

PERINATAL AND FAMILY CENTER INITIATIVE TOOLKIT

CLAYTON COUNTY HEALTH DISTRICT



Stay Aware

Get familiar with the programs, services and resources available in Clayton County.

Learn

Educate oneself about the information associated with Maternal and Child Health.

Improve

Find out ways on how you can improve Perinatal outcomes for yourself, your family and your community.



CONTACT US AT:
678-610-7698

Table of CONTENTS

04-05	Section 1: Common Terms To Know
06	Section 2: Importance of Perinatal Education
07	Section 3: Pregnancy and Trimesters
08	Section 4: Pregnancy Checklist
09	Birth plan
10	Prenatal Check-Up
11-13	Prenatal Tests & Screenings
14	Prenatal Vaccination
15	Take Charge Of Your Health
16	Urgent Maternal Warning Signs
17	HEARHER: You Know Your Body Best
18	Keep Track of Your Baby's Movement
19-20	Don't Smoke, Drink Alcohol or Use Drugs
21	Eating Healthy
22	Vitamins
23	Weight Gain
24	Stay Active
25	Prevent Infections
26	Support System
27	Paying for Prenatal Care/Insurance
28	Plan Ahead
29-30	Section 5: Car Seat Recommendations
31	Section 6: Pregnancy Complications
32-33	High Blood Pressure/Blood Pressure Reading
34	Preeclampsia
35	Preeclampsia vs. Eclampsia
36	Gestational Diabetes
37	Infections
38	Preterm Labor
39	Depression & Anxiety
40	Miscarriage
41	Stillbirth
42	Anemia
43	Ectopic Pregnancy
44	Hyperemesis Gravidarum
45	Fetal Problems

Table of CONTENTS

46	Section 7: Doula vs Midwife
47	Section 8: Chronic Conditions During Pregnancy
48	Asthma
49	Cancer
50	Heart Problems
51-53	Section 9: Pregnancy Timeline: Fetal Development
54	Section 10: Pregnancy Over 40 Weeks
55	Section 11: Pregnancy Timeline: Body Changes
56-64	Section 12: Discomforts During Pregnancy
65-66	Section 13: Pregnant with Multiples
67	Section 14: Labor and Delivery
68	Closing into Labor
69	Labor
70	Contractions: How to Know if They're true Labor or False Labor
71	Stages of Labor
72	Section 15: Postpartum
73	Postpartum vs. Postnatal
74	Postpartum Care
75	Appendices
76	Perinatal Support/Fatherhood
77	Clayton County Health District Services
78-79	Clayton County Health At Glance
80	Clayton County Births In Numbers
81	CCHD Information
82-83	References

COMMON TERMS YOU SHOULD KNOW

Understanding terms associated with Perinatal or Pregnancy can be difficult. To get started, here is a list of commonly used terms in this toolkit.

Amniotic fluid: the liquid that surrounds a baby in the uterus (also called 'waters')

Amniotic sac: the sac around the baby inside the uterus.

Antepartum hemorrhage: bleeding from the vagina during pregnancy.

Birth canal: the passageway (made up of the cervix and vagina) that the baby travels through during birth.

Birth plan: a written document describing a woman's preferences for her care during labour and birth.

Breech: when the baby is positioned inside the uterus with its bottom or feet down, instead of its head.

Cesarean section: a surgical procedure in which a baby is delivered through a cut in the abdomen and uterus (also called a 'C-section').

Cervix: the narrow, lower end of the uterus that softens and opens during labour to allow the baby to come out.

Chromosome: a thread-like structure made up of DNA.

Colostrum: Colostrum is the first milk that your breasts produce for the baby. It is a thick, yellowish fluid containing antibodies that protect newborns from infection.

Contractions: when the muscles of your uterus get tight and then relax. Contractions help push your baby out of your uterus.

Conception: is when a man's sperm fertilizes a woman's egg.

Diastolic: Measures the pressure in your arteries when your heart rests between beats.

DNA: or deoxyribonucleic acid, is the hereditary material in humans and almost all other organisms.

Ectopic pregnancy: when the embryo implants outside of the uterus, usually in a fallopian tube.

Fallopian tube(s): part of the female reproductive system, one of a pair of tubes connecting the ovaries to the uterus (womb).

Fetal Alcohol Spectrum Disorders: are a group of conditions that can occur in a person exposed to alcohol before birth.

High-risk pregnancy: means you're more likely than most pregnant people to have problems with your pregnancy.

Hormone: The body's chemical messengers

Implantation: when the fertilized egg moves through the fallopian tubes towards your uterus and attaches to the lining of the uterus

Last Menstrual Period: The date the mother's last normal menstrual period began.

Low birthweight: when a baby is born weighing less than 5 pounds, 8 ounces.

Melasma: a common skin problem caused by brown to gray-brown patches on the face.

Morning sickness: nausea (feeling sick to your stomach) and vomiting that happens in the first few months of pregnancy. Even though it's called morning sickness, it can last all day and happen any time of day.

Multiple pregnancy: means you're pregnant with more than one baby.

Neural tube: a narrow channel that folds and closes during the third and fourth weeks of pregnancy.

Obesity: abnormal or excessive fat accumulation that presents a risk to health. A body mass index (BMI) over 25 is considered overweight, and over 30 is obese.

Ovary: a part of a woman's reproductive system, the ovaries produce eggs.

Placenta: the organ that gave the fetus food and oxygen through the umbilical cord during the pregnancy.

Preeclampsia: high blood pressure and signs of liver or kidney damage that occur in women after the 20th week of pregnancy.

Preterm labor: giving birth before 37 weeks of pregnancy.

Systolic: Measures the pressure in your arteries when your heart beats.

Uterus: woman's womb, or the hollow, pear-shaped organ located in a woman's lower abdomen between the bladder and the rectum.

WHAT IS PERINATAL EDUCATION



Perinatal education involves education about healthy pregnancy, preparation for labor and birth, breastfeeding, and newborn care (Kovala et al., 2016).



IMPORTANCE OF PERINATAL EDUCATION

Perinatal education is linked to:

- **less need to start labor early,**
- **fewer surgeries during birth**
- **and more parents starting and continuing breastfeeding.**

(Afshar et al., 2017; Gluck et al., 2020; Mueller et al., 2020; Stoll & Hall, 2012).

PREGNANCY

TERMS ASSOCIATED WITH PREGNANCY

Perinatal | Prenatal/antenatal | Full-term pregnancy | Trimesters | Postnatal/Postpartum

WHAT IS TRIMESTER?

A pregnancy is divided into three stages called trimesters.



HOW LONG DOES A PREGNANCY LAST?

Pregnancy usually lasts about 40 weeks, or just over 9 months, as measured from the last menstrual period to delivery.

FULL-TERM VS. PRE-TERM

Full-term pregnancy lasts between 39 weeks and 40 weeks 6 days, whereas Pre-term is birth before 37 weeks of pregnancy.



1ST TRIMESTER

0-3 Months Or Week 1-12

2ND TRIMESTER

4-6 months Or week 13-28

3RD TRIMESTER

7-9 months or week 29-40



“ Research shows that babies do best when they are born during weeks 39 and 40. Babies born before 39 weeks are at risk for problems with breathing, feeding, and controlling their temperature. ”
NIH, 2022

For more information about pregnancy trimesters, visit Appendix (A)

Notes :

Checklist List

DURING PREGNANCY

- ☐ Develop a birth plan
- ☐ Get regular prenatal checkups
- ☐ Know about prenatal tests and screenings
- ☐ Get important vaccines
- ☐ Take charge of your health
- ☐ Be aware of urgent maternal warning signs
- ☐ Keep track of your baby's movement.
- ☐ Don't smoke, drink alcohol, or use drugs
- ☐ Eat Healthy
- ☐ Take recommended vitamins
- ☐ Healthy weight gain
- ☐ Stay active
- ☐ Prevent infections
- ☐ Identify support system
- ☐ Payment and Insurance
- ☐ Plan Ahead

BIRTH PLAN

A birth plan is a written summary of your preferences for when you are in labor and giving birth.

How to develop a Birth Plan



List options that you want to consider during/after the birthing process, such as:

- Birth companions
- Environment
- Labour pain relief
- Positions for labour and birth
- Assisted delivery
- Delivery of the placenta
- Your baby's umbilical cord
- Procedures you would like to avoid
- Postnatal care
- Feeding your baby
- Additional needs

Then, talk to your partner, doctor/midwife about your birth plan so that they can better assist you.



The image shows a sample of a birth plan form from the March of Dimes. It contains 21 numbered questions with checkboxes for 'Yes' or 'No'. Questions cover topics like labor positions, pain management, skin-to-skin contact, cord clamping, emergency contacts, and placenta management. Some questions have additional text boxes for descriptions. The form is titled 'March of Dimes Birth Plan Template PDF Version' at the bottom.

6 Do you want to move around during labor?
☐ Yes ☐ No
What position(s) do you want to be in during labor?
☐ Lying down
☐ Sitting
☐ Standing
☐ Other _____

7 What kind of medicine, if any, do you want to help with labor pain?

8 Do you want to hold your baby skin-to-skin during the first hour after birth?
☐ Yes ☐ No

9 Do you want delayed cord clamping?
☐ Yes ☐ No

10 Who do you want to cut the umbilical cord?

11 Do you plan to bank/donate your baby's umbilical cord blood?
☐ Yes ☐ No

12 Do you want your baby with you at all times after birth? Or is it OK for your baby to spend time in the nursery?
☐ Stay with you at all times
☐ OK to stay in the nursery

13 Do you plan to breastfeed your baby?
☐ Yes ☐ No

14 Do you want to meet the lactation consultant while in the hospital?
☐ Yes ☐ No

15 Do you want to be told before your baby is offered a pacifier or formula?
☐ Yes ☐ No

16 If your baby is a boy, do you want him circumcised?
☐ Yes ☐ No

17 Are there special traditions you want to take place when your baby is born?
☐ Yes ☐ No
Describe _____

18 Who is your emergency contact?
Name _____
Relationship to you _____
Phone _____

19 Is there anything else the hospital or birthing center staff should know about you or your baby's birth?
☐ Yes ☐ No
Describe _____

20 Are there words or expressions that you'd like the health care team NOT to use?
☐ Yes ☐ No
Describe _____

21 Do you prefer to limit the number of health care staff that enter your room?
☐ Yes ☐ No

March of Dimes materials are for informational purposes only and are not to be used as medical advice. Always seek medical advice from your health care provider. The materials reflect current research recommendations as the time of publication. Check regularly for updates for the latest information.

March of Dimes Birth Plan Template PDF Version

Birth Plan templates are also available online. Click on the [hyperlink](#) or watch the video above, to view The March of Dimes Birth Plan sample.

You don't have to have a birth plan. But having one is a great idea!

PRENATAL CHECK-UP

Check-ups before your baby is born are called **prenatal visits**. They help make sure you and your baby are healthy. Your health care provider will look for certain problems that can happen during pregnancy.

PRENATAL PROVIDER

Call your provider and go for your first prenatal care checkup as soon as you know you're pregnant. -March of Dimes

OR

Choose a provider that has "a good reputation, listens to you and respects you". When making your choice, think about:

- Personality & bedside manner**
- Office location and hours**
- Is the provider covered by your health insurance?**



FOR MORE INFORMATION,
SCAN OR CLICK THE QR CODE

TOPICS TO DISCUSS

Be ready to talk with your provider about:

- The first day of your last menstrual period (LMP).**
- Current & past health conditions**
- Personal & family health history**
- Medicines you take**
- Your pregnancy history**
- Lifestyle/ Activities of daily living**



FOR MORE INFORMATION,
SCAN OR CLICK THE QR CODE

★ **IF YOU HAVE ANY QUESTIONS, DO NOT BE AFRAID OF ASK!**

OVERVIEW

On 1st prenatal visit

Your provider may:

- Ask you a lot of questions about your health.**
- Gives you a physical exam.**
- Collect blood and urine samples and check blood pressure.**

On later prenatal visits

Your provider may:

- Checks your baby's heartbeat.**
- Measures your belly to check your baby's growth.**
- Gives you certain prenatal tests to check on you and your baby.**



FOR MORE INFORMATION,
SCAN OR CLICK THE QR CODE

HOW OFTEN DO YOU GO FOR PRENATAL CARE CHECKUPS?

Typically, routine checkups occur:

- Once a month for weeks 4 through 28**
- Twice a month for weeks 28 through 36**
- Weekly for weeks 36 to birth**

★ **WOMEN WITH HIGH-RISK PREGNANCIES NEED TO SEE THEIR DOCTORS MORE OFTEN.**



 **MyHealthfinder Tool**

SEE WHICH SCREENING TESTS
AND VACCINES YOU OR YOUR
LOVED ONES NEED TO STAY
HEALTHY.

[Visit Here](#)

Make sure your family is up to date on
preventive services.

PRENATAL TESTS & SCREENINGS



What Is It?

Prenatal tests are medical tests you get during pregnancy. You will have prenatal tests several times during the pregnancy at your prenatal care checkups to help your health care provider find out how you and your baby are doing.

Two main types of prenatal testing

Screening and Diagnostic. Screening tests “is done to see if a woman or her baby might have certain problems.” “If the result of a screening test is abnormal, doctors usually offer further diagnostic tests to determine if birth defects or other possible problems with the baby are present”. CDC, 2023



COMMON PRENATAL TESTS

- Maternal Serum Screen
- Fetal Echocardiogram
- Amniocentesis test
- Biophysical profile (BPP)
- Chorionic villus
- First trimester screening
- Glucose challenge screening:
- Glucose tolerance test
- Nonstress test (NST)
- Ultrasound exam
- Urine test
- Ultrasound exam



For more information, scan or click the QR code

First Trimester Tests are “ used to look for certain birth defects related to the baby’s heart or chromosomal disorders, such as Down syndrome.” CDC,2023.



For more information, scan or click the QR code

Second Trimester Tests are when providers check all the major structures of the baby’s body. Second-trimester screening tests include blood tests and ultrasounds. CDC, 2023.

Third trimester Tests: In your last trimester (months 7, 8 and 9 of pregnancy), your provider does a test for group B strep (also called GBS). Group B strep is an infection you can pass to your baby during birth.



PRENATAL TESTS & SCREENINGS

Who is offered Prenatal Testing?

All pregnant women, regardless of age, have the option to undergo prenatal testing.

