you're pregnant.
- Don't wait for symptoms or problems.

📅 **Keep all appointments throughout your pregnancy.**

- Be Honest With Your Provider
- Your provider is there to help you—not judge you.
- Share information about:
- Your health history
- Medications
- Smoking, alcohol, or drug use
- Stress or safety concerns

✅ **Your information is private and confidential**

Who Can Provide Prenatal Care? You have options:

- OB/GYN doctors
- Family doctors
- Nurse practitioners
- Certified nurse-midwives
- Specialists for high-risk pregnancies

✅ **Choose someone you trust and feel comfortable with**

SCAN HERE FOR MORE

PREVENTING GESTATIONAL DIABETES

Pickles & Ice Cream

Gestational diabetes can develop during pregnancy due to blood sugar levels becoming high.

EATING LOW-GLYCEMIC CAN HELP

It allows you to have more energy, a more appropriate weight gain, reduced risk of gestational glucose intolerance, and a greater chance your baby will be born at a healthy weight.

These foods do not cause as much of a drastic change in your blood sugar.

GREEN LIGHT (GLYCEMIC "FREE") FOODS

- ◯ Broccoli, cooked
- ◯ Lettuce, all types
- ◯ Avocados
- ◯ Macadamia nuts
- ◯ All beef
- ◯ All poultry
- ◯ Crab
- ◯ Yogurt, plain, whole milk
- ◯ Diet soda
- ◯ Sucralose (Splenda)

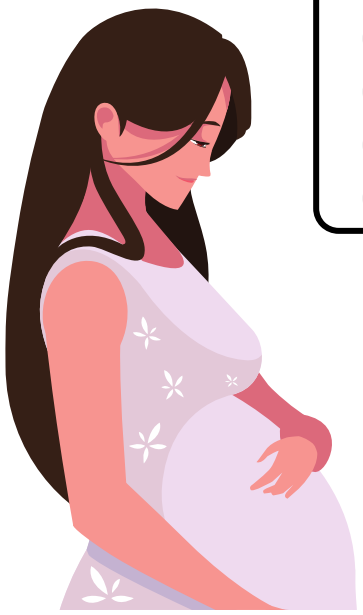


YELLOW LIGHT (IN AVERAGE SERVING SIZE) FOODS

- ◯ Bananas
- ◯ Chick peas
- ◯ Peaches
- ◯ Pinto beans
- ◯ Red lentils

ORANGE LIGHT (EAT IN SMALL AMOUNT) FOODS

- ◯ Brown rice
- ◯ Peanut butter cookies
- ◯ Pasta, whole grain
- ◯ Pineapple
- ◯ Sweet corn



RED LIGHT (AVOID EATING OR SMALL SERVINGS) FOODS

- ◯ Cookies
- ◯ White bread
- ◯ Cornflakes
- ◯ White rice
- ◯ French fries
- ◯ Potato chips
- ◯ Couscous
- ◯ Baked russet potatoes
- ◯ Cake
- ◯ Potato chips

Reviewed by Melinda Delisle, MS, LCCE of Confident Pregnancy

For more information, visit picklesandicecreamga.org

Lamaze INTERNATIONAL

PREGNANCY NUTRITION BY TRIMESTER

Now that you're eating for two, it's important to consume nutrient-dense food that help your baby grow! **Follow these guidelines to help improve birth outcomes, and learn more at Lamaze.org/nutrition.**

FIRST TRIMESTER

600 micrograms of folate

- Helps prevent birth defects and preterm birth
- Builds DNA
- Grows and reproduces cells
- Take a prenatal vitamin with folic acid to supplement folate intake

Foods with folate: asparagus, dark leafy greens, nuts, beans, whole grains, fortified cereal, broccoli, citrus fruits, peas, lentils, avocado, Brussels sprouts, seeds, cauliflower, corn, beets, celery, carrots, squash





Average total weight gain for the 1st trimester is 1-4 pounds

SECOND TRIMESTER

1,000 milligrams of calcium per day

- Helps baby grow strong bones, teeth, hair and nails
- Lowers your blood pressure
- Helps prevent preeclampsia

Foods with calcium: yogurt, milk, cheese, collard greens, kale, spinach, broccoli, edamame, oranges, salmon, tofu, almonds





Average total weight gain for the 2nd trimester is 12-15 pounds

THIRD TRIMESTER

27 milligrams of iron each day

- Helps prevent anemia
- Provides baby enough iron to sustain him/her through the first six months of life
- Supplementing with a prenatal vitamin could be beneficial

8-10 cups of water or fluids each day

- Extra fluids help maintain increased blood supply and prevent constipation
- Helps prevent dehydration

Foods with iron: spinach, beef, lamb, other animal protein, kidney beans, red quinoa, sunflower seeds, fortified whole grains, fortified cereal, dark chocolate, tofu





Average total weight gain for the 3rd trimester is 12-16 pounds

Reviewed by:
Petra Colindres, Family Dietician and Lactation Consultant, Nutrition by Petra; McKenzie Joyner, Nutritionist, Doula, Prenatal Yoga Instructor
Reference: US National Institutes of Health Office of Dietary Supplements

You & Your Baby Deserve Support

Understanding Perinatal Substance Use

Pregnancy • Postpartum • Recovery • Hope

Substance Use During Pregnancy & Postpartum Can Affect:

Parent Health

- Increased risk of anxiety,depression,and overdose
- Difficulty sleeping, eating, and managing
- Challenges bonding with baby and maintaining support systems stress

Baby Health

- Premature birth
- Low birth weight
- Developmental concerns
- Neonatal Abstinence Syndrome (NAS)
- Increased NICU admissions

You Are Not Alone. Substance use disorders are medical conditions — not personal failures.

Signs You or Someone You Love May Need Support

- Using substances to cope with stress, anxiety, or sadness
- Difficulty stopping or cutting back use
- Hiding substance use from loved ones or providers
- Feeling overwhelmed during pregnancy or after birth
- Missing appointments or struggling with daily responsibilities
- Feeling isolated, hopeless, or emotionally numb

Important to Know: Seeking help early leads to healthier outcomes for both parent and baby. You deserve compassionate, judgment-free care.

Kansas City Metro Resources

Maternal Mental Health KC
816-299-6222

First Call KC
Addiction prevention, treatment referrals & family support
816-361-5900

University Health Behavioral Health
888-279-8188

ReDiscover
Mental health & substance use treatment services
816-966-0900

KC CARE Health Center
Integrated behavioral and healthcare services
816-753-5144



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DOULAS CAN IMPROVE CARE BEFORE, DURING, AND AFTER CHILDBIRTH

THE BENEFITS OF DOULA CARE

Studies suggest that doula care can make labor and delivery safer for pregnant people and their babies. Benefits of doula care include:

- Fewer c-sections (cesarean sections)
- Less anxiety and depression for pregnant people
- Less pain-relief medication during labor
- Shorter time in labor
- Fewer negative childbirth experiences
- Better communication between pregnant people and their health care providers
- Lower healthcare costs

In fact, compared with pregnant people who don't use doulas, those at high risk for complications during labor and delivery under the care of a doula are:

- Two times less likely to experience a birth complication
- Four times less likely to have a low birthweight baby
- More likely to breastfeed
- More likely to feel happy about the care they received

MO DOULA PROGRAM

KS DOULA PROGRAM

MARCH OF DIMES

You Are Not Alone.

DOMESTIC VIOLENCE

RESOURCES & SUPPORT

Kansas City, Missouri



The Kansas City Missouri Police Department reports that KCPD responds to approximately **5,000** domestic violence calls each year—nearly **14** calls every day.

Help is available for survivors of abuse, stalking, harassment, and violence.

WARNING SIGNS OF ABUSE

You may be experiencing domestic violence if a partner:

- Threatens to hurt you, children, pets, or loved ones
- Hits, pushes, punches, chokes, or physically harms you
- Controls money, decisions, transportation, or your schedule
- Forces or pressures you into sex
- Constantly criticizes, humiliates, or isolates you
- Destroys property or threatens selfharm if you leave
- Uses technology to monitor or control you

Domestic violence can be:

Physical · Emotional · Psychological · Sexual · Financial · Technological · Stalking or Harassment Related

Abuse is never your fault.

Help is available even if you are unsure about reporting. Safety planning can begin before leaving a relationship. Support exists for survivors, children, and pets.

EMERGENCY & IMMEDIATE HELP

CALL 911
if you are in immediate danger.

KCPD DOMESTIC VIOLENCE UNIT
816-234-5235

24/7 DOMESTIC VIOLENCE HOTLINE
816-HOTLINE
(816-468-5463)

Hotline services can help connect survivors with emergency shelter, housing assistance, counseling, financial resources, medical support, and safety planning.

NATIONAL SUPPORT

National Domestic Violence Hotline
800-799-SAFE (7233)

Available 24/7 nationwide.

KANSAS CITY AREA SUPPORT ORGANIZATIONS

HOPE HOUSE
Eastern Jackson County
816-461-HOPE (4673)
- Emergency shelter
- Safe housing
- Counseling for adults & children

ROSE BROOKS CENTER
Kansas City South
816-861-6100
- Shelter for survivors, children & pets
- Advocacy services
- Community programs
- Court support

SYNERGY SERVICES
Kansas City North
816-321-7050
- Crisis hotline
- Emergency shelter
- Transitional housing
- Therapy & mentoring

NEWHOUSE
Northeast Kansas City
816-471-5800
- Safe shelter
- Legal services
- Survivor advocacy

MATTIE RHODES CENTER
816-471-2536
- Counseling & support services
- Specialized support for Hispanic & Spanish-speaking women

ADHOC GROUP AGAINST CRIME
816-753-1111
- Referrals
- Therapy for victims of violent crime

VICTIM RIGHTS & COMPENSATION

Victims of violent crime in Missouri may qualify for:

Medical Expense Assistance · Counseling Support · Lost Wage Support · Funeral Expense Assistance

KCPD VICTIM ASSISTANCE UNIT 816-234-5205

More information available through the KCPD Victim Assistance Unit and Missouri Crime Victim Compensation resources.
kcpolice.org/crime/victim-resources/victim-assistance-unit/

LEARN MORE

Scan the QR code to visit the KCPD Domestic Violence Resources page for more information and links.

kcpolice.org/crime/victim-resources/domestic-violence/

KANSAS CITY, MO POLICE DEPARTMENT
COURAGE · COMPASSION · COMMITMENT

FUTURES WITHOUT VIOLENCE

NCTSN The National Child Traumatic Stress Network

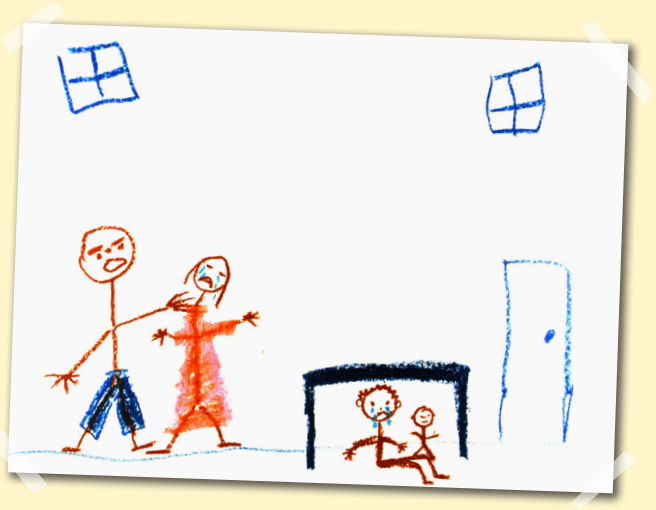
Children and Domestic Violence

How Does Domestic Violence Affect Children?

Domestic violence is a pattern of behavior that one person in a relationship uses to control the other. The behavior may be verbally, emotionally, physically, financially, or sexually abusive. You as a parent may have left an abusive relationship or you may still be in one. This fact sheet is **#1** in a series of 10 sheets written to help you understand how children may react to domestic violence, and how you can best help them to feel safe and valued and develop personal strength. For other fact sheets in the series, visit www.nctsn.org/content/resources

Children experience domestic violence in many ways. They may hear one parent threaten or demean the other, or see a parent who is angry or afraid. They may see or hear one parent physically hurt the other and cause injuries or destroy property. Children may live with the fear that something will happen again. They may even be the targets of abuse.

Most children who live with domestic violence can recover and heal from their experiences. One of the most important factors that helps children do well after experiencing domestic violence is a strong relationship with a caring, nonviolent parent. As a caring parent, you can promote your children's recovery by taking steps to increase safety in the family, helping your kids develop relationships with other supportive adults, and encouraging them in school or other activities that make them feel happy and proud.



HOW CHILDREN RESPOND TO DOMESTIC VIOLENCE

Children and parents living with domestic violence seek support in different ways. They may turn to their extended families or friends, their faith communities, or their cultural traditions to find connection, stability and hope. Children may find their own coping strategies and some do not show obvious signs of stress. Others struggle with problems at home, at school, and in the community. You may notice changes in your child's emotions (such as increased fear or anger) and behavior (such as clinging, difficulty going to sleep, or tantrums) after an incident of domestic violence. Children may also experience longer-term problems with health, behavior, school, and emotions, especially when domestic violence goes on for a long time. For example, children may become depressed or anxious, skip school, or get involved in drugs.

The Co-chairs of the NCTSN Domestic Violence Work Group Betsy Groves, Miriam Berkman, Rebecca Brown, and Edwina Reyes along with members of the committee and Futures Without Violence developed this fact sheet, drawing on the experiences of domestic violence survivors, research findings, and reports from battered women's advocates and mental health professionals. For more information on children and domestic violence, and to access all fact sheets in this series, visit www.nctsn.org/content/resources

The following factors affect how an individual child will respond to living with domestic violence:

- How serious and how frequent is the violence or threat?
- Was the child physically hurt or put in danger?
- What is the child's relationship with the victim and abuser?
- How old is the child?
- What other stress is going on in the child's life?
- What positive activities and relationships are in the child's life?
- How does the child usually cope with problems?

DOMESTIC VIOLENCE CHANGES FAMILY RELATIONSHIPS

Children may try to protect an abused parent by refusing to leave the parent alone, getting in the middle of an abusive event, calling for help, or drawing attention to themselves by bad behavior. They may want to be responsible for "fixing" their family by trying to be perfect or always tending to younger siblings. Some children take sides with the abusive adult and become disrespectful, aggressive, or threatening to their nonviolent parent.

Children who live with domestic violence may learn the wrong lessons about relationships. While some children may respond by avoiding abuse in their own relationships as they grow older, others may repeat what they have seen in abusive relationships with their own peers or partners. They may learn that it is OK to try to control another person's behavior or feelings, or to use violence to get what they want. They may learn that hurtful behavior is somehow part of being close or being loved.

REMEMBER...

A strong relationship with a caring, nonviolent parent is one of the most important factors in helping children grow in a positive way despite their experiences. Your support can make the difference between fear and security, and can provide a foundation for a healthy future.

IMPORTANT!

If you feel unsafe now and need help for yourself, your family, or someone else in a domestic crisis, contact

- 911 for emergency police assistance
- The National Domestic Violence Hotline. Advocates are available to intervene in a crisis, help with safety planning, and provide referrals to agencies in all 50 states. Call the confidential hotline at 1-800-799-7233 or go to www.thehotline.org
- Your local child protective services have resources for you if your children are in danger.

This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS).
The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

#1 – How Does Domestic Violence Affect Children?
#2 – Celebrating Your Child's Strengths
#3 – Before You Talk to Your Children: How Your Feelings Matter
#4 – Listening and Talking to Your Child About Domestic Violence
#5 – The Importance of Playing with Your Children
#6 – Keeping Your Children Safe and Responding to Their Fears
#7 – Managing Challenging Behavior of Children Living with Domestic Violence
#8 – Where to Turn if You Are Worried About Your Child
#9 – Helping Your Child Navigate a Relationship with the Abusive Parent
#10 – A Parent's Self-Care and Self-Reflection

HEALTH ACTION SHEET

Signs and symptoms of preterm labor

Even if you do everything right, you can still have preterm labor. Preterm labor is labor that happens too early, before 37 weeks of pregnancy.

Babies born before 37 weeks of pregnancy are called preterm. Preterm babies can have serious health problems at birth and later in life. Learning the signs and symptoms of preterm labor may help keep your baby from being born too early.



TAKE ACTION

Learn the signs and symptoms of preterm labor.

Call your provider if you have even one sign or symptom:

- ☐ Change in your vaginal discharge (watery, mucus or bloody) or more vaginal discharge than usual.
- ☐ Pressure in your pelvis or lower belly, like your baby is pushing down.
- ☐ Constant low, dull backache.
- ☐ Belly cramps with or without diarrhea.
- ☐ Regular or frequent contractions that make your belly tighten like a fist. The contractions may or may not be painful.
- ☐ Your water breaks.

Your provider may check your cervix to see if you're in labor. If you're in labor, your provider may give you treatment to help stop labor or to improve your baby's health before birth. If you have preterm labor, getting help is the best thing you can do.

Are you at risk for preterm labor?

No one knows for sure what causes preterm labor. But there are some things that may make you more likely than other pregnant people to give birth early. These are called risk factors.

These three risk factors make you most likely to have preterm labor:

1. You've had a preterm baby in the past.
2. You're pregnant with multiples (twins, triplets or more).
3. You have problems with your uterus or cervix or you've had these problems in the past.

Other risk factors include:

- You're overweight or underweight.
- Preterm birth runs in your family.
- You have certain health conditions, like diabetes, high blood pressure or depression.
- You smoke, drink alcohol or use harmful drugs.
- You have a lot of stress in your life.
- You get pregnant too soon after having a baby.

MORE INFORMATION

marchofdimes.org/pretermlabor

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MARCH OF DIMES
HEALTHY MOMS. STRONG BABIES.

Becoming a Dad

FATHERHOOD BEGINS EVEN BEFORE PREGNANCY. KEEPING YOURSELF AND YOUR PARTNER HEALTHY CAN MAKE A BIG DIFFERENCE TO ENSURE YOUR BABY IS BORN HEALTHY AND STRONG. WE'RE HERE WITH OUR HEALTH AND WELLNESS RESOURCES TO PREPARE YOU TO BECOME A DAD SO YOU AND YOUR FAMILY CAN HAVE THE BEST POSSIBLE START.

Fathers Assisting Mothers:

Essential education on pregnancy stages, partner support, and emotional and physical changes, empowering dads to be confident, informed, and active participants in the childbirth journey.

Fathers Assisting Mothers
Empowering Expectant Fathers

https://www.thatsmyfam.org/



Dads Prep Academy
Childbirth education for teenage fathers that includes the fundamentals of labor, caring for a newborn, and recognizing postpartum warning signs.



F.A.M.ILY Cohort
Our 6 week Intensive program to prepare for childbirth. This course covers essential topics, ensuring you feel confident and informed. Our expert instructors will guide you through practical exercises as well as empowering community conversations.



1-on-1 Personalized Coaching Sessions will provide tailored support and insights to help you confidently embrace fatherhood. Prepare for this exciting new chapter in your life!



