Children's Mercy
KANSAS CITY

Welcome Baby

Community Celebration Guide

Newborn Checklist

Out and About

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

Nursing and feeding

- [ ] Milk pump and pads
- [ ] Feeding pillow with washable cover
- [ ] Nursing bras and shirts
- [ ] Milk 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)

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

Playtime

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

Health and Safety

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

Table of Contents

This Community Celebration Guide provides a comprehensive selection of educational information and resources for growing families in the greater Kansas City area. Compiled by Children's Mercy's Community Baby Shower program, it aims to support and celebrate all families as they prepare to welcome a new member. The program's primary goal is to recognize the essential role that all parents and caregivers play in our community and to show our commitment to supporting all children and their families, everywhere

We value feedback from everyone who has engaged with our program. Please use your camera to scan the code below and share your anonymous comments, which will be reviewed solely by our planning committee.

SECTION 1

Child Safety Education

Children's Mercy KANSAS CITY

SAFE KIDS WORLDWIDE

Safe Sleep, Safe Babies

The American Academy of Pediatrics and many other health care organizations have made clear recommendations to help keep your infant safe while sleeping. Children's Mercy wants to help keep your child safe through our Safe Sleep, Safe Babies initiative.

Additional resources

If your infant has not reached their first birthday and you do not have a safe place for your infant to sleep (crib, portable crib, bassinet), please contact one of the below agencies. *These agencies can provide you with a safe sleep kit, which includes a Pack 'N Play.

- Charlie's House: **(816) 674-7513** or **bob.renton@charlieshouse.org**
- Juneteenth KC: **(816) 673-0004** or **juneteenthkc@gmail.com**
- Northland Infant Clothing Center: **(816) 741-5101** or **NICC.redeemer@gmail.com**
- Samuel U. Rodgers Health Center: **(816) 889-1930** or **whurd@samrodgers.org**

Scan here for more information and videos:

https://www.childrensmercy.org/in-the-community/supporting-parents-and-families/safe-sleep-safe-babies/

SAFE TO SLEEP®

Scan here for more information on safe sleep while breastfeeding:

How can I practice safe sleep when breastfeeding?

Safe sleep recommendations and breastfeeding best practices work together to reduce baby's risk of SIDS and other sleep-related death.

Room sharing is key to reducing baby's risk when breastfeeding. Keeping your baby's sleep area in your room, next to your bed, allows for easier feeding and comforting, especially overnight. When you are finished feeding, you can put baby back in their own sleep area made for infants, like a safety-approved crib* or bassinet, next to your bed.

You should also **think about how tired you are before you start** a feeding session. If there is any chance you might fall asleep while breastfeeding, make some changes to your environment to help reduce risks:

- **Avoid feeding baby on couches and armchairs.** Couches and armchairs can be very dangerous for baby, especially if adults fall asleep while feeding, comforting, or bonding with baby on these surfaces. Couches and armchairs carry a very high risk for other sleep-related deaths from entrapment and suffocation.
- **If you bring baby into your bed for feeding or comforting, remove all items and bedding from the area.** Pillows and soft comforters, quilts, pillows, and blankets in the adult bed put baby at risk for suffocation, strangulation, or entrapment if the adult falls asleep during feeding. When you are finished breastfeeding, put baby back in a separate sleep area made for babies, like a safety-approved crib* or bassinet, that is close to your bed.
- **Ask someone to stay with you while you're breastfeeding.** The person can wake you up if you start to doze off or can put the baby in a separate sleep area for you if you fall asleep. If you don't have someone to help you stay awake, set a timer to go off every few minutes to keep you awake.
- **If you fall asleep while feeding baby in your bed, place them on their back in a separate sleep area made for babies as soon as you wake up.** Evidence shows that the longer a parent and baby share the same bed, the greater the risk for sleep-related infant deaths.

Children's Mercy
KANSAS CITY

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.

Second Tuesday of every month, starting March 2025:

- Appointments starting at 9:00 a.m.
- Ground level of the Don Chisholm parking garage, **610 East 22nd Street Kansas City, MO 64108**
- Car seat checks take place at the back on the building. Enter from Holmes Street to access the rear, lower parking lot.

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:

https://www.childrensmercy.org/in-the-community/community-programs-with-childrens-mercy/center-for-childhood-safety/car-seat-program/

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

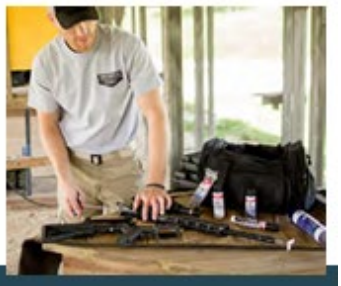
As a firearm owner, you must make absolutely sure that guns in your home are stored so that they are not accessible to children or other unauthorized persons. Hiding a gun in a closet, drawer or similar location is not safe storage. Children are extremely curious and might find a gun in your home that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

Safety at Home

Safe Infant Sleep

Place babies on their backs for naps and at night until they are 1 year old. Make sure babies sleep on a firm, flat surface in their own crib, bassinet or play yard.

Choose a firm mattress and fitted sheet for baby's crib. Remove toys, blankets, pillows, bumper pads and other accessories.

Dress baby in a wearable blanket or onesie. A loose blanket could cover baby's airway or make their body temperature too high while they sleep.

Share your room, not your bed. Place baby's crib, bassinet or play yard in your bedroom instead of letting baby sleep in the same bed with you.

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.

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.

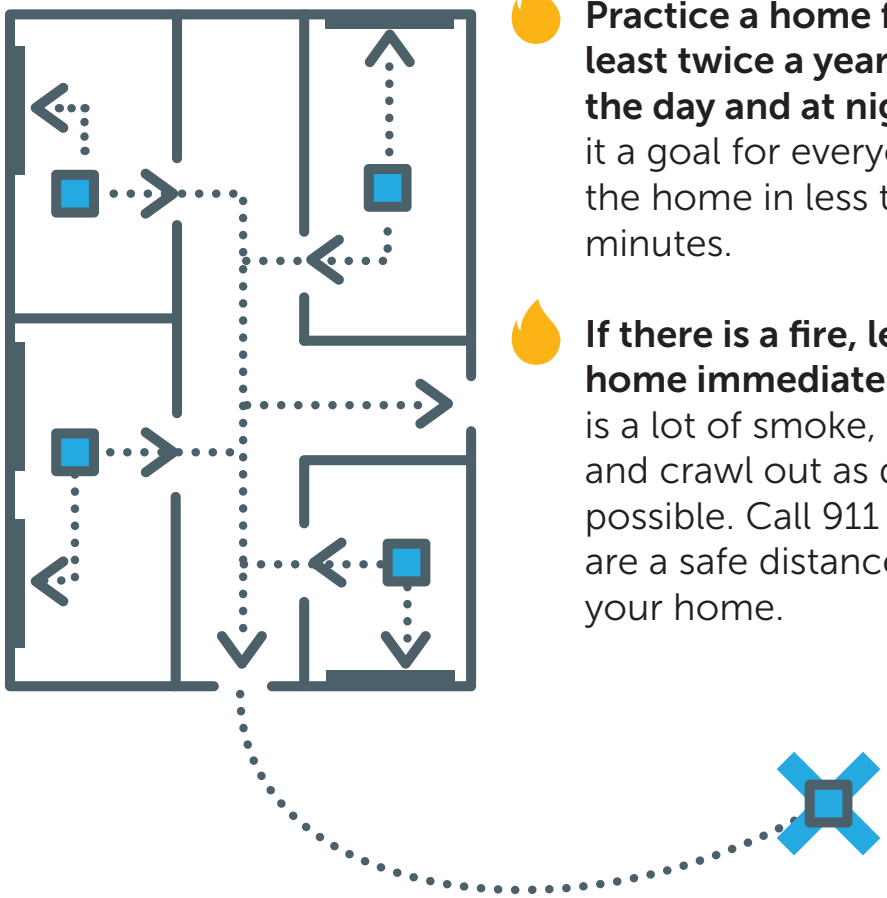
Child's Name	Date	Time		Medicine (Active Ingredient)	Amount	Medicine Given?
Jack	*Mon. 3/15*	*7:00*	*AM*	*Children's Tylenol® (Acetaminophen)*	*5 mL*	✔

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.

Safety at Play

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.

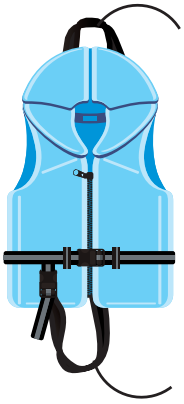
Swim 25 yards to the exit.

Exit from the water without using the ladder.

Life Jackets

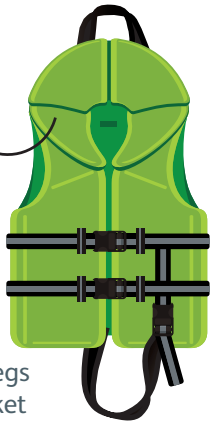
Choose a U.S. Coast Guard-approved life jacket that is right for your child's weight and water activity. Teach children to wear life jackets when boating or participating in water activities. Inexperienced swimmers and children who cannot swim should wear life jackets when they are in or near water.

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.

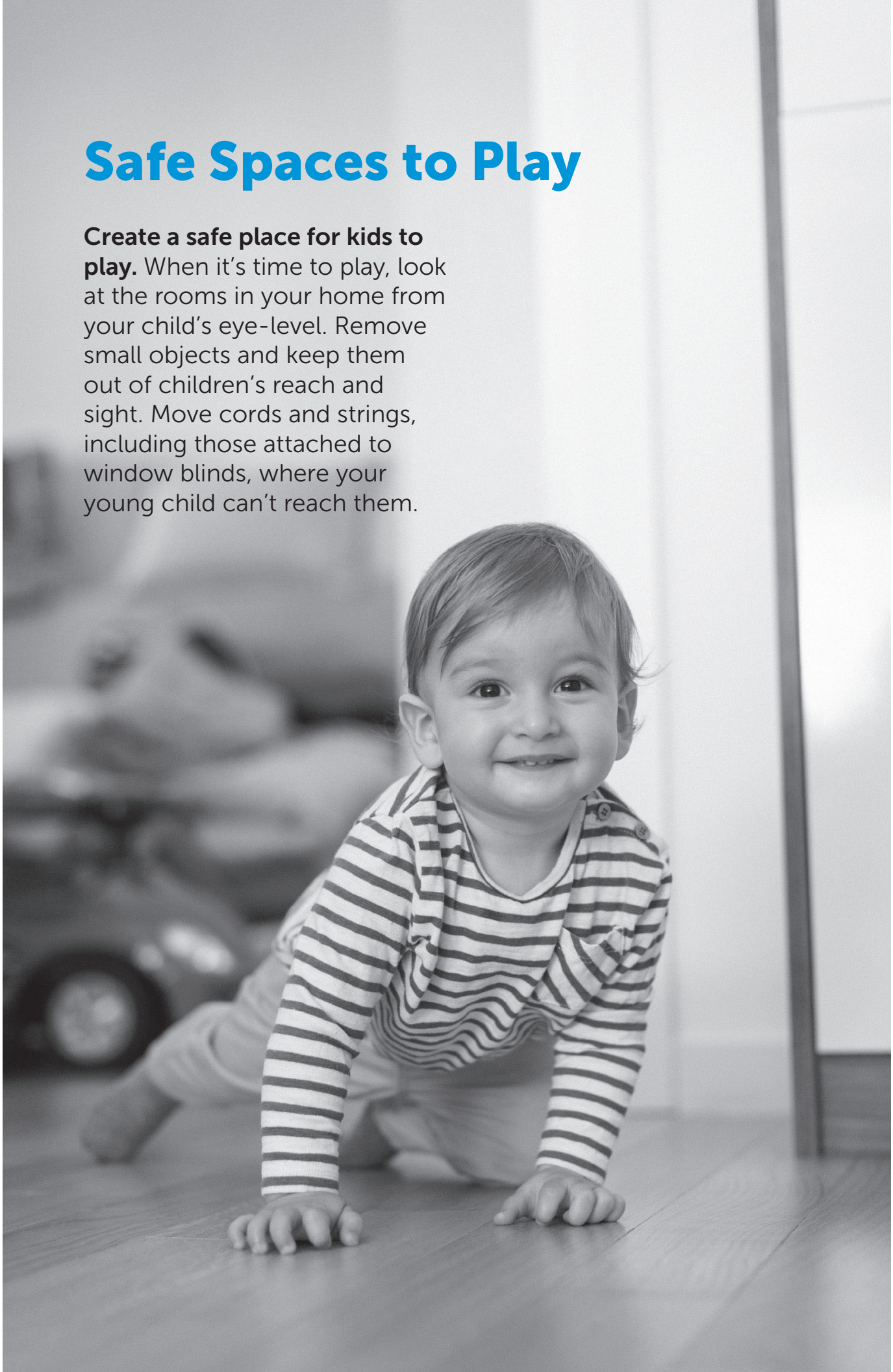


Neck collars provide extra head support for the child.

All buckles and straps should be fastened and pulled tight.

Safe Spaces to Play

Create a safe place for kids to play. When it's time to play, look at the rooms in your home from your child's eye-level. Remove small objects and keep them out of children's reach and sight. Move cords and strings, including those attached to window blinds, where your young child can't reach them.



Toy Safety

Consider your child's age and development when purchasing a toy or game. Read the instructions and warning labels to make sure it's just right for your child.

Separate toys by age and keep small parts and game pieces away from young children. Toys intended for older children may pose a risk to younger, curious siblings.

Stay up-to-date on toy recalls. Visit www.SafeKids.org/recalls for more information about recalls related to children's toys and products.

