

New Parents' Handbook

A guide to keeping you and your new baby healthy





Banner
University Family Care

Congratulations on the birth of your baby!

This is the beginning of an incredible journey filled with love, discovery and joy. Take things one day at a time, and remember it is okay to ask for help. At Banner – University Family Care/ACC (B – UFC/ACC), we are here to help you during this exciting time.

We are sending you this New Parents' Handbook, a guide to keeping you and your new baby healthy. Please call your provider to schedule your postpartum appointments. There is no copayment or other charge for covered pregnancy-related services. If your provider wants to see you more often, please follow their recommendations.

It is recommended you see your provider for an initial postpartum visit within three weeks of your delivery date and even sooner if you have had a cesarean section. Your provider will recommend appointments depending on your individual needs. You should finish with a full comprehensive visit no later than 12 weeks after your delivery.

Regularly scheduled provider visits will help to make sure your baby meets many important developmental milestones in the first year of life. Your baby's provider will want to see them for their first well-child visit within the first three to five days after your baby is born. Call your child's provider to schedule your baby's first wellness visit as soon as possible.

If you need help making your appointments or getting a ride, please call our Customer Care Center at 800-582-8686, TTY 711 for help. We are available Monday through Friday from 7:30 a.m. to 5 p.m.

We also have nurse care managers available to help you and your baby. Your care manager can provide you with education on your postpartum care and baby's care, work with your or your baby's provider, make sure you have all your and your baby's needed medications, connect you to community resources and help you understand your and your baby's health care benefits. To connect with a nurse care manager, please contact our Customer Care Center at 800-582-8686, TTY 711 and request to be referred to the Maternal Child Health Department.

It is recommended that you call Health-e-Arizona at 855-432-7587, Monday through Friday from 7 a.m. to 6 p.m. to notify the Department of Economic Security (DES) that you have delivered your baby and to add them to your health insurance plan.

Best wishes,

Maternal Child Health Department
Banner – University Family Care

Talk to your health care provider. This packet is not a substitute for the advice of a qualified expert. Please call our Customer Care Center at 800-582-8686, TTY 711 for assistance in choosing a provider.

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Contact Us

Customer Care Center

800-582-8686

If you are deaf or have difficulty hearing, call TTY 711

Emergency Services

Dial 911

Website

www.BannerHealth.com/ACC

  @BannerHealthPlans



Taking Care of Yourself After Delivery

Going home with your new baby can feel wonderful and exciting and scary. You are now in the postpartum period for at least six weeks, although many experts believe new birth parents need at least a year to fully recover from pregnancy and childbirth. You may also hear your provider talk about the “Fourth Trimester.” This is the first three months after delivery. Birthing parents and babies undergo many changes and adjustments. It is useful to think of the first few months as a time of transition. The first few days can feel overwhelming. Here is what to expect for you and your baby.

Postpartum appointment and care

Taking care of yourself will help you to be the best parent you can be. It is important to schedule your postpartum appointment after you get home. It is recommended you see your provider for an initial postpartum visit within three weeks of your delivery date and within one to two weeks if you have had a cesarean section. This is a checkup with the provider you saw in your pregnancy to make sure you are healing well from birth. Your provider may also:

- Ask about your mood.
- Ask you about how infant care and feeding are going.
- Talk to you about family planning options and the importance of safely spacing your pregnancies.
- Follow up on your sleep and fatigue.
- Review your physical recovery after birth.
- Make referrals to manage any chronic diseases.
- Follow up on any questions you may have about your recovery.

Call your health care provider if you had a cesarean section and if you see any signs of infection around your incision, including:

- Redness.
- Swelling.
- Drainage.
- Tenderness or pain.
- Warm to the touch.

If you need help scheduling your appointment, please reach out to our Customer Care Center at 800-582-8686, TTY 711.

We can also help you set up no-cost transportation to and from your appointment.



AHCCCS covers doula support services during pregnancy, labor and delivery and for up to a year postpartum.

A doula is a trained non medical professional who may provide continuous support to the birth parents to improve pregnancy, delivery and newborn outcomes.

Call your provider immediately if you have any of these warning signs:

- Blood clots the size of an egg or larger
- A bad smell coming from your vagina
- Fever of 100.4 F or higher
- Pain in your cesarean incision or stomach pain that won't go away
- A cesarean incision that starts to pull apart
- Swelling, redness, discharge or bleeding from your incision or episiotomy
- Headaches and trouble seeing things
- Signs of depression or anxiety
- Trouble urinating: You can't go, it burns when you go or your urine is very dark
- No bowel movement since giving birth four days ago
- Legs or calves that hurt, feel warm or are tender or swollen
- Swelling of your hands and face
- Pain in your upper abdomen
- Shortness of breath, confusion or anxiety
- Vision changes, such as flashing lights, auras or light sensitivity
- Pain or redness in one or both of your breasts
- Nausea or vomiting
- Sudden weight gain



Learn the warning signs.

More information and resources can be found at:
www.cdc.gov/hearher/maternal-warning-signs/index.html.



Call 911 immediately if you have:

- Facial drooping.
- Difficulty speaking.
- Seizures.
- Chest pain or problems breathing.
- Weakness on one side of the body.

Remember to notify any health care provider, including providers in an urgent care or emergency room, if you have been pregnant or delivered within the last year.

Keeping things simple and setting realistic expectations can help you manage life with your new baby. It is going to take some time to learn about your baby and for your baby to learn about you. Don't try to do everything yourself. When family and friends want to help you, let them. You also need to make time for yourself. Don't feel guilty for wanting some time alone. It's perfectly fine to ask someone else to take care of your baby for a little while so you can take care of yourself. Your partner may also experience emotional changes. It's natural for the combination of a new baby, the stress of the past nine months and a new sense of responsibility to take their toll. Be patient with yourself and with each other. Reach out for support if you need it.

Tips for keeping things simple:

- Have meals in the freezer for when you don't feel like cooking.
- Ask someone you trust to watch the baby while you shower or take a nap.
- Turn off your phone and focus on your baby during feeding time.
- Don't let people visit when you're not up for it. It is okay to say no.
- Take time away from the baby to go out for a walk, run an errand, etc.

Nutrition

Continuing to follow a nutritious diet is important for your recovery and is important if you are breastfeeding.

If you need extra support, the Arizona Women, Infants and Children (WIC) program provides nutrition education, breastfeeding support services, supplemental nutritious foods and referrals to health and social services. Call WIC at 800-252-5942 to get started.

Exercise

Talk to your health care provider about how soon you can start exercising and which activities are safe. Be sure to start slowly and work your way up to longer workouts or harder exercises. Remember to wear comfortable clothes, drink lots of water and don't push yourself too hard.

Taking the time to exercise will:

- Help prevent postpartum depression.
- Give you more energy.
- Help you sleep better.
- Relieve stress.
- Help your body get back to its pre-pregnancy shape.



Physical changes

Vaginal discharge

While the lining of your uterus heals completely, you can expect to have a bloody vaginal discharge called lochia for a few days. The discharge is usually described as having a fleshy, musty or earthy smell. You'll want to use pads (*not tampons*) until your lochia stops because tampons can increase the chance of an infection. Lochia will decrease and lighten in color to a pale pink, then a pale yellow or white. You will have this lighter discharge for up to four to six weeks. The drainage will be heavier when you first get out of bed or after too much physical activity.

Number of days postpartum:

- First 1 to 3 days

Type of lochia you may have

- » Bright to dark red
- » Heavy to medium flow
- » May have small clots

- About days 3 to 10

Type of lochia you may have

- » Pink or brownish
- » Medium to light flow
- » Very few or no clots

- About 10 to 14 (*maybe longer*)

Type of lochia you may have

- » Yellowish-white color
- » Very light flow
- » No clots or bright red color



Call your provider if you:

- Soak more than one pad in an hour.
- Pass blood clots that size of an egg or larger.
- Notice your discharge has a bad smell.

Uterus

During pregnancy, it's normal for a uterus to grow to about 11 times its normal weight. After giving birth, your uterus will weigh more than 2 pounds and be about the size of a grapefruit. In about six weeks, it will return to its normal weight of about 2 ounces. You may have afterbirth pains (*cramping from your uterus as it shrinks back to its pre-pregnant state*).

Your cramps may be worse while you are breastfeeding, if you had multiples or if this isn't your first baby.

Bladder

You should try to empty your bladder right after you give birth and again every three to four hours while you are in the hospital. When you get home, you'll probably pass large amounts of urine for the first few days.

Besides urine, you're also getting rid of the extra fluid that made your legs and hands swell late in your pregnancy. It is important to monitor for symptoms of a urinary tract infection (UTI) and call your provider right away if you think you may have one.

This can include:

- Pain or stinging while urinating.
- A frequent or strong urge to urinate, while often producing only a small amount of urine.
- Milky, cloudy, dark, bloody or foul-smelling urine.
- Lower stomach or back pain.

You may be more likely to have a UTI if you had an indwelling foley catheter during your recovery in the hospital.

It is important to continue to stay well hydrated and practice good perineal care to prevent infection.

Perineal care

If you had an episiotomy or a perineal tear during the birth, it could take about four to six weeks to heal. Don't worry about the stitches because they will dissolve on their own. Call your provider if the area doesn't seem to be healing or if your pain increases. Good hygiene can help relieve pain, prevent infection and promote healing.

