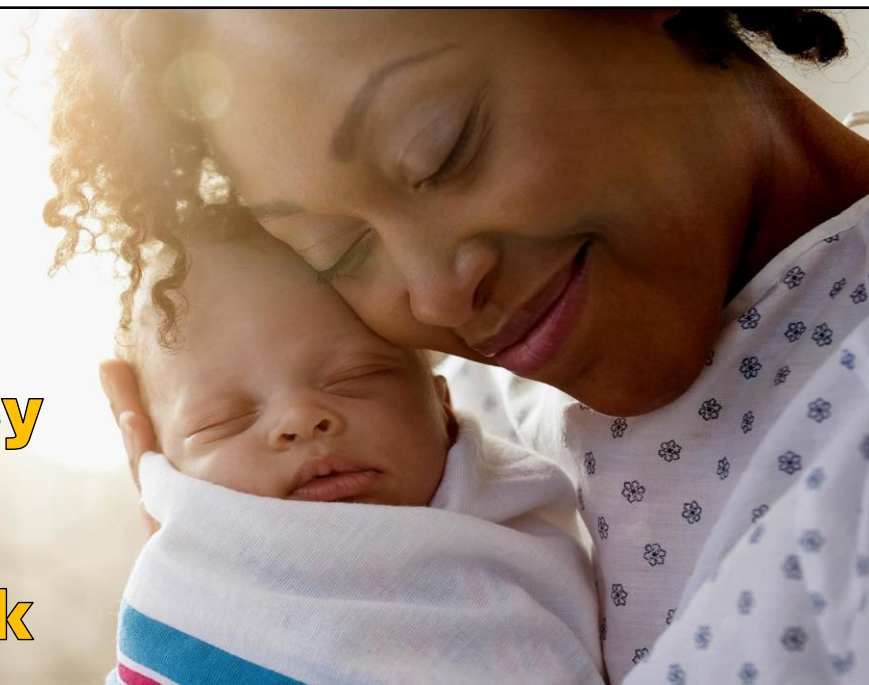
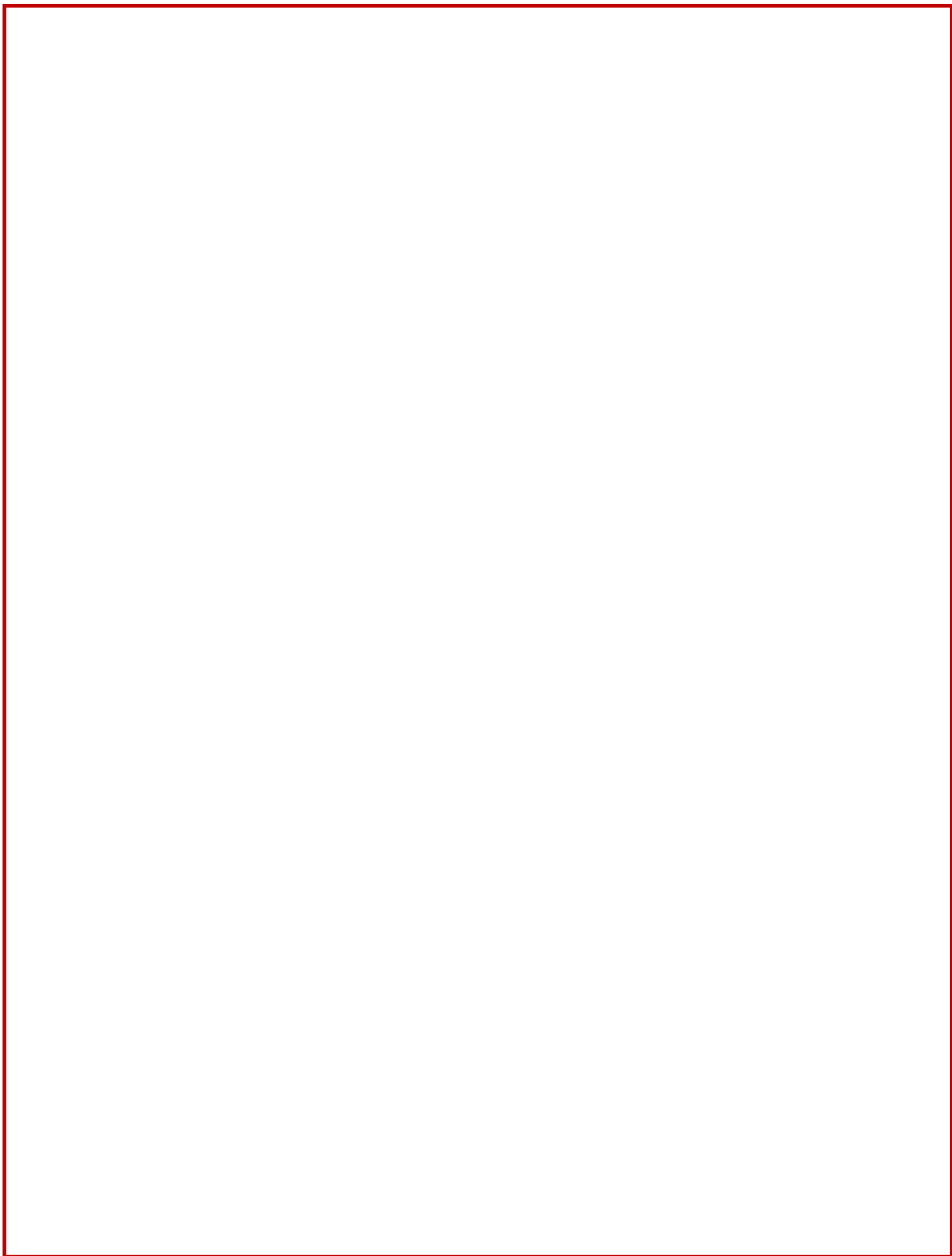