What are birth defects?

“A birth defect is a problem that happens while a baby is developing in the mother’s body.” “Most birth defects happen during the first 3 months of pregnancy.”

“A birth defect may affect how the body looks, works, or both.” Medlineplus, 2024

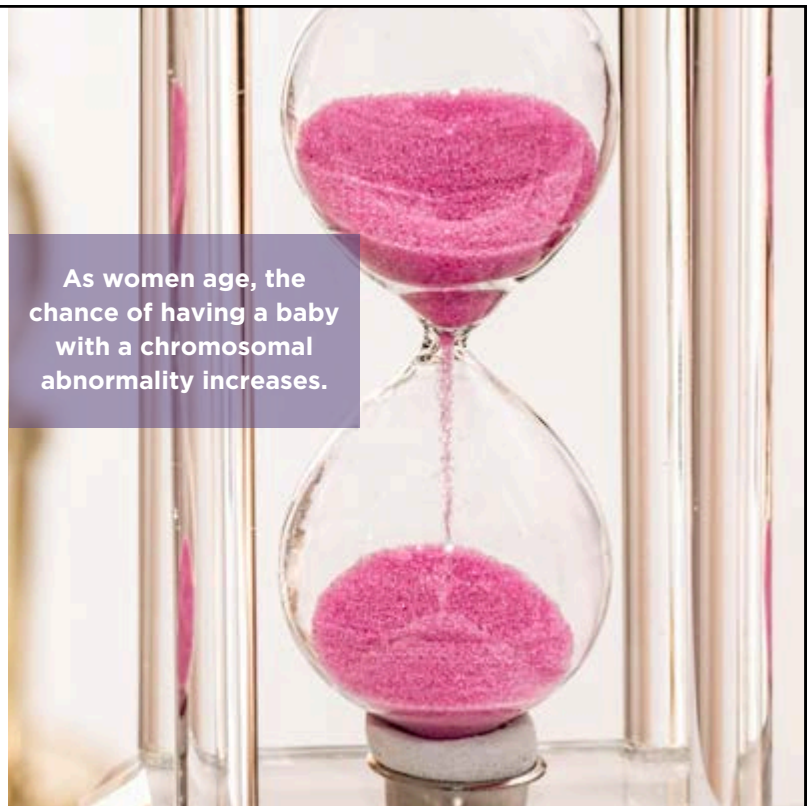


Causes of birth defects may be:

- **Genetics.** One or more genes might have a change or mutation that prevents them from working properly.
- **Chromosomal problems.** In some cases, a chromosome or part of a chromosome might be missing.
- **Exposures to medicines, chemicals, or other toxic substances.**
- **Infections during pregnancy.**
- **Lack of certain nutrients.**

How are birth defects diagnosed?

Health care providers can diagnose some birth defects during pregnancy, using prenatal testing.



As women age, the chance of having a baby with a chromosomal abnormality increases.

“Certain birth defects might not be diagnosed until after the baby is born or until later in life.” CDC, 2023

CDC Screening Recommendations

CDC recommends that all pregnant women get tested for HIV, hepatitis B virus (HBV), hepatitis C virus (HCV), and syphilis during each pregnancy.



First Prenatal Visit

Syphilis: All pregnant women
HIV: All pregnant women (i)
HBV: All pregnant women (ii)
Chlamydia: All pregnant women less than 25 years of age and older pregnant women at increased risk (iii)
Gonorrhea: All pregnant women less than 25 years of age and older pregnant women at increased risk (iii)
HCV: All pregnant women (iv)



Third Trimester

Syphilis: Certain groups of pregnant women (v) at 28 weeks at risk for infection or reinfection this pregnancy
HIV: Certain groups of pregnant women (vi) before 36 weeks
Chlamydia: Pregnant women less than 25 years of age or continued high risk (iii)
Gonorrhea: Pregnant women with ongoing risk factors (iii)
HCV: Pregnant women with ongoing risk factors (iv)



At Delivery

Syphilis: Certain groups of pregnant women at risk for infection or reinfection this pregnancy, (v) pregnant women with no previously established syphilis screening this pregnancy, and all pregnant women who deliver a stillborn infant
HIV: Pregnant women not screened during pregnancy
HBV: Pregnant women not screened during pregnancy, (vii) who are at high risk, (viii) or with signs or symptoms of hepatitis
HCV: Pregnant women not previously screened



You can find the endnotes at (i, ii, iii, iv...): <https://www.cdc.gov/nchhstp/pregnancy/screening/clinician-timeline.html>

PRENATAL VACCINATION



WHAT IS A VACCINATION?

A vaccination is a shot that contains a vaccine. During pregnancy, vaccinations help protect both you and your baby. Make sure your vaccinations are current before you get pregnant and talk to your health care provider about vaccinations that are safe to get during pregnancy.

Before you get any vaccination, tell your provider if you have any severe allergies or if you've ever had a severe allergic reaction to a vaccine.

• WHICH VACCINES SHOULD I NOT GET IF I AM PREGNANT?

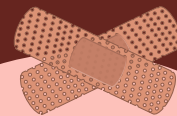
Some vaccines are not recommended during pregnancy, such as:

- Human papillomavirus (HPV) vaccine
- Measles, mumps, and rubella (MMR) vaccine
- Live influenza vaccine (nasal flu vaccine)
- Varicella (chicken pox) vaccine
- Certain travel vaccines: yellow fever, typhoid fever, and Japanese encephalitis

Note: these travel vaccines should generally not be given during pregnancy, unless your healthcare provider determines that the benefits outweigh the risks.

• WHICH VACCINES DO I NEED DURING PREGNANCY?

- Tdap vaccine
- Flu vaccine
- COVID-19 vaccine
- RSV



A baby gets disease immunity (protection) from mom during pregnancy. This immunity can protect the baby from some diseases during the first few months of life, but the immunity decreases over time.



For more information, scan or click the QR code

Live vaccines are generally not recommended during pregnancy.



TAKE CHARGE OF YOUR HEALTH

During Pregnancy

When you play an active role in your health care, you can improve the quality of the care that you and your family get. Start by speaking up and asking questions at the doctor's office.

Health care is a team effort, and you're the most important member of the team! Your team also includes doctors, nurses, pharmacists, and insurance providers.



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HEAR HER Campaign

CDC's Hear Her campaign seeks to raise awareness of urgent maternal warning signs during and after pregnancy and improve communication between patients and their healthcare providers.



For more information,
scan or click the QR code

To take charge of your health care:

- Keep track of important health information
- Know your family's health history
- See a doctor regularly for checkups
- Be prepared for medical appointments
- Ask your doctor, nurse, or pharmacist questions
- Follow up after your appointment

For more information about Taking Charge of your Health, Visit Appendix (I) or scan the QR code

URGENT MATERNAL WARNING SIGNS

HEAR HER CAMPAIGN

CDC

Did you know some problems due to pregnancy can happen up to a year after delivery?

Be aware of urgent maternal warning signs and symptoms during pregnancy and in the year after delivery. Seek medical care immediately if you experience any signs or symptoms that are listed below. These symptoms could indicate a life-threatening situation.

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

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



DIZZINESS OR FAINTING

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

CHANGES IN YOUR VISION

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



FEVER OF 100.4°F OR HIGHER

- You have a temperature of 100.4°F (38°C) or higher

EXTREME SWELLING OF YOUR HANDS OR FACE

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



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



THOUGHTS ABOUT HARMING YOURSELF OR YOUR BABY

- You may think about hurting yourself because you:
 - Feel very sad, hopeless, or not good enough
 - Don't feel that you have control over your life
 - Feel extremely worried all the time
- You may think about hurting your baby and/or you may have scary thoughts that come when you don't want or that are hard to get rid of

TROUBLE BREATHING

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



CHEST PAIN OR FAST-BEATING HEART

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

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

SEVERE NAUSEA AND THROWING UP

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



SEVERE BELLY PAIN THAT DOESN'T GO AWAY

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

BABY'S MOVEMENT STOPPING OR SLOWING DURING PREGNANCY

- You feel that your baby has stopped moving or your baby is moving less than before.

There is no specific number of movements that is considered normal, a change in your baby's movement is what is important.



VAGINAL BLEEDING OR FLUID LEAKING DURING PREGNANCY

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

VAGINAL BLEEDING OR DISCHARGE AFTER PREGNANCY

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



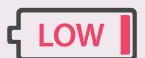
SEVERE SWELLING, REDNESS OR PAIN OF YOUR LEG OR ARM

Anytime during pregnancy or up to 6 weeks after birth

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

OVERWHELMING TIREDNESS

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



Learn more about this warning sign by visiting the [Alliance for Innovation on Maternal Health](#).

This list is not meant to cover every symptom you might have. If you feel like something just isn't right, or you aren't sure if it's serious, talk to your healthcare provider. Be sure to tell them if you are pregnant or were pregnant within the last year.



Test Your Knowledge about Urgent Maternal Warning Signs

[TAKE THE QUIZ HERE](#)



You know your body best

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

HEARTM
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 100.4° F or higher
- Extreme swelling of your hands or face
- Trouble breathing
- Chest pain or fast-beating heart
- Severe nausea and throwing up (not like morning sickness)
- Severe belly pain that doesn't go away
- Baby's movement stopping or slowing down during pregnancy
- Vaginal bleeding or fluid leaking during pregnancy
- Heavy vaginal bleeding or leaking fluid that smells bad after pregnancy
- Swelling, redness or pain of your leg
- Overwhelming tiredness

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

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:

HEARTM
HEAR HER CONCERNS

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



KEEP TRACK OF YOUR BABY'S MOVEMENT

WHAT ARE KICK COUNTS?

Kick counts (also called fetal movement counts) is a way for you to track how often your baby moves. By about 5 months (20 weeks) of pregnancy, you should start to feel your baby move in your belly. Your baby can turn from side to side and sometimes head over heels.



For more information,
scan or click the QR code



For more information,
scan or click the QR code



WHY COUNT?

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

TELL YOUR PROVIDER IF:

- You're at about 20 weeks of pregnancy and haven't felt your baby move.
- You're worried that your baby isn't moving.
- You notice a change in how often your baby moves, especially if movement decreases.

QUICKENING



- The first fetal movements which are felt by the mother.
- Occurs between the 16th to the 22nd week of pregnancy
- Often describes as fluttering movements

Don't Smoke, Drink Alcohol, or Use Drugs

During Pregnancy



For more information,
scan or click the QR code

Smoking



- Smoking during pregnancy passes harmful chemicals to your baby.
- If you smoke while pregnant, it raises the risk of your baby being born too small, too early, or with birth defects.
- During the first year of life, there is a higher risk of your baby dying from sudden infant death syndrome (SIDS). And later in life, your child may be more likely to have health problems, such as asthma and obesity.
- You will also want to try to avoid secondhand smoke, which has some of the same risks as smoking during pregnancy.

Alcohol



- All types of alcohol are equally harmful, including all wines and beer. The risks from drinking during pregnancy include problems with the growth of the developing baby and fetal alcohol spectrum disorders (FASD).

Drugs



- Using illegal drugs, may cause low birth weight babies, birth defects, or miscarriage. Your child may be more likely to have learning and developmental disabilities. And if you are injecting the drugs, that puts you and your baby at risk for HIV.
- Misusing prescription drugs can also be harmful.

Getting Help

- If you are pregnant and using any of these substances, contact your provider. Together you and your provider can find the right treatment to help you quit.
- If you are taking opioids or are addicted to drugs, don't stop taking them suddenly. That can be dangerous to you and the baby. Instead, contact your provider for help with getting off the drugs safely.

WHEN YOU'RE PREGNANT, EVERYTHING THAT YOU PUT INTO YOUR BODY GOES INTO YOUR BABY'S BODY, TOO. WHAT YOU CHOOSE TO EAT, DRINK, OR TAKE CAN AFFECT YOUR BABY'S HEALTH. YOUR DECISIONS MATTER.



STOP SUBSTANCE USE DURING PREGNANCY

SMOKING SUPPORT

Most pregnant women who smoke want to quit, but quitting isn't always easy during pregnancy. What's more, if you're pregnant and still smoking, you may feel ashamed and alone.

The right kind of support can help a pregnant woman get through the unique challenges of quitting during this phase of life.

TALK TO YOUR DOCTOR OR CALL 1-800-QUIT-NOW TO GET STARTED.



DRUG USE

If you or someone close to you needs help for a substance use disorder:

TALK TO YOUR HEALTHCARE PROVIDER OR CALL SAMHSA'S NATIONAL HELPLINE AT 1-800-662-HELP. YOU CAN ALSO GO TO SAMHSA'S BEHAVIORAL HEALTH TREATMENT SERVICES LOCATOR.



ALCOHOL USE SUPPORT

If you need help to stop drinking alcohol: **CONTACT YOUR HEALTHCARE PROVIDER, LOCAL ALCOHOLICS ANONYMOUS, LOCAL ALCOHOL TREATMENT CENTER, OR CALL SAMHSA'S NATIONAL HELPLINE AT 1-800-662-HELP. YOU CAN ALSO GO TO SAMHSA'S BEHAVIORAL HEALTH TREATMENT SERVICES LOCATOR.**



Eating Healthy During Pregnancy

FOLLOW A BALANCED DIET

- Whole fruits
- Vegetables
- Whole grains
- Proteins
- Low-fat or fat-free dairy
- Oils

CALORIES NEEDED

Most women with a healthy pre-pregnancy weight have the following calorie needs:

- First trimester (first 12 weeks) — no extra calories.
- Second trimester (13 to 26 weeks) — about 340 extra calories a day.
- Last trimester (after 26 weeks) — about 450 extra calories a day.

For more information, scan or click the QR code



LIQUIDS

Drink plain water instead of sugary drinks. Try adding fruit or herbs to your water for a fresh flavor.

FOODS TO AVOID

- Raw/uncooked or undercooked fish or shellfish, meats, poultry, and eggs.
- Unpasteurized juice, milk, or cheese.
- Lunch or deli meats, smoked seafood, and hot dogs — unless they're heated until steaming hot (165 °F, or degrees Fahrenheit).
- Prepared meat or seafood salads
- Raw sprouts.
- Seafood that has high level of mercury.

These foods may have bacteria in them that can hurt your baby.