SECTION 2

Mental Health Resources

MMHLA
Maternal Mental Health
LEADERSHIP ALLIANCE

FACT SHEET | NOVEMBER 2023

Maternal Mental Health Overview

info@mmhla.org | mmhla.org | @mmhla2

Key Facts: Maternal Mental Health (MMH) Conditions

1 in 5 Mothers are Impacted by Mental Health Conditions

Maternal mental health (MMH) conditions are the **MOST COMMON** complication of pregnancy and birth, affecting 800,000 families each year in the U.S.[1,2]

Most Individuals are Untreated, Increasing Risk of Negative Impacts

75%

75% of individuals impacted by MMH conditions **REMAIN UNTREATED**, increasing the risk of long-term negative impacts on mothers, babies, and families.[4]

Mental Health Conditions are the Leading Cause of Maternal Deaths

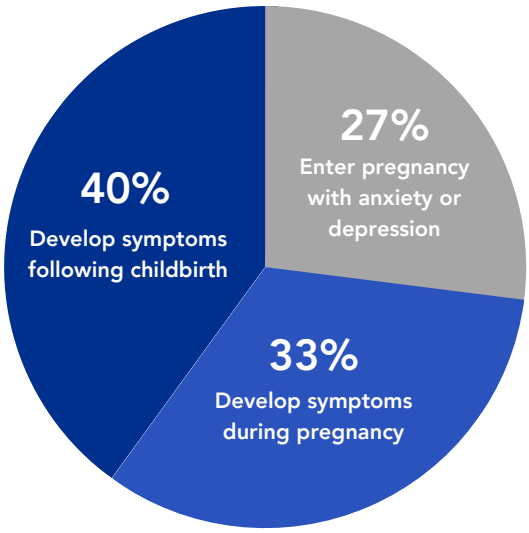
Suicide and overdose are the **LEADING CAUSE** of death for women in the first year following pregnancy.[3]

$14 Billion: The Cost of Untreated MMH Conditions

The cost of not treating MMH conditions is $32,000 per mother-infant pair, or **$14 BILLION** each year in the U.S.[5]

Timing and Onset of Anxiety and Depression

Of women who experience anxiety or depression in the postpartum period.[6]



If untreated, symptoms of MMH conditions can last up to 3 years.[7]

Terminology

Perinatal	From conception through full year postpartum.
Antenatal / prenatal	During pregnancy.
Postpartum / postnatal	First year following pregnancy.
Postpartum Depression / PPD / Postpartum	An umbrella term describing mood changes following pregnancy.
Perinatal mood disorders (PMDs) or perinatal mood and anxiety disorders (PMADs) **Maternal mental health (MMH) or perinatal mental health (PMH) challenges / complications / conditions / disorders / illnesses**	Various terms used to describe mental health conditions during the perinatal timeframe.
Women, mothers, childbearing people, birthing people	MMHLA uses these terms to refer to individuals who are capable of giving birth, and not to refer to gender identity. We strive to use inclusive terms whenever possible.

Range of MMH Conditions, Prevalence, and Symptoms

Baby Blues [20]

- **Up to 85% of childbearing individuals.**
- Normal period of transition.
- Typically include emotional sensitivity, weepiness, and / or feeling overwhelmed.
- Likely associated with the significant changes in hormones in the immediate postpartum period.
- Resolves without treatment within 2-3 weeks following childbirth.

Anxiety Disorders [20, 21]

- **6-8% of childbearing individuals.**
- Feeling easily stressed, worried, overwhelmed, tense.
- Panic attacks, including shortness of breath, rapid pulse, dizziness, chest or stomach pain.
- Fear of going crazy or dying.
- Intrusive or scary thoughts; thoughts of harming self or baby.
- Fear of going outside.
- Sleep disturbances; difficulty falling or staying asleep, even if baby is sleeping.

Obsessive-Compulsive Disorder [20]

- **4% of childbearing individuals.**
- Disturbing, repetitive, intrusive thoughts which may include thoughts of harming self or baby; these thoughts cause the individual great distress (i.e. thoughts are ego-dystonic).
- Compulsive behaviors, such as checking, in response to intrusive thoughts or in an attempt to make the thoughts stop or go away.

Substance Use Disorder (SUD) [22]

- **Often co-morbid.**
- Most-frequently used substances: tobacco, alcohol, marijuana, cocaine, opioids.
- Women are at the highest risk for SUD during reproductive years, especially if access to mental health services is limited.
- Most women who use substances often decrease their use during pregnancy. Those who can quit on their own usually do so, which is the distinguishing factor between substance use and SUD.

Depression [20, 21]

- **14% of childbearing individuals.**
- Change in appetite, sleep, energy, motivation, concentration.
- Negative thinking including guilt, helplessness, hopelessness, worthlessness.
- Irritable, angry, rageful.
- Lack of interest in the baby.
- Low self-care.
- Intrusive or scary thoughts; thoughts of harming self or baby.

Post-Traumatic Stress Disorders [20]

- **9% of childbearing individuals.**
- Change in cognition, mood, arousal associated with traumatic events, typically around childbirth.
- Avoidance of stimuli associated with the traumatic event.
- Feeling constantly keyed up or on guard.
- Learn more about birth trauma and PTSD with MMHLA's Birth Trauma and Maternal Mental Health Fact Sheet.

Bipolar Disorder [20, 21]

- **3% of childbearing individuals.**
- Manic or hypomanic episodes alternate with depressive episodes.
- Unusual shifts in mood, energy, activity levels, and ability to carry out day-to-day tasks.
- NOTE: Women with bipolar disorder are extremely vulnerable to recurrence during pregnancy and have an increased risk for postpartum depression and psychosis.

Psychosis — MEDICAL EMERGENCY [20, 21]

- **1-2 women per 1,000 births.**
- Most significant and least frequent mental health condition occurring during the perinatal period.
- Increases the risk of infanticide and/or suicide.
- Symptoms include delusions, hallucinations, paranoia, rapid mood swings, cognitive impairment, focus on death, reckless behavior.
- Thoughts are ego-syntonic, meaning they do not cause the individual distress.
- Onset is sudden, usually within 1-2 weeks following childbirth.
- The mother should be under the care of a medical provider or taken to the emergency room for assessment and care.
- Learn more with MMHLA's Pregnancy and Postpartum Psychosis Fact Sheet.

Causes of MMH Conditions

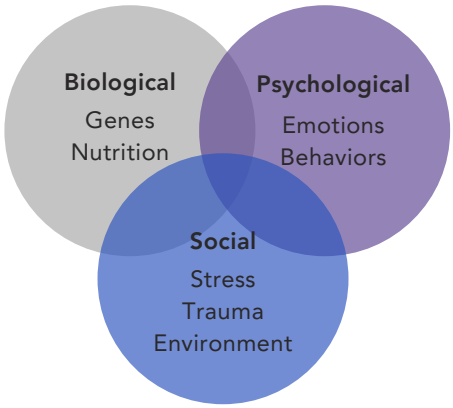
MMH conditions are caused by a combination of bio-psycho-social factors.

Biological: The dramatic change in hormones during pregnancy and in the immediate postpartum period can have a significant impact on mood. [23]

Psychological: Some individuals struggle with changes in roles, relationships, and responsibilities that come with the transition to parenthood. [24]

Social: The childbearing years often include changes in jobs, homes, and finances that can add stress. External factors, such as isolation during the COVID-19 pandemic, can add to or increase feelings of anxiety or depression. [25]

The Biopsychosocial Model



Consequences of Untreated MMH Conditions

On Mothers

Women with untreated MMH conditions during pregnancy are more likely to: [26, 27]

- Have poor prenatal care.
- Use substances such as alcohol, tobacco, or drugs.
- Experience physical, emotional, or sexual abuse.

Women with untreated MMH conditions postpartum are more likely to: [28]

- Be less responsive to their baby's cues.
- Have fewer positive interactions with their baby.
- Experience breastfeeding challenges.
- Question their competences as mothers.

On Children

Infants born to mothers with untreated MMH conditions are at higher risk for:

- Preterm birth, small for gestational size, low birth weight. [27, 29]
- Stillbirth. [27]
- Longer stay in the neonatal intensive care unit. [30]
- Excessive crying. [31]

Untreated MMH conditions in the parent can increase the risk for:

- Impaired parent-child interactions. [31]
- Behavioral, cognitive, emotional delays in the child. [32]
- Adverse childhood experiences. [33]

On Parents

Parents who are depressed or anxious are more likely to: [34, 35]

- Make more trips to the emergency department or doctor's office.
- Find it challenging to manage their child's chronic health conditions.
- Not adhere to guidance for safe infant sleep and car seat usage.

Individuals experiencing MMH conditions might say...

> Having a baby was a mistake.

> I'm such a bad mother, my baby and family would be better off without me.

> I'm exhausted but can't sleep, even when the baby sleeps.

> I feel like I'm drowning.

> I'm afraid to be alone with my baby.

> I want to run away.

> I'm not bonding with my baby.

> I was so embarrassed to say that I have postpartum depression out loud. It felt dirty, like it was a contagious disease.

Individuals at Increased Risk for MMH Conditions

The number one predictor for experiencing a maternal mental health condition is a personal or family history of mental health disorders. [9]

- Individuals with personal or family history of mental illness.[8]
- Individuals of color.[9-11]
- Individuals who live in low-income neighborhoods.[9-11]
- Military servicemembers and their spouses.[12]
- Women veterans.[44]
- Immigrant parents.[13]
- Parents with a baby in the neonatal intensive care unit.[14]
- Individuals who lack social support, especially from their partner.[8]
- Individuals who have experienced birth trauma or previous sexual trauma in their lifetime.[15]

Racial and Cultural Considerations

Increased Risk: Women of color are 3-4 times more likely to experience complications during pregnancy and childbirth and die from these complications than white women.[36]

Intergenerational Trauma: Black women enter pregnancy and childbirth suffering the impacts of intergenerational trauma, including the knowledge that many obstetric and gynecologic procedures were tested on Black women without their consent and without pain medication.[37]

Institutional Racism: Institutional racism in health care settings contributes to Black women receiving lower quality of care – such as giving birth in lower-quality hospitals – as well as being subject to dangerous, demeaning, or humiliating treatment.[36, 37]

Impact on Non-Birthing Parents

Fathers, Partners, Adoptive Parents At-Risk: Non-birthing parents – including fathers, partners, adoptive parents – are also at risk for experiencing mental health conditions related to pregnancy and parenting.[38, 39]

1 in 10 Fathers: As many as 1 in 10 fathers experience postpartum depression, with maternal depression as the #1 predictor of paternal depression.[38]

Grief and Loss: Parents involved in adoption – both the birthing parents and the adopting parents – can also experience strong emotions, including grief and loss.[39]

Barriers to Accessing Care

- Feelings of shame, stigma, guilt.[16]
- Expense and/or lack of access to healthcare.[16]
- Social biases in the healthcare system.[16, 17]
- Logistical challenges, such as lack of transportation or childcare.[17]
- Distrust of the healthcare system.[16]
- Fear that child protective services or immigration agencies will become involved.[18, 19]
- Fear of being considered a "bad mom."[16]
- Racial, cultural, and religious beliefs.[16]

Individuals of color and individuals of low income are MORE LIKELY to experience maternal mental health conditions and LESS LIKELY to be able to access care.[16, 17]

Treatment for Maternal Mental Health (MMH) Conditions

Most MMH conditions are temporary and treatable. Almost all individuals who experience MMH conditions can recover from a combination of self-care, social support, therapy / counseling, and medication. Learn more about treatment options with MMHLA's Steps to Wellness Fact Sheet.

Self-Care	Peer / Social Support [20, 28]
Basic self-care – such as regular and adequate sleep, nutrition and exercise – may be challenging during the first few days and weeks with an infant, but are necessary to recover from the physical and emotional demands of pregnancy and childbirth.[40] • **SLEEP**. Getting 4-5 hours of uninterrupted sleep is one of the most effective, least expensive things a new parent can do to start feeling better.[20, 40] • **NUTRITION**. Lactating parents should eat / drink every time the baby eats to maintain calorie intake and hydration.[40] • **MOVEMENT**. Light exercise (stretching, walking) and getting outdoors every day can have a significant positive impact on mood.[20, 40] • **LIGHT**. Going outdoors for 20-60 minutes or using bright light therapy can help with perinatal depression.[41] • **TIME FOR ONESELF**. Taking even a few minutes to recharge and rejuvenate – such as taking an interrupted shower – can increase feelings of well-being.[20, 40]	New parents can feel isolated and alone during the intense period of caring for a newborn. Social support is vital during this time, and can include emotional support, companionship, information and resources, and tangible support such as preparing meals or running errands. **Mindfulness & Mindful Breathing [20, 42]** Mindfulness-based interventions have shown to be helpful with stress, anxiety, and depression in the perinatal population. **Therapy / Counseling [21]** Counseling during the perinatal period is often short-term, pragmatic, and focused on symptom relief and coping skills. Cognitive behavioral therapy and interpersonal therapy are evidence-based therapeutic techniques proven supportive during the perinatal timeframe. **Medication [21, 43]** Sometimes medication is required to treat MMH conditions; fortunately, there are safe and effective medications to manage mood during pregnancy and lactation. Decisions about medication are best made in consultation with obstetric and psychiatric providers.

Maternal Mental Health Resources

National Maternal Mental Health Hotline HRSA

National Maternal Mental Health Hotline

For individuals who are not in crisis but need real-time support and assistance for maternal mental health conditions.

- 1-833-TLC-MAMA (1-833-852-6262)
- 24 / 7 / 365 response within 5 minutes
- Voice and text
- English and Spanish
- Other languages available via translator



For more resources go to mmhla.org/resource-hub.

PSI POSTPARTUM SUPPORT INTERNATIONAL

Postpartum Support International Helpline

For individuals who are not in crisis but need resources and referrals for maternal mental health conditions.

- 1-800-944-4773
- Online support groups
- Peer mentor program
- Volunteer coordinators in all states
- Provider directory

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FACT SHEET | JULY 2023

Infant Feeding and Parental Mental Health

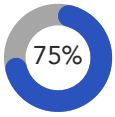
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Certain Individuals are at Increased Risk for Experiencing MMH Conditions

High-risk groups include people of color, those impacted by poverty, military service members, and military spouses.[6,7]

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It's Not Just Postpartum Depression: There are a Range of MMH Conditions

MMH conditions can occur during pregnancy and up to one year following pregnancy. They include depression, anxiety disorders, obsessive-compulsive disorder, post-traumatic stress disorder, bipolar illness, psychosis, and substance use disorders.[8]

Key Facts: Infant Feeding

Human milk is widely considered to be the optimal food for infants.

Human milk provides unique nutrients and antibodies that cannot be replicated; it can help protect against some childhood illnesses, and it is associated with decreased obesity and asthma in older children.[9,10]

Human milk is recommended for the first six months of infant feeding.

The American Academy of Pediatrics recommends exclusive human milk for the first 6 months of the infant's life, with continued human milk provided alongside nutritious complementary foods for 2 years.[9]

There are positive physical benefits for lactating people.

People who lactate can also experience positive physical benefits, with decreased risk of ovarian and uterine cancers.[11]

Fewer than 25% of babies in the U.S. receive exclusive human milk at 6 months of age.

The Centers for Disease Control and Prevention report that while 83% of families initiate breast/chest feeding, less than 25% of babies in the U.S. receive exclusive human milk at 6 months of age.[11]

Terminology

Not all people who feed their infant from their body identify as women.

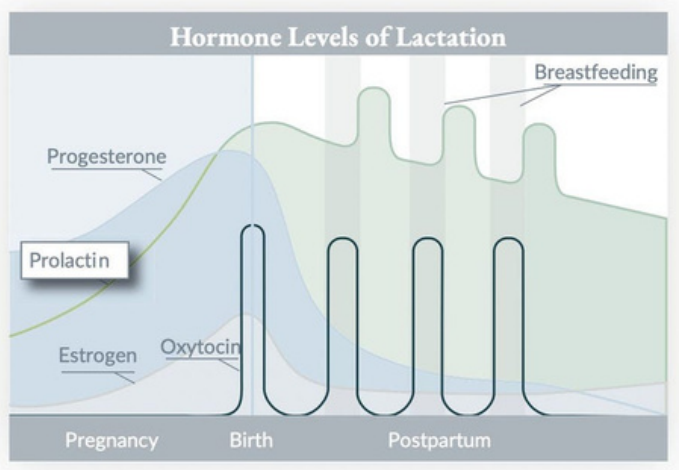
Providers should speak with patients about what terms feel most comfortable for them. Gender-neutral language is used throughout this Fact Sheet.

Inclusive and Gender Neutral Language Suggested by the National Institutes of Health [12]		
• Chestfeeding • Bodyfeeding • Infant feeding • Human milk feeding	• Chest milk • Human milk	• Parent • Postpartum person • Birthing people • People capable of pregnancy

Hormones and Mood

Complex hormonal changes associated with pregnancy and lactation can impact a parent's mood.

The significant drop in progesterone immediately following childbirth can have a negative impact on mood. Early breastfeeding/chestfeeding and skin-to-skin contact between parent and baby can help mitigate this phenomenon. In addition, increases in oxytocin, which stimulate milk release, often have a positive impact on mood during lactation—enhancing feelings of affection and bonding with the baby.[13]



Some people experience unpleasant emotions related to lactation and breastfeeding/chestfeeding.

Dysphoric milk ejection reflex (d-MER) is a relatively common disorder wherein a lactating person can experience intense negative emotions (including sadness, loneliness, irritability, and rage) during milk letdown, either while pumping or breastfeeding/chestfeeding. Symptoms are usually transient, lasting 30 seconds to 2 minutes, and are thought to be associated with a drop in dopamine when milk is released. It can be helpful to acknowledge these distressing emotions and remind parents that they are physical, not psychological, changes. Learn More.[14]

Racial and Cultural Challenges

Culture, race, ethnicity, and infant feeding.

Infant feeding is a very personal decision that is infused with racial, cultural, and ethnic beliefs and values. Culturally respectful medical care that prioritizes the parents' realities and preferences as well as the infants' needs are essential. Increasing support by providers and increasing the number of culturally and racially diverse providers can help mitigate these challenges.[19,20]

Breast/chestfeeding can be protective of mood shifts when feeding is going well for families; conversely the stress of feeding difficulties can exacerbate mood disturbances.

Providers should train in culturally respectful care to ensure that they can support patients' individual needs.

People across race, ethnicity, gender, and socioeconomic status can have very different experiences with infant feeding. It is important to honor and support each patient in a way that acknowledges their unique situation.[19]

Intersection of Infant Feeding and Parental Mental Health

The relationship between infant feeding and a new parent's emotions can be complicated.

While many new parents experience joy, fulfillment, and feelings of being connected with their infant when breastfeeding/chestfeeding, other parents may struggle emotionally or physically with providing human milk, which can elicit negative feelings.[10]

New parents experiencing mental health conditions may feel conflicted about infant feeding.

When breastfeeding/chestfeeding is going well, it can be protective against negative moods. However, parents who experience a discordance between feeding expectations and actual experience are more likely to experience anxiety or depression. Some parents may wish to provide human milk, but are not able, or find it uncomfortable or unfulfilling, potentially leading to feelings of failure or inadequacy. Some parents may not want to provide human milk but feel enormous pressure to do so, possibly increasing their stress or anxiety. Some parents may wean earlier than anticipated, which can lead to emotions ranging from relief to grief. Still others may choose to provide human milk exclusively, feeding and pumping for many months.[10,15]

Every baby is different, and every infant feeding experience will be different.

Infant feeding can be stressful, especially if the baby is fussy or a fussy feeder; has reflux, colic, or allergies; is sleep-adverse; or is slow to gain weight or is diagnosed as "failure to thrive."



According to the Centers for Disease Control and Prevention, it is usually safe for individuals who are pregnant or lactating to initiate or continue taking prescription medications, including those that manage mental health conditions.[17]

Learn More

Lack of sleep or interrupted sleep can exacerbate MMH conditions.

Severe sleep deprivation and poor sleep quality are widely considered to be risk factors for MMH conditions. Creating a sleep plan to ensure that new parents get 4-5 hours of uninterrupted sleep, at least a few nights a week, can be protective.[10]

Providers and lactation consultants should take a trauma-informed approach when assisting parents who breastfeed/chestfeed as previous trauma can be an emotional trigger.

Providers should explicitly ask for permission before directly assisting parents with breastfeeding / chestfeeding, thoroughly explain actions before touching the parent or infant, and provide a safe physical space for feeding. Providers should also be prepared to discuss the dual role of breasts (as providing both sexual pleasure and nutrition) and conflicting emotions parents may experience about lactation, breastfeeding/chest feeding, or pumping.[16]

It is usually safe to take prescribed medication, including those that manage mental health conditions.

According to the Centers for Disease Control and Prevention, it is usually safe for individuals who are pregnant or lactating to initiate or continue taking prescription medications, including those that manage mental health conditions. Physicians and other providers should be informed about medications their patients are taking and be prepared to discuss risks and benefits. Learn more.[17]

The infant formula shortage in the U.S. continues to cause stress for parents.

The U.S. has been experiencing an infant formula shortage since the spring of 2022, leaving many new parents feeling stressed and anxious as to how they will feed their infants. It is important to note that the vast majority of parents (over 75%) provide formula to their infant at some point, meaning that almost all families are impacted by the infant formula shortage. Providers can acknowledge the stress associated with the lack of control surrounding feeding an infant, and point patients to further resources. Learn more.[18]

MMHLA
Maternal Mental Health LEADERSHIP ALLIANCE

FACT SHEET | AUGUST 2023

Birth Trauma and Maternal Mental Health

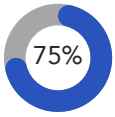
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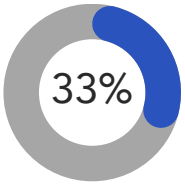
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Key Facts: Birth Trauma and Maternal Mental Health

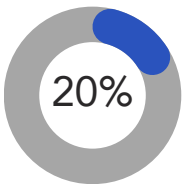
What is birth trauma?