Tips for a healthy perineum:

- Keep the area between your vagina and rectum clean.
- Carefully wash your hands before and after changing sanitary pads.
- Wash your perineum with mild soap and water at least once a day.
- Rinse with lukewarm water after urination and bowel movements.
- Wash and wipe from the front to the back.
- Apply your sanitary pad from the front to the back.
- Always change your pad after urination or a bowel movement.
- Check the amount and color of the discharge when you change the pad.

Having sex

Babies take up a lot of your time and energy, making it tough for many new parents to recapture their closeness as a couple.

It's a good idea to talk to your partner about resuming sexual activity to prevent any misunderstanding.

If you had a tear, episiotomy or cesarean, it may take up to six weeks to heal and feel less painful. Talk to your provider first before resuming vaginal intercourse.

When you do decide to have sex, a water-based cream or jelly can help with any vaginal dryness. Let your partner know if any sexual activities are painful for you.

Bowel movements

Hormones, medications, dehydration, pain in your perineum (*the area between the vagina and anus*) and less physical activity may slow your bowel function. This is why you may not have a bowel movement for one to two days after giving birth. When you do, it may be uncomfortable or cause you to feel a little afraid.

When it's time:

- Try to relax your body.
- Put your feet on a stool, and rest your elbows on your knees.
- From the front, you can hold a clean sanitary pad over your perineum for support.
- Avoid straining because it can make hemorrhoids worse.

What may help:

- Don't resist the urge to go.
- Drink six to eight glasses of water a day.
- Eat lots of grains, fruits and vegetables.
- Walk or do yoga stretches.
- Ask your provider about taking stool softeners.

Hemorrhoids

Hemorrhoids are swollen veins inside the rectum or outside on the anus. They can become painful, itchy and even bloody. Hemorrhoids are not usually serious but can be uncomfortable.

What may help:

- Avoid sitting or standing for long periods of time.
- Lie down as much as you can.
- Try a cold washcloth or a warm bath.
- Use wet wipes instead of toilet paper.
- Ask your provider about using creams, suppositories or pain medication.

Breasts

Breastfeeding can be challenging, but there is help available to make it work for you and your baby. Pay attention to any breast changes and know when it's time to reach out for help.

Sore nipples

Some people experience nipple tenderness when they first start breastfeeding. This is normally nothing to worry about. Nipple tenderness usually peaks at about day three to four, is better by day seven and is gone within two weeks. There shouldn't be any damage to your skin. It will feel more like chapping.

What may help:

- Try holding your baby in a different position to feed.
- Make sure your baby has a good latch-on (*nipple and much of areola in their mouth*).
- Break the suction with your finger before you take your baby off your breast.
- Dab some breast milk on the nipple area and let it air dry.
- Ask your provider if you can use lanolin on your nipples.

It isn't normal to experience cracking, bleeding or other damage to your nipples. Don't let someone tell you everything looks fine. There may be an underlying cause, such as anatomical issue or infection.

Get medical help right away if you have any of these symptoms:

- Intense, excruciating pain.
- Pain that continues through the entire feeding.
- Pain between feedings.
- Pain that continues past the first couple of weeks.
- Skin damage, such as cracks, blisters or bleeding.

Engorgement

About three to four days after the birth, your breasts can become engorged, or heavy and swollen. Engorgement is caused by increased blood flow to the breasts, swelling of the surrounding tissue and increased milk. You may feel a throbbing sensation and discomfort as the milk begins to flow. The swelling usually goes down within one to two days.

If you have engorged breasts:

- Breastfeed often and don't skip feedings.
- Don't limit baby's time at your breast.
- Make sure your baby is latched on properly.
- Express milk regularly if your baby's not nursing well.
- Use massage during the feeding to help milk flow.
- Apply cold compresses for 15 to 20 minutes after a feeding.
- Don't wear a bra that's too tight; this can decrease milk supply.
- Avoid early use of pacifiers, bottles and formula.



Blocked milk ducts

When your milk flow gets clogged, you can get a blocked milk duct. Blocked ducts are often warm and sore to the touch, like a bruise. They may feel like pea-sized lumps or an area of engorgement in your breast.

What causes blocked milk ducts?

- Pressure from a tight bra, too much milk, an underwire bra, short feedings or thumb/finger pressure latch problems.
- Stress or tiredness.
- Skipping feedings.
- Breast surgery.

What can you do:

- Take a warm shower.
- Put a warm compress on the area.
- Feed your baby often.
- Massage that area toward the nipple while nursing.
- Express or pump after and between feedings to drain your breasts.
- Use a cold pack if the breast is sore after a feeding.
- Drink lots of fluids and get more rest.



Mastitis

When one of your milk ducts is blocked, it can become tender and inflamed. This is called mastitis, and it can lead to an infection in your breast. Mastitis does not infect your breast milk, only the tissue inside your breast. If your baby refuses to eat or if you must skip a feeding, pump or hand express your milk. If you think you might have a breast infection, call your health care provider right away.

Your breast may be infected if you feel like you:

- Have a very sore, hard area on your breast.
- See red streaks on your breast.
- Have a large pink area on your breast.
- Have a fever higher than 100.4 F and chills.
- Feel like you have the flu.
- Gave birth less than two weeks ago.

If you have an infection and your provider prescribes you antibiotics:

- Take the antibiotics as directed until they're all gone.
- Call your provider if you are not feeling better in two to three days.

If you are not planning to breastfeed and would like to dry up your milk supply, follow the tips below:

- Wear a supportive bra.
- Apply a cold pack to your breasts.
- Ask your provider about taking pain relieving medication if needed.
- Do not stimulate breasts through breastfeeding or pumping as this will increase milk production.

Hair loss

Pregnancy changes your hair's growth cycle, so it is not unusual to lose some hair for a few weeks after giving birth. Don't worry. Your hair will return to its normal growth cycle within a few months.

Menstrual cycle

You will probably have your first period in about seven to nine weeks. If you're breastfeeding, it may take 12 weeks or longer to have your next period. Even if you don't have a period, your body may produce eggs, and you could get pregnant again.

Muscle and joints

For one to two days after you give birth, your shoulder, neck and arm muscles may be sore and tired. Your finger joints may also feel stiff. These pains should go away in a day or two. It's going to take time and exercise to get your stomach muscles back in shape.

Skin

Rising hormone levels during pregnancy may have caused some changes to your skin color, including blotchy brown markings on your face, a dark line down the middle of your belly or acne. These skin changes usually go away completely or significantly fade within several months after your baby is born. Any tiny red blood vessel spots or red rashes will also clear up. Stretch marks will gradually fade to silvery lines but will not disappear completely.

Varicose veins

You may have developed large blue veins (*varicose veins*) in your legs during pregnancy. Varicose veins can be painful. Elevating your feet when you sit down and continuing to wear maternity support hose for the first six weeks after the birth can help your legs feel more comfortable. Varicose veins usually improve without treatment. Vein surgery is not recommended for the first six months after giving birth.

Managing pain

The amount of pain or discomfort you feel after giving birth depends on how long you were in labor, the type of birth and how you respond to pain. In the first one to two days after giving birth, you may feel muscle aches and fatigue, especially in your shoulders, neck and arms. This is caused by the physical exertion of labor. You may also have some stiffness in your hands, caused by IV fluids and how your body naturally redistributes fluid.

Comfort measures for pain include:

- Massage and relaxation.
- Deep breathing.
- Listening to music.
- Ice packs for the first 24-48 hours.
- Warm pad on your abdomen for cramps.
- Warm sitz bath or herbal baths.

Medical pain relief

Talk to your provider about which options are safe for you.

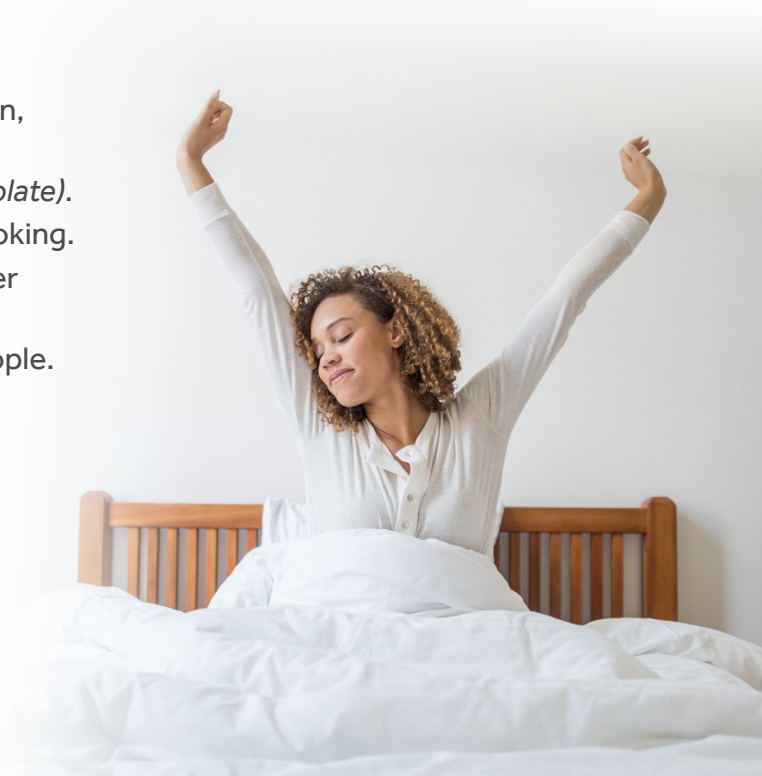
- Topical creams or sprays.
- Over-the-counter medication like acetaminophen or ibuprofen.
- Prescription medication.