Wheeled Sports Safety

Remind your kids to wear a properly-fitted helmet when biking, skateboarding, riding a scooter or in-line skating. If you're riding bikes with your kids, remember to be a good role model and wear your helmet as well.

Check equipment. Make sure your child's bike is the appropriate size and has fully operational brakes, chains and reflectors before riding.

Teach your kids the rules of the road. Make sure they know proper hand signals, understand traffic signs and signals and ride in the same direction as traffic as far to the right-hand side as possible.

Be sure your kids are seen while riding. Wearing bright colors, using lights, and wearing reflectors on their clothes and bike or scooter when riding in the morning and at night will help them be seen.

Bike with your child. Stick together until you are comfortable that your kids know the rules of the road and are ready to ride on their own.

Safety on the Road

Child Passenger Safety

Choose the right car seat for your child. The car seat label will help you make sure it is the right seat for your child's age, weight, height and level of development.

All infants and toddlers should ride in a rear-facing car seat as long as possible, until they reach the highest weight or height allowed by their car seat manufacturer. Most convertible seats have limits that will permit children to ride rear-facing for 2 years or more.

Teach your kids from a young age to buckle up every ride, every car, every time. All kids under age 13 should ride in a back seat.

Use and install your car seat according to the directions. Follow the labels on the car seat and read the car seat manual carefully. Visit safekids.org to find a Safe Kids coalition for additional help or use our online Ultimate Car Seat Guide (www.safekids.org/guide) to get help based on your child's age and weight.

Teens in Cars

Set a good example and teach when you drive. Show your kids that you always buckle up, put your phone away and observe speed limits. Your kids will drive like you do.

Establish family safety rules of the road when you're not there to supervise. Let your teen know what you expect from them as a passenger and as a driver.

Encourage your teens to speak up when any driver is driving unsafely. Teach them to take charge of their own safety by finding a safe way home if the driver is impaired, speeding or taking risks.

Safety In and Around Cars

Before you drive, walk all the way around your parked car to check for children. Remember kids play everywhere, including behind cars.

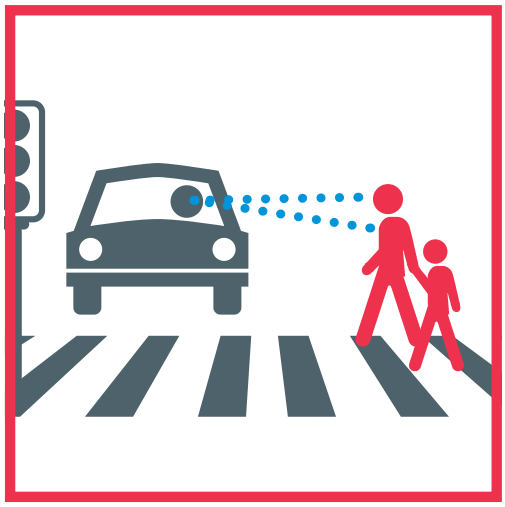
Help prevent heatstroke deaths by never leaving your child alone in a car, not even for a minute. Cars can heat up to dangerous levels in just a short amount of time, even on mild, sunny days – and cracking a window doesn't help.

Keep car doors and trunks locked and keep key fobs out of reach. Kids as young as 2-3 years old are known to climb into unlocked cars and trunks to play, but they can't always get out.

Create reminders when driving with a child in the back seat so you don't forget they are there. Place something like a purse or phone near your child that is needed at your final destination. This is especially important if your routine changes.

Take action. If you see a child alone in a car, call 911. One call could save a life.

Pedestrian Safety



Teach kids to look left, right and left again before crossing the street. Remind them to continue to pay attention until they have crossed safely and to be aware of all the different ways cars can cross their path.

Be sure kids make eye contact with drivers before crossing the street. Teach kids the importance of ensuring drivers see them.

Remind kids to keep their heads up and devices down. Be sure to remind them to avoid distractions when crossing streets or railroad tracks.

Walk with your kids. Make sure they know to use sidewalks, walking paths and crosswalks while walking. Teach them to cross streets at marked crosswalks or intersections and follow traffic signals. If there are no sidewalks, remind them to walk facing traffic and as far to the left-hand side as possible.

Be sure kids are seen while walking. Wearing bright/light-colored clothing and reflective materials when walking in the morning and at night will help them be seen.

Emergency Contact Information

Police, Fire Department or Ambulance: **9-1-1**
Poison Help Number: **1-800-222-1222**
Doctor: _____
Family Member: _____
Family Member: _____
Friend/Neighbor: _____

Helpful Resources

Safe Kids Worldwide

For tips on how to keep kids safe and to find a local coalition near you, visit **www.safekids.org**.

Safe Kids Ultimate Car Seat Guide

Visit **www.safekids.org/guide** for tips and videos on how to install car seats and booster seats.

Safe Kids Law Tracker

To find child safety laws in each state, visit **www.safekids.org/state-law-tracker**.

American Red Cross

To sign up for classes on first aid, CPR, swimming or water safety, visit **www.redcross.org/take-a-class**.

Over-the-Counter Medicine Safety

Visit **www.ymiclassroom.com/lesson-plans/otcmedsafety** for resources on how to teach older kids about medicine safety.

SECTION 2

Infant Wellness and Bonding

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®

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.
- Talk, read, and sing to your baby to help her develop and understand language.
- Spend time cuddling and holding your baby. This will help him feel safe and cared for. You will not spoil your baby by holding or responding to him.
- Being responsive to your baby helps him learn and grow. Limiting your screen time when you are with your baby helps you be responsive.
- Take care of yourself. Parenting can be hard work! It's easier to enjoy your new baby when you feel good yourself.
- Learn to notice and respond to your baby's signals to know what she's feeling and needs. You will feel good and your baby will feel safe and loved. For example, is she trying to "play" with you by making sounds and looking at you, or is she turning her head away, yawning, or becoming fussy because she needs a break?
- Lay your baby on his tummy when he is awake and put toys at eye level in front of him. This will help him practice lifting his head up. Do not leave your baby alone. If he seems sleepy, place him on his back in a safe sleep area (firm mattress with no blankets, pillows, bumper pads, or toys).
- 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.
- Learn when your baby is hungry by looking for signs. Watch for signs of hunger, such as putting hands to mouth, turning head toward breast/bottle, or smacking/licking lips.
- Look for signs your baby is full, such as closing her mouth or turning her head away from the breast/bottle. If your baby is not hungry, it's ok to stop feeding.
- Do not shake your baby or allow anyone else to—ever! You can damage his brain or even cause his death. Put your baby in a safe place and walk away if you're getting upset when he is crying. Check on him every 5–10 minutes. Infant crying is often worse in the first few months of life, but it gets better!
- Have routines for sleeping and feeding. This will help your baby begin to learn what to expect.

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 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:

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

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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.

- 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?

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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**.

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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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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?

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**.

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American Academy of Pediatrics
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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.

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DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

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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?

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Don't wait.
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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.

- 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.

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Learn the Signs. Act Early.

Your child needs vaccines as they grow!

2025 Recommended Immunizations for Birth Through 6 Years Old

Want to learn more?
Scan this QR code to find out which vaccines your child might need. Or visit **www2.cdc.gov/vaccines/childquiz/**

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	20–23 MONTHS	2-3 YEARS	4-6 YEARS
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					Dose 5
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									Dose 4
COVID-19	At least 1 dose of the current COVID-19 vaccine													
Influenza/Flu	Every year. Two doses for some children													
MMR								Dose 1						Dose 2
Chickenpox								Dose 1						Dose 2
Hepatitis A								2 doses separated by 6 months						

KEY

- ALL children should be immunized at this age
- SOME children should get this dose of vaccine or preventive antibody at this age

Talk to your child's health care provider for more guidance if:

1. Your child has any medical condition that puts them at higher risk for infection.
2. Your child is traveling outside the United States. Visit **wwwnc.cdc.gov/travel** for more information.
3. Your child misses a vaccine recommended for their age.

CDC U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

FOR MORE INFORMATION
Call toll-free: **1-800-CDC-INFO (1-800-232-4636)**
Or visit: **www2.cdc.gov/vaccines/childquiz/**

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What diseases do these vaccines protect against?

BIRTH–6 YEARS OLD

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* Contagious bacterial infection of the nose, throat, and sometimes lungs; spread through air and direct contact	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
Hib (Haemophilus influenzae type b) Contagious bacterial infection of the lungs, brain and spinal cord, or bloodstream; spread through air and direct contact	Depends on the part of the body infected, but can include brain damage, hearing loss, loss of arm or leg, death
Pneumococcal Bacterial infections of ears, sinuses, lungs, or bloodstream; spread through direct contact with respiratory droplets like saliva or mucus	Depends on the part of the body infected, but can include infection of the lungs (pneumonia), blood poisoning, infection of the lining of the brain and spinal cord, death
Polio Contagious viral infection of nerves and brain; spread through the mouth from stool on contaminated hands, food or liquid, and by air and direct contact	Paralysis, death
COVID-19 Contagious viral infection of the nose, throat, or lungs; may feel like a cold or flu. Spread through air and direct contact	Infection of the lungs (pneumonia); blood clots; liver, heart or kidney damage; long COVID; death
Influenza (Flu) Contagious viral infection of the nose, throat, and sometimes lungs; spread through air and direct contact	Infection of the lungs (pneumonia), sinus and ear infections, worsening of underlying heart or lung conditions, 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

*__DTaP__ protects against tetanus, diphtheria, and pertussis

†__MMR__ protects against measles, mumps, and rubella

Last updated November 2024

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")

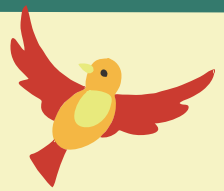
TIP: Read books to your baby every day. Praise him when he babbles and "reads" too.

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"

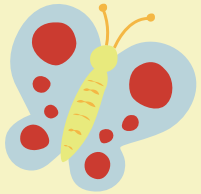
5 YEARS

- 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!

United 4 Children

Missouri Family Resources and Child Care Assistance

Are you in need of assistance? Click one of the buttons below to learn more about state and community resources potentially available for your use.

Missouri Family Resources | Subsidy & Child Care Resources | State Assistance Resources | Physical Health Resources | Mental Health Resources | Crisis & Homeless Resources

Scan here for more information

Find Child Care Near You

In the child care database below, you can look for child care programs near a specific address or school and find just what your family needs. If at any moment you need assistance, please call or start a chat with our amazing staff. We are happy to help!

Search Child Care Options

Call our Early Care & Education Resource & Referral Call Center to speak with a Community Support Specialist:

Call Us:
1-866-583-2392 (TTY/TTD)

Email Us:
programresources@united4children.org

Scan here for more information

Starting Your Child Care Search

Don't spend hours searching for child care. Child Care Aware of Kansas is connected to nearly every licensed child care provider in the state. Our team of experts can help you sort through options to find care that meets your family's budget and needs, as well as access resources that support your child's healthy development. Our services are free and provided by experienced professionals in the early care and learning field.

It's easier than you think! Here's how:

Call **1-877-678-2548** to speak with a Resource Center Specialist about your unique needs and preferences.

Explore a list of providers with openings in your area through our online database.

Learn about the process finding quality child care.

Family Resources

Our early care and learning experts have gathered resources that can help you give your child the best start in life.

Manage Child Care Costs

Child care can be one of the biggest expenses in a family's budget. Find tips for how to budget for child care and then check out these options that could help cover the cost:

- Military Assistance
- Successful Families Program – TANF
- State Child Care Assistance/Subsidy
- Federal Child Tax Credit
- Kansas WIC Program
- Kaw Nation Child Care Development

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

Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics

Bright Futures™
prevention and health promotion for infants, children, adolescents, and their families™

	INFANCY								EARLY CHILDHOOD						
AGE[1]	**Prenatal**[2]	**Newborn**[3]	**3-5 d**[4]	**By 1 mo**	**2 mo**	**4 mo**	**6 mo**	**9 mo**	**12 mo**	**15 mo**	**18 mo**	**24 mo**	**30 mo**	**3 y**	**4 y**
HISTORY Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS															
Length/Height and Weight		●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference		●	●	●	●	●	●	●	●	●	●	●			
Weight for Length		●	●	●	●	●	●	●	●	●	●				
Body Mass Index[5]												●	●	●	●
Blood Pressure[6]		★	★	★	★	★	★	★	★	★	★	★	★	●	●
SENSORY SCREENING															
Vision[7]		★	★	★	★	★	★	★	★	★	★	★	★	●	●
Hearing		●[8]	●[9] →			★	★	★	★	★	★	★	★	★	●
DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH															
Maternal Depression Screening[11]				●	●	●	●								
Developmental Screening[12]								●			●		●		
Autism Spectrum Disorder Screening[13]											●	●			
Developmental Surveillance		●	●	●	●	●	●		●	●		●		●	●
Behavioral/Social/Emotional Screening[14]		●	●	●	●	●	●	●	●	●	●	●	●	●	●
Tobacco, Alcohol, or Drug Use Assessment[15]															
Depression and Suicide Risk Screening[16]															
PHYSICAL EXAMINATION[17]		●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES[18]															
Newborn Blood		●[19]	●[20] →												
Newborn Bilirubin[21]		●													
Critical Congenital Heart Defect[22]		●													
Immunization[23]		●	●	●	●	●	●	●	●	●	●	●	●	●	●
Anemia[24]						★			●	★	★	★	★	★	★
Lead[25]							★	★	● or ★[26]		★	● or ★[26]		★	★
Tuberculosis[27]				★			★		★			★		★	★
Dyslipidemia[28]												★			★
Sexually Transmitted Infections[29]															
HIV[30]															
Hepatitis B Virus Infection[31]		★ →													
Hepatitis C Virus Infection[32]															
Sudden Cardiac Arrest/Death[33]															
Cervical Dysplasia[34]															
ORAL HEALTH[35]							●[36]	●[36]	★		★	★	★	★	★
Fluoride Varnish[37]							←					● →			
Fluoride Supplementation[38]							★	★	★		★	★	★	★	★
ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving nurturing parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require more frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest concerns.