Birth trauma, or a traumatic childbirth experience, refers to the birthing person's experiences of interactions and/or events directly related to childbirth that cause overwhelming and distressing emotions, leading to short- and/or long-term negative impacts on the birthing person's health, wellbeing, and relationships.[9]



1 in 3 birthing people report feeling traumatized by their childbirth experience.[11]

1 in 5 birthing people report experiencing some form of mistreatment during pregnancy or childbirth.[12]



- A leading factor contributing to birth trauma is the birthing person's perception or experience of poor interpersonal care and/or communication.[13]
- Women of color are at increased risk for both poor interpersonal care and obstetric complications, increasing their risk for experiencing birth trauma.[14]
- The same birth can be experienced very differently by the patient, partner / witness, and provider.[15]
- Birth trauma can lead to a range of MMH conditions, including anxiety, depression, and post-traumatic stress disorder (PTSD).[36]

Trauma is in the eye of the beholder: it depends on the subjective experience of the event. Two people may be present at the same event but may have very different experiences.

"What a mother perceives as birth trauma may be seen quite differently through the eyes of obstetric care providers, who may view It as a routine delivery and just another day at the hospital." [10]

— Cheryl Tatano Beck

Quotes from Women who have Experienced Birth Trauma[25, 26]

"The labor care has hurt deep In my soul and I have no words to describe the hurt."

"I was treated like nothing."

"I felt coerced into decisions or was mocked or rushed. It was a very dehumanizing and frustrating experience."

"I hated being shouted at by the midwife. She was abusive and downright mean."

"I was offered WIC repeatedly though I explained that I did not qualify. I believe it was because I am Latina and my partner is Black that we were repeatedly offered WIC."

"When I mentioned my desires, I was belittled and made to feel incompetent."

"I strongly believe my PTSD was caused by feelings of powerlessness and loss of control of what people did to my body."

"I felt raped and my dignity was taken from me."

"I am amazed that 3.5 hours in the labor and delivery room could cause such utter destruction in my life. It truly was like being the victim of a violent crime or rape."

Factors Contributing to Birth Trauma

Physical Factors [16, 17]

Definition	Examples
Significant physical injury, or threat / fear of injury or death, to the birthing person or to the baby. This includes obstetric interventions and maternal, infant, or postpartum complications.	• Emergency C-section or instrumental vaginal delivery • Experience of overwhelming pain or the denial of pain relief • 3rd or 4th degree perineal lacerations or tears • Unwanted or unannounced episiotomy • Complications with anesthesia • Manual removal of placenta • Urinary catheterization • Unplanned hysterectomy • Hemorrhage • Preeclampsia • Stillbirth/ infant death • Premature birth • Fetal distress or harm to baby • Separation from infant in NICU

Psychological Factors [18, 19]

Definition	Examples
Threats generated by reproducing earlier psychological states (prolonged fear, terror, etc.), related to previous personal experience and/or intergenerational trauma.	• A birthing person who experienced sexual trauma earlier in life relives the trauma during childbirth. • A woman who was hospitalized for severe sciatica 20 years earlier relives the experience when the epidural needle she receives during labor hits a nerve. • A Black woman who is incarcerated is shackled during labor, raising the specter of the violence of slavery.

Care-Related Interpersonal Trauma [20, 21, 22, 23]

Definition	Examples
Threats to psychological safety brought about by negative interactions with providers and/or the maternity care system itself.	• Feeling disrespected by health care providers. • Feeling abandoned or alone. • Feeling pushed, rushed, coerced, not seen or heard. • Feeling that embodied knowledge is disregarded. • Being yelled at, ignored, scolded, or threatened. • Poor communication (lack of proper translation, spotty and inadequate conveyance of important information, partial informed consent, un/misinformed by healthcare personnel, etc.) • Lack of agency; loss of control and participation in decision-making. • Medical providers talking about the birth as if the patient were not present.

Obstetric Violence and Mistreatment

Disrespect of Patient Rights

Obstetric violence occurs when a birthing person experiences mistreatment or disrespect of their rights, including being forced into procedures against their will, at the hands of medical personnel.[27]

Loss of Autonomy

Mistreatment can also include loss of autonomy, being shouted at, scolded, or threatened, or being ignored.[27]

Invasive, Painful Treatments

Patients can be subjected to painful gynecological procedures and invasive treatment without consent during pregnancy and childbirth.[27]

1 in 5 U.S. Moms Experience Mistreatment

20% of U.S. mothers report experiencing some form of mistreatment during pregnancy and delivery care. Mistreatment during maternity care was higher among Black (30%), Hispanic (29%), and multiracial (27%) women.[28]

Impacts of Racism on Birthing People

Complications, Deaths Higher for Women of Color

Women of color are 3-4 times more likely to experience complications during pregnancy and childbirth and die from these complications than white women.[31]

Intergenerational Trauma from Procedures Tested on Black Women without their Consent

Black women enter pregnancy and childbirth suffering the impacts of intergenerational trauma, including the knowledge that many obstetric and gynecologic procedures were tested on Black women without their consent and without pain medication.[29]

Institutional Racism Results in Lower Quality of Care

Institutional racism in health care settings contributes to Black women receiving lower quality of care, such as giving birth in lower-quality hospitals and being subject to dangerous, demeaning, or humiliating treatment.[30, 31]

Dismissal of Black Women in Treatment Decisions

Black women are often dismissed and not included as active participants in care decisions and treatment, increasing their risk of birth trauma.[22, 29]

Impacts of Birth Trauma

Maternal Mental Health Conditions

An estimated 4-6% of birthing people experience PTSD, and approximately 17% of birthing people will experience symptoms of post-traumatic stress.[37]

Significant Psychological Distress

Birth trauma can cause significant psychological distress or harm to the birthing person, affecting both physical and mental health, and frequently impacting future reproductive health and decision-making.[36]

Impact on Relationships

Birth trauma can negatively impact relationships between the parent and the infant (parent-child attachment in general and breastfeeding in particular); the partner (both emotional and sexual intimacy), and other children in the family.[32]

Impact on Others Present During Labor and Delivery

Others present at the birth, including the father / partner and medical providers, may also be impacted by birth trauma.[33]



Individuals who experience birth trauma often attribute the cause of their experience primarily to (1) lack and/or loss of control and (2) issues of communication and practical/emotional support.

They often believe that their trauma could have been reduced or prevented by better communication and support from their medical provider or if they themselves had asked for more or fewer interventions.[24]

MMHLA
Maternal Mental Health
LEADERSHIP ALLIANCE

FACT SHEET | JULY 2023

Black Women, Birthing People, and Maternal Mental Health

info@mmhla.org | www.mmhla.org | @mmhla2

Key Facts: Maternal Mental Health (MMH) Conditions

1 in 5 Mothers Are Impacted by Mental Health Conditions

Maternal mental health (MMH) conditions are the **MOST COMMON** complication of pregnancy and birth, affecting 800,000 families each year in the U.S.[1,2]

75% Most Women Are Untreated, Increasing Risk of Negative Impacts

75% of women impacted by MMH conditions **REMAIN UNTREATED**, increasing the risk of long-term negative impacts on mothers, babies, and families.[4]

Learn More About Maternal Mental Health Conditions

Learn more about MMH conditions with MMHLA's Fact Sheet on Maternal Mental Health.

Mental Health Conditions Are the Leading Cause of Maternal Deaths

Suicide and overdose are the **LEADING CAUSE** of death for women in the first year following pregnancy.[3]

$14 Billion: The Cost of Untreated MMH Conditions

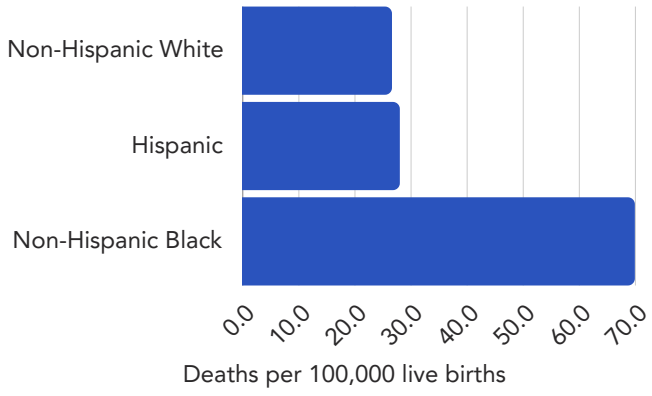
The cost of not treating MMH conditions is $32,000 per mother-infant pair, or **$14 BILLION** each year in the U.S.[5]

It's Not Just Postpartum Depression: There Are a Range of MMH Conditions

MMH conditions can occur during pregnancy and up to one year following pregnancy and include depression, anxiety disorders, obsessive-compulsive disorder, post-traumatic stress disorder, bipolar illness, psychosis, and substance use disorders.[6]

Key Facts: Black Women, Birthing People, and Maternal Mental Health

Black women experience maternal deaths at 2-3 times the rate of white women. [7,8]



40% **Almost 40% of Black mothers will experience MMH conditions.** [9,10]

2 x **Black women are twice as likely as white women to experience MMH conditions but half as likely to receive care.** [10,11]

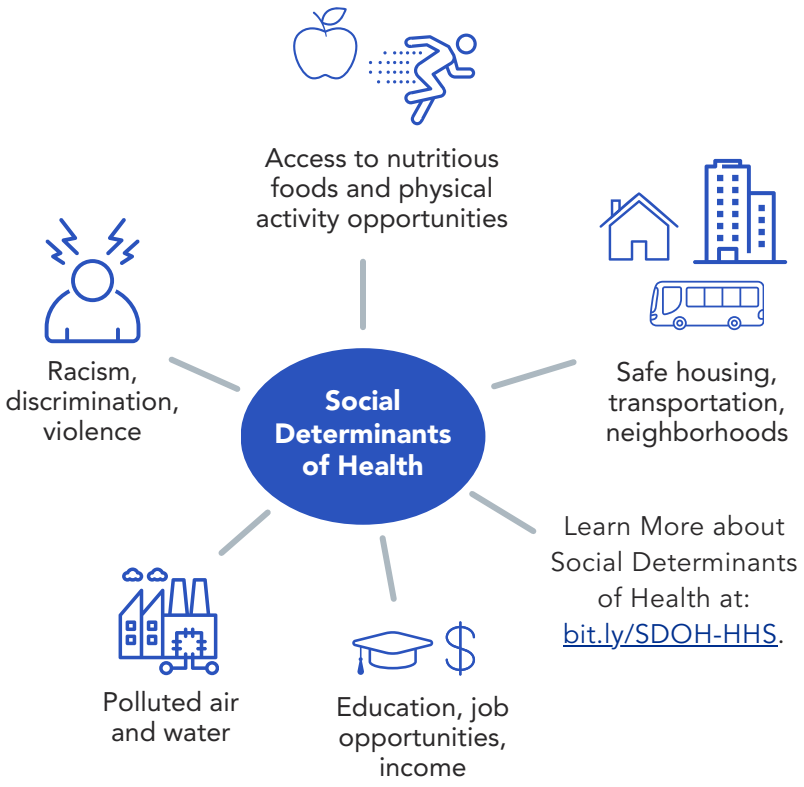
6 x **Single Black mothers are six times more likely than the general population to experience depressive symptoms.** [9]

Additional Factors Impacting Black Women and Families

Social Determinants of Health (SDOH)

SDOH are the conditions in the environments where people are born, live, learn, work, play, worship, and age. SDOH affects a wide range of health, functioning, and quality-of-life outcomes. Black people are disproportionately impacted by SDOH, which include:[19]

- Safe housing, transportation, neighborhoods
- Racism, discrimination, violence
- Education, job opportunities, income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water



Depression May Look Different in Black Women

Black women experiencing depression are more likely to report irritability, self-criticism (e.g. self-hate or self-blame) and somatic symptoms such as fatigue, insomnia, and decreased libido rather than stereotypical depression symptoms such as feelings of hopelessness or depressed mood. They also reported experiencing anhedonia, an inability to experience pleasure. It is important to recognize how depression manifests in Black women to be able to properly screen and provide mental health support. [15]

Weathering

Black women experience physical "weathering," meaning their bodies age faster than white women due to exposure to chronic stress linked to socioeconomic disadvantage and discrimination over the life course. Weathering can make pregnancy riskier for Black women at an earlier age and can also lead to Black women experiencing more chronic health conditions, such as diabetes and obesity. [16]

The Superwoman Schema

The Superwoman Schema is a conceptual framework that states that certain socio, cultural, and historical perspectives in the United States have impacted how Black women experience and handle stress, with Black women taking on the following coping characteristics: obligations to manifest strength, suppress emotions, and help others, even to the detriment of personal health; resistance to being vulnerable or dependent; and a determination to succeed despite limited resources. [17]

Assessing MMH Conditions in Black Women

Current screening tools for MMH conditions do not take into account these additional factors that impact Black birthing people. Thus to properly assess for MMH among Black birthing people, providers should consider utilizing screening tools such as the Jackson, Hogue, Phillips Contextualized Stress Measure (JHP), a measurement of racial and gendered stress, and the Perceived Stress Scale (PSS), an assessment of global stress. [20]

Black Maternal Health MOMNIBUS

The Momnibus was first introduced in Congress in 2021 and consisted of 12 separate bills to improve maternal health, particularly among communities of color. Only one provision was enacted: The Protecting Moms Who Serve Act. Legislators reintroduced the Momnibus bills in May 2023 to continue to address the maternal mortality crisis in our country which disproportionately impacts Black women.

Factors that Increase MMH Conditions Among Black Women and Birthing People			
Systemic Racism	Socioeconomic Status	Exposure to Violence and Trauma	Gaps in Medical Insurance
Adverse Childhood Experiences	Lack of Representation in the Medical Care System	Higher Risk of Pregnancy and Childbirth Complications	Lack of Access to High-Quality Medical and Mental Health Care

Barriers Black Women Face in Accessing MMH Care

Systemic and Interpersonal Racism

The cumulative effect of systemic and interpersonal racism takes a toll on the physical and emotional health of black women. Stress, anxiety, and fear all increase the likelihood of developing MMH conditions.[8,12,13]

Distrust of the Healthcare System

Historically, many Black people have been mistreated and harmed by medical providers, creating deep mistrust of the health care system.[9,12]

Shame and Stigma

The pressure of social stigma encourages Black women to keep their problems private to avoid appearing crazy, weak, or lacking faith. Having to be a "strong Black woman" prevents many women from seeking help.[10,11,12]

Logistical Barriers

Issues such as transportation, time off from work, and childcare can prevent women from seeking care.[10,11]

Screening Tools

Most mental health screening tools were developed based on primarily white research participants. These tools do not assess for physical symptoms, which Black women often use to describe their feelings of depression.[14]

Family Policing and Separation

Black families are disproportionately investigated by Child Protective Services: in the 20 most populous counties in the country, the mean rate of CPS investigations was 34%, but ranged from 40% to 70% for Black children. Family policing and separation contribute to the chronic stress that Black women and families face, and can deter a Black mother's willingness to seek out mental health care and treatment.[10,11,18]

Strategies to Remove These Barriers[8,10,13]

- Acknowledge the role of racism and cultural oppression.
- Build long-term, respectful relationships with community organizations and leaders.
- Retrain and educate current health care professionals on culturally appropriate mental health curriculum.
- Support and uplift the solutions from patient advocacy groups along with grassroots and community-based organizations.
- Provide culturally based or culturally relevant or culturally appropriate social support for pregnant and postpartum people.
- Create mental health screening tools that are designed for women of color and screen universally.
- Support political and economic policies that help empower communities of color.
- Create and provide services informed by cultural humility and holistic care.
- Embed diversity in the maternal and mental health care teams.

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The Fourth Trimester

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What is the Fourth Trimester?

The "Fourth Trimester" refers to the first three months of a baby's life and the first three months of a new mother's life, whether she is a first-time mother or a seasoned professional. It is a time of transition for baby from being in utero to living outside the womb and, just as importantly, a time of transition for the woman from pregnancy to motherhood.

While new mothers in many countries and cultures are provided special care and consideration during the Fourth Trimester, often the focus in the postpartum period is on the baby, not the mother. However, providers and policymakers alike are recognizing that new mothers need care and attention to recover from the physical and emotional aspects of pregnancy, childbirth, and new parenthood.

> "The baby is the candy, the mom is the wrapper. Once the candy is out of the wrapper, the wrapper is cast aside.
>
> — Alison Steube, MD, University of North Carolina at Chapel Hill

**The early postpartum period is often joyful and exciting.
It is also a time of intense physiological, social, and emotional change.**

Challenges New Mothers Face

- Mood & Emotional Well-Being
- Physical Recovery from Childbirth
- Infant Care & Feeding
- Sleep & Fatigue
- Medications, Substances & Exposures
- Sexuality, Contraception & Birth Spacing

> "The way a woman gives birth and the kind of care given to her and the baby points to the key values of the culture.
>
> — Sheila Kitzinger, Midwife

Resources for the 4th Trimester

Postpartum Planning Guides

Why wait until baby arrives to prepare for the Fourth Trimester? Much like a birth plan helps expectant parents think through labor and delivery, a postpartum plan can help them think about the first few weeks with a new baby. Topics include sleep, infant feeding, care for other children, meals, and more. See some example below:

- Matrescence 4th Trimester Planning + Support
- Postpartum Plan from DONA International
- The Postpartum Plan from Postpartum Support Virginia
- Your Postpartum Vacation Prep from Birthful

Websites

- The 4th Trimester Project
- New Mom Health

Books

- The Fourth Trimester by Kimberly Ann Johnson
- The Fourth Trimester Companion by Cynthia Gabriel
- The Fourth Trimester Journal by Nico Berlin

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FACT SHEET | JUNE 2024

Paternal Mental Health

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Key Facts

- **1 in 10 fathers** will experience depression or anxiety during pregnancy or the first year following pregnancy.[1,2,3]
- Depression and anxiety are **twice as common** in expecting and new fathers as compared with global estimates in men.[1,4]
- The peak onset of depression in fathers is **3-6 months** following the birth of a baby.[1,5,6]
- Men experiencing anxiety or depression are more likely than women to…
  - **Cite physical symptoms** such as changes in appetite or sleep, fatigue, headaches, psychomotor changes (e.g. restlessness, increased heartbeat, muscle tension, pacing).[12,13]
  - **Show irritability, anger, aggression, and frustration**, which can lead to isolating, withdrawing, risk-taking, avoidance, and substance use.[14,15]
- The Edinburgh Postnatal Depression Scale (EPDS) has been validated for detecting depression in fathers, but with **lower scores than for mothers.**[7,8,9]
- Untreated paternal depression can have **long-term negative impact on the child's development and health** across multiple domains, and increases the risk of Adverse Childhood Experiences.[2,10,11]
- There is limited data about the prevalence rate of **paternal depression based on race and ethnicity**; additional research in this area is needed.