## HEAD START / EARLY HEAD START PROGRAM

### Healthy Pregnancy to Birth Handbook





## HEALTHY PREGNANCY TO BIRTH HANDBOOK

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## **“A GRAND ADVENTURE”**



Winnie the Pooh

Your eyes are bright and sparkling  
Your cheeks have got a glow,  
Your belly's being touched and rubbed  
By people you don't know.

You're craving weird, exotic foods  
And calories don't matter,  
You can't remember life without  
An elbow in your bladder.

You're getting medical advice  
From everyone you see,  
Welcome to the joyous days  
Of Motherhood-to-be.

## THE JOY OF PREGNANCY

Pregnancy and giving birth to a baby is an amazing experience. The anticipation of seeing your baby for the very first time is filled with many emotions. As an expectant mother, there will be essential questions that need answers such as:

1. Is my baby developing?
2. Why is my body changing?
3. Am I eating the right foods?
4. Am I getting enough exercise?

You will ask yourself these questions and many more before giving birth.





## TAKE ACTION

# Make a birth plan.

While the COVID-19 pandemic continually changes, March of Dimes knows that every day babies are still being born. This document has been designed for you to assess the preferences you'd like based on the policies of your chosen place of birth. At the end you'll find a series of questions that you should ask your provider as you prepare for your baby's birth.

Your name

---

Your provider's name and contact information

---

Your baby's due date

---

Your baby's provider's name and contact information

---

**1** Where do you plan to have your baby?

---

**2** Can a support person be present during labor and birth? If yes, who is your primary support?

Name 

---

Phone 

---

This person is:

☐ Your partner ☐ Your baby's father

☐ A family member ☐ Your friend

☐ Clergy ☐ Your doula

**3** Is there an option to have virtual support during labor and birth?

Virtual options:

- |                                   |                                   |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> By phone | <input type="checkbox"/> Skype    |
| <input type="checkbox"/> FaceTime | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Zoom     | <input type="checkbox"/> WhatsApp |

**4** Can you bring your own device (phone/iPad)?

☐ Yes ☐ No

Does the hospital have WIFI access?

☐ Yes ☐ No

Will the hospital provide a device for virtual support?