FOOD SAFETY

- Clean, handle, cook, and chill food properly to prevent foodborne illnesses.
- Wash hands with soap after touching soil or raw meat.
- Keep raw meats, poultry, and seafood from touching other foods or surfaces.
- Cook meat completely.
- Wash produce before eating.
- Wash cooking utensils with hot, soapy water.

Remember: "Eating for two" doesn't mean eating twice as much. Rather, it means that the foods you eat are the main source of nutrients for your baby.

Vitamins During Pregnancy

In addition to making healthy food choices, taking approved vitamins from your doctor is also important.

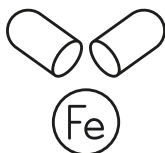
Women who are pregnant need more of these nutrients than women who are not pregnant:



Folic Acid

Folic acid helps prevent some birth defects of the brain and spine.

400 to 800 micrograms (mcg) (0.4 to 0.8 mg) in the early stages of pregnancy. Pregnant women should continue taking folic acid throughout pregnancy.



Iron

Iron is needed for brain development during infancy and early childhood.

27 milligrams (mg)



Iodine

Iodine is important for your baby's brain.

Average daily recommended for pregnant teens and women: 220 mcg



Choline

Choline is also important for your baby's brain.

Average daily recommended for pregnant teens and women: 450 mg



For more information, scan or click the QR code



Weight Gain

During Pregnancy



How much weight is healthy to gain — and the number of extra calories you'll need — depends on many things, including how much you weighed before pregnancy.

Ask your doctor or midwife how many calories you need and how much weight is healthy for you to gain during pregnancy.

Weight gain is a natural part of pregnancy.

Generally, doctors suggest women gain weight at the following rate:

- 2 to 4 pounds total during the first trimester
- 3 to 4 pounds per month for the second and third trimesters

Findings suggest that gaining more weight than the recommended amount during pregnancy may raise your child's odds of being overweight in the future.

If you find that you are gaining weight too quickly, try to cut back on foods with added sugars and solid fats. If you are not gaining enough weight, you can eat a little more from each food group.



*For more information, scan or
click the QR code*



STAY ACTIVE

During Pregnancy



*For more information,
scan or click the QR code*

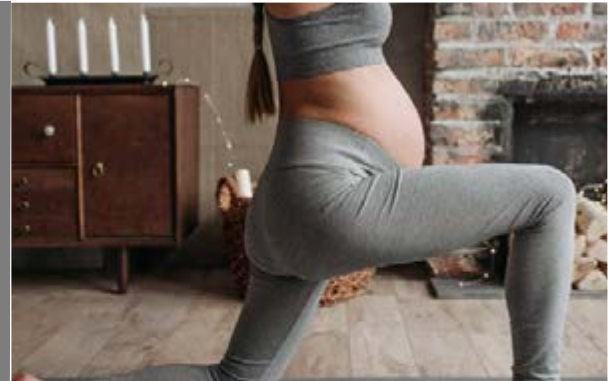


Is it safe to exercise during pregnancy?

Talk to your health care provider about exercising during pregnancy. For most pregnant women, exercising is safe and healthy for you and your baby.

How much exercise do you need during pregnancy?

Healthy pregnant women need at least 2½ hours of moderate-intensity aerobic activity (like taking a brisk walk) each week.



Why is physical activity during pregnancy good for you?

For healthy pregnant women, regular exercise can:

- Help you manage stress and sleep better.
- Help reduce your risk of pregnancy complications
- Help reduce your risk of having a Cesarean birth (also called c-section)
- Prepare your body for labor and birth.



Preventing Infections During Pregnancy

People who are pregnant or thinking about becoming pregnant can increase their chances of having a healthy baby by doing things to help reduce the risk of infection. Not all birth defects can be prevented, but by maintaining healthy hygiene, you can help prevent the spread of infection.

MAINTAIN HEALTHY HYGIENE

- ✓ Wash your hands
- ✓ Prepare food safely
- ✓ Don't share cups, foods or utensils with your children
- ✓ Stay away from wild or pet rodents
- ✓ Let someone else clean the litter box



*For more information,
scan or click the QR code*

SUPPORT SYSTEM

During Pregnancy

Ask for help if you need it.

YES!

GOOD!

Being pregnant may be tiring or stressful at times. Extra support from loved ones can help.



For example, family members or friends can:

- Provide emotional support so you feel less stressed.
- Visit the doctor or midwife with you.
- Go with you to a breastfeeding or birthing class.
- Change the litter box if you have a cat.
- Help prepare for the baby's arrival by setting up furniture



PAYING FOR PRENATAL CARE

Perinatal Health coverage

All Marketplace and Medicaid plans cover pregnancy and childbirth. This is true even if your pregnancy begins before your coverage starts.

Medicaid and CHIP

provide free or low-cost health coverage to millions of Americans, including some low-income people, families and children, and pregnant women.

If you're pregnant or planning to get pregnant and does not have health coverage:

- Check if you qualify for a Special Enrollment Period [HERE](#).
- Check if you qualify for Medicaid and CHIP [HERE](#).

If you don't qualify for a Special Enrollment Period right now, you'll be eligible to apply within 60 days of your child's birth.

If you are eligible for Medicaid, find the nearest location where you can complete the enrollment process [HERE](#).

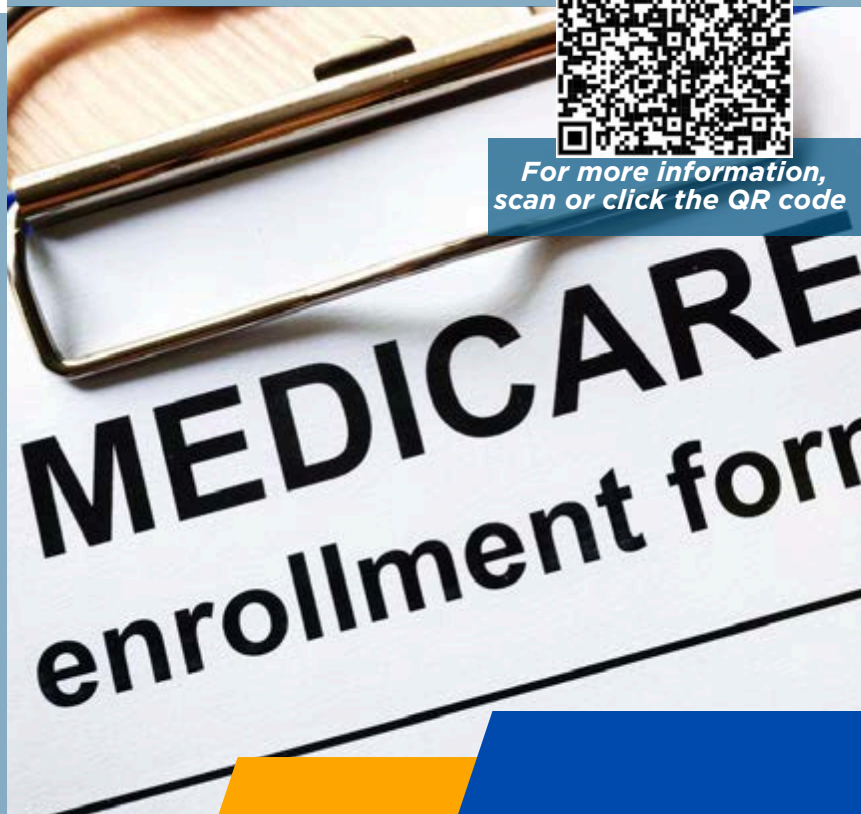


*For more information,
scan or click the QR code*

Every state in the United States has programs that give medical care, information, advice, and other services important for a healthy pregnancy.

To Find Free or Reduced Prenatal Care:

Contact your local Health Department or Call 1-800-311-BABY (1-800-311-2229) to connect you to the Health Department in your area code. For information in Spanish, call 1-800-504-7081



PLAN AHEAD

DURING PREGNANCY



Birthing Preparation

Pack items you and your newborn need for your delivery. Example: Phone, ID, insurance card, underwear, hair ties, toiletries, Warm clothing/blanket for the baby (if the weather is cold), and car seat.



Safe Environment

- Create a safe sleep area for your baby.
- Ensure that only age-appropriate items are within your baby's reach and all furniture are properly secured.



Breastfeeding

- Talk to your doctor, nurse, or midwife about breastfeeding. Get help from a breastfeeding specialist and or peer counselors. [Find a health center near you and ask about breastfeeding support](#)
- Clayton County's WIC program promotes breastfeeding, nutrition, and overall health for women, infants and children. [FIND OUT IF YOU'RE ELIGIBLE](#)



Vaccines your baby should get

- Hepatitis B (HepB)-1st dose of 3
- Respiratory Syncytial Virus (RSV)- 1 Dose

Call 911 if you think your child might be having a severe allergic reaction after leaving the vaccination site.

STAY ON-TRACK WITH
ROUTINE VACCINATIONS
FOR YOUR CHILD.

- [Birth to 6 years](#)
- [7 to 18 years](#)

TAKE A SHORT QUIZ TO
GET A LIST OF VACCINES
YOUR CHILD MAY NEED
BASED ON THEIR AGE,
HEALTH CONDITIONS,
AND OTHER FACTORS.

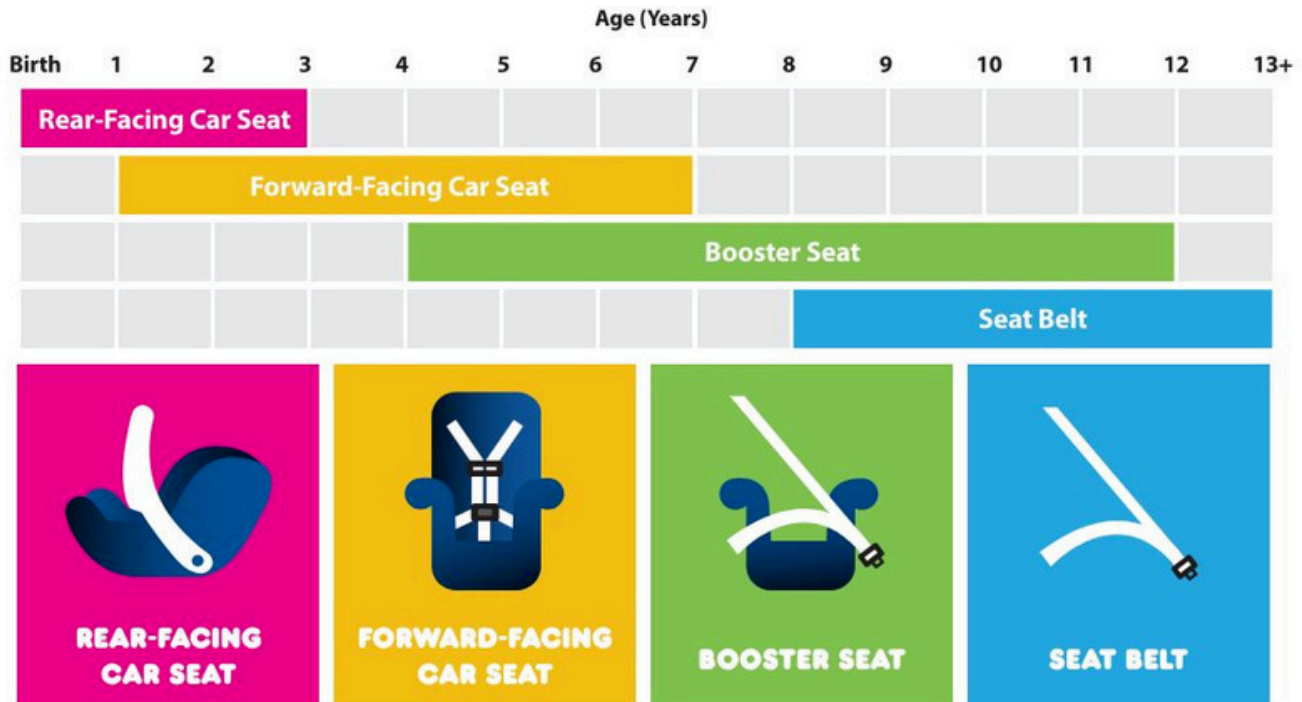
- [Take the quiz here](#)



***For more information on
each topic, scan or click
the QR code***

Car Seat Recommendations for Children

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



According to NHTSA, of the 42,939 traffic fatalities in 2021 in the United States, 1,184 (3%) were children 14 and younger



An estimated 162,298 children were injured in traffic crashes in 2021

Is Your Child in the Right Car Seat?

How to know for sure:



REAR-FACING
CAR SEAT

Babies and toddlers need to ride rear-facing as long as possible.

Keep children rear-facing until they are at least two years old, or until they reach their car seat's height or weight limits. Convertible and 3-in-1 car seats usually have higher height and weight limits for rear-facing (compared to infant-only seats) so you can keep your child rear-facing longer.



FORWARD-FACING
CAR SEAT

Use a forward-facing seat with a harness when your child outgrows the rear-facing seat.

When you child outgrows the rear-facing seat, he/she should ride in a forward-facing seat with a harness up to the highest weight or height allowed in the car seat instructions. Use the top tether strap based on your car seat and vehicle manufacturer's instructions. The tether (and harness) limit your child's movement in a crash.



BOOSTER SEAT

Children are ready for a booster when:

- They reach the limits for the forward-facing car seat with a harness, or
- Their shoulders grow above the car seat top harness slot, or
- Their ears are at the top of their car seat.

Boosters help keep the seat belts in the safest position. The lap belt stays low, touching the tops of the legs. The shoulder belt is centered on the shoulder and chest, so children don't put it behind their backs or under their arms.



SEAT BELT

Is your child ready to ride on the seat?

- Can your child sit with his hips against the back of the seat?
- Do her knees bend comfortably at the edge of the seat?
- Does the belt cross the center of your child's shoulder and is the lap belt low, touching the tops of your child's legs?
- Can your child sit like this the entire trip?

If you answered "no" to any of these questions, your child needs to keep using a booster.

● The back seat is the safest place. Children should ride in the back seat until they are 13 years old.

● Attend a car seat checkup to be sure your child is in the right seat and the seat is installed correctly.

● Always check your vehicle and car seat manufacturers' instructions to be sure your child's car seat is installed and used correctly.

● Seat belts do not usually fit until children are 4'9" tall and between 8-12 years old.

PREGNANCY COMPLICATIONS

Some women experience complications/health problems during pregnancy. These complications can involve the health of the mother, the fetus, or both and may make the pregnancy a high-risk pregnancy.