These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

Refer to the specific guidance by age as listed in the *Bright Futures Guidelines* (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 4th ed. American Academy of Pediatrics; 2017).

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

The Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care are updated annually.

Summary of Changes Made to the Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule)

This schedule reflects recommendations approved in December 2024 and published in February 2025. For updates and a list of previous changes made, visit www.aap.org/periodicityschedule.

RECOMMENDATIONS APPROVED IN DECEMBER 2024

No changes have been made to clinical guidance or footnotes in the recommendations published in 2025.

SECTION 3

Maternal Health Resources

Office on Women's Health — Prenatal care

What is prenatal care?

Prenatal care is the health care you get while you are pregnant. Take care of yourself and your baby by:

- Getting **early** prenatal care. If you know you're pregnant, or think you might be, call your doctor to schedule a visit.
- Getting **regular** prenatal care. Your doctor will schedule you for many checkups over the course of your pregnancy. Don't miss any — they are all important.
- Following your doctor's advice.

Why do I need prenatal care?

Prenatal care can help keep you and your baby healthy. Babies of mothers who do not get prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care.

Doctors can spot health problems early when they see mothers regularly. This allows doctors to treat them early. Early treatment can cure many problems and prevent others. Doctors also can talk to pregnant women about things they can do to give their unborn babies a healthy start to life.

I'm pregnant. What should I do — or not do — to take care of myself and my unborn baby?

Follow these do's and don'ts to take care of yourself and the precious life growing inside you:

Health care do's and don'ts

- Get early and regular prenatal care. Whether this is your first pregnancy or third, health care is extremely important. Your doctor will check to make sure you and the baby are healthy at each visit. If there are any problems, early action will help you and the baby.
- Take a multivitamin or prenatal vitamin with 400 to 800 micrograms (400 to 800 mcg or 0.4 to 0.8 mg) of folic acid every day. Folic acid is most important in the early stages of pregnancy, but you should continue taking folic acid throughout pregnancy.
- Ask your doctor before stopping any medicines or starting any new medicines. Some medicines are not safe during pregnancy. Keep in mind that even over-the-counter medicines and herbal products may cause side effects or other problems. But not using medicines you need could also be harmful.
- Avoid x-rays. If you must have dental work or diagnostic tests, tell your dentist or doctor that you are pregnant so that extra care can be taken.
- Get a flu shot. Pregnant women can get very sick from the flu and may need hospital care.

Food do's and don'ts

- Eat a variety of healthy foods. Choose fruits, vegetables, whole grains, calcium-rich foods, and foods low in saturated fat. Also, make sure to drink plenty of fluids, especially water.
- Get all the nutrients you need each day, including iron. Getting enough iron prevents you from getting anemia, which is linked to preterm birth and low birth weight. Eating a variety of healthy foods will help you get the nutrients your baby needs. But ask your doctor if you need to take a daily prenatal vitamin or iron supplement to be sure you are getting enough.
- Protect yourself and your baby from food-borne illnesses, including toxoplasmosis (TOK-soh-plaz-MOH-suhss) and listeria (lih-STEER-ee-uh). Wash fruits and vegetables before eating. Don't eat uncooked or undercooked meats or fish. Always handle, clean, cook, eat, and store foods properly.
- Don't eat fish with lots of mercury, including swordfish, king mackerel, shark, and tilefish.

Lifestyle do's and don'ts

- Gain a healthy amount of weight. Your doctor can tell you how much weight gain you should aim for during pregnancy.
- Don't smoke, drink alcohol, or use drugs. These can cause long-term harm or death to your baby. Ask your doctor for help quitting.
- Unless your doctor tells you not to, try to get at least 2 hours and 30 minutes of moderate-intensity aerobic activity a week. It's best to spread out your workouts throughout the week. If you worked out regularly before pregnancy, you can keep up your activity level as long as your health doesn't change and you talk to your doctor about your activity level throughout your pregnancy. Learn more about how to have a fit pregnancy.
- Don't take very hot baths or use hot tubs or saunas.
- Get plenty of sleep and find ways to control stress.
- Get informed. Read books, watch videos, go to a childbirth class, and talk with moms you know.
- Ask your doctor about childbirth education classes for you and your partner. Classes can help you prepare for the birth of your baby.

Environmental do's and don'ts

- Stay away from chemicals like insecticides, solvents (like some cleaners or paint thinners), lead, mercury, and paint (including paint fumes). Not all products have pregnancy warnings on their labels. If you're unsure if a product is safe, ask your doctor before using it. Talk to your doctor if you are worried that chemicals used in your workplace might be harmful.
- If you have a cat, ask your doctor about toxoplasmosis. This infection is caused by a parasite sometimes found in cat feces. If not treated toxoplasmosis can cause birth defects. You can lower your risk of by avoiding cat litter and wearing gloves when gardening.
- Avoid contact with rodents, including pet rodents, and with their urine, droppings, or nesting material. Rodents can carry a virus that can be harmful or even deadly to your unborn baby.
- Take steps to avoid illness, such as washing hands frequently.
- Stay away from secondhand smoke.

How often should I see my doctor during pregnancy? +

Your doctor will give you a schedule of all the doctor's visits you should have while pregnant. Most experts suggest you see your doctor:

- About once each month for weeks 4 through 28
- Twice a month for weeks 28 through 36
- Weekly for weeks 36 to birth

If you are older than 35 or your pregnancy is high risk, you'll probably see your doctor more often.

Prenatal Care

OB/Prenatal Care Program

by Samuel U Rodgers Health Center

Reviewed on: 11/12/2024

This program provides quality prenatal care to the pregnant and those planning to become pregnant.

Main Services: medical care , maternity care

Serving: pregnant, all ages, female

Next Steps:

Call 816-889-1878.

1.92 miles (serves your local area)

825 Euclid Avenue, Kansas City, MO 64124

Open Now : 8:00 AM - 5:00 PM CST

Ida Mae Patterson Center for Maternal and Infant Wellness

by Uzazi Village

Reviewed on: 12/12/2024

The Ida Mae Patterson Center for Maternal & Infant Wellness is founded on the tenets of the Village Circle Approach™. The center offers Community-Embedded Group Prenata…

Main Services: nutrition education , parenting education , womens health , maternity care , postnatal care , support network , one-on-one support

Serving: adults, young adults, teens, pregnant, families, with children, low-income, african american, latino, native american, *more* ›

Next Steps:

2.57 miles (serves your local area)

4232 Troost Avenue, Kansas City, MO 64110

Waitlist: See open hours

Prenatal Care

by KC Care Health Center

Reviewed on: 12/12/2024

KC CARE's prenatal team aims to support pregnant mothers throughout their pregnancy. Their goal is to promote maternal and fetal health and wellness.This…

Main Services: dental care , medical care , checkup & test , pregnancy tests , maternity care

Other Services: understand government programs , navigating the system , case management

Serving: adults, young adults, teens, female, pregnant, low-income, uninsured, underinsured, mothers

Next Steps:

Call 816-753-5144.

1.14 miles (serves your local area)

1106 East 30th Street, Kansas City, MO 64109

Open Now : 8:00 AM - 5:00 PM

Women's Health and Prenatal Care

by Hope Family Care Clinic (HFCC)

Reviewed on: 12/13/2024

Hope Family Care Clinic provides routine care for women, and care for expecting mothers. They help ensure healthy pregnancies and deliveries through consistent,…

Main Services: checkup & test , sexual and reproductive health , womens health , maternity care , family planning , birth control

Other Services: disease management , disease screening , pregnancy tests , mental health care , sexual and reproductive health , womens health , health education

Serving: adults, young adults, teens, seniors, female, pregnant, individuals, benefit recipients, low-income, uninsured, *more* ›

Next Steps:

Call 816-861-6500.

1.99 miles (serves your local area)

3027 Prospect Avenue, Kansas City, MO 64128

Open Now : 8:30 AM - 4:00 PM CST

OB/GYN Program

by Swope Health

OB/GYN Program offers complete women's health care – pregnancy, routine gynecologic care or addressing health issues – from adolescence to maturity.Services…

Main Services: medical care , pregnancy tests , maternity care , hiv treatment , family planning

Serving: pregnant, all ages, female

Next Steps:

Call 816-923-5800.

3.24 miles (serves your local area)

21 N 12th St, Kansas City, KS 66102

Open Now : 8:00 AM - 5:00 PM CST

Pregnancy Education and Information

by MotherToBaby

Reviewed on: 12/14/2024

MotherToBaby, specialize in answering questions about the safety/risk of exposures, such as medications, vaccines, chemicals, herbal products, substance us, maternal…

Main Services: family planning , maternity care , one-on-one support , health education

Serving: adults, young adults, teens, seniors, female, pregnant, families, with children, limited english, latino, *more* ›

Next Steps:

Call 866-626-6847.

Serves nationwide

Open Now : 9:00 AM - 4:00 PM CST

MARCH OF DIMES | HEALTHY MOMS. STRONG BABIES.

Vitamins and other nutrients during pregnancy

KEY POINTS

- During pregnancy your baby gets all necessary nutrients from you. So you may need more during pregnancy than you did before pregnancy.
- Taking prenatal vitamins and eating healthy foods can help give you all the nutrients you and your baby need during pregnancy.
- Make sure your prenatal vitamin has folic acid, iron and calcium in it. Most have the right amount of each of these.
- Talk to your provider to make sure you get enough vitamin D, DHA and iodine each day.
- Don't take any supplements without your provider's OK.

Which nutrients are most important during pregnancy?

All nutrients are important, but these six play a key role in your baby's growth and development during pregnancy:

1. Folic acid
2. Iron
3. Calcium
4. Vitamin D
5. DHA
6. Iodine

Scan here for more information on this:

What are prenatal vitamins?

Prenatal vitamins are multivitamins for pregnant women or women who are trying to get pregnant. Compared to a regular multivitamin, they have more of some nutrients that you need during pregnancy. Your health care provider may prescribe a prenatal vitamin for you, or you can buy them over the counter without a prescription. Take a prenatal vitamin every day during pregnancy. If you're planning to get pregnant, start taking prenatal vitamins before you get pregnant.

Your body uses vitamins, minerals and other nutrients in food to stay strong and healthy. During pregnancy, your growing baby gets all necessary nutrients from you. So you may need more during pregnancy than you did before. If you're pregnant with multiples (twins, triplets or more), you may need more nutrients than if you're pregnant with one baby. Your prenatal vitamin contains the right amount of nutrients you need during pregnancy.

If you're a vegetarian, have food allergies or can't eat certain foods, your provider may want you to take a supplement to help you get more of certain nutrients. A supplement is a product you take to make up for certain nutrients that you don't get enough of in foods you eat. For example, your provider may recommend that you take a vitamin supplement to help you get more vitamin D, iron or calcium.

EVIDENCE BASED *Birth*®

Evidence that Empowers!

Evidence on: Inducing for Due Dates

By Rebecca Dekker, PhD, RN

Question: What's the evidence for being electively induced at 39 weeks of pregnancy, one week before your estimated due date?

Answer: The best evidence we have on this comes from a large study called the ARRIVE trial that took place at 41 hospitals in the United States. The researchers randomly assigned (like flipping a coin) 3,062 first-time mothers to be induced at 39 weeks and 3,044 to *expectant management*. Expectant management meant you could wait for labor to begin on its own as long as birth occurred by 42 weeks and 2 days, or be induced for medical reasons at any time, or be induced electively after 40 weeks and 5 days.

Inducing labor at 39 weeks did not make a difference in the rate of death or serious complications for babies. For mothers, induction at 39 weeks was linked to a lower rate of Cesarean compared to expectant management (19% Cesarean rate versus 22%). The decrease in Cesareans with 39-week induction may have been mostly due to fewer people developing high blood pressure (9% versus 14%). There are plenty of ways for people to lower their risk of Cesarean besides 39-week induction, if they would prefer to wait for labor. Read our ARRIVE handout for more details: https://ebbirth.com/ARRIVE.

Question: What's the evidence for being electively induced at 41 weeks?

Answer: Two large randomized, controlled trials in 2019, both in midwifery-led care settings with low Cesarean rates, found benefits to elective induction at 41 weeks instead of continuing to wait for labor until 42 weeks. One study found fewer stillbirths and newborn deaths with 41 week and 0-2 day induction, and the other found better health outcomes for babies (e.g., fewer intensive care unit admissions, fewer low Apgar scores) with 41 week and 0-1 day induction. Both trials found that induction at 41 weeks improves health outcomes for babies without increasing the risk of Cesareans.

An earlier study called the Hannah Post-Term study found that waiting for labor after 41 weeks greatly increased the risk of Cesarean for people who needed an induction for medical reasons, but not for people whose labor started on its own.

Question: What is the risk of stillbirth if someone declines elective induction and waits for labor to start on its own?

Answer: The risk of stillbirth rises gradually after 39 weeks and then increases more rapidly starting at 41 weeks.

39 weeks = 4 per 10,000
40 weeks = 7 per 10,000
41 weeks = 17 per 10,000
42 weeks = 32 per 10,000

The risk of stillbirth is higher for those giving birth to their first baby, or are older, plus-size, have health problems, or have a fetus with growth restriction. Racism (including prejudice and institutional racism) also increases stillbirth rates.

Question: What's the bottom line?