Rest and sleep

The first few days at home after having your baby are a time for rest and recovery. Try to take it easy and rest as much as possible. You may find that all you can do is eat, sleep and care for your baby. Try to lie down or nap while the baby naps. Allow others to help you around the house.

Tips for resting at home:

- Don't try to stick to a strict schedule.
- If you can't sleep, try muscle relaxation, yoga or visualization.
- Avoid caffeine (*coffee, tea, soda, chocolate*).
- Let others help with shopping and cooking.
- Have friends and family help with other children.
- Ask for what you need from other people.



Emotional health

After childbirth, you may feel sad and overwhelmed for a few days. Many new mothers have the “baby blues” after giving birth. Changing hormones, anxiety about caring for the baby and lack of sleep all affect your emotions. You may feel:

- Tired after delivery.
- Overwhelmed with a new baby.
- Stress from changes in work or home routines.
- A lack of free time.
- An unrealistic need to be a perfect parent.
- Loss of who you were before having the baby.
- Less attractive.

What is the difference between “baby blues” and postpartum depression?

Many new parents have the baby blues in the days after childbirth. The baby blues most often go away within a few days. Be patient with yourself. However, if you are experiencing these symptoms longer than two weeks, call your provider immediately to be checked for postpartum depression. Postpartum depression can happen any time within the first two years after birth.

Changes in your feelings

- Feeling depressed most of the day every day
- Feeling panicked or scared a lot of the time
- Feeling shame, guilt or like a failure
- Having severe mood swings

Changes in your everyday Life

- Having little interest in things you normally like to do
- Eating a lot more or a lot less than is normal for you
- Feeling tired all the time
- Gaining or losing weight
- Having trouble sleeping or sleeping too much
- Having trouble concentrating or making decisions

Changes in how you think about yourself or your baby

- Having trouble bonding with your baby
- Thinking about hurting yourself or your baby
- Thinking about suicide (*killing yourself*)

If you are having thoughts of hurting yourself or your baby, call the Suicide and Crisis Lifeline by dialing 988.

If you or your baby are in immediate danger of harm, call 911.

If you are diagnosed with postpartum depression, your provider will talk to you about treatment options.

This could include medications or a referral to a behavioral health specialist.

Help is available

The National Maternal Mental Health Hotline provides 24/7 no-cost, confidential support before, during and after pregnancy in both English and Spanish. Call or text 833-852-6262 to get started.

If you would like to connect with a caring volunteer to find support for depression during or after pregnancy, call Postpartum Support International at 800-944-4773.

Volunteers return messages during business hours.

For immediate help for a behavioral health crisis, contact:

- 988 Suicide and Crisis Lifeline: Call or text 988.
- Arizona Statewide Crisis Hotline: Call 844-534-4673 or text 44673.

They can assist you in connecting with behavioral health providers and services, including counseling and therapies. Call our Customer Care Center at 800-582-8686, TTY 711 to request a referral.

Did you know that you have access to a
behavioral health care manager through your health plan?



Preparing for your next pregnancy

Deciding if you would like to become pregnant again is an important decision. If you do plan to become pregnant again, it is important to wait 18 to 24 months from your last pregnancy to avoid complications or preterm delivery.

Preparing for your next pregnancy is an important key in making sure you reduce your chances of having an unsafe pregnancy and causing harm to your unborn baby. You can prepare by:

- Using effective birth control until you are ready to have a baby.
- Seeing your provider to talk about:
 - » Any of your current medical conditions like STIs, diabetes, thyroid disease, high blood pressure, asthma or any other disease that is affecting your health.
 - » Any lifestyles and behaviors, including smoking, drinking alcohol, using drugs, living in a stressful or abusive environment or working with or living around toxic substances.
 - » Prescription and nonprescription medications you are taking to make sure they are safe for pregnancy.
 - » Getting up to date on your vaccines, including the annual flu shot and COVID-19 vaccinations.
- Taking a prenatal vitamin with 400 micrograms of folic acid every day at least three months before you plan to become pregnant and continuing throughout your pregnancy.
- Stopping the use street drugs, smoking and alcohol. Talk to your provider or call our Customer Care Center at 800-582-8686 if you would like to learn more about treatment and counseling options available to you.
- Avoiding toxic substances like harmful chemicals, metals, fertilizers, bug sprays and animal feces.
- Reaching and maintaining a healthy weight. People who are overweight or underweight increase their risk of complications during their pregnancy.
- Learning about any family history and sharing with your provider.
- Getting mentally healthy. Talk to your provider or call our Customer Care Center at 800-582-8686, TTY 711 if you would like assistance in finding a behavioral health provider.

Family planning

Family planning services and supplies are available to members of reproductive age, regardless of gender, from 12 to 55 years of age, who voluntarily choose to delay or prevent pregnancy.

Our providers can help you review and choose birth control methods that will work for you. Members may choose to get family planning services and supplies from any appropriate provider, regardless of the family planning service provider's network status. There is also no copayment or other charge for family planning services and supplies. Transportation assistance to your family planning appointments is available.

Family planning services and supplies for members eligible to receive full health care coverage may receive the following services:

- Contraceptive counseling, medication and/or supplies, including but not limited to, oral and injectable contraceptives, LARC (*long-acting reversible contraceptives including placement of immediate postpartum long-acting contraceptives*), subdermal implantable contraceptives, IUDs (*intrauterine devices*), diaphragms, condoms, foams and suppositories.
- Associated medical and laboratory examinations and radiological procedures, including ultrasound studies related to family planning.
- Treatment of complications resulting from contraceptive use, including emergency treatment.
- Natural family planning education or referral to qualified health professionals.
- Post-coital emergency oral contraception within 72 hours after unprotected sexual intercourse (*Mifepristone, Mifeprex or RU486 is not post-coital emergency contraception*).
- Pregnancy screening.
- Pharmaceuticals when associated with medical conditions related to family planning or other medical conditions.
- Screening and treatment for sexually transmitted infections are covered regardless of gender.
- Sterilization services are covered, regardless of gender, for members over 21 years of age.

The intrauterine device (IUD) and the birth control implant are long-acting reversible contraception (LARC) methods. Both are highly effective in preventing pregnancy. They last for several years and are easy to use. Both methods are reversible. If you want to get pregnant or if you want to stop using them, you can have them removed at any time.

If you require family planning services or supplies from a provider that is not in-network, please contact your provider or health plan for assistance.

There are benefits to choosing a LARC, including:

- It is easy to use. Once it is in place, you do not have to do anything else to prevent pregnancy, and it is effective for years.
- No one can tell that you are using birth control.
- It does not interfere with sex or daily activities.
- It can be inserted immediately after an abortion, a miscarriage or childbirth. It can be used while breastfeeding.
- Almost all women can use an IUD. There are few medical problems that prevent its use.
- If you want to get pregnant or if you want to stop using it, you can have the IUD removed. You can start trying to get pregnant right after removal. Using an IUD does not affect your ability to get pregnant in the future.
- Over time, the hormonal IUDs help decrease menstrual pain and heavy menstrual bleeding.
- The copper IUD is also an effective form of emergency contraception (EC). When used for EC, it should be placed in the uterus within five days (*120 hours*) of having unprotected sex. Then you can leave it in and use it as a regular form of birth control. (*Read Emergency Contraception to learn more.*)

There are some possible risks of using a LARC, including:

- In a small number of women, the IUD may come out of the uterus. The entire IUD may come out or only part of it may come out. The risk is higher in teenagers, women with heavy menstrual bleeding and women who have an IUD inserted immediately after childbirth. If the IUD comes out, it is no longer effective. You may be able to have a new IUD placed.
- The IUD can go through the wall of the uterus during placement. This usually does not cause any major health problems, but the IUD will need to be removed. This is rare and happens in only about 1 out of every 1,000 placements.
- Pelvic inflammatory disease (PID) after IUD insertion happens very rarely. Using an IUD does not by itself increase the risk of PID. Women with an undiagnosed STI at the time of IUD insertion are more likely to develop PID than women without an STI. If you are at risk of STIs, you may be screened before you get an IUD.
- Rarely, pregnancy may occur while a woman is using an IUD. If pregnancy happens, and you wish to continue the pregnancy, the IUD should be removed if your health care professional can see the IUD in the cervix or if the strings are visible. If the IUD remains in place during pregnancy, there are increased risks of miscarriage and infection.
- In the rare case that a pregnancy happens with the IUD in place, there is a higher chance that it will be an ectopic pregnancy. This is a serious condition that needs medical attention right away.

The following services are not covered under family planning:

- Infertility services, including testing, treatment or reversal of a tubal sterilization or vasectomy
- Pregnancy termination counseling, unless you meet the specific conditions outlined in the B – UFC/ACC Member Handbook, Maternity Care, Medically Necessary Pregnancy Termination section
- Hysterectomies if done for family planning only

Taking Care of Your Baby

Your baby's health care provider will fully examine your newborn before you leave the hospital. They will also answer any questions you may have and give you instructions to take home with you. You'll need to make an appointment for your baby's first office visit in two to three days. The first two years of your baby's life are crucial to their growth and development. That's why your baby's provider will want you to bring them in for regular "well-baby" or "well-child" checkups.