Maternal depression is the most important risk factor for paternal depression.[1,2,5]

Untreated Paternal Depression	
Can Increase...	**Can Decrease...**
• Hostility and conflict in the home, particularly with spouse / partner.[16,17] • Feelings of resentment toward the baby.[14] • Negative parenting and harsh discipline, such as spanking or corporal punishment.[7,16] • Children's behavioral, emotional, and conduct problems.[18,19]	• Positive engagement with the infant – less sensitivity, warmth, playfulness, or touching – which can delay attachment with the baby.[20,21] • Positive interactions with older children – such as reading, singing, playing, or storytelling – which can negatively impact the child's social and emotional wellbeing.[6,7] • Adherence to general safety guidelines for safe infant sleep and car seat usage.[21]

Stress

Fathers experiencing anxiety or depression often cite **stress as a major contributing factor**, including having a new baby in the home, adjusting to changes in sleep and household routines, adapting to new and demanding tasks and roles, struggling with financial and economic concerns, and balancing work-life concerns. **Stress can increase the level of cortisol in the body, which can contribute to or exacerbate symptoms of irritability and/or depression.**[2,7,19]

Causes and Risk Factors

- Personal or family history of depression or other mental illness[6]
- Lack of social supports and networks[2]
- Changes in hormone levels[6,13]
- **Issues or concerns about the baby:**
  - Unwanted / unintended pregnancy[2]
  - Low birth weight, premature birth, infant in NICU[6]
  - Difficulties in bonding with the baby[14]
  - Feeling excluded from mother-infant bonding[22]
- **Issues or concerns about the partner / spouse:**
  - Maternal depression[1,11]
  - Complications during pregnancy and/or delivery, including traumatic birth or unexpected C-section[11]
  - Relationship conflict, such as dissatisfaction, disharmony, criticism, and communication difficulties[7,11]

Fathers experiencing anxiety or depression often say that they felt invisible or unnecessary during pregnancy, birth, and the immediate postpartum period, and that this experience contributed to them backing off even more from their partner and the baby.[11,22]

Fathers experiencing anxiety and depression say...[8,11,12,14]



"I did not know anything about fathers getting postpartum depression. By the time I realized I had depression, our family had nearly broken apart."

"Men are expected to be big and strong and stoic, to take care of everything, to be a tough guy. It was hard to acknowledge that I needed help."

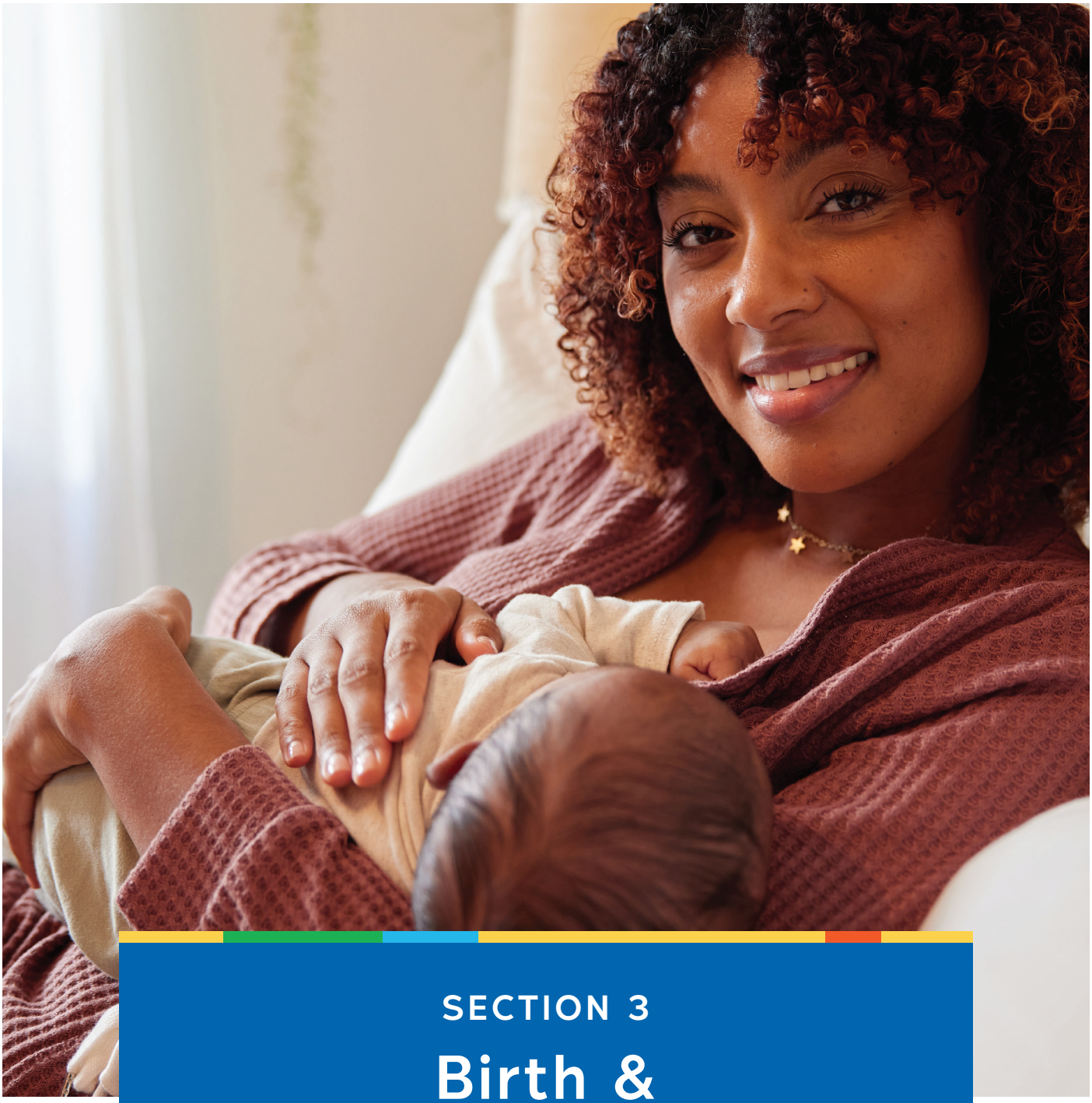
"I don't feel I can tell my wife about these feelings. It will make me look weak or it will sound ridiculous because she is with the kids more than me."

"I am constantly on the verge of bursting into tears. Work is extremely stressful now and I'm very irritable."

"I hate my baby's crying, his needs, his endless discontent."

"Nobody tells you how hard it really is."

"I was so ready to be a dad, but all I can think about is how miserable I am."

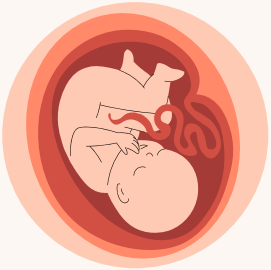


SECTION 3

Birth & Postpartum Care



STAGES of LABOR



After months of doctor's appointments and other baby preparations, you are likely ready to begin preparing for labor. To make sure you know what you will experience during labor, it's important to understand the following stages of labor:

Stage 1: Labor Begins



Phase 1: Early Labor

This phase consists of the onset of labor until the cervix is dilated to 3-6 centimeters. Early labor will last approximately 8-12 hours. Your water might break – this is known as amniotic sac rupture and can happen anytime within the first stage of labor.



Phase 2: Active Labor

Your contractions will be stronger, longer and closer together.

- Active labor will last about 3-5 hours. If this is your first baby, or if you have an epidural, labor could last longer.
- Contractions during this phase will last about 45-60 seconds with 3-5 minutes rest in between



Phase 3: Transition Phase



This is the most challenging phase, but it is also the shortest. Try to think "one contraction at a time" (this may be hard to do if the contractions are very close together).

- The transition phase will last about 30 min-2 hrs.
- Your cervix will fully dilate from 8cm to 10cm
- Contractions during this phase will last about 60-90 seconds with a 30 second to 2 minute rest in between
- You might experience hot flashes, chills, nausea, vomiting, or gas

Stage 2: Delivery



Some things to expect/know:

- Your health care provider will ask you to bear down during each contraction and tell you when to push.
- This stage in the labor process can take anywhere from a few minutes to several hours.
- A comfortable pushing position is important. Some pushing positions include: squatting, sitting, keeling, or on your hands and knees.
- During this time, your provider may ask you to do gentle pushes or to not push at all. This will give your vaginal tissues time to stretch rather than tear.
- Once your baby's head is delivered, the rest of their body will follow soon after.
- Your provider may delay cutting the ambilocal cord. If this happens, do not be frightened. Delaying clamping and cutting the umbilical cord after delivery increases the flow of nutrient-rich blood from the cord and the placenta to the baby. This increases the baby's iron stores and reduces the risk of anemia, promoting healthy development and growth.



Stage 3: Placenta Delivery



Congratulations, mama! Your baby is here, and has safely entered the world! But, you're not done yet because stage three of labor is the placenta delivery.

Here are some things to know/expect during this stage:

- Delivering your placenta can take anywhere between 30 minutes to an hour.
- It's important that you relax during this time. You will continue to have less painful contractions that are closer together. These contractions will help move your placenta to your birth canal.
- Your doctor will remove any remaining fragments of your placenta as this in crucial to decrease bleeding and infection. You may even be given medication during this time. A member of your healthcare team may also massage your abdomen to continue helping minimize bleeding.
- Once you have delivered your placenta, your uterus will continue to contract to help it return to size.
- This will also be the time that a member of your healthcare team will repair any vaginal tears that occurred during the birthing process.

Stage 4: Recovery



Whew! You did it, mama! You made it all the way to the last stage of labor! I know it's been a tough and exhausting several hours, but now it's time to focus on you and your baby. That's right, stage four of labor is recovery.

Here's somethings to keep in mind:

- The most important thing to remember for this stage is connection, connection, connection! This stage is where mommy and baby bonding time takes place, also known as "the Golden Hour".
- Important elements of the Golden Hour include delayed cord clamping, skin-to-skin contact for at least an hour, the performance of newborn assessments on the maternal abdomen, delaying non-urgent tasks (e.g., bathing the newborn) for 60 minutes, and the early initiation of breastfeeding.
- Establishing skin-to-skin contact with you and your baby is extremely important. One way of doing this is through "kangaroo care": a method of skin-to-skin contact that involves holding your baby on your chest.
- During this time, your care team is also checking in on you. Monitoring your vitals, keeping a watchful eye on the amount of blood you are experiencing, etc.
- This stage will last about 1-2 hours. Once this time has passed, your baby will be taken to the newborn nursery, and you will be taken to the postpartum room.

Pregnant now or within the last year?

Get medical care right away if you experience any of the following symptoms:



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



Dizziness or fainting



Changes in your vision



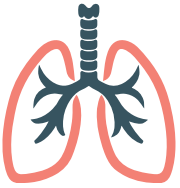
Fever of 100.4ºF or higher



Extreme swelling of your hands or face



Thoughts of harming yourself or your baby



Trouble breathing



Chest pain or fast beating heart



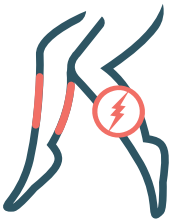
Severe nausea and throwing up



Severe belly pain that doesn't go away



Baby's movement stopping or slowing during pregnancy



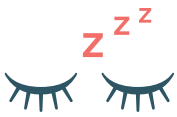
Severe swelling, redness or pain of your leg or arm



Vaginal bleeding or fluid leaking *during* pregnancy



Heavy vaginal bleeding or discharge *after* pregnancy



Overwhelming tiredness

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

Learn more at
cdc.gov/HearHer

HEAR®
HEAR HER CONCERNS

This list of urgent maternal warning signs was developed by the Council on Patient Safety in Women's Health Care.



You know your body best

If you experience something that seems unusual or is worrying you, don't ignore it.

HEAR™
HEAR HER CONCERNS

Learn about urgent warning signs and how to talk to your healthcare provider.

During Pregnancy

If you are pregnant, it's important to pay attention to your body and talk to your healthcare provider about anything that doesn't feel right. If you experience any of the urgent maternal warning signs, get medical care immediately.

After Pregnancy

While your new baby needs a lot of attention and care, it's important to remain aware of your own body and take care of yourself, too. It's normal to feel tired and have some pain, particularly in the first few weeks after having a baby, but there are some symptoms that could be signs of more serious problems.

Tips:

- Bring this conversation starter and any additional questions you want to ask to your provider.
- Be sure to tell them that you are pregnant or have been pregnant within a year.
- Tell the doctor or nurse what medication you are currently taking or have recently taken.
- Take notes and ask more questions about anything you didn't understand.

Learn more about CDC's Hear Her Campaign at www.cdc.gov/HearHer

Tear this panel off and use this guide to help you start the conversation:

Urgent Maternal Warning Signs

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

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

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

Use This Guide to Help Start the Conversation:

- Thank you for seeing me.
  I am/was recently pregnant. The date of my last period/delivery was _____ and I'm having serious concerns about my health that I'd like to talk to you about.
- I have been having _____ (symptoms) that feel like _____ (describe in detail) and have been lasting _____ (number of hours/days)
- I know my body and this doesn't feel normal.

Sample questions to ask:

- What could these symptoms mean?
- Is there a test I can have to rule out a serious problem?
- At what point should I consider going to the emergency room or calling 911?

Notes:

HEAR™
HEAR HER CONCERNS

Learn more about CDC's Hear Her Campaign at www.cdc.gov/HearHer

CDC

Navigating the postpartum stage

MARCH OF DIMES IT STARTS WITH MOM

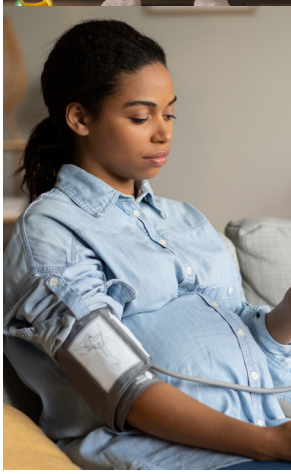
Your health is affected by things other than your personal choices. Where you live and not having access to good quality healthcare are just some examples. If you've just given birth this can be overwhelming. You can equip yourself with information that will help you advocate to get the care you need—because all moms and babies deserve the best possible start. Take a look at the recommendations below.

There are many postpartum mental health conditions



- **Baby blues.** Lots of factors can cause baby blues, including hormone changes that happen after birth. Symptoms of baby blues can appear 2 to 3 days after birth and include restlessness and bouts of crying. Feeling "blue" does not mean you did anything wrong.
- **Postpartum depression.** About 1 in 7 women is affected by postpartum depression (PPD), which can bring strong feelings of sadness, worry, and tiredness that last for a long time after giving birth. PPD needs treatment to get better. Talk to your provider about how you're feeling so you can get treatment early on.
- **Other mood and anxiety disorders.** Anxiety, post-traumatic stress disorder (PTSD), and obsessive-compulsive disorder (OCD) are mental health conditions that can happen after giving birth. These can make it hard for you to take care of yourself and your baby, but you don't have to suffer in silence. Tell your provider if you're experiencing any of these conditions.

Health problems can happen after giving birth



- **More than just postpartum discomforts.** Fever, serious pain, discharge or redness that doesn't go away, and swelling should never be ignored and can be signs of serious complications.
- **Recognize warning signs.** Seek medical care right away if you have any of these signs or symptoms: bleeding that can't be controlled, chest pain, trouble breathing, signs of shock such as chills, clammy skin, dizziness, fainting or a racing heart, or seeing spots.
- **Don't skip your postpartum checkups.** Go to all of your postpartum checkups, even if you're feeling fine. New moms are at risk of serious and sometimes life-threatening health complications in the days and weeks after giving birth.

Care for yourself even after the postpartum stage



- **Pregnancy complications and long-term effects.** Conditions like gestational diabetes and gestational hypertension are pregnancy-specific conditions, but having them increases your chances of developing type 2 diabetes and high blood pressure later in life. Healthy eating, staying active, and getting to a healthy weight after pregnancy can help prevent these problems from happening, and possibly affecting your next pregnancy.
- **Prioritize overall wellness.** Even after your baby is born, your health—especially treatment for chronic conditions—is super important. Don't stop going to checkups because you're no longer pregnant. Keep up with all your providers on your healthcare team.
- **Ask for the support you need.** Taking care of a baby is a lot to think about. Ask friends and family for help. Tell them exactly what they can do for you, like going grocery shopping or making meals.

For more information, visit marchofdimes.org/itstartswithmom

la leche league international | llli.org

Breastfeeding Info A to Z

Breastfeeding is warmth, nutrition, and love all rolled into one. We've been supporting mothers and nursing parents since 1956. If you need support with breastfeeding, chestfeeding or feeding your child human milk, the LLLI website has lots to help you!



Breastfeeding Info

Resources

Below are links to some featured breastfeeding & human milk feeding resources.

- Is My Baby Getting Enough Milk?
- Safe Sleep Infographic
- Infant Feeding in Emergencies

https://llli.org/

ACCESSIBLE VERSION: www.cdc.gov/breastfeeding/breast-milk-preparation-and-storage/handling-breastmilk.html.

STORAGE AND PREPARATION OF BREAST MILK

BEFORE EXPRESSING/PUMPING MILK

Wash your hands well with soap and water.



Inspect the pump kit and tubing to make sure it is clean.

Replace moldy tubing immediately.



Clean pump dials, power switch, and countertops with a disinfectant wipe



STORING EXPRESSED MILK



Store in breast milk storage bags or clean, food-grade containers. Make sure the containers are made of glass or plastic and have tight fitting lids.



Do not store breast milk in disposable bottle liners or plastic bags that are not intended for storing breast milk.

HUMAN MILK STORAGE GUIDELINES*

TYPE OF BREAST MILK	STORAGE LOCATIONS AND TEMPERATURES		
	Countertop 77°F (25°C) or colder (room temperature)	**Refrigerator** 40 °F (4°C)	**Freezer** 0 °F (-18°C) or colder
Freshly Expressed or Pumped	Up to **4 Hours**	Up to **4 Days**	Within **6 months** is best Up to **12 months** is acceptable
Thawed, Previously Frozen	**1–2 Hours**	Up to **1 Day** (24 hours)	**NEVER** refreeze human milk after it has been thawed
Leftover from a Feeding (baby did not finish the bottle)	Use within **2 hours** after the baby is finished feeding		

*Recommended storage times are important to follow for best quality.

Information is adapted from the Academy of Breastfeeding Medicine's (ABM) Clinical Protocol #8: Human Milk Storage Information for Home Use for Full-Term Infants, Revised 2017.

STORE

Label milk with the date it was expressed and the child's name if delivering to childcare.

Store milk in the back of the freezer or refrigerator, not the door.

Freeze milk in **small amounts of 2 to 4 ounces** to avoid wasting any.



When freezing, leave an inch of space at the top of the container; breast milk expands as it freezes.

Milk can be stored in an insulated cooler bag with frozen ice packs for **up to 24 hours** when you are traveling.

If you don't plan to use freshly expressed milk **within 4 days**, freeze it right away.

THAW

Always thaw the oldest milk first.

Thaw milk under lukewarm running water, in a container of lukewarm water, or overnight in the refrigerator.

Never thaw or heat milk in a microwave. Microwaving destroys nutrients and creates hot spots, which can burn a baby's mouth.

Use milk **within 24 hours** of thawing in the refrigerator *(from the time it is completely thawed, not from the time when you took it out of the freezer).*

Use thawed milk **within 2 hours** of bringing to room temperature or warming.



Never refreeze thawed milk.

FEED

Milk can be **served cold, room temperature, or warm.**

To heat milk, place the sealed container into a bowl of warm water or hold under warm running water.

Do not heat milk directly on the stove or in the microwave.



Test the temperature before feeding it to your baby by putting a few drops on your wrist. It should feel warm, **not hot.**

Swirl the milk to mix the fat, which may have separated.

If your baby did not finish the bottle, leftover milk should be used **within 2 hours.**

CLEAN

Wash disassembled pump and feeding parts in a clean basin with soap and water. **Do not wash directly** in the sink because the germs in the sink could contaminate items.

Rinse thoroughly under running water. Air-dry items on a clean dishtowel or paper towel.

Using clean hands, store dry items in a clean, protected area.

For extra germ removal, sanitize feeding items daily using one of these methods:

- clean in the dishwasher using hot water and heated drying cycle *(or sanitize setting).*
- boil in water for 5 minutes *(after cleaning).*
- steam in a microwave or plug-in steam system according to the manufacturer's directions *(after cleaning).*



October 2024

FOR MORE INFORMATION, VISIT:
https://www.cdc.gov/breastfeeding/site.html

355052-A

Information for breastfeeding families

Increasing Your Milk Supply

During the first few days and weeks, frequent stimulation of the breasts is essential to establish an abundant supply. If you find your milk supply is low, try the following recommendations.

More breast stimulation

- Breastfeed more often, at least 8 or more times per 24 hours.
- Delay the use of a pacifier.
- Try to get in "one more feeding" before you go to sleep, even if you have to wake the baby.
- Offer both breasts at each feeding.
- Empty your breasts well by massaging while the baby is feeding.
- Assure the baby is completely emptying your breasts at each feeding.

Use a manual or electric pump

- Use a hospital grade pump with a double kit.
- Pump after feedings or between feedings.
- Apply warmth and massage before beginning to pump.
- Try "power pumping." Pump for 15 minutes every hour for a day; or try pumping 10 minutes, resting 10 minutes, pumping 10 minutes and so on, for an hour.