High-Risk Pregnancy

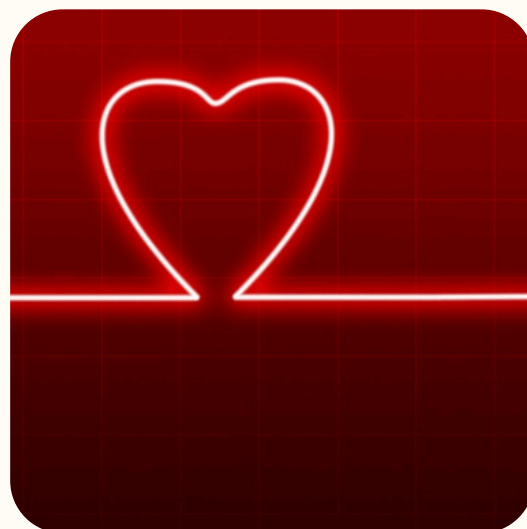
A high-risk pregnancy is one that threatens the health or life of the mother or her fetus. It often requires special care from doctors who are experts in this area.

Prenatal Care

Early and regular prenatal care helps many women have healthy pregnancies and deliveries without complications.



Georgia's maternal mortality rate is among the worst in the country with 33.9 deaths per 100,000 live births. 2018–2020, there were 48.6 pregnancy-related deaths per 100,000 live births among non-Hispanic Black women versus 22.7 pregnancy-related deaths per 100,000 live births among non-Hispanic white women.



High Blood Pressure

ALSO CALLED HYPERTENSION



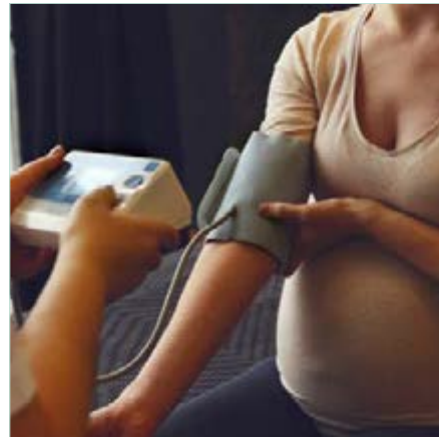
For more information,
scan or click the QR code



During pregnancy, high blood pressure can make it harder for blood to reach the placenta, which is what gives the baby nutrients and oxygen. When less blood gets to the placenta, the baby might not grow as well, and the mother could have a higher chance of giving birth too early or developing a serious condition called preeclampsia.

Normal Blood pressure levels

- **Systolic: less than 120 mm Hg**
- **Diastolic: less than 80 mm Hg**



High blood pressure that happens during pregnancy is called gestational hypertension. It usually starts in the second half of pregnancy and goes away after the baby is born.

Blood pressure is measured using two numbers:

The first number is called systolic and the second number is called diastolic.

So a measurement of 120 systolic and 80 diastolic, is read “120 over 80,”

High blood pressure usually has no warning signs or symptoms. Measuring your blood pressure is the only way to know whether you have high blood pressure.

BLOOD PRESSURE READING

Before reading your blood pressure, it is recommended to:

Have no food or drink for 30 minutes.

Empty your bladder.

Have a functional blood pressure machine (with the right cuff size)

During your reading

01.

-Sit comfortably for a few minutes with your back against the chair.



02.

Make sure you are relaxed and quiet.



03.

Your arm should be bare (or covered with thin clothes) and resting at heart level.



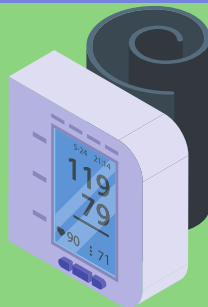
04.

Put the blood pressure cuff on your left arm (not too loose/tight, making sure you can slide 2 fingers between the cuff and your arm).



05.

Try having the blood pressure monitor face away from you so that you are not looking directly at the screen.



06.

Have both of your feet flat on the ground. (Do not have your legs and/or your arms crossed.)



07.

Turn on the monitor (it should automatically measure your blood pressure).



08.

Once the monitor is done. Take another BP reading (atleast 5 minute apart) to make sure your BP is accurate.



Record blood pressure measurements (these measurements can be shared with your doctor).

To note: It is recommended taking your blood pressure twice a month, on the same arm and the same time of the day, to have an accurate and consistent readings.

Preeclampsia

ALSO KNOWN AS TOXEMIA



For more information,
scan or click the QR code

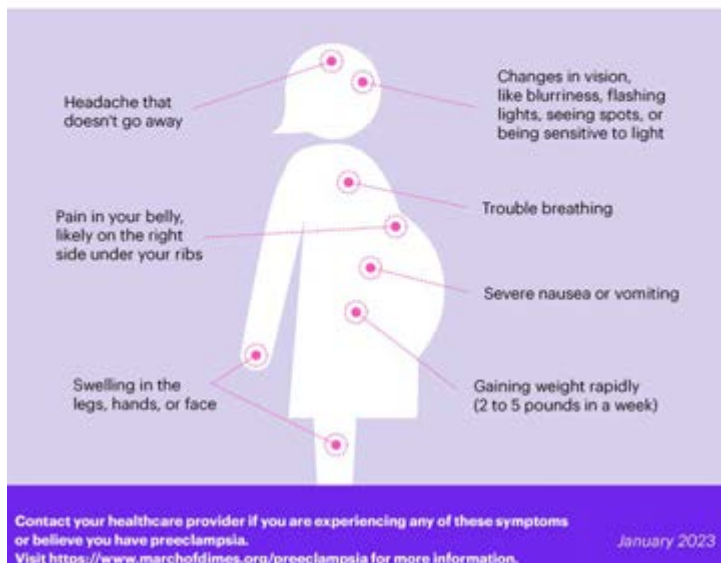
Preeclampsia is a serious condition that happens in a pregnant woman after her 20th week of pregnancy that causes high blood pressure and problems with the kidneys and other organs.

In some cases, it can happen 6 weeks (about 1 and a half months) after giving birth. Preeclampsia can lead to preterm delivery and death.



Signs and symptoms of preeclampsia

Preeclampsia is a serious condition that can happen after the 20th week of pregnancy or after giving birth (called postpartum preeclampsia). In addition to causing high blood pressure, it can cause organs, like the kidneys and liver, to not work normally.



You are more at risk if:

- It's your first pregnancy.
- You have preeclampsia in a previous pregnancy.
- You have existing health conditions such as high blood pressure, diabetes, kidney disease, and Lupus.
- You are 35 years of age or older.
- You are carrying twins or more.
- You are Obese.

PREECLAMPSIA

ECLAMPSIA



BOTH ARE PREGNANCY-RELATED HIGH BLOOD PRESSURE HEALTH CONDITION.

DEFINITION

High blood pressure at or after 20 weeks of pregnancy in a woman whose blood pressure was normal before pregnancy.

DEFINITION

Severe form of preeclampsia where brain function is affected, causing seizures or coma.

CAUSES

Causes are not known.

CAUSES

Causes are not known.

SYMPTOMS

High blood pressure, too much protein in the urine, swelling, headache, blurred vision.

SYMPTOMS

Seizures, severe headache, vision problems, abdominal pain, nausea/vomiting, and not urinating very often.

POSTPARTUM

Can develop after the baby is delivered, usually between 48 hours and 6 weeks after delivery.

POSTPARTUM

Seizures that occur between 48 and 72 hours after delivery.

Gestational Diabetes

HIGH BLOOD SUGAR DURING PREGNANCY



For more information,
scan or click the QR code

Gestational diabetes happens when a woman who didn't have diabetes before pregnancy develops diabetes during pregnancy.

Usually, when you eat, your body turns the food into a sugar called glucose, which gives you energy. Then, a hormone called insulin helps move this sugar from your blood to where it's needed in your body.

In gestational diabetes, your body has trouble using insulin the right way during pregnancy. This means your blood sugar can get too high, leading to diabetes. It's like your body's not able to handle sugar properly, so it stays in your blood instead of being used for energy.

SIGNS & SYMPTOMS

Usually, there are no symptoms. But sometimes, you may feel extreme thirst, hunger, or fatigue. (Screening tests shows high blood sugar levels).



SYMPTOMS



Most women with pregnancy related diabetes can control their blood sugar levels by following a healthy meal plan from their doctor.



Some women also need insulin to keep blood sugar levels under control. Doing so is important because poorly controlled diabetes increases the risk of:

- Preeclampsia
- Giving birth too early
- Cesarian (C-Section) birth
- Having a big baby, which can complicate delivery
- Baby born with low blood sugar breathing problems, and jaundice

Infections

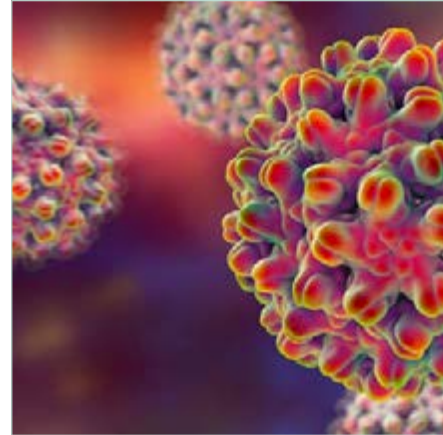


For more information,
scan or click the QR code

MANY INFECTIONS CAN BE PREVENTED OR TREATED BY GETTING THE APPROPRIATE FOLLOW UP CARE BEFORE PREGNANCY, DURING PREGNANCY, AND AFTER BIRTH.

Infections can cause problems to pregnant women and their baby.

Infections, including some sexually transmitted infections (STIs), can infect a baby during the pregnancy. A mother can also pass infections to the baby during delivery when the baby comes out through the birth canal.



Some infections in pregnancy can cause:

- **Miscarriage** (pregnancy loss before 20 weeks of pregnancy)
- **Ectopic pregnancy** (when fertilized egg grow outside of the uterus)
- **Giving birth too early**
- **Low birth weight in newborn**
- **Birth defects in newborn**
- **Stillbirth** (pregnancy loss at or after 20 weeks of pregnancy)
- Newborn death
- Maternal health complications

Early prenatal testing can determine if the infection can be cured with drug treatment, which can reduce the risk of mother and child complications.

Preterm Labor

LABOR THAT BEGINS BEFORE 37 WEEKS OF PREGNANCY.



For more information,
scan or click the QR code

During pregnancy, the baby's organs such as the lungs and brain finish their development around 39 to 40 weeks. So, any infant born before 37 weeks is more likely to have health problems.

Here are some conditions that increases the risk of a baby to be born too early:

- Infections
- Pregnant with twins or more
- Having certain health conditions like diabetes and high blood pressure during pregnancy
- Smoking, drinking alcohol, using street drugs or abusing prescription drugs
- Having a preterm birth before

In 2021-2023, there are 44,469 preterm births in GA and 1,537 preterm births in Clayton County.



Talk to your provider about what you can do to help lower your risk for preterm labor.

Symptoms:

- Increased vaginal discharge
- Feeling pressure and cramping in the lower abdomen
- Back pain that spreads to the stomach
- Contractions (tightening of the stomach muscle)

Because many preterm babies are born with low birthweight, many risk factors for preterm labor and preterm birth are the same as for having a low-birthweight baby.

Depression & Anxiety

MENTAL HEALTH CONDITIONS THAT CAN AFFECT THE HEALTH OF THE MOTHER AND HER CHILD



For more information,
scan or click the QR code

Depression is a medical condition that causes a persistent feeling of sadness and loss of interest in the things that you like to do in your daily life. It can affect how you feel, think, act, and requires a treatment plan to get better. On the other hand, anxiety is a feeling of fear, dread, and uneasiness.

They are long lasting and won't go away on their own, but they are treatable with proper help



Research shows that as many as 13% of U.S. women reported frequent symptoms of depression after childbirth, and that anxiety can occur up to 43% in depressed women who are pregnant and/or recently gave birth, making pregnancy-related depression and anxiety a common pregnancy complication.

SIGNS OF DEPRESSION AND ANXIETY

Women with depression or anxiety during and after pregnancy, may feel:

- Extremely sad or angry without warnings
- Foggy or have trouble completing tasks
- "Robotic," like they are just going through the motions
- Very anxious around the baby and their other children
- Guilty and feel like they are failing at motherhood
- Unusually irritable or angry

They also often have:

- Little interest in things they used to enjoy
- Scary and upsetting thoughts that don't go away

Visit [Moms' Mental Health Matters Initiative](#) to know more.



For more information,
scan or click the QR code

Miscarriage

**A PREGNANCY LOSS FROM NATURAL CAUSES
BEFORE 20 WEEKS OF PREGNANCY.**

Miscarriage is very common and often (8 out of 10) occur in the first trimester before 12th week of pregnancy. Some research suggests that more than 30% of pregnancies end in miscarriage and can happen before a person even knows they're pregnant.

Signs and symptoms can include:

- Spotting
- Bleeding
- Cramping
- Fluid/tissue passing from the vagina



Early prenatal care may help reduce the risk for miscarriage but in most cases, miscarriage cannot be prevented.

Risk factors for miscarriage:

- Having two or more previous miscarriages
- Being 35 or older
- Substance use
- Being exposed to harmful chemicals
- Having certain health conditions
- Stress
- Low socioeconomic status (having little or no access to financial, educational, social, and health resources).





For more information,
scan or click the QR code

Stillbirth

LOSS OF PREGNANCY AFTER THE 20TH WEEK OF PREGNANCY

Most stillbirths happen before a pregnant woman goes into labor but in rare cases, stillbirth can also occur during labor and birth. About 21,000 babies are stillborn in United States and according to Count The Kicks Program, there is an average of 995 stillbirths in GA every year.

The most common symptom of stillbirth is when you stop feeling your baby move and kick. Other signs can include cramping, pain or bleeding from the vagina. Call your health care provider right away or go to the emergency room if you have any of these conditions.



Risk factors associated with stillbirth:

- Obesity
- Diabetes
- High blood pressure
- Substance abuse
- Pregnant with twins or more
- Having complications during previous pregnancy
- Has never given birth before
- Miscarriage or stillbirth in a previous pregnancy
- Being 35 or older
- Having little social support during pregnancy.

NOTE: Having a risk factor for stillbirth doesn't mean for sure that you will have a stillbirth.