Answer: Recent evidence suggests that inducing labor at 41 weeks and 0-2 days instead of continuing to wait for labor could help reduce stillbirths and poor health outcomes for babies, especially among first-time mothers. Discussions about elective induction should take into account the mother's preferences, personal birth history, risk factors for stillbirth, chances of a successful induction (cervical ripeness), the facility's Cesarean rate with inductions, and alternatives.

> **"When approaching or passing your estimated due date, you can talk with your provider about the pros/cons of waiting for labor to start on its own or planning an induction."**

1. Grobman, W. A., Rice, M. M., Reddy, U. M., et al. (2018). Labor induction versus expectant management in low-risk nulliparous women. N Engl J Med;379:513-23.
2. Hannah, M. E., et al. (1996). "Postterm pregnancy: putting the merits of a policy of induction of labor into perspective." Birth 23(1): 13-19.
3. Keulen, J. K., et al. (2019). Induction of labour at 41 weeks versus expectant management until 42 weeks (INDEX): multicentre, randomised non-inferiority trial. BMJ, 364, l344.
4. Middleton, P., Shepherd, E. and Crowther, C. A. (2018). Induction of labour for improving birth outcomes for women at or beyond term. Cochrane Database of Systematic Reviews, Issue 5. Art. No.: CD004945
5. Muglu, J., et al. (2019). Risks of stillbirth and neonatal death with advancing gestation at term: A systematic review and meta-analysis of cohort studies of 15 million pregnancies. PLoS Med 16(7), e1002838.
6. Wennerholm, U. B., et al. (2019). Induction of labour at 41 weeks versus expectant management and induction of labour at 42 weeks (SWEdish Post-term Induction Study, SWEPIS): multicentre, open label, randomised, superiority trial. BMJ, 367, l6131.

OASH | Office on Women's Health

Stages of pregnancy

Pregnancy lasts about 40 weeks, counting from the first day of your last normal period. The weeks are grouped into three trimesters. Find out what's happening with you and your baby in these three stages.

First trimester (week 1–week 12) +

During the first trimester your body undergoes many changes. Hormonal changes affect almost every organ system in your body. These changes can trigger symptoms even in the very first weeks of pregnancy. Your period stopping is a clear sign that you are pregnant. Other changes may include:

- Extreme tiredness
- Tender, swollen breasts. Your nipples might also stick out.
- Upset stomach with or without throwing up (morning sickness)
- Cravings or distaste for certain foods
- Mood swings
- Constipation (trouble having bowel movements)
- Need to pass urine more often
- Headache
- Heartburn
- Weight gain or loss

As your body changes, you might need to make changes to your daily routine, such as going to bed earlier or eating frequent, small meals. Fortunately, most of these discomforts will go away as your pregnancy progresses. And some women might not feel any discomfort at all! If you have been pregnant before, you might feel differently this time around. Just as each woman is different, so is each pregnancy.

Second trimester (week 13–week 28)

Most women find the second trimester of pregnancy easier than the first. But it is just as important to stay informed about your pregnancy during these months.

You might notice that symptoms like nausea and fatigue are going away. But other new, more noticeable changes to your body are now happening. Your abdomen will expand as the baby continues to grow. And before this trimester is over, you will feel your baby beginning to move!

As your body changes to make room for your growing baby, you may have:

- Body aches, such as back, abdomen, groin, or thigh pain
- Stretch marks on your abdomen, breasts, thighs, or buttocks
- Darkening of the skin around your nipples
- A line on the skin running from belly button to pubic hairline
- Patches of darker skin, usually over the cheeks, forehead, nose, or upper lip. Patches often match on both sides of the face. This is sometimes called the mask of pregnancy.
- Numb or tingling hands, called carpal tunnel syndrome
- Itching on the abdomen, palms, and soles of the feet. *(Call your doctor if you have nausea, loss of appetite, vomiting, jaundice or fatigue combined with itching. These can be signs of a serious liver problem.)*
- Swelling of the ankles, fingers, and face. *(If you notice any sudden or extreme swelling or if you gain a lot of weight really quickly, call your doctor right away. This could be a sign of preeclampsia.)*

Third trimester (week 29–week 40)

You're in the home stretch! Some of the same discomforts you had in your second trimester will continue. Plus, many women find breathing difficult and notice they have to go to the bathroom even more often. This is because the baby is getting bigger and it is putting more pressure on your organs. Don't worry, your baby is fine and these problems will lessen once you give birth.

Some new body changes you might notice in the third trimester include:

- Shortness of breath
- Heartburn
- Swelling of the ankles, fingers, and face. *(If you notice any sudden or extreme swelling or if you gain a lot of weight really quickly, call your doctor right away. This could be a sign of preeclampsia.)*
- Hemorrhoids
- Tender breasts, which may leak a watery pre-milk called colostrum (kuh-LOSS-struhm)
- Your belly button may stick out
- Trouble sleeping
- The baby "dropping", or moving lower in your abdomen
- Contractions, which can be a sign of real or false labor

As you near your due date, your cervix becomes thinner and softer (called effacing). This is a normal, natural process that helps the birth canal (vagina) to open during the birthing process. Your doctor will check your progress with a vaginal exam as you near your due date. Get excited — the final countdown has begun!

https://womenshealth.gov/pregnancy/youre-pregnant-now-what/stages-pregnancy

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.

How to Accurately Check Your Blood Pressure

Before

- Avoid exercising, drinking caffeine, or smoking for 30 minutes prior.
- Go to the bathroom.
- Uncover your arm for the cuff.
- Sit and relax for at least 5 minutes.

During

- Put your feet flat on the floor.
- Don't talk.
- Rest your arm on a table so it's supported and at the level of your heart.

Questions to Ask Your Doctor

Take the time to tell your doctor about any changes or symptoms you notice. Here are questions to discuss with your doctor:

- Are my blood pressure numbers normal?
- Am I at risk for developing heart-related problems during or after pregnancy?
- If I am at risk, will this affect my pregnancy care or birthing plan?
- What can I do to lower my risks for heart-related problems during pregnancy?
- Is there a test I can take to rule out a serious problem?
- At what point should I consider going to the emergency department or calling 9-1-1?
- If I have heart problems during pregnancy, will that affect my baby? How does that affect my heart health in the future?
- What should I be aware of after delivery?
- Will any heart health problems during this pregnancy affect future pregnancies?

Notes

National Heart, Lung, and Blood Institute

NIH Publication No. 22-HL-8185
April 2022

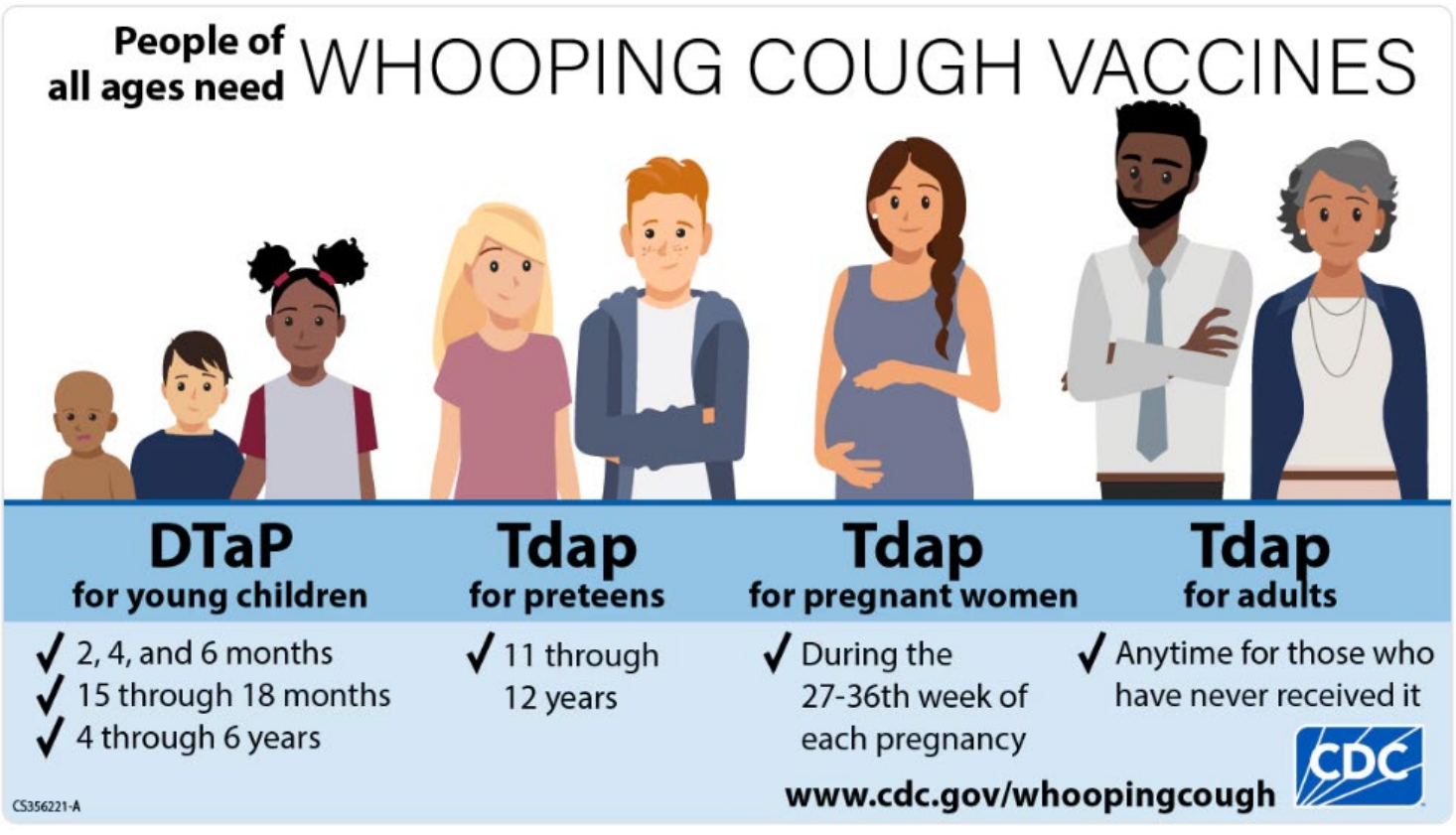
Whooping Cough (Pertussis)

Whooping Cough Vaccination

KEY POINTS

- CDC recommends whooping cough (pertussis) vaccination for everyone.
- Whooping cough vaccines are the best way to protect against whooping cough.
- These vaccines work well, but protection fades over time.
- Talk to a vaccine provider if you have questions about whooping cough vaccines.

Overview



Why getting vaccinated is important

Whooping cough affects people of all ages. Babies younger than 1 year old are at greatest risk for getting whooping cough and having severe complications from it.

Tdap vaccination during pregnancy

CDC recommends women get Tdap during the early part of the 3rd trimester of **every pregnancy**. While Tdap also helps protect against tetanus and diphtheria, the main goal is to protect babies from whooping cough in the first few months of life.

Adults

All adults who have never received one should get a Tdap shot. This can be given at any time, regardless of when they last got Td.

To maintain protection against tetanus and diphtheria, adults should get a booster dose of Td **or** Tdap every 10 years.

Who should receive the vaccine and when

CDC recommends that pregnant women get Tdap during the **27th through 36th week** of **each pregnancy**, preferably during the earlier part of this time period. It doesn't matter when someone got their last tetanus vaccine (Td or Tdap).

Protecting baby from whooping cough

Getting Tdap between 27 through 36 weeks of pregnancy **lowers the risk** of whooping cough in babies younger than 2 months old **by 78%**. [1]

Preterm Birth

AT A GLANCE

Preterm birth is when a baby is born too early, before 37 weeks of pregnancy have been completed. In 2022, preterm birth affected about 1 of every 10 infants born in the United States.

Health problems related to preterm birth

Important growth happens throughout pregnancy— including in the final months and weeks. For example, the brain, lungs, and liver need the final weeks of pregnancy to fully develop. Unless there is a medical need, delivery should not be scheduled before 39 weeks of pregnancy.

Babies born too early (especially before 32 weeks) have higher rates of death and disability. In 2022 PDF, preterm birth and low birth weight accounted for about 14.0% of infant deaths (deaths before 1 year of age). Babies who survive may have breathing problems, feeding difficulties, cerebral palsy, developmental delay, vision problems, and hearing problems. Preterm births may also take an emotional toll and be a financial burden for families.

Preventing preterm birth

Preventing preterm birth remains a challenge because causes may not always be well understood. However, pregnant women can take important steps to help reduce their risk of preterm birth and improve their general health:

- Quit smoking. For help quitting, see How to Quit Smoking.
- Avoid alcohol and drugs.
- Get prenatal care early and throughout pregnancy.
- Seek medical attention for any signs or symptoms of preterm labor.

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

MARCH OF DIMES
HEALTHY MOMS. STRONG BABIES.

DOMESTIC VIOLENCE ASSISTANCE

The Kansas City Missouri Police Department responds to approximately 5,000 domestic violence calls a year. That's an average of almost 14 calls a day requesting help.

One case of domestic violence is too many, but if that call is yours, our officers and social workers are trained to help you.

If you are the victim of domestic violence, you are not alone. It is far too common. According to the CDC, about 1 in 4 women and nearly 1 in 10 men have experienced contact sexual violence, physical violence, or stalking by an intimate partner.

KCPD's Domestic Violence Unit is dedicated to understanding abuse in intimate partner relationships. They continually train with community partners who are solely focused on helping victims of abuse. Additionally, the Unit assists people suffering from harassment & stalking, elder abuse, violations of probation, domestic violence robberies and domestic violence property damage.

According to the Department of Justice: domestic violence is a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic, psychological, or technological actions or threats of actions or other patterns of coercive behavior that influence another person within an intimate partner relationship.