Parent care

- Increase skin-to-skin holding time with your baby; relax together.
- Take a warm, bath, read, meditate, and empty your mind of tasks that need to be done.
- Reduce stress and activity. Get help.
- Eat nutritious meals; continue to take prenatal vitamins.
- Increase fluid intake.
- Back rubs stimulate nerves that serve the breasts (central part of the spine).

Avoid these things that are known to reduce milk supply

- Smoking
- Birth control pills and injections
- Decongestants, antihistamines
- Severe weight loss diets
- Mints, parsley, sage (excessive amounts)

Keep records

- It is important to keep a daily log with the 24 hour pumping output totals - this amount is more important than the pumped amount at each session. This will help you see your progress over the days.
- Keep in touch with your lactation specialist or healthcare provider to monitor your progress and modify your care as necessary.

Retained placenta

- If you are not seeing improvement and you are still having vaginal bleeding after 2 weeks, discuss the possibility of retained placental fragments with your healthcare provider. Small bits of the placenta can secrete enough hormones to prevent the milk from coming in.

Low thyroid

- Have your healthcare provider check your thyroid levels. Low thyroid can affect milk supply.

If supplementation is recommended

- Determine the amount needed with your healthcare provider.
- Pump after the feeding.
- Offer the supplement in a way that won't interfere with breastfeeding such as tube or syringe at the breast or a cup or spoon.
- Wean your baby off the supplements gradually.

Other resources

- http://www.lowmilksupply.org

The information provided is intended solely for general educational and informational purposes only. It is neither intended nor implied to be a substitute for professional medical advice. Always seek the advice of your healthcare provider for any questions you may have regarding your or your infant's medical condition. Never disregard professional medical advice or delay in seeking it because of something you have received in this information. Feel free to duplicate per creative commons license CC BY-ND. © 2024 Lactation Education Resources.

MARCH OF DIMES
HEALTHY MOMS. STRONG BABIES.

Health Action Sheet

How long should you wait before getting pregnant again?

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

Too little time between pregnancies can increase your risk of preterm birth, which occurs when a baby is born too early. Preterm babies are more likely to experience health complications compared to babies born at full term. The shorter the gap between pregnancies, the higher the risk of preterm birth.

Your body needs time to fully recover after one pregnancy before being ready for the next. Waiting at least 18 months between pregnancies may help lower the risk of preterm birth in your next pregnancy. During this time, it's a good idea to talk to your healthcare provider about steps you can take to reduce your risk.

What you can do:

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

Waiting at least 18 months doesn't mean for sure that your next baby will be born on time, but it can increase the likelihood.



Take action

Get your 18 months.

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

Example

Date your baby was born: May 16, 2023

Add 1 year and 6 months: Nov. 17, 2024

Now you try

Date your baby was born: _____

Add 1 year and 6 months: _____

For more information

marchofdimes.org

March of Dimes materials are for information purposes only and are not to be used as medical advice. Always seek medical advice from your healthcare provider. Our materials reflect current scientific recommendations at time of publication. Check **marchofdimes.org** for updated information.

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Whole Parent
FOUNDATION

PARENT SUPPORT GROUP

FOR EXPECTING & POSTPARTUM PARENTS



FOR ALL PARENTS



VIRTUAL & IN-PERSON



FREE FOOD & CHILDCARE



8-WEEK SUPPORT GROUP

SATURDAYS | 10:30-NOON

FOR MORE INFO AND TO REGISTER: WHOLEPARENTFOUNDATION.ORG
FB/IG: @WHOLEPARENTFOUNDATION



SECTION 4

Infant & Early Childhood Health

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

Newborns Need Vitamin K Shortly After Birth to Prevent Bleeding Disease

Babies have very little vitamin K in their bodies at birth. This puts them at risk for dangerous bleeding problems. Fortunately, it's easy to prevent this with a vitamin K shot. The injection is given in your baby's thigh within 6 hours of birth.

-The American Academy of Pediatrics

healthychildren.org

RECOMMENDED IMMUNIZATIONS FOR BIRTH THROUGH 18 MONTHS OLD

GUIDE FOR PARENTS AND CAREGIVERS TO ENSURE THEIR CHILD IS UP-TO-DATE ON RECOMMENDED CHILDHOOD VACCINES.

- ALL children should be immunized at this age
- SOME children should get this dose of vaccine or preventive antibody at this age
- Parents/caregivers should talk to their health care provider to decide if this vaccine is right for their child

Vaccine or Preventive Antibody	Birth	1 Month	2 Months	4 Months	6 Months	7 Months	8 Months	12 Months	15 Months	18 Months	19 Months
RSV antibody	Depends on mother's RSV vaccine status						Depends on child's health status				
Hepatitis B	Dose 1	Dose 2			Dose 3						
Rotavirus			Dose 1	Dose 2	Dose 3						
DTaP			Dose 1	Dose 2	Dose 3				Dose 4		
Hib			Dose 1	Dose 2	Dose 3			Dose 4			
Pneumococcal			Dose 1	Dose 2	Dose 3			Dose 4			
Polio			Dose 1	Dose 2	Dose 3						
COVID-19											
Influenza/Flu					Every year. Two doses for some children						
MMR								Dose 1			
Chickenpox								Dose 1			
Hepatitis A								2 doses separated by 6 months			

SCAN HERE FOR MORE INFORMATION OR VISIT:

HTTPS://WWW.CDC.GOV/VACCINES/IMZ-SCHEDULES/CHILD-EASYREAD.HTML

WHAT DISEASES DO THESE VACCINES PROTECT AGAINST?

Vaccine-Preventable Disease	Disease Complications
RSV (Respiratory syncytial virus) Contagious viral infection of the nose, throat, and sometimes lungs; spread through air and direct contact	Infection of the lungs (pneumonia) and small airways of the lungs; especially dangerous for infants and young children
Hepatitis B Contagious viral infection of the liver; spread through contact with infected body fluids such as blood or semen	Chronic liver infection, liver failure, liver cancer, death
Rotavirus Contagious viral infection of the gut; spread through the mouth from hands and food contaminated with stool	Severe diarrhea, dehydration, death
Diphtheria* Illness caused by a toxin produced by bacteria that infects the nose, throat, and sometimes skin.	Swelling of the heart muscle, heart failure, coma, paralysis, death
Pertussis (Whooping Cough)* Contagious bacterial infection of the lungs and airway; spread through air and direct contact	Infection of the lungs (pneumonia), death; especially dangerous for babies
Tetanus (Lockjaw)* Bacterial infection of brain and nerves caused by spores found in soil and dust everywhere; spores enter the body through wounds or broken skin	Seizures, broken bones, difficulty breathing, death
Measles (Rubeola)† Contagious viral infection that causes high fever, cough, red eyes, runny nose, and rash; spread through air and direct contact	Brain swelling, infection of the lungs (pneumonia), death
Mumps† Contagious viral infection that causes fever, tiredness, swollen cheeks, and tender swollen jaw; spread through air and direct contact	Brain swelling, painful and swollen testicles or ovaries, deafness, death
Rubella (German Measles)† Contagious viral infection that causes low-grade fever, sore throat, and rash; spread through air and direct contact	Very dangerous in pregnant women; can cause miscarriage or stillbirth, premature delivery, severe birth defects
Chickenpox (Varicella) Contagious viral infection that causes fever, headache, and an itchy, blistering rash; spread through air and direct contact	Infected sores, brain swelling, infection of the lungs (pneumonia), death
Hepatitis A Contagious viral infection of the liver; spread by contaminated food or drink or close contact with an infected person	Liver failure, death

HTTPS://WWW.CDC.GOV/VACCINES/IMZ-SCHEDULES/CHILD-EASYREAD.HTML

Your baby at 2 months



Baby's Name _____ **Baby's Age** _____ **Today's Date** _____

Milestones matter! How your baby plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your baby has reached by 2 months. Take this with you and talk with your baby's doctor at every well-child visit about the milestones your baby has reached and what to expect next.

What most babies do by this age:

Social/Emotional Milestones

- ☐ Calms down when spoken to or picked up
- ☐ Looks at your face
- ☐ Seems happy to see you when you walk up to her
- ☐ Smiles when you talk to or smile at her

Language/Communication Milestones

- ☐ Makes sounds other than crying
- ☐ Reacts to loud sounds

Cognitive Milestones (learning, thinking, problem-solving)

- ☐ Watches you as you move
- ☐ Looks at a toy for several seconds

Movement/Physical Development Milestones

- ☐ Holds head up when on tummy
- ☐ Moves both arms and both legs
- ☐ Opens hands briefly

Other important things to share with the doctor...

- What are some things you and your baby do together?
- What are some things your baby likes to do?
- Is there anything your baby does or does not do that concerns you?
- Has your baby lost any skills he/she once had?
- Does your baby have any special healthcare needs or was he/she born prematurely?

You know your baby best. Don't wait. If your baby is not meeting one or more milestones, has lost skills he or she once had, or you have other concerns, act early. Talk with your baby's doctor, share your concerns, and ask about developmental screening. If you or the doctor are still concerned:

1. Ask for a referral to a specialist who can evaluate your baby more; and
2. Call your state or territory's early intervention program to find out if your baby can get services to help. Learn more and find the number at **cdc.gov/FindEI**.

For more on how to help your baby, visit **cdc.gov/Concerned**.

Don't wait.
Acting early can make a real difference!

CDC Centers for Disease Control and Prevention

Download CDC's free *Milestone Tracker* app

Download on the App Store · GET IT ON Google Play

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Your baby at 4 months



Baby's Name **Baby's Age** **Today's Date**

Milestones matter! How your baby plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your baby has reached by 4 months. Take this with you and talk with your baby's doctor at every well-child visit about the milestones your baby has reached and what to expect next.

What most babies do by this age:

Social/Emotional Milestones

- ☐ Smiles on his own to get your attention
- ☐ Chuckles (not yet a full laugh) when you try to make her laugh
- ☐ Looks at you, moves, or makes sounds to get or keep your attention

Language/Communication Milestones

- ☐ Makes sounds like "oooo", "aahh" (cooing)
- ☐ Makes sounds back when you talk to him
- ☐ Turns head towards the sound of your voice

Cognitive Milestones (learning, thinking, problem-solving)

- ☐ If hungry, opens mouth when she sees breast or bottle
- ☐ Looks at his hands with interest

Movement/Physical Development Milestones

- ☐ Holds head steady without support when you are holding her
- ☐ Holds a toy when you put it in his hand
- ☐ Uses her arm to swing at toys
- ☐ Brings hands to mouth
- ☐ Pushes up onto elbows/forearms when on tummy

Other important things to share with the doctor...

- What are some things you and your baby do together?
- What are some things your baby likes to do?
- Is there anything your baby does or does not do that concerns you?
- Has your baby lost any skills he/she once had?
- Does your baby have any special healthcare needs or was he/she born prematurely?

You know your baby best. Don't wait. If your baby is not meeting one or more milestones, has lost skills he or she once had, or you have other concerns, act early. Talk with your baby's doctor, share your concerns, and ask about developmental screening. If you or the doctor are still concerned:

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Help your baby learn and grow



As your baby's first teacher, you can help his or her learning and brain development. Try these simple tips and activities in a safe way. Talk with your baby's doctor and teachers if you have questions or for more ideas on how to help your baby's development.

- Respond positively to your baby. Act excited, smile, and talk to him when he makes sounds. This teaches him to take turns "talking" back and forth in conversation.
- Provide safe opportunities for your baby to reach for toys, kick at toys and explore what is around her. For example, put her on a blanket with safe toys.
- Allow your baby to put safe things in his mouth to explore them. This is how babies learn. For example, let him see, hear, and touch things that are not sharp, hot, or small enough to choke on.
- Talk, read, and sing to your baby. This will help her learn to speak and understand words later.
- Limit screen time (TV, phones, tablets, etc.) to video calling with loved ones. Screen time is not recommended for children younger than 2 years of age. Babies learn by talking, playing, and interacting with others.
- Feed only breast milk or formula to your baby. Babies are not ready for other foods, water or other drinks for about the first 6 months of life.
- Give your baby safe toys to play with that are easy to hold, like rattles or cloth books with colorful pictures for her age.
- Let your baby have time to move and interact with people and objects throughout the day. Try not to keep your baby in swings, strollers, or bouncy seats for too long.
- Set steady routines for sleeping and feeding.
- Lay your baby on her back and show her a bright-colored toy. Move the toy slowly from left to right and up and down to see if she watches how the toy moves.
- Sing and talk to your baby as you help her "exercise" (move her body) for a few minutes. Gently bend and move her arms and legs up and down.

To see more tips and activities download CDC's Milestone Tracker app.

This milestone checklist is not a substitute for a standardized, validated developmental screening tool. These developmental milestones show what most children (75% or more) can do by each age. Subject matter experts selected these milestones based on available data and expert consensus.

www.cdc.gov/ActEarly | 1-800-CDC-INFO (1-800-232-4636)

Download CDC's free *Milestone Tracker* app

Download on the App Store | GET IT ON Google Play

Learn the Signs. Act Early.

Your baby at 6 months



Baby's Name _____ **Baby's Age** _____ **Today's Date** _____

Milestones matter! How your baby plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your baby has reached by 6 months. Take this with you and talk with your baby's doctor at every well-child visit about the milestones your baby has reached and what to expect next.

What most babies do by this age:

Social/Emotional Milestones

- ☐ Knows familiar people
- ☐ Likes to look at himself in a mirror
- ☐ Laughs

Language/Communication Milestones

- ☐ Takes turns making sounds with you
- ☐ Blows "raspberries" (sticks tongue out and blows)
- ☐ Makes squealing noises

Cognitive Milestones (learning, thinking, problem-solving)

- ☐ Puts things in her mouth to explore them
- ☐ Reaches to grab a toy he wants
- ☐ Closes lips to show she doesn't want more food

Movement/Physical Development Milestones

- ☐ Rolls from tummy to back
- ☐ Pushes up with straight arms when on tummy
- ☐ Leans on hands to support himself when sitting

Other important things to share with the doctor...

- What are some things you and your baby do together?
- What are some things your baby likes to do?
- Is there anything your baby does or does not do that concerns you?
- Has your baby lost any skills he/she once had?
- Does your baby have any special healthcare needs or was he/she born prematurely?

You know your baby best. Don't wait. If your baby is not meeting one or more milestones, has lost skills he or she once had, or you have other concerns, act early. Talk with your baby's doctor, share your concerns, and ask about developmental screening. If you or the doctor are still concerned:

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Help your baby learn and grow

As your baby's first teacher, you can help his or her learning and brain development. Try these simple tips and activities in a safe way. Talk with your baby's doctor and teachers if you have questions or for more ideas on how to help your baby's development.



- Use "back and forth" play with your baby. When your baby smiles, you smile; when he makes sounds, you copy them. This helps him learn to be social.
- "Read" to your baby every day by looking at colorful pictures in magazines or books and talk about them. Respond to her when she babbles and "reads" too. For example, if she makes sounds, say "Yes, that's the doggy!"
- Point out new things to your baby and name them. For example, when on a walk, point out cars, trees, and animals.
- Sing to your baby and play music. This will help his brain develop.
- Limit screen time (TV, tablets, phones, etc.) to video calling with loved ones. Screen time is not recommended for children younger than 2 years of age. Babies learn by talking, playing, and interacting with others.
- When your baby looks at something, point to it and talk about it.
- Put your baby on her tummy or back and put toys just out of reach. Encourage her to roll over to reach the toys.
- Learn to read your baby's moods. If he's happy, keep doing what you are doing. If he's upset, take a break and comfort your baby.
- Talk with your baby's doctor about when to start solid foods and what foods are choking risks. Breast milk or formula is still the most important source of "food" for your baby.
- Learn when your baby is hungry or full. Pointing to foods, opening his mouth to a spoon, or getting excited when seeing food are signs that he is hungry. Others, like pushing food away, closing his mouth, or turning his head away from food tells you that he's had enough.
- Help your baby learn she can calm down. Talk softly, hold, rock, or sing to her, or let her suck on her fingers or a pacifier. You may offer a favorite toy or stuffed animal while you hold or rock her.
- Hold your baby up while she sits. Let her look around and give her toys to look at while she learns to balance herself.

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App Store | Google Play

Learn the Signs. Act Early.

Your baby at 9 months*



Baby's Name **Baby's Age** **Today's Date**

Milestones matter! How your baby plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your baby has reached by 9 months. Take this with you and talk with your baby's doctor at every well-child visit about the milestones your baby has reached and what to expect next.

What most babies do by this age:

Social/Emotional Milestones

- ☐ Is shy, clingy, or fearful around strangers
- ☐ Shows several facial expressions, like happy, sad, angry, and surprised
- ☐ Looks when you call her name
- ☐ Reacts when you leave (looks, reaches for you, or cries)
- ☐ Smiles or laughs when you play peek-a-boo

Language/Communication Milestones

- ☐ Makes different sounds like "mamamama" and "babababa"
- ☐ Lifts arms up to be picked up

Cognitive Milestones (learning, thinking, problem-solving)

- ☐ Looks for objects when dropped out of sight (like his spoon or toy)
- ☐ Bangs two things together

Movement/Physical Development Milestones

- ☐ Gets to a sitting position by herself
- ☐ Moves things from one hand to her other hand
- ☐ Uses fingers to "rake" food towards himself
- ☐ Sits without support

* **It's time for developmental screening!**
At 9 months, your baby is due for general developmental screening, as recommended for all children by the American Academy of Pediatrics. Ask the doctor about your baby's developmental screening.

Other important things to share with the doctor...

- What are some things you and your baby do together?
- What are some things your baby likes to do?
- Is there anything your baby does or does not do that concerns you?
- Has your baby lost any skills he/she once had?
- Does your baby have any special healthcare needs or was he/she born prematurely?

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Help your baby learn and grow



As your baby's first teacher, you can help his or her learning and brain development. Try these simple tips and activities in a safe way. Talk with your baby's doctor and teachers if you have questions or for more ideas on how to help your baby's development.

- Repeat your baby's sounds and say simple words using those sounds. For example, if your baby says "bababa," repeat "bababa," then say "book."
- Place toys on the ground or on a play mat a little out of reach and encourage your baby to crawl, scoot, or roll to get them. Celebrate when she reaches them.
- Teach your baby to wave "bye-bye" or shake his head "no." For example, wave and say "bye-bye" when you are leaving. You can also teach simple baby sign language to help your baby tell you what he wants before he can use words.
- Play games, such as peek-a-boo. You can cover your head with a cloth and see if your baby pulls it off.
- Play with your baby by dumping blocks from a container and putting them back in together.
- Play games with your baby, such as my turn, your turn. Try this by passing a toy back and forth.
- "Read" to your baby. Reading can be talking about pictures. For example, while looking at books or magazines, name the pictures as you point to them.
- Limit screen time (TV, tablets, phones, etc.) to video calling with loved ones. Screen time is not recommended for children younger than 2 years of age. Babies learn by talking, playing, and interacting with others.
- Find out about choking risks and safe foods to feed your baby. Let him practice feeding himself with his fingers and using a cup with a small amount of water. Sit next to your baby and enjoy mealtime together. Expect spills. Learning is messy and fun!
- Ask for behaviors that you want. For example, instead of saying "don't stand," say "time to sit."
- Help your baby get used to foods with different tastes and textures. Foods can be smooth, mashed, or finely chopped. Your baby might not like every food on the first try. Give her a chance to try foods again and again.
- Say a quick and cheerful goodbye instead of sneaking away so your baby knows you are leaving, even if he cries. He will learn to calm himself and what to expect. Let him know when you return by saying "Daddy's back!"

To see more tips and activities download CDC's Milestone Tracker app.

This milestone checklist is not a substitute for a standardized, validated developmental screening tool. These developmental milestones show what most children (75% or more) can do by each age. Subject matter experts selected these milestones based on available data and expert consensus.

www.cdc.gov/ActEarly | 1-800-CDC-INFO (1-800-232-4636)

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

Download CDC's free *Milestone Tracker* app

Download on the App Store · GET IT ON Google Play

Learn the Signs. Act Early.

Your baby at 12 months



Baby's Name _____ **Baby's Age** _____ **Today's Date** _____

Milestones matter! How your baby plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your baby has reached by 12 months. Take this with you and talk with your baby's doctor at every well-child visit about the milestones your baby has reached and what to expect next.