Anemia

**LOWER THAN NORMAL NUMBER OF
HEALTHY RED BLOOD CELLS IN THE BODY**



For more information,
scan or click the QR code

Anemia, especially **iron-deficiency anemia**, is common during pregnancy. Your body makes more blood to support your baby's growth during this time which is why you need more iron and other nutrients in your system. If you don't get enough of these nutrients while pregnant, you may feel weak or more tired than usual.

Because all pregnant women are at risk for anemia, your doctor will do blood tests to check for the condition at different stages of the pregnancy.



Anemia in pregnancy is preventable and treatable. Your doctor may recommend supplements in addition to your prenatal vitamins. Serious or untreated anemia in pregnancy can cause the following complications:

- Preterm labor
- Increased blood loss during delivery
- Low birthweight
- Anemia and delays in the development your baby

If you had anemia during your pregnancy, your doctor may screen your newborn for anemia as well.

Recommended Daily Amounts of Iron, in milligrams (mg)

Age	Male	Female	Pregnancy	Breastfeeding
Birth to 6 months	0.27 mg	0.27 mg		
7 to 12 months	11 mg	11 mg		
1 to 3 years	7 mg	7 mg		
4 to 8 years	10 mg	10 mg		
9 to 13 years	8 mg	8 mg		
14 to 18 years	11 mg	15 mg	27 mg	10 mg
19 to 50 years	8 mg	18 mg	27 mg	9 mg
51 or older	8 mg	8 mg		

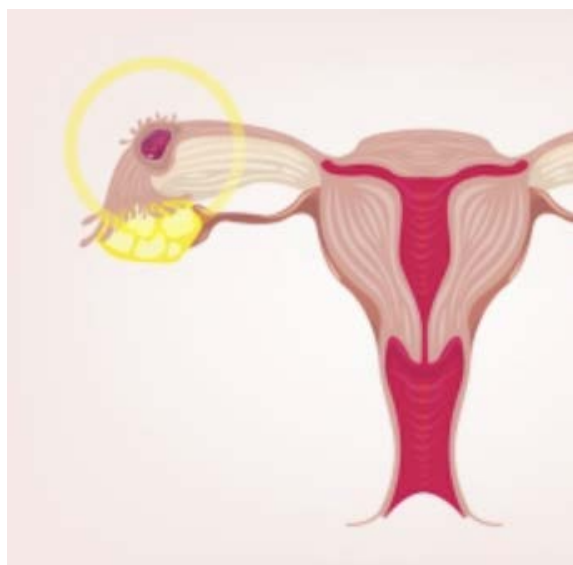


For more information,
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Ectopic Pregnancy

WHEN A FERTILIZED EGG IMPLANTS OUTSIDE
OF THE WOMB.

The uterus, or womb, is the place where a baby grows when a woman is pregnant. If you have an ectopic pregnancy, the fertilized egg grows outside of the uterus, usually in the fallopian tube (as shown on the image below). The egg will not be able to develop into a baby so medical treatments to end pregnancy usually performed.



Ectopic pregnancy can be a medical emergency if it bursts. Signs of ectopic pregnancy include:

- Pain in the abdomen
- Shoulder pain
- Vaginal bleeding
- Feeling dizzy or faint

Get medical care right away if you have these signs. Doctors use drugs or surgery to remove the ectopic tissue so it doesn't damage your organs. Many women who have had ectopic pregnancies go on to have healthy pregnancies later.

Hyperemesis Gravidarum (HG)



SEVERE, PERSISTENT NAUSEA AND VOMITING DURING PREGNANCY

Although having some nausea and vomiting is normal during pregnancy, especially in the first trimester, some women experience worse symptoms that last into the third trimester. This is called hyperemesis gravidarum (HG).

Women with HG experience nausea that does not go away, weight loss, reduced appetite, dehydration, and feeling faint. Some women feel better after their 20th week of pregnancy, while others experience the symptoms throughout their pregnancy.



Dry, bland foods and fluids together is the first line of treatment. Sometimes, medicines are prescribed to help nausea. Affected women may need to be hospitalized so that they can receive fluids and nutrients.



If nausea and vomiting is so severe that you and your baby might be in danger, you will be admitted to the hospital for treatment.

Fetal Problems

**UNBORN BABY HAVING HEALTH ISSUE(S), SUCH
AS POOR GROWTH OR HEART PROBLEMS**



*For more information,
scan or click the QR code*

Treatment depends on results of tests that monitor baby's health. If a test suggests a problem, this does not always mean the baby is in trouble. It may only mean that the mother needs special care until the baby is delivered. This can include a wide variety of things, such as bed rest, depending on the mother's condition. Sometimes, the baby has to be delivered early.



Signs & Symptoms

- The baby is moving less than normal
- The baby is smaller than usual for how far along the pregnancy is.
- Some problems have no symptoms but are found with prenatal tests.

DOULA

VS

MIDWIFE



01. ROLE

Doulas provide physical, emotional, and informational support to pregnant women during pregnancy, labor, and after giving birth.

02. MEDICAL TASK

Doulas do not perform any medical tasks.

03. OUTCOME

Doula support is linked to better birth outcomes, such as shorter length of labors, fewer C-sections and fewer premature births.

01. ROLE

Midwives provide care during pregnancy, labor and after giving birth.

02. MEDICAL TASK

Midwives can provide general health care services, like routine check-ups/exams, counseling, prescriptions and more.

03. OUTCOME

Midwives can help improve the quality of care and outcome during pregnancy, labor, and after birth.



Chronic

Conditions

During Pregnancy

CHRONIC CONDITIONS ARE HEALTH PROBLEMS THAT LAST A LONG TIME, USUALLY A YEAR OR MORE. -MARCH OF DIMES



LEARNING ABOUT

Asthma During Pregnancy

WHAT IS ASTHMA?

Asthma is a chronic (long-term) condition that affects the airways in the lungs. The airways are tubes that carry air in and out of your lungs. If you have asthma, your airways can become swollen and narrowed at times. This makes it harder for air to flow out of your airways when you breathe out.

HOW COMMON IS ASTHMA IN PREGNANCY?

Asthma is considered the most common chronic disease in pregnancy, affecting 4% to 8% of pregnancies. If not managed, it can lead to problems during pregnancy. Up to 45% of pregnant women with asthma have an asthma attack during their pregnancy.

WHAT CAN YOU DO?

- Monitor Your Asthma.
- Avoid Asthma Triggers.
- Take Asthma Medication.

Tell your health care team if you have asthma so they can monitor your lungs while you are pregnant and adjust your asthma medicines, if needed.



For more information,
scan or click the QR code



LEARNING ABOUT

Cancer During Pregnancy

WHAT IS CANCER?

Cancer is a disease in which some cells in the body grow out of control and spread to other parts of the body. These cells may form lumps of tissue called tumors which can be cancerous (malignant) or not cancerous (benign).

HOW COMMON IS CANCER IN PREGNANCY?

Cancer during pregnancy is rare but they can happen.

WHAT CAN YOU DO?

Cancer itself rarely harms the baby, and some cancer treatments are safe during pregnancy. You and your health care provider will work together to find the best treatment. Your options will depend on how far along the pregnancy is, as well as the type, size, and stage of your cancer.



For more information,
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LEARNING ABOUT

Heart Problem During Pregnancy

WHAT IS IT?

During pregnancy, your heart has to work harder to pump blood to both your body and your baby. Sometimes, this extra stress can increase the likelihood of you developing heart-related problems.

HOW COMMON IS HEART PROBLEMS IN PREGNANCY?

“Each year, about 700 women in the U.S. die from pregnancy-related problems, and more than 50,000 women have life-threatening pregnancy complications. Heart and blood vessel conditions such as **coronary heart disease**, high blood pressure, stroke, and **cardiomyopathy** are the leading causes” of these health issues. - NIH, 2024

WHAT CAN YOU DO?

Understand your risk.

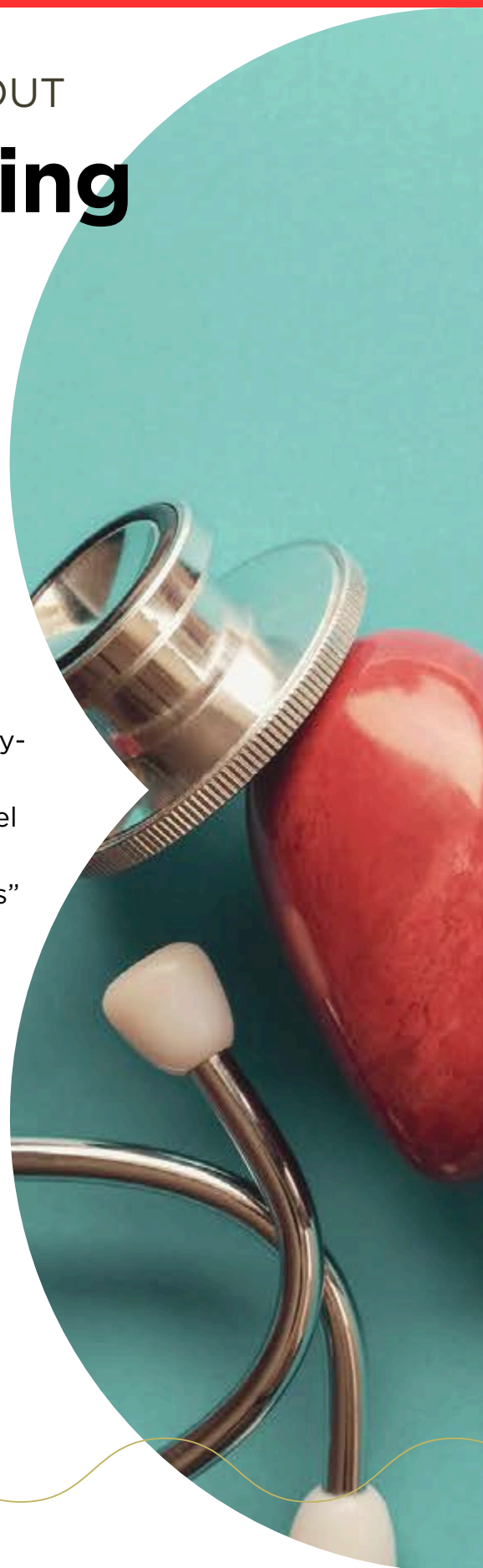
Talk to your doctor about your risk and how it affects your pregnancy and your risk in future pregnancies.

Develop heart-healthy habits now to set yourself up for a healthy pregnancy.

Watch for warning signs of a problem during and after pregnancy.



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PREGNANCY TIMELINE: FETAL DEVELOPMENT

WEEK

Learn how your baby grows each week during pregnancy.

1-2

Conception happens in one of your fallopian tubes. Conception is when a man's sperm fertilizes a woman's egg. You may not know the exact day you get pregnant. This is why healthcare providers use your last menstrual period (LMP) to find out how far along you are in pregnancy.

3-4

The fertilized egg moves through the fallopian tubes towards your uterus and attaches to the lining of the uterus (called implantation). The egg, then, begins to grow, and the placenta forms in the uterus to supplies your baby with food and oxygen through the umbilical cord.

5

Your baby's neural tube forms, which will become your baby's brain, spinal cord, and backbone. Tiny buds start to appear that will become your baby's arms and legs. Your baby's heart and lungs are developing, and your baby's heart starts to beat.

6

Your baby's heart beats about 105 times a minute. Her nose, mouth, fingers, toes and ears are forming and begin to take shape.

7

Your baby's bones start to form but are still soft. They harden as you get farther along in your pregnancy. She now has eyelids, but they stay shut. Your baby's genitals begin to form.

8

All of your baby's major organs and body systems are developing. The placenta is working.

9

Tiny buds appear that become your baby's teeth. Your baby is close to $\frac{1}{2}$ an inch long now.

10

Fingers and toes continue to develop and your baby's nails grow. **You may be able to hear your baby's heartbeat at your prenatal care checkup.**

11

Your baby's bones begin to get hard. Her skin is still thin and see-through but gets less see-through over time. Her head makes up about half of her size.

12

Your baby's hands develop faster than her feet. **She moves around, but you may not be able to feel her move yet.** She's about 2 inches long and weighs about $\frac{1}{2}$ an ounce.

13

This is the start of your second trimester! Your baby's growing fast. Her organs are fully formed and continue to develop. On an ultrasound, it may look like your baby's breathing and swallowing.

14

Your baby starts to move her eyes. Her nose and taste buds are developing. Her skin starts to thicken, and hair follicles under her skin begin to grow. Your baby opens and closes her hands and brings them to her mouth.

15

Your baby is very active! She flips and rolls around inside you. You may begin to feel her move. Her bones are growing strong, and you may be able to see them during an ultrasound. Your baby's kidneys make urine and her heart is pumping blood.

16

Your baby's eyelids, upper lip and ears have developed. She can hear you! Talk or sing to her as much as you like. Your baby is about 5 inches long and weighs about 5 ounces.
*Meconium (mih-KOH-nee-uhm) develops in your baby's intestinal tract. This will be your baby's first bowel movement. Your baby makes sucking motions with the mouth (sucking reflex).

17

Your baby starts to add fat to her body! Fat gives your baby energy and helps her stay warm after she's born. Vernix appears on your baby's skin. This is a waxy or greasy coating that's waterproof. It protects your baby's skin in the womb.



PREGNANCY TIMELINE: FETAL DEVELOPMENT

WEEK

Learn how your baby grows each week during pregnancy.