You may be in abusive relationship if your partner*:

- Threatens to hurt you or other people you care about
- Hits, kicks, punches, pushes, chokes or uses physical force against you
- Criticizes or blames you for everything that goes wrong
- Humiliates you in front of other people
- Controls your access to money
- Control the decision-making in your relationship
- Controls your time and actions
- Puts you down, calls you names, makes you feel like you're crazy
- Destroys your property or abuses your pets
- Threatens to hurt you or commit suicide if you leave
- Forces or coerces you to have sex when you don't want to

"Do you have to be married, dating, or have children together?"
No. The Protection Order covers a range of different relationships, including:

- Husband, wife or partner (present or past).
- Father or mother of your children.
- Adults related by blood or marriage.
- Adults who live together now, or used to live together.
- Parents and children, including in-laws and stepfamilies.

What is an Ex Parte Order of Protection and how does it work?

A Protection Order is a civil court order that you, the petitioner, request from the court to protect you from your abuser, the respondent. The Protection Order can order an abuser/respondent to stop harming you, stop having contact with you, stop contacting you at your work or school, or at your children's school or daycare.

Specifically, the Protection Order can:

- Order the respondent to stop doing violent acts.
- Order the respondent not to come to your home.
- Order the respondent to stop contacting you, or harassing you on the street, by mail, on the phone, at school or at work.
- Say who your children can live with for now and when the respondent can visit them.

Where do I get a protection order?

You can request a temporary Protection Order at your nearest county court house. The temporary Order lasts no more than two weeks. After that, you will return to court and appear before a judge who decides whether or not the court can grant a Full Order of Protection that lasts for a year or longer.

All Orders of Protection MUST be served to the respondent before the Order can be enforced.

SHELTERS AVAILABLE FOR VICTIMS OF DOMESTIC VIOLENCE

Please call 816-HOTLINE or 816-468-5463.
This phone is answered 24 hours a day, and you will be able to get information free of charge on housing, financial aid, medical aid, counseling services and shelters.

Eastern Jackson County

**** Some shelters provide child care, please inquire when calling****

Hope House
816-461-HOPE (4673)

Hope House provides safe, confidential shelter for adults and children, serving as a short-term safe house. Hope House also provide counseling for both adults and children.

Kansas City South
Rose Brooks
816-861-6100

The mission of Rose Brooks Center is to break the cycle of domestic violence so that individuals and families can live free of abuse. Rose Brooks helps hundreds of domestic violence survivors, their children and pets, seek shelter while escaping violence each year, while thousands more are served outside of shelter through groundbreaking community programs.

Northeast Kansas City
Newhouse
816-471-5800
Newhouse is Kansas City's longest-running domestic violence shelter, helping survivors of domestic violence escape abuse and find safe shelter. Newhouse is now the second shelter in the Kansas City Metro Area to have an attorney on staff. The goal of their legal services program is to empower survivors and help them understand and navigate the civil and criminal legal process.

Mattie Rhodes Center
Mattie Rhodes
816-471-2536

The Domestic Violence Program was started in June 2000. The Mattie Rhodes Center provides counseling and support to help emotionally and physically abused women reclaim their lives. The program gives special consideration to Hispanic and Spanish-speaking women who, for a variety of reasons, typically do not utilize existing community resources to escape from violent homes.

Kansas City North
Synergy House/Safe Haven
816-321-7050

Synergy Services provides care to assist individuals and families with immediate respite from violence. Program offerings include crisis hotlines, emergency shelter, transitional housing, therapeutic services, advocacy, mentoring and violence prevention programs.

FUTURES WITHOUT VIOLENCE

NCTSN The National Child Traumatic Stress Network

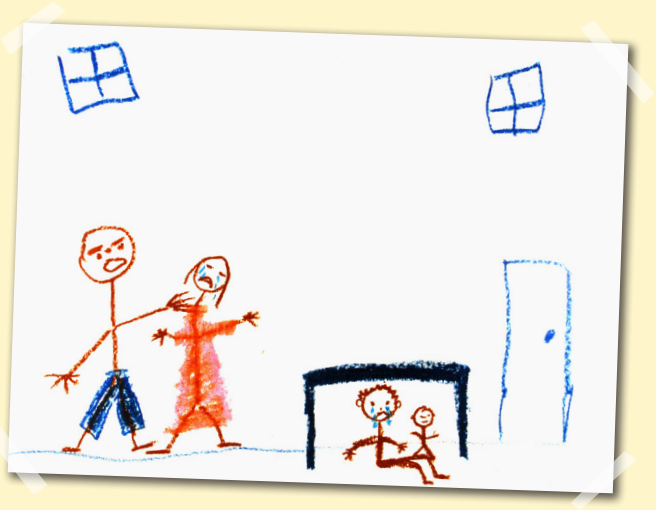
Children and Domestic Violence

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.

home state health

MO HealthNet Managed Care - Medicaid

What are the Benefits?

PREGNANCY AND NEWBORN HEALTHCARE

Quality healthcare coverage from Home State Health helps moms and babies stay healthy during and after pregnancy. Our health plan:

- Provides check-ups and other care for pregnant women
- Covers the delivery of the baby

We also provide healthcare coverage for the entire frst year of the baby's life, for both mother and child.

CHILDREN'S HEALTHCARE

Our healthcare benefits for eligible children may allow them to receive full MO HealthNet Managed Care coverage for:

- Care to help them stay healthy
- Care when they're not feeling well
- Hospital stays
- Dental and vision care

We also cover important immunizations that help protect your child from serious illnesses.

How do I enroll?

There are several ways to enroll in MO HealthNet Managed Care and Home State Health. You can get support by phone or in person to help you enroll. Applications are available in English, Spanish, Bosnian and Vietnamese. Enrollment is handled by the state of Missouri. You'll need to qualify for MO HealthNet Managed Care before joining Home State Health.

After you enroll and join the Home State Health plan, you and your family will have access to the affordable, quality healthcare.

How To Sign Up

Phone: To enroll call 1-800-348-6627. Operators speaking English and Spanish are available to answer your questions.

Español (Spanish):
Si usted, o alguien a quien está ayudando, tiene preguntas sobre Home State Health, usted tiene derecho a obtener ayuda e información en su idioma sin costo. También se encuentran disponibles servicios de intérprete de lenguaje americano de señas. Para hablar con un intérprete, llame al 1-855-694-4663 (TTY/TDD 711).

What You Will Need

Before your MO HealthNet Managed Care application can be approved, you may need to provide:

- Proof of income for the past 30 days, such as a pay stub or letter from your employer
- If you're not a citizen: Immigration documents showing names, immigration status, registration number and date of entry
- If you're applying for MO HealthNet Managed Care for pregnant women: Written medical proof of pregnancy and expected date of delivery

If you don't have all of the materials above, don't wait to apply. Send what you do have, and someone will contact you to let you know what you're missing.

You will be contacted by phone or mail once the state of Missouri has reviewed your application.

Choosing a KanCare Health Plan

KanCare under the Medicaid plan - Our largest program. It covers people with limited income, which may include pregnant women, children up to age 19, adult caretaker of children, persons aged out of foster care, persons with disabilities and senior citizens to list a few. We provide Medicaid through many special programs.

KanCare under the CHIP plan - Our Children's Health Insurance Program. It covers uninsured children up to age 19 who don't qualify for Medicaid.

Health Plan Options

Healthy Blue

sunflower health plan

United Healthcare Community Plan

Three Ways to Enroll

Enroll Online

Call the Enrollment Center
866-305-5147 or
TDD / TTY: 800-766-3777

Mail
Complete the enrollment form and return it in the envelope enclosed in the packet.

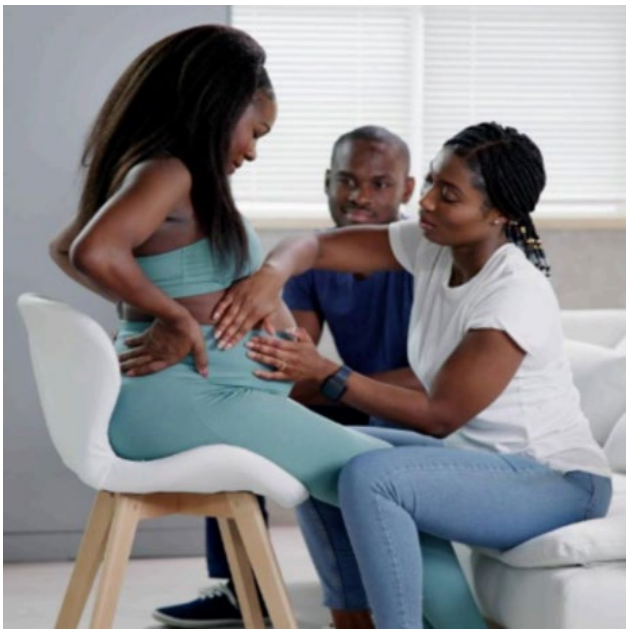
Things to Know

1. List Your Providers: Write down your doctors, hospital, pharmacy, in-home service providers and any other providers you visit.
2. Check Your Plan: Make sure your providers are part of the plan you choose.
3. Stay Eligible: You must stay eligible to keep your plan each month.
4. Change Your Plan: You can change your plan once a year. You will be informed when you can make a change.

Missouri Medicaid Doula Guide

January 2025

https://mydss.mo.gov/mhd/doulas:



Doulas provide person-centered, culturally competent care that supports the racial, ethnic, linguistic, and cultural diversity of members while adhering to evidence-based best practices. Doula services are aimed at preventing perinatal complications and improving health outcomes for birthing parents and infants.

Doulas are birth workers who provide health education; advocacy; and physical, emotional, and non-medical support for pregnant and postpartum women before, during, and after childbirth, including support during miscarriage and stillbirth. Doulas are not licensed, and they do not require supervision. Doulas also offer various types of support, including health navigation, lactation education, development of a birth plan, and community navigation.

Doula FAQs

Who is eligible to receive doula services under MO HealthNet (Medicaid) coverage?
All MO HealthNet enrolled pregnant women are eligible for doula services when recommended by a physician or other licensed practitioner of the healing arts. This requirement may be met by obtaining a signed letter from the client's maternity care provider (obstetrician, nurse midwife, etc.) recommending doula services. Review **Sample Recommendation for Doula Services** for a template.

When did MO HealthNet (Medicaid) beginning covering doula services?
Effective for dates of service on or after October 1, 2024, doula services are available for all MO HealthNet enrolled pregnant women. Missouri worked closely with doula leaders in the state for two years to develop the language in the State Plan Amendment and state regulation. The MO HealthNet Division (MHD) wants to acknowledge the significant leadership and contributions of the following: • Okunsola Amadou, Jamma Birth Village, St. Louis • Kimberly Costello, The Doula Foundation, Springfield • Erica Dickson, Mid-Missouri Black Doula Collective, Columbia • Hakima Tafunzi Payne, Uzazi Village, Kansas City • LaKisha Reddit, Virtuously B'Earthed, St. Louis • Several other doulas and organizations around the state who provided feedback, input and comments

What is a support session?

Support sessions may include the following:

- Promoting health literacy and knowledge of what to expect during pregnancy and birth
- Discussion regarding what experiences are normal during pregnancy
- Discussions about how to relay concerns to providers
- Providing information on topics such as nutrition, exercise, tobacco cessation, and self-monitoring of existing health risks or conditions
- Attendance at the participant's obstetric or maternity care visits in a supportive role

What are community navigation services?

Community navigation of social services and assistance programs include taking a community-based approach to connect expecting women and families with available resources, including understanding the services and supports available to pregnant and postpartum women on MO HealthNet (Medicaid) and facilitating access to those resources based upon an assessment of social service needs.

Can support sessions and lactation support be provided over the phone?

MO HealthNet encourages prenatal and postpartum support sessions to be done in person. However, we understand that occasionally there may be times that a doula needs to assist a client over the phone or by video. In order to bill for these sessions, time requirements for each need to be met.

Lactation session – 30 minutes or more, two per pregnancy/postpartum period

Support session – 60 minutes or more, six per pregnancy/postpartum period

Contracting with Managed Care Health Plans

Most pregnant women and newborns with MO HealthNet coverage are enrolled with a MO HealthNet Managed Care Health Plan. For more information, refer to the definitions of FFS and Managed Care in this Guide.

Participants enrolled in MO HealthNet Managed Care receive their services through the health plan's provider network.

Listed below are the different MO HealthNet Managed Care Health Plans. Each Health Plan provides services in every Missouri county. All MO HealthNet Managed Care Health Plans are required to offer the same services and benefits. Show Me Healthy Kids also provides additional services.

Healthy Blue home state health Show Me Healthy Kids UnitedHealthcare

Kansas Medicaid Program Expands Coverage to Include Doula Services

The Kansas Department of Health and Environment (KDHE) is pleased to announce that the state Medicaid program, known as KanCare, will now cover doula services. The coverage, effective July 1, 2024, will allow Medicaid beneficiaries in Kansas to have access to a range of doula services designed to provide crucial support during pregnancy, labor, delivery and the postpartum period, while enhancing the overall health care experience for expectant mothers.

Beginning in July, doulas will be recognized as non-physician providers under the KanCare program. This significant policy change aims to improve maternal health outcomes by offering continuous and personalized care to pregnant individuals through different types of doula services, including:

- Community-based doulas,
- Prenatal doulas,
- Labor and birth doulas, and
- Postpartum doulas.

KanCare Eligibility Guidelines

Children

The state of Kansas offers health coverage through KanCare to qualifying children under age 19. KanCare is available to children who qualify for either Medicaid or the Children's Health Insurance Program (CHIP). For families in some income categories, monthly premiums ranging from $20 to $50 per family apply. Learn more about coverage for kids.