What most babies do by this age:

Social/Emotional Milestones

- ☐ Plays games with you, like pat-a-cake

Language/Communication Milestones

- ☐ Waves "bye-bye"
- ☐ Calls a parent "mama" or "dada" or another special name
- ☐ Understands "no" (pauses briefly or stops when you say it)

Cognitive Milestones (learning, thinking, problem-solving)

- ☐ Puts something in a container, like a block in a cup
- ☐ Looks for things he sees you hide, like a toy under a blanket

Movement/Physical Development Milestones

- ☐ 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

Other important things to share with the doctor...

- What are some things you and your baby do together?
- What are some things your baby likes to do?
- Is there anything your baby does or does not do that concerns you?
- Has your baby lost any skills he/she once had?
- Does your baby have any special healthcare needs or was he/she born prematurely?

You know your baby best. Don't wait. If your baby is not meeting one or more milestones, has lost skills he or she once had, or you have other concerns, act early. Talk with your baby's doctor, share your concerns, and ask about developmental screening. If you or the doctor are still concerned:

1. Ask for a referral to a specialist who can evaluate your baby more; and
2. Call your state or territory's early intervention program to find out if your baby can get services to help. Learn more and find the number at **cdc.gov/FindEI**.

For more on how to help your baby, visit **cdc.gov/Concerned**.

Don't wait.
Acting early can make a real difference!

Download CDC's free *Milestone Tracker* app

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American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Help your baby learn and grow



As your baby's first teacher, you can help his or her learning and brain development. Try these simple tips and activities in a safe way. Talk with your baby's doctor and teachers if you have questions or for more ideas on how to help your baby's development.

- Teach your baby "wanted behaviors." Show her what to do and use positive words or give her hugs and kisses when she does it. For example, if she pulls your pet's tail, teach her how to pet gently and give her a hug when she does it.
- Talk or sing to your baby about what you're doing. For example, "Mommy is washing your hands" or sing, "This is the way we wash our hands."
- Build on what your baby tries to say. If he says "ta," say "Yes, a truck," or if he says "truck," say "Yes, that's a big, blue truck."
- Redirect your baby quickly and consistently by giving her a toy or moving her if she is getting into things you don't want her to get into. Save "no" for behaviors that are dangerous. When you say "no," say it firmly. Do not spank, yell, or give her long explanations.
- Give your baby safe places to explore. Baby-proof your home. For example, move sharp or breakable things out of reach. Lock away medicines, chemicals, and cleaning products. Save the Poison Help Line number, 800-222-1222, in all phones.
- Respond with words when your baby points. Babies point to ask for things. For example, say "You want the cup? Here is the cup. It's your cup." If he tries to say "cup," celebrate his attempt.
- Point to interesting things you see, such as a truck, bus, or animals. This will help your baby pay attention to what others are "showing" him through pointing.
- Limit screen time (TV, tablets, phones, etc.) to video calling with loved ones. Screen time is not recommended for children younger than 2 years of age. Babies learn by talking, playing, and interacting with others.
- Give your baby water, breast milk, or plain milk. You don't need to give your baby juice, but if you do, give 4 ounces or less a day of 100% fruit juice. Do not give your baby other sugary beverages, such as fruit drinks, soda, sports drinks, or flavored milks.
- Help your baby get used to foods with different tastes and textures. Foods can be smooth, mashed, or finely chopped. Your baby might not like every food on the first try. Give your baby a chance to try foods again and again.
- Give your baby time to get to know a new caregiver. Bring a favorite toy, stuffed animal, or blanket to help comfort your baby.
- Give your baby pots and pans or a small musical instrument like a drum or cymbals. Encourage your baby to make noise.

To see more tips and activities download CDC's Milestone Tracker app.

This milestone checklist is not a substitute for a standardized, validated developmental screening tool. These developmental milestones show what most children (75% or more) can do by each age. Subject matter experts selected these milestones based on available data and expert consensus.

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Download CDC's free *Milestone Tracker* app

Download on the App Store | GET IT ON Google Play

Learn the Signs. Act Early.

FOOD SAFETY for Children Under 5

Learn the food safety steps that will keep young children under 5 safe from foodborne illness.



FOOD SAFETY FOR CHILDREN UNDER 5



SOLIDS - opened or freshly made	Refrigerator	Freezer
Strained fruits and vegetables	2 to 3 days	6 to 8 months
Strained meats and eggs	1 day	1 to 2 months
Meat/ vegetable combinations	1 to 2 days	1 to 2 months
Homemade baby foods	1 to 2 days	1 to 2 months

WHY ARE CHILDREN UNDER 5 AT RISK?

Young children's immune systems are still developing.

Compared with other age groups, children **under 5 years** old have the highest incidence of several types of foodborne infections.



Did You Know...

15% of children under 5 years old with *E. coli O157* develop hemolytic uremic syndrome (HUS)

6% of the general population with *E. coli O157* develop HUS

HUS can cause damage to the liver, kidneys, and pancreas and can be fatal



HIGH-RISK FOODS FOR CHILDREN UNDER 5



Raw or undercooked foods including meat, poultry, and eggs



Unpasteurized milk or juice



Raw or undercooked oysters and seafood

REMEMBER



Clean: Wash hands and surfaces often.



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



Cook: Cook foods to the proper internal temperature.



Chill: Get leftovers to the fridge within 2 hours of being cooked.

USDA

Ad Council

For more food safety tips, go to

—FoodSafety.gov—

ADDITIONAL SOURCE: CDC

USDA IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER



TALK, READ, AND SING TOGETHER EVERY DAY! IT'S NEVER TOO EARLY TO HELP YOUR CHILD LEARN.

Learn more about your baby by watching for developmental milestones. Smiling, cooing, and babbling are just a few. Your baby will show you many more milestones in how he plays, learns, speaks, acts, and moves! Look for your child's milestones regularly and share his progress with the doctor at every well-child visit.

BIRTH TO 2 MONTHS

- Coos, makes gurgling sounds
- Turns head toward sounds

TIP: Respond to your baby's first smiles, gurgles, and coos — she's talking to you and wants you to talk, too!



4 MONTHS

- Begins to babble
- Babbles with expression and copies sounds he hears



TIP: Hold and talk to your baby; smile and be cheerful while you do.

6 MONTHS

- Responds to sounds by making sounds
- Responds to own name
- Begins to say consonant sounds (jabbering with "m," "b")



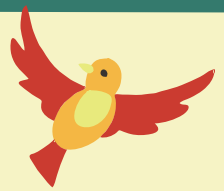
TIP: Read books to your baby every day. Praise him when he babbles and "reads" too.

9 MONTHS

- Understands "no"
- Makes a lot of different sounds like "mamamama" and "babababa"

12 MONTHS

- Uses simple gestures, like shaking head "no" or waving "bye-bye"
- Tries to say words you say



TIP: When you read with your child, have her turn the pages. Take turns labeling pictures with your child.

18 MONTHS

- Says several single words
- Points to show someone what he wants



TIP: Describe what your baby is looking at; for example, "red, round ball."

2 YEARS

- Points to things or pictures when named
- Says sentences with 2 to 4 words
- Follows simple instructions

3 YEARS

- Follows instructions with 2 or 3 steps
- Talks well enough for strangers to understand most of the time
- Carries on a conversation using 2 to 3 sentences

4 YEARS

- Tells stories
- Can say first and last name
- Knows some basic rules of grammar, such as correctly using "he" or "she"

5 YEARS

- Speaks very clearly
- Says name and address
- Uses future tense; for example, "Grandma will be here."

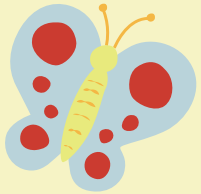
YOU CAN HELP YOUR CHILD'S LANGUAGE SKILLS BY TALKING, READING, AND SINGING WITH HIM OR HER EVERY DAY. IT'S EASY TO DO AND CAN MAKE A BIG DIFFERENCE IN HOW YOUR CHILD LEARNS AND GROWS!



IT'S NEVER TOO EARLY TO START TALKING, READING, AND SINGING WITH YOUR BABY.

TALKING BACK AND FORTH WITH YOUR BABY BY RESPONDING TO HER SMILES, COOS, AND BABBLING HELPS YOUR BABY LEARN LANGUAGE.





LEARNING LANGUAGE HELPS YOUR BABY LEARN LOTS OF OTHER IMPORTANT SKILLS.

Go to cdc.gov/ActEarly to find:

- Free milestone checklists to help you learn more about how your baby is developing
- Tips for How to Help Your Child and How to Talk with the Doctor if you ever become concerned about your baby's development
- A free children's book, Amazing Me: It's Busy Being 3!, for order or download
- More of the Too Small to Fail Talking is Teaching Materials

Remember, every child develops at his or her own pace, but if you are ever worried about your child's development, don't wait! Acting early can make a big difference. Remember, you know your child best. Talk with your child's doctor if you have concerns. Get tips to help you prepare at **cdc.gov/Concerned**.

TOO SMALL TO FAIL

TALK READ SING
TALKING IS TEACHING.ORG



TALK, READ AND SING TOGETHER EVERY DAY!

TIPS FOR FAMILIES

When you talk, read and sing with your child – even before they can use words – you're helping them learn. And making them happier too! Research shows that talking, reading and singing with your child every day from birth helps build their brains as well as important language, math, reading and social skills for use in school and beyond. Talk, read and sing with your child in the language you are most comfortable using.

You probably naturally talk to your baby about the events of the day. Keep doing it, and do it more! The more words and conversations you share together, the better prepared they will be to learn. You are your baby's first teacher!

For children with disabilities or delays, communicate with your service providers and keep each other informed about the strategies you are using to enhance their language environment.

TIPS FOR INFANTS

TALK

- Your touch and voice help your baby learn. Listen to the fun sounds your baby makes and repeat them. When they coo, coo back. Hold their hand gently and when they smile, smile back. Your loving touch combined with this back-and-forth "baby language" are the first steps in talking.
- Everywhere you go, talk about what you see and what your baby is looking at: "Wow, I see the four dogs, too!" "I love that red truck you're playing with. It goes beep beep!"
- Play "Peek-a-boo" while getting your baby dressed. Ask, "Where's (baby's name)?" when you pull a shirt over your baby's head. Then say, "There you are!"
- As you feed your baby, use words to describe what foods taste, feel, and look like. "This yogurt is smooth." "That yellow banana is sweet!"
- Looking into your baby's eyes, holding your baby's hand, and talking to your baby in a high voice are all ways that you can help your child grow up to be a confident, loving adult.

READ

- Read a book or tell a story to your baby every day – in whatever language you feel most comfortable – beginning at birth.
- Cuddle with your baby as you share a book. It doesn't matter how young your child is; even newborn babies are learning when their parents read with them.
- Point to the book's pictures: "Look, the train goes choo-choo!" Using words to describe what you see builds language.

SING

- Hold your baby close during bedtime and sing a favorite song again and again. Singing the same song can help your baby feel calm and safe.
- Sing silly songs about your day to help get your baby's attention during diaper changing.
- Your baby loves to hear your voice even if you think you can't sing! The sound of your voice is comforting to your baby.

TIPS FOR TODDLERS

TALK

- Everywhere you go, talk about what you see. A stop sign, a traffic light, or a tree might seem boring to you, but it's a whole new world to your child, so teach them about it!
- Young children learn best during playful, everyday activities. Play "I-Spy" in the grocery store together. Choose a color and encourage your child to point out objects that match the color.
- Try some early math activities: point out shapes on your child's plate or around the kitchen. Ask your child, "How many sides does a square have?" "How about a triangle?"
- Play games during bath time to help your child learn new words. Take turns dropping toys in the water. Say, "Watch it sink!" or "It floats!"

READ

- You can inspire a love of books and words in your young child by reading or telling a story together every day.
- Point to the pictures, letters, and numbers in books. Ask open-ended questions as you share the book together. "What do you see? How does he feel? What would you do if you were her? What's your favorite page?"
- Let your child turn the book's pages. It's OK if they skip pages, or like a few pages better than others. You just want your child to get used to touching books.

SING

- Sing during everyday activities like driving in the car, or during bath time. It can be repetitive and simple, like "Wash your toes, wash your nose!"
- Singing songs that have basic counting or rhyming patterns also helps children learn basic math skills. "One, two, buckle my shoe. Three, four, open the door."
- Your toddler loves to get positive attention from you. Singing is a great way for you and your toddler to share an activity together.



You can find more tips like these—as well as videos, information, and more—on Too Small to Fail's website, www.talkingisteaching.org.

Every child develops at his or her own pace, but if you are ever worried about your child's development, don't wait! Acting early can make a big difference. Remember, you know your child best. Talk with your child's doctor if you have concerns. Get tips to help you prepare at cdc.gov/Concerned.

For more information on developmentaland behavioral screening, visit Birth to Five: Watch Me Thrive!

Positive Parenting

ZERO TO THREE
Early connections last a lifetime

Positive parenting describes a set of parental behaviors that foster a child's capacity to **love, trust, explore and learn.** The goal of positive parenting is to help parents guide their children's healthy development in the context of the family's culture.

Key elements of positive parenting include the ability to:

Understand or imagine the **child's point of view**, especially during challenging moments.



Respond with interest and **sensitivity** to the child's cues.



Recognize that **parenting can be stressful** and missteps are a natural part of child-rearing.



Recognize and **celebrate** the child's strengths, abilities, and capacity to learn and develop.



Provided consistent, **age-appropriate guidelines** and limits for child behavior.



Work toward a **balance** of meeting parental needs and child needs.



Delight in **moments of connection** with the child.



Recognize and **regulate their own feelings** and behaviors before they respond to the child.



Seek help, support or additional information on parenting **when needed.**



Developed by ZERO TO THREE | © ZERO TO THREE 2018 | **zerotothree.org**

SCREEN TIME & BABIES/TODDLERS

HEALTHY MEDIA USE FOR CHILDREN AGES 0–3

Young children learn best through real-life play, talking, reading, and interaction with caregivers.

Too much screen time can take away from sleep, movement, play, and connection.



RECOMMENDED SCREEN TIME GUIDELINES



BABIES (0–18 MONTHS)

Avoid screen time when possible

Exception: video chatting with family and friends



TODDLERS (18–24 MONTHS)

Introduce limited screen time only with a parent or caregiver present

Choose high-quality educational content



AGES 2–3 YEARS

Limit screen time to **1 hour per day**

Focus on educational, age-appropriate programming

TIPS FOR HEALTHY MEDIA HABITS

- Watch together and talk about what your child sees
- Choose educational, slow-paced programs and apps
- Keep mealtimes and bedrooms screen-free
- Turn screens off at least 1 hour before bedtime
- Encourage active play, reading, music, and outdoor time
- Turn off background TV and put phones away during family time

WHY IT MATTERS

Research shows too much screen time in very young children may be linked to:

- Delays in language and social development
- Sleep and behavior problems
- Less interaction with caregivers
- Reduced opportunities for play and learning



Remember: Progress, Not Perfection

Parenting is hard, and screens are everywhere. The goal is not perfection — it's balance.

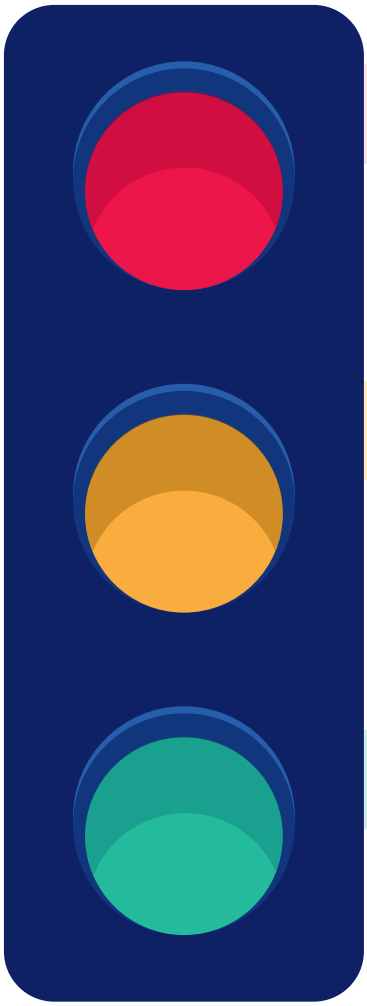
Shared screen time, quality content, and lots of real-world interaction make a big difference.



Stop – Wait – Go!

How to find good content for young children

There's so much content available for kids. While some of it is high-quality and ***made with care**** for young children, a lot of it is low-quality! Use this guide to identify media that supports healthy development, sparks curiosity, and doesn't try to make money off your child's attention. High-quality content is easier for parents to watch along and helps kids have a smoother transition when it's time to unplug.



■ **Stop:** Avoid

- Scariness or violence
- Rude, aggressive, or destructive behavior
- AI-generated content
- Mature videos and movies
- Highly sensationalized content or clickbait
- Short-form videos
- AI chatbots

❚❚ **Wait:** Occasional Treat

- Fast-paced shows with a lot of bells and whistles that can grab kids' attention but are not deeply educational
- Product-focused content (toy unboxing, kid influencers, showing unrealistic beauty or wealth)
- Video games and virtual reality (VR)
- Any apps that have heavy advertising or purchases

▶ **Go:** The Good Stuff

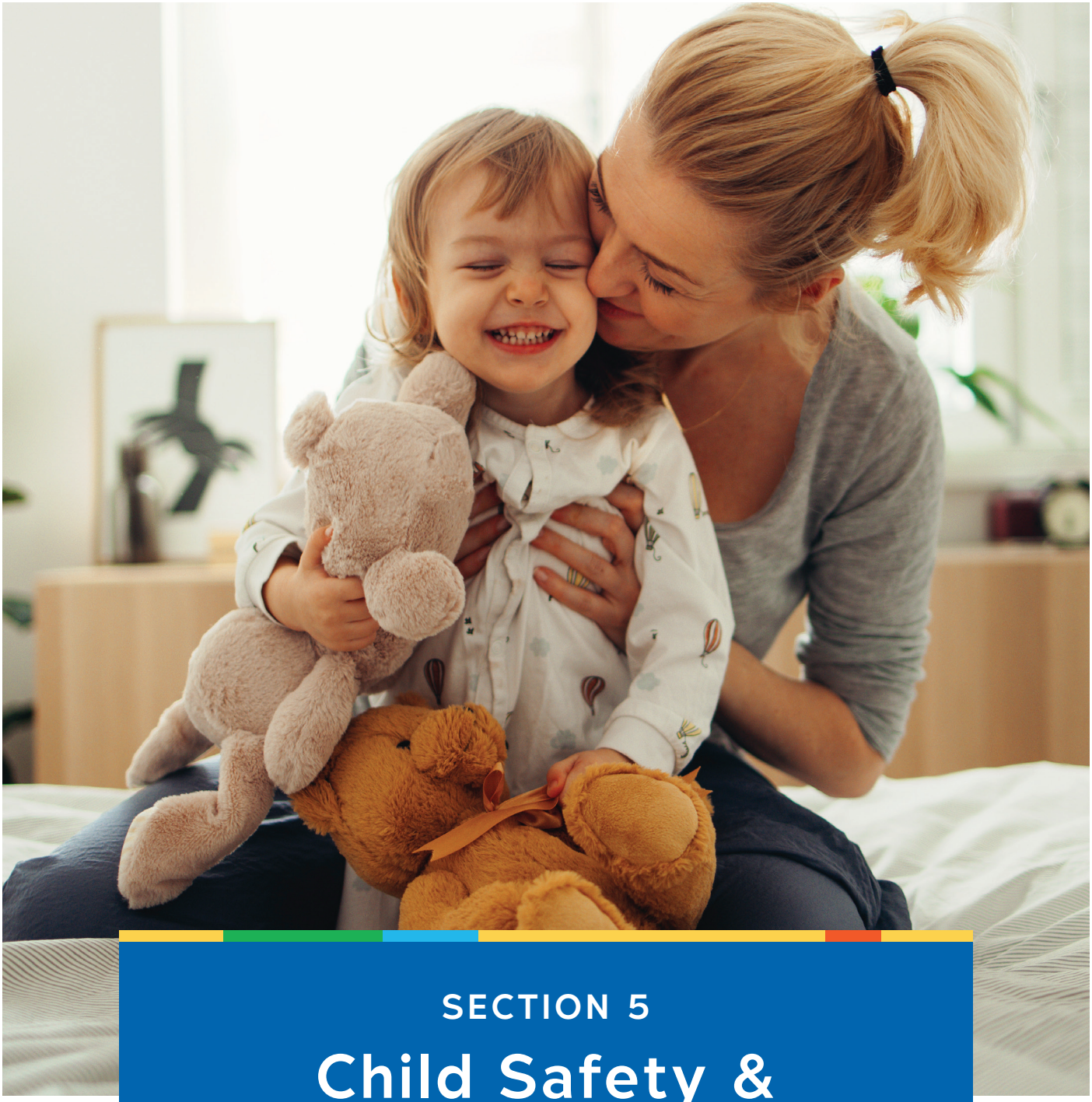
- Sesame Street and PBS KIDS shows including Daniel Tiger's Neighborhood, Arthur, Molly of Denali, Clifford the Big Red Dog, Curious George, and more!
- Streaming platforms with shows made with care, including Blue's Clues, Tumble Leaf, Bluey, or Ms. Rachel
- FaceTime with friends and family
- Music and songs that let you sing and dance along

*What is ***made with care***? This is when media creators follow "child-centered design" by working with child development experts and families to make sure their products support child well-being.