☐ Yes ☐ No

**5** What support do you want during labor?

- ☐ Help with breathing
- ☐ Help working through contractions
- ☐ Massage
- ☐ Help to move around
- ☐ Use of labor tools (birth ball, peanut ball)
- ☐ Sensory (lights, music)
- ☐ Other 

---



**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

## **TIPS FOR A HEALTHY PREGNANCY**

- 1.** See your practitioner or physician.
- 2.** Start changing your food habits.
- 3.** Take your prenatal vitamins as prescribed by your doctor.
- 4.** STOP smoking!
- 5.** Avoid chemicals that could possibly harm your baby. Be environmentally sensitive.
- 6.** Tell any medical professional that you may be pregnant. This can prevent exposure to harmful tests and chemicals if you are pregnant and don't know it yet.
- 7.** Do not drink alcohol or do any type of drugs. No over-the-counter drugs except prescribed by your physician.
- 8.** Rest when you can. **NAP!!!**
- 9.** Keep your prenatal appointments.
- 10.** Remember to add 300-500 calories a day while pregnant.
- 11.** Stretch before bed to help prevent leg cramps.
- 12.** Make sure to brush your teeth daily.
- 13.** Drink six-eight-ounce glasses of water a day.
- 14.** Use non-medical remedies for problems like nausea, heartburn, & constipation.
- 15.** Start a journal or blog.
- 16.** Take an early pregnancy class.
- 17.** Read magazines and books on pregnancy.
- 18.** Join a prenatal exercise class.
- 19.** Write a birth plan.
- 20.** Do pelvic tilts to help with late pregnancy back pain.
- 21.** And PLEASE remember that every pregnancy is different so enjoy the process.



## EXERCISING WHILE PREGNANT

Regular exercise during pregnancy can improve health, reduce the risk of excess weight gain and back pain, and it may make delivery easier.

Five types of exercise to keep you fit and healthy:

- 1. Brisk walking** - If pre-pregnancy exercise levels were low, a quick stroll around the neighborhood is a good way to start. Choose smooth surfaces, avoid potholes, rocks, and other obstacles, and wear supportive footwear.
- 2. Swimming** - Swimming and exercising in water give a better range of motion without putting pressure on the joints. The buoyancy offered by the water may offer some relief from the extra weight. Swimming, walking in water, and aqua aerobics offer health benefits throughout pregnancy.
- 3. Stationary cycling** - Cycling on a stationary bike, also called spinning, is normally safe even for first-time exercisers. It helps raise the heart rate without putting too much stress on the joints. The bike helps support body weight, and, because it is stationary, the risk of falling is low.
- 4. Yoga** - Prenatal yoga classes keep the joints limber and help maintain flexibility. Yoga strengthens muscles, stimulates blood circulation, and enhances relaxation. These may contribute to a healthy blood pressure during pregnancy. The techniques learnt in yoga class can also help you to stay calm and in control during labor.
- 5. Low-impact aerobics** - Aerobic exercise strengthens the heart and lungs and helps maintain muscle tone. Low-impact aerobics excludes jumping, high kicks, leaps, or fast running. In low-impact exercise, one foot should always stay on the ground. Compared with high-impact aerobics, the low-impact option:
  - limits stress on the joints
  - helps maintain balance
  - reduces the risk of weakening the pelvic floor muscles

A weak pelvic floor increases the chances of urine leakage.

## EXERCISING WHILE PREGNANT (CONTINUED)

**Preparing for labor:** Squatting and pelvic tilts.

**Squatting:** During labor, squatting may help to open the pelvis, so it may be a good idea to practice during pregnancy.

- Stand with the feet flat on the floor, shoulder-width apart, and the back straight.
- Lower yourself slowly, keeping your feet flat and your knees no further forward than your feet.
- Hold for 10 to 30 seconds, then slowly push up.

**Pelvic tilts:** These can strengthen the abdominal muscles and help reduce back pain.

- Go down on the hands and knees.
- Tilt the hips forward and pull the abdomen in, arching the back.
- Hold for a few seconds.
- Release, and let the back drop. Repeat this up to 10 times.



# PRENATAL CARE

## What is prenatal care?

Prenatal care is when you get checkups from a doctor, nurse, or midwife throughout your pregnancy. It helps keep you and your future baby healthy.

## Why is prenatal care important?

Prenatal care is an important part of staying healthy during pregnancy.

Your doctor, nurse, or midwife will monitor your future baby's development and do routine testing to help find and prevent possible problems. These regular checkups are also a great time to learn how to ease any discomfort you may be having and ask any other questions about your pregnancy and the birth of your future baby.