Pregnant Women

KanCare is available to expectant mothers who meet eligibility guidelines. The program offers comprehensive health coverage in addition to prenatal, labor and delivery, and postpartum care. Learn more about coverage during pregnancy.

Need Help?

Call the KanCare Clearinghouse at **800-792-4884**, Monday through Friday between the hours of 8 am and 5 pm.

SECTION 4

Postpartum Support

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

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

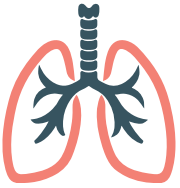
Dizziness or fainting

Changes in your vision

Fever of 100.4ºF or higher

Extreme swelling of your hands or face

Thoughts of harming yourself or your baby



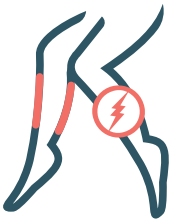
Trouble breathing

Chest pain or fast beating heart

Severe nausea and throwing up

Severe belly pain that doesn't go away

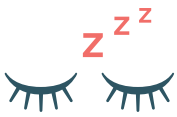
Baby's movement stopping or slowing during pregnancy



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.

How to Get a Breast Pump for Home

Breast milk is the perfect food for your baby. It also has antibodies that help keep your baby healthy. There may be times when you need to express breast milk to feed your baby or to help increase your milk supply. Having a good breast pump can make expressing milk easier.

Insurance and Medicaid Coverage for Breast Pumps:

- Each insurance/Medicaid plan is different. Many plans will cover some or all of the cost of a breast pump
- Call the customer service number on the back of the mother's insurance card. They can tell you what coverage is available. It is best to do this within 30 days of baby's birth
- You can use your flexible spending account (FSA) or Health Savings Account (HSA) for a pump
- Your insurance or Medicaid provider will give you a list of places to call to get your breast pump. Your insurance may call these DMEs or Durable Medical Equipment providers
- Some companies will need a doctor's prescription to get a pump. Your lactation consultant can help you get this
- It is a good idea to have the name, address and phone number of the doctor mom saw during pregnancy. The insurance/Medicaid company or the pump provider may need this information

What if my insurance or Medicaid does not cover a breast pump?

- Delivery hospital
  – Many hospitals that deliver babies also rent breast pumps
- Community rental stations
  –Medela Rental Station Finder: Medela.us/breastfeeding/location-finder
    - Enter your zip code in the location finder and it will list rental stations and stores with breast pumps near you
  - Ameda Product Locator: ameda.com/product-locator/
    - You can search for rental stations, WIC offices, or stores
  - Retail stores such as Walmart, Target or Buy Buy Baby
    - These stores carry different brands of electric breast pumps.
  - WIC offices
    - Many WIC offices have electric breast pumps available. Some offices ask for a deposit before you can rent the pump.
    - Most offices want to have an appointment with you and your baby before you are able to get the pump. If your baby is in the hospital, let the WIC office know so they can work with you.
  - Local Health Departments
    - In some places, the health department provides breast pumps. You can call your county health department to see if breast pumps are offered.

Which breast pump should I choose?

- If you have questions about which breast pump is best for you and your baby's needs, speak with your lactation consultant.

Call the Children's Mercy Hospital Breastfeeding and Pumping helpline at (816) 346-1309 if you have questions or concerns

Surviving the First Few Weeks

Breastfeed whenever your baby shows feeding cues
It may seem like a lot, but your baby needs your milk and your breasts need the stimulation to make milk. Newborns need to be fed around the clock so they get at least 8 or more feedings in 24 hours.

Wake your baby up before feedings
A drowsy baby will not feed for long. Undress him to his diaper, rub his back, and talk to him until his eyes open. Change his diaper. If he is still sleepy, try putting him naked (except for a diaper) on your chest skin to skin for 1/2 hour prior to feeds. Use a blanket to cover him and your bare chest so he doesn't get cold.

Keep your baby sucking through the feeding
If she falls asleep, use massage on her back, hands, or feet and talk to her to keep her going. You may also massage or compress and release your breast to help keep your milk flowing. Look for strong sucking on each breast.

When do I get to sleep?
Sleep when your baby sleeps. Newborns feed a lot at night and sleep more during the day. Around the clock feeds are exhausting, try to nap when your baby does. If you have older children who no longer nap, try to rest when you have a family member or friend around to help. You can also encourage the baby to spend more time awake during the day by feeding more frequently and playing with him.

Do as little as possible at night
Feed your baby when she tells you she is hungry. Don't turn on any lights, don't change the diaper (unless it is running out or she has a diaper rash). You don't want baby wide awake when you are ready to go back to sleep.

Find your groove
It will take several weeks for you and your baby to get into a routine with feedings and nap times. Go with the flow and allow your baby to show you what his natural rhythms are. He will develop a pattern that works for him. Schedules don't tend to work until the baby is a bit older and bigger.

If you feel like your baby is difficult to wake to feed, very fussy between feedings, or have questions about making breastfeeding work for you, please call the Breastfeeding and Pumping Helpline: (816) 346-1309.

Adapted from "Breastfeeding Moms Survival Guide for the first Two Weeks" Lactation Education Resources

How to Position and Latch Your Baby

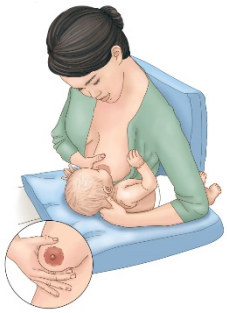
Positioning Yourself:

- Choose a comfortable place to sit
- Use pillows to support your back, arms and relax your shoulders
- Use a foot stool if needed to keep feet supported

Positioning Your Baby (Cross Cradle):

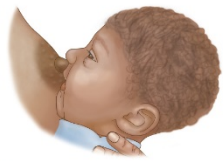
- Place your baby's whole body from head to toe facing your body
- Position your baby so she looks like she is sniffing your nipple
- Use your arm to support baby's back and bottom
- Use the palm of your hand to support baby's shoulder blades
- Use your thumb and pointer finger to cradle baby's neck and back of her head
- Use pillows and blankets to support your wrists, arms, and back

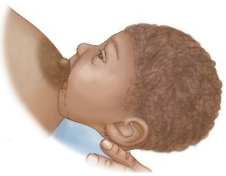
Positioning Your Baby (Football/Clutch):

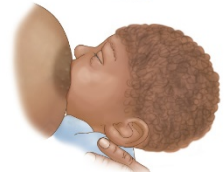


- Place a pillow vertically behind your back. This will move your body forward and create more space for baby's legs
- Position your baby so he looks like he is sniffing your nipple. He can be almost sitting up or he can be on his side. Either way his body should be tucked in by your side
- Use your arm to support baby's back and bottom
- Use the palm of your hand to support baby's shoulder blades
- Use your thumb and pointer finger to cradle baby's neck and back of her head
- Use pillows and blankets to support your wrists, arms, and back

Latching On:







- Make a "nipple sandwich" by gently compressing the breast right behind the areola (the darker part of the breast that surrounds the nipple)
- Place your thumb near where baby's nose will be once on the breast. Place your other fingers underneath the breast leaving plenty of room for baby's chin
- Tickle your baby's lips with your nipple to encourage him to open wide
- Use the palm of your hand on your baby's shoulder blades to bring baby quickly to the breast when his mouth is open
- His chin should touch the breast first and your nipple should aim towards the roof of his mouth
- Once latched, your baby's chin should be deep into the breast and his nose barely touching
- You may feel mild discomfort when baby first gets latched, but this should not last more than a minute or so
- Continue to support your breast during feeding. This helps remove weight from your baby's chin and helps him feed better
- You can also use the fingers on the hand supporting your breast to press down and then release to help baby get more milk
- If latch is difficult or painful, please contact the Breastfeeding and Pumping Helpline at (816) 346-1309

Is My Baby Getting Enough Milk?

Parents often worry their baby isn't getting enough milk because they can't see how much milk their baby drinks.

Here are some ways to know your baby is getting what she needs.

How Often to Feed:

- Newborn babies need to breastfeed at least 8 times every 24 hours
- Most newborns will breastfeed 10-12 times a day the first 2-3 weeks
- Feedings may not be regular. Some may be close together. Some may be farther apart
- If your baby is not waking up on his own, wake him at least every 3 hours to feed
- Feed her when she shows signs that she's hungry, like opening her mouth and turning her head or sucking on her hands
- Once he is back to his birth weight and gaining weight well, he may be able to sleep longer

How Long To Feed:

- Most newborn babies will breastfeed from 10-30 minutes per feeding.
- Some babies will breastfeed from a single breast, some from both breasts each feeding.
- A mom with more milk and a baby who feeds well may have shorter feedings. She may also be able to feed from just one breast and switch at the next feeding.
- A mom with less milk or a baby who doesn't feed as well may have longer feedings. She should offer both breasts each feeding.
- Babies need to suck frequently to get milk from the breast.
- If your baby seems to fall asleep quickly, you can massage your breast to keep baby sucking.
- You can also try massaging baby's back, hands or feet to keep him awake.
- If your baby falls asleep after the first breast, try burping, changing a diaper or holding your baby upright on your chest.

Other Ways to Tell your Baby is getting What They Need:

- Your breasts should feel softer after feeding
- Your baby should seem satisfied after feeding
- Your baby should not lose more than 10% of her birth weight
- Your baby should be back to his birth weight by 2 weeks of age

Wet Diapers	Dirty Diapers
1 wet diaper on day one	Day 1 Meconium (dark & tarry)
2 wet diapers on day two	Day 2 Brownish
3 wet diapers on day three	Day 3 Brownish yellow
4 wet diapers on day four	Day 4 Dark yellow, soft
5 wet diapers on day five	Day 5 Yellow, seedy
6 wet diapers on day six and from then on	Some newborns stool after every feeding
Look for light yellow to clear urine	Most newborns will stool at least 2-3 times a day for the first month

If you have questions about your baby getting enough milk, please call the Breastfeeding and Pumping Helpline at (816)346-1309.

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

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INCREASING BREASTMILK SUPPLY
METHODS FOR BOOSTING PRODUCTION

In pregnancy, our bodies grow our babies, giving them exactly what they need to thrive. After birth, our bodies continue to grow our children by producing human milk for nutrition, immunity, food-security and nurturing care.

Milk production is driven by supply & demand. The more milk the baby drinks, the more milk our body makes.

A well latched-positioned baby, frequently breastfeeding on demand, will produce plentiful milk, even during stressful times like emergencies. Lots of skin-to-skin contact, reduces stress and increases breastmilk supply.

Did you know that low milk supply is rare, but is one of the most common concerns of mothers, leading to formula use? If you've stopped breastrfeeding and want to re-start through relactation, or are mixed-feeding and want to build up your milk supply, reach out to a breastfeeding counselor for help.

Follow baby's lead and respond to baby's need. Do not force-feed baby.

INCREASING MILK SUPPLY IS AS EASY AS 1-2-3!

1 SKIN-TO-SKIN CONTACT

Cuddle your undressed baby upright between your bare breasts, with a blanket to cover you both if the room is cool. Ensure baby's airway is clear.

Skin-to-skin contact stimulates the release of the "love hormone" in both you and your baby. It relaxes you and encourages milk to flow.

Stay skin-to-skin for as much of the day as you desire, the more the better.

See the 'Skin-to-Skin Contact' handout for tips and important safety information.

2 FREQUENT BREASTFEEDING

While skin-to-skin, breastfeed often and whenever the baby is willing. Don't wait for the baby to cry or fuss to offer the breast.

Ensure that the baby has a deep and comfortable latch and good position-' tummy-to-mummy, nipple-to-nose'.

Aim for at least 10-12 breastfeedings from sunset to sunset, including night feeds.

Keep baby feeding through compressions and swapping sides.

3 BREAST COMPRESSION

Emptying the breast more fully at each feeding makes more milk.

When you notice that your baby is sucking, but not swallowing, you can help the milk flow by gently squeezing your breast.

Place your fingers under your breast with your thumb on top, behind the areola (darker skin). Press gently until you notice your baby begin to swallow.

Release when your baby stops drinking.

IBFAN defending breastfeeding | SafelyFed Canada | Breastfeeding Advocacy Australia | la leche league international llli.org

By Magdalena Whoolery (PhD Health Studies, BSc Nursing, Dip HE Nursing). Illustrations by Angela Eastgate. June 2020. Developed from evidence-based sources: WHO/UNICEF Implementation Guidance BFHI (2018); World Health Organization (2003) Global Strategy for Infant and Young Child Feeding; World Health Organization (1997) Infant Feeding in Emergencies : a guide for mothers.

SECTION 5

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

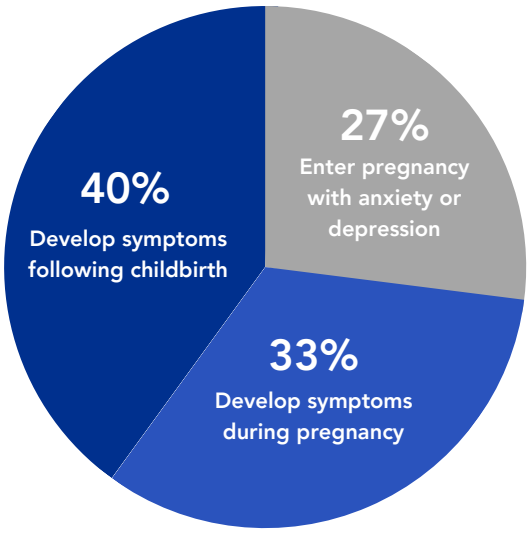
Suicide and overdose are the **LEADING CAUSE** of death for women in the first year following pregnancy.[3]

$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

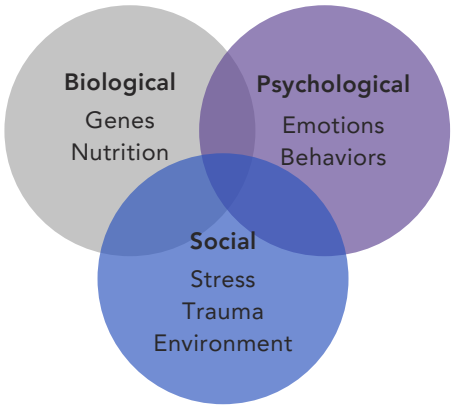
MMH conditions are caused by a combination of bio-psycho-social factors.