Well-child visits

Your baby's provider will want to see them for their first well-child visit within the first three to five days after your baby is born.

These visits can also be called Early Periodic Screening Diagnosis and Treatment (EPSDT) visits. EPSDT visits are important for all infants, children and young adults under 21.

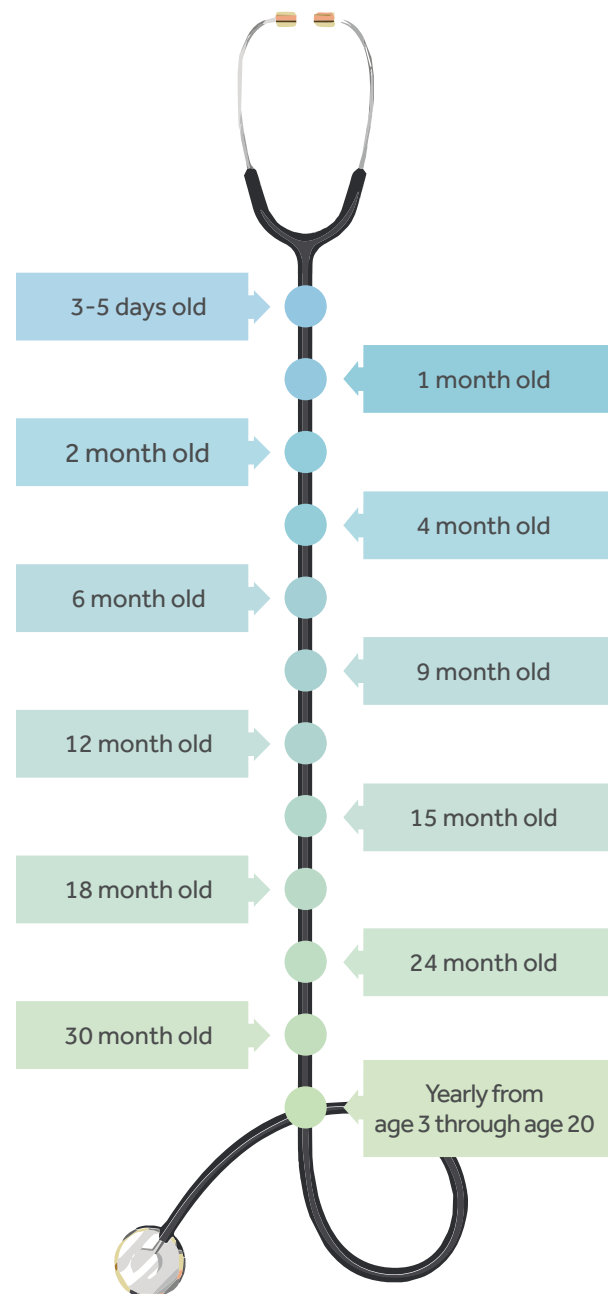
There are no charges or copayments for EPSDT services or any related services for any child under the age of 21 on our health plan.

If you need help scheduling your baby's appointment, please reach out to our Customer Care Center at 800-582-8686, TTY 711. We can also help you set up no-cost transportation to and from your baby's appointment.

Nurse On Call

Get health care advice 24 hours a day, seven days a week at 888-747-7990. If you or your family members are sick or injured, call the Nurse On Call to learn what you should do next. There is no charge for this service. We want to help.

Your baby's provider will want to see your baby for their wellness visits at:



An EPSDT visit includes:

- A complete health history and physical exam.
- A growth and development check.
- Vaccinations, depending on your baby's age.
- Other tests, like a blood or urine test, if needed.
- Health education.
- Vision and hearing tests.
- A nutrition checkup.
- Referrals to specialists like behavioral health services, if needed.

EPSDT services also include:

- Dental benefits.
- Preventative care.
- Fluoride treatments.
- Dental X-rays.
- Sealants.
- Emergency care.
- Regular maintenance.
- Two professional teeth cleanings every year.
- Vision services, including eyeglasses.
- Hearing services.

Benefits of a well-child visit

Prevention

Your child gets scheduled immunizations to prevent illness. You also can ask your pediatrician about nutrition and safety in the home and at school.

To see the CDC's current vaccine recommendations schedule for your infant or child, visit: www.cdc.gov/vaccines/imz-schedules/child-easyread.html.

Tracking growth and development

See how much your child has grown in the time since your last visit and talk with your provider about your child's development. You can discuss your child's milestones, social behaviors and learning.

Raising any concerns

Make a list of topics you want to talk about with your child's pediatrician, such as development, behavior, sleep, eating or getting along with other family members.

Team approach

Your child's provider can also refer your child to any specialists that your child may need to help with their continued wellness. These referrals are covered by your health plan.

If you think something may be wrong between visits, call your baby's provider.

In many cases, they can answer your questions over the phone. Oftentimes, many of the worries new parents have turn out to be minor. But your provider may recommend making an appointment for you to bring your baby in for an additional office visit.



Baby warning signs

Even experienced parents may feel worried as they adjust to a new baby's habits, needs and personality. If you have questions or concerns, do not hesitate to call your baby's health care provider.

Call 911 immediately if your baby's:

- Lips are blue.
- Skin is blue or pale.
- Has trouble breathing.
- Body is limp or floppy.

Call your baby's provider right away if your baby:

- Has yellow skin or eyes.
- Has white patches in their mouth.
- Is not eating or not eating well.
- Has no bowel movement for 48 hours.
- Has fewer than six wet diapers a day.
- Has redness, drainage or a bad smell from the belly button.
- Has a fever of 100.4 F or more.
- Doesn't urinate within six to eight hours after circumcision.
- Is vomiting.
- Is crying a lot for no obvious reason.
- Has many bowel movements with lots of fluid, mucus, blood or a bad smell.

Handling your newborn

- Wash your hands *(or use a hand sanitizer before handling your baby)*.
- Be careful to support your baby's head and neck.
- Be careful not to shake your newborn.
- Make sure your baby is securely fastened into the carrier, stroller or car seat.
- Avoid any activity that could be too rough or too bouncy *(such as being bounced or jiggled on a knee or thrown up in the air)*.



Bonding and calming techniques

Babies communicate their needs by crying. When a baby cries, they are usually telling you they are hungry, tired or need a diaper change. If your baby is still fussy after feeding, a nap and a diaper change, here are a few ways to calm your baby:

- Sing and talk to your baby.
- Read your baby a book.
- Take your baby outside in a stroller for a short walk.
- Hold your baby “skin-to-skin”: With your baby wearing just a diaper, hold your baby against your bare chest, covered by a light blanket. Babies love to cuddle with their parents.

Feeding

Feeding baby

An important choice to make prior to baby being born is whether you plan to breastfeed or formula feed your infant. WIC is a great resource for either choice.

WIC provides breastfeeding classes to pregnant and postpartum people, healthy foods and can help with breastfeeding supplies and formula. Call WIC at 800-252-5942 to get started.

Breastfeeding

Getting started

Breast milk is the best food for your baby during the first year of life. Breastfeeding is natural, but it's also a learned skill that may seem a little overwhelming at first. So be patient with yourself. Always ask for help if you need it. And remember, you are not alone. There are plenty of resources available.

For mom

- Can help with losing the weight gained during pregnancy.
- Lowers the rate of type 2 diabetes and high blood pressure.
- Lowers the rates of breast and ovarian cancer.
- Decreases the amount of bleeding you have after giving birth.

For baby

- Breast milk has the right amount of nutrition needed for your baby's growth and development.
- Breast milk is easier to digest than formula, which can help decrease gas, feeding problems and constipation for your infant.
- Breast milk contains antibodies that protect infants from certain illnesses and infections.
- Breastfed infants have a lower risk of sudden infant death syndrome (SIDS).

Breastfeeding has many benefits for both mom and baby.

Breast milk stages

Colostrum

- This the first milk that develops during pregnancy. You will also make it for the first few days after your baby's birth.
- High in proteins, vitamins and minerals your newborn needs.
- Contains antibodies that protect your baby from diseases.

Transitional milk

- A combination of both colostrum and mature milk, which develops. Your milk changes and increases in quantity.
- Has high levels of fat, lactose, protein, water-soluble vitamins and calories.

Mature milk

- Contains mostly water, carbohydrates, proteins and fats.
- Keeps your baby hydrated and maintains a correct fluid balance.
- Has antibodies that benefit your baby's immune system while you breastfeed.

Making milk

When your baby breastfeeds, your brain makes a hormone called prolactin. Prolactin tells your milk glands to make more milk. Your brain will also make a hormone called oxytocin. This hormone tells your milk glands to squeeze milk out of your nipples, which is called the let-down response. During let down, you may feel tingling, warmth in your chest and your breasts getting full.