## When do I need to start having prenatal care appointments?

You can start getting prenatal care as soon as you know you're pregnant.

It's best to see a doctor BEFORE you get pregnant — this is sometimes called pre-pregnancy care or preconception planning. But if that's not possible, just begin prenatal visits as soon as you can.

## How often will I have prenatal care visits?

How often you'll get prenatal care depends on how far along your pregnancy is and how high your risk is for complications. The typical prenatal care schedule for someone whose 18-35 years old and healthy is:

- Every 4 or 6 weeks for the first 32 weeks
- Every 2 or 3 weeks for the 32nd-37th weeks
- Every week from the 37th week until delivery



Your doctor might ask you to come in for check-ups more often if you have a high-risk pregnancy.

## RISK INVOLVED WITH ALCOHOL AND DRUG USE DURING PREGNANCY



Alcohol consumption by the mother is a leading cause of preventable birth defects in the fetus. Everything a mother drinks goes to the fetus. Alcohol is broken down more slowly in the immature body of the fetus than in an adult's body. The risk of miscarriage and stillbirth increases with alcohol consumption. One major consequence of drinking alcohol during pregnancy is a serious condition called **Fetal Alcohol Syndrome or FAS**. FAS is the leading cause of mental retardation. FAS are characterized by the following:

1. Growth retardation in the fetus
2. Facial defects
3. Behavioral problems
4. Eating and sleeping problems in the baby
5. Sight and hearing problems
6. The need for additional medical care during the child's life
7. Deformed organs
8. Central Nervous System dysfunctions

A less severe but still detrimental form of FAS is called **Fetal Alcohol Effects (FAE)**. FAE is present in a larger population of newborns in the US and is characterized by some physical or mental defects that can be directly attributed to alcohol during pregnancy. Light or moderate drinking can influence the developing fetus. **No amount of alcohol is safe; thus, it is recommended that pregnant women avoid alcohol during pregnancy.**

## RISK INVOLVED WITH ALCOHOL AND DRUG USE DURING PREGNANCY (CONTINUED)

Smoke can be damaging to the fetus in several ways, and may cause low birth weight, pre-term birth, stillbirths, and/or increased risk of birth defects. Babies born to smokers may also have poor lung development, asthma, and respiratory infections, increased risk of sudden infant death syndrome (SIDS), physical growth deficiency, intellectual development deficiency, and/or behavioral problems.

The mother, as well, may experience problems during pregnancy because of smoking such as placental complications, pre-term labor, and/or infections in the uterus.



## NO DRUGS

## THE IMPORTANT ROLE OF FATHERS



The father's presence during the pregnancy can positively impact fetal development and birth outcomes. The father's presence and support promoted a healthier prenatal lifestyle in which mothers were less stressed, had lower blood pressure, and were less likely to smoke.

When fathers are not involved, there was a greater incidence of preterm births and low birth weight babies.

The absence of a father also raises the risk of premature deaths due to obstetric complications such as anemia, placental abruption, and eclampsia.

Babies whose fathers were absent during pregnancy were four times more likely to die in their first year of life, regardless of the mother's race, ethnicity, or socioeconomic status than those whose fathers were present during pregnancy.

Fathers involvement during pregnancy provides an opportunity for the development of an attachment with his baby, which is critical because it is predictive of later positive relationships.

Children with involved, loving fathers are significantly more likely to do well in school, have healthy self-esteem, exhibit empathy and pro-social behavior, and avoid high-risk behaviors such as drug use, truancy, and criminal behavior.

Children who felt closeness to their father were twice as likely as those who did not, enter college or find stable employment after high school, 75% less likely to have a teen birth, and 80% less likely to be in jail, and half as likely to have multiple symptoms of depression.



## **BUILDING RELATIONSHIPS AND HAVING SUPPORT DURING AND AFTER YOUR PREGNANCY**



Having a support network of friends, family, and neighbors is a key factor in reducing maternal stress, having a healthy baby, and promoting stable families.

Strong social support networks, such as Expected Mother's Programs and local mom groups, are especially important to successful single parenting and first-time mothers.