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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MMHLA
Maternal Mental Health
LEADERSHIP ALLIANCE

FACT SHEET | JULY 2023

Infant Feeding and Parental Mental Health

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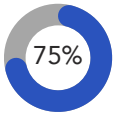
Key Facts: Maternal Mental Health (MMH) Conditions

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

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]

Learn More About Maternal Mental Health Conditions with MMHLA's Fact Sheet.

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, accounting for approximately 225 deaths each year.[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. 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.

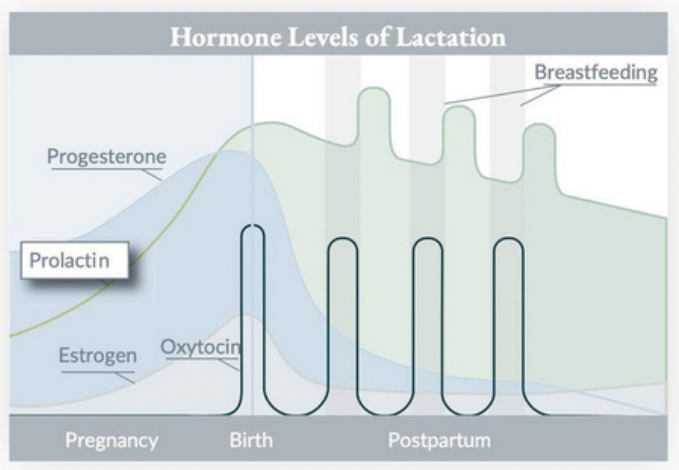
Providers should speak with patients about what terms feel most comfortable for them. Gender-neutral language is used throughout this Fact Sheet.

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]

Learn More About Infant Feeding

The Black Mothers Breastfeeding Association (BMBA) is a national non-profit organization dedicated to building networks of support and strengthening systems to overcome historical, societal and social barriers to breastfeeding success. Learn More.

The Fed is Best Foundation recognizes that each family has a different feeding experience, and they work to identify critical gaps in current breastfeeding and formula feeding protocols, guidelines, and education programs. Learn More.

La Leche League has a mission to help mothers worldwide to breastfeed through mother-to-mother support, encouragement, information, and education, and to promote a better understanding of breastfeeding as an important element in the healthy development of the baby and mother. Learn More.

The U.S. Breastfeeding Committee (USBC) is a national coalition of 100+ organizational members representing nonprofits (national, state, local, and community), breastfeeding coalitions, and federal agencies working to protect, promote, and support breastfeeding and human milk feeding. Learn More.

Editorial Team

This fact sheet was prepared by Jennie Scheerer, MMHLA Policy Intern and 2024 MPP/MPH Candidate at the University of Michigan, with input from Susan Howard, MSN, RN, IBCLC. This fact sheet was funded by grants from the California Health Care Foundation and the W.K. Kellogg Foundation.

Citations

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MMHLA
Maternal Mental Health LEADERSHIP ALLIANCE

FACT SHEET | AUGUST 2023

Birth Trauma and Maternal Mental Health

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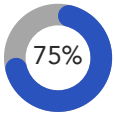
Key Facts: Maternal Mental Health (MMH) Conditions

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

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]

Learn More About Maternal Mental Health Conditions with MMHLA's Fact Sheet.

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, accounting for approximately 225 deaths each year.[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]

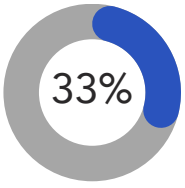
It's Not Just Postpartum Depression: There are a Range of MMH Conditions

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

Key Facts: Birth Trauma and Maternal Mental Health

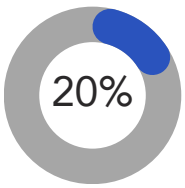
What is birth trauma?

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]

Birth Trauma and Post-Traumatic Stress

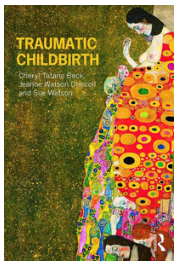
Symptoms of Post-Traumatic Stress [34]

- Intrusive symptoms such as recurrent distressing memories, dreams, or flashbacks.
- Intense, prolonged distress and/or physiological reactions such as sweating, nausea, or trembling upon exposure to an aspect of the trauma.
- Alterations in arousal or reactivity, such as hyper-vigilance, irritability, inability to concentrate, or sleep disturbances.
- Efforts to avoid people, places, thoughts, feelings, or conversations associated with the trauma.

Risk Factors for Pregnancy or Childbirth Related Post-Traumatic Stress [35]

- Depression or anxiety during pregnancy.
- Fear of childbirth (tokophobia).
- Complications during pregnancy or childbirth.
- Lack of support during childbirth.
- Dissociation during childbirth.
- History of sexual trauma.
- Previous experience of fertility issues or pregnancy loss.

Recommended Reading



Traumatic Childbirth

By: Cheryl Tatano Beck, Jeanne Watson Driscoll, and Sue Watson

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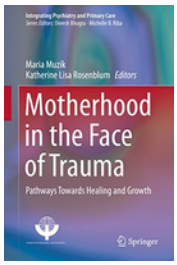

Motherhood in the Face of Trauma

By: Maria Muzik and Katherine Rosenblum

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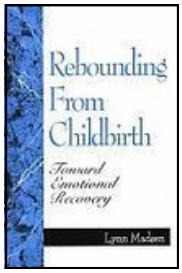

Rebounding From Childbirth: Toward Emotional Recovery

By: Lynn Maden

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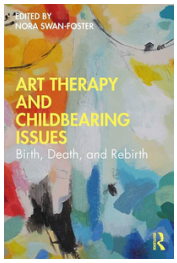

Art Therapy and Childbearing Issues

By: Nora Swan-Foster

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Learn More About Birth Trauma

P|A|T|T|Ch PREVENTION & TREATMENT OF TRAUMATIC CHILDBIRTH

Learn More

PREECLAMPSIA™ FOUNDATION

Learn More

BIRTH TRAUMA ASSOCIATION

Learn More

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Learn More

"It is the birthing person's subjective experience of being traumatized that is the starting point for healing interventions."

— Leslie Butterfield, PhD

Editorial Team

This fact sheet was prepared with input from Leslie Butterfield, PhD and Dr. Terri Wright, PhD, MPH. This fact sheet was funded by grants from the California Health Care Foundation and the W.K.Kellogg Foundation.

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FACT SHEET | JULY 2023

Black Women, Birthing People, and Maternal Mental Health

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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

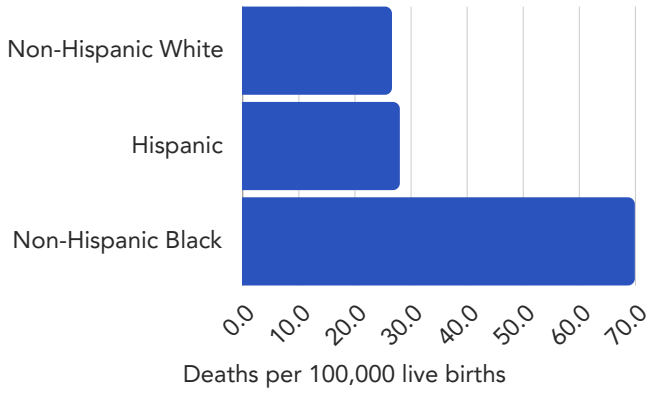
The cost of not treating MMH conditions is $32,000 per mother-infant pair, or **$14 BILLION** each year in the U.S.[5]

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]

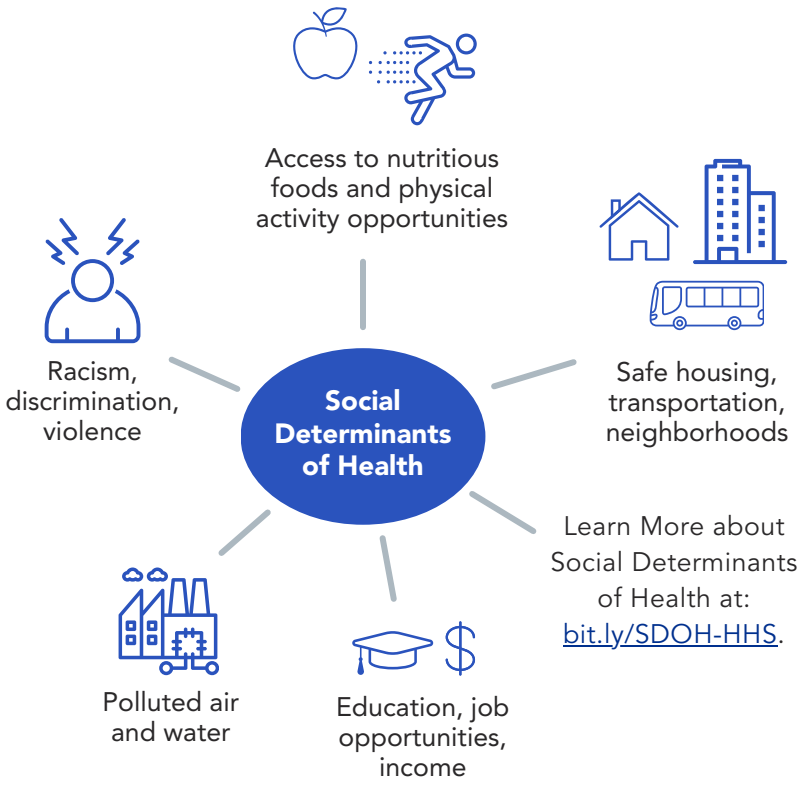
6 x **Single Black mothers are six times more likely than the general population to experience depressive symptoms.** [9]

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.

Learn More From These Organizations Led By and For Black Women

theafiyacenter.org

birthcenterequity.org

blackmamasmatter.org

bmhce.org

shadesofblueproject.org

bwhi.org

birthequity.org

postpartum.net/perinatal-mental-health-alliance-for-people-of-color

soysom.com

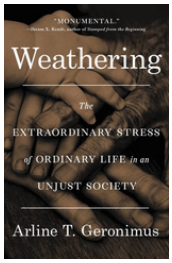
sistersong.net

Recommended Reading

Pregnant While Black: Advancing Justice for Maternal Health in America

By: Monique Rainford

BUY THE BOOK



Weathering: The Extraordinary Stress of Ordinary Life in an Unjust Society

By: Arline Geronimus

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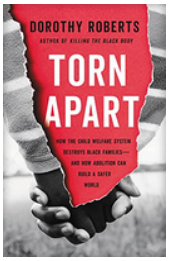

Torn Apart: How the Child Welfare System Destroys Black Families – and How Abolition Can Build a Safer World

By: Dorothy E. Roberts

BUY THE BOOK

Editorial Team

This Fact Sheet was prepared by Niaja J.E. Nolan, MPH and former MMHLA Graduate School Intern, with input and assistance from the CDU Black Maternal Health Center of Excellence, Krystal Leaphart, Senior Policy Analyst at the National Birth Equity Collaborative, and Terri Wright, PhD, MPH. This fact sheet was funded by grants from the California Health Care Foundation and the W.K. Kellogg Foundation.

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FACT SHEET | FEBRUARY 2024

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

ACOG's Recommended Postpartum Process vs. the 6-Week Check-Up

Recognizing the importance of providing better care to new mothers, in 2018 the American College of Obstetricians and Gynecologists (ACOG) provided guidance to shift the paradigm for postpartum care from a single 6-week visit to a postpartum process (see chart below). To optimize the health of women and infants, postpartum care should be an ongoing process, rather than a single encounter, with services and support tailored to each woman's individual needs.

6-Week Check-Up Model

- 6-week postpartum check-up

NEW! ACOG's Recommended Postpartum Process

- 3-10 days: Blood pressure check
- 1-3 weeks: High-risk follow-up and mental health check-in
- 3-12 weeks: Follow-up as needed
- 12 weeks: Well woman visit

ACOG's Toolkit for Postpartum Care

ACOG's toolkit includes resources on the key components of postpartum care, information about reimbursement, and a sample postpartum checklist for patients to complete before their visit. Key components include:

- Mental Health / Substance Use
- Chronic Disease
- Postpartum Complications
- Newborn Care / Feeding / Healthy Weight
- Creating a Support System
- Reproductive Planning

ACOG underscores that the Fourth Trimester can present considerable challenges for women — lack of sleep, fatigue, pain, infant feeding difficulties, and incontinence — all of which can exacerbate feelings of anxiety and depression.

Get the Toolkit

Optimizing Postpartum Care: ACOG Committee Opinion 736

The weeks following birth are a critical period for a woman and her infant, setting the stage for long-term health and wellbeing. Postpartum care should be an ongoing process, rather than a single encounter, with services and support tailored to each woman's individual needs. All women should have contact with a maternal care provider within 3 weeks of giving birth, followed up by individualized care, concluding with a comprehensive visit no later than 12 weeks postpartum.

Read More

> What would it look like for mothers to not only survive pregnancy, but to thrive?
>
> — Joia Crear-Perry, MD,
> The National Birth Equity Collaborative

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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."

Treatment Can Include a Combination of...