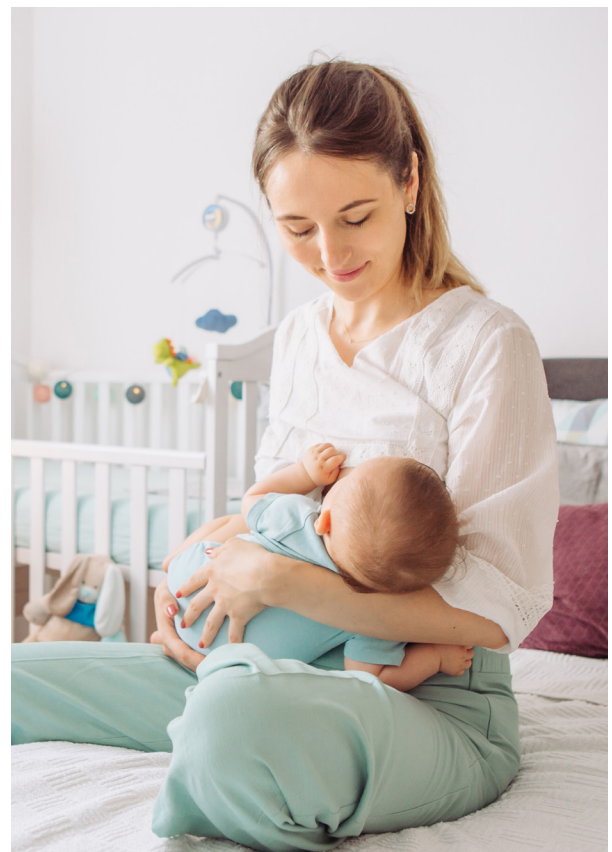
The more milk your baby takes from your breast, the more milk you will make. An empty breast also makes milk faster than a full one.

Baby feeding cues

When babies are ready to feed, they will show you signs called feeding cues. Your baby needs to breastfeed at least eight times every 24 hours.

Feeding cues to look out for:

- Baby lip smacking and tongue sticking out.
- Baby's head turning to look for the breast.
- Baby opening and closing mouth.
- Baby moving their hands and fists to mouth.
- Baby becoming more alert and active.
- Crying is a late feeding cue. You will want to calm your baby first by holding baby skin-to-skin or by gently rocking them.



How to breastfeed

- Wash your hands with soap and water.
- Sit in a bed or chair, using pillows for support.
- Choose a position to hold your baby.
- Gently massage each breast and hand express until milk comes out.
- Place your baby tummy-to-tummy with you.
- Line your baby's nose up to your nipple.
- Gently lift your baby's nose up to your nipple.
- Gently lift your breast, keeping your fingers away from the areola.
- Run your nipple above your baby's upper lip.
- Wait for your baby's mouth to open wide.
- Gently pull your baby to your breast.
- Aim your nipple toward the roof of your baby's mouth.

Human donor milk

If your infant is not able to receive maternal breast milk due to a medical condition affecting you or your baby, pasteurized human donor milk may be covered. For more information, talk with your OB provider, pediatrician or call our Customer Care Center and ask to speak to a care manager.

What to expect in the first few weeks

There is help available to help you in being successful with breastfeeding. WIC is a great resource for breastfeeding mothers. WIC provides breastfeeding classes to pregnant and postpartum people, healthy foods and can help with breastfeeding supplies. Call WIC at 800-252-5942 to get started.

Arizona has a 24-Hour Breastfeeding Hotline that is available at no cost and provides you access to a lactation consultant any time of the day. Call 800-833-4642 for more information.

Your health plan will provide you with a breast pump. There are many different breast pumps to choose from that best fit your needs. Call our Customer Care Center at 800-582-8686, TTY 711 for more information on how to place your order.

Breastfeeding and medications

Most nursing mothers do not need to stop breastfeeding to take over-the-counter or prescribed medicines. Almost all medicines pass into breast milk but usually only in very small amounts. Always follow the directions on the container about how to take the medicine. Check with a health care provider, either yours or your baby's, or a Board-Certified Lactation Consultant (IBCLC) to find out if you can take a certain medicine while breastfeeding.

The ADHS 24-Hour Breastfeeding Hotline is available at 800-833-4642 to answer your questions about breastfeeding and medicines. MotherToBaby has experts available, at no cost, to provide you information about medications and other exposures during pregnancy and breastfeeding by phone, text, email or chat. Visit www.MothertoBaby.org or call 866-626-6847 to learn more.

Breastfeeding: What to expect in the first few weeks

	Happy birthday	Day 2	Day 3-4	Day 5-11	2+ weeks	
Mom's breasts	Most women notice their breasts change and grow with pregnancy.	Some tenderness is normal.	Breasts are fuller, heavier. Slight discomfort at latch is ok as long as it goes away in 30 seconds.	Breast will feel fuller before a feed and softer after. Nipple pain should ease.	Continued nipple/breast pain is a sign to call for help.	Mom's breasts
Feeding	Skin to skin after birth. Alert first feed, may be sleepy rest of day.	More alert, feeds every 2-4 hours. Second night = lots of feeding.	8-12x in a 24 hour period (<i>not evenly spaced</i>).	8-12x in a 24 hour period (<i>not evenly spaced</i>).	8-12x in a 24 hour period (<i>not evenly spaced</i>).	Feeding
Diapers	Minimum one poop (<i>meconium</i>) and one wet.	Minimum 2 poops and 2 wet.	Minimum 3-4 wet, 3-4 poops. Poop begins to turn green and pasty.	Minimum 6+ wet, 3+ poops. Poop should be yellow, seedy and runny.	Minimum 6+ wet, 3+ poops. Poop should be yellow, seedy and runny.	Diapers
Weight	Birth weight.	Loss of up to 7% of birth weight is normal.	Begins to gain weight.	Weight gain of .5-2 ounces a day is normal.	Baby should be back up to birth weight by 2 weeks.	Weight

Warning signs! Call your care provider if:

- No wet diaper in 12 hours
- No dirty diaper in 24 hours
- Temperature of 100.4 F or more

Reference: Breastfeeding: What to Expect in the First Few Weeks, Arizona Department of Health Services: www.azdhs.gov/prevention/nutrition-physical-activity/breastfeeding/index.php#resources

Breastfeeding and returning to work

Many parents have questions about expressing breast milk when returning to their workplace after having a baby. Whether returning to work from maternity leave or starting a new job after having your baby, you may be working from home, at a work site or some combination of the two.

How do I talk with my employer about my needs as I return to work?

If you work outside your home, talk with your employer before you return to your workplace about expressing breast milk during work hours. Having this conversation early will help make sure a plan is in place. Talk with your employer about:

- Where there is a private, non-bathroom space to express breast milk.
- Where breast milk can be stored (*e.g., refrigerator, insulated cooler*).
- Where pump parts can be cleaned.
- What times are best for you during your work schedule for expressing milk.

Where can I store breast milk at my workplace?

- In the refrigerator: Expressed breast milk is a food and may be stored alongside other foods in any refrigerator that is appropriate for food storage.
- In an insulated cooler: You can store and carry freshly expressed milk in an insulated cooler bag with ice packs for up to 24 hours. Once you get home, use the milk right away, store it in the refrigerator or freeze it.

What else might help me continue breastfeeding after returning to work?

- Practice using your pump or hand expressing breast milk before returning to work, so you are comfortable with the process.
- Build a supply of frozen breast milk before returning to work.
- Think about how much breast milk you will need to leave at home or at child care for your baby before your first day back at work.
- Think about how often you will need to pump or express breast milk while at work to have enough for your baby while you are apart.
- Once breastfeeding is going well, practice bottle feeding your breast milk so your baby will be used to a bottle while you are away at work. If your baby is having trouble taking a bottle at first, try having another adult feed your baby with the bottle. You can also try different types of bottles and nipples.

Infant care

Diaper care

A newborn's diaper is a good indicator of whether he or she is getting enough to eat. In the first few days after birth, a baby should have two to three wet diapers each day. After the first four to five days, a baby should have at least six or more wet diapers a day. The times your baby poops in a day depends on if their breastfeeding or formula feeding. Talk to your baby's provider if you have any questions.

Changing baby's diaper

You will need:

- A clean diaper.
- A clean washcloth, diaper wipes or cotton balls.
- Diaper ointment if the baby has a rash.
- A clean outfit, if needed.

Tips on changing baby's diaper

- Never leave your baby unattended on the changing table.
- Lay your baby on his or her back and remove the dirty diaper.
- Remove a boy's diaper slowly because the air touching his skin may make him urinate.
- Use the wipes to gently wipe your baby's diaper area clean.
- When wiping a girl, wipe her bottom from front to back to avoid a bladder infection.
- To prevent or heal a rash, apply ointment.
- Apply a clean diaper with each diaper change.
- Always remember to wash your hands thoroughly after changing a diaper.

Diaper rash

Diaper rash is a common concern. The rash is red and bumpy and will go away in a few days with warm baths, some diaper cream and a little time out of the diaper. Most rashes are because a baby's skin is sensitive and becomes bothered by the wet or dirty diaper.

To prevent or heal a diaper rash:

- Change your baby's diaper frequently and as soon as possible after bowel movements.
- After cleaning the area, apply a diaper rash or "barrier" cream. Creams with zinc oxide are preferred because they form a barrier against moisture.
- Be gentle when cleaning the diaper area. Use water and a soft washcloth or baby wipes that do not contain alcohol or fragrances.
- After cleaning, let the baby go for part of the day without a diaper. This gives the skin a chance to air out.
- If the diaper rash continues for more than three days or seems to be getting worse, call your baby's provider. Treating the rash may require a prescription.