Expectant women with absent partners were more likely to have emotional stress, smoke and exhibit other unhealthy behaviors during pregnancy, and have a higher risk of obstetric complications like anemia, high blood pressure, placental abruptions, and eclampsia.

Having a network of support that includes respected elders and faith leaders is particularly important to African American women.



## POSTPARTUM CARE

The postpartum period begins after the delivery of the baby and ends when the mother's body has nearly returned to its pre-pregnant state. This period usually lasts six to eight weeks. During the postpartum period, the mother is progressing through so many changes, both emotionally and physically, all while learning to deal with the changes and adjustments required with becoming a new mother. The postpartum period also involves the parents learning to care for their newborn and learning how to function as a changed family unit. A mother will need to take **GOOD** care of herself to rebuild strength. You will need plenty of rest, good nutrition, and help during the first few weeks, especially first-time moms.

Resting is very important. Every new parent learns that babies have a different time clock than adults. Mothers can become very overwhelmed by exhaustion and although eight hours of sleep for mothers may never happen again for a few months, it is very important to get rest. Below are a few suggestions that may be helpful in finding ways to get more rest.

- In the first few weeks, a mother needs to be relieved of all responsibilities other than feeding the baby and taking care of herself.
- Sleep when the baby sleeps. This may only be a few minutes of rest several times a day, but these minutes can add up.
- Save steps and time. Have your baby's bed near yours for feeding at night.
- Get outside for a few minutes each day. Enjoy some sunlight and fresh air.



## POSTPARTUM CARE (CONTINUED)

Also, you can begin walking and doing postpartum exercises, as advised by your health care provider.

It is important to maintain a healthy diet to promote healing and recovery. After delivery, all mothers need to eat well so that they can be healthy and active and able to care for their baby. It is essential to plan simple and healthy meals from all of the recommended groups (grains, vegetables, fruits, dairy, and protein).



Grains can consist of foods that are made from wheat, rice, oats, cornmeal, barley, or another cereal grain (whole wheat, brown rice, and oatmeal).

Vary your vegetables by choosing a variety including dark green, red, and orange vegetables, legumes (peas and beans), and starchy vegetables.

Any fruit or 100% fruit juice counts as part of the fruit group. Fruits may be fresh, canned (in 100% juice, no syrup!), frozen, or dried, and may be whole, cut-up, or pureed.

Milk products and many foods made from milk are considered part of this food group. Focus on fat-free or low-fat products, as well as those that are high in calcium.

Go lean on protein. Choose low-fat or lean meats and poultry. Vary your protein routine; choose more fish, nuts, seeds, peas, and beans.

Exercise and everyday physical activity should also be included with a healthy dietary plan.

Along balanced meals, breastfeeding mothers should increase fluids such as water, milk, and fruit juices.

Although many parents do fine on their own, having someone else helping with household responsibilities usually makes the adjustment to a new baby easier. Helpers can be family, friends, or a paid home care provider.



# STORAGE AND PREPARATION OF BREAST MILK

## BEFORE EXPRESSING/PUMPING MILK

**Wash** your hands well with soap and water.



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

Replace moldy tubing immediately.



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



## STORING EXPRESSED MILK



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



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

## HUMAN MILK STORAGE GUIDELINES\*

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

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

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

## STORE

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

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

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



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

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

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

## THAW

**Always thaw the oldest milk first.**

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

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

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

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

**Never refreeze thawed milk.**



## FEED

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

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

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



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

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

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

## CLEAN

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

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

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

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

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



October 2024



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

355082-A



# CDC'S WORK TO SUPPORT & PROMOTE BREASTFEEDING IN HOSPITALS, WORKSITES, & COMMUNITIES

## THE PROBLEM

**1<sup>IN</sup> 4**

About 1 in 4 infants is exclusively breastfed as recommended by the time they are 6 months old.

Low rates of breastfeeding add more than **\$3 billion** a year to medical costs for the mother and child in the United States.



Three quarters (75%) of Black infants are ever breastfed, which is below the national average of 84%.