- Adequate Sleep, Exercise, Nutrition[19]
- Practical and Emotional Support[6]
- Perinatal Psychoeducation[19,6]
- Therapy or Counseling[6,7]
- Medication[7]

Cultural Considerations in Clinical Settings

BIPOC fathers may experience unique, **race-based stressors during the perinatal period that increase the risk of depression and anxiety**, which should be accounted for in the clinical case conceptualization. In addition, disparities in health, healthcare access, income, and local resources can place additional stress on BIPOC fathers.[23] BIPOC men also tend to be stigmatized in various parts of their life, including fatherhood. For example, **Black fathers are stereotyped as uninvolved parents despite being the most involved fathers across racial categories.**[24] Clinicians need to be conscious of their own biases and incorporate a holistic understanding of the father's experience into the treatment plan to optimize clinical care.

Resources, Trainings, and Programs

Postpartum Support International has a webpage (LINK) dedicated to support for fathers, which includes:

- Specialized Coordinator for Dads
- Dad Support Group
- Monthly "Just For Dads" Chat
- Facebook group for dads
- Video of dads sharing their experiences

Foundations in Paternal Perinatal Mental Health Training by Postpartum Support International LINK

An online and in-person training for psychotherapists, medical providers, and allied birth professionals to gain valuable knowledge of the key psychological, interpersonal, and systems-level factors related to fathers as they navigate the transition to parenthood.

Resources to learn and create connection with others:

- Basic Training for New Dads LINK
- Bootcamp for New Dads LINK
- Center for Men's Excellence LINK
- Dads With Wisdom LINK
- Daddy Boot Camp LINK
- Postpartum Men LINK
- The Dovetail Project LINK

International Father's Mental Health Day (IFMHD) LINK

IFMHD – the day after Father's Day – features a social media campaign highlighting key aspects of fathers' mental health. The stigma of experiencing emotional and mental difficulties in early parenthood is even higher for men than for women, which is why this day and social media campaign is needed to open up the conversation about fathers' mental health.

Books About Fathers and Their Mental Health

Mark Williams is a paternal mental health advocate and author. He saw his wife experience a traumatic birth, and later experienced postpartum depression himself. He suggests the following books as great resources for fathers. Read his article HERE and watch his TEDx Talk HERE.

- *Fathers and Perinatal Mental Health: A Guide for Recognition, Treatment and Management* (LINK)
- *Paternal Mental Health: Factoring in Fathers* (LINK)
- *Sad Dad: An Exploration of Postnatal Depression in Fathers* (LINK)
- *Daddy Blues: Postnatal Depression and Fatherhood* (LINK)
- *Dad: Untold Stories of Fatherhood, Love, Mental Health, and Masculinity* (LINK)
- *New Fathers, Mental Health and Digital Communication* (LINK)
- *The Postpartum Husband: Practical Solutions for Living with Postpartum Depression* (LINK)
- *The Life of Dad: The Making of the Modern Father* (LINK)

Editorial Team

This fact sheet was prepared with input from Sheehan D. Fisher, Ph.D and Daniel B. Singley, Ph.D., ABPP, PMH-C.

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SECTION 6

Children's Mercy Resources

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

Operation Breakthrough Clinic

At Children's Mercy, we believe every kid has amazing potential. That's why we partner with **Operation Breakthrough**, an early education center and social service facility located at 31st and Troost (3039 Troost).

Through our partnership with Operation Breakthrough, we are able to provide excellent pediatric care to children at Operation Breakthrough and in the surrounding community to make sure all children have the opportunity to achieve their full potential.

Scheduling an appointment

If Children's Mercy is your medical home, or if you would like to make Children's Mercy your medical home, please call to schedule an appointment at **(816) 302-6200**. Our integrated team of care assistants, registered nurses, pediatricians, and behavioral specialists will be delighted to serve you.

Services we offer:

- Asthma care
- Behavioral services
- Ill and follow-up care
- Same-day appointments
- School physicals
- Sports physicals
- Tests/labs
- Vaccinations
- Well child check-ups

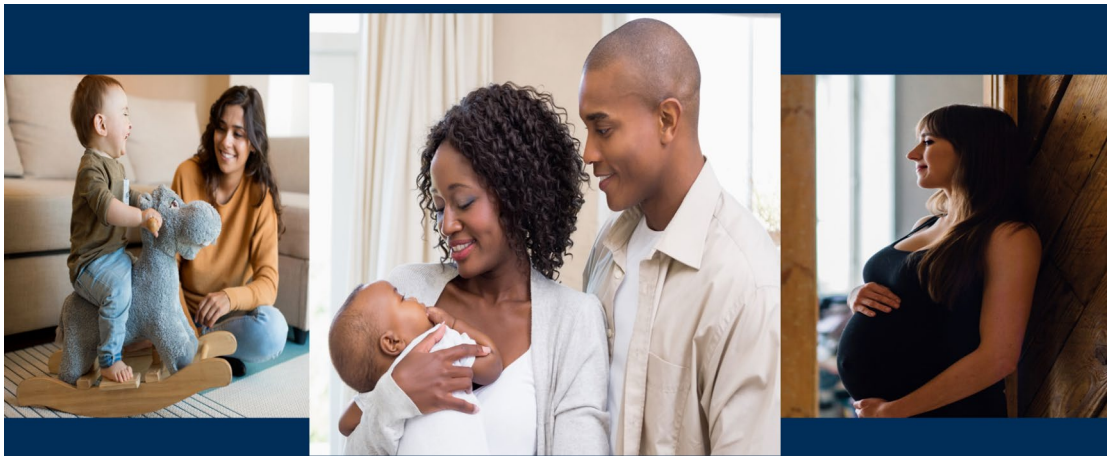
Medical concerns best seen in urgent care

- Asthma attack (minor)
- Broken bone (not bent)
- Burn (minor)
- Cut (minor)
- Dehydration
- Dizziness
- Head injury (no loss of consciousness, minor impact)
- Insect or minor dog bite
- Sprain or strain
- Stitches (from minor cut)

Medical concerns best seen in the emergency room

- Asthma attack (severe)
- Bleeding that won't stop
- Broken bone (looks bent, curved or deformed)
- Burn (severe)
- Cast problems (soiled or wet)
- Cut (severe)
- Fainting
- Fever (infants less than 2 months old)
- Head injury (loss of consciousness or extreme impact)
- Headache (migraine)
- Pneumonia (diagnosed and with worsening symptoms)
- Poisoning
- Seizure

PROMISE 1000
Home Visiting Collective



Scan Here

for more information

What is Promise 1000?

Becoming a parent is an important and often challenging job. **"It takes a Village to raise a child."** This phrase describes how all parents need support. From family, friends to community, parents and kids do best when they are surrounded with the caring help of others. This is especially true of parents who may have extra stresses and challenges in their own lives. Promise 1000 connects families within the Kansas City region and beyond to agencies with special training to provide in-home support. These services are for parents who are expecting a baby or who have a young baby or child. Promise 1000 serves parents who may not already have the support they need in place.

Who is eligible?

Parents who are eligible for home visiting from an agency in our Region (see map):

- Are either pregnant or have a young child and,
- Need extra support that is not already available to them.

While Promise 1000 primarily serves families during pregnancy and through the first 3 years (which is also the first 1000 days) of life, some participating agencies serve families with children up to the age of 5 years old. Home Visiting Agencies that are part of the Promise 1000 referral system may serve the following Kansas and Missouri counties:

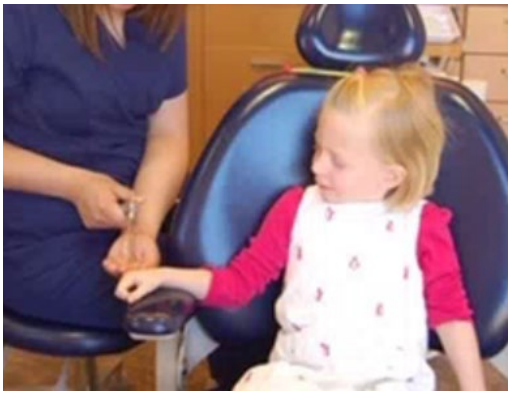
You may request home visiting services by completing a referral online. Click the link and answer the questions that follow. If you would like to speak with someone by phone, please call **816-234-3732** or email us at **Promise1000@cmh.edu.**

Maternal Health & Well-Being

- 501 caregivers were screened for depression this fiscal year
    - Caregivers screening positive for depression were referred for depression treatment, discussed treatment options with their home visitor, were already receiving treatment, or were on a waitlist for services.
- 78% of mothers participating in Moving Beyond Depression (MBD)™ Services no longer met criteria for Major Depressive Disorder.
    - Mothers also experienced a drop in parenting stress after treatment and an increase in social support (and healthy relationships)
- 90% of families had a health, well-being, educational or safety related goal developed alongside their Home Visitor
- Caregivers discussed healthcare utilization with their home visitors
- Caregivers discussed reproductive life planning options with their home visitors

Child Health & Well-Being

- 82% of mothers who enrolled prenatally in home visitation attempted, or pursued, breastfeeding their children post-enrollment.
- Caregivers created, and had an on-going, S.M.A.R.T health care goal for their child
- Promise 1000 home visitors encourage families to attend well child visits, and offer supportive coordination of care by attending well child visits with families
    - Internal studies have shown that **families had increased well child check (WCC) schedule adherence if they experienced a home visitor attending at least ONE well child check with them** at some point.
    - This was regardless of how many home visits they had or how many times a home visitor attended a WCC with them!
    - Based on a qualitative study's results, the home visitor attending WCCs with the family also improved communication and understanding (including remembering questions, interpretation, and understanding the visit and goals better), facilitation of the visit, and emotional support for families.



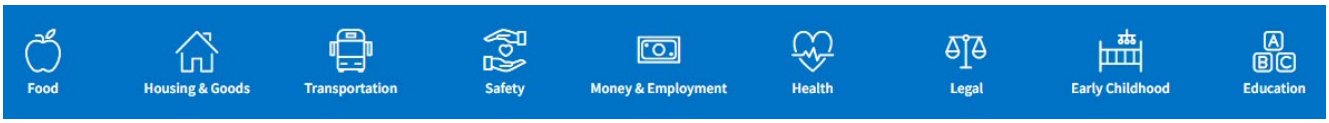
Child Development & School-Readiness

- 1,477 child development and social-emotional development screens were completed (*5% were identified as needing a referral to child developmental resources*)
- 536 parent-child interaction observational screens were completed
- Around 91% of families report that someone in the household is reading, telling stories or singing to their child daily.
- In 91% of postnatal home visits, caregivers were asked if they had concerns regarding their child's development, behavior, or learning.
- Upon completion of the Promise 1000 program (age 3 years) home visitors are able to refer families to early education services and preschool

Children's Mercy KANSAS CITY | LIFT UP KC℠

Lift Up KC is a free resource that anyone can use to connect with free or reduced cost services related to food, transportation, housing assistance and more.

It's simple. It's free. Visit liftupkc.org and enter your zip code to quickly locate hundreds of resources and programs in the Kansas City area!



Search for **free or reduced cost** services like food, transportation, housing assistance, and more.

www.liftupkc.org

Because everyone needs a little help sometimes.

Pediatric Primary Care Resources

Affordable Healthcare

by Samuel U Rodgers Health Center Cabot Westside

Federally Qualified Health Center (FQHC) that delivers affordable, accessible, quality, and value-based primary health care to everyone in our community regardless of their ability to pay. Our...

Main Services: health education , medical care , primary care , checkup & test , prevent & treat , vaccinations

Other Services: transportation for healthcare , addiction & recovery , dental care , mental health care , navigating the system , translation & interpretation

Serving: anyone in need, all ages, benefit recipients, low-income, uninsured, underinsured, limited english

Next Steps:

Call 816-471-0900.

0.51 miles (serves your local area)

2121 Summit Street, Kansas City, MO 64108

Open Now : 8:00 AM - 5:00 PM CDT

Adult and Pediatric Primary Care

by Hope Family Care Clinic (HFCC)

HFCC provides quality primary healthcare services to individuals and families in Kansas City, Missouri's east side. This program provides: - Adult and pediatric primary careSpecific services...

Main Services: health education , medical care , primary care , checkup & test , prevent & treat , vaccinations

Other Services: disease management , disease screening , pregnancy tests , mental health care , sexual and reproductive health , womens health , health education

Serving: all ages, individuals, families, benefit recipients, low-income, uninsured, underinsured

Next Steps:

Call 816-861-6500.

1.99 miles (serves your local area)

3027 Prospect Avenue, Kansas City, MO 64128

Open Now : 8:30 AM - 4:00 PM CDT

Primary Care

by The Medina Clinic

At the Medina Clinic, licensed medical providers care for newborn to adult patients for a variety of non-emergency, acute and chronic health care needs. Some of the services we offer include:•...

Main Services: medical care , primary care , checkup & test , prevent & treat

Serving: anyone in need, all ages

Next Steps:

Call 816-214-5548 or contact or go to the nearest location.

14.18 miles (serves your local area)

13013 Fuller Avenue, Grandview, MO 64030

Closed Today See open hours

Pediatrics Program

by Swope Health

This program provides complete medical care for your child including routine, acute and chronic conditions, immunizations and school or sports physicals.Our expert pediatric staff provides a...

Main Services: prescription assistance , medical care , checkup & test , vaccinations

Serving: children, homeless, parents

Next Steps:

Call 816-923-5800.

3.24 miles (serves your local area)

21 N 12th St, Kansas City, KS 66102

Open Now : 8:00 AM - 5:00 PM CDT

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**

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 ›

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- **How to talk to your kids about their first heartbreak**
- **When your child's 'winter blues' become something more serious**
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- **Kids sick again? What to do about those pesky bugs going around**

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


Children's Mercy
KANSAS CITY