CENTER OF EXCELLENCE
Social Media and Youth Mental Health
FROM THE AMERICAN ACADEMY OF PEDIATRICS

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AAP.org/SocialMedia



SECTION 5

Child Safety & Injury Prevention



WHAT DOES A SAFE SLEEP ENVIRONMENT LOOK LIKE?

The following image shows a safe sleep environment for baby.

Room share: Give babies their own sleep space in your room, separate from your bed.

Use a firm, flat, and level sleep surface, covered only by a fitted sheet*.

Remove everything from baby's sleep area, except a fitted sheet to cover the mattress. No objects, toys, or other items.

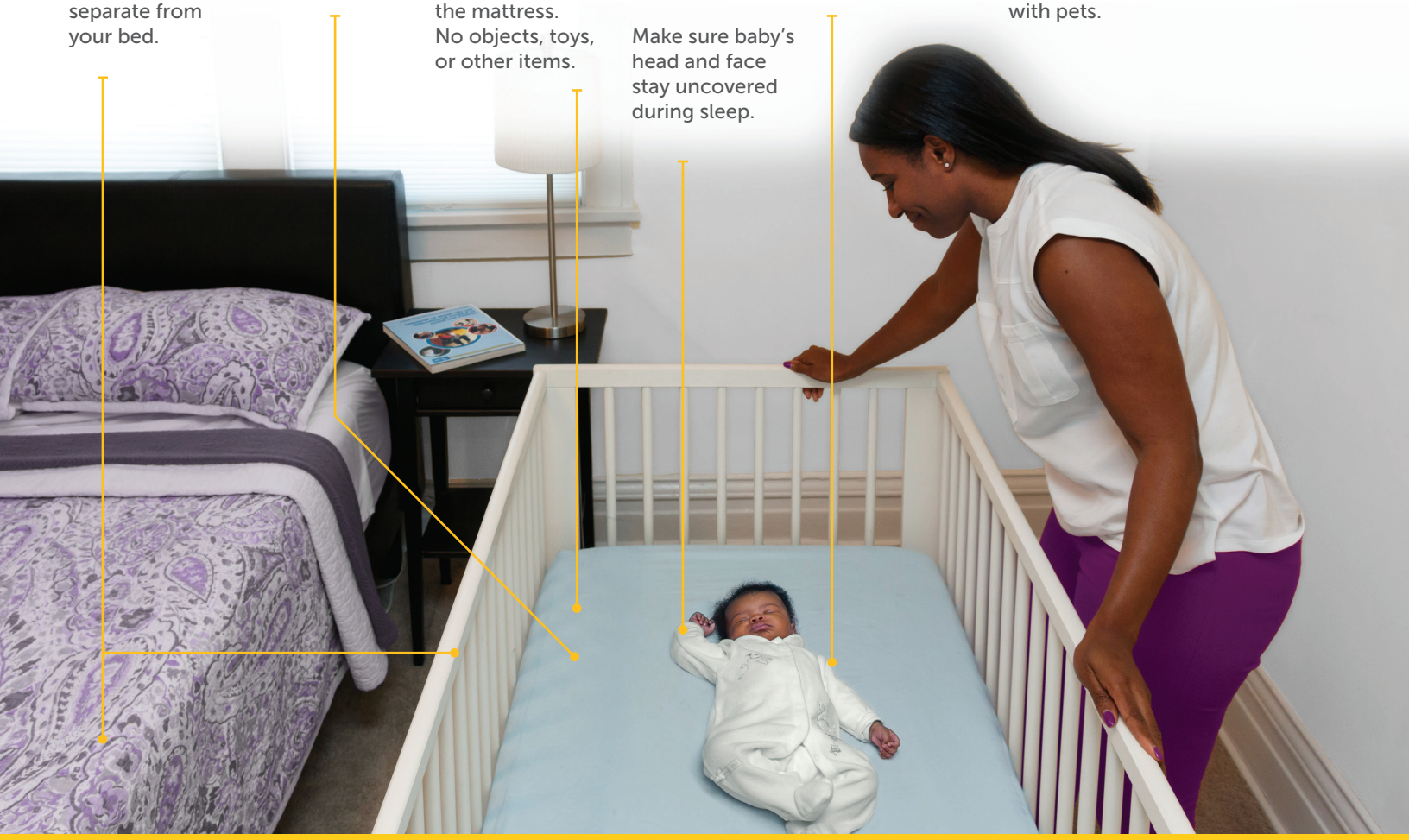
Use a wearable blanket to keep baby warm without blankets in the sleep area.

Make sure baby's head and face stay uncovered during sleep.

Place babies on their backs to sleep, for naps and at night.

Couches and armchairs are not safe for baby to sleep on alone, with people, or with pets.

Keep baby's surroundings smoke/vape free.



*The Consumer Product Safety Commission sets safety standards for infant sleep surfaces (such as a mattress) and sleep spaces (like a crib). Visit https://www.cpsc.gov/SafeSleep to learn more.

NIH *Eunice Kennedy Shriver* National Institute of Child Health and Human Development

SAFE TO SLEEP®

SAFE SLEEP FOR YOUR BABY

Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Infant Deaths



Feeding babies human milk by direct breastfeeding, if possible, or by pumping from the breast, reduces the risk of SIDS. Feeding only human milk, with no formula or other things added, for the first 6 months provides the greatest protection from SIDS.

Place babies on their backs to sleep for naps and at night.



Use a sleep surface for baby that is *firm* (returns to original shape quickly if pressed on), ***flat*** (like a table, not a hammock), ***level*** (not at an angle or incline), **and covered only with a fitted sheet**.



Feed your baby human milk, like by breastfeeding.



Share a room with baby for at least the first 6 months. Give babies their own sleep space (crib, bassinet, or portable play yard) in your room, separate from your bed.



Keep things out of baby's sleep area—no objects, toys, or other items.



Offer baby a pacifier for naps and at night once they are breastfeeding well.



Stay smoke- and vape-free during pregnancy, and keep baby's surroundings smoke- and vape-free.



Stay drug- and alcohol-free during pregnancy, and make sure anyone caring for baby is drug- and alcohol-free.



Avoid letting baby get too hot, and keep baby's head and face uncovered during sleep.



Get regular medical care throughout pregnancy.



Follow health care provider advice on vaccines, checkups, and other health issues for baby.



Avoid products and devices that go against safe sleep guidance, especially those that claim to "prevent" SIDS and sleep-related deaths.



Avoid heart, breathing, motion, and other monitors to reduce the risk of SIDS.



Avoid swaddling once baby starts to roll over (usually around 3 months of age), and keep in mind that swaddling does not reduce SIDS risk.



Give babies plenty of "tummy time" when they are awake, and when someone is watching them.



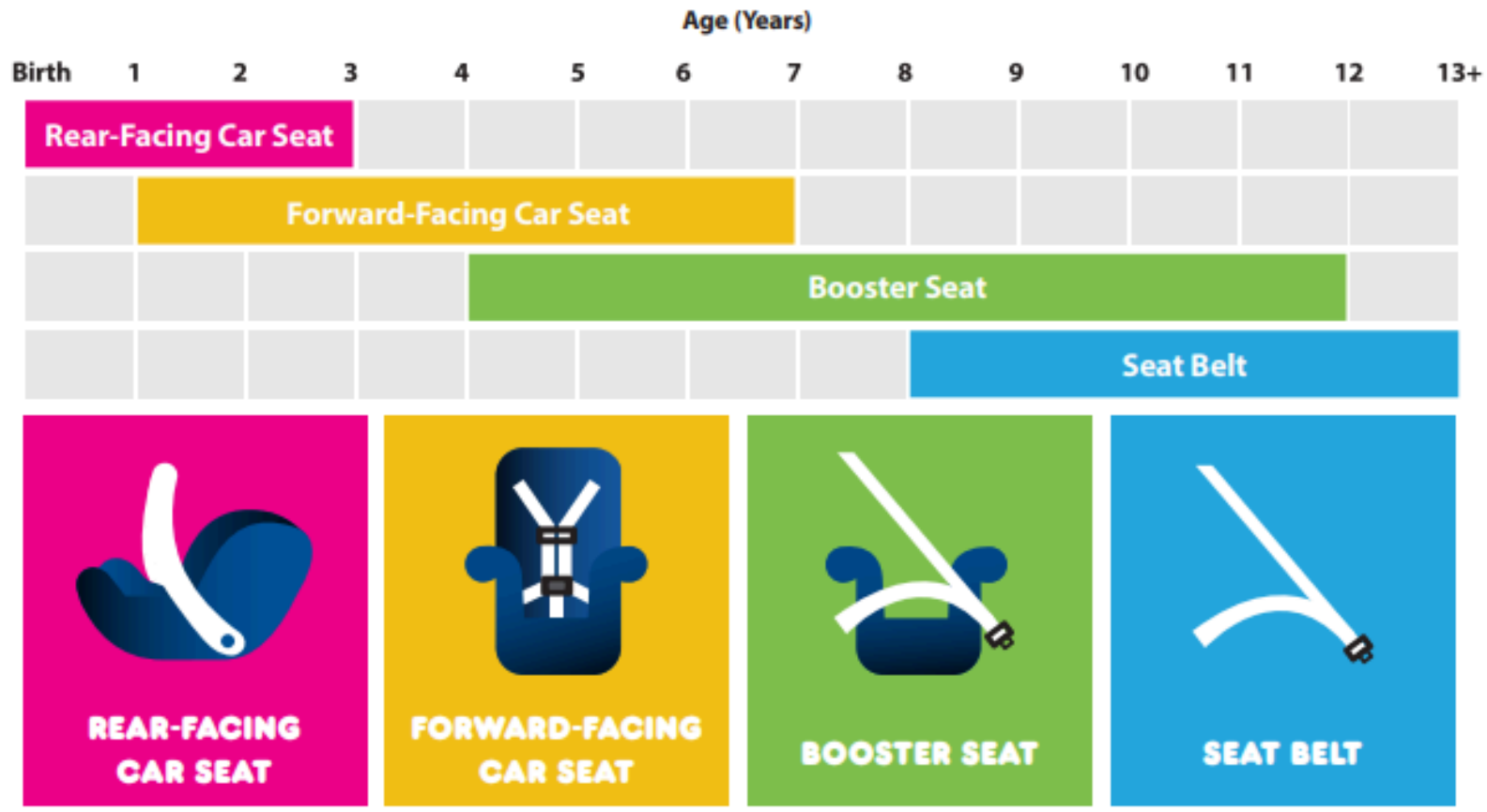
NIH Pub. No. 22-HD-5759 | August 2022

For more information about the Safe to Sleep® campaign, contact us:

Phone: 1-800-505-CRIB (2742) | Fax: 1-866-760-5947
Email: SafetoSleep@mail.nih.gov
Website: https://safetosleep.nichd.nih.gov
Telecommunications Relay Service: 7-1-1

Car Seat Recommendations

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



Rear-Facing Car Seat

Birth – 12 Months *Your child under age 1 should always ride in a rear-facing car seat. There are different types of rear-facing car seats: • Infant-only seats can only be used rear-facing.*

1 – 3 Years Keep your child rear-facing as long as possible. It's the best way to keep him or her safe. Your child should remain in a rear-facing car seat until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the rear-facing car seat, your child is ready to travel in a forwardfacing car seat with a harness and tether.

NHTSA

Forward-Facing Car Seat 2-3 Years

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

Booster Seat 4-7 Years

Once your child outgrows the forward-facing car seat with a harness, it's time to travel in a booster seat, but still in the back seat. There are two types of boosters: HighBack Boosters and Backless Boosters
We recommend using a high back booster as often as possible and for as long aspossible. The seat belt typically stays better positioned on the child's body when in a highback booster, since kids don't tend to lean sideways as much both while awake and whilesleeping when in a high back compared to a backless booster. Also a high back booster ismore likely to keep the child's body better positioned and the seat belt on the proper parts ofthe body during pre-crash maneuvers like swerving and hard braking than a backlessbooster.

Seat Belt 8 Years & Beyond

Keep your child in a booster seat until they are big enough to fit in a seat belt properly. For a seat belt to fit properly the lap belt must lie snugly across the upper thighs, not the stomach. The shoulder belt should lie snug across the shoulder and chest and not cross the neck/face.

Remember: your child should still ride in the back seat until 13 years old

American Heart Association.

HEARTSAVER®

INFANT CPR















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

KJ-1707 2/21 © 2021 American Heart Association

American Heart Association.

HEARTSAVER®

INFANT CHOKING



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

KJ-1708 2/21 © 2021 American Heart Association

SAFE KIDS WORLDWIDE

Gun Safety Tips

Everything you need to know about keeping kids safe around guns.

We need to take extra precautions when kids are in an environment where guns are present.

Store Guns and Ammunition Safely

- Store guns in a locked location, unloaded, out of the reach and sight of children.
- Store ammunition in a separate locked location, out of the reach and sight of children.
- Keep the keys and combinations hidden.
- When a gun is not being stored, it should be on your person and in your immediate control at all times. Otherwise, a gun should always be stored locked, unloaded and separate from ammunition.
- Make sure all guns are equipped with effective, child-resistant gun locks.
- If a visitor has a gun in a backpack, briefcase, handbag or an unlocked car, provide them with a locked place to hold it while they are in your home.
- Leaving guns on a nightstand, table or other place where a child can gain access may lead to injuries and fatalities.

Talk to Your Kids and Their Caregivers

- Explain how a gun your kids might see on television or a video game is different from a gun in real life.
- Teach kids never to touch a gun and to immediately tell an adult if they see one.
- Talk to grandparents and the parents of friends your children visit about safe gun storage practices.

Dispose of Guns You Don't Need

- If you decide that you no longer need to have a gun in your home, dispose of it in a safe way. Consult with law enforcement in your community on how to do so.

It is estimated that about one third of households with children ages 17 and under have a gun in the home.

PROJECT CHILDSAFE

OWN IT? RESPECT IT, SECURE IT. ProjectChildSafe.org

A PROGRAM OF NSSF The Firearm Industry Trade Association

Scan here for more information on Project ChildSafe and gun safety:

https://projectchildsafe.org/

STORING FIREARMS IN A SAFE MANNER

As a firearm owner, you must make absolutely sure that guns in your home are stored so that they are not accessible to children or other unauthorized persons. Hiding a gun in a closet, drawer or similar location is not safe storage. Children are extremely curious and might find a gun in your home that you thought was safely hidden or inaccessible.





As with most aspects of home safety, your objective as a firearm owner is to put in place a series of simple precautions (multiple safeguards) that together help create a secure environment for firearms in the home. Each of these precautions is designed to provide an additional barrier against unauthorized use.



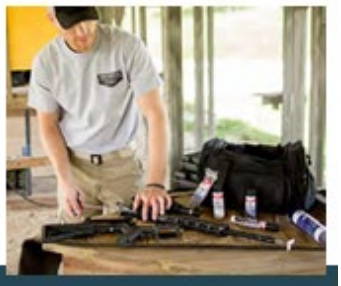
Own It? Respect It. Secure It.

As a firearm owner, it is your responsibility to know how to properly handle any firearm you own and also to know how to secure your firearm(s) in a safe manner in your home. Project ChildSafe® has been created to help you accomplish these very important safety goals.





Be a Responsible Firearm Owner





If you as a firearm owner feel uncomfortable accepting your safe-storage responsibilities, we strongly urge you not to own a firearm.





Poison Prevention

Store household products out of children's reach and sight. Young kids are often eye-level with items on counters and under kitchen and bathroom sinks, so keep cleaning supplies, laundry packets, hand sanitizers and personal care products where children can't reach them.

Keep household products in their original containers and read product labels. Use and store products according to the product label.

Save the Poison Help number in your phone and post it visibly at home: 1-800-222-1222. Specialists at poison control centers provide free, confidential, expert medical advice 24 hours a day. They can answer questions and help with poison emergencies.



Medicine Safety

Keep all medicine out of children's reach and sight, even medicine you take every day. Kids often get into medicine and vitamins if it is kept in places within their reach, like in purses, on nightstands or on counters.

Remember that child-resistant packaging is not childproof. So put medicine away after every use, even if you need to give another dose in a few hours.

Use a medicine schedule to keep track of your child's medicine. When other caregivers are giving your child medicine, write clear instructions about which medicine to give, how much to give and when to give it.

Child's Name	Date	Time		Medicine (Active Ingredient)	Amount	Medicine Given?
Jack	*Mon. 3/15*	*7:00*	*AM*	*Children's Tylenol® (Acetaminophen)*	*5 mL*	✔

Poison Help Number
1-800-222-1222

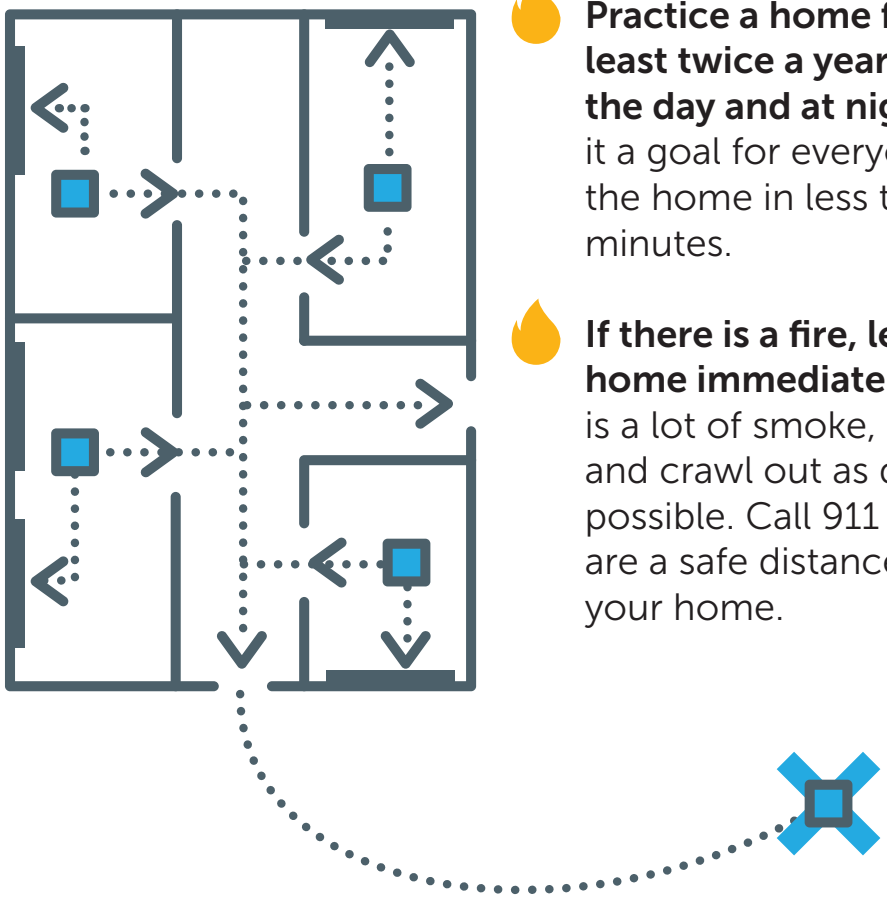


Fire Safety



Install smoke alarms and test alarms every month. Make sure there is a working smoke alarm on every level of your home, inside bedrooms and near sleeping areas.