## BREASTFEEDING IS AN INVESTMENT IN HEALTH, NOT JUST A LIFESTYLE DECISION

### BENEFITS FOR INFANTS

Infants who are breastfed have reduced risks of:

- Asthma
- Obesity
- Type 1 diabetes
- Severe lower respiratory disease
- Acute otitis media (ear infections)
- Sudden infant death syndrome (SIDS).
- Gastrointestinal infections (diarrhea/vomiting)
- Necrotizing enterocolitis (NEC) for preterm infants



### BENEFITS FOR MOTHERS

Breastfeeding can help lower a mother's risk of:

- High blood pressure
- Type 2 diabetes
- Ovarian cancer
- Breast cancer



*Breastfeeding provides unmatched health benefits for babies and mothers. It is the clinical gold standard for infant feeding and nutrition, with breast milk uniquely tailored to meet the health needs of a growing baby. We must do more to create supportive and safe environments for mothers who choose to breastfeed.*

**Dr. Ruth Petersen, Director of CDC's Division of Nutrition, Physical Activity, and Obesity**

## MOTHERS NEED SUPPORT THROUGHOUT THEIR BREASTFEEDING JOURNEY

**60%** of mothers stop breastfeeding sooner than they planned.



Certain factors make the difference in whether and how long babies are breastfed:

- Hospital practices
- Education and encouragement
- Policies or supports in the workplace
- Access to community supports



## CDC IS INCREASING BREASTFEEDING SUPPORT FOR MOTHERS ACROSS THE NATION



### We collect data to learn how best to improve breastfeeding rates in the United States by:

- Tracking how long infants are breastfed.
- Creating reports that show how well states and hospitals support breastfeeding mothers.



### We promote best practices in health care settings by:

- Supporting the Ten Steps to Successful Breastfeeding, a global standard to promote breastfeeding in hospitals.
- Encouraging obstetricians, pediatricians, and nurses to educate new moms about breastfeeding.



### We support mothers at work and in their communities by:

- Partnering with states to help employers support breastfeeding mothers with places to pump and store breast milk, flexible work hours, and maternity leave benefits.
- Promoting access to community supports like peer counseling and supplemental nutrition programs.

## WE ARE MAKING A DIFFERENCE

The percentage of babies who start out breastfeeding increased from 73% in 2004 to 84% in 2021.



In the United States, the percentage of births in hospitals with recommended maternity care practices that support breastfeeding increased from 3.8% in 2010 to 28.9% in 2021.



“Given the importance of breastfeeding on the health of mothers and children, it is critical that we take action to support breastfeeding. Women who choose to breastfeed face numerous barriers—only through the support of family, communities, clinicians, healthcare systems, and employers will we be able to make breastfeeding the easy choice.”

**Jerome M. Adams, MD, MPH**  
U.S. Surgeon General (2017-2021)

DNPAO August 2022



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

**FOR MORE INFORMATION, VISIT:**  
Division of Nutrition, Physical Activity, and Obesity  
[www.cdc.gov/nccdphp/dnpao](http://www.cdc.gov/nccdphp/dnpao)  
[www.cdc.gov/breastfeeding/about-breastfeeding](http://www.cdc.gov/breastfeeding/about-breastfeeding)

287201-B



The Early Head Start staff would like to take this time and congratulate you on motherhood. Whether this is your first or not, we hope this booklet has provided you with some information that you can use to make this journey for delivering and caring for your healthy baby boy or girl a successful one.

Again, we wish you a healthy and love-filled pregnancy and birth!

Macon-Bibb Economic Opportunity Council, Inc. Early Head Start Staff



Partners for a Healthy Baby Home Visiting Curriculum: Before Baby Arrives

[www.cdc.gov/breastfeeding/about-breastfeeding](http://www.cdc.gov/breastfeeding/about-breastfeeding)





HEAD START / EARLY HEAD START PROGRAM

Acknowledgment of Receipt of  
**HEALTHY PREGNANCY TO BIRTH HANDBOOK**

I hereby certify that I have received and read the Healthy Pregnancy to Birth Handbook. I understand that the changes contained herein are legally binding.

---

Signature

---

Date

---

Printed Name

---

Staff Name



# Nutrition *for* a Healthy Pregnancy

**Compliments of Macon-Bibb EOC, Inc.**

Early Head Start Health & Nutrition Program

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*“Helping People, Changing Lives, Building Families”*