- 18** — You may have your first ultrasound this week—it's the first time you get to "see" your baby! You may be able to tell if your baby's a boy or girl, so be sure to tell your provider if you don't want to know. Your baby goes to sleep and wakes up throughout the day. Loud noises and your movements can wake her. Her skin has lanugo. This is soft, fine hair that helps keep her warm in the womb.
- 19** — Your baby's kicks and movements are getting stronger! If you think you felt them before, you really can feel her move now. She learns how to suck, which she needs for feeding after she's born. She may even suck her thumb in the womb.
- 20** — Your baby's nails grow toward the ends of her fingers. Your baby is about 10 inches long and weighs about 1 pound. *Your baby is more active. You might feel slight fluttering.
- 21** — Your baby's fingers and toes are fully formed, including her finger prints and toe prints. Your baby can swallow now and from time to time, she may even hiccup! You may feel these as regular, jerky movements.
- 22** — Your baby's eyelids are still shut, but her eyes are moving behind them. Her tear ducts start to develop, and her eyebrows may begin to appear. Your baby may move suddenly when she hears loud sounds.
- 23** — Your baby may recognize sounds, like your voice. If you talk to your baby, you may feel her move!
- 24** — Your baby's muscles continue to grow. She may start to have hair on her head. Her lungs are fully formed but she's not ready to breathe outside the womb yet. She's about 12 inches long and may weigh a little more than 1 pound.
*Bone marrow begins to make blood cells. Taste buds form on your baby's tongue. Footprints and fingerprints have formed.
- 25** — **Your baby is growing fast as you start your third trimester!** Her nervous system is developing quickly. The nervous system is the brain, spinal cord and nerves. It helps your baby move, think and feel. Your baby adds more fat to her body, which makes her skin look smooth and less wrinkly.
- 26** — Your baby's body is making melanin, a substance that gives her skin color and protects her skin from the sun after birth. Her lungs start to make surfactant. This substance helps your baby's lungs get ready to breathe.
- 27** — Your baby is doing lots of kicking and stretching. Her lungs and nervous system continue to develop.
- 28** — Your baby has eyelashes and she can open and close her eyes. Your baby is about 14 inches long and weighs about 2½ pounds.
- 29** — Your baby starts to put on weight fast! In the last 2½ months of pregnancy, your baby gains about half of her birthweight. Be sure to eat healthy foods so your baby has the nutrients she needs to grow.
- 30** — Your baby begins to lose the lanugo, the soft fine hair that covers her body. She also may have a good amount of hair on her head.
- 31** — Your baby's brain grows and develops quickly. Her brain can now help control her body heat.
- 32** — As your baby adds fat to her body, her skin is no longer see-through. Your baby is about 18 inches long and may weigh about 5 pounds.
*Your baby's bones are fully formed, but still soft. Your baby's kicks and jabs are forceful. The eyes can open and close and sense changes in light. Lungs are not fully formed, but practice "breathing" movements occur. Your baby's body begins to store vital minerals, such as iron and calcium.

PREGNANCY TIMELINE: FETAL DEVELOPMENT



WEEK

Learn how your baby grows each week during pregnancy.

33

Your baby's still gaining weight and growing. As you get closer to your due date, she gains about ½ pound per week.

34

The vernix, the waxy, greasy coating that protects your baby's skin in the womb, starts to get thicker. **Most babies move into a head-down position to get ready for labor and birth. It may happen this week or in the next few weeks.**

35

Your baby's brain and lungs are still developing. A baby's brain at 35 weeks weighs only two-thirds of what it will weigh at 39 to 40 weeks. If your pregnancy is healthy, wait for labor to begin on its own. If you're planning to schedule a c-section or labor induction before 39 weeks, it should only be for medical reasons.

36

It's starting to get crowded in the womb! While your baby doesn't have room to do many flips or rolls, you still feel her kick and stretch. **If you notice a change in how often your baby moves, call your health care provider.** Your baby weighs about 6 to 7 pounds.

37

Important organs, like your baby's brain, lungs and liver, are still developing. Your baby's still gaining weight. If your pregnancy is healthy, it's best to stay pregnant for at least 39 weeks. Births scheduled before 39 weeks should be for medical reasons only.

38

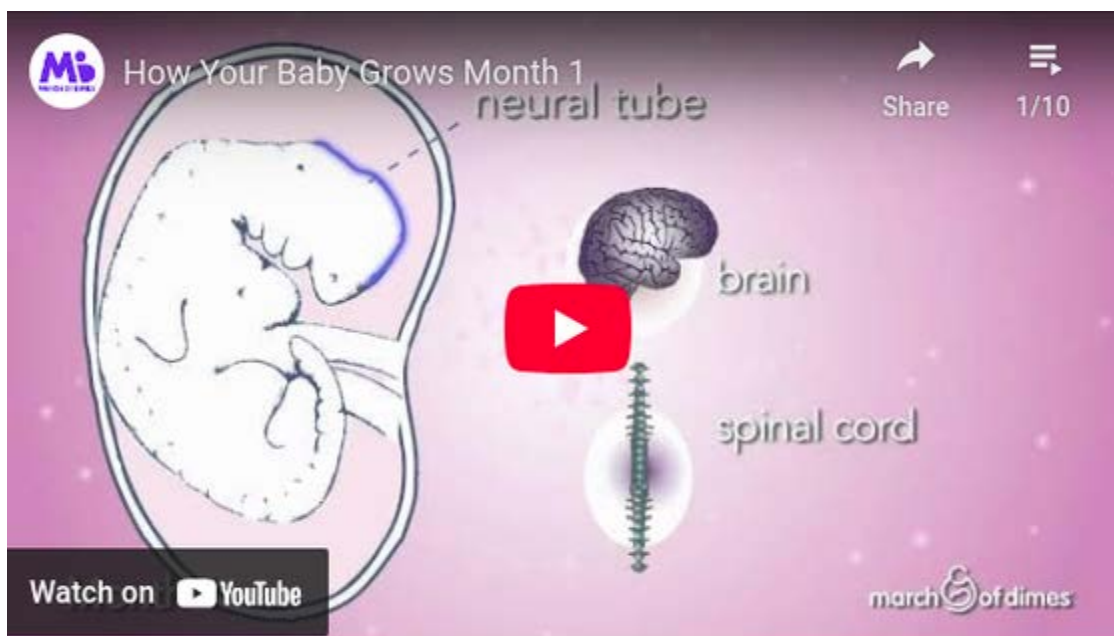
Your baby's brain is still developing. Her liver and lungs are still growing. Your baby's size may make you feel uncomfortable. Hang in there! **If your pregnancy is healthy, wait for labor to begin on its own.**

39

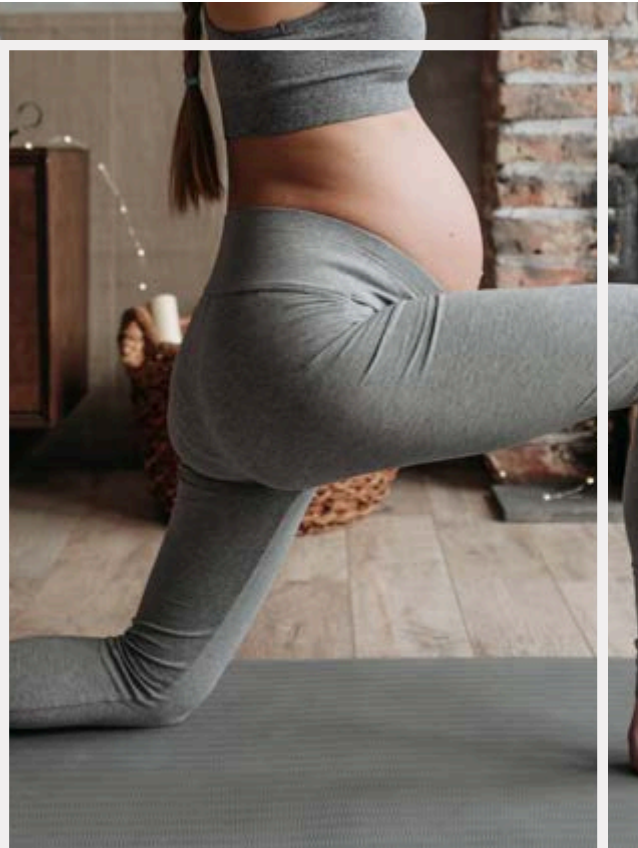
You and your baby have made it to 39 weeks! This is great! Your baby is full term. She'll let you know when she's ready to be born. **Call your provider when you think you're in labor.** ***As you near your due date, your baby may turn into a head-down position for birth.** Most babies "present" head down.

40

Congratulations on 40 weeks! **Your baby is ready to be born.** Your baby's had time to fully develop and is ready to meet you face to face. **Call your provider when you think you're in labor.** Your baby is about 18 to 20 inches long and weighs about 6 to 9 pounds.



Pregnancy Over 40 weeks



A pregnancy lasts about 40 weeks on average. The pregnancy is overdue if the baby hasn't been born by the due date, and it is considered to be post-term if it continues for longer than 42 weeks.

What can delay the birth?

It is usually not known why a baby is overdue. Sometimes it is inherited. Also, women who already had a baby that came much later than their due date are more likely to have an overdue baby in future pregnancies.

Is a longer pregnancy a problem?

Being born after the 40th week rarely harms the child. But certain risks do increase a little. For instance:

- The placenta may no longer be able to supply the baby with nutrition and oxygen
- Having an infection inside the womb
- Unexpected problems occurring during labor

How can you see how the unborn baby is doing?

If the due date has passed, women typically have two check-ups per week to make sure that she and her baby are doing well. Certain examinations can help to find possible problems.

When is labor induced?

Labor induction is when your health care provider gives you medicine or uses other methods, like breaking your water (amniotic sac), to make your labor start.

Deciding whether to induce labor and when to do so – is a personal choice made by the parents-to-be. They can first find out all about the advantages and disadvantages of inducing labor and then make the decision together with the medical team involved in the process.



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Pregnancy Timeline: Body Changes

PREGNANCY LASTS ABOUT 40 WEEKS, COUNTING FROM THE FIRST DAY OF YOUR LAST NORMAL PERIOD.

THE WEEKS ARE GROUPED INTO THREE TRIMESTERS.

First trimester (week 1-week 12)

Here are some of the changes that may occur:

- Period has stopped
- Extreme tiredness
- Tender, swollen breasts
- Morning sickness

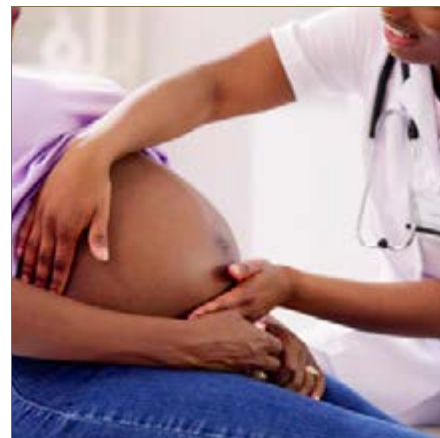
Fortunately, most of these discomforts will go away as your pregnancy progresses. And some women might not feel any discomfort at all! If you have been pregnant before, you might feel different this time around because **just as each woman is different, so is each pregnancy.**



Second trimester (week 13-week 28)

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
- Stretch marks
- Patches of darker skin on the body (mask of pregnancy)
- Numb or tingling hands
- Itching on the abdomen, palms, and soles of the feet.
- Swelling of the ankles, fingers, and face.



Third trimester (week 29-week 40)

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

- Shortness of breath
- Heartburn
- Swelling
- Hemorrhoids
- 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, which is a part of your womb, becomes thinner and softer (called effacing). This is a normal and natural process that helps the birth canal (the passageway the baby travels through during birth), to open when giving birth. Your doctor will check your progress with a vaginal exam as you near your due date.



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NOTE:

- Call your doctor if you have nausea, loss of appetite, vomiting, **jaundice** (yellowing of the body) or fatigue combined with itching. These can be signs of a serious liver problem.
- If you notice any sudden/extreme swelling or if you gain a lot of weight too fast, call your doctor right away. This could be a sign of preeclampsia.



Discomforts

DURING PREGNANCY

Body aches
Breast changes
Constipation
Dizziness
Fatigue and sleep problems
Heartburn and indigestion
Hemorrhoids
Itching
Leg cramps
Morning sickness
Nasal problems
Numb or tingling hands
Stretch marks and skin changes
Swelling
Urinary frequency and leaking
Varicose veins



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DISCOMFORTS DURING PREGNANCY

Body Aches

As the womb expands, pregnant women may feel pain in the back, abdomen, groin area, and thighs. Many women may have pain near the **pelvic** (hip) bone due to the pressure of the baby's head, increased weight, and hormones. Some pregnant women also complain of pain that travels from the lower back to one leg, knee, or foot (this is called **sciatica**).

What might help:

- Lie down.
- Rest.
- Apply heat.
-

Call the doctor if the pain does not get better.



Breast changes

A woman's breasts increase in size during pregnancy. As the due date approaches, hormone changes will cause breasts to get bigger to prepare for breastfeeding. A pregnant woman's breast may also feel full, heavy, or tender.

In the third trimester, some women will begin to leak colostrum from their breasts. Colostrum is the first milk that your breasts produce for the baby. It is a thick, yellowish fluid containing **antibodies** that protect newborns from infection.

What might help:

- Wear a maternity bra with good support.
- Put pads in the bra to absorb any leaks.
- Tell the doctor if there's:
 - Lump on or around the breast area
 - Nipple changes
 - Fluid that comes out of the nipples (that is not colostrum)
 - skin changes

DISCOMFORTS DURING PREGNANCY

Constipation

Constipation is defined as having hard, dry stools, painful bowel movement and having difficulty passing stool. Constipation may occur during pregnancy due to changes in hormones (which can slow down digestion and relaxes the muscles), stress, dehydration and the growing fetus in your womb (which can press on the digestive organs preventing you from passing stools).

What might help:

- Drink 8 to 10 glasses of water daily.
- Don't drink coffee or any fluid with caffeine.
- Eat fiber-rich foods, like fruits, vegetables, and whole-grain cereals/breads.
- Try mild physical activity like walking.

Tell your doctor if constipation does not go away.



Dizziness

Many pregnant women complain of dizziness and lightheadedness throughout their pregnancies. Fainting is rare but it does happen. The main cause of dizziness in pregnancy is hormonal changes, (which can cause your blood pressure to be lower than usual and as a result, reduce the blood flow to your brain, temporarily causing dizziness). Other reasons may be due to the pressure of the growing womb on blood vessels, low blood sugar, and anemia.

What might help:

- Stand up slowly.
- Avoid standing for too long.
- Don't skip meals.
- Lie down.
- Wear loose clothing.

Call your doctor if you feel faint and have vaginal bleeding or pain in the abdomen.

DISCOMFORTS DURING PREGNANCY

Fatigue and sleep problems

Fatigue or feeling tired during pregnancy is very common, especially in the 1st and 3rd trimester. Fatigue may occur because of **hormonal changes**, body changes, stress, and the body working hard to support the growing baby in the womb. As your abdomen grows, sleeping may become more difficult. The baby moving around, needing to go to the bathroom at all times, body aches (such as leg cramps), heartburn, and shortness of breath can make it hard for the pregnant woman to sleep. What might help:

- Lie on your left side.
- Use pillows for support, such as behind your back, tucked between your knees, and under your stomach.
- Practice good sleeping habits, such as going to bed and getting up at the same time each day.
- Take naps if you are not able to get enough sleep at night.
- Drink needed fluids earlier in the day, so you can drink less before bed (this may help with the bathroom trips at night).