Removing fluid or mucus

It's normal for some babies to have a stuffy nose until about 4 to 6 months of age. If it becomes hard to breathe and breastfeed at the same time, your baby may become fussy. Using saline nose drops and a bulb syringe or nasal aspirator at home can help keep your baby's nose clear. You'll learn how to use a bulb syringe before you leave the hospital.

Too much mucus can make your baby gag in the first few days of life. If you hear gagging, turn your baby to the side and pat them on the back like you are burping them. If your baby still gags, you may need to use the bulb syringe.

How to use a bulb syringe:

- Always squeeze the bulb before putting it into your baby's mouth or nose.
- When using the bulb syringe to remove mucus from the mouth, only suction the sides of the cheeks.
- Slowly release the bulb to suction mucus out then remove the syringe.
- Squeeze the bulb hard to empty the mucus into a tissue.
- Wipe the syringe and suction again if you need to.
- Clean by squeezing and releasing the bulb in warm soapy water.
- Keep the bulb syringe near your baby's bed.



Umbilical cord care

As the baby's umbilical cord dries, it will change colors and end up looking like a scab. Don't pick at it, cut it or pull it off. It will dry up and fall off on its own in about 10 to 21 days. If the area around the umbilical cord appears red, is draining any type of fluid, smells bad or hasn't fallen off by the third week of life, talk to your baby's provider.

Tips for taking care of baby's cord:

- Wash your hands before touching the cord.
- Fold the top of the diaper down below the level of the cord.
- Don't use any type of ointment or cream or bandage the cord.
- If a bowel movement gets on the cord, wash it with warm water and pat dry.
- It's normal to see a little clear or reddish discharge after the cord falls off.

Fingernails

Your baby's fingernails and toenails will grow quickly. Although a baby's nails are very soft and flexible, they're still sharp enough to scratch their face. You'll want to trim or file your baby's fingernails about once a week and their toenails about every two weeks.

Tips:

- Use a nail file or emery board frequently to keep nails short.
- Use baby-size clippers or blunt scissors for older babies.
- Trim nails after a bath or while the baby is sleeping or feeding.

Bathing baby

A bath two or three times a week in the first year is fine if the baby's diaper area is clean. More frequent baths may dry out your baby's skin. An infant's umbilical cord ("*belly button*") area shouldn't go under water until the cord stump falls off and the area has healed. Until it falls off, the cord stump will change color from yellow to brown or black. This is normal. Call your baby's provider if the belly button area becomes red, has a foul odor or discharge develops. Give your baby a sponge bath until the umbilical cord falls off at around two weeks of age.

Have these items ready before bathing your baby:

- A soft, clean washcloth
- Mild, unscented baby soap and shampoo
- A soft brush
- Towels or blankets
- A clean diaper
- Clean clothes and a hat

Sponge baths

- For a sponge bath, choose a safe, flat surface (*such as a changing table, floor or counter*) in a warm room.
- Fill a sink or bowl with warm (*not hot*) water.
- Undress your baby and wrap them in a towel.
- Wipe your infant's eyes with a washcloth dampened with water only, starting with one eye and wiping from the inner corner to the outer corner. Use a clean corner of the washcloth to wash the other eye. Clean your baby's nose and ears with the damp washcloth. Then wet the cloth again and, using a little soap, wash his or her face gently and pat it dry.
- Next, using baby shampoo, create a lather and gently wash your baby's head and rinse. Pat your baby's hair dry.
- Using a wet cloth and soap, gently wash the rest of your baby, especially the creases under the arms, behind the ears, around the neck and in the diaper area.
- Once you have washed those areas, make sure they are dry and then diaper and dress your baby.

Tub baths

When your baby is ready for tub baths, the first bath should be gentle and brief. If your baby becomes upset, go back to sponge baths for a week or two then try the bath again. In addition to the supplies for a sponge bath, you will need an infant tub.

- Fill the infant tub with 2 to 3 inches of warm (*not hot*) water. To test the water temperature, feel the water with your elbow or the back of your hand.
- Place your baby in the warm water quickly after undressing. Use one of your hands to support the head and the other hand to guide the baby in feet first. Slowly lower your baby up to the chest into the tub.
- Use a washcloth to wash their face and hair. When you rinse the soap or shampoo from your baby's head, cup your hand across the forehead so the suds run toward the sides and soap doesn't get into the eyes.
- Gently wash the rest of your baby's body with water and a small amount of soap.
- Throughout the baths, regularly pour water gently over your baby's body so they don't get cold.
- After the bath, wrap your baby in a towel immediately, making sure to cover his or her head. Baby towels with hoods are great for keeping a freshly washed baby warm.
- Apply a clean diaper, warm outfit and a hat if needed.

Bath safety

- While bathing your infant, **never leave the baby alone**. If you need to leave the bathroom, wrap the baby in a towel and them with you.
- Never use cotton swabs to clean your baby's ears. This can cause damage.



Swaddling

Swaddling refers to wrapping your newborn tightly in a receiving blanket, swaddle sack or sleep sack. It helps your baby feel safe and warm by reminding them of the calm and closeness they felt inside your womb.

How to swaddle with a blanket:

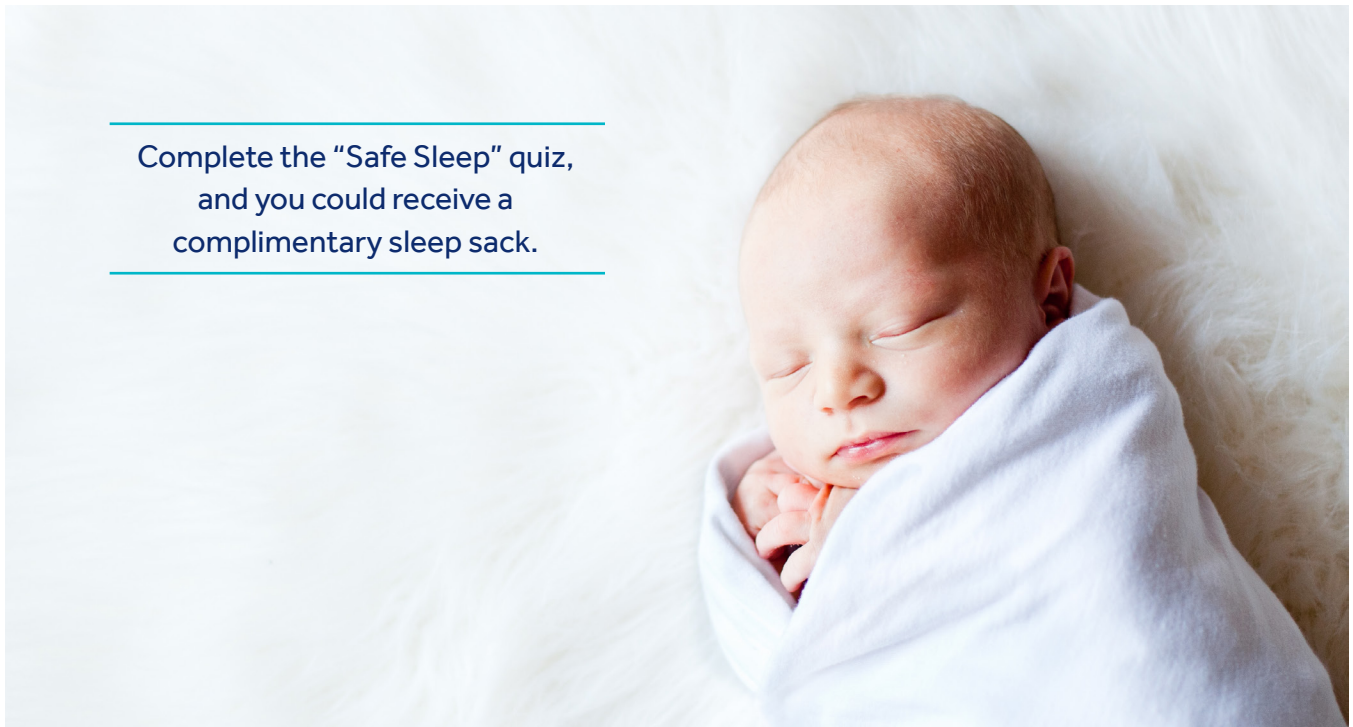
- Spread the blanket out flat with one corner folded down.
- Lay your baby face up on the blanket with their head above the folded corner.
- Babies love their hands and may suck on their fingers to self soothe. It is important for their development to have access to their hand when swaddled.
- Tuck baby's hands under their chin and fold the left corner of the blanket to the right side of baby's body.
- Tuck the other corner of the blanket to the opposite side of baby's body.
- Bring the bottom up and tuck it under one side of the baby.
- Improper swaddling may lead to hip dysplasia. If you choose to swaddle your baby, use hip healthy swaddling that allows freedom of hip motion and avoids positions that may cause hip problems.

Swaddle/sleep sack

Unlike receiving blankets, swaddle sacks and swaddle blankets are specifically designed to help you swaddle your baby. They help decrease the startle reflex and mimic the womb, making your baby feel secure. Swaddle products can also keep babies warm and prevent overheating. When your baby is swaddled, make sure their hips can move and the blanket is not too tight. You should be able to get at least two or three fingers between the baby's chest and the blanket. You should stop swaddling by about 2 months old or before your baby can roll over on their own.