Create a home fire escape plan with two ways out of every room. Choose a place for your family to meet outside that is a safe distance away from your home.



Practice a home fire drill at least twice a year, during the day and at night. Make it a goal for everyone to exit the home in less than two minutes.

If there is a fire, leave the home immediately. If there is a lot of smoke, get low and crawl out as quickly as possible. Call 911 after you are a safe distance away from your home.

Preventing Burns

Teach young children to stay at least 3 feet away from your cooking space by creating a kid-free zone. If you need to watch infants or toddlers while cooking, place them in a play yard or highchair outside of the kid-free zone where you can see them.

Avoid holding a child while cooking, eating or drinking hot foods and beverages. Keep items that may cause burns and scalds away from the edges of counters and tables.

Teach older kids how to cook safely. Make sure they don't leave the kitchen while cooking and remind them to use oven mitts or potholders to carry hot pots and pans.

Watch children around fireplaces. When a gas fireplace is turned on, the glass on the front is extremely hot and can take more than an hour to cool down after it is turned off. Install a safety screen or safety gate to prevent burns from the hot glass.

Carbon Monoxide Safety



Install carbon monoxide (CO) alarms and test alarms every month. Make sure there is a working CO alarm on every level of your home, especially near bedrooms and sleeping areas.



In a CO emergency, leave your home immediately. Move to a safe location outside where you can breathe in fresh air before you call for help.



If you need to warm up your vehicle, move it outside. It is not safe to leave your vehicle engine running inside the garage, even if the garage door is open.

Safety Around Button Batteries

Keep small electronics or devices that use button batteries out of children's reach. This includes small remote controls, key fobs, flameless candles, toys, musical greeting cards or books. Store loose button batteries where children can't reach them.

If a child swallows a button battery, go to the emergency room immediately. When a child swallows a button battery, their saliva triggers an electrical current, causing a chemical burn in their esophagus. Do not let the child eat or drink and do not induce vomiting.



Save the National Battery Ingestion Hotline in your phone: 1-800-498-8666. If you think your child has swallowed a button battery, call the hotline for free, expert, confidential advice 24 hours a day.

Preventing Falls and TV/Furniture Tip-overs





Watch children around balconies and windows. Window screens are not strong enough to hold a child's weight, so install window guards or stops to prevent falls. Know how to open the window in case of emergency.

Anchor unstable furniture to the wall. Use anti-tip brackets or wall straps to secure unstable or top-heavy furniture to the wall.

Secure TVs. Mount flat-panel TVs to the wall and put large, box-style TVs on a low, stable piece of furniture.

Use safety gates at the tops and bottoms of stairs. Read the manufacturer's instructions and warning labels to make sure you have the right gates for your needs.

Water Safety



Watch children when they are in or near water. Keep infants and toddlers within arm's reach of an adult during bath time.

Make sure you have everything you need for bath time before placing your child in the tub. Gather towels, clothes, soap and toys before bath time begins so that you don't have to leave your child alone.

Before placing your child in the bath, check the water temperature with the inside of your wrist. The water should feel warm to the touch, not hot.

Empty tubs, buckets, containers and kids' pools immediately after use. Store them upside down so they don't collect water.

Close lids and doors. Keep toilet lids and doors to bathrooms and laundry rooms closed when not in use.

Water Safety



Watch children when they are in or near water. Keep young children and inexperienced swimmers within arm's reach of an adult. Make sure more experienced swimmers are with a partner every time.



Enroll children in swim lessons. Every child is different, so teach children how to swim when they are ready. Consider their age, development and how often they are around water.



Teach children that swimming in open water is different from swimming in a pool. Potential hazards such as limited visibility, depth, uneven surfaces, currents and undertow can make swimming in open water more challenging than swimming in a pool.



Install fences around home pools. Pool fences should surround all sides of the pool and be at least 4 feet tall with a self-closing and self-latching gate. Remember to empty kids' pools after use and store them upside down.



Know what to do in an emergency. Learn CPR and basic water rescue skills – it may help you save a child's life.



Be a Water Watcher. When there is more than one adult present, choose one to be responsible for watching children in and near the water for a certain period of time, such as 15 minutes. After 15 minutes, select another adult to be the Water Watcher.

Water Survival Skills

Teach children the 5 water survival skills. Make sure kids know how to swim and develop these skills:



Step or jump into water over his/her head and return to the surface.



Float or tread water for one minute.



Turn around in a full circle and find an exit from the water.



Swim 25 yards to the exit.

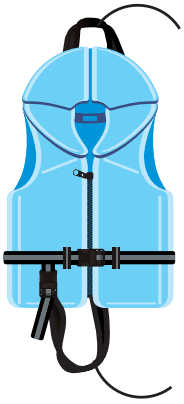


Exit from the water without using the ladder.

Life Jackets

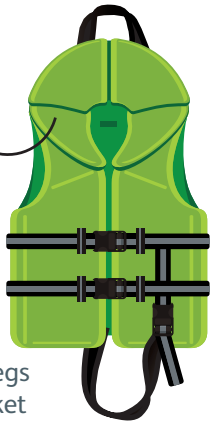
Choose a U.S. Coast Guard-approved life jacket that is right for your child's weight and water activity. Teach children to wear life jackets when boating or participating in water activities. Inexperienced swimmers and children who cannot swim should wear life jackets when they are in or near water.

8 to 30 pounds	30 to 50 pounds	50 to 90 pounds
Infant	Child	Youth



Grab straps to help you pull a child out of the water.

Straps between the legs help keep the life jacket from riding up.



Neck collars provide extra head support for the child.



All buckles and straps should be fastened and pulled tight.

EMERGENCY GO BAG ESSENTIALS FOR NEW MOMS

Children's Mercy KANSAS CITY

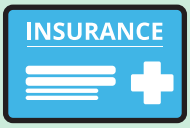
KEEP ESSENTIAL DOCUMENTS ON-HAND



Photos of your child



Copies of birth certificate



Health insurance information

EMERGENCY PREPAREDNESS TIPS

- Keep your go-bag in a place you can reach quickly
- Check your bag often and replace items when needed
- Add a list of emergency contacts and important phone numbers with a back-up phone charger
- Pack enough supplies to last at least 3 days



FEEDING AND BABY CARE ESSENTIALS

Make sure your emergency kit has enough diapers, wipes, formula, baby food, and clothes for at least 3 days. Also pack clean water, formula, supplies to keep bottles clean, a burp cloth, and a manual or battery-powered breast pump.



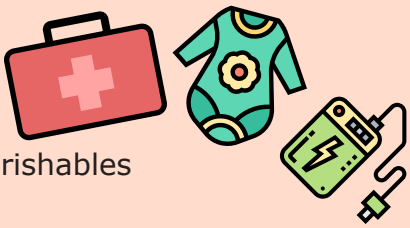
MEDICATIONS

- Bring enough prescription medicines and basic over-the-counter medicines.
- Keep copies of your prescriptions and other important medical documents.



ADDITIONAL ITEMS TO CONSIDER

- Extra baby clothes
- Blankets
- First Aid kit
- Portable charger
- Snacks and other non-perishables



RESOURCES

The Unaccompanied Minor Registry helps report children who are separated from their families during disasters like hurricanes or tornadoes. It helps the National Center for Missing & Exploited Children work with emergency teams to bring families back together.

Scan here or call 1-800-843-5678

NATIONAL CENTER FOR MISSING & EXPLOITED CHILDREN

A **Child ID Kit** is very important in an emergency. Add a recent photo and write down key details about the child. Update it every 6 months, and keep it in a safe place where you can quickly get it if needed.

NATIONAL CHILD ID PROGRAM

Scan here to order a kit:

MAKE A PLAN

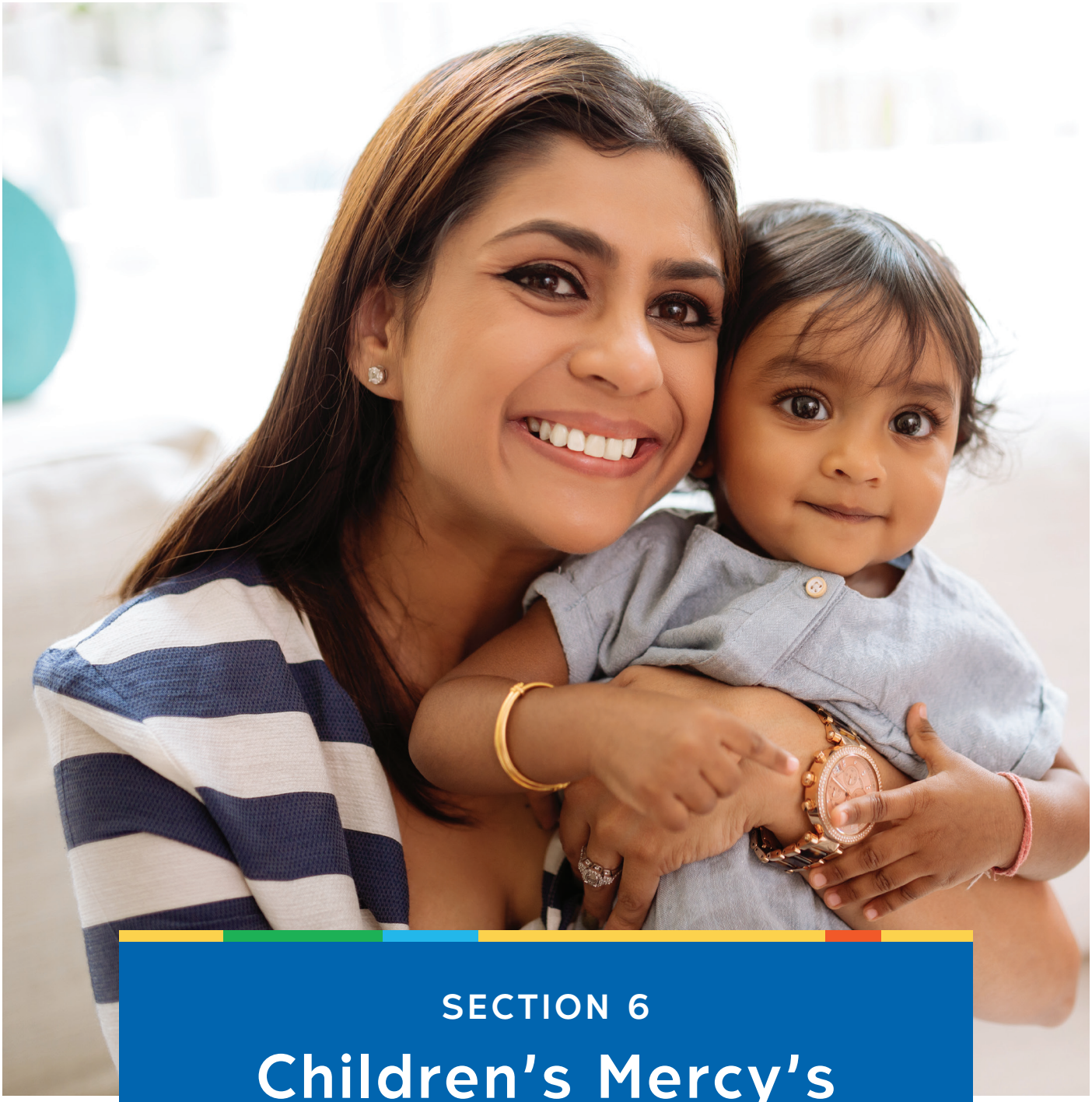
Prepare for any kind of disaster by creating a Family Communications Plan that you can practice together

Scan here for more information:



Ready Kids

The Pediatric Pandemic Network is supported in part by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of cooperative agreements U1IMC43532 and U1IMC45814 with 0 percent financed with nongovernmental sources. The content presented here is that of the authors and does not necessarily represent the official views of, nor an endorsement by HRSA, HHS, or the U.S. Government. For more information, visit HRSA.gov. 240317 | Updated 4/1/24



SECTION 6

Children's Mercy's Programs & Resources

Children's Mercy

CAR SEAT PROGRAM

Studies have shown that 80 percent of car seats are used incorrectly, which increases the chance of a child being seriously injured or killed in a crash. To inspect and demonstrate proper car seat installation, Children's Mercy, as the lead agency for Safe Kids Greater Kansas City, offers community Buckle Up Clinics.

The Buckle Up Clinics are offered each month and by appointment only. Certified Child Passenger Safety Technicians will be available to inspect your car seat installation(s) and make necessary adjustments for a safe ride home.

To schedule:

- Please schedule a time through this **scheduling form**
- We are experiencing a high volume of appointments, if there is not a time available at one of our clinics please visit **www.nhtsa.gov** and type in your zip code to find help near you.
- For further assistance, please call **(816) 234-1607**, Monday - Friday, 8 a.m. to 4 p.m. Voicemails will be returned the following business day.

When attending an event, please have the following:

1. Your child(ren), unless unborn
2. Your vehicle
3. Your car seat and vehicle owner's manuals

FYI: If Kansas City MO Public Schools cancel because of weather, the Buckle Up Clinics will be cancelled also.

SCAN HERE FOR CAR SEAT AND CHILD PASSENGER SAFETY VIDEOS:

SCAN HERE FOR AN APPOINTMENT WITH OUR BUCKLE UP CLINIC:

Would you be interested in a healthy home check-up?

There is no cost to be in the **Healthy Home Program***
To qualify, you must meet the following requirements:

- Live in the Kansas City Metro area.
- Have a child between 2 and 17 years of age, with asthma or other major chronic health conditions.
- Own or rent your home.
- Meet the program income guidelines.
- The parent or legal guardian of the child must stay in the home at least four nights per week.
- Have lived in your home for at least 6 months and plan to live in your home for 12 months after participating.

The **Healthy Home Program*** may include:

- Completing healthy home surveys.
- Listening to healthy home education.
- A home assessment for environment health and safety concerns related to moisture, allergens, radon, chemicals, and home safety.

Take this flyer to your healthcare provider for a referral, or call us today!

816-302-8565



**This program is supported through funds from HUD's Office of Lead & Healthy Homes and Spire.*

Children's Mercy KANSAS CITY

Scan camera here for more information

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

SAFE SLEEP, SAFE BABIES

INFANT SLEEP RECOMMENDATIONS



Your infant should sleep alone on a firm surface. This can be in one of the following:

A crib with a firm, non-inclined sleep surface and tight fitted sheet.
A portable crib or a bassinet (if it does not have padding along the sides).
To avoid the risk of suffocation and strangulation, these items should not be left in your infant's crib:

- **Loose blankets**
- **Pillows**
- **Stuffed animals**
- **Toys**

The following places are not recommended for your infant to sleep:

While sharing a bed with your infant is not recommended, we do recommend your infant share a room with you or their caregiver(s). This makes it easier to see your infant while keeping a separate sleep surface for your child.

- **Swing**
- **Car seat**
- **Bouncy chair**

Community Partners and Safe Sleep Educators

- Amethyst Place
- CAPA (Child Abuse Prevention Association)
- Center for Childhood Safety - Children's Mercy
- Charlie's House*
- Department of Environmental Health - Children's Mercy
- Easterseals Midwest
- Front Porch Alliance (FPA)
- Healing House
- Healthy Blue Missouri
- Healthy Families America Home Visiting - Children's Mercy
- Juneteenth KC*
- Kansas City Police Department
- Lakewood Family Birthplace - University Health
- Missouri Children's Division
- Mother's Refuge
- Northland Infant Clothing Center*
- Nurture KC
- Saint Luke's Hospital of Kansas City
- Samuel U. Rodgers Health Center*
- Sheffield Place
- Swope Health - Children's Services
- Synergy Services
- TIES (Team for Infants Exposed to Substance Abuse) Home Visiting - Children's Mercy
- University Health

*May have limited safe sleep materials available

PROMISE 1000
Home Visiting Collective



51 Home Visiting Agencies that are currently a part of Promise 1000's Referral System:

Who is Eligible for Home Visitation?

Individual home visiting program eligibility depends on various program/model requirements and if the program is able to take on new families at the time of referral, HOWEVER, our smart referral system (CRIS) figures all of that out for you!
Parents simply need to meet the following criteria to be referred to a home visiting program through our referral system:

- Be pregnant or have a young child (under 5 years of age),
- Live in one of the Missouri or Kansas counties identified in the map below and,
- Need, or want, extra support during their parenting journey

Becoming a parent and raising a child can be both exciting AND challenging!

From the time you first receive the news about a pregnancy to the first 1,000 days of life (birth to 3 years of age) is incredibly important as babies grow and change rapidly. You may have heard the phrase **"It takes a Village to raise a child."**

KANSAS CITY

Children's Mercy

SCAN ME!

promise1000.org

Children's Mercy

CARE Workshops for Parents

Child-Adult Relationship Enhancement (CARE) Workshops

CARE Workshops were developed for parents and caregivers of youth ages 2-18 who have experienced stressful or traumatic events in their lives, children with behavior problems, or parents who want to strengthen the relationship with their child. Each CARE Workshop includes two parts. Workshops take place in one of the two following formats: two 1.5-hour virtual sessions, usually held two weeks apart, or one 4-hour in person session. Please note that we are unable to provide childcare.

SCAN ME

CARE Workshops will be are held both virtually and in person

Part I: Relationship Enhancement

Caregivers are taught skills to decrease negative behaviors while developing positive communication with their child.

Part II: Strategies for Compliance

Caregivers are taught elements of effective discipline and child management skills such as how to give good commands, when and how to use selective ignoring, and other discipline techniques to redirect problematic behavior.

These workshops are fun and interactive, completely free of charge, and for adults only (unfortunately, childcare is not provided at this time). CARE Workshops are offered throughout the year at different times and at a variety of locations in the Kansas City metro area.

R.S.V.P. is **required**, space is limited and we are **unable to provide childcare**. To register for a CARE workshop, please call **(816) 855-1720** or email **careworkshops@cmh.edu** to sign up.

Children's Mercy
KANSAS CITY
LIFT UP KC

Connecting our family with trusted community resources:

Lift Up KC is a free, web-based tool powered by Children's Mercy Kansas City that connects families in the KC metro area to over 3,000 local, free, or reduced-cost resources. Users can search by zip code to find assistance with food, transportation, housing, and utilities, with a special focus on supporting families.

- Housing & Goods
- Food
- Transportation
- Legal
- Health
- Money & Employment
- Early Childhood

Search for free or reduced cost services:

Children's Mercy KANSAS CITY

parent-ish

It's not perfect. It's parenting.

Sometimes you need answers to the little everyday things that parents encounter. And sometimes, you just need someone to encourage you through all of the craziness and challenges of parenthood. Welcome to Parent-ish, a blog from the experts at Children's Mercy.

NEW! Parent-ish podcast

Listen to the Parent-ish podcast ›

Scan here to subscribe to Parent-ish or suggest a Parent-ish topic

Featured Posts

- **Teaching healthy body image tips for kids**
- **How to talk to your kids about their first heartbreak**
- **When your child's 'winter blues' become something more serious**
- **Antibiotic FAQs – What parents need to know**
- **Kids sick again? What to do about those pesky bugs going around**

https://www.childrensmercy.org/parent-ish/

Powering Families

A Learning Series from Children's Mercy

Scan to check out the Powering Families webpage, watch previous sessions, and register for upcoming sessions.

- Each month Children's Mercy will offer a free online educational event. These events will offer parents and caregivers a chance to connect with Children's Mercy Kansas City experts and partners on a variety of topics. Each event will include information provided by the expert followed by questions from attendees submitted via chat and addressed by the experts.
- Webinar topics will include: healthy eating, financial resources, anxiety and depression, kids' safety and more. Be sure and check back as new events will be added each month.

Watch recorded webinars:

- **Asthma Management**
- **Anxiety and Depression in Pre-Teens and Teens**
- **Financial Wellness and Assistance**
- **When to Take Your Child to the Emergency Department or Urgent Care**
- **Navigating Community Resources for Basic Needs**
- **Preventing Unintentional Childhood Injuries**
- **Introduction to Medicaid and Medicaid Renewal**
- **Healthy Eating and Lifestyles**
- **Supporting Your Child through a Mental Health Crisis**

Connect with the Children's Mercy Community Baby Shower program by scanning below:

Scan Here



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