Indigestion and Heartburn

Hormones and the pressure of the growing baby in the womb can cause indigestion and heartburn to occur during pregnancy. Pregnancy hormones slow down and relaxes the muscles of the digestive organs. As a result, food and digestion tends to move more slowly causing many pregnant women to feel bloated.

Pregnancy hormones may also cause heartburn. When the valve (flaps that opens and closes) separating the stomach from the esophagus (the organ that moves food from the mouth into the stomach), is not able to prevent stomach acid from coming back up into the esophagus, heartburn can occur. And as your baby grows, the womb pushes on the stomach, making heartburn to happen more often in the later stages of pregnancy.

What might help:

- Eat several small meals instead of three large meals
- Eat slowly.
- Drink fluids before or after meals.
- Don't eat greasy and fried foods.
- Avoid citrus fruits/juices and spicy foods.
- Do not eat or drink within a few hours of bedtime.
- Do not lie down right after eating.

Call your doctor if symptoms don't improve after trying these suggestions. Ask your doctor about using an **antacid**.

DISCOMFORTS DURING PREGNANCY

Hemorrhoids

Hemorrhoids happens when the veins (which carry blood throughout the body) around your anus (the opening in a person's bottom where solid waste leaves the body) are swollen and bulging. They can cause itching, pain, and bleeding.

Hemorrhoids are common during pregnancy, especially in the third trimester, because of hormonal changes, constipation, and the pressure of the growing baby on the veins.

What might help:

- Drink fluids.
- Eat fiber-rich foods, like whole grains, raw or cooked leafy green vegetables, and fruits.
- Try not to strain when having bowel movements.
- Talk to your doctor about using products such as witch hazel to soothe the condition.

Hemorrhoids usually gets better after having the baby.



Itching

About 20% of pregnant women feel itchy during pregnancy, usually around the abdomen. Red, itchy palms and soles of the feet are also common complaints. Pregnancy hormones and the stretching of the skin are most likely the cause of this discomfort.

The itchy feeling goes away after delivery.

What might help:

- Use gentle soaps and moisturizing creams.
- Avoid hot showers and baths.
- Avoid itchy fabrics.

Call your doctor if symptoms don't improve after a week of self-care.

DISCOMFORTS DURING PREGNANCY

Leg cramps

Leg cramps is painful involuntary muscle contractions in your calf, foot or both. Almost half of all pregnant women gets leg cramps, and it is more common in the second and third trimester.

Causes of leg cramps are unknown but it could possibly be due to pregnancy weight gain, hormones and changes in the body's circulation (how nutrients and oxygen are delivered to the rest of the body).

This condition usually occurs at night.

What might help:

- Gently stretch muscles.
- Do mild exercises.
- For sudden leg cramps, flex your foot forward.
- Eat calcium-rich foods.
- Ask your doctor about calcium supplements.



Morning sickness

In the first trimester, hormonal changes can cause nausea and vomiting. This is called "morning sickness,". For most pregnant women, morning sickness usually stops by the second trimester.

What might help:

- Eat small meals throughout the day instead of three large meals.
- Don't lie down after meals.
- Eat dry toast, saltines, or dry cereals before getting out of bed in the morning.
- Eat bland foods that are low in fat and easy to digest, such as cereal, rice, and bananas.
- Sip on water, weak tea, or eat ice chips.
- Avoid smells that upset your stomach.

Although it is referred to as "morning sickness", the condition can occur at any time of the day.

Call your doctor if you are vomiting several times every day and/or have severe, constant nausea, as you may have hyperemesis gravidarum (HG).

DISCOMFORTS DURING PREGNANCY

Nasal problems

Nosebleeds and nasal stuffiness are common during pregnancy. They are caused by hormonal changes and the increased amount of blood in the body.

What might help:

- Blow your nose gently.
- Drink fluids and use a cool mist humidifier.
- To stop a nosebleed, pinch your nose between your thumb and forefinger while leaning forward, for a few minutes.

Call your doctor if nosebleeds are frequent and do not stop after a few minutes.



Numb or tingling hands

Swelling, tingling, numbness, and pain in fingers and hands is called carpal tunnel syndrome. This condition is common in the last trimester of pregnancy.

Carpal tunnel occurs due to changes in the hormones, buildup of fluid in the body and weight gain. This condition usually disappears after delivery.

What might help:

- Take frequent breaks from repetitive tasks.
- Ask your doctor about fitting you for a splint to keep wrists straight.

DISCOMFORTS DURING PREGNANCY

Stretch marks and skin changes

Stretch marks are red, pink, or brown streaks on the skin. They usually appear on the thighs, buttocks, abdomen, and breasts. These scars are caused by the stretching of the skin, and usually appear in the second half of pregnancy.

Some women may further notice other skin changes during their pregnancy such as their nipples becoming darker and developing a dark line (called the linea nigra) on the skin that runs from the belly button down to the pubic hairline.

Patches of darker skin appearing over the cheeks, forehead, nose, or upper lip are also common during pregnancy. These spots are called melasma or chloasma and are more common in darker-skinned women.

What might help:

- Be patient — stretch marks and other changes usually fade after delivery.



Swelling

Many women develop mild swelling in the face, hands, or ankles at some point in their pregnancies. As the due date approaches, swelling often becomes more noticeable.

What might help:

- Drink eight to 10 glasses of fluids daily.
- Don't drink caffeine or eat salty foods.
- Rest and raise your feet when lying down.
- Ask your doctor about support hose.

Call your doctor if your hands or feet swell suddenly or you rapidly gain weight — it may be preeclampsia.

DISCOMFORTS DURING PREGNANCY

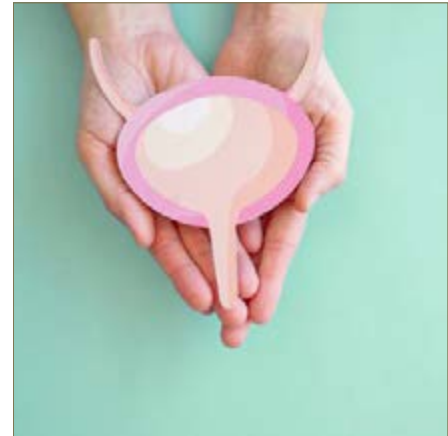
Urinary frequency and Incontinence

Temporary bladder control problems are common in pregnancy. The unborn baby pushes down on the **bladder** (where urine is stored in the body), **urethra** (which empties urine from the bladder), and pelvic floor muscles (that support the organs in the pelvis). This pressure can lead to frequent need to urinate, as well as involuntary loss of bladder control (incontinence) when sneezing, coughing, or laughing.

What might help:

- Take frequent bathroom breaks.
- Drink plenty of fluids to avoid dehydration.
- Kegel exercises (involves tightening and relaxing the muscles that control the bladder and bowels)

Call your doctor if you experience burning along with frequency of urination — it may be an infection.



Varicose veins

Varicose veins develop when the valve of the veins (which carry blood to the heart) does not work properly, causing blood to flow back down the lower parts of the body (like your leg) and pool in the veins there.

About 40% of pregnant women get varicose veins due to the increased amount of blood in the body, the pressure of the growing baby on the veins which slows down the return of blood to the heart, and hormones.

Varicose veins look like swollen veins raised above the surface of the skin. They can be twisted or bulging and are dark purple or blue, in color. They are often found on the back of the calves or the inner side of the leg.

What might help:

- Avoid tight knee-highs.
- Sit with your legs and feet raised.

PREGNANT WITH MULTIPLES



For more information,
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WHAT IS IT?

A multiple pregnancy means you're pregnant with more than one baby.

WHAT KIND OF PRENATAL CARE DO YOU NEED?

If you're pregnant with multiples, you may need extra medical care during pregnancy, labor, and after giving birth.

You do not need to eat special foods if you're pregnant with multiples but you do need more of certain nutrients, such as folic acid, protein, iron and calcium.

HOW MUCH WEIGHT SHOULD YOU GAIN?

If you're pregnant with multiples, you need to gain more weight than if you were pregnant with one baby. The amount of weight to gain depends on your weight before pregnancy and how many babies you have. Talk with your provider about how much weight to gain.



or



or

MORE

HERE'S WHAT YOU SHOULD KNOW ABOUT GAINING WEIGHT IF YOU'RE PREGNANT WITH TWINS:

- If you were at a healthy weight before pregnancy, you want to gain about 37 to 54 pounds during pregnancy.
- If you were overweight before pregnancy, you want to gain about 31 to 50 pounds during pregnancy.
- If you were affected by obesity before pregnancy, you want to gain about 25 to 42 pounds during pregnancy.

PREGNANT WITH MULTIPLES



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ARE YOU AT RISK?

If you've had pregnancy complications in the past or if you have health conditions that put you at risk for pregnancy complications, your provider may refer you to a maternal-fetal medicine specialist. This is a doctor who specializes in high-risk pregnancies. High-risk means you're more likely than most pregnant people to have problems with your pregnancy. If you're referred to this kind of doctor, it doesn't mean you'll have problems during pregnancy. It just means they can check you and your babies more closely to help prevent or treat any conditions that may happen.

YOU MAY BE MORE LIKELY TO GET PREGNANT WITH MULTIPLES IF:

- You have fertility treatment.
- You're in your 30s, especially your late 30s.
- You have relatives who have had multiples.
- You're a person who has obesity.
- You're Black or White.

DO YOU NEED TO LIMIT PHYSICAL ACTIVITY?

Talk with your provider about what kind of activities are safe for you to do. You may need to cut out any high-impact activities, such as aerobics or jogging, that make you jump or put stress on your joints. You may be able to do some activities, such as swimming, prenatal yoga or walking.



or



or
MORE

BED REST

Later in pregnancy, you may need to limit physical activity, including travel and work. Many people who are pregnant with multiples go on bed rest. Bed rest means reducing your activities while you're pregnant. Bed rest may mean staying in bed all day or just resting a few times each day.



LABOR AND DELIVERY

SIGNS THAT YOU MAY BE CLOSE TO STARTING LABOR

Your baby drops or moves lower into your pelvis. This is called lightening. It means that your baby is getting ready to move into position for birth.

You have an increase in vaginal discharge that's clear, pink or slightly bloody. This is called show or bloody show. It can happen a few days before labor starts or at the beginning of labor.

At a prenatal checkup, your health care provider tells you that your cervix has begun to efface (thin) and dilate (open). Before labor, your cervix is about 3.5 to 4 centimeters long. When it's fully dilated (open) for labor, it's 10 centimeters.

You have the nesting instinct. This is when you want to get things organized in your home to get ready for your baby. You may want to do things like cook meals or get the baby's clothes and room ready. Doing these things is fine as long as you're careful not to overdo it.



For more information,
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LABOR

also called childbirth

DEFINITION	<p>The process of your baby leaving the uterus (womb). You're in labor when you have regular <u>contractions</u> that cause your <u>cervix</u> to dilates (opens up).</p>
SIGNS	<ul style="list-style-type: none">• You have strong and regular contractions. When you're in true labor, your contractions last about 30 to 70 seconds and come about 5 to 10 minutes apart.• You feel pain in your belly and lower back. This pain doesn't go away when you move or change positions.• You have an increase in vaginal discharge that can be clear, pink or slightly bloody (brownish or reddish).• Your water breaks. Your baby has been growing in <u>amniotic fluid</u> in your <u>uterus</u>. When the bag of waters breaks, you may feel just a trickle to big rush of water.
FALSE LABOR	<p>Not all contractions mean you're in labor. You may have contractions on and off before true labor starts. These contractions are called false labor. You may feel them in the weeks right before your due date.</p>
RECORD	<p>It can be hard to tell the difference between true labor and false labor. When you first feel contractions, time them. Write down how much time it takes from the start of one contraction to the start of the next. Make a note of how strong the contractions feel. Keep a record of your contractions for 1 hour. Walk or move around to see if the contractions stop when you change positions.</p>



For more information,
scan or click the QR code

CONTRACTIONS: HOW TO KNOW IF THEY'RE TRUE LABOR OR FALSE LABOR

	TRUE LABOR	FALSE LABOR
Are the contractions regular?	Yes <ul style="list-style-type: none">• They're regular and get closer together over time.• They last 30 to 70 seconds each.	No. <ul style="list-style-type: none">• They're irregular and stay irregular.• They don't get closer together over time.• You're more likely to have them late in the day or after a lot of physical activity.
Are the contractions strong?	Yes. <ul style="list-style-type: none">• They get stronger over time.• They're so strong you can't walk or talk.• They keep coming even when you move around	Sometimes. <ul style="list-style-type: none">• They're usually mild and don't get stronger over time.• They may be strong and then weak.• They can be painful.• They may stop when you walk or change position.



For more information,
scan or click the QR code

Stages of Labor

Stage 1

Have two phases: early labor and active labor. It is the longest stage of the process.

During early labor, cervix starts to thin and open wider (3-6 cm), contractions get stronger, last 30 to 60 seconds, and come every 5 to 20 minutes, may have a clear or slightly bloody discharge, called "show." A woman may experience this phase for up to 20 hours.

During active labor, contractions become stronger, longer, and more painful. The woman may not have much time to relax in between, may feel pressure in her lower back, cervix starts dilating (opening) faster and the fetus starts to move into the birth canal.

Stage 2

Cervix reaches full dilation, it is as open as it needs to be for delivery (10 cm). The woman begins to push (or is sometimes told to "bear down") to help the baby move through the birth canal.

The woman may feel pressure on her rectum (part of the digestive organ) as the baby's head moves through the vagina. She may feel the urge to push, as if having a bowel movement. The baby's head starts to show in the vaginal opening (called "crowning"). The health care provider will then guide the baby out of the vagina.

This stage can last between 20 minutes to several hours. It usually lasts longer for first-time mothers and for those who receive certain pain medications.

Stage 3

Once the baby comes out, the health care provider cuts the umbilical cord, which connected the mother and baby during pregnancy. The placenta is then delivered. The placenta may come out on its own, or its delivery may require a provider's help.