Visit Strong Families AZ at www.StrongFamiliesAZ.com/ABCsafesleep. Complete the "Safe Sleep" quiz, and you could receive a complimentary sleep sack.

Complete the "Safe Sleep" quiz,
and you could receive a
complimentary sleep sack.



Baby safety

Safe sleep

SIDS stands for sudden infant death syndrome and is the sudden, unexplained death of a baby younger than 1 year of age that doesn't have a known cause even after a complete investigation. The best way to protect your baby from SIDS is to practice safe sleep habits. Follow the "ABCs" of safe sleep below to create a safer sleeping environment for your baby.

Alone

The safest place for your baby is alone in their own sleeping space in the same room with a parent or caregiver. Their sleeping space should be clear of other people, pets, blankets, toys, bumpers and other soft objects.

Back

For every sleep, place your baby on their back before your child is 1 year of age. Even as your baby grows and learns to roll, starting sleep on their back is best.

Crib

Your baby should always be placed in a safety-approved crib on a firm mattress covered by a fitted sheet with no other bedding or soft objects.

For more information, visit Strong Families AZ at www.StrongFamiliesAZ.com/ABCsafesleep.

Shaken baby syndrome

Shaken baby syndrome is a head or neck injury from physical child abuse. It happens when someone shakes a baby or hits the baby against something hard. Most cases happen when a parent or caregiver is angry, tired or upset because a baby won't stop crying, or the child can't do something the parent expects, like toilet train.

These injuries can cause permanent brain damage or death. [People should never shake a baby for any reason](#). If you suspect your child has been abused, call 911 or take your child to the nearest emergency room immediately.

How does shaken baby syndrome happen?

- Someone uses force to shake a child.
- Someone uses force to throw or drop a child on purpose.
- Someone hits the child's head or neck with or against an object, like the floor or furniture.

What are the signs of shaken baby syndrome?

- Baby moves less than usual.
- Baby is cranky and hard to comfort.
- Vomiting.
- Baby has trouble sucking or swallowing.
- Baby eats less than usual.
- Baby does not smile or coo.
- Baby seems stiff.
- Seizures.
- Baby has trouble breathing.
- Baby has skin that looks blue.
- Baby has pupils (*the dark spots in center of the eyes*) that aren't the same size.
- Baby is unable to lift their head.
- Baby has trouble focusing their eyes or tracking movement.

What can happen to a baby with shaken baby syndrome?

- Poor eyesight or blindness
- Hearing loss
- Seizures
- Delayed development
- Problems with speech and learning
- Problems with memory and focus
- Cerebral palsy
- Weakness or problems moving parts of the body
- Problems with hormones controlled by the brain

Shaken baby syndrome is 100% preventable. Remember:

- That all babies cry and can cry a lot in the first few months of life. You are not a bad parent if your baby continues to cry after you have done all you can to calm them.
- You can try to calm your crying baby by:
 - » Rubbing their back.
 - » Rocking them gently.
 - » Offering a pacifier.
 - » Singing or talking to them.
 - » Taking a walk using a stroller or a drive with baby in a properly secured car seat.
- If you have tried several things to calm your baby and they won't stop crying, check for signs of illness or discomfort. Call your baby's doctor if you suspect your child may be injured or ill.
- If you find yourself pushed to the limit by a crying baby, you may need to focus on calming yourself. Put your baby in a crib on their back, make sure they are safe and then walk away for a bit and call a friend, relative, neighbor or parent helpline for support. Check on baby every 5 to 10 minutes.



Always watch baby

Never leave your baby alone on a high surface (*such as a counter*), near stairs or in a car even for a minute. Never leave your baby alone in the bathtub or around any standing water. Put away any buckets of water, such as those used for cleaning.

Poison Control Hotline

If your baby or someone else has swallowed a poisonous substance, call the Poison Help Hotline at 800-222-1222 anytime or go to www.AAPCC.org.

Smoking and secondhand smoke

Don't let anyone smoke around your baby in your home, car or garage. Hot ashes from cigarettes will burn a baby's skin, and the smoke will harm their lungs. Newborns have a higher risk of SIDS if they are exposed to cigarette smoke.

They also have a higher risk of serious medical problems, including:

- Ear infections that can cause hearing loss.
- Respiratory infections, pneumonia and asthma.
- Lung cancer, heart disease and cataracts later in life.
- Secondhand smoke can come from clothes, furniture and the air — even if someone isn't smoking at the time.

If you or any of your family members smoke:

- Smoke outside, not in the house, car or garage.
- Wear a "smoking jacket" that can be taken off before coming near the baby.
- Brush your teeth and wash your hands before holding your baby.
- If you need help with quitting smoking or vaping, Arizona has a no-cost service that is available 24 hours a day called ASHLine. Call 800-556-6222 to get started.

Growing Together: The Parenting Connection

Scan the QR code or visit www.BannerHealth.com/ACC-Newsletters to view your digital newsletter. It includes useful resources about common pregnancy and parenting topics:



- From Bump to Baby: Care During and After Pregnancy
- WIC Arizona
- Count the Kicks, Cherish the Moments
- Making Every Breath a Little Easier: Protecting Your Baby From RSV
- Stay Ahead of Syphilis
- HIV Testing and Care in Pregnancy: Ensuring a Healthier Future for You and Your Baby
- And More!

Car seats

The safest place for your baby is in a rear-facing, approved child safety car seat, placed in the center of the back seat of your vehicle. Check the car seat manual for installation instructions. It's a good idea to have your baby's car seat installed by a certified safety seat technician. Call 866-SEAT-CHECK 866-732-8243 for more information about car seat safety and locations to install your baby's car seat.

Reminders:

- The "best" car seat fits your newborn and can be set up correctly in your car.
- Choose a car seat that follows the Federal Vehicle Safety Standard 213.
- Learn to install and use the seat in your car before going to the hospital.
- You must use a car seat EVERY time you put your baby in the car.
- Never place a rear-facing car seat in front of an active airbag.
- Don't attach any toys, wraps or other items to a car seat.
- Never use a car seat that has been in a crash.

Hot car safety

Never leave your child alone in a car, not even for a minute. Even if the car is running and the air conditioner is on, your car can heat up faster than you think. Your baby's body temperature can rise three to five times faster than yours.

Heat stroke or heat injury can happen when your baby's body temperature rises to 104 F or higher. It causes life-threatening injury to the brain, kidneys, heart and muscles. Heat stroke can happen after only 15 minutes of being left in a hot car.

How to put your baby into a rear-facing seat

The diagram shows a baby in a rear-facing car seat. Callouts include: 'Harness slots should be at or below the baby's shoulders. Harness straps must be snug enough that you can't pinch any slack at the baby's shoulders.' (pointing to the shoulder area), 'The baby's head must be 1 inch below the top of the car seat shell.' (pointing to the head), 'Place the harness retainer clip at the baby's armpit level.' (pointing to the armpit), and 'Use only head support and harness protectors that come with your car seat.' (pointing to the head support).

Tightly install the rear-facing infant seat in your car's back seat.	The seat shouldn't move more than 1 inch side-to-side where the base is attached.	An infant seat should recline at about a 45 degree angle.	Avoid bulky clothing under the snug harness. Put a blanket over your baby after they're buckled in.
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Safety reminders

- Don't use your cellphone or other items that could distract you while driving or leaving your car.
- As a reminder that your baby is in the car, put something in the back seat you can't leave without, such as a shoe, cellphone or purse.
- Be extra careful when your routine changes, like when you take a different route or someone else is driving your child.
- Set a reminder on your phone to make sure you drop off your child at the expected time.
- Ask your child care provider to always call you if your child is more than 10 minutes late.
- Always lock your car when no one is in it; children have died after climbing into cars and not being able to get out.
- Teach children to never play in cars.

Infant CPR

The thought of having to do cardio-pulmonary resuscitation (CPR) on your baby is very frightening. But it's important that you know what to do in an emergency. It is strongly recommended that parents and other caregivers take an infant CPR/first aid class. To find a class in your area, contact your local hospital or ask your health care provider about classes nearby. Infant CPR is different from adult CPR. Memorizing the letters C-A-B will help you.

Infant choking

Choking can be scary. Little ones will put almost anything that's small enough into their mouths. If a small object gets lodged in the windpipe and your baby cannot cough, breathe or cry, you need to know how to get it out as quickly as possible.

Keep small items out of baby's reach. Foods like sliced hot dogs, peanuts, grapes, popcorn, candies, marshmallow and carrot pieces can become stuck in a baby's mouth. Toys, pet food and other small items that can fit into your baby's mouth can be swallowed or cause choking. Also, remove cords on the floor or ones that hang near windows, and keep sharp objects out of baby's reach.

Call 911 if your baby is in distress.

Prevent fires and burns

According to the American Red Cross, once a fire starts in your home, you may have as little as two minutes to escape. That's why having working smoke detectors and practicing a fire escape plan can literally be lifesavers. If your baby's nursery is on the second floor or higher, you can install an escape ladder underneath the nursery window. Keep a baby sling or front carrier in the nursery to make it easier for you and your baby to safely climb down the ladder if there is a fire and that is the only way out.