During stage 3, contractions begin 5 to 10 minutes after the baby is delivered. The woman may have chills or feel shaky.

Typically, it takes less than 30 minutes for the placenta to exit the vagina. The health care provider may ask the woman to push. The provider might pull gently on the umbilical cord and massage the uterus to help the placenta come out. In some cases, the woman might receive medication to prevent bleeding.



For more information,
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Postpartum



1

DEFINITION

The postpartum period begins soon after the delivery of the baby. This period usually lasts six to eight weeks and ends when the mother's body has nearly returned to its pre-pregnant state.

2

CARE

The postpartum period for a woman and her newborn is very important for both their short-term and long-term health and well-being.

Care during the postpartum period involves not just a single postpartum visit but a series of visits beginning with the birthing event and transitioning to ongoing general healthcare visit.

3

FACTS

More than half of pregnancy-related deaths occur in the postpartum period, and 12 percent occur after six weeks postpartum.



*For more information,
scan or click the QR code*



Pospartum

VS



Postnatal

Refers to
issues
pertaining
to the
mother
after giving
birth

Used
Interchangeably
(can be used
either or)

Refers to
those
concerning
the baby
after birth

POSTPARTUM CARE



Postpartum (after birth) care is an important stage that significantly impacts the well-being and health of a woman after childbirth.

Postpartum visits can identify and address

effects/complications that giving birth had on a woman's body, like bleeding, having low iron levels, high blood pressure, pain, emotional changes, and infections that may arise after giving birth.



APPENDICES



Perinatal Support

FATHERHOOD



For more information,
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Research shows that having an involved father during pregnancy reduces the rate of premature birth (giving birth too early) and infant mortality (death of an infant).

How can fathers/partners help?

According to the American Academy of Pediatrics, fathers/partners can help by:

- Researching and installing cribs, car seats and other items needed for the baby.
- Touring birth hospitals.
- Choosing pediatrics.
- Helping moms-to-be with creating a birth plan.
- Going to birthing/parenting classes.
- Becoming a birth coach (assisting moms-to-be with breathing and positioning during labor for example).
- Being able to assist mothers with breast feeding/nighttime care (for example: bringing the baby to the mother, help mothers with positioning when breastfeeding, changing diapers, feeding the baby if bottle fed, calming the baby and safely returning the baby to the crib.)
- Playing with the baby.
- Sharing responsibilities with it comes to raising the baby.
- Noticing signs of postpartum depression in themselves (yes, fathers can also have postpartum depression too)/mothers and knowing how to seek help.



Clayton County Health District

Mission

To improve the overall health and safety of the community through health promotion, prevention of disease, protection, and disaster preparedness planning activities that are evidence-based and data-driven.

Vision

Clayton County, a place where people are safe, healthy and thriving.



CLAYTON COUNTY
HEALTH DISTRICT

What we offer At the CCHD

Child Health/ Immunizations

Services Include:

- Immunizations (Child and Adult)
- Vaccines for Children
- Dental Services (Children and Pregnant Women)
- School Screenings
- Scoliosis Screenings
- Community Outreach
- School based Flu Clinics
- School Immunization Record Reviews

(678) 610-7199

Maternal Child Health

Services

Services Include:

- Linkage for children with medical problems, developmental delays, therapy requirements, and hearing impairments through the following programs:
- Maternal and Child Health Services
- Children 1st (C-1st)
- Babies Can't Wait (BCW)
- Children's Medical Services (CMS)
- Early Hearing Detection and Intervention (EHDI)

(678) 610-7259

Community Wellness

Services Include:

- Coordination of Health Fairs; health education workshops;
- Worksite wellness, injury prevention
- Health promotion education.

(678) 610-7428

Adolescent Health Youth Development

Services Include:

- Promoting responsibility and health behaviors among adolescents and teens through risk reduction programs
- Coordinates with area schools and youth serving agencies to offer (PREP)
- Provides public awareness information and events centered around Nationally recognized Health Observance Days

(678) 479-2207

Emergency Preparedness & Response

Services Include:

- Pandemic; natural disasters; manmade disasters; biological, chemical and radiological terrorism
- Preparedness, planning and response
- Family disaster preparedness
- Mass prophylactics dispensing
- Shelter support
- Public health volunteer programs

(678) 610-7467

Environmental Health

Services include:

- Food Service permitting and inspections
- Public swimming pool permitting and inspections
- Hotel/Motel permitting and inspections
- Body Art / Studio permitting and inspections
- Onsite Sewage Management permitting, evaluations, and inspections
- Rabies Monitoring
- Complaint investigations and compliance monitoring of the above programs

(678) 610-7469

Women, Infants and Children (WIC)

Services Include:

- Nutrition education and counseling
- Supplemental food for pregnant women and children ages birth to five (5) years old
- Support for breastfeeding and non-breastfeeding, postpartum mothers

(678) 389-5812

(678) 610-7637

Specialty Services

Services Include:

- Tuberculosis (TB) screenings and case management
- Contact investigations
- Chest X-rays for positive TB tests
- (Ryan White) HIV/AIDS primary care; sexually-transmitted infection (STI)
- Screenings and case management
- HIV/AIDS testing/education
- partner counseling, and referral services

(678) 610-7199

Healthier Generations

Services Include:

- Community and health promotions
- Care coordination (including home visits)
- Parenting education
- Interconception care & newborn care support
- Comprehensive screenings & referrals
- Linkage to other public health and community services: 24/7 DAD Initiative

(678) 610-7248

Epidemiology & Surveillance

Services Include:

- Controlling infectious disease and identifying the source of outbreaks
- Notifiable disease reporting
- Works with local physicians, hospitals, and other public health programs to monitor disease trends.

(678) 610-7193

Reproductive Health

Services Include:

- Pregnancy testing
- Reproductive Health Services
- Birth Control
- Preconception Services
- Breast and Cervical Cancer Screenings
- Mammogram Referral Services
- Presumptive Eligibility and Women's Health Medicaid
- STD and HIV Prevention Education
- Male reproductive Health Exams

(678) 610-7199

Vital Records

Services Include:

- Vital Records is responsible for registering, preserving, amending, and certifying all Georgia vital events.
- Birth and or Death Certificates are processed for the state of GEORGIA only.

(678) 610-7566



CLAYTON COUNTY, GA

HEALTH AT A GLANCE

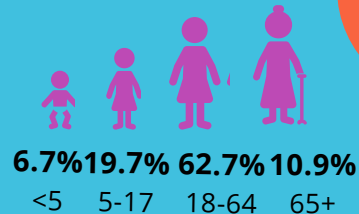
DEMOGRAPHICS

296,564 Residents

74% Black
18% White
5% Asian
3% Other

14% Hispanic
9% Disabled

POPULATION:



SUMMARY

#70

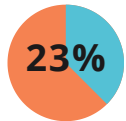
Out of 159 GA counties for health outcomes

Residents report:



4.3 Poor physical health days/month

5.4 Poor mental health days/month



23% Fair or poor health

LEADING CAUSES OF ER VISITS

8.5% BONE & MUSCLE DISEASES
(8.1% in GA)

6.7% UNINTENTIONAL INJURIES
(6.7% in GA)

5.1% GENITAL/URINARY DISEASES
(5.3% in GA)

LEADING CAUSE OF PREMATURE DEATH

10.01% ASSAULT (HOMICIDE)



ACCOUNTED FOR 3,119 DEATHS*

**Black Americans were 2-3x times more likely than any other races to die from Assault (Homicide).*

LEADING CAUSES OF DEATH

10.0% HEART DISEASE & STROKE
(8.6% in GA)

9.2% HYPERTENSION
PRIMARY HTN & RENAL/HEART DISEASE DUE HTN
(5.1% in GA)

6.1% COVID-19
(5.5% in GA)

HEALTH FACTORS

LIFESTYLE & BEHAVIORS



44% Adult obesity
(34% in GA)



33% Physical inactivity
(but 74% have access to exercise locations)
(23% in GA)



19% Adult smokers
(16% in GA)

ACCESS TO CARE



17% Uninsured
(15% in GA)



15% Speak a language other than English at home



MEDICALLY UNDERSERVED
Population & Health Professional Shortage Area

20% With severe housing problems
(15% in GA)



8.7 MG/M3 OF PM2.5 AIR POLLUTION

This is an average daily density of inhalable particles that harm health. **X is a good number.**



85% High school completion rate
(89% in GA)



16% With limited access to healthy foods
(10% in GA)



14% Poverty rate



SOCIAL & PHYSICAL ENVIRONMENT



LEADING CAUSES OF DEATH



HEART DISEASE & STROKE

Clayton: 10%

GA: 8.6%

Rates are higher in males than in females. Rates are higher in White American compared to other races. Rates are higher in Asian males compared to males in other races.



HYPERTENSION

PRIMARY HTN & RENAL/ HEART DISEASE DUE HTN

Clayton: 9.2%

GA: 5.1 %

Rates are higher in females than in males. Rates are higher in Asian females compared to females in other races.



COVID-19

Clayton: 6.1%

GA: 5.5%

Rates are higher in males than in females. Rates are higher in white males than in black males. Rates are higher in black females than in white females.

LEADING CAUSES OF ER VISITS



BONE & MUSCLE DISEASES

Clayton: 8.5

GA: 8.1

Rates are higher in males than in females. Rates are higher in Black males compared to males in other races.



UNINTENTIONAL INJURIES

Clayton: 6.7

GA: 6.7

Rates are higher in males than in females. Rates are higher in Native Hawaiian or other Pacific Islander males compared to males in other races.



GENITAL/URINARY DISEASES

Clayton: 5.1

GA: 5.3

Rates are higher in females than in males. Rates are higher in Asian & Native Hawaiian or Pacific Islander females compared to females in other races.

LEADING CAUSES OF PREMATURE DEATH



ASSAULT (HOMICIDE)

Clayton: 10.01%

GA: 5.43%

Rates are higher in males than in females. Rates are higher in black males compared to males in other races.



HEART DISEASE & STROKE

Clayton: 7.95%

GA: 6.12%

Rates are higher in female than in Male. Rates are higher in white American compared to other races.



MOTOR VEHICLE CRASHES

Clayton: 7.10%

GA: 6.41%

Rates are higher in males than in females. Rates are higher in Black Americans than in any other races. Rates are higher in Black males than in black females.

Top 10 Causes of Premature Death In Clayton County

Percentage

1) Assault (Homicide)	10.01% (3,119)
2) Ischemic Heart and Vascular Disease	7.95% (2,477)
3) Motor Vehicle Crashes	7.10% (2,213)
4) Hypertension/Hypertensive Renal & Heart Disease	6.41% (1,998)
5) Accidental Poisoning and Exposure to Noxious Substances	6.16% (1,919)
6) Certain Conditions Originating in the Perinatal Period	4.30% (1,341)
7) Covid-19	4.18% (1,304)
8) Intentional Self-Harm (Suicide)	3.76% (1,171)
9) Cerebrovascular Disease	3.03% (943)
10) Diabetes Mellitus	2.74% (853)



INFANT BIRTHS

Number of live births per year



2022:	3,830 births
2021:	3,847 births
2020:	4,114 births
2019:	4,331 births

INFANT MORTALITY

Number of infants who die before their first birthday



2021:	36 deaths
2020:	35 deaths
2019:	41 deaths
2018:	39 deaths

2022:	562 births
2021:	462 births
2020:	755 births
2019:	808 births



LITTLE/NO PRENATAL CARE

Number of births per year where the mother received prenatal care after the 2nd trimester or not at all

2022:	554 births
2021:	434 births
2020:	654 births
2019:	762 births

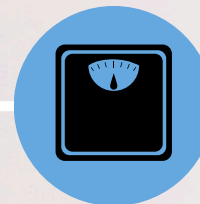


<5 PRENATAL VISITS

Number of births where the mother had fewer than five prenatal care visits

LOW BIRTHWEIGHT

Number of live births of infants weighing < 2500 grams (5 lbs. 8 oz.)



2022:	606 births
2021:	598 births
2020:	524 births
2019:	569 births

VERY LOW BIRTHWEIGHT

Number of live births of infants weighing < 1500 grams (3 lbs. 5 oz.)



2022:	112 births
2021:	98 births
2020:	111 births
2019:	111 births

Contact Us

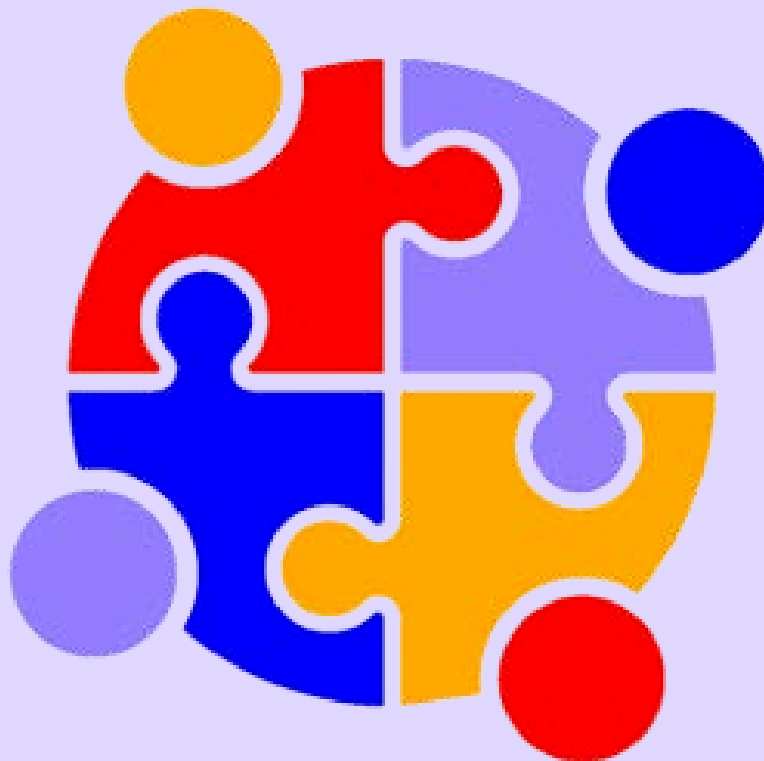
Clayton County Health District

1117 Battlecreek Road

Jonesboro, Ga 30236

678-610-7199

www.claytoncountypublichealth.org



**CLAYTON COUNTY
HEALTH DISTRICT**

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