Use warm, not hot, water to bathe your baby and always check the temperature with your elbow or back of your hand. In the kitchen, keep pots toward the back of the stove with the handles turned inward, and keep hot liquids away from baby. For added safety and help preventing burns, turn down the temperature of your hot water heater to below 120 F.

Lead poisoning prevention

Young children are most at risk. They are still developing, often put items in their mouths and absorb lead easily.

Children with lead poisoning may look and feel healthy. The only way to detect lead poisoning is thorough blood test.

All children should be tested at 12 and 24 months of age. Children between 2 and 6 years old who have not yet been tested, should also have a blood lead test. You should also talk with your child's pediatrician about risk factors related to elevated blood lead levels.

Learn more at

www.azdhs.gov/preparedness/epidemiology-disease-control/lead-poisoning/index.php

Furniture safety

If you're buying new furniture for your baby's nursery, look for the Juvenile Products Manufacturers Association (JPMA) safety certification seal.

The seal confirms that the manufacturer has passed an extra set of safety tests beyond just the standard requirements. You may be buying new things, or your friends or family may give you gently used furniture and other items.

What to look for in both new and used items for your baby

Bassinet or cradle

- Wide and sturdy bottom so it won't tip over
- No bare staples, nails or other hardware that could hurt the baby
- A firm mattress that fits snugly (*no more than two fingers between mattress and side*)
- If there are folding legs, they should lock into place

Changing table

- Sturdy so it won't tip over
- Placed away from any windows
- A 2-inch guardrail
- Shelves or drawers for diaper supplies
- Travel crib
- No holes in the mesh
- Latches and locks to prevent it from folding in on the baby
- No openings that could trap the baby's head

Rocking chair or glider

- Wide wheelbase so it won't tip over
- Easy-to-use seat belt and straps (*always use straps*)
- Strong brakes that are easy to lock

Crib

- Firm mattress with a tight fitted sheet
- Bars no more than 2 2/3 inches apart
- Top of crib rail at least 26 inches from top
 - » Install safety latches on cabinets and drawers that your baby can reach. Make sure to keep medicines and cleaners locked up and out of reach
 - » Prevent injuries and drowning by installing security gates around stairs and pools. Make sure gates do not have openings that could trap your baby's hands, feet or head

Programs to help parents in Arizona

Arizona Health Start: For people who are pregnant or have a child under 2 years old.

If you are pregnant or a mother facing challenges, it's important to know that someone can help you. Arizona Health Start is here to help. Our home visitors can connect you with a variety of community organizations that provide health care, education, parenting resources and application assistance for other programs. We will get to know you and your family, so we can help you get the resources you need. We understand your culture because we live in your community. We also understand what you're going through because we've helped families just like yours.

Visit www.StrongFamiliesAZ.com/Program/Arizona-Health-Start to find the representative for your county.

Early Head Start/Head Start: For families with children under 5 years old.

Head Start (*for children 3-5*) and Early Head Start (*pregnant people and children 0-3*) has a variety of program and service delivery options, including Center Base, Home-Base, Combination (*Home and Center*) or Family Child Care. Each program incorporates an individualized approach to high-quality services for low-income pregnant people and children age birth to 5. Families receive support and guidance from Head Start staff to become self-sufficient.

Visit www.StrongFamiliesAZ.com/Program/Early-Head-Start to find the representative for your county.

Healthy Families Arizona: For families with an infant under 3 months old.

Anyone who is having a baby can feel overwhelmed. It is important to know that it's okay to ask for help, especially if you are experiencing a few challenges. Healthy Families Arizona is a no-cost program that helps mothers and fathers become the best parents they can be. A home visitor will get to know you and connect you with services based on your specific situation.

Visit www.StrongFamiliesAZ.com/Program/Healthy-Families-Arizona to find the representative for your county.

Nurse – Family Partnership: For first time mothers less than 28 weeks pregnant.

Children don't come with an instructional guide. So it is only normal that new mothers face challenges and doubt. In times like these, someone is here to help you. Nurse – Family Partnership is a community health care program that will connect you with a nurse home visitor. Through the visits, you will learn how you can best care for your child.

Visit www.StrongFamiliesAZ.com/Program/Nurse-Family-Partnership to find the representative for your county.

SafeCare: For families with a child under 5 years old.

Let professional and highly trained home visitors support you and your family on your journey to success. Utilizing the nationally recognized SafeCare model, you will receive weekly visits that are divided into core focus areas: parent-child interaction, health and home safety. In each focus area or module, you will build on and strengthen your skills through a variety of interactive sessions.

Visit www.StrongFamiliesAZ.com/Program/Safecare to find the representative for your county.

Raising Special Kids

Raising Special Kids exists to improve the lives of children in Arizona with a full range of disabilities, from birth to age 26, by providing support, training, information and individual assistance so families can become effective advocates for their children.

Visit www.RaisingSpecialKids.org or call 800-237-3007 for more information.

Parents As Teachers: For families with a child on the way or under 5 years old.

Your children have so much potential. As a parent, you have a unique opportunity to be their first teacher. That's because most brain development occurs in the first few years of life. You can make a difference. Parents As Teachers will show you how. Our home visitors will provide you with resources appropriate for your child's stage of development. Through Parents As Teachers, you'll develop a stronger relationship with your child and help prepare them for academic success.

Visit www.StrongFamiliesAZ.com/Program/Parents-As-Teachers to find the representative for your county.

Family Spirit: For Native American families with children under 3 years old.

The Family Spirit Program is a culturally tailored home-visiting intervention delivered by Native American paraprofessionals. This is a core strategy to support young Native American parents from pregnancy to 3 years postpartum. Parents gain knowledge and skills to achieve optimum development for their preschool age children across the domains of physical, cognitive, social-emotional, language learning and self-help.

Visit www.StrongFamiliesAZ.com/Program/Family-Spirit-Home-Visiting-Program to find the representative for your county.

Birth to Five Helpline

Do you have questions about your child's development? Birth to Five Helpline is a no-cost service available to parents of children up to age 5 and can help with questions related to but not limited to: sleep, health and nutrition, safety, challenging behaviors, feeding and eating, general child development, potty training, fussiness/colic and parenting. Experts are available by phone Monday to Friday, 8 a.m. to 8 p.m.

Visit www.BirthToFiveHelpline.org or call 877-705-5437 (KIDS) for more information.

Fussy Baby Program

Clinicians work with families to explore ways to help you soothe, care for and enjoy your baby. Experts also offer ways to reduce stress while supporting you in your important role as a parent.

Visit www.swhd.org/programs/health-and-development/fussy-baby/ or call 877-705-5437 (KIDS) to learn more.

Arizona Early Intervention Program (AZEIP): For children up to 36 months of age.

Are you concerned about how your child plays or interacts with others, learns, communicates, moves, sees or hears? The Arizona Early Intervention Program (AZEIP) provides support to families and children from birth to 3 years of age with significant developmental delays. If your child qualifies, AZEIP will connect your child with services like physical therapy, occupational, therapy or speech therapy to assist with your child's development.

Call 888-592-0140 for more information.

Arizona Youth Partnership

Programs for Pregnant People and Parents: No-cost programs available to parents and their children from 0-5 years of age to work on improving relationships, mental health, and child well-being and behavior. Also offers programs for teen parents.

Visit www.azyp.org/pregnant-parentingprograms to learn more.

Arizona Child Care Resource and Referral (CCR&R)

Do you need assistance in choosing a child care program for your baby? The CCR&R helps parents find quality child care in their area. They also help parents apply for financial assistance for child care either through DES or other available scholarship programs.

Visit www.AZCCRR.com or call 800-308-9000 for more information.

5 Things a Nutrition Coach Can Help You with During Postpartum



What can new parents learn by meeting with a nutrition coach?

- 
Breastfeeding Support
 Get personalized guidance on nutrition to boost milk production, meet calorie and fluid needs, and tackle breastfeeding challenges.
- 
Postpartum Recovery
 Heal and energize with nutrient-rich foods like protein, zinc, and vitamins A and C to support recovery and well-being.
- 
Healthy Weight Management
 Achieve your health goals with safe weight loss strategies, balanced meals, and support for a positive body image.
- 
Replenishing Nutrients
 Restore nutrients lost during pregnancy and breastfeeding with tailored dietary advice and supplements, if needed.
- 
Simple Meal Planning
 Save time with easy meal prep tips, batch cooking ideas, and plans for quick, nutrient-dense meals that fit your schedule.

All Banner - University Family Care members receive access to a Foodsmart nutrition coach - a registered dietitian - at no cost. With Foodsmart, you can meet with your personal nutrition coach from anywhere, by phone or video.

Sign up for a phone call to receive personalized tips on how to support you and your baby's nutritional needs. To get started, simply schedule a no-cost phone call by visiting Foodsmart.com/members/banner-health.



References

Special thanks to the U.S. Department of Health and Human Services Office of Women's Health, KidsHealth from Nemours and March of Dimes for content.

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www.cdc.gov/hearher/maternal-warning-signs/index.html

www.cdc.gov/vaccines/imz-schedules/child-easyread.html



ATTENTION: If you speak English, language assistance services, at no cost, are available to you.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。

800-582-8686, TTY